Services to a neighbourhood (STAN) – Rossendale needs assessment

February 2011

Intelligence for Healthy Lancashire (JSNA)







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Introduction and methodology

Introduction

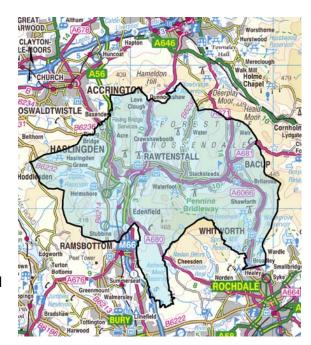
The Lancashire JSNA team were approached by partners for support to complete a needs assessment, which would inform their deployment of a mobile services vehicle, known as STAN (services to a neighbourhood). The aim of STAN is to provide services to those areas of the district that experience limited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

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
- 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 Rossendale 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 are:

- Bacup
- Haslingden
- Rawtenstall

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

Rossendale villages



Source: Nomis, July 2010

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

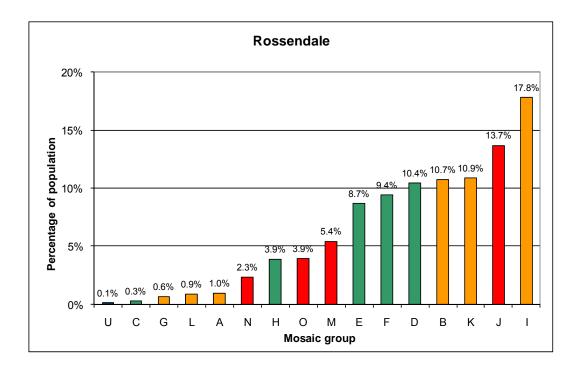
Groups which present a moderate risk of one or more of the indicator groupings are:

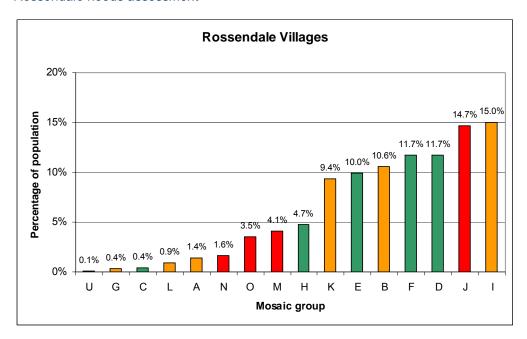
- A Residents of isolated rural communities
- B Residents of small and mid-sized towns with strong local roots
- G Young well-educated city dwellers
- I Lower income workers in urban terraces in often diverse areas
- K Residents with sufficient incomes in right-to-buy-social housing
- L Active elderly people living in pleasant retirement locations.

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

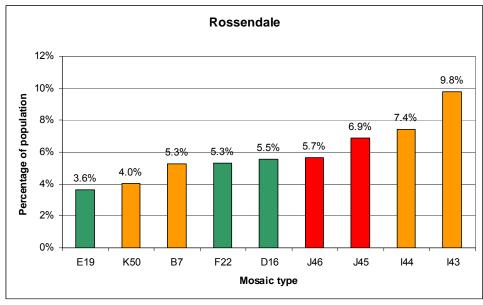
- C Wealthy people living in the most sought after neighbourhoods
- D Successful professionals living in suburban or semi-rural homes
- E Middle income families living in moderate suburban semis
- F Couples with young children in comfortable modern housing
- H Couples and young singles in small modern starter homes

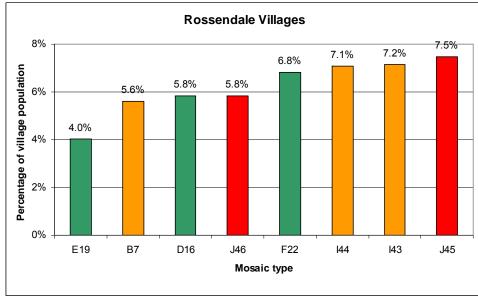
The following charts set out the proportion of the population of the Rossendale and its villages that fall into each Mosaic group. The high risk groups are shown in red, the moderate risk groups in orange; groups at very low risk are shown in green.





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



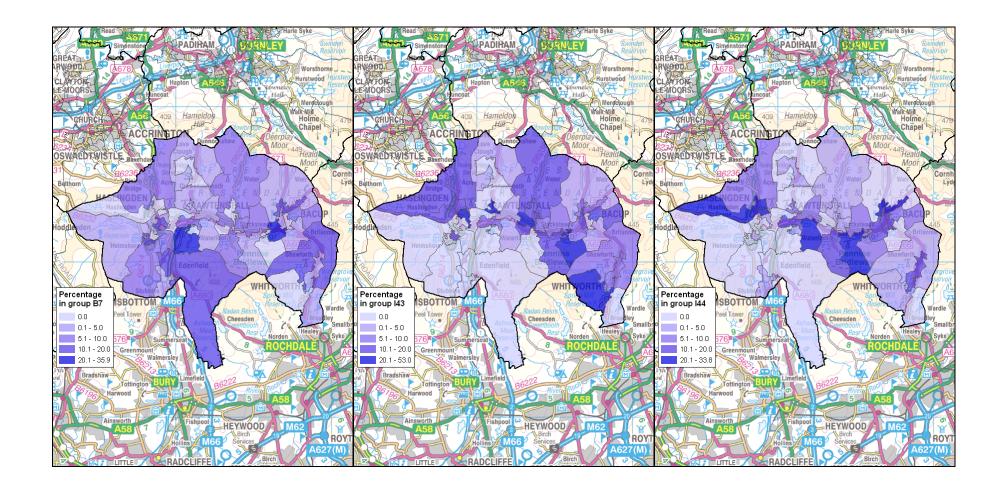


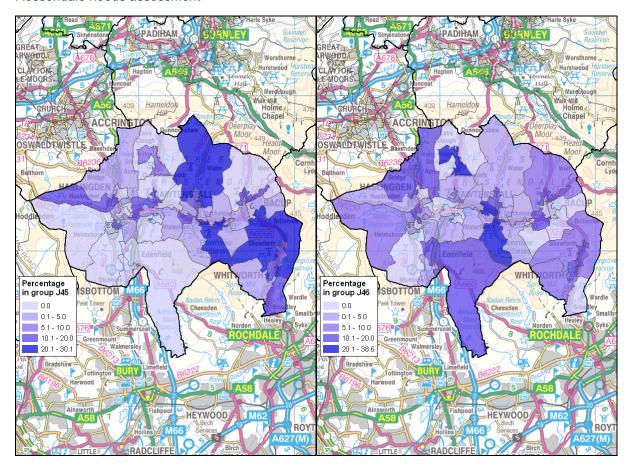
The most commonly occurring Mosaic types in the Rossendale villages are set out in the table below:

Mosaic type	Needs
B7 - Empty nester owner occupiers making little	Reasonable incomes, possible future health needs, low
use of public services	need for services
D16 – Higher income families concerned with	High incomes, good health, low need for services
education and careers	Trigit incomes, good ficaliti, low ficed for services
E19 - Self reliant older families in suburban	Reasonable incomes, good health, good access
semis in industrial towns	Treasonable incomes, good nearth, good access
F22 – Busy executives in town houses in	High incomes, good health, good access
dormitory settlements	Tigit incomes, good ficalti, good docess
I43 - Older town centre terraces with transient,	Low incomes, poor mental health, high need for
single populations	services, poor access
144 – Low income families occupying poor quality	Low incomes, poor health, high need for services, poor
older terraces	access
J45 – Low income communities reliant on low skill	Low incomes, poor health, high need for services, poor
industrial jobs	access
J46 - Residents in blue collar communities	Modest incomes, possible future health needs, good
revitalised by commuters	access

High risk types

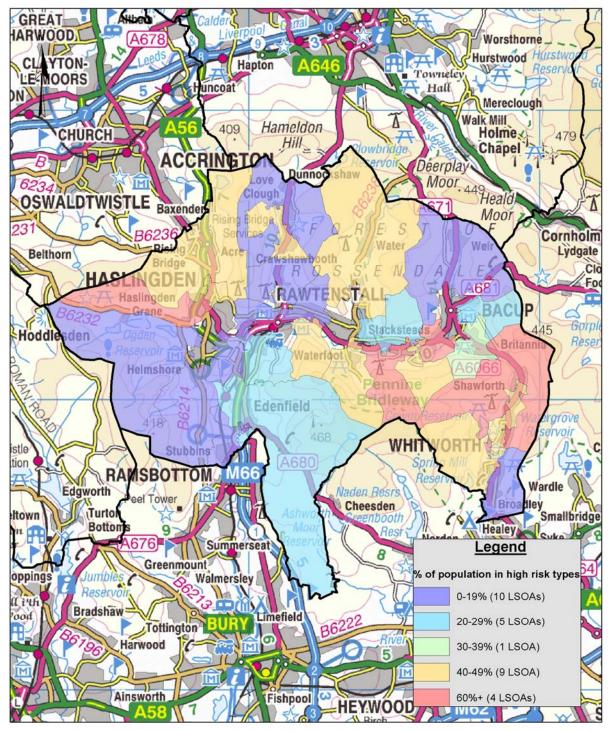
Five of the types listed above are people who will experience substantial difficulties in terms of income, health and access to services. These are highlighted in bold above and have been mapped below to show where high proportions of people in these groups are resident. Additional maps of the other Mosaic groups are included in the appendix.





