
Joint Strategic Needs Assessment Overview 2023

Age Well

Updated April 2023

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Health &
Wellbeing
Board

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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

Introduction	2
Contents	3
Age Well	4
Screening and health checks	4
Flu vaccine coverage	6
Eye Health	7
Adult social care and care homes	8
Trips and Falls	9
Dementia	10
Quality and length of life	11
Excess deaths and place of death	13
Underlying cause of death (all ages)	14
References	15

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Screening and health checks

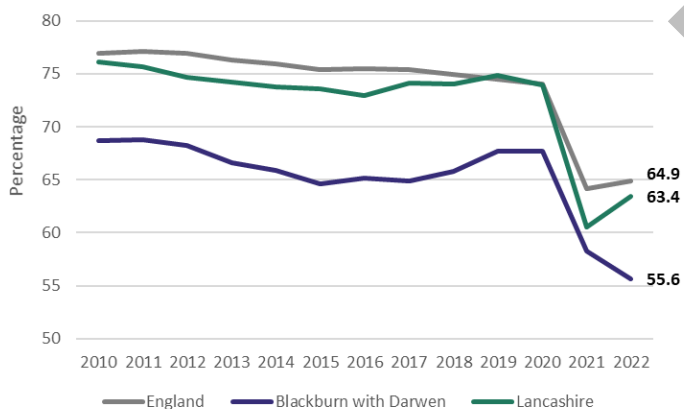
Screening is the process of identifying healthy people who may have an increased chance of a disease or condition. The screening provider then offers information, further tests or treatment, this is to reduce associated problems or complications. NHS screening programmes include those offered to pregnant 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 annuallyⁱⁱⁱ, 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.

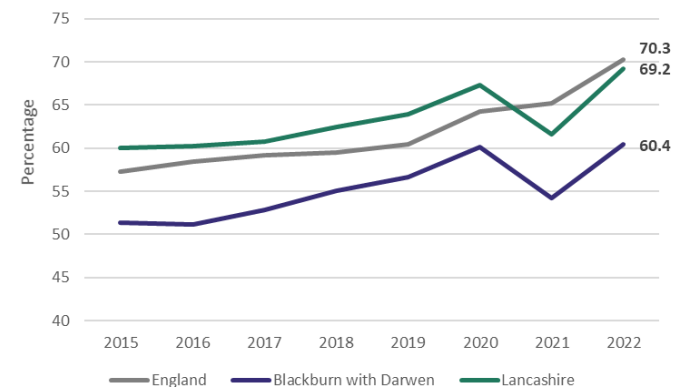
Figure 2 – Breast cancer screening coverage for Blackburn with Darwen, Lancashire County Council and England areas



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}.

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



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'.

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

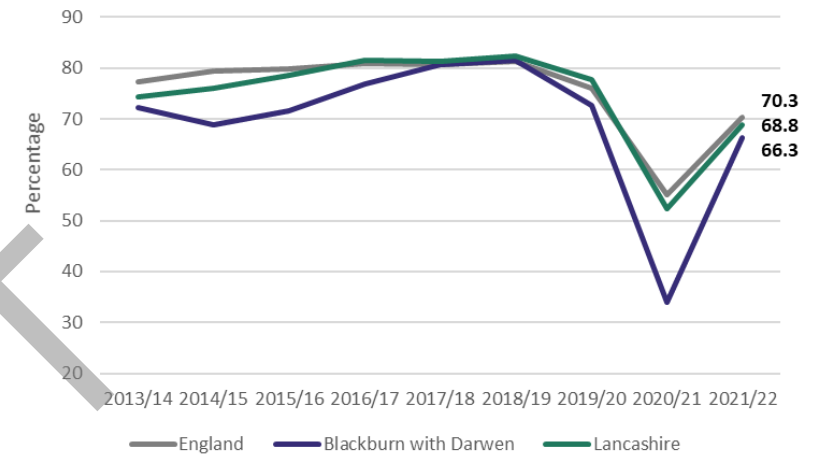
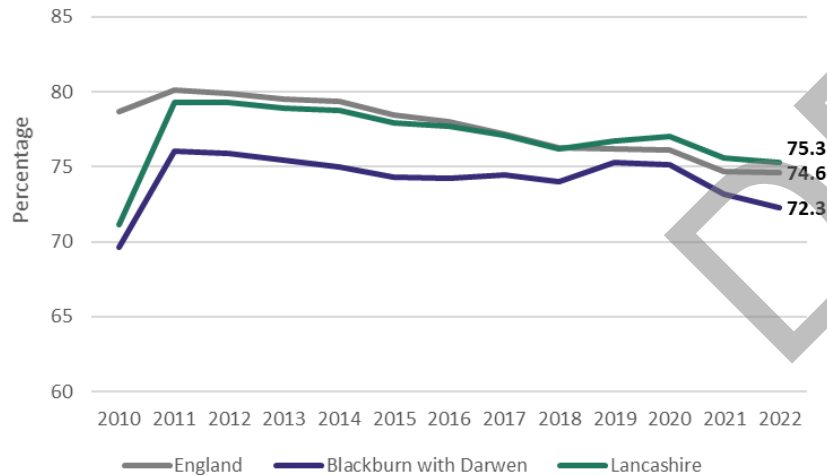


