

Lancashire JSNA annual commentary 2023/4

**A compendium of key issues for health, wellbeing, social care, and
the wider determinants of health**

Business Intelligence, Lancashire County Council
lancashire.gov.uk/lancashire-insight



Contents

1.	Introduction.....	3
2.	Demographics.....	3
2.1	Population estimates, births and deaths	3
2.2	Premature mortality.....	4
2.3	Population projections.....	5
2.4	Age	5
2.5	Ethnicity	6
2.6	Migration	6
3.	Wider determinants of health – built and natural environment	7
3.1	Air quality in the external environment.....	8
3.2	Natural environment.....	8
3.3	Fuel poverty	9
4.	Wider determinants – education	10
4.1	School readiness and early years foundation stage.....	11
4.2	Educational attainment – key stages 1 and 2	12
5.	Life expectancy.....	13
5.1	Life expectancy (LE) and inequalities	13
5.2	Life expectancy at age 65	14
5.3	Healthy life expectancy	14
6.	Health behaviours	15
6.1	Smoking and vaping	15
6.2	Alcohol.....	16
6.3	Healthy weight	17
6.4	Physical activity	19
6.5	Healthy eating.....	20
7.	Physical health conditions	21
7.1	Respiratory disease	21
7.2	Cancer	22
7.3	Cardiovascular disease.....	23
7.4	Diabetes.....	23
7.5	Musculoskeletal conditions	24
8.	Mental health.....	24
8.1	Social isolation & mental wellbeing.....	25
8.2	Common mental health disorders	25
8.3	Severe mental illness.....	26
8.4	Self-harm and suicide	27
8.5	Dementia	29
9.	Mortality.....	29
9.1	Infant mortality	29
9.2	Excess winter deaths.....	29



10.	Social care.....	30
10.1	Adult social care services	30
10.2	Supporting independent living (adults).....	31
10.3	Safeguarding children.....	31



1. Introduction

The annual commentary is produced by the Lancashire County Council's Business Intelligence team. It brings together key findings around the priority health, wellbeing, and social care issues for Lancashire. It provides an overview of these, along with a demographic breakdown and the wider determinants of health, such as deprivation, education and the economy. The annual commentary is intended to be used by local commissioners and service planners to explore further some of the key issues using the links provided. It should be read in conjunction with the director of public health's annual report.

Alongside more positive factors, the health, welfare and prosperity of significant proportions of the Lancashire population has, according to several measures and for many years, lagged behind many other parts of the country and the England averages: lower life expectancy; fewer years in good health; wide disparities of income and deprivation; and lower levels of economic development and productivity.

The previous joint strategic needs assessment (JSNA) [Annual Commentary 2022/23](#) included several sections on health and wellbeing effects of both the Covid pandemic and its aftermath, and the unprecedented rises of the cost of living that we were witnessing at that time. This annual commentary will not focus in as much detail on the effects of these factors, although where relevant, it will reference some of the likely long-term effects of the pandemic, and the still historically-high cost of living.

The annual commentary focuses primarily 'Lancashire-12' area, an area comprising the 12 local authorities of Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre. 'Lancashire-14' denotes the area comprised of these 12 local authorities, plus the two unitary authorities of Blackburn with Darwen and Blackpool.

The [Blackburn with Darwen Borough Council](#) and [Blackpool Council](#) JSNA websites also have a wealth of similar data and intelligence.

2. Demographics

2.1 Population estimates, births and deaths

Monitoring [births and deaths](#) in a population is important to measure population growth and mortality in an area. These data can provide valuable insights into the population's health and the impact of health inequalities on certain populations more than others.

- The [population in mid-2022](#) was estimated to be 1,253,154 (Lancashire-12) and 1,550,490 (Lancashire-14).



- In the year to mid-2022, there were 1,976 (Lancashire-12) and 2,087 (Lancashire-14) more deaths than births.
- The population grew by 1.37% (Lancashire-12) and 1.2% (Lancashire-14) between mid-2021 and mid-2022.
- In the 12 months to mid-2022 the fastest growing local authority in the Lancashire-14 area was Preston and the slowest Rossendale.
- The over-65 age group saw a higher annual growth rate, 2.1% (Lancashire-12) and 1.8% (Lancashire-14), than the 0-15s group, 1% (Lancashire-12 and Lancashire-14) and the 16-64 group, 1.2% (Lancashire-12) and 1.0% (Lancashire-14).
- Areas with an above UK average median age recorded the largest reductions in population due to natural change. In Fylde and Wyre, the median age was over 50, and in both areas deaths exceeded births by more than 500 in the year to mid-2022.
- The [mortality rate in 2022](#) (latest published figures, all causes and all ages) for the Lancashire-12 was 1,058 per 100,000 people, which was slightly lower than the North West rate (1,092) and higher than the rate for England (972). In Blackburn with Darwen the mortality rate was 1,259, and in Blackpool it was 1,302.
- Net internal migration varied from +2,924 in Wyre to -946 in Blackburn with Darwen.
- Net international migration in the year to mid-2022 was 8,846 in Lancashire-12 (11,006 Lancashire-14), and at district level was highest in Preston at 3,524 and lowest in Ribble Valley at 114.

2.2 Premature mortality

- 'Premature mortality' and excess [winter mortality](#) are measures that refer to deaths that are considered preventable/could potentially be avoided by public health interventions in the broadest sense.
- In the Lancashire-12 area for 2022, the mortality rate for males under 75 years of age from all causes considered preventable was 238.0 per 100,000 of the population [all figures below are per 100,000] and was significantly higher than in England (204.6).
- For females the under 75 years old, mortality rate from all causes considered preventable in the Lancashire-12 area in 2022 was 122.3 per 100,000 people and was 108.0 for England.
- In both Blackburn with Darwen (male=301.1, female=178.4) and Blackpool (male=387.3, female=210.8), the male and female mortality rate from all causes considered preventable is significantly higher than the England rate.
- In the Lancashire-12 area, in the period 2020-22 the under-75 all persons mortality rate from circulatory diseases considered preventable (36.7) was significantly higher than the England rate (30.1); both Blackburn with Darwen

(48.3) and Blackpool (52.6) were also significantly higher than the England rate during the same period.

- For the under-75 mortality rate from cancer considered preventable, Lancashire-12 (55.7), Blackburn with Darwen (63.1) and Blackpool (83.1) are significantly higher than the England rate (50.5).
- For the under-75 mortality rate from respiratory disease considered preventable, Lancashire-12 (21.3), Blackburn with Darwen (31.4) and Blackpool (37.2) are significantly higher than the England rate (17.0).

2.3 Population projections

The [Census 2021](#) shows a 5.5% increase in population in the Lancashire-12 area and a 4.8% increase in Lancashire-14 from the Census 2011. Only Blackpool saw a decrease at local authority level. These increases are lower than England (6.6% increase).

For the Lancashire-14 area, a 7.2% increase is [projected over the 25-year period](#) (2018-2043), resulting in an expected population total of 1.606 million by 2043. For the Lancashire-12 area, the percentage increase is projected to be higher at 8.6%, with the number expected to reach 1.31 million. These increases have been revised up from the previous projections. The estimated increases for both areas are similar to the average for the North West (8.5%) and well below England (10.4%).

Analysis by age shows that, the number of children aged 0 to 15 will peak in 2022 and then decline. The working-age population is predicted to peak in 2032 and the older population are predicted to continue to increase, with more in the 85 and over bracket each year as life expectancy increases over the period. The old-age dependency ratio (number of people on state pension per 1,000 people of working age), is predicted to increase in every district over the period of the projection, with Wyre seeing the largest increase from 489 in 2018 to 630 in 2043.

2.4 Age

The [Census 2021](#) showed the highest percentages of children under 15 years across the Lancashire-14 area were in Blackburn with Darwen 21% (33,000 children), Preston 19% (27,500), Pendle 19% (19,500), Burnley 19% (18,300), and Hyndburn 19% (15,500), while the lowest percentages of children under 15 were in Fylde 14% (11,300), Wyre 15% (16,500), and Ribble Valley 15% (9,400).

The districts with the highest percentages of population age 65 and over were Wyre 28% (31,100), Fylde, 28% (22,700), and Ribble Valley 24% (14,800). The districts with the lowest percentages of population over 65s were Blackburn with Darwen 15% (22,550), Preston 15% (21,800), Pendle 18% (17,200), Burnley 18% (16,800), and Hyndburn 18% (14,900).

All Lancashire-14 districts had between 2% and 4% of their population aged 85+, with the largest numbers of 85+ population in Lancaster (3,900), Blackpool (3,700), Fylde (3,200), and West Lancashire (3,100), while the lowest numbers of people over 85 were in Rossendale (1,500), and Burnley and Ribble Valley (1,900 each).

2.5 Ethnicity

Understanding the ethnic makeup of a population is important to ensure any services are targeted and presented appropriately and effectively. Members of minority ethnic groups also experience disproportionately higher rates of deprivation and ill-health relative to other ethnic groups.

[Census 2021](#) data on ethnicity shows that the single largest ethnicity across the Lancashire-12 area was White British at 88.9% (1.10 million), a decrease from 92.3% (1.08 million) in the Census 2011, which is similar a decrease to England and Wales.

The next most common ethnic group across the Lancashire-12 was 'Asian, Asian British or Asian Welsh' (8.1%, 100,031 people), up from 6.1% (71,054 people) in 2011. The districts with the highest proportions were Pendle 19% (16,807), Preston 16% (21,732), Burnley 11% (9,578), Hyndburn 11% (9,007), and Rossendale 5% (3,396).

The lowest percentage of Asian/Asian British population were in West Lancashire 0.8% (913), Wyre 0.9% (993), Fylde 1.1% (845), and Ribble Valley 1.3% (729).

Preston was the only district where the percentage of the Black, African, Caribbean or Black British population exceed 1% of the total population, at 1.2% (1,676 people). Preston also contained the highest percentage of Mixed or Multiple ethnic groups, 2.4% (3,326), and 'Other' ethnicities, 0.8% (1,053 people).

2.6 Migration

There were 4,340 [national insurance \(NI\) number registrations](#) for non-UK nationals in Lancashire-14 in 2020/21, a decrease of 6,040 from the previous year. India was the major source of registrations for the second year running making up 22.4% of the total, although this was almost half of those from the previous year (730 compared to 1,340). There was also a large drop in the number of registrations from Romania at 350 (down from 1,270 the previous year). Romania has traditionally been the highest source of registrations.



Lower migration to Lancashire-14 has implications for some employment sectors

Working restrictions now in place for people resident outside the UK, has likely contributed to the fall in NI registrations for people from EU countries.

The Covid-19 pandemic may have also influenced registrations as travel restrictions remained in place during 2020 and 2021.

3. Wider determinants of health – built and natural environment

Poor air quality within the external and built environment is a significant public health issue. The [Annual Commentary 2022/23](#) contained a section on air quality both within the natural/external environment, and within the built environment/within poor quality housing in particular. This is because across the Lancashire-14 area there are relatively high proportions of energy inefficient/poorly insulated housing ([English Housing Survey](#), 2020-21), housing within the lowest [Council Tax Band A](#), of [overcrowded](#) and housing of multiple occupancy, and of 'non-decent'¹ housing.

For example, during the early part of the Covid-19 pandemic when lockdowns were at their most severe, transmission, infection and case rates of Covid-19 were higher for people living in houses that were overcrowded and poorly ventilated (from March 2020 and for several months afterwards).

Poorly insulated and energy inefficient housing can lead to cold, poor ventilation, damp and mould, and all these factors are strongly associated with the development of [respiratory disease](#), chronic obstructive pulmonary disease (COPD), heart disease, stroke, and lung cancer, exacerbates asthma, and contributes to mortality. The Annual Commentary 2022/23 noted that the unprecedented rises in the cost of living, and high energy prices in particular, will have exacerbated these conditions further. In 2024, although the cost of living rises are lower, these factors associated with Lancashire's relatively high proportions of poor [housing](#) remain.

¹ The 'English Housing Survey 2020-21 Regional Housing Trends' notes that a 'decent' home is one that meets the 'Decent Homes Standard', ie is one that 'meets the statutory minimum standard for housing, is in a reasonable state of repair, has reasonably modern facilities and services, and provides a reasonable degree of thermal comfort' – 'non-decent' are homes that do not meet one or more of these standards.

3.1 Air quality in the external environment



4.6%

of Lancashire-12 deaths attributed to particulate air pollution (2020)

Air quality outside of the built environment varies across the county, with urbanisation, transport, and industry the main contributors to pollution. Not unexpectedly, more coastal and rural areas mostly have [lower levels of pollution](#).

The main measure of pollution from a public health perspective looks at fine particulate matter (PM_{2.5}). The table below shows the concentration of PM_{2.5} across Lancashire.²

Air pollution – fine particulate matter (concentrations of PM_{2.5}), 2020

Area	Value µg/m ³
Lancashire-12	6.1
Blackburn with Darwen	6.6
Blackpool	5.9
England	7.5

Source: [Fingertips, Office for Health Improvement and Disparities \(OHID\)](#)

There was a large decrease in NO₂ (nitrous dioxide) levels due to reduced road transport and movement during to the Covid-19 lockdown restrictions. PM_{2.5} levels reduced to a lesser extent as other emission sources (including dust, smoke, and household activities) were still contributing. As road transport, travel and commuting have increased post-pandemic, emissions will have risen again.

3.2 Natural environment

As with the built environment, the natural environment can have an impact on a person's health and wellbeing. Lancashire is a [diverse county](#) with nature reserves, registered parks and gardens, 123 kilometres of coastline and two designated areas of outstanding natural beauty (AONB).

² The concentration of an air pollutant is given in micrograms (one-millionth of a gram) per cubic meter air or µg/m³.



3.3 Fuel poverty



72,491

Lancashire-12 households estimated to be in fuel poverty in 2020

In 2021 the published figure stood at

78,472

and was projected to increase to

145,102

for October 2022

[Fuel poverty](#) has been a growing concern over recent years, with fuel-poor homes most likely to be cold and damp homes. Following on from the Covid-19 pandemic and with the cost-of-living crisis, it was to be expected that many more households will have been in fuel poverty by winter 2022 and into 2023.

Unfortunately, fuel poverty statistics are released only every two years (two-year averages) and are not yet available post-2021 at lower than Lancashire-12 level.

The Centre for Progressive Policy's '[Cost of living vulnerability index](#)' provides more recent estimates of fuel poverty during the interim, which take into account the recent cost of living price rises, energy price rises in particular, and includes Blackburn

with Darwen, Burnley, Hyndburn, Blackpool, Preston, and Pendle within the top decile of its vulnerability index for fuel poverty. Over a similar time period [Friends of the Earth research](#) identified areas with lower than average income, higher than average energy use, augmented with data on the number of homes within these that require loft or cavity wall insulation, plus the average current energy bills for autumn/winter 2022, to determine the number and percentage of 'energy crisis hotspots'/LSOAs. In Lancashire-14, five districts had over 40% of their LSOAs as energy crisis hotspots (Blackpool 60%, Rossendale 58%, Blackburn with Darwen 50%, Burnley 45%, and Pendle 42%) and nine districts had over 20% of their LSOAs as hotspots.

Support has been made available via the energy price cap and one-off fuel payments, and via the Household Support Fund (HSF) (initiated in October 2021) during the interim period.

By October 2023, 'more than £264,972 of the [council's allocation of HSF](#) has helped 711 eligible households with payments for gas, electric and water, [plus] essential household appliances as well as clothing, other home essentials and food'.



3.4 Food insecurity

59% increase in food parcels distributed
2014/15 - 2021/22

&

38% increase
between 2021/22 –
2023/24

in the North West

While data are not available for all local authorities, the increase in food bank use over recent years is clearly indicated within figures published by the [Trussell Trust](#), the UK's most comprehensive food bank distribution charity which, across the North West region, distributed

- 252,048 food parcels between April 2021 and March 2022
- 347,976 food parcels between April 2022 and March 2023³

By October 2023, Lancashire County Council had used parts of its [HSF to provide funding](#) totalling £380,000 [which] has also helped more than 1,800 households with additional food support throughout the year, achieved by supporting local food banks and food clubs'. Working with each of Lancashire's 12 local authorities via a network of their food officers, HSF funds have been used to support a range of food organisations (food banks, clubs, co-operatives and community shops/pantries) and at April 2024 this work is ongoing to part-support the provision of emergency food parcels, and the broader support many of these organisations offer to their customers in terms of signposting to other sources of support for households in need of debt reduction, benefits and related advice.

4. Wider determinants – education

Education is important for children's wellbeing and the benefit of wider society. It contributes the knowledge, understanding, skills, capabilities and attributes needed for children's mental, emotional, social and physical wellbeing both now and in the future. Evidence suggests that a higher level of educational qualification is a significant predictor of improved wellbeing in adult life, influencing income, housing and other resources needed to achieve this. Educational attainment is also influenced by both the quality of education children receive and their family socio-economic circumstances.

The Covid-19 pandemic disrupted most aspects of educational provision in nurseries, schools, and other childcare provision, and it is useful to assess the degrees to which educational provision has recovered since that time.

³ This figure does not include other food banks not in the Trussell Trust network. This isn't the total number of people supported, rather the number of parcels distributed – one person/household may receive multiple parcels across a year.



4.1 School readiness and early years foundation stage

The [early years foundation stage](#) (EYFS) sets the standards for development, learning and care of children from birth to five years. School readiness is the percentage of children achieving a good level of development (GLD) at the end of reception school year and is an important indicator of a child's development.

The full impact of Covid-19 on school readiness is difficult to quantify. Data collection for the EYFS was suspended by the Department for Education and no profile data is available for July 2020. However, the data for 2021/22 did show a reduction since 2018/19 in the average percentages of 'all' children achieving a GLD across the Lancashire-12 and both unitary authorities, and in all cases the figures remained lower than the England average.

Percentage of children achieving a GLD, 2018/19, 2021/22, & 2022/23

	All 2018/19	All 2021/22	All 2022/23
Lancs-12	69.2%	62.1%	64.4%
Blackburn with Darwen	68.4%	63.1%	63.7%
Blackpool	67.9%	60.1%	63.9%
England	71.8%	65.2%	67.2%

Source: OHID Early years foundation stage at: <https://fingertips.phe.org.uk/indicator-list/view/oX5dlwtXbE>

In 2022/23 the percentage of children achieving a GLD at reception year showed a slight increase at 64.4% though this percentage is still lower than in the pre-pandemic period (2018/19) which was 69.2%. Blackburn with Darwen was 63.7% and Blackpool was 63.9% of children achieving a GLD; England was 67.2%.

Although the data are incomplete, it does show that girls continue to achieve higher rates of GLD than boys.

Percentages of children achieving a GLD at reception year by sex, 2018/19 – 2021/22

	Female 2018/19	Female 2021/22	Male 2018/19	Male 2021/22	No data 2022/23 on GLD by sex
Lancs-12	75.8%	69.1%	62.9%	55.6%	
Blackburn with Darwen	76.4%	No data	61.0%	No data	
Blackpool	73.6%	No data	62.6%	No data	
England	78.4%	No data	65.5%	No data	

The negative effects of more deprived circumstances on children's achievement of a GLD are also apparent when we look beneath the Lancashire-12 area average and



at smaller geographic areas where more socio-economically disadvantaged and deprived circumstances are more prevalent.

For example, the percentages of 'all'⁴ children achieving a GLD at reception year in 2022/23 varied significantly between the [Lancashire-12 districts](#), from their highest in districts such as Fylde (72.9%) and Ribble Valley (71.0%) which contain fewer areas of deprivation, to their lowest in districts where there are more areas of deprivation. For example in Burnley only 57.1% and in Pendle 61.1% of 'all' children achieved a GLD in 2022/23.

The effects of deprivation on children's development shows that the [children on free school meals \(FSMs\) that achieve a GLD at reception year](#) continue to be lower. For example, the Lancashire-12 area average was just 44.2% in 2021/22 (49.1% in England) and 48.3% in 2022/23 (51.5% in England).

4.2 Educational attainment – key stages 1 and 2

[Key stage 1](#) is the term for the two years of schooling in maintained schools in England and Wales also known as year 1 and year 2, when pupils are aged between 5 and 7.

The education of children in key stage 1 was severely disrupted by school closures during the Covid-19 pandemic. A 2021 report by the [Education Endowment Foundation](#) suggests there have been decreases in attainment for children in year 1, with the 'Covid gap' most prevalent across reading and maths. The gap is widest between the most and least disadvantaged children – an estimated seven months' progress – and is wider than pre-pandemic levels. Closing this learning gap will require continued efforts to support recovery from the effects of the pandemic on children's development.

The tables below show the percentages of key stage 1 children achieving the expected level in the phonics screening tests that use both letters, words and syllables, and their associated sounds (phonemes) to both teach and assess the children's comprehension of such, over a longer period (2011/12 – 2022/23).

⁴ The 'all' children classification includes both children in receipt of FSMs and children not in receipt of FSMs.

Percentages of all children and children on FSM achieving expected levels in phonics screening check at key stage 1:

	Lancashire-12		Blackpool		Blackburn with Darwen		England	
	All children	FSM children	All children	FSM children	All children	FSM children	All children	FSM children
2011/12	62.4%	46.6%	56.0%	40.9%	55.6%	42.5%	57.9%	44.5%
2012/13	70.9%	56.1%	63.4%	52.9%	66.7%	51.6%	69.1%	55.8%
2013/14	75.8%	61.5%	73.0%	60.9%	74.8%	61.5%	74.2%	61.3%
2014/15	77.2%	63.8%	77.5%	72.8%	76.2%	65.0%	76.8%	64.7%
2015/16	80.6%	68.0%	80.5%	70.0%	80.9%	69.4%	80.5%	68.6%
2016/17	81.2%	66.5%	80.4%	72.2%	81.2%	67.9%	81.1%	68.4%
2017/18	81.8%	69.5%	80.7%	70.7%	81.7%	73.2%	82.5%	70.1%
2018/19	81.5%	69.3%	82.2%	77.0%	81.6%	72.8%	81.8%	70.1%
2019 - 21	No data		No data		No data		No Data	
2021/22	73.6%	58.0%	75.5%	68.0%	77.7%	71.1%	75.5%	62.0%
2022/23	77.2%	62.7%	76.3%	67.0%	79.8%	71.6%	78/9%	66.5%

It can be seen above that in all areas and for 'all' children and children on FSMs the average percentages of children achieving the expected standards in phonics screening tests have not yet recovered to pre-pandemic levels, and that children on FSMs achieve consistently lower average percentages of a GLD than 'all' children.

5. Life expectancy

The health and wellbeing of a population is a key issue for national and local government. People with higher wellbeing tend to be more resilient, experience lower rates of illness, have better physical and mental health, and generally have increased [life expectancy](#).

5.1 Life expectancy (LE) and inequalities

The more deprived an area, the shorter a person's LE tends to be. In recent years LE has failed to increase across England, and this is also reflected in the Lancashire-14 area, with LE (2018-20) dropping for both males and females when compared with data for 2017-19.

Lancashire-12	BwD	Blackpool
77.8	75.2	73.4
Male LE 2020-22		
81.8	80.0	79.0
Female LE 2020-22		

The three upper-tier authorities in the Lancashire-14 area have significantly lower LE at birth for males and females compared to England (78.9 years for males, 81.8 years for females). Blackpool has the lowest life expectancy for males in England (2020-22).



There are also [inequalities in LE between males and females between and across authorities in Lancashire-12](#), and the slope index of inequality shows the extents that higher levels of deprivation are associated with lower LE.

5.2 Life expectancy at age 65

In Lancashire-12, [life expectancy at age 65](#) for males (17.9 years) is significantly lower when compared to England (18.4). Blackburn with Darwen (16.3) and Blackpool (16.0) also have a significantly lower life expectancy at 65.

In Lancashire-12, life expectancy at age 65 for females (20.3 years) is significantly lower than England (20.9). Blackburn with Darwen (18.9) and Blackpool (19) are also estimated to have a significantly lower life expectancy at 65.

5.3 Healthy life expectancy

People in more deprived areas tend, on average, not only die younger but are also more likely to spend a longer proportion of their lives living in poor health or with a disability.

[Healthy life expectancy](#) (HLE) at birth for 2018-20 for males (all ages) in the Lancashire-12 area (61.4 years) is significantly worse than England (63.1 years). Blackpool (53.5 years) has the lowest male HLE expectancy in England; Blackburn with Darwen (58.8 years) is also one of the lowest. Both are significantly worse than England.

For females, HLE in Lancashire-12 (64.0 years) is similar to England (63.9 years). Blackpool (54.3 years) and Blackburn with Darwen (59.3 years) are significantly worse, with Blackpool having the lowest in England.

The slope index of inequality (SII) in HLE measures the gradient in HLE across the least to most deprived small areas in an authority. Analysis shows very substantial inequalities for females and males in Lancashire-12 (females 15.6 years, males 15.8 years), Blackburn with Darwen (17.5, 18.0) and Blackpool (14.5, 16.6) (2009-13).

This degree of ill health among the working-age population will become more pronounced as the retirement age increases unless action is taken to raise the general level of health in the Lancashire-14 area and flatten the social gradient.

6. Health behaviours

A person's [lifestyle and health behaviours](#) can have a big impact on their health and wellbeing, increasing or decreasing the risk of many long-term conditions.

6.1 Smoking and vaping

Tobacco smoking is a known risk factor for many respiratory infections and increases the severity of respiratory diseases and other morbidities, whilst being the leading cause of premature mortality globally.

A [review of studies](#) by the World Health Organization (WHO) found that smokers are more likely to develop severe disease with Covid-19 and be at higher risk of death if hospitalised, compared to non-smokers. Looking at [smoking behaviour](#) during the pandemic (including e-cigarette use) has shown mixed changes, with some studies showing increases in smoking to relieve stress and reduce negative emotions.

Others have reported increased attempts to stop tobacco/e-cigarette use. Stop smoking services continue to be an important public health function, particularly with those who may be at increased risk of long Covid or have underlying or pre-existing medical issues.

[Recent data](#) (2022) show that 13.4% of the aged 18+ population within the Lancashire-12 area smoke, while the rate is 19.4% in Blackburn with Darwen, and 18.8 in Blackpool (15.1%). England is 12.7%.

In 2022/23 in the Lancashire-12 area, the proportion of mothers smoking at the time of delivery was 10.9%, which is significantly higher than England (8.8%). In Blackburn with Darwen the figure was 11.0% and in Blackpool the figure was 19.4%, both statistically higher than England. However, the trend data shows this is improving for Lancashire-12 and Blackpool.





6,801 smoking
attributable
deaths in
Lancashire-14
(2017-19)

Lancashire-14 residents are significantly more likely to be admitted to hospital or die from a smoking-related illness.

The smoking-attributable mortality rate (2017-19) is significantly higher in Lancashire-12 (229.1 per 100,000), Blackburn with Darwen (321.6) and Blackpool (379.9) compared to England (202.2).

Very little is still known about the safety of electronic cigarettes and other vaping systems. This will be an important area for future research and surveillance, particularly in their use for people quitting tobacco use. This is important, as the risks are likely to be different across populations. The NHS still recommends the use of local stop smoking services and licenced nicotine replacement therapies for those trying to quit.

6.2 Alcohol

Second only to tobacco use, [alcohol](#) is one of the leading causes of premature death in England. Regular heavy drinking and binge-drinking behaviours are associated with a whole range of issues including anti-social behaviour, and an increased risk of physical and mental health problems. Long-term alcohol misuse is linked to a range of cancers, chronic liver disease, coronary heart disease, diabetes and stroke, and can have a massive impact on the social wellbeing of a person, their family, and friends.

During the [Covid-19 lockdowns](#), alcohol-related crime and anti-social behaviour linked to pubs, clubs and bars decreased to no incidence. National data indicates alcohol consumption overall didn't reduce, as supermarket and off-license sales of alcohol increased, with people drinking more at home. Those who were already considered 'heavy drinkers' increased their consumption. The full picture around drinking behaviours is likely to be reflected in future studies and hospital and mortality data.

Hospital admission rates for alcohol-specific conditions (all persons, all ages) are significantly higher in Lancashire-12 (749 per 100,000), Blackburn with Darwen (913) and Blackpool (1,282) compared than the national rate (626) (2020/21).

Increased consumption of alcohol during the pandemic has occurred alongside an increase in deaths. Alcohol-specific deaths increased by 20.0% nationally in 2020 (from 5,819 in 2019 to 6,983) and increased again in 2021 (to 7,556).

Alcohol-related mortality refers to deaths with an alcohol attributable fraction based on the underlying cause of death (including ethanol or methanol poisoning and the toxic effects of alcohol).



There were 609 alcohol-related deaths recorded across Lancashire-12 in 2022, giving the area a directly standardised rate per 100,00 of 47.6, significantly higher than England's rate (39.7). Blackpool's rate (73.7) is also significantly above England's and has the highest rate in the country. Blackburn with Darwen has a rate (48.1) that is similar to England. The recent trend shows no significant change for all three areas.



Lancashire-12 area deaths related to alcohol: 609 in 2022

Lancaster (61.9), Hyndburn (55.7) and Burnley (55.5) all have alcohol related mortality rates that are higher than England, whilst the other districts are similar.

To reduce liver disease deaths, the Office for Health Improvement and Disparities identified tackling harmful drinking as a critical part of the Covid-19 recovery plan.

6.3 Healthy weight

It is well evidenced being [overweight or obese](#) is associated with an increased risk of many health conditions, including coronary heart disease, hypertension, liver disease, osteoarthritis, and type-2 diabetes. Excess weight is a major determinant of premature mortality and avoidable future ill-health for adults and, increasingly, children. Other consequences of being overweight or obese may include low self-esteem, psychological issues, and social isolation.

Being underweight can also be damaging to health, affecting the immune system and bone strength. As with excess weight and obesity, there can be many causes of underweight including not eating a balanced diet, undereating, having an overactive thyroid, dieting, or having a mental health issue.

Adults

The Active Lives Survey (2022/23) estimates that 65.7% of the adult population (18+ years) in Lancashire-12 and 72.1% in Blackpool are classed as overweight or obese, significantly above the England estimate of 64%. For Blackburn with Darwen 60.9% are overweight or obese, which is statistically similar to England.

At a district level, Pendle (72.7%) and Hyndburn (72.4%) have significantly higher proportions of overweight and obesity in adults than England (64%). The other nine authorities are statistically similar to England.

When considering obesity, Lancashire-12 (28%) and Blackburn with Darwen (31%) and Blackpool (33.2%) all have statistically significantly worse rates of obesity when compared with England (26.2%).



At district level in Lancashire-12 Hyndburn (34.4%) has a significantly higher proportion of obesity in adults whilst all other districts are similar to England

Children and young people

Obese children are more likely to become obese adults and have a higher risk of morbidity, disability, and premature mortality in adulthood. There is also evidence of lower school attainment, lower self-esteem, and depression amongst overweight and obese children.

In Lancashire-12 area in 2022/23, of reception-age children who were overweight or obese (22.9%) was higher than England (21.3%). There has been no statistically significant change in the trend for this figure locally despite declines nationally. For Blackpool, over a quarter (27.4%) of reception-age children were overweight or obese in 2022/23, which was higher than England. For Blackburn with Darwen (21.5%), which is statistically similar.

Overweight or obese in Lancashire-12

Reception recent trend

no significant change

Year six recent trend

increasing and getting worse

At school year 6 (aged 10-11), For year 6 children in Lancashire-12, 36.8% are overweight or obese, which is similar to England (36.6%), in both Lancashire and nationally the trend data show this is increasing & getting worse.

In the districts there is considerable variation, the proportion of overweight and obese children in significantly higher than England in Burnley (40.3%), Preston (40.0%) and Lancaster (39.2%) - these districts are all seeing an increase in the proportion of children who are categorised in this group, along with Fylde (though the rates here are similar to England).

Severe obesity is also increasing and whilst Lancashire currently has a rate lower than that of England (5% vs 5.7%) there is a significantly higher rate in Burnley (7.1%). Rates for this measure are also rising in four Lancashire districts (Burnley, Fylde, Chorley, and Wyre). Three districts have a lower rate of overweight and obese 10-11 year olds (South Ribble, Wyre, and Ribble Valley – all under a third of the population.)

Blackpool (42.3%) and Blackburn with Darwen (39.5%) are significantly worse than England, although trend data here shows no significant change.

For year 6 children, 61.9% in Lancashire-12 are a healthy weight, similar to England (61.9%), but this is declining both locally and nationally.



Both Blackburn with Darwen (57.6%) and Blackpool (56.7%) are significantly worse compared to England. Blackburn with Darwen is declining whilst Blackpool has seen no significant change.

6.4 Physical activity

Adults

The benefits of [physical activity](#) are well documented. Physical activity can help reduce the risk of non-communicable or chronic diseases that negatively affect healthy life expectancy, such as heart disease, type 2 diabetes, obesity, and some cancers. It can also support mental health, through improving mood and reducing stress, while improving energy levels and sleep quality.



150 minutes of
moderate activity
or **75** minutes of
vigorous activity
per week is
recommended for
adults

Over two-thirds (67.9%) of the adult population (aged 19+) in Lancashire-12 are physically active (meeting the national guidelines of a minimum of 150 minutes of moderate activity per week), statistically similar to the England proportion (67.3%). However in Blackburn with Darwen (53.7%) and Blackpool (59.1%) the rates are significantly lower, Blackburn being the third lