Public Document Pack

Health & Wellbeing Board

Tuesday, 20th June, 2023
6.00 pm

AGENDA

8. ICB Joint Forward Plan

9. Better Care Fund 2022/23 Quarter 4 End of Year position and Quarter 1 2023-24 Budget Update

Better Care Fund 2022/23 Quarter 4 End of Year position and Quarter 1 2023-24 Budget Update	**To Follow**

10. Health Watch Update

11. Health Protection Annual Assurance Report

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12. OHI Strategy One Year On

13. Any Other Business

14. Proposed Items for Next Meeting

Proposed Items for Next meeting

- Start Well Annual Update
- Climate Emergency Action Plan Update
- Place Based Partnership Update

15. Date and Time of Next Meeting

5th September 2023, 6pm

Date Published: Monday, 12 June 2023
Denise Park, Chief Executive

Health & Wellbeing Board

Start well | Live well | Age well

BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON TUESDAY, 7th MARCH 2023

PRESENT:

Councillors	Damian Talbot
	Mustafa Desai
	Derek Hardman
Integrated Care Board (ICB)	Claire Richardson
	Carl Ashworth
	Craig Harris
East Lancashire Hospitals NHS Trust	Arif Patel
Voluntary Sector	Dilwara Ali
	Vicky Shepherd
Council	Abdul Razaq
	Mark Warren
	Jo Siddle
	Katherine White
	Laura Wharton
	Cath Taylor
	Charlotte Pickles
	Rachel Surkitt

1. Welcome and Apologies

The Chair welcomed everyone to the meeting. Apologies were received on behalf of Councillor Julie Gunn, Tony McDonald, Sarah Johns.

2. Declarations of Interest

There were no Declarations of Interest received.

3. Minutes of the Meeting held on 6th December 2022

The Minutes of the Meeting held on 6th December 2022 were submitted for approval.

RESOLVED – That the Minutes of the Meeting held on 6th December 2022 be agreed as a correct record.

4. Public Questions

The Chair informed the Board that no public questions had been received.

5. Joint Health and Wellbeing Strategy

The Consultant in Public Health, Laura Wharton, presented the Joint Health and Wellbeing Report. The Board was informed that the revised Joint Local Health and Wellbeing Strategy (JLHWS) incorporated the following principles and priorities which had been developed following consultations with key stakeholders:

Principles:

- Action on the wider determinants of health
- Ensuring health equity
- Intelligence and evidence based decision making
- Coordination at place and service integration

Priorities:

- Best start in life
- Healthy, homes, places and communities
- Mental and physical health and wellbeing
- Good quality work and maximising income
- Positive ageing and independence in later life
- Dying well

The Board was informed that the life course model consisted of four main life phases:

- Start Well: Making sure children and young people get the best start in life
- Live Well: Healthy and prosperous people, places and communities
- Age Well: Ensure older people are supported to remain independent and socially included
- Dying Well: Ensuring people, their families and carers are supported to talk about and plan for an improved end of life

The Board was informed that the membership of each Life Course Board included a range of relevant stakeholders and each had a named Chair who is also a member of the Board. The membership of each Board will be updated in 2023 to fully reflect the agreed priorities. The Board was advised that a programme of development will be undertaken over the next 12 months.

The Board was recommended to approve the final draft version of the JLHWS 2023 – 2028, to note and commit to the developmental programme of work required during the first 12 months of the strategy, and to review and updated the Joint Health and Wellbeing Strategy in March 2024, as per the outcomes of the JLHWS development programme.

RESOLVED – That the Board noted and approved the recommendations.

6. ICB Joint Forward Plan

The Director of Planning, Lancashire and South Cumbria Integrated Care Board, Carl Ashworth, delivered a report and a presentation on the ICB Joint Forward Plan. The presentation informed the Board that the ICB was facing challenges such as meeting the

needs and demands of communities, improving performance and dealing with backlogs, workforce shortages and finances.

The Board was informed that the Joint Forward Plan's principles were:

- Principle 1: Fully aligned with the wider system partnership's ambitions.
- Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
- Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

The Board was informed that the Joint Forward Plans should build on and reflect existing JSNAs, JLHWSs and NHS delivery plans. ICBs and their partner acute trusts have duty to prepare a first Joint Forward Plan before the start of each financial year, however NHS England had specified that the date for publishing and sharing the final plan with NHS England, ICPs and Health and Wellbeing Boards is 30 June 2023 for the first year. A draft version of the plan will be produced for consultation by 31 March 2023. The Board was advised that a more comprehensive plan will be developed for 2024/25 onwards.

The Board was advised that the ICB Board will review the draft Joint Forward Plan at their meeting on the 29 March 2023 and the final Joint Forward Plan will be signed off by the Board at the end of June 2023.

The Board was recommended to consider the key themes highlighted within the emerging Joint Forward Plan for Lancashire and South Cumbria Integrated Care Board, to note that a draft version of the Joint Forward Plan will be presented to the Board after sign off by the ICB at the end of March 2023, and to note that a final version of the Joint Forward Plan will be presented to the Board prior to its sign off by the ICB at the end of June 2023.

RESOLVED – That the Board noted and approved the recommendations.

7. ICP Strategy

Craig Harris, ICB, presented the ICP Strategy report to the Board. The Board was informed of the development of the strategy to date. The work to date on the draft Integrated Care Strategy included:

- Identifying the needs and wants of the population
- Identifying draft priorities
- Engaging with residents and staff on the draft priorities
- Scoping the priorities
- Creating the draft strategy

The ICP identified the following shared priorities:

- Starting well
- Living well
- Working well
- Ageing well
- Dying well

A delivery plan for each priority will be developed between January and March 2023 before sign off by the ICP and publication of the full strategy at the end of March 2023.

The Board was informed that at the Board's development session on 8 February 2023,

the following reflections were noted:

- The Integrated Care Strategy needed a stronger focus on; mental health and wellbeing; co-production with people, communities and lived experience groups and; homelessness and preventing homelessness within the housing priorities.
- Blackburn with Darwen Health and Wellbeing Strategy needed a stronger focus on; Dying Well as a standalone priority; sustaining people in their current housing to avoid homelessness and; co-production with people, communities and lived experience groups.

The Board was informed that the current version of the Integrated Care Strategy remained a 'work in progress' with further minor amendments/additions to be made in the coming weeks. This version was being circulated to members of the ICP and the executive leads for the life course priorities to provide any further feedback. The final version will be presented to the ICP in April 2023 for formal agreement.

The Board was recommended to endorse the current version of the Lancashire and South Cumbria Integrated Care Strategy, noting that this will be further updated, and to note that the final version will be presented to the ICP in April 2023 for formal agreement.

RESOLVED – That the Board noted and approved the recommendations.

8. School Food Grant

The Consultant in Public Health, Cath Taylor, presented a report on the School Food Grant. The Board was informed that earlier this academic year, Blackburn with Darwen Borough Council passed a motion to write to the Secretary of State for Education to call for an urgent extension of free school meals to ensure universal provision for all school age groups and for a review of the restrictive eligibility criteria. Blackburn with Darwen Borough Council proposed to implement a School Food Grant Fund to ensure that children in the greatest need do not go hungry whilst at school during the Summer Term 2023.

The Board was advised that the funding will be awarded to schools to enable them to best meet the needs of the most vulnerable pupils and families. The funding will be allocated equitably between schools based on the proportion of pupils who live in the 25% most deprived postcodes (using Income Deprivation Affecting Children Index Data) and the size of school. Schools will be able to apply for funding as follows via an Expression of Interest form:

- Up to £2,000 (around 25% of schools will be eligible)
- Up to £5,000 (around 45% of schools will be eligible)
- Up to £10,000 (just over 30% of schools will be eligible)

The Board was informed that if schools proposed to use the funding, this would provide 171,428 meals or feed 2,678 additional children throughout the summer term at no cost.

The Board was recommended to note the proposal within the report, which was subject to approval at the Council's Executive Board on 9 March 2023.

RESOLVED – That the Board noted and approved the recommendations.

9. Adult Social Care Update

The Director of Adults and Health, Mark Warren, delivered a presentation on the Adult Social Care Update.

The Board was informed that the Safeguarding Adults Board commissioned an independent Chair, Dr Henri Giller, and that the LGA Review report was due on 16 March 2023. Regarding the Neighbourhood Review, the Board was informed that there was an evaluation on the Fuller report, and that the framework of review was to be agreed and monitored through LICP. Regarding the Commissioning Review, the Board was informed that the model was being reviewed and restructured, and investment was agreed to evaluate and implement a new model.

The Board was informed that there were consultations regarding Provider fee uplifts. The consultations found that the main aim was to ensure providers can pay their staff the Real Living Wage as opposed to Minimum Wage. There was consideration of quality issues; recruitment and retention; and sustainability. The Board was also informed that Charging Reforms were paused for two years.

The Board was updated on the CQC Regulation and Assurance. From April 2023, a new assurance framework for local authority Adult Social Care responsibilities will be introduced. This will include an assessment regime undertaking by CQC. The Board was also informed of the CQC Themes and Quality Statements which included:

- Working with People: assessing needs, supporting people to live healthier lives, and equity in experiences and outcomes.
- Providing Support: care provision, integration and continuity, and partnerships and communities.
- Ensuring Safety: safe systems, pathways and transitions, and safeguarding.
- Leadership: governance, and learning, improving and innovation.

The Board was updated on the Adults and Health Service Plan alongside Blackburn with Darwen's core missions. The strategic priorities included:

- Keeping the borough safe and protecting the most vulnerable.
- Supporting people to stay healthy and independent at home for as long as possible.
- Transformation and legislative reform.
- Ensuring services provided and commissioned are of a good quality, responsive to individual needs, good value for money and reflect identified needs.
- Supporting citizens to be part of and connected to communities through work, education, leisure and housing models that are fit for purpose.
- Tackling inequality, oppression and enabling people to maximise their potential.

RESOLVED – That the Board noted the presentation.

10. Trauma Informed System Resilience Framework

The Public Health Specialist, Charlotte Pickles, delivered a presentation on the Trauma Informed System Resilience Framework. The presentation informed the Board that almost half of adults living in Blackburn with Darwen had suffered at least one Adverse Childhood Experience (ACE), with 12% of adults in Blackburn with Darwen having suffered four or more ACEs. The Board recognised that trauma extends beyond ACEs and impacts across the life-course.

Blackburn with Darwen had developed a Systems-Resilience Framework to help identify and reduce the incidence and impact of trauma amongst the population and workforce, and had taken a partnership approach to support trauma-informed practice.

The Board was shown the Trauma Informed Systems Resilience Framework which consisted on four phases:

- Phase 1: Trauma aware – awareness and recognition.
- Phase 2: Trauma sensitive – sensitivity to trauma, organisational readiness, processes and infrastructure.
- Phase 3: Trauma responsive – prioritise, create a plan and gather information.
- Phase 4: Trauma informed – align policies and practices, evaluate, learn and adapt.

The Board was advised that the Trauma Informed practice was to aim to improve the accessibility and quality of services by creating culturally sensitive, safe service that people trust and want to use. It also sought to prepare practitioners to work in collaboration, and recognised that the workforce will require support to work in a trauma-informed way.

The Board was advised that the commitment was to become 'trauma informed' across the system; to build trauma-informed organisations; to develop trauma-informed communities; to self-assess to increase awareness and track progress; and to share good practice.

RESOLVED – That the Board noted the presentation.

11. Better Care Fund Update

The Deputy Director of Adult Social Care, Katherine White, presented a report on the Better Care Fund Update for information only. The Board was updated on the progress of local plans and performance against targets for 2022/23 and the Better Care Fund Pooled budget for 2022/23.

The Board was also updated on the future Better Care Fund plans and development in Blackburn with Darwen.

The Board was recommended to note the progress of the Blackburn with Darwen Better Care Fund Plan for 2022/23 in relation to delivery and performance against targets, to outline future Better Care Fund requirements and reporting for quarter 4 2022/23, and to note the Better Care Fund quarter 3 delivery and financial position.

RESOLVED – That the Board noted and approved the recommendations.

12. Any Other Business

There was no other business.

13. Proposed Items for Next Meeting

The proposed items for the next meeting to include:

- Update from Health Protection Board
- Joint Strategic Needs Assessment
- Climate Emergency Action Plan Update
- OHI Strategy One Year On

14. <u>Date and Time of Next Meeting</u>

The next meeting was scheduled to take place on 20th June 2023 at 6pm.

Signed……..……..

Chair of the meeting at which the Minutes were signed

Date……

DECLARATIONS OF INTEREST IN

ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING: **Health and Wellbeing Board**

DATE: **20th June 2023**

AGENDA ITEM NO.**:**

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Cath Taylor, Consultant in Public Health
DATE:	Tuesday, 20 June 2023

SUBJECT: Joint Strategic Needs Assessment (JSNA)

1. PURPOSE:

To ask the Health and Wellbeing Board to approve the recent update to the Joint Strategic Needs Assessment (JSNA) Overview documents.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD:

- The Board is asked to approve the attached 2023 JSNA Overview documents as a key component of Blackburn with Darwen's Joint Strategic Needs Assessment.

3. BACKGROUND

Department of Health and Social Care guidance[i] describes the central importance in the health and care system of a Joint Strategic Needs Assessment (JSNA). The JSNA should consider all the current and future health and social care needs of the area to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. Preparing the JSNA is a joint statutory responsibility of the local authority and the ICB, through the Health and Wellbeing Board. The local authority and ICB should be guided by the JSNA when developing their Joint Local Health and Wellbeing Strategy.

The production of Blackburn with Darwen's JSNA is overseen by the Joint Strategic Needs Assessment Partnership Group. The core membership of the group is made up of representatives from Blackburn with Darwen BC (Public Health, Adult Social Care and Chief Exec's), Age UK, Blackburn with Darwen Healthy Living, Community CVS, East Lancashire Hospital Trust, Blackburn with Darwen Healthwatch, Lancashire and South Cumbria ICB, Spring North.

The JSNA Overview documents include chapters on Setting the Scene, Start Well, Live Well and Age Well, and describe relevant key data and insights on health related outcomes and other indicators within the borough. These documents have now been updated to reflect data from the Census 2021 and other recent data releases. These sections will now be refreshed on a staggered rolling programme with each section being reviewed on a six monthly minimum basis.

In addition to the updating of the Overview documents, the focus for the 2023/24 financial year will be to expand the themed 'chapters'. These chapters provide more detailed data, insight and evidence on a particular topic areas. Currently the alcohol and SEND chapters are available on the website. The prioritisation of chapter themes will be overseen by the JSNA Partnership Group.

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 2023. It begins with a profile of the borough's population and local economy ('Setting the Scene'), and is then arranged under the three themes reflected in the borough's Joint Local Health and Wellbeing Strategy: 'Start Well', 'Live Well' and 'Age Well'. Whilst 'Dying Well' is not one of the major themes in the JSNA Overview, it will be reflected in a separate themed chapter.

5. KEY ISSUES

- As JSNA Overview documents have now been reviewed and updated, these documents will now be refreshed on a rolling basis. A paper will be brought to the Health and Wellbeing Board annually to approve the JSNA content progress (both the Overview documents and Chapters).
- The pdf Overview documents should be regarded as the main product. However, during this financial year consideration will be given to how the JSNA is used and whether pdf or other formats, such as a website, are the most appropriate formats.

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

The Health and Social Care Act 2012 ('the Act') amended the Local Government and Public Involvement in Health Act 2007 ('the 2007 Act') to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Under this legislation, local authorities and integrated care boards (ICBs) are jointly responsible for preparing a JSNA, through the Health and Wellbeing Board. The Local Government and Public Involvement in Health Act 2007 (as amended) imposes a statutory duty on the Local Authority to publish the JSNA, and to give a copy of the JSNA to the Integrated Care Partnership covering Blackburn with Darwen. The Local Authority has a duty to have regard to the JSNA when exercising its functions. In addition, following the implementation of the Health and Care Act 2022 on 1 July 2022 health and wellbeing boards must also have regard to the integrated care strategy when preparing their joint local health and wellbeing strategies in addition to having regard to the NHS Mandate and the statutory guidance (of which an update is awaited).

(These duties are set out more fully in the Council Constitution at section 11 headed Health and Wellbeing Board.)

This report ensures that the current law is being complied with.

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. However, in developing the JSNA document, data and intelligence relating to health inequalities are presented where appropriate.

11. CONSULTATIONS

The development of the JSNA Summary Review has been overseen by the JSNA Partnership Group, which is a partnership organisation with representation from council departments, Age UK, Blackburn with Darwen Healthy Living, Community CVS, East Lancashire Hospital Trust, Blackburn with Darwen Healthwatch, Lancashire and South Cumbria ICB, Spring North.

VERSION:	V1.2

CONTACT OFFICER:	Elise Carroll
DATE:	16th May 2023
BACKGROUND PAPER:	JSNA Overview pdf documents (provided separately).

[i] https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

Joint Strategic Needs Assessment Overview 2023

Start Well

Updated March 2023

Health & Wellbeing Board

Start well | Live well | Age well

Blackburn with Darwen Borough Council

Introduction

The Joint Strategic Needs Assessment (JSNA) is the way we try to understand the health needs and assets of Blackburn with Darwen and its residents. Overall it's about how the population of the borough is made up, what we know about how healthy it is, and the assets people and communities have to help them to stay healthy.

The Start Well section of the JSNA focuses on the health of children from birth through to young adulthood to understand the health needs and inequalities that exist within the borough. Social inequalities and disparities within these wider determinants of health are strongly linked to different health outcomes.

As this document is updated periodically, the links in the reference section will provide sources of current data.

Impact of COVID-19 on Data

Data providers such as the Office for National Statistics (ONS) have noted that the COVID-19 pandemic impacted affect the quality and coverage of some statistics collected from March 2020 to June 2021, particularly social survey data collection.[1] ONS has highlighted several potential issues with data collection during this time, including;

- Response rates;
- Change in mode of interviewing affecting responses;
- Change of people's behaviours and attitudes;
- Sample compositions.

Additionally, the possibility of an increase in non-submissions for some datasets and different patterns in the submitted data.

During this time, fewer patients were being referred and seen within community services. Therefore, data should be interpreted with care when it covers the COVID-19 period.

A key example of this is data taken from the 2021 Census, conducted on 21st March 2021 – at this time, some legal limits on social contact were still in place nationally and ONS has recognised the impact of collection during this time may have had an impact on certain results such as how people perceived and rated their health, therefore potentially affecting how people may have chosen to respond.[2]

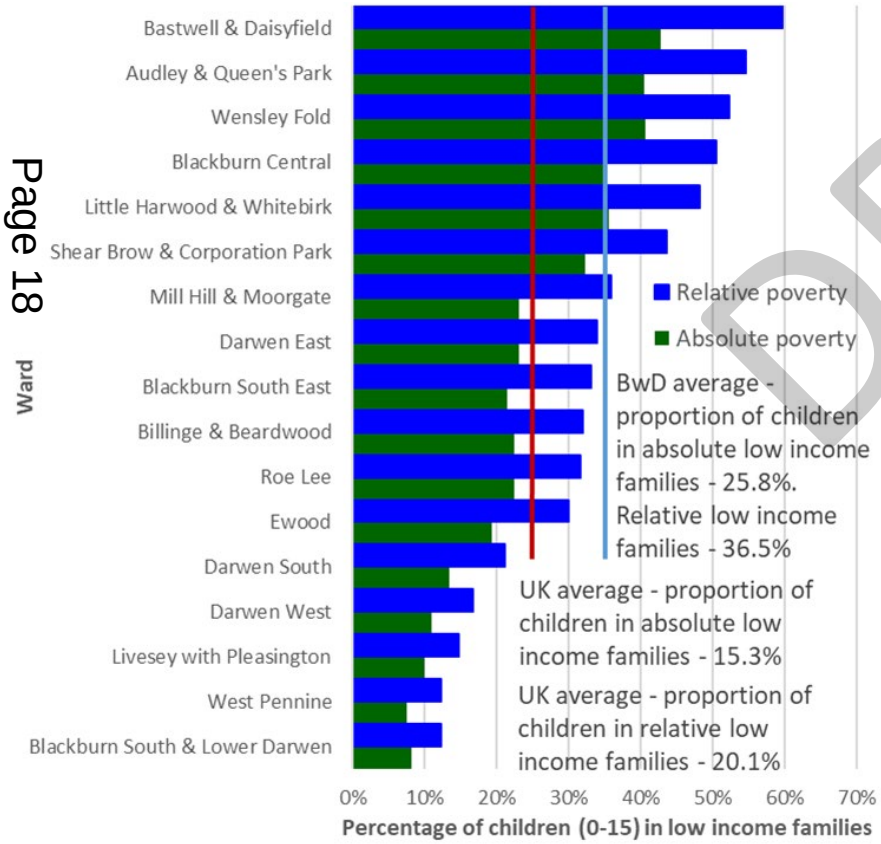
Contents

Child poverty

The Joseph Rowntree Foundation in its 2022 poverty report highlights recent trends regarding child poverty. Almost one in three children nationally are living in poverty (31%) and almost half of children in lone-parent families live in poverty. The report also highlights that child poverty rates amongst Black, Asian and minority ethnic households are higher than other ethnic groups. Additionally, the proportion of families in in-work poverty is higher amongst these groups too.[3]

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. 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.[4]

Figure 1 –Blackburn with Darwen ward estimates for the proportion of children (0-15) in relative and absolute low income families, 2021-22



Calculating child poverty

There have been multiple approaches to calculating the number of children in child poverty. Estimates from End Child Poverty and the DWP based on information from HM Revenue & Customs (HMRC) have come up with significantly different figures for the number of children aged 0-15 in poverty. For example, in 2020-21, the DWP estimated there were 9,428 children in absolute low income families (27.3%) and 11,742 in relative low income families (34%).[5] Whereas, End Child Poverty estimated that 12,693 children were in poverty (37.6%).[6] One of the main differences in the calculation of these figures is that the DWP estimate is based on figure Before Housing Costs (BHC) and the End Child Poverty figures are based on an After Housing Costs (AHC) measure.

Across the latest End Child Poverty estimates, the borough has the 30th highest level of child poverty amongst English authorities and 3rd highest amongst authorities in the North West. From the latest DWP figures (2021-22), the borough has the 8th highest proportion of children in relative low income families (12,840 – 36.5%) across English authorities and 3rd highest amongst authorities in the North West. Regarding the proportion of children in absolute low income families (12,840 – 36.5%), the borough has the 16th highest rate amongst English authorities and 4th highest amongst authorities in the North West.

The DWP also give figures at a ward level. For 2021-22, nearly 60% of children aged 0-15 in Bastwell and Daisyfield were estimated to be in relative low income families, whereas in Blackburn South and Lower Darwen, 12.3% of children were in relative low income families. The majority of wards in the borough have higher rates of children in low income families than seen nationally. The variation across wards for 2021-22 is shown in Figure 1.

Education

Early Years Foundation Stage

The Early Years Foundation Stage (EYFS) Profile measures children's development at the end of the school year when they turn five. In 2021-22, just over 63% of Blackburn with Darwen children were deemed to have a 'good' level of development.[7] This lags behind England by nearly 2% and as compared to pre-pandemic levels, the borough's figure is down nearly 5%. **Error! Reference source not found.** also shows various breakdowns of the 2021-22 results. Within the borough, there was relatively little inequality according to ethnicity. However there is more of a gap according to gender, eligibility for Free School Meals (FSM), first language and SEN.

Primary education – Key Stage 2

60% of Blackburn with Darwen Key Stage 2 pupils achieved the 'expected standard' in reading, writing and maths in 2021-22. Slightly above the national average (59%).[8]

The breakdown shows that inequalities in the borough exist between all the characteristic areas shown, with the greatest difference between those who are SEN and non-SEN.

Figure 1 – Early Years Foundation Stage (EYFS), Key Stage 2 (KS2) and Key Stage 4 (KS4) results, 2021-22

Measure	Chacteristic	Sub-category	Blackburn with Darwen	North West	England
EYFS - % of children reaching a good level of development	Gender	Total	63.1%	61.7%	65.2%
		Girls	68.7%	69.0%	71.9%
		Boys	57.7%	54.8%	58.7%
	Ethnicity	White	63.3%	63.3%	66.3%
		Asian/Asian British	65.1%	59.3%	64.9%
	First language	English	65.5%	63.9%	67.1%
		Other	60.6%	53.4%	60.1%
	Disadvantage	Free school meals	51.9%	46.2%	49.1%
		Non-free school meals	66.0%	65.8%	68.8%
	SEN	All SEN	26.1%	15.8%	18.8%
		Non-SEN	71.2%	67.7%	70.9%
KS2 - % of children meeting 'expected standard' in reading, writing and mathematics	Gender	Total	60%	58%	59%
		Girls	65%	62%	63%
		Boys	55%	53%	55%
	Ethnicity	White	55%	57%	58%
		Asian/Asian British	65%	61%	67%
	First language	English	56%	58%	58%
		Other	65%	57%	62%
	Disadvantage	Free school meals	43%	41%	42%
		Non-free school meals	65%	64%	65%
	SEN	All SEN	22%	17%	18%
		Non-SEN	71%	68%	69%
KS4 - % of children achieving a grade 5 or better in English and Mathematics	Gender	Total	43.5%	46.6%	49.8%
		Girls	49.7%	49.3%	52.6%
		Boys	43.5%	43.9%	47.1%
	Ethnicity	White	37.6%	45.1%	47.8%
		Asian/Asian British	56.4%	56.3%	61.9%
	First language	English	43.8%	46.1%	49.0%
		Other	53.4%	49.8%	54.2%
	Disadvantage	Free school meals	30%	25.3%	28.4%
		Non-free school meals	52%	53.2%	55.4%
	SEN	All SEN	19.3%	16.1%	18.2%
		Non-SEN	50.3%	52.1%	55.8%

GCSE attainment

The simplest measure of comparable attainment is the proportion of pupils obtaining grade 5+ in both subjects. Provisional results for 2021/22 show that the proportion of pupils obtaining a grade 5+ in England and Maths within schools in Blackburn with Darwen's score being 43.5%, is significantly lower than the national and regional average.[9] Looking at some of the inequalities, 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 too, but students eligible for FSM and those in SEN categories have the third best results in the North West and are in the second highest quintile nationally.

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.[10] 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 **Error! Reference source not found.** shows the gap in months between disadvantaged children locally, and non-disadvantaged children nationally as of 2019. This ensures that the gap truly reflects the performance of the disadvantaged children in each area.

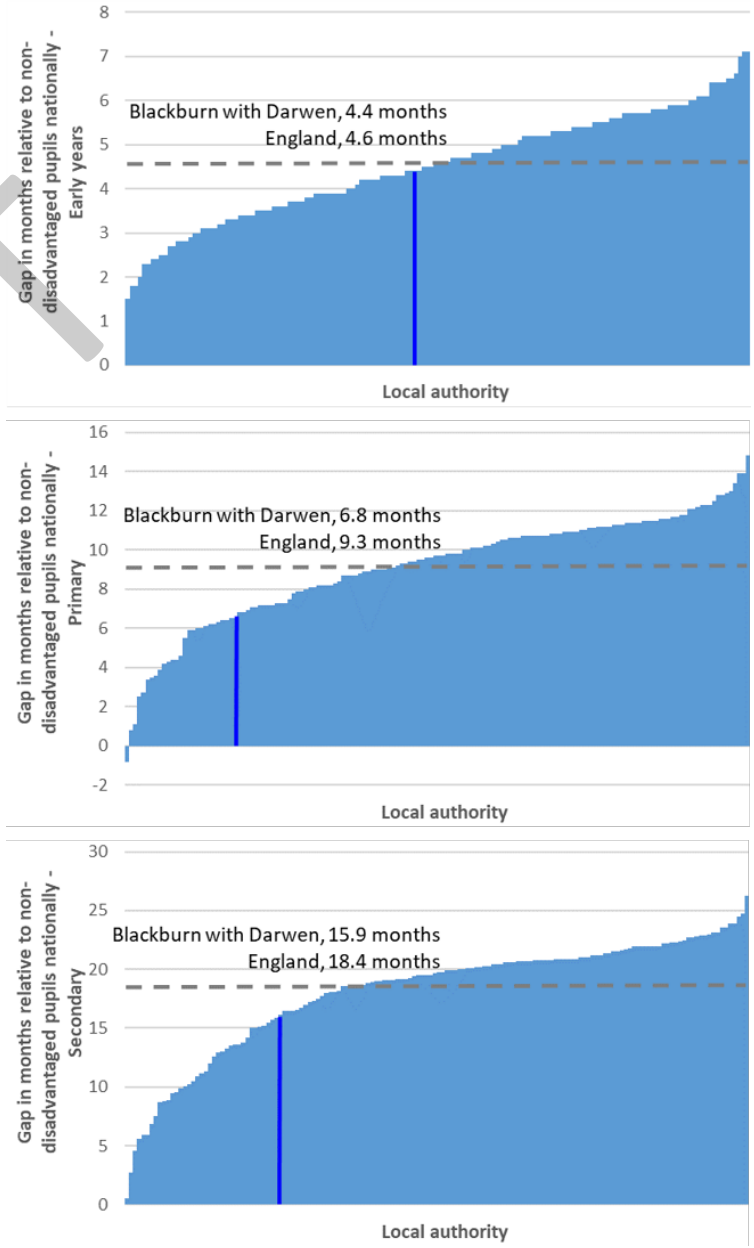
It can be seen that at the Early Years stage, the 'Disadvantage Gap' in Blackburn with Darwen is roughly the same as the national average, at 4.4 months (4.6 months nationally). At the end of primary school (Key Stage 2), disadvantaged children in Blackburn with Darwen are 6.8 months behind non-disadvantaged children nationally, but this is not as big as the national average gap of 9.3 months.

By the time disadvantaged children in Blackburn with Darwen sit their GCSEs, they are 15.9 months behind non-disadvantaged children nationally. However, disadvantaged children nationally are on average 18.4 months behind.

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 improved their relative position in the rankings as they move through the school system.

The EPI also estimate the proportion of disadvantaged pupils in local authorities at different school stages. As of 2019, During the Early Years stage, 16.9% of pupils in Blackburn with Darwen are disadvantaged. At the end of primary school, 32% are pupils are disadvantaged and at the time of GCSE's, 36.7% of pupils in the borough are recorded as being disadvantaged.

Figure 2 – 'Disadvantage Gap' between disadvantaged children in Blackburn with Darwen and non-disadvantaged children nationally, 2019

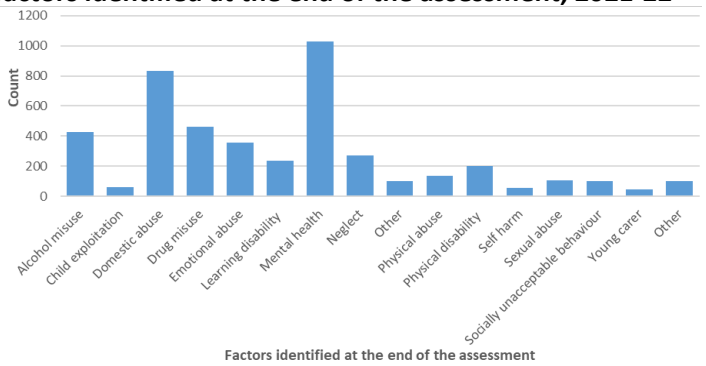


Vulnerable Children and Young People

Children in Need

'Children in Need' is the Department for Education's (DFE) term for all those referred to the local authority and assessed to require services.[11] Blackburn with Darwen had a total of 1,384 Children in Need at the end of March 2022, up from 1,332 the year before. As a rate, this comes to 358.1 per 10,000 (North West 384.3, England 334.3), meaning the borough's rate is not too far from the overall average. Figure 4 shows the reasons during the assessment as to why these children were assessed as being in need.

Figure 4 – Children in Need in Blackburn with Darwen, by factors identified at the end of the assessment, 2021-22



Looked after children

A subset of 'Children in Need' is the 374 children looked after by the local authority as of 31st March 2021. This equates to 97 per 10,000 children under 18 (England = 67) and places the borough in the top quintile nationally.

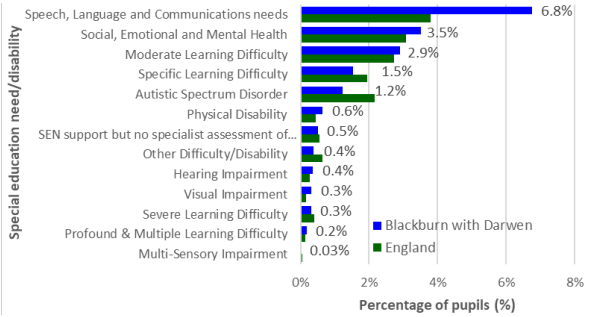
'Toxic Trio' of family issues

The Children's Commissioner's Office has issued synthetic estimates of what it calls the '**Toxic Trio**' of family issues (alcohol/substance misuse, domestic abuse and mental health problems)[12], namely where a parent is affected by some or all of the issues in the box. Depending on severity, there may be between 7,360 and 17,530 children aged 0-17 in Blackburn with Darwen living in households where an adult has at least one of these problems, with 500 to 1,340 living in a household where an adult has all three. It is important to appreciate that these are broad 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. Using an average of data from December 2021 to February 2022, 168 people aged 16-17 in the borough were classified as NEET (including those whose activity is unknown to the local authority), or 3.9% of the age group. This compares well with the England average of 4.7%.[13]

Figure 5 – Prevalence of Special Educational Needs and Disabilities in all pupils, Blackburn with Darwen and England, 2021-22



Special Educational Needs and Disability

As of January 2022, there were 5,227 children in Blackburn with Darwen schools with Special Educational Needs and Disability (SEND) or 18% of all pupils. This is higher than the average for England (16.6%) or the North West (16.9%).[14] **Error! Reference source not found.**5 shows the proportion of all pupils in the maintained sector having a Special Educational Need or Disability of each particular type.[15] The rate of Speech, Language and Communication Needs in Blackburn with Darwen is strikingly higher than the overall national figure.

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).[16] The Index shows a strong association with poverty. Blackburn with Darwen is not one of the highest local authorities, but it is in the top quintile.

Children's Mental Health Services

In a report published in February 2022, the Children's Commissioner uses five indicators to summarise Child and Adolescent Mental Health Services (CAMHS) provision per CCG.[17] Blackburn with Darwen is not in the worst quintile for any individual indicator, and this is reflected when all five are considered together, where the composite score was only two points from scores of CCGs in the top 20.

Table 1 – Five key indicators of CAMHS provision in Blackburn with Darwen, and resulting Composite Score

(a) Children's mental health spend per child	(b) Children's mental health spend as % of the CCG budget	(c) Percentage of children referred (as % of the population)	(d) Average waiting time for those children who do get seen	(e) Percentage of referrals closed before treatment	Composite Score [based on which quintile the CCG falls in for each of indicators (a) to (e)]
£62.9 *(England £73)*	**1%** *(England 1.1%)*	**4%** *(England 4%)*	**18 days** *(England 32)*	**21%** *(England 24%)*	**17 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 48 in 2020, with rates falling in line with national trends. Expressed as a rate (Figure 35), Blackburn with Darwen (15.9 per 1,000) is not significantly different from the England average (13 per 1,000). In comparison to other upper tier authority areas, the latest data puts the borough just outside of the bottom quartile nationally (Figure 6).

Figure 6 – Under 18 conception rate (per 1,000 females aged 15-17), 2011 to 2020

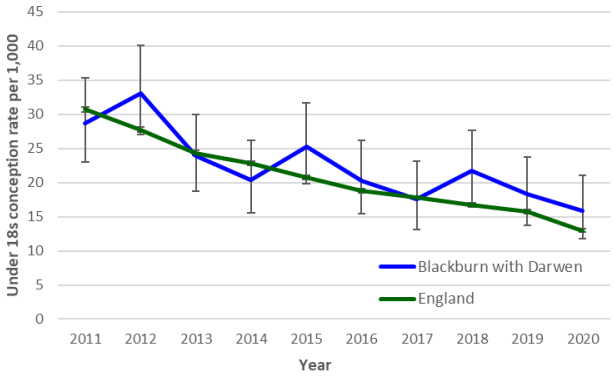
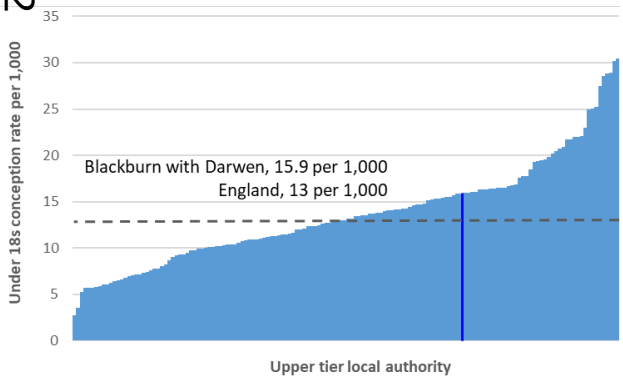


Figure 7 – Under 18 conception rate by Upper Tier Local Authority, 2020



Within the borough, five wards (Blackburn Central, Blackburn South East, Darwen East, Ewood and Little Harwood & Whitebirk) accounted for around half the borough's deliveries to teenage mothers from 2016-17 to 2020-21.

From 2018 to 2020, there were 36 births to women under-16 in the borough, resulting in a rate of 3.9 births per 1,000 across 2018-20, slightly higher than the England average of 2.3 births per 1,000.

Chlamydia screening

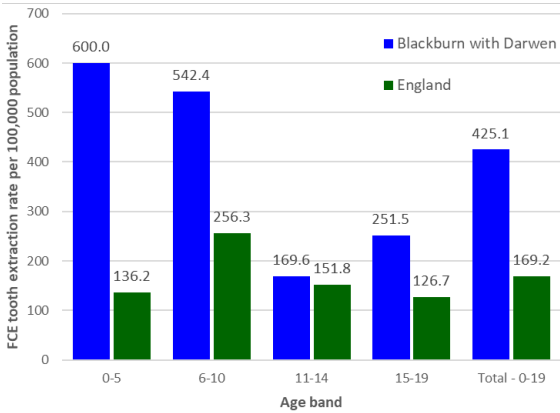
Chlamydia is a largely hidden condition, so cases are most often discovered through opportunistic screening. The National Chlamydia Screening Programme aims to diagnose and treat as many cases as possible in young people aged 15-24, and local authorities are encouraged to aim for a 'Chlamydia Detection Rate' of at least 3,250 per 100,000. The latest figures for 2021 imply that Blackburn with Darwen's detection rate is well below that target, at 1,057 per 100,000 (England average 1,334 per 100,000).**Error! Bookmark not defined.** This is the eighth lowest rate in the North West and the 45th lowest nationally. Since 2018, detection rates have been significantly worse than the national average since high detection rates from 2015 to 2017 which are now thought to have been due to post-coding anomalies.

Children's Oral Health

Dental Health of Blackburn with Darwen Children

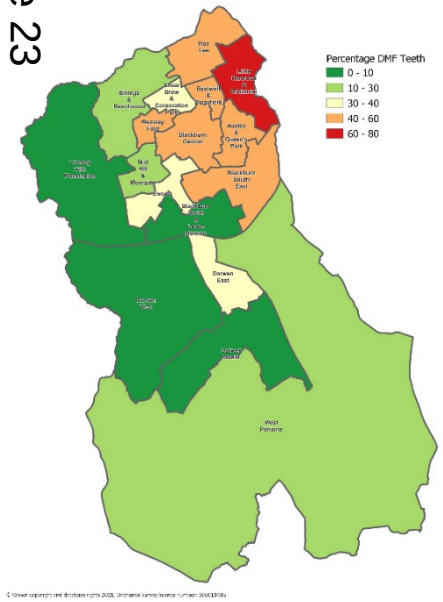
From 2018-19 to 2020-21, 295 children aged 0-5 in Blackburn with Darwen were admitted to hospital for dental caries. This is down from 350 the year before, however, the crude rate of admissions was recorded as the fifth highest amongst upper tier authorities with available data. Looking at other age groups, especially for the under 10 age groups (Figure 8).[18] It does not tell the whole story, because many children also have teeth extracted in primary care.[19]

Figure 8 – Tooth extraction rate per 100,000 population by age group, 2020-21



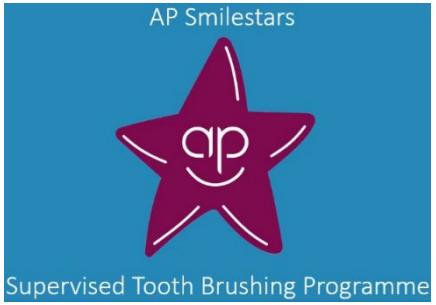
In 2022, the Council launched their Oral Health Improvement Partnership Strategy.[20] Key parts of the vision to improve the oral health of children and young people include; peer support through parent champions, a targeted communications campaign to promote good oral health (launched in May 2022) and the Give Up Loving Pop (GULP) campaign which teaches children in the 20 primary schools with the highest rates of decay about the negative impact of sugary drinks on their teeth. The Oral Health Improvement Service, now live, provides toothbrushes and toothpaste (as well as sippy cups where appropriate) to key groups of children (via health visiting teams and our looked after children teams). Additionally, the service is training nursery staff in the ward with the highest rate of decay and staff in the top 20 primary schools with the highest rates of decay, to deliver a supervised brushing service. The strategy also outlines how the council and NHS England can work with dental practices in applying fluoride varnish to children in areas found to have high rates of dental decay and to increase the proportion of children registered with a dentist by one year old.

Figure 9 – Percentage of 4-5 year olds in Blackburn with Darwen with at least one DMFT by Ward, 2020-21



A dental survey was carried out by the University of Central Lancashire, on dental health among 4-5 year old children across the borough. In the 2021 school year, just over 4 in 10 (43.4%) of 4-5 year olds examined, had at least one decayed, missing, or filled teeth – 56.6% of the sample population had no experience of visually obvious dental decay.[21] Analysis from the Oral Health Improvement Partnership Strategy found across Blackburn with Darwen, Pendle and Burnley, Asian children living across these council areas (combined) had a statistically significantly higher proportion of three and five year olds experiencing tooth decay than White children.[22]

The latest data (2021-22) looking at the percentage of five year olds with visually obvious dental decay[23] showed that the borough has the fourth highest rate of tooth decay amongst upper tier authorities in England (from councils with available data). This is an improvement from the previous period, where the borough had the worst rate nationally. Interventions to improve rates include; the AP Smilestars supervised tooth brushing programme, delivered by AP Smilecare on behalf of the council. This was introduced into reception and nursery classes in September 2022.[24] As part of the effort to improve oral health and impact other areas of child health such as reducing the risk of obesity and type-2 diabetes, the council works with Sustain, to help children reduce the amount of sugar they consume.[25]

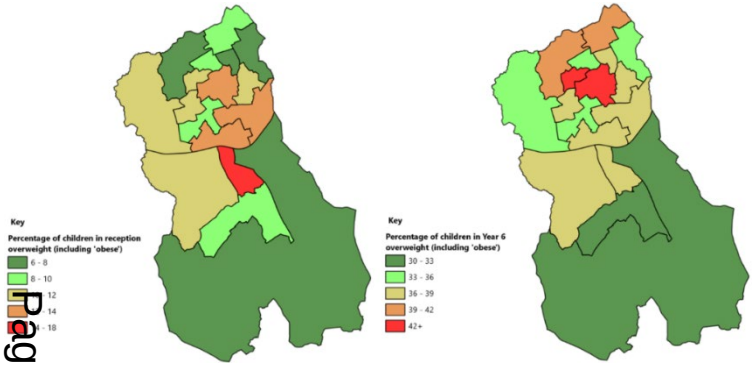


Child Obesity and Underweight

National Child Measurement Programme

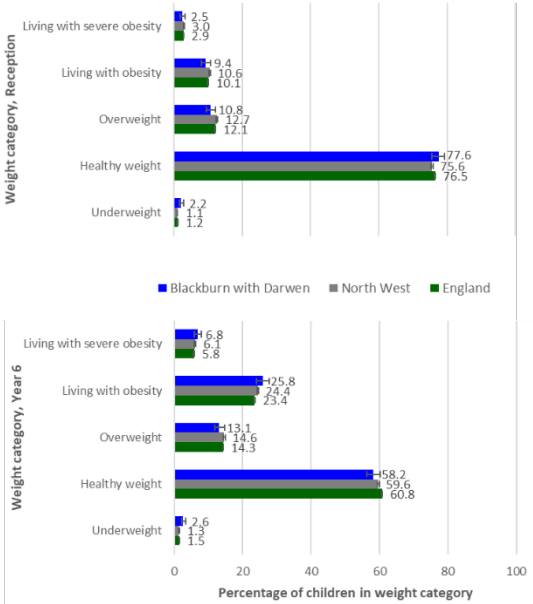
Figure 9 shows the results of the latest National Child Measurement Programme (NCMP) survey in 2021-22. In Reception, the proportion of underweight children in Blackburn with Darwen is higher than average, however, the proportion of children estimated to be at healthy weight is also higher and the proportion of children with excess weight (i.e. 'overweight') and are obese, is lower than the regional and national average.

Figure 10 – Prevalence of overweight (including 'obese') at Reception and Year 6 by Ward, 2019-20 to 2021-22



By Year 6, however, the borough has an above-average proportion of children with excess weight and actual obesity. Figure 10 shows that there are marked inequalities in those classified as 'overweight' (including 'obese') across Blackburn with Darwen by ward area. Wards with the greatest proportion of children that were 'overweight' were mainly those in the most deprived wards and lowest in the least deprived wards. This is in line with previous research that has found findings.[26]

Figure 11 – NCMP: Weight at Reception and Year 6, 2021-22



Physical activity

Amongst children and young people (those aged 5-16), those doing on average at least 60 minutes of moderate to vigorous intensity activity per day across the week are considered 'physically active'. In 2021-22, the percentage of children estimated to be physically active was 44.3%, slightly lower than the regional (48.5%) and national average (47.2%). Amongst the North West, the borough has the third lowest proportion of children considered to be physically active.[27]

Eat Well Move More Strategy 2022-25

The refreshed Eat Well Move More Strategy sets out a vision with the borough to tackle unhealthy weight and ensure that being physically active and eating well remain core local priorities. Through this strategy and partnership, the borough aims to implement a 'place-based' approach through collaboration, engagement and a commitment to making health everybody's business in every setting.

Over the last few years, there have been some local successes, including; the outcomes and legacy of the Child Obesity Trailblazer Programme and becoming a Sport England Local Delivery Pilot for the Together an Active Future funding. The council has helped establish strong delivery partners through the Blackburn with Darwen Food Alliance, the BwD Active Network and walking, cycling and wheeling groups, which continue to help deliver holiday activity and food programmes for children and young people throughout the school holidays, as well as promoting the Recipe 4 Health Award to schools and hot-food takeaways across the borough. Activity is aimed at tackling issues related to poor nutrition and physical inactivity and aims to build opportunities and environments which encourage and enable people in the borough to make healthier choices.

Child Obesity Trailblazer

Blackburn with Darwen's forward thinking on childhood obesity and inequalities resulted in the borough being chosen as one of only five child obesity 'Trailblazer Authorities'[28]. The trailblazer programme received core funding from October 2019 up to July 2022 and activity in the borough was part of a wider programme across Pennine Lancashire (a grouping of authorities in East Lancashire and Food Active) that took a systems-wide approach to transforming the food environment. There have been four strands to the work: systems leadership; the planning lever; social movement; and business engagement. Some of the key achievements of the programme have been:

- Local councillors' involvement, including, regular elected member health and wellbeing forums, the development of a health and wellbeing portal and online learning resources
- Work with planning teams to develop a Planning for Healthy Environments toolkit; a review of planning applications for A3 and A5 use and the use of Supplementary Planning Documents and local plans to support healthier environments. Other cross-departmental work has included the development of a data map showing the correlation between, for example, the prevalence of childhood obesity and fast food outlets
- The Recipe4Health Award has been re-branded to recognise any food businesses (including schools and nurseries) that promote healthy eating, environmental issues and social responsibility

Alongside successfully prioritising health and well-being issues amongst participating councils. The programme highlighted some key issues in the Pennine Lancashire area such as food insecurity, particularly how issues of food insecurity and the causes of unhealthy weight are interwoven.

Recipe 4 Health

Recipe 4 Health was launched by Lancashire County Council a decade ago[29]. As part of the Pennine Obesity Trailblazer Programme, the award was reviewed with new branding and logos produced. New certificates, window stickers, menu stickers, posters and pull-up banners as well as napkins have all been designed and printed as part of a new push from April 2023 to promote the brand across Blackburn and Darwen. Takeaways and sandwich shops will be allowed to have their business promoted as part of a Facebook promotion, which will run throughout April and May to promote the brand. The campaign aims to promote healthier food options to residents of and visitors to the two towns so they will know how to find and visit businesses with the award, using their smartphone.

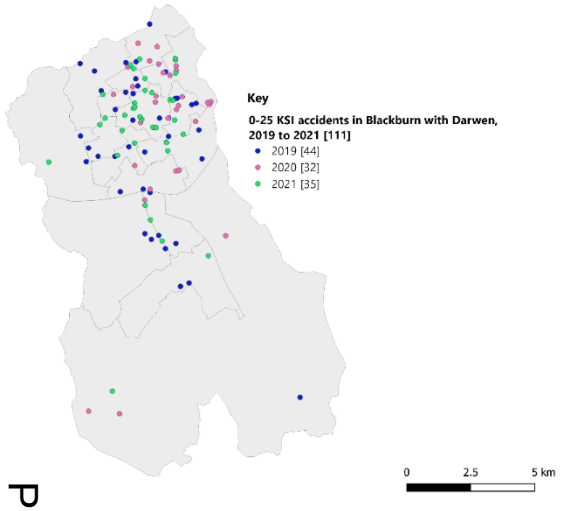
The food map on the council's Public Health website shows where award holders are located, and will take the user to the business's website with their contact details. The environmental health team are pushing the new materials with award holders and persuading them to fill in the form so their business shows on the food map.

Re:fresh

Blackburn with Darwen Borough Council's re:fresh programme aims to get more people taking part in physical activity across the borough, particularly targeting those who may find it difficult to find time to exercise. Physical activity in early years is key to building relationships and social skills and improving development, health and sleep. As part of the re:fresh programme, there are several dedicated for young children, as well as activities to support new mums and mums to be.[30]

Road Accidents

Figure 4 –KSI accidents involving at least one 0-25 year old in Blackburn with Darwen, 2019 to 2021



Reported traffic accidents captured by the Department of Transport, found 124 people aged 0-25 were killed or seriously injured (KSI) on Blackburn with Darwen's from 2019 to 2021.[31], with 60 of those being aged 0-15. Fortunately, from 2019 to 2021, there have been no child fatalities in the borough. When comparing to other areas, from 2018-2020, Blackburn with Darwen has the highest crude child KSI rate from 148 upper-tier local authorities in England, with the rate increasing since 2016-2018. It should be noted that police forces can vary in their reporting systems, which means there can be some variability when classifying injuries regarded as 'serious'.[32]

Figure 13 – Breakdown of KSI casualties in Blackburn with Darwen, 2019 to 2021

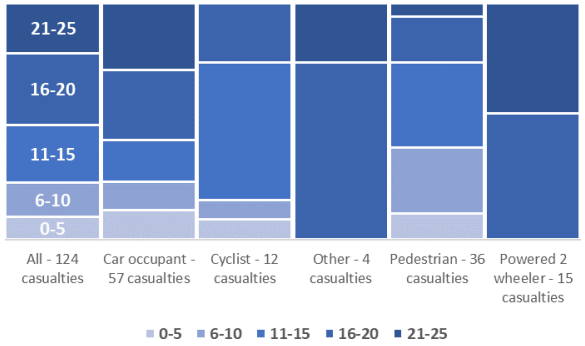
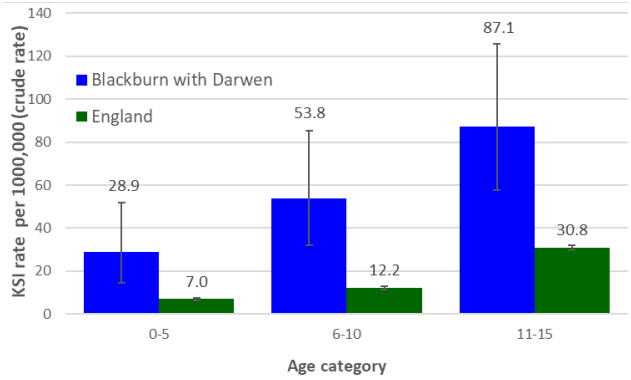


Figure 13 on the right looks at all young people killed or seriously injured up to the age of 25, over three years (2019-2021). The casualties are broken down by type of road user (columns) as well as by age (light to dark shading). 46% of casualties were car occupants, those aged 16-25 making up 57.9% of victims. 29% were pedestrians, with 36.1% of those being aged 11-15.

Pedestrian Child KSI

The borough's rate of pedestrian KSI casualties among children and young people is well above the national average. From 2016 to 2020, the rate of pedestrians aged 0-24 killed or seriously injured was over twice the national average. From 2016-2017 to 2020-21, the rate of emergency admissions for pedestrian casualties aged 0-24 was the sixth highest in the North West.[33]

Figure 14 – Pedestrian KSI rate by age group, Blackburn with Darwen and England, 2018 to 2020



All child road casualties

Looking at the recorded crude rate of child casualties killed or seriously injured on the road by age band, Blackburn with Darwen compares badly to the national average. From 2018 to 2020, overall child casualties (0-15) and across those aged 0-5, the borough has the worst crude rate of those KSI amongst upper tier authorities in England. Across 6-10 year olds, the borough has the second worst rate nationally and across 11-15 year olds, the crude rate is the 4th worst nationally.

