



Joint Strategic Needs Assessment

Summary Review 2018

INTRODUCTION

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

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

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SETTING THE SCENE

POPULATION

POPULATION ESTIMATES AND PROJECTIONS

Mid-2017 estimate²

The latest ONS population estimates are for mid-2017, and show that Blackburn with Darwen had a total of 148,772 residents (an increase of 310 since mid-2016). In Figure 1 below, the England age structure is superimposed for comparison. This illustrates that Blackburn with Darwen has a much younger age profile than average. 28.5% of its population is aged under 20, which is the 6th highest proportion in England.

Population projections³

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

Figure 1 - ONS mid-2017 population estimate for Blackburn with Darwen (with England profile for comparison)

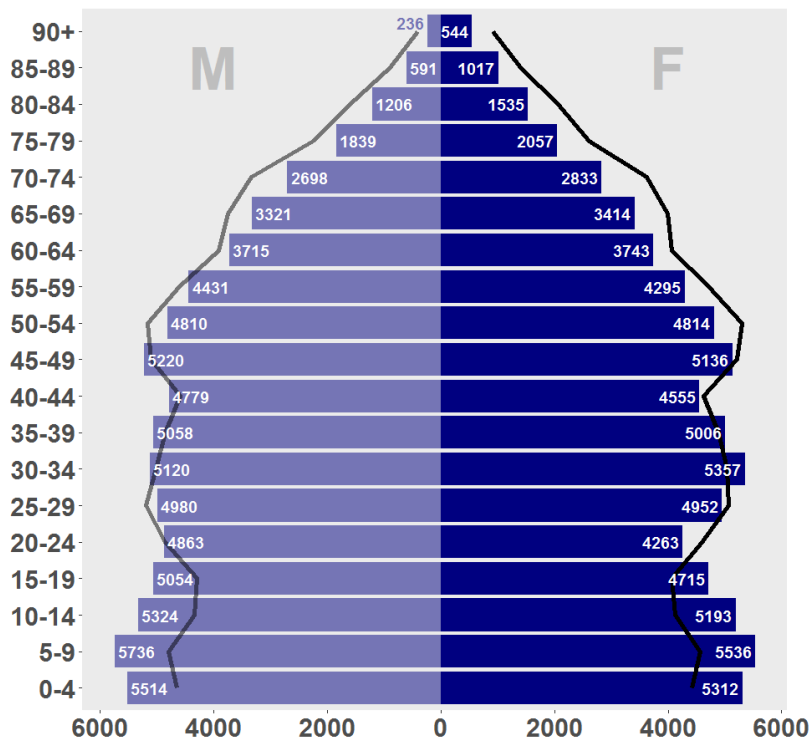
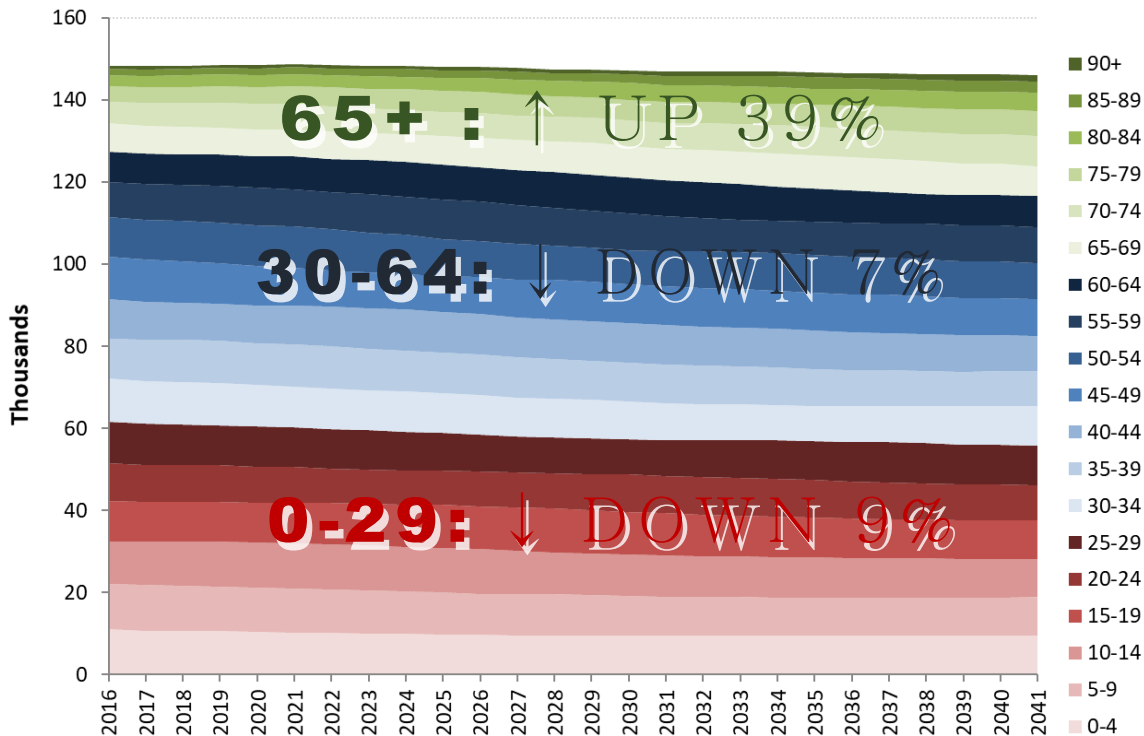
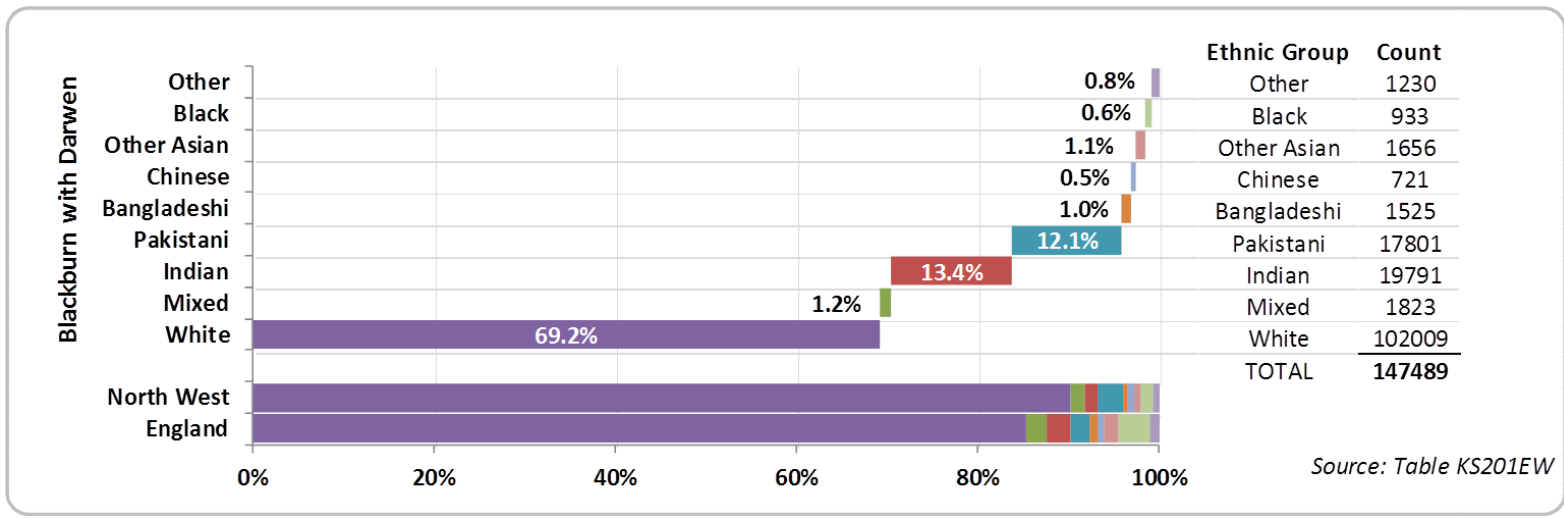


Figure 2 - 2016-based ONS population projections, Blackburn with Darwen



2011 CENSUS DATA

Ethnicity



The 2011 Census is still our best source of data on the ethnic breakdown of the borough's population, and the relationship between ethnic group and other social characteristics. The proportion of Blackburn with Darwen residents who described themselves as Indian or Pakistani are the 11th highest and the 6th highest respectively of any local authority in England.

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

The main ethnic groups have markedly different age profiles from each other (Figure 4), and are represented in varying concentrations across the borough (Figure 5).

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

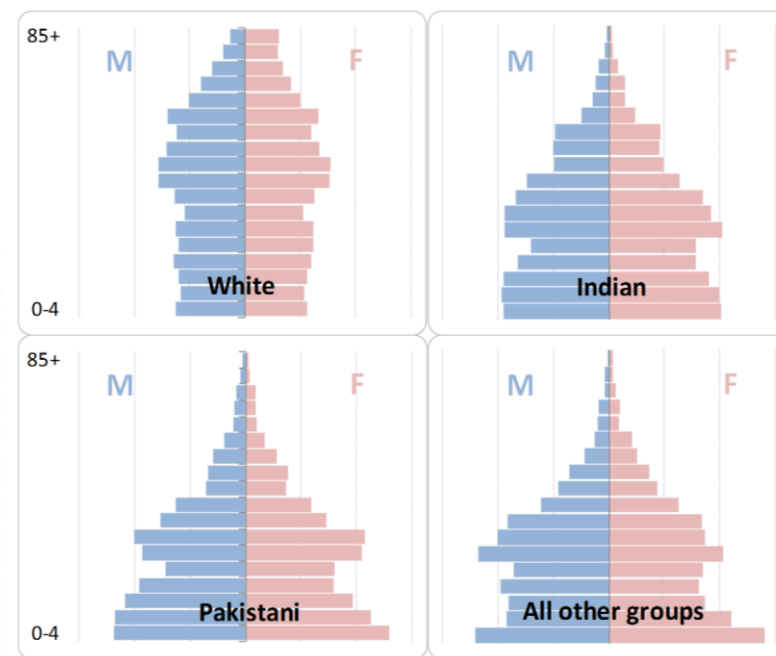
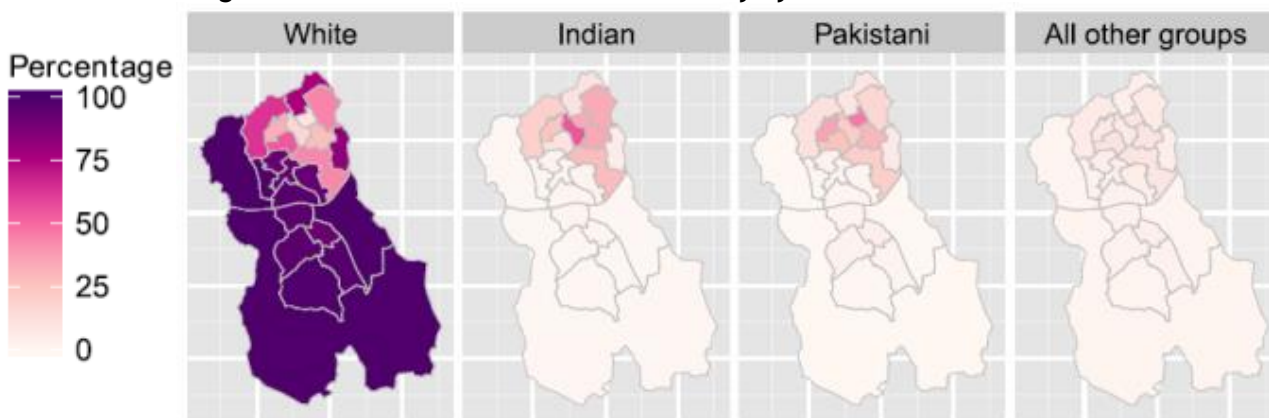


Figure 5 - Blackburn with Darwen - ethnicity by ward



Religion

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

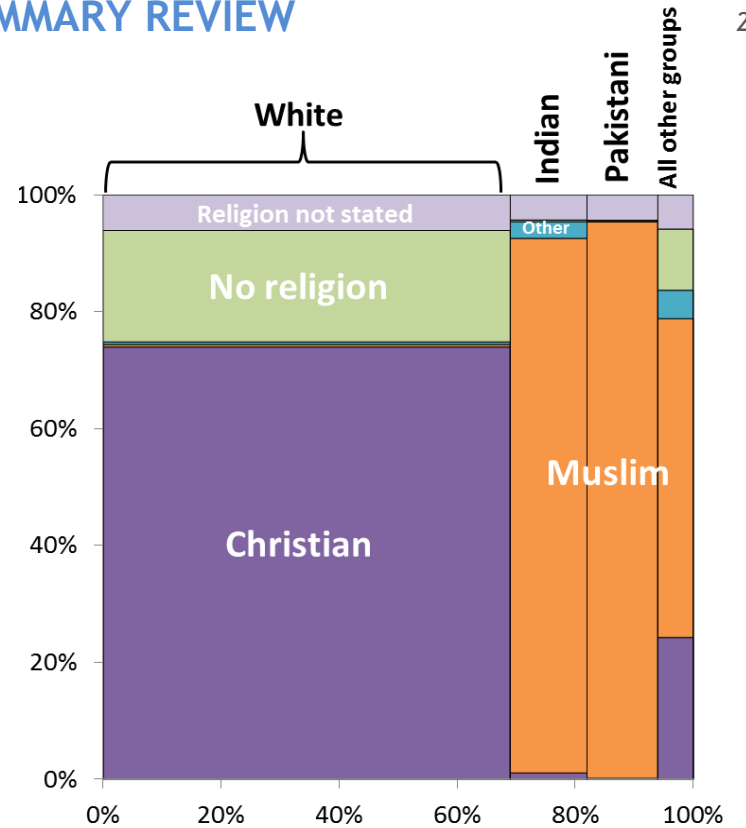


Figure 6 - relationship between ethnicity and religion in Blackburn with Darwen

Language

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

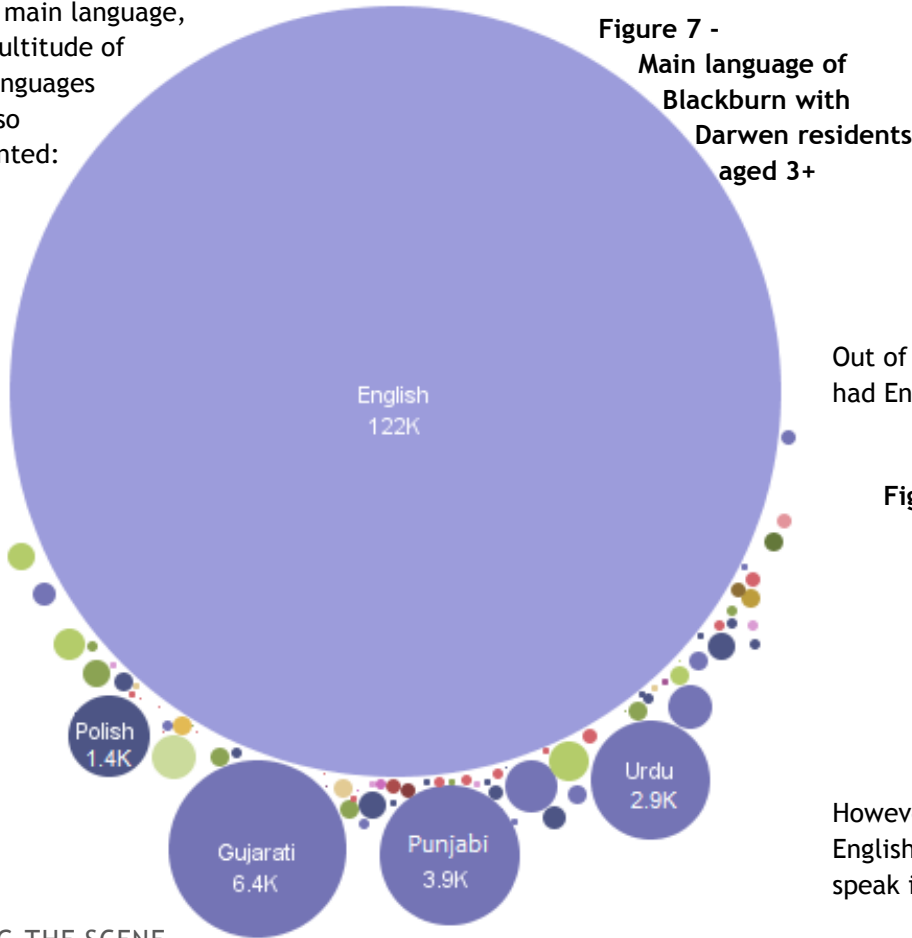
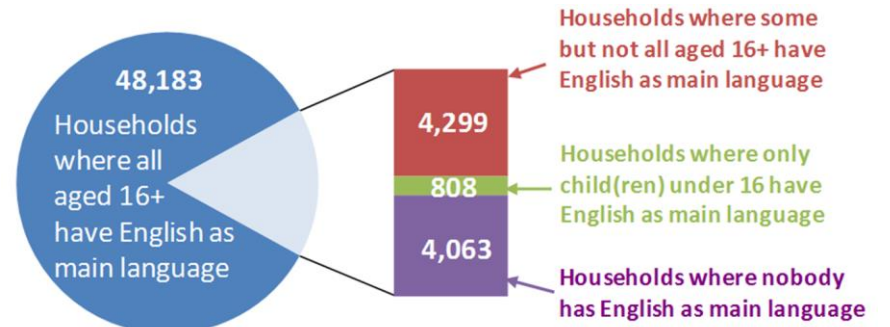


Figure 7 - Main language of Blackburn with Darwen residents aged 3+

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

Figure 8 - Main language by household

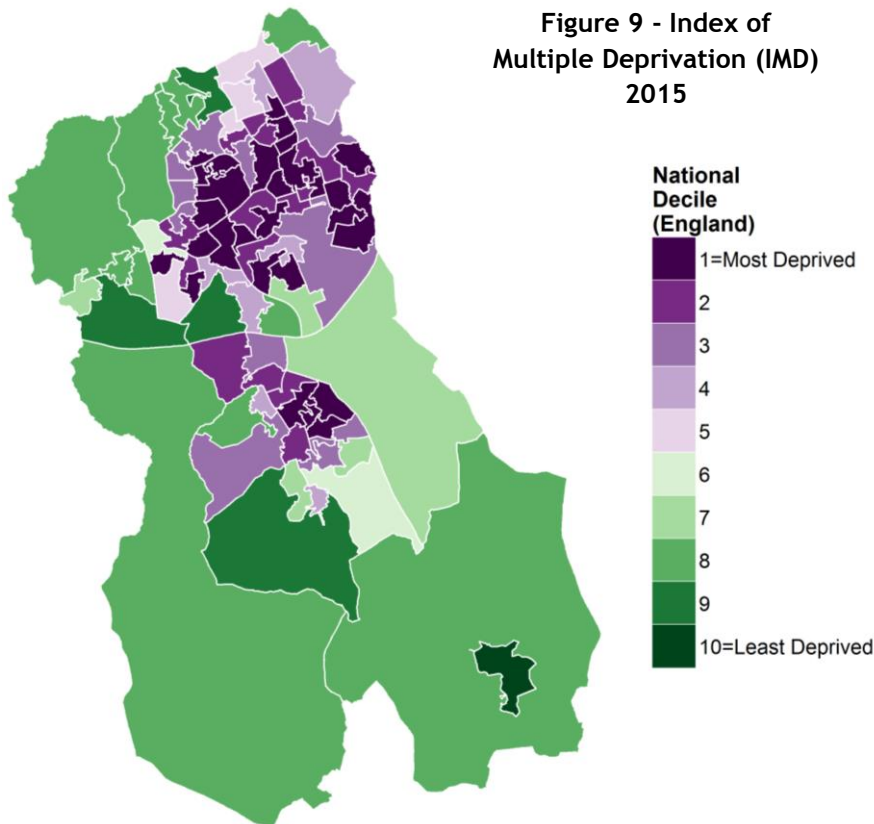


However, it is important to appreciate that many of those with a main language other than English nevertheless speak English 'well' or 'very well'. Only 973 people in the borough could not speak it at all.

DEPRIVATION

The 2015 Index of Multiple Deprivation⁴ is still in use in 2018 (but expected to be replaced in Summer 2019). It is based on 37 indicators, mostly dating from around 2012/13.

Figure 9 - Index of Multiple Deprivation (IMD) 2015



Deprivation at the Lower Super Output Area (LSOA) level

The Index of Multiple Deprivation (IMD) is calculated for small neighbourhoods known as Lower Super Output Areas (LSOAs). Figure 9 shows IMD 2015 mapped for Blackburn with Darwen’s 91 LSOAs. Nearly half (45 out of 91, or 49%) of the Borough’s LSOAs are in the worst two national deciles. By definition, each national decile accounts for 10% of all the LSOAs in England, so Blackburn with Darwen has well over its ‘fair share’ of deprived LSOAs.

Deprivation at the Borough level

There are various ways of summarising deprivation at the borough level. For example, the ‘Rank of Average Score’ method ranks authorities according to the average IMD score of their LSOAs. On that basis, Blackburn with Darwen ranks as 15th most deprived in 2015.

However, the summary indicator which is now most widely quoted is the proportion of LSOAs in the borough falling within the 10% most deprived in England (i.e. in National Decile 1). In Blackburn with Darwen, that proportion was 31% in 2015, which makes it the 12th most deprived borough.

DESTITUTION

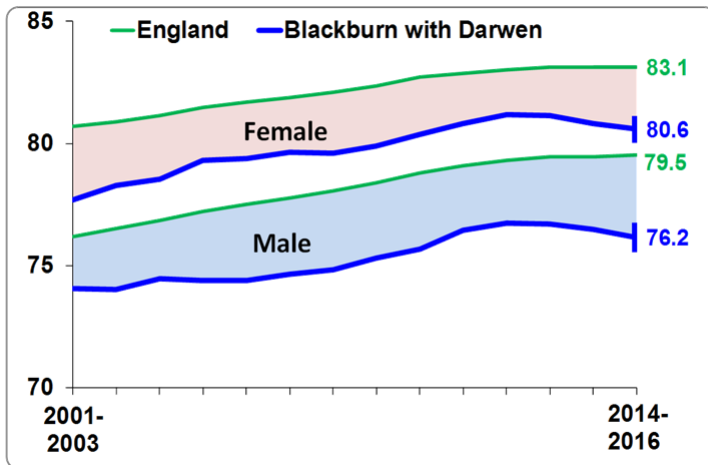
‘Destitution’ is a strong word, but the Joseph Rowntree Foundation estimates that over 1.5 million people in the UK were affected in this way at some point during 2017. It defines ‘destitution’ as being on an extremely low income, and/or unable to afford two or more of the listed essentials over the past month:⁵

- **Shelter** (had slept rough for 1+ nights)
- **Food** (have had < 2 meals a day for 2+ days)
- **Heating** (have been unable to heat their home for 5+ days)
- **Lighting** (have been unable to light their home for 5+ days)
- **Clothing and footwear** (appropriate for weather)
- **Basic toiletries** (soap, shampoo, toothpaste, toothbrush)

A survey of crisis service users in various parts of the country was used to produce modelled estimates for every local authority. Authorities are ranked on their estimated destitution levels for each of three separate sub-populations (‘migrants’, ‘complex needs’ and ‘other’), and for all three groups put together. Blackburn with Darwen is in the most severe decile of destitution for two out of the three individual sub-populations. It just escapes being in the top decile for destitution overall, but only by one place.⁶

Sub-population	Definition	Destitution Decile (Blackburn with Darwen)
migrants	anyone born outside of the UK (who did not have complex needs)	4th most severe decile
complex needs	anyone who reported experience of two or more of: homelessness, substance misuse, offending, domestic violence or begging	Most severe decile
other	respondents not falling into the preceding two groups	Most severe decile
OVERALL	all three groups combined	2nd most severe decile

Figure 10 - Life expectancy in England and Blackburn with Darwen, 2001-03 to 2014-16



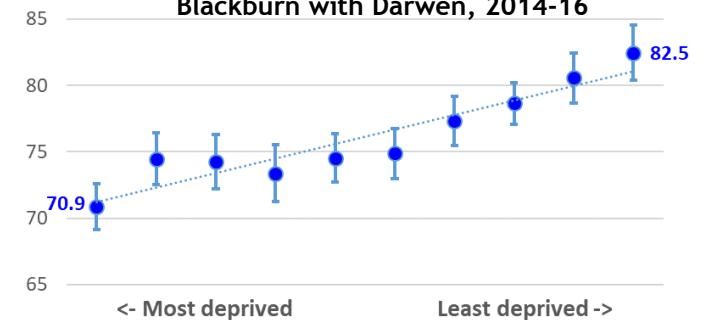
LIFE EXPECTANCY

Life expectancy in Blackburn with Darwen not only lags behind England (see shaded areas in Figure 10), but has plateaued in recent years, and shows some signs of actually starting to fall (though this decline is not statistically significant). In 2014-16, the borough had the 5th lowest life expectancy in England for males, and the 9th equal lowest for females, out of 324 lower-tier local authorities.

Even at a national level (green lines in Figure 10), the rate of improvement in life expectancy is much slower than it was. These trends are attracting increasing amounts of attention and comment, including an acknowledgement by ONS of their statistical significance, and an undertaking to investigate further.^{7,8}

There is also striking inequality in life expectancy *within* Blackburn with Darwen. To illustrate this, Public Health England has ranked the borough's LSOAs by IMD score, divided them into ten equal groups ('deciles') of deprivation, and calculated the life expectancy for each.⁹ As Figure 11 shows, the difference between the most and least deprived tenths of the borough was 11.6 years for males in 2014-16. For females, it was 8.4 years.

