Services to a neighbourhood (STAN) – Pendle needs assessment

February 2011

Intelligence for Healthy Lancashire (JSNA)

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Introduction and methodology

Introduction

The Lancashire JSNA team were approached by partners for support to complete a needs assessment, which would inform their deployment of a mobile services vehicle, known as STAN (services to a neighbourhood). The aim of STAN is to provide services to those areas of the district with limited access.

The objectives of the needs assessment were therefore twofold:

1. To provide an evidence base which identifies the locations for targeted outreach services in the borough, based upon the population density of "at risk" groups; and

2. To provide the intelligence about the needs of those most at risk groups in the identified locations in terms of their access to services, health and wellbeing, economic deprivation and community safety.

In order to steer the needs assessment, a task and finish group was set up. Membership includes:

- Anita Hall, Service assurance manager - Rossendale Borough Council

- Cathy Lord, Housing strategy and partnership manager - Rossendale Borough Council

- Clive Thomasson, Housing strategy and partnership manager - Pendle Borough Council

- Fiona Meechan – Director of customers and communities - Rossendale Borough Council

- Gemma Barrow, JSNA research officer – Lancashire County Council

- Heather Catt, JSNA research analyst - Lancashire County Council

- Jill Webster, Outreach Coordinator – Help Direct

- Mike Gibbons – Service assurance officer - Rossendale Borough Council

The task and finished group produced a project brief which is divided into two parts:

A - Identify villages in Pendle where older people may experience poor health and isolation.

B – Measure the needs of the population in terms of:
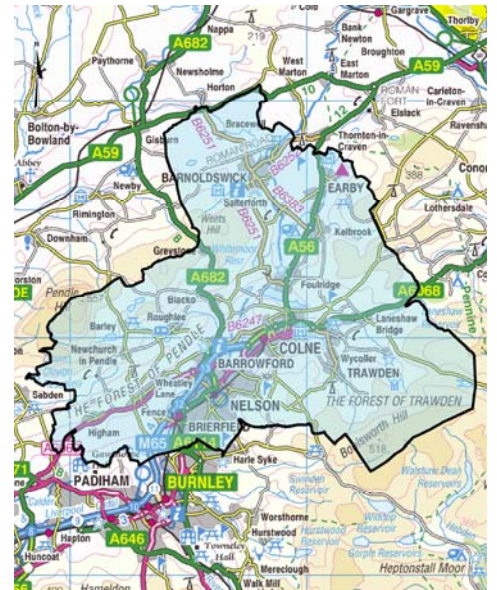
- Fuel poverty

- Health and wellbeing incl. suicide, infant mortality and specific health inequalities in Pendle

- Crime and safety

- Financial inclusion - low income/ high dependency on benefits/ access to financial advice

- Access to services - transport/ rural isolation

- Worklessness

- Older people – cross referenced with other indicators

For the purpose of identifying target areas in both districts these indicators have been grouped into three key areas of need: income, health and access to services. Our definition of access to services includes:

- Physical access – physical mobility, access to a vehicle or public transport, road distance to services, affordability of transport, environment and safety etc.

- Awareness of services and the variety of ways in which to access them.

The analysis in this report will identify areas to target and the key issues in each area so that the services on the bus can be tailored to the needs of local people.

Methodology

For this project we have used Mosaic to identify those people at highest risk in relation to the topic brief. Mosaic Public Sector is a tool devised by Experian which profiles households based upon many aspects of living such as incomes, health and access to services. There are 15 Mosaic groups and 69 sub groups called "types". This information is often used to target services but can also help us understand the lives and needs of a population.

For more information about Mosaic Public Sector please visit the Experian website: www.experian.co.uk/business-strategies/mosaic-uk-2009.html

The methodology used in this analysis was a desk-based approach using data at various geographical levels (depending upon availability) to ultimately create a traffic light style summary of each topic to highlight areas of need for the target areas.

Where possible, the data used for this needs assessment is at lower super output area (LSOA) level. LSOAs are statistical areas set by the Office for National Statistics for use in analysing Census data. They vary in geographical size but are designed have roughly the same number of people of similar characteristics: for LSOAs this is approximately 1,500 people, whilst MSOAs (middle layer super output areas) contain at least 5000 people. Ideally, data at LSOA level would have been used for all indicators, however only very few datasets are available at such a low level and many of these are now quite old, dating back in most cases to the 2001 Census. As a result, we have used some MSOA level data and some ward level data to gain a clearer picture of need in the study area. This may mean that the data may not accurately represent the smaller LSOA areas within the MSOA or ward due to lower level variation. A breakdown of these areas is provided on page 16 showing which MSOA and ward the target LSOAs sit within. A full explanation of these geographical areas is provided by the Office for National Statistics at:

http://www.statistics.gov.uk/geography/beginners_guide.asp

The traffic light summaries present data for LSOA, MSOAs and wards in a single format – the MSOA and ward data is provided in the same format as the LSOA data, that is, under the headings of the target LSOAs so that it is presented in the most relevant way for those using the report. Please see the table on page 16 which highlights the relevant MSOAs and wards for each LSOA. The summaries highlight whether the data is using LSOA, MSOA or ward data. The colourings on the traffic light summaries using MSOA data indicate where a prevalence or incidence rate is statistically significantly higher (red), lower (green) or not statistically significantly different (amber) to the average for the North West Strategic Health Authority (SHA) area based on indirectly standardised ratio. For the LSOA and ward level data in the traffic light summaries, professional judgement was used to assign the red, amber and green colourings based on the England or Lancashire averages. Red indicates where the rate or score is deemed to be notably worse than the benchmark average, green where it is notably better and amber where it is not notably better or worse. A full summary of the traffic light indicators is provided in the appendix.

Identifying the target areas

As the aim of STAN is to improve access to services, the first step in identifying target areas was to exclude any lower super output areas (LSOAs) in or around large towns. This decision was taken by the task and finish group as there is a need to focus on those areas with the poorest access to services, which are likely to be the more rural areas. The term "villages" is used throughout this report to refer to the residual area.

The excluded towns, identified by the task and finish group, are:

- Colne

- Barnoldswick

- Barrowford

- Brierfield

- Earby

- Nelson

Pendle villages
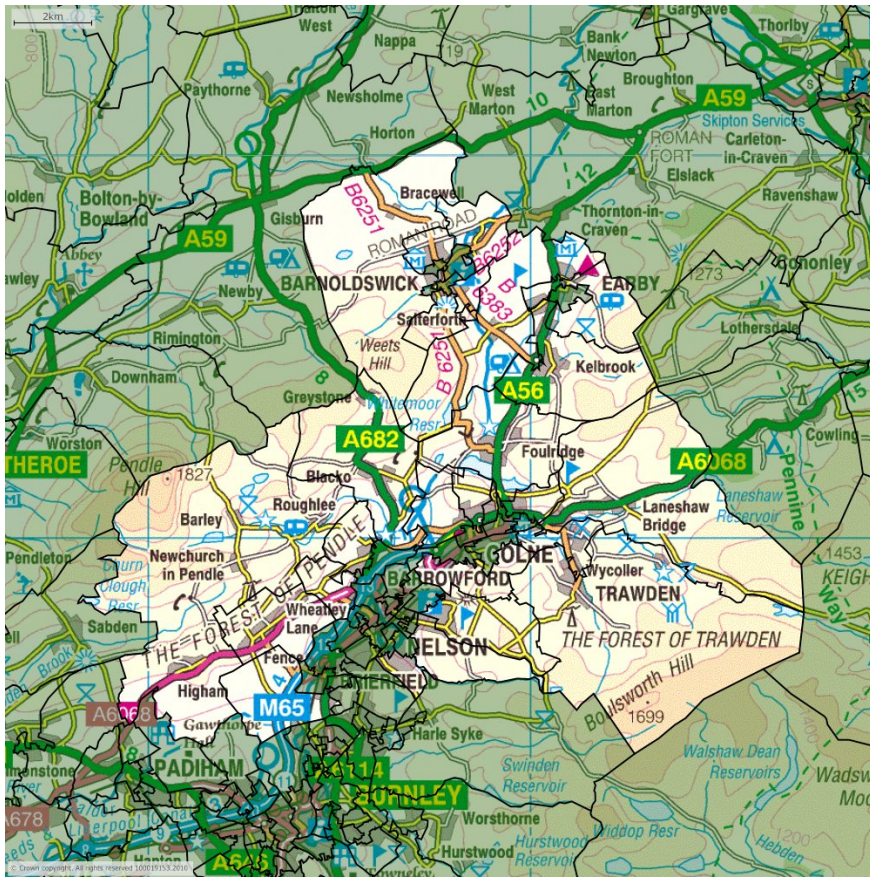
Source: Nomis, August 2010

Mosaic population segmentation

The Mosaic groups which present the biggest risk in terms of income, health and access to services are:

- J – Owner occupiers in older-style housing in ex-industrial areas

- M – Elderly people reliant on state support

- N – Young people renting flats in high density social housing

- O – Families in low-rise social housing with high levels of benefit need.

Groups which present a moderate risk of one or more of the indicator groupings are:

- A – Residents of isolated rural communities

- B – Residents of small and mid-sized towns with strong local roots

- G – Young well-educated city dwellers

- I – Lower income workers in urban terraces in often diverse areas

- K – Residents with sufficient incomes in right-to-buy-social housing

- L – Active elderly people living in pleasant retirement locations.

The other Mosaic groups, those which pose little or no risk in terms of the project indicators, are:

- C – Wealthy people living in the most sought after neighbourhoods

- D – Successful professionals living in suburban or semi-rural homes

- E – Middle income families living in moderate suburban semis

- F – Couples with young children in comfortable modern housing

- H – Couples and young singles in small modern starter homes

The following charts set out the proportion of the population of the Pendle and its villages that fall into each Mosaic group. The high risk groups are shown in red, the moderate risk groups in orange; groups at very low risk are shown in green.

Pendle
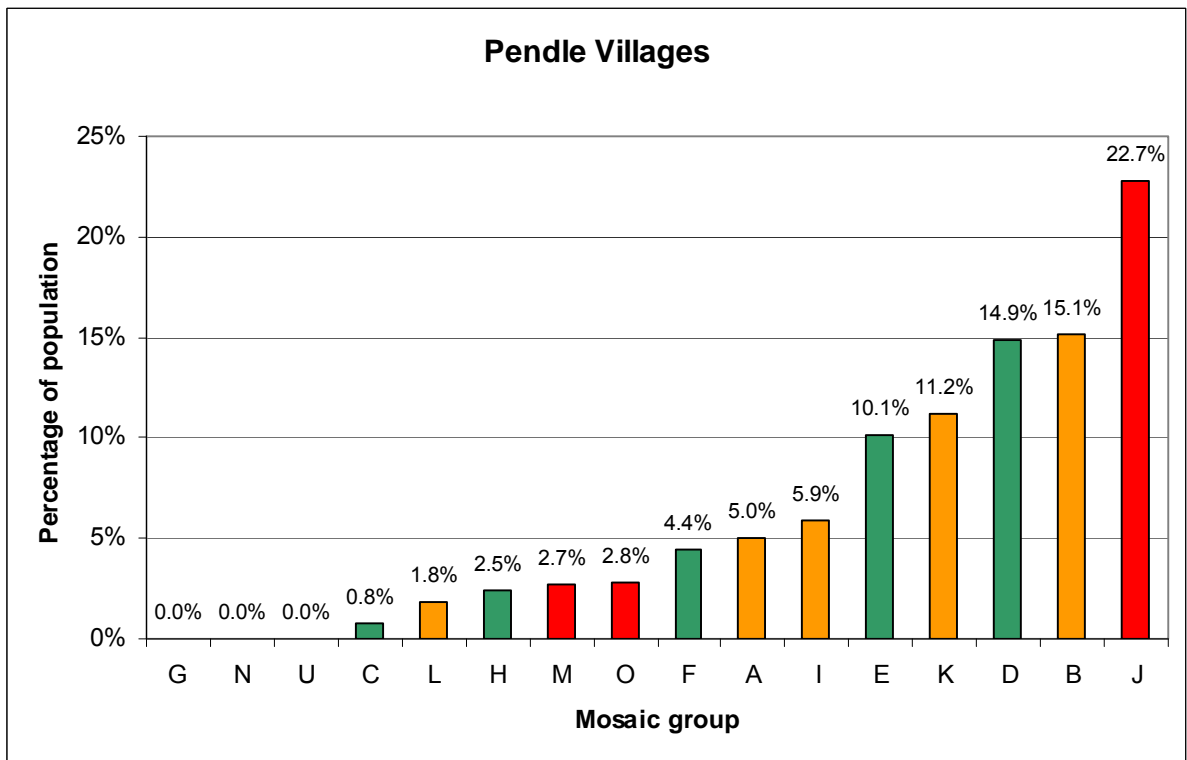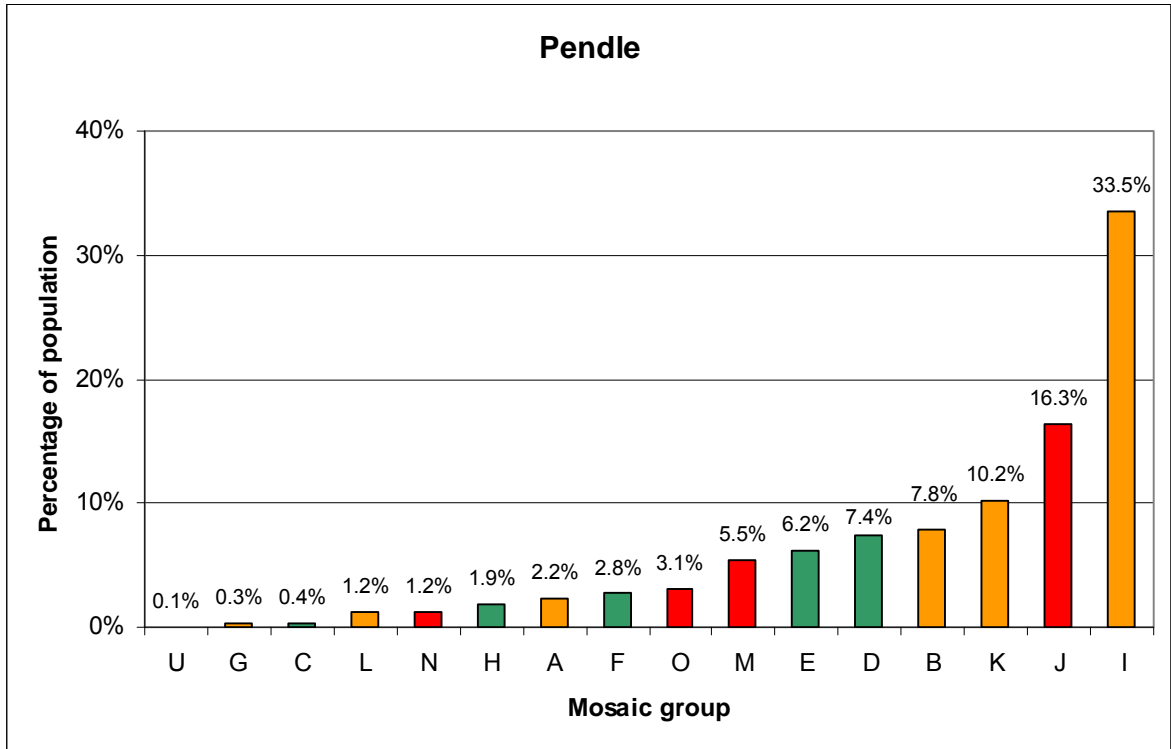
Pendle Villages

Each of the Mosaic groups contains three or more sub groups or "types". The charts below show the proportion of the population in Pendle and its villages that fall into each type.