Child Safety in the borough

The council's Safer Roads Strategy[34] aims to deliver safer roads across the borough. Activity to improve road safety in the borough has included, road safety engagement in primary schools, where over 7,500 children in more than have been engaged in sessions around road safety from the 2021/22 academic year up to March 2023, with over 2,000 pupils receiving high-vis safety vests in that time.

In collaboration with the Neighbourhood Policing Team, the council launched and part-funded the new 'Road to Victory' primary schools football events. These events aim to bring young people closer to the police and the council by promoting being active. Additionally, children were given road safety training and several accessories to help keep them safer on the roads in between playing matches.

Social Sense was commissioned by the council's Public Health team to run consultations with schools and youth groups to understand the views that young people have about road safety in the borough. In the first phase of the consultation, Social Sense visited three schools consulting with 670 year 9 students. This generated a report detailing the barriers pupils have to active travel, what would encourage them to consider active travel and if they feel safe on the roads. In the second phase of the consultation, schools and youth groups were invited to design a road safety campaign. Including young people in the creation of the campaign, meant the message would be important to them and has more power when shared across the borough. The winning design chosen lead with the message: 'Be Aware, Stay Aware'. The campaign ran in November 2022 and ran through Road Safety Awareness Week and could be seen on bus stops, billboards and posters throughout Blackburn with Darwen. The campaign resulted in an increased uptake of resources on the national Brake website.

Other activities planned to improve road safety, involve the council's Safer Roads Operational Group delivering a parent workshop to educate and discuss with parents issues around driver behaviour, particularly around schools where many road safety concerns originate.

Child Health Outcomes[35]

Figure 15 – Key child health outcomes by age group, Blackburn with Darwen compared to England

Category	Sub-category	Year	Age - <1	Age – 1-4	Age – 5-9	Age – 10-14	Age – 15-17	Age – 18-24
Delivery	Low birth weight	2021						
	Very low birth weight	2021						
	Low birth weight (terms)	2021						
	Neonatal mortality and still births	2020						
Mortality	Infant mortality	2018 - 2020						
	Child mortality	2018 - 2020						
Emergency Admissions	All	2020-21						
	Injuries	2020-21						
	Pedestrian casualties	2018 - 2020						
	Burns	2016-17 - 2020-21						
	Gastroenteritis	2020-21						
	Respiratory (Lower RTI)	2020-21						
	Asthma	2020-21						
	Diabetes	2020-21						
	Epilepsy	2020-21						
	Self-harm	2020-21						
	Substance misuse	2018-19 - 2020-21						
	Mental health	2020-21						
	Alcohol-specific	2018-19 - 2020-21						
	Dental caries	2018-19 - 2020-21						
A & E attendances	All	2020-21						

Key

- Worst in England
- Amongst the worst five authorities in England
- Significantly worse than England
- Not significantly different from England
- Significantly better than England
- Lower than average
- Higher than average

At delivery

Blackburn with Darwen has some of the highest rates of low birth weight nationally (although not very low birth weights), whether measured for all babies or those born at term. It also experienced 17 stillbirths in 2019, meaning the rate of stillbirths has remained relatively steady since 2015.

Infant and Child Mortality

There were 24 infant deaths in Blackburn with Darwen in 2018-20, which gives a rate similar to the England average. Deaths of older children (aged 1-17) also involve very small numbers, since 2015-17, the child mortality rate has fallen in the borough to a rate similar to the national average.

Hospital admission/attendance

Overall, the borough has significantly higher than average emergency admissions at all stages of childhood. It is in the bottom five authorities for child admissions due to pedestrian casualties, injuries, burns and gastroenteritis. However, admissions for diabetes and epilepsy are not significantly different from the average. Additionally, A&E attendances in 2020-21 are also below the national average for most age groups and have been for several years.

Child Vaccinations

Coverage Rates

Since the COVID-19 pandemic, coverage for all routine vaccinations for children under 5 had fallen compared to the previous year (excluding the PCV vaccine) nationally. Across the borough, the picture of coverage uptake is mixed. Uptake has increased for the Dtap/IPV/Hib vaccination known as the '5-in-1' or '6-in-1' vaccine and Dtap and IPV booster ('4-in-1'). Whereas, amongst some vaccinations, Hib and MenC booster and PCV rates have fallen in the borough. Changes in child vaccination coverage are shown in Figure 16.

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 the appendices section of the annual report by NHS Digital. [36] All the indicators are subject to a 95% target, but most of them failed to meet it, both locally and nationally.

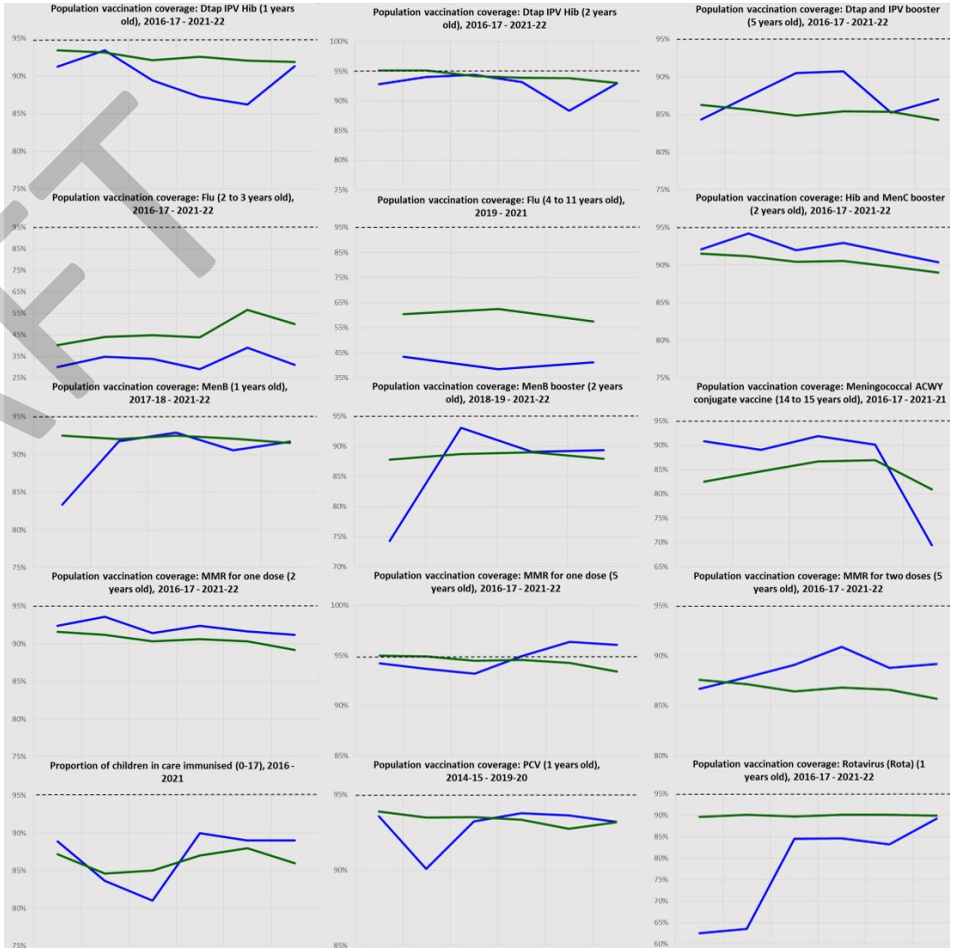
Reasons For National Decline

Excluding the impact of the COVID-19 pandemic, there are many possible reasons for the decline in childhood vaccine uptake that have been identified by the National Audit Office (NAO), some of the key reasons identified (although, there is no certainty as to which are the most important) are:

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

Other reasons known to affect the uptake of childhood vaccines include 'hard-to-reach' populations and inconsistent communication between healthcare providers and parents. There has been much speculation about the role of the 'anti-vaxxer' lobby, where there is growing concern that anti-vaccination sentiment is partially behind falling uptake.[37] A report by Healthwatch Together reported concerns through engagement with 1,216 people across Lancashire and South Cumbria (particularly those who are seldom heard), regarding their experiences of the COVID-19 vaccination programme. Primary concerns were around the vaccine safety and efficacy, the messaging around vaccines, dosing, social influence of getting a vaccine and accessibility around getting a vaccination. The experience of the programme may have some lasting impact on personal decision-making towards vaccinating children in the future [38]

Figure 16 – Child vaccination coverage, Blackburn with Darwen (blue) compared to England



References

[1] Office for National Statistics (2022). Impact of COVID-19 on ONS social survey data collection. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/methodologies/impactofcovid19ononssocialsurveydatacollection#discussion-of-the-impact-of-covid-19-on-ons-social-survey-data-collection

[2] Office for National Statistics (2022). General health, England and Wales: Census 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/generalhealthenglandandwales/census2021

[3] Joseph Rowntree Foundation (2022). UK poverty 2022. Available from https://www.jrf.org.uk/report/uk-poverty-2022

[4] Blackburn with Darwen Borough Council (2022). Blackburn with Darwen – Annual Report of the Director of Public Health 2018/19. Available from https://bewellbwd.com/a-z-services/annual-reports/

[5] Department for Work and Pensions (2022). Children in low income families: local area statistics 2014 to 2021. Available from https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2021

[6] End Child Poverty (2022). Poverty in your area. Available from https://endchildpoverty.org.uk/

[7] Department for Education (2022). Early years foundation stage profile results. Available from https://explore-education-statistics.service.gov.uk/

[8] Department for Education (2022). Key stage 2 attainment. Available from https://explore-education-statistics.service.gov.uk/

[9] Department for Education (2022). Key stage 4 performance. Available from https://explore-education-statistics.service.gov.uk/

[10] Education Policy Institute (2021). Education in England: Annual Report 2020. Available from https://epi.org.uk/publications-and-research/education-in-england-annual-report-2020/

[11] Department of Education (2022). Characteristics of children in need. Available from https://explore-education-statistics.service.gov.uk/

[12] Children's Commissioner's Office (2020). Children in families at risk – Local Area Maps. Available from https://www.childrenscommissioner.gov.uk/vulnerable-children/children-in-families-at-risk-local-area-maps/

[13] Department for Education (2022). NEET and participation: local authority figures. Available from https://www.gov.uk/government/publications/neet-and-participation-local-authority-figures

[14] Department for Education (2022). Special educational needs in England: January 2012 (Local Authority Tables - Table 15). Available from https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2022

[15] Department for Education (2022). Special educational needs in England: January 2022 (Local Authority Tables - Tables 14,16,17 & 18). Available from https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2022

[16] 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

[17] Children's Commissioner (2022). Children's Mental Health Services 2020/21. Available from https://www.childrenscommissioner.gov.uk/wp-content/uploads/2022/02/cco-briefing-mental-health-services-2021-22.pdf

[18] Office for Health Improvement and Disparities (2022). Table 3: FCE tooth extraction rate (all diagnoses) per 100,000 target population. Hospital tooth extractions of 0 to 19 year olds 2021. Available from https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021

[19] The Guardian (2016). Decayed teeth removed from 128,000 children in England since 2011. Available from https://www.theguardian.com/society/2016/feb/27/england-hospital-treatment-children-severe-tooth-decay

[20] Blackburn with Darwen Borough Council (2021). Blackburn with Darwen Oral Health Improvement Partnership Strategy 2021-2026. Available from https://www.blackburn.gov.uk/sites/default/files/media/pdfs/UA-BwD%20OHI%20Strategy%202021_26.pdf

[21] Blackburn with Darwen Borough Council (2022). Oral health strategy Maps. Available from Blackburn with Darwen Borough Council (2021). Blackburn with Darwen Oral Health Improvement Partnership Strategy 2021-2026. Available from https://www.blackburn.gov.uk/sites/default/files/media/pdfs/UA-BwD%20OHI%20Strategy%202021_26.pdf

[22] Blackburn with Darwen Borough Council (2021). Blackburn with Darwen Oral Health Improvement Partnership Strategy 2021-2026. Available from https://www.blackburn.gov.uk/sites/default/files/media/pdfs/UA-BwD%20OHI%20Strategy%202021_26.pdf

[23] Office for Health Improvement and Disparities (2023). Oral health survey of 5 year old children 2022. Available from https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022

[24] BeWellBwD (2022). Supervised Toothbrushing Programme. Available from https://bewellbwd.com/a-z-services/oral-health-start-well/supervised-toothbrushing-programme/

[25] Blackburn with Darwen Borough Council (2022). Sugar Smart information page. Available from https://bewellbwd.com/sugar-smart/

[26] House of Commons Library (2023). Obesity statistics. Available from https://commonslibrary.parliament.uk/research-briefings/sn03336/#:~:text=Childhood%20obesity%20and%20deprivation,in%20the%20most%20deprived%20areas.

[27] Office for Health Improvement and Disparities (2023). Physical Activity Profile– Key Indicators. Available from https://fingertips.phe.org.uk/profile/physical-activity/data#page/1/gid/1938132899/pat/6/par/E12000002/ati/402/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[28] Local Government Association (2022). Childhood Obesity Trailblazer Programme: End of programme learning report.

[29] BeWellBwD (2023). Recipe 4 Health section of the BeWellBwD website. Available from https://bewellbwd.com/a-z-services/recipe-4-health/

[30] Re:fresh (2023). Mums to be, new mums and young families. Available from https://refreshbwd.com/active/new-mums-and-young-families/

[31] Department of Transport (2022). Road traffic statistics - Road accidents. Available from https://roadtraffic.dft.gov.uk/custom-downloads/road-accidents

[32] Office for Health Improvement and Disparities (2022). Child and Maternal Health – school-age children. Available from https://fingertips.phe.org.uk/child-health-profiles#page/1/gid/1938133224/pat/15/ati/402/are/E06000008/iid/93701/age/169/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[33] Office for Health Improvement and Disparities (2022). Child and Maternal Health Profiles. Available from https://fingertips.phe.org.uk/profile/child-health-profiles

[34] Blackburn with Darwen Borough Council (2022). Blackburn with Darwen Safer Roads Strategy 2022-2026. Available from https://democracy.blackburn.gov.uk/documents/s15913/Appendix%201%20Safer%20Roads.pdf

[35] Ibid.

[36] NHS Digital (2022). Childhood Vaccination Coverage Statistics- England, 2021-22. Available from https://digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/2021-22/introduction

[37] British Medical Journal (2022). Is anti-vaccine sentiment affecting routine childhood immunisations? Available from https://www.bmj.com/content/bmj/376/bmj.o360.full.pdf

[38] Healthwatch Together (2023). Voices of the seldom heard: Experiences of the Covid-19 Vaccination Programme. Available from https://healthwatchlancashire.co.uk/report/voices-of-the-seldom-heard-experiences-of-the-covid-19-vaccination-programme/

Joint Strategic Needs Assessment Overview 2023

Setting the Scene

Updated March 2023

BwD Health & Wellbeing Board

Start well | Live well | Age well

Blackburn with Darwen Borough Council

Introduction

The Joint Strategic Needs Assessment (JSNA) is the way we try to understand the health needs and assets of Blackburn with Darwen and its residents. Overall it's about how the population of the borough is made up, what we know about how healthy it is, and the assets people and communities have to help them to stay healthy.

This section of the overview document focuses on 'setting the scene'. Within this we look at the characteristics and demographics of our residents, to help understand the make-up of the borough. It also covers themes such as employment, housing and other wider determinants of health. These wider determinants are a range of social, economic and environmental factors that impact people's health. Social inequalities and disparities within these wider determinants are strongly linked to different health outcomes.

As this document is updated periodically, the links in the reference section will provide sources of current data.

Impact of COVID-19 on Data

Data providers such as the Office for National Statistics (ONS) have noted that the COVID-19 pandemic impacted affect the quality and coverage of some statistics collected from March 2020 to June 2021, particularly social survey data collection.[1] ONS has highlighted several potential issues with data collection during this time, including;

- Response rates;
- Change in mode of interviewing affecting responses;
- Change of people's behaviours and attitudes;
- Sample compositions.

Additionally, the possibly of an increase in non-submissions for some datasets and different patterns in the submitted data.

During this time, fewer patients were being referred and seen within community services. Therefore, data should be interpreted with care when it covers the COVID-19 period.

A key example of this is data taken from the 2021 Census, conducted on 21st March 2021 – at this time, some legal limits on social contact were still in place nationally and ONS has recognised the impact of collection during this time may have had an impact on certain results such as how people perceived and rated their health, therefore potentially affecting how people may have chosen to respond.[2]

Contents

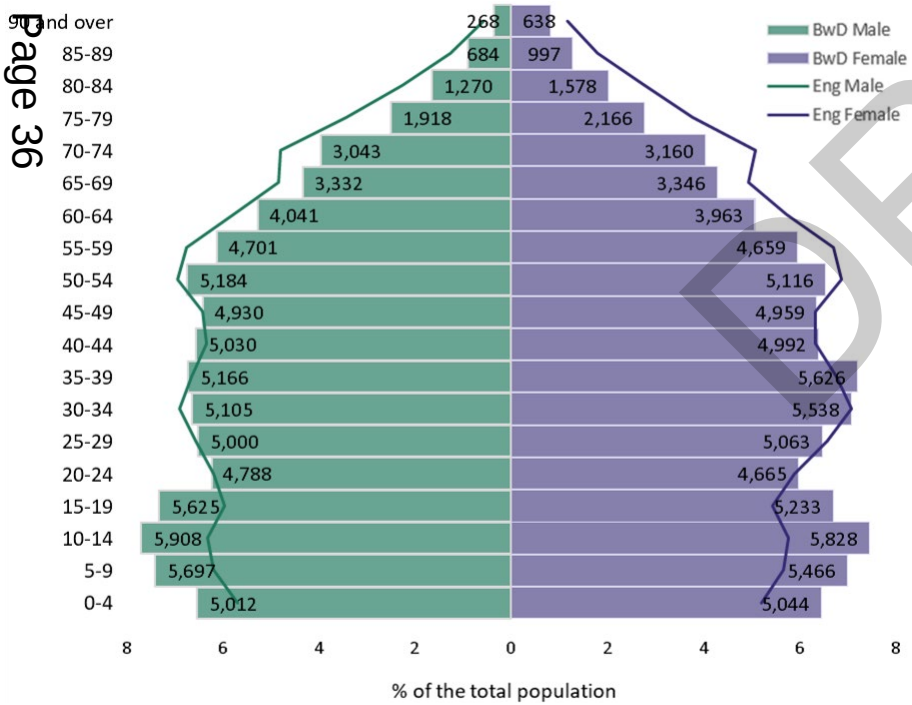
Population

Population Estimates and Projections

2021 Census

The results of the 2021 Census[3] estimate that Blackburn with Darwen had a total resident population of 154,739 as of March 2021**,** an increase of 7,250 since 2011 meaning the population grew by 4.9%. Smaller than both regional (5.2%) and national change (6.6%). In Figure 1 below, the England and Wales age structure is superimposed for comparison. This illustrates that Blackburn with Darwen has a much younger age profile than average. 28.3% of its population is aged under 20, which is the 6th highest proportion in England.

Figure 1 – 2021 Census population estimate for Blackburn with Darwen (with England and Wales profile for comparison)



Amongst some key age band groupings, Blackburn with Darwen's population differs significantly in some ways from the national profile. The proportion of 0-15 year olds as a proportion of the total population is 4.2 percentage points greater than across England and the largest in the North West. The proportion of the population that is working age is roughly in-line with the national figure. As a result, the proportion of those aged 65+ is lower than seen nationally (by 3.9 percentage points). Table 1 details the latest population estimates for key age bands across public health.

Table 1 – Key population bands, Census 2021, Blackburn with Darwen

*Age category	Female	%	Male	%	Persons	**% of total population
All Ages	78,037	50.4%	76,702	49.6%	154,739	-
0-15	17,449	49.5%	17,786	50.5%	35,235	22.8%
16-64	48,703	50.2%	48,401	49.8%	97,104	62.8%
65+	11,885	53.1%	10,515	46.9%	22,400	14.5%
Under 18	19,639	49.3%	20,158	50.7%	39,797	25.7%
18+	58,398	50.8%	56,544	49.2%	114,942	74.3%
0-4	5,044	50.2%	5,012	49.8%	10,056	6.5%
5-10	6,603	48.9%	6,902	51.1%	13,505	8.7%
11-16	6,905	49.5%	7,042	50.5%	13,947	9.0%
16-24	8,787	48.7%	9,244	51.3%	18,031	11.7%
0-19	21,571	49.2%	22,242	50.8%	43,813	28.3%

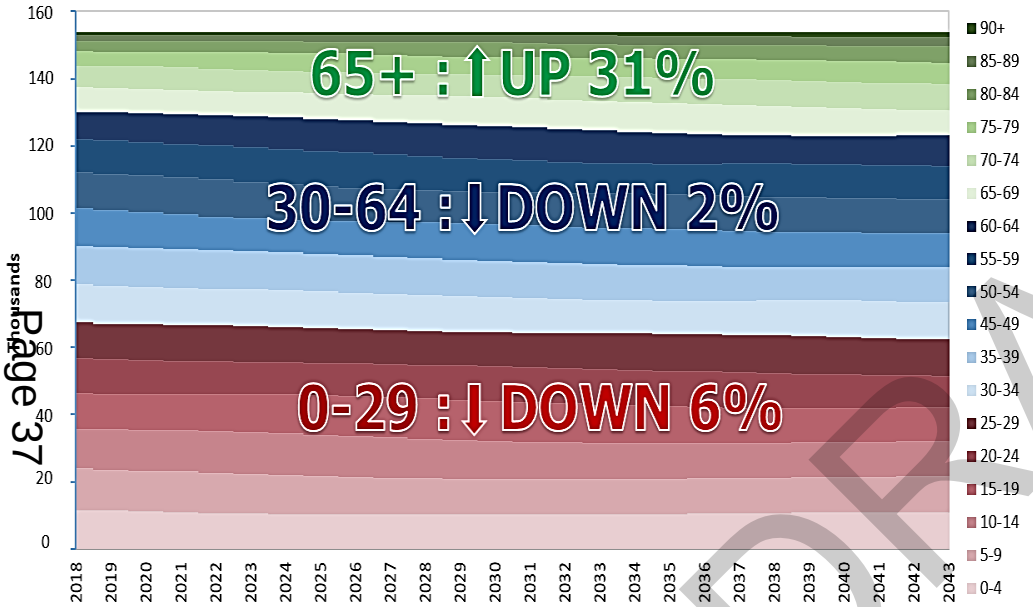
*ONS make changes to the census data to protect individual confidentiality. Due to these changes, there may be slight differences in the same variable or number when it is extracted from different tables.

**Percentages may not sum to 100% due to rounding.

Population projections

The latest population projections from the Office for National Statistics (ONS)[4] are still based on the population estimates for mid-2018, and look ahead to 2043. For Blackburn with Darwen overall, they predict a slow, almost imperceptible rise in population (Figure 2). However, the 65+ age group (shown in green) is expected to rise by approximately 6,600 over the period – i.e. by over 30%. The 85+ group in particular is projected to rise by over 60%, from approximately 2,300 to 3,800.

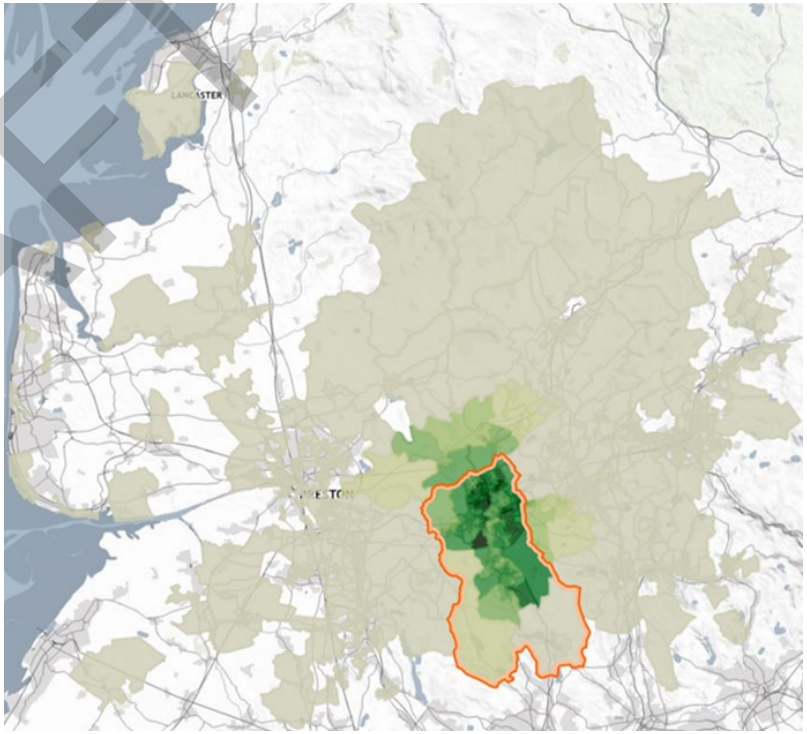
Figure 2 - 2018-based ONS population projections, Blackburn with Darwen



GP Patient Population

Blackburn with Darwen's GP-registered patient population is significantly different to the resident population. As of July 2022[5], more than 180,000 patients were registered with GP practices registered in Blackburn with Darwen, with over 11% of patients registered coming from outside of the borough. It should be noted that patient population figures do not distinguish between individual surgeries amongst practices with multiple surgeries, as they are only registered to one geographic location. [1] Figure 3 details the number of patients registered with a Blackburn with Darwen registered practice by lower super output area (LSOA), an LSOA is a geographic area of around 1,500 to 2,000 people

Figure 3 – GP patient population of Blackburn with Darwen by LSOA, July 2022



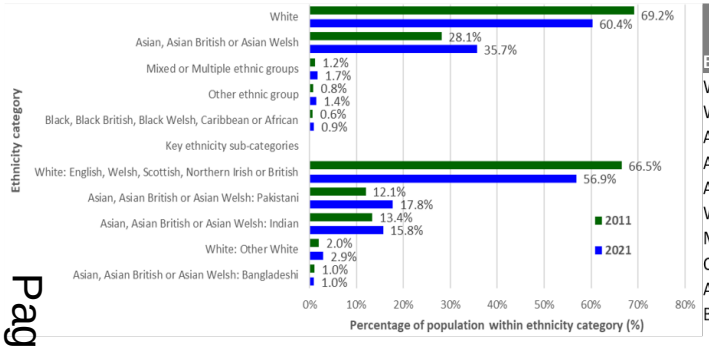
[11] The impact of COVID-19 has affected the work of General Practices and subsequently the data within this publication. NHS Digital urges caution in drawing any conclusions from GP Population data without considering wider national circumstances

Demographic Characteristics

Ethnicity

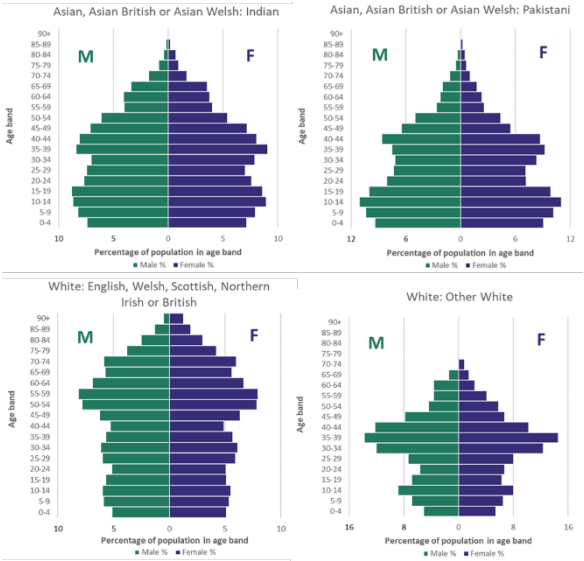
The 2021 Census is the most recent source of official statistics on the ethnic breakdown of the borough's population, and the relationship between ethnic groups and other social characteristics. The proportion of Blackburn with Darwen residents who described themselves as Indian (15.8%), was the largest amongst authorities in the North West and the proportion of residents who described themselves as Pakistani (17.8%), was the 5th highest amongst authorities in England. The change in the number and proportion of residents by ethnicity from 2011 to 2021 can be seen in Figure 4 along with a table comparing the proportion of key ethnic categories in Blackburn against the regional and national average.[6]

Figure 4 – Change in key ethnic groups in Blackburn with Darwen from 2011 to 2021, with a comparison against North West and England in 2021. Showing counts for the borough



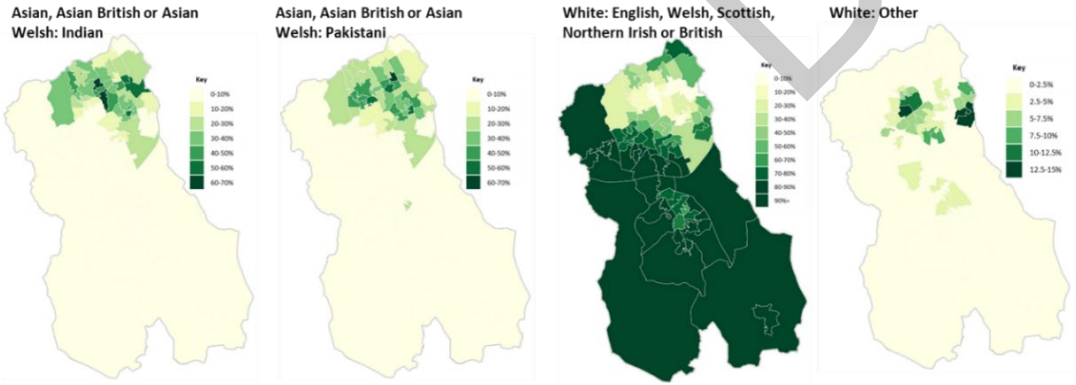
Ethnicity	Resident population total	% of resident population	North West %	England %
White	93,392	60.4%	85.6%	81.0%
White: English, Welsh, Scottish, Northern Irish or British	87,997	56.9%	81.2%	73.5%
Asian, Asian British or Asian Welsh	55,178	35.7%	8.4%	9.6%
Asian, Asian British or Asian Welsh: Pakistani	27,525	17.8%	4.1%	2.8%
Asian, Asian British or Asian Welsh: Indian	24,389	15.8%	1.9%	3.3%
White: Other White	4,562	2.9%	3.4%	6.3%
Mixed or Multiple ethnic groups	2,596	1.7%	2.2%	3.0%
Other ethnic group	2,169	1.4%	1.5%	2.2%
Asian, Asian British or Asian Welsh: Bangladeshi	1,473	1.0%	0.8%	1.1%
Black, Black British, Black Welsh, Caribbean or African	1,406	0.9%	2.3%	4.2%

Figure 5 – Age profile of key ethnic groups in Blackburn with Darwen, 2021



The Census also showed that the main ethnic groups prevalent in the borough; White: English, Welsh, Scottish, Northern Irish or British, White: Other White, Asian, Asian British: Pakistani and Indian, are distributed differently across the borough (Figure 6) and have markedly different age profiles from each other (Figure 5). At a smaller area level, Figure 6 details the proportion of residents by ethnicity across lower layer super output areas (LSOAs) in the borough, geographic areas of around 1,500 to 2,000 people.

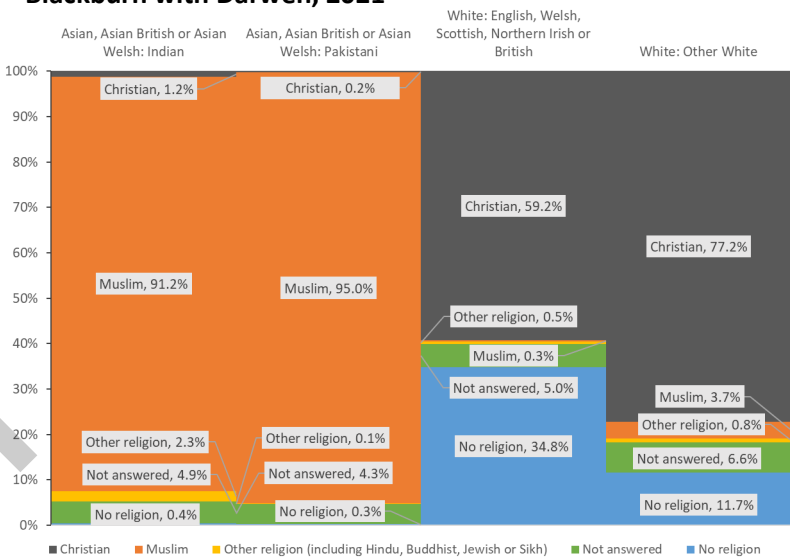
Figure 6 – Proportion of key ethnicity categories in Blackburn with Darwen by LSOA, 2021



Religion

At the 2021 Census, 58,793 people in Blackburn with Darwen (38%) of people identified as Christians. This is down from 2011, when 52.6% identified themselves as Christian. 54,146 (35%) identified as Muslim, up from 27% in 2011. 21.1% had no religion, up from 13.8%. 5% 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 7).[7]

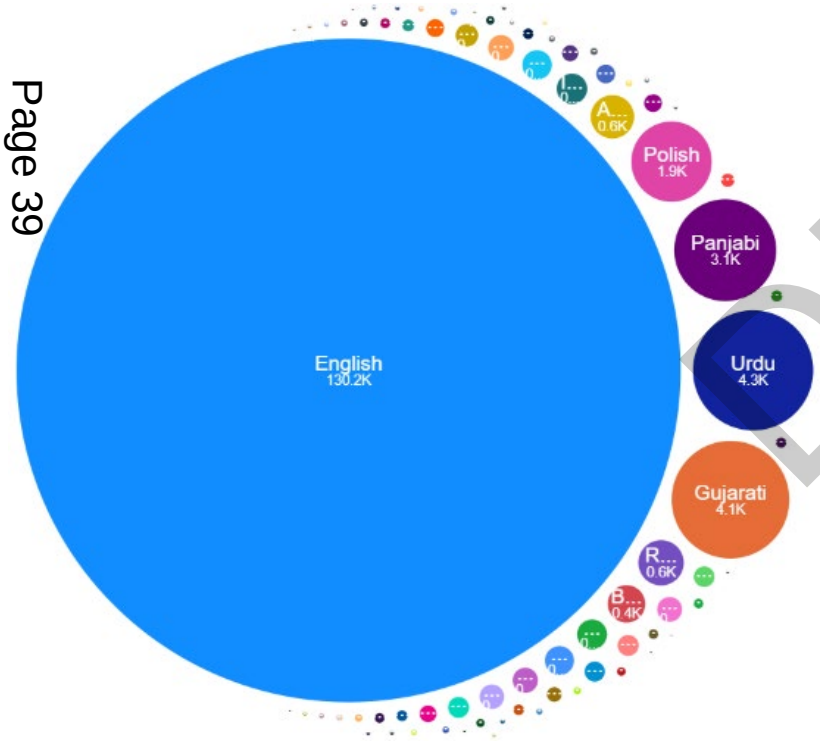
Figure 7 - Relationship between ethnicity and religion in Blackburn with Darwen, 2021



Language

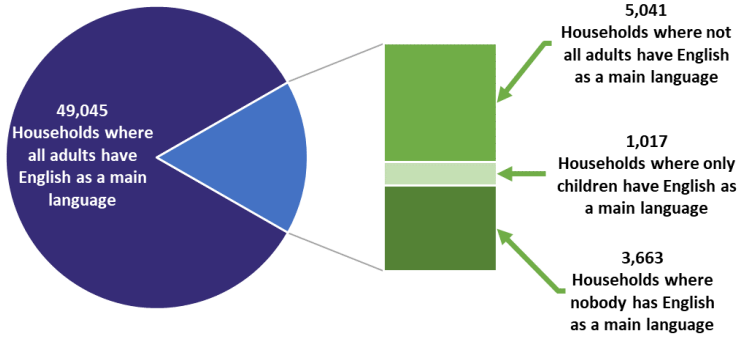
Since 2011, the Census has asked about the 'main language' of everybody aged three and over.[8] In 2021, 87.5% of residents had English as their main language up from 86% in 2011. There is a multitude of other languages also represented, with around 8.5% of residents' main language spoken being of South Asian origin (Punjabi, Gujarati or Urdu the most prominent of these). Around 100 residents stated they use sign language to communicate, with the majority stating they communicate using British Sign Language (BSL).

Figure 8 - Main language of Blackburn with Darwen residents aged 3+, 2021



In 2021, out of 58,766 households in Blackburn with Darwen, there were 3,663 (6.2%) where nobody had English as their main language and 1,017 (1.7%) where only children did[9]. Figure 9 details the breakdown of English spoken as the main language within households in the borough. It is important to appreciate that many of those with a main language other than English nevertheless speak English 'well' or 'very well'. Only 1,116 people (0.8%) in the borough could not speak it at all.[10]

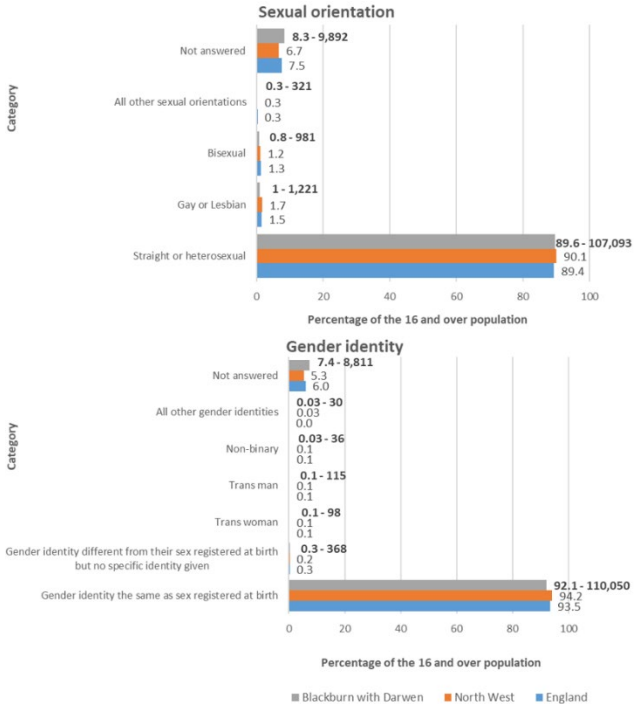
Figure 9 - Main language by household, 2021



Sexual Orientation and Gender Identity

Questions around sexual orientation and gender identity were added to Census for the first time in 2021 (these questions were voluntary). 107,093 people aged 16 and over (89.6%) of people in Blackburn with Darwen identified as straight or heterosexual. 2,523 (2.1%) of people in the borough identified as lesbian, gay or bisexual, as well as other sexual orientations. 9,892 (8.3%) people did not answer the question. In terms of gender identity, 110,050 (92.1%) people aged 16 and over have the same gender identity as the sex registered at birth. 647 people (0.6%) stated that either their gender identity was different from their sex registered at birth (but no specific identity given), trans or non-binary, as well as other gender identities. 8,811 people (7.4%) did not answer the question. A breakdown of sexual orientation and gender identity in Blackburn with Darwen compared nationally and regionally is shown in Figure 10.

Figure 10 – Sexual orientation and gender identity in Blackburn with Darwen, North West and England, 2021



Disability

A disability may be physical, cognitive, mental, sensory, emotional, developmental, or any combination of these. Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Given the diverse nature of disability, it is very difficult to establish an overall level of need in the population, and how many people are currently accessing services. The 2021 Census found that the age-standardised proportion of residents that have a long-term health condition or illness is 20.7%[2]. This is a significant decrease from the 2011 equivalent figure, where 24.8% of the resident population reported having a long-term condition or illness.

Several registers that hold information on key disabilities. A register of residents within the borough who are severely sight impaired (blind) or sight impaired (partially sighted) is held by the local authority. To join the register a person must have received a Certification of Visual Impairment. In 2019/20, there were 550 registered blind or severely sight-impaired people in the borough, and 765 partially sighted or sight-impaired people (a total of 1,315). Of these people on the register, 520 have additional disabilities[11]. GPs also hold a learning disability register. Patients on the GP register can join the register, this helps staff know what support patients may need and also patients on the list should be invited to an annual health check once they are over the age of 14. In 2021/22, there were 929 people on the learning disabilities registers of GPs located in the borough, with 64.6% of patients receiving a health check that year[12,13]. There is no register to identify the proportion of the population who are deaf or experience hearing loss. The 2022 GP Patient Survey showed that 4.6% of patients within the Blackburn with Darwen Clinical Commissioning Group (CCG) area, aged 16 and over, reported deafness or hearing loss. Disability amongst children and young people is often recorded within an educational context. Across the 2021/22 academic year[14], 3.3% of school pupils in Blackburn with Darwen had an Education Health and Care (EHC) Plan to meet the special educational needs of a child/young person. Nationally, this figure is 4%. Furthermore, 14.7% of pupils in the borough were receiving special education needs (SEN) support during this time period. This compares to 12.6% nationally.[3]

[2] A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age. People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all. The questions relating to disability differed slightly between 2011 and 2021 to ensure that data were more closely aligned with the definition of disability in the Equality Act (2010)

[3] It should be noted that some pupils attending schools will be from out of the borough and conversely, some children/young people from Blackburn with Darwen will attend schools outside of the borough. Similarly, some of those on an EHC Plan or receiving SEN support may not necessarily have a disability. However, there is often a lot of overlap.

Deprivation

The 2019 Indices of Deprivation[15], published in September 2019, 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 39 indicators.

Deprivation at the Lower Super Output Area (LSOA) level

Figure 10 shows the Index of Multiple Deprivation mapped for Blackburn with Darwen's 91 Lower Super Output Areas (LSOAs). 33 of them (i.e. over a third) are among the most deprived tenth (or 'decile') of LSOAs nationally. Two of these LSOAs, mostly in Blackburn Central ward, (outlined in red) are among the most deprived 1% in England, and a further 12 (outlined in orange) are in the most deprived 5%. Data from the 2021 Census estimates that around 36% of the borough's residents live in an area classified as being in the most deprived decile.

The map is dominated by large, sparsely populated rural LSOAs. However, the inset cartogram demonstrates that when we size the LSOAs according to population, the dominant colour is purple, better highlighting the larger proportion of residents living in the most deprived areas.

Each of the 'domains' also has its own index. In 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.

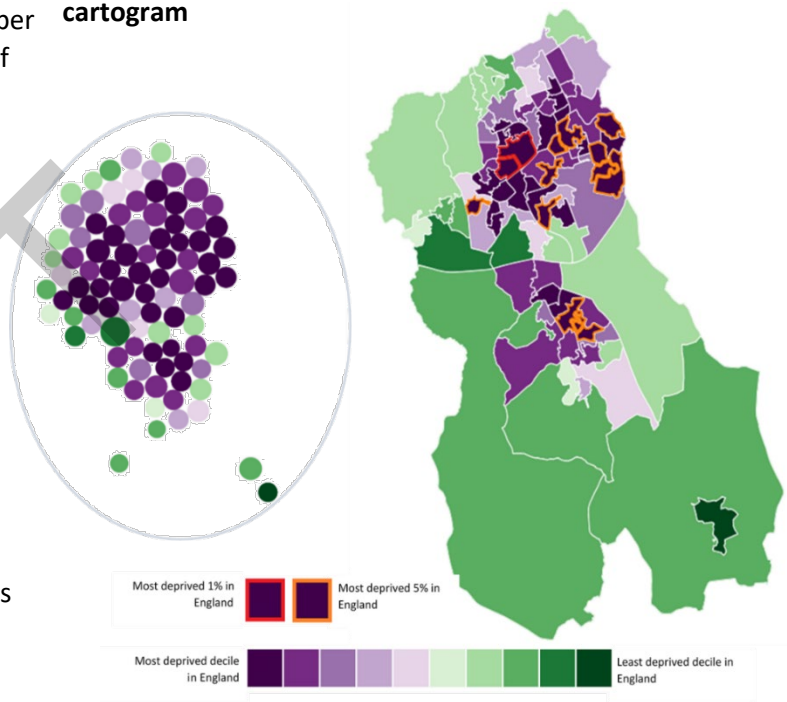
Deprivation at the borough level

There are various ways of summarising deprivation borough-wide. All of the commonly-used methods suggest that the borough is relatively more deprived in 2019 than it was in 2015:

Table 2 - Summary measures at Borough level (from Indices of Deprivation 2019)

Summary Measure	Meaning	Blackburn with Darwen 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 32,844) 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 11 - Index of Multiple Deprivation 2019 - map with inset cartogram



Alternative Measures of Deprivation

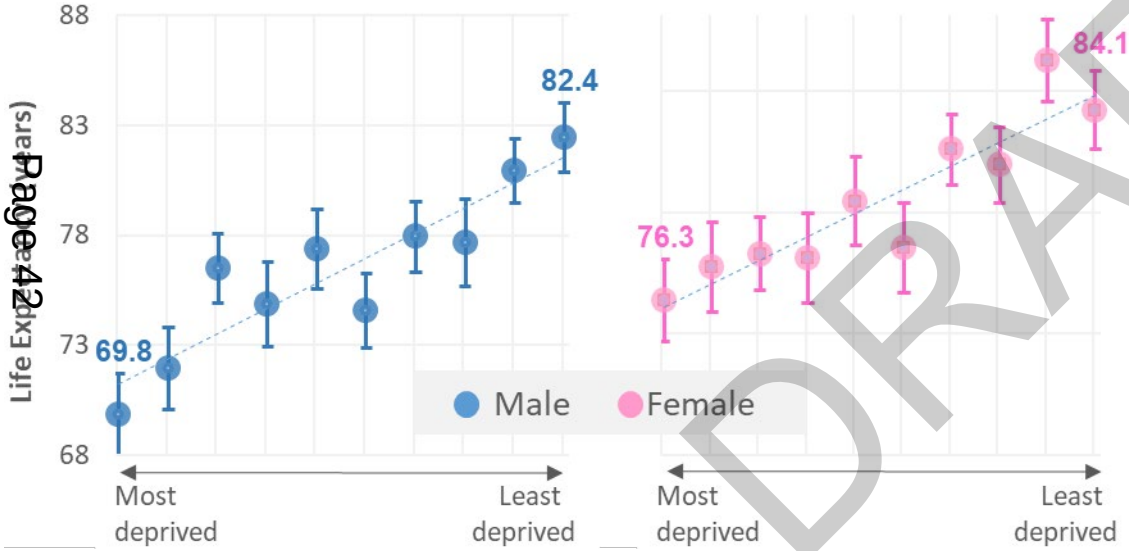
The 2021 Census[16] provides a more basic measure of deprivation, using variables within the four dimensions of education, employment, health and housing.

From this measure, 41.2% of households in the borough are not deprived on any of the four dimensions. However, 6.6% or 3,880 households in Blackburn with Darwen are deprived on three or four dimensions, the fourth highest percentage of the 310 English local authorities as of 2021.

Life expectancy at birth

Life expectancy at birth[17] in Blackburn with Darwen has consistently lagged well below the national average, which itself has fallen recently (Figure 12). In 2018-2020, the borough had the 8th equal lowest life expectancy for males (76.3 years) and the 7th equal lowest for females (80.3 years) nationally amongst lower-tier authorities. Inequalities also exist within Blackburn with Darwen (Figure 11). Public Health England (PHE) has ranked the borough's lower super output areas (LSOAs) by IMD score, divided them into ten equal groups ('deciles') of deprivation, and calculated the life expectancy for each. In 2018-2020, the difference between the most and least deprived tenths of the borough was 12.6 years for males[18] and 7.8 years for females[19] (Figure 13):

Figure 13 - Life expectancy at birth by deprivation decile, Blackburn with Darwen, 2018-2020



Premature mortality

Premature mortality[20] is a key measure of overall population health. Premature mortality rates in Blackburn with Darwen consistently exceed the overall national rate. Amongst females, the gap in mortality rates has been closing since 2015-2017. This has generally been the case among males too. Although, in the most recent period (2018-2020), the gap in mortality rates with England widened further.

Figure 12 - Life expectancy at birth in England and Blackburn with Darwen, 2001-2003 to 2018-2020

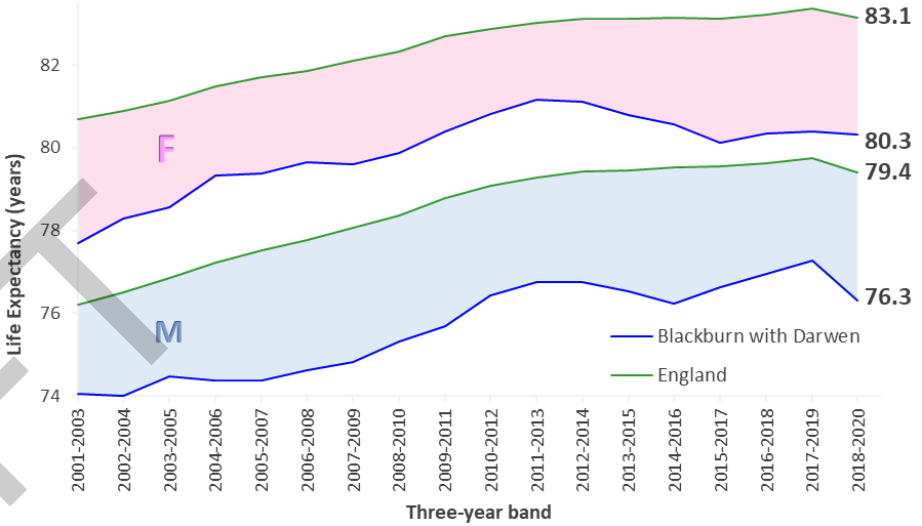
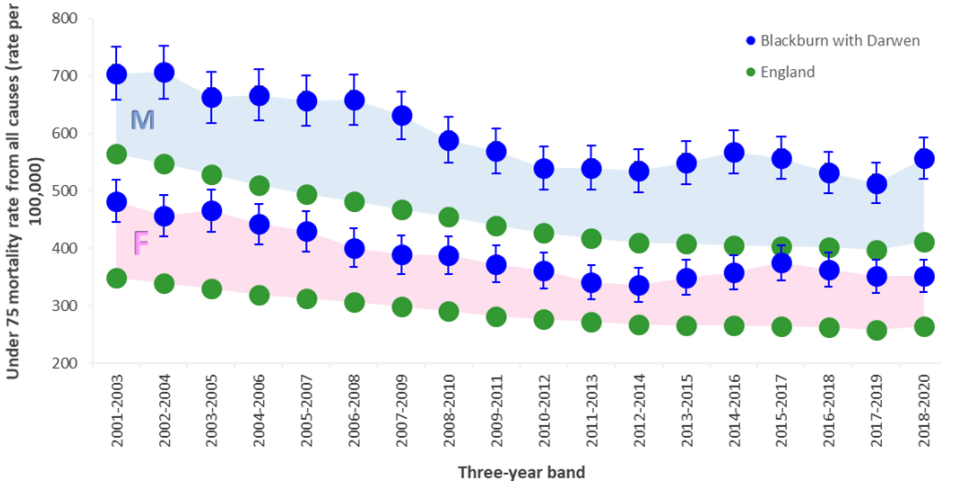


Figure 14 - Premature mortality, under 75 mortality rate from all causes, England and Blackburn with Darwen, 2001-2003 to 2018-2020



Local Economy

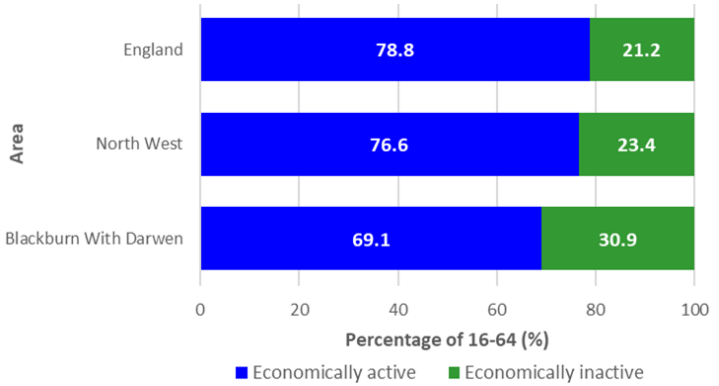
Economic Activity and Inactivity

Economic Inactivity

Economic inactivity statistics tell us more about people who are out of the labour market. This includes people who are retired, those who look after the home and family, students and people who don't work because of long term sickness or disability. It does not include people who are unemployed and looking for work, such people are considered economically active.

Overall, around 30.9% of people of working age (aged 16 to 64) in Blackburn with Darwen are economically inactive, greater than the regional 23.4% and England average of 21.2%[21]. Within the borough, the two main reasons for economic inactivity in the 16 to 64 age range are being long-term sick and looking after home and family, both above regional and national averages. Blackburn with Darwen sees lower than average economically inactive students and retired people of working age. As these figures are estimated from survey data, percentages fluctuate, which is why data has not been provided here.