Rossendale LSOAs by high risk MOSAIC types

1:51,000

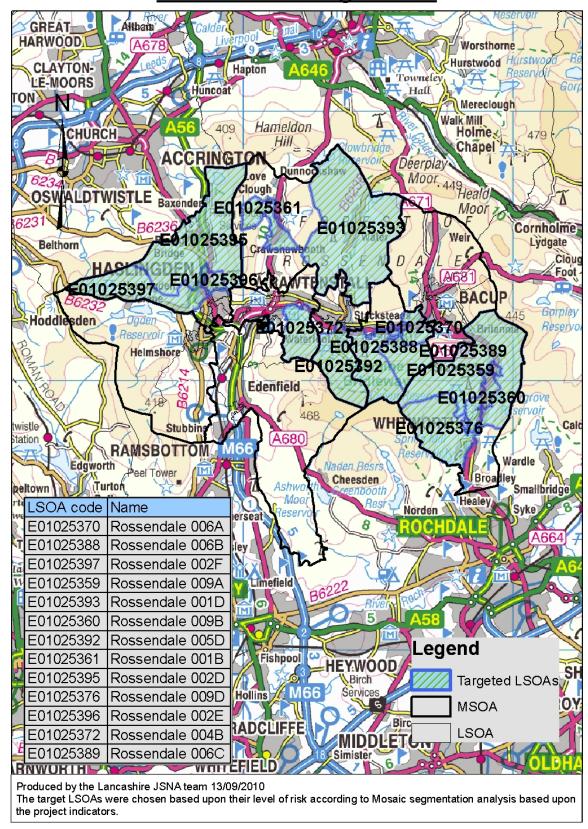


In order for the task and finish group to identify which areas to target with the STAN bus, the LSOAs in Rossendale were ranked according to their level of risk based on the Mosaic analysis. The rest of the analysis in this report focuses the chosen LSOAs which are shaded blue in the table below. As 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 13 highest risk LSOAs (those with more than 40% prevalence of high risk Mosaic types):

LSOA code	LSOA name	Population	% in 5 high risk types	Grouping
E01025370	Rossendale 006A	1338	79.1	70%+
E01025388	Rossendale 006B	1457	73.6	70%+
E01025397	Rossendale 002F	1774	65.3	60-69%
E01025359	Rossendale 009A	1814	63.0	60-69%
E01025393	Rossendale 001D	1478	49.7	40-49%
E01025360	Rossendale 009B	1706	48.7	40-49%
E01025392	Rossendale 005D	1186	48.6	40-49%
E01025361	Rossendale 001B	1968	48.2	40-49%
E01025395	Rossendale 002D	1573	47.4	40-49%
E01025376	Rossendale 009D	2136	43.8	40-49%
E01025396	Rossendale 002E	1201	43.5	40-49%
E01025372	Rossendale 004B	1103	42.2	40-49%
E01025389	Rossendale 006C	1427	42.0	40-49%
E01025383	Rossendale 003F	2127	34.8	30-39%
E01025358	Rossendale 008B	2173	26.8	20-29%
E01025381	Rossendale 003D	1561	25.6	20-29%
E01025384	Rossendale 008D	1224	25.2	20-29%
E01025391	Rossendale 005C	1532	21.5	20-29%
E01025390	Rossendale 006D	1174	21.2	20-29%

The map and table below show the chosen target area:

Rossendale target area

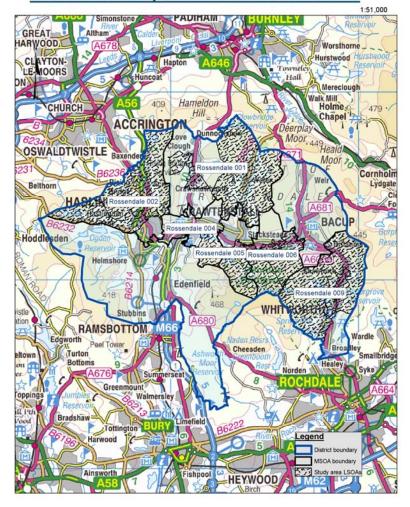


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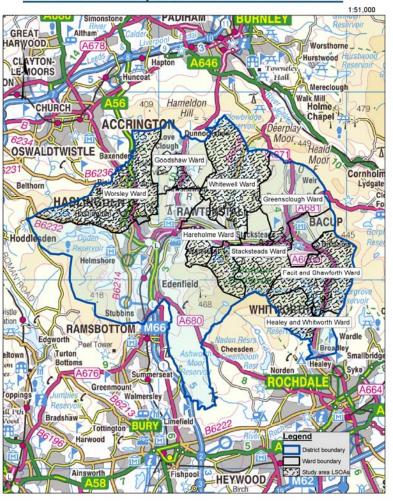
Unfortunately, there is limited data available at LSOA level and some of this dates back to the last Census in 2001, so for some of the analysis which follows we have made use of ward and MSOA level data. This table, and the maps which follow, serve as a reference for the wards and MSOAs covered by the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

	Targeted L	SOA	MSOAs whi	ch include the targ	et LSOAs	Wards which include the target LSOAs				
District	Code	Name	Code	Name	Description	Code	Name			
Rossendale	E01025359	Rossendale 009A	E02005286	Rossendale 009	Whitworth	30UMFR	Facit and Shawforth			
Rossendale	E01025360	Rossendale 009B	E02005286	Rossendale 009	Whitworth	30UMFR	Facit and Shawforth			
Rossendale	E01025361	Rossendale 001B	E02005278	Rossendale 001	Constablee, Goodshaw and Water	30UMFS	Goodshaw			
Rossendale	E01025370	Rossendale 006A	E02005283	Rossendale 006	Stacksteads and Stubylee Park	30UMFU	Greensclough			
Rossendale	E01025372	Rossendale 004B	E02005281	Rossendale 004	Rawtenstall	30UMFW	Hareholme			
Rossendale	E01025376	Rossendale 009D	E02005286	Rossendale 009	Whitworth	30UMFX	Healey and Whitworth			
Rossendale	E01025388	Rossendale 006B	E02005283	Rossendale 006	Stacksteads and Stubylee Park	30UMGB	Stacksteads			
Rossendale	E01025389	Rossendale 006C	E02005283	Rossendale 006	Stacksteads and Stubylee Park	30UMGB	Stacksteads			
Rossendale	E01025392	Rossendale 005D	E02005282	Rossendale 005	Waterfoot, Newchurch and Edgeside	30UMGC	Whitewell			
Rossendale	E01025393	Rossendale 001D	E02005278	Rossendale 001	Constablee, Goodshaw and Water	30UMGC	Whitewell			
Rossendale	E01025395	Rossendale 002D	E02005279	Rossendale 002	Haslingden and Rising Bridge	30UMGD	Worsley			
Rossendale	E01025396	Rossendale 002E	E02005279	Rossendale 002	Haslingden and Rising Bridge	30UMGD	Worsley			
Rossendale	E01025397	Rossendale 002F	E02005279	Rossendale 002	Haslingden and Rising Bridge	30UMGD	Worsley			

Rossendale study area and MSOA boundaries



Rossendale study area and ward boundaries

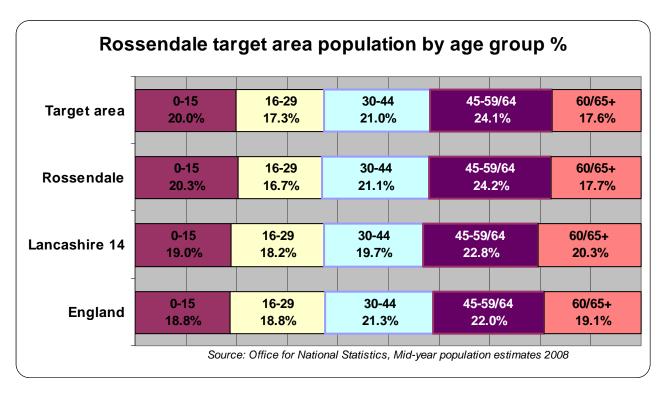


Current needs

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

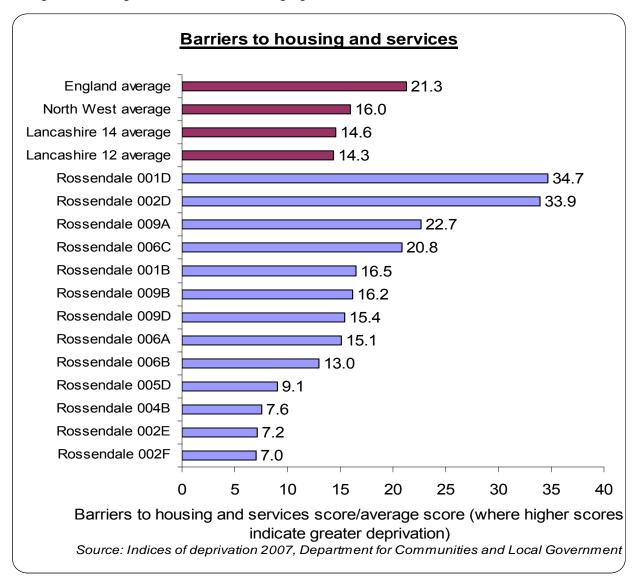


The population of the target area is very similar to Rossendale as a whole with over 40% over the age of 45. The 45-59/64 age group (women aged 45 to 59 and men aged 45 to 64) is the largest, accounting for almost a quarter of the target area population. Unlike England and the Lancashire sub-region the target area has a lower percentage of pensionable age people than people aged 0-15.

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. Rossendale 001D and 002D fare the worst in this domain out of all the target area LSOAs, and their scores are significantly higher than the Lancashire, North West and England averages. The chart also highlights inequalities

throughout the target area with scores ranging from 7.0 in Rossendale 002F to 34.7 in Rossendale 001D.



Traffic light summary

The 2001 Census reveals that half of all households in Rossendale 002E have no access to a car or van. 009D and 009A also have significantly low access compared to England with just over 40% and 35% respectively. Rossendale 001D and 002D rank in the bottom quintile nationally for the barriers to housing and services domain of the Indices of Deprivation. The barriers to housing and services domain 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. Most of the target area has fairly good access to key amenities with the exception of Rossendale 001D where the population weighted average road distance to a GP premised and post office are significantly higher than the national average at 4.2 miles and 3.8 miles respectively.

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 significantly higher than the national average in most of the target area.

Indicator	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D	Lancashire	England
Percentage of households with no cars or vans (LSOA)	16.7	18.4	19.2	50.2	31.2	27.7	25.5	20.5	30.3	34.6	15.4	30.1	40.6		27
Barriers to Housing and Services rank	10.7	10.4	19.2	30.2	31.2	21.1	25.5	20.5	30.3	34.0	10.4	30.1	40.0		
of score out of 32483 LSOAs in															_
England (LSOA)	20552	4324	4716	30231	30331	29942	28719	22208	24735	15539	13473	20982	21848		
Population Weighted Average Road															
Distance to a Primary School (LSOA)	0.7	1.0	1.9	0.4	0.7	0.4	0.8	1.1	0.6	0.7	0.9	0.6	0.7	8.0	-
Population Weighted Average Road															
Distance to a Food Store (LSOA)	3.7	3.8	2.8	0.6	0.6	1.3	0.7	1.2	2.0	1.8	1.7	1.1	1.4	1.2	-
Population Weighted Average Road															
Distance to GP Premises (LSOA)	2.4	4.2	2.8	0.8	0.6	0.5	0.8	2.3	2.2	3.0	1.7	1.0	1.2	1.5	-
Population Weighted Average Road															
Distance to a Post Office (LSOA)	0.6	3.8	1.9	0.8	0.5	1.0	0.7	0.6	0.6	1.0	1.9	1.8	1.0	1.0	_

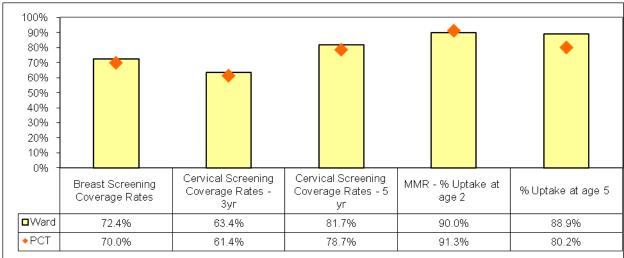
Disability Living Allowance High Rate														
for Mobility Component (DLAHR)	Not	Not									Not	Not	Not	
Benefit Claimants (MSOA)	sig	sig	Higher	sig	sig	sig								
LSOA data source: Office for National Statistics; Communities and Local Government														
MSOA data source: NWPHO Health Profiler Tool. Statistically significant differences from SHA average based on indirectly standardised ratio. NWPHO														

Ward level data:

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

Facit and Shawforth ward (encompassing Rossendale 009A and 009B):

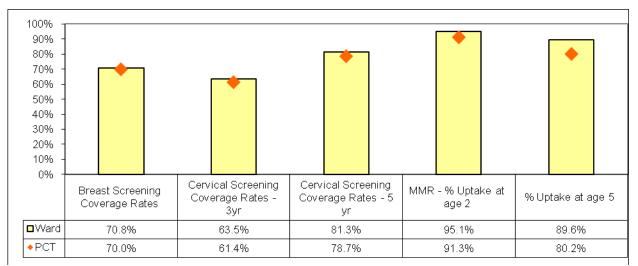
Uptake of screening and immunisation services in Facit and Shawforth ward are generally better than the PCT average.



Source: NHS East Lancashire

Goodshaw ward (encompassing Rossendale 001B):

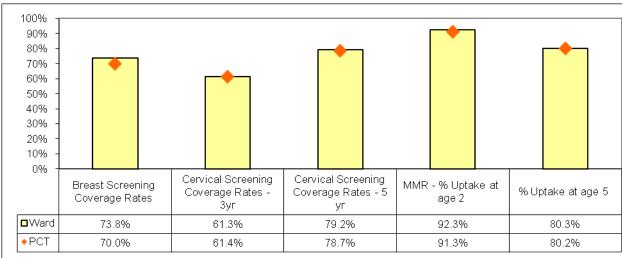
Uptake of screening and immunisation services in Goodshaw ward are better than the PCT average.



Source: NHS East Lancashire

Greensclough ward (encompassing Rossendale 006A):

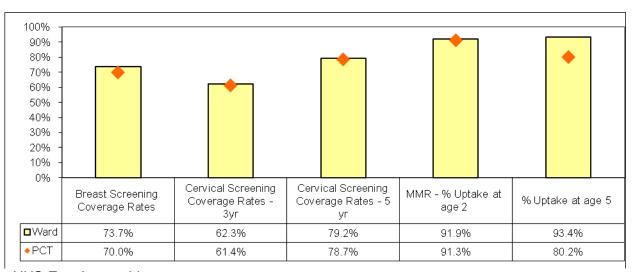
Uptake of screening and immunisation services in Greensclough ward are generally as good as, if not better than the PCT average.



Source: NHS East Lancashire

Hareholme ward (encompassing Rossendale 004B):

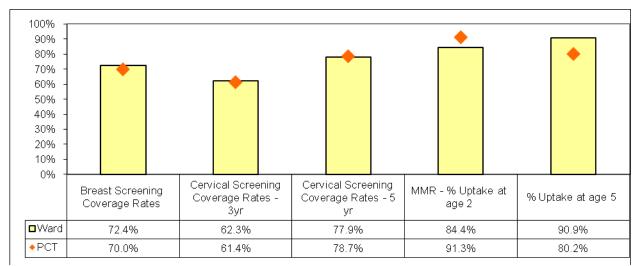
Uptake of screening and immunisation services in Hareholme ward are generally as good as, if not better than the PCT average.



Source: NHS East Lancashire

Healey and Whitworth ward (encompassing Rossendale 009D):

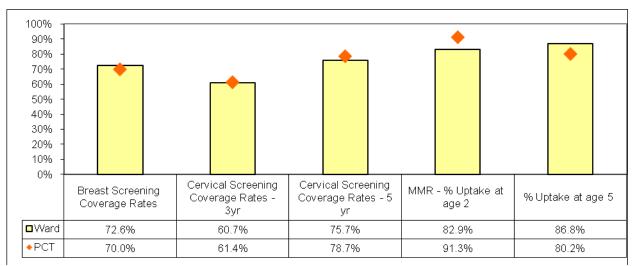
Uptake of MMR vaccination at age 2 in Healey and Whitworth ward is low compared to the rest of the PCT area but catches up by age 5. This late uptake is not ideal because the earlier the vaccination is taken, the lower the risk of contracting measles, mumps or rubella.



Source: NHS East Lancashire

Stacksteads ward (encompassing Rossendale 006B and 006C):

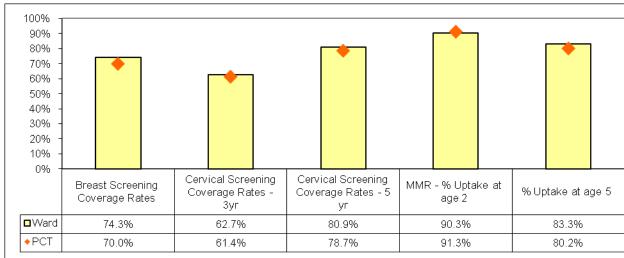
Uptake of MMR vaccination at age 2 in Stacksteads ward is low compared to the rest of the PCT area but catches up by age 5. This late uptake is not ideal because the earlier the vaccination is taken, the lower the risk of contracting measles, mumps or rubella. Five-year cervical screening coverage rates are slightly lower than the PCT average and women in Stacksteads would benefit from a little encouragement to attend.



Source: NHS East Lancashire

Whitewell ward (encompassing Rossendale 001D and 005D):

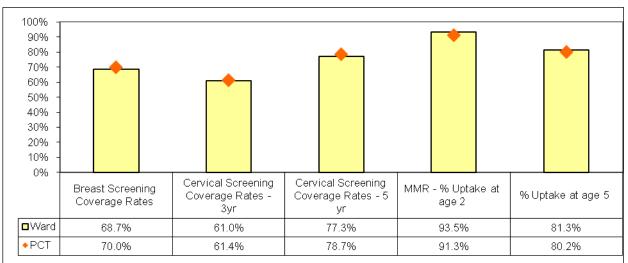
Uptake of screening and immunisation services in Whitewell ward are generally better than the PCT average.



Source: NHS East Lancashire

Worsley ward (encompassing Rossendale 002D, 002E and 002F):

Uptake of screening and immunisation services in Worsley ward are broadly in line with the PCT average. Breast screening and cervical screening could still be promoted in this area in order to increase take-up.



Source: NHS East Lancashire

Access to services summary

- Rossendale 001D and 002D rank in the bottom quintile nationally for the barriers to housing and services domain of the Indices of Deprivation.
- There is wide variation across the target area in terms of barriers to housing and services.
- Uptake of screening and immunisation services is generally good across the target area although uptake of the MMR vaccination at age
 2 in Stacksteads ward is much lower than the PCT average.
- Compared to Lancashire as a whole, residents of Rossendale 001D have to travel on average almost 3 times as far to reach a GP
 practice and almost 4 times as far to reach a post office.

Community safety

Traffic light summary

There is a significantly high hospitalised incidence of accidents in five LSOAs of the target area. This includes the LSOAs in the centre and north west of the district.

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

- 1. Unspecified injury of head
- 2. Fracture of neck of femur*
- 3. Fracture of lower end of radius
- 4. Infection following a procedure, not elsewhere classified[†]
- 5. Fractures of other parts of lower leg

*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.

⁺The occurrence of infections following procedures can be minimised by proper post-procedural care including, where necessary cleaning and redressing wounds. This is usually carried out by a district or practice nurse.

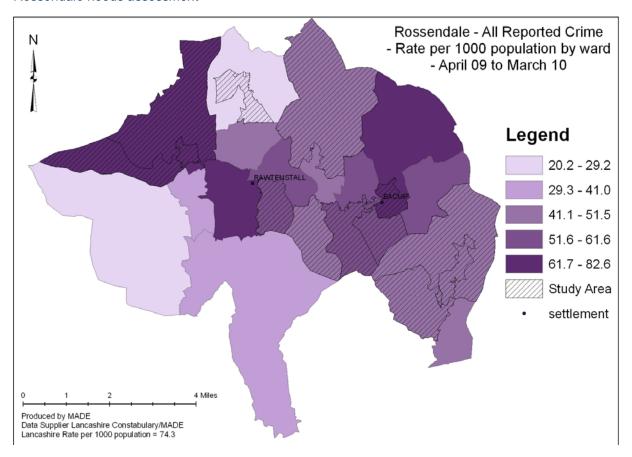
The highest rates of crime in Rossendale district are in the Greensclough and Worsley areas. Four of the 13 target area LSOAs lie within these wards.

Indicator	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D
Accidents Hospitalised Incidence	Not	Not						Not	Not	Not	Not	Not	Not
(MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	sig	sig	sig
All reported crime (ward)	242	151	82	82	82	131	151	88	138	138	154	154	136
Other stealing (ward)	244	96	65	65	65	104	96	53	157	157	253	253	235
Damage to vehicles (ward)	241	112	111	111	111	176	112	67	163	163	209	209	200
Assault with less serious injury (ward)	248	161	70	70	70	82	161	107	146	146	205	205	152
Burglary other than from a dwelling													
(ward)	222	162	31	31	31	98	162	78	150	150	181	181	193
Theft from a vehicle (ward)	19	48	22	22	22	36	48	31	34	34	54	54	76

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.

This map shows the rate of all crime at LSOA level for Rossendale.

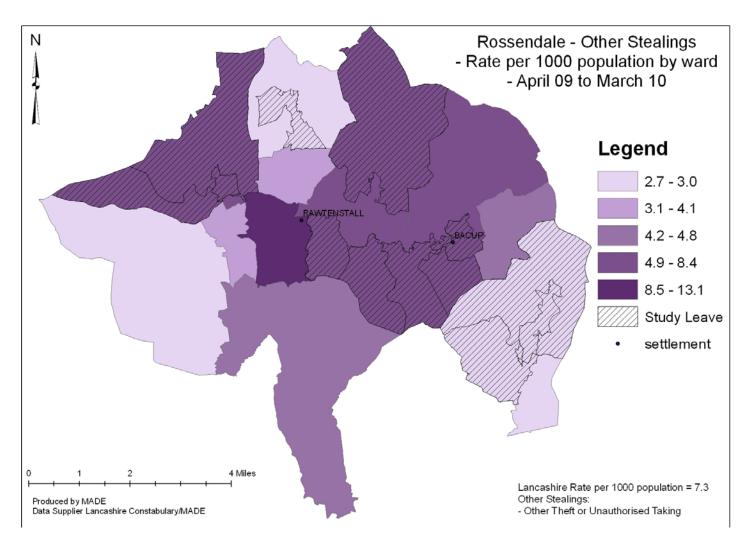


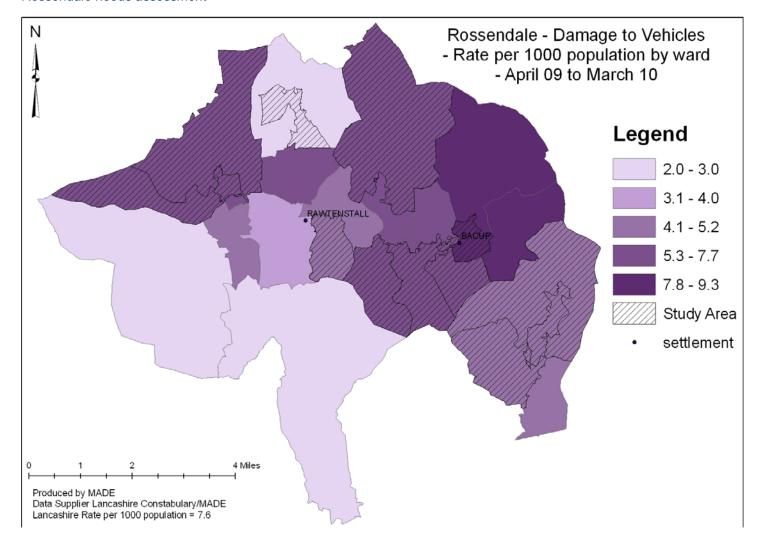
Between April 2009 and March 2010 the top five reported police incidences in Rossendale were (in descending order):

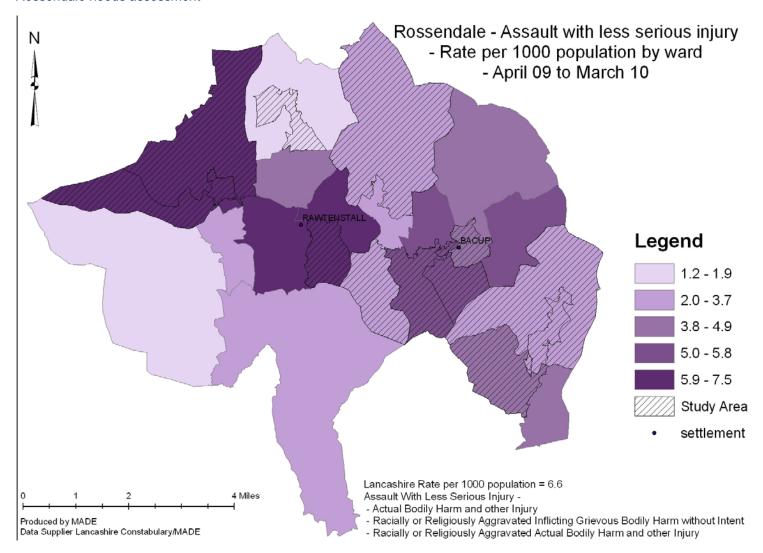
- Other stealings
- Damage to vehicles
- Assault with less serious injury
- Burglary other than from a dwelling

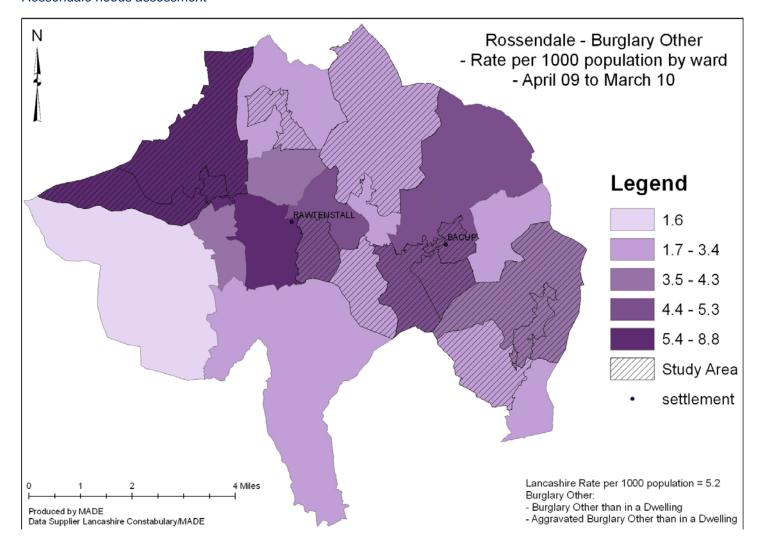
Theft from a vehicle

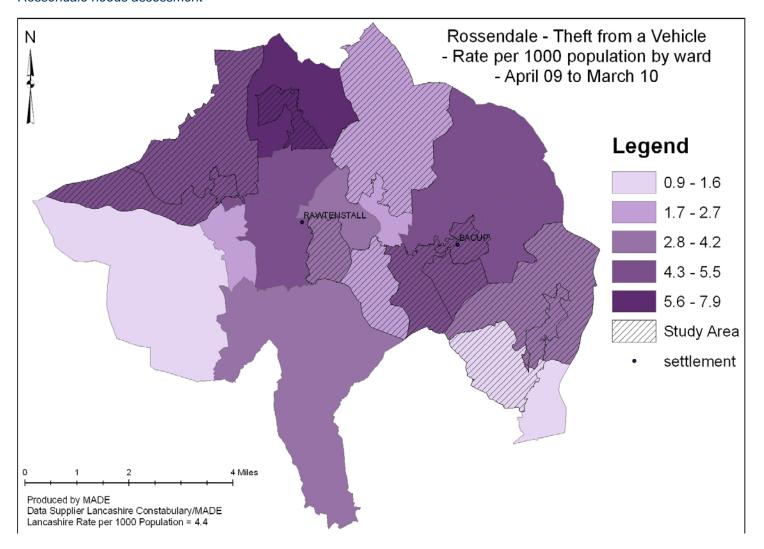
The maps below show the incidence rate for each of these crimes at ward level with the target area shaded.











Produced by MADE

Source: Lancashire Constabulary/MADE

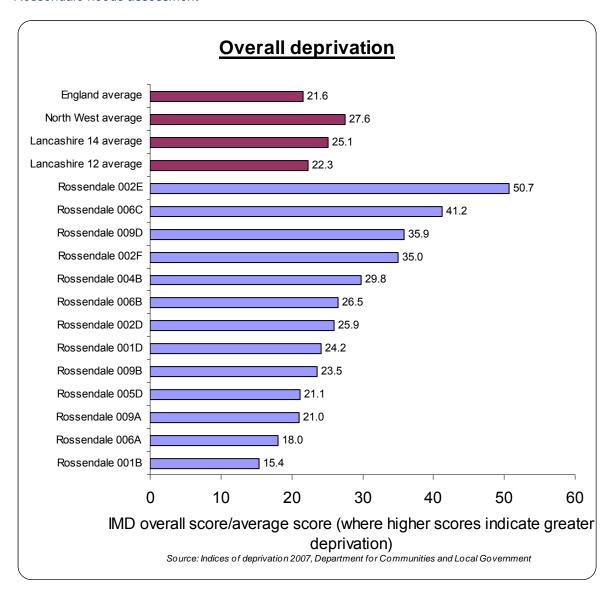
Community safety summary

- There is a significantly high hospitalised incidence of accidents in five LSOAs of the target area.
- The most common accidents requiring hospital admission are those involving head and limb injuries. Infection following procedures is also common across the district.
- The highest rates of crime in Rossendale district are in the Greensclough and Worsley areas. Four of the 13 target area LSOAs lie
 within these wards.
- The most common crime in Rossendale is other stealing which involves theft or unauthorised taking.

Economy, employment and income

Deprivation

There are vast differences in levels of deprivation across the target area. The Indices of Deprivation score each LSOA based upon a range of deprivation indicators. A higher score indicates greater deprivation. In the target area the scores for overall deprivation range from 15.4 in Rossendale 001B to 50.7 in Rossendale 002E. Over two thirds of the target area LSOAs have a higher score than the Lancashire 12 (County) average and over half of the LSOAs score higher than the England average. Four of the 13 target area LSOAs are in the most deprived quintile nationally for overall deprivation; a further five LSOAs are in the second most deprived quintile. Deprivation is linked with major internal health inequalities in Lancashire and has knock-on effects on most other aspects of life.



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

LSOA name	National deprivation quintile
Rossendale 001B	3 rd most deprived
Rossendale 001D	2 nd most deprived
Rossendale 002D	2 nd most deprived
Rossendale 002E	most deprived
Rossendale 002F	most deprived
Rossendale 004B	2 nd most deprived
Rossendale 005D	3 rd most deprived
Rossendale 006A	3 rd most deprived
Rossendale 006B	2 nd most deprived
Rossendale 006C	most deprived
Rossendale 009A	3 rd most deprived
Rossendale 009B	2 nd most deprived
Rossendale 009D	most deprived
Source: Communities and Loc	cal Government

Traffic light summary

Four of the target area LSOAs rank in the most deprived quintile nationally for overall deprivation. These are Rossendale 002E, 002F, 006C and 009D. None of the LSOAs rank higher than the 3rd most deprived quintile nationally which indicates that the whole target area is generally quite deprived compared to the rest of England.

There is a significantly high rate of benefit claimants in most of the target area compared to the North West average. This is predominantly due to high rates of pension credit claimants. In addition, Rossendale 006A, 006B, 006C and 004B have a significantly high percentage of unpaid carers. Many of these people will not be aware that they are entitled to benefits and may not even see themselves as official carers.

The claimant count gives an indication of the level of unemployment in each ward. Only two LSOAs have a higher claimant count than the England average; Rossendale 006B and 006C, both in the Stacksteads area.

Indicator	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D
Overall deprivation (LSOA)	Not sig	Not sig	Not sig	Higher	Higher	Not sig	Not sig	Not sig	Not sig	Higher	Not sig	Not sig	Higher
All Benefits (CG) Benefit Claimants (MSOA)	Lower	Lower	Higher	Not sig	Not sig	Not sig							
Job Seekers Allowance (JSA) Benefit Claimants (MSOA)	Lower	Lower	Not sig	Lower	Lower	Lower							
Pension Credit (PC) Benefit Claimants (MSOA)	Not sig	Not sig	Higher										
Percentage of Unpaid Carers Census Data (MSOA)	Lower	Lower	Not sig	Not sig	Not sig	Higher	Not sig	Higher	Higher	Higher	Not sig	Not sig	Not sig
Ward level claimant count August 2010	1.9	3.0	3.5	3.5	3.5	2.9	3.0	3.4	3.7	3.7	3.2	3.2	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

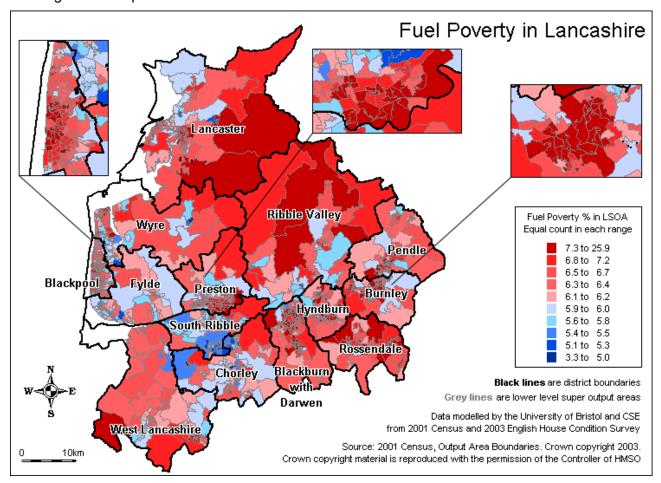
- Overall, Rossendale 002E is the most deprived LSOA in the target area and ranks in the most deprived quintile national along with Rossendale 002F, 006C and 009D.
- There is a significantly high rate of benefit claimants, particularly those claiming pension credit, in most of the target area compared to the North West average.
- Rossendale 006B and 006C have higher claimant count rates than the England average.
- Rossendale 006A, 006B, 006C and 004B have a significantly high percentage of unpaid carers who may not be aware of their entitlement to benefits.

Environment

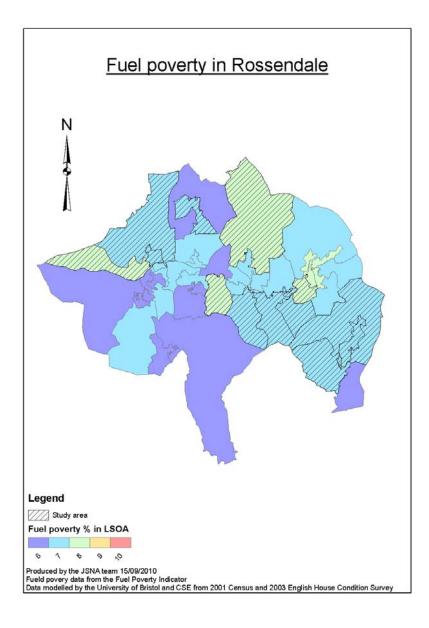
Fuel poverty

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, many parts of Rossendale experience high rates of fuel poverty, meaning they have to spend more than 10% of their income on fuel costs in order to maintain a satisfactory heating regime. 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.



A closer look at Rossendale district reveals that 7-8% of households in the target area are in fuel poverty. This is higher than the Lancashire average of 6.7% and the England average of 6.1%.



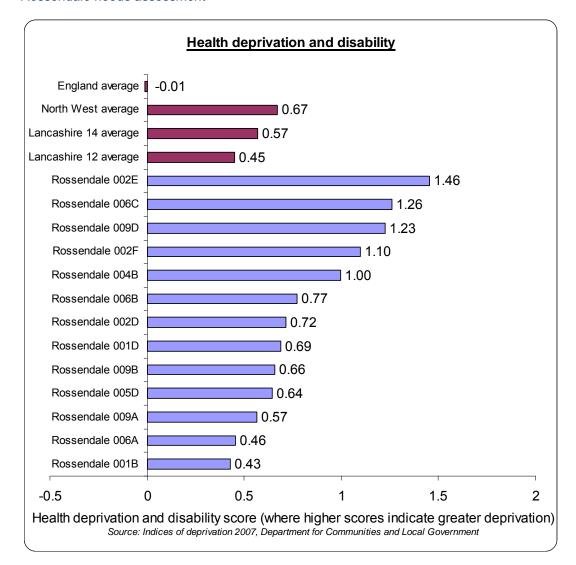
The table below helps to quantify the scale of the problem in the target area by showing the modelled number of households experiencing fuel poverty in each LSOA along with the quartile ranking out of 32,482 LSOAs in England. Alarmingly, all but one of the target area LSOAs are ranked in the worst quartile nationally for fuel poverty.

LSOA name	Number of households in fuel poverty	National rank
Rossendale 001B	59	worst quartile
Rossendale 001D	44	worst quartile
Rossendale 002D	47	worst quartile
Rossendale 002E	44	worst quartile
Rossendale 002F	47	worst quartile
Rossendale 004B	30	worst quartile
Rossendale 005D	35	worst quartile
Rossendale 006A	39	worst quartile
Rossendale 006B	45	worst quartile
Rossendale 006C	39	worst quartile
Rossendale 009A	46	worst quartile
Rossendale 009B	61	worst quartile
Rossendale 009D	59	middle 50%
Source: Fuel Poverty Indica	ator	

Health and wellbeing

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 Lancashire 14 average except Rossendale 009A which has the same score, and Rossendale 006A and 001B which have a lower score indicating they are less deprived.



Traffic light summary

Every LSOA in the target area had higher rates of poor self-reported health than the England average (eight of these differences are statistically significant), and over a quarter of the population in Rossendale 002E suffers from a limiting long-term illness; this compares to 18% nationally.

The health and wellbeing indicators show significantly high rates of hospitalisation for a range of health conditions compared with the North West average which span almost all of the target area. The only exception is Rossendale 001B and 001C in the north of the district where hospitalisation rates are much the same if not lower than the England average. The main problems are with alcohol specific conditions, musculoskeletal conditions, respirator and circulatory conditions including diabetes and poor mental health.

Respiratory conditions can be linked with smoking, damp housing conditions and certain industrial occupations including heavy manufacturing.

All of these are commonplace in Rossendale 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.

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

Health and wellbeing Data from Neighbourhood Statistics	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D	England
Acute Respiratory Conditions Hospitalised	Not	Not					Not							
Incidence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	sig							
Alcohol Specific Conditions Hospitalised	Not	Not	Not	Not	Not	Not								
Prevalence (MSOA)	sig	sig	sig	sig	sig	sig	Higher							
All Age All Cause Mortality Females ONS	Not	Not	Not	Not	Not		Not							
(MSOA)	sig	sig	sig	sig	sig	Higher	sig							
All Age All Cause Mortality Males ONS	Not	Not	Not	Not	Not	Higher	Not	Higher	Higher	Higher	Not	Not	Not	

Health and wellbeing Data from Neighbourhood Statistics	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D	England
(MSOA)	sig	sig	sig	sig	sig		sig				sig	sig	sig	
	Not	Not	- G	, and the second			Ü							
Asthma Hospitalised Prevalence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	
	Not	Not	Not	Not	Not		Ŭ	J		<u> </u>				
Back Pain Hospitalised Prevalence (MSOA)	sig	sig	sig	sig	sig	Higher								
Bladder Cancer Hospitalised Prevalence	Not	Not	Not	Not	Not	Not	Not	Not	Not	Not				
(MSOA)	sig	sig	sig	sig	sig	sig	sig	sig	sig	sig	Higher	Higher	Higher	
Cardiovascular Conditions Hospitalised	Not	Not						Not	Not	Not	Not	Not	Not	
Incidence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	sig	sig	sig	
Cervical Cancer Female Hospitalised	Not	Not	Not	Not	Not	Not		Not	Not	Not				
Prevalence (MSOA)	sig	sig	sig	sig	sig	sig	Lower	sig	sig	sig	Higher	Higher	Higher	
								Not	Not	Not				
Chest Pain Hospitalised Incidence (MSOA)	Higher	Higher	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	Lower	Lower	Lower	
Chronic Lower Respiratory Conditions	Not	Not									Not	Not	Not	
Hospitalised Incidence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	
Chronic Obstructive Pulmonary Disease	Not	Not												
Hospitalised Prevalence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	
Congestive Heart Failure Hospitalised	Not	Not						Not	Not	Not				
Prevalence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	Higher	Higher	Higher	
Coronary Heart Disease Hospitalised	Not	Not				Not								
Incidence (MSOA)	sig	sig	Higher	Higher	Higher	sig								
	Not	Not					l	Not	Not	Not		l	l	
Diabetes Hospitalised Prevalence (MSOA)	sig	sig	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	Higher	Higher	Higher	
Disability Living Allowance (DLA) Benefit							l				Not	Not	Not	
Claimants (MSOA)	Lower	Lower	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	
Emergency Admissions Hospitalised			I Pada an	Litterbase	I Park an	I Pada a	L Parlamen	Not	Not	Not				
Incidence (MSOA)	Lower	Lower	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	Lower	Lower	Lower	
Enilopsy Hospitalized Prayalones (MSCA)	Not	Not	Not	Not	Not	Llighor	Highor	Not	Not	Not	Not	Not	Not	
Epilepsy Hospitalised Prevalence (MSOA) Incapacity Benefit/Severe Disablement	sig	sig	sig	sig	sig	Higher	Higher	sig	sig	sig	sig	sig	sig	
Allowance (IBSDA) Benefit Claimants														
(MSOA)	Lower	Lower	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	
Long Term Illness Census Data (MSOA)			Not	Not	Not									
Long Term limess Census Data (MSOA)	Lower	Lower	IVOE	TON	JON	Higher	Higher	Higher	Higher	Higher	Lower	Lower	Lower	

Health and wellbeing Data from Neighbourhood Statistics	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D	England
<u>j</u>			sig	sig	sig									
Lung Cancer Hospitalised Prevalence (MSOA)	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Higher	Higher	Higher	Not sig	Not sig	Not sig	
Mental Health Conditions Hospitalised Prevalence (MSOA)	Not sig	Not sig	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	Higher	
Mental Health Specific Incapacity Benefit/Severe Disablement Allowance (IBSDAMH) Benefit Claimants (MSOA)	Lower	Lower	Not sig	Not sig	Not sig	Not sig	Higher							
Not Good Health Census Data (MSOA)	Lower	Lower	Not sig	Not sig	Not sig	Higher	Higher	Higher			Not sig	Not sig	Not sig	
Permanent Sickness Census Data (MSOA)	Lower	Lower	Lower	Lower	Lower	Lower	Not sig	Lower	Lower	Lower	Lower	Lower	Lower	
Rheumatoid Arthritis Hospitalised Prevalence (MSOA)	Not sig	Not sig	Not sig	Not sig	Not sig	Higher	Not sig	Higher	Higher	Higher	Higher	Higher	Higher	
Self Harm Hospitalised Incidence (MSOA)	Lower	Lower	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	
Skin Cancer Hospitalised Prevalence (MSOA)	Lower	Lower	Lower	Lower	Lower	Lower	Lower	Lower	Lower	Lower	Lower	Lower	Lower	
Rank of Health Deprivation and Disability Score (out of 32483 LSOAs in England) (LSOA)	7358	7049	8680	1772	3701	4482	6498	10323	7818	2873	9987	7683	2672	-
Comparative Illness and Disability Indicator (LSOA)	122.1	130.1	126.7	190.1	161.4	160.7	133.3	123.1	144.7	169.8	129.2	138.5	175.4	100
Mental Health Indicator (LSOA)	0.92	1.18	0.88	1.43	1.11	0.74	1.12	0.69	1.08	1.33	0.57	0.98	1.6	1.00
Emergency Admissions to Hospital Indicator (LSOA)	111	110.3	109.7	143.3	123.5	126.9	126.9	135.4	111.7	132.6	126.9	132.8	144.3	100
Not Good Health (LSOA)	10.26	10.8	11.8	17.57	10.55	11.77	10.97	11.81	12.01	11.41	10.23	11.78	12.14	9
With a Limiting Long-Term Illness (LSOA)	18.84	18.89	22.08	29.25	19.95	24.21	22.54	18.81	22.75	21.52	19.83	21.52	21.51	18

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

- All of the target areas have significantly high hospitalisation rates for a range of conditions except Rossendale 001B and 001D.
- The main problems are with alcohol specific conditions, musculoskeletal conditions, respirator and circulatory conditions including diabetes and poor mental health.
- More than half of the target area has statistically significantly poorer self-reported health than the England average.
- Over a quarter of the population in Rossendale 002E suffers from a limiting long-term illness.
- Ten of the 13 target area LSOAs have a higher health deprivation and disability score than the Lancashire 14 indicating they are more deprived.

Older People

Traffic light summary

Indicators associated with older people's health show that hospitalisation for falls and arthroses are significantly higher than the North West average in half of the target area. Rossendale 005D comes out worst with significantly high hospitalisation rates for all the indicators. Rossendale 009A, 009B and 009D have significantly low hospitalisation rates for falls compared to the North West average.

Three of the target area LSOAs have a high percentage of pensioners living alone compared to England, including Rossendale 005D where older people seem to suffer from very poor health. In contrast, four LSOAs have a relatively low percentage of older people living alone. Older people living in Rossendale 002E, 002F and 004B suffer the worst income deprivation across the target area.

Older people Data from Neighbourhood Statistics	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D
Arthroses Hospitalised Prevalence	Higher	Higher	Not	Not	Not	Higher	Higher	Higher	Higher	Higher	Not	Not	Not
Altilloses hospitalised Frevalence			sig	sig	sig		Higher				sig	sig	sig
Arthroses Of The Hip Hospitalised Prevalence	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig	Higher	Not sig	Not sig	Not sig	Not sig	Not sig	Not sig
Attitioses of the hip hospitalised i revalence	Not	Not	Sig	Sig	Sig	Sig	riigrici	Not	Not	Not	Not	Not	Not
Arthroses Of The Knee Hospitalised Prevalence	sig	sig	Higher	Higher	Higher	Higher	Higher	sig	sig	sig	sig	sig	sig
	Not	Not	· · · · · · · ·	- Hgrist	- Highton	Not		Not	Not	Not	3	3.5	
Falls Hospitalised Incidence	sig	sig	Higher	Higher	Higher	sig	Higher	sig	sig	sig	Lower	Lower	Lower
	Not	Not	Not	Not	Not	Not		Not	Not	Not			
Osteoporosis Hospitalised Prevalence	sig	sig	sig	sig	sig	sig	Higher	sig	sig	sig	Higher	Higher	Higher
Percentage of pensioners living alone	11.76	10.54	10.56	23.09	9.89	16.95	17.5	14.56	16.91	14.15	7.75	18.62	17.1
Income Deprivation Affecting Older People rank of													
score out of 32483 LSOAs in England	8217	13940	19791	1113	5231	3181	8915	14833	13352	6945	18033	9376	7245
LSOA data source: Office for National Statistics; Com	nmunities	and Loca	l Govern	ment; De	partment	for Work	and Pens	sions					

Older people summary

Hospitalisation for arthroses is significantly higher than the North West average in half of the target area.