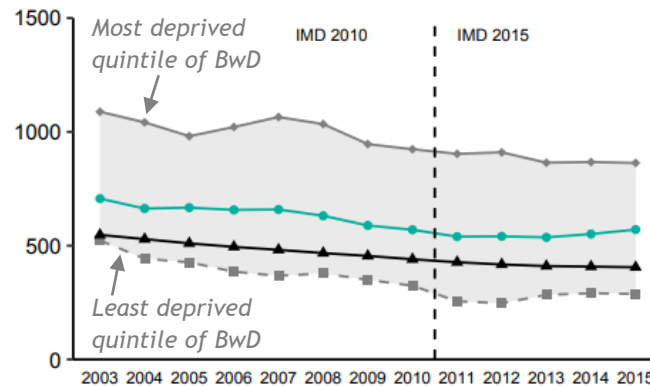
Figure 11 - Male life expectancy by deprivation decile Blackburn with Darwen, 2014-16



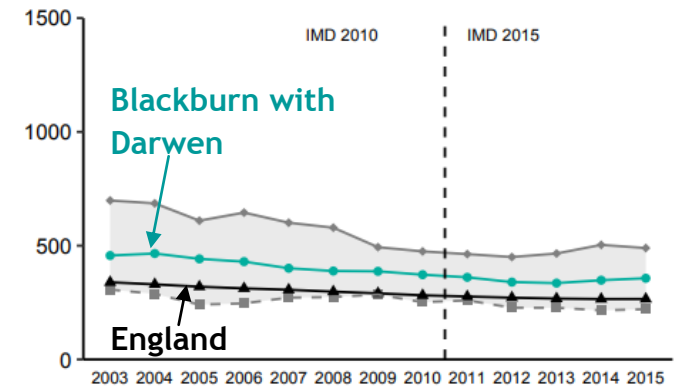
PREMATURE MORTALITY

The inequalities between more and less deprived parts of the borough are also illustrated in the 2018 Health Profile for Blackburn with Darwen.¹⁰ The gap in premature death rates is particularly stark for men:

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



(a) MALES



(b) FEMALES

[Directly Age Standardised Rate per 100,000. Rates are for three years pooled - e.g. '2015' is actually '2014-16']

LOCAL ECONOMY

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

SKILLS

In 2017, there were estimated to be 11,000 people aged 16-64 in Blackburn with Darwen with no qualifications, or 12.1% of the working-age population (England 7.6%).¹¹ Clearly such a high rate (ranking 21st among upper-tier authorities) is undesirable. Data from the Centre for Cities provides a stark illustration of the relationship between lack of qualifications and the employment rate (Figure 13).¹²

At the other end of the spectrum, 21.4% of people aged 16-64 in Blackburn with Darwen had a degree or equivalent in 2017. This is still well below average (England 31.1%), but it continues a gradually improving trend, and means that the borough is on the verge of leaving the bottom quintile of local authorities.¹²

Figure 13 - Relationship between employment rate and lack of qualifications 'Primary Urban Areas' in England. Source: Centre for Cities

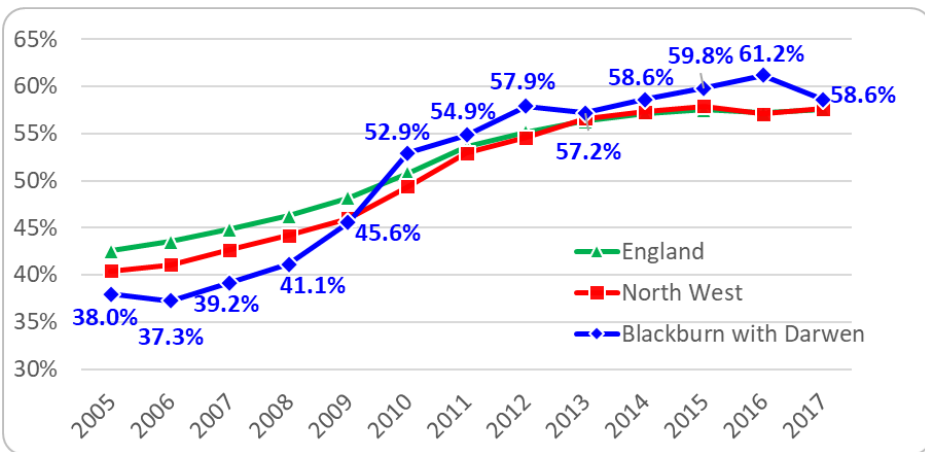
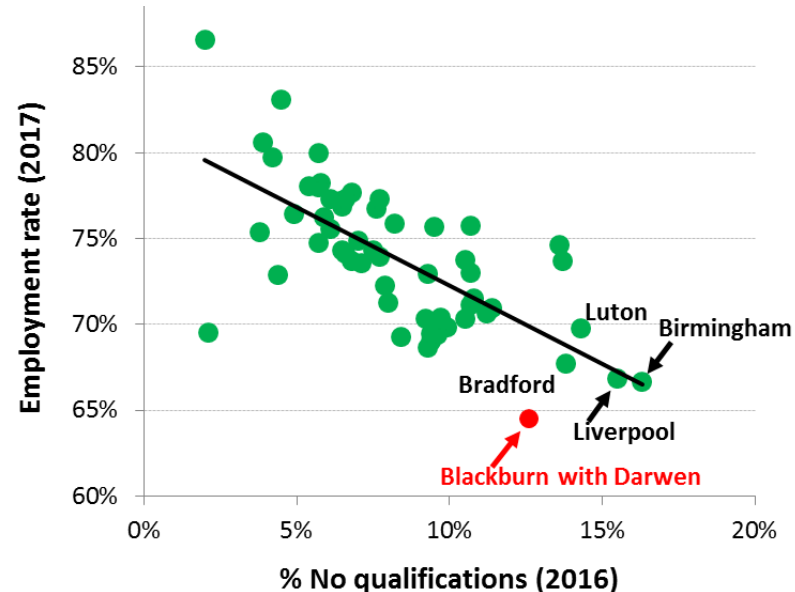


Figure 14 - Level 3 qualification at age 19¹³

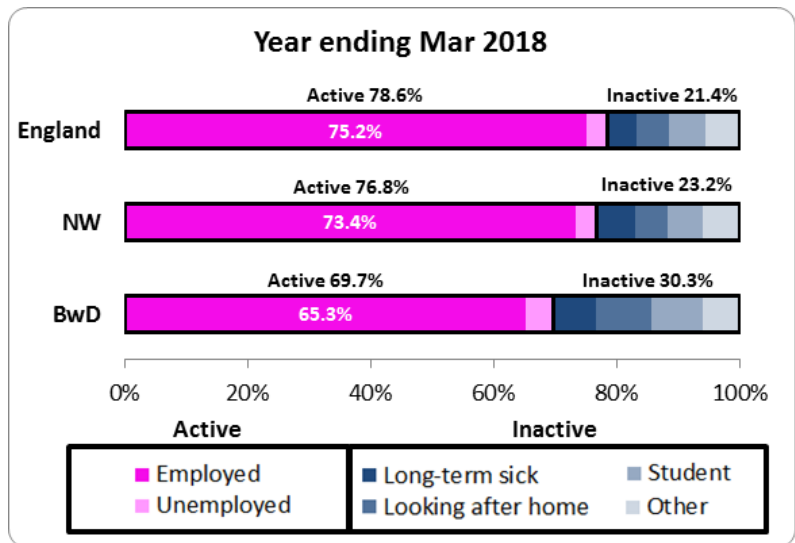
The proportion of the borough's 19-year-olds qualified to Level 3 (i.e. two A-levels or equivalent) has also shown steady improvement over the years (Figure 14)¹³

ECONOMIC ACTIVITY

As seen in Figure 15, an estimated 65.3% of the borough's residents aged 16-64 are employed. This is the 9th lowest rate out of 150 upper tier local authorities (not including the City of London and Scilly Isles).

Together with those who are officially unemployed (i.e. actively seeking work and available to start), it means that only 69.7% are 'economic active', which is the 2nd lowest rate in England (again not including the City of London or Scilly Isles).

Figure 15 - Economic activity and inactivity & employment rate (age 16-64, year ending March 2018)¹²



LOOKING FOR WORK

Unemployment

Strictly speaking, unemployment is defined by whether people are actively seeking work and available to start, rather than by any benefits they may be claiming. This can only be ascertained from a sample survey, so the estimates for an area such as Blackburn with Darwen are subject to large confidence intervals (Figure 16). The latest results (for April 2017 - March 2018) suggest that there are approximately 4000 unemployed people of working age in Blackburn with Darwen. It is conventional to express this as a percentage of the *economically active* population, which gives a rate of 6.3%.

Figure 16 - Unemployment rate (age 16-64), Blackburn with Darwen, North West and England (showing 95% confidence intervals for BwD)¹²

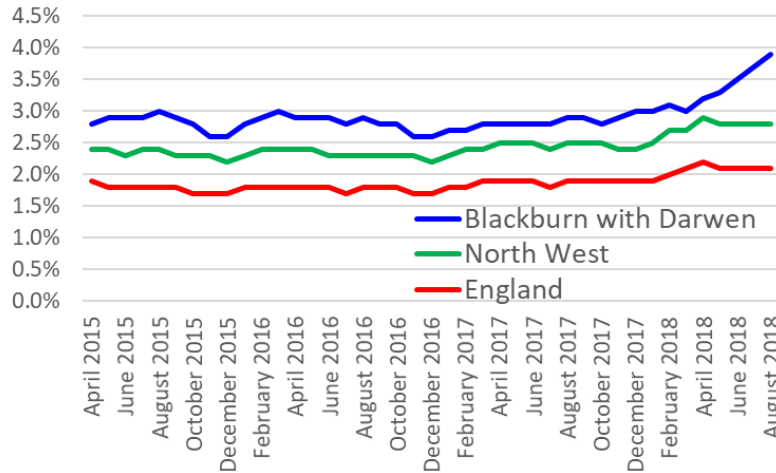
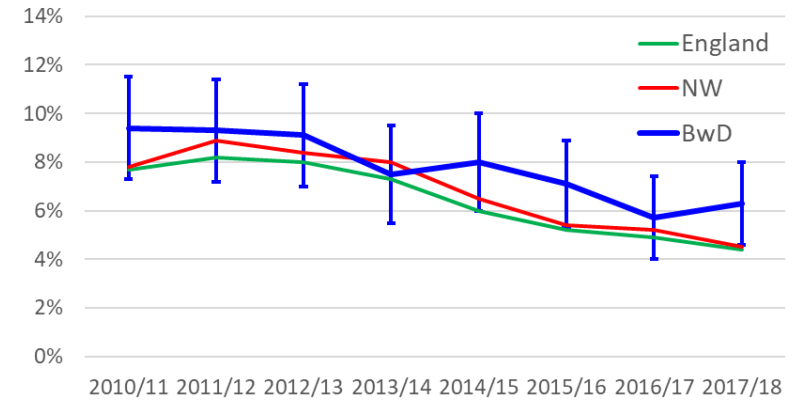


Figure 17 - Claimant Count as a % of residents aged 16-64¹²

Judging by Figure 17, it might be thought that the Blackburn with Darwen economy has taken a turn for the worse since February 2018. However, that is not necessarily the case, because in February 2018, the borough became a 'Full Service' area for Universal Credit.* More people are required to seek work under Universal Credit than under the legacy benefits that it replaces, so the recent sharp rise in the Claimant Count may well reflect the fact that the 'goalposts' have moved. A similar sharp rise was seen in areas which moved to Full Service last year (2017).¹⁴

CLAIMANT COUNT ACROSS THE BOROUGH

The fact that it is difficult to interpret the *trend* in the Claimant Count does not prevent us from looking at how it varies *across the Borough* at a snapshot in time. Figure 18 shows how the rate as at August 2018 ranged from 0.3% in North Turton with Tockholes, to 8.2% in Wensley Fold.

Claimant Count

It is obvious from Figure 16 that it would be useful to have a proxy for the official unemployment count, which does not depend on a survey. For many years, that need was met by the Claimant Count. Since the introduction of Universal Credit, however, things have not been quite so simple.

The Claimant Count now consists of the (diminishing) number of people still on Job Seekers Allowance, plus those claiming Universal Credit *who are required to seek work*.¹⁴ It is available on this basis going back to April 2015 (Figure 17). The latest Claimant Count total for the borough (in August 2018) was 3575. As a percentage of the working-age population (*not* just the economically active), this gives a rate of 3.9%.

IMPACT OF UNIVERSAL CREDIT 'FULL SERVICE'

However, **Figure 17 must be interpreted with caution.** As Universal Credit is rolled out, the rules about who is required to seek work in order to receive benefit keep changing. This makes it difficult to interpret trends in the Claimant Count, and has led ONS to demote it to an 'Experimental Statistic'.

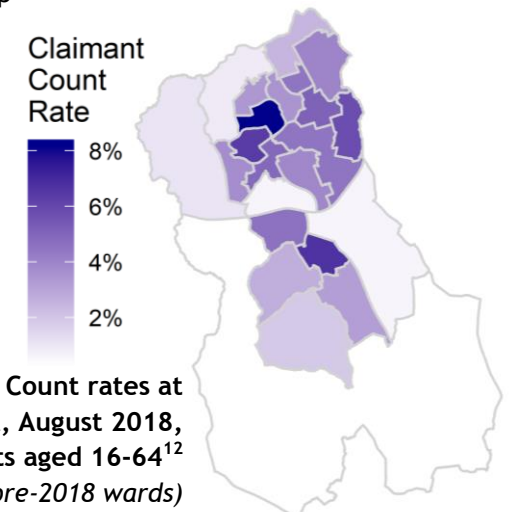
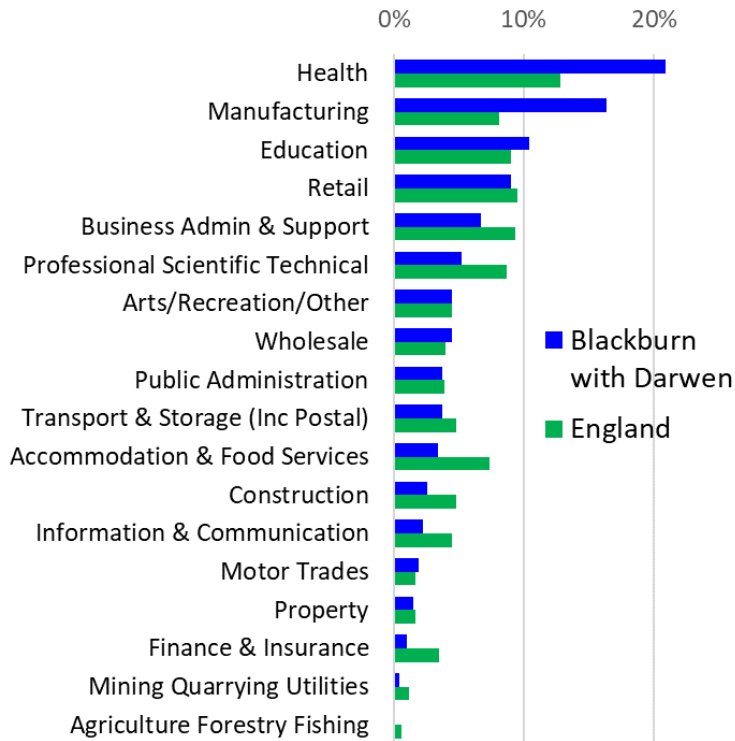


Figure 18 - Claimant Count rates at ward level, August 2018, as a % of residents aged 16-64¹² (pre-2018 wards)

* 'Full Service' means that Universal Credit is available to all types of new claimants, rather than being restricted (as before) to those whose claims are relatively simple.

Figure 19 - Employees by sector - Blackburn with Darwen compared with England (2017)

Source: BRES data from NOMIS¹²



EMPLOYMENT BY SECTOR

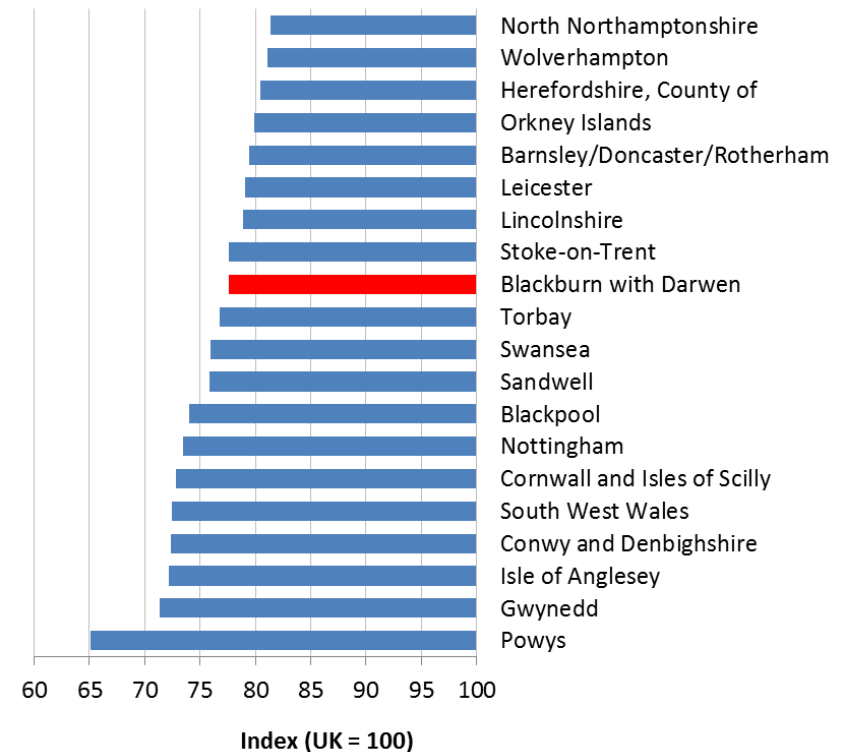
Both locally and nationally, the biggest sector for employment is Health (Figure 19). Health, Education and Public Administration together account for just over a third of Blackburn with Darwen employees, compared with a national average of just over a quarter. 16.4% of employees in Blackburn with Darwen work in Manufacturing, which is more than twice the England average of 8.1%.

PRODUCTIVITY

Productivity describes the ability to produce outputs from a given amount of inputs such as labour. Economic output can only be increased by raising the amount of inputs (e.g. employees) or by raising their productivity, so productivity is vital to improving standards of living.¹⁵

The preferred sub-regional measure of productivity is Gross Value Added (GVA) per hour worked. On this basis, Blackburn with Darwen has the 12th lowest productivity out of 168 'NUTS 3' areas in the UK (Figure 20), at 77.6% of the UK average.¹⁵

Figure 20 - Productivity (GVA per hour worked) - 20 lowest ranking NUTS3 areas, relative to UK (2016)



EARNINGS

Provisional median gross weekly earnings for Blackburn with Darwen residents in 2017 were £352.30. This puts Blackburn with Darwen second lowest (after Blackpool), out of 150 upper-tier authorities in England (Figure 21).¹⁶

Figure 21 - Provisional Median Gross Weekly Earnings of residents - Upper Tier Authorities in England (2017)¹⁶

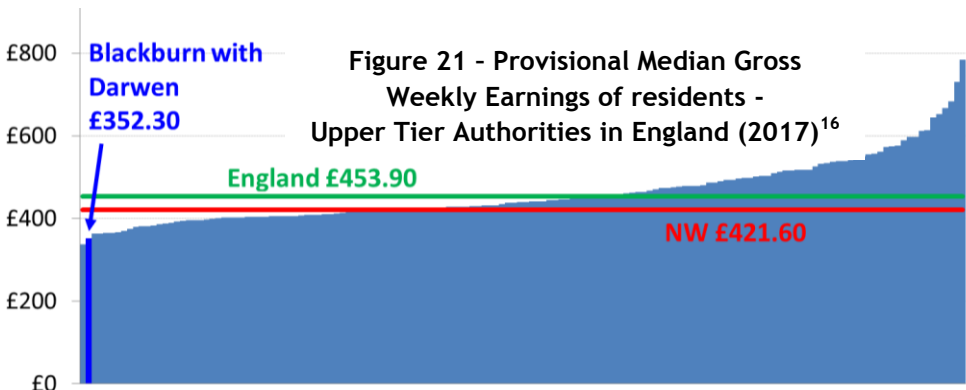


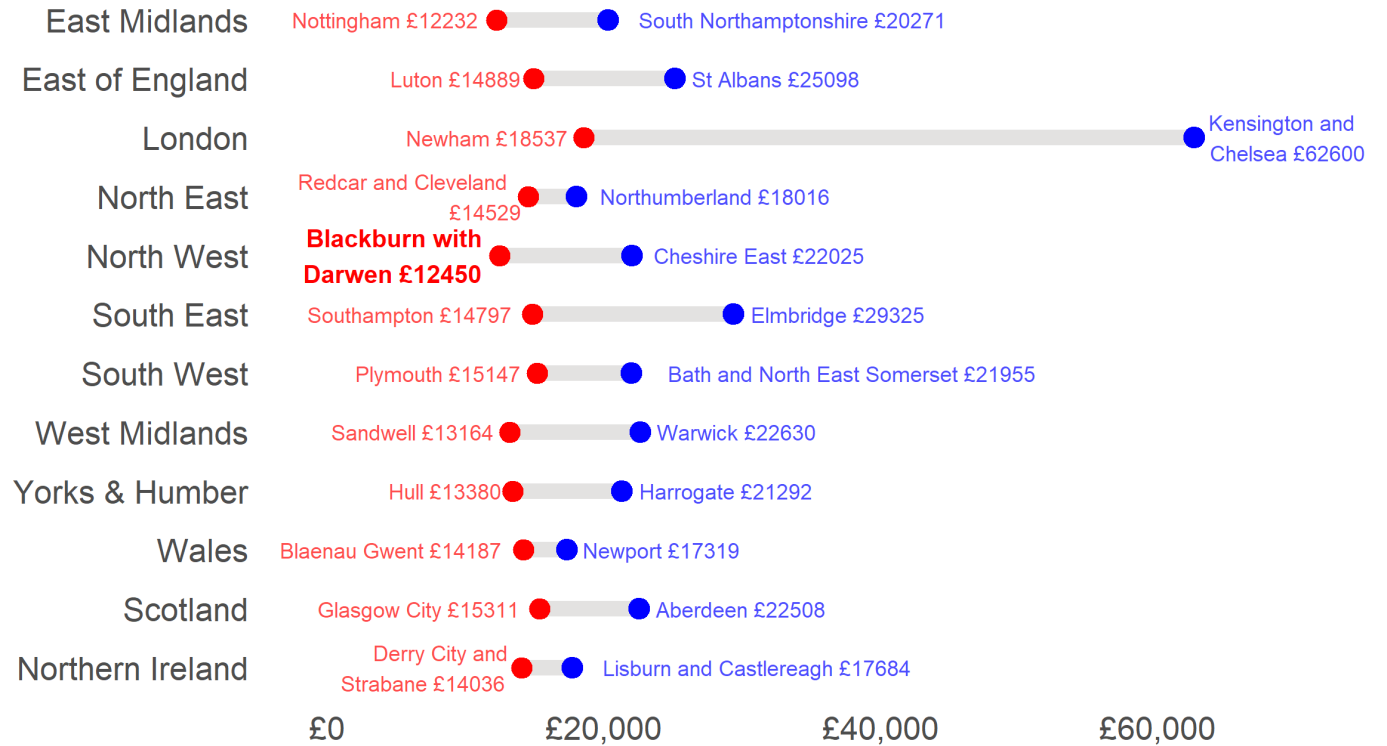
Figure 22 - Gross Disposable Household Income per head (2016, provisional): lowest and highest local authority per region

HOUSEHOLD INCOME

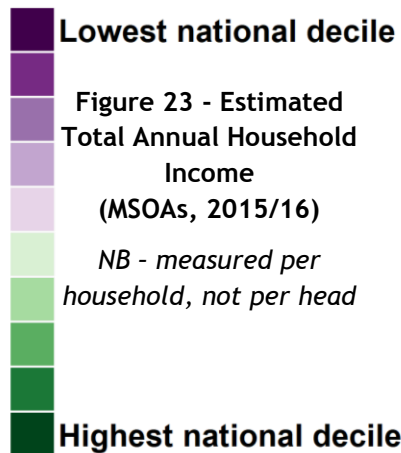
Gross Disposable Household Income

Gross Disposable Household Income (GDHI) is the amount of money that individuals in households have available for spending after taxes and benefits. Provisional estimates for 2016 are now available by local authority.¹⁷

The Blackburn with Darwen average of £12,450 per head is the 2nd lowest in the UK (after Nottingham), and the lowest in the North West. It compares with an England average of £19,878. Blackburn with Darwen has consistently been in 2nd or 3rd lowest place for the past six years.



£21,500 (11th lowest in England)
 £21,100 (3rd lowest in England)



Total household income¹⁸

ONS also issues various modelled estimates of household income at the smaller Middle Super Output Area (MSOA) level. Figure 23 shows a map of how Total Annual Household Income (before tax) varies across the borough.

Half of Blackburn with Darwen's 18 MSOAs are in the bottom national decile for household income (darkest purple), with estimated average incomes ranging from £20,100 to £29,100. Eight of them form a broad swathe across Blackburn. The lowest of all is in Audley, and this MSOA ranks third lowest in England (out of 6791). The next lowest MSOA in Blackburn with Darwen, covering the town centre area, ranks 11th lowest in England. By contrast, Blackburn with Darwen also has one MSOA in the second-highest national decile (dark green), with an estimated average of £51,500.

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

SAFE AND HEALTHY HOMES AND NEIGHBOURHOODS

HOUSING

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

Private Rented Sector

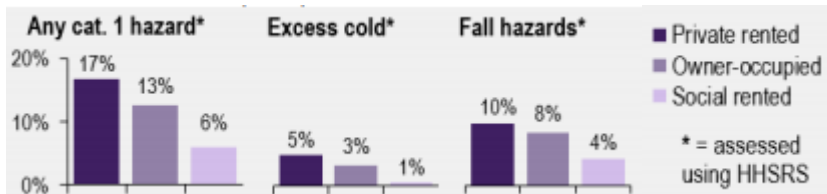


Figure 24 - National findings from the English Housing Survey (2015)¹⁹ ('HHSRS' = Housing Health and Safety Rating System)

HOUSING CONDITIONS

Evidence from the English Housing Survey shows that the private rented sector nationally has the highest rate of serious ('Category 1') hazards, including excess cold and risk of falls (Figure 24).¹⁹ Private rented housing was also the most likely to be old, to be non-decent (a broader classification, including problems of disrepair and ageing facilities), and to be suffering from damp.^{19,20}

LOCAL MARKET

Modelled estimates (which ONS stress are *not* official statistics) suggest that Blackburn with Darwen had approximately 8500 privately rented houses in 2012, and 1000 more by 2015.²¹ Data from the Valuation Office Agency shows that median private-sector rents in Blackburn with Darwen (and in Burnley, Pendle and Hyndburn) in the year to March 2018 were in the bottom 15 nationally, and the rental for a non-self-contained room in Blackburn with Darwen was the lowest in the NW.²²

REGULATION

Multi-tenanted 'Houses in Multiple Occupation' (HMOs) often house some of the most vulnerable people in society. Since 2004, large HMOs of three storeys or more have had to be licensed (Figure 25). New

legislation means that many more HMOs will require to be licensed from October 2018.