Figure 3 - Economic activity and inactivity (16-64), Blackburn with Darwen, North West and England, July 2021 - June 2022



Economic Activity

As seen in Figure 15[22], from July 2021 to June 2022, an estimated 69.1% of the borough's working age residents are economically active. This includes those in employment and those who are officially unemployed (i.e. actively seeking work and available to start), which is the equal 11th lowest rate across 150 upper tier authorities in England (not including the City of London or Scilly Isles). Looking at the differences by gender, amongst males, the borough's economic activity rate is the 22nd lowest across upper tier authorities in England and amongst females, the 7th lowest across upper tier authorities.

Employment and Unemployment

Employment

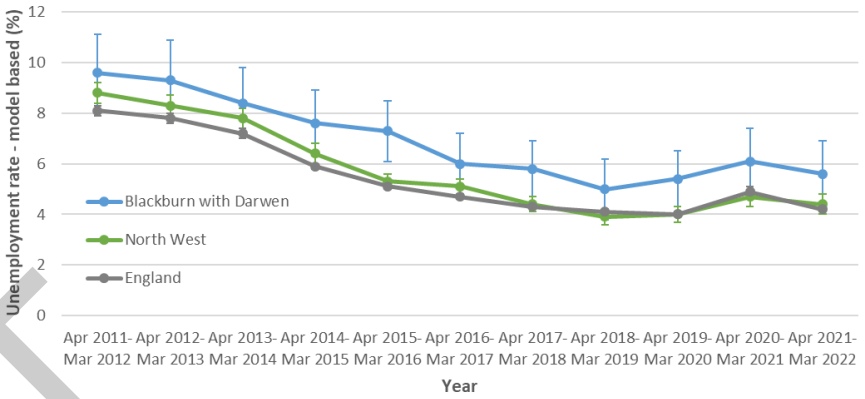
Whilst the relationship between employment and health is complex, there is evidence to show that quality employment can be beneficial to physical and mental health and wellbeing, and conversely, worklessness being associated with poorer physical and mental health[23,24]. From July 2021 to June 2022, the proportion of people aged 16-64 in employment was 65.2%, one of the lowest rates of authorities in the North West.[25]

There are many inequalities regarding employment in the borough. Across 2021/22, ONS estimates show the proportion of working age people in the borough with any physical or mental health condition or illness lasting or expected to last 12 months or more and who are in employment either as an employee, self-employed, in government employment and training programmes or an unpaid family worker is 54.5%. The 14th lowest rate out of 150 upper tier authorities in England. From July 2021 to June 2022, the proportion of working age males in employment was 68.9%, whereas only 61.6% of females were in employment. Although there is a significant gap, it should be noted that the difference in the proportion of males to females in employment is around average for the North West.

Unemployment

Unemployment can be defined by whether people are actively seeking work and available to start, rather than by any benefits they may be claiming. In the 2021/22 financial year, there were estimated to be around 4,000 unemployed people of working age in Blackburn with Darwen.[26] It is conventional to express this as a percentage of the economically active population, which gives a rate of 5.6%. This is not significantly higher than the England and North West rates. However, these estimates come from an Office for National Statistics (ONS) survey, the Annual Population Survey, so there are larger confidence intervals (Figure 16) at more granular geographies.

Figure 46 - Unemployment rate (age 16-64), 2011/12 to 2021/22

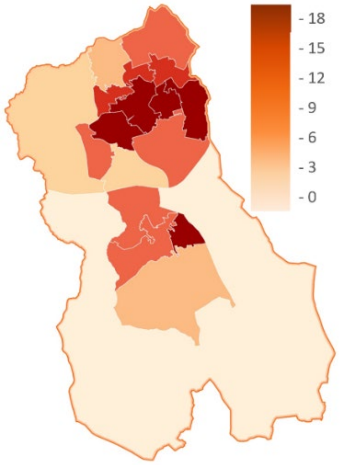


Claimants

Claimant count rates

Previously, the 'claimant count' was simply the number of people claiming Job Seekers Allowance. It was redefined to include those claiming Universal Credit (UC) who were required to seek work. This means that as UC continues to roll out, the claimant count will likely rise as people shift to UC from 'legacy benefits'. The claimant count is therefore less useful for studying long-term trends. However, it can be used to observe differences across the borough at a snapshot in time. Figure 17[27] details the claimant count in each middle super output area (MSOA) within the borough as a proportion of the latest working age mid-year population estimate (2020) within each MSOA as of June 2022.

Figure 17 - Claimant count rate as a % of 16-64 residents, MSOAs in Blackburn with Darwen, June 2022



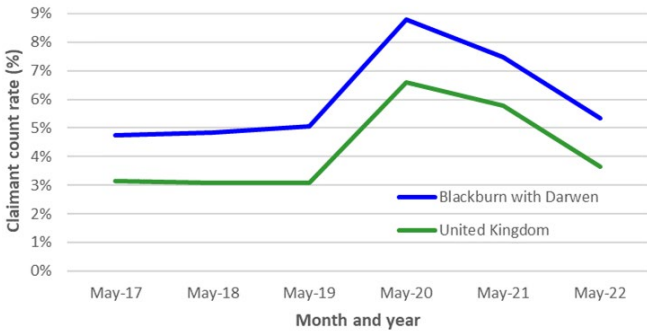
Alternative claimant count

As a way of providing a link with previous claimant count figures, the Department of Work and Pensions (DWP) introduced an experimental 'Alternative Claimant Count', which imagines that UC is fully rolled out – and always has been.[28]

According to the Alternative Claimant Count, the proportion of claimants as a percentage of the working age population has been consistently higher in the borough than in the UK for several years, and now stands at 5.4% compared with 3.7% for the UK (Figure 18).

As of May 2022, among local authorities in England, Blackburn with Darwen has the 31st highest alternative claimant count rate, which puts the borough in the highest quintile nationally. Within Lancashire, the borough has the 2nd highest claimant rate. The latest figures state that there are 5,004 claimants in the borough claiming unemployment-related benefits modelled under UC conditionality.

Figure 18 - Alternative claimant count as a % of 16-64 residents, May 2017 to May 2022



Characteristics of the local economy

Qualifications

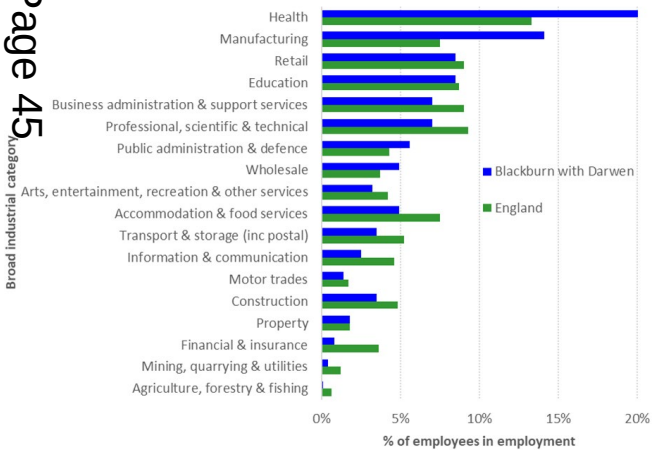
At the time of the 2021 Census, 26.8% of people aged 16 and over in the borough had a level 4 qualification (e.g. degree, higher degree, NVQ level 4 or 5 or equivalent qualifications), compared with the England average of 33.9%.[29] 24.2% of people in the borough stated they had no qualifications, whereas nationally the figure was 18.1%. Figure 19 compares the highest level of qualifications obtained amongst the 16+ population against the North West and national figures in 2021.

Figure 19 - Highest level of qualifications, Blackburn with Darwen, North West and England, 2021

Employee jobs and occupations

Both locally and nationally, the sector with the largest number of employees is 'Health' (Figure 20) (employee job figures exclude self-employed people, working business owners and people not paid via PAYE). In 2021 of the 71,000 employee jobs in the borough, 21.1% were human health and social work roles and 14.1% were in the manufacturing sector, which is around twice the England average of 7.6%.[30]

Figure 20 - Employees by sector (broad industrial category), Blackburn with Darwen compared with England, 2021



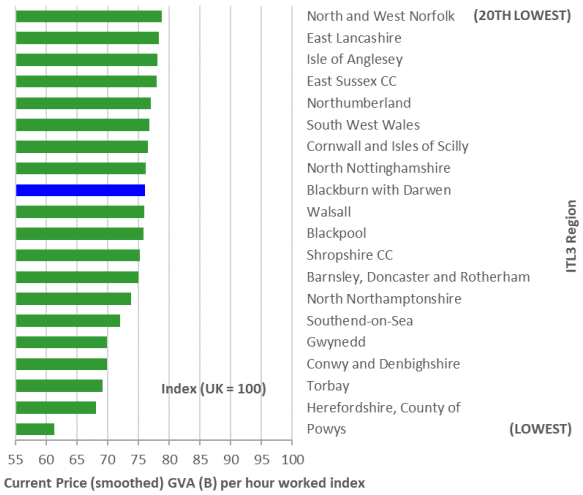
In addition to considering the industry that available jobs fall into, data is also available that gives information on the types of jobs undertaken by residents. Around a quarter (25.2%) of the borough's residents in employment are in process or elementary roles, higher than the England average of 15.1%. Conversely, 39.8% of the borough's residents in employment have managerial or professional occupations, compared to 51.8% in England.

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 number of inputs (e.g. employees) or by raising their productivity, so productivity is vital to improving standards of living.

The preferred sub-regional measure of productivity is Gross Value Added (GVA) per hour worked.[31] On this basis, in 2020, Blackburn with Darwen had the 12th lowest productivity out of 168 'ITL3' areas in the UK (Figure 21), at 76.1% of the UK average.

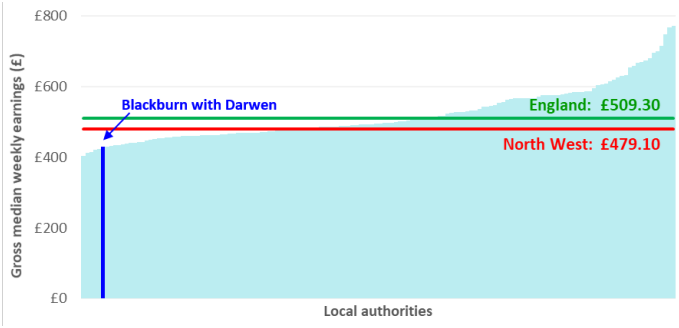
Figure 21 - Productivity (GVA per hour worked [smoothed]), 20 lowest ranking ITL3 areas, relative to UK index, 2020



Earnings and Income

Resident earnings and income levels are of particular focus at the moment with inflation levels amongst the highest in the last 40 years and the cost of living crisis experienced by increasing numbers of residents.

Figure 5 - Median gross weekly earnings of residents - upper tier authorities in England, 2021



Resident earnings

Median gross weekly earnings estimates for Blackburn with Darwen residents (full and part-time workers) in 2021 was £430. This puts Blackburn with Darwen 6th lowest out of 150 upper tier authorities in England (Figure 22).[32]

Amongst full-time workers[33], median gross weekly earnings for Blackburn with Darwen residents in 2021 was at £530.30, meaning earnings in the borough were the 17th lowest out of 150 upper tier authorities in England.

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 2020 are now available by local authority.[34]

The Blackburn with Darwen average of £14,948 per head is the 3rd lowest in the UK (after Nottingham and Leicester), and the lowest in the North West. It compares with the UK average of £21,433. Blackburn with Darwen has consistently been in 2nd or 3rd lowest place for the previous eight years.

Figure 23 - Gross Disposable Household Income per head, lowest and highest local authority per region, 2020 (provisional)

Gender pay differences

Social inequality can often transfer into health inequality by systematically distributing different resources unevenly across society. Gender pay inequality has been reducing over the past few decades, but remains substantial in many areas across the country. In 2020, the gender pay gap (by workplace location) of those aged 16+ in Blackburn with Darwen is skewed with males earning more, with women working in the borough earning on average 8% less than men, although this is significantly lower than the national average where the gender pay gap is 18.5% in favour of men. Looking at the gender pay equality of those who live in the borough, rather than for workplaces in the borough, the ratio score of gross median hourly earnings between males and females in the borough is 85.5. A score of 100 is an equitable balance of earnings between males and females. The borough's score is slightly higher than the national average of 84, meaning pay is slightly more equitable than seen nationally.

Income estimates for small areas

ONS also issues various modelled estimates of household income at an MSOA level[35]. Figure 24 shows a map of how net Household Income (before housing costs) varies across the borough in the 2017/18 financial year. The figures have been 'equivalised' to take into account varying household sizes.

Half of Blackburn with Darwen's 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 6,791). 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.

Figure 24 - Estimated household income (BHC) in Blackburn with Darwen MSOAs by decile, April 2017 to March 2018

N.B. - measured per household, not per head

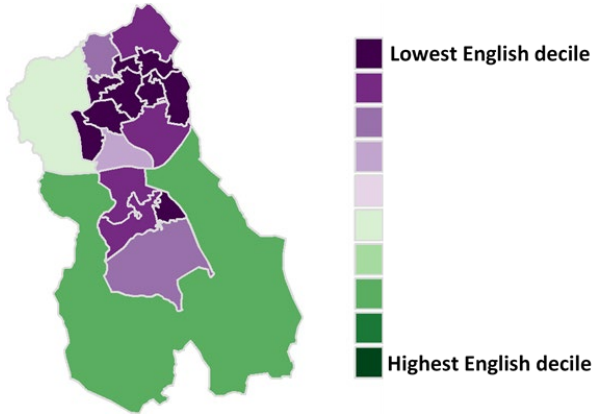
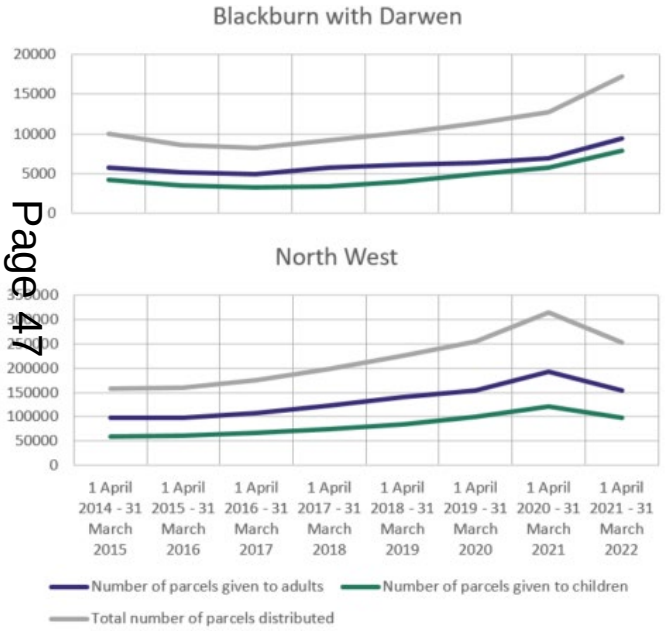


Figure 25 - Number of parcels distributed in Blackburn with Darwen and the North West, 2014-15 to 2021-22



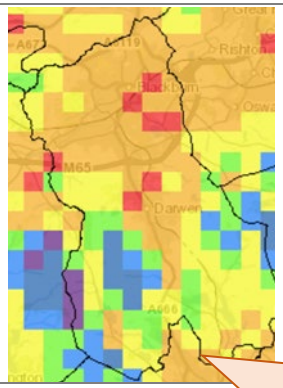
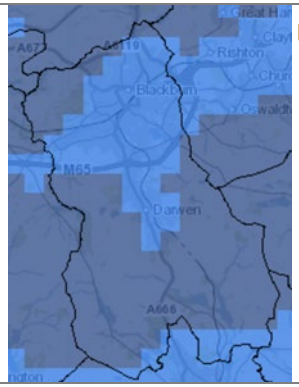
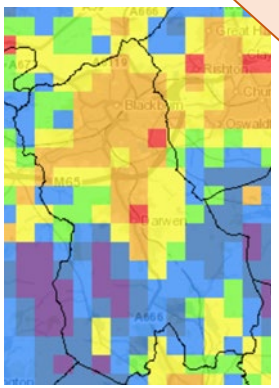
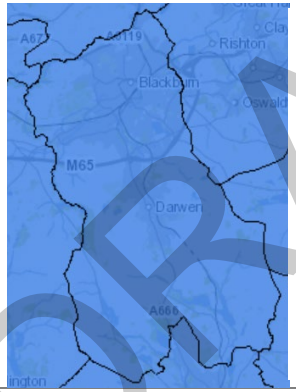
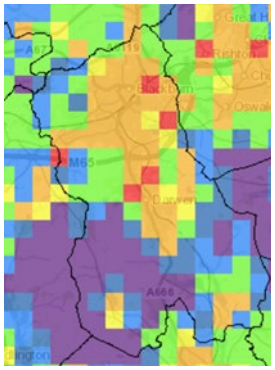
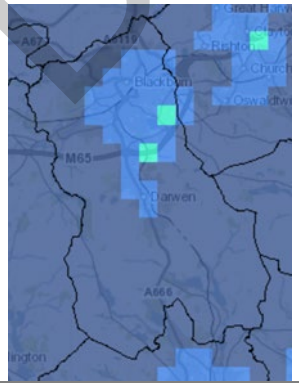
Foodbank usage

As there are several foodbanks or organisations supporting residents in need in Blackburn with Darwen, gathering a complete picture of foodbank use in the borough is not possible. However, statistics for the Trussell Trust[36], of which Blackburn Foodbank is a member, provide a partial picture. The following figures outline the number of food parcels distributed, rather than the numbers of actual people to whom support was provided. The charts to the left outline the number of parcels distributed in each financial year from 2014/15 to 2021/22. Across the whole of the North West the number of parcels distributed by the Trussell Trust network peaked in 2020/21, the period which saw the main COVID-19 restrictions and started to decrease in 2021/22. However, the data for Blackburn with Darwen does not follow this trend, the number of food parcels being distributed has continued to climb, with 17,000 parcels distributed in 2021/22 in Blackburn with Darwen.

Citizens Advice

Local data from Citizens Advice[37] revealed before the COVID-19 pandemic, the most common type of debt issue they supported people in the borough with was to do with council tax arrears. This mirrored the majority of authorities nationally. Since Q3 2020-21, energy debts have become the most common type of debt issue for people who have received support within the borough. This was also the case nationally from 2021-22 onwards. Before 2021-22, the most common benefits issue that people wanted support for was related to people's initial claim for Universal Credit. Now, the overwhelming majority of people across local authorities ask for help with their Personal Independence Payment (PIP) benefit. For every financial year from 2019-20 onwards, the most common types of benefits issues supported within the borough have been PIP benefits. In 2022-23, the borough was only one of two authorities in England where the issue of actual homelessness was the most common type of housing issue in which Citizens Advice has helped people with. Prior to this, accessing accommodation and threatened homelessness were the most common issues that Citizens Advice supported people with in the borough.

Figure 6 - Air pollution in Blackburn with Darwen, emissions and ambient air quality, 2020

Pollutant	Emissions(2020)[38]	Sources	Ambient Air Quality (2020)[39]	Health effects
Nitrogen Dioxide (NO_2)		Road transport, diesel vehicles, energy generation, domestic & industrial combustion. NB – the legends on the right do not apply to the Emissions maps. Emissions are measured on a different scale. Blue is good and red is bad.		Exacerbates symptoms of those already suffering from lung or heart conditions. Official limit 40µgm-3
Particulates ($PM_{2.5}$)		Domestic solid fuel, industrial combustion, road transport, industrial & agricultural processes.		PM2.5 particles can get into the lungs and bloodstream and shorten lifespans. Official limit 25µgm-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 Government[40], and from the Directors of Public Health of Blackburn with Darwen, Blackpool, Lancashire and Cumbria councils.[41]

Pollutants and their effects

The 'Emissions' maps in Figure 26 indicate how much of each of the 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 NO_2 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.[42]

Particulates

One of the indicators in the Public Health Outcomes Framework is the 'fraction of mortality attributable to particulate air pollution'.[43] In 2020, it was estimated that 4.3% of adult deaths in the borough were attributable to man-made $PM_{2.5}$ pollution. Although, this is lower than the national and regional proportions (England 5.6%, North West 7.1%).

Housing

Housing type

The most common accommodation type in Blackburn with Darwen is terraced properties (43.4%). The proportion of properties that are terraces is over 20 percentage points greater than seen nationally (23%).[44] A comparison between the borough and the national profile of accommodation can be seen in Table 3.

Table 3 – Accommodation type, Blackburn with Darwen and England, 2021

Accommodation type	Number of properties	Blackburn with Darwen %	England %
Detached	8,945	15.2%	22.9%
Semi-detached	17,343	29.5%	31.5%
Terraced	25,507	43.4%	23.0%
In a purpose-built block of flats or tenement	5,550	9.4%	17.1%
Part of a converted or shared house, including bedsits	727	1.2%	3.5%
Part of another converted building, for example, former school, church or warehouse	205	0.3%	0.8%
In a commercial building, for example, in an office building, hotel or over a shop	445	0.8%	0.8%
A caravan or other mobile or temporary structure	44	0.1%	0.4%

Local Market and housing growth

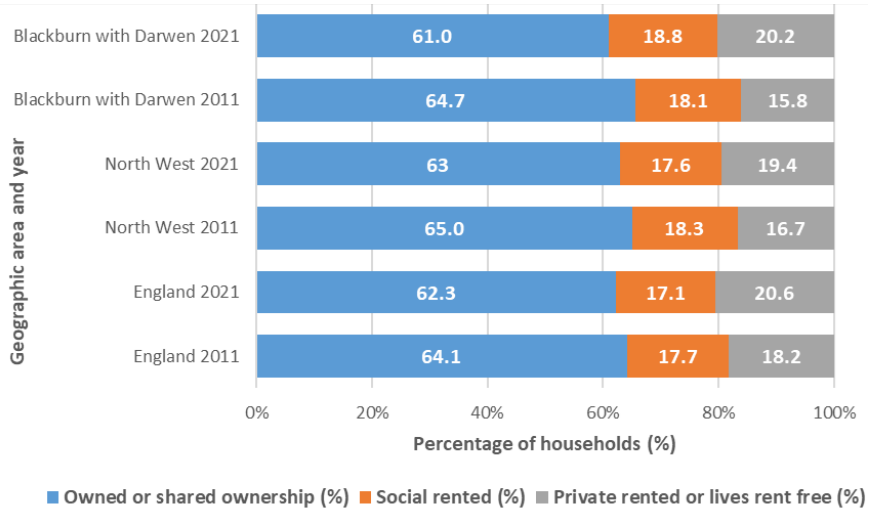
Data from the Valuation Office Agency shows that median private-sector rents in Blackburn with Darwen were the 12th lowest in England in 2020/21. The rental for a non-self-contained room was the joint 2nd lowest in the North West.[46]

As of the end of March 2022, council tax records[47] showed that the majority of properties in the borough fall into Council Tax property band A (57.3%) compared to 24% in England. However, although smaller numbers, the greatest proportional increases were seen in band D and E properties.

Tenure

The 2021 Census indicated that 61% of households in Blackburn with Darwen own or share ownership of their own home.[45] This is slightly down from 2011, when 64.7% of households in the borough owned their home or had shared ownership. From 2011, the proportion of households privately renting increased, from 15.8% in 2011 to 20.2% in 2021. This is in line with changes nationally from 2011 to 2021. Changes in tenure comparing 2011 to 2021 are shown in Figure 27.

Figure 7 – Housing tenure in 2011 and 2021, Blackburn with Darwen, North West and England



In terms of housing affordability[48], in 2022, the house price to residence-based earnings median affordability ratio for the borough was 4.74. Meaning that on average the average house price for dwellings sold is over four times higher than the annual full-time median resident wage. A higher ratio indicates that on average, it is less affordable for a resident to purchase a house in their area and vice versa. Across 307 English lower tier authorities, the borough had the 11th lowest ratio.

Housing conditions

Issues of damp and mould in homes can be a public health risk, increasing the likelihood of a person experiencing respiratory problems such as infections, allergies or asthma.[49] A survey of Blackburn with Darwen residents in 2021, found that 20% reported experiencing both mould and condensation in their homes during the winter months. A higher proportion of those who rent reported this, compared to those who own their homes. The survey also identified that while around 87% of residents could keep their homes warm in winter, 11% stated they could only heat some rooms. A greater proportion of residents who rent could not heat their homes, compared to owners. Of those who could not keep their homes warm, the main reason was the cost. It is important to note that this survey was undertaken before the significant increases in the cost of heating. The results of the survey are therefore likely to be an underestimation of the current picture.[50]

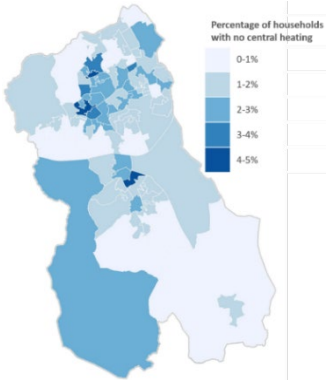
Overcrowding - bedrooms

The occupancy rating for bedrooms aims to understand whether homes are overcrowded, ideally occupied or under-occupied. This can be calculated by comparing the number of bedrooms the household requires to the number of available bedrooms. The number of bedrooms a household requires is calculated according to the Bedroom Standard.[4] In terms of the number of households where overcrowding has been identified, 3,720 households (6.3%) can be identified as having fewer bedrooms than required. This is the third highest proportion in the North West. This is a very slight increase from 2011, when 6.2% of households were overcrowded.

Central heating

The 2021 Census revealed that over 80.8% of households in Blackburn with Darwen rely on mains gas central heating, which is a reduction from 83.4% in 2011. The proportion of households with no central heating has reduced since 2011, with 1.7% of households not having any central heating in 2021 as compared to 3.7% previously. Figure 28 outlines the variation in the proportion of households across LSOAs that do not have any central heating.

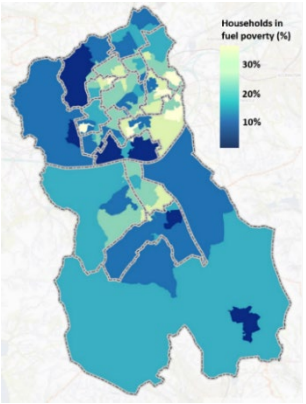
Figure 28 - Percentage of households with no central heating, LSOAs in Blackburn with Darwen, 2021



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.[51] An estimated 9,603 households in Blackburn with Darwen (15.6%) were classed as being in 'fuel poverty' in 2020. This compares to 13.2% of households in England and 14.4% in the North West. Figure 29 shows how these estimates vary across the borough.[52,53] Fuel poverty in England is measured using the low income, low energy efficiency (LILEE) indicator. Under this indicator, a household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line. However, there are other methods as to how fuel poverty can be measured, including approaches that are used across the devolved nations.

Figure 8 - Percentage of households in fuel poverty (modelled estimates), LSOAs in Blackburn with Darwen, 2020



[4] The number of bedrooms a household requires is calculated according to the Bedroom Standard, where those with the following status should get an individual bedroom: 1. Married or cohabiting couple, 2. Single parent, 3. A person aged 16 years and over, 4. Pair of same-sex persons aged 10 to 15 years, 5. A person aged 10 to 15 years paired with a person under 10 years of the same sex, 6. Pair of children aged under 10 years, regardless of their sex, 7. A person aged under 16 years who cannot share a bedroom with someone in 4, 5 or 6

Crime and anti-social behaviour

The COVID-19 pandemic had an impact on crime and anti-social behaviour (ASB) linked to government restrictions on social contact. Since the lifting of restrictions in early 2021, nationally, police recorded crime show crime levels returning to or exceeding pre-pandemic levels.

Crime and anti-social behaviour

Data about the type and whereabouts of every recorded incident of crime or police incident is available from Lancashire County Council's MADE (Multi-Agency Data Exchange) partners' area provided by Lancashire Police[54]. In Figure 30, the darkest orange shading denotes the areas with the greatest number of crimes/incidents in the last financial year (2021/22).

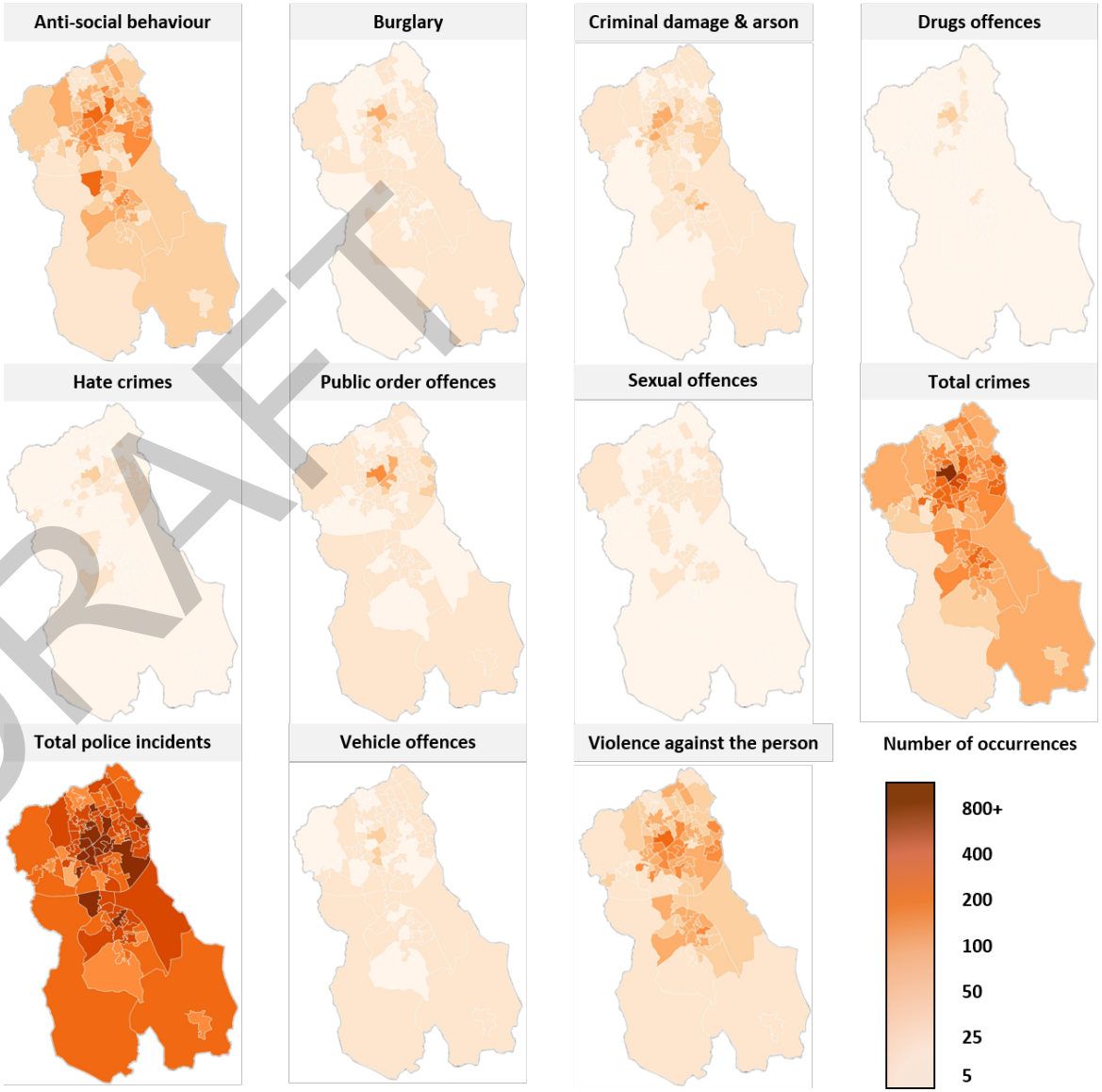
Hate crime

For the 2021/22 period, there were in the region of 380 crimes recorded that were flagged as a hate crime in Blackburn with Darwen. Of these, the majority were related to the victim's race, ethnicity or nationality. Smaller numbers of hate crimes were recorded, in decreasing numbers, related to a victim's sexual orientation, disability, religion or faith and gender identity.

Violent and sexual offences

In 2020/21, violent offences per 1,000 population were higher than the England average in Blackburn with Darwen. Trends show both this and sexual offences have been rising over the last 10 years (as was the case everywhere).[55] The borough currently has the 5th highest rate of hospital admissions for violence from 2018/19 to 2020/21.[55] 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.[56]

Figure 30 - Crime/police incidents in Blackburn with Darwen by LSOA, April 2021 to March 2022



References

[1] Office for National Statistics (2022). Impact of COVID-19 on ONS social survey data collection. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/methodologies/impactofcovid19ononssocialsurveydatacollection#discussion-of-the-impact-of-covid-19-on-ons-social-survey-data-collection

[2] Office for National Statistics (2022). General health, England and Wales: Census 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/generalhealthenglandandwales/census2021

[3] Office for National Statistics (2022). 2021 Census – Age by single year TS007 and Sex by single year of age TS009. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/demographyandmigrationdatacontent/2022-11-02#demography-unrounded-population-estimates

[4] Office for National Statistics (2020). Subnational population projections: 2018-based projections. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based

[5] NHS Digital (2022). Patients Registered at a GP Practice, July 2022. Available from https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/july-2022

[6] Census 2021 (2022) Table TS021 – Ethnic group. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[7] Census 2021 (2022) Table TS030 – Religion. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[8] Census 2021 (2022) Table TS025 – Household language. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[9] Ibid.

[10] Census 2021 (2022) Table TS029 – Proficiency in English. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[11] NHS Digital Registered Blind and Partially Sighted People, England 2019/20 Available at: https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2019-20

[12] NHS Digital (2022). Health and Care of People with Learning Disabilities, Experimental Statistics 2021 to 2022. Available from https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2021-to-2022

[13] NHS Digital (2022). Quality and Outcomes Framework (QOF) 2021/22 PowerBI Dashboard Available at: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof

[14] Department of Education (2022). Education, health and care plans. Available from https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans

[15] Department of Levelling Up, Housing and Communities (2019). English Indices of Deprivation 2019. Available from https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[16] Office for National Statistics (2022) 2021 Census – Households by deprivation dimensions TS011. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/demographyandmigrationdatacontent/2022-11-02#demography-unrounded-population-estimates

[17] Office for Health Improvement and Disparities (2022). 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

[18] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – under the 'Inequalities' data view – 'inequalities for Blackburn with Darwen'. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/7/gid/1000049/pat/6/par/E12000002/ati/102/are/E06000008/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/ine-yo-3:2018:-1:-1_ine-ct-71_ine-pt-0_ine-ao-0

[19] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – under the 'Inequalities' data view – 'inequalities for Blackburn with Darwen'. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/7/gid/1000049/pat/6/par/E12000002/ati/102/are/E06000008/iid/90366/age/1/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/ine-ao-0_ine-yo-3:2018:-1:-1_ine-ct-71_ine-pt-0

[20] Office for Health Improvement and Disparities (2022). Mortality Profile – downloadable data. Available from https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1
[21] Annual Population Survey (2022) Economic Inactivity and reasons (July 2021- June 2022) Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[22] Annual Population Survey (2022). Economic activity rate (July 2021- June 2022). Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[23] Waddell and Burton (2006). Is Work Good For Your Health And Well-Being? Available from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/214326/hwwb-is-work-good-for-you.pdf
[24] Office for Health Improvement and Disparities (2018). Chapter 6: wider determinants of health. Available from https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health#work-and-the-labour-market
[25] Annual Population Survey (2022). Employment rate – (July 2021 – June 2022). Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[26] Annual Population Survey (2022). Unemployment rate – model-based. Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[27] Department of Work and Pensions (2022). June 2022 claimant count by sex and age. Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[28] Department of Work and Pensions (2022). Alternative Claimant Count Statistics. Available from https://www.gov.uk/government/collections/alternative-claimant-count-statistics
[29] Census 2021 (2022). TS067 – Highest level of qualification. Available from https://www.nomisweb.co.uk/sources/census_2021_ts
[30] Business Register and Employment Survey (2022). Employees by broad industrial category, 2021. Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[31] Office for National Statistics (2022). Subregional productivity in the UK: July 2022. Available from https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/regionalandsubregionalproductivityintheuk/july2022
[32] Annual survey of hours and earnings (2022). Earnings by place of residence. Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[33] Annual survey of hours and earnings (2022). Earnings by place of residence – full-time workers. Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[34] Office for National Statistics (2022). Regional gross disposable household income, UK: 1997 to 2020. Available from https://www.ons.gov.uk/economy/regionalaccounts/grossdisposablehouseholdincome/bulletins/regionalgrossdisposablehouseholdincomegdhi/1997to2020
[35] Office for National Statistics (2020). Income estimates for small areas, England and Wales: financial year ending 2018. Available from https://www.ons.gov.uk/releases/smallareamodelbasedincomeestimatesenglandandwalesfinancialyearending2018
[36] The Trussell Trust (2022) End of Year Statistics 2021/22. Available from https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/
[37] Citizens Advice (2023). Citizens Advice cost of living data dashboard. Available from https://public.flourish.studio/story/1634399/
[38] Department for Business, Energy and Industrial Strategy (2021). National Atmospheric Emissions Inventory, 2020 data. Available from https://naei.beis.gov.uk/emissionsapp/
[39] Department for Environment, Food and Rural Affairs (2021). UK AIR – Air Information Resource, 2020 data. Available from https://uk-air.defra.gov.uk/data/gis-mapping/
[40] HM Government (2019). Clean Air Strategy 2019. Available from https://www.gov.uk/government/publications/clean-air-strategy-2019
[41] Lancashire and 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
[42] Department for Environment, Food and Rural Affairs (2019). UK AIR – List of Local Authorities with AQMAs. Available from https://uk-air.defra.gov.uk/aqma/list
[43] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Health protection. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1
[44] Census 2021 (2022). TS044 – Accommodation type. Available from https://www.nomisweb.co.uk/sources/census_2021_ts
[45] Census 2021 (2022). TS054 – Tenure. Available from https://www.nomisweb.co.uk/sources/census_2021_ts
[46] Valuation Office Agency (2022). Private rental market summary statistics – April 2021 to March 2022. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/privaterentalmarketsummarystatisticsinengland
[47] Valuation Office Agency (2022) Council Tax: stock of properties, 2022 Available from: https://www.gov.uk/government/statistics/council-tax-stock-of-properties-2022
[48] Office for National Statistics (2023). Housing affordability in England and Wales: 2022. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/latest
[49] NHS (2022). Can damp and mould affect my health? Available from https://www.nhs.uk/common-health-questions/lifestyle/can-damp-and-mould-affect-my-health/
[50] Lancaster University (2022). Beyond Imagination Life Survey Dataset. Available from http://www.research.lancs.ac.uk/portal/en/datasets/beyond-imagination-life-survey-dataset(6f74b234-95b4-4ff1-997c-b1276dfcb6d5).html

[51] 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

[52] Department for Business, Energy and Industrial Strategy (2022). Annual fuel poverty statistics report: 2022, 2020 data. Available from https://www.gov.uk/government/statistics/annual-fuel-poverty-statistics-report-2022

[53] Department for Business, Energy and Industrial Strategy (2022). Sub-regional fuel poverty, 2022, 2020 data. Available from https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2022

[54] Multi-Agency Data Exchange (2022). Crimes and police incidents in Blackburn with Darwen, April 2021 to March 2022. Available from https://www.lancashire.gov.uk/lancashire-insight/community-safety/community-safety-dashboard/

[55] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[56] Office for Health Improvement and Disparities 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

Blackburn with Darwen in Summary

This summary pulls together key information from the different sections of the JSNA Overview document. Information is presented under sub headings which reflect the four sections the JSNA Overview has been split into. These sections are not mutually exclusive in describing the life journey of residents.

Setting the Scene

Blackburn with Darwen is located in the east of Lancashire. It is made up of compact urban areas predominately located around the towns of Blackburn and Darwen, which are surrounded by countryside featuring a number of small rural villages and hamlets.

With a resident population of 154,739, it is the largest lower tier (district and unitary) local authority within the Lancashire area and has a young population. At 22.8%, the borough has the highest proportion of 0-15's in the North West, the fifth highest in England and at 28.3% the sixth highest proportion of 0-19 year olds in England. Conversely, although growing, the proportion of older people is lower than the England average, with 14.5% aged 65 and over[i].

The borough is ethnically diverse. Around 60.4% of residents are from a White ethnic group (including 56.9% White British, 2.9% other White) and 35.7% from an Asian/Asian British ethnic group (including 17.8% Asian/Asian British Pakistani and 15.8% Asian/Asian British Indian)[ii]. The majority of borough residents are either Christian (38.0%) or Muslim (35.0%), with just over 21.1% having 'no religion'.[iii]

Data from the 2019 Index of Deprivation highlights that the borough contains some of the most deprived areas in England, ranking 9th most deprived of the lower tier local authorities in the country (based on rank of average score). However, there is significant variation across the borough, with 33 small areas falling within in the most deprived decile in England and 10 small areas within the 30% least deprived in England (one within the least deprived decile).[iv]

Taking into account the age structure of the borough, 20.7% of borough residents are disabled and have their day-to-day activities limited a lot, or a little, higher than the national average of 17.7%.[v] Life expectancy for borough residents falls below the national average. In 2018-2020, the borough had the 8th equal lowest life expectancy for males (76.3 years) and the 7th equal lowest for females (80.3 years) amongst lower-tier authorities in England.[vi]

Over two fifths (43.4%) of the borough's housing stock is made up of terraced properties[vii] and over a quarter of households have four or more people per household, the highest proportion in the North West.[viii] The proportion of private rented homes has increased and currently stands at 20.2% on a par with the England average (20.6%).

Employment levels in the borough (65.2% of the working age population) is significantly lower than the national average (75.5%). Similarly, unemployment levels in the borough (5.5% of those 16 and over) are higher than the national average (3.8%) with the borough having higher levels of female economic inactivity, meaning there is a higher proportion of households with only one adult in work.[ix]

Start Well

There are in the region of 12,700 children (aged under 16) in the borough living in relative low income families, as of the end of March 2021. This equates to 37.6% and places Blackburn with Darwen the 3rd highest in the North West.[x]

A high proportion of babies born to mothers from Blackburn with Darwen have a low birth weight. The proportion of low birth weight amongst term babies was 4.8% in 2020. This is significantly worse than both national (2.9%) and the regional (2.7%) average.[xi]

The latest data (2021-22) looking at the percentage of five year olds with visually obvious dental decay[xii] showed that the borough has the fourth highest rate of tooth decay amongst upper tier authorities in England (from councils with available data). This is an improvement from the previous period, where the borough had the worst rate nationally.

Data from 2021/22 National Child Measurement Programme (NCMP), shows over 1 in 5 children (20.2 %) in reception (4-5 year olds) and just under 4 in 10 children (39.5%) in Year 6 in Blackburn with Darwen were overweight or living with obesity.[xiii] As with national trends, obesity levels in the borough tend to be highest in the most deprived areas, and lowest in the least deprived.

Blackburn with Darwen has the highest rate of children killed or seriously injured on England's roads in 2018-20. This increased from a rate of 50.1 per 100,000 in 2017-19 to 55.0 per 100,000 in 2018-20, compared to the England average of 15.9 per 100,000.[xiv]

Educational attainment of young people in the borough is measured at various points. For Key Stage 2, the end of primary school, 60% of Blackburn with Darwen pupils achieved the 'expected standard' in reading, writing and maths in 2021-22, slightly above the national average (59%).[xv] With girls, pupils from an Asian/Asian British ethnicity and pupils not receiving free school meals amongst the categories who, on average, performed better.

Live well

Levels of physical activity among adults in continue to be lower in the borough compared to the national average. In 2020/21, 57.8% of adults in the borough stated they were physically active compared to 65.9% of adults nationally.[xvi]

Alcohol consumption has been a major public health problem for the borough. From 2017-19, the rate of alcohol-specific mortality among Blackburn with Darwen residents was 16 per 100,000, significantly higher than England (10.9 per 100,000).[xvii] Although, in 2020 the borough saw a 56.3% completion rate for those in alcohol treatment, significantly higher than the England average of 35.3% and the second highest rate of the upper tier local authorities in England.[xviii]

Health outcomes in the borough tend to be worse than national averages. Deaths from cardiovascular diseases are significantly higher among Blackburn with Darwen residents. Whilst deaths from cardiovascular disease deaths (CVD) in people aged under 75 has been declining in the last two decades, in 2017-19, it ranked 17th highest out of 150 upper-tier authorities in England.[xix]. GP reported diabetes prevalence in Blackburn with Darwen patients is 8.8%, significantly higher than England rate (7.1%) in 2021.[xx]

In 2021-22, 16.2% of Blackburn with Darwen patients aged 18 or over were recorded on their GP's 'QOF' register as having depression[xxi]. This is higher than the England average of 12.7%, and means that the borough ranks 13th highest rate across English upper tier authorities.

Age well

Take up of a number of screening services was affected by the COVID-19 pandemic, with the percentage of people taking up bowel cancer, breast and cervical screening below national levels. However, data for NHS Health Checks identifies that during the 2021/22 period, 5.9% of the eligible population received a health check compared to the England average of 3.5%.[xxii]

As of the 31st March 2020, there were around 750 patients over the age of 65 in the borough that were registered with the Council as blind or partially sighted.[xxiii] In comparison to other upper tier authorities, the borough has the 3rd highest rate of 65-74 years old registered blind or partially sighted and 8th highest rate amongst those aged 75+.

Data from 2021/22 has highlighted the rate of hospital admissions of residents aged 65 and over for hip fractures at 679 per 100,000; significantly higher than the England rate of 551 per 100,000 and the highest in England.[xxiv]

As at July 2022, GP practices in Blackburn with Darwen had a total of 1,066 patients, aged 65 or over who had been formally diagnosed with dementia.[xxv] NHS Digital estimates the true total (whether diagnosed or not) to be nearer 1,568, so this means that 68% of those affected have received a diagnosis (England average is 62%). The target is for at least two-thirds of people with dementia to have a formal diagnosis.

For the period 2018-2020, healthy life expectancy from birth in Blackburn with Darwen is 58.8 years for males and 59.7 years for females.[xxvi] When healthy life expectancy is divided by total life expectancy, figures suggest that males in Blackburn with Darwen can expect to spend 77% of their life in good health (England 79.5%), and females 74.3% of their life in good health (England 76.9%).

Over time, for people of all ages, a greater proportion of the borough's residents die in hospital compared to England, and a lower proportion die in care homes. Focusing specifically on older people, a greater proportion of people aged 85 and over die in hospital compared to England (44.1% compared to 38.8%). For residents aged 65 to 84, the proportion who die in a hospital is 56.9% compared to 47.9% nationally.[xxvii]

[i] Office for National Statistics (2022). 2021 Census – Age by single year TS007 and Sex by single year of age TS009. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/demographyandmigrationdatacontent/2022-11-02#demography-unrounded-population-estimates

[ii] Census 2021 (2022) Table TS021 – Ethnic group. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[iii] Census 2021 (2022) Table TS030 – Religion. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[iv] Department of Levelling Up, Housing and Communities (2019). English Indices of Deprivation 2019. Available from https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[v] Census 2021 (2022) Table TS038ASP – Disability – Age-standardised proportions. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[vi] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – downloadable data. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000049/pat/6/par/E12000002/ati/102/are/E06000008/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[vii] Census 2021 (2022). TS044 – Accommodation type. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[viii] Census 2021 (2022). TS017 – Household size. Available from https://www.nomisweb.co.uk/sources/census_2021_ts

[ix] Annual Population Survey (2022) Economic Inactivity and reasons (July 2021- June 2022) Available from Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

[x] End Child Poverty (2022). Poverty in your area. Available from https://endchildpoverty.org.uk/

[xi] Office for Health Improvement and Disparities (2022). Child and Maternal Health Profiles. Available from https://fingertips.phe.org.uk/profile/child-health-profiles

[xii] Office for Health Improvement and Disparities (2023). Oral health survey of 5 year old children 2022. Available from https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022

[xiii] Ibid.

[xiv] Office for Health Improvement and Disparities (2022). Child and Maternal Health – school-age children. Available from https://fingertips.phe.org.uk/child-health-profiles#page/1/gid/1938133224/pat/15/ati/402/are/E06000008/iid/93701/age/169/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xv] Department for Education (2022). Key stage 2 attainment. Available from https://explore-education-statistics.service.gov.uk/

[xvi] Office for Health Improvement and Disparities (2022). Physical Activity – key indicators. Available from https://fingertips.phe.org.uk/profile/physical-activity/data#page/1/gid/1938132899/pat/6/par/E12000002/ati/402/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xvii] Office for Health Improvement and Disparities (2022). Local alcohol profiles – Key Indicators. Available from https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/ati/402/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xviii] Ibid.

[xix] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Healthcare and premature mortality. Available from https://fingertips.phe.org.uk/public-health-outcomes-framework#page/1/gid/1000044/pat/15/par/E92000001/ati/402/are/E06000008/yrr/1/cid/4/tbm/1

[xx] NHS Digital (2022). National Diabetes Audit (NDA) 2021-22 quarterly report for England, Clinical Commissioning Groups and GP practices – PROVISIONAL. Available from https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/nda-core-e4-21-22/nda-core-e4-21-22

[xxi] NHS Digital (2022). Quality and Outcomes Framework (QOF) – 2021-22. Available from https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof

[xxii] Office for Health Improvement and Disparities (2022). NHS Health Check Profile. Available from https://fingertips.phe.org.uk/nhs-health-check-detailed#page/1/gid/1938132726/pat/15/ati/402/are/E06000008/iid/91040/age/219/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xxiii] NHS Digital (2021). Registered Blind and Partially Sighted People, England 2019-20. Available from https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2019-20

[xxiv] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Healthcare and premature mortality. Available from https://fingertips.phe.org.uk/public-health-outcomes-framework#page/1/gid/1000044/pat/15/ati/402/are/E06000008/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[xxv] NHS Digital (2022). Recorded Dementia diagnoses: July 2022. Available from https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/july-2022

[xxvi] Office for National Statistics (2022). Health state life expectancies, UK: 2018 to 2020. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2018to2020

[xxvii] Office for Health Improvement and Disparities (2022). Palliative and End of Life Care Profiles – Place of death. Available from https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938132883/pat/6/par/E12000002/ati/402/iid/93474/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Joint Strategic Needs Assessment Overview 2023

Age Well

Updated April 2023

BwD Health & Wellbeing Board

Start well | Live well | Age well

Blackburn with Darwen Borough Council

Introduction

The Joint Strategic Needs Assessment (JSNA) is the way we try to understand the health needs and assets of Blackburn with Darwen and its residents. Overall it's about how the population of the borough is made up, what we know about how healthy it is, and the assets people and communities have to help them to stay healthy.

This section of the overview document focuses on 'age well'. No specific age threshold for 'old age' has been used in this section, taking a more general approach looking at some of the issues specifically affecting older residents, those approaching 'old age' and reflecting on some of the issues that can affect people of all ages, within the context of our older residents. Additionally, other general issues that may also affect our older residents are covered in the 'Live Well' section. Themes covered in this section include screening, trips and falls, dementia, eye health, healthy life expectancy and place of death. The NHS Integrated Care Board priorities and the Local Joint Health and Wellbeing Strategy include Dying Well, this theme does not form a separate section in the JSNA Overview documents, with information on resident's place of death included in this Age Well section.

As this document is updated periodically, the links in the reference section may provide sources of current data. However the OHID Productive Healthy Ageing Profile provides a wide range of useful indicators: https://fingertips.phe.org.uk/profile/healthy-ageing

Impact of COVID-19 on data

Data providers such as the Office for National Statistics (ONS) have noted that the COVID-19 pandemic impacted affect the quality and coverage of some statistics collected from March 2020 to June 2021, particularly social survey data collection.[i] ONS has highlighted several potential issues with data collection during this time, including;

- Response rates;
- Change in mode of interviewing affecting responses;
- Change of people's behaviours and attitudes;
- Sample compositions.

Additionally, the possibly of an increase in non-submissions for some datasets and different patterns in the submitted data.

During this time, fewer patients were being referred and seen within community services. Therefore, data should be interpreted with care when it covers the COVID-19 period.

A key example of this is data taken from the 2021 Census, conducted on 21st March 2021 – at this time, some legal limits on social contact were still in place nationally and ONS has recognised the impact of collection during this time may have had an impact on certain results such as how people perceived and rated their health, therefore potentially affecting how people may have chosen to respond.[ii]

Contents

Age Well

Screening and health checks

Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. The screening provider then offers information, further tests or treatment, this is to reduce associated problems or complications. NHS screening programmes include those offered to pregnant women, newborns, women (cervical screening) and specifically for older people; screening for bowel, breast and abdominal aortic aneurysm. The impact of COVID-19 disruption to services is evident in screening take up data.

Bowel screening

Residents aged 60 to 74 are invited to take part in the bowel cancer screening programme every two years. In April 2021 the age for bowel cancer screening was changed to 50, with the eligible age gradually being reduced from April 2021.

Whilst data on screening take up is released annually[iii], it provides take up figures for the proportion of residents aged 60 to 74 who had received a screening result in the past 30 months. For Blackburn with Darwen, this proportion falls significantly below the national average, despite an increase in screening take up in 2022 compared to the data for 2021. As this data covers the preceding 30 months, the COVID -19 pandemic is likely to have affected take up, as this decrease is also evident in some other areas.