Figure 4 – Cervical screening coverage (aged 50 to 64 yrs) for Blackburn with Darwen, Lancashire County Council and England areas



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.

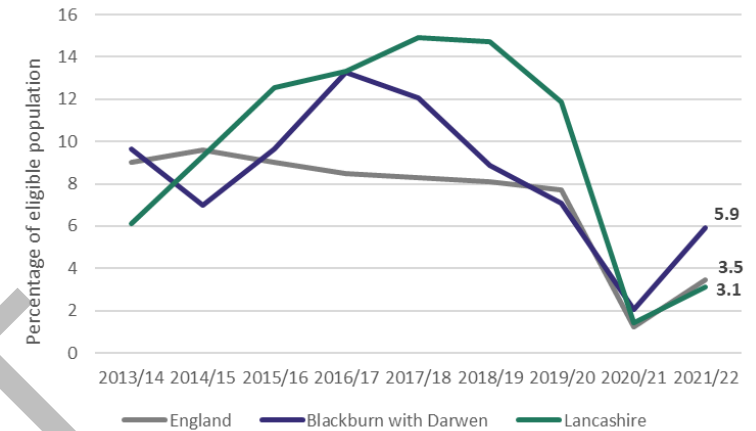
Data for borough residents aged 50 to 64 from 2021 does show a drop in take-up, and this is reflected nationally. Whilst the most recent data for England and Lancashire suggests a levelling off in the coverage, take up has continued to decline in Blackburn with Darwen^{vi}.

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.

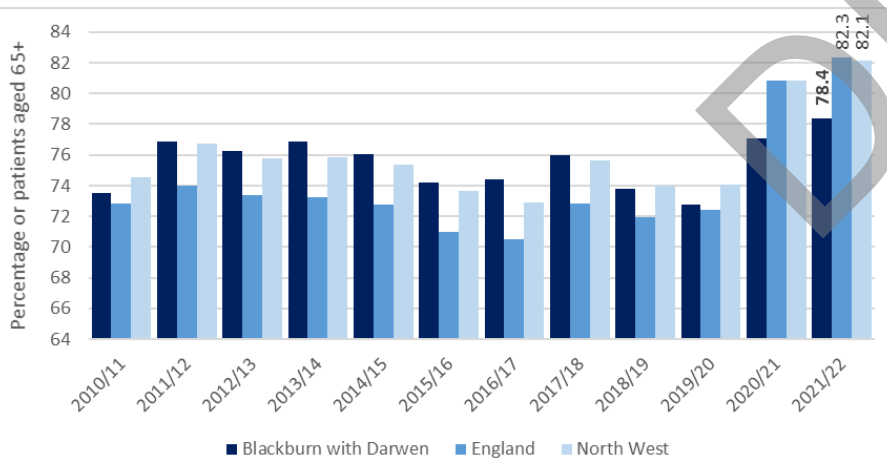
For the 2021/22 financial year 2,371 patients received an NHS health check, around 5.9% of the eligible population. This figure is lower than the pre-covid figures, but an increase on the 2020/21 period where 818 patients received a health check.

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 threatening 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

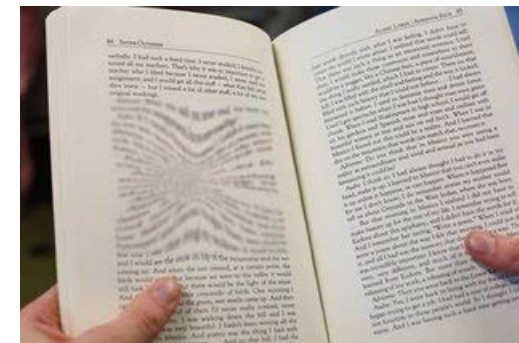
Eye Health

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 as having AMD, a rate of 115.3 per 100,000 people over the age of 65^x.



