
Joint Strategic Needs Assessment Overview 2023

Live Well

Updated March 2023

DRAFT



Health &
Wellbeing
Board

Start well | Live well | Age well



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	4
Lifestyle factors	5
Physical Activity	5
Alcohol	6
Gambling.....	Error! Bookmark not defined.
Smoking.....	10
Drug Misuse	7
Self-reported Health and Wellbeing	12
Health outcomes	13
Cancer	13
Cardiovascular Disease	15
Respiratory Disease	15
Stroke.....	16
NHS Health Checks.....	16
Diabetes	16
Mental Health and Wellbeing.....	17
Sexual Health	19
Liver Disease	20
Sensory Impairments – Sight Loss	21
Sensory Impairments – Hearing Loss.....	21
Road Safety	22
Learning disabilities	23
Veterans	24
Homeless and Vulnerable People	25
Homelessness	25
Asylum Seekers and Refugees	26

DRAFT

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.

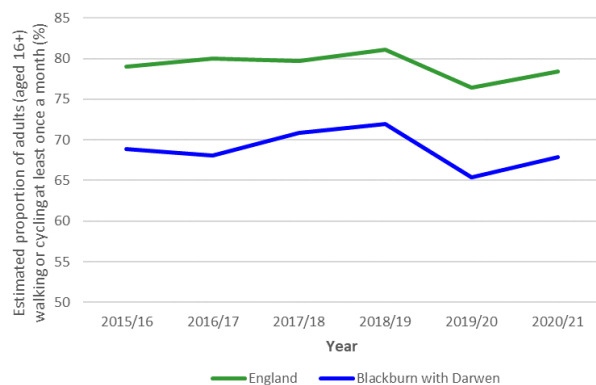
Lifestyle factors

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 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 plan⁹ 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

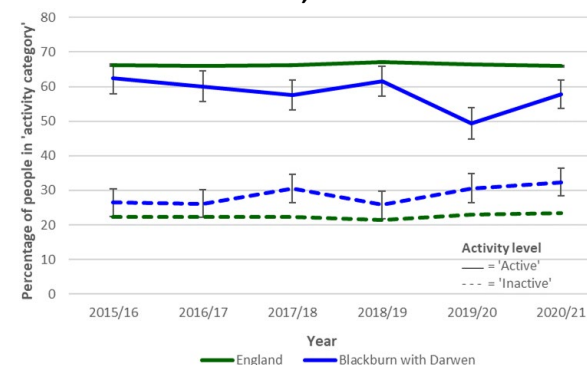
The 'Together an Active Future' (TAAF) pilot was a recent initiative to help people become more physically active across Pennine Lancashire (Blackburn with Darwen, Burnley, Hyndburn, Ribble Valley, Pendle and Rossendale). Pennine Lancashire was one of 12 pilot areas that secured funding from Sport England, 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 evaluation¹⁰ 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.

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



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

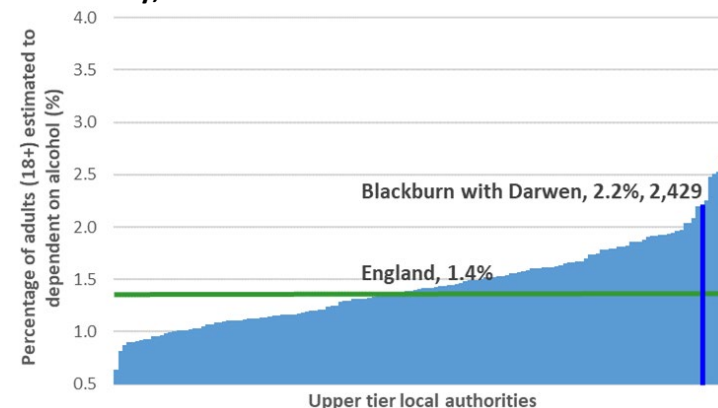
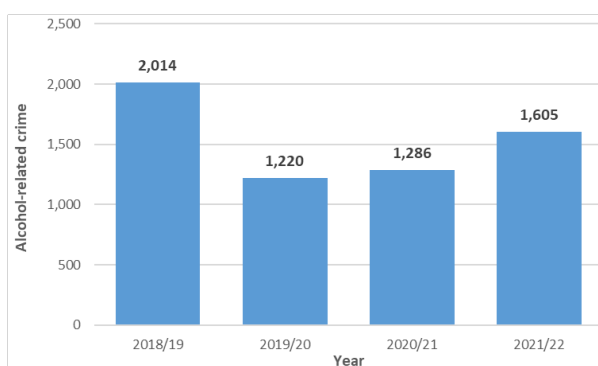


Figure 4 - Alcohol-related crime in Blackburn with Darwen, 2018-19 to 2021-22



Alcohol-related crime

Estimates from Lancashire Police available via MADE¹⁴, 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 mortality¹⁵, 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

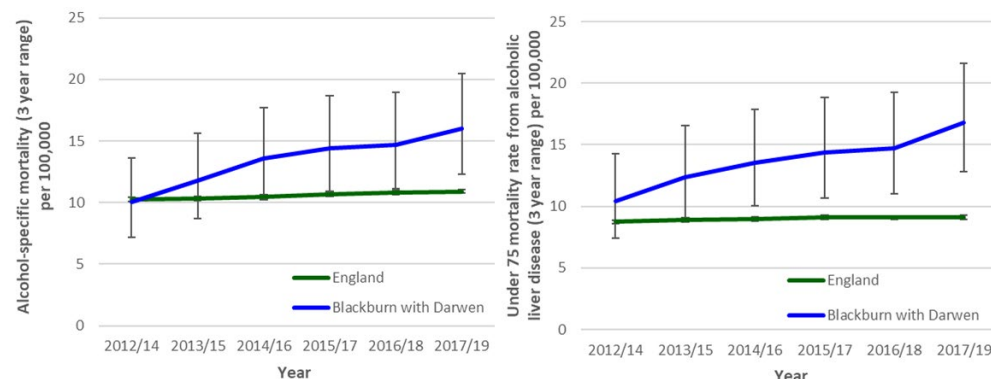
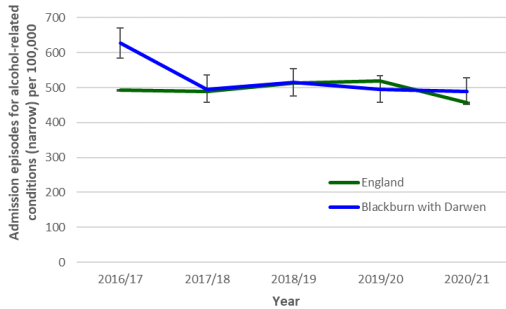