Figure 1 – Bowel cancer screening coverage for Blackburn with Darwen, Lancashire County Council and England areas

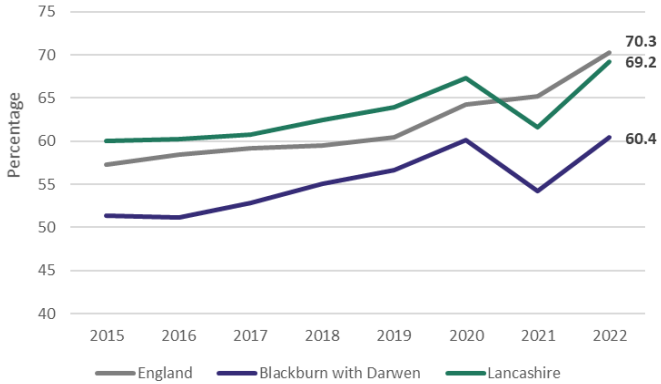
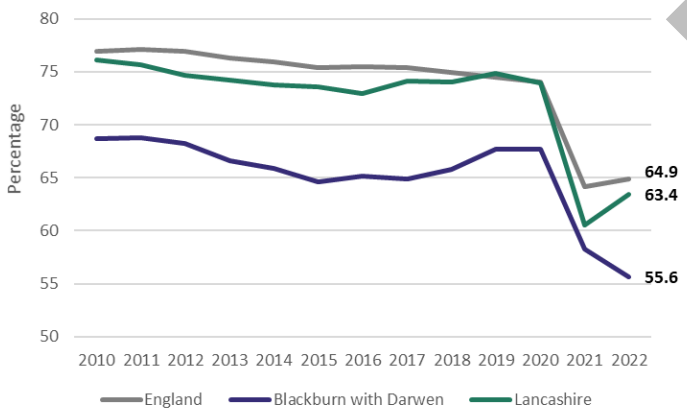


Figure 2 – Breast cancer screening coverage for Blackburn with Darwen, Lancashire County Council and England areas



Breast screening

Female patients registered with their GP will be invited to breast screening every three years between the ages of 50 and 71. Similar to bowel cancer screening data, statistics are released annually but show the proportion of eligible women who had a screening test result recorded in the previous 36 months. The 2021 figures show a decrease in screening take up, which is also evident nationally. Whilst the most recent 2022 data highlights an increase in coverage for England and Lancashire, figures have continued to decrease in Blackburn with Darwen. The effects of the COVID-19 pandemic resulted in severe disruption to the national breast screening programme; with more limited screening capabilities as well as reduced numbers of women taking up the offer where available. Prior to the pandemic borough level coverage was significantly below national levels and this has now decreased further[iv].

Abdominal aortic aneurysm screening

Abdominal aortic aneurysm (AAA) screening is offered to men when they are 65 years old. It is a one off screening offer, to check that the main blood vessel from the heart (the aorta) is not at risk from an aneurysm and rupture. Data is provided for financial years.

The AAA screening programme has been similarly affected by the COVID-19 pandemic. The latest data shows an increase in the percentage of men taking up screening, narrowing the gap between Lancashire and England coverage. However, the proportion of men screened in the borough falls below the target levels of 75%, which is considered 'acceptable'[v].

Figure 3 – Abdominal aortic aneurysm screening coverage for Blackburn with Darwen, Lancashire County Council and England

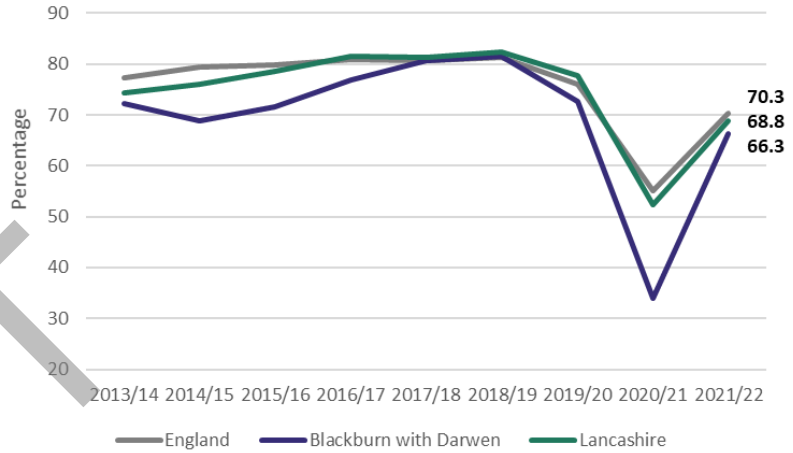
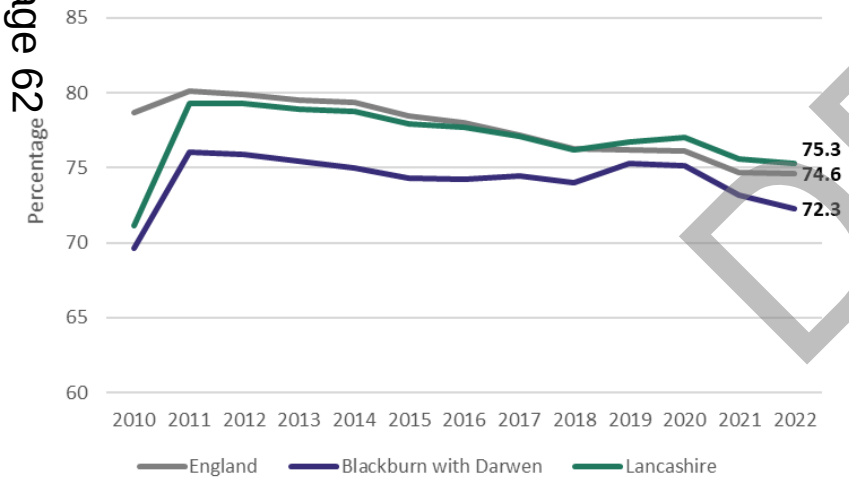


Figure 4 – Cervical screening coverage (aged 50 to 64 yrs) for Blackburn with Darwen, Lancashire County Council and England areas



Cervical screening

Whilst the cervical screening programme is open to women from the age of 25, specific data is available for women aged 50 to 64 (the screening programme ends at 64 years). Cervical screening invitations are sent out every three years for women aged 25 to 49 and every five years for those aged 50 to 64. It tests for the presence of certain types of human papillomavirus, which can cause changes to the cervix and potentially lead to cancer. Screening is usually carried out at a GP surgery.

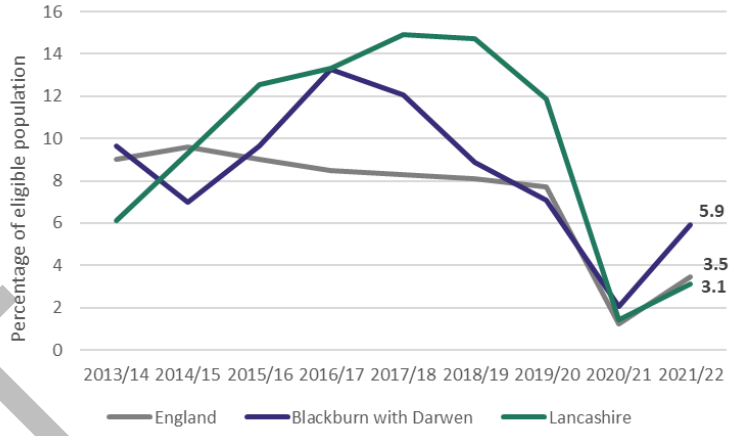
Data for borough residents aged 50 to 64 from 2021 does show a drop in take-up, and this is reflected nationally. Whilst the most recent data for England and Lancashire suggests a levelling off in the coverage, take up has continued to decline in Blackburn with Darwen[vi].

NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. The number of people who received a health check is based on GP level data, so will reflect the registered patient population.

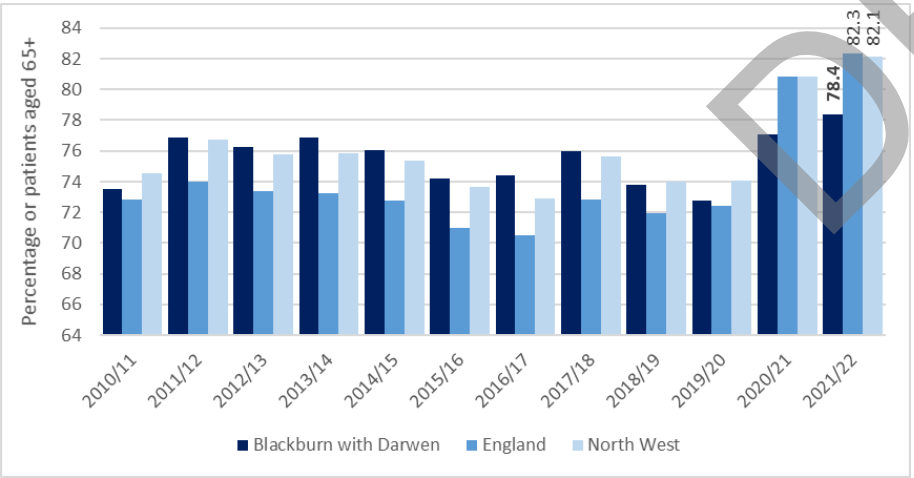
For the 2021/22 financial year 2,371 patients received an NHS health check, around 5.9% of the eligible population. This figure is lower than the pre-covid figures, but an increase on the 2020/21 period where 818 patients received a health check.

Figure 5 – Percentage of the eligible patient population receiving an NHS Health Check for Blackburn with Darwen, Lancashire County Council and England areas



Flu vaccine coverage

Flu vaccination is important as flu can be a life threating illness. The range of adults eligible for an NHS flu vaccine includes those with certain long term health conditions and people aged 65 and over[vii]. As the vaccination is updated to give protection against the main strains of flu every year, it is recommended eligible people have an annual flu vaccination.



Whilst vaccination coverage for people age 65 and over registered with a GP in Blackburn with Darwen increased during the COVID-19 pandemic, levels of coverage were below the England average at 78.4% in Blackburn with Darwen compared to 82.3%.
Preliminary data for the 2022/03 vaccination programme as of December 2022 suggests uptake at this point was 72.4%[viii].

Figure 6 – Percentage of the GP registered population aged 65 plus receiving a flu vaccination for Blackburn with Darwen, North West and England areas

Eye Health

The risk of sight loss is heavily influenced by health inequalities and access to regular eye testing. Certain risk factors can also increase the chance of sight loss. For example, smoking can double the risk of age-related macular degeneration and obesity increases the risk of developing diabetes which can cause sight loss. Sight loss can increase the risk of depression, having lower feelings of wellbeing, falls and hip fractures, loss of independence and living in poverty[ix].

Age related macular degeneration

Age related macular degeneration (AMD) first starts to affect people in their 50s and 60s and whilst it does not cause total blindness, it can make some everyday activities such as reading difficult. The number of residents with AMD is based on applications for a certificate of visual impairment (CVI), a person with a CVI can then apply to be included on the local authority register of blind and partially sighted people.

The rate of people aged 65 and over in the borough, newly recorded as having AMD as the cause for issuing a CVI, has not seen a significant change over recent years with rates similar to or just above the England average. For the 2021/22 financial year period 26 people were newly recorded has having AMD, a rate of 115.3 per 100,000 people over the age of 65[x].

* Picture from NHS AMD symptoms[1] © NHS

Glaucoma

Glaucoma are a group of eye diseases, often associated with high pressure in the eye, that damage the optic nerve resulting in sightless and potentially blindness. People most at risk of glaucoma include older people (particularly those in their 70s or 80s), people with a family history of glaucoma or people with diabetes[xi].

The number of new people receiving a CVI due to glaucoma has remained relatively stable over the last few years, in 2021/22 there were 13 people, a rate of 18.6 per 100,000 residents aged 40 and over[xii]. The rate of newly registered residents with glaucoma in the borough has tended to be similar to the England average.

Blind and partially sighted council-registered residents

All local councils with adult social services responsibilities hold a register of people who are blind and partially sighted, registering with a Council is optional.

As of the 31st March 2020, there were around 750 patients over the age of 65 in the borough that were certified registered with the Council as blind or partially sighted.[xiii] In comparison to other upper tier authorities, the borough has the 3rd highest rate of 65-74 years old registered blind or partially sighted and 8th highest rate amongst those aged 75+. Across all ages, there were 550 residents registered as blind or severely sight impaired, and 765 ~~1,~~ as partially sighted. Around 520 blind or partially sighted people on the local authority register had additional disabilities, with 350 pf these people aged 65 or over. [xiv]

Adult social care and care homes

Adult social care users

The adult social care service at Blackburn with Darwen Council provide support to residents in ways such as finding suitable care services and helping people to live as independently as possible. Services are provided for all adults, not just older residents. The majority of services users are receiving physical support and although with smaller numbers of service users, there appears to have been has been a gradual increase in the number of residents receiving mental health support[xv].

Figure 7 – Age of adult social care service users by age

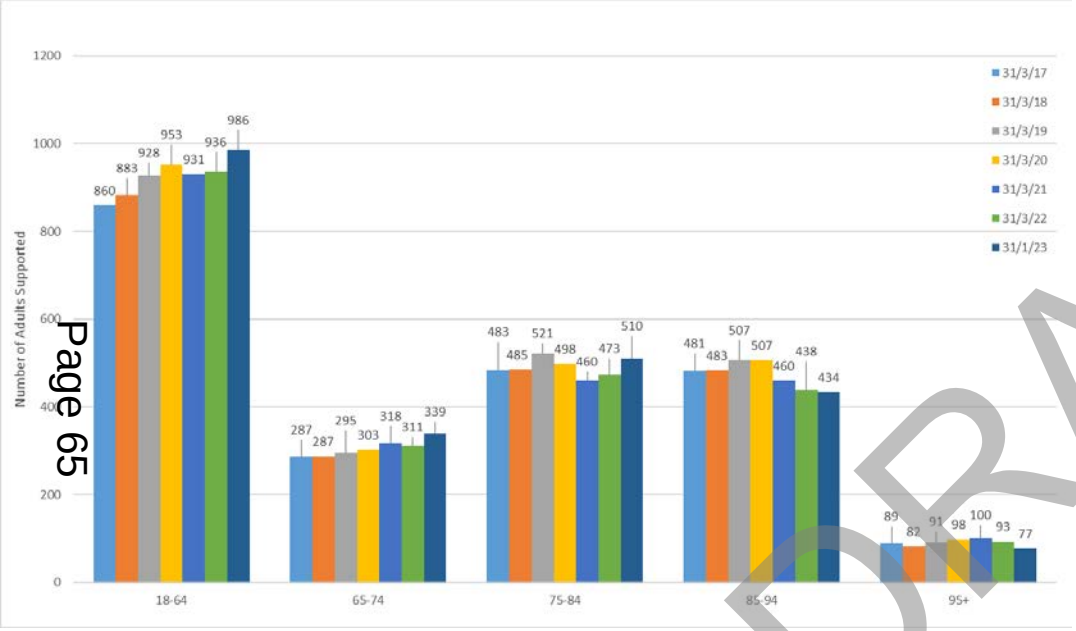
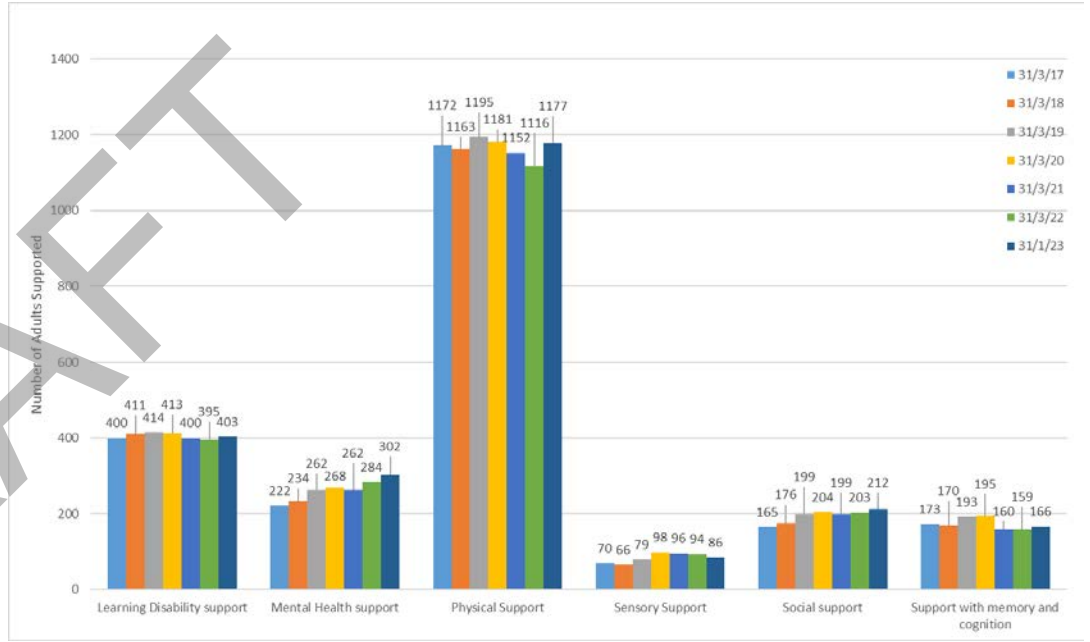


Figure 8 – Number of adults supported by service user group



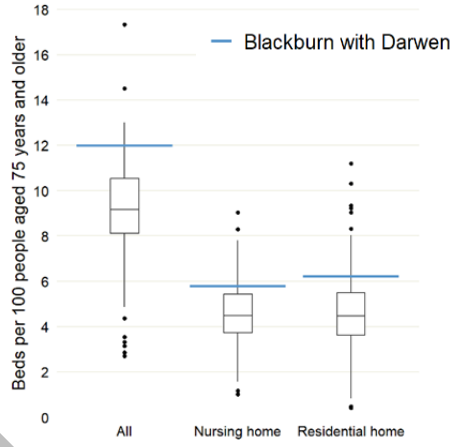
Additionally, the Adult Social Care Outcomes Framework identifies that 93.5% of working age adults with a learning disability who are known to adult social care services in the borough live in their own home (also referred to as stable and appropriate accommodation) this above the England average[xvi].

Care homes

As of April 2023, there are 35 care home providers in total in the borough. 27 homes offer residential care, 8 of which also offer nursing care and 8 homes that offer residential care for those with learning disabilities/mental health needs. Care homes are inspected by the Care Quality Commission in England. Of the homes in the borough 23 are classified “good”, 10 are “requires improvement”, 1 is rated “inadequate” and 1 service is yet to be inspected.

Blackburn with Darwen has a higher number of care home beds, relative to the population aged 75 and over compared to the England average, 12.0 beds per 100 people aged 75 years and older compared to the England average of 9.4. The box plot to the right shows the number of beds per people aged 75 and over for upper tier local authorities in England.

Figure 9 – Box plot of care home bed rates per 100 people aged 75 years and older by care home type for upper tier local authorities in England, December 2022



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.[xvii] 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. The fear of falling will often restrict the activities even of those who have *not* yet experienced a fall themselves.[xviii]

Hospital admissions

In 2021/22, falls-related hospital admissions in Blackburn with Darwen were similar to the England average for the 80+ age-group, but worse than the national average for the 65 to 79 age group .[xix]

Hip fractures

In 2021/22, the age standardised rate of hip fractures for people aged 65+ in Blackburn with Darwen was 679 per 100,000, the fourth highest of the upper tier authorities in England (551 per 100,00). Age standardised rates for the 80 plus population (where most of these events occur), were sixth hightest of the upper tier local authorities.[xx] **Error! Bookmark not defined.**

Recovery from hip fracture

For those suffering a fragility fracture of the hip over the age of 60, NHS Digital publishes recovery data on the proportion who have recovered to their previous level of mobility within 120 days.[xxi] The most recent borough data shows a recovery rate of 38% 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 previous recorded periods. It should be noted that this data carries a warning about poor data completeness.

Prevention and response

Blackburn with Darwen's re:fresh service offers a structured 16 week falls prevention programme, providing targeted exercises to improve the balance, strength and mobility of anybody over 60 who is at risk of falling.[xxii] The Chartered Society of Physiotherapists has estimated that such programmes in Blackburn with Darwen can

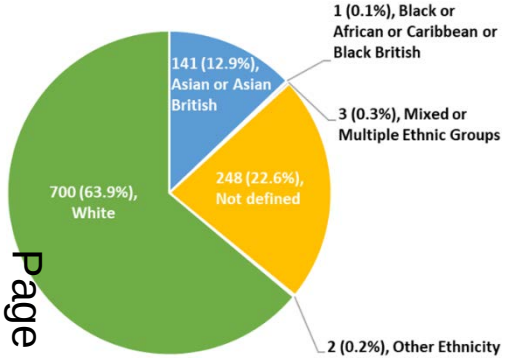
produce a return on investment of £3.85 per £1.[xxiii] The Health and Wellbeing Board and the Age Well Partnership in Blackburn with Darwen have agreed the development of a Falls Strategy, which will further strengthen partnership working.

Dementia

Recorded diagnoses

As at July 2022, GP practices in Blackburn with Darwen had a total of 1,066 patients, aged 65 or over who had been formally diagnosed with dementia.[xxiv] Their age breakdown is shown in Figure 10.[xxv] NHS Digital estimates the true total (whether diagnosed or not) to be nearer 1,568, so this means that 68% of those affected have received a diagnosis (England average is 62%). The target is for at least two-thirds of people with dementia to have a formal diagnosis.

Figure 11- Ethnic breakdown of recorded dementia patients in Blackburn with Darwen [all ages], July 2022



NHS Digital now also provides an ethnic breakdown of recorded dementia patients (Figure 11), 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.[xxvi,1] 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 13). This helps to account for the fact that care costs will rise even more steeply, by over 64% (Figure 12).

Figure 10 - Age/sex breakdown of Blackburn with Darwen patients aged 65+ diagnosed with dementia, July 2022

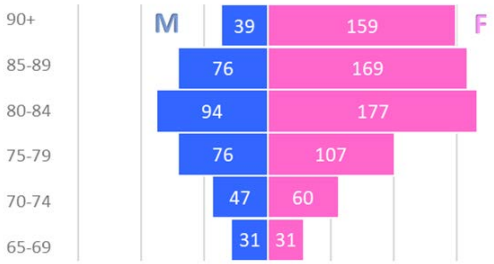


Figure 13- LSE projection of number of Blackburn with Darwen residents aged 65+ with severe, moderate or mild dementia

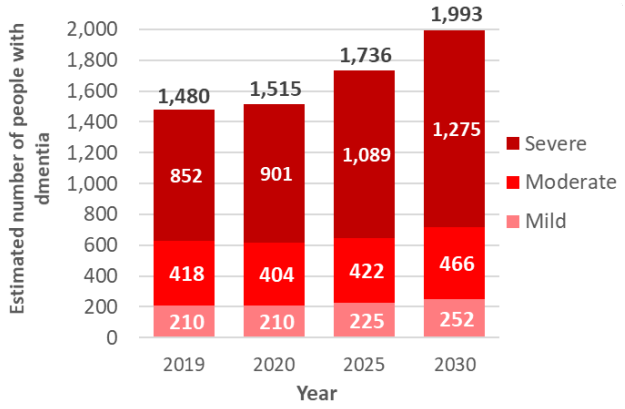
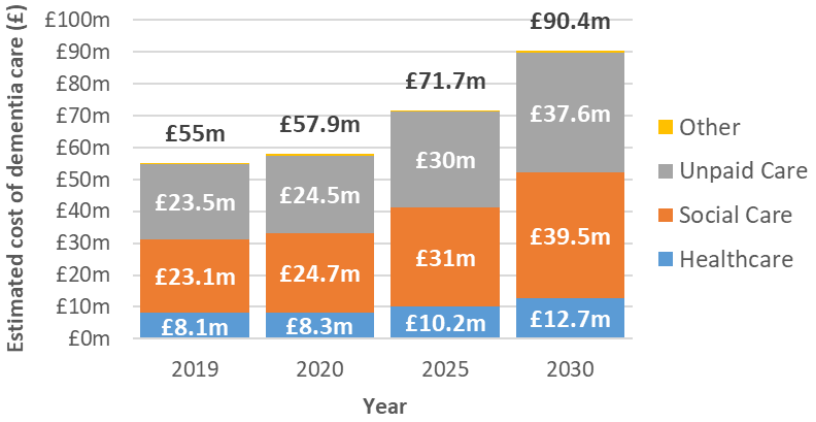


Figure 12 - LSE projection of cost of dementia care in Blackburn with Darwen (N.B. – 'Other' = costs relating to policing, advocacy, research etc.)



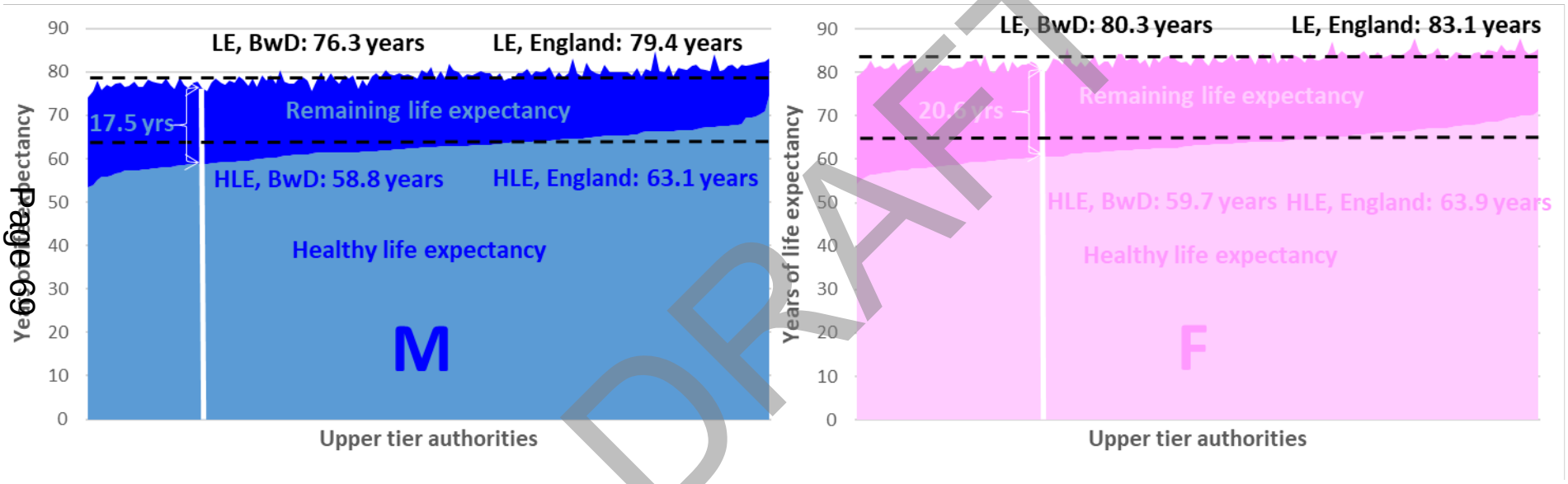
[1] N.B. – LSE's initial estimate differs from NHS Digital's, partly because LSE is looking at the *resident* population of Blackburn with Darwen, rather than the *registered* GP population.

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 14):

Figure 14 – Healthy life expectancy (HLE) from birth for males and females – Blackburn with Darwen compared with upper tier authorities in England and England average, 2018-2020



As of 2018-2020, it can be seen that healthy life expectancy from birth in Blackburn with Darwen is 58.8 years for males and 59.7 years for females. This means males rank 26th lowest in England and females 30th lowest in England, both significantly below the national average.[xxvii] When healthy life expectancy is divided by total life expectancy, these figures find that males in Blackburn with Darwen can expect to spend 77% of their life in good health (England 79.5%), and females 74.3% of their life in good health (England 76.9%).

In terms of those who are already aged 65 and the period to which they can continue to expect to live a healthy life from aged 65 onwards. As of 2018-2020, on average males in the borough can expect to live 8.5 years in a healthy state from aged 65 onwards, whereas females can expect to live 7.8 years in a healthy state from aged 65 onwards.[xxviii]

Inequalities in life expectancy

In addition to health life expectancy, the gap between the Blackburn with Darwen and England average in life expectancy at birth was highlighted in the Setting the Scene section. Additional analysis allows us to examine the causes of death that are driving these differences for males and females[xxix]. Prior to COVID-19 pandemic, for both males and females, the causes of death that contributed over 60% of the gap in the life expectancy in the borough compared to England were circulatory diseases (such as heart disease and strokes), cancers and respiratory diseases (such as flu, pneumonia and chronic lower respiratory disease). Within the borough, the life expectancy gap between our most and least deprived residents is widening.

With regards the age groups contributing to the gap between life expectancy in Blackburn with Darwen to England, for the 2017-19 period, 43.6% of the gap was attributable to deaths in residents aged 60 to 79 and, 22.6% to residents aged 80+. For the 2020–21 period, this was 46.0% and 12.9% respectively.

Table 1 – Gap in life expectancy from birth comparing Blackburn with Darwen to England.

	Male			Female		
	2014-16	2017-19	2020-21	2014-16	2017-19	2020-21
BwD life expectancy	76.2	77.3	74.3	80.6	80.4	79.5
England life expectancy	79.5	79.8	78.7	83.1	83.4	82.7
Gap	3.3	2.5	4.4	2.6	3.0	3.2

Table 2 – Gap in life expectancy from birth comparing the most and least deprived deciles in Blackburn with Darwen.

	Male			Female		
	2014-16	2017-19	2020-21	2014-16	2017-19	2020-21
Most deprived quintile life expectancy	72.6	72.9	68.7	78.5	77.6	76.7
Least deprived quintile life expectancy	81.7	82.3	80.2	84.8	85.4	84.7
Gap	9.1	9.5	11.5	6.2	7.8	7.9

Figure 15 – Causes of death contributing to the gap in life expectancy from birth comparing Blackburn with Darwen to England

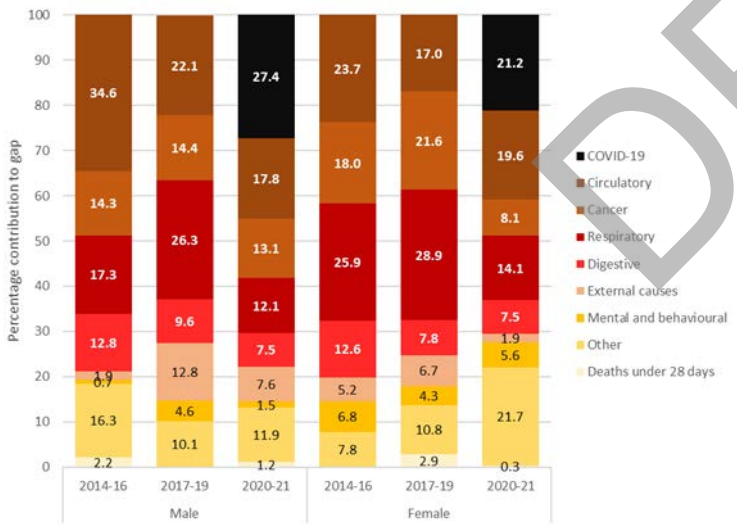
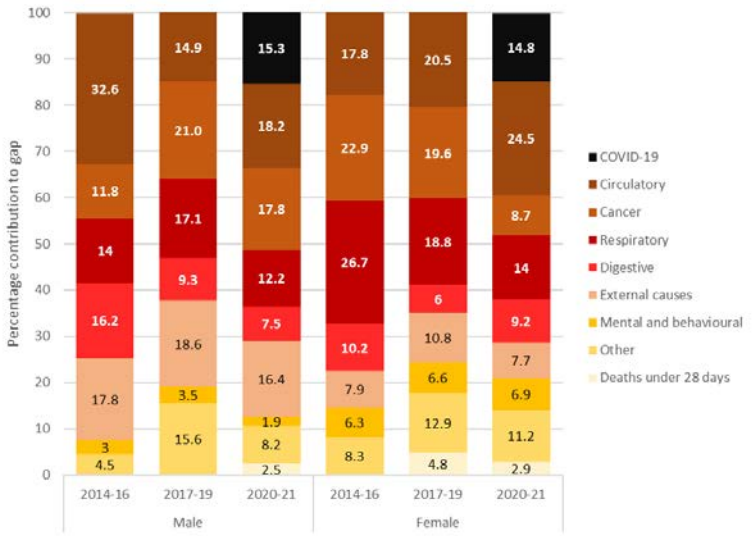


Figure 16 – Causes of death contributing to the gap in life expectancy from birth comparing most and least deprived quintiles in Blackburn with Darwen

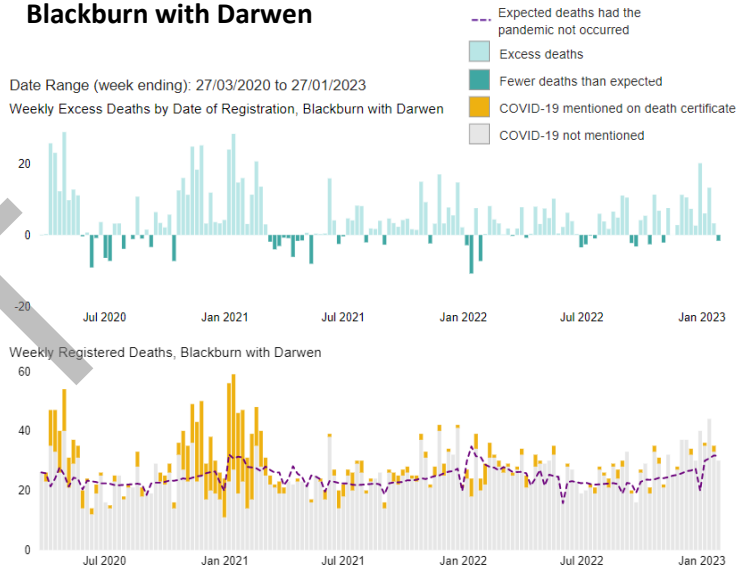


Excess deaths and place of death

Excess Deaths (all ages)

'Excess deaths' can be measured in different ways, but the Office for National Statistics consider this to be where the level of deaths at a certain point in time are above the five year average (2015 to 2019)[xxx]. During the COVID-19 pandemic both nationally and locally, deaths were above average. However, since the easing of COVID-19 restrictions non-covid related deaths have continued to be above average[xxxi]. This will be due to multiple reasons including; more recent winter surges in respiratory illnesses such as flu and an increase in Strep A infections, but also pressures on hospital services and delays to diagnosis and treatment due to COVID-19 [xxxii] [xxxiii]

Figure 17 Registered weekly deaths and excess deaths Blackburn with Darwen



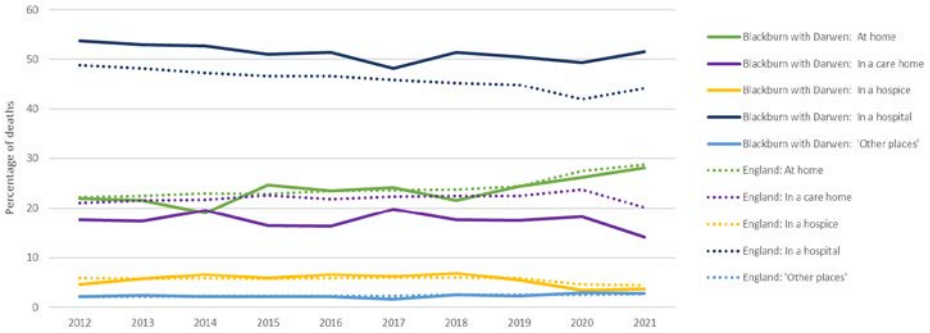
The Office for National Statistics provides deaths data week by week by date of registration and occurrence. During 2022 (week 1 to week 52), 1,408 deaths of residents occurred, 125 more than would have been expected when compared to the 2015-19 average of 1,283. The overall crude death rate for the borough in this period is 83.3 per 100,000 above the England (44.7 per 100,000) and North West (56.9 per 100,000) averages.

A extract from the OHID Excess Mortality[xxxiv] dashboard (right) highlights weekly registered deaths and excess deaths since the start of the pandemic. The OHID data uses a different approach to identifying excess deaths, based on the 2015-2019 average but taking into account population growth and changes to other variables such as the age structure of the population. Whilst different to the ONS method, OHID provide a useful chart to visualise what are considered excess deaths since the start of the COVID-19 pandemic.

Place of death

The place of a person's death and whether a person is able to die in their preferred place can be considered an important aspect of end of life care. While data that records a person's preferred place of death preference and actual place of death is not recorded routinely or available on a national level, information on a person's place of death is. When considering the place of death data, it should be noted that 'hospice' deaths may be under recorded nationally due to hospice care sometimes being located in a hospital or where a person is being cared for in their own home by hospice staff[xxxv].

Figure 18 Percentage of deaths by place of death for Blackburn with Darwen and England



Over time, for people of all ages, a greater proportion of the borough's residents die in hospital compared to England, and a lower proportion die in care homes. Focusing specifically on older people, a greater proportion of people aged 85 and over die in hospital compared to England (44.1% compared to 38.8%). For residents aged 65 to 84, the proportion who die in a hospital is 56.9% compared to 47.9% nationally[xxxvi].

Underlying cause of death (all ages)

ONS compiles annual mortality statistics for England and Wales, broken down by calendar year of registration, age, sex, underlying cause of death and area of usual residence of the deceased. In terms of the medical condition or conditions that are the biggest cause of death, ONS uses two classification systems in which the underlying cause of death can be assessed. Cause of death as classified using the International Statistical Classification of Diseases and Related Health Problems (ICD-10). The underlying cause of death is selected from the medical condition or conditions mentioned on the medical certificate of cause of death or on the coroner's certificate.

A second approach is using the 'leading causes' of mortality criteria. This is based on a list developed by the WHO and each entry is an aggregation of the very detailed ICD-10 list. The 'leading causes' classification does not include all causes, consequently summing counts for all leading causes will not equal the figure for total mortality.

A full list of the number of 'leading cause' of death by condition can be seen in the table below[xxxvii]:

Table 3 – Leading cause of death in Blackburn with Darwen, 2021

Leading cause of death	Count	Leading cause of death	Count	Leading cause of death	Count
Cancer (malignant neoplasms)	341	Heart failure and complications and ill-defined heart disease	26	Septicaemia	11
COVID-19	240	Diseases of the urinary system	24	In situ and benign neoplasms, and neoplasms of uncertain or unknown behaviour	10
Ischaemic heart diseases	155	Acute respiratory diseases other than influenza and pneumonia	18	Aortic aneurysm and dissection	8
Dementia and Alzheimer disease	118	Diabetes	16	Appendicitis, hernia and intestinal obstruction	8
Chronic lower respiratory diseases	84	Pulmonary oedema and other intestinal pulmonary diseases	15	Diseases of the musculoskeletal system and connective tissue	7
Cerebrovascular diseases	65	Parkinson's disease	14	Intestinal infectious diseases	6
Symptoms, signs and ill-defined conditions	58	Cardiac arrhythmias	13	Systemic atrophies primarily affecting the central nervous system	6
Influenza and pneumonia	47	Suicide and injury/poisoning of undetermined intent	13	Cardiomyopathy	5
Cirrhosis and other diseases of liver	39	Hypertensive diseases	12	Congenital malformations, deformations and chromosomal abnormalities	5
Accidents	35	Non-rheumatic valve disorders and endocarditis	11	Pulmonary heart disease and diseases of pulmonary circulation	5

References

[i] Office for National Statistics (2022). Impact of COVID-19 on ONS social survey data collection. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/methodologies/impactofcovid19ononssocialsurveydatacollection#discussion-of-the-impact-of-covid-19-on-ons-social-survey-data-collection

[ii] Office for National Statistics (2022). General health, England and Wales: Census 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/generalhealthenglandandwales/census2021

[iii] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing – Cancer Screening coverage: bowel cancer. Available from https://fingertips.phe.org.uk/profile/healthy-ageing

[iv] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing – Cancer Screening coverage: bowel cancer. Available from https://fingertips.phe.org.uk/profile/healthy-ageing

[v] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing – Cancer Screening coverage: bowel cancer. Available from https://fingertips.phe.org.uk/profile/healthy-ageing

[vi] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing – Cancer Screening coverage: cervical cancer. Available from https://fingertips.phe.org.uk/profile/healthy-ageing

[vii] NHS The Flu Vaccination: Who should have it and why. Available at: https://www.gov.uk/government/publications/flu-vaccination-who-should-have-it-this-winter-and-why/the-flu-vaccination-who-should-have-it-and-why

[viii] UKHSA Seasonal influenza vaccine uptake in GP patients: monthly data, 2022 to 2023. Available at: https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2022-to-2023

[ix] RNIB Sight Loss Data Tool. Available from: https://www.rnib.org.uk/professionals/health-social-care-education-professionals/knowledge-and-research-hub/sight-loss-data-tool/

[x] Office for Health Improvement and Disparities (2023) Public Health Outcomes Framework: Healthcare and Premature Mortality. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000044/pat/15/par/E92000001/ati/502/are/E06000008/yrr/3/cid/4/tbm/1

[xi] NHS Glaucoma. Available from: https://www.nhs.uk/conditions/glaucoma/

[xii] Office for Health Improvement and Disparities (2023) Public Health Outcomes Framework: Healthcare and Premature Mortality. Available at: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000044/pat/15/par/E92000001/ati/502/are/E06000008/yrr/3/cid/4/tbm/1

[xiii] Office for Health Improvement and Disparities (2021). Productive Healthy Ageing Profile – Reverse of Live Well with a Long-term Condition. Available at: https://fingertips.phe.org.uk/healthy-ageing#page/1/gid/1938133251/pat/15/ati/402/are/E06000008/iid/273/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xiv] NHS Digital (2021). Registered Blind and Partially Sighted People, England 2019-20. Available from https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2019-20

[xv] Blackburn with Darwen Council Adult Social Care data

[xvi] Office for Health Improvement and Disparities (2023). Wider Determinants of Health: Natural and Built Environment. Available at: https://fingertips.phe.org.uk/wider-determinants#page/1/gid/1938133043/pat/6/par/E12000002/ati/402/are/E06000008/yrr/1/cid/4/tbm/1

[xvii] Office for Health Improvement and Disparities (2022). Falls: applying All Our Health. Available from https://www.gov.uk/government/publications/falls-applying-all-our-health/falls-applying-all-our-health

[xviii] Public Health England (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

[xix] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Health improvement. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000042/pat/15/ati/502/are/E06000008/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xx] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing: Enhance care and support. Available from https://fingertips.phe.org.uk/healthy-ageing#page/1/gid/1938133252/pat/15/ati/402/are/E06000008/iid/22401/age/27/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[xxi] 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/statistical/nhs-outcomes-framework/december-2020-supplementary-release/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

[xxii] Re:fresh (2022). Falls Prevention Service. Available from https://refreshbwd.com/wp-content/uploads/2022/06/get_up_and_go_booklet.pdf

[xxiii] 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

[xxiv] NHS Digital (2022). Recorded Dementia diagnoses: July 2022. Available from https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/july-2022

[xxv] NHS Digital (2019). Recorded Dementia diagnoses April 2019. Available from https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/april-2019

[xxvi] 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

[xxvii] Office for National Statistics (2022). Health state life expectancies, UK: 2018 to 2020. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2018to2020

[xxviii] Ibid.

[xxix] OHID Segment Tool. Available at: https://analytics.phe.gov.uk/apps/segment-tool/

[xxx] ONS Deaths registered weekly in England and Wales, provisional: week ending 14 April 2023. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending14april2023

[xxxi] ONS Deaths registered weekly in England and Wales, provisional https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending20january2023

[xxxii] British Medical Journal England and Wales see rise in excess deaths amid flu surge Restricted access available from: https://www.bmj.com/content/380/bmj.p40

[xxxiii] BBC Excess deaths in 2022 among worst in 50 years Available at: https://www.bbc.co.uk/news/health-64209221

[xxxiv] OHID Excess Mortality in England. Available at: https://www.gov.uk/government/statistics/excess-mortality-in-england-and-english-regions

[xxxv] PHE Classification of place of death A technical bulletin from the National End of Life Care Intelligence Network Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831853/Classification_Place_Death_report.pdf

[xxxvi] Office for Health Improvement and Disparities (2023) Palliative Care and End of Life Profile: Place of Death. Available from: https://fingertips.phe.org.uk/profile/end-of-life/data#page/1/gid/1938132883/pat/15/par/E92000001/ati/402/are/E06000008/iid/93474/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[xxxvii] Office for National Statistics (2022) Mortality statistics - underlying cause, sex and age. Available at: www.nomisweb.co.uk

Joint Strategic Needs Assessment Overview 2023

Live Well

Updated March 2023

Health & Wellbeing Board

Start well | Live well | Age well

Blackburn with Darwen Borough Council

Introduction

The Joint Strategic Needs Assessment (JSNA) is the way we try to understand the health needs and assets of Blackburn with Darwen and its residents. Overall it's about how the population of the borough is made up, what we know about how healthy it is, and the assets people and communities have to help them to stay healthy.

The Live Well section of the JSNA primarily focuses on adult health and wellbeing. With a focus on the wider determinants of health, as well as local conditions and services that impact existing social inequalities that affect health outcomes in the borough.

As this document is updated periodically, the links in the reference section will provide sources of current data.

Impact of COVID-19 on Data

Data providers such as the Office for National Statistics (ONS) have noted that the COVID-19 pandemic impacted affect the quality and coverage of some statistics collected from March 2020 to June 2021, particularly social survey data collection.[1] ONS has highlighted several potential issues with data collection during this time, including;

- Response rates;
- Change in mode of interviewing affecting responses;
- Change of people's behaviours and attitudes;
- Sample compositions.

Additionally, the possibility of an increase in non-submissions for some datasets and different patterns in the submitted data.

During this time, fewer patients were being referred and seen within community services. Therefore, data should be interpreted with care when it covers the COVID-19 period.

A key example of this is data taken from the 2021 Census, conducted on 21st March 2021 – at this time, some legal limits on social contact were still in place nationally and ONS has recognised the impact of collection during this time may have had an impact on certain results such as how people perceived and rated their health, therefore potentially affecting how people may have chosen to respond.[2]

Contents

COVID-19

Impact of COVID-19

Blackburn with Darwen is one of the local authority areas in the country most affected by the COVID-19 pandemic. By March 2022, the borough had recorded over 50,000 positive COVID-19 cases (including episodes of repeat infections) and had the third highest COVID-19 infection rate per 100,000 people since the start of the pandemic in March 2020.

As the pandemic has continued, there has been increasing acceptance that areas with high levels of deprivation, larger black and minority ethnic populations, higher density and overcrowded housing, greater numbers of workers in key frontline occupations, and younger population profiles, have higher risks from COVID-19 in terms of infections, hospitalisation and deaths. Blackburn with Darwen has higher rates in all these key risk factors.

Excess deaths are considered a better measure of the overall impact of COVID-19 than simply looking at mortality directly linked to the virus, as they capture deaths that may have been indirectly caused by the crisis. From March 2020 to December 2021, ONS calculated that there had been 467 excess deaths in the borough. This equates to nearly 20% more deaths than expected – the 5th highest percentage in the North West.[3]

COVID-19 vaccinations for adults are currently given in three doses, as of February 2023, over 110,000 people had been given a first dose, over 103,000 had been given a second dose and over 67,000 people had been given a booster or third dose in Blackburn with Darwen. Additionally, since March 2022, over 7,000 adults aged 75 and over had received a spring booster vaccination (more than 72% of the estimated over 75 population in the borough) and over 50% of people aged 50 and over have received an autumn booster vaccination.[4]

Long covid

Estimates from ONS project that around 2 million people living in private households in the UK (around 3% of the population) were experiencing self-reported 'long COVID'[a] (symptoms continuing for more than four weeks after the first confirmed or suspected coronavirus infection that were not explained by something else) as of 2 January 2023.[5] Fatigue is the most commonly reported symptom by individuals experiencing long COVID, with shortness of breath, difficulty concentrating, muscle ache and loss of smell also commonly reported. Although the list of symptoms recognised is quite extensive. The NHS recognises that long COVID is a new condition which is still being studied and that recovery can vary.[6] Some symptoms can improve quickly and others may persist for longer. The NHS 'Your Recovery programme' is an online recovery programme aimed to support recovery from the long-term effects of COVID-19. This is done by referral, with the programme aiming to support the mental health and wellbeing of those affected, along with giving tips in managing the effects of long COVID and advice on how to eat well, sleep better and become more active.

[a] Long COVID status is self-reported and so misclassification is possible. For example, some people may be experiencing symptoms because of a health condition unrelated to COVID-19 infection. Others who do have symptoms caused by COVID-19 may not describe themselves as experiencing long COVID (for example, because of lack of awareness of the term or not knowing they were initially infected with COVID-19). The estimates presented are experienced by study participants who responded to a representative survey, rather than clinically diagnosed in the full population.

Physical Activity

Levels of activity

The Office for Health Improvement and Disparities (OHID) considers a person 'physically active' if they do the equivalent of 150+ minutes of moderate intensity sporting or fitness activities per week, in periods of at least 10 minutes. Below 30 minutes of activity per week, a person is considered 'inactive'. From November 2020 to November 2021, an estimated 57.8% of adults aged 19+ in the borough were estimated to be physically 'active'.[7] Conversely, 32.3% of adults were estimated to be 'inactive', both significantly worse than the national average. It must be noted that the last two reporting periods covered several months of lockdown, significant restrictions and months of easing or limited restrictions that are likely to reflect impacted activity levels.

Figure 1 - Physical activity in adults, England and Blackburn with Darwen, 2015-16 to 2020-21

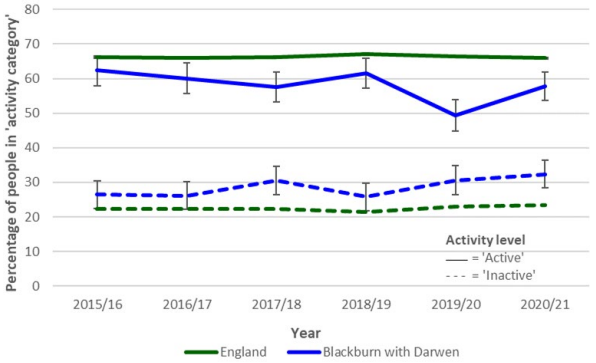
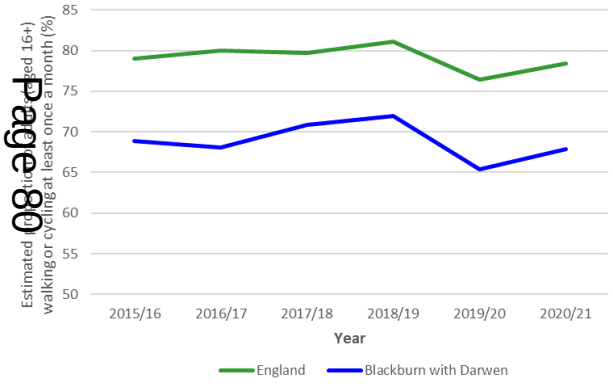


Figure 2 – Estimating proportion of adults walking or cycling at least once a month, England and Blackburn with Darwen, 2015-16 to 2020-21



Walking and cycling

From November 2020 to November 2021, the estimated proportion of adults (aged 16+) in Blackburn with Darwen who walked (for at least 10 minutes) or cycled in the past month for any purpose was 67.8%.[8] Despite the improvement on the previous reporting period, the borough still lags significantly behind England, within the latest reporting period, the borough has the 10th worst walking or cycling rate among authorities in England.

The Council has put forward a walking and cycling plan[9] that prioritises; infrastructure, such as improving active travel in the borough. Additionally, engagement with communities and businesses to encourage uptake and embedding of walking and cycling within the Council's transport and health priorities.

Together an Active Future

The 'Together an Active Future' (TAAF) pilot was a recent initiative to help people become more physically active across Pennine Lancashire (Blackburn with Darwen, Burnley, Hyndburn, Ribble Valley, Pendle and Rossendale). Pennine Lancashire was one of 12 pilot areas that secured funding from Sport England, to explore and address the challenge of physical inactivity, with each area having a distinct emphasis and local focus to their approach within the pilot.

As part of the evaluation[10] for the pilot, some key learning points from the evaluation highlighted:

- The link between levels of physical activity from childhood to adulthood
- The impact of difficult life events and ill health on being physically active
- The positive and negative impacts of networks on activity
- Having time to oneself was a key value attached to physical activity. The social aspect of physical activity was also important and feeling able to do things in a safe environment was key to continued involvement in physical activity.

Feedback from the core team within the TAAF project identified across different rounds some of the key issues that could enable future success in implementing programmes like TAAF. They were: identifying and preparing champions; altering the incentive/allowance structures; assessing readiness to implement the programme and identifying barriers and facilitators that may have an effect delivery.

Alcohol

The issue of alcohol is of such importance in Blackburn with Darwen that it is the subject of a self-standing JSNA chapter.[11] Alcohol consumption is a contributing factor to hospital admissions and mortality from a diverse range of conditions. OHID estimates that alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.[12]

Alcohol dependency

Based on the 2014 Adult Psychiatric Morbidity Survey, Sheffield University has produced modelled estimates for the number and proportion of adults dependent on alcohol in each upper-tier local authority.[13] These suggest that Blackburn with Darwen had around 2,429 dependent adults in 2018-19, although the true figure could be anywhere between 1,456 and 4,398. As a proportion, this comes to 2.2% of the 18+ adult population at the time (again with a wide confidence interval). The borough's estimate is the 8th highest rate amongst 148 upper tier authorities in England and compares with a national average of 1.4% (Figure 3). When assessing the rate of dependency and other issues around alcohol, it should be considered that it is likely that a significant proportion of the borough's residents may not consume alcohol at all.