* Picture from NHS AMD symptoms¹ © 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 as partially sighted. Around 520 blind or partially sighted people on the local authority register had additional disabilities, with 350 of 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 a gradual increase in the number of residents receiving mental health support^{xv}.

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

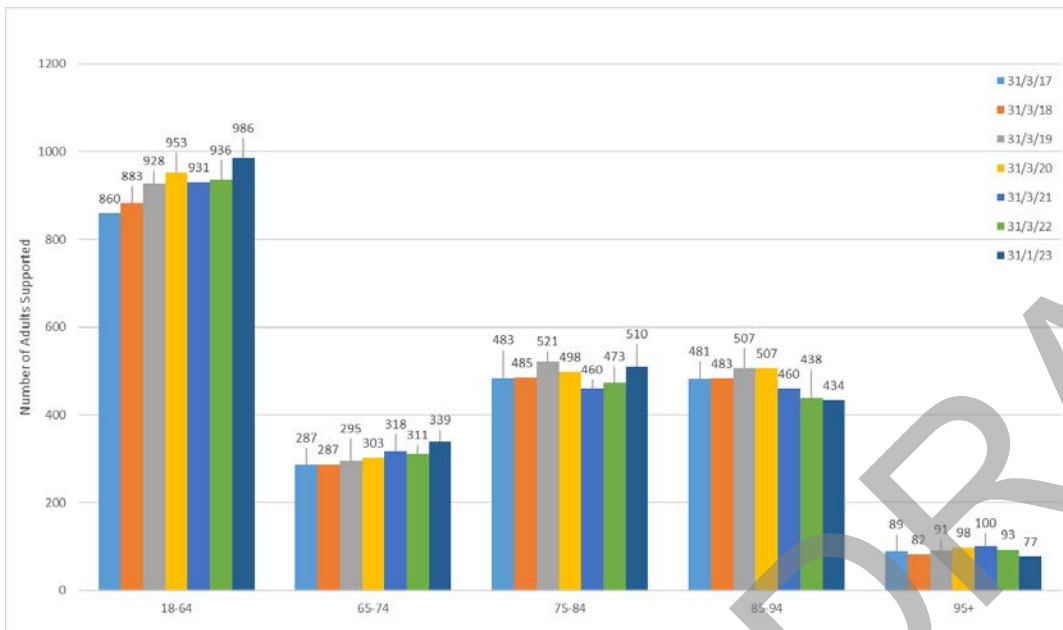
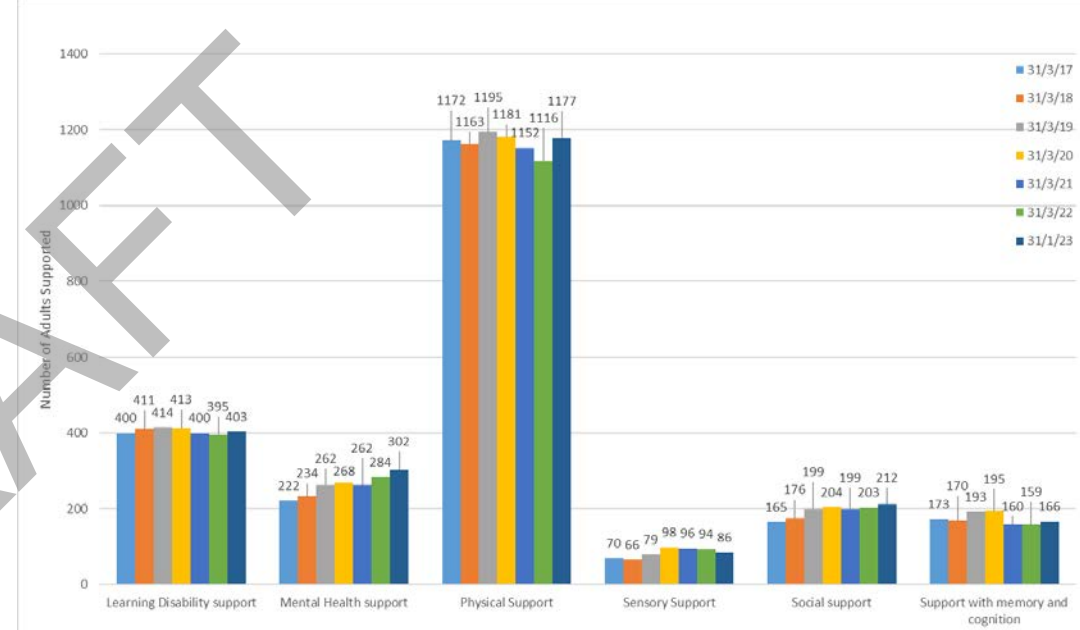