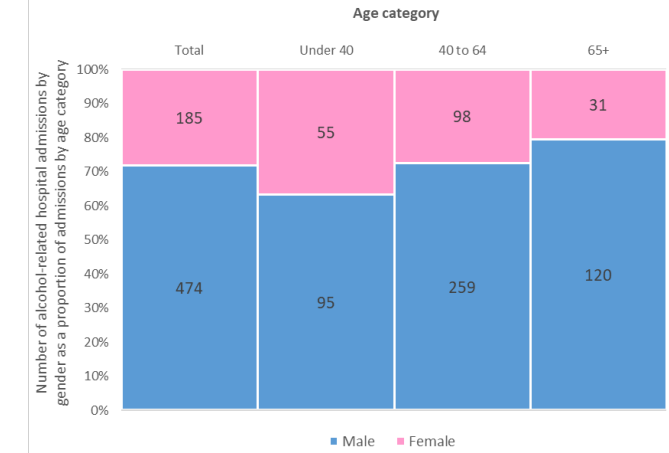
Figure 6 - Alcohol-related hospital admissions (narrow definition), England and Blackburn with Darwen, 2016-17 to 2020-21



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

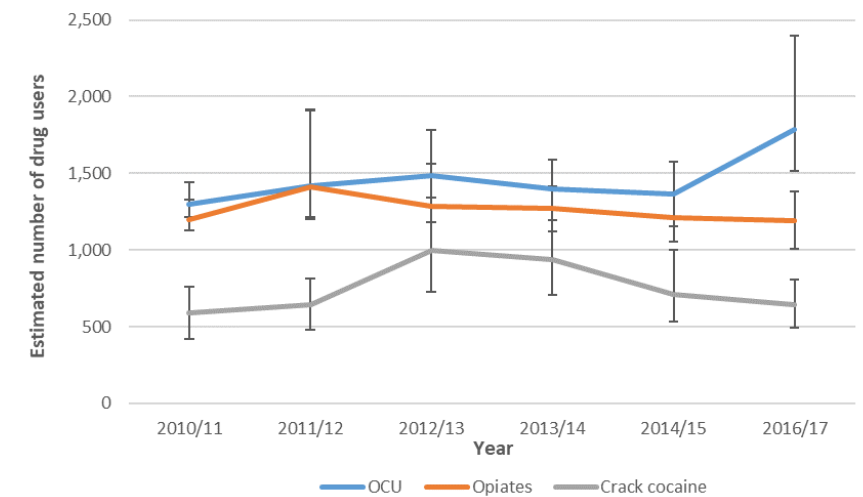
The latest official estimates of the prevalence of opiate and/or crack cocaine use (OCU) were issued in 2019, relating to the year 2016/17.¹⁸ The latest estimates are particularly interesting for Blackburn with Darwen (Figure 8) and should be carefully considered.

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

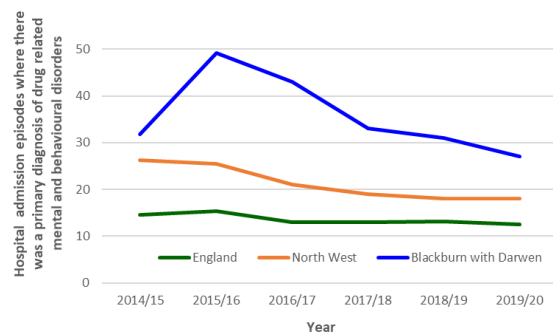
*No estimate for 2015-16



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

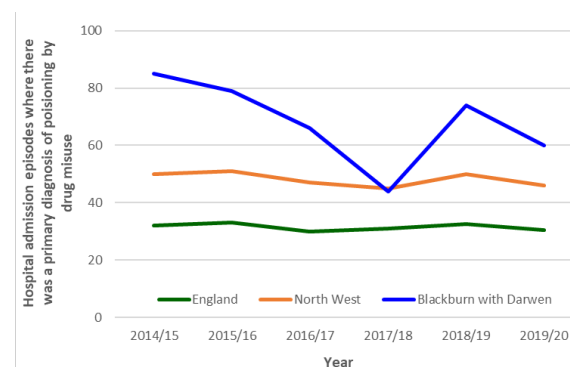


Hospital admissions

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

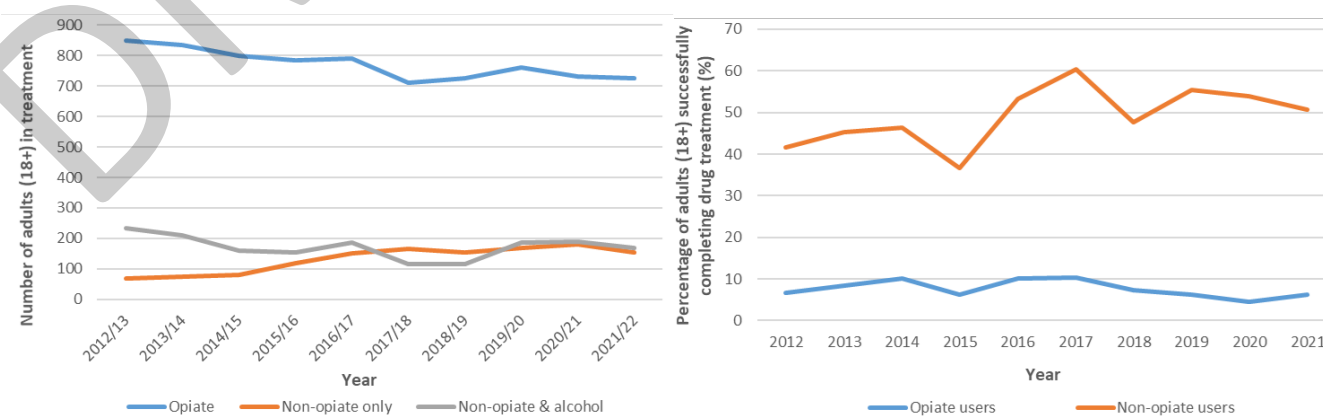


Treatment

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 2019²⁴, 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.

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

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.