Figure 3 - Alcohol dependency estimates by upper tier authority, 2018-19

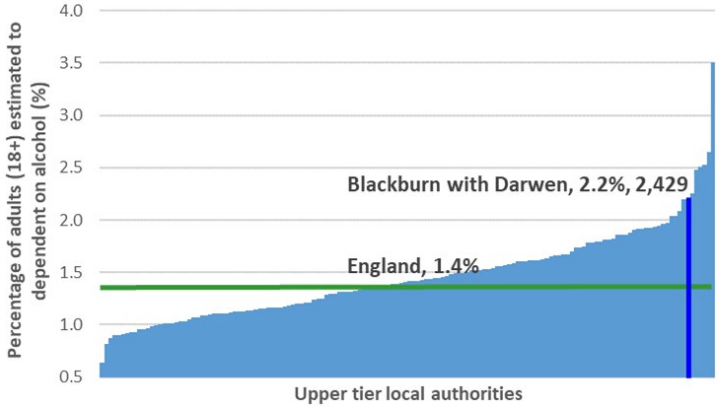
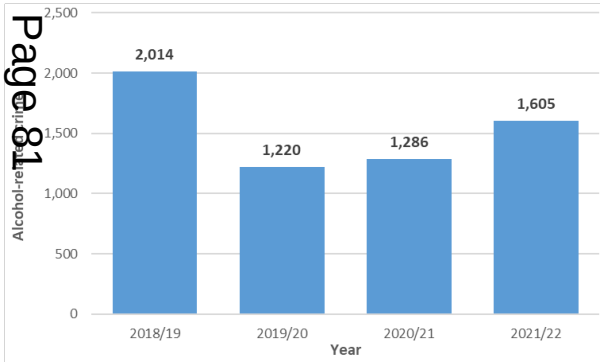


Figure 4 - Alcohol-related crime in Blackburn with Darwen, 2018-19 to 2021-22



Alcohol-related crime

Estimates from Lancashire Police available via MADE[14], indicate that in the latest financial period (2021-22), alcohol-related crime increased in the borough from the previous equivalent. In terms of specific crimes such as violence against the person, using the alcohol-related violence subcategory. From 2020-21 to 2021-22, alcohol-related violence against the person crimes increased by 27.9%. Although it should be noted that, the number of crimes in this category increased by 37% across Lancashire (Lancashire-12 area) in the same period.

Alcohol-related mortality

The rate of alcohol-related mortality[15], including alcohol-specific mortality and alcohol-related illnesses such as liver disease has increased year-on-year since 2012-24. The latest three-year data period (2017-19) shows that on average around 16 people per 100,000 population died per year in the borough from alcohol-specific mortality. This rate is the 10th highest amongst upper tier authorities in the North West Mortality rates from other alcoholic-related illnesses such as alcoholic liver disease are also high in comparison to other areas in the North West. Data across 2017-19 indicates the borough had the 4th highest rate of under 75 mortality from alcoholic liver disease amongst upper tier authorities in the North West.

Figure 5 - Alcohol-related mortality, England and Blackburn with Darwen, 2012-14 – 2017-19

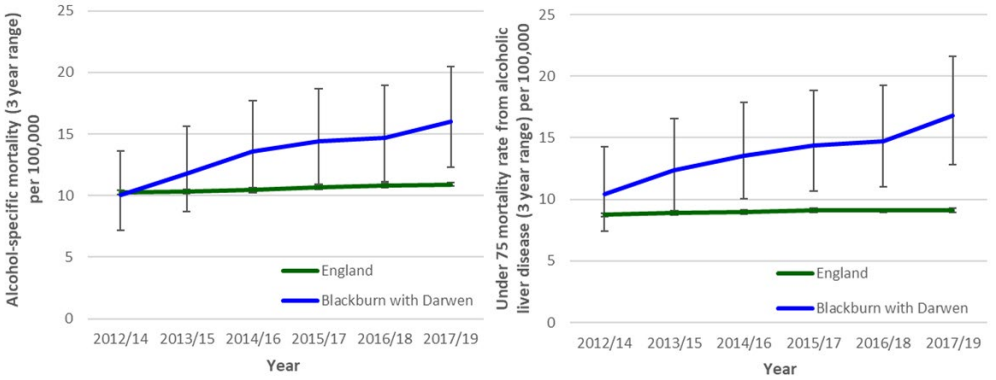
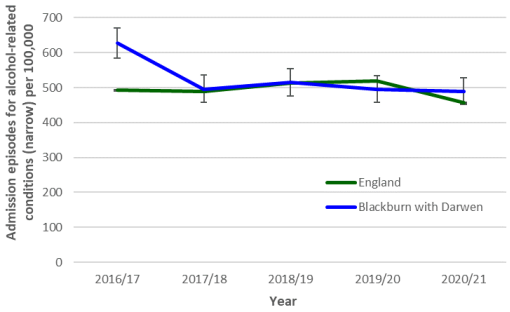


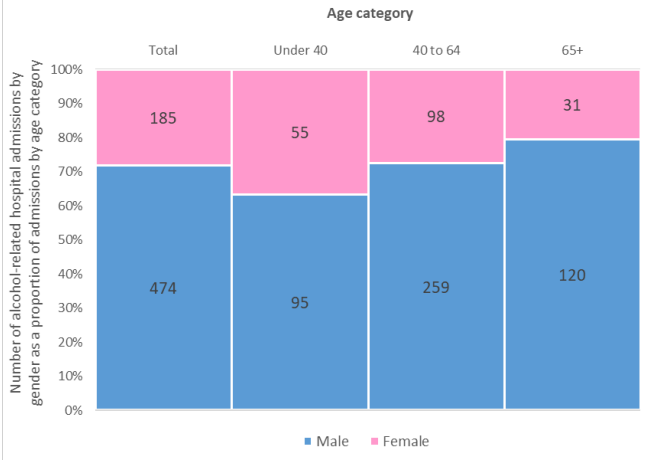
Figure 6 - Alcohol-related hospital admissions (narrow definition), England and Blackburn with Darwen, 2016-17 to 2020-21



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 [this represents the 'narrow' definition of admission]). Generally, the rate of alcohol-related admissions has fallen in the borough and is largely in line with national rates of admission. In 2020-21, Blackburn with Darwen's admission rate has not been significantly worse than average (Figure 6).[16] The latest data (2020-21) shows that in every broad age grouping and overall, the majority of admissions are male, with the proportion of males increasing in older age categories (Figure 7).

Figure 7 - Alcohol-related admissions by age group and gender in Blackburn with Darwen, number as a proportion of admissions by age category, 2020-21



Treatment services

In 2020, 144 Blackburn with Darwen residents completed alcohol treatment and did not re-present within six months, which equates to 56.3% of those in treatment. This is the second highest success rate in the country, well above the England average of 35.3%. Substance misuse services (including alcohol) in the borough are accessible to anyone in the borough and free of charge. Services for substance misuse are delivered by Calico, on behalf of the council.[17]

Drug Misuse

Prevalence

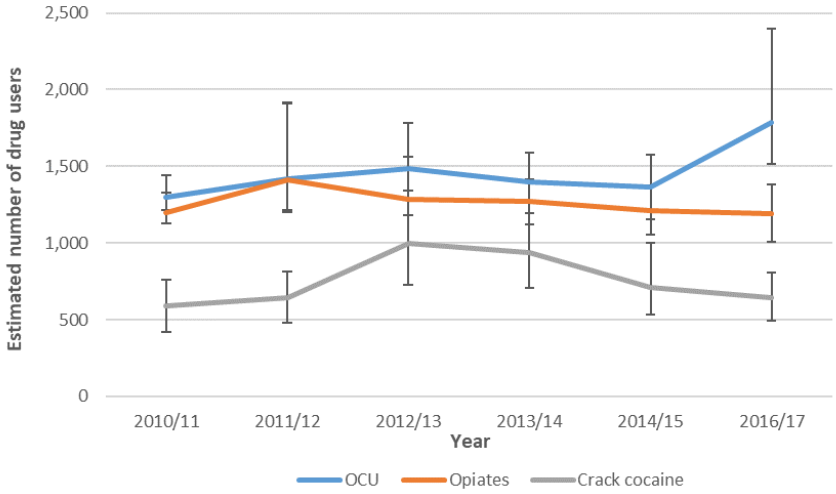
The latest official estimates of the prevalence of opiate and/or crack cocaine use (OCU) were issued in 2019, relating to the year 2016/17.[18] The latest estimates are particularly interesting for Blackburn with Darwen (Figure 8) and should be carefully considered.

The estimates appear to show a slight drop in the number of Opiate users since 2014/15 (down from 1,210 to 1,194), 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 1,363 to 1,788.

This means the borough 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 8 - Estimated users of Opiates and/or Crack Cocaine (OCU), Blackburn with Darwen, *2010-11 – 2016-17

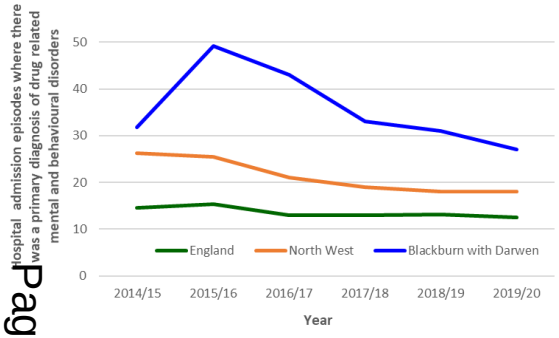
**No estimate for 2015-16*



Drug-related deaths

In 2021, England and Wales and the North West saw the highest number of deaths related to drug misuse on record. In the borough in 2021, the number of deaths was at its lowest since 2017 after peaking from 2018-2020.[19] In the latest three years (2019-21), there were 69 deaths in Blackburn with Darwen from drug poisoning (involving any drugs), of which 28 were classed as drug misuse deaths (i.e. involving illegal drugs). These counts compare with 53 deaths from drug poisoning and 43 from drug misuse in the previous non-overlapping period (2016-18). The borough's drug poisoning and drug misuse death rates in 2019-21 are nearly double the rate of the national average, and in the top quintile of local authorities nationally.[20]

Figure 9 - Age-standardised admission rate per 100,000 for primary diagnosis of drug-related mental health or behavioural disorder, 2014-15 – 2019-20

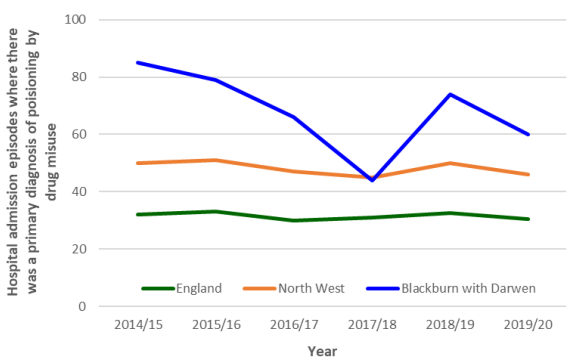


Hospital admissions

Across England, hospital admissions where the primary diagnosis was a drug-related mental health or behavioural disorder have remained fairly steady in recent years. Since 2015-16, the rate of admissions has fallen steadily in the borough, but it remains well above the England and North West averages (Figure 9), and in the top twenty nationally at a rate of 27 admissions per 100,000 population.[21]

PHE 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. In 2019-20, Blackburn with Darwen's rate of admissions (60 per 100,000) dropped after a sharp rise in 2018-19 that brought the borough's figures closer in line with national and regional figures (Figure 10).

Figure 10 - Admission rate per 100,000 for poisoning by drug misuse, 2014-15 – 2019-20

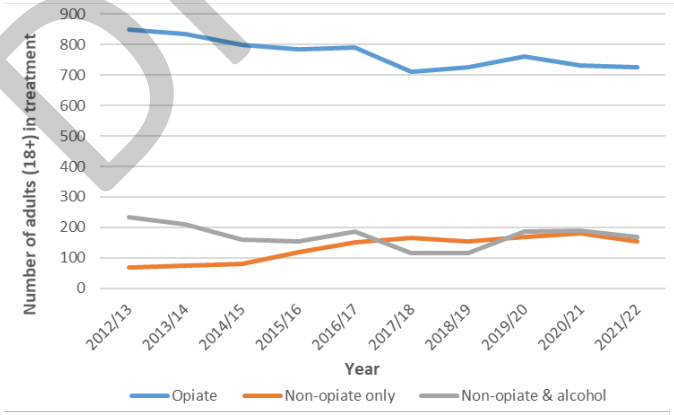


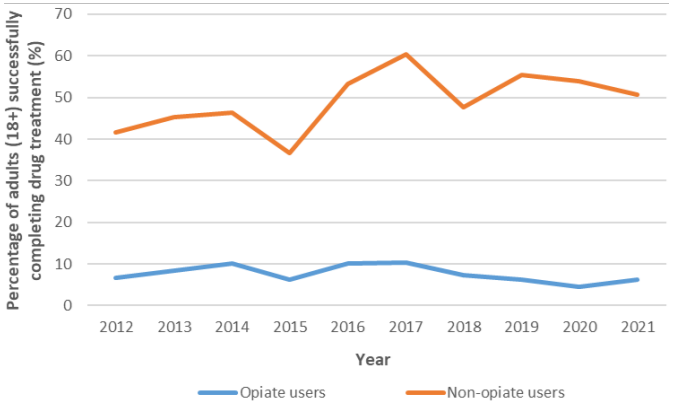
Treatment

The total number of people receiving drug treatment (excluding alcohol only) in Blackburn with Darwen declined slightly from 1,100 (rounded figure) in 2020-21 to 1,050 (rounded figure) in 2021-22 (Figure 11).[22]

Those in treatment in Blackburn with Darwen, it continues to give good results. The Public Health Outcomes Framework monitors the proportion of people who completed the programme, and do not re-present within six months. In 2021, Blackburn with Darwen had a 6.2% success rate for Opiate users and a 50.6% success rate for non-Opiate users (the sixth best in the country).[23]

Figure 11 - Number of adults in drug treatment and percentage of adults completing drug treatment, Blackburn with Darwen, 2009-10 – 2020-21





Prescription Drugs

Amid increasing concern about the addictive nature of some prescribed medicines (or other difficulties in coming off them), the government asked PHE to investigate the extent of the problem. PHE published its report in September 2019[24], covering benzodiazepines, z-drugs, gabapentinoids, opioids and anti-depressants. The report found that approximately a quarter of the population of England had been prescribed one (or more) of these kinds of drugs in the 12 months up 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. 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 was the third highest ratio out of 195 Clinical Commission Groups (CCGs). The comparison was done in a way which takes account of each CCG's age and sex profile.

Table 1 - Indirectly Standardised Prescribing Ratios, Blackburn with Darwen vs. England, 2017-18

Drug type:	Benzodiazepines	Z-drugs	Gabapentinoids	Opioids	Anti-depressants
Used for:	Mostly for anxiety	Sleeping tablets	Epilepsy, pain, anxiety	Chronic pain*	Depression
How many times more prescriptions than average in Blackburn with Darwen?	1.15 x	1.12 x	1.72 x	1.33 x	1.15 x

Roots

Roots Community is a recovery forum that is open to anyone interested in recovery from substance use including those in or seeking recovery, affected others and associated professionals. Roots Community helps support recovery locally, as when recovery is visible, it can help others come forward to try and receive support within the wider community. Working alongside but independent of the commissioned drug & alcohol service SPARK, the forum has five main aims to support sustained recovery across Blackburn with Darwen:

- To connect people in/seeking recovery with likeminded recovery focussed peers
- To connect members with beneficial projects/services and support engagement
- To inspire hope in those seeking recovery or affected by others substance use
- To create opportunities for those in recovery, including but not limited to employment, training, volunteering, and education
- To give members an effective voice and empower them to be involved in the delivery of services to them.

Although in relative infancy, Roots Community is embedded across communities in Blackburn with Darwen demonstrating impact & measurable outcomes to build happier, healthier and safer communities including:

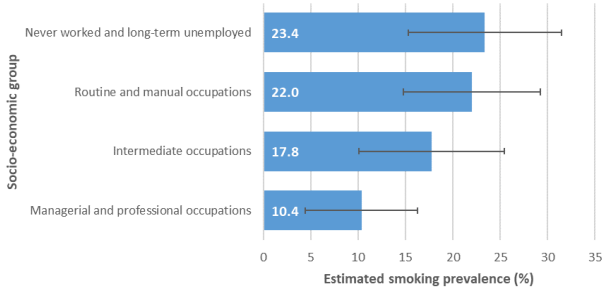
- Supporting members to become and maintain ongoing abstinence before, during and after detoxification
- Assisting members via volunteering and personal development into paid roles within BwD services
- Creating activities and projects that support ongoing recovery and challenge stigma in the wider community such as community clean–ups, outreach and targeted health interventions.

Smoking

Prevalence

As of 2021, smoking prevalence among adults (18+) in Blackburn with Darwen is estimated to be at around 15.5%, although the true figure could lie in the range between 11.8% and 19.1%. The estimate is higher than the England average (13%), although not statistically significantly different.[25] Smoking rates are estimated to be higher amongst those classified in 'routine and manual occupations' and 'long-term unemployed and never worked' socio-economic groups (Figure 12). Within those working routine and manual occupations, the latest estimate of the prevalence of those smoking in this group is below the national average for 2020.

Figure 12 - Smoking prevalence by socio-economic grouping, Blackburn with Darwen, 2020



Ambitions

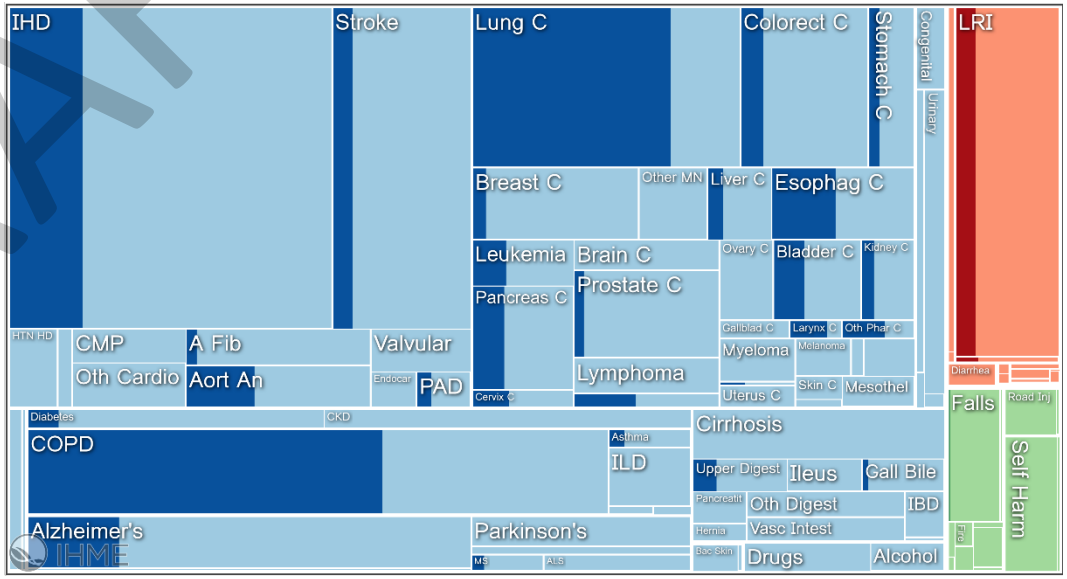
In its Tobacco Control Plan for England, the Department of Health and Social Care has pledged to get adult smoking rates down to 12% by the end of 2022. [26] The Green Paper, 'Advancing our health: prevention in the 2020s', reiterates this goal, and announces an ambition for England to go 'smoke-free' by 2030.[27]

Consequences of smoking

Blackburn with Darwen continued to have close to 209 smoking-attributable deaths per year during the 2017-19 period and was in the worst quartile for 8 out of the 12 mortality indicators in PHE's Local Tobacco Control Profile.[28] Smoking-attributable hospital admissions in 2019-20 were also higher than the national average and the overall rate has slightly increased since 2017-18.

The Global Burden of Disease provides a graphic illustration of the conditions that Blackburn with Darwen residents died from in 2019 (Figure 13). The dark portion of each rectangle (if there is one) shows the proportion of deaths from causes that were attributable to tobacco.[29]

Figure 13 - Causes of death in Blackburn with Darwen, 2019. Dark shading shows proportion attributable to Tobacco



Costs of smoking

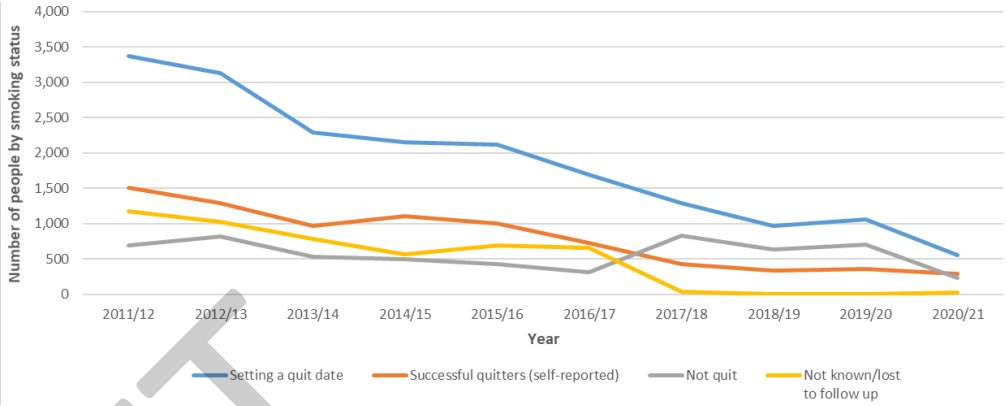
For 2021-22, Action on Smoking and Health (ASH) put the cost to society of smoking in Blackburn with Darwen at **£41.2m**. The biggest element is lost productivity (£31.2m), followed by costs to the NHS (£5.7m), cost of social care (£3.2m), and cost of fires (£1m).[30,31]

If allowance was made for the people made ill by tobacco but not receiving formal care, the estimated cost of purchased care from formal sources would be over £21,900,000 annually.

Stop Smoking Services

The use of 'Stop Smoking' services continues to decline, both locally and nationally (Figure 14).[32] Only 552 Blackburn with Darwen service users set a quit date in 2020-21, with 291 users self-reported as having successfully quit at four weeks. When Blackburn with Darwen's 291 quitters is expressed as a proportion of the area's smoking population, gives a success rate slightly below the national average.

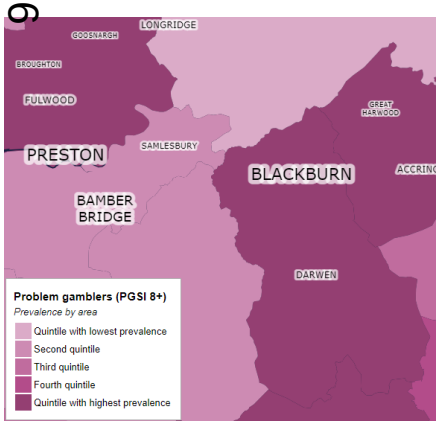
Figure 14 - Smokers setting a quit date, smoking status after four-week follow-up, Blackburn with Darwen, 2011-12 – 2020-21



Gambling

Research evidence continues to grow on the links between problem gambling and stress, depression and mental health problems, as well as the wider consequences for families and communities.[33,34,35,36] Using data collected as part of the Annual Great Britain Treatment and Support Survey, GambleAware along with University College London has produced maps showing gambling harms prevalence in each local authority and parliamentary constituency area based on a Problem Gambling Severity Index (PGSI).[37] It is important to note that this analysis produces rough estimates only and that the index gives indicative estimates that provide a sense of prevalence in relative terms. The PGSI scores for the borough place Blackburn with Darwen in the quintile with the highest prevalence of problem gamblers. Public Health England and the Local Government Association have looked at the approach councils can have in reducing harm, including training staff, working with partners and sharing data on groups at risk.[38]

Figure 15 - Problem Gamblers, prevalence by area by local authority, 2021



Self-reported Health and Wellbeing

Health

Census health data reflect people's own opinions in describing their overall health on a five point scale, from "very good" to "very bad".[39] Census 2021 was undertaken during the coronavirus (COVID-19) pandemic, which may have influenced how people perceived their health status and activity limitations and could have affected how people chose to respond. In 2021, age-standardised adjustments of self-reported health from the 2021 Census showed that 43.6% of Blackburn with Darwen residents described their health as "very good", increasing from 40.1% in 2011. Those describing their health as "good" fell from 34% to 33.5%. 1.9% of residents described their health as "very bad", similar to 2011. While those who described their health as "bad" fell from 7.0% to 5.9% in 2021. The proportion of the borough's residents that either reported "very good" or "good" health was amongst the bottom quintile of upper tier authorities in England.

The Lancaster Life Survey conducted in 2021 with over 1,200 residents in the borough found that reported health was worse amongst older residents, those who identified as white, those living in more deprived areas and those living in rented accommodation.[40]

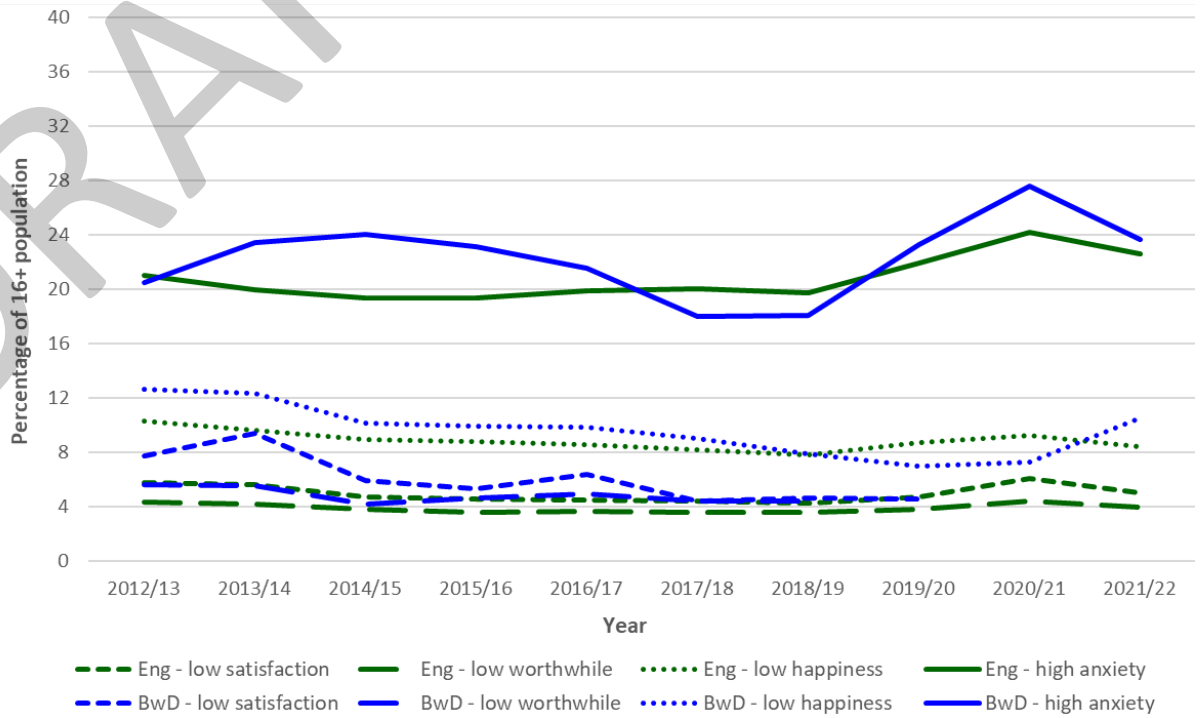
Wellbeing

Since 2011, ONS introduced questions about personal wellbeing in its Annual Population Survey. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.[41]

Respondents are asked four wellbeing questions on a scale of 0 to 10. Over the last 10 years, the proportion of residents from the borough estimated to have low self-reported wellbeing is statistically similar to the national figures – although the proportion of residents reporting low wellbeing does tend to be higher than the national average.

The Lancaster Life Survey found[42] that from nearly 1,300 responses from Blackburn with Darwen residents, mental wellbeing scores (using the Warwick Edinburgh Mental Wellbeing Scale) were lower amongst females, those aged 35-64, those living in deprived areas and those living in rented accommodation.

Figure 16 – Personal wellbeing in adults (16+), Blackburn with Darwen and England, 2012-13 – 2021-22



Cancer

Incidence and mortality

National cancer cases have continued to rise, which was attributed to changing risk factors and better diagnosis and recording. However, mortality rates have been firmly downwards for some time. Blackburn with Darwen's rate of mortality from cancers alters more than England. For all cancers combined, mortality has been higher than the national average.

For lung cancer, local incidence[43] and mortality rates[44] are both consistently and significantly higher than in England. For prostate cancer, the latest local incidence data from 2015-19 is lower than the national average, with the borough's prostate cancer incidence ratio the sixth lowest amongst upper tier authorities in England.

Figure 17 - Incidence and mortality for all cancers, lung cancer, breast cancer and prostate cancer. Mortality rates from 2011-2020. Incidence ratio is taken from 2015-2019.

Inequalities

The pattern of premature cancer mortality[45] (under the age of 75) across 2016-20 in the borough aligns broadly with the pattern of deprivation (Figure 18). Although it should be noted the data points cover a wide margin of error.

Figure 18 - Under 75 cancer mortality standardised mortality ratio by MSOA, 2016-20, with 2019 Index of Multiple Deprivation for comparison

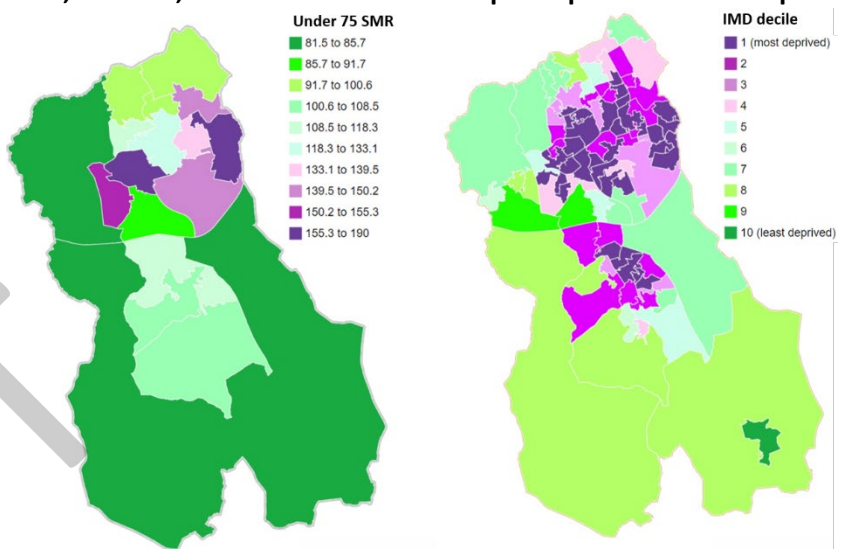
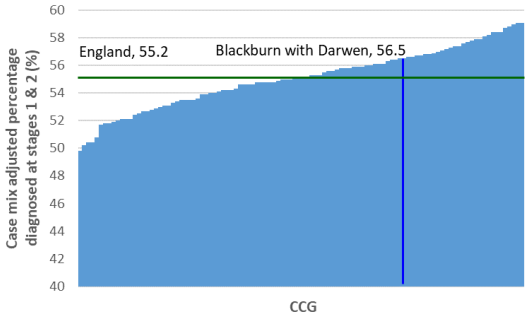


Figure 19 - Case-mix percentage of cancers diagnosed at stages 1 & 2 by CCG, 2019



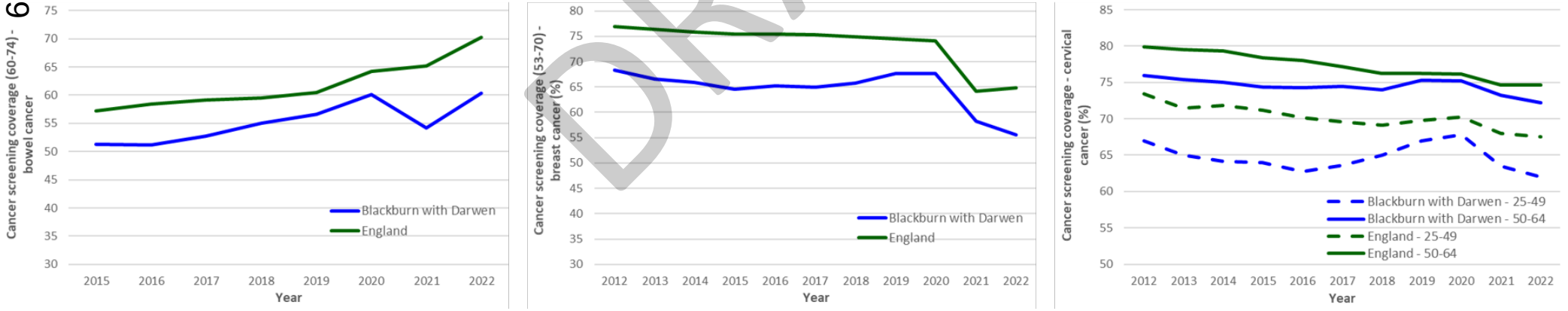
Diagnosis

In 2019, within the borough CCG, there were 310 cancers diagnosed at stages 1 and 2[46]. Using a case-mix adjusted statistical procedure, that takes into account the differing mix of patients with regards to diagnoses, socio-demographic factors, and other variables that could affect the probability of an outcome. The percentage of cancers diagnosed at stages 1 and 2 (56.5%) is slightly higher than the national average (55.2%).

Screening uptake

There are national screening programmes for cervical, breast and bowel cancer.[47] 'Coverage' – i.e. the proportion of the eligible population who have been screened as recently as they should have been, has been consistently lower in the borough than seen nationally over the last 10 years.[48]

Figure 20 - Bowel, breast and cervical screening coverage, Blackburn with Darwen and England, 2012-2022

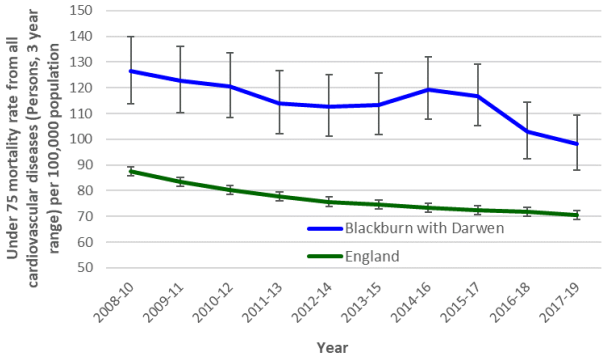


There is currently no nationwide screening programme for lung cancer, but Blackburn with Darwen has been selected amongst 23 areas for an ambitious new scheme of free 'Lung Health Checks' for people aged 55-74 who have ever smoked.[49]

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 20.9% of all deaths amongst under 75's in Blackburn with Darwen in 2020, nearly in line with England as a whole (20.5%).[50]

Figure 21 - CVD mortality under age 75 (directly standardised rate per 100,000 persons), Blackburn with Darwen and England, 2008-10 – 2017-19

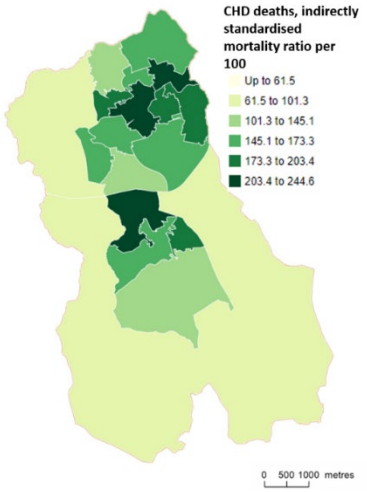


CVD

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 21). In 2017-19, it ranked 17th highest out of 150 upper tier authorities in England.[51]

Over 40% CVD deaths in the borough were classified to be largely preventable, either via behaviour change or through public health measures. The borough has the 14th highest rate of these preventable deaths. Blackburn with Darwen's CVD mortality rate for older people (aged 65+) is also significantly and consistently above average, within the bottom quartile out of 150 upper tier authorities in 2020.[52]

Figure 22 - CHD mortality, all ages, standardised mortality ratio per 100, MSOA level, 2016-20



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 2020-21, the borough's CCG area, was the 8th highest out of 106 CCGs in England. There were 695 hospital admissions for CHD in 2020-21 (all ages), which is the 8th highest rate amongst CCG areas.[53] Looking at the inequalities of cardiovascular diseases in the borough, rates of mortality across the borough can vary significantly, where the rate of mortality amongst those who died from CHD can be four times higher in some MSOAs compared to others as seen

Respiratory Disease

Mortality

From 2016-2020, Blackburn with Darwen had the highest mortality ratio from deaths from respiratory diseases amongst upper tier authorities in England.[b] The rate of mortality was higher amongst males than females, in line with national trends. Under 75 mortality rates have not significantly changed over the last 10 years, with there being around 50 deaths from respiratory diseases on average per year in the borough.

Chronic Obstructive Pulmonary Disease (COPD)

COPD is one of the biggest killers in the UK and accounts for around 5% of all deaths each year. COPD is an umbrella term for serious lung conditions that include chronic bronchitis and emphysema. Around 86% of these deaths are caused by smoking and can be considered preventable. The latest mortality rate across 2017-19 from COPD in the borough was significantly higher than both the national and regional average rate across this period, with 272 people dying from COPD in this period. Emergency admissions for COPD in Blackburn with Darwen for 2019-20 were also amongst the worst in the country being the 10th worst amongst upper tier authorities in England.

[b] As this indicator includes the year 2020, deaths where respiratory disease was the underlying cause of death but where COVID-19 was also involved and mentioned on the death certificate are included

Stroke

Blackburn with Darwen is not different from the average in terms of Stroke prevalence (1.8% - the same as the national average)[54]. However, the latest stroke mortality rates (under 75) in 2021, showed that the borough's rate was the worst in the North West and 4th worst amongst upper tier authorities in England.[55]

NHS Health Checks

The NHS Health Check for 40-74 year-olds is primarily geared towards preventing heart disease, stroke, kidney disease and diabetes. OHID calculates the total eligible population by using the latest mid-year ONS resident population estimates minus the estimated number of people on existing disease registers. From 2017-18 to 2021-22, 49.9% of eligible patients in Blackburn with Darwen have received a Health Check. This is better than the England average of 44.8% and the seventh highest rate amongst North West upper tier authorities.[56]

Diabetes[57]

Prevalence

Blackburn with Darwen's overall recorded prevalence of diabetes (QOF 2020-21) is 8.9%. This is the 10th highest rate amongst CCG areas in England. Type 2 diabetes accounts for over 94% of the local caseload.[58] With just over half of those with Type 2 diabetes recorded in the 40 to 64 age group.

Table 2 - Blackburn with Darwen performance on diabetes compared to national average

Topic	Indicator	Blackburn with Darwen CCG	England
Prevalence and risk	Diabetes: QOF prevalence (17+) [2020-21] - %	8.8	7.1
	Percentage of people with type 1 diabetes who are female [2019-20]	42.9	43.6
	Percentage of people with type 1 diabetes who are male [2019-20]	57.1	56.4
	Percentage of people with type 2 diabetes who are female [2019-20]	46.3	44.2
	Percentage of people with type 2 diabetes who are male [2019-20]	53.7	55.8
Care processes	People with type 1 diabetes who received all 8 care processes [2019-20] - %	54.1	42.3
	People with type 2 diabetes who received all 8 care processes [2019-20] - %	74.5	58.5
Structured education	People with type 2 diabetes who attended a diabetes structured education programme within 12 months of diagnosis [2018-19] - %	10.9	13.2
Treatment targets	People with type 1 diabetes who achieved all three treatment targets [2019-20] - %	18.9	19.8
	People with type 2 diabetes who achieved all three treatment targets [2019-20] - %	41.1	40.3
Foot care activity	Hospital spells for diabetic foot disease [2017-18 – 2019-20] – crude rate per 10,000	122.1	171.8
	Major diabetic lower-limb amputation procedures [2017-18 – 2019-20] – directly standardised rate per 10,000	8.6	8.1

National Diabetes Audit (NDA)

100% of Blackburn with Darwen practices participated in the 2019-20 NDA. It shows that in 2019-20, the borough was 6th best out of 135 CCGs 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.

Local services

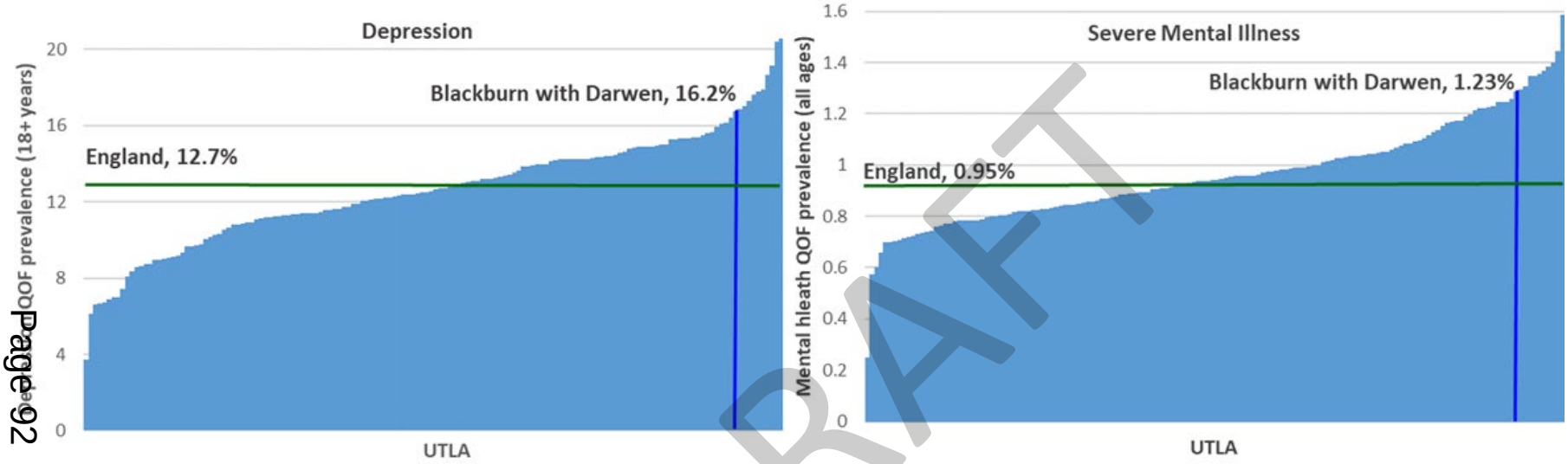
In 2020, Healthwatch Blackburn with Darwen carried out in-depth engagement work with young people with Type 1 diabetes within the East Lancashire Hospital Trust and their experiences of transitioning to adult services.[59] For patients whose diabetes is accompanied by anxiety or depression, Blackburn with Darwen and East Lancashire has 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.[60]

Mental Health and Wellbeing

Prevalence of mental illness

In 2021-22, 16.2% of Blackburn with Darwen patients aged 18 or over were recorded on their GP's 'QOF' register as having depression[61]. This is higher than the England average of 12.7% and means that the borough ranks 13th highest rate across English upper tier authorities. There is also a QOF register for severe mental illness, defined as those diagnosed with schizophrenia, bipolar disorder or other psychoses. Blackburn with Darwen has the 16th highest rate, at 1.23% (England 0.95%).[62] Figure 23 shows how Blackburn with Darwen compares with other upper tier local authorities across some key areas of mental illness.

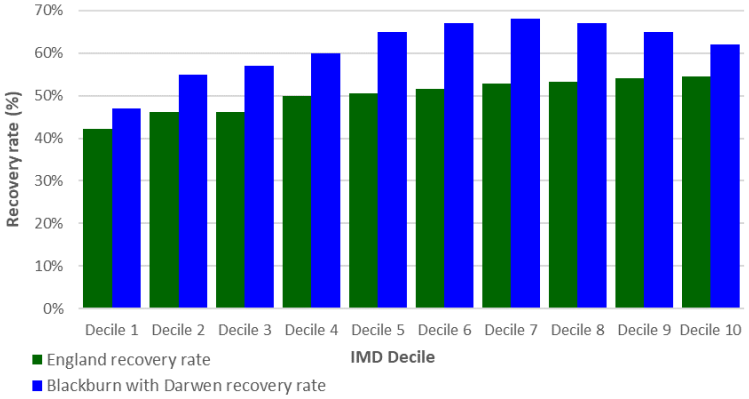
Figure 23 - QOF prevalence of depression and severe mental illness, Blackburn with Darwen compared to other upper tier local authorities in England, 2021-22



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.[63] In 2021-22, there were 4,790 referrals made in Blackburn with Darwen, with 3,070 people entering treatment (64.1%). This is lower than the proportion of people entering treatment in England (68.7%). 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.[64] In 2021-22, 55% of eligible IAPT referrals in Blackburn with Darwen 'moved to recovery'. This is above the national average of 50.2%.[65] Figure 24 shows the recovery rate of Blackburn with Darwen CCG patients tends to be lowest for those living in the most deprived areas. The latest data shows that recovery rates in each decile in the borough is higher than the national average in each decile.

Figure 24 - IAPT recovery rates by IMD decile, Blackburn with Darwen and England, 2021-22



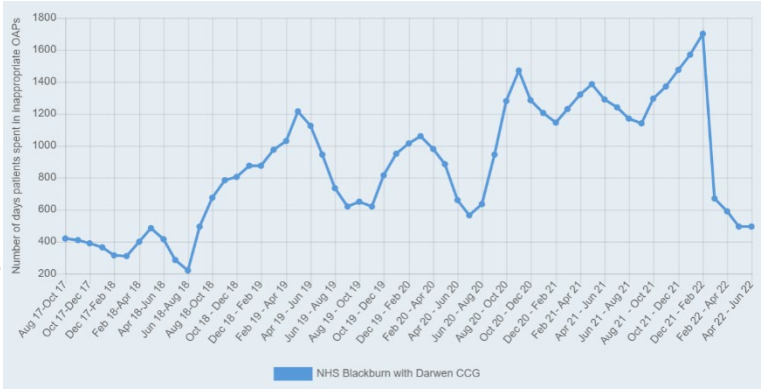
Specialist Mental Health Services

In 2020-21, the proportion of adults (18+) in contact with specialist (or 'secondary') mental health and learning disability services was 5,020. This is slightly down from the 2019-20 period, where 5,105 adults were in contact.[66] Being in contact with specialist mental health services does not equate with being in hospital. In the borough, in 2020-21, only 290 adults were admitted to hospital (5.8%). This is the 41st highest proportion amongst local authority areas in England and above the national average of 4.6%.

Capacity issues

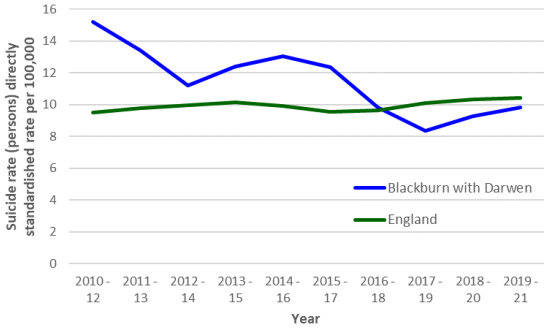
In 2019, a report by the Midlands and Lancashire CSU for the Royal College of Psychiatrists explored the mental health inpatient capacity of England's 44 Sustainability and Transformation Partnerships (STPs).[67] It identified Lancashire and South Cumbria as one of seven STPs with particularly high levels of 'inappropriate' out-of-area placements and recommends investing in additional inpatient bed capacity. Analysis from the Royal College of Psychiatrists has shown that within Blackburn with Darwen CCG, the number of days in which patients spent in inappropriate out-of-area placements has reduced from a peak from December 2021 to February 2022, as shown in Figure 25. In 2019, an investigation by the British Medical Association (BMA) found that Blackburn with Darwen, East Lancashire and Greater Preston CCGs were all spending their entire mental health rehabilitation budget in the private sector.[68] Visiting a patient from Blackburn with Darwen or East Lancashire involves an average round trip of almost two hours.[69] The National Institute for Health and Clinical Excellence (NICE) guidance stresses the importance of providing mental health rehabilitation services in the local area wherever possible.[70]

Figure 25 - Number of days in 'inappropriate' out-of-area placements, Blackburn with Darwen CCG, August 2017 to June 2022



Lancashire and South Cumbria have been affected by operational problems that has affected its urgent mental health services, and had commissioned an independent review. The review highlighted the interdependency of 'urgent' and 'less urgent' services, and advised on having a 'whole system' approach, making 27 recommendations in all.[71] In response to the urgent review, a Mental Health Improvement Board was established reporting to the Integrated Care System Board. In December 2019, improvements which had been made by partners across Lancashire and South Cumbria in response to the review resulted in the Improvement Board being stepped down.

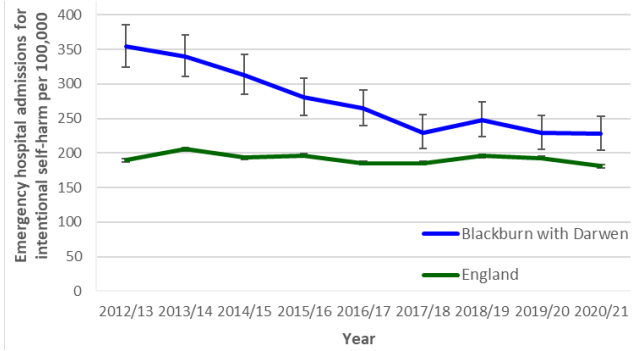
Figure 26 - Suicide directly age standardised rate per 100,000, Blackburn with Darwen and England, 2010-12 – 2019-21



Outcomes – suicide and self-harm

As a number (38) and as a rate (9.8 per 100,000), the level of suicides in Blackburn with Darwen in 2019-21 and has slowly risen since 2017-19 (Figure 26). The overall rate is not too dissimilar to the England average (10.4 per 100,000) and is around average amongst authorities in England. The rate of suicide amongst males in the borough is normally around twice the rate of females looking at historic trend data. In England, suicide rates among males are around three times higher than females. A related indicator is the rate of emergency hospital admissions for intentional self-harm. Despite the decreasing rate of admissions, in 2020/21, the borough rate (228 per 100,000), was still significantly higher than England (181 per 100,000) [Figure 27].

Figure 27 - Emergency hospital admissions for intentional self-harm directly age standardised rate per 100,000, Blackburn with Darwen and England, 2012-13 – 2020-21



Sexual Health

Sexually Transmitted Infections (STIs)

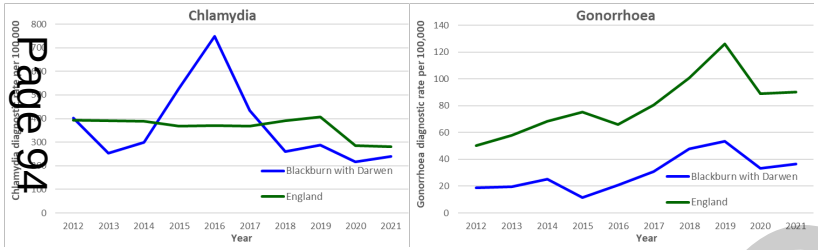
Across England, the total number of STI diagnoses in 2018 was 0.5% up from 2020 to 2021. In Blackburn with Darwen, the number of new STI diagnoses was down by 12.1% in the same time period. Increased diagnosis rates can be perceived as both good and bad, as there is often a push to have people come forward to prevent spread amongst communities.

As of 2021, across a range of different types of STIs, diagnostic rates across the borough were generally lower than the national average, except for new HIV diagnosis rates. Table 3 details the rates as detailed in OHID's Sexual and Reproductive Health Profiles.[72] Historically, across the majority of sexual infectious diseases, diagnostic rates in the borough have been lower than across England.

Table 3 - Blackburn with Darwen sexual health diagnosis profile compared to England, 2021

Indicator	Blackburn with Darwen	England
All new STI diagnoses rate per 100,000	332.6	551
New HIV diagnosis rate per 100,000	5.3	4.8
Syphilis diagnostic rate per 100,000	2.6	13.3
Gonorrhoea diagnostic rate per 100,000	36.7	90.3
Chlamydia diagnostic rate per 100,000	239.3	282
Genital warts diagnostic rate per 100,000	20.7	50
Genital herpes diagnosis rate per 100,000	9.3	38.3

Figure 28 - Gonorrhoea and chlamydia diagnostic rates in Blackburn with Darwen compared to England, 2012 - 2021



Amongst some of the most prevalent STIs, Gonorrhoea diagnosis in the borough has increased by 10% from 2020 to 2021 and has generally been on a clear upward trend mirroring the trend nationally. Though, the rates in borough remains significantly lower than England. Chlamydia diagnosis rates are lower than the national figure and have generally been decreasing since a peak in 2016 (Figure 28).

In 2021, HIV testing coverage in the borough (33.1%) remains significantly lower than seen nationally (45.8%) and has been in general decline since 2015.[73] The borough's diagnosis rate for new HIV diagnoses is slightly above the national rate. Being diagnosed late with HIV greatly increases the patient's mortality rate. The proportion of patients who had a late diagnosis has been higher than the figure in England, although, from 2019 to 2021, the proportion of late HIV diagnoses was not significantly different from the national average.