Figure 8 – Number of adults supported by service user group



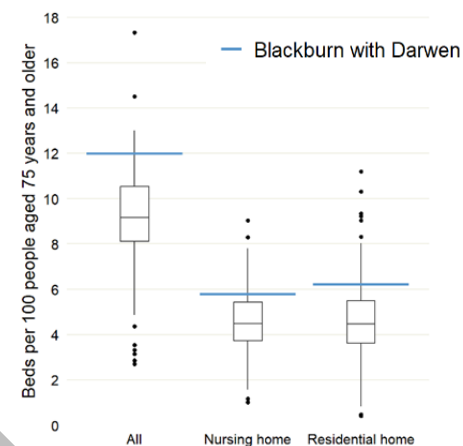
Additionally, the Adult Social Care Outcomes Framework identifies that 93.5% of working age adults with a learning disability who are known to adult social care services in the borough live in their own home (also referred to as stable and appropriate accommodation) this above the England average^{xvi}.

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 highest of the upper tier local authorities.^{xx}

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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:refresh 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.

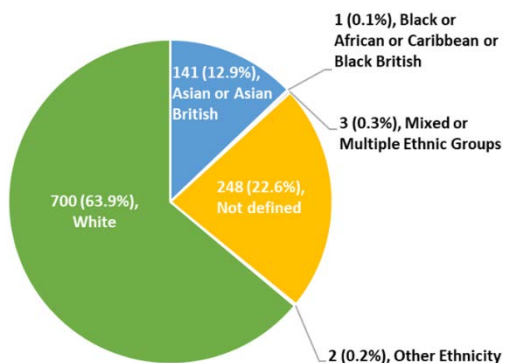
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Dementia

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

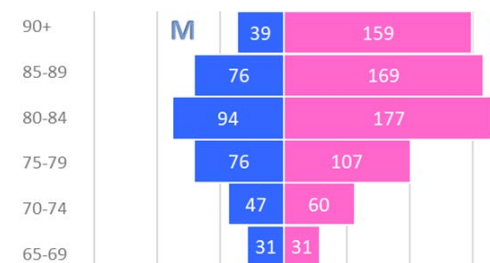


Figure 13- LSE projection of number of Blackburn with Darwen residents aged 65+ with severe, moderate or mild dementia

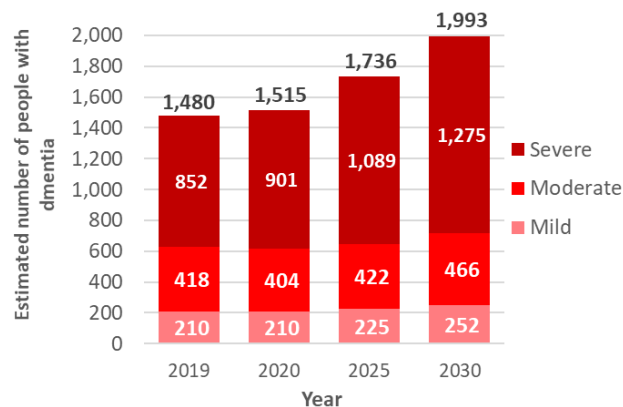
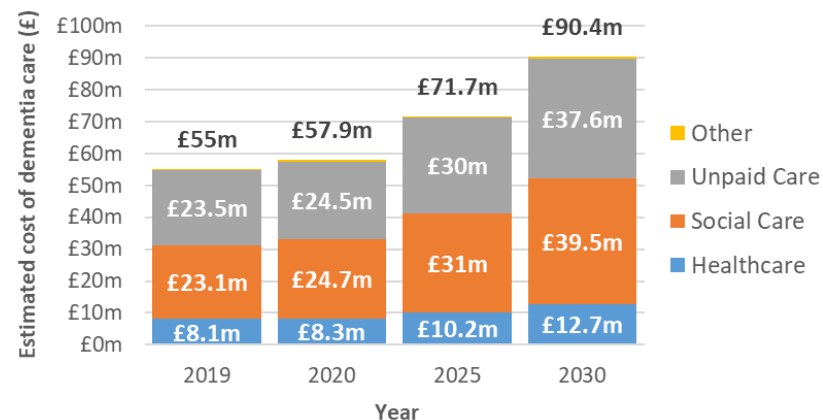