MSOA data source: NWPHO Health Profiler Tool. Statistically significant differences from SHA average based on indirectly standardised ratio.

- Older people in Rossendale 005D 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.
- Rossendale 002E, 005D and 009B have high rates of pensioners who live alone compared to England.

Key issues

Key issues across the whole 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:

- Fuel poverty
- Low incomes and incapacity to work
- Poor health, limiting long-term illness and disability
 - Alcohol specific conditions
 - Arthroses and back pain
 - o Circulatory conditions including diabetes
 - Poor mental health
 - o Respiratory conditions

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.

Rossendale 001B

No specific issues identified

Rossendale 001D

Access to services especially road distance to GP and post office

Rossendale 002D

- Access to services
- Accidents including falls

Rossendale 002E

- Access no car or van
- Accidents including falls
- Pensioners living alone
- Older people experiencing income deprivation

Rossendale 002F

- Accidents including falls
- Older people experiencing income deprivation

Rossendale 004B

Accidents

- Epilepsy
- Low life expectancy
- Older people experiencing income deprivation
- Unpaid carers

Rossendale 005D

- Accidents including falls
- Epilepsy
- Osteoporosis
- Pensioners living alone

Rossendale 006A

- Low male life expectancy
- Lung cancer
- Unpaid carers

Rossendale 006B

- Low male life expectancy
- Lung cancer

- Unemployment
- Unpaid carers

Rossendale 006C

- Access no car or van
- Low male life expectancy
- Lung cancer
- Unemployment
- Unpaid carers

Rossendale 009A

- Bladder cancer
- Cervical cancer
- Osteoporosis

Rossendale 009B

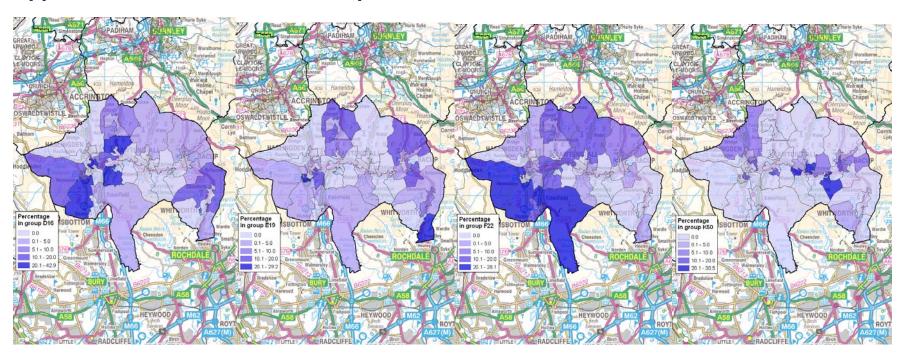
- Bladder cancer
- Cervical cancer
- Osteoporosis

Pensioners living alone

Rossendale 009D

- Access no car or van
- Bladder cancer
- Cervical cancer
- Emergency hospital admissions
- Osteoporosis

Appendix 1: additional Mosaic maps



Appendix 2 – Traffic light summary of all indicators at all geographical levels

Indicator	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D
Access to services													
Disability Living Allowance High Rate for Mobility Component (DLAHR) Benefit Claimants (MSOA													
Percentage of households with no cars or vans (LSOAs)													
Barriers to Housing and Services rank of score (out of 32483 LSOAs in England)													
Population Weighted Average Road Distance to a Primary School (LSOAs)													
Population Weighted Average Road Distance to a Food Store (LSOAs)													
Population Weighted Average Road Distance to GP Premises (LSOAs)													
Population Weighted Average Road Distance to a Post Office (LSOAs)													
Community safety													
Accidents Hospitalised Incidence (MSOAs)													
All reported crime (wards)													
Other stealings (wards)													
Damage to vehicles (wards)													
Assault with less serious injury (wards)													
Burglary other than from a dwelling (wards)													
Theft from a vehicle (wards)													
Economy, income and employment													
Overall deprivation (LSOAs)													
All Benefits (CG) Benefit Claimants (MSOAs)													
Job Seekers Allowance (JSA) Benefit Claimants (MSOAs)													
Pension Credit (PC) Benefit Claimants (MSOAs)													
Percentage of Unpaid Carers Census Data (MSOAs)													
Ward level claimant count August 2010 (wards)													
Health and wellbeing													
Acute Respiratory Conditions Hospitalised Incidence (MSOAs)													
Alcohol Specific Conditions Hospitalised Prevalence (MSOAs)													
All Age All Cause Mortality Females ONS (MSOAs)													

Indicator	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D
All Age All Cause Mortality Males ONS (MSOAs)													
Asthma Hospitalised Prevalence (MSOAs)													
Back Pain Hospitalised Prevalence (MSOAs)													
Bladder Cancer Hospitalised Prevalence (MSOAs)													
Cardiovascular Conditions Hospitalised Incidence (MSOAs)													
Cervical Cancer Female Hospitalised Prevalence (MSOAs)													
Chest Pain Hospitalised Incidence (MSOAs)													
Chronic Lower Respiratory Conditions Hospitalised Incidence (MSOAs)													
Chronic Obstructive Pulmonary Disease Hospitalised Prevalence (MSOAs)													
Congestive Heart Failure Hospitalised Prevalence (MSOAs)													
Coronary Heart Disease Hospitalised Incidence (MSOAs)													
Diabetes Hospitalised Prevalence (MSOAs)													
Disability Living Allowance (DLA) Benefit Claimants (MSOAs)													
Emergency Admissions Hospitalised Incidence (MSOAs)													
Epilepsy Hospitalised Prevalence (MSOAs)													
Incapacity Benefit/Severe Disablement Allowance (IBSDA) Benefit Claimants (MSOAs)													
Long Term Illness Census Data (MSOAs)													
Lung Cancer Hospitalised Prevalence (MSOAs)													
Mental Health Conditions Hospitalised Prevalence (MSOAs)													
Mental Health Specific Incapacity Benefit/Severe Disablement Allowance (IBSDAMH) Benefit Claimants (MSOAs)													
Not Good Health Census Data (MSOAs)													
Permanent Sickness Census Data (MSOAs)													
Rheumatoid Arthritis Hospitalised Prevalence (MSOAs)													
Self Harm Hospitalised Incidence (MSOAs)													
Skin Cancer Hospitalised Prevalence (MSOAs)													
Stroke Hospitalised Incidence (MSOAs)													
Rank of Health Deprivation and Disability Score (out of 32483 LSOAs in England)													
Comparative Illness and Disability Indicator (LSOAs)													
Mental Health Indicator (LSOAs)													

Indicator	Rossendale 001B	Rossendale 001D	Rossendale 002D	Rossendale 002E	Rossendale 002F	Rossendale 004B	Rossendale 005D	Rossendale 006A	Rossendale 006B	Rossendale 006C	Rossendale 009A	Rossendale 009B	Rossendale 009D
Emergency Admissions to Hospital Indicator (LSOAs)													
Not Good Health (LSOAs)													
With a Limiting Long-Term Illness (LSOAs)													
Older people													
Arthroses Hospitalised Prevalence (MSOAs)													
Arthroses Of The Hip Hospitalised Prevalence (MSOAs)													
Arthroses Of The Knee Hospitalised Prevalence (MSOAs)													
Falls Hospitalised Incidence (MSOAs)													
Osteoporosis Hospitalised Prevalence (MSOAs)													
Percentage of pensioners living alone (LSOAs)													
Income Deprivation Affecting Older People rank of score (out of 32483 LSOAs in England)													
Source: North West Public Health Observatory; Office for National Statistics; Communities	s and	Local	Gove	rnme	nt; De	epartr	nent	for W	ork ar	nd Pe	nsion	s	