Pendle
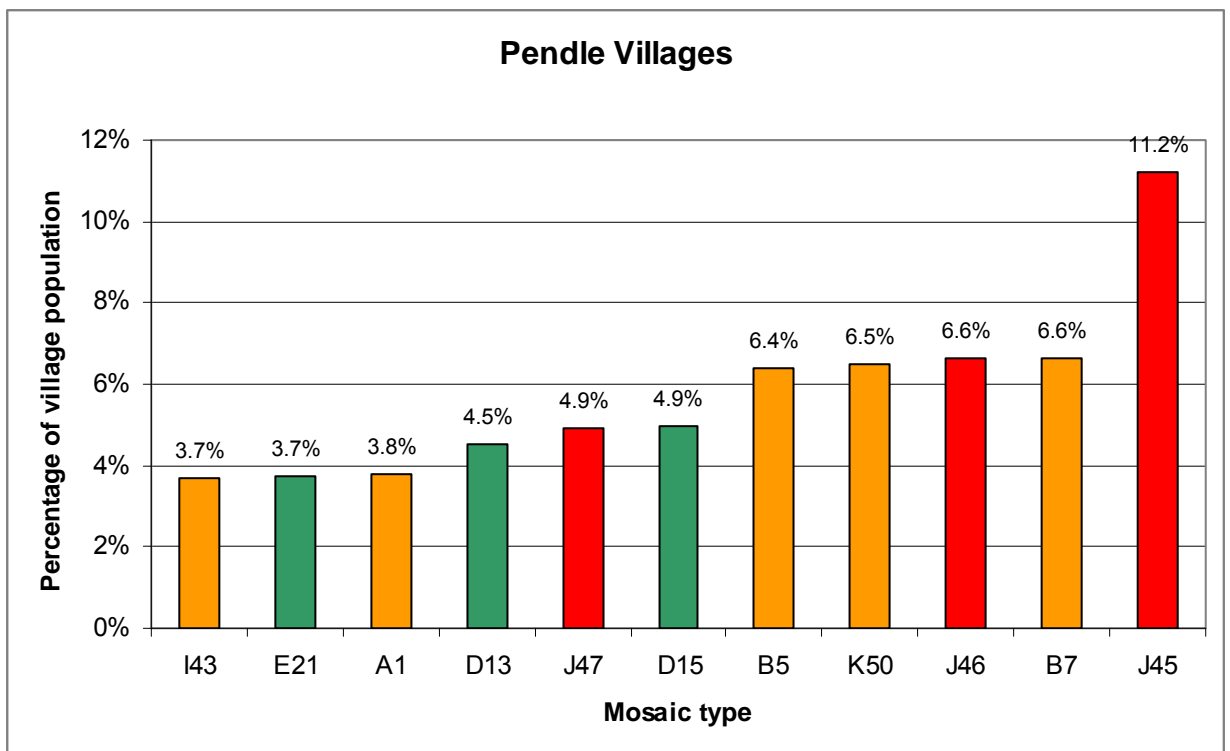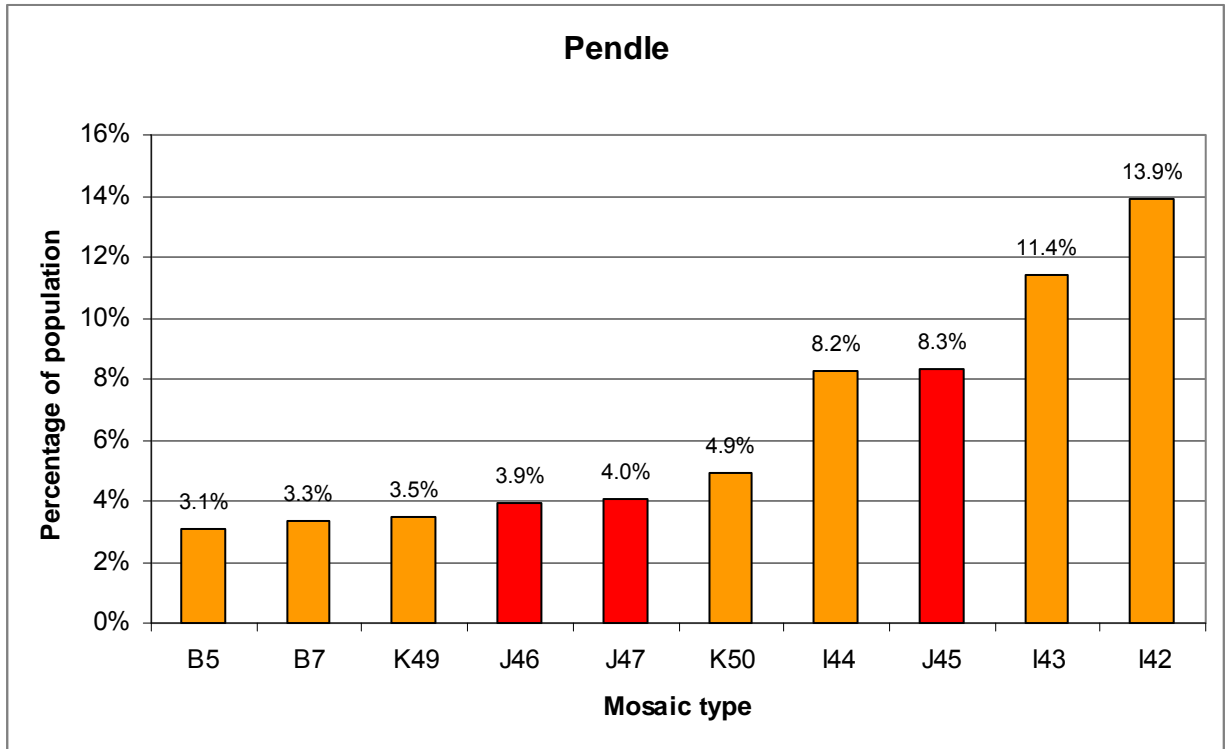
Pendle Villages

The most commonly occurring Mosaic types in the Pendle villages are set out in the table below:

Mosaic type	Needs
A1 – Rural families with high incomes, often from city jobs	High incomes, good health, isolated
B5 – Better off empty nesters in low density estates on town fringes	High incomes, possible future health needs, good access to services
B7 - Empty nester owner occupiers making little use of public services	Reasonable incomes, possible future health needs, low need for services

D13 – Higher income older champions of village communities	High incomes, good health, isolation
D15 – Well off commuters living in spacious houses in semi rural settings	High incomes, good health, high need for services, fairly good access
E21 – Middle aged families living in less fashionable inter war suburban semis	Mid to lower incomes, possible future health need, high need for services, good access
I43 - Older town centre terraces with transient, single populations	Low incomes, poor mental health, high need for services, poor access
J45 – Low income communities reliant on low skill industrial jobs	Low incomes, poor health, high need for services, poor access
J46 – Residents in blue collar communities revitalised by commuters	Modest incomes, possible future health needs, good access
J47 – Comfortably off industrial workers owning their own homes	Reasonable incomes, possible future health needs, possible future increase in need for services
K50 – Older families in low value housing in traditional industrial areas	Moderate incomes, poor health, high need for services, poor access

High risk types

Eight of the types listed in the above are people who will experience substantial difficulties in terms of income, health and access to services. These are highlighted in blue above and have been mapped below at LSOA level to show where high proportions of people in these groups are resident. Additional maps of the other Mosaic groups are included in the appendix.
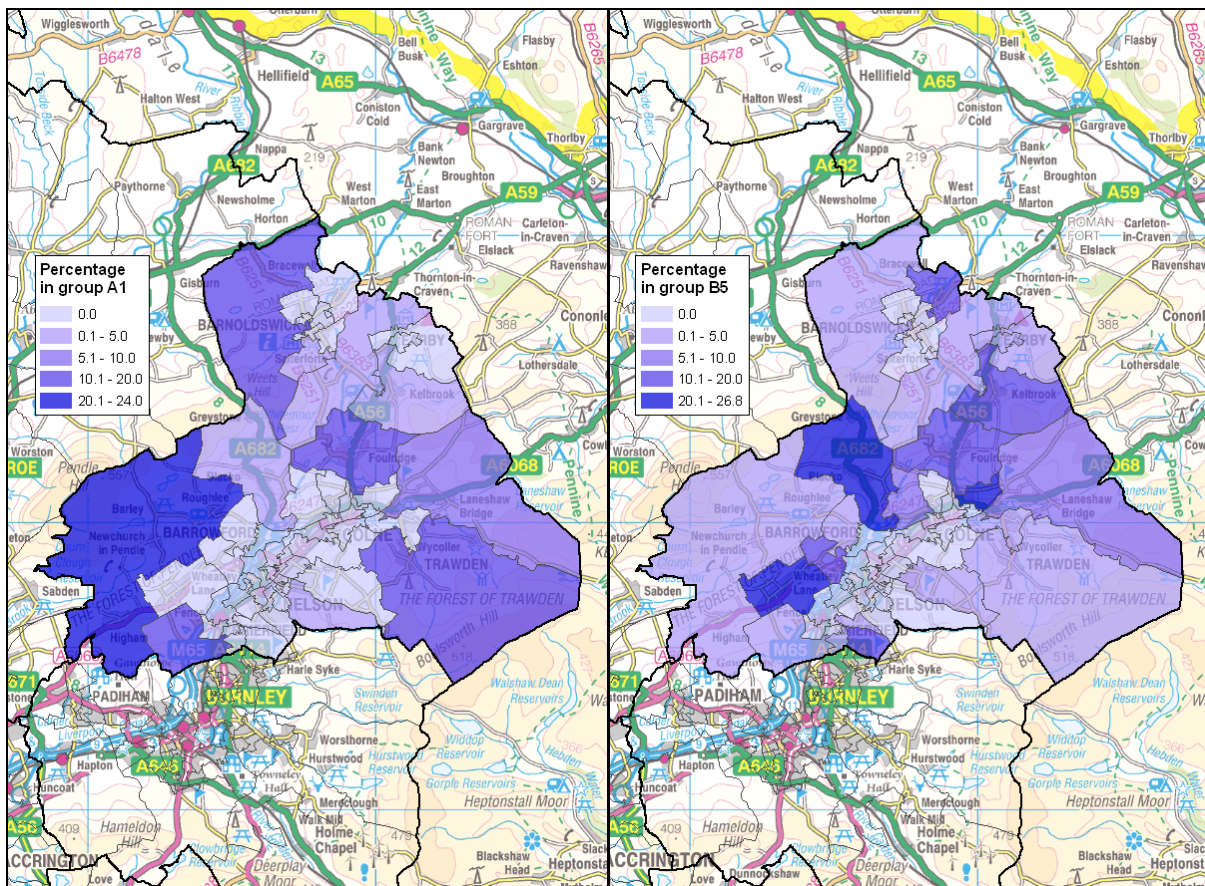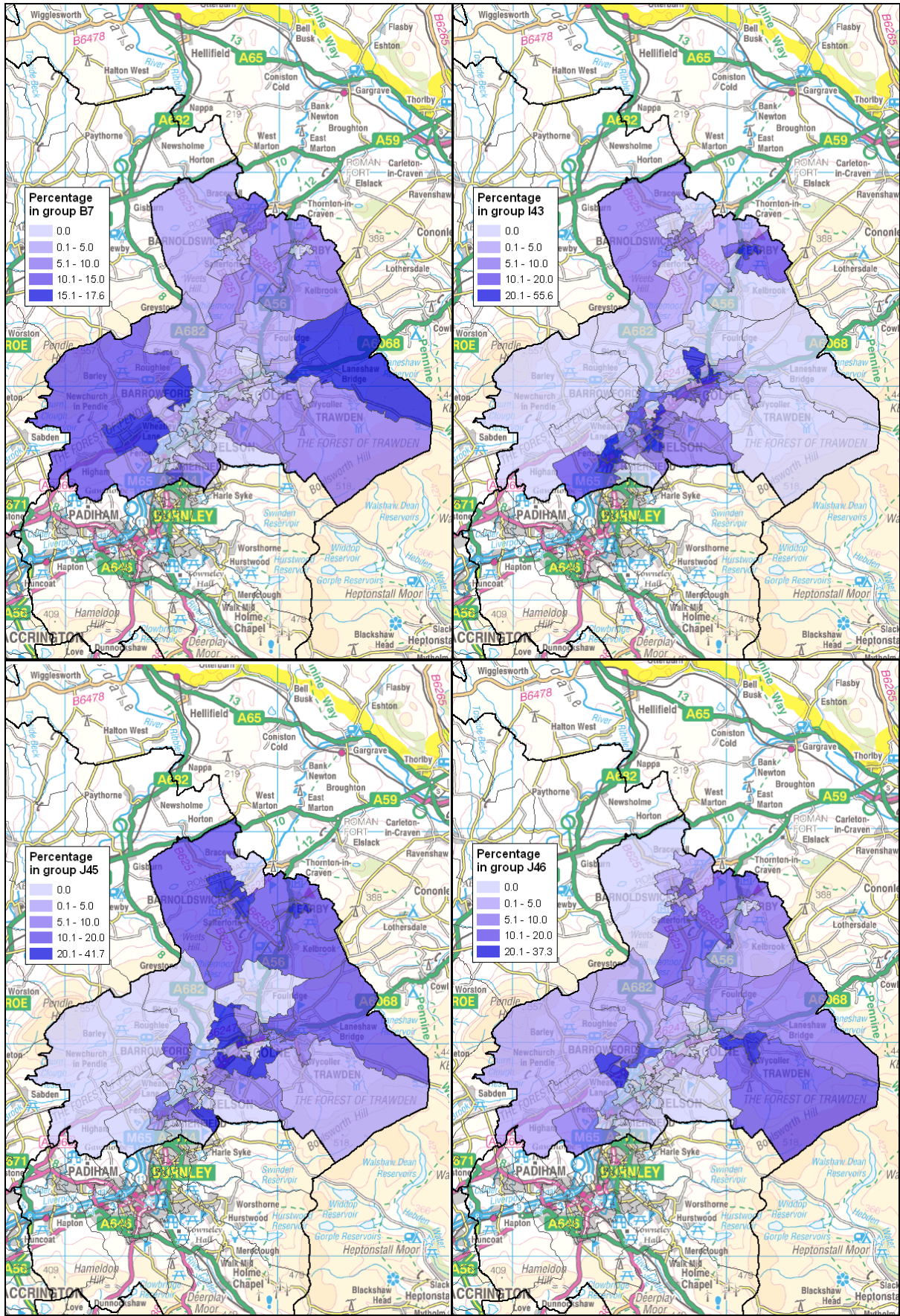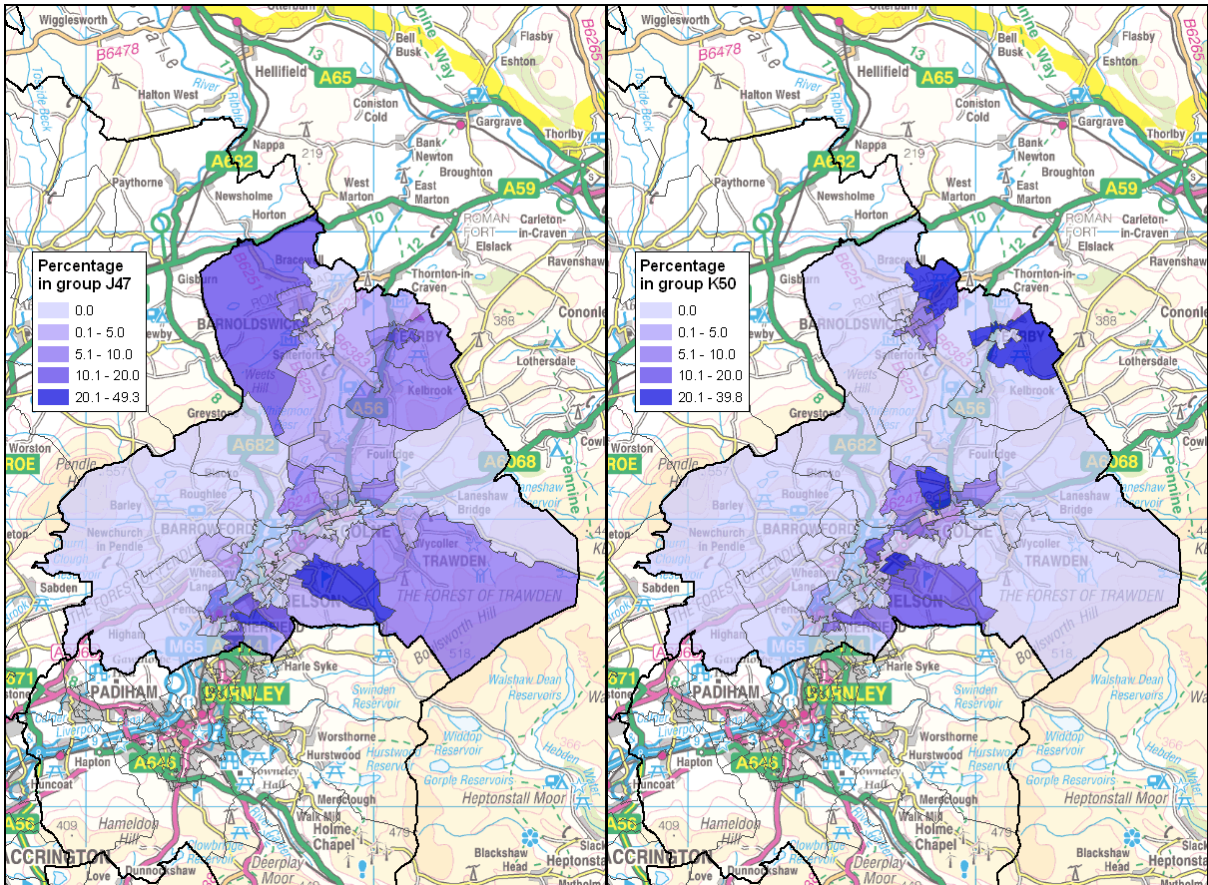
Pendle LSOAs by high risk MOSAIC types
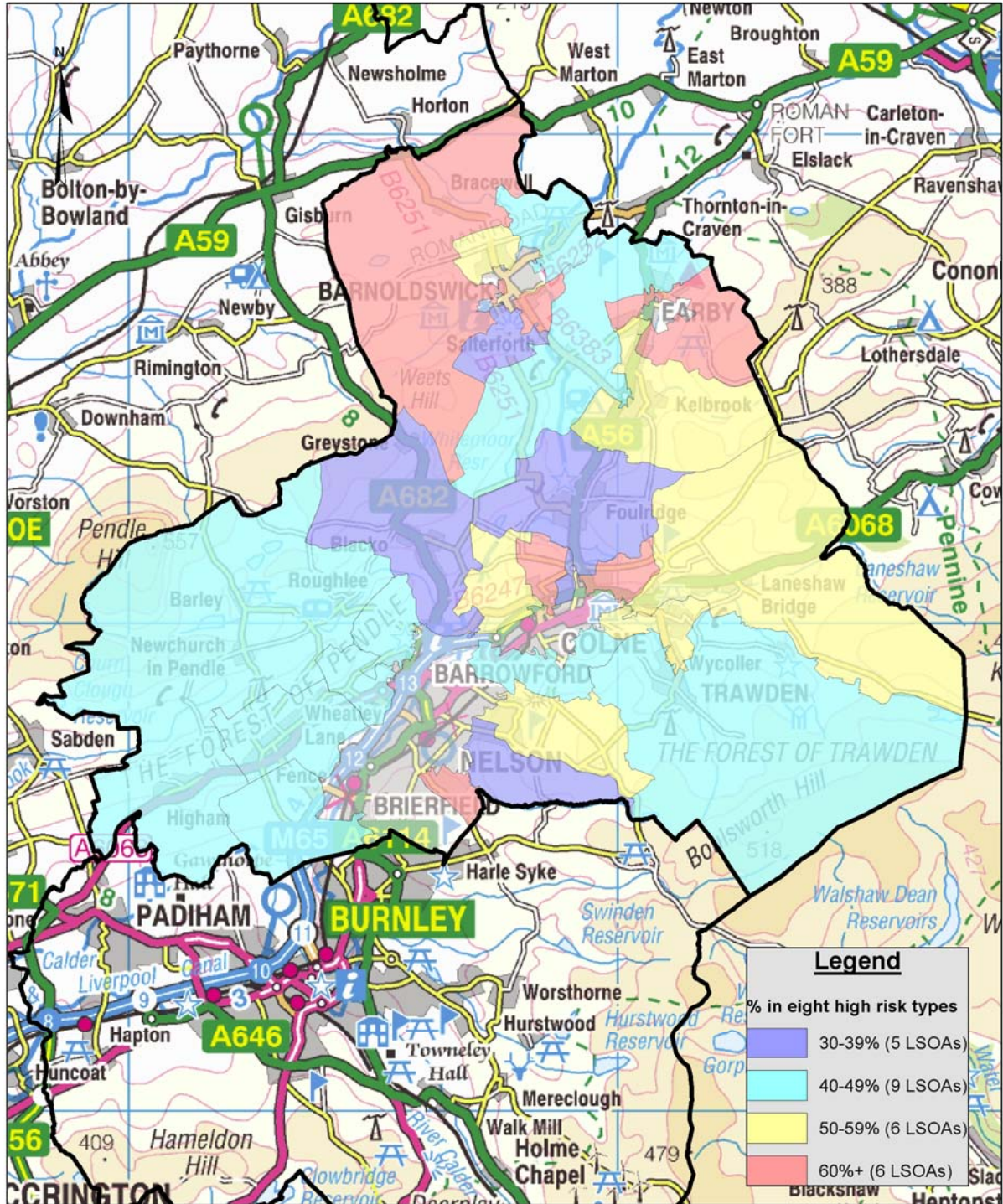
In order for the task and finish group to identify which areas to target with the STAN bus, the LSOAs in Pendle were ranked according to their level of risk based on the Mosaic analysis. The rest of the analysis in this report focuses the chosen LSOAs which are shaded blue in the table