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

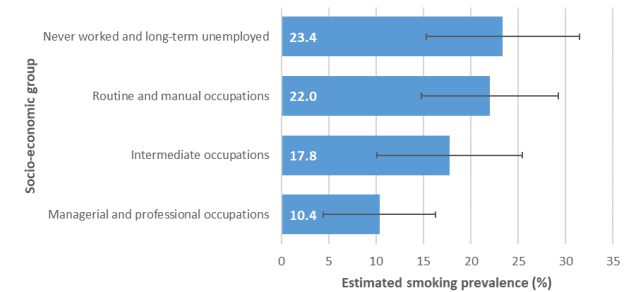
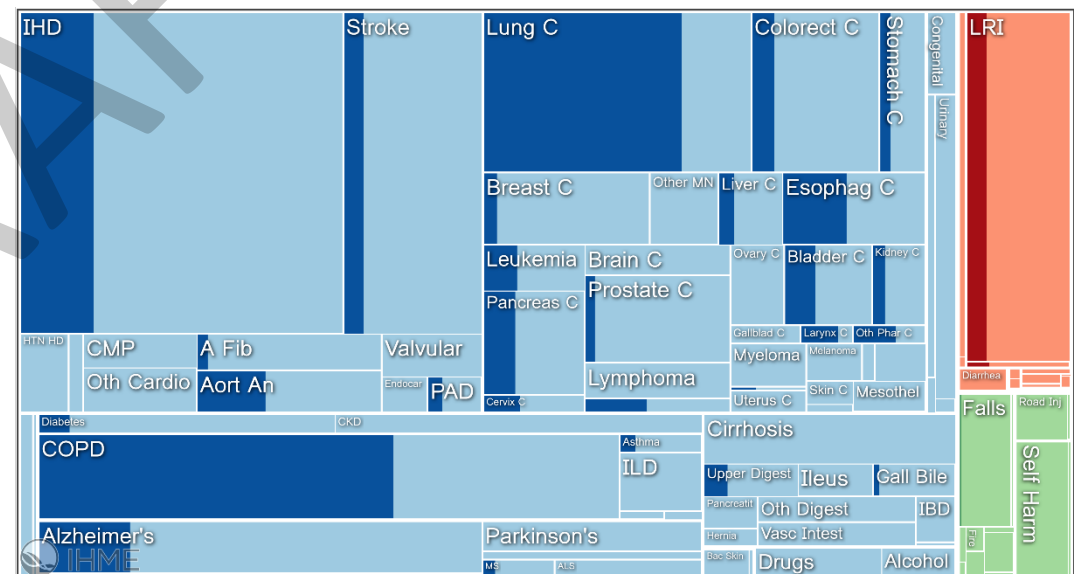


Figure 13 - Causes of death in Blackburn with Darwen, 2019. Dark shading shows proportion attributable to Tobacco



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.

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

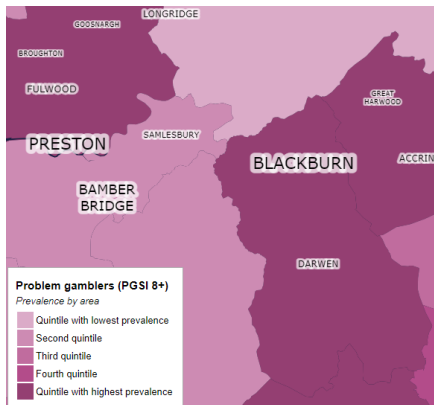
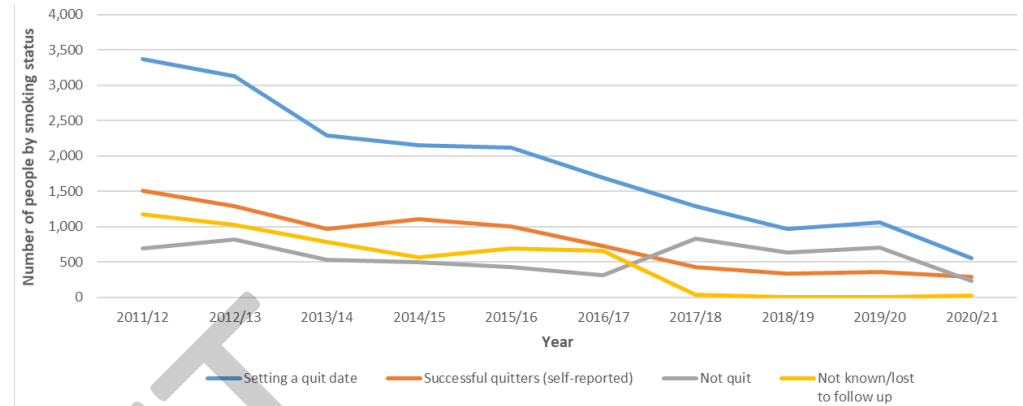


Figure 14 - Smokers setting a quit date, smoking status after four-week follow-up, Blackburn with Darwen, 2011-12 – 2020-21