Long acting reversible contraception (LARC)

NICE advises that LARC methods such as injections and implants are highly effective as they do not rely on daily compliance and are more cost-effective than condoms and the pill.[74] The crude rate of LARC (excluding injections) as prescribed per 1,000 female population (15-44) has been lower in the borough than seen nationally since 2020.

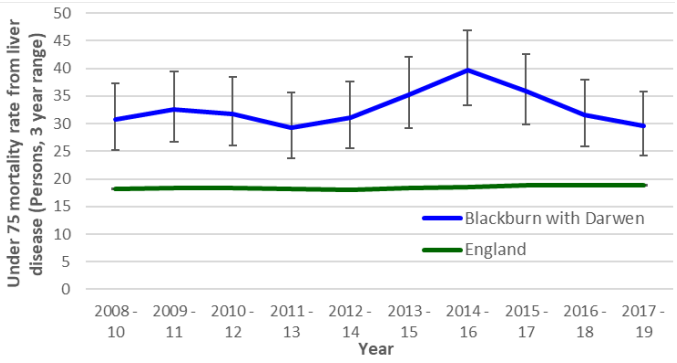
Services

Sexual health services in Blackburn with Darwen are provided by Brook and include access to education, prevention, testing and treatment, additionally, residents can access digital contraception and STI services, where information and treatment and tests can be delivered discreetly to their front doors. . In January 2023, the Care Quality Commission (CQC) rated the services that Brook provides as 'Good'.

Liver Disease

In 2017-19, premature mortality (under age 75) from liver disease in Blackburn with Darwen was still significantly higher than average, and the 10th highest in England. However, there are some signs that it may be moving in the right direction (Figure 29).[75] The main risk factors for liver disease are alcohol, obesity, and viral hepatitis.[76] Mortality from liver disease is strongly associated with deprivation[7577] and disproportionately affects younger people.

Figure 29 - Under 75 mortality rate from liver disease, Blackburn with Darwen and England, 2008-10 – 2017-19

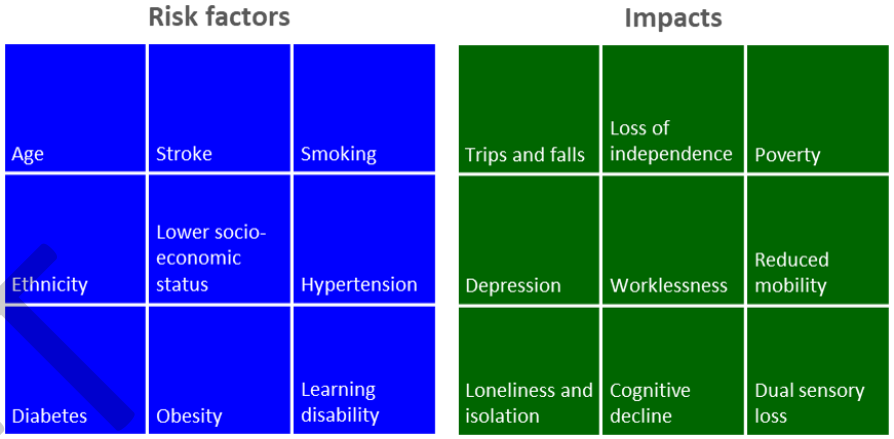


Sensory Impairments – Sight Loss

Risk factors and impacts

Sight loss is related to many of the other topics in this review, either as a cause or a consequence (Figure 30). Several of the risk factors in the diagram are modifiable, and the Royal National Institute for Blind People (RNIB) suggest that about 50% of sight loss can be avoided.[78]

Figure 30 - Sight loss, risk factors and impacts



Blind and partially sighted council-registered residents

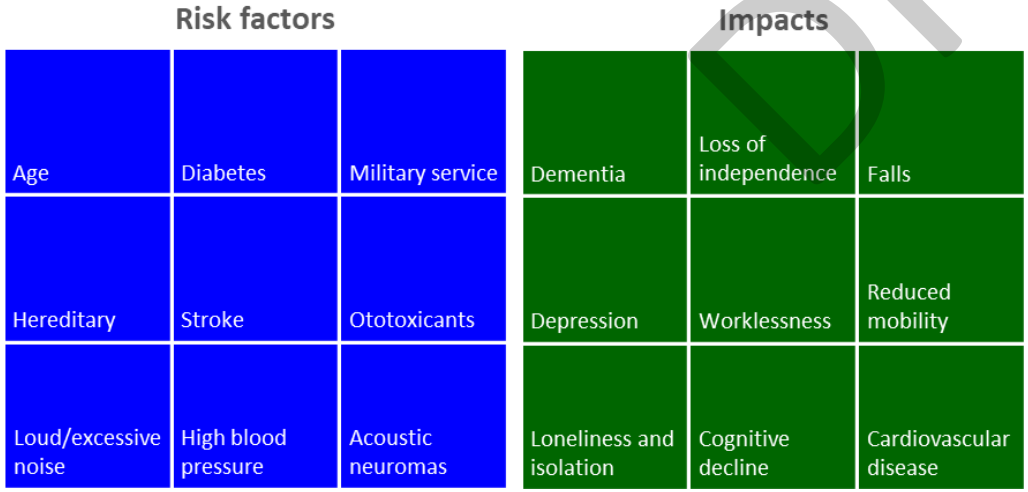
As of March 2020, there were 1,315 residents of the borough registered as blind or partially sighted. Around three fifths (58.2% or 765 people) were classified as having a partial sight impairment and 41.8% (550 people) registered as blind or severely sight impaired. During the whole of the 2019/20 period, around 30 blind or partially sighted residents joined the register.

Of the blind or severely sight impaired people on the register, 70.9% were aged 50 or over and 160 people were aged 40 or under. A similar pattern is found for those people registered with a partial sight impairment; 75.8% were aged 50 or over, within the region of 175 people under the age of 50. Of the 1,315 residents on the register, 520 have additional disabilities, such as deafness, physical disabilities, mental health problems or learning disabilities[79].

Modelled estimates

The RNIB estimates that in 2022, the number of people affected by sight loss in Blackburn with Darwen is around 3,790. This is expected to rise to 4,340 by 2032.[80] The estimated prevalence of sight loss in the borough is 2.5%, which is lower than the average for England (3.3%).

Figure 31 - Hearing loss, risk factors and impacts



Sensory Impairments – Hearing Loss

Risk factors and impacts[81]

Like visual impairment, hearing loss is closely related to many of the other issues considered in this JSNA (Figure 31).

Projected numbers

Projections for Blackburn with Darwen suggest that by 2020, there will be 21,475 adults with hearing loss.[82] Due to the borough's young age profile, just under half of this total (10,320) are over the age of 70. By 2035, there will be over 25,700 adults with hearing loss, with the over-70s in the majority. 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.[83]

Overall casualties

In Blackburn with Darwen in 2021, there were 421 recorded road traffic casualties (of all ages), which is up from 380 in 2020 (Figure 32).[84] Nearly 63% of these casualties were car occupants (Figure 33) with 229 casualties (54.4%) who were drivers or riders, 107 passengers (25.4%) and 85 passengers (20.2%).

The number of casualties as a rate per billion vehicle miles travelled, Blackburn with Darwen comes 27th highest amongst upper tier authorities in England (or third outside London).[85]

Figure 34 - Raw KSI figure vs. 'adjusted' KSI figure in Blackburn with Darwen, 2012– 2021

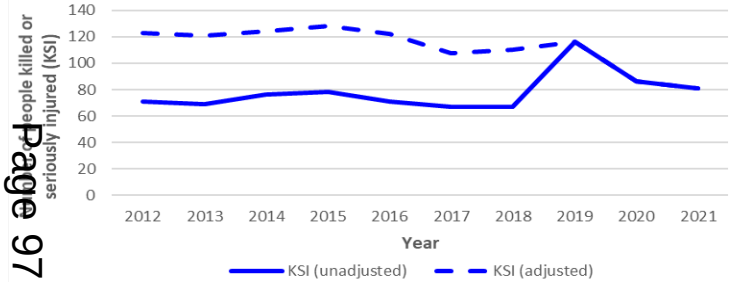
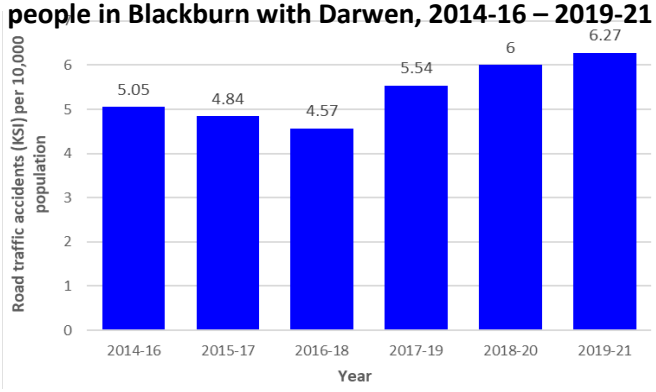


Figure 35 - Road traffic accidents (KSI) rate per 10,000 people in Blackburn with Darwen, 2014-16 – 2019-21



[c] The recording of non-serious injuries is often less than complete.

Figure 32 - Road traffic casualties in Blackburn with Darwen by age band, 2018 - 2021

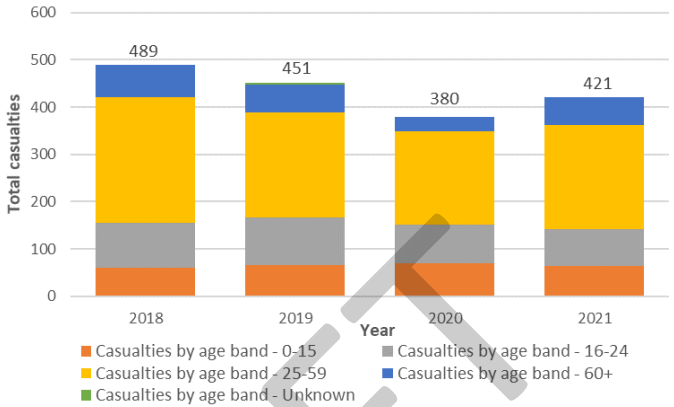
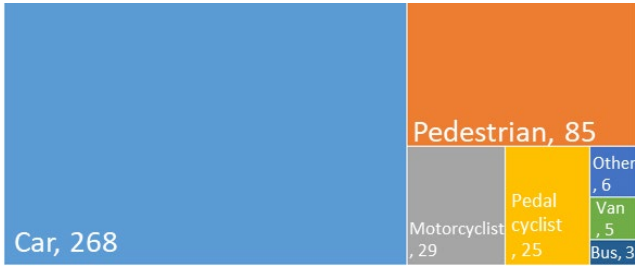


Figure 33 - Road traffic casualties in Blackburn with Darwen by road user type, 2021



Killed or Seriously Injured (KSI)

Out of the 421 recorded casualties in Blackburn with Darwen in 2021. 340 had injuries which were classified as slight[c], 79 were classified as serious, and two were fatalities, giving a total of 81 killed or seriously injured (KSI) in 2021.

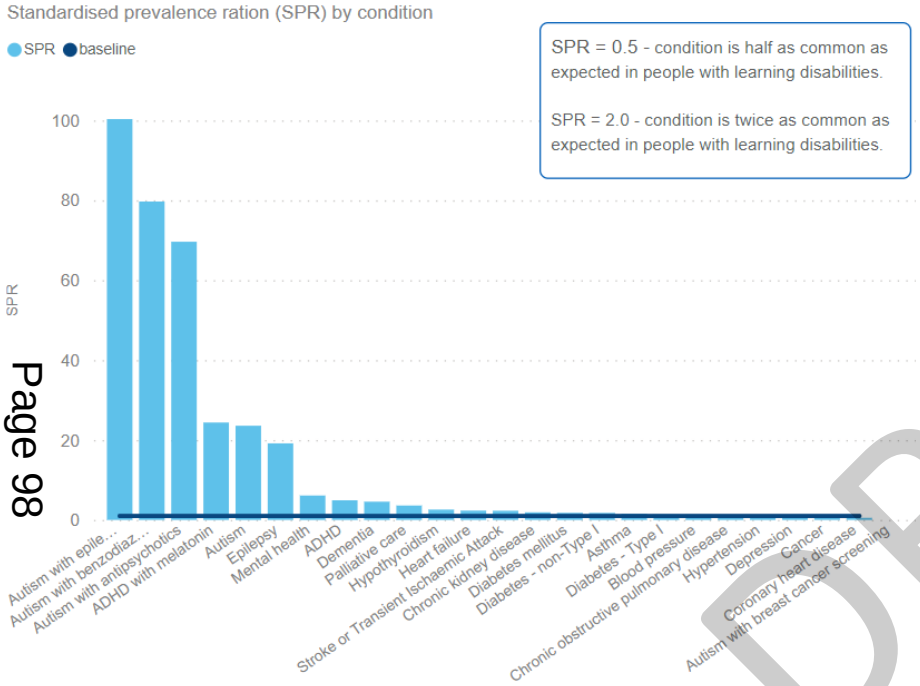
Since 2016, changes in severity reporting systems for a large number of police forces mean that serious injury figures, and to a lesser extent slight injuries, are not comparable with earlier years. The Department for Transport issued new, experimental figures which attempt to show how many KSI each authority would have had if everybody had been using the new system all along. Since 2019, the adjusted figure and the raw figure have been the same in the borough (Figure 34).

The Local Government Inform tool[86] has calculated using the adjusted KSI figures, Blackburn with Darwen, from 2019-21 had the second highest rate of people KSI in road traffic accidents per 10,000 population from unitary authorities where data is available. Since 2016-18, there has been a slight uptake in the rate of casualties in the borough (Figure 35).

Learning disabilities

The Quality and Outcomes Framework (QOF) shows that in the 2021-22 period, there was 929 Blackburn with Darwen GP patients on the GP Learning Disability register, or 0.51% of all those registered with a GP. This compares with an England average of 0.55%.[87]

Figure 36 - Standardised Prevalence Ratio of various conditions of patients on the Learning Disability Register against the general population, Blackburn with Darwen, 2020-21



Health

Participation in the 'Learning Disability Health and Care Dataset', which collects data on the demographics and health status of patients with learning disabilities, depends a lot on which computer system GP practices use. Coverage in England in 2020-21 was 56%, whereas patient coverage in Blackburn with Darwen was 96.6%.[88]

Figure 36 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. 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.

Mortality

Analysis from NHS Digital compares the mortality of people with learning disabilities aged 0-74 with that of the general population. In 2016-19, those with learning disabilities across England were 3.99 times more likely to die than would be expected for people with broadly the same characteristics in the general population. In Blackburn with Darwen, the ratio was 4.42, which is not significantly different from England.[89]

Previous research from the Institute of Health Equity found that people with learning disabilities die, on average, 15-20 years younger than people in the general population.[90] 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.[91]

Accommodation, social and health care

Of the working-age adults with learning disabilities supported by Blackburn with Darwen council in 2019-20, 92.3% were living in their own home or with their family, which is the 10th best proportion in England.[92] Only 1.3%, however, were in paid employment. This equates to only five individuals and places the borough firmly in the bottom quintile.[93] Increasing this proportion is one of the key outcome measures within Blackburn with Darwen's 2020-25 Learning Disability & Autism Strategy.[94]

All patients aged 14 or over on their GP's learning disability register are entitled to an annual health check. In terms of comparing against other local authority areas, in Blackburn with Darwen in 2018-19, 57% received this check, which is significantly better than average (England 52.3%). However, it is only middling for the region, as some of the best performing authorities are in the North West.[95]

Veterans

For the first time in the 2021 Census, people aged 16 years and over were asked whether they had previously served in the regular or reserve UK armed forces, or both. 1,853,112 people had previously served in the UK armed forces in England and Wales at the time of the Census, 3.8% of the population aged 16 years and over. In the borough, 2.9% of the population had previously served in the regular or reserve UK armed forces or both. Compared to the borough population, military veterans are significantly more male, older, a greater proportion have been married or in a registered civil partnership and a significant proportion of veterans identify as Christian.

Figure 37 - Military veterans in Blackburn with Darwen in 2021 and their characteristics

Characteristic	Sub-category	%
Population	% of total population	2.9%
Gender	Female	12.6%
	Male	87.4%
Age band	16-19	0.7%
	20-24	1.8%
	25-29	3.5%
	30-34	5.7%
	35-39	5.4%
	40-44	5.7%
	45-49	8.1%
	50-54	9.5%
	55-59	9.8%
	60-64	7.8%
	65-69	6.2%
	70-74	6.4%
	75-79	3.8%
	80-84	10.9%
	85-89	10.2%
	90+	4.4%

Characteristic	Sub-category	%
Partnership Status	Never married and never registered a civil partnership	23.1%
	Married or in a registered civil partnership	47.1%
	Separated, but still legally married or still legally in a civil partnership	3.1%
	Divorced or civil partnership dissolved	14.3%
	Widowed or surviving civil partnership partner	12.3%
Religion	No religion	26.2%
	Christian	64.7%
	All other religions	4.7%
	Did not answer	4.5%
Health	Very good	28.7%
	Good	35.3%
	Fair	23.1%
	Bad	9.6%
	Very bad	3.3%

Care

Pennine Care NHS Foundation Trust (which covers Greater Manchester and Lancashire) provide a Military Veterans' Service.[96] Which provides evidence-based treatments, for many difficulties that may have arisen from serving in the armed forces, particularly issues around mental health. This includes work with partners such as Veterans in Communities (VIC) – an East Lancashire-based Armed Forces charity working primarily across the East Lancashire footprint.[97]

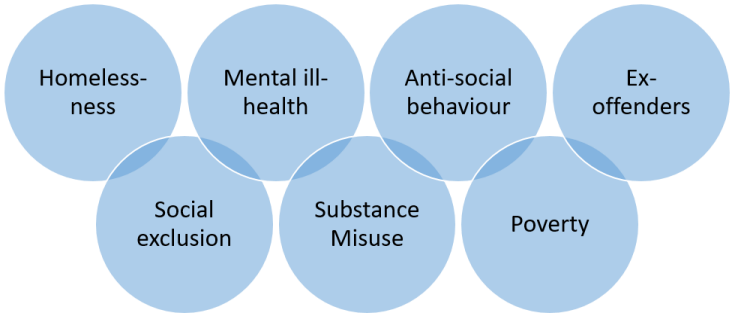
Recently, the UK Veterans Family Study was launched by various education institutes and charities to explore the experiences of family members supporting those who have left the military and the impact it has had on their mental health and wellbeing.[98]

Homeless and Vulnerable People

There are various definitions of what is meant by a 'vulnerable' person, or person with 'complex needs'. Typically, what is meant is that the person is experiencing, or at risk of, some combination of the factors shown in Figure 36. This may include people living in supported housing or Houses in Multiple Occupation (HMOs).

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, ill health and through adverse experiences in childhood.

Figure 38 - Factors indicative of vulnerability or complex needs



Homelessness

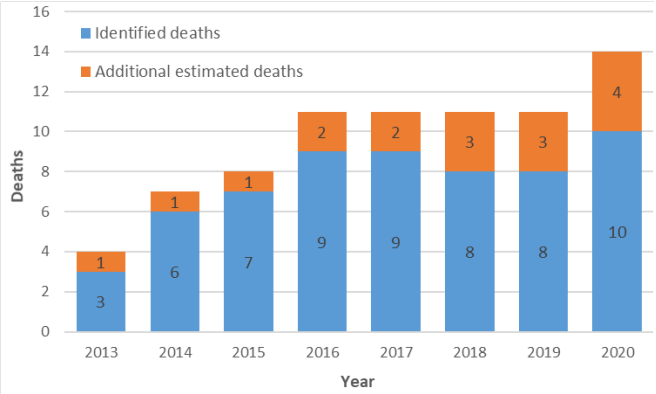
Rough Sleeping

People sleeping rough are defined as those sleeping or about to bed down in open-air locations and other places including tents and make-shift shelters. The snapshot does not include people in hostels or shelters, sofa surfers or those in recreational or organised protest, squatter or traveller campsites. The snapshot records only those seen, or thought to be sleeping rough on a single night across the October to November period. 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.**Error! Bookmark not defined.** As of 2021, 11 people were recorded as rough sleeping in the borough.[99]

Households at risk of homelessness

In 2021-22, there were 985 households in Blackburn with Darwen owed a prevention or relief duty under the Homelessness Reduction Act, an increase of 100 households from the previous year, although significantly down from 2019-20.[100] This involves any activity aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation. The crude rate of households owed a prevention or relief duty per 1,000 households in the borough is 17.1 per 1,000 households, which puts the borough 26th out of 137 upper tier authorities.

Figure 39 – Identified and estimated deaths of homeless people, Blackburn with Darwen, 2013-2020



Deaths of homeless people

ONS provide experimental estimates of deaths among homeless people going back to 2013.[101] 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.

Deaths among homeless people have risen in Blackburn with Darwen (Figure 39) since 2013 and peaked in 2020. 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. In 2020, Blackburn with Darwen had the highest rate across 95 English councils.

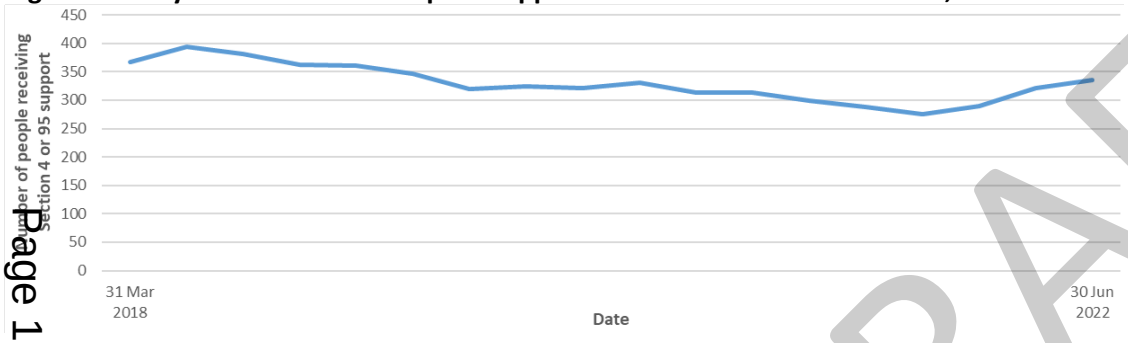
Services for homeless and vulnerable people

In 2019, Healthwatch Blackburn with Darwen updated an earlier 2016-17 report on homeless and vulnerable people in the borough, which found the following issues:[102]

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

The new report finds that joined-up working and service provision has improved since 2016-17. 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. Practices are reminded that being of no fixed abode does not constitute a reason to refuse registration. Supported housing is one area that supports people to help them live in their own home. For homeless people, this might mean a hostel or other short-term shared housing. For people who have multiple or complex needs it might mean longer-term housing. The borough has recently been given a share of £6 million of government funding to improve conditions in supported housing.[103]

Figure 40 - Asylum seekers in receipt of support from Blackburn with Darwen, 2018-2022



Asylum Seekers and Refugees

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'.[104]

Previous research with asylum seekers and refugees in Blackburn with Darwen has identified issues of[105,106]:

- Anxiety and depression
- Food poverty
- Malnutrition,
- Poor dental health,
- High levels of communicable and non-communicable disease
- Language and other barriers impeding access to health services.

Asylum seekers may not be allowed to work, but Darwen Asylum & Refugee Enterprise (DARE) is linked to organisations offering volunteering opportunities and allowing asylum seekers to be involved in community projects. The council has a co-ordinating 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.[107]

References

[1] Office for National Statistics (2022). Impact of COVID-19 on ONS social survey data collection. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/methodologies/impactofcovid19ononssocialsurveydatacollection#discussion-of-the-impact-of-covid-19-on-ons-social-survey-data-collection

[2] Office for National Statistics (2022). General health, England and Wales: Census 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/generalhealthenglandandwales/census2021

[3] Office for National Statistics (2022). Excess deaths March 2020 to December 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/excessdeathsinenglandandwales/march2020todecember2021#excess-deaths-data

[4] UK Health Security Agency (2023), UK Coronavirus (COVID-19) Dashboard for Blackburn with Darwen. Available from https://coronavirus.data.gov.uk/details/vaccinations?areaType=ltla&areaName=Blackburn%20with%20Darwen

[5] Office for National Statistics (2023). Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 2 February 2023. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/2february2023

[6] NHS (2022). Long-term effects of coronavirus (long COVID). Available from https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/

[7] Office for Health Improvement and Disparities (2022). Physical Activity – key indicators. Available from https://fingertips.phe.org.uk/profile/physical-activity/data#page/1/gid/1938132899/pat/6/par/E12000002/ati/402/iid/93014/age/298/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[8] Department for Transport (2022). Walking and cycling statistics, England: 2021 - Table CW0301. Available from https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2021

[9] Blackburn with Darwen Borough Council (2021). Walking and Cycling Plan 2021-2024. Available from https://democracy.blackburn.gov.uk/documents/s14349/Appendix%201%20Walking%20and%20Cycling.pdf

[10] Lancaster University (2022). Together an Active Future (TaAF): Evaluation Report. Available from https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/dhr/c4ar/together-an-active-future/FINALREPORTPRINT.pdf

[11] Blackburn with Darwen Borough Council (2019). Blackburn with Darwen JSNA – Alcohol. Available from https://blackburn.gov.uk/sites/default/files/media/pdfs/JSNA%20Alcohol.pdf

[12] NHS England (2019). NHS Long Term Plan will help problem drinkers and smokers. Available from https://www.england.nhs.uk/2019/01/nhs-long-term-plan-will-help-problem-drinkers-and-smokers/

[13] Public Health England (2021). Alcohol dependence prevalence in England. Available from https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england

[14] Multi-Agency Data Exchange (2022). Crimes and police incidents in Blackburn with Darwen, April 2021 to March 2022. Available from https://www.lancashire.gov.uk/lancashire-insight/community-safety/community-safety-dashboard/

[15] Office for Health Improvement and Disparities (2022). Local alcohol profiles – Key Indicators. Available from https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1/gid/1938132984/ati/402/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[16] Ibid.

[17] Blackburn with Darwen Borough Council (2023). Drug and Alcohol Service for Adults – BeWellBwD. Available from https://bewellbwd.com/a-z-services/drug-and-alcohol-service-for-adults/

[18] Public Health England (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

[19] Office for National Statistics (2022). Number of deaths related to drug misuse, persons by local authority, England and Wales, registered in each year between 1993 and 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations

[20] Office for National Statistics (2022). Deaths related to drug poisoning in England and Wales: 2021 registrations. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations

[21] NHS Digital (2021). Statistics on Drug Misuse, England, 2020. Available from https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2020

[22] National Drug Treatment Monitoring System (2022). 'Viewit' tool. Available from https://www.ndtms.net/ViewIt/Adult

[23] Office for Health Improvement and Disparities (2023). Public Health Outcomes Framework – Health improvement. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000042/pat/15/par/E92000001/ati/6/are/E12000002/yrr/3/cid/4/tbm/1

[24] Public Health England (2019). Prescribed medicines review: report. Available from https://www.gov.uk/government/publications/prescribed-medicines-review-report

[25] Office for Health Improvement and Disparities (2022). Local Tobacco Control Profiles for England. Available from https://fingertips.phe.org.uk/profile/tobacco-control

[26] Department of Health (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

[27] 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

[28] Office for Health Improvement and Disparities (2022). Local Tobacco Control Profiles. Available from https://fingertips.phe.org.uk/profile/tobacco-control

[29] Global Burden of Disease Study 2019 (2020) Smoking Tobacco Use Prevalence 1990-2019 – GBD Compare. Available from https://vizhub.healthdata.org/gbd-compare/

[30] Action on Smoking and Health (2022). ASH Ready Reckoner. Available from https://ash.org.uk/resources/view/ash-ready-reckoner

[31] Action on Smoking and Health (2021). The cost of smoking to the social care system. Available from https://ash.org.uk/resources/view/the-cost-of-smoking-to-the-social-care-system

[32] NHS Digital (2021). Statistics on NHS Stop Smoking Services in England. Available from https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england

[33] British Medical Journal (2019). Gambling and public health: we need policy action to prevent harm. Available from https://www.bmj.com/content/365/bmj.l1807

[34] Office for Health Improvement and Disparities (2023 Gambling-related harms evidence review: summary. Available from https://www.gov.uk/government/publications/gambling-related-harms-evidence-review/gambling-related-harms-evidence-review-summary--2#:~:text=We%20identified%20gambling%2Drelated%20debt,affected%20others%20were%20often%20severe.

[35] 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/

[36] Gambling Commission (2018). Measuring gambling-related harms – a framework for action. Available from https://www.gamblingcommission.gov.uk/PDF/Measuring-gambling-related-harms.pdf

[37] GambleAware (2022). GambleAware GB Maps. Available from https://www.begambleaware.org/gambleaware-gb-maps

[38] Local Government Association (2018). Tackling gambling-related harm – a whole council approach. Available from https://www.local.gov.uk/publications/tackling-gambling-related-harm-whole-council-approach

[39] Office for National Statistics (2022). General health, England and Wales: Census 2021. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/generalhealthenglandandwales/census2021

[40] Lancaster University (2022). Beyond Imagination Life Survey Dataset. Available from http://www.research.lancs.ac.uk/portal/en/datasets/beyond-imagination-life-survey-dataset(6f74b234-95b4-4ff1-997c-b1276dfcb6d5).html

[41] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Health Improvement. Available from https://fingertips.phe.org.uk/public-health-outcomes-framework#page/1/gid/1000042/pat/15/par/E92000001/ati/402/are/E06000008/yrr/3/cid/4/tbm/1

[42] Lancaster University (2022). Beyond Imagination Life Survey Dataset. Available from http://www.research.lancs.ac.uk/portal/en/datasets/beyond-imagination-life-survey-dataset(6f74b234-95b4-4ff1-997c-b1276dfcb6d5).html

[43] Office for Health Improvement and Disparities (2022). Local Health - Small Area Public Health Data. Available from https://fingertips.phe.org.uk/profile/local-health/data#page/0/gid/1938133185/pat/401/par/E06000008/ati/8/are/E05011508/iid/93253/age/1/sex/4/cat/-1/ctp/-1/yrr/5/cid/4/tbm/1/page-options/car-do-0

[44] Office for Health Improvement and Disparities (2022). Mortality Profile – Premature Mortality. Available from https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133009/pat/6/par/E12000002/ati/402/iid/108/age/163/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[45] Office for Health Improvement and Disparities (2022). Local Health – Small Area Public Health Data – Life expectancy and the causes of death. Available from https://fingertips.phe.org.uk/profile/local-health/data#page/0/gid/1938133185/pat/402/par/E06000008/ati/3/iid/93283/age/1/sex/1/cat/-1/ctp/-1/yrr/5/cid/4/tbm/1

[46] NHS Digital (2021) Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 by CCG in England, 2019. Available from https://digital.nhs.uk/data-and-information/publications/statistical/case-mix-adjusted-percentage-of-cancers-diagnosed-at-stages-1-and-2-in-england

[47] 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

[48] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Health improvement. Available from https://fingertips.phe.org.uk/public-health-outcomes-framework#page/1/gid/1000042/pat/15/par/E92000001/ati/402/are/E06000008/yrr/1/cid/4/tbm/1

[49] Cancer Research UK (2021). Lung Health Checks. Available from https://www.cancerresearchuk.org/about-cancer/lung-cancer/getting-diagnosed/lung-health-checks

[50] Office for Health Improvement and Disparities (2022). Mortality Profile -Premature mortality. Available from https://fingertips.phe.org.uk/profile/mortality-profile/data#page/0/gid/1938133009/pat/6/par/E12000002/ati/402/are/E06000008/iid/108/age/163/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[51] Office for Health Improvement and Disparities (2022). Public Health Outcomes Framework – Healthcare and premature mortality. Available from https://fingertips.phe.org.uk/public-health-outcomes-framework#page/1/gid/1000044/pat/15/par/E92000001/ati/402/are/E06000008/yrr/1/cid/4/tbm/1

[52] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing Profile – Demographics & Mortality. Available from https://fingertips.phe.org.uk/profile/healthy-ageing

[53] Office for Health Improvement and Disparities (2022). Cardiovascular disease – Heart. Available from https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/cardiovascular/data#page/1/gid/1938133108/pat/15/par/E92000001/ati/167/are/E38000014/yrr/1/cid/4/tbm/1

[54] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing Profile – Reverse or Live Well with a long-term condition. Available from https://fingertips.phe.org.uk/healthy-ageing#page/1/gid/1938133251/pat/15/ati/402/are/E06000008/iid/273/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[55] Office for Health Improvement and Disparities (2023). Mortality Profile – Premature mortality. Available from https://fingertips.phe.org.uk/mortality-profile#page/1/gid/1938133009/pat/15/ati/402/are/E06000008/iid/108/age/163/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[56] Office for Health Improvement and Disparities (2022). Productive Healthy Ageing Profile – Optimise Health and Reduce Risks Early. Available from https://fingertips.phe.org.uk/healthy-ageing#page/1/gid/1938133280/pat/15/ati/402/are/E06000008/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[57] Office for Health Improvement and Disparities (2022). Diabetes profile. Available from https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/diabetes-ft/data#page/0/gid/1938133138/pat/15/par/E92000001/ati/166/are/E38000014/yrr/3/cid/4/tbm/1/page-options/car-do-0

[58] NHS Digital (2022). National Diabetes Audit (NDA) 2021-22 quarterly report for England, Clinical Commissioning Groups and GP practices – PROVISIONAL. Available from https://digital.nhs.uk/data-and-information/publications/statistical/national-diabetes-audit/nda-core-e4-21-22/nda-core-e4-21-22

[59] Healthwatch Blackburn with Darwen (2020). Experiences of the transition to adult services, for young people with Type 1 Diabetes. Available from https://healthwatchlancashire.co.uk/wp-content/uploads/2021/08/Report-Experiences-of-the-transition-to-adult-services-for-young-people-with-T1D-final-version.pdf

[60] 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

[61] NHS Digital (2022). Quality and Outcomes Framework (QOF) – 2021-22. Available from https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof

[62] Ibid.

[63] House of Commons Library (2018). Mental health statistics for England: prevalence, services and funding. Available from https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN06988

[64] 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

[65] NHS Digital (2022). Psychological Therapies: Annual report on the use of IAPT services, England, 2021-22. Available from https://app.powerbi.com/view?r=eyJrIjoiMDk2OWUzMjEtN2YxYS00YzgwLThkMGMtMjNlZWE1MWIyMTk3IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

[66] NHS Digital (2022) Mental Health Bulletin 2020-21 annual report. Available from https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-bulletin/2020-21-annual-report

[67] 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%20accross%20Sustainability%20and%20Transformation%20Partnerships%20in%20England%20-%20191030_1.pdf

[68] British Medical Association (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

[69] 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/

[70] 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

[71] Healthier Lancashire & South Cumbria (2019). Review of urgent mental health services across Lancashire and South Cumbria. Available from https://www.healthierlsc.co.uk/mentalhealth/review-urgent-mental-health-services

[72] Office for Health Improvement and Disparities (2022). Sexual and Reproductive Health Profiles – Key Indicators. Available from https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000002/ati/402/are/E06000008/iid/90759/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[73] Office for Health Improvement and Disparities (2022). Sexual and Reproductive Health Profiles – HIV. Available from https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/1938133286/pat/6/par/E12000002/ati/402/are/E06000008/iid/91525/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[74] Office for Health Improvement and Disparities (2023). Sexual and Reproductive Health Profiles – Key Indicators. https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000002/ati/402/are/E06000008/iid/92254/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[75] Office for Health Improvement and Disparities (2021). Liver Disease Profiles. Available from https://fingertips.phe.org.uk/profile/liver-disease

[76] Office for Health Improvement and Disparities (2017). Atlas of Variation – liver disease. Available from https://fingertips.phe.org.uk/profile/atlas-of-variation

[77] Foundation for Liver Research (2017). Financial case for action on liver disease. Available from www.liver-research.org.uk/liverresearch-assets/financialcaseforactiononliverdiseasepaper.pdf

[78] Office for Health Improvement and Disparities (2022). Atlas of variation – Atlas of variation in risk factors and healthcare for vision in England. Available from https://fingertips.phe.org.uk/profile/atlas-of-variation

[79] NHS Digital (2021). Registered Blind and Partially Sighted People, England 2019-20. Available from https://digital.nhs.uk/data-and-information/publications/statistical/registered-blind-and-partially-sighted-people/registered-blind-and-partially-sighted-people-england-2019-20

[80] Royal National Institute of Blind People (2022). RNIB Sight Loss Data Tool version 5. Available from https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool

[81] 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

[82] NHS England (2019). Hearing Loss Data Tool. Available from https://www.england.nhs.uk/publication/joint-strategic-needs-assessment-toolkit/

[83] UK National Eye-Health and Hearing Study (2019). UK National Eye Health and Hearing Study: Case For Investment. Available from https://www.uknehs.org.uk/_files/ugd/00a5f1_0a52475101ca4584bc399301c3bf44cd.pdf

[84] Department for Transport (2022). Reported road casualty statistics in Great Britain: interactive dashboard. Available from https://maps.dft.gov.uk/road-casualties/index.html

[85] Department for Transport (2022). Table RAS0403. Available from https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents

[86] Local Government Inform (2022). People killed or seriously injured in road traffic accidents per 10,000 population (from 2014-16 to 2019-21) for All English unitary authorities. Available from https://lginform.local.gov.uk/reports/lgastandard?mod-metric=1015&mod-area=E06000008&mod-group=AllUnitaryLaInCountry_England&mod-type=namedComparisonGroup

[87] NHS Digital (2022). Quality and Outcomes Framework (QOF) 2021-22. Available from https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/quality-outcomes-framework-qof

[88] NHS Digital (2021). Health and Care of People with Learning Disabilities, Experimental Statistics: 2020 to 2021. Available from https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2020-to-2021

[89] NHS Digital (2019). 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

[90] Institute of Health Equity (2018). A fair, supportive society – Summary Report. Available from http://www.instituteofhealthequity.org/resources-reports/a-fair-supportive-society-summary-report

[91]University College London (2018). Are we failing people with learning disabilities? Available from https://www.ucl.ac.uk/news/2018/nov/are-we-failing-people-learning-disabilities

[92] Office for Health Improvement and Disparities (2021). Learning Disability Profiles – Accommodation and social care. Available from https://fingertips.phe.org.uk/learning-disabilities#page/1/gid/1938132704/pat/6/par/E12000002/ati/302/iid/93126/age/183/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

[93] 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

[94] Care Network (2020). The Big Plan 2020-2025. Available from https://www.carenetwork.org.uk/listing/category/the-big-plan-2020-2025

[95] Office for Health Improvement and Disparities (2021). Learning Disability Profiles – Health. Available from https://fingertips.phe.org.uk/learning-disabilities#page/0/gid/1938132703/pat/6/par/E12000002/ati/302/are/E06000008/iid/93183/age/310/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0

[96] Pennine Care NHS Foundation Trust. Military Veterans' Service (MVS). Available from https://www.penninecare.nhs.uk/services/military-veterans-service

[97] Veterans In Communities. Community Projects and Activities. Available from https://veteransincommunities.org/projects-and-activities.html

[98] Lancashire Telegraph (2021). Study aims to understand mental health and wellbeing of veterans' families. Available from https://www.lancashiretelegraph.co.uk/news/national/19774239.study-aims-understand-mental-health-wellbeing-veterans-families/

[99] Department for Levelling Up, Housing and Communities (2022). Annual Rough Sleeping Snapshot in England: autumn 2021. Available from https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2021

[100] Office for Health Improvement and Disparities (2023). Public Health Outcomes Framework – Wider determinants of health. Available from https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000041/pat/6/par/E12000002/ati/402/are/E06000008/yrr/3/cid/4/tbm/1

[101] Office for National Statistics (2021). Deaths of homeless people in England and Wales: 2020 registrations. Available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2020registrations

[102] Healthwatch Blackburn with Darwen (2019). Revisit of the Homelessness & Vulnerable Reports Project. Available from https://nds.healthwatch.co.uk/sites/default/files/reports_library/20190628_Blackburn%2520with%2520Darwen_%2520Revisit%2520of%2520the%2520homelessness%2520and%2520vulnerable%2520reports%2520project.pdf

[103] Lancashire Telegraph (2022). Blackburn with Darwen get £1m homeless housing boost. Available from https://www.lancashiretelegraph.co.uk/news/20600007.blackburn-darwen-gets-1m-homeless-housing-boost/

[104] Home Office (2022). Immigration Statistics – year ending June 2022. Section 95 support by local authority. Available from https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets#local-authority-data

[105] Shepherd, W (2018). Blackburn with Darwen Aslyum Seekers and Refugees Health Needs Assessment 2018. Available from https://democracy.blackburn.gov.uk/documents/s5442/Report%20of%20the%20Director%20Of%20Public%20Health.pdf

[106] 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

[107] 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

NHS
Lancashire and South Cumbria
Integrated Care Board

Lancashire & South Cumbria Integrated Care System

Our NHS Joint Forward Plan for 2023 onwards

V7.0 For engagement prior to Board

31.05.23

Contents

Foreword

Kevin Lavery
Chief Executive of the Lancashire and South Cumbria Integrated Care Board

David Flory CBE
Chair of the Lancashire and South Cumbria Integrated Care Board

The Lancashire and South Cumbria Integrated Care Board (ICB) is responsible for developing a Joint Forward Plan for the NHS over the next five years. The ICB forms part of the Integrated Care System across Lancashire and South Cumbria, the formal partnership of organisations tasked with improving the health and wellbeing of our population.

Our plan describes how the NHS will meet the health needs of our population, by working jointly with partners on prevention, and by working with all organisations within the NHS family to transform the way healthcare services are provided.

Our plan has been developed at a time of enormous challenges for health and care services. The demands and expectations on services are ever increasing, alongside significant financial and workforce constraints.

We know that we have faced many of these challenges for some time and we acknowledge that we can't solve them without changing the way we work as a health and care system. ***We are clear on the 'what' and the 'why' but up until now we have not grasped the 'how'.*** *We are ready to take action and work very differently.*

There are significant health and well-being issues within Lancashire and South Cumbria, and the COVID-19 pandemic has exacerbated these, with health inequalities widening in some areas. The cost-of-living crisis is expected to worsen the position further still.

The pressures we face are not unique to us, but their impact on our communities is affected by our local demographics. Almost a third of our residents are living in some of the most deprived areas of England, with poor health outcomes and widening inequalities. There are significant differences in the number of years people can expect to live a healthy life across our area. We know that many people in Lancashire and South Cumbria could be living longer, healthier, happier lives than they currently do.

We need to work with partners and local communities to prevent people from becoming ill in the first place by tackling the wider determinants of health and supporting people to make positive health and well-being choices, while also improving access to health and care services.

The establishment of our Integrated Care Board is an opportunity to make a real difference to the health and lives of the people who live here and the quality of care in Lancashire and South Cumbria. This Joint Forward Plan outlines, at a high level, how we will work alongside our providers and other partners to meet the challenges set out above. It builds upon existing system strategies and activity that is already underway and provides an overarching narrative about what it is that we are all trying to change and improve together.

Be assured that the hard work has already begun.

We have developed an Integrated Care Strategy with our partners in local government, the voluntary, community, faith, and social enterprise sector and local people. The strategy details a joined-up work programme, across the whole life course of our population, to improve prevention and integrate health and social care. It will drive integrated working at system, place, and neighbourhood, to improve the health and well-being of our population. This Joint Forward Plan responds to the commitments made by the NHS within this Strategy.

Our system finance colleagues are developing a financial framework for the next three years that sets out the context for the difficult decisions that we will need to make under harsher financial conditions, including the establishment of our formal recovery and transformation programme. This Joint Forward Plan describes our financial framework and how it will influence our work over the coming years.

Our communities will be at the centre of everything we do. With our partners, we have agreed on how we will work with people and communities to listen, involve, and co-produce our plans together. This will help to develop ways of working that focus on local people and their lived experience, putting our population's needs at the heart of all we do.

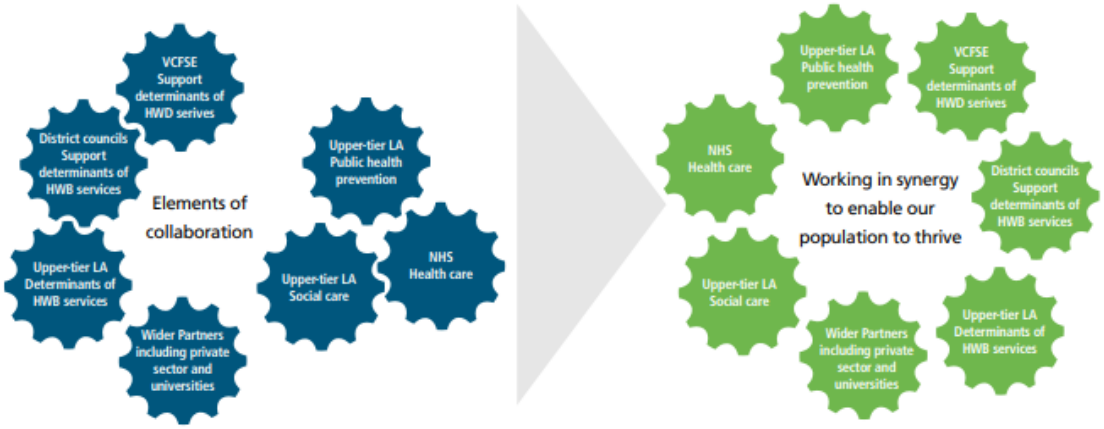
Together, we will achieve our vision of longer and healthier lives for our population across Lancashire and South Cumbria.

1. Introduction

When the NHS was established, it mainly focused on treating single conditions or illnesses. Since then, the health and care needs of our populations - and their demands and expectations of the NHS - have changed.

More people than ever are living longer with multiple, complex, long-term conditions and often need support from many different services, sectors, and professionals. Unfortunately, people often receive care from different services that aren't joined-up and are not effectively centred around their needs. This is not a good use of vital NHS time and resources and can mean that patients have a poorer experience of health and care; take longer to recover from illness or injury; and have to 'tell their story' to lots of different teams.

In the past, whilst there have been connections between the organisations that have a role in health and well-being, often they have not formally worked in a joined-up (integrated) way. This is because many organisations were encouraged to compete for resources, rather than collaborate.



The Health and Care Act 2022 marks a change from this competitive way of working. It sets out in law that the NHS must work in an integrated way with other organisations and partners.

Integrated Care Systems (ICSs) are geographically based partnerships that bring together providers and commissioners of NHS services with local government and other local partners to plan, coordinate and commission health and care services.

ICSs are tasked with improving the health and well-being of the whole population by harnessing the knowledge, skills and talents of all partner organisations.

Together, all the partners in the ICS are responsible for improving outcomes, tackling inequalities, improving productivity and helping the NHS support broader social and

economic development. This new structure expects and encourages collaboration at every level.

The Health and Care Act offers an opportunity for partners across Lancashire and South Cumbria to understand the important contribution that each organisation makes to people's health and well-being and therefore how creating shared plans and forging new relationships will really benefit our population.

We intend to connect services across councils, the NHS, Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations and beyond, to provide seamless and integrated services for our population.

This Joint Forward Plan for the NHS includes joint working between health and social care and within the NHS family of providers, including hospitals, primary care, community, mental health, and acute providers.

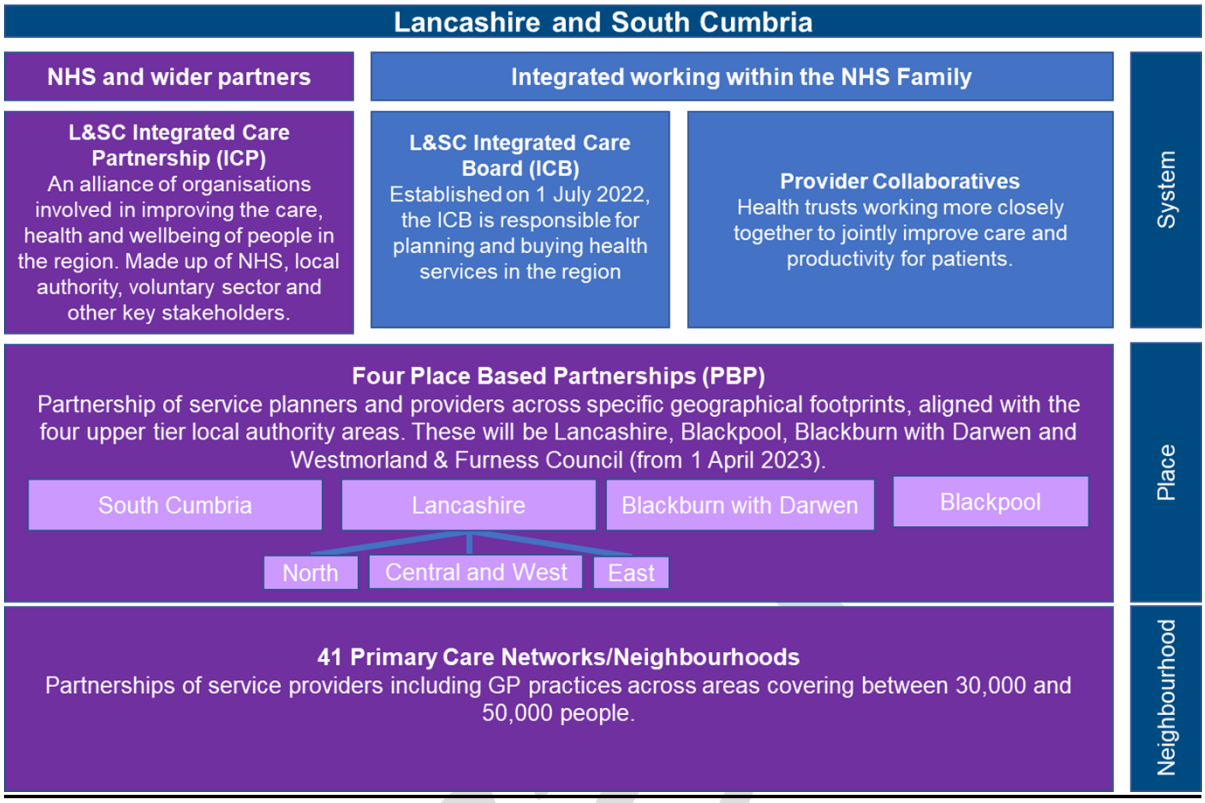
A new way of working

To deliver improved health and well-being for our population by working in an integrated way, we need to have the right structures in place to support and drive change. This means we must work in different ways at three levels - across the Lancashire and South Cumbria System; within our four places; and at neighbourhood level – to organise and deliver services at the most appropriate level and closest to the residents we serve.

Our places and neighbourhoods put our residents, their families, their carers, and wider communities at the centre of our integrated working. Most people's day-to-day care and support needs will be planned and delivered within a place and its neighbourhoods.

- **System**: Integrated working across Lancashire and South Cumbria.
- **Places**: Integrated working in the areas covered by our four place-based partnerships, covering Lancashire, Blackburn with Darwen, Blackpool and South Cumbria.
- **Neighbourhoods**: Integrated working in the areas covered by our 41 primary care networks, and local neighbourhood teams.

Components of the Lancashire and South Cumbria Integrated Care System



The structure of the ICS

The Integrated Care System in Lancashire and South Cumbria was established as a legal entity under the Health and Care Act 2022, with statutory powers and responsibilities and made up of two formal parts:

- **The Lancashire and South Cumbria Integrated Care Board** (ICB) is the statutory body responsible for commissioning (planning and buying) NHS services for the 1.8 million people living in Lancashire and South Cumbria. The ICB must work in partnership with local authorities and wider organisations and integrate services wherever possible to deliver the greatest possible improvement in health and well-being. Members of the ICB Board include representatives from NHS providers, primary medical services, and local authorities.

- **The Lancashire and South Cumbria Integrated Care Partnership (ICP)** is a statutory committee formed jointly between the NHS ICB and all upper-tier local authorities in Lancashire and South Cumbria (councils with responsibility for children's and adult social care and public health). The ICP brings together partners that have a role in improving the health and well-being of the population, with membership determined locally. The ICP is responsible for producing an Integrated Care Strategy which details how the local health and well-being needs of the population will be met.

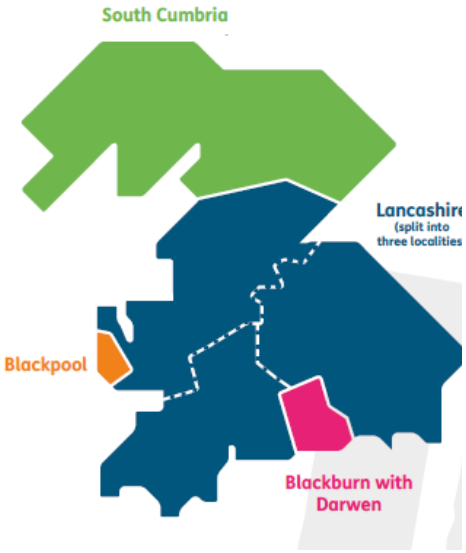
- **The Provider Collaborative** sees five acute, mental health and community providers in Lancashire and South Lancashire work together as one. They are:
    - Blackpool Teaching Hospitals NHS Foundation Trust
    - East Lancashire Hospitals NHS Trust
    - Lancashire and South Cumbria NHS Foundation Trust
    - Lancashire Teaching Hospitals NHS Foundation Trust
    - University Hospitals of Morecambe Bay NHS Foundation Trust

Our provider collaborative will be the engine room for improving sustainability and transforming the delivery of acute care across the system.