Figure 12 - LSE projection of cost of dementia care in Blackburn with Darwen (N.B. – 'Other' = costs relating to policing, advocacy, research etc.)



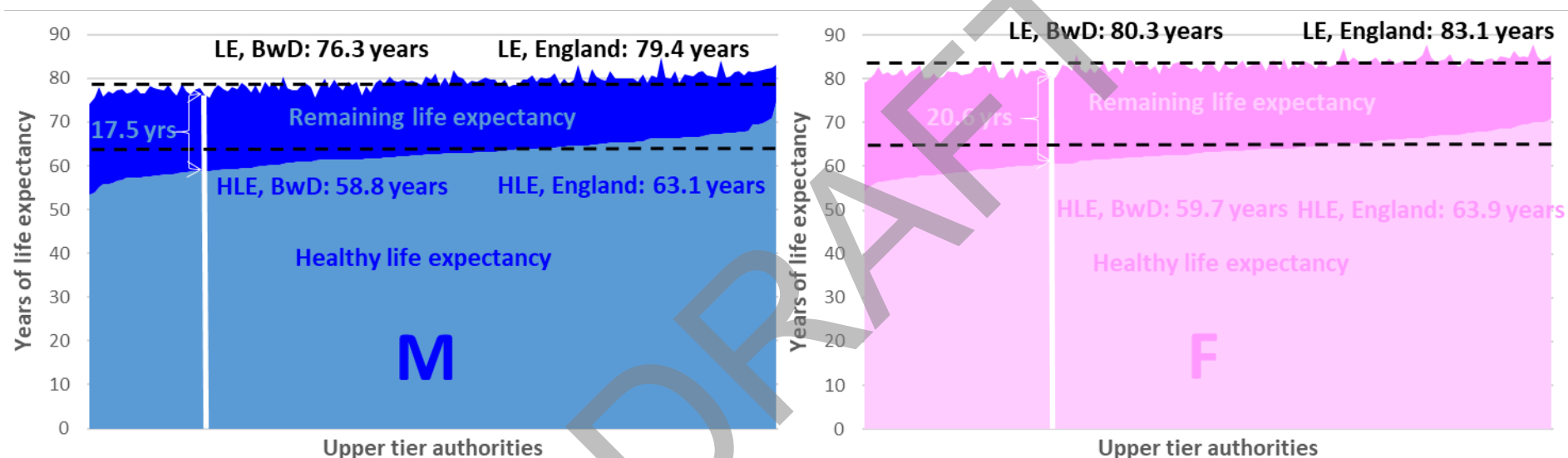
¹ N.B. – LSE's initial estimate differs from NHS Digital's, partly because LSE is looking at the *resident* population of Blackburn with Darwen, rather than the *registered* GP population.