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

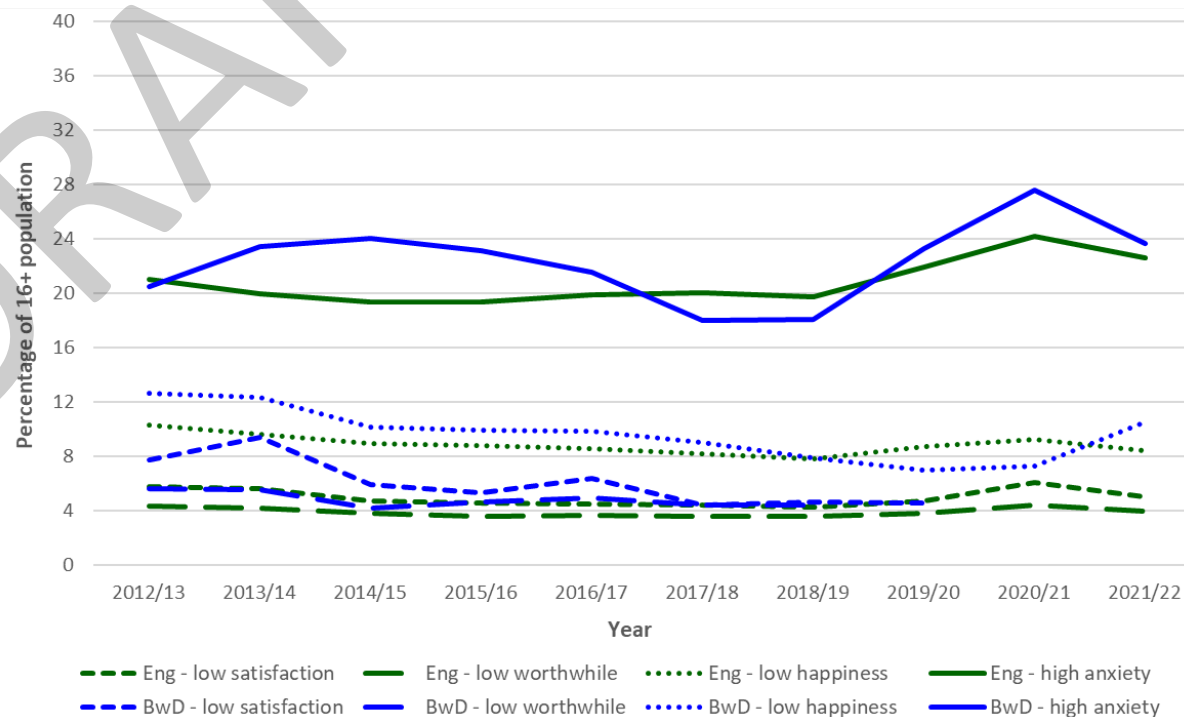
Wellbeing

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 found⁴² 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



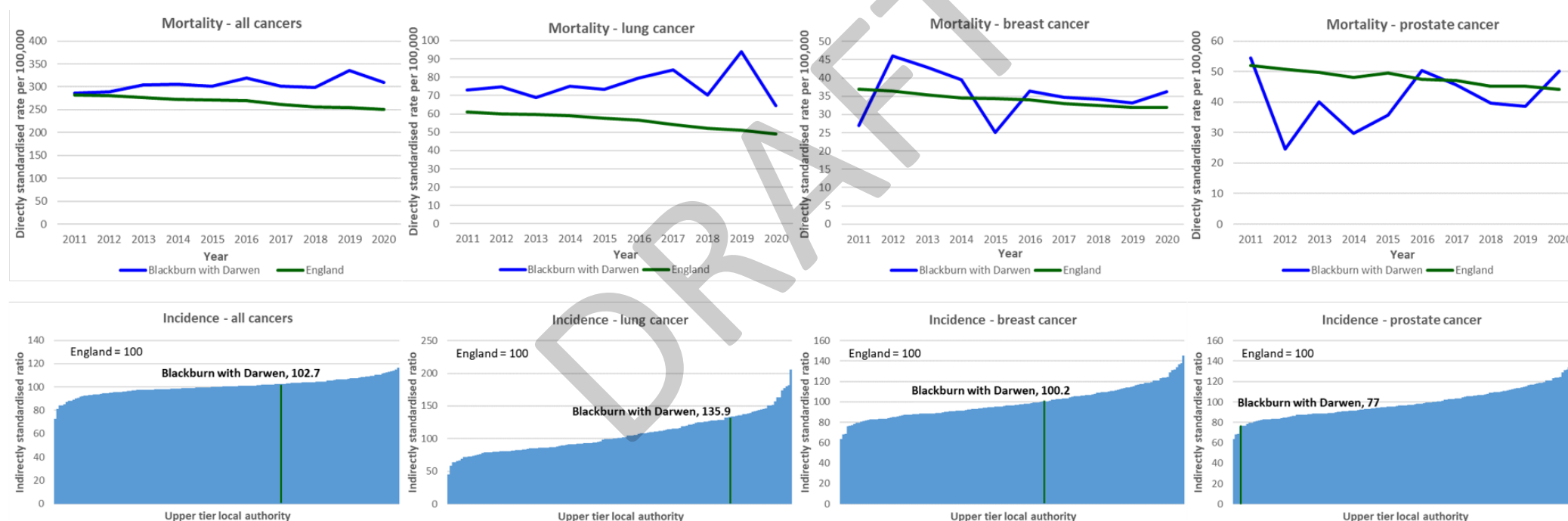
Cancer

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 incidence⁴³ and mortality rates⁴⁴ 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.

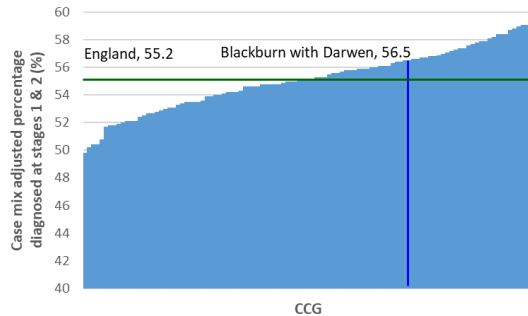
Figure 17 - Incidence and mortality for all cancers, lung cancer, breast cancer and prostate cancer. Mortality rates from 2011-2020. Incidence ratio is taken from 2015-2019.



Inequalities

The pattern of premature cancer mortality⁴⁵ (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.

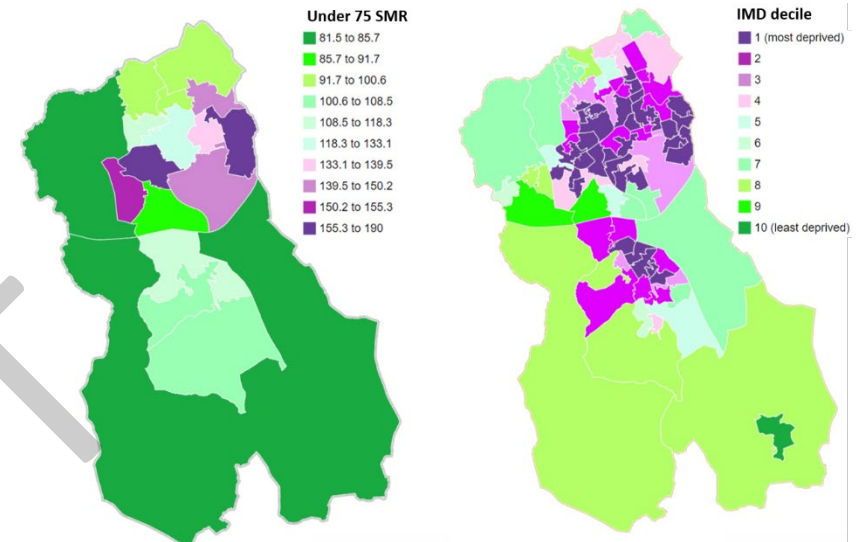
Figure 19 - Case-mix percentage of cancers diagnosed at stages 1 & 2 by CCG, 2019



Diagnosis

In 2019, within the borough CCG, there were 310 cancers diagnosed at stages 1 and 2⁴⁶. 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%).