Councils can also impose a selective licensing scheme for private rented housing more generally, in areas of low demand. Such areas may be suffering from problems such as high turnover, high levels of disrepair, and anti-social behaviour. Blackburn with Darwen currently has two such schemes, one in Darwen and one in the Infirmiry area of Blackburn (Figure 25), and finds them to be an effective tool for driving up housing standards and reversing neighbourhood decline.^{23,24}

Parliamentary Office of Science & Technology¹⁹

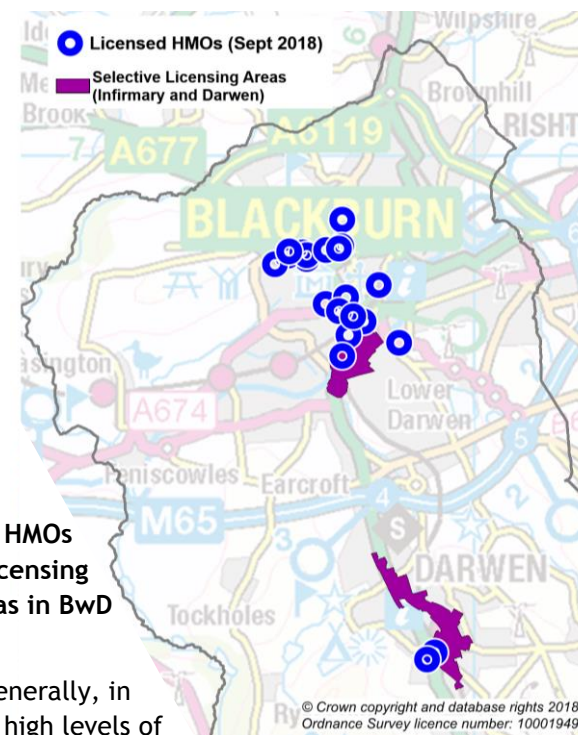
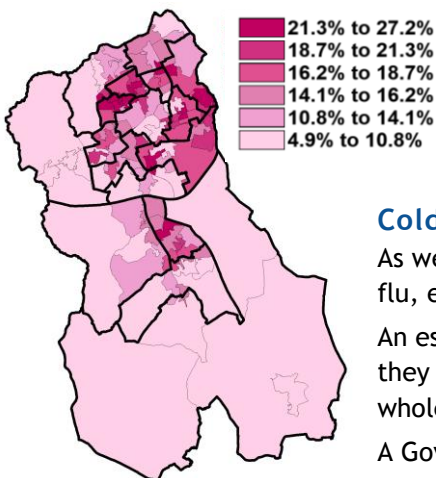


Figure 25 - Licensed HMOs & Selective Licensing Areas in BwD

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Cold housing and fuel poverty

As well as being a major contributor to excess winter deaths, cold housing adds to the burden of circulatory and respiratory disease, colds and flu, exacerbates chronic conditions such as rheumatism and arthritis, and has a negative effect upon mental health across all age-groups.²⁵

An estimated 8554 households in Blackburn with Darwen were classed as being in 'fuel poverty' in 2016. These are only modelled estimates, but they seem to be going up rather than down (from 8162 in 2015, and 7232 in 2014). At 14.4% of households (compared with 11.1% for England as a whole, and 12.8% for the NW), Blackburn with Darwen ranks 21st highest out of 326 districts in England.^{26,27}

A Government target aims to raise as many fuel-poor homes as possible to energy efficiency Band C by 2030, but research by the IPPR think-tank suggests that this will be missed by more than half a century.²⁸ Blackburn with Darwen does its best to promote energy efficiency and available grants via initiatives such as its 'Heat and Eat' events.²⁹

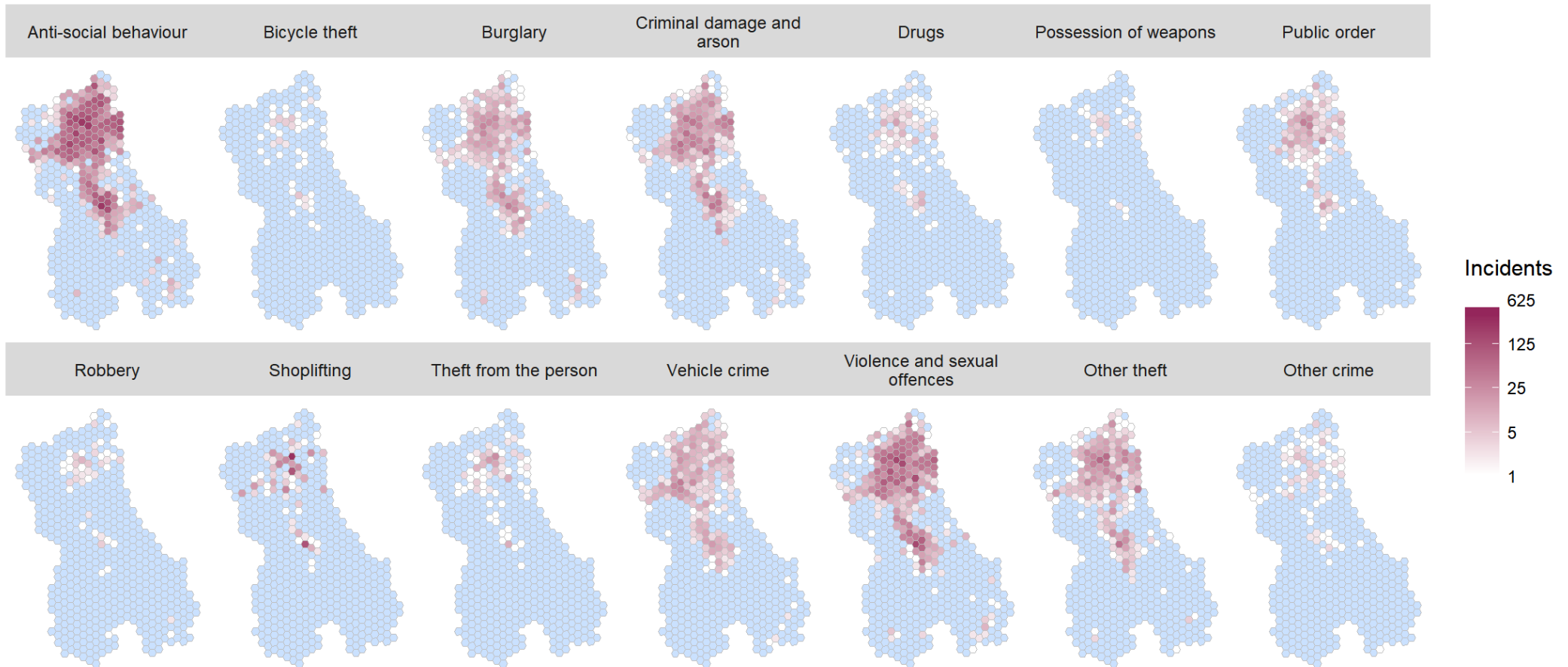
Figure 26 - % Households in Fuel Poverty, 2016 (modelled estimates) Lower Super Output Areas overlaid with new (2018) Wards

CRIME AND VIOLENCE

Crime and antisocial behaviour

Data about the type and whereabouts of every recorded incident of crime or antisocial behaviour is available from <http://data.police.uk/>. In Figure 27, the darkest pink shading denotes the areas with the greatest number of incidents in the year to December 2017.*

Figure 27 - Locations of recorded Crime and Antisocial Behaviour (January-December 2017)



Only includes crimes with a recorded type and location, and hexagons lying entirely within Blackburn with Darwen.

Violent and sexual offences

The Public Health Outcomes Framework³⁰ monitors the rate of violent crime and the rate of sexual offences. In 2016/17, both rates were higher than average in Blackburn with Darwen. They were also both rising, but this was the case in almost every district across England. The borough also had the 16th highest rate of hospital admissions for violence in 2014/15 - 2016/17. However, this indicator is generally high across the urban NW, and Blackburn with Darwen is no longer any worse than the region as a whole.

* All recorded crime figures have to be treated with caution, as they do not currently meet the standards required for National Statistics status.

FAST FOOD OUTLETS

**Number and density
'CEDAR' ESTIMATES**

Blackburn with Darwen became briefly notorious as the 'takeaway capital' of England in July 2017, when research from the 'CEDAR' Unit at Cambridge University³² gave rise to newspaper headlines like the one above.³¹ Blackburn with Darwen's 236 takeaways were not (quite) the highest number *per head* (that honour went to Westminster). However, they did represent the highest number of takeaways *as a proportion of all food outlets in the borough* (38%).

A subsequent Guardian article, also based on data from CEDAR, found that 400 schools in England had 20 or more fast food outlets within a 400m radius. St Anne's School, in the centre of Blackburn, was said to be in the top ten, with 46 nearby outlets.³³

PHE ESTIMATES

Since then, Public Health England (PHE) has published its own analysis, using a different data source and definition*. The PHE data shows Blackburn with Darwen to have 219 'fast food outlets' as at 31st December 2017 (Figure 28).³⁴ This equates to 147.5 outlets per 100,000 population, which is the 13th highest density in the country. By comparison, the England average is 96.5, and the maximum (in Blackpool) is 232.2.

PHE's density map shows a clear north-south divide (Figure 28), and a strong link with deprivation. As well as Blackburn with Darwen, Burnley and Hyndburn also rank highly. PHE also provides ward-level counts, which let us see where the borough's 219 fast food outlets are concentrated.

Evidence and policy

Giving evidence to the recent House of Commons Childhood Obesity Inquiry, the CEDAR team at Cambridge University drew attention to the typical cheapness, high-calorie content and large portion size of takeaway food, and the concentration of fast food outlets in deprived areas. They concluded that takeaways were linked to obesity (and to inequalities in obesity) in a way that supermarkets and restaurants were not.³⁵ Public Health England has also alluded to the 'growing body of evidence' connecting fast food outlets to obesity.³⁴

Blackburn with Darwen's 'Eat Well Move More Shape Up' strategy acknowledges how fast food outlets are over-represented in deprived areas, the temptation they pose to young people in particular, and the need for tighter controls to regulate their growth.³⁶ Since April 2016, the borough has operated a policy of refusing permission for new takeaways within 400m of any primary or secondary school, madrassa, nursery or college, unless there are fewer than five such establishments already *and* the proposed opening hours are outside those of the educational institution.³⁷

'Chips and a burger for a quid' - welcome to the takeaway capital of England³¹

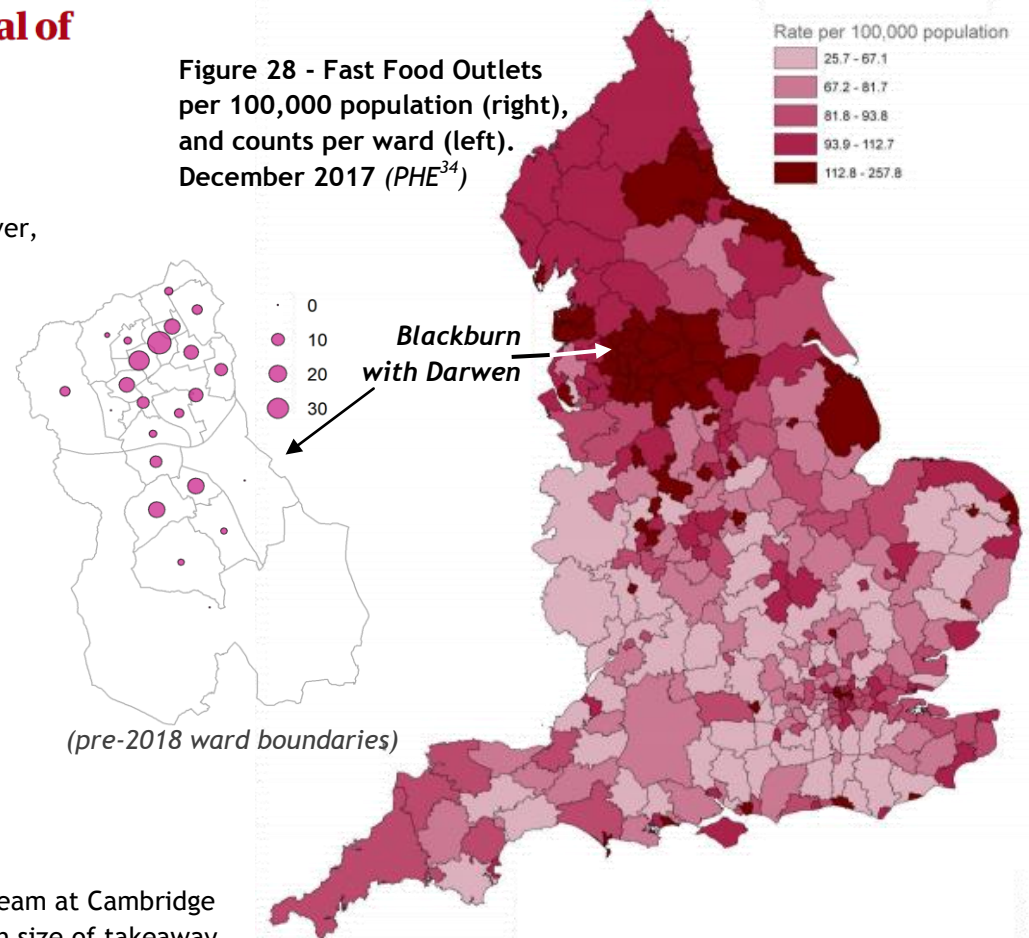


Figure 28 - Fast Food Outlets per 100,000 population (right), and counts per ward (left), December 2017 (PHE³⁴)

* Public Health England is quite candid about the fact that the definition of a 'fast food outlet' is somewhat arbitrary.

WELLBEING AND SOCIAL MOBILITY

THE SOCIAL MOBILITY INDEX³⁸

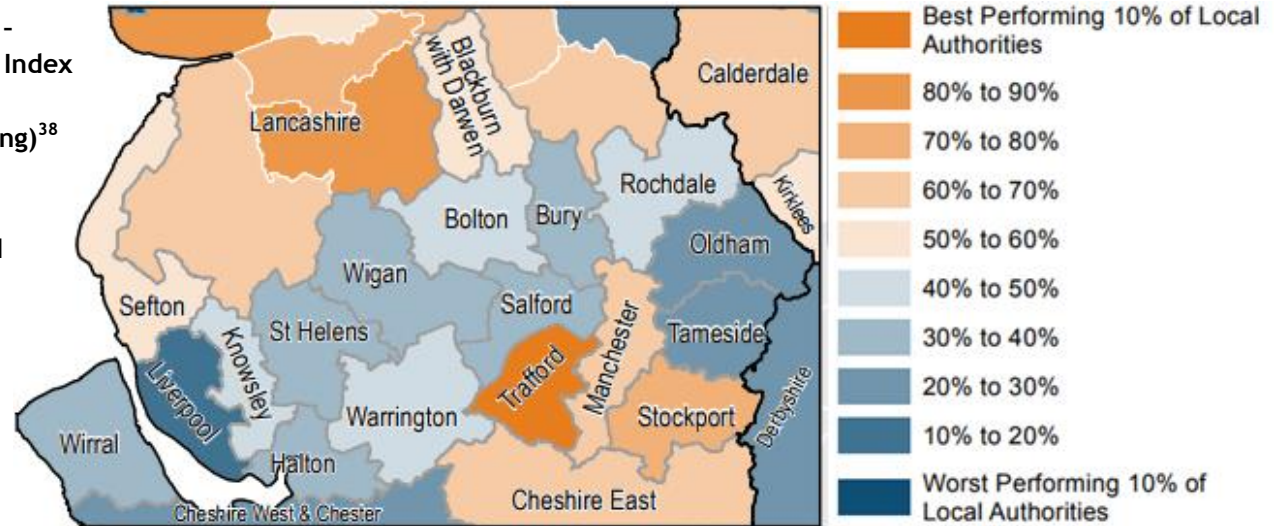
The Social Mobility Commission has updated its Social Mobility Index, designed to identify places where people from disadvantaged backgrounds are more or less likely to make social progress during their lives. The Index is based on educational attainment before, during and after the school years, and the outcomes achieved by adults in terms of income, job status and home ownership.

Overall Index

On the overall Social Mobility Index, Blackburn with Darwen sits almost exactly mid-table, ranking **161st** out of 324 English lower-tier local authorities (where 1st is best). The authors of the report detect a growing gap between social mobility ‘hotspots’ and ‘coldspots’, with London pulling further ahead of the rest of the country.

Prospects for disadvantaged people tend to be worst in remote, coastal or rural areas, and formerly industrial districts.

Figure 29 - Social Mobility Index 2017 (overall ranking)³⁸



Life Stage Indices

The overall Social Mobility Index is made up of four life-stage Indices, each based on between 2 and 5 indicators. **Figure 30** gives an overview of Blackburn with Darwen’s relative performance on each indicator and for each life-stage as a whole.

Blackburn with Darwen continues to rank as a ‘coldspot’ (well below average) for Early Years social mobility, coming 31st from bottom in the rankings. However it then leaps to 70th best place at School age, and 65th best for Youth. Unfortunately, the borough does not compare so favourably on the economic indicators used to assess Adult social mobility, and it slips back to 82nd from the bottom.

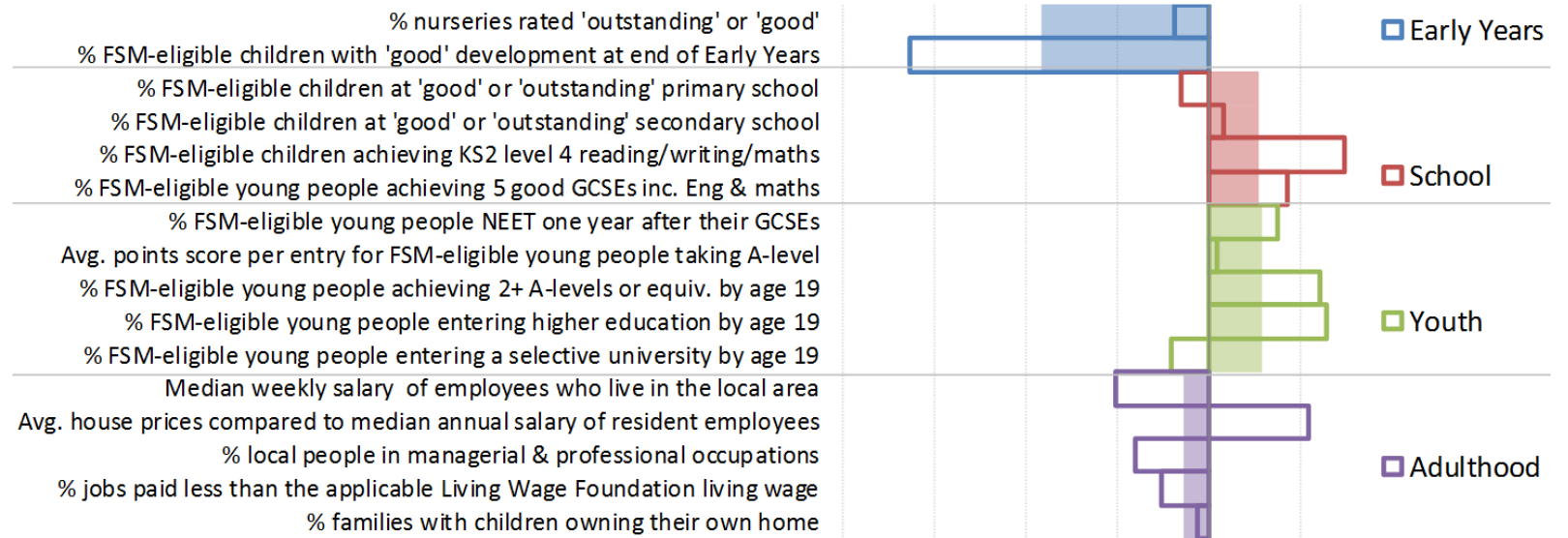


Figure 30 - Breakdown of Social Mobility Index for Blackburn with Darwen.

LOCAL WELLBEING INDICATORS

Commissioned by ONS and Public Health England, the new Local Wellbeing Indicator Set was developed by the What Works Wellbeing and Happy City think-tanks, and was first published at the end of 2017.³⁹ Designed to capture a holistic overview of local wellbeing and its determinants, the 23 indicators have deliberately *not* been combined into a single index, as the authors feel it is more important for local policy-makers to understand where the gaps and challenges lie.

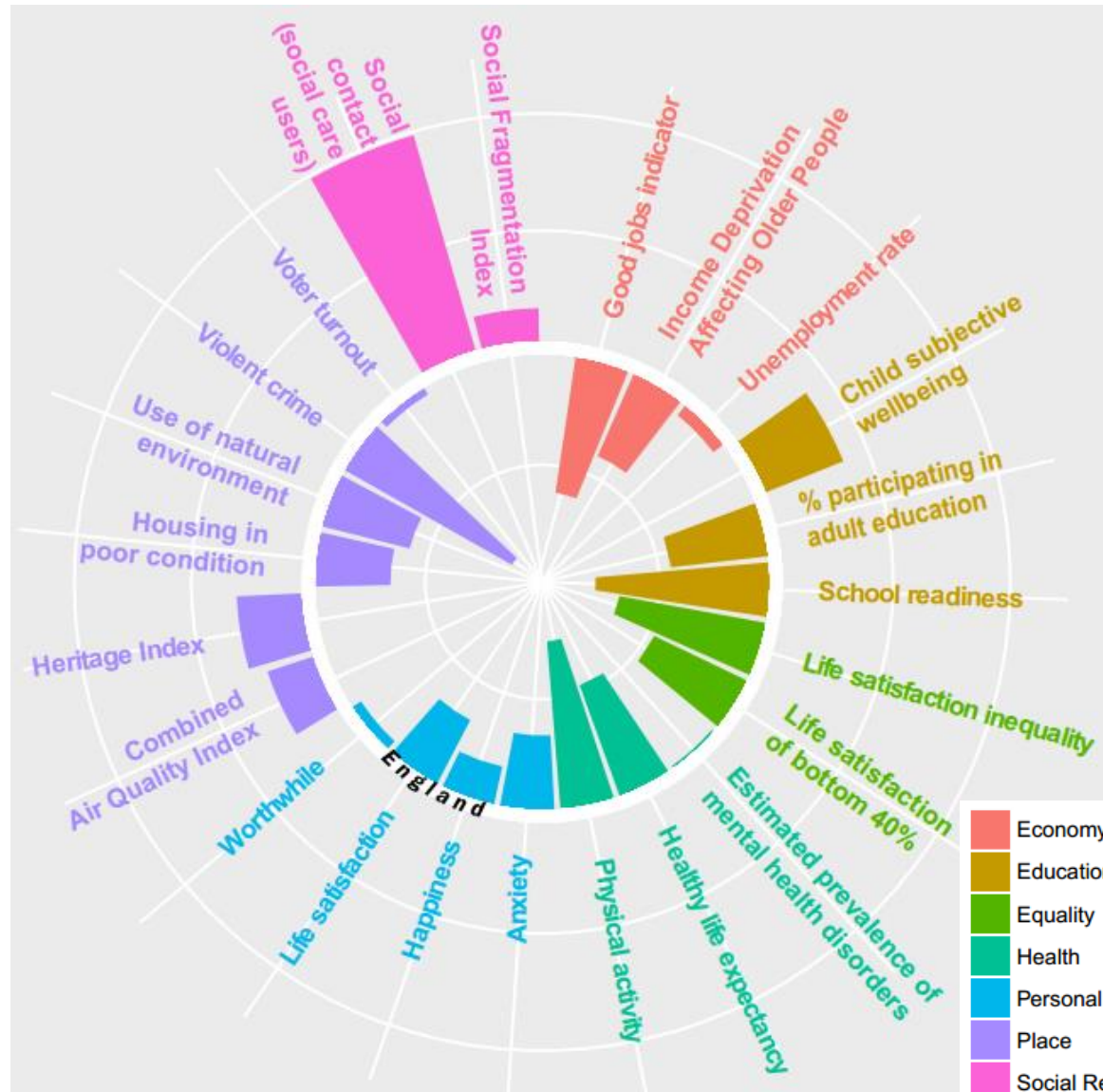


Figure 31 - Local Wellbeing Indicators for Blackburn with Darwen

In Figure 31, Blackburn with Darwen's score on each indicator is compared with the England average. If the bar points inwards from the 'England' circle, Blackburn with Darwen is performing less well than England, and if it points outwards, it is performing better.

Positive signs

It is clear that Blackburn with Darwen scores below average on the majority of indicators, many of which are picked up on elsewhere in this document. However, there are some notable exceptions. In the 2014 'What about YOUth?' survey, the borough's children were less likely than average to report low life satisfaction. Blackburn with Darwen has better than average Air Quality (according to the 2015 Indices of Deprivation), and a favourable RSA 'Heritage Index' - built up of over 100 different indicators, covering everything from battlefields, to museums, to local delicacies.

It is striking that the borough performs better than average on both indicators in the 'Social Relationships' domain (shown in pink in Figure 31). When social care users are asked whether they have as much social contact as they would like, Blackburn with Darwen returns some of the best results in the country. It also has a relatively low 'Social Fragmentation Index', which is a census-based measure of the extent to which people live alone, move frequently, and/or live in private rented accommodation.

START WELL

DETERMINANTS OF HEALTH FOR CHILDREN/YOUNG PEOPLE

CHILD POVERTY

The Child Poverty Act of 2010 pledged that by 2020, no more than 10% of children should be living in families whose income is less than 60% of median household income (before housing costs). However, this target was removed by the Welfare Reform and Work Act of 2016.⁴⁰

Children in Low Income Families Local Measure

HMRC continues to produce its Children in Low-Income Families Local Measure, as a local proxy for the target measure. However, it now attracts relatively little interest, both because the target has been dropped, and because it is always at least 2 years out of date.

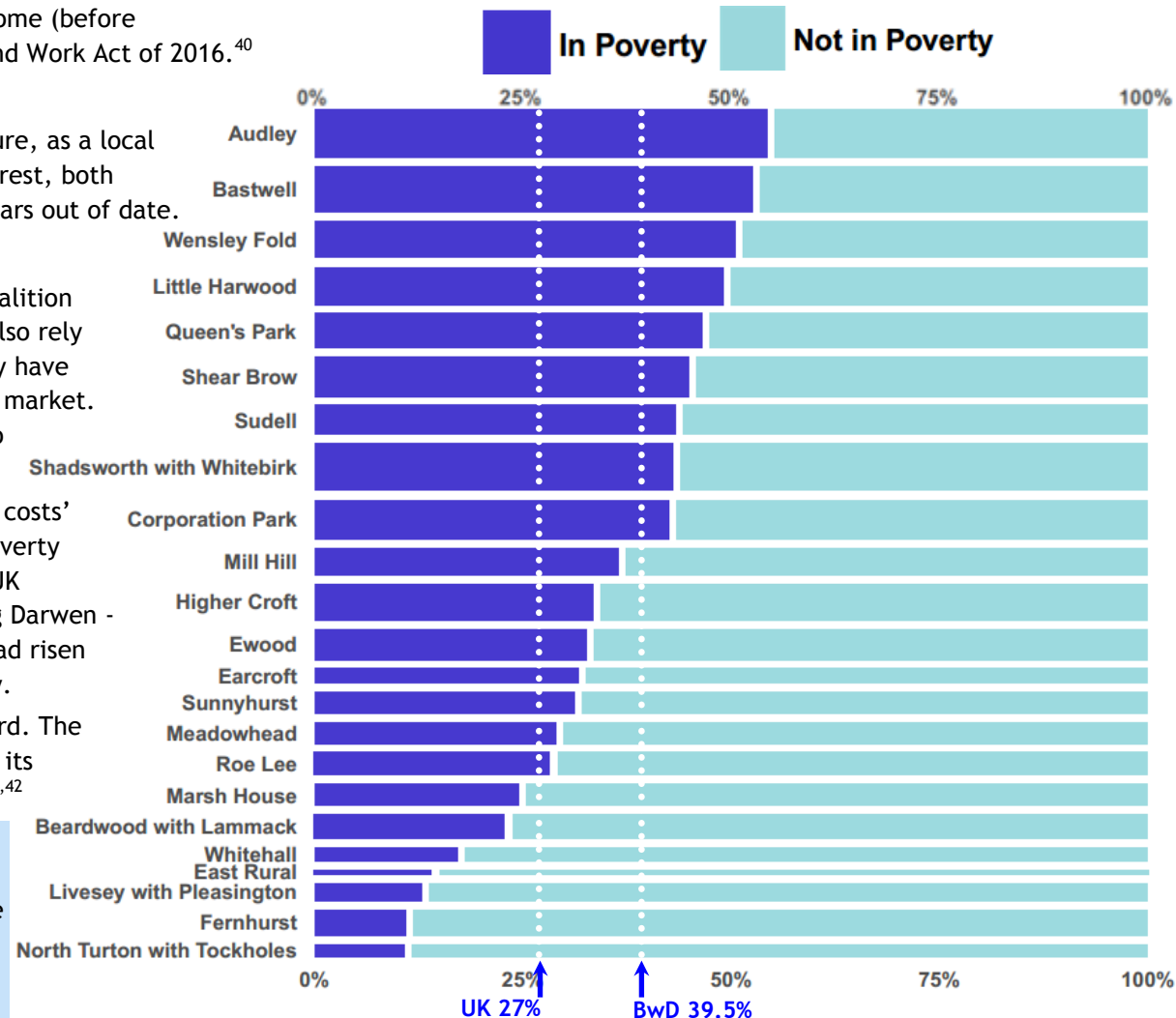
'End Child Poverty' estimates

Much more timely estimates are now produced for the End Child Poverty coalition (<http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/>). These also rely on two-year-old tax credit data, but researchers at Loughborough University have found a way of rolling them forward to reflect recent changes in the labour market. The End Child Poverty estimates are usually quoted 'after housing costs', so they cannot be compared with the old target or the HMRC measure.