below. As STAN is a shared resource for three districts, it is only available on a rota basis so it is important to be able to target the service at the areas of highest need. Consequently, the decision was made to focus the needs assessment on the six highest risk LSOAs (those with more than 60% prevalence of the high risk Mosaic types):

LSOA code	LSOA name	Population	% in eight high risk types	Grouping
E01025200	Pendle 003B	1512	70.4%	70%+
E01025206	Pendle 004B	1193	66.1%	60-69%
E01025197	Pendle 002C	1393	66.1%	60-69%
E01025221	Pendle 005B	1548	66.0%	60-69%
E01025190	Pendle 012B	1553	65.7%	60-69%
E01025198	Pendle 002D	1463	63.3%	60-69%
E01025209	Pendle 012C	1722	58.0%	50-59%
E01025191	Pendle 001A	1296	56.3%	50-59%
E01025179	Pendle 006B	1500	54.9%	50-59%
E01025202	Pendle 003D	1492	53.4%	50-59%
E01025222	Pendle 005C	1482	52.6%	50-59%
E01025178	Pendle 006A	1904	51.6%	50-59%
E01025213	Pendle 013D	1144	47.1%	40-49%
E01025193	Pendle 001C	1577	47.0%	40-49%
E01025180	Pendle 006C	1743	46.8%	40-49%
E01025228	Pendle 007C	1634	45.8%	40-49%
E01025174	Pendle 008A	1501	44.2%	40-49%
E01025211	Pendle 008F	1657	43.3%	40-49%
E01025199	Pendle 003A	1503	42.6%	40-49%
E01025204	Pendle 008E	1541	42.4%	40-49%
E01025175	Pendle 008B	1662	41.2%	40-49%
E01025203	Pendle 006D	1724	38.5%	30-39%
E01025195	Pendle 002A	1327	37.0%	30-39%
E01025177	Pendle 008D	1771	35.6%	30-39%
E01025216	Pendle 012D	1697	33.3%	30-39%
E01025220	Pendle 005A	1487	32.8%	30-39%

The map below shows the chosen target area:

Pendle target area

LSOA code	Name
E01025190	Pendle 012B
E01025197	Pendle 002C
E01025198	Pendle 002D
E01025200	Pendle 003B
E01025206	Pendle 004B
E01025221	Pendle 005B

Legend

Targeted LSOAs

MSOA
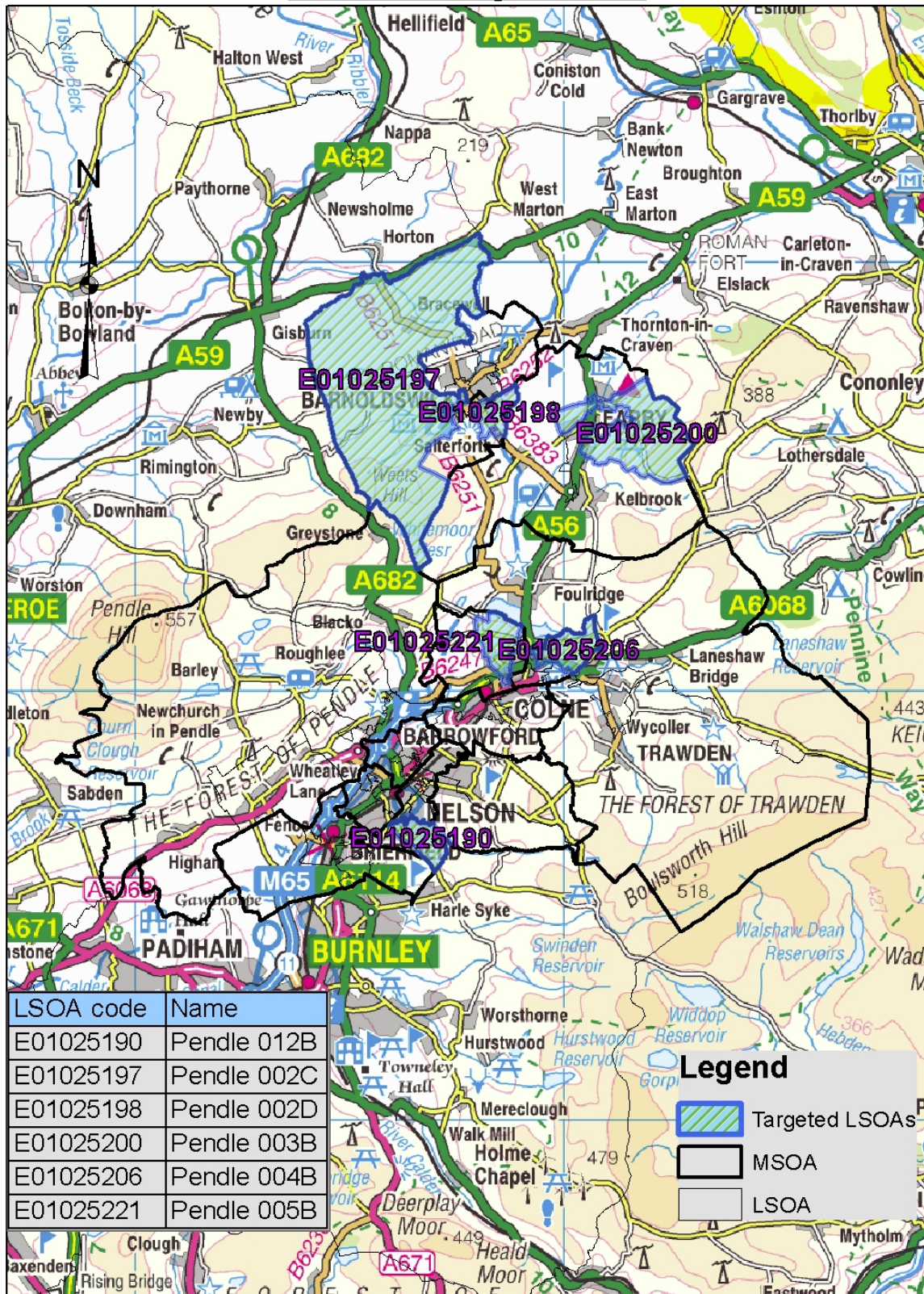
LSOA

Produced by the Lancashire JSNA team 13/09/2010
The target LSOAs were chosen based upon their level of risk according to Mosaic segmentation analysis based upon the project indicators.

Unfortunately, there is limited data available at LSOA level and some of this dates back to the last Census in 2001, so for some of the analysis which follows we have made use of ward and MSOA level data. This table, and the maps which follow, serve as a reference for the wards and MSOAs which include the targeted LSOAs.

District	Targeted LSOA		MSOAs which include the target LSOAs			Wards which include the target LSOAs	
	Code	Name	Code	Name	Description	Code	Name
Pendle	E01025190	Pendle 012B	E02005251	Pendle 012	Marsden Hights	30UJGB	Clover Hill
Pendle	E01025197	Pendle 002C	E02005241	Pendle 002	Craven	30UJGD	Craven
Pendle	E01025198	Pendle 002D	E02005241	Pendle 002	Craven	30UJGD	Craven
Pendle	E01025200	Pendle 003B	E02005242	Pendle 003	Earby and Kelbrook	30UJGE	Earby
Pendle	E01025206	Pendle 004B	E02005243	Pendle 004	Horsfield	30UJGH	Horsfield
Pendle	E01025221	Pendle 005B	E02005244	Pendle 005	Vivary Bridge	30UJGN	Vivary Bridge

Pendle target area and MSOA boundaries
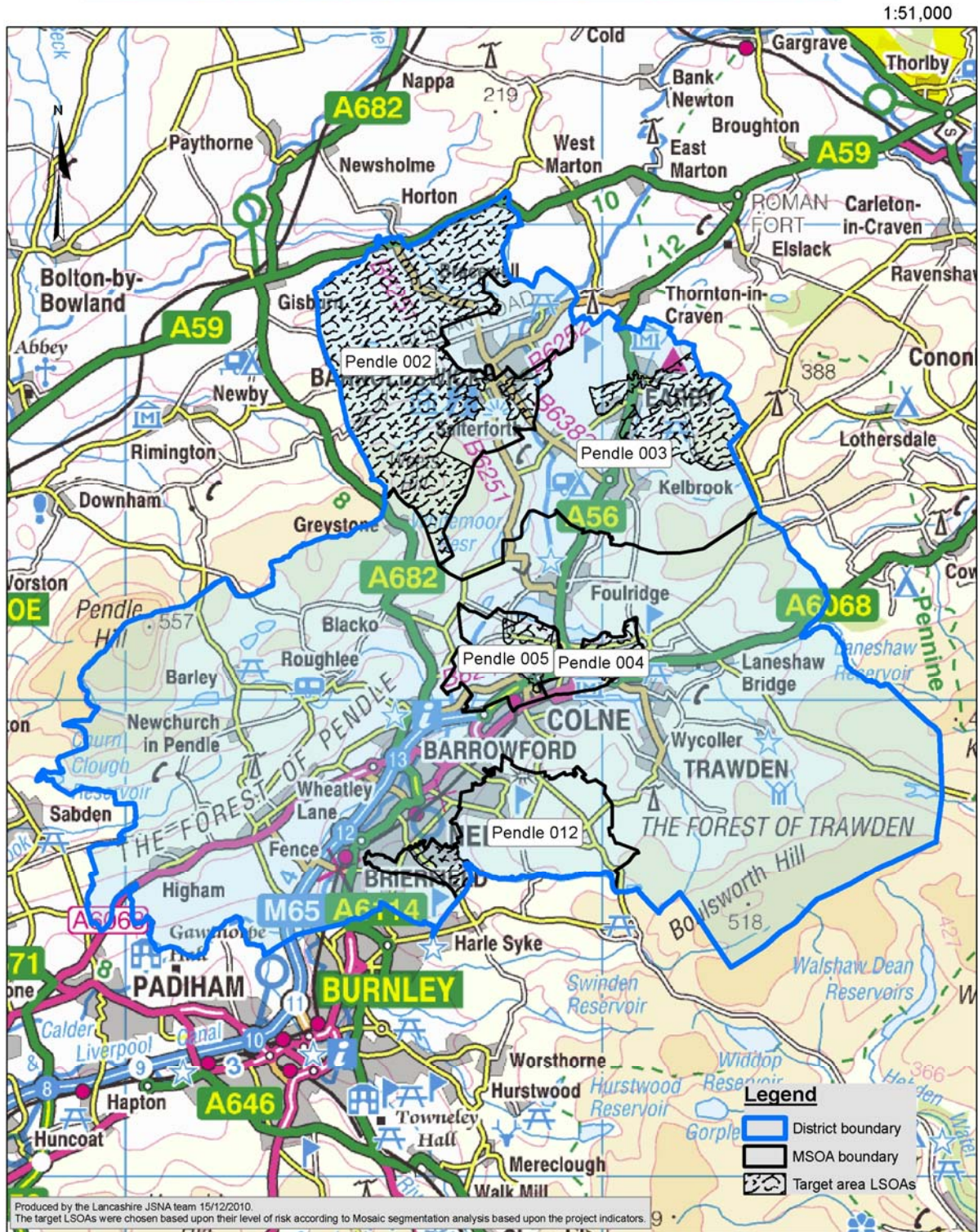
Pendle target area and ward boundaries

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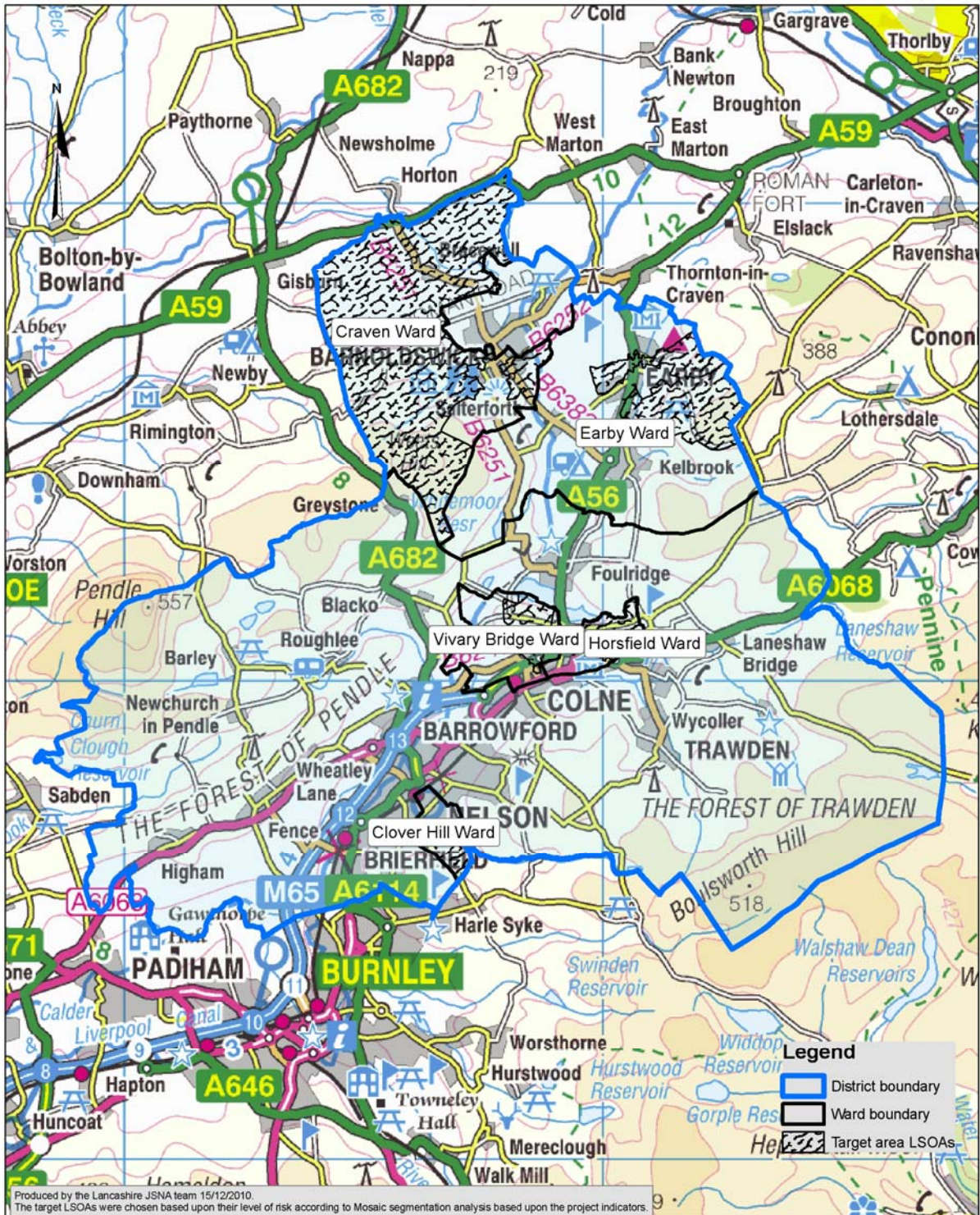
Current needs

This section covers the current needs identified for the target areas using nationally available data. As discussed in the methodology, where possible, the data is included for LSOAs. Where not available data for the corresponding MSOAs and wards is used.

Demography

Population by age group

Pendle target area population by age group %

	0-15	16-29	30-44	45-59/64	60/65+
Target area	18.4%	17.4%	18.5%	24.8%	20.9%
Pendle	20.4%	18.3%	19.4%	23.2%	18.7%
Lancashire 14	19.0%	18.2%	19.7%	22.8%	20.3%
England	18.8%	18.8%	21.3%	22.0%	19.1%

Source: Office for National Statistics, Mid-year population estimates 2008
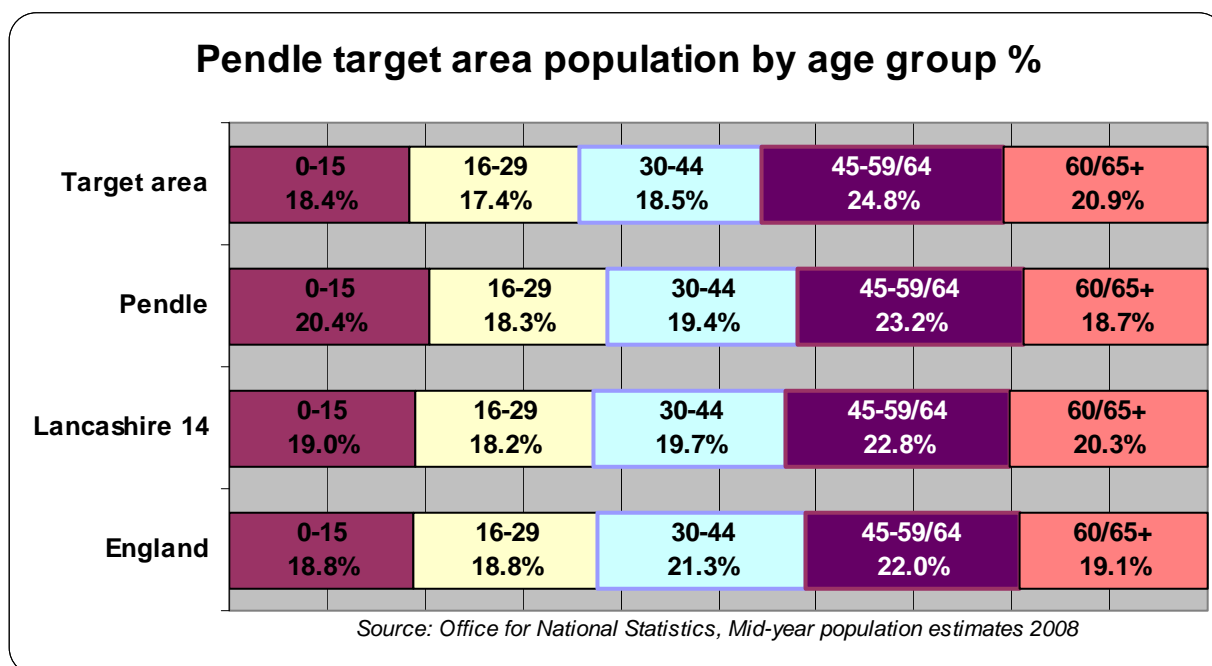
The population of the target area is slightly older than that of Pendle as a whole with more than 45% over the age of 45. This compares to just over 41% nationally and just over 43% in the Lancashire sub-region. The 45-59/64 age group (which shows the female population aged 45 to 59 years and the male population aged 45 to 64 years) is the largest, accounting for almost a quarter of the target area population.

Access to services

The chart below shows the score for each LSOA in the target area for the 'barriers to housing and services' domain of the Indices of Deprivation; a higher score indicates greater deprivation. Pendle 004B fares worst in this domain out of all the target area LSOAs, although its score is still in line with the Lancashire 14 average and better than the average score for England. The chart also highlights inequalities throughout the target area with scores ranging from 0.5 in Pendle 002D to 14.6 in Pendle 004B.

Barriers to housing and services

Area	Score
England average	21.3
North West average	16.0
Lancashire 14 average	14.6
Lancashire 12 average	14.3
Pendle 004B	14.6
Pendle 002C	9.5
Pendle 012B	9.3
Pendle 003B	7.1
Pendle 005B	6.0
Pendle 002D	0.5

Barriers to housing and services score/average score (where higher scores indicate greater deprivation)

Source: Indices of deprivation 2007, Department for Communities and Local Government

Traffic light summary

The 2001 Census reveals that Pendle 005B has significantly more households with no cars or vans compared to the England average. The barriers to housing and services domain (shown in the chart above) is made up of a number of indicators including the road distances to key amenities. The traffic light table below shows four of these indicators. We can see that people living in Pendle 012B have to travel significantly further to reach a GP practice than majority of people in England.

Claimants of the higher rate mobility component of Disability Living Allowance will be people who have difficulty getting around unaided; for some this may be impossible. The claimant rate for the higher rate mobility component of is not significantly higher than the national average in three of the target LSOAs, whilst the other three LSOAs have a significantly lower claimant rate.

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	Lancashire average	England average
Percentage of households with no cars or vans (LSOA)	18	30	23	20	33	18	-	27
Rank of Barriers to Housing and Services Score (out of 32483 LSOAs in England) (LSOA)	28287	32480	30274	22898	31003	28560	-	-
Population Weighted Average Road Distance to a Primary School (LSOA)	1.0	0.4	0.9	1.1	0.7	0.6	0.8	0.9
Population Weighted Average Road Distance to a Food Store (LSOA)	0.9	0.4	0.8	1.1	0.5	1.3	1.2	1.3
Population Weighted Average Road Distance to GP Premises (LSOA)	1.1	0.4	0.8	1.4	1.2	1.8	1.5	1.5
Population Weighted Average Road Distance to a Post Office (LSOA)	0.9	0.5	0.8	1.1	0.9	0.7	1.0	1.1
Disability Living Allowance High Rate for Mobility Component (DLAHR) Benefit Claimants (MSOA)	Lower	Lower	Lower	Not sig	Not sig	Not sig	-	-

LSOA data source: Office for National Statistics; Communities and Local Government
MSOA data source: NWPHO Health Profiler Tool. Statistically significant differences from SHA average based on indirectly standardised ratio. NWPHO

Ward level data:

This section looks at uptake of screening and immunisation programmes in each of the target area wards compared to the East Lancashire Primary Care Trust (PCT) area.

Clover Hill ward (surrounding Pendle 012B):

Uptake of cervical screening in Clover Hill are not as high as in the rest of East Lancashire. The MSOA data shows no significant difference in hospitalised incidence for cervial cancer at the moment but hightening awareness of this screening service in the local area would be beneficial in the long run. Uptake of MMR vaccination is lower in most areas at age 5 than at age 2. The decrease in MMR uptake at age 5 compared to age 2 is fairly normal althought the uptake at age 5 is lower here than in the East Lancashire PCT area.

The low uptake of GP-provided services in Clover Hill may be in part due to the distance people in parts of the ward have to travel to their nearest GP practice, as is the case with our target LSOA Pendle 012B (see LSOA summary above).

	Breast Screening Coverage Rates	Cervical Screening Coverage Rates - 3yr	Cervical Screening Coverage Rates - 5 yr	MMR - % Uptake at age 2	% Uptake at age 5
☐ Ward	69.5%	54.9%	73.5%	93.1%	72.4%
◆ PCT	70.0%	61.4%	78.7%	91.3%	80.2%
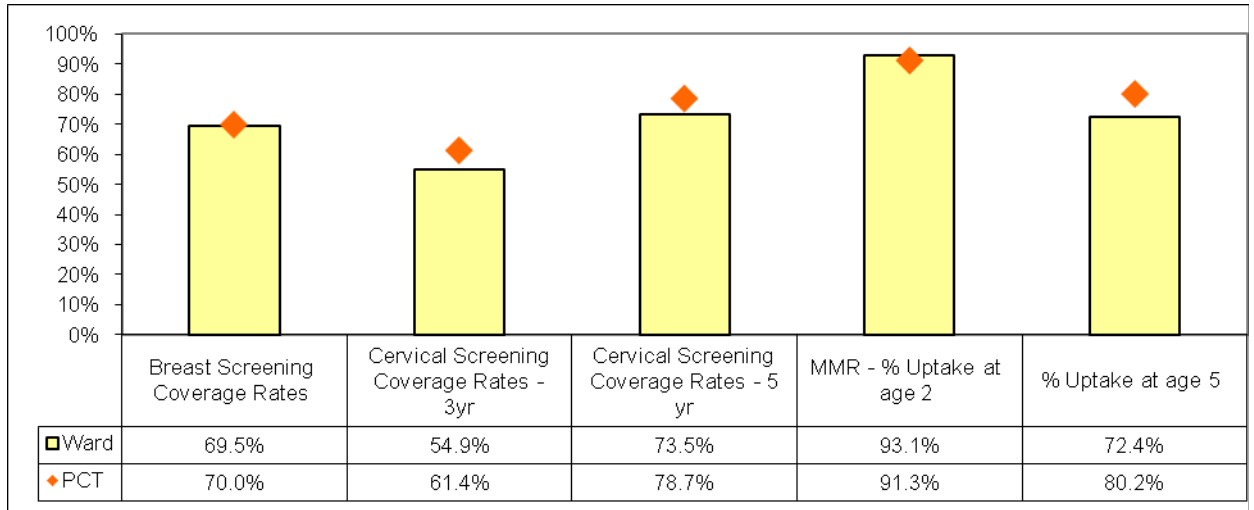
Source: NHS East Lancashire

Craven ward (surrounding Pendle 002C and 002D):

Uptake of MMR vaccination at age 2 in Craven ward is low compared to the rest of the PCT area but catches up by age 5. This late uptake is not ideal because the earlier the vaccination is taken, the lower the risk of contracting measles, mumps or rubella.

	Breast Screening Coverage Rates	Cervical Screening Coverage Rates - 3yr	Cervical Screening Coverage Rates - 5 yr	MMR - % Uptake at age 2	% Uptake at age 5
☐ Ward	74.5%	59.6%	76.9%	85.1%	85.7%
◆ PCT	70.0%	61.4%	78.7%	91.3%	80.2%
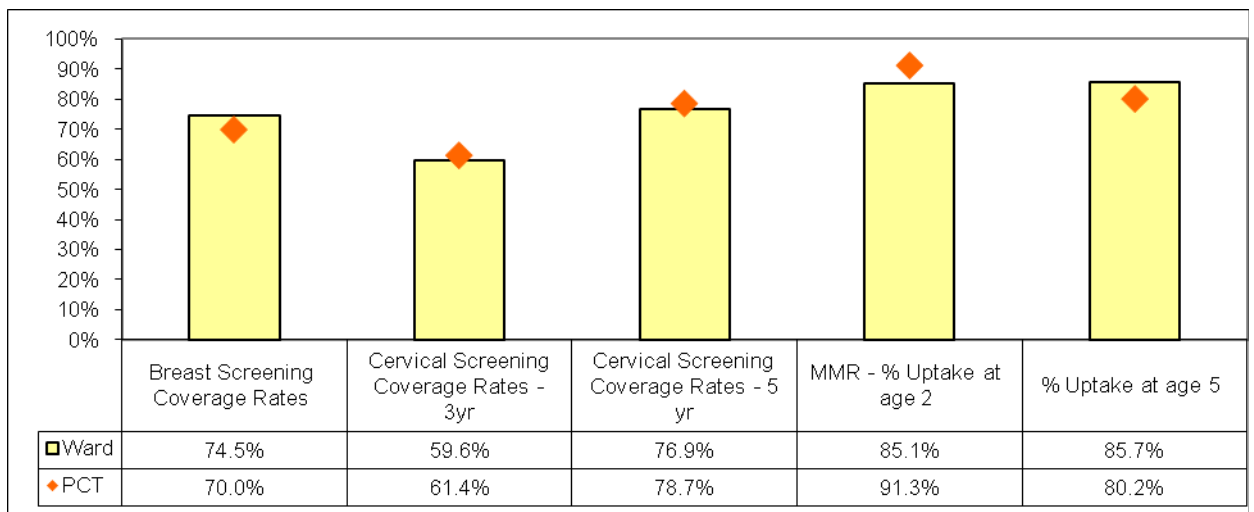
Source: NHS East Lancashire

Earby ward (surrounding Pendle 003B):

Uptake of all these screening services in Earby ward is either average or good compared to the PCT rate.

	Breast Screening Coverage Rates	Cervical Screening Coverage Rates - 3yr	Cervical Screening Coverage Rates - 5 yr	MMR - % Uptake at age 2	% Uptake at age 5
☐ Ward	75.0%	60.0%	78.5%	95.1%	89.4%
◆ PCT	70.0%	61.4%	78.7%	91.3%	80.2%
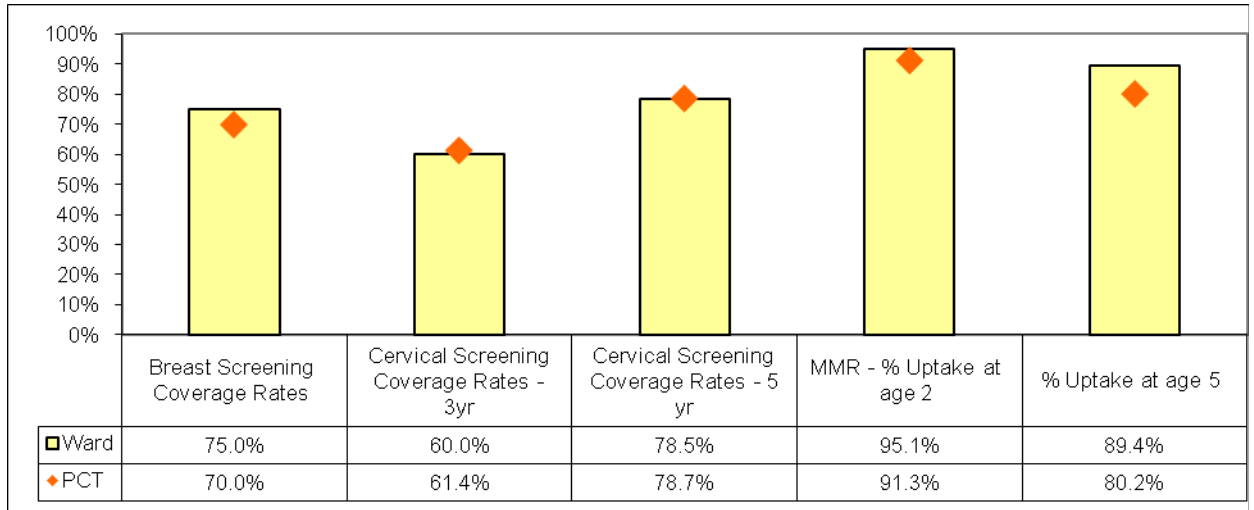
Source: NHS East Lancashire

Horsfield ward (surrounding Pendle 004B):

Promotion of all screening services would be beneficial in Horsfield ward as uptake is relatively low compared to East Lancashire as a whole. People may be unable or unwilling to access screening services or may just not know they exist.

	Breast Screening Coverage Rates	Cervical Screening Coverage Rates - 3yr	Cervical Screening Coverage Rates - 5 yr	MMR - % Uptake at age 2	% Uptake at age 5
☐ Ward	64.9%	59.3%	76.4%	90.9%	71.4%
◆ PCT	70.0%	61.4%	78.7%	91.3%	80.2%
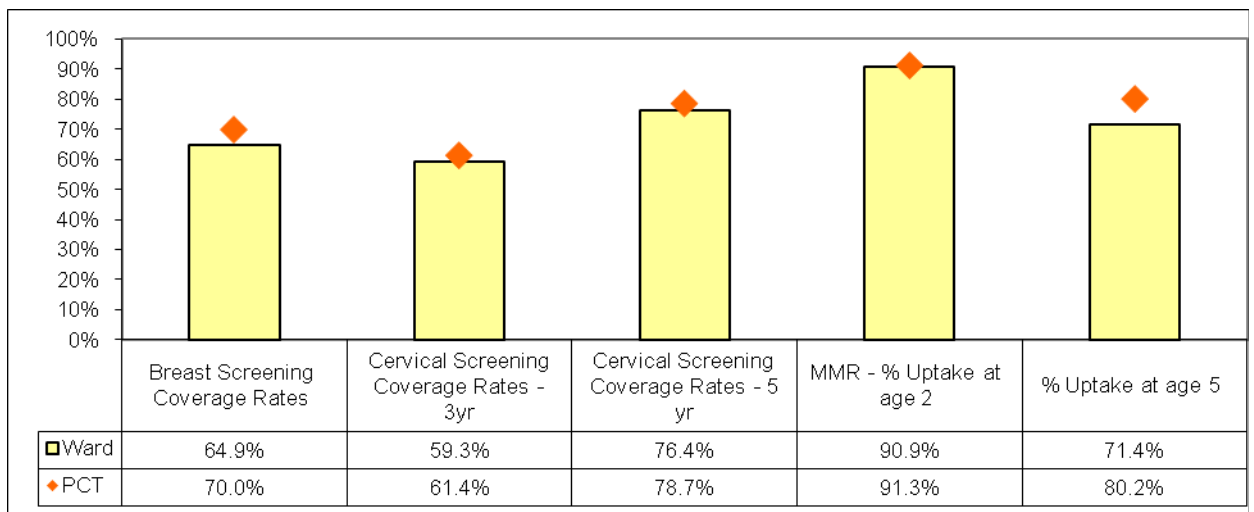
Source: NHS East Lancashire

Vivary Bridge ward (surrounding Pendle 005B):

Uptake of all of these screening services, especially breast screening are low in Vivary Bridge ward compared to the PCT area and promotion of these services would again be advisable.

	Breast Screening Coverage Rates	Cervical Screening Coverage Rates - 3yr	Cervical Screening Coverage Rates - 5 yr	MMR - % Uptake at age 2	% Uptake at age 5
□ Ward	65.0%	60.6%	77.3%	89.2%	78.9%
◆ PCT	70.0%	61.4%	78.7%	91.3%	80.2%
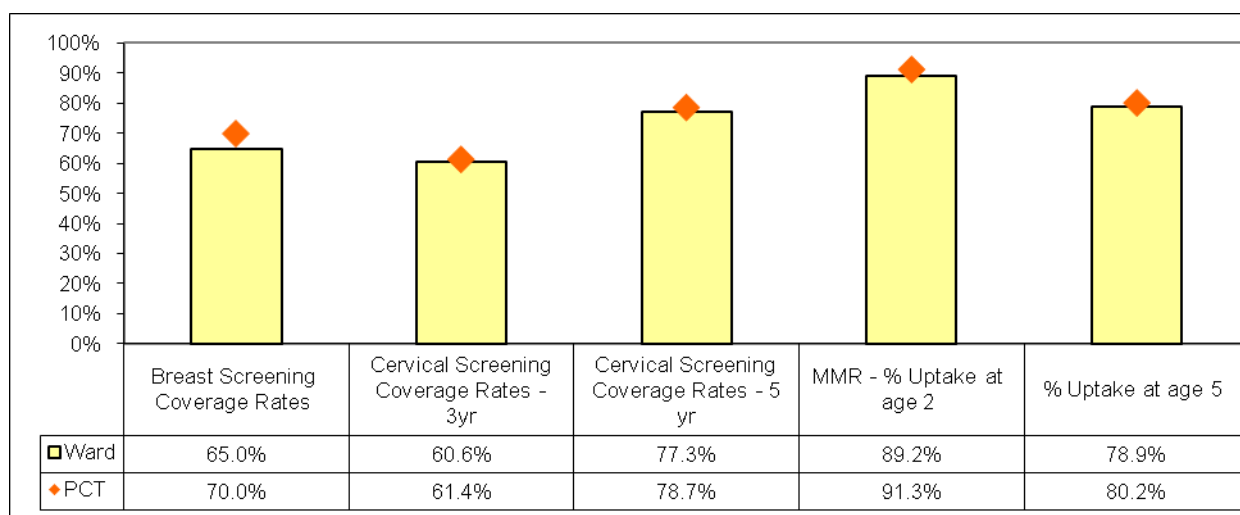
Source: NHS East Lancashire

Access to services summary

- A third of all households in Pendle 005B have no access to a car or van.

- In Pendle 012B, the average road distance to a GP practice is 1.8 miles - 20% further than the national average.

- There is wide variation across the target area in terms of barriers to housing and services.

- Low uptake of screening and immunisation services exists in parts of the target area.

Community safety

Traffic light summary

There is a significantly high incidence of hospitalisation due to accidents in half of the target area. There also appears to be a problem with violence in Pendle 005B.

The most common causes of admissions for accidents in the wider district area between October 2009 and September 2010 were as follows:

1. Poisoning by 4-Aminophenol derivatives*

2. Fracture of neck of femur†

3. Unspecified injury of head

4. Fracture of lower end of radius

5. Fracture of nasal bones

Source: Hospital Episode Statistics

*4-Aminophenol derivatives include Paracetamol. We do not know how many of these poisonings were accidental and how many were intentional and this data is for the whole of Pendle district, not specifically the target area. However, knowing that these types of medicines are being misused or abused in the district means measures can be put in place to educate local residents about the dangers associated with overdose. Mental wellbeing support and signposting would be advisable in areas where prevalence of depression is also high as this can lead to intentional self-harm or suicide if untreated.

†Fracture of the neck of the femur is associated with falls, especially in older people. Hip fractures are associated with substantial morbidity and mortality; approximately 15-20% of patients die within 1 year of sustaining this type of injury.

Pendle 005B, near Colne, has a significantly high incidence of hospital admissions due to violence. Crime rates are generally higher in towns and cities but the incidence rate here is significantly higher than the North West average.

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B
Accidents Hospitalised Incidence (MSOA)	Lower	Lower	Lower	Higher	Higher	Higher
Violence Hospitalised Incidence (MSOA)	Not sig	Not sig	Not sig	Not sig	Higher	Not sig
All reported crime (ward)	174	174	234	50	68	73
Burglary other than from a dwelling (ward)	104	104	162	47	16	84
Damage to vehicles (ward)	104	104	221	62	72	83
Other stealing (ward)	171	171	171	47	109	148
Theft from a vehicle (ward)	64	64	99	20	18	39
Assault with less serious injury (ward)	146	146	191	48	107	95

Ward data source: Lancashire Constabulary/MADE, Rank of L14 rate per 1,000 population, where a low number indicates a high rate.
MSOA data source: NWPHO Health Profiler Tool. Statistically significant differences from SHA average based on indirectly standardised ratio.

Generally, the higher crime rates in Pendle are in the areas surrounding the M65. Half of the target area LSOAs are in this zone. The table below shows ward level significance of the total crime rate and the top five most common crimes in Pendle throughout the target area compared to the Lancashire 14 average. The most common crimes in Pendle are mainly those involving theft and vehicle related crime.

Pendle 004B and 005B have the highest rates of Pendle's most commonly occurring crimes, especially 004B which has significantly higher rates of all but one. Awareness about vehicle safety,

including use of garages where available, could be promoted across the target area in order to reduce the risk of vehicle related crime.

This map shows the rate of all crime at ward level for Pendle.
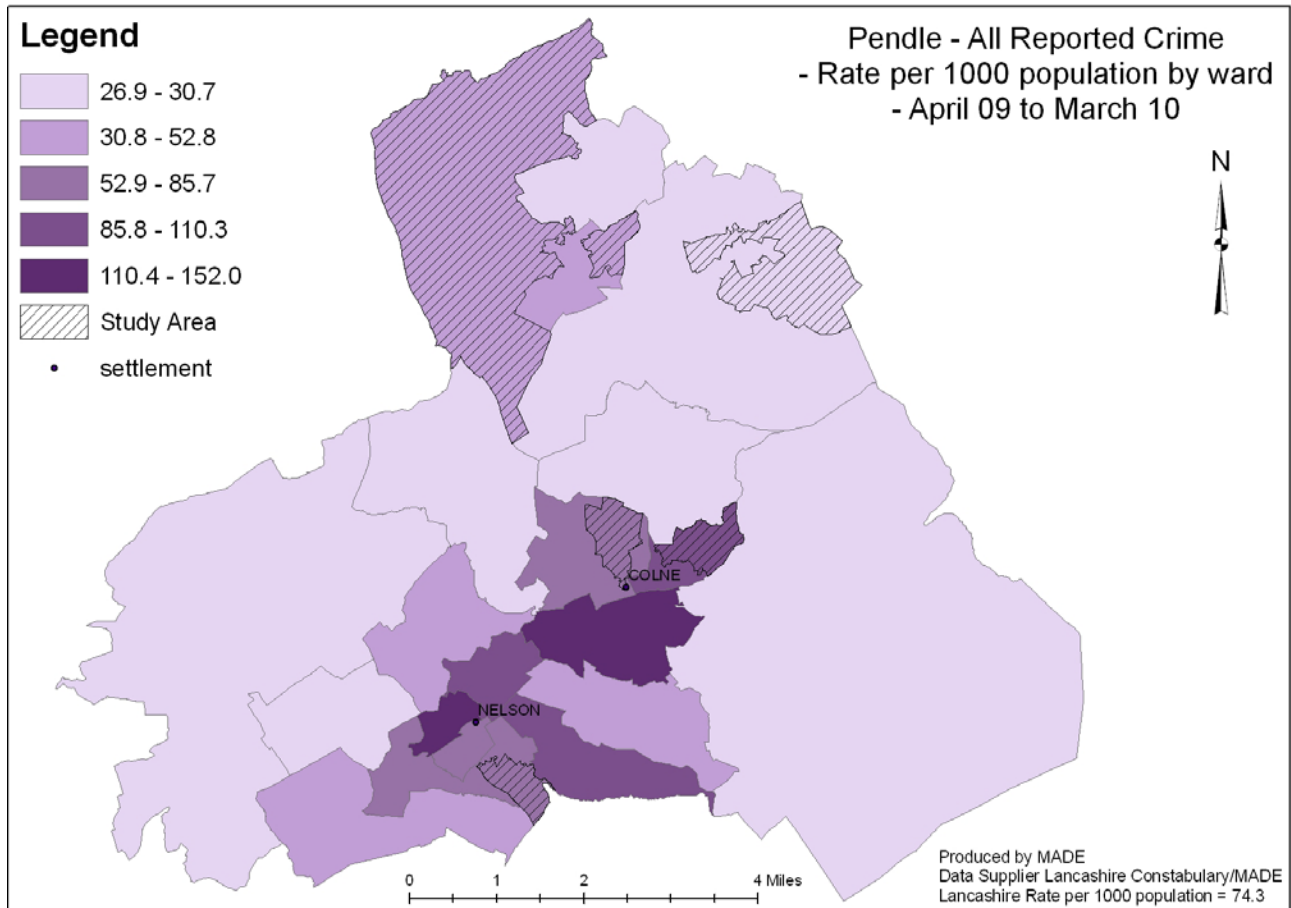
Between April 2009 and March 2010 the top five reported police incidences in Pendle were (in descending order):

- Burglary other than from a dwelling

- Damage to vehicles

- Other stealings

- Theft from a vehicle

- Assault with less serious injury

The incidence rates of each of these crimes have been mapped below at ward level with the target area shaded.

Pendle - Burglary Other
- Rate per 1000 population by ward
- April 09 to March 10

Legend

	2.5 - 2.8
	2.9 - 4.3
	4.4 - 5.8
	5.9 - 9.0
	9.1 - 15.1
	Study Area
•	settlement

Lancashire Rate per 1000 population = 5.2
Burglary Other:
- Burglary Other than in a Dwelling
- Aggravated Burglary Other than in a Dwelling

COLNE

NELSON

0   1   2   4 Miles

Produced by MADE
Data Supplier Lancashire Constabulary/MADE

Legend

	0.6 - 2.6
	2.7 - 5.0
	5.1 - 7.2
	7.3 - 9.0
	9.1 - 11.0
	Study Area
•	settlement

Pendle - Damage to Vehicles
- Rate per 1000 population by ward
- April 09 to March 10

COLNE

NELSON

0   1   2   4 Miles

Produced by MADE
Data Supplier Lancashire Constabulary/MADE
Lancashire Rate per 1000 population = 7.6

Pendle - Other Stealings
- Rate per 1000 population by ward
- April 09 to March 10

Legend

	2.6 - 3.4
	3.5 - 4.8
	4.9 - 7.7
	7.8 - 10.0
	10.1 - 14.1
	Study Area
•	settlement

Lancashire Rate per 1000 population = 7.3
Other Stealings:
- Other Theft or Unauthorised Taking

COLNE

NELSON

0   1   2   4 Miles

Produced by MADE
Data Supplier Lancashire Constabulary/MADE

Legend

	1.2 - 2.0
	2.1 - 4.1
	4.2 - 5.9
	6.0 - 6.9
	7.0 - 11.2
	Study Area
•	settlement

Pendle - Theft from a Vehicle
- Rate per 1000 population by ward
- April 09 to March 10

COLNE

NELSON

0   1   2   4 Miles

Produced by MADE
Data Supplier Lancashire Constabulary/MADE
Lancashire Rate per 1000 Population = 4.4

Community safety summary

- The most common crime in Pendle is aggravated burglary other than in a dwelling.

- Horsfield and Vivary Bridge wards have the highest crime rates in terms of the top five crimes in Pendle. The biggest problems in these two wards are damage to vehicles and theft from vehicles.

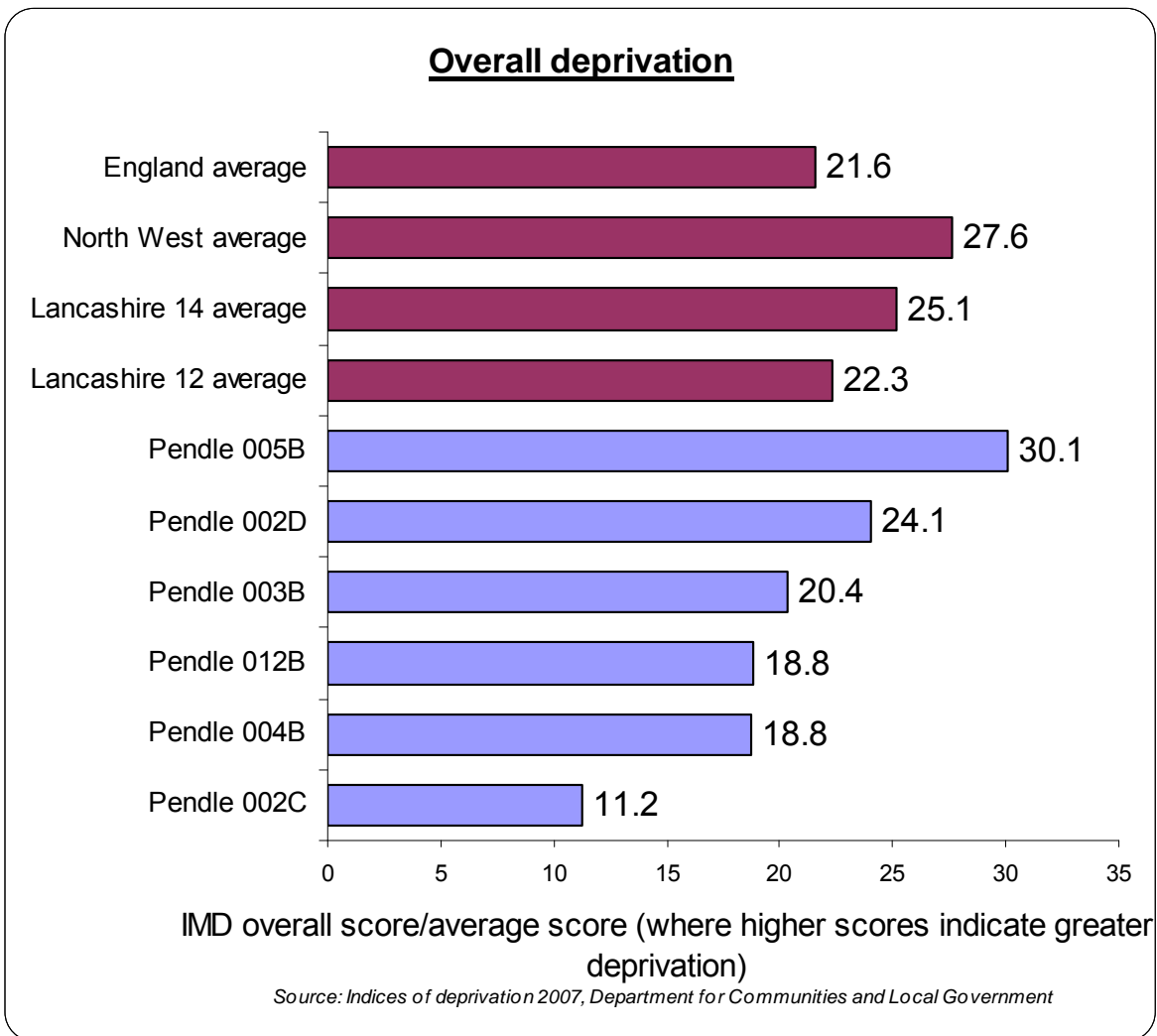- Poisoning by 4-Aminophenol derivatives (including Paracetamol) is the most common incident requiring hospitalisation in Pendle.

- Hip fracture (normally associated with falls in older people) and other bone fractures are also very common accidents requiring hospitalisation in the district.

Economy, employment and income

Deprivation

There are substantial differences in levels of deprivation between the target area LSOAs. The scores for overall deprivation range from 11.2 in Pendle 002C to 30.1 in Pendle 005B which is higher than both the North West and England average scores. Pendle 002D has a score of 24.1 which is higher than the England average. Deprivation is linked with major internal health inequalities in Lancashire and has knock-on effects on most other aspects of life.

Overall deprivation

LSOA	IMD overall score
England average	21.6
North West average	27.6
Lancashire 14 average	25.1
Lancashire 12 average	22.3
Pendle 005B	30.1
Pendle 002D	24.1
Pendle 003B	20.4
Pendle 012B	18.8
Pendle 004B	18.8
Pendle 002C	11.2

IMD overall score/average score (where higher scores indicate greater deprivation)

Source: Indices of deprivation 2007, Department for Communities and Local Government

The table below shows where each LSOA ranks nationally in terms of overall deprivation quintiles:

LSOA name	National deprivation quintile
Pendle 002C	2nd least deprived
Pendle 003B	3rd most deprived
Pendle 004B	3rd most deprived
Pendle 005B	2nd most deprived
Pendle 012B	3rd most deprived
Source: Communities and Local Government	

Traffic light summary

In terms of overall deprivation, Pendle 005B fares the worst out of the target area LSOAs ranking in the 2nd most deprived quintile nationally. At the other end of the scale, Pendle 002C ranks in the 2nd least deprived quintile nationally. None of the target area LSOAs rank in either the most or least deprived quintiles nationally.

Pendle 004B and 005B have significantly high benefit claimant rates compared to the North West average. This seems to be largely due to high rates of pension credit claimants in particular. Pendle 002C, 002D and 003B have significantly lower benefit claimant rates compared to the North West region as a whole although there may be people who are entitled to benefits but are not claiming them. Some people may not be aware of all the benefits they are entitled to or may even be too proud to take them up.

Ward level claimant count rates in Pendle indicate high levels of unemployment in Pendle 004B (Horsfield) and Pendle 012B (Clover Hill). The rates in these areas are over 20% higher than the national average. The claimant count in the rest of the target area is lower than the England average.

| Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	England
Overall deprivation (LSOA)	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	
All Benefits (CG) Benefit Claimants (MSOA)	Lower	Lower	Lower	Higher	Higher	Not sig	
Job Seekers Allowance (JSA) Benefit Claimants (MSOA)	Lower	Lower	Lower	Not sig	Not sig	Not sig	
Pension Credit (PC) Benefit Claimants (MSOA)	Not sig	Not sig	Lower	Higher	Higher	Not sig	
Percentage of Unpaid Carers Census Data (MSOA)	Not sig	Not sig	Lower	Not sig	Not sig	Not sig	
Ward level claimant count August 2010	2.3	2.3	1.9	4.3	3.2	4.7	3.5
Ward data source: Department for Work and Pensions MSOA data source: NWPHO Health Profiler Tool. Statistically significant differences from SHA average based on indirectly standardised ratio. LSOA source: Communities and Local Government. Statistically significant differences from the national average.							

Economic development summary

- Overall, Pendle 005B is the most deprived LSOA in the target area and ranks in the 2nd most deprived quintile nationally.

- Pendle 004 and 005 have significantly high benefit claimant rates, especially pension credit, compared to the North West average.

- Pendle 002, 002 and 003 have significantly lower benefit claimant rates compared to the North West but in some cases this may be due to lack of awareness about entitlement.

- Ward level claimant count rates in Horsfield and Clover Hill wards are over 20% higher than the national average indicating high levels of unemployment. The claimant count in the rest of the target area wards is lower than the England average.
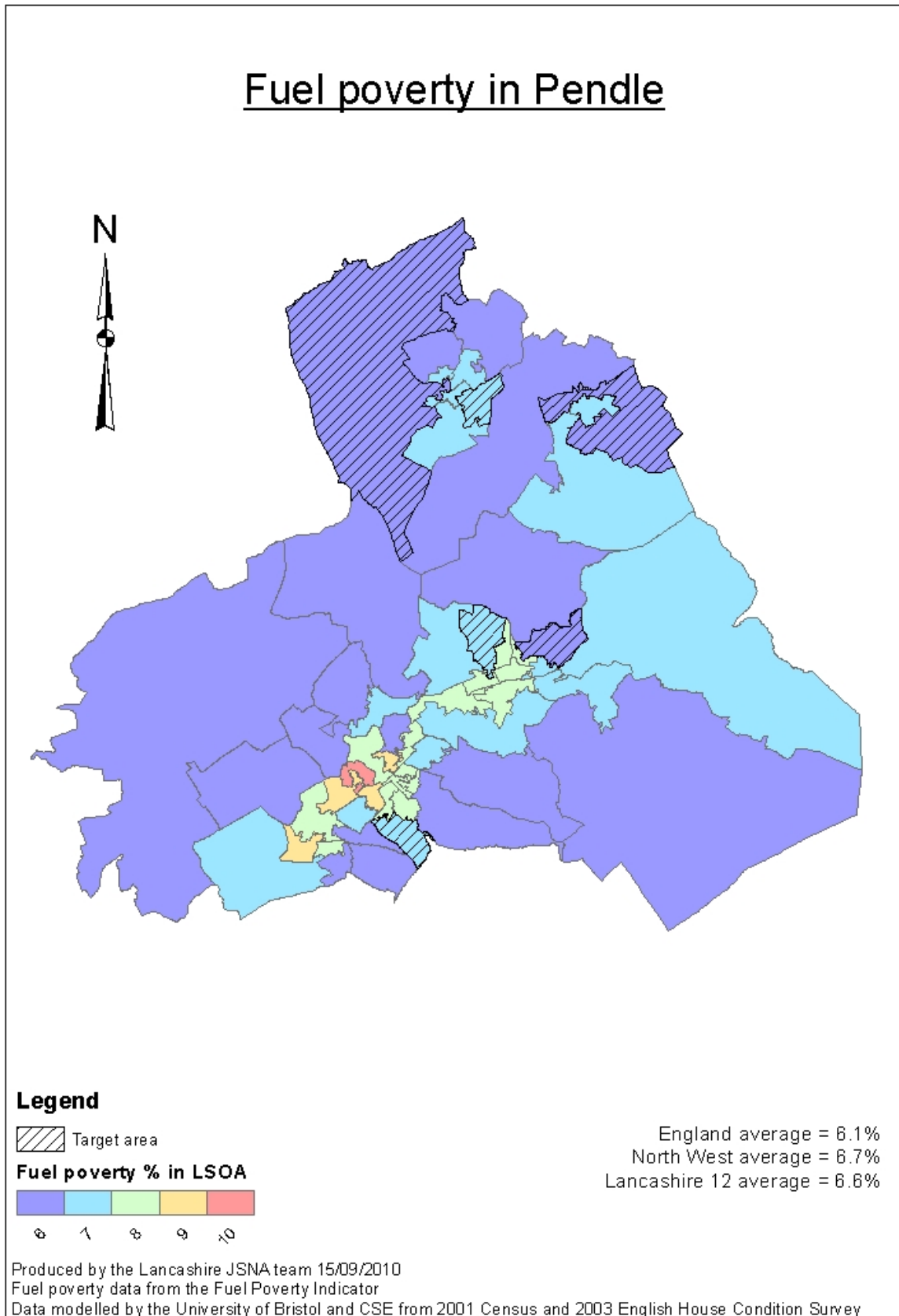
Environment

Fuel poverty

A household is in fuel poverty if, in order to maintain a satisfactory heating regime, it needs to spend more than 10% of its income on all household fuel use. Compared with the rest of Lancashire, some LSOAs in Pendle experience high rates of fuel poverty, particularly the south-central area surrounding the M65 from Brierfield to Colne. Up to a quarter of households in this area may be in fuel poverty. The map below shows the Lancashire picture in terms of fuel poverty by LSOA. It is important to remember that each LSOA has roughly the same population so the geographical coverage of each quantile is less relevant than the number of LSOAs affected.
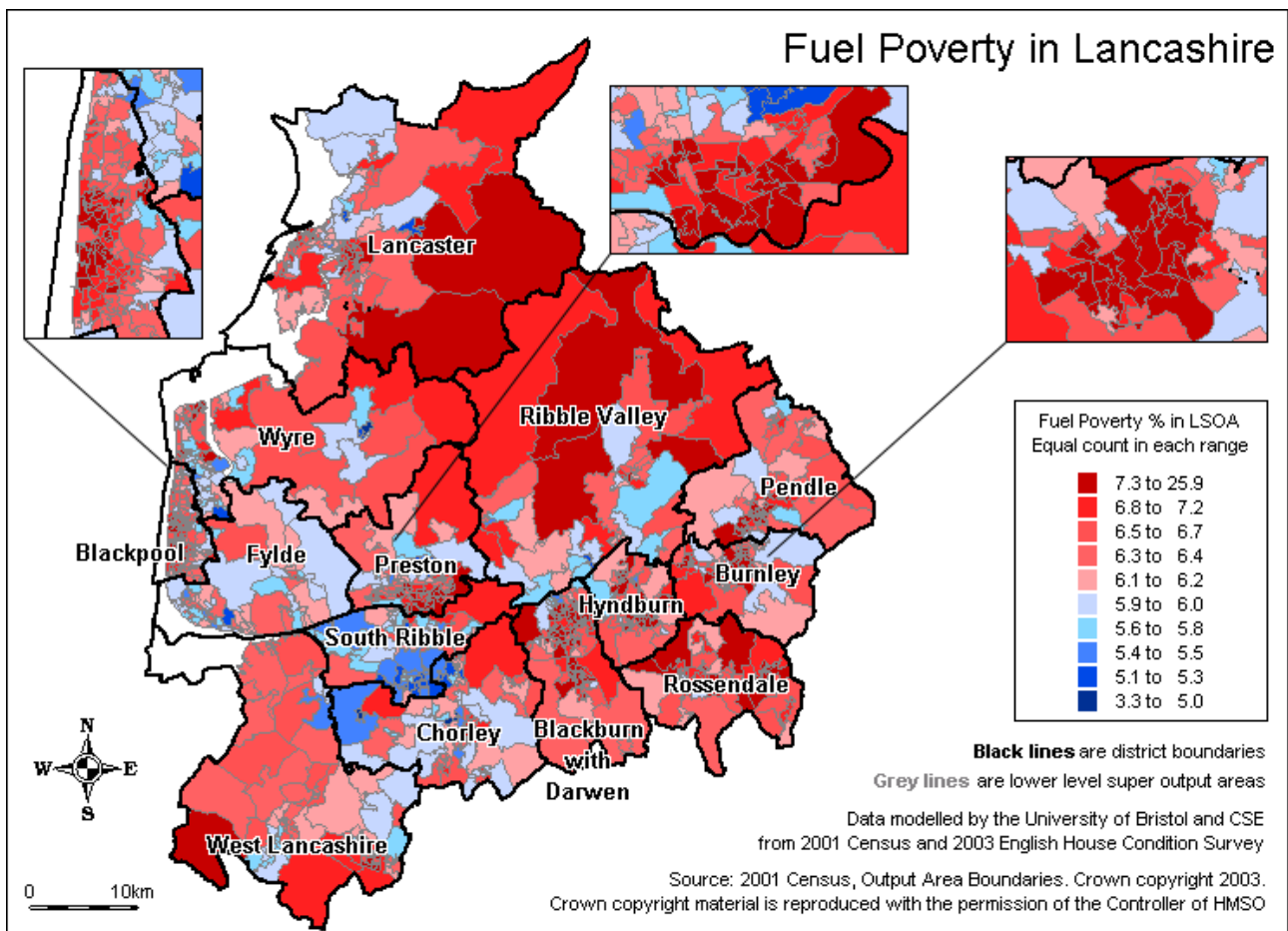
Source: www.fuelpovertyindicator.org.uk

Looking at Pendle as a whole, the exact scale of the problem becomes clearer. Between 6% and 7% of households in the target area experience fuel poverty. This is in line with the Lancashire 12 and North West averages of 6.6% and 6.7% respectively.

Fuel poverty in Pendle

N

Legend

Target area

Fuel poverty % in LSOA

6   7   8   9   10

England average = 6.1%
North West average = 6.7%
Lancashire 12 average = 6.6%

Produced by the Lancashire JSNA team 15/09/2010
Fuel poverty data from the Fuel Poverty Indicator
Data modelled by the University of Bristol and CSE from 2001 Census and 2003 English House Condition Survey
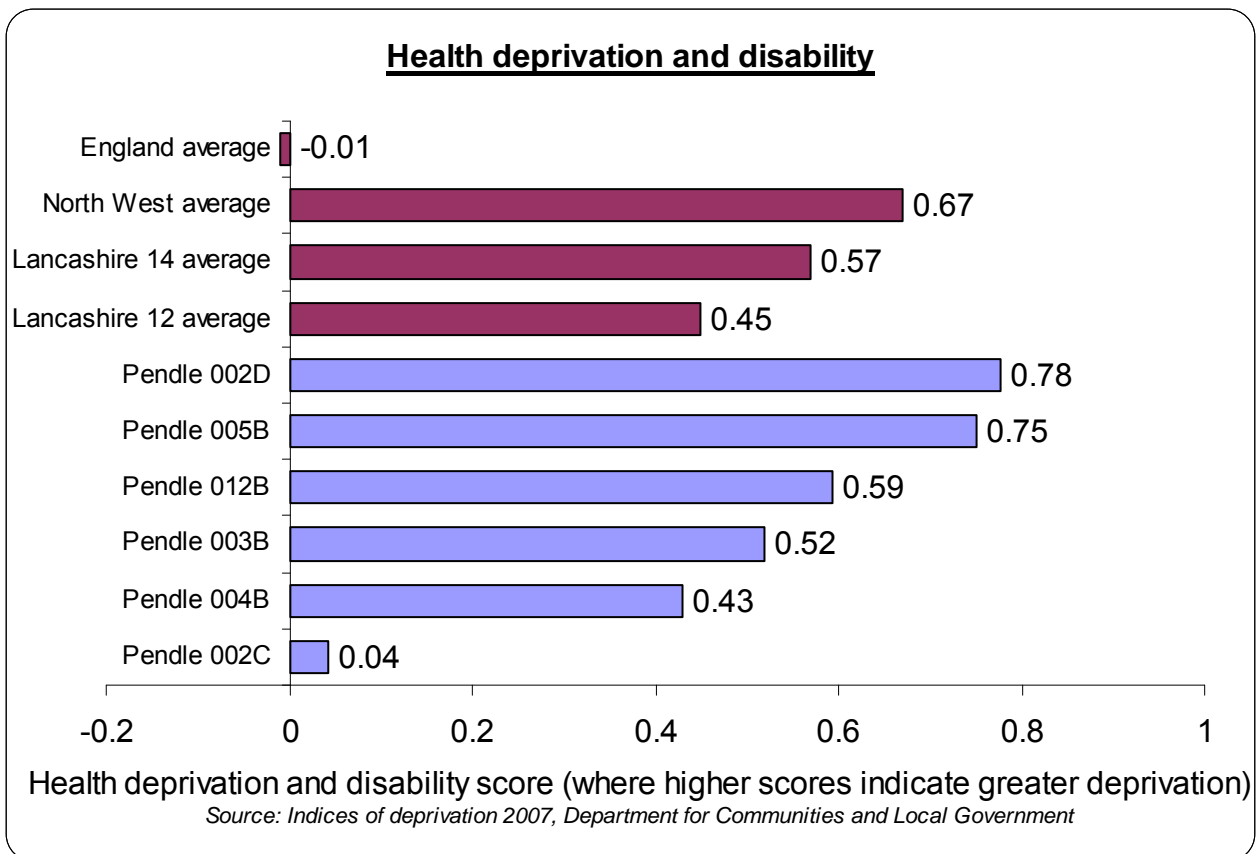
The table below helps to quantify the scale of the problem in the target area by showing the modelled number of households experiencing fuel poverty in each LSOA along with the quartile ranking out of 32,482 LSOAs in England:

LSOA name	Modelled number of households in fuel poverty	National ranking
Pendle 002C	36	middle 50%
Pendle 002D	42	worst quartile
Pendle 003B	38	middle 50%
Pendle 004B	31	middle 50%
Pendle 005B	35	worst quartile
Pendle 012B	42	worst quartile
Total	**224**	

Source: www.fuelpovertyindicator.org.uk

Health and wellbeing

Health deprivation and disability

England average	-0.01
North West average	0.67
Lancashire 14 average	0.57
Lancashire 12 average	0.45
Pendle 002D	0.78
Pendle 005B	0.75
Pendle 012B	0.59
Pendle 003B	0.52
Pendle 004B	0.43
Pendle 002C	0.04

Health deprivation and disability score (where higher scores indicate greater deprivation)
Source: Indices of deprivation 2007, Department for Communities and Local Government

This domain of the Indices of Deprivation combines 4 indicators about a range of health issues to give an overall score for the level of health deprivation experienced in a small area. The indicators used in this domain are; Years of Potential Life Lost (YPLL), Comparative Illness and Disability Ratio, measures of acute morbidity, derived from Hospital Episode Statistics, and the proportion of

adults under 60 suffering from mood or anxiety disorders based on prescribing, suicide mortality rate and health benefits data.

All of the target area LSOAs have a higher health deprivation and disability score than the England average although Pendle 002C is more or less in line. The remaining five LSOAs have a score more in line with the Lancashire and North West average. Pendle 002D is the most deprived for this domain, closely followed by Pendle 005B.

Traffic light summary

The MSOA level health and wellbeing indicators reveal that Pendle 004B, 005B and 012B have significantly higher hospitalised prevalence of a range of health conditions compared to the North West average. The main problems are with alcohol-related conditions, mental health, circulatory and respiratory disease and emergency admissions to hospital.

Respiratory conditions can be linked with smoking, damp housing conditions and certain industrial occupations including heavy manufacturing. All of these are commonplace in Pendle and throughout East Lancashire.

We know that the isolation can lead to mental health conditions and that suicide is more prevalent amongst young males than any other demographic.

Pendle 002C, 002D and 003B fare much better against the North West rates, with significantly lower hospitalised prevalence of many conditions. Only hospitalised prevalence of back pain and bladder cancer are significantly high in Pendle 003B.

The table below shows where the problems lie and also reveals the inequalities that exist across the target area.

The LSOA data confirms the health problems in the central and southern target area and reveals some significant problems further north in Pendle 002D in terms of general health, long-term limiting illness and disability.

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	England
Rank of Health Deprivation and Disability Score (out of 32483 LSOAs in England) (LSOA)	15434	6442	9212	10318	6705	8371	-
Comparative Illness and Disability Indicator (LSOA)	100.7	135.3	118.3	113.8	141.4	126.5	100
Mental Health Indicator (LSOA)	-0.09	0.52	0.84	0.98	1.13	1.09	1.00
Emergency Admissions to Hospital Indicator (LSOA)	131.2	168.2	138.5	112.7	104.3	135.7	100
Not Good Health (LSOA)	8.836	12.38	9.444	10.07	9.703	11.58	9

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	England
With a Limiting Long-Term Illness (LSOA)	17.46	22.89	19.29	23.48	17.49	19.99	50
Acute Respiratory Conditions Hospitalised Incidence (MSOA)	Not sig	Not sig	Lower	Not sig	Not sig	Not sig	
Alcohol Specific Conditions Hospitalised Prevalence (MSOA)	Lower	Lower	Lower	Higher	Higher	Lower	
All Age All Cause Mortality Females ONS (MSOA)	Lower	Lower	Lower	Lower	Not sig	Not sig	
All Age All Cause Mortality Males ONS (MSOA)	Not sig	Not sig	Lower	Not sig	Higher	Not sig	
Asthma Hospitalised Prevalence (MSOA)	Lower	Lower	Lower	Not sig	Not sig	Higher	
Back Pain Hospitalised Prevalence (MSOA)	Not sig	Not sig	Higher	Not sig	Higher	Not sig	
Bladder Cancer Hospitalised Prevalence (MSOA)	Not sig	Not sig	Higher	Higher	Not sig	Not sig	
Cardiovascular Conditions Hospitalised Incidence (MSOA)	Not sig	Not sig	Not sig	Not sig	Not sig	Higher	
Chest Pain Hospitalised Incidence (MSOA)	Not sig	Not sig	Lower	Not sig	Higher	Higher	
Chronic Lower Respiratory Conditions Hospitalised Incidence (MSOA)	Not sig	Not sig	Not sig	Higher	Higher	Not sig	
Chronic Obstructive Pulmonary Disease Hospitalised Prevalence (MSOA)	Not sig	Not sig	Lower	Higher	Higher	Not sig	
Congestive Heart Failure Hospitalised Prevalence (MSOA)	Not sig	Not sig	Lower	Higher	Not sig	Not sig	
Coronary Heart Disease Hospitalised Incidence (MSOA)	Not sig	Not sig	Not sig	Higher	Not sig	Higher	
Diabetes Hospitalised Prevalence (MSOA)	Lower	Lower	Lower	Not sig	Higher	Higher	
Disability Living Allowance (DLA) Benefit Claimants (MSOA)	Lower	Lower	Lower	Not sig	Higher	Higher	
Emergency Admissions Hospitalised Incidence (MSOA)	Not sig	Not sig	Lower	Higher	Higher	Higher	
Epilepsy Hospitalised Prevalence (MSOA)	Lower	Lower	Not sig	Not sig	Not sig	Not sig	
Incapacity Benefit/Severe Disablement Allowance (IBSDA) Benefit Claimants (MSOA)	Lower	Lower	Lower	Higher	Higher	Not sig	
Long Term Illness Census Data (MSOA)	Lower	Lower	Lower	Higher	Not sig	Higher	
Lung Cancer Hospitalised Prevalence (MSOA)	Not sig	Not sig	Not sig	Not sig	Not sig	Higher	
Mental Health Conditions Hospitalised Prevalence (MSOA)	Not sig	Not sig	Lower	Higher	Higher	Higher	
Mental Health Specific Incapacity Benefit/Severe Disablement Allowance (IBSDAMH) Benefit Claimants (MSOA)	Lower	Lower	Lower	Higher	Higher	Not sig	
Not Good Health Census Data (MSOA)	Not sig	Not sig	Lower	Higher	Higher	Higher	
Permanent Sickness Census Data (MSOA)	Lower	Lower	Lower	Lower	Lower	Lower	
Prostate Cancer Hospitalised	Lower	Lower	Lower	Not sig	Not sig	Not sig	

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	England
Prevalence (MSOA)							
Rheumatoid Arthritis Hospitalised Prevalence (MSOA)	Lower	Lower	Lower	Lower	Not sig	Not sig	
Self Harm Hospitalised Incidence (MSOA)	Lower	Lower	Not sig	Higher	Higher	Higher	
Skin Cancer Hospitalised Prevalence (MSOA)	Lower	Lower	Not sig	Lower	Not sig	Lower	

LSOA data source: Office for National Statistics; Communities and Local Government; Department for Work and Pensions
MSOA data source: NWPHO Health Profiler Tool. Statistical significant differences from SHA average based on indirectly standardised ratio.

Health and wellbeing summary

- Half of the target area experiences much poorer general health than the national average.

- The main problems are alcohol specific conditions, respiratory and circulatory disease, emergency hospital admissions, mental health conditions and self harm.

- Hospitalised prevalence of back pain and bladder cancer are significantly high in Pendle 003B.

- Pendle 002D experiences significantly high rates of health deprivation and disability, limiting long-term illness and poor self-reported health compared to England.

Older People

Traffic light summary

Indicators associated with older people's health show that hospitalisation for falls and athroses are significantly higher than the North West average in half of the target area including Pendle 004B, 005B and 012B. Pendle 012B comes out worst with significantly high hospitalisation rates for all the indicators. As with the health indicators for the general population, older people in Pendle 002C, 002D and 003B fare well compared to the North West averages. Pendle 002D and 004B have significantly high rates of pensioners who live alone. In contrast 005B and 012B have relatively low rates. The target area is roughly on a par with the rest of England in terms of income deprivation affecting older people.

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	England
Percentage of pensioners living alone	13.81	17.94	13.7	17.91	9.2	10.79	14
Income Deprivation Affecting Older People rank of score out of 32483 LSOAs in England	23733	8021	21831	21831	13704	19993	-

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B	England
Arthroses Hospitalised Prevalence	Lower	Lower	Lower	Higher	Higher	Higher	
Arthroses Of The Hip Hospitalised Prevalence	Lower	Lower	Not sig	Not sig	Not sig	Higher	
Arthroses Of The Knee Hospitalised Prevalence	Lower	Lower	Lower	Not sig	Not sig	Higher	
Falls Hospitalised Incidence	Not sig	Not sig	Not sig	Higher	Higher	Higher	
Fractured Femur Hospitalised Incidence	Not sig	Not sig	Not sig	Not sig	Not sig	Higher	
Osteoporosis Hospitalised Prevalence	Lower	Lower	Not sig	Higher	Not sig	Higher	
LSOA data source: Office for National Statistics; Communities and Local Government; Department for Work and Pensions MSOA data source: NWPHO Health Profiler Tool. Statistically significant differences from SHA average based on indirectly standardised ratio.							

Older people summary

- Hospitalisation for falls and arthroses are significantly higher than the North West average in half of the target area.

- Older people in Pendle 012 are the worst off in health terms in the target area and are significantly more likely to be hospitalised due to arthroses, osteoporosis or falls compared to the North West average.

- Pendle 002D and 004B have high rates of pensioners who live alone compared to England.

Key issues

Key issues for the target area

This needs assessment has highlighted a number of key issues for the whole target area. It is recommended that support to tackle these key issues should form the core service for STAN:

- Accidents, especially falls

- Fuel poverty

- Poor health, particularly arthroses

- Poor mental health and self harm

To ensure that STAN is providing the best service possible to the target areas it is recommended that the support offered by the vehicle be varied according to the area in which it is parked. To aid this, the needs assessment has highlighted issues which were found for each LSOA in the target areas. These are listed under the LSOA headings below.

Pendle 002C

No issues specific to LSOA identified.

Pendle 002D

- Limiting long-term illness

- Pensioners living alone

Pendle 003B

- Back pain

- Bladder cancer

Pendle 004B

- Low incomes

- Pensioners living alone

- Poor health

    o Alcohol specific conditions

    o Bladder cancer

    o Circulatory conditions

    o Osteoporosis

    o Respiratory conditions

    o Limiting long-term illness

- Unemployment and incapacity to work due to ill-health or disability

Pendle 005B

- Low incomes

- Poor access - no car or van

- Poor health

- o Alcohol specific conditions

- o Back Pain

- o Diabetes

- o Disability

- o Low male life expectancy

- o Mental ill-health

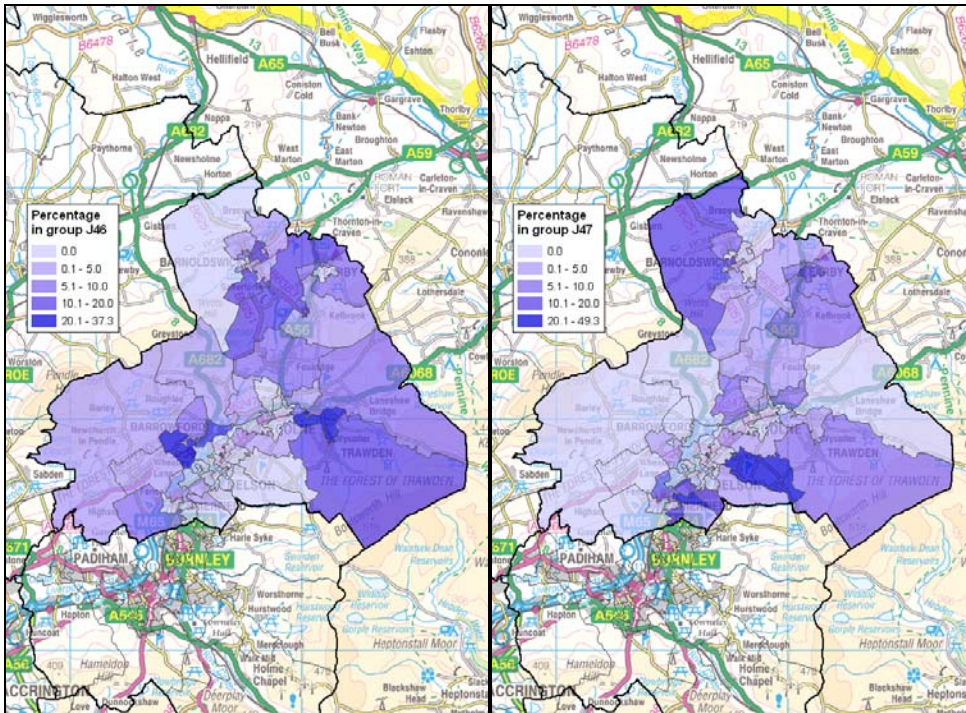- o Respiratory conditions

- Violence

Pendle 012B

- Access – distance to GP premises

- Poor health

  - o Circulatory conditions including diabetes

  - o Disability and limiting long-term illness

  - o Fractured femur

  - o Osteoporosis

  - o Respiratory conditions and lung cancer

- Unemployment

Appendix 1 – additional Mosaic maps
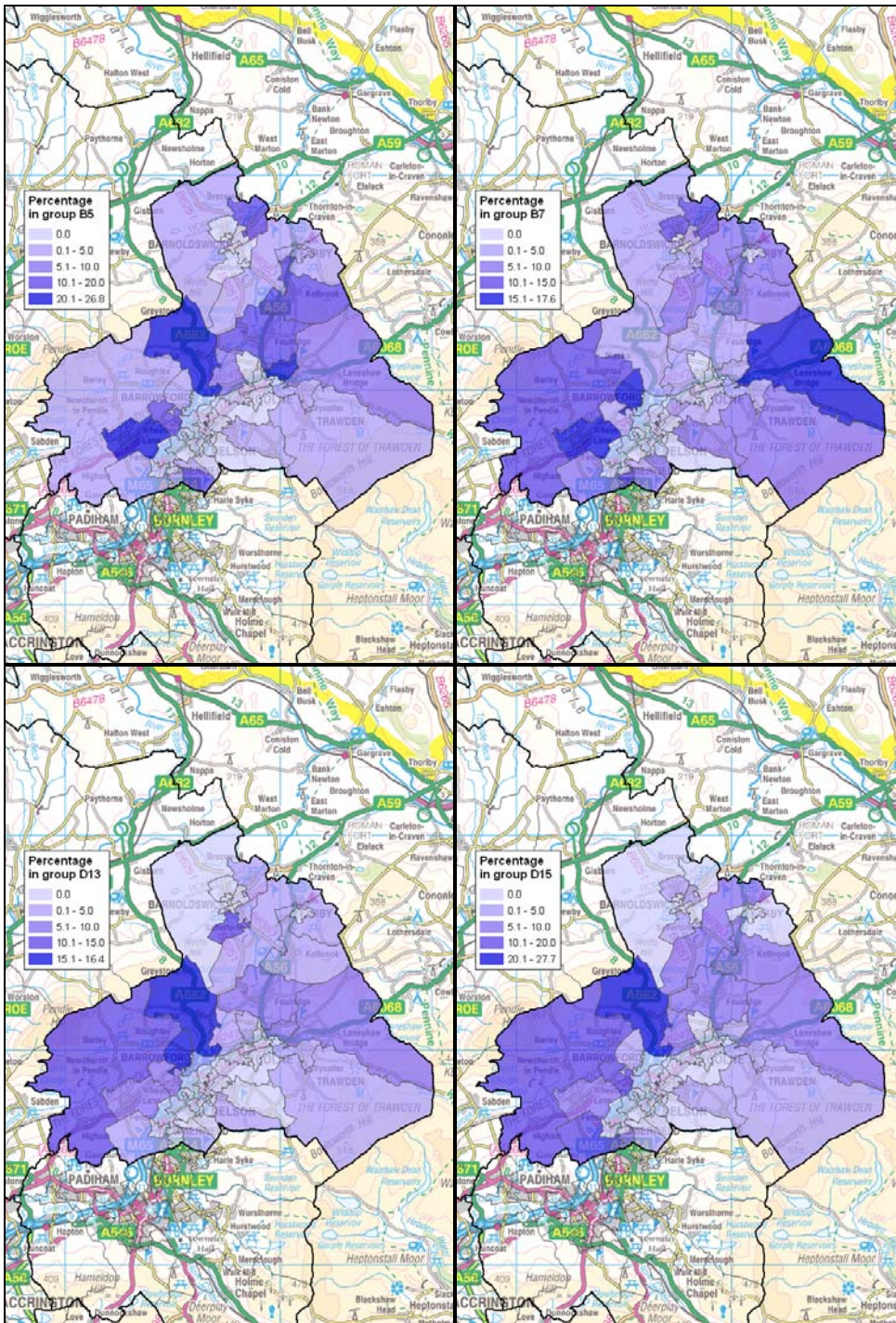
Appendix 2 – Traffic light summary of all indicators at all geographical levels

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B
Access to services						
Disability Living Allowance High Rate for Mobility Component (DLAHR) Benefit Claimants (MSOA)	🟩	🟩	🟩	🟨	🟨	🟨
Percentage of households with no cars or vans (LSOA)	🟩	🟨	🟨	🟩	🟥	🟩
Rank of Barriers to Housing and Services Score (out of 32483 LSOAs in England) (LSOA)	🟩	🟩	🟩	🟨	🟩	🟩
Population Weighted Average Road Distance to a Primary School (LSOA)	🟨	🟩	🟩	🟩	🟩	🟩
Population Weighted Average Road Distance to a Food Store (LSOA)	🟩	🟩	🟩	🟩	🟩	🟨
Population Weighted Average Road Distance to GP Premises (LSOA)	🟩	🟩	🟩	🟨	🟩	🟥
Population Weighted Average Road Distance to a Post Office (LSOA)	🟨	🟩	🟩	🟨	🟨	🟩
Community safety						
Accidents Hospitalised Incidence (MSOA)	🟩	🟩	🟩	🟥	🟥	🟥
Violence Hospitalised Incidence (MSOA)	🟨	🟨	🟨	🟨	🟥	🟨
All reported crime (ward)	🟨	🟨	🟨	🟥	🟨	🟨
Burglary other than from a dwelling (ward)	🟨	🟨	🟨	🟥	🟥	🟨
Damage to vehicles (ward)	🟨	🟨	🟨	🟨	🟨	🟨
Other stealings (ward)	🟨	🟨	🟨	🟥	🟨	🟨
Theft from a vehicle (ward)	🟨	🟨	🟨	🟥	🟥	🟨
Assault with less serious injury (ward)	🟨	🟨	🟨	🟥	🟨	🟨
Economy, income and benefits						
Overall deprivation (LSOA)	🟩	🟨	🟨	🟨	🟥	🟨
All Benefits (CG) Benefit Claimants (MSOA)	🟩	🟩	🟩	🟥	🟥	🟨
Job Seekers Allowance (JSA) Benefit Claimants (MSOA)	🟩	🟩	🟩	🟨	🟨	🟨
Pension Credit (PC) Benefit Claimants (MSOA)	🟨	🟨	🟩	🟥	🟥	🟨
Percentage of Unpaid Carers Census Data (MSOA)	🟨	🟨	🟨	🟨	🟨	🟨
Ward level claimant count August 2010 (ward)	🟩	🟩	🟩	🟥	🟩	🟥
Health and wellbeing						
Acute Respiratory Conditions Hospitalised Incidence (MSOA)	🟨	🟨	🟩	🟨	🟨	🟨
Alcohol Specific Conditions Hospitalised Prevalence (MSOA)	🟩	🟩	🟩	🟥	🟨	🟩
All Age All Cause Mortality Females ONS (MSOA)	🟩	🟩	🟩	🟨	🟨	🟨
All Age All Cause Mortality Males ONS (MSOA)	🟨	🟨	🟩	🟨	🟥	🟨
Asthma Hospitalised Prevalence (MSOA)	🟩	🟩	🟩	🟨	🟨	🟥
Back Pain Hospitalised Prevalence (MSOA)	🟨	🟨	🟥	🟨	🟥	🟨
Bladder Cancer Hospitalised Prevalence (MSOA)	🟨	🟨	🟥	🟥	🟨	🟨
Cardiovascular Conditions Hospitalised Incidence (MSOA)	🟨	🟨	🟨	🟨	🟨	🟨
Chest Pain Hospitalised Incidence (MSOA)	🟨	🟨	🟩	🟨	🟥	🟥
Chronic Lower Respiratory Conditions Hospitalised Incidence (MSOA)	🟨	🟨	🟨	🟥	🟥	🟨
Chronic Obstructive Pulmonary Disease Hospitalised Prevalence (MSOA)	🟨	🟨	🟩	🟥	🟥	🟨
Congestive Heart Failure Hospitalised Prevalence (MSOA)	🟨	🟨	🟨	🟥	🟨	🟨
Coronary Heart Disease Hospitalised Incidence (MSOA)	🟨	🟨	🟨	🟥	🟨	🟥
Diabetes Hospitalised Prevalence (MSOA)	🟩	🟩	🟩	🟨	🟥	🟥
Disability Living Allowance (DLA) Benefit Claimants (MSOA)	🟩	🟩	🟩	🟨	🟥	🟥

Indicator	Pendle 002C	Pendle 002D	Pendle 003B	Pendle 004B	Pendle 005B	Pendle 012B
Emergency Admissions Hospitalised Incidence (MSOA)	Yellow	Yellow	Green	Red	Red	Red
Epilepsy Hospitalised Prevalence (MSOA)	Green	Green	Yellow	Yellow	Yellow	Yellow
Incapacity Benefit/Severe Disablement Allowance (IBSDA) Benefit Claimants (MSOA)	Green	Green	Green	Red	Red	Yellow
Long Term Illness Census Data (MSOA)	Green	Green	Green	Red	Yellow	Red
Lung Cancer Hospitalised Prevalence (MSOA)	Yellow	Yellow	Yellow	Yellow	Yellow	Red
Mental Health Conditions Hospitalised Prevalence (MSOA)	Yellow	Yellow	Green	Red	Red	Red
Mental Health Specific Incapacity Benefit/Severe Disablement Allowance (IBSDAMH) Benefit Claimants (MSOA)	Green	Green	Green	Red	Red	Yellow
Not Good Health Census Data (MSOA)	Yellow	Yellow	Green	Red	Red	Red
Permanent Sickness Census Data (MSOA)	Green	Green	Green	Green	Green	Green
Prostate Cancer Hospitalised Prevalence (MSOA)	Green	Green	Green	Yellow	Yellow	Yellow
Rheumatoid Arthritis Hospitalised Prevalence (MSOA)	Green	Green	Green	Green	Yellow	Yellow
Self Harm Hospitalised Incidence (MSOA)	Green	Green	Yellow	Red	Red	Red
Skin Cancer Hospitalised Prevalence (MSOA)	Green	Green	Yellow	Green	Yellow	Green
Rank of Health Deprivation and Disability Score (out of 32483 LSOAs in England) (LSOA)	Yellow	Red	Yellow	Yellow	Yellow	Yellow
Comparative Illness and Disability Indicator (LSOA)	Green	Yellow	Yellow	Yellow	Red	Yellow
Mental Health Indicator (LSOA)	Green	Green				
Emergency Admissions to Hospital Indicator (LSOA)	Yellow	Red	Yellow	Yellow	Green	Yellow
Not Good Health (LSOA)	Yellow	Red	Yellow	Yellow	Yellow	Red
With a Limiting Long-Term Illness (LSOA)	Yellow	Red	Yellow	Red	Yellow	Yellow
Older people						
Arthroses Hospitalised Prevalence (MSOA)	Green	Green	Green	Red	Red	Red
Arthroses Of The Hip Hospitalised Prevalence (MSOA)	Green	Green	Yellow	Yellow	Yellow	Red
Arthroses Of The Knee Hospitalised Prevalence (MSOA)	Green	Green	Green	Yellow	Yellow	Yellow
Falls Hospitalised Incidence (MSOA)	Yellow	Yellow	Yellow	Red	Red	Red
Fractured Femur Hospitalised Incidence (MSOA)	Yellow	Yellow	Yellow	Yellow	Yellow	Red
Osteoporosis Hospitalised Prevalence (MSOA)	Green	Green	Yellow	Red	Yellow	Yellow
Percentage of pensioners living alone (LSOA)	Yellow	Red	Yellow	Red	Green	Green
Income Deprivation Affecting Older People rank of score (out of 32483 LSOAs in England) (LSOA)	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Source: North West Public Health Observatory; Office for National Statistics; Communities and Local Government; Department for Work and Pensions						