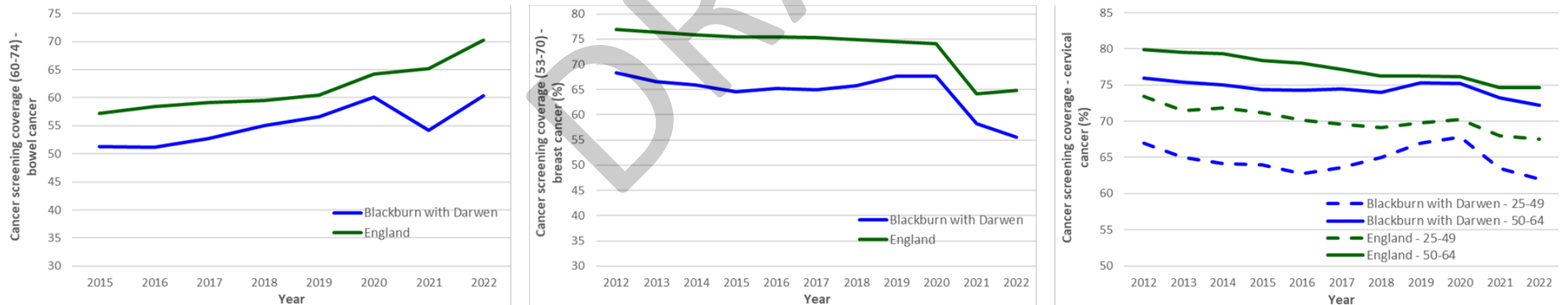
Figure 18 - Under 75 cancer mortality standardised mortality ratio by MSOA, 2016-20, with 2019 Index of Multiple Deprivation for comparison



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

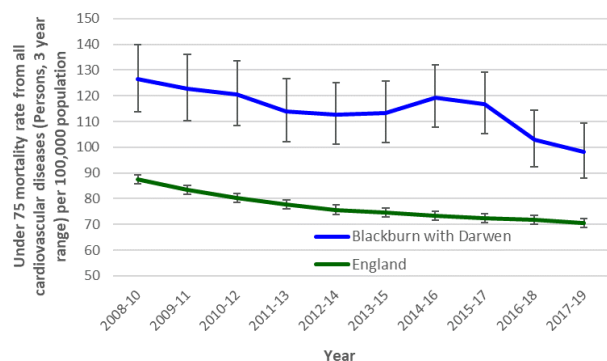


There is currently no nationwide screening programme for lung cancer, but Blackburn with Darwen has been selected amongst 23 areas for an ambitious new scheme of free 'Lung Health Checks' for people aged 55-74 who have ever smoked.⁴⁹

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

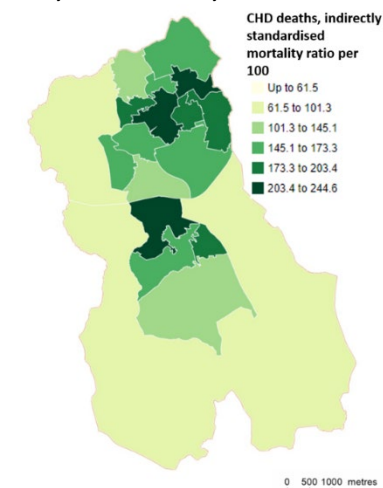
Over 40% CVD deaths in the borough were classified to be largely preventable, either via behaviour change or through public health measures. The borough has the 14th highest rate of these preventable deaths. Blackburn with Darwen's CVD mortality rate for older people (aged 65+) is also significantly and consistently above average, within the bottom quartile out of 150 upper tier authorities in 2020.⁵²

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

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



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

Diabetes⁵⁷

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.

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

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

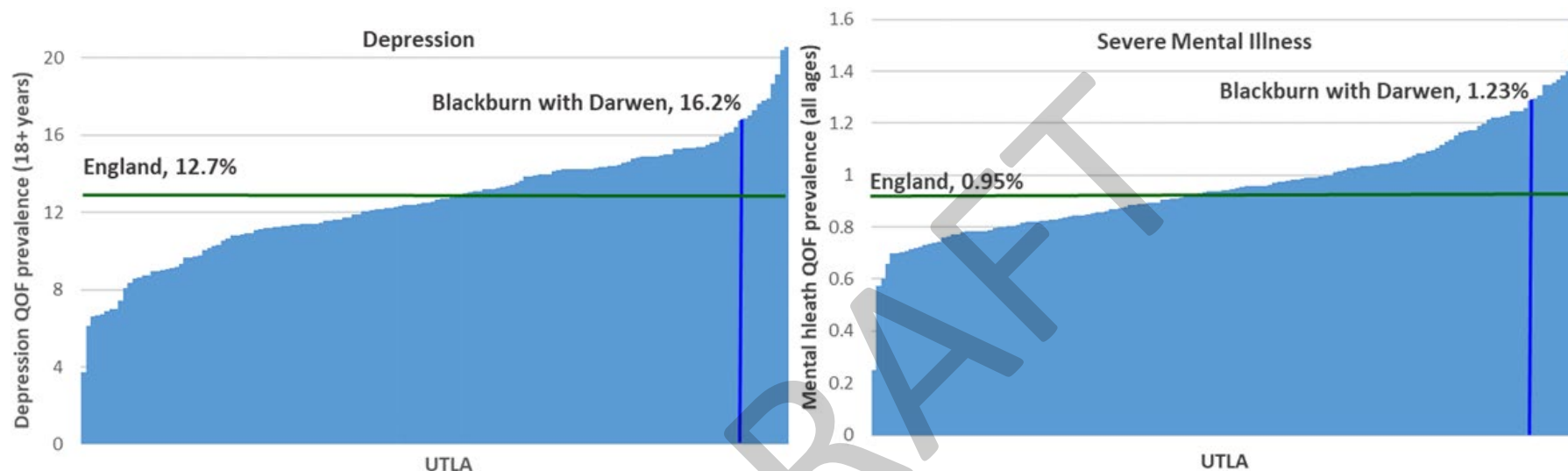
Topic	Indicator	Blackburn with Darwen CCG	England
Prevalence and risk	Diabetes: QOF prevalence (17+) [2020-21] - %	8.8	7.1
	Percentage of people with type 1 diabetes who are female [2019-20]	42.9	43.6
	Percentage of people with type 1 diabetes who are male [2019-20]	57.1	56.4
	Percentage of people with 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

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 depression⁶¹. 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.