The latest release is a snapshot as at September 2017. On an 'after housing costs' basis, Blackburn with Darwen had an estimated **16,034** children living in poverty (**39.5%**), which is the 12th highest percentage of any local authority in the UK (average 27%). The parliamentary constituency of Blackburn - i.e. excluding Darwen - had **43%** of its children in poverty, putting it 22nd highest out of 650. This had risen from 35% in 2015, which was one of the ten highest increases in the country.

Figure 32 shows the proportion of children living in poverty in each BwD ward. The depth of each bar reflects the child population of the ward. With **54.9%** of its children living in poverty, Audley has the 21st highest ward rate in the UK.^{41,42}

Figure 32 - 'End Child Poverty' estimates for Blackburn with Darwen wards (September 2017, after housing costs)



What the papers say

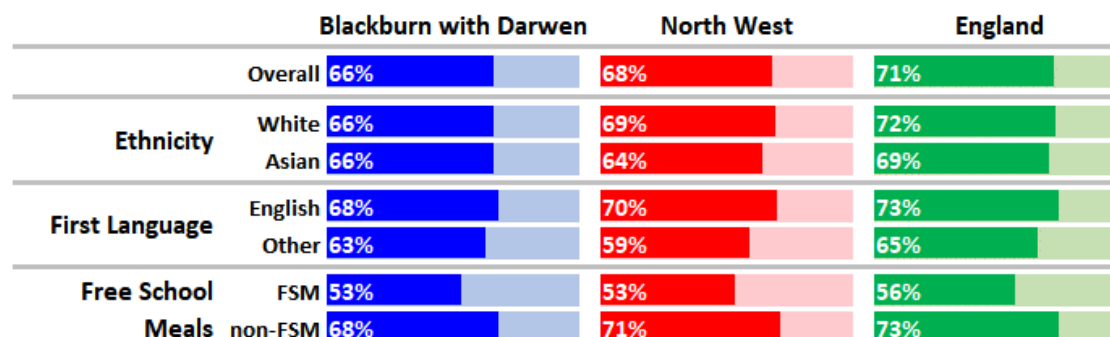
New research from the LSE⁴³ finds strong evidence that the poorer outcomes observed among children from low-income families are not solely due to associated factors such as parental education. Household income *in itself* is important for children's physical health and social, behavioural & cognitive development.

EDUCATION

Early Years Foundation Stage

The Early Years Foundation Stage profile measures children’s development at the end of the school year in which they turn 5. Figure 33 shows that in 2017, 66% of Blackburn with Darwen children were deemed to have a ‘good’ level of development, compared with 56% two years ago. It means that Blackburn with Darwen has risen from third lowest to joint 12th lowest place. Within the borough, the inequality between White and Asian pupils has now disappeared. There continues to be a gap between those with and without English as their first language, but it is relatively small. Blackburn with Darwen’s Free School Meals (FSM) pupils still lag their non-FSM peers by 15 percentage points, although the borough’s ranking has improved.⁴⁴

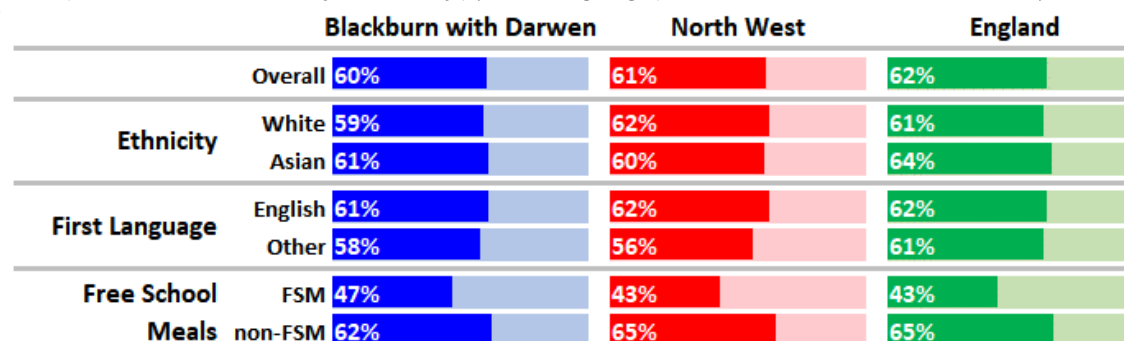
Figure 33 - Foundation Stage: percentage of children achieving a good level of development, 2017 (overall, and broken down by ethnicity, first language, and Free School Meals status)



Primary education - Key Stage 2

At the end of primary education, 60% of Blackburn with Darwen pupils in 2017 achieved the new more stringent ‘expected standard’ in reading, writing and mathematics (England 62%).⁴⁵ There is little difference, either locally or nationally, in the performance of White and Asian pupils, or those with or without English as their first language (Figure 34). Blackburn with Darwen children entitled to Free School Meals (FSM) still do less well than their non-FSM peers, although the gap is not as big as regionally or nationally. On the previous tests, the borough had the second best results outside London for FSM pupils, but that has now slipped to 12th best (or 41st place overall).

Figure 34 - Key Stage 2: % achieving ‘expected standard’ in reading, writing and mathematics, 2017 (overall, and broken down by ethnicity, first language, and Free School Meals status)

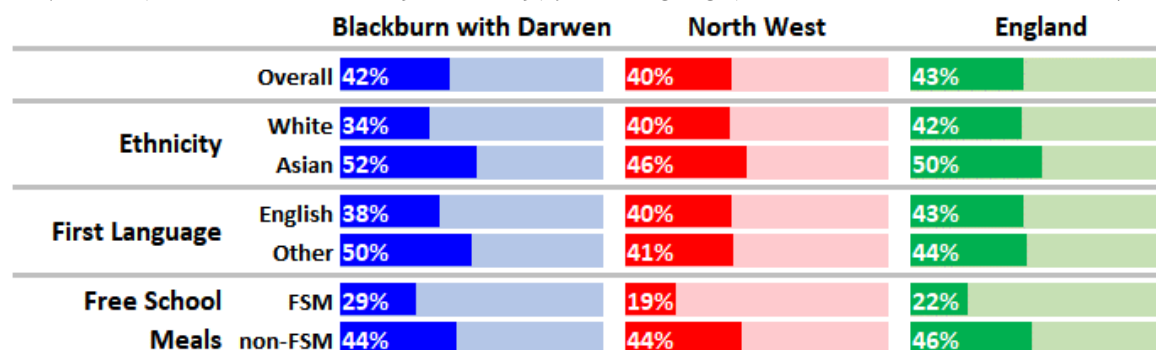


GCSE attainment

The measurement of GCSE attainment becomes ever more complicated, and difficult to compare with previous years. Starting in 2017, English and Maths exams are now graded on a scale of 9 to 1 (where 9 is best). The simplest headline measure of attainment is the percentage of pupils obtaining grade 5 or better in both those subjects.

On this basis, Blackburn with Darwen’s overall score is 42% (Figure 35), not far off the England average.⁴⁶ The performance of its White pupils, however, is the 19th lowest out of 149 local authorities. It is striking how by this stage, Blackburn with Darwen pupils whose did *not* have English as their first language are performing better than those who did. The borough’s results for Free School Meals (FSM) pupils may not seem impressive, but are actually very good compared with most other NW authorities.

Figure 35 - GCSE: % achieving Grade 5 or better in English & Maths, 2017 (overall, and broken down by ethnicity, first language, and Free School Meals status)



VULNERABLE CHILDREN AND YOUNG PEOPLE

CHILDREN IN NEED

'Children in Need' is the DfE's term for all those referred to the local authority and assessed to be in need of services. Blackburn with Darwen had a total of 1781 Children in Need at the end of March 2017, compared with 1617 two years previously. This equates to 464 per 10,000, against an average of 372 in the NW and 330 for England, putting Blackburn with Darwen just within the highest 20 authorities.⁴⁷

Figure 36 shows the primary reason why these children were assessed as being in need. 'Abuse or neglect' outstrips other reasons by an even greater margin than in the previous Summary Review.

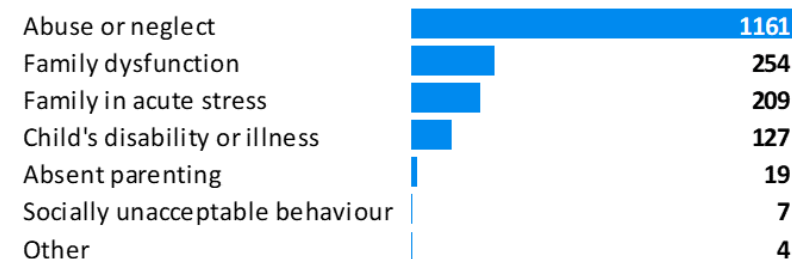


Figure 36 - Children in Need in Blackburn with Darwen, by primary need at initial assessment (March 2017)

LOOKED AFTER CHILDREN

One category of 'Children in Need' is those looked after by the local authority. As at 31st March 2017, there were 370 Blackburn with Darwen children in local authority care, up from 315 two years previously. This equates to 96 per 10,000 children under the age of 18, which remains significantly higher than average (England rate 62 per 10,000), and places the borough in the top quintile nationally.⁴⁸

NEETS

Vulnerable young people are at particular risk of becoming NEET (*Not in Education, Employment or Training*), which in turn can lead to increased risk of poor health, depression, early parenthood, and other negative outcomes. The figures are now collected in a new way, tracking only those aged 16 and 17. In 2016, Blackburn with Darwen was estimated to have 240 young people aged 16-17 in the NEET category, or 6.1% of the age-group, which is not significantly different from the England average of 6.0%.⁹

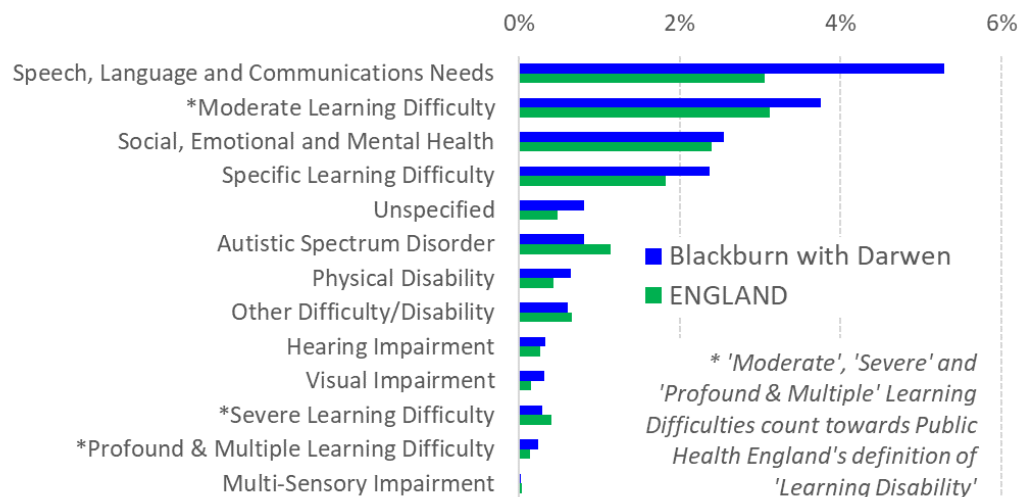


Figure 37 - Prevalence of particular types of Special Educational Need, January 2018 (maintained schools only, primary type of need only)

SPECIAL EDUCATIONAL NEEDS

As at January 2018, 5171 children in Blackburn with Darwen schools had a Special Educational Need (SEN), or 17.7% of all pupils. This is significantly higher than the average for England (14.6%) or the North West (14.8%).⁴⁹

Figure 37 shows the proportion of all pupils in the maintained sector having a Special Educational Need of each particular type.⁵⁰ The rate of 'Speech, Language and Communication Needs' in Blackburn with Darwen is strikingly higher than average. The overall rate of SEN in the borough's state-funded primary schools (19.5%) is the highest in the country.⁵⁰

'Specific Learning Difficulty' describes conditions such as dyslexia. The other three categories of learning difficulty, marked with an asterisk, combine to form what Public Health England refers to as 'learning disabilities'. Based on the 2017 figures, PHE calculates that Blackburn with Darwen's combined rate of learning disability known to schools was significantly higher than average, and it came sixth highest in England for 'Profound & Multiple Learning Difficulty'.⁵¹

LIFESTYLE FACTORS AND THEIR CONSEQUENCES

TEENAGE PREGNANCY

The number of under-18 conceptions in Blackburn with Darwen fell to a new low of 59 in 2016, in what was the lowest year nationally since records began.^{52,*} Expressed as a rate, Blackburn with Darwen is not significantly different from the new lowest-ever England average. At the launch of the government’s Teenage Pregnancy Strategy in 1998, the borough had 169 under-18 conceptions. The reduction since then puts it in the second most improved quintile of upper-tier local authorities (Figure 39):

Figure 38 - Under-18 conception rate (per 1000 females aged 15-17)

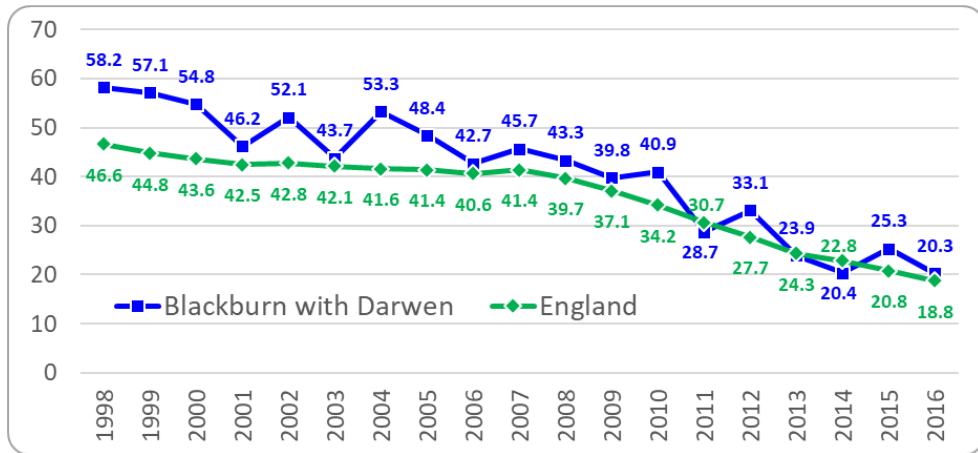
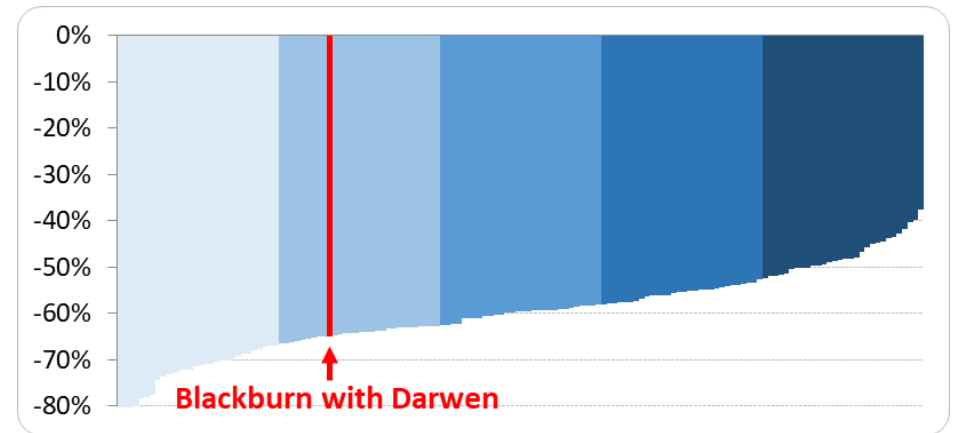


Figure 39 - % change in under-18 conception rate between 1998 and 2016 (upper-tier local authorities)



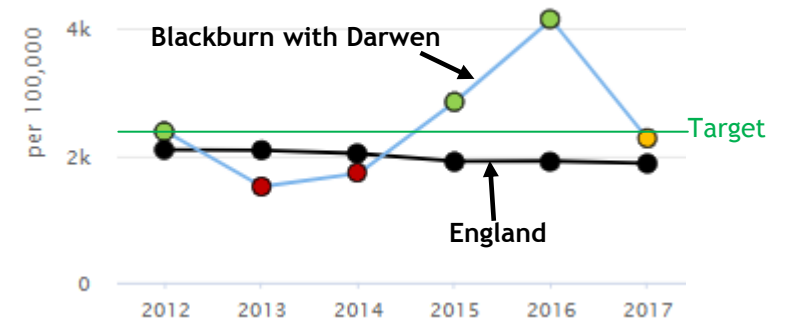
Under-16 conceptions involve even smaller numbers, and ONS now combines them for three years. With 35 such conceptions in 2014-16, Blackburn with Darwen had a rate of 4.0 per 1000, which is very close to the England average (3.7 per 1000) and not significantly different from it.⁵²

CHLAMYDIA SCREENING⁵³

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

Latest figures for 2017 imply that Blackburn with Darwen’s detection rate is very close to that target, at 2263 per 100,000 (Figure 40). The apparent spectacular performance in 2016 is now thought to have been due to data collection issues.

Figure 40 - Chlamydia detection rate per 100,000 (15-24 year-olds, 2012-2017)



* Teenage conception rates are worked out using the new revised population estimates issued in March 2018

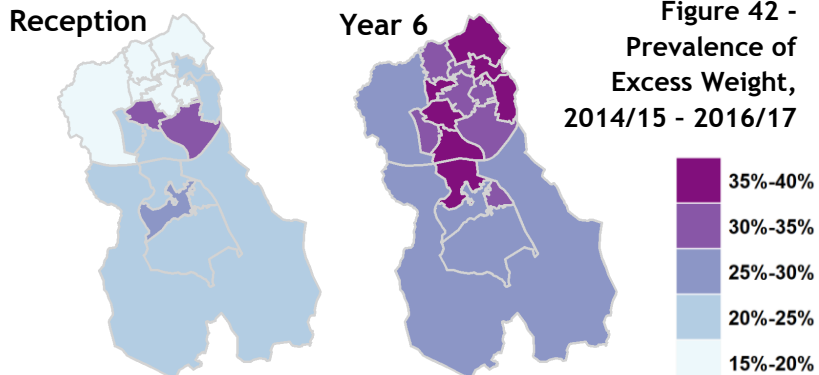
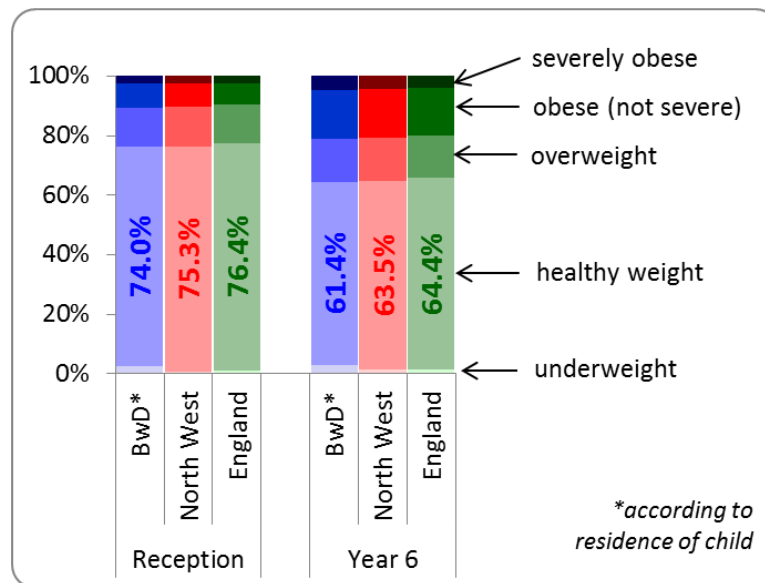
CHILD OBESITY AND UNDERWEIGHT

Figure 41 shows the results of the latest National Child Measurement Programme (NCMP) survey in 2016/17.⁵⁴ Most of Blackburn with Darwen's results are fairly close to average.

Underweight children

One statistic which is significantly higher than average is the proportion of Year 6 children who are underweight. In both Reception (2.5%) and Year 6 (3.0%), Blackburn with Darwen has the third highest proportion of underweight children. It should be noted that nationally, pupils of Asian heritage are much more likely than average to be underweight.

Figure 41 - National Child Measurement Programme 2016-17



Severe obesity

For the first time, the 2016/17 survey tells us how many pupils are *severely obese*, putting them at risk of serious acute and chronic health problems. Blackburn with Darwen had 58 Reception pupils in this category (2.59%), and 99 Year 6 pupils (4.8%). These proportions are slightly higher than average, but not significantly so.

Inequalities

Figure 42 shows that there are marked spatial inequalities in 'excess weight' (i.e. 'overweight' upwards) across Blackburn with Darwen. Public Health England has also looked at obesity alone, for five years combined (2012/13-2016/17), to see how it varies with deprivation. They found a strong relationship within most local authorities, including Blackburn with Darwen, with obesity tending to be highest in the most deprived quintile and lowest in the least deprived.⁵⁴

CHILDREN'S ORAL HEALTH

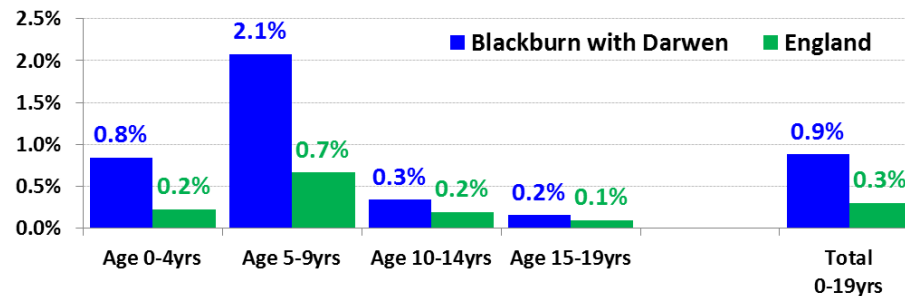
Dental health of 5-year olds

In the previous (2015) survey of 5-year olds' dental health⁵⁵, Blackburn with Darwen had 56% of children with one or more decayed, missing or filled teeth, which was the highest proportion in England. The latest (2017) survey shows a generally improved picture, with this proportion falling to 42.6% in Blackburn with Darwen versus 23.3% in England.⁵⁶ Blackburn with Darwen is now 4th or 7th highest, depending whether we compare with other upper- or lower-tier authorities. All the other worst-affected authorities are also in the North West.