Our system

Local Authorities	**Six upper-tier local authorities** *Lancashire County Council, North Yorkshire Council (unitary), Cumberland Council (unitary), Westmorland and Furness Council (unitary), Blackpool Council (unitary), Blackburn with Darwen Council (unitary).* **Twelve district councils** ***Lancashire**: Preston City Council, Chorley Council, South Ribble Borough Council, Fylde Council, Wyre Council, West Lancashire Borough Council, Lancaster City Council, Burnley Borough Council, Hyndburn Borough Council, Pendle Borough Council, Ribble Valley Borough Council, Rossendale Borough Council.*
NHS	**Provider Collaborative** - *All five of the foundation trusts below, work together as part of the provider collaborative.* **Four acute / community service providers** *Blackpool Teaching Hospitals NHS Foundation Trust (acute and community services), East Lancashire Hospitals NHS Trust (acute and community services), Lancashire Teaching Hospitals NHS Foundation Trust (acute services), University Hospitals of Morecambe Bay NHS Foundation Trust (acute and community services).* **One mental health/community provider** *Lancashire and South Cumbria NHS Foundation Trust*
	One ambulance service provider *North-West Ambulance Service NHS Trust (NWAS).* **Primary care** *41 primary care networks (PCN) covering 248 GP Practices.*
VCFSE	**Seven collectives of community voluntary services or councils for voluntary services** (CVS) *Blackburn with Darwen CVS, Burnley, Pendle and Rossendale CVS, Cumbria CVS, Hyndburn and Ribble Valley CVS, Lancaster District CVS, Blackpool, Wyre, and Fylde CVS.*
Wider	**Four local independent organisations that champion the views of patients and service users** ***Healthwatch:** Blackburn with Darwen, Blackpool, Cumbria, and Lancashire. All four Healthwatch organisations work collaboratively as Healthwatch Together* **Other partners** *This includes our local universities, colleges, hospices and community and faith organisations.*

Our places



There are four places within the Lancashire and South Cumbria Integrated Care System: South Cumbria, Lancashire, Blackpool, and Blackburn with Darwen. We are forming place-based partnerships in each of these places. These are collaborations of health, local authority, VCFSE organisations, independent sector providers and the wider community, working in a joined-up way and taking collective responsibility for planning and delivering services. By working in partnership and with local communities, organisations can better address the biggest and most challenging issues that affect people's health and well-being.

Our places will be the engine room for driving delivery of the Integrated Care Strategy.

- **South Cumbria** has a resident population of around 311,000 people.
  - A mixture of coastal and rural areas, with some wealthy and some disadvantaged communities.
  - The area stretches from Barrow-in-Furness, a busy shipbuilding town and port, and Millom on the west coast, through South Lakeland with its rural, land-based and thriving visitor economy, across to the area around Bentham in North Yorkshire.
  - This is England's most sparsely populated local authority area, which makes it hard to deliver services, and to provide public transport and transport connections.

- **Lancashire** has a resident population of around. 1.2 million people.
  - It is a varied place from the high moorland of the South Pennines to the flat expanse of the Fylde Coast and the countryside of the Ribble Valley and Forest of Bowland.
  - A combination of urban areas including Preston and Lancaster, former textile towns such as Burnley, coastal resorts, and market towns.
  - A mixture of wealthy and disadvantaged communities. In the more rural areas, poverty and social exclusion happen alongside people living in

luxury. Large areas of deprivation can be found in East Lancashire, Morecambe, Skelmersdale and Preston.

- **Blackpool** has a resident population of around 153,000 people.
    - An urban coastal area, with a thriving tourist economy and a strong sense of community.
    - With high levels of deprivation and a transient population, Blackpool residents have some of the most difficult health needs in the country.

- **Blackburn with Darwen** has a resident population of around 163,000 people.
    - A semi-rural borough with small urban areas around the towns of Blackburn and Darwen, and several small rural villages and hamlets.
    - A multicultural borough, the area is home to many people with diverse ethnicities and identities.

2. Scope and development of our Joint Forward Plan

This Joint Forward Plan for 2023 onwards outlines how the Lancashire and South Cumbria ICB will work with NHS providers of care, local government, VCFSE organisations and other partners to deliver our mission.

Mission

We are committed to improving the health and well-being of the 1.8 million people of Lancashire and South Cumbria, by working collaboratively with partners to:

- *Reduce health inequalities*
- *Secure better health and care outcomes*
- *Provide the best care at the right time, to enable people to live healthy and fulfilling lives.*

We will deliver our mission by taking targeted action with partners across the four priority aims for Integrated Care Systems.

Our Four Pillars			
Tackling inequalities *in outcomes, experience, and access*	***Improving outcomes*** *in population health and healthcare*	***Enhancing productivity and value for money***	***Helping the NHS to support broader social and economic development***

We will also consider the effects of all our decisions on the three triple aims of Integrated Care Systems, as outlined below:

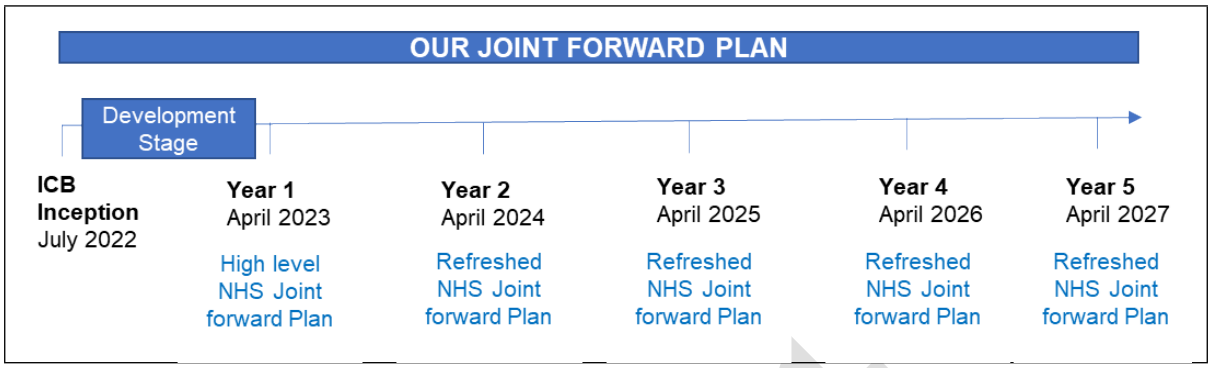
The health and well-being of our population *(including inequalities)*	***The quality of services provided*** *(including inequalities in benefits from those services)*	***The sustainable and efficient use of resources***

The NHS services that the ICB is responsible for are shown in the table below.

In Scope				Out of Scope
Primary Care *including dentistry, optometry, and community pharmacy.*	**Community Care**	**Acute Care**	**Mental Health and Learning Disability services**	**Specialised Commissioned** (Currently Commissioned by NHS England)
Our services cover all the healthcare needs of our population, from cradle to grave. Our valued service providers include the NHS, the independent sector, and the voluntary sector.				

Specialised commissioned services may be impacted by decisions taken by the ICB - where necessary, due consideration and involvement of these services will take place.

Our development journey



This first ICB Joint Forward Plan is intentionally high-level because the ICB is a newly-formed organisation and so many of our plans, priorities and relationships are continuing to be developed.

This plan sets out our intended vision, strategy and priorities for action. Working as a system provides a huge opportunity to work differently to tackle the urgent challenges that we face. However, this will also be a significant programme of change.

The final version of the Joint Forward Plan for the ICB Board in July will provide a summary of our statutory responsibilities and how we intend to deliver them.

We will work through the detail and consult with our partners, our workforce, and our population to ensure our plans, infrastructure and systems and processes are sustainable and provide the right foundations for integrated working.

This document builds on existing strategies and plans and sets out our aspiration to engage with our partners, staff and population to refresh and further develop this plan for 2024/25 and beyond.

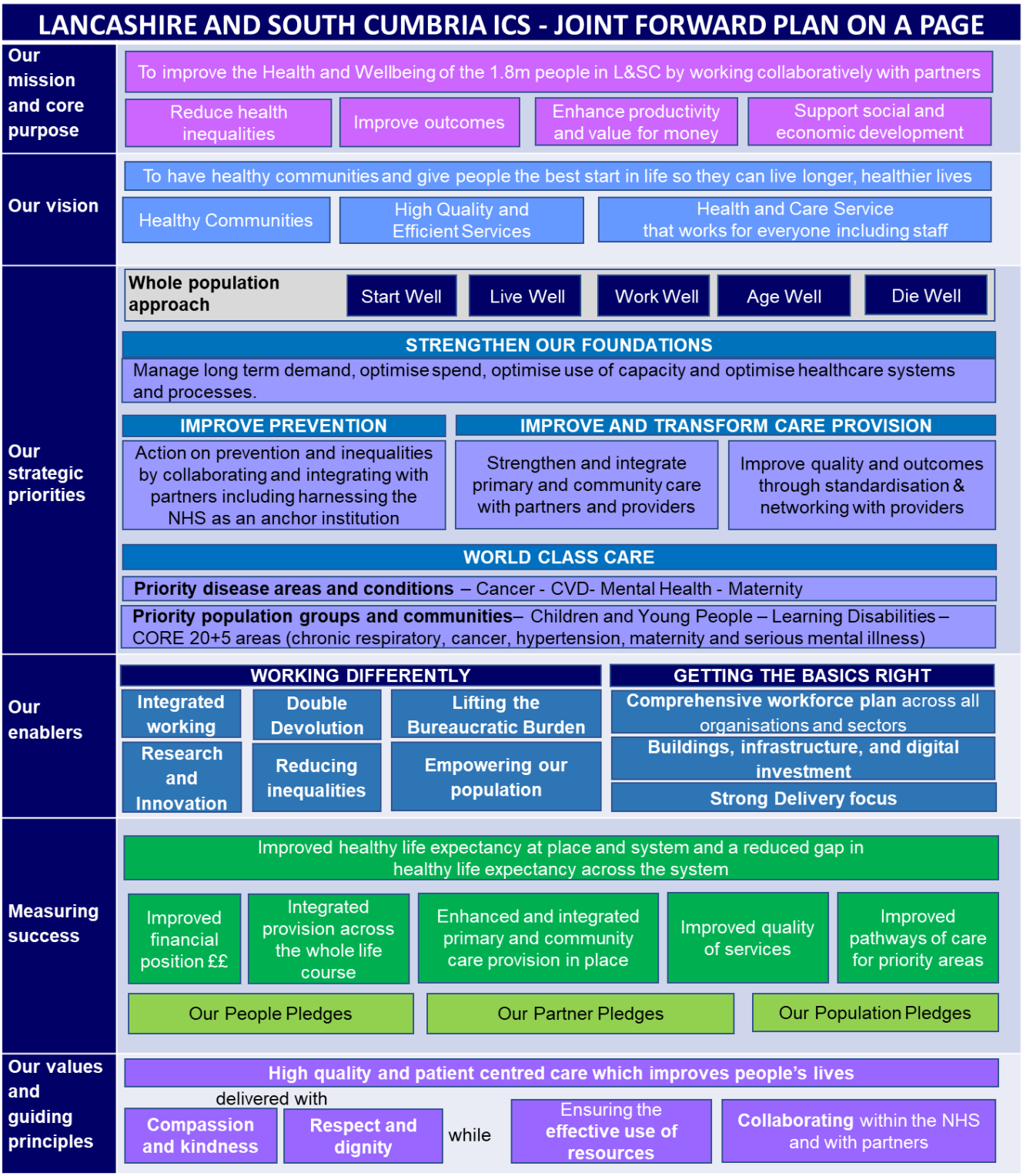
This Joint Forward Plan should be considered alongside the following documents:

- The **Integrated Care Strategy** has been developed through our Integrated Care Partnership and proposes how the ICB will work with local authorities and other partners to meet the health and well-being needs of our population.

- The **State of the System report** was published by ICB Chief executive, Kevin Lavery, and sets out his early views on the challenges facing the health and care system in Lancashire and South Cumbria and the steps we need to take to overcome them.

3. Our Joint Forward Plan on a page

The diagram below summarises the Joint Forward Plan for improving the health and well-being of the people of Lancashire and South Cumbria.



4. Our current challenges

There is a mismatch between the demand for healthcare in Lancashire and South Cumbria and the available capacity – indeed, this gap is widening over time. It is impacting on our population, our patients, our staff, and our finances. As demand grows, so do waiting times for care - it also creates additional pressure on our valued workforce. As a system, we are spending more money on health and care services then we receive in income, and this situation has got significantly worse since the COVID-19 pandemic.

In the financial year 2019/20, five of the six hospital trusts were overspending. During the pandemic, funding was provided to cover all the costs in the system, but this masked the true underlying position that has not been addressed. The CCGs also had underling deficits that were being covered each year through non-recurrent means. The underlying system financial risk is significant and the additional funding we have been receiving is being reduced over the next three years.

However, the finance challenges are merely the symptom. We must take urgent action to improve the long-term sustainability of the Lancashire and South Cumbria health system by managing increasing demand on our services and transforming the way we use services, staff, and buildings to provide services.

Factors driving an increase in demand	Factors limiting our capacity
More people living with diseases (the disease burden) • High levels of deprivation, unhealthy lifestyle choices and variability in community resources and access to care, is affecting people's health. • There are significant differences in life expectancy and healthy life expectancy between communities. • More people than ever are living with more serious, long-term conditions. This is often also linked to deprivation. **A population with varied levels of engagement with their health and well-being** • There are varied levels of understanding in how to maximise positive health and wellbeing. • Advancements in health innovation are creating increasing demand for services. • People have become used to accessing healthcare on demand.	**Workforce gaps** • Hospital workforce gaps mean we are spending more on agency staff. • There are gaps in the primary and community care workforce which reduce our ability to support patients outside of hospital. • Increasing numbers of people are choosing to leave the healthcare workforce. • Some staff are feeling exhausted and low, particularly after the COVID-19 pandemic. **Quality of physical infrastructure** • There are issues with the quality of our physical buildings. **Inconsistent quality and outcomes** • There are differences in the quality of care across our system. **The delivery model** • Focused on hospitals • There are barriers which impact upon providers working together, and the NHS working with its partners.

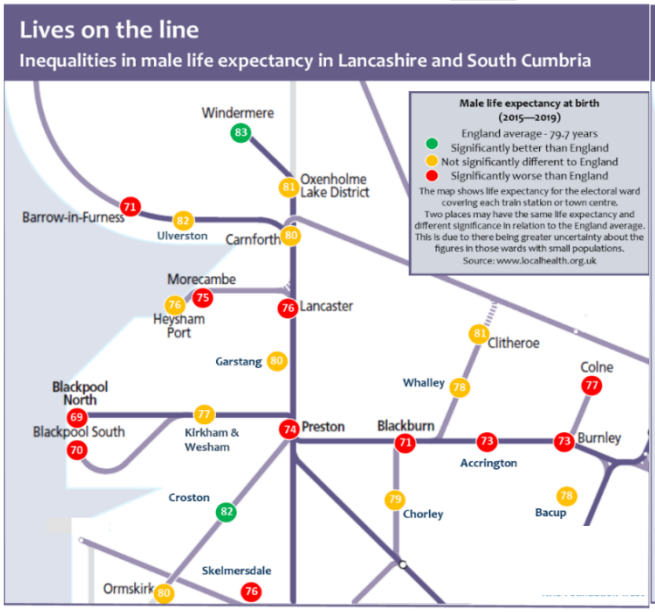
To ensure that our strategic priorities over the next ten years are the correct ones, it is critical that we have a detailed understanding of all the issues that are driving our financial position and how the issues are interconnected.

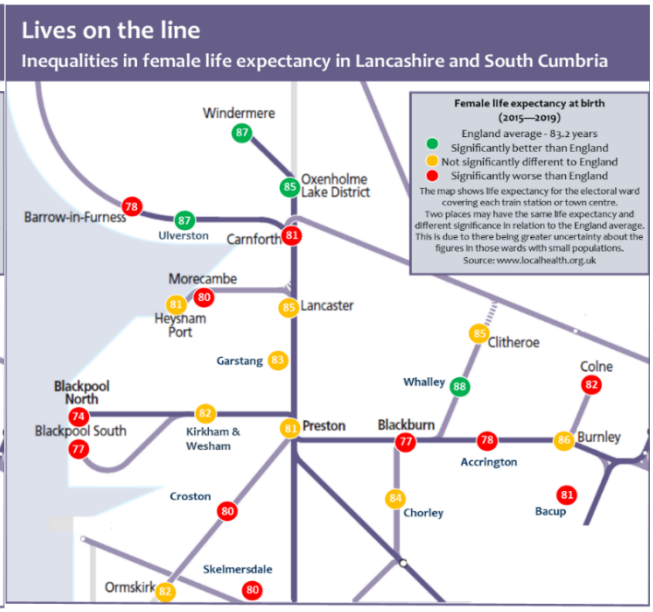
Increasing demand

Some 1.8 million people live in Lancashire and South Cumbria and this number is expected to rise to 2.05 million by 2033. The health and well-being of our population is variable, depending on the neighbourhood and place in which people live. We have a significant number of people living with complex long-term diseases (sometimes called the disease burden) and the demand for healthcare is rapidly increasing. This is being driven by unhealthy lifestyle choices and deprivation and is also affected by ways of working that often see the NHS largely working separately from the other organisations which support health and well-being.

Life expectancy

Life expectancy in Lancashire and South Cumbria is lower than the national average – by almost a decade in some areas. There is also a large variation in the number of years people can expect to live a healthy life. Babies born in this area today have a healthy life expectancy that is lower than the expected state pension age of 68. In some areas, healthy life expectancy is as low as 46.5 years, although this varies significantly across our communities. The health of our communities also varies significantly.





Disease burden

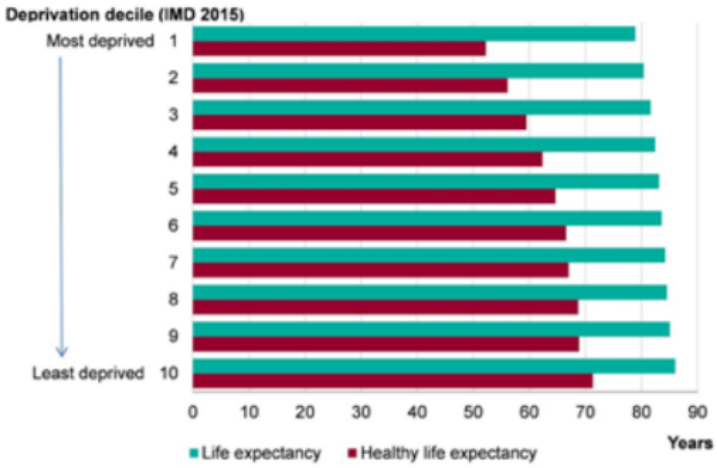
The main causes of the lower healthy life expectancy in Lancashire and South Cumbria are cancer, conditions relating to the heart and lungs, mental health, and conditions relating to the brain and nervous system. Around 21,000 people in the area have five or more long-term health conditions. The number of people living with common mental health disorders is higher than the rate across England. In addition, nine per cent of our population are from ethnically diverse backgrounds. Ethnicity can affect people's health differently, for example, South Asian people are more likely to develop heart disease at a younger age and have a higher risk of stroke, than the general population.

Lifestyle choices

One of the biggest factors that affect people's healthy life expectancy is their lifestyle choices. Around 40 per cent of ill health is seen in people who smoke, do little physical activity, are obese or abuse substances such as drugs and alcohol. In Lancashire and South Cumbria, 18.5 per cent of adults' smoke, compared with the national average for England of 17.2 per cent. Plus, only around a fifth of adults do the recommended levels of physical activity. These statistics vary markedly by place and neighbourhood.

Demographics and deprivation

The healthy life expectancy across Lancashire and South Cumbria is affected by the levels of deprivation and poverty within our communities. Factors such as housing, the quality of the living environment, levels of education, crime and employment all have an impact on health. The level of deprivation in an area is measured by the Index of Multiple Deprivation (IMD).



The effect of deprivation on health is shown very powerfully on this chart. At the top of the chart is IMD decile one, representing the most deprived areas in England, and it shows the healthy life expectancy is only around 50 years, whereas those in the least deprived areas or IMD decile 10, can expect to live in good health until they are over 70. This is important because almost a third of people in Lancashire and South Cumbria live in some of the most deprived areas of England.

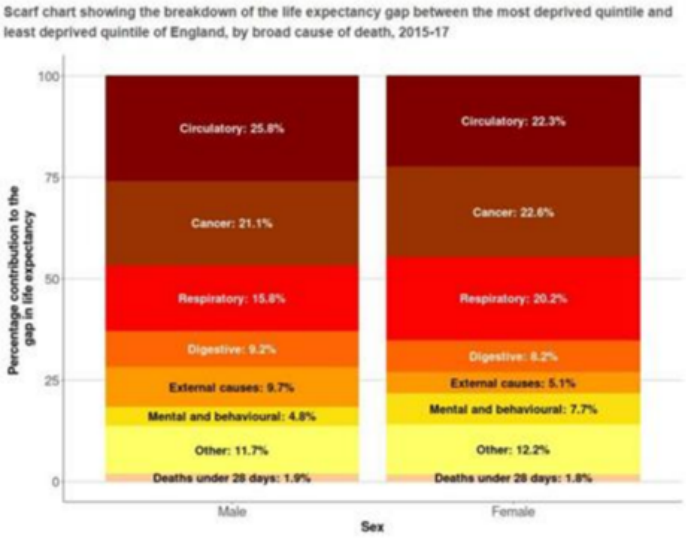
The table below shows the levels of deprivation across the wider Lancashire area, including Blackpool and Blackburn with Darwen. The decile shows the level of deprivation in each area, with a lower decile indicating higher deprivation; Blackpool, Blackburn, Hyndburn, and Burnley are all within decile one. The percentile shows their relative position, with Blackpool being the most deprived area within decile one, at 1.2%. Within Lancashire there are four areas within decile one, and a further two areas within deciles two and three.

Area	2015		2019		2015 to 2019	2015 to 2019
	Percentile	Decile	Percentile	Decile	Change in percentile	Change in decile
Burnley	5.2%	1	3.5%	1	-1.7%	0
Chorley	57.1%	6	60.6%	7	3.5%	1
Fylde	66.9%	7	62.5%	7	-4.4%	0
Hyndburn	8.6%	1	5.7%	1	-2.9%	0
Lancaster	38.3%	4	35.3%	4	-3.0%	0
Pendle	12.9%	2	11.4%	2	-1.5%	0
Preston	22.1%	3	14.5%	2	-7.6%	-1
Ribble Valley	89.0%	9	89.0%	9	0.0%	0
Rossendale	30.1%	4	28.7%	3	-1.4%	-1
South Ribble	71.8%	8	66.2%	7	-5.5%	-1
West Lancashire	50.3%	6	56.2%	6	5.8%	0
Wyre	51.2%	6	46.4%	5	-4.9%	-1
Blackburn with Darwen	7.4%	1	4.4%	1	-2.9%	0
Blackpool	1.2%	1	0.3%	1	-0.9%	0

Our areas of significant deprivation include wards within Blackpool, Blackburn with Darwen, Burnley, Hyndburn, and Barrow. It's a real concern that eleven of the fourteen areas in Lancashire became more deprived between 2015 and 2019. At ward level, 17 (or six per cent) of the wards in the Lancashire area are in the one per cent most

deprived of all the 7,408 wards in England. These include six wards in Blackpool, eight in East Lancashire and one each in Preston, Lancaster, and Wyre.

The level of deprivation can have a real, daily impact on people's lives and their ability to feed their families, heat their homes and support their children. The percentage of children living in poverty across Lancashire and South Cumbria ranges from a low of 12 per cent to a high of 38 per cent, compared with the national average of 30 per cent. Our health inequalities were starkly exposed during the COVID-19 pandemic - people from our deprived communities had a higher-than-average likelihood of being admitted to hospital with the disease. A significant proportion of children in these communities, experience poor living conditions which can affect their development, readiness for school and their future life chances. This can also have long-term impacts on their health and well-being and leave them more likely to need healthcare in future.



The diseases that contribute to the gap in life expectancy between the most and least deprived areas is shown in the chart. Circulatory diseases (ones that affect the heart and circulation, like stroke) cancer and respiratory conditions that affect your lungs and breathing all play a significant role for both men and women.

Rising numbers of older people

In Lancashire and South Cumbria, we have more people aged over 50 than the national average. This increases the demand for healthcare in the area. There is also expected to be an increase in the number of people aged 85 and older which will further increase pressure on services.

Carers

Carers are every day, invisible heroes, who support family members, friends, and neighbours with their additional day-to-day needs. They play a hugely valuable and vital role in the lives of the people they care for and their contribution supports our health and care system.

They play a major role in the care of people with long-term conditions and can help prevent unnecessary stays in hospital. With increasingly limited resources and

difficulties in recruiting staff, it is often family and friends who step in to bridge the gap. Therefore, carers must be known to and supported by the health and care system. There are approximately 175,000 unpaid carers in Lancashire and South Cumbria according to the 2021 Census, and Carers UK estimates the true number may be double that. Our carers range from children aged five to elderly people. As the proportion of older people and the number of people living with long-term conditions grows, the impact on carers will increase further.

There are approximately 63,000 people across Lancashire and South Cumbria who provide more than fifty hours of unpaid care a week. Caring can take a heavy toll on individuals, affecting their physical and mental health. Yet many carers are not registered with a local authority or GP practice and miss out on vital help and support.

Our operating model

The NHS has played an important role in primary prevention but there is an opportunity to extend this further and fully harness the benefits of integration by working more closely with the significant range of partner organisations that support the determinants of health. While the NHS and local authorities have collaborated on joint health and well-being strategies, more could be done to formally integrate approaches, teams and pathways.

The table on the next page highlights the range of organisations which are involved in supporting our population's health and wellbeing and the role of the NHS. This diagram illustrates very powerfully the huge potential benefit for our population, of the NHS working in an integrated way with partners at system, place and neighbourhood.

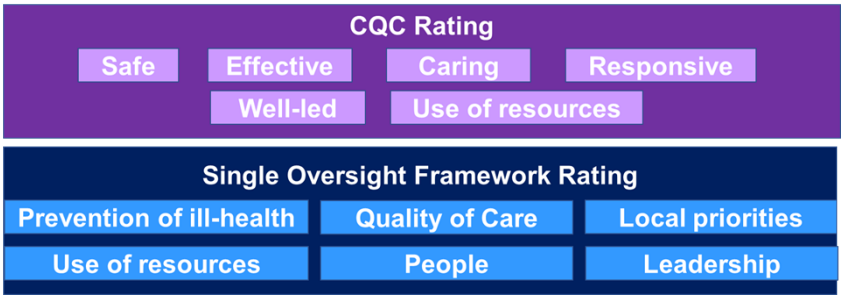
Organisation		Determinants of health	Health education	Social care	Healthcare	Well-being
Council *Provision varies depending on whether the council is upper tier* or district level.*		Education * Employment Housing Family Support Environment	Disease prevention *	Social Care*		Libraries * Physical environment Culture Creativity
NHS		Anchor Institutions Greener NHS	Prevention NHS Awareness Campaigns Making Every Contact Count		Care provision	
VCFSE	Charities Faith Sector Community Groups	Support services				Services
	Social Enterprises	Supporting Business Childcare Education Community Environment		Services	Services	Sports and Leisure
Private/independent sector		Services		Care provision	Care provision	Provision

Capacity issues

The quality and outcomes of our healthcare in Lancashire and South Cumbria are affected by the availability of a skilled and talented workforce, the size and quality of our buildings and spaces, our underpinning system and processes around care and our operating model. The amount of care we can provide is limited by the capacity we have available, and our capacity is reduced by gaps in our workforce, the quality of our estate and our historic operating model which has not enabled us to share limited resources across our providers. Poor quality also impacts costs - where patients wait longer, their conditions deteriorate and are more expensive to treat; where there are inconsistent care processes and blockages, there are more errors and wastage; and where there are gaps in highly skilled clinicians, very expensive agency staff must be sought.

The quality of our care

The quality of care can be measured via access and waiting times, care processes, patient safety and patient experience. The overall quality of our main providers is assessed by two bodies: the Care Quality Commission (CQC) and NHS England & NHS Improvement via the Single Oversight Framework (SOF).



The quality of care at the main providers in Lancashire and South Cumbria is shown in the table below, highlighting significant room for improvement. The standard of care people receive in our area varies depending on where they live. Four of our five hospital trusts are rated as 'requires improvement', while one – East Lancashire Teaching Hospitals NHS Foundation Trust – is rated 'good'. This difference in standards also has an impact on our health inequalities.

Trust	CQC Rating	Single Oversight Framework
North -West Ambulance Service (NWAS)	Good	2 Plans in place to meet the challenges
East Lancashire Hospital Trust (ELHT)	Good	2 Plans in place to meet the challenges
Blackpool Teaching Hospital (BTH)	Requires improvement	3 Significant support required
Lancashire and South Cumbria Foundation Trust (LSCFT)	Requires improvement	3 Significant support required
Lancashire Teaching Hospital NHS Foundation Trust (LTH)	Requires improvement	3 Significant support required
University Hospitals Morecambe Bay (UHMB)	Requires improvement	4 In actual or suspected breach of licence

The table below outlines the rating for each provider against the key domains within the CQC assessment. Whilst all the providers offer a caring environment for our population, urgent action is needed to ensure improvements are secured in the other domains.

CQC Ratings						
Trust	Safe	Effective	Caring	Responsive	Well-Led	Use of resources
NWAS 2020						-
ELHT 2019						
BTH 2022						
LSCFT 2019						-
LTH 2019						
UHMB 2021						

Waiting times for planned care have increased markedly over the past two years due to the cessation of routine surgery during COVID-19. The demand and waiting times for urgent care have also increased, and the patients presenting have greater acuity. Alongside this, our care processes and clinical pathways vary by geographical area, due to the level of available workforce in each location and the quality of the estate; all of this has a consequential impact on patient safety and experience. The historic operating model of the NHS which has encouraged providers to work in competition and isolation rather than working collaboratively to share scarce resources has been a huge barrier to improving quality. These are challenges shared across the country.

Workforce

A significant factor which impacts the quality of our care is the quality and availability of the workforce, and we have significant gaps within our hospitals which are also predicted to rise. Across Lancashire and South Cumbria, NHS hospitals employ around 40,000 people. We have higher vacancy rates than the national average, at 9per cent compared with 6.9per cent across England and some of the highest levels of sickness absence in England. Furthermore, more than 20 per cent of our staff, approximately 8,000 people, are over the age of 55 and will therefore retire in the not-too-distant future. Alongside this, our ability to recruit is impacted by the condition of our infrastructure and the reputation and quality of our services. The consequence is a high level of agency staff usage, which comes at a considerable financial cost to the system and impacts the quality of care. The workforce gaps are shared by hospitals across the country which means that hospital Trusts often compete for the same staff. We face significant problems with recruiting the people we need and retaining them.

Our primary care workforce also faces significant challenges, with the number of GPs falling and half of the current GP workforce expected to have retired within the next two decades. The number of GPs reduced by 5.2 per cent from September 2019 to September 2022 and a quarter of the general practice workforce is aged 55 and older with a similar proportion aged 45 to 54.

Estates

Our health estate needs both significant investment and radical reimagining if we are to deliver quality care and improved health outcomes for the future.

The condition of our hospital estate has a marked impact on the quality of care we can provide and also impacts our ability to recruit and limits our ability to transform care.

Our capital allocation is being spent on maintaining our ageing estate and equipment rather than on innovative transformation projects. All our hospitals were built many years ago, developed for far fewer patients and developed to meet historic care standards. This impacts overcrowding, risks around infection and patient experience.

Royal Lancaster Infirmary emergency department is seeing 50 per cent more patients than it was designed for, while Furness General Hospital is seeing 44 per cent more patients. The rate of bed occupancy recommended by the National Institute for Care Excellence (NICE) is 85 per cent and across north and central Lancashire, 95 per cent of beds are occupied. This impacts the frequency of elective surgery being cancelled and contributes to the stress levels within our workforce.

Patients have a poorer experience of care than elsewhere due to limited facilities such as single rooms and the number of toilets and showers, this also increases the risk of infections spreading. Standards of care for mental illness across emergency departments are also not good enough, due to a lack of space.

Operating model

The cultural and legislative landscape of the NHS has been underpinned for over 30 years by competition within an 'internal market' rather than collaboration – whilst initially competition drove productivity gains and innovation, more recently it has been recognised nationally that the market model has created waste and inefficiency. Despite the challenges around workforce being shared across Lancashire and South Cumbria, the legislative framework has actively discouraged working collaboratively, and this has been a huge barrier to improving quality and has contributed to a significant cost burden for providers. This has proved very expensive and has adversely affected quality across Lancashire and South Cumbria and starved services of much-needed investment. Only in recent years have hospitals started to collaborate across geographical areas to address these issues, establishing regional centres of excellence and working together, rather than against each other.

The long-term sustainability of the system depends on reducing the reliance on delivering health care within hospitals, which consumes a significant amount of our healthcare spend. Whilst providing economies of scale, acute hospital care is still expensive and we have patients being cared for in a hospital setting because there is no other local community alternative. This is not an optimum model of care delivery either in terms of achieving best outcomes or securing value for money from the Lancashire and South Cumbria healthcare pound. Critical to increasing sustainability will be strengthening primary and community care while also integrating the provision of primary and community care with social care, wider local authority services and the

VCFSE sector into Integrated Neighbourhood Teams and harnessing the use of digital technology.

However, this will not be easy.

Both primary and community care are struggling under the strain of the ever-increasing demand for care, whilst also experiencing capacity challenges including significant workforce gaps and estates issues. These issues are driven by a lack of integrated work with partners to support prevention upstream, which is driving demand for primary and community care through an ever-increasing burden of disease, alongside our population having low levels of engagement in managing their health and well-being.

We have significant pressures across our primary care and community health estate. Whilst there has been some past localised investment, there is still a huge geographical disparity in the quality of community estate which impacts the ability to deliver quality care, locally. In addition, we are not always sufficiently connected with partners across places and neighbourhoods in a way that enables us to maximise the value of the collective public sector land and estate (and wider infrastructure).

Digital, data and technology

The maturity of Digital, data and technology is variable across Lancashire and South Cumbria. Two of our acute provider trusts do not have a mature electronic patient record system and still rely on paper-based processes. Good progress has been made in the development of Lancashire and South Cumbria shared care record, but data flows and access from out-of-hospital settings need to be developed further.

The use of data is largely fragmented and is predominantly used for retrospective performance reporting rather than supporting predictive analytics and insights leading to early intervention and action.

There are some good examples of the usage of innovative technology to support care for our population but there are opportunities to scale these across Lancashire and South Cumbria such as remote monitoring, tele-care, technology-enabled virtual wards and patient-initiated follow-ups.

Digital and data provide significant opportunities in supporting improvements in the outcomes of our population's health and in tackling inequalities, experience and access. Digital and data can also play a pivotal role in increasing productivity and supporting financial sustainability.

The implications

In conclusion, the analysis of our current issues tells us that, to improve the health and well-being of our population, and to reduce the inequalities, we need to:

	Where our Joint Forward Plan needs to focus
1	**Ensure we are spending our £4 billion of healthcare resources wisely by exploring opportunities to work differently and reduce costs.** • *Explore opportunities to reduce costs and increase value for money* across the NHS by working differently including moving care closer to people's homes where possible. • *Explore opportunities to share resources* across the NHS family • *Reduce long-term healthcare demand* by supporting people to stay well for as long as possible, reducing the pressure on the healthcare system (as below). • *Optimise the quality of care across Lancashire and South Cumbria* this will also reduce costs (as below). • Variation in the quality, consistency, and processes for care, can create additional demands for care such as re-admissions.
2	**Reduce and manage the unsustainably increasing demand for care** **Take action on prevention and address inequalities** • *Provide targeted support for communities and demographics with the greatest health issues* by undertaking targeted action at system, place, and neighbourhood. • *Take joined-up action with partners on the social determinants of health such as unpaid care* • *Support our population to make healthy lifestyle choices* by offering NHS support services and connecting them to the wider service offers from our partners. • *Screen our population for diseases and intervene early* to keep people well for as long as possible. • *Empower our population to actively manage their health and well-being* • *Work with our population to understand the drivers of their health choices* and co-produce the development of any solutions. ***Proactive disease management*** • *Implement evidence-based standardised care pathways* for our most significant disease areas, population groups and communities. ***Integration*** • *Support the health needs of our ageing population and those with long-term conditions*, by working in partnership • *Integrate teams across the NHS and wider partners* at neighbourhood, place, and system.
3	**Improve the Quality of care** ***Work collaboratively across providers to:*** • *Address the workforce gaps* • *Improve the quality of the hospital estate* • *Improve access to care* • *Standardise care and clinical pathways* • *Deliver world-class pathways* for priority disease areas, conditions, population groups and communities.

5. Our future vision

The ICS's long-term vision for our population is outlined below, together with our long-term aims. Our vision can only be achieved by working in partnership with all the organisations that contribute to the health and well-being of our population. These include upper and lower-tier local authorities, the NHS, the VCFSE sector, our universities and local people and communities. This vision is about health and well-being in its widest sense This requires the NHS and all its partners, to work very differently from how they have in the past.

Our Vision

We want our population to live longer and healthier lives which will be enabled by:

- Healthy communities
- High-quality and efficient services
- Health and care services that are centred around the needs of our communities and offer high-quality employment opportunities for our workforce

Together, we will measure our long-term success over the next 7-10 years, by our ability to increase the healthy life expectancy of our population. We will track this across the system and within each of our places and communities, to ensure inequalities are reduced.

Our Values

We are committed to delivering high-quality, patient-centred care which improves people's lives with compassion, humanity, kindness, respect, and dignity. We will make the most efficient and effective use of the healthcare resources across Lancashire and South Cumbria.

Our Pledges to our key stakeholders

	Our pledges to our population	
1	**You will have healthy communities**	You will *be supported to keep well both physically and mentally* by health and well-being services that are connected across organisations and at system, place, and neighbourhood level.
2	**You will have high-quality and efficient services**	You will: ○ *Have access to high-quality, and patient-centred services*. We will ensure our providers work collaboratively to share their resources and expertise, offering access to the care that gives the best outcomes for patients. ○ *Have access to joined up and coordinated services and support,* which is easier to navigate and access. ○ *Be treated with compassion, humanity, kindness, respect, and dignity.*
3	**A health and care service that works for you**	You will *be provided with opportunities to make choices about your healthcare and have greater opportunities to design and co-produce local services, to ensure they meet your needs.*

Our pledges to our partners	
We will work together in partnership	○ *We will work collaboratively with you* at every level of the system and co-produce our plans. ○ *We are committed to widening our understanding* of the role, and hugely valuable contribution of all our partners in health and well-being to ensure that the programmes of work we jointly develop, can meet the challenges our population faces, and we can collectively make the biggest difference to the health and well-being of our population. ○ *We are committed to developing a sense of 'esprit de corps'* across our system. A shared spirit of comradery, enthusiasm, and devotion to a very important cause.

Our pledges to our people	
You will have access to more opportunities and more support for your health and well-being.	We aspire to be a system that people want to work for. We want to attract and keep the best people to create high-performing teams with a strong, collaborative, can-do culture. We intend to work together with you to ensure we can build and strengthen our workforce. We welcome your suggestions, and ideas, as we recognise that the last few years have taken a heavy toll on our hugely valuable workforce. ✓ *You will have access to a wider range of job opportunities* and routes for development as we develop new roles across our system. ✓ *You will have the opportunity to share your expertise* and make a difference across a wider geographical area. ✓ *You will be supported via digital tools* to focus more time on patient care and less time on unnecessary bureaucracy. ✓ *You will be offered more flexible working opportunities* where possible to enable you to balance your work and home life. ✓ *You will be provided with more added value health and well-being support* including assistance with financial issues and mental health.

The importance of partnership working

Our work to support local people to live longer and healthier lives will rely on strong relationships between the NHS and all our partners which impact upon health and well-being.

The Lancashire and South Cumbria Integrated Care Partnership has developed an ambitious vision; it will work to harness the collective knowledge, skills, and talents of partners to improve our population's health, wealth, and happiness. The Partnership has already agreed on outline priorities for collective action, to enable our population to start well, live well, work well, age well and die well, as detailed in the Integrated Care Strategy. This joint programme of work has built upon a review of health equalities by the Health Equity Commission and the Joint Strategic Needs Assessments (JSNAs) for each of the places across the system: Lancashire, South Cumbria, Blackpool, and Blackburn with Darwen.

Engagement on our plans

This initial ICB Joint Forward Plan is high-level and recognises that we are on a developmental journey. It builds upon previous strategies and plans which are, in turn, built upon engagement with our partners and our population.

Most recently, we have engaged with partners and with targeted sections of our population in the development of our 2023 Integrated Care Partnership Strategy, with support from local Healthwatch and VCSFE organisations.

Before this, as part of the development of our system response to the national ten-year Long-Term Plan in 2020, we engaged with our partners and some of our local communities. This engagement revealed that more work was needed on health inequalities, access to care, the quality of care and sustainability. All these elements are integral to our Joint Forward Plan and form part of our strategic priorities.

Although our current plan is fully aligned with the 2019/2029 Long-term Plan, much has changed in the health and care sector since COVID-19: the challenges our system faces are now greater, with more significant gaps in terms of inequality, access, quality, outcomes, and sustainability.

Having laid out the foundations of our draft Joint Forward Plan in March 2023, we are undertaking further engagement with partners and the public on elements of this plan to gain more detailed and informed views and feedback from our population, staff, partners and other stakeholders. The final version of the plan – taking account of this feedback – will be received by the ICB Board in July 2023, alongside a public facing summary of the plan.

6. Our system strategy

We want our population to live longer and healthier lives. This will be enabled by healthy communities, high-quality and efficient services and a health and care service that is centred around the needs of our communities and offers high-quality employment opportunities for our workforce.

To deliver this vision we must address the root cause of our problems. We must vastly improve the cost, quality, and value for money of our services, while also acting earlier, and through closer working with our partners to prevent people from getting ill and to prevent their illness deteriorating.

The problem

There is a mismatch between the demand for healthcare in Lancashire and South Cumbria, and the available capacity.

The cost of the healthcare we provide in this system is greater than our level of income, and the gap is widening.

We have identified five strategic priorities which will together enable our population to live longer and healthier lives.

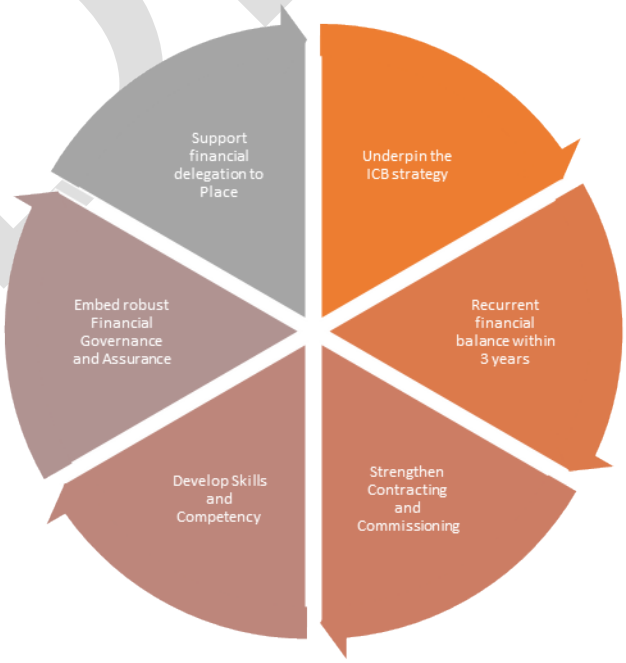
1. We must strengthen our foundations by improving our financial situation with a fully-fledged financial recovery programme
2. We must take urgent action to reduce the unsustainable level of long-term disease, working with partners to prevent illness and reduce inequalities.
3. We must move care closer to home wherever possible, strengthening primary and community care and integrating health and care service delivery.
4. We must ensure there is more consistent and high-quality care among our providers. We will standardise, network, and optimise our pathways of care.
5. We must take targeted action to deliver world-class care for priority disease areas and conditions, population groups and communities.

OUR LONG-TERM STRATEGIC PRIORITIES		
1. STRENGTHEN OUR FOUNDATIONS		
Improve our long-term financial sustainability and value for money, through transformation with providers.		
2. IMPROVE PREVENTION	**IMPROVE AND TRANSFORM CARE PROVISION**	
Prevent ill-health and reduce inequalities by collaborating with partners.	**3. Integrate and strengthen primary and community care** with partners and providers.	**4. Improve quality and outcomes** through standardisation & networking with providers.
5. WORLD CLASS CARE		
Deliver world-class care for priority disease areas, conditions, population groups and communities.		

Our urgent priority is to take immediate action to reduce our costs and work very differently across the NHS to share our resources. We have sought external expertise to ensure we make rapid progress is this area. The underlying financial risk that was forecast for 2023-24 was significant – in agreeing our system financial target for the year, we have accepted the need to take urgent joint action on recovery across the whole NHS and with our partners, overseen by the establishment of our Recovery and Transformation Board.

Our financial strategy

Our highest priority in the short to medium term is to improve our financial sustainability. A financial strategy is being developed to underpin the Joint Forward Plan. Principles for the strategy have been developed as follows:



The ICB capital plan for 2023/2025 is fully aligned with our strategic aims. It is focused on maintaining our current equipment and buildings so that our providers can make the best use of equipment and space. Due to issues with the quality of some of our hospital buildings, we have higher estates costs than other ICBs. The consequence is that we have less money to spend on capital projects which focus on transformation. When there is additional national capital money available for transformation, the ICB will take all necessary steps to apply for it, to improve healthcare in Lancashire and South Cumbria.

Our Enablers

To deliver our strategy, we must work differently at system, place, and neighbourhood and take action to get the basics right, including action to improve our buildings, systems, and workforce. Underneath all this, we need a comprehensive delivery plan that sets out which organisations are responsible for delivering results and how improvement will be measured.

<table>
<tr><th colspan="4">Working differently</th></tr>
<tr><td rowspan="2">Research and Innovation</td><td>Reducing inequalities
using population health management and public health expertise</td><td>Integrated working
within the NHS and with our system partners</td><td>Lifting the bureaucratic burden
longer-term partnerships with high-performing providers</td></tr>
<tr><td>Empowering our population
including public and patient engagement and personalised care</td><td>Double devolution
strengthening places and neighbourhoods</td><td>Harnessing our role as an anchor institution</td></tr>
</table>

<table>
<tr><th colspan="3">Getting the basics right</th></tr>
<tr><td>Comprehensive workforce plan
across all organisations and sectors</td><td>Buildings, infrastructure,
and digital investment</td><td>A strong focus on delivery
with clear plans, joint accountability frameworks and performance metrics</td></tr>
</table>

Measuring Success

We will measure our success for each of our five strategic priorities using the measures in the table below. Our system delivery plan will detail the programmes of work and key performance metrics for system, place, and neighbourhood, for each of our priority areas.

MEASURING OUR LONG-TERM SUCCESS – AMBITIONS FOR 2033		
STRENGTHEN OUR FOUNDATIONS		
Improved sustainability of the system as measured via the overall financial position.		
IMPROVE PREVENTION	**IMPROVE AND TRANSFORM CARE PROVISION**	
Improved healthy life expectancy at system and place.	Enhanced and seamless care provision within our neighbourhoods.	Improved quality of care across all our providers as measured via their CQC and Single Operating Framework assessments.
WORLD CLASS CARE		
Improved pathways of care across the system as measured via our adherence to national recommendations for World-class Care within the NHS Long Term Plan.		

Delivering the aims of the ICB

The strategic priorities can be mapped to delivery of the four key ICB strategic aims:

Contribution to our four key strategic aims					
		Reduce Inequalities	Improve Outcomes	Enhance Productivity	Support broader social and economic development
1	Strengthen our foundations			✓	
2	Improve prevention and reduce inequalities	✓	✓	✓	✓
3	Integrate and strengthen primary and community care	✓	✓	✓	
4	Improve Quality and Outcomes	✓	✓	✓	
5	Deliver world class care for priority areas	✓	✓	✓	

Our new Operating Model

Working in an integrated way with all our partners means the NHS must work in a different way than it has before. The ICB is not simply a combination of the eight separate Clinical Commissioning Groups (CCGs) that existed before - it has a different role and scope. The NHS will now be working holistically with partners to improve health and well-being at system, place, and neighbourhood; as well as providing healthcare. Each organisation across the health and well-being landscape has its own culture and ways of working, and to really benefit from working together, all organisations need to be open-minded and willing to learn from each other.

To achieve true integration, we need an operating model which clearly defines the rules of engagement with our partners and all organisations within the NHS family, at system, place, and neighbourhood levels.

An essential part of this new way of working will be making the best use of all our combined assets: our people, our partners, our infrastructure, and our resources. We need to make this change in our ways of working quickly, and this will require innovation, commitment, and collaboration, together with a great deal of enthusiasm. We must look for opportunities to innovate while being realistic about which factors are within our control. The table below outlines our historic operating model and the opportunities that we must urgently harness as we move forward.

	Our historic operating model	Our opportunity
Our people *Workforce across the NHS and partners* 	Organisations working largely independently with a fragile workforce across providers and partners.	• To collaborate with providers and partners at system, place, and neighbourhood level, to share knowledge, skills, and expertise. • To develop shared teams, shared systems, and shared processes.
Our partners *Our system partners and our population* Local Government NHS VCFSE and wider	**Our partners** Historically, there has been some joint working and some joint plans. **Our population** Largely the consumers of healthcare have had low involvement in their care, with some choices and some opportunities to engage and co-produce service developments.	**Our partners** • To develop a shared strategy for prevention across all partners with a focus on the communities which need targeted support. **Our population** • To enable and empower our population and our patients to take a lead in choices about their health and care. • To harness local knowledge to co-produce initiatives and service developments to respond to the increasing demand for care.

	Our historic operating model	Our opportunity
Our infrastructure *Our Estates and digital infrastructure* 	**Buildings** The way we deliver healthcare is expensive. It is mostly face-to-face, and in ageing hospitals with costly parking. **Anchor role** As a major employer, the NHS is an 'anchor institution', however our contribution to the local economy could be greater. **Digital** Historically, there has been little sharing of information and data between organisations. This can prevent patients from being able to easily 'flow' between one organisation to another. Data isn't being used to its maximum potential to help prevent ill health early on. There is also real potential for technology to improve the way we work and give more choice to the people we serve.	**Estates** • To use our facilities and buildings differently to improve quality. This may include separate sites for planned (elective) and acute care and moving care closer to patients' homes where possible. **Anchor** • To utilise our anchor status to support the local economy, including working with schools and colleges to encourage careers in health. **Digital** • To use digital tools to enable patients to safely leave hospital sooner and improve their experience of healthcare. • To bring together clinical and corporate information systems across NHS providers and better share information across local authorities and VCSFE organisations and to support population health intelligence, research, and service evaluation. • To develop and use technologies to prevent ill health and offer care closer to, or in, the home.
Our resources 	In the past, our focus has been on treating illness, usually in hospital. This is not sustainable as the demand for care increases. Organisations work in isolation and there is little sharing of resources and functions.	• To focus on preventing ill health, reducing the number of people living with long-term conditions and improving healthy life expectancy. • To increase value for money by moving care delivery into the community and using digital tools. • To increase efficiency, by sharing programmes and administrative work across providers.

7. Our strategic priorities

Strategic priority one - Strengthening our foundations

We will strengthen our foundations by improving our financial sustainability and value for money, through a transformation programme with providers

The underlying financial risk that was forecast for 2023/24 was significant - in agreeing our system financial target for the year, we have accepted the need to take urgent joint action on recovery across the whole NHS and with our partners.

We will eliminate our system's financial deficit over the next three years. However, our financial position is merely a symptom of how our services are delivered.

To strengthen the long-term sustainability of the NHS within Lancashire and South Cumbria, we need to manage demand for healthcare services over the long-term and make the best use of our budget, our capacity to deliver care and our systems and processes. Some of the promises detailed below also cross over into the other five priority areas.

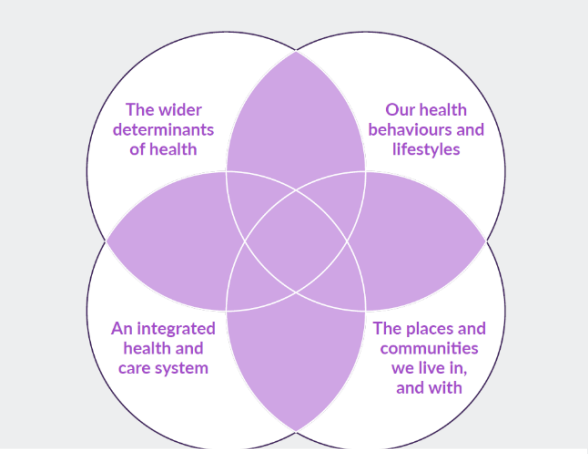
A formal System Recovery & Transformation Board will be established to oversee the work plan and provide assurance to the ICB board. A five-year plan will outline how the financial gap will be closed.