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

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

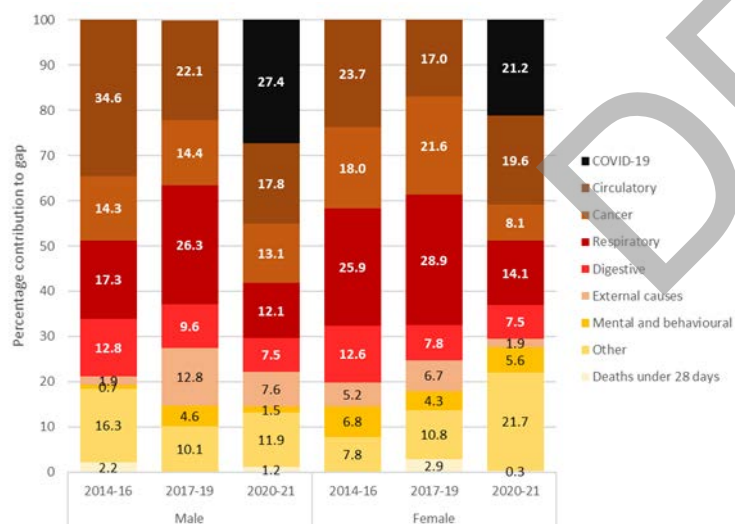
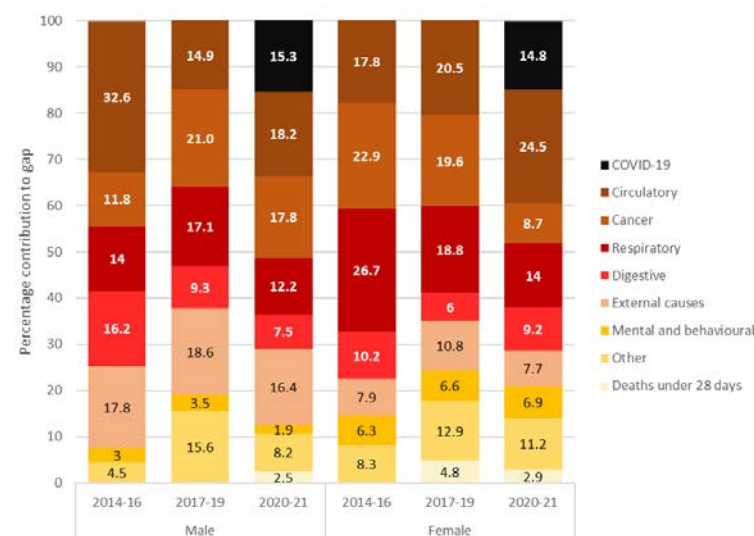


Table 2 – Gap in life expectancy from birth comparing the most and least deprived deciles in Blackburn with Darwen.

	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 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}

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.

An 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}.

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}.

Figure 17 Registered weekly deaths and excess deaths
Blackburn with Darwen

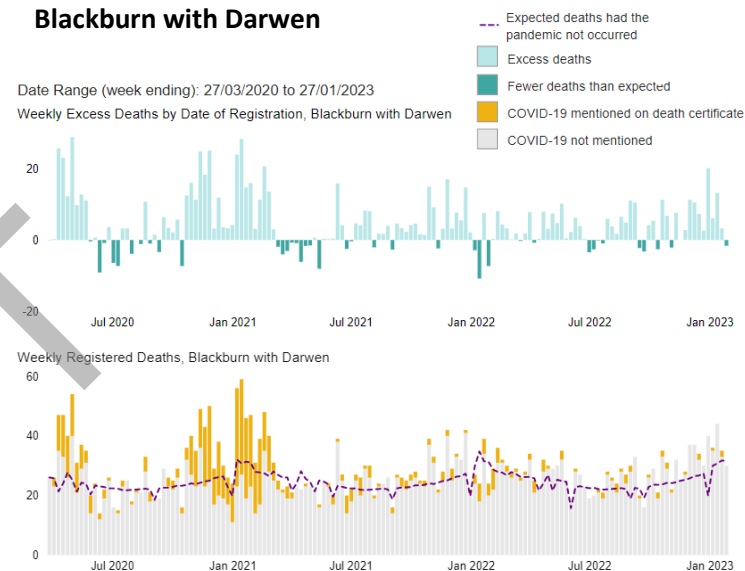
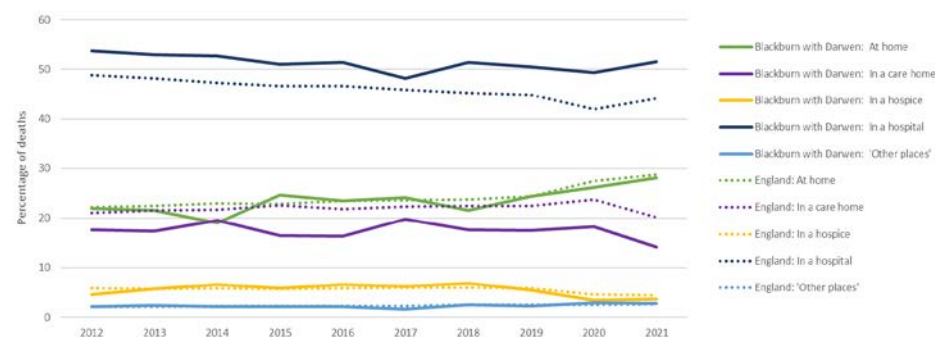


Figure 18 Percentage of deaths by place of death for Blackburn with Darwen and England



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

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