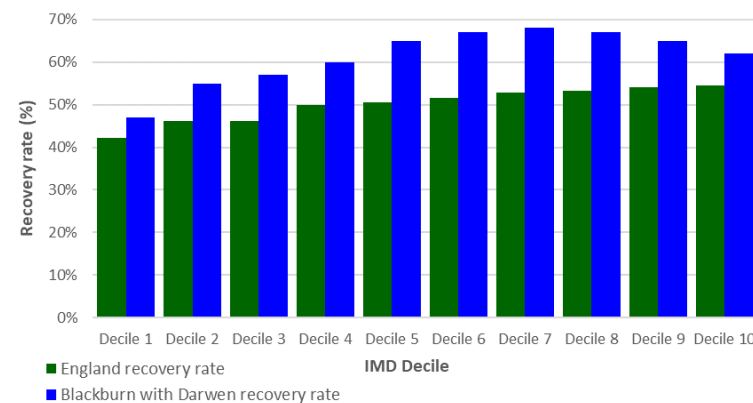
Figure 23 - QOF prevalence of depression and severe mental illness, Blackburn with Darwen compared to other upper tier local authorities in England, 2021-22



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

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

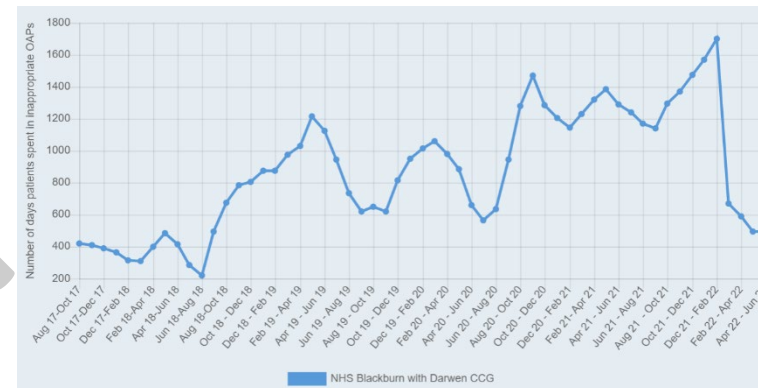
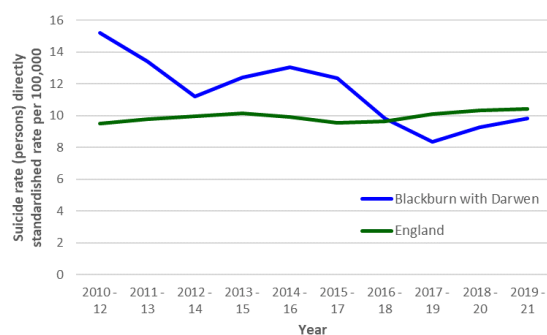


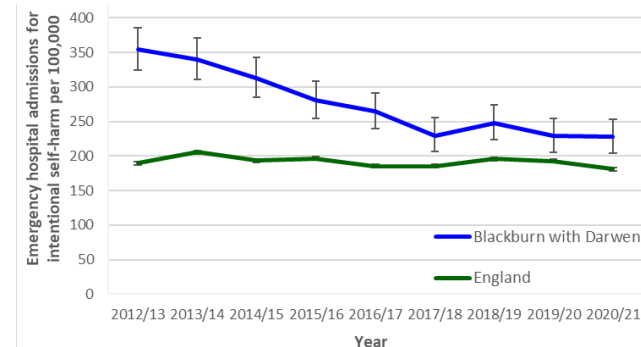
Figure 26 - Suicide directly age standardised rate per 100,000, Blackburn with Darwen and England, 2010-12 – 2019-21



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



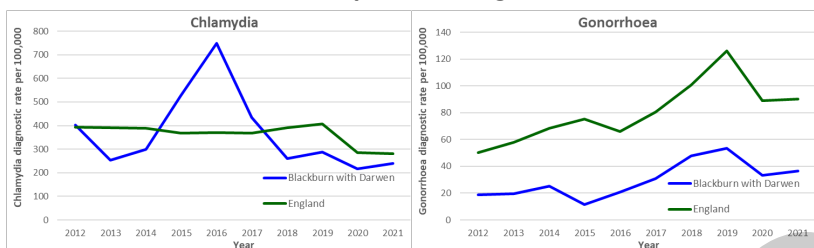
Sexual Health

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.

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'.



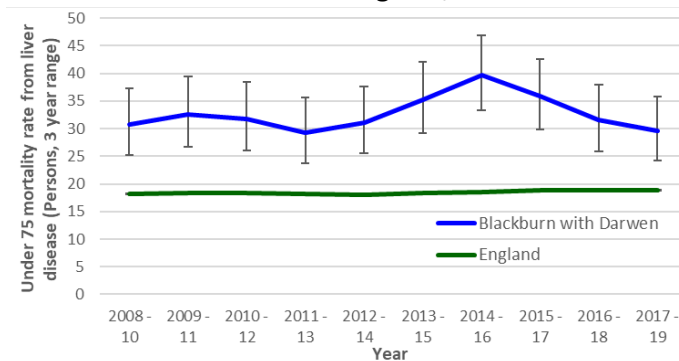
Table 3 - Blackburn with Darwen sexual health diagnosis profile compared to England, 2021

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

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^{75,77} and disproportionately affects younger people.

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



DRAFT

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

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 disabilities⁷⁹.

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

Risk factors			Impacts		
Age	Diabetes	Military service	Dementia	Loss of independence	Falls
Hereditary	Stroke	Ototoxicants	Depression	Worklessness	Reduced mobility
Loud/excessive noise	High blood pressure	Acoustic neuromas	Loneliness and isolation	Cognitive decline	Cardiovascular disease

Figure 30 - Sight loss, risk factors and impacts

Risk factors			Impacts		
Age	Stroke	Smoking	Trips and falls	Loss of independence	Poverty
Ethnicity	Lower socio-economic status	Hypertension	Depression	Worklessness	Reduced mobility
Diabetes	Obesity	Learning disability	Loneliness and isolation	Cognitive decline	Dual sensory loss

Sensory Impairments – Hearing Loss

Risk factors and impacts⁸¹

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

Road Safety

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

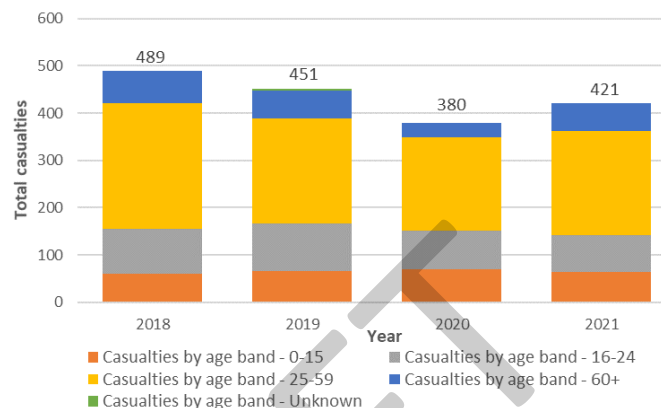


Figure 33 - Road traffic casualties in Blackburn with Darwen by road user type, 2021

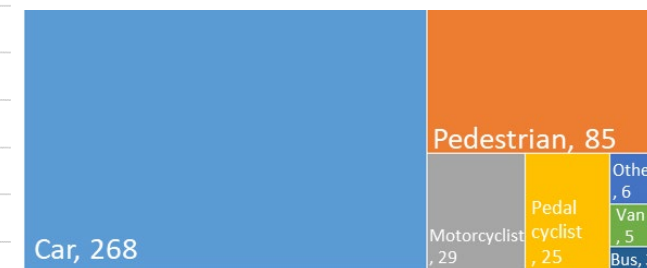


Figure 34 - Raw KSI figure vs. 'adjusted' KSI figure in Blackburn with Darwen, 2012– 2021

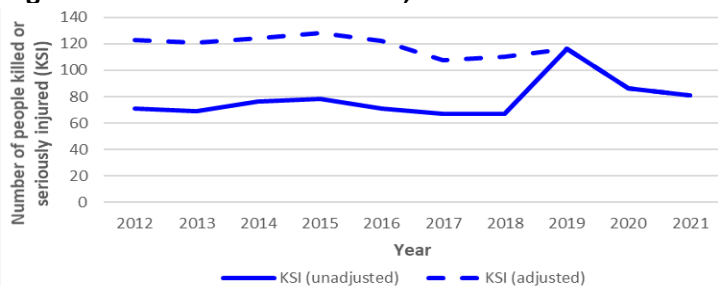
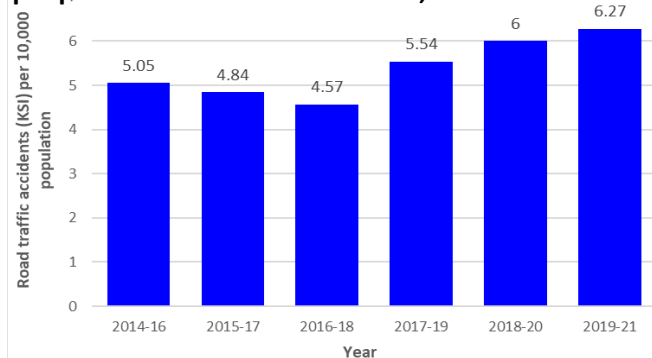


Figure 35 - Road traffic accidents (KSI) rate per 10,000 people in Blackburn with Darwen, 2014-16 – 2019-21



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).

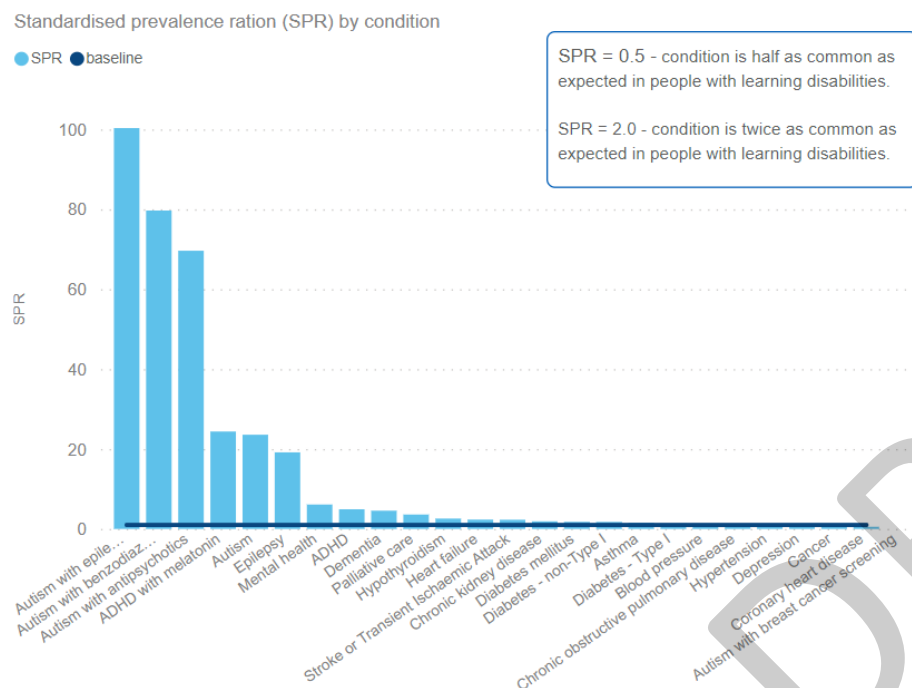
The Local Government Inform tool⁸⁶ has calculated using the adjusted KSI figures, Blackburn with Darwen, from 2019-21 had the second highest rate of people KSI in road traffic accidents per 10,000 population from unitary authorities where data is available. Since 2016-18, there has been a slight uptake in the rate of casualties in the borough (Figure 35).

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

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

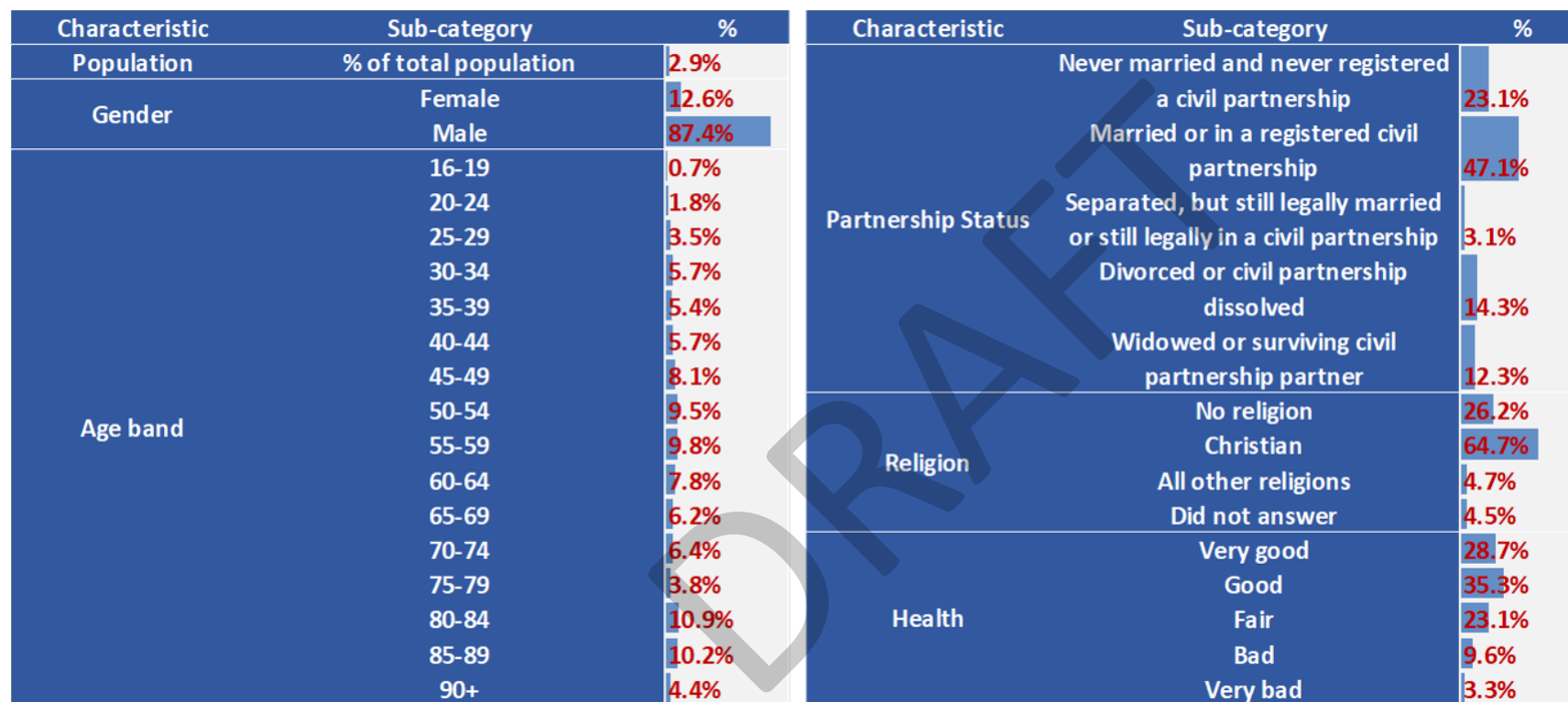
Of the working-age adults with learning disabilities supported by Blackburn with Darwen council in 2019-20, 92.3% were living in their own home or with their family, which is the 10th best proportion in England.⁹² Only 1.3%, however, were in paid employment. This equates to only five individuals and 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



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.

Homelessness

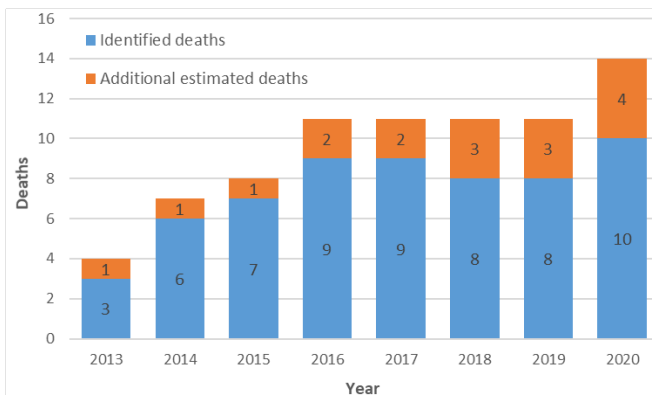
Rough Sleeping

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

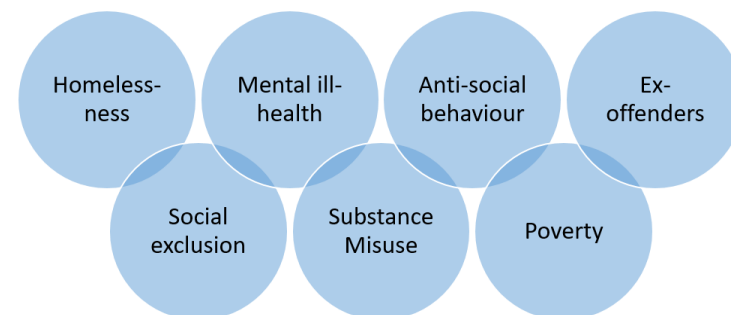


Deaths of homeless people

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.

Figure 38 - Factors indicative of vulnerability or complex needs



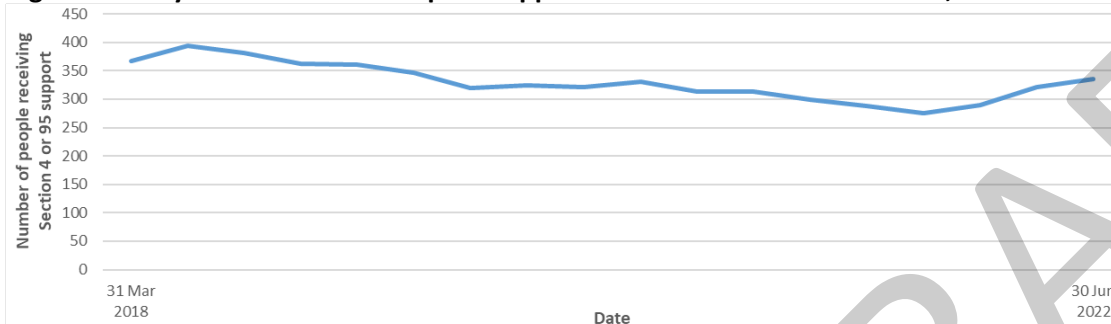
Services for homeless and vulnerable people

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

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