The strategic priorities		Our promises
1	**Reduce and manage demand for healthcare services over the long-term**	✓ We will work with our partners to prevent ill health and reduce the long-term demand for healthcare. This will include integrating health and social care teams and working closely with our wider partners at system, place, and neighbourhood. ✓ We will work with local people to empower them to take more responsibility for their health and well-being, signposting them to services and providing coaching.
2	**Optimise the spend and value for money of the system's £4 billion budget**	✓ We will develop programmes to make the ICB and our providers more efficient ✓ We will secure the expertise of a regional turnaround team and 'leave no stone unturned' in the search for efficiency and effectiveness. ✓ We will take tight control of spending and remove any unfunded costs. ✓ We will reduce duplication, combine back-office functions across providers and reduce administrative costs wherever possible. ✓ We will reduce the ICB back-office costs and our carbon emissions, by enabling our workforce to work in an agile way. ✓ We will work with our local authorities to ensure the use of Better Care Funding is used to enable patients to be discharged from hospital when they no longer need to be there.

The strategic priorities		Our promises
3	**Make the best use of our capacity to deliver health and care healthcare**	✓ We will network and reconfigure our clinical teams to increase their resilience and reduce costs. ✓ We will reduce the environmental impact of our buildings and vehicles. ✓ We will improve patient experience and reduce the cost of delivering healthcare by moving care closer to home wherever possible: ○ expanding and strengthening primary and community care including integrated neighbourhood teams. ○ enhancing intermediate care including the use of remote monitoring and virtual wards
4	**Make the best use of our systems and processes**	✓ We will increase the efficacy of clinical and care pathways ✓ We will develop seamless pathways across providers and partners.

Strategic Priority two - Preventing ill health and reducing inequalities

We will improve prevention and reduce inequalities by collaborating with our partners



(2018), Buck et al, A vision for population health: Towards a healthier future, The King's Fund

To improve the health and well-being of our population we will connect and integrate health and well-being services across the system. This will improve our ability to prevent illness, and over the long term, it will reduce the burden of disease, increase healthy life expectancy, and reduce inequalities. As the level of disease in our population reduces, this will impact upon the level of healthcare spending although this is reliant on our population making positive lifestyle choices. To prevent ill-health the NHS needs to increase its contribution to population health and well-being. Underpinning this is the intention to level-up health and well-being for our population and to address with partners, systemic inequalities in their life chances.

We know that we need to work together with our partners to improve the overall health of the Lancashire and South Cumbria population. As the diagram above shows, to

make a real difference, action is needed across the wider determinants of health, health behaviours, communities, and the healthcare system.

As well as taking a holistic approach to health and well-being, we will take targeted action within communities and population groups where there are significant health inequalities. Critical to this will be using population health data and intelligence to understand the health challenges faced by different communities and the causes of varying outcomes, alongside evidence-based research on what makes a difference. This will enable us to level-up the health and well-being playing field.

We will measure success in the long-term by the extent to which we have added life to years in terms of healthy life expectancy at system and place. We will also measure the extent to which we are reducing the variation in healthy life expectancy across our system. In the medium term, we will monitor disease prevalence and admissions. In the short term, we will ensure that seamless and integrated provision is in place within every community.

The strategic priorities		Our promises
1	**Develop a joint programme of work across all partners to improve health and well-being**	✓ We will review the joint strategic needs assessments for each place in Lancashire and South Cumbria to identify the areas we could collaborate on, so we can improve the life chances of our population. ✓ We will implement an Integrated Care Strategy across all partners, detailing joint programmes of work across the whole life course of our population, integrating services, and improving people's experiences of health and care ✓ We will act at system, place, and neighbourhood levels, responding to different communities' needs, to ensure health inequalities are addressed. ✓ We will harness the role of the NHS as an anchor institution to make a difference in our communities. ✓ We will use population health management expertise to understand the reasons for differences in health across Lancashire and South Cumbria and use it to design innovative ways to improve health and well-being in our communities.
2	**Support healthy lifestyles**	✓ We will work with local people and communities to provide additional support to encourage our population to stay well for as long as possible, including services for smoking, drinking and obesity.
3	**Improve prevention**	✓ We will undertake targeted action within priority pathways to help prevent the progression of key diseases. The priority work programmes as identified nationally in the NHS Long Term Plan, are cancer, mental health, and cardiovascular disease.

Our Integrated Care Strategy, as outlined below, sets out our intention to take joined-up action with our partners to enable our population to thrive by starting well, living well, working well, ageing well, and dying well.

Lancashire and South Cumbria Integrated Care Strategy priorities	
Start Well	**Together with our partners, we will support our population to start well.** ✓ **Integrated support for families**: we will develop family hubs across Lancashire and South Cumbria, providing integrated and joined-up support for children and their families, including carers who are parents, and young carers. This will include a comprehensive start-for-life offer. ✓ **Supporting those with the poorest health**: we will reduce health inequalities and vulnerabilities by taking targeted action to address differences in access to services and improve health and well-being outcomes for children and their families, including parental carers and young carers. We will provide support for breastfeeding, reduce childhood obesity and reduce smoking during pregnancy. ✓ **Support for children to achieve their potential at age three**: we will support all our children to be as healthy as they can be by their third birthday including joined-up child health and development services, support for all pre-school children with additional needs and support for school readiness. It will include support for families, parental carers and young carers.

Live Well	**Together with our partners, we will support our population to live well.** ✓ **Support for the unwell:** we will support people with existing mental and physical ill health with a particular focus on those who face the greatest inequalities in access, experience, and outcomes. ✓ **Support for healthy lifestyles**: we will support our residents to make healthy lifestyle choices, with the greatest focus on those experiencing the biggest health inequalities. ✓ **Support for the causes of ill health**: we will address the causes of poor health and care – working together to address the things that can have an impact on health and well-being.

Work Well	**Together with our partners, we will support our population to work well.** ✓ **Career support for young people:** we will support young people to feel more interested in their future careers, helping them to gain the life skills needed for work and encouraging them into jobs with good career opportunities. ✓ **Skills development:** we will support our working-age population into stable and healthy workplaces, helping individuals, particularly from disadvantaged communities, to gain confidence and skills that enable them to compete for jobs as equals. ✓ **Support for well-being at work**: we will create workplaces and cultures that encourage good health and well-being, identifying the signs of ill health and well-being early and offering support where needed. ✓ **Support for local development**: we will encourage large organisations and local businesses to support social and economic development in their area.
Age Well	**Together with our partners, we will support our population to age well.** ✓ **Integrated support for frail older people**: we will provide joined-up, wrap-around support for our most vulnerable and frail residents, their families and carers. This will include the development of older people's hubs. ✓ **Choice and control over care**: we will make sure support is in place when circumstances change for an individual or their carers, supporting people to be as independent as possible. ✓ **Keeping older people active**: we will keep our maturing population mentally and physically active as well as involved and contributing to their communities.
Die Well	**Together with our partners, we will support our population to die well.** ✓ **Talking about dying**: We will encourage our residents to feel comfortable talking about death and dying. ✓ **Personalised end-of-life planning**: We will ensure end-of-life care is made more personal, regardless of where they live or their condition. ✓ **Bereavement support:** we will provide outstanding support for people who have lost a loved one, their families and carers with an approach that meets their individual needs.

Strategic Priority three – Integrating and strengthening primary and community care

Strengthening primary and community care with partners and providers

The long-term sustainability of the system depends on reducing the reliance on delivering healthcare within hospitals, which is an expensive way to care for people. To become more sustainable as a system, we will need to strengthen primary and community care, integrating them further with social care, wider local authority services and the VCFSE sector to create Integrated Neighbourhood Teams that harness the use of digital technology.

Enhancing and strengthening community care supports hospitals by:

- Reducing the number of people needing to enter the 'front door' – helping patients to be cared for at, or closer to home and avoid unnecessary hospital admissions.
- Increasing the flow of patients out of the back door – working in the community to ensure there are safe and suitable places for people to move on to when they no longer need to be cared for in hospital.

By better using digital technology and enhancing the care we provide out of hospital for people with long-term conditions, we can keep people well for longer. It also has a role in supporting acute-based planned care services, some elements of which could be moved into the community via a hub and spoke model.

We will measure success by the extent to which the current primary and community care provision has been strengthened, and in the longer term, the extent to which enhanced primary and community care provision is in place, including integrated neighbourhood teams.

The strategic priorities		Our promises
The foundations		
1	**Strengthen primary care**	✓ We will strengthen the existing primary care provision and improve access to primary care. ✓ We will integrate primary care with community services into primary care networks.
2	**Strengthen community services**	✓ We will review community services to understand the gaps.
Transformation		
3	**Transform primary and community care provision**	✓ We will develop integrated neighbourhood teams that support proactive prevention and provide integrated care within the community, reducing downstream demand on hospitals, by September 2025. ✓ We will empower people to take greater control over their health and well-being by offering them personalised choices about their care.
4	**Transform intermediate care provision**	✓ We will coordinate care and enhance services to avoid patients being admitted to hospital where it can be avoided and help them leave hospital faster when they are ready ✓ We will transform intermediate care provision

Strategic Priority 4 - Improving Quality and Outcomes

Improving quality and outcomes through standardisation and networking with providers

Our vision is that people in Lancashire and South Cumbria will have equal access to joined- care that is consistently safe, delivered with compassion and on a par with regional and national averages.

Where health and care services are not as good as they should be, there is a real impact on patients' recovery and long-term health. This, in turn, means people often need more healthcare which is negative for the patient and costly for the system.

Our quality of care across Lancashire and South Cumbria is variable as evidenced by the NHS SOF ratings of our providers. As our financial situation shows, the way the system currently works is expensive and unsustainable. Our action in this area has the potential to improve quality and reduce spending in the medium term.

We will measure success in the short term via an improvement in the CQC and the SOF ratings of our six trusts. In the medium and longer term it will be measured by better healthcare and experience for our patients, as measured through the implementation of optimised pathways, an improved healthcare estate and an enhanced workforce.

Trust	CQC rating		Single Oversight Framework	
	2022-23	Plan	2022-23	Plan
North-West Ambulance Service NHS Trust (NWAS)	Good	Maintain Good	2	Maintain SOF 2
East Lancashire Hospitals NHS Trust (ELTH)	Good	Maintain Good	2	Maintain SOF 2
Blackpool Teaching Hospitals NHS Foundation Trust (BTH)	Requires improvement	Good during 2024/25	3	SOF 2 by 2025-26
Lancashire and South Cumbria NHS Foundation Trust (LSCFT)	Requires improvement	Good during 2024/25	3	SOF 2 and maintain during 2023/24
Lancashire Teaching Hospitals NHS Foundation Trust (LTH)	Requires improvement	Good during 2024/25	3	SOF 2 by 2025/26
University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT)	Requires improvement	Good during 2024/25	4	SOF 3 by 2023/24 and SOF 2 by 2025/26

The strategic priorities		Our promises
1	**Enhance the consistency of the pathways and processes around care including access**	✓ We will enhance clinical and care pathways across providers. ✓ *We will take action to ensure our pathways of care for key disease areas, conditions, population groups and communities are world-class (see in the next section).* ✓ We will improve our urgent care pathways including access to urgent care and better intermediate care. ✓ We will improve our planned care pathways • We will optimise referrals • We will reduce waiting times for care • We will redesign planned care pathways to improve quality, outcomes and patient experience and move care closer to home. • We will reduce clinical variation and low-value activity.

2	**Improve the estate/physical care environment**	✓ We will significantly improve the quality of our estates via the new hospitals programme *(subject to confirmation of national funding).* ✓ We will reduce the NHS carbon emissions and reduce our use of single-use plastics.
3	**Increase the productivity and resilience of our workforce**	✓ We will build a workforce plan for the system which includes workforce networks across providers.
4	**Robust governance and oversight**	✓ We will ensure there is robust governance and oversight of our providers to support the improvement of access, safety, quality, outcomes, and patient experience at our acute trusts.

Strategic Priority five – World class care for priority areas

The NHS Long-term Plan highlighted areas where resources and efforts needed to be targeted to improve the health outcomes for our population, these are detailed in the table below together with the core outcomes. There are national resources to support improvement in these areas. Achieving the desired outcomes will depend on workforce availability.

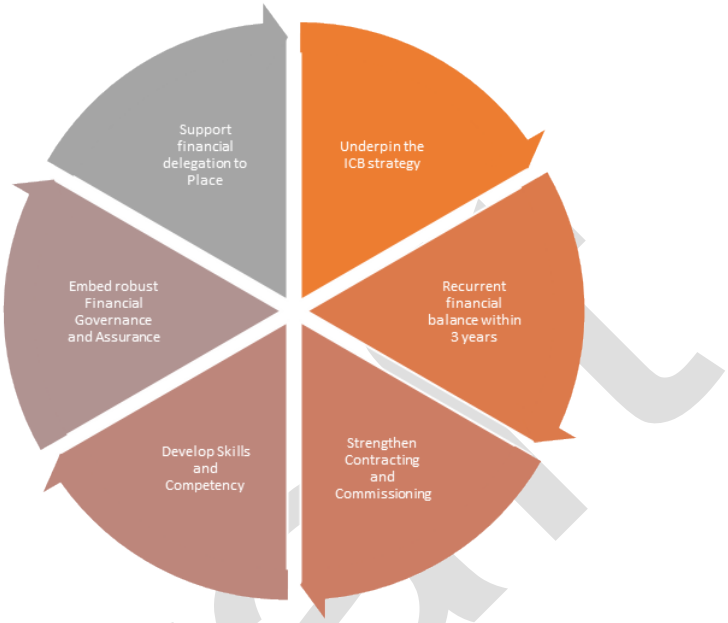
Improving pathways and care for priority disease areas, conditions, population groups and communities

The strategic priorities		Our promises
1	***Priority disease areas and conditions*** – *Cancer - mental health – maternity- Cardiovascular disease*	✓ **Pregnancy:** We will improve the quality of care for women who are pregnant o We will improve the support for pregnant mothers including continuity of carer and perinatal mental health support. o We will reduce the number of stillbirths ✓ **Cardiovascular disease**: We will improve care for people with cardiovascular disease. o We will improve prevention by providing access to cardiac rehabilitation and defibrillators. o We will improve the outcomes after a stroke including access to thrombectomy and thrombolysis. o We will improve prevention for diabetes by offering structured education and improved monitoring. o We will improve support for those with respiratory conditions. ✓ **Mental health:** We will improve the care we provide to those who need mental health support. o We will improve the support for those in a crisis including a single point of access, and support within acute hospital emergency departments. o We will improve early intervention for people with psychosis o We will provide more support for people with depression and anxiety o We will improve the support for those with serious mental illness ✓ **Cancer:** We will improve outcomes for those with cancer o We will increase the proportion of people diagnosed early o We will increase the level of lung cancer spotted early via lung health checks.

2	***Priority population groups*** *– Children and Young People – Learning Disabilities*	✓ **Children and young people**: We will improve healthcare outcomes for children ○ We will support children who are obese to improve their health. ○ We will provide more access to mental health services including eating disorder services ○ We will ensure there is support for victims of abuse ○ We will provide access to more cancer treatments for children including CAR-T and proton beam therapy. ✓ **Learning disabilities and autism:** We will improve healthcare outcomes for people with learning disabilities ○ We will improve the quality of life for those with learning difficulties by moving people out of hospitals ○ We will improve the health of people with learning difficulties and autism by ensuring they are registered with a GP, and we regularly monitor their health via regular checks.
3	***Reducing inequalities*** *- CORE 20 per cent and others as identified via PHM*	✓ **We will reduce inequalities by improving the healthy life expectancy of our population in the areas of greatest need including the most deprived 20 per cent.** ○ We will undertake evidenced-based interventions within these communities to improve the health outcomes in key disease areas such as severe mental illness, chronic respiratory disease, early cancer diagnosis, and hypertension.

8. Our financial strategy

A financial Strategy is being developed to underpin the ICB strategic direction. Principles for the strategy have been developed and the full strategy will be in place by September 2023. The principles are shown in the diagram below.



The key areas of work within each of these principles is described as follows:

Our financial strategy principles	
Underpin the ICB strategic priorities	✓ *Place devolution* ✓ *Community redesign and vertical integration* ✓ *Strong out of hospital offer* ✓ *Investment in population health through place* ✓ *Available Capital aligned to strategy*
Recurrent financial balance within 3 years	✓ *Recovery approach to transform the system finances – joint ICB and Provider 3-year recovery plan* ✓ *Tight spending controls governance and process in line with national protocols firmly in place for ICB and Providers* ✓ *Effective efficiency delivery each year*
Strengthen Contracting and Commissioning	✓ *Strong commissioning strategy and contract review* ✓ *Greater openness and transparency in working collaboratively with partners* ✓ *Mechanisms and governance to review acute contracts at place level*
Develop Skills and Competencies	✓ *Strong focus on Finance Skills development and financial controls across the system* ✓ *Ensure the highest level of Finance staff Development accreditations* ✓ *Ensure all opportunities to attract and retain the best talent with a strong focus on Equality and Diversity* ✓ *Financial Training, development and tools for Senior Leaders and Clinicians across the system*
Embed robust Financial	✓ *High level of assurance in audit opinions* ✓ *Strengthen financial governance in maturing ICB*

	Governance and Assurance	✓ *Ensure HFMA Governance Handbook recommendations in place across the system* ✓ *Develop the financial assurance framework for system working* ✓ *Memorandum of Understanding in place between organisations*
	Support financial delegation to Place	✓ *Senior Financial Leadership in each place* ✓ *Develop a clear financial framework for allocations and devolution to place* ✓ *Devolve Primary Care Population health and community budgets by 2024*

9. Our enablers

To tackle the significant health issues our population faces – and to enable delivery of all of our strategic priorities - we will work differently and effectively at system, place, and neighbourhood. We will work together with local people, ensuring that communities are at the heart of our plans and will vary our approach based on local needs.

Key enablers are as follows:

Working differently			
Research and Innovation	**Reducing inequalities** using population health management and public health expertise	**Integrated working** within the NHS and with our system partners	**Lifting the bureaucratic burden** longer-term partnerships with high-performing providers
	Empowering our population including public and patient engagement and personalised care	**Double devolution** strengthening places and neighbourhoods	**Harnessing our role as an anchor institution**

Getting the basics right		
Comprehensive workforce plan across all organisations and sectors	**Buildings, infrastructure, digital** and **environment**	**A strong focus on delivery** with clear delivery plans, joint accountability frameworks and performance measures

Working Differently

Research and Innovation

To enhance our sustainability and ensure we are delivering optimum pathways of care, we will review best practice research and innovation and look at the national and international evidence base. We are fortunate to have the Health Innovation Campus for a prestigious university within our patch, and we fully intend to harness this opportunity. We also recognise that this system has untapped research potential in terms of our diverse population. A system approach to attract prominent research studies, trials, and projects, both commercial and non-commercial is of paramount strategic importance.

We also recognise that our trusts currently have a lack of dedicated research time due to the competing demands of rising demand and capacity shortfalls. To address this,

it is our intention to be a pilot region for the Academy of Medical Sciences (AMS) review proposal of providing dedicated research time for staff (20% of consultants with 20% of their time protected for research in each NHS Trust). The heads of research and innovation from across our five key providers have agreed priority areas of focus: innovation and digital, workforce development, academia, and working with industry to increase sustainability. There is a joint commitment across providers to advancing individual and regional research, innovation and development functions, capacity, and capabilities.

Reducing inequalities

To reduce inequalities, we will use population health data and intelligence to understand our communities' differing health. This will be combined with research, innovation, and best practice on what makes a difference. This population health management expertise will be critical to our strategic priority on prevention and inequalities. It will work hand in hand with expertise from our public health colleagues in the local authorities.

Empowering our population

We want to completely change the relationship between our healthcare services and our population. Traditionally, our services have informed local people of how to access services and how they can provide feedback on their patient experience. To improve the long-term sustainability of our system we will develop a completely different relationship with our most important stakeholders – patients and the public. We want to *involve* and work in *partnership* with our population to design new models of integrated healthcare delivery. We want to *empower* people to feel that they are in the driving seat of their health and well-being; to understand what they can do to improve their lives and to be able to make choices about their care.

We have agreed on principles across our partners for how we will work with people and communities to listen, involve, and co-produce our plans together. This will help to develop ways of working that really are focused on local people, their lived experiences and have our population's needs at the heart of all we do.

Integrated working and double devolution

To improve health and well-being across the system, we will harness the opportunities of working in collaboration with all organisations within the NHS and all our wider partners. It will involve integrated working at system, place, and neighbourhood, across all our partners, and integrated working across the NHS family.

Our key vehicles to achieve this are:

- The provider collaborative

- Lancashire and South Cumbria Health and Care Partnership
- Place-based partnerships
- Neighbourhood teams

Effective integration will also require a leadership and organisational development programme across all organisations to facilitate a 'systems mindset' and a shared culture.

Provider collaborative

The aim of the provider collaborative is to pool the collective knowledge, skills, and talent from across the system to quickly deliver a small number of high-priority Lancashire and South Cumbria-wide projects. At the same time, the providers will continue to improve the quality of their services at a local level. These projects will be underpinned by a joint turnaround team, with progress reported to the system recovery and transformation board, alongside the devolution programme and place-based investments.

Lancashire and South Cumbria Health and Care Partnership

The Lancashire and South Cumbria Health and Care Partnership is tasked with working across organisational boundaries to improve health and well-being. It has developed a strategy to improve our population's health, wealth, and happiness by taking collective action to enable our population to start well, live well, work well, age well and die well. The delivery of services will be transformed by collaboration and integration between teams, and the reorientation of resources towards prevention. To facilitate partners working differently, we will review how we invest, provide, and manage services. Critical to the delivery of our system strategy is our plan for double devolution to places and neighbourhoods, to ensure services are delivered as close to patients as possible.

Place based partnerships

Our long-term plan is for place-based partnerships to be at the forefront of the design of local health services, with only those things that are best done on a larger scale, being led at system level, across Lancashire and South Cumbria. This will enable local authorities and the VCFSE sector to play a greater role in improving the health and well-being of their local population. Our local authority colleagues in unitary, district and county councils, have vast knowledge, experience and understanding of the needs of their communities which is a huge asset to improving the life chances of our population.

Our commitment to the development of our places can be summarised as follows:

The strategic priorities	Our promises
Place development priorities	✓ We will develop a phased devolution programme in July 2023. It will include the following functions – continuing healthcare, primary care, community services, the Better Care Fund, and population health. A critical element of the plan will be double devolution. It will include the adoption of neighbourhood working across the ICB area. ✓ We will develop a three-year phased investment programme to strengthen community services, it will include proposals to expand virtual wards (hospital at home), intermediate care, domiciliary care, prevention priorities, a proactive approach to primary care to reduce unnecessary hospital admissions and integration between health and care. ✓ We will develop an operating framework for place. It will include budget delegation, staffing, operating rules, roles and functions, and the culture needed to work well together and succeed.

Getting the basics right

Workforce strategy

To meet our ambitions for the next five years, we need to enhance and strengthen our workforce and ensure the health and care system in Lancashire and South Cumbria is a great place to work. There is a shortage of health and care staff, which will not be resolved without working very differently than we have in the past.

Our workforce strategy
✓ **We will develop new roles within our providers**, to help with staff shortages. This includes roles such as nursing associates, physician associates and assistant practitioners, which can support GPs, nurses, and other health professionals to look after lower-risk patients, freeing them up to spend more time with their most complex cases.
✓ **We will network our staff across a wider geographical area** to enable skills and expertise to be shared on a wider footprint. The new roles which will develop will cover a wider remit in terms of geography and the service they provide which will support gaps in the workforce. The national additional roles reimbursement scheme (ARRS) allows primary care networks to fund staff that work across all GP practices within their network. We will also explore the possibility of networking clinical teams across more than one trust to fill vital gaps and optimise care provision. This approach already exists for some services where there are clear opportunities for better use of a smaller number of people, such as stroke and maternity.
✓ **We will harness digital technology** to reduce the amount of time clinical staff have to spend on administrative tasks.
✓ **We will create job opportunities** within the NHS for those within our communities, harnessing the role of the NHS as an anchor institute. It will include careers and employment programmes designed to reach out to many different groups of people.
✓ **We will explore how we can make our employment offer more attractive**. This will include flexible and portfolio career packages and agile working patterns for many support services, where appropriate.
✓ **We will take action to bring the nursing vacancy rate** down to five per cent. This will involve working closely with chief nurses across the NHS and investing in developments to address the shortage of nurses both in hospitals and in care homes.
✓ **We will provide additional health and well-being support** for our staff, to enable a reduction in sickness absences. The rates in Lancashire and South Cumbria are higher than the national

average for England. Services include support with financial issues and workplace health issues, particularly focusing on mental health and musculoskeletal conditions that can be brought on or affected by work.

- ✓ **We will support staff retention** via our involvement in and learning from, a national programme which has an agreed consistent approach to agency and 'bank' staff.
- ✓ **We will improve our long-term workforce planning.** We have undertaken a review of our current and future workforce including discussions with training providers and higher education institutions to understand the numbers of candidates expected to join the system, alongside leavers' data, staff turnover and future demand profiling.
- ✓ **We will strengthen our approach to equality, diversity, and inclusion** to ensure we have a diverse and representative workforce at all levels, and across all parts of our system. We are implementing a comprehensive *Belonging Strategy* in conjunction with the inclusion networks from across our provider trusts, local authority, and wider partner agencies.
- ✓ **We will take innovative approaches** to the recruitment, retention, development, and support of our staff.
- ✓ **We will take an integrated approach to demand and capacity planning** for our future workforce.
- ✓ **We will provide education, training, and development opportunities** for our people.

Estates infrastructure, environment and digital strategy

We are updating our health infrastructure strategy to 2040. It will help us to address our key challenges in terms of our ageing buildings, issues with specific sites and our aim of keeping up with the best healthcare facilities across the globe. It will explore the radical way in which our infrastructure will need to evolve in the future and how we can make better connections across the local ecosystem to sustainably improve buildings and accommodation.

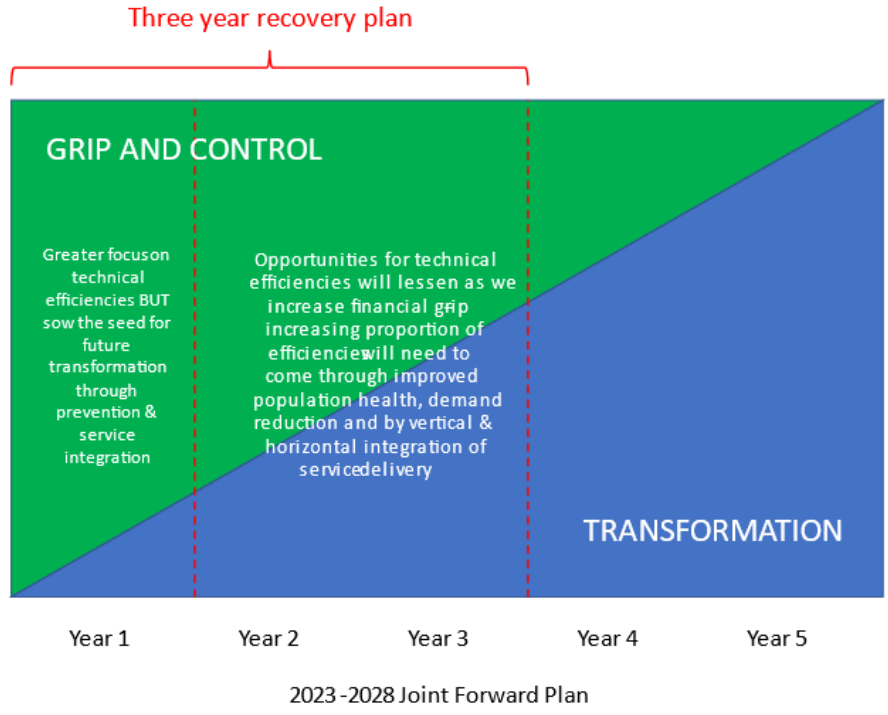
Our estates, Infrastructure, and digital strategy	
Estate	✓ **We will reduce and consolidate the estate** which housed our corporate and management staff, in line with changes to working practices which commenced during the COVID-19 pandemic. Many of our staff now work either from home or in a hybrid or 'agile' way, without a permanent desk in an office building. This will reduce unnecessary costs. ✓ **We have developed plans to significantly improve the quality of our hospital sites** through the New Hospitals Programme. This has the potential to make Lancashire and South Cumbria a world-leading centre of excellence for hospital care. It offers us a once-in-a-generation opportunity to transform some of our oldest and most outdated hospital buildings and develop new, cutting-edge hospital facilities. It will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next-generation hospital facilities and technologies. The hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents. ✓ We are developing plans to understand our requirements for health **accommodation and infrastructure across our places and neighbourhoods** and will identify our investment requirements to improve the quality of our out-of-hospital estate. ✓ We will consider how our **estate needs will change** and be shaped by advances in technology, digital services, and new models of care. We will consider less-traditional approaches to both the development and use of accommodation, as well as increasingly focus on the role of infrastructure in prevention and reducing health inequalities.

Digital	✓ **We will improve the responsiveness of services** by utilising real-time information to change how care is provided, where resources are coordinated and plan future care. ✓ We will develop a common electronic patient record (EPR) across the system to enable Lancashire and South Cumbria to be a digitally mature system. Other work includes the ongoing development of tele-health and tele-care and an assessment of the possibilities surrounding virtual and augmented reality, machine learning and Artificial Intelligence. ✓ **We will enable care to be integrated across organisations** by providing shared records to all partners involved in patient care. For example, medication history and information on long-term conditions, so information from one organisation will directly benefit care provided by another. ✓ **We will transform how patients interact with services**, technology will support timely messaging and improve the experience for patients. We are developing a digital front door for people in Lancashire and South Cumbria to engage with health services. This portal will build on the capability of the NHS app.
Green	✓ **We will review the carbon emissions from our hospital sites** and work with NHS property companies to develop plans to meet the NHS commitment of being net zero carbon by 2040. This will include a plan for decarbonising buildings A standardised review of all of Lancashire and South Cumbria hospital sites is underway to help understand the complexity and cost of this target.

10. A strong delivery focus

Our plan to improve the health and well-being of our population is ambitious and we are confident it will deliver over the long term, but it will require patience, tenacity and enthusiasm. It is vital that financial grip and control are maintained in the early phasing of delivery of our recovery plan - our focus will then move fully to the vital transformation work that we need to do to improve the quality of our care and support improvements in population health and reductions in demand on services.

Considering the expectations of our three-year recovery plan alongside this phasing shows that in year 1 we would expect most savings to come from technical efficiencies with increasing contributions from transformation and integration in years 2 and 3, at the end of which we should have achieved financial balance.



This will allow us to close the financial gap and create a sustainable system where we can operate within our budget and provide access to high-quality services.

Delivering our five strategic priorities

The table below shows how we will measure the delivery of our five strategic priorities. We will do more work through the development of our system delivery plan to identify the delivery implications for system, place, and neighbourhood.

Strategic priorities		Short-term 1-3 years	Medium-term 4-6 years	Long-term 7-10 years
1	Strengthen our foundations	Three-year system financial plan	Financial balance across the NHS system	
2	Improve prevention and reduce inequalities	Seamless and integrated provision is in place within every community.	Reduced admissions and disease prevalence	Seamless and integrated provision is in place within every community.
3	Integrate and strengthen primary and community care	Strengthened primary and community care Reduced demand on hospital services	Enhanced and integrated primary and communicate care provision in place	
4	Improve Quality and Outcomes	Improved CQC and SOF ratings for the six providers	• Optimised care and clinical pathways • Improved quality of estates • Enhanced workforce	
5	World-class Care	Short term actions on priority areas	Medium term actions on priority areas	Short term actions on priority areas

Further work will be undertaken to develop the underpinning performance framework; this will incorporate metrics from the NHS constitution, the 2023/24 national priority metrics, the National Oversight Framework metrics, and others. There will be careful consideration of which metrics should be monitored at which level, system, place, or neighbourhood.

The 2023/24 operational plan objectives – and the commitments we made as a system to achieving them – can be mapped to the JFP strategic priorities as follows:

L&SC Joint Forward Plan Strategic Priorities		23-24 core objectives of the NHS	
		Recovering core services	LTP and transformation
Strengthen our foundations		Use of resources	
Improve prevention and reduce inequalities			Prevention and health inequalities
Integrate and strengthen primary and community care		Primary care Community health services	
Improve Quality and Outcomes		Urgent and emergency care Diagnostics Elective care	Workforce
World Class Care	Priority care and disease pathways	Cancer Maternity	Mental health
	Priority population groups		People with a learning disability and autistic people

These objectives and associated metrics and trajectories will be aligned within the development of the system delivery plan.

Our Risks

Our most significant risk is that the demand and capacity mismatch increases, leading to further increases in costs and a wider gap between our allocation and our spend. We will have a three-year financial framework and a clear programme of work across our providers and the ICB to reduce our costs, but there are many factors, which are outside of our control.

Within our control	Within our influence	Outside our control
Our plan Our strategy to address our challenges and the underpinning governance structure to support our programmes of work and enable collaborative working. **The way we choose to operate** In collaboration with providers and partners across the whole system, at place and within neighbourhoods. **Our behaviours and values** A culture built on pragmatism, collaboration, learning, enthusiasm, and compassion. **Our mindset** We can play our cards to the best of our ability, harnessing the collective expertise, talent, knowledge, and skills across the system to find innovative and transformative solutions.	**The level of demand** • The action we take to reduce the pressure on services including action to support the prevention of ill-health. • Action to help people to take better care of themselves and make positive lifestyle choices. • Action to ensure patients are seen in the most appropriate, cost-effective, location. **How we use our capacity** • Action with partners to make the best use of our resources including staff, financial resources, buildings, and action to attract and retain staff.	**Available resource** • The amount of money we receive • Laws which limit our ability to work differently **Demand** • The impact of inflation on our population's basic life conditions which drives demand for health care. **Capacity** • The impact of inflation on the cost of running services • The size of the workforce pool nationally and locally that we can draw from. • The levels of recruitment we can achieve.

What we can do

- ✓ We can ensure that every penny of the allocated Lancashire and South Cumbria healthcare pound is being used in the best possible way.
- ✓ We can ensure that the quality and outcomes from our care are the best they can be, that they are provided in the right place and are as high-quality and sustainable as possible

11. Next steps

This initial Joint Forward Plan is described at an intentionally high level – nonetheless, we hope that it provides a clear overview of our future vision, strategy, and priorities for action. Our new system offers an opportunity to work differently to tackle the urgent challenges that we face. The next stage of implementation of our plan will include working through the detail with our partners to ensure our plans, infrastructure and services are sustainable and joined-up.

A final version of this plan – amended to take account of feedback from partners and the public – will be received by the ICB Board at their July meeting.

The detailed system delivery plan with measurable goals, annual milestones, targets, performance ambitions and trajectories for providers, places and neighbourhoods is under development, aligned with the System Recovery and Transformation plan. The system delivery plan will inform a clear accountability framework for delivery between organisations and residents and patients and will support clear governance and oversight arrangements.

We will work with partners to develop a more comprehensive updated plan for 2024/25 onwards with the opportunity for further engagement and collaboration and for the most appropriate delivery mechanisms and actions of partners to be included.

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Health Protection Board
DATE:	20th June 2023

SUBJECT: Health Protection Annual Assurance Report

1. PURPOSE

The purpose of this report is to provide the Health and Wellbeing Board with an update on health protection assurance arrangements in Blackburn with Darwen and health protection activities undertaken during 2022.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board members to:

- note the information within this report
- note that the report provides assurance that effective processes are in place to protect population health

3. BACKGROUND

Protecting the population's health is one of five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for Blackburn with Darwen is responsible under legislation for the discharge of the local authority's public health functions.

The health protection element of these responsibilities is outlined below:

- The Secretary of State's public health protection functions
- Exercising the authority's functions in planning for, and responding to emergencies that present a risk to public health
- Other such public health function as the Secretary of State specifies in regulations
- Responsibility for the local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations on licensing applications
- A duty to ensure plans are in place to protection the population including through screening and immunisation

Health Protection is a key aspect of Public Health and Prevention aimed at protecting the public from harm. Health protection consists of three main broad areas: control of infectious diseases and screening; emergency preparedness, resilience and response (EPRR); and providing an environment that promotes health and wellbeing. In practice, it involves a range of activities across several partner agencies. It includes work to ensure the safety and quality of food, water, air and the natural and built environment. It covers the measures needed to prevent the spread of infectious diseases, preparing for and managing outbreaks and other incidents which threaten health. It includes immunisation to prevent diseases from developing and screening programmes to detect diseases early enough for better treatment outcomes.

Within Blackburn with Darwen, the remit for local authority's health protection duty is delivered by Public Health in conjunction with Public Protection and Civil Contingencies teams.

UK Health Security Agency's (UKHSA) health protection functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness, resilience and response.

NHS England (NHSE) is responsible for commissioning and quality assuring population screening and immunisation programmes. The regional NHSE team covers Cheshire & Merseyside and Lancashire & South Cumbria.

4. RATIONALE

New health protection assurance arrangements were established in August 2020. The Blackburn with Darwen Health Protection Board is chaired by the Director of Public Health (DPH) and aims to enable the DPH to fulfil the statutory role in assuring the Council and the Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.

The Health Protection Board is now well established, with regular attendance from key partners including; UK Health Security Agency, Primary Care, Infection Prevention and Control service, Lancashire and South Cumbria Integrated Care Board, local VCFS members (revised Terms of Reference for the Board which includes the Board's membership can be found in ***Appendix 1***).

5. KEY ISSUES

The Health Protection highlight report has been attached as an appendix (***Appendix 2***) to this report. The report summarises the achievements against the key health protection priorities.

The Board has also overseen and delivered several wider health protection activities, including:

- Covid vaccinations and booster programmes, supporting the uptake of vaccinations in the borough and increasing engagement activities to increase uptake in the borough which was supported by the community champions' programme.
- Climate and Health needs assessment which has supported the Climate Emergency action plan.
- Regular updates on food borne infections in the borough as part of the quarterly IPC update
- Actions to reduce winter pressures on Council and partner services, including seasonal flu vaccinations
- Discussion on local actions to reduce damp housing conditions in the borough

Priorities for the coming year include:

- Support increased uptake of the flu vaccination across all priority cohorts
- Continue to provide an enhanced Infection Prevention and Control support offer to complex settings in the borough
- Ensuring equitable coverage and uptake of screening and immunisations programmes
- Development of a sexual health strategy for Blackburn with Darwen

There is a range of on-going work across partners to protect the health of the local population and much progress has been made during 2022 to address key issues and deliver on action plans. Whilst challenges remain, the local Health Protection Board is well established and provides an effective mechanism for bringing partners together to work on health protection issues, share and review action plans, and provide challenge and support.

6. POLICY IMPLICATIONS

There are no direct policy implications arising from this report.

7. FINANCIAL IMPLICATIONS

Local Authority Public Health's health protection duties are financed by the annual public health grant.

8. LEGAL IMPLICATIONS

Protecting the population's health is one of five mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012 and for this Council is reinforced by the terms of reference to the Health and Wellbeing Board in Section 11 of its Constitution. The Director of Public Health (DPH) for Blackburn with Darwen is responsible under legislation for the discharge of the local authority's public health functions.

9. RESOURCE IMPLICATIONS

Local Authority Public Health health protection duties are financed by the annual public health grant. Public Health commission the Lancashire Infection Prevention Control Team to provide IPC services in Blackburn with Darwen.

10. EQUALITY AND HEALTH IMPLICATIONS

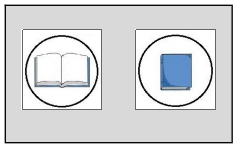
There are no implications in relation to the Public Sector Equality Duty in relation to this report.

Health Protection activities should consider existing health inequalities and work to mitigate them as vulnerable populations are at greater risk of health protection hazards. This can be due to environmental or behavioural risk factors and there may also be specific prevention needs which may not be met.

11. CONSULTATIONS

There is no requirement for consultation in relation to this report.

VERSION:	**1.0**
CONTACT OFFICER:	Laura Wharton, Consultant in Public Health Rabiya Gangreker, Public Health Development Manager
DATE:	11th May 2023
BACKGROUND PAPER:	None



APPENDIX 1

Blackburn with Darwen Health Protection Board

Terms of Reference

Purpose:

To enable the Director of Public Health as part of their statutory responsibilities, to provide assurance to Blackburn with Darwen Borough Council and Health and Wellbeing Board, on behalf of the population of Blackburn with Darwen, that there are safe and effective arrangements and plans in place to protect the health of the population, across the life-course (Start Well, Live Well, Age Well).

To provide strategic leadership, governance and assurance for Blackburn with Darwen's Covid-19 Local Outbreak Management Plan, and to ensure local Elected Members have oversight of, and engagement in, delivery of the Plan.

To promote integration and partnership working on health protection between the Local Authority, NHS, UK Health Security Agency, NHS Trusts and other key local stakeholders and services.

The scope of matters to be considered by the Health Protection Board will include, but are not limited to;

- Covid-19
- Prevention and control of infectious diseases and infection, prevention and control (IPC)
- Population adult and children vaccination programmes
- Population screening programmes
- Healthcare associated infections (HCAIs)
- Tuberculosis (TB)
- Threats or risks to the health of our population within the 3 domains of Health Protection:
    - **a.** communicable disease control, including outbreak management;
    - **b.** environmental public health;
    - **c.** health emergency preparedness, resilience and response

Functions:

1. To provide strategic oversight of the health protection system in Blackburn with Darwen, and assure the Health and Wellbeing Board that there are safe and effective health protection arrangements and plans in place for the Borough, across the life-course.

2. To continue to provide leadership, coordination and engagement for the local response to Covid-19.

3. To provide a forum for professional discussion by local partners of health protection plans, risks and their mitigation and opportunities for joint action.

4. To provide a forum for local partners to give formal assurance that effective health protection arrangements and plans are in place within their own organisation.

5. To provide oversight of key health protection intelligence, including outcomes and information derived from incidents, complaints and investigations and surveillance of infectious diseases.

6. To highlight risks and provide recommendations about the strategic management of these risks.

7. To share and escalate concerns and risks to commissioners and appropriate bodies when health protection plans and arrangements are inadequate to provide sufficient protection or public safety. The appropriate escalation route will depend on the concern or risk, e.g. Health and Wellbeing Board, Local Resilience Forum, Senior Management team of Blackburn with Darwen Borough Council, Lancashire and South Cumbria ICB, NHS England.

8. To review the reports of significant incidents and outbreaks, consider recommendations for change as a result, and promote quality improvement of the health protection system through encouraging implementation of recommendations.

9. To promote the reduction of inequalities in health protection across the Borough.

10. To identify key health protection needs for collaborative work to feed into the Joint Strategic Needs Assessment process.

Proposed Governance Arrangements:

It is proposed that the Health Protection Board will report to Health and Wellbeing Board through the Director of Public Health. Where there is a need to escalate concerns/risks, this will be done through the Health and Wellbeing Board and relevant organisational arrangements i.e. Council, Lancashire and South Cumbria ICB, NHS England, as appropriate.

Chair and Membership:

The Director of Public Health will chair the group.

Core membership of the Health Protection Board is listed in Appendix A of these Terms of Reference. Additional members can be co-opted as and when required.

Administration of Meetings: Capacity will be identified within the Council to take minutes and distribute papers.

Frequency of meetings: The group will meet on a bi-monthly basis. The schedule of meetings will be agreed annually. In addition, extraordinary meetings may be called as and when needed.

Quorum: Representation from a range of organisations is needed in order to provide adequate assurance, and therefore for the meeting to go proceed. A decision to hold each meeting will be made based on the number of apologies received. Members will be notified, and an update report will be expected from those members unable to attend.

Communication of Health Protection Board recommendations: All members of the group will assume responsibility for communicating group recommendations to appropriate colleagues following each meeting.

Confidentiality: Members will maintain the level of confidentiality of items that are noted during the meetings.

Reporting framework: The group will report to the Health & Wellbeing Board bi-annually, or by exception. The Health Protection report will describe achievements and challenges across the system and set out the key areas of work for all aspects of health protection.

Agenda: The following will be standing agenda items, which will be reviewed regularly

- Situational updates (DPH)
- Vaccination update (Lancashire and South Cumbria ICB)
- UKHSA Health Protection update (UKHSA representative)
- Infection Prevention and Control update (IPC Lead Nurse)

Review: Terms of reference will be reviewed on an annual basis.

APPENDIX A: CORE MEMBERSHIP OF THE BLACKBURN WITH DAREN HEALTH PROTECTION BOARD

Core membership of the Health Protection Board will be as listed below

Title	Organisation	Name
Director of Public Health (Chair)	Blackburn with Darwen Borough Council (BwD BC)	Abdul Razaq
Consultant in Public Health (Vice Chair)	BwD BC	Laura Wharton
Public Health Development Manager, Health Protection	BwD BC	Rabiya Gangreker
Consultant in Communicable Disease Control/Health Protection	UK Health Security Agency (UKHSA)	Samihah Moazam
Chief Pharmacist	ELHT	Andrew White
Lancashire and South Cumbria ICB Representative	Lancashire and South Cumbria Integrated Care Board	Lisa Rogan
Programme Operational Lead	Lancashire and South Cumbria Integrated Care Board	Jamie Sweet
Lead Nurse Infection Prevention Control	Lancashire and South Cumbria Integrated Care Board	Vanessa Morris
Primary Care Representative	TBC	Mohammed Umer Qashuf Hussain
Public Protection/Environmental Health	BwD BC	Denise Andrews
Resilience and Emergency Planning Manager	BwD BC	Jenna Russett-Knott
Lead Infection Prevention and Control Nurse	Lancashire County Council (also covers BwD settings)	TBC
ELHT Representative	ELHT	Alison Whitehead
LSCFT Representative	LSCFT	Amanda Miskell
Voluntary, Community and Faith Sector Representative	Age UK	Vicky Shepherd
Voluntary, Community and Faith Sector Representative -	Youth Action	Amar Abbas
Voluntary, Community and Faith Sector Representative	Shelter	Emma Garner
Leader	BwDBC	Phil Riley
Elected Member Representative	Executive Member for Public Health and Wellbeing	Damian Talbot
Elected Member Representative	Executive Member for Children, Young People and Education	Julie Gunn
Elected Member Representative	Executive Member for Adult Services and Prevention	Mustafa Desai
Communications and Engagement	BwD BC	Claire Tulloch
Senior officer representative for Adult Services & Prevention	BwDBC	Mark Warren
Senior officer representative for Children's Services & Education	BwDBC	Joanne Siddle

APPENDIX 2

Health Protection Highlight Report

2022

Update for:	Health Protection Board	Period covered	January to December 2022

Work area	Priority objectives	Progress during this period	Planned activities for 2023
Outbreak support	Manage outbreaks of communicable disease, including respiratory & new and emerging infections	Ongoing support provided to care homes, educational settings and other complex settings to manage COVID19 outbreaks. Support was provided by COVID19 outbreak practitioners, Quality Assurance colleagues and LCC's IPC team via our service level agreement[1].	Continue to work with UK Health Security Agency (UKHSA) to monitor risks and respond to outbreaks in local settings
Infection prevention & control (IPC) in high-risk/complex settings	Maintain and progress with an IPC audit programme of settings	**Care home audits** **20 care home IPC audits** took place during 2022, the priority was to audit all care homes rated as requires improvement by CQC, which was achieved. Care homes are responsible for completing and monitoring the action plans following audits. IPC audits were also conducted in: 1 x day centre for older adults 1 x forest nursery **Hand hygiene awareness sessions** The IPC team delivered **27 hand hygiene awareness sessions** to BwD primary schools during 2022.	IPC Team will be offering IPC audits to all Council-run and maintained nurseries and will continue with the rolling programme of care home IPC audits.
Flu	Increase uptake of flu vaccinations amongst all priority groups and manage outbreaks effectively	• The seasonal flu group facilitated by public health held monthly meetings. The meetings were attended by internal colleagues from Children's and Adults Services, as well as NHS England, the School Nursing team, the IPC team, the CCG's IPC representative, local pharmacy representative and commissioned partners such as Care Network, Healthwatch BwD and AgeUK.	Task and finish groups to meet prior to the start of the next flu season to address learning shared at the regional flu evaluation.

[1] Since 2016, BwD has held a service level agreement with LCC's Infection Prevention Control service whereby they deliver the local authority infection prevention responsibilities on the Council's behalf. This is includes (but not limited to) all reactive work associated with managing and preventing outbreaks of infectious diseases, conducting IPC audits of our care settings including day centres, delivering hand hygiene sessions in primary schools and facilitating IPC forums which all care settings are able to attend.

Work area	Priority objectives	Progress during this period	Planned activities for 2023
		• Raised awareness of the importance of winter vaccinations, by pushing comms messages out via our partners. Colleagues from Children's Services supported Darwen PCN who went into nurseries to vaccinate 2 and 3 year olds. • Supported engagement activity regarding vaccine hesitancy via our community champion, and we also deployed them to support the flu programme in educational settings and in the wider community. Darwen PCN carried out a pilot where staff went into nurseries not attached to schools and offered flu vaccinations to 2 and 3 year olds. During flu season 2021/22: • There was an increased vaccine uptake in those aged 50+, but we did not meet the targets set. It should be noted that this was reflected across the ICS. • Vaccine uptake among pregnant women was down across the ICS, and was lower than the previous year • BwD CCG has a historically low flu vaccine uptake in 2 and 3 year olds. In 2020/21 BwD had the 4th lowest uptake nationally. In 2021/22, the uptake reduced across the ICS. • **41.2% of primary school aged children and 18.8% of secondary school aged** children in BwD received a flu vaccination • We also saw a low uptake of the flu vaccine in our at-risk cohorts under the age of 49	Bwd Seasonal Flu group will meet during the 22/23 flu season to promote uptake and circulate comms messages as wide as possible.
Healthcare Acquired Infections (HCAI) & Anti-Microbial Resistance (AMR)	Provide support to prevent and reduce risks associated with HCAI and AMR	The service level agreement with LCC's Infection Prevention and Control team ensures that the authority fulfils its duties in this capacity. The IPC team deliver regular forums. The forums are held across Lancashire. During 2022, 3 IPC forums were held in BwD. • Urinary Tract Infections - 09/11/22 • Cleaning standards - 10/08/22 • Fundamentals of IPC - 16/11/22 They also delivered a Quality Improvement course (4 sessions) with attendees from BwD. In terms of the reported HCAIs, in 2022, in BwD there were:	To continue to deliver regular IPC forums and promote attendance. To continue to work in collaboration with the Integrated Care Board to reduce risk and prevent HCAIs.

<table>
<tr><th>Work area</th><th>Priority objectives</th><th>Progress during this period</th><th>Planned activities for 2023</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th></th><th>Q4</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Total</th><th>Trigger</th></tr>
<tr><td>MRSA</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td><td>0</td></tr>
<tr><td>CDI</td><td>6</td><td>13</td><td>5</td><td>11</td><td>35</td><td>35</td></tr>
<tr><td>MSSA</td><td>10</td><td>14</td><td>6</td><td>14</td><td>44</td><td>N/A</td></tr>
<tr><td>E.coli</td><td>25</td><td>30</td><td>27</td><td>23</td><td>105</td><td>114</td></tr>
<tr><td>Klebsiella</td><td>12</td><td>9</td><td>4</td><td>4</td><td>29</td><td>36</td></tr>
<tr><td>Pseudomonas Aeruginosa</td><td>0</td><td>0</td><td>6</td><td>0</td><td>6</td><td>4</td></tr>
</table>
Across the ICS, we have seen breaches of the thresholds for MRSA and Psedomonsas Aeruginosa. IPC colleagues continue to support the post-infection reviews to share lessons learned and to raise awareness of how to prevent and reduce the risk of these infections in our care settings.
HCAI monthly meetings continue with IPC colleagues and ICB IPC, pharmacy reps and hospital trusts, to discuss ongoing infections and share lessons learned to prevent and reduce infections.
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<tr><td>Immunisations</td><td>Increase uptake and reduce inequalities in uptake across all immunisation programmes</td><td>UKHSA data shows that, although coverage remains high, children's vaccine uptake has been slowly decreasing since 2012-13 nationally. Locally, data indicates that BwD has significantly worse uptake for several childhood immunisations.

School aged immunisations are commissioned by NHS England and delivered by their local delivery partner Intrahealth. Our school nurses continue to work alongside Intrahealth to deliver key messages on immunisations in schools.

Immunisations for children aged under 5 are delivered by GP practices. Health visitors deliver key messages on immunisations as part of their routine health checks.</td><td>Continue to work collaboratively with local and regional partners (including NHSE, the ICB and GPs) to support the increase in immunisation uptake across the borough.</td></tr>
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During 2022, the Board also considered:

- Covid vaccinations and booster programmes, supporting the uptake of vaccinations in the borough and increasing engagement activities to increase uptake in the borough which was supported by the community champions' programme.
- Climate and Health needs assessment which has supported the Climate Emergency action plan.
- Regular updates on food borne infections in the borough as part of the quarterly IPC update
- Actions to reduce winter pressures on Council and partner services
- Discussion on local actions to reduce damp housing conditions in the borough