Hospital admissions for tooth extraction

In 2016/17, there were 371 admissions of Blackburn with Darwen children to have teeth out because of dental caries, up from 337 the year before. This represents a higher than average proportion of the population in every age-group, particularly those aged 5-9 (Figure 43).⁵⁷ Across the country, many children also have teeth extracted in primary care.⁵⁸

Figure 43 - Hospital admissions for tooth extraction 2016/17 (with caries as primary diagnosis, as % of age-group)

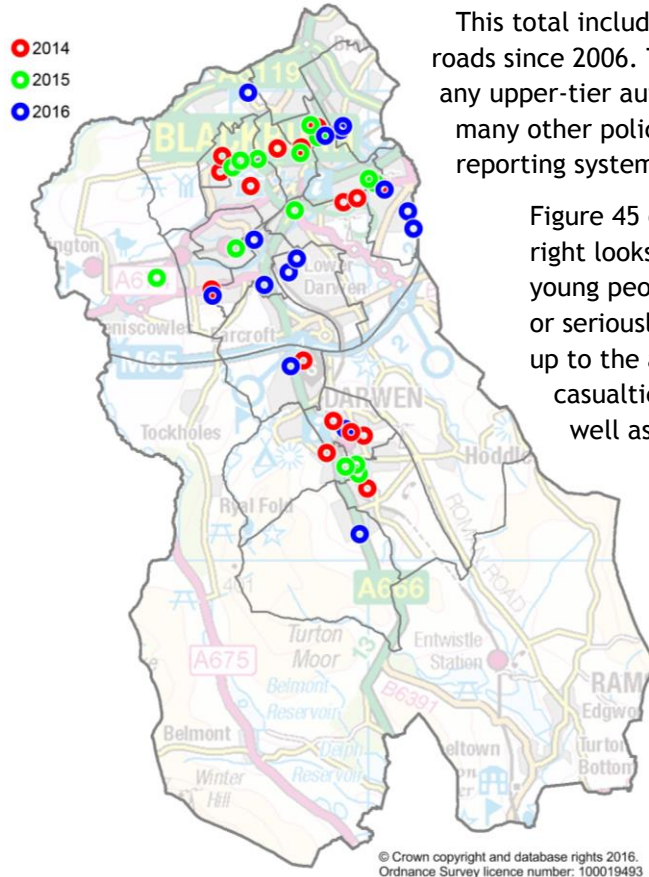


Child attendance at NHS dentists

One encouraging statistic is that 68.1% of Blackburn with Darwen children saw an NHS dentist in the 12 months to March 2018, compared with only 58.4% nationally.^{59,60}

ROAD ACCIDENTS

Figure 44- Children (0-15) Killed or Seriously Injured (KSI) in Blackburn with Darwen 2014-16 (showing ward boundaries)



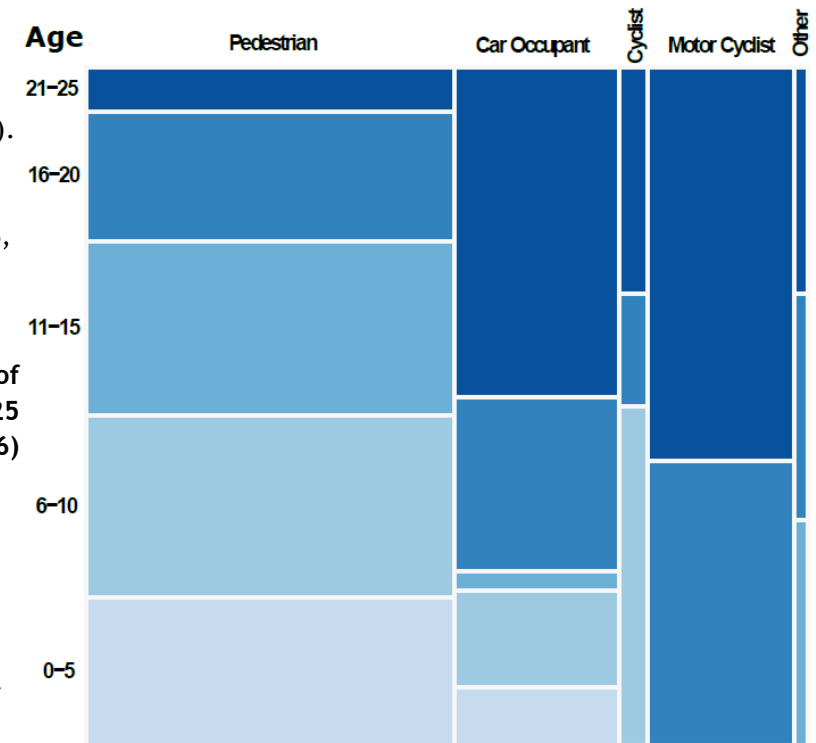
CHILDREN KILLED OR SERIOUSLY INJURED (KSI)

According to police figures, 48 children aged 0-15 were killed or seriously injured (KSI) on Blackburn with Darwen's roads in the three years from 2014 to 2016 (see Figure 44 for locations). This total included the first child fatality on Blackburn with Darwen's roads since 2006. The borough now has the highest crude child KSI rate of any upper-tier authority in England.⁶¹ This is despite the fact that in 2016, many other police forces (not including Lancashire) introduced new reporting systems which more readily classify injuries as 'serious'.⁶²

Figure 45 on the right looks at all young people killed or seriously injured

up to the age of 25, over a five-year period (2012-16). The casualties are broken down by type of road user (columns) as well as by age (light to dark shading). There were two fatalities: a child pedestrian, and a motor-cyclist aged 21-25. All the other casualties were serious injuries. Approximately half were pedestrians, of whom almost half were aged under 11.⁶³

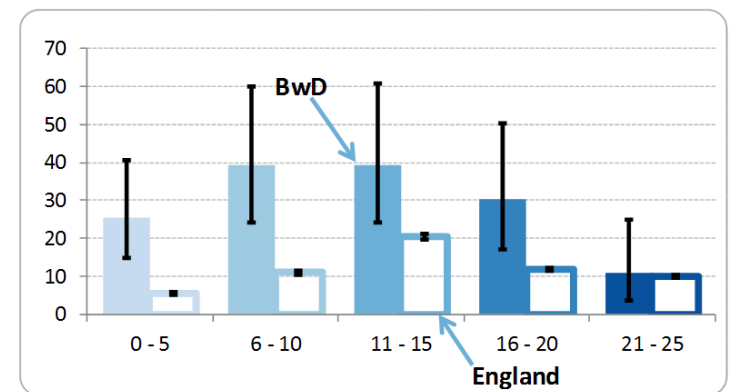
Figure 45 -Breakdown of 153 KSI casualties aged 0-25 by age & road user type (BwD, 2012-16)



Pedestrian Child KSI

The borough's rate of pedestrian KSI casualties among children and young people is well above the national average (Figure 46), particularly at the youngest ages.⁶³ For the 0-25 age-group as a whole, it is second only to the (unusually small) City of London.⁶⁴

Figure 46 - Pedestrian KSI rate per 100,000 children/young people (BwD versus England, 2012-2016) showing 95% confidence intervals⁶³



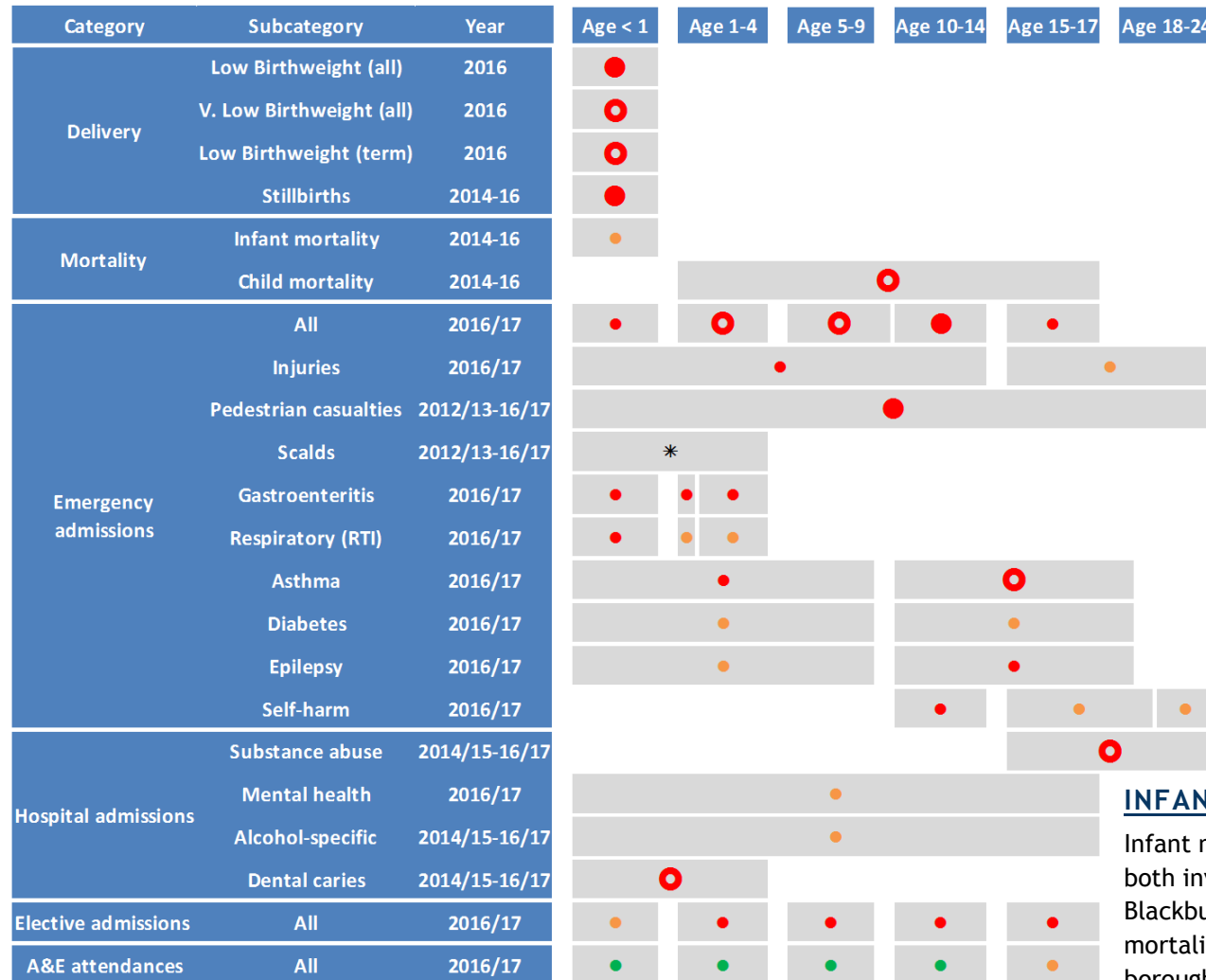
ALL CHILD ROAD CASUALTIES

If we broaden our scope to include all recorded child casualties on the road, whether serious or not, Blackburn with Darwen still compares badly. When we add up the total number of casualties aged 0-15 during the years 2012 to 2016, and express it as a crude rate (relative to the 0-15 year-old resident population), the borough ranks 4th highest out of 152 upper-tier authorities in England.⁶⁵

CHILD HEALTH OUTCOMES

Figure 47 - Key child health outcomes⁶¹

Figure 47 shows how Blackburn with Darwen compares with England at various ages, on a cross-section of key outcomes: ⁶¹



KEY

- Worst in England
- One of worst five authorities in England
- Significantly worse than England
- Not significantly different from England
- Significantly better than England
- * Suppressed (small numbers)

AT DELIVERY

Blackburn with Darwen has some of the highest rates of low birthweight nationally, whether measured for all babies or those born at term. It also experienced 50 stillbirths over the three years 2014-16, which gave it the highest rate of any upper-tier authority. Comparative figures for 2015-17 are not yet available, but the borough had 12 stillbirths in 2017, which is at least a step in the right direction.⁶⁶

NHS action on stillbirths

It is the NHS's ambition to halve the national stillbirth rate by 2025 (compared to 2013/14).⁶⁷ An initiative called the Saving Babies Lives Care Bundle, piloted in 19 maternity units, has been shown to have the potential to save 600 stillbirths a year nationally.⁶⁸ The evaluation, by Manchester University, does however caution:

*'Socioeconomic factors remain important contributors to stillbirth and without parallel initiatives to address inequality; healthcare interventions can only have limited impact.'*⁶⁹

INFANT AND CHILD MORTALITY

Infant mortality (i.e. death under the age of one), and child death (aged 1-17) both involve very small numbers, with 32 and 21 occurrences respectively in Blackburn with Darwen over a three-year period. The resulting infant mortality rate is not significantly different from the England average, but the borough's child mortality rate is the fourth highest in the country.

HOSPITAL ADMISSIONS AND ATTENDANCES

The remainder of Figure 47 focuses on hospital admissions or attendances by Blackburn with Darwen children of various ages. Overall, the borough has significantly higher than average emergency admissions at all stages of childhood, and comes highest in the country for age 10-14. It is the top upper-tier authority for child admissions due to pedestrian casualties, second highest for asthma in the 10-17 age-group, and also ranks in the top five for substance misuse and dental caries (i.e. hospital admissions for tooth extraction). Given all this, its rate of child A&E attendances is perhaps surprisingly low.

LIVE WELL

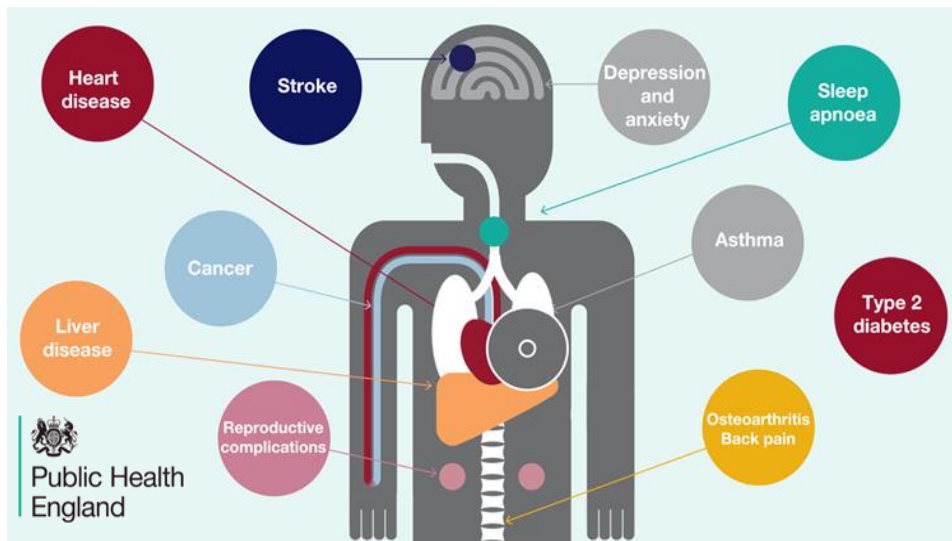
LIFESTYLE FACTORS

OBESITY AND HEALTHY EATING

‘Eat Well Move More Shape Up’ is Blackburn with Darwen’s 2017-2020 strategy to make physical activity and healthy eating an easy choice for all.³⁶

Eat Well Move More Shape Up Strategy Vision: ‘For everyone in Blackburn with Darwen to move more, eat well and maintain a healthy weight’

Figure 48 - ‘Obesity harms health’⁷¹



Adult obesity

In 2016/17, an estimated 66.4% of Blackburn with Darwen adults were overweight or obese.⁷⁰ This is significantly higher than the England average of 61.3%, which of course is far from ideal in itself. Given that they are based on survey responses, these estimates may well be understating the size of the problem.⁷⁰



Public Health England estimates that obesity reduces life expectancy by an average of three years, and severe obesity by 8-10 years.⁷¹ It has produced an infographic summary of the many ways in which obesity can harm health (Figure 48).

New data from NHS Digital (Figure 49) shows that Blackburn with Darwen has a rapidly rising rate of hospital admissions where obesity was listed as a factor (though not necessarily the main reason).

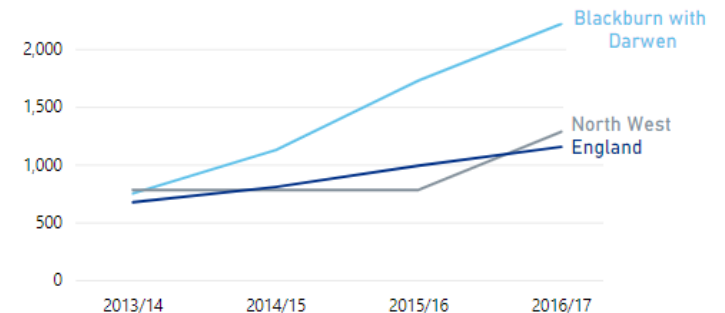


Figure 49 - Hospital admissions with a primary or secondary diagnosis of obesity (age-standardised rate, all ages)

The rise over time may be partly due to an increasing tendency to record ‘obesity’ when logging admissions, but it means that in 2016/17, Blackburn with Darwen comes 13th highest out of 152 upper-tier authorities.⁷²

Diet



58.5% of adults in Blackburn with Darwen claimed to achieve the recommended ‘5-a-day’ portions of fruit and vegetables in 2016/17, which is similar to the England average of 57.4%. Fruit consumption is close to average, but intake of vegetables in Blackburn with Darwen (2.55 portions per day) is significantly lower than the England average (2.70 portions).³⁰

Declaration on Healthy Weight

The Local Authority Declaration on Healthy Weight, signed in April 2017 by Blackburn with Darwen Borough Council and Blackburn with Darwen CCG, is the first of its kind in the country.^{73,74} Taking a ‘whole systems’ approach, it contains a range of commitments designed to promote healthy weight and improve the health and wellbeing of the local population.

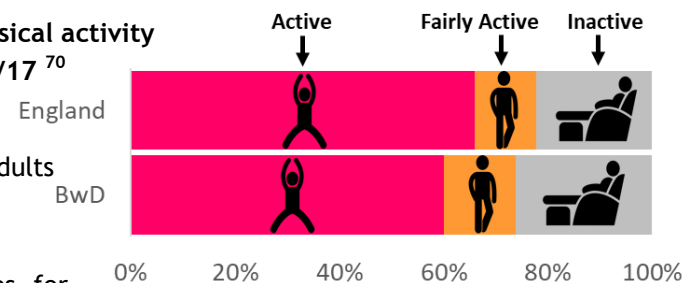


PHYSICAL ACTIVITY

Levels of activity

Public Health England considers us ‘physically active’ if we do the equivalent of 150+ minutes of moderate intensity sporting or fitness activities per week, in bouts of at least 10 minutes. Below 30 minutes is ‘inactive’. With 60.1% of adults ‘active’ and 26.2% ‘inactive’, Blackburn with Darwen is significantly worse than England on both counts (Figure 50).⁷⁰

Figure 50 - Physical activity in adults, 2016/17⁷⁰



Walking and cycling

In 2016/17, only 67.0% of Blackburn with Darwen adults walked for over 10 continuous minutes, for any purpose, at least once a month (England average 78.4%). This was the lowest proportion out of 326 lower-tier authorities. Blackburn with Darwen is still the lowest if we say ‘walked or cycled’, with only 68.1% doing either at least monthly (England 80.0%).⁷⁵

Health benefits

A growing body of evidence testifies to the importance of physical activity for general health (see right).

Figure 51 - Benefits of Physical Activity according to the UK's 4 Chief Medical Officers⁸¹

- BENEFITS HEALTH**
- IMPROVES SLEEP**
- MAINTAINS HEALTHY WEIGHT**
- MANAGES STRESS**
- IMPROVES QUALITY OF LIFE**



What the papers say ...

Research led by King's College London has found that those who meet the NHS's ‘150 minutes per week’ physical activity guidelines are 31% less likely to develop depression than those who do not.^{76,77}

This adds to the growing body of evidence that exercise can help to reduce the risk of diabetes, various cancers, hip fractures and cardiovascular disease, improve the health of those who already have chronic disease, and enable older people to remain independent for longer.^{78,79} The Academy of Medical Royal Colleges goes so far as to call it the ‘Miracle Cure’⁷⁸, and PHE has published advice for health professionals on how to persuade patients of its benefits.⁸⁰

Physical activity in Pennine Lancashire

In recognition of these benefits, Sport England invited bids in 2017 for 12 National Lottery-funded Local Delivery Pilot areas. Pennine Lancashire (which includes Blackburn with Darwen) was one of the successful bidders.

TOGETHER AN ACTIVE FUTURE

The Sport England project in Pennine Lancashire, known as **Together an Active Future**⁸², aims to reach out to the many local people who are physically inactive, experiencing poor mental wellbeing, or both. It particularly seeks to harness the benefits of physical activity for mental health, and as a response to stressful life events (Figure 52).

One of the main objectives is to improve our understanding of *why* people are not more active. Creative engagement techniques, including a ‘Life Course Reflection Tool’, are used to explore how each person’s attitudes and experiences at different ages may have shaped the way they relate to physical activity now.⁸³ These conversations have also uncovered a lack of awareness of the physical activity offers that already exist.

For their part, many service providers are unsure how to approach those who are less active, so they welcome the opportunity to talk, think and work together to bring change.

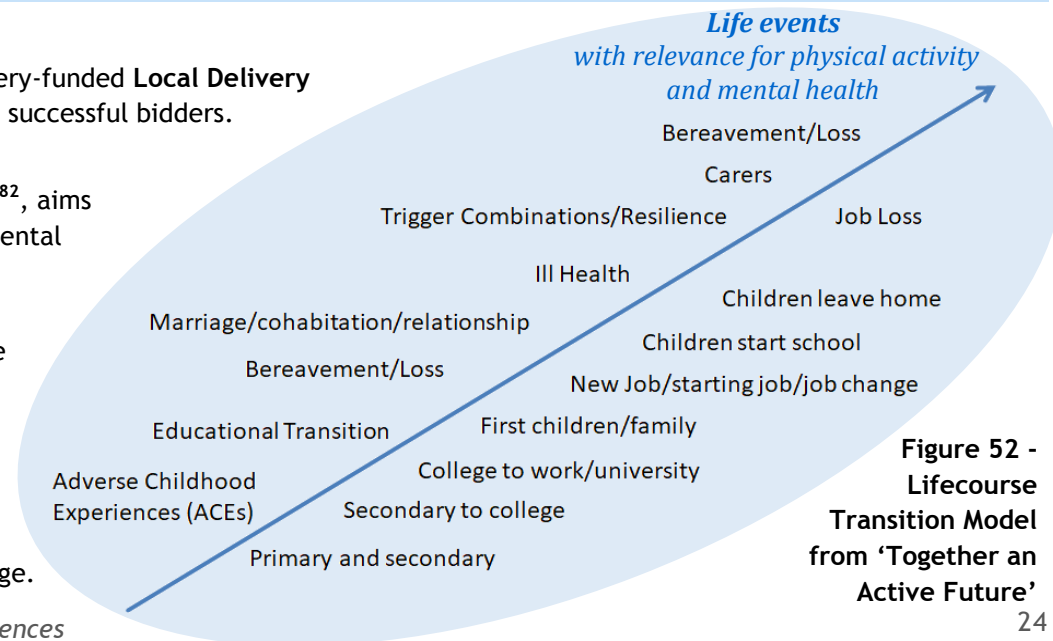


Figure 52 - Lifecourse Transition Model from ‘Together an Active Future’

ALCOHOL (ADULTS)

Alcohol consumption

The most recent estimates of alcohol consumption are for 2011-14. They suggest that 43% of adults in Blackburn with Darwen abstain from alcohol altogether (Figure 53), which is the 5th highest proportion in England. Only 18.1% are estimated to exceed the recommended limit of 14 units per week (England 25.7%), putting the borough in the lowest quintile. Binge drinking rates (not shown) are significantly lower than average at 8.2% (England 16.5%).⁸⁴

The Alcohol Harm Paradox

Given all of the above, it might be assumed that Blackburn with Darwen would have relatively low levels of alcohol-related ill-health. However, it has been known for some time that although deprived populations may *drink less* than more affluent groups, they are likely to suffer *greater harm* as a consequence.⁸⁵ Research into this ‘Alcohol Harm Paradox’ suggests that any given level of alcohol consumption is likely to do more damage to those who also smoke, are overweight or have an unhealthy lifestyle.⁸⁶

Figure 53 - Estimated Alcohol Consumption 2011-14 (Blackburn with Darwen v. England)

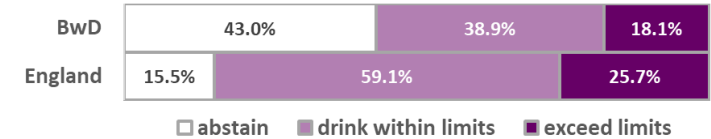
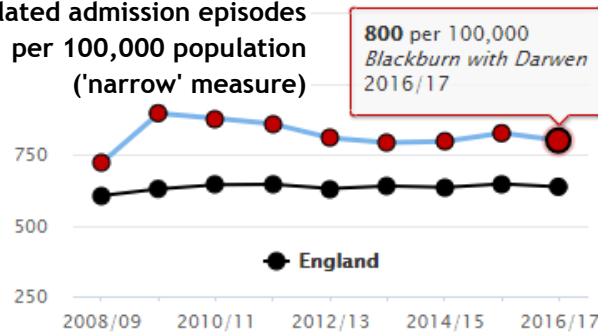


Figure 54 - Rate of alcohol-related admission episodes per 100,000 population ('narrow' measure)



Hospital admissions ALCOHOL-RELATED

A headline indicator of the health consequences of drinking is the rate of alcohol-related hospital admissions (weighted according to whether the patient’s condition is wholly or partly attributable to alcohol). Blackburn with Darwen’s rate has been consistently higher than England for several years (Figure 54). This is largely a male problem, as the borough’s female rate is close to average.^{*,84}

Blackburn with Darwen’s admission rate for alcohol-related circulatory conditions is the second highest in England. Its admission rate for alcoholic liver disease has risen steeply, and is now the highest in the whole country (Figure 55).^{*,84}

ALCOHOL-SPECIFIC

In 2016/17, Blackburn with Darwen had the 7th highest admission rate for alcohol-specific conditions (i.e. those which are invariably due to alcohol).⁸⁴ An analysis of the 2015/16 figures shows that in Blackburn with Darwen, the crude rate of patients being admitted for alcohol-specific conditions for the 3rd or subsequent time in 24 months was more than twice the national average. These repeat admissions may suggest a lack of effective contact with treatment services.⁸⁷

Alcohol-related mortality

Blackburn with Darwen’s alcohol-related mortality rate in 2016 was significantly higher than average. Its 2014-16 death rate from chronic liver disease stands out as being the fourth worst in the country overall, and the second worst for females.⁸⁴

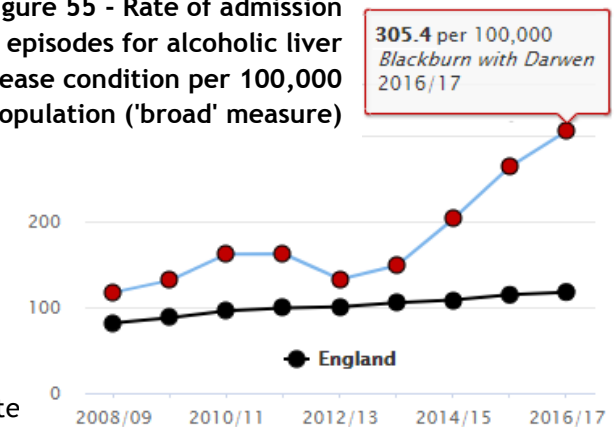
Alcohol-related incapacity

In 2016, Blackburn with Darwen had 300 claimants of incapacity benefits (mainly Employment & Support Allowance) whose main disabling condition was Alcohol Misuse. This equates to 334.4 per 100,000 people of working age, which puts it third highest out of 326 lower-tier districts (after Blackpool and Burnley).⁸⁴

Treatment services

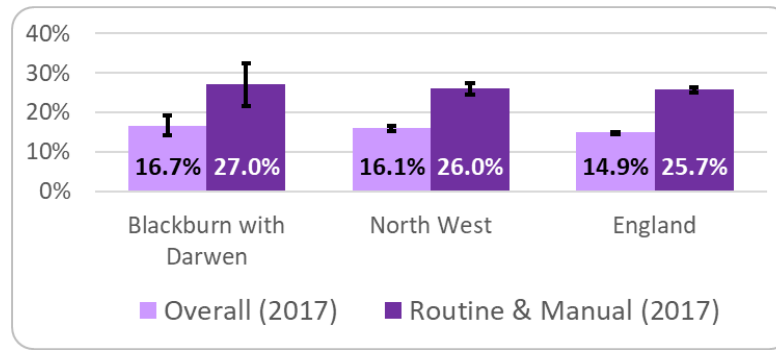
In 2016, 182 people successfully completed alcohol treatment in Blackburn with Darwen and did not re-present within 6 months. As a proportion of all those in treatment, this equates to a 53.8% success rate, which makes Blackburn with Darwen the 9th best performing authority in the country (England average 38.7%).⁸⁴ PHE has estimated that the 2016-17 investment in treatment for alcohol-only clients in Blackburn with Darwen has brought social and economic benefits totalling £317,361.⁸⁷

Figure 55 - Rate of admission episodes for alcoholic liver disease condition per 100,000 population ('broad' measure)



* Rates described as ‘narrow’ are based on the primary reason for admission only. Those described as ‘broad’ include admissions where the relevant condition was a secondary diagnosis.

Figure 56 - Estimated smoking prevalence for adults aged 18+ (showing 95% confidence intervals)



SMOKING (ADULTS)

Prevalence

Latest estimates show that approximately 16.7% of adults in Blackburn with Darwen were current smokers in 2017.⁸⁸ This is no longer significantly higher than average (see light bars in Figure 56).

Smoking rates tend to be higher in the 'Routine & Manual' (R&M) group (dark bars in Figure 56) than in the general population.⁸⁹ They are also higher among males than females (not shown).

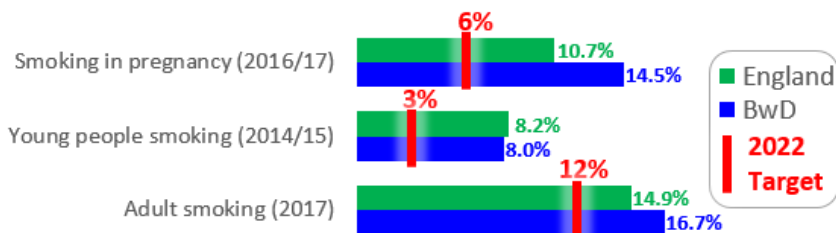


Figure 57 - Targets for 2022 (compared with latest figures)

AMBITIONS

In its Tobacco Control Plan for England, the Department of Health aims to get several smoking rates down to substantially lower levels by the end of 2022 (Figure 57).⁹⁰ The Tobacco Free Lancashire strategy pledges to match these ambitions across Lancashire, including Blackburn with Darwen.⁹¹ To achieve this, it will need to heed the words of Duncan Selbie, Chief Executive of Public Health England:⁹²

'the war on tobacco ... will only be won if we make more progress in helping people from deprived areas and people suffering from poor mental health, where we know smoking rates remain stubbornly high'.

Outcomes

Blackburn with Darwen had approximately 250 smoking-attributable deaths each year during 2014-16, and was in the worst quintile for eight out of the nine mortality indicators in PHE's Local Tobacco Control Profile. The borough was also in the top quintile in 2016/17 for smoking-attributable hospital admissions.

Costs

Latest estimates from ASH put the cost to society of smoking in Blackburn with Darwen at £34.2m. This may be a slight over-statement, as it is based on the 2016 prevalence of 19.5% (rather than 16.7%). The biggest element is lost productivity (£22.1m), followed by costs to the NHS, cost of social care, and cost of fires.⁹³

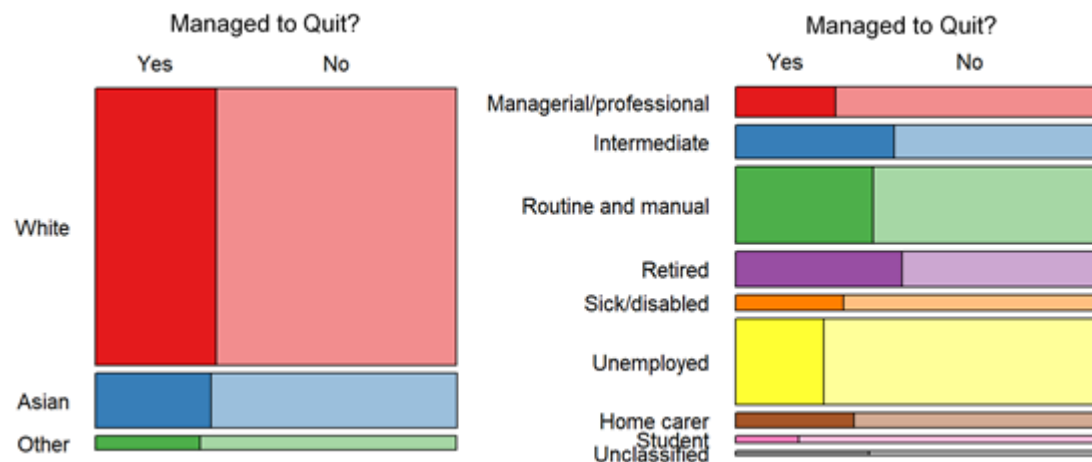
Public Health England has calculated that Blackburn with Darwen is in the highest quintile for the cost per head of smoking-attributable hospital admissions.⁹⁴

Stop Smoking services

Usage of 'Stop Smoking' services continues to decline, both locally and nationally. In 2017/18, 1287 Blackburn with Darwen clients set a quit date, of whom 425 (or 33%) had quit at four-week follow-up (England average 51%).⁹⁵ Figure 58 shows the number of 'setters', and their success or failure, broken down by ethnic group and by socio-economic group.

Figure 58 - Blackburn with Darwen 'Stop Smoking' services 2017/18; 'Setters' by ethnic group and socio-economic group, showing whether or not they managed to quit⁹⁵

'Quitters' divided by 'setters' is not, however, the only way of measuring success. When compared to the number of smokers in its population, Blackburn with Darwen's 425 quitters actually represent a better than average quit rate.⁹⁵



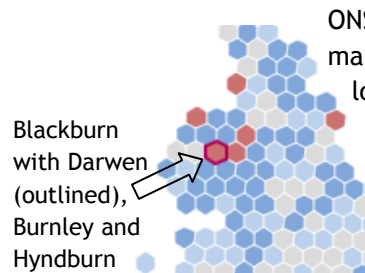
DRUG MISUSE (ADULTS)

Prevalence

New estimates of the prevalence of opiate and/or crack cocaine use (OCU) were issued in 2017, relating to the year 2014/15.⁹⁶ Blackburn with Darwen had an estimated 1363 OCU users in all (Figure 59 and Figure 60). This gives it a rate of 14.47 per 1000 population, significantly higher than the England average of 8.57.

The overall change since 2011/12 is only slight (Figure 60). However, there *has* been a significant fall in users aged 25-34, and a corresponding rise in those aged 35+.

Drug-related deaths



ONS figures for heroin and morphine-misuse deaths in 2014-16 show that many of the highest rates (brown hexagons in Figure 61) are in seaside locations. However, Blackburn with Darwen, Burnley and Hyndburn all rank in the top 10 in England, and form a distinctive *inland* cluster of unusually high rates.⁹⁷

More generally, in the three-year period 2015-17, there were 46 deaths in Blackburn with Darwen from drug poisoning (involving legal or illegal drugs), of which 37 are classed as drug misuse (i.e. involving illegal drugs). The resulting drug poisoning and drug misuse death rates are both significantly higher than the England average, and in the top quintile of local authorities nationally.⁹⁸

With high drug mortality rates across Blackpool, Blackburn with Darwen and parts of Lancashire, a pan-Lancashire multiagency preventable harms group has been set up to share best practice.⁹⁹

Hospital admissions

Among upper-tier local authorities in 2016/17, Blackburn with Darwen had the 4th highest admission rate where the primary diagnosis was a drug-related mental health or behavioural disorder, and the 6th highest where it was poisoning by illicit drugs.¹⁰⁰

Treatment

Treatment activity among both opiate and non-opiate users in Blackburn with Darwen rose in 2016-17 compared with the year before, as did the number of successful completions.¹⁰¹ The borough's success rate for both groups is in the top twelve nationally.¹⁰² Furthermore, it is estimated that those receiving treatment in Blackburn with Darwen committed 1000's fewer crimes than they would otherwise have done. This alone delivered local social and economic cost savings of over £9.5m in just one year.¹⁰¹

The vast majority of those presenting for treatment are White British¹⁰¹, but there is a growing awareness of drug and alcohol problems among the borough's South Asian community. Support services are now being signposted by a network of local 'Friends of the Service' and 'ambassadors', and actively promoted by imams in their mosque sermons.¹⁰³ One person's journey to recovery is highlighted in a video produced by One Voice and Inspire. Called *Drug and Alcohol Misuse is Everybody's Business*, the video has attracted over 50,000 views and been widely acclaimed.^{103,104}

Prescription Drugs

There is an increasing recognition of the issue of patients becoming dependent upon prescribed drugs. Research shows that long-term opioid prescribing, which can lead to addiction, is highest in deprived, northern areas, with Blackburn with Darwen identified as one of the top ten CCGs (2010-2014).^{105,106}

Figure 59 - Estimated users of Opiates and/or Crack, Blackburn with Darwen 2014/15⁹⁶

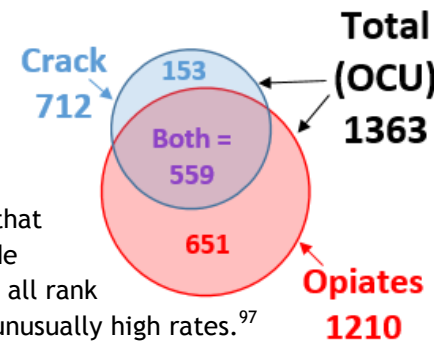
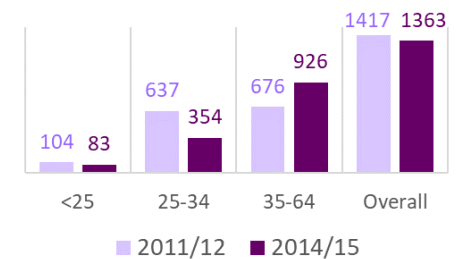


Figure 60 - Estimated OCU users by age (Blackburn with Darwen)



LEARNING DISABILITIES

HEALTH AND CARE OF PEOPLE WITH LEARNING DISABILITIES

2016-17 saw the third year of a data collection from GP systems, enabling the demographics and health status of patients who are on their practice’s Learning Disability register to be compared with those who are not. Participation rates varied around the country, but was better than average in Blackburn with Darwen (91% coverage).¹⁰⁷

Demographics

We know from the Quality and Outcomes Framework (QOF) that the total number of Blackburn with Darwen patients on GP Learning Disability registers at the end of March 2017 was 832 (or 0.48%).¹⁰⁸ The Learning Disability Health and Care dataset contains data on 751 of those patients, including their age/sex profile (Figure 62).¹⁰⁷

Health problems

Figure 63 shows how much more (or less) likely a Blackburn with Darwen patient on the Learning Disability Register is to have various conditions recorded than Blackburn with Darwen patients generally. For example, epilepsy is more than 20 times as common among patients with learning disabilities as it is in the general population. The equivalent ratios for England as a whole are broadly similar.

Figure 62 - Demography of patients on Learning Disability Register of Blackburn with Darwen GPs participating in the Learning Disability Health and Care Dataset 2016-17

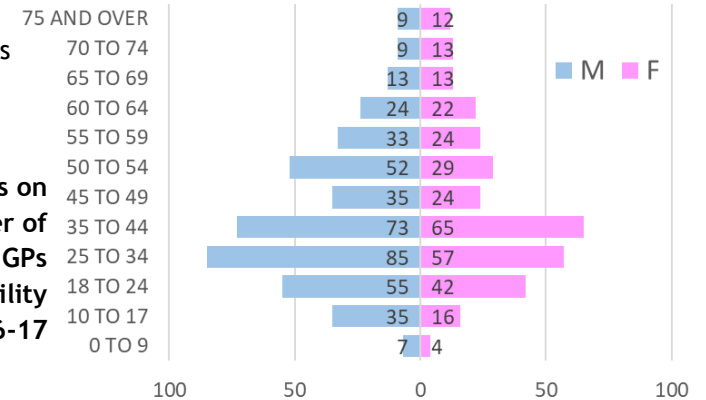
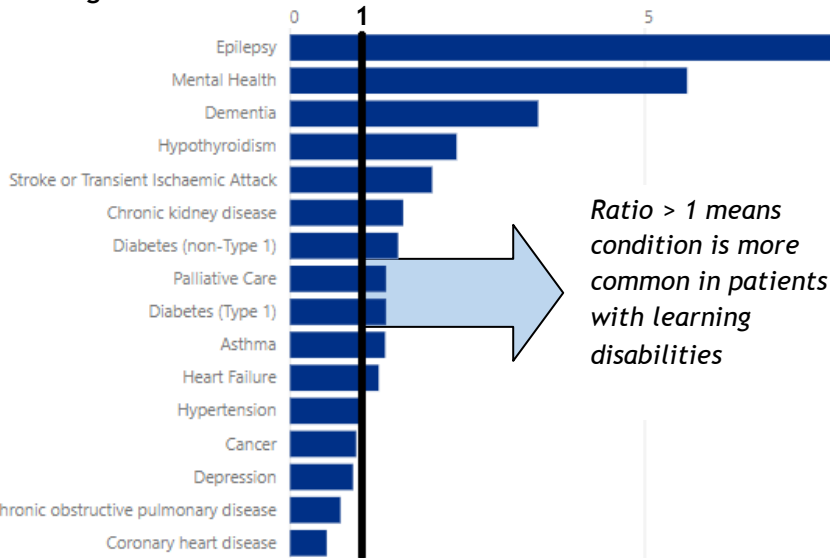


Figure 63 - Standardised Prevalence Ratio of various conditions: patients on the Learning Disability Register v. general population (Blackburn with Darwen 2016-17)¹⁰⁷



Key conditions

The study also looked at certain conditions for people with learning disabilities *only*.¹⁰⁷

- **Dysphagia** (difficulty swallowing). Can lead to malnutrition and choking. Under-diagnosed nationally (3.0%), but higher in Blackburn with Darwen (6.8%), which allows important care steps to be taken.
- **Constipation**. Common cause of unnecessary hospitalisation. Now being much more widely recorded than in the first two studies. Recorded prevalence in Blackburn with Darwen similar to national.

Cancer screening

Across England, the study finds slightly lower rates of bowel cancer screening among people with learning disabilities than in the general population, and much lower rates of breast screening and particularly cervical screening. The picture in Blackburn with Darwen is similar, with women with a learning disability being less than half as likely as the general population to receive cervical screening.¹⁰⁷

ACCOMMODATION AND SOCIAL CARE

Blackburn with Darwen performs well on the provision of settled accommodation for working-age adults with a learning disability, and had nobody living in severely unsatisfactory accommodation in 2015/16. However, it had the 11th lowest rate of supported working age adults with learning disability in paid employment (just 1.4%).¹⁰⁹

HEALTH OUTCOMES

CANCER

4 IN 10 CANCER CASES CAN BE PREVENTED...



Figure 64 - Fraction of cancer cases attributable to lifestyle factors in 2015 (UK)

What the papers say....



A new study led by Cancer Research UK¹¹⁰ has produced updated estimates of how many cases of cancer could be prevented through lifestyle changes. It found that in 2015, almost four in ten (37.7%) cancer cases were attributable to avoidable factors. Figure 64 gives an impression of their relative impacts.

The study confirms that smoking has by far the biggest effect, accounting for 15.1% of all new cancer cases in the UK in 2015, although it is hoped that this proportion will fall in future as smoking rates continue to decline.¹¹¹ The next biggest risk factors is overweight and obesity, which accounted for 6.3% of new cancers in 2015, and is on an upward trend. The authors conclude that for maximum effect on cancer incidence, prevention efforts should be concentrated on both smoking and obesity.

Cancer Incidence

The number of new cases of cancer diagnosed each year is known as the **incidence**. This has tended to rise over time, reflecting both changing risk factors and better diagnosis and recording.^{112,113} Blackburn with Darwen is generally not significantly different from England.

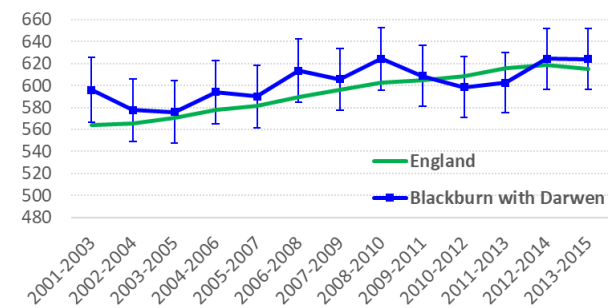


Figure 65 - Age-Standardised Incidence Rate (All Cancers, M+F) showing 95% confidence intervals for BwD

Routes to diagnosis

Patients who are first diagnosed with cancer when they present as an emergency are known to have a substantially lower survival rate.¹¹⁴ Emergency presentations are particularly common in bowel and lung cancer (Figure 66), and for both these types, the proportion detected this way is significantly higher than average in Blackburn with Darwen:

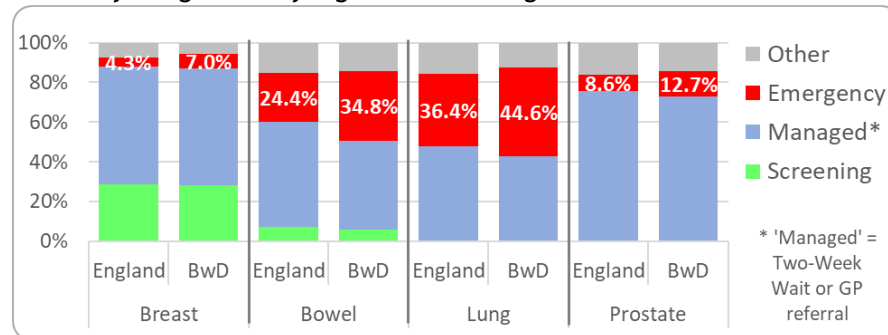
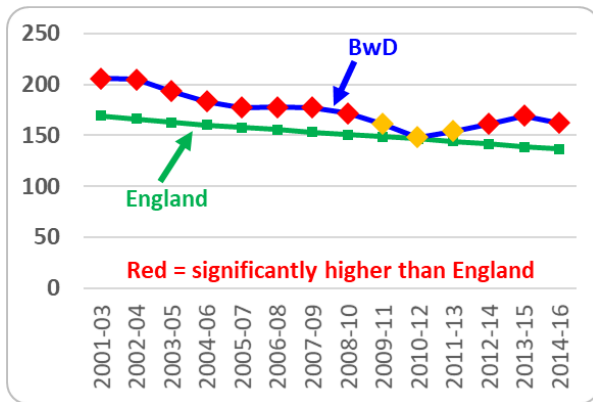


Figure 66 - Routes to Diagnosis for 'Big 4' Cancers (Blackburn with Darwen v. England, 2006-2015)¹¹²

Figure 67 - Premature (age < 75) mortality from all cancers (Age Standardised Rate)³⁰



Mortality and Survival

PREMATURE MORTALITY

Even though cancer incidence has been increasing, improved survival means that premature mortality from the disease has been gradually declining across England as a whole. For a few years, Blackburn with Darwen’s premature mortality rate was similar to the national average, but unfortunately it is now higher again (Figure 67). Over half of cancer deaths in this age-group are considered preventable through public health interventions (see Figure 64 for relevant lifestyle factors).

ONE-YEAR SURVIVAL

When all patients aged 15-99 diagnosed with cancer in 2015 were followed up for a year, Blackburn with Darwen had a ‘survival index’ of 69.4%, compared with an England average of 72.3%. Survival has improved steadily since 2000, both locally and nationally, but there has always been a significant gap. Blackburn with Darwen’s one-year survival from breast cancer and bowel cancer is now similar to average, but its lung cancer survival is 15th lowest at 35.4% (England 40.7%).¹¹⁵

Prevalence

The term ‘cancer prevalence’ is used to refer to the number of people alive who have ever had a diagnosis of cancer, however long ago. This group are also known as ‘cancer survivors’. By the end of 2015 (the most recent year available), there were 4093 cancer survivors in Blackburn with Darwen who had been diagnosed since 1995¹¹⁶. This is a rise of more than 500 since the 2010 prevalence figure quoted in the previous Summary Review. Some of these survivors will experience emotional, practical, medical and financial problems which continue long after treatment has finished.¹¹⁷

Figure 68 - BwD cancer survivors as at end 2015 showing breakdown by age and sex

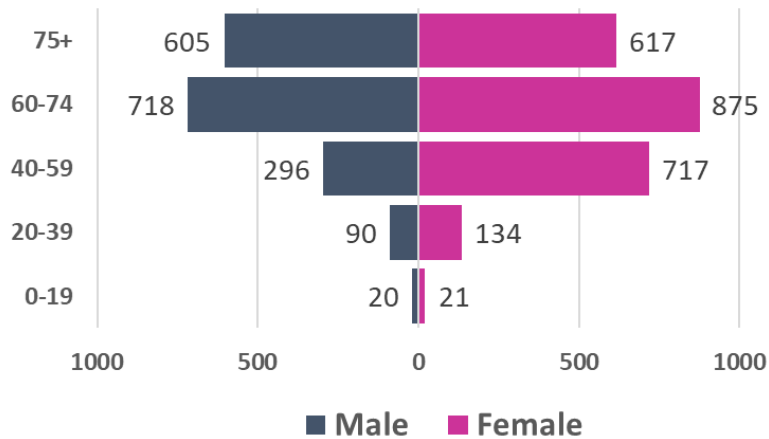
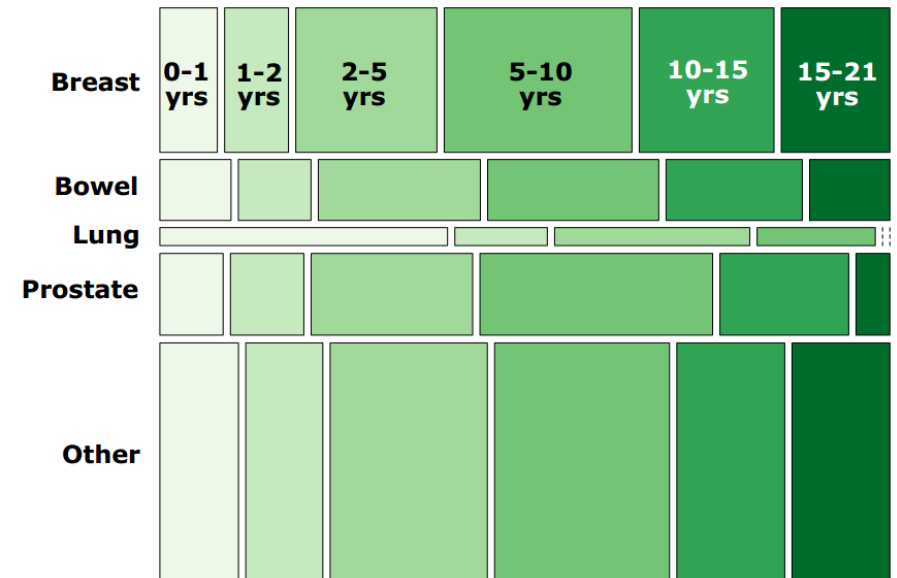


Figure 68 shows the age and sex breakdown of Blackburn with Darwen’s 4093 cancer survivors.

Figure 69 gives a schematic representation of the time elapsed since their diagnosis, and the broad type of cancer they were diagnosed with.

For those diagnosed since 2006 (2956 of Blackburn with Darwen’s survivors), an ethnic breakdown is also available. The vast majority (2618, or 88.5%) are shown to be White, with only 282 being of Asian heritage. This will partly reflect the contrasting age profiles of the borough’s two

Figure 69 - BwD cancer survivors as at end 2015 showing type of cancer and length of survival

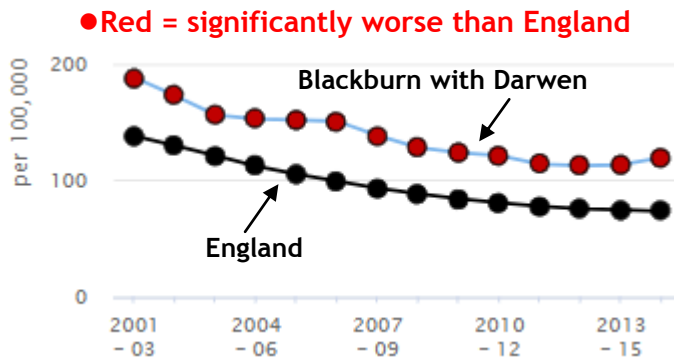


main populations. However, a BBC report, citing research undertaken in the NW, suggests that there may be a reluctance among Asian women in particular to come forward for diagnosis.¹¹⁸

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 25.4% of all deaths in Blackburn with Darwen in 2016, which is the same proportion as in England as a whole.¹¹⁹

Figure 70 - CVD mortality under age 75
(directly standardised rate per 100,000 persons)



CVD mortality

Rates of premature mortality from CVD (under age 75) have been declining over the years, but Blackburn with Darwen remains stubbornly worse than average (Figure 70). In 2014-16, it ranked second highest out of 152 upper-tier authorities in England. Two-thirds of these deaths were from types of CVD from which premature death is considered to be largely preventable, either via behaviour change or through public health measures. Blackburn with Darwen had the second highest rate of these preventable deaths too.³⁰

Blackburn with Darwen’s CVD mortality rate for older people (aged 65+) is also significantly and consistently above average, ranking 6th highest out of 152 upper-tier authorities in 2014-16.¹²⁰

Coronary Heart Disease (CHD)

Well over half of CVD deaths locally are from Coronary Heart Disease (CHD). In 2014-16, Blackburn with Darwen had the 3rd highest rate of CHD mortality out of 207 CCGs in England. In 2016/17, there were 6488 patients in Blackburn with Darwen who had ever been diagnosed with CHD, and 938 hospital admissions for CHD, which is the fifth highest admission rate in the country.¹²¹

Stroke

Blackburn with Darwen is not significantly different from average in terms of the proportion of people who have ever had a stroke, the admission rate for stroke, or the premature (under-75) mortality rate from stroke. However the mortality rate for age 75+ was significantly above average in 2014-16, ranking 15th highest out of 207 CCGs.¹²¹

CVD risk factors

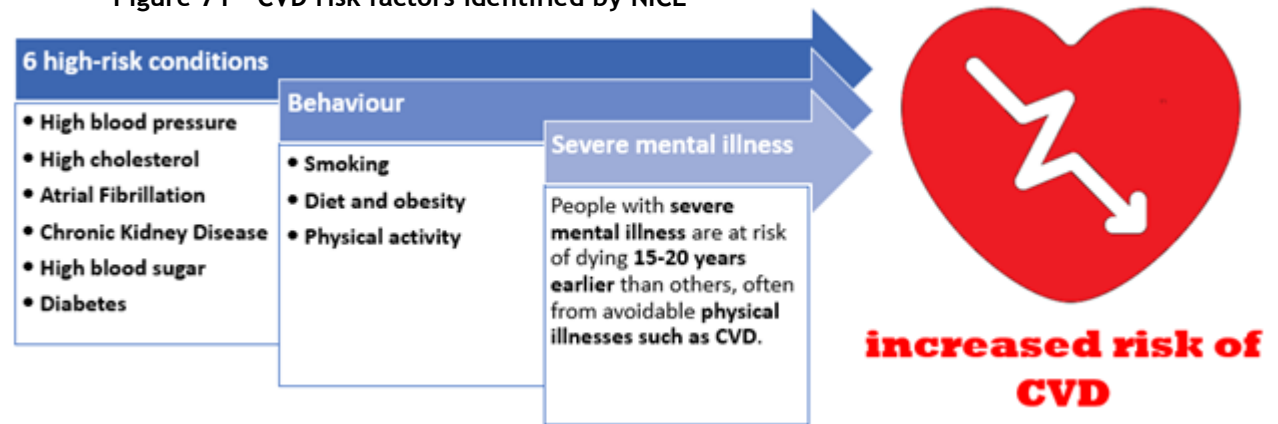
New easy-read evidence-based guidance from NICE sets out some of the conditions and behaviours which can represent an increased risk of CVD, and how to manage and address them (see Figure 71).¹²²

NHS Health Checks

The risk factors identified by NICE are exactly the sort of thing clinicians are looking out for in the NHS Health Check for 40-74 year-olds. Three years ago, the rate at which the eligible population was receiving these checks was significantly below average in Blackburn with Darwen. Since then, the situation has been turned around, so that in 2017/18 the proportion of eligible patients receiving a check was 23rd highest out of 152 upper-tier authorities. This is due to a rise in the number of invitations issued, rather than the proportion of invitations accepted (which has actually gone down).

51.2% of the eligible population of Blackburn with Darwen have now had a Health Check since the scheme started. Although better than England (44.3%), the Borough still has some way to go to match Walsall, at 98.9% - or even Bolton, which comes second with 91.7%.³⁰

Figure 71 - CVD risk factors identified by NICE¹²²



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

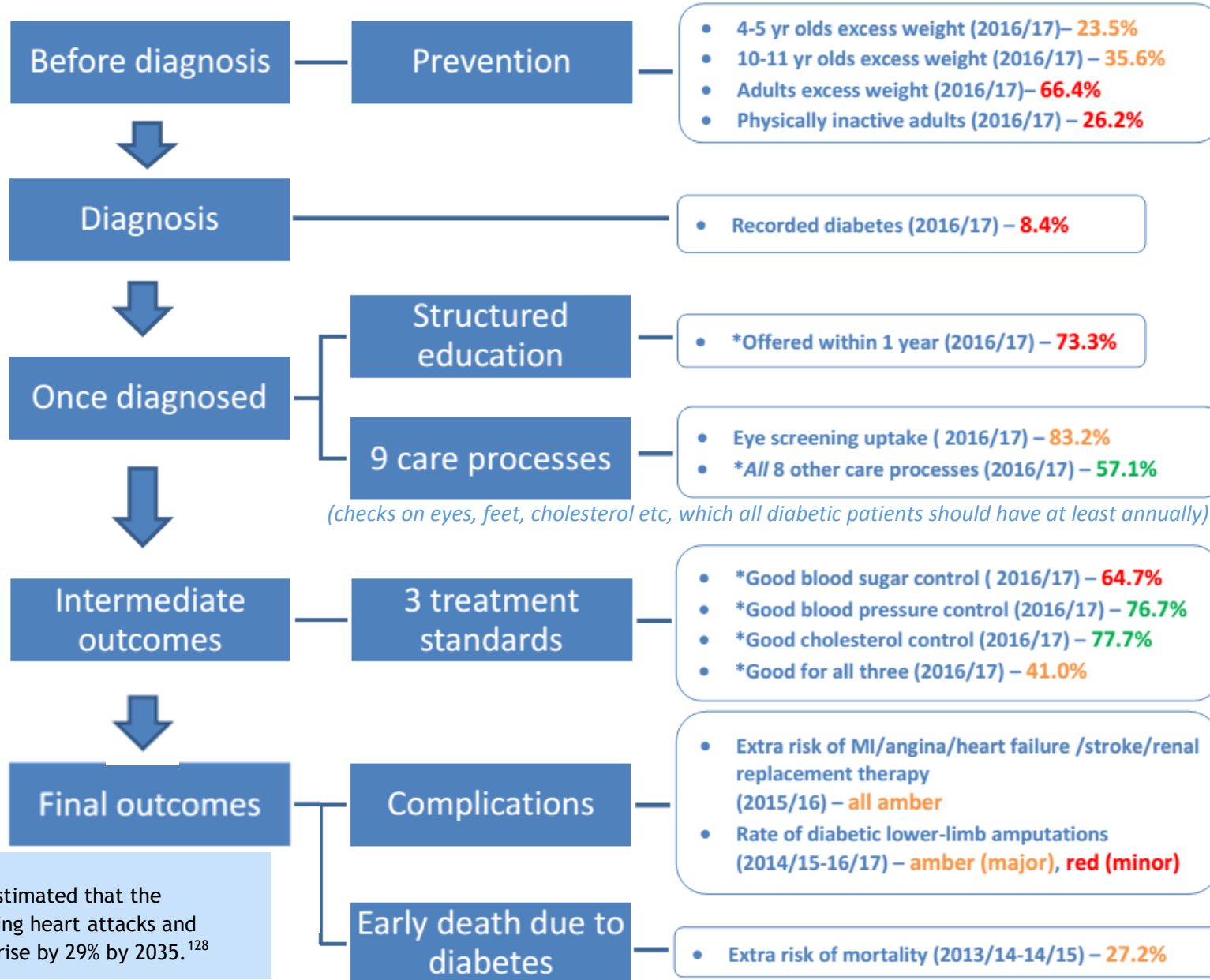
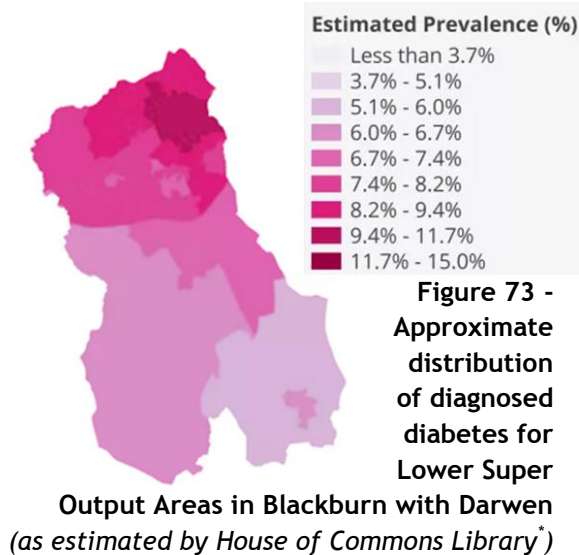
Measures prefixed with "*" relate to Type 2 diabetes only

DIABETES

Figure 72 - Blackburn with Darwen performance on Diabetes care pathway
Main sources: National Diabetes Audit¹²⁵ & PHE profiles at fingertips.phe.org.uk

Prevalence

Blackburn with Darwen's overall recorded prevalence of diabetes is 8.4%.¹⁰⁸ This is the joint highest in the NW, and 12th highest in England. Type 2 diabetes accounts for 94% of the local caseload.¹²⁵ Figure 73 gives a rough impression of how diagnosed diabetes may be distributed across the borough:*,¹²⁷



What the papers say ...

The British Heart Foundation has estimated that the number of people nationally suffering heart attacks and strokes as a result of diabetes will rise by 29% by 2035.¹²⁸

* Map produced by House of Commons Library¹²⁷ by taking recorded ('QOF') prevalences for each practice, and apportioning to LSOAs according to the number of registered patients living in each.

MENTAL HEALTH AND WELLBEING

Prevalence of mental illness

In 2017, 11.1% of Blackburn with Darwen patients aged 18 or over were recorded on their GP’s ‘QOF’ register as having depression. This is significantly higher than the England average of 9.1%, and puts the CCG in the top quintile nationally.¹²⁹ There is also a QOF register for severe mental illness, defined as those diagnosed with schizophrenia, bipolar disorder or other psychoses, or on lithium therapy. Blackburn with Darwen has the 13th highest rate out of 207 CCGs, at 1.27% (England 0.92%).¹³⁰

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. Referral rates are generally higher in deprived areas, but success rates are lower.¹³¹ Blackburn with Darwen’s referral rate is consistently above average, and currently in the top quintile.¹²⁹

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.¹³² In 2016-17, 49% of eligible IAPT referrals in Blackburn with Darwen ‘moved to recovery’, which is close to the national average of 49.3%, and the government target of 50%.^{132,133} A less stringent success measure is ‘reliable improvement’. 64% of Blackburn with Darwen patients ‘reliably improved’ on IAPT in 2016/17, against an England average of 65%.¹³¹ However, it was one of only 6 CCGs where 10% or more had ‘reliably deteriorated’.¹³¹

SPECIALIST MENTAL HEALTH SERVICES

At the end of 2017/18, the proportion of adults in Blackburn with Darwen in contact with adult specialist (or ‘secondary’) mental health and learning disability services was the highest in the country, at 6405 per 100,000 (England average 2329).¹³⁴ This figure does not include people who are only in contact with the IAPT programme.

Greater Preston and East Lancashire CCGs follow in second and third place, creating a distinct geographical cluster of high access to services. This pattern is also reflected in an all-age version of the indicator (see Figure 74).¹³¹ The differing rates across the country are likely to be a reflection of the nature and extent of mental health service provision, as well as of need.

Being in contact with specialist mental health services does not equate with being in hospital. In Blackburn with Darwen, at the end of 2017/18, only 1% of mental health service users were in hospital, which is half the England average for this group.

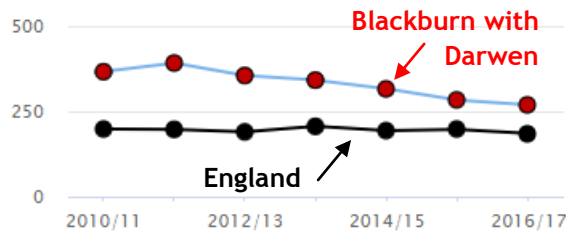


Figure 75 - Emergency Hospital Admissions for Intentional Self-Harm (Directly age-standardised rate per 100,000)³⁰

Outcomes

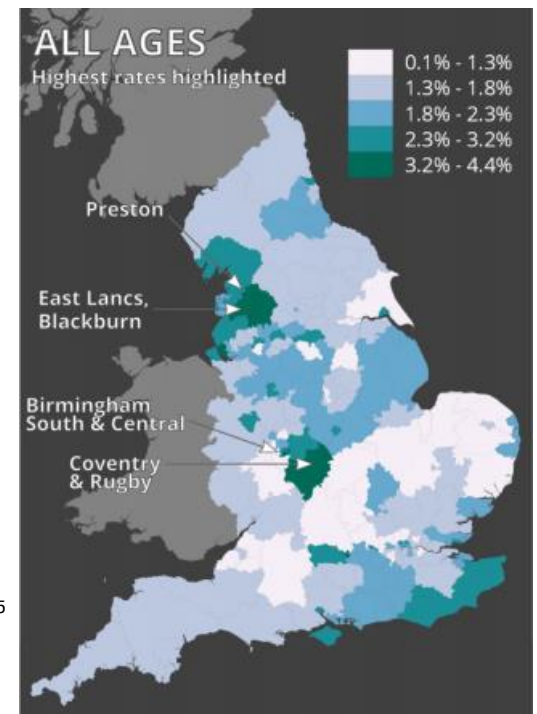
SUICIDE AND SELF-HARM

Blackburn with Darwen’s suicide rate in 2015-17 was in the highest quintile of upper-tier local authorities. However, because of the small numbers involved, the difference with England is not statistically significant. With 12 recorded suicides in 2017, we have to go back to 2008 to find a lower count.¹³⁵

A related indicator with much bigger counts is the rate of emergency hospital admissions for intentional self-harm. In 2016/17, Blackburn with Darwen had over 400 such admissions. As a rate, this is both in the top quintile and significantly higher than average, although it has been gradually improving over recent years (Figure 75).³⁰

Figure 74 - People in contact with secondary mental health services (all ages, December 2017)

Source: House of Commons Library, Briefing Paper 6988¹³¹



Engaging with Blackburn with Darwen on Mental Wellbeing

A major multi-agency engagement exercise in 2017-18 collected survey responses about mental wellbeing needs from nearly 1600 Blackburn with Darwen residents, followed by 1:1 interviews, focus groups, case studies and stakeholder events. Some of the key lines of enquiry are summarised in very broad terms in Figure 76.

The full research report explores how the findings vary by key demographics such as age-group, gender and ethnicity.^{136,137} Four key cross-cutting themes have emerged (see right), which will now inform the design and delivery of a wide-ranging mental wellbeing initiative for Blackburn with Darwen.

Figure 76 - Engaging with BwD on Mental Wellbeing (2017): survey results by broad line of enquiry



Cross cutting themes

1. Help people connect at a local level
"A cup of tea and space to connect"
2. Targeted mental health awareness and supporting self help
"Mental health workshops or lessons are really needed for my community"
3. The promotion of a good life balance
Feeling in control and balancing the demands of life with a healthy lifestyle were seen as crucial
4. GPs seen as most important asset for people's health and wellbeing
Other services were identified, GPs seen as most important

Time to Change Hub

The experience of mental ill-health is often compounded by stigma, discrimination and lack of understanding. In 2017, Blackburn with Darwen became a Time to Change Hub.

This means that local organisations and employers, **time to change** let's end mental health discrimination together with 'Time to Change Champions' who have personal experience of mental health problems, will work in partnership to improve attitudes and behaviours towards those affected by mental illness.¹³⁸



SEXUAL HEALTH

Sexually Transmitted Infections (STIs)

In terms of new cases of STIs, Blackburn with Darwen in 2017 compares favourably with England (Figure 77). Chlamydia in young people is omitted, because the aim is to achieve as *high* a detection rate as possible in this group (see page 19).¹³⁹

Across England, the number of STI diagnoses was similar to 2016, although gonorrhoea and syphilis both rose by around 20%.¹⁴⁰ Blackburn with Darwen saw its highest number of gonorrhoea cases for several years, but no significant upward trend. Gonorrhoea is of particular concern nationally because of the emergence of antibiotic-resistant strains of the disease.¹⁴⁰

Figure 77 - Incidence of STIs

(source <https://fingertips.phe.org.uk/>)¹³⁹

	Year	Blackburn		Region		England		England	
		Count	Value	Value	Value	Lowest	Range	Highest	
New STI diagnoses (exc chlamydia aged <25) / 100,000 (Persons, 15-64 yrs)	2017	552	582	718	794	267		3,215	
Syphilis diagnostic rate / 100,000 (Persons, All ages)	2017	9	6.1	10.9	12.5	0.0		154.1	
Gonorrhoea diagnostic rate / 100,000 (Persons, All ages)	2017	46	31.0	64.0	78.8	4.8		654.4	
Chlamydia diagnostic rate / 100,000 aged 25+ (Persons, 25+ yrs)	2017	209	216	179	189	0.0		1,012	
Genital warts diagnostic rate / 100,000 (Persons, All ages)	2017	103	69.4	103.4	103.9	0.0		249.5	
Genital herpes diagnosis rate / 100,000 (Persons, All ages)	2017	52	35.0	55.4	56.7	0.0		262.2	
New HIV diagnosis rate / 100,000 aged 15+ (Persons, 15+ yrs)	2017	2	1.7	7.7	8.7	0.0		44.6	

HIV

The UK as a whole has seen a steep fall in HIV diagnoses in the two years to 2017. Blackburn with Darwen was always relatively low, and is now the 8th lowest in England.¹³⁹ It is reassuring that the borough only had three ‘late’ diagnoses in the three years up to 2017. Being diagnosed late greatly increases the patient’s mortality rate, and Blackburn with Darwen has not always performed well on this indicator in the past.¹³⁹ With numbers as small as this, there are bound to be random fluctuations. However, it is encouraging to note that HIV test uptake, which involves far larger numbers, has also been on an improving trend, and is now significantly better than average. As at 2017, the total number of people living with HIV in the borough was 89, or 1.02 per 1000. Anything below 2 per 1000 is considered a ‘low’ prevalence.¹³⁹

LIVER DISEASE

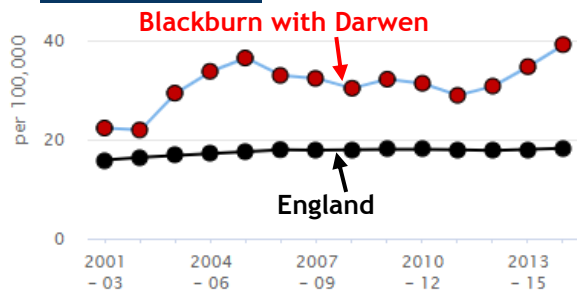


Figure 78 - Under-75 mortality rate from liver disease¹⁴¹ (directly age standardised)

Mortality

As can be seen from Figure 78, premature mortality from liver disease in Blackburn with Darwen is high and rising.¹⁴¹ In 2014-16, the borough had the second highest under-75 death rate after Blackpool.

Mortality from liver disease is strongly associated with deprivation^{141,142}, and disproportionately affects younger people.¹⁴² 85% of all those dying from liver disease in Blackburn with Darwen in 2014-16 were under the age of 75.

The main risk factors for liver disease are alcohol (see page 25), obesity (page 23), and viral hepatitis.^{143,142}

Viral Hepatitis

Hepatitis B and C are blood-borne viruses, most commonly spread through sexual contact and injecting drug use respectively.¹⁴³ They do not always give rise to symptoms, so a high proportion of cases go undetected.¹⁴³ Public Health England estimates that Blackburn with Darwen may have around 1207 residents infected with Hepatitis C, including 869 current or former drug users. Most of the remaining cases are assumed to be among people with links to Pakistan, which has a high background prevalence.¹⁴⁴

The Pennine Lancashire Liver Disease Framework emphasises the importance of awareness-raising, immunisation (Hep B) and testing among groups particularly susceptible to viral hepatitis.¹⁴⁵ Engagement and testing initiatives organised by Baiter Sehat (‘Better Health’) have been positively received by the Pakistani heritage community.^{146,147}

“I feel it is important to raise awareness because of the lack of knowledge people have of this type of disease within the Asian community”

[Mosque committee member]

WORKING-AGE INCAPACITY

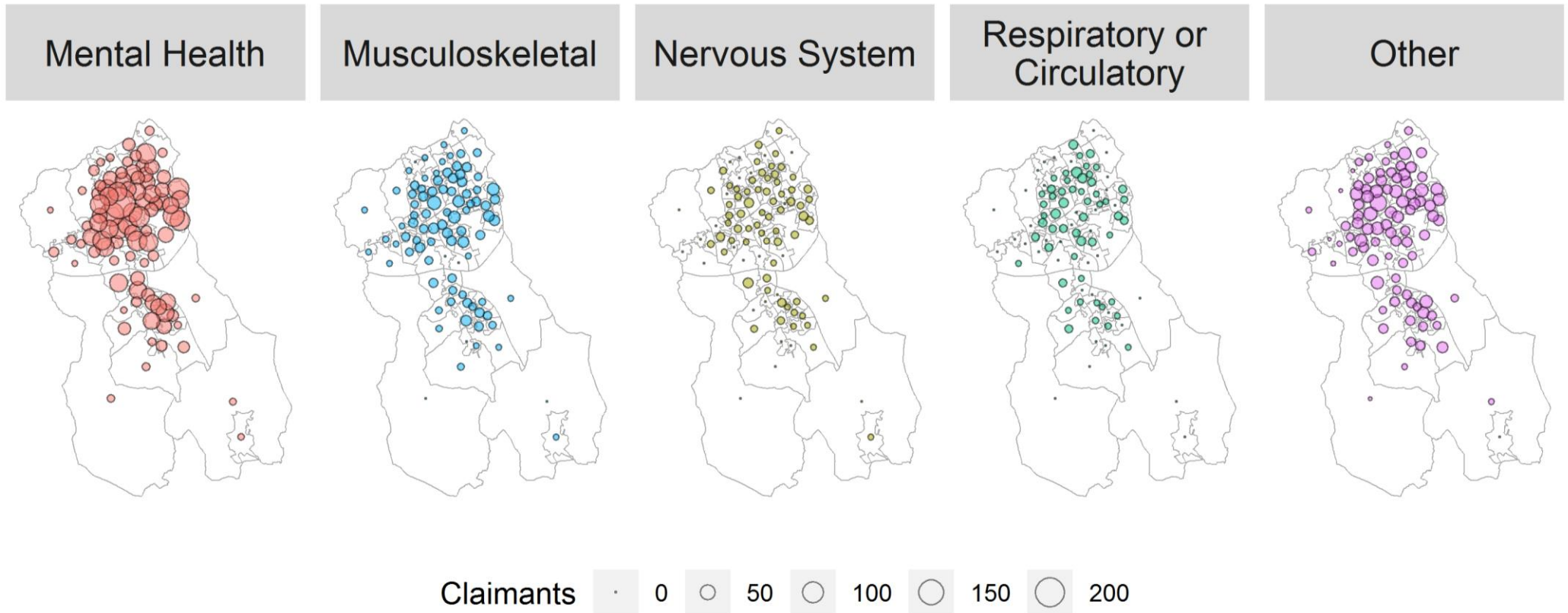
Employment Support Allowance (ESA) claimants

In February 2018, Employment Support Allowance (ESA) was being claimed by 8096 Blackburn with Darwen residents unable to work because of long-term health problems.¹⁴⁸ A further 150 people in this position were still claiming legacy benefits such as Incapacity Benefit or Severe Disablement Allowance.^{12,148,*} The 8096 recipients of ESA equates to 8.7% of the working-age population of Blackburn with Darwen, which is the 11th highest rate out of 152 upper-tier authorities. There were approximately 780 ESA claimants in the old Wensley Fold ward alone, followed by 770 in Shadsworth with Whitebirk.¹²

Conditions leading to ESA claims

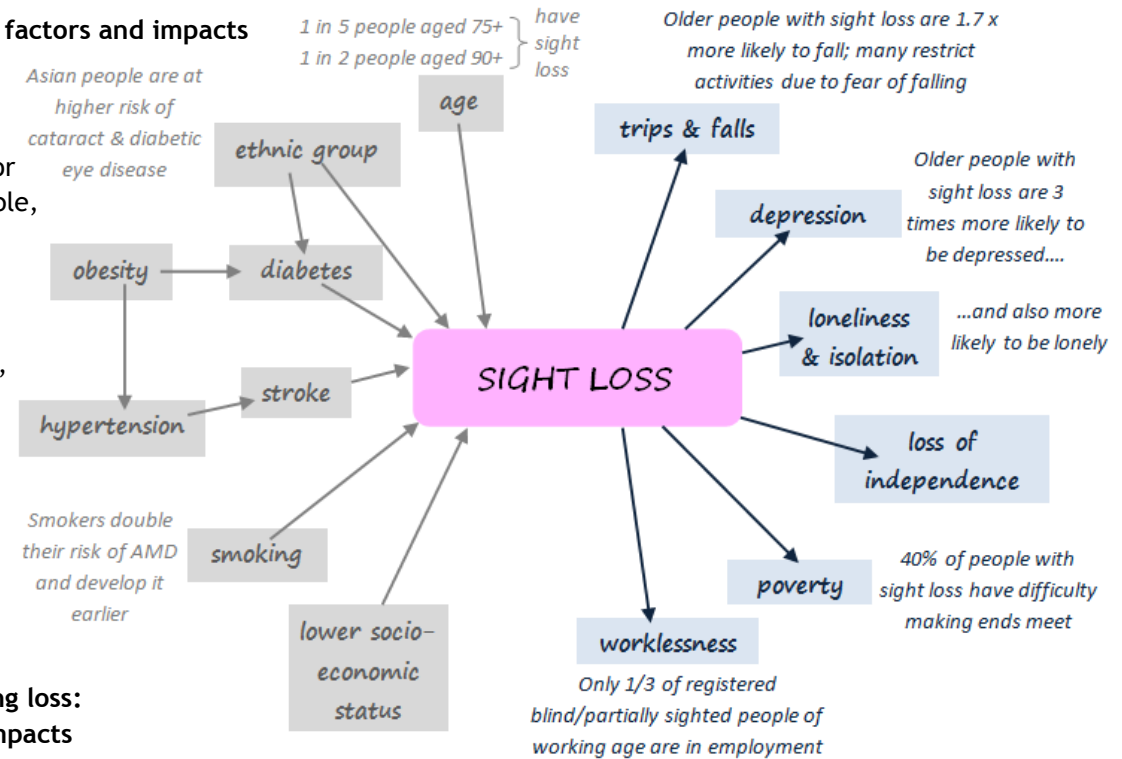
By far the biggest category of condition resulting in the receipt of ESA is mental health problems, which account for just over half of all claims in the borough (Figure 79):

Figure 79 - Recipients of ESA by main qualifying condition (Lower Super Output Areas in Blackburn with Darwen, February 2018)¹⁴⁸



* The numbers of ESA claimants will gradually reduce as Universal Credit replaces income-related ESA. However, that process was only just beginning in Blackburn with Darwen in February 2018.

Figure 80 - Sight loss: risk factors and impacts



VISUAL IMPAIRMENT

Risk factors and impacts ^{153, 149, 150, 151, 152}

Sight loss is related to many of the other topics in this review, either as a cause or a consequence (Figure 80). Several of the risk factors in the diagram are modifiable, and it is roughly estimated that about 50% of sight loss can be avoided. ¹⁵³

Blind and partially sighted residents

In 2015/16, 99 new patients in Blackburn with Darwen were certified as blind or partially sighted. ¹⁵⁴ Registering with the council is optional, but as at March 2017, Blackburn with Darwen had approximately 620 residents registered as blind, and 825 as partially sighted. ^{154, 155} Approximately half were over the age of 75.

Modelled estimates

The RNIB estimates that the true number of people affected by sight loss in Blackburn with Darwen may be in the order of 3,630. ¹⁵⁴

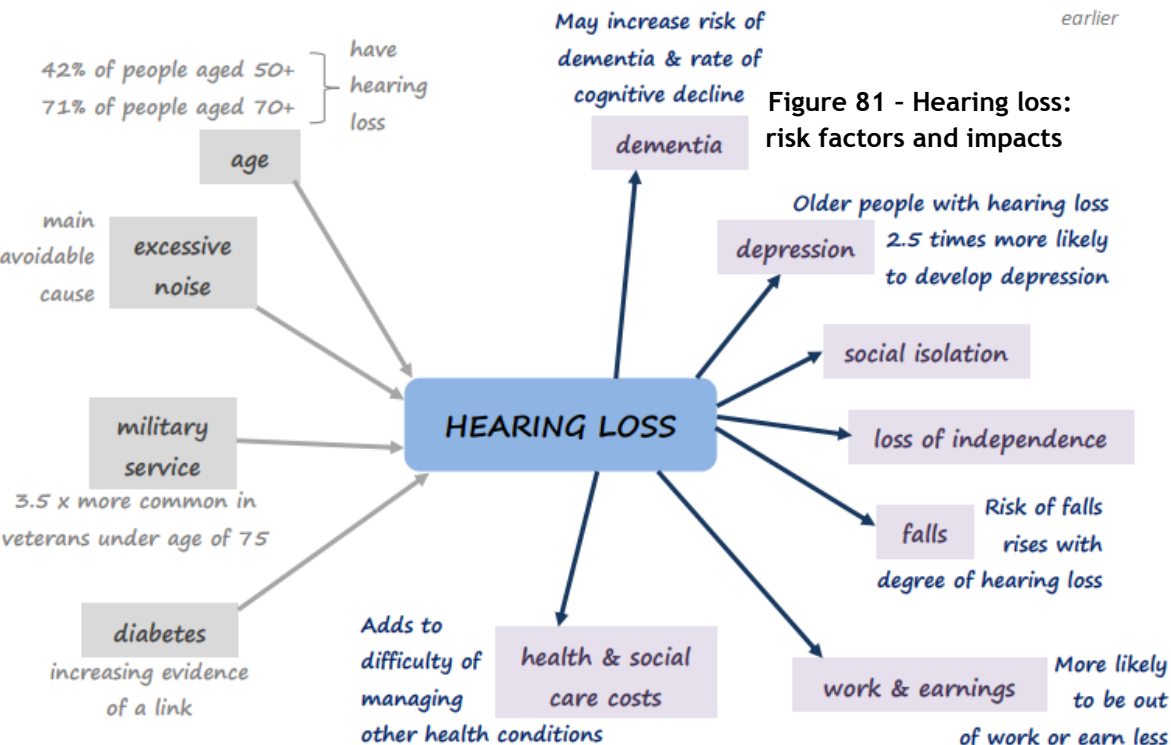


Figure 81 - Hearing loss: risk factors and impacts

HEARING LOSS

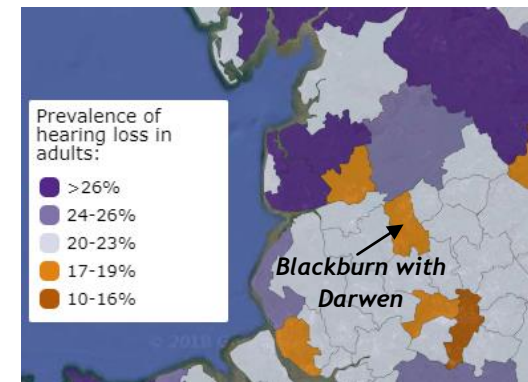
Risk factors & impacts ^{156, 157}

Like visual impairment, hearing loss is closely related to many of the other issues considered in this JSNA (Figure 81). NHS hearing aids have been shown to be a cost-effective way of reducing many of the negative impacts shown. ^{156, 157}

Modelled estimates

Modelled prevalence estimates suggest that Blackburn with Darwen had about 21,000 people affected by hearing loss in 2014, which was projected to rise to 23,000 by 2019. ^{157, 158, 159} This is a lower prevalence than in many surrounding areas, reflecting the borough's young population.

Figure 82 - Modelled prevalence of hearing loss in adults (NCHA ¹⁵⁹)



ROAD SAFETY

Overall casualties

In Blackburn with Darwen in 2016 there were 552 recorded road traffic casualties (of all ages), compared with 569 in 2015, and 553 the year before that. This puts Blackburn with Darwen 16th highest out of 152 upper-tier authorities in England when expressed as a rate per resident (or 29th highest as a rate per billion vehicle miles travelled).¹⁶⁰ 481 of these injuries were slight*, 69 were serious, and two were fatal, giving a total of 71 killed or seriously injured (KSI) in 2016. If we look at three years combined, Blackburn with Darwen had the 21st highest KSI rate out of 151 upper-tier authorities in 2014-16, and was significantly worse than England.⁹ This is despite the fact that many other police forces (*not* including our own Lancashire Constabulary) switched to a new reporting system in 2016, which classifies more injuries as ‘serious’.⁶²

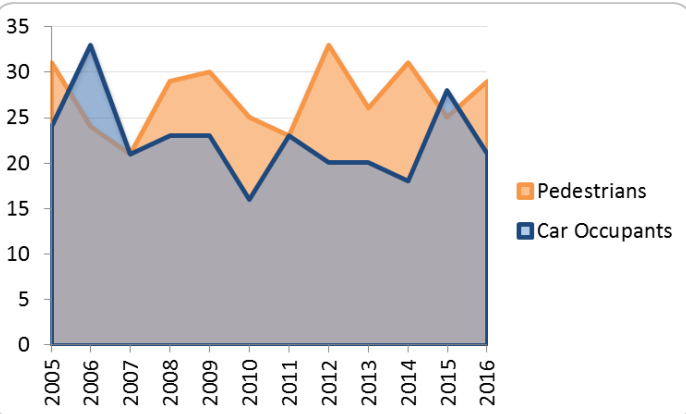


Figure 83 - Number of KSI casualties (BwD, 2005-16)

Alternative rates

All the analysis so far relates to accidents *occurring* in Blackburn with Darwen, whether the casualty was local or not. Dividing by the resident population to obtain a rate may not therefore seem particularly logical.

An alternative is to count casualties according to where they *come* from, regardless of where their accident occurred. This is done in a recent report, but for constituencies rather than local authorities.¹⁶¹

Looking at things this way, the rate of KSI casualties from Blackburn constituency in 2011-16 was 28% higher than the Great Britain average, and for those from Rossendale & Darwen constituency it was 37% higher.

When all severities of casualty are considered (not just KSI), Blackburn constituency comes 13th highest out of 632 constituencies in Great Britain. If we focus on pedestrian casualties alone (of all severities), Blackburn constituency comes second highest in the country, with more than twice the national average rate.¹⁶¹

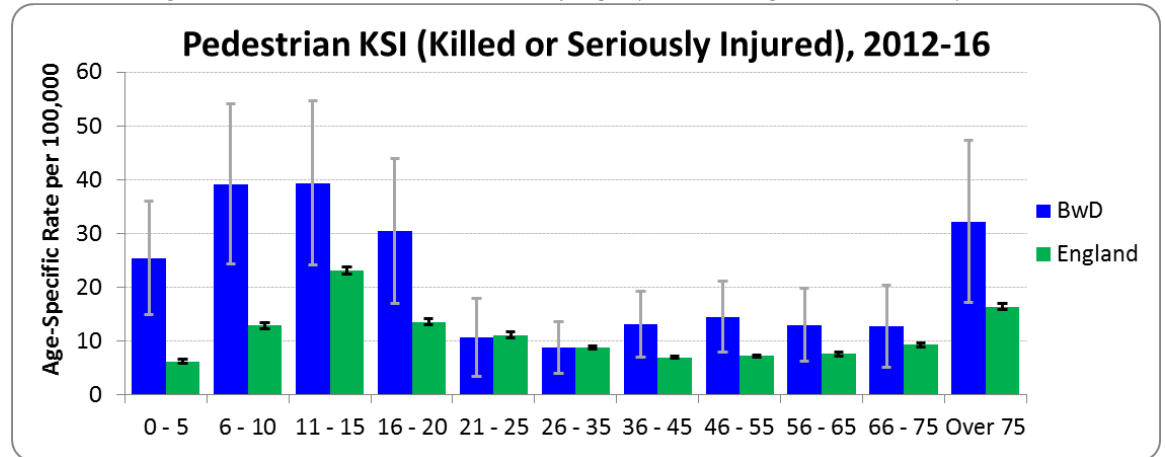
* The recording of non-serious injuries is often less than complete.

Pedestrian casualties

In 2016, Blackburn with Darwen had the 7th highest overall rate of pedestrian casualties in England (per 100,000 population), and the highest of all outside London.¹⁶⁰ If we focus on the more serious injuries, Blackburn with Darwen usually has more pedestrian KSIs than car occupant KSIs (Figure 83). This is the opposite of the national picture, where there are consistently at least 50% more car occupant KSIs than pedestrian KSIs.¹⁶⁰

The *rate* of pedestrian KSI casualties in Blackburn with Darwen is higher than average for almost every age-group (Figure 84), and significantly so for the youngest residents (aged 0-10) and the oldest (aged 75+).

Figure 84 - Pedestrian KSI rates by age (BwD v. England, 2012-16)

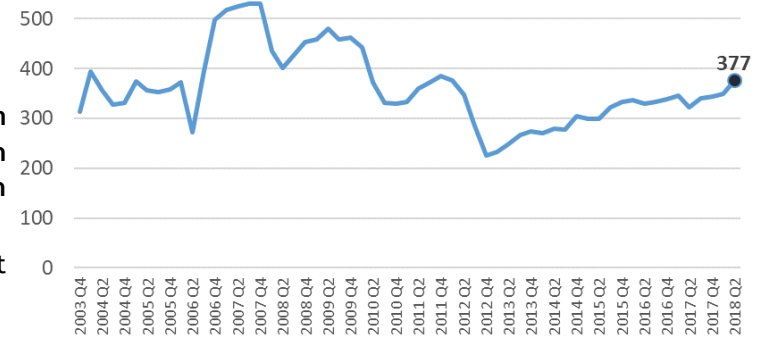


ASYLUM SEEKERS AND REFUGEES

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 twelve months, and rely on cash payments to meet their ‘essential living needs’.

There is a notional cap of 350 on the number of asylum seekers placed in Blackburn with Darwen at any one time¹⁶², although this has recently been exceeded (Figure 85):¹⁶³

Figure 85 - Numbers of asylum seekers receiving support in Blackburn with Darwen



HEALTH NEEDS

The *Asylum Seekers and Refugees Health Needs Assessment*¹⁶² recently carried out by the Public Health Department at Blackburn with Darwen Council, and the *Asylum Seeker and Refugee Community Report*¹⁶⁴ undertaken by Healthwatch Blackburn with Darwen, both explore these issues in detail via engagement work with local asylum seekers, refugees and service providers.*

Mental health

Asylum seekers are typically fleeing conflict, political upheaval and persecution, and it has been suggested that over 30% may be suffering from post-traumatic stress disorder (PTSD) as a result.^{162,164} Consultation work with asylum seekers and refugees in Blackburn with Darwen found high levels of depression and anxiety, which may be exacerbated by isolation, boredom, culture shock, money worries, dealings with the Home Office, and the feeling of lack of control over their personal situation.¹⁶²

Physical health

The *Blackburn with Darwen Asylum Seekers and Refugees Health Needs Assessment* highlights the issue of food poverty and malnutrition among this group. Cooking skills may be inadequate, especially among single men, and familiar foods are often unavailable. Asylum-seeking parents are often unaware of their entitlement to free school meals.¹⁶²

Asylum seekers and refugees are at higher risk of infectious diseases than the general population, which may partly reflect their living conditions before and during migration. They also present with a high level of chronic non-communicable disease, often including poor dental health and a lack of awareness of dental hygiene.¹⁶²

Access to health services

Lack of awareness, compounded by the fear of being charged, acts as a barrier to take-up of health services by asylum seekers and refugees. Strenuous efforts have been made to try and ensure that all those in Blackburn with Darwen register with a GP, but there is a concern that this process is not always seen through to completion.^{162,164}

Asylum seekers and refugees report feeling that appointments are rushed. This may partly be due to conflicting expectations, but also reflects the extra time needed to deal with complex issues and language barriers. Translation services may not always be in place, or able to cope with the variety of dialects in use, and are not provided at NHS dentists. Informal arrangements, such as relying on relatives to translate, can lead to a loss of privacy and dignity.^{162,164}

*"My GP does not understand my problem. It is so frustrating as I can't speak English properly. I always need someone to translate for me at GP surgery."*¹⁶⁴

LOCAL SUPPORT

Blackburn with Darwen has three drop-in centres providing support for asylum seekers and refugees, at Darwen Asylum Refugee Enterprise (DARE), the ARC project, and Blackburn YMCA. In recognition of the welcome it offers to people in need of safety, it was granted ‘City of Sanctuary’ status in April 2018.¹⁶⁶

* The Midlands and Lancashire CSU has also produced the useful *Guidance for considering the needs of Asylum Seekers and Refugees in commissioning health services*¹⁶⁵, with input from BwD.

AGE WELL

ISSUES PARTICULARLY AFFECTING OLDER PEOPLE

TRIPS AND FALLS

Each year, around a third of over-65s will experience one or more falls, rising to 50% of over-80s. Falls in this age-group can result not only in pain and injury, but also loss of confidence and independence.¹⁶⁷ 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.^{167,168} The fear of falling will often restrict the activities even of those who have *not* yet experienced a fall themselves.¹⁶⁹



Figure 86 - Ladies 'Strength and Balance' session organised by Baiter Sehat

verbally and in writing, in languages familiar to Asian elders. Two residents volunteered to become 'Falls Prevention Champions', who will help to spread the message.^{175,176}

Hospital admissions

After several years of persistently higher-than-average falls-related hospital admissions, Blackburn with Darwen is now similar to the England average, both among the 65-79 and the 80+ age-groups.³⁰

Hip fractures

The overall rate of hip fracture for older people aged 65+ in Blackburn with Darwen has been close to average for several years. However, among the 80+ population (where most of these events occur), it is more erratic. The latest rate for this age-group was significantly above average, and one of the ten highest in England.³⁰

Prevention and response

- Blackburn with Darwen's Falls Prevention Service offers targeted exercise programmes to improve the balance, strength and mobility of anybody over 65 who is at risk of falling.¹⁷⁰ The Chartered Society of Physiotherapists estimates that such programmes in Blackburn with Darwen can produce a return on investment of £3.85 per £1.¹⁷¹
- Home Assessment and Modification ('HAM') schemes aim to reduce falls risks by tackling issues such as loose mats, poor lighting and lack of handrails. They can produce a financial return on investment of £3.17 for every £1 spent, which rises to £7.34 per £1 when gains in Quality of Life are taken into account.^{172,173,*}
- If an older person does fall, it is vital that help can be summoned quickly. Blackburn with Darwen now has over 2500 users of assistive technology, including falls pendants, alarms and bed occupancy sensors. Most are linked to the provider's monitoring and response centre, ensuring a prompt and appropriate response.^{173,174}

**FALLS PREVENTION IN THE ASIAN COMMUNITY**

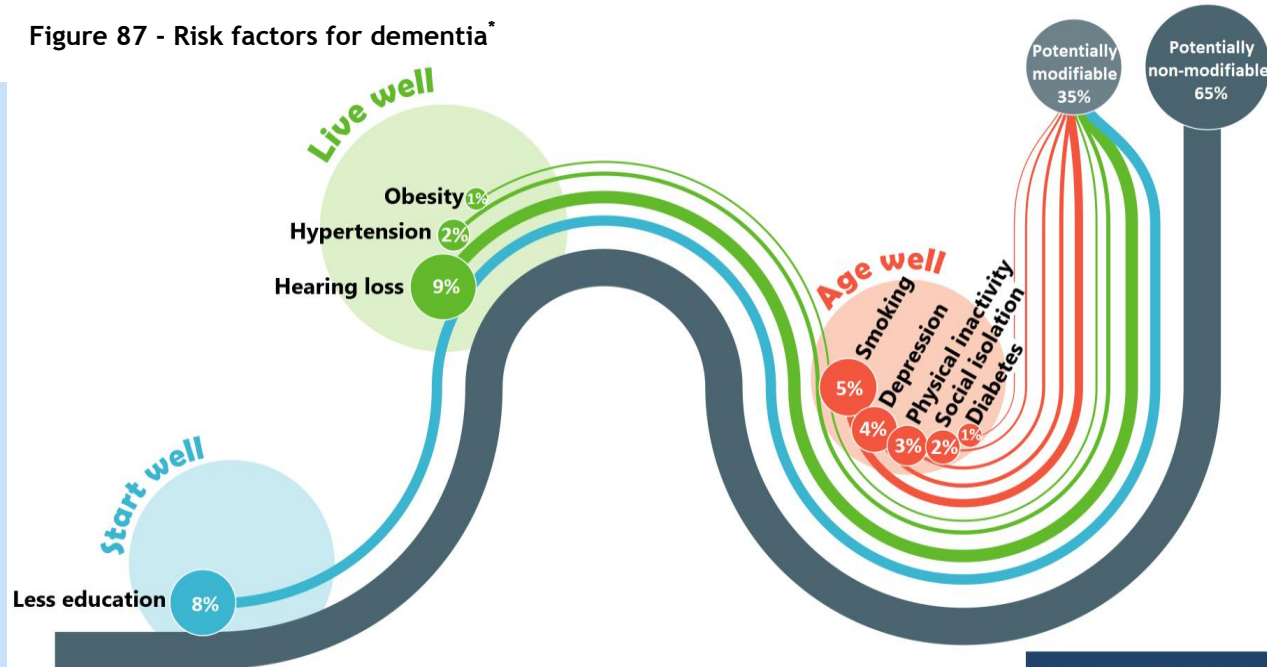
Concerned by the low attendance of South Asian heritage residents at falls prevention classes, Baiter Sehat ('Better Health') recently carried out a community engagement project on this topic with the borough's BME communities.

Focus group discussions confirmed that awareness of these services was low. However, when a special demonstration event was arranged for Asian ladies, it attracted nearly 50 enthusiastic participants. The report recommends that such sessions should be provided within community settings, for men and women separately. These should be promoted both

* These returns were achieved when HAM schemes were delivered to people who had already been hospitalised by falls. They would probably be more modest for a lower-risk population.¹⁷²

DEMENTIA

Figure 87 - Risk factors for dementia*



Adapted from: **THE LANCET**



What the papers say....

LOOKING AHEAD

Predicting the future burden of dementia is far from straightforward. Research at UCL and Liverpool University has concluded that:

'The risk of developing dementia at any

*given age is going down over time, shifting dementia to later years in life. This decline is mainly because of improvements in healthcare and adopting healthier lifestyles.'*¹⁷⁷ Even so, it predicts a 57% rise in the number of people living with dementia by 2040 in England and Wales, because of rising life expectancy.

*'BE AMBITIOUS ABOUT PREVENTION'*¹⁸¹

These predictions assume a continued decline in incidence rates, and would be higher still without it.¹⁷⁷ The study thus reinforces the key importance of public health measures aimed at dementia prevention.^{178,179} Advice about how people can reduce their dementia risk now forms part of the NHS Health Check.¹⁸⁰

Further new research, published in the Lancet, has quantified the proportion of new cases of dementia across the world that might theoretically be preventable.¹⁸¹ As shown in Figure 87, modifiable risk factors are spread across the life-course, and together account for 35% of dementia incidence.*

Dementia in Blackburn with Darwen



As at August 2018, GP practices in Blackburn with Darwen had a total of 1133 patients aged 65 or over who had been formally diagnosed with dementia. It is estimated that the true number of people aged 65+ with the condition is likely to be nearer 1531, so this means that around 74% of those affected have received a diagnosis (England average 67.8%).¹⁸² The latest age breakdown is for April 2018, when the total number of diagnosed patients aged 65+ was 1123 (Figure 88).

BME COMMUNITIES

Previous work carried out by Baiter Sehat ('Better Health') has found low levels of dementia awareness within the local BME community, and a reluctance to come forward for diagnosis or accept help. There is significant stigma surrounding dementia, and no word for the condition in Urdu, Gujarati or Punjabi. However, these barriers are beginning to be overcome, and there is now an increased desire to learn about dementia and how it can be prevented, recognised and managed. With the support of schools, mosques and local businesses, a growing volunteer force of Dementia 'Friends' and 'Champions' are spreading the message in ways that recognise the language and cultural needs of the BME community, and have helped turn Whalley Range into the borough's first 'Dementia Friendly Area'.^{183,184}

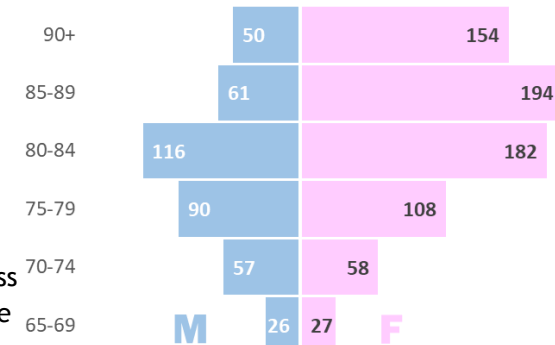


Figure 88 - Age/sex breakdown of Blackburn with Darwen patients aged 65+ diagnosed with dementia (as at April 2018)

* 'Less education' means no secondary education. This is much less common in England than it is worldwide, so it may account for somewhat less than '8%' of the dementia risk in this country.

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 89):¹⁸⁵

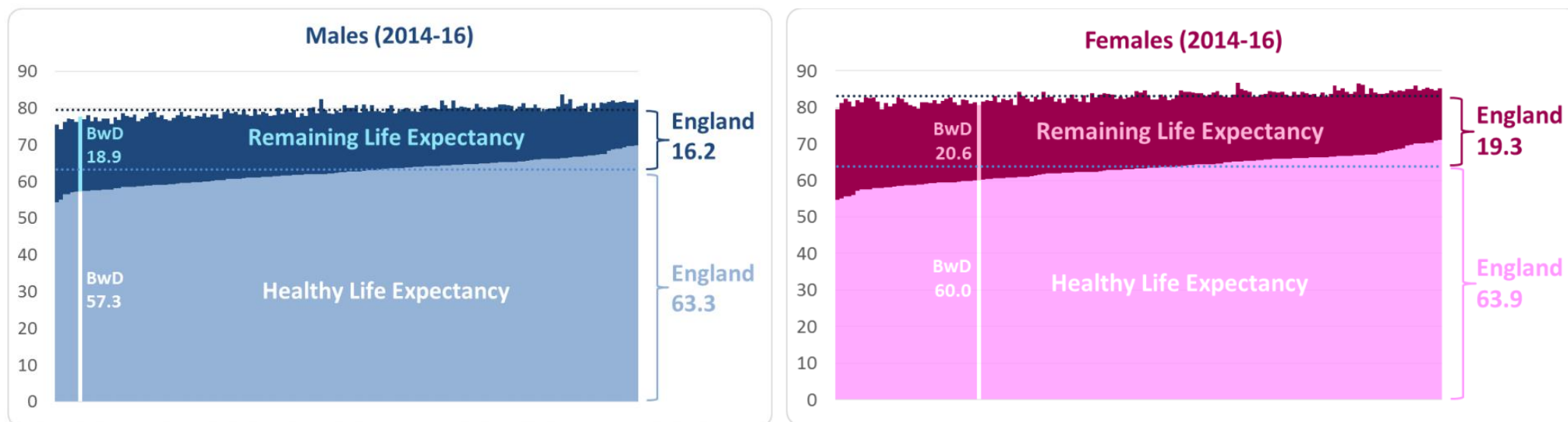


Figure 89 - Healthy Life Expectancy - Blackburn with Darwen compared with 150 upper-tier local authorities and England (2014-16)

It can be seen that Healthy Life Expectancy in Blackburn with Darwen is 57.3 years for males and 60.0 years for females, both of which are significantly lower than the England average. The borough’s male Healthy Life Expectancy is the sixth equal lowest in England. When Healthy Life Expectancy is divided by total Life Expectancy, we find that males in Blackburn with Darwen can expect to spend 75.2% of their life in good health, and females 74.5%, which again is below average for both sexes.

If the 2014-16 results for Blackburn with Darwen are compared with 2011-13 (the most recent non-overlapping period), there has been no significant change. The same is true if we compare them with the earliest available set of results, for 2009-11.

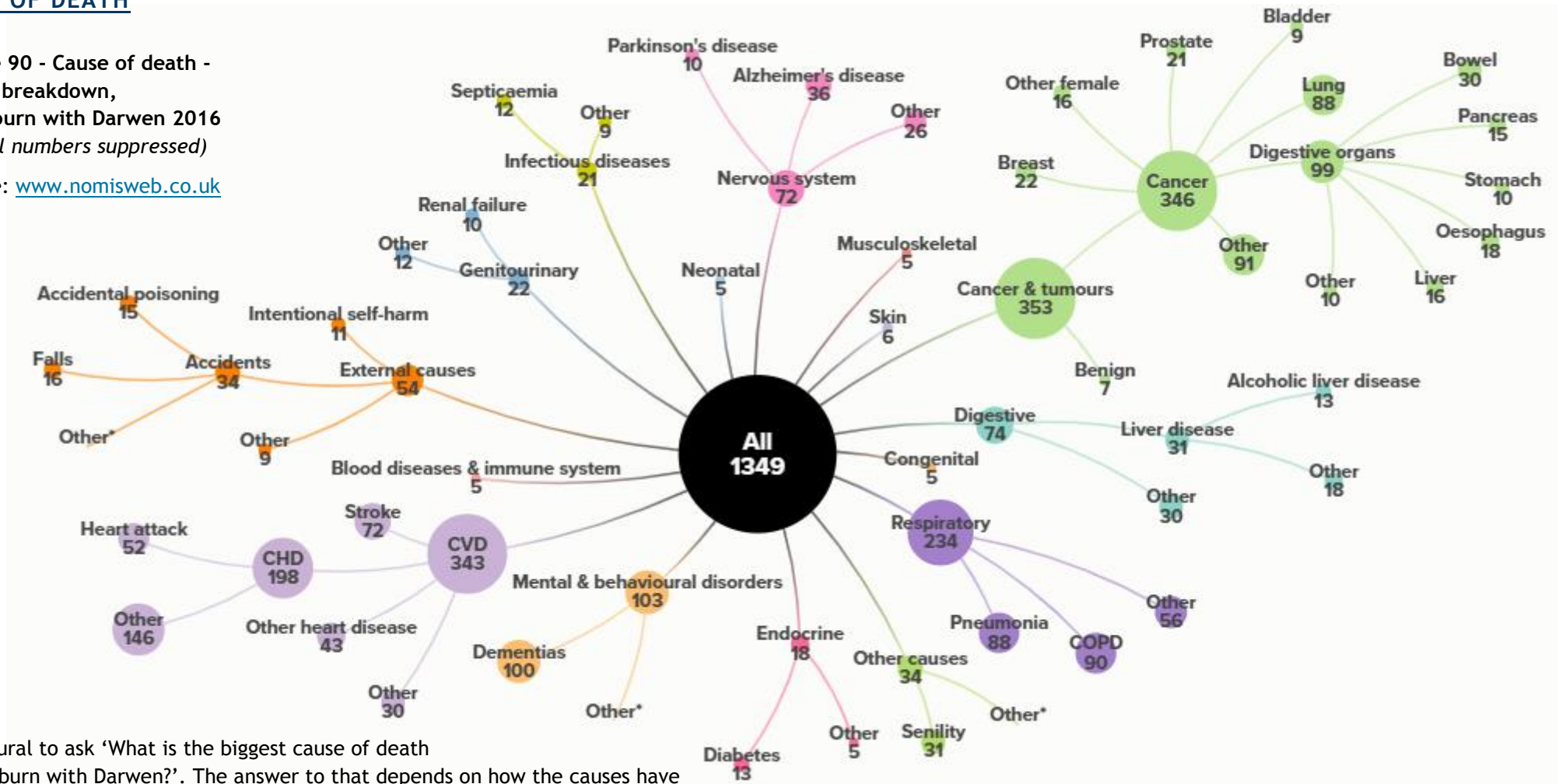
The Public Health Outcomes Framework acknowledges that Healthy Life Expectancy is the sort of measure which can take a long time to show any marked improvements, which is why the overarching outcomes are underpinned by a large collection of supporting indicators.¹⁸⁶

END OF LIFE

CAUSE OF DEATH

Figure 90 - Cause of death - broad breakdown, Blackburn with Darwen 2016 (*small numbers suppressed)

Source: www.nomisweb.co.uk



It is natural to ask ‘What is the biggest cause of death in Blackburn with Darwen?’. The answer to that depends on how the causes have been grouped together, but if we accept the very broad classification used here, the biggest category is ‘Cancer & tumours’ (with 353 deaths in 2016), followed by ‘CVD’ (343). This means that Cancer has overtaken CVD in Blackburn with Darwen since the previous Summary Review, as it had already done in England as a whole.

There is, however, no ‘right’ or ‘wrong’ way to split up the causes. The ONS prefers to combine the various forms of dementia, but split up CVD and cancers, which leads to the now-familiar headlines stating that Dementia and Alzheimer’s disease is the biggest cause of death in England and Wales.¹⁸⁷

ICONS

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

- P23 - ‘[Weight Scale](#)’ icon by Semmel Zenko, ‘[Fruit](#)’ icon by Eucalypt
- P24 - ‘[Resting](#)’ icon by Luis Prado, ‘[Standing Posture](#)’ icon and ‘[Exercise](#)’ icon by Gan Khoo Lay
- P16. p24, p29, p32, p41 - ‘[Newspaper](#)’ icon by Loïc Poivet
- P31 - ‘[Heart Stroke](#)’ icon by Artem Kovyazin

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- ² ONS (2018). *Population estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2017*. Available from <https://www.ons.gov.uk/releases/populationestimatesforukenglandandwalesscotlandandnorthernirelandmid2017>
- ³ ONS (2018). *Subnational population projections: 2016-based projections*. Available from <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2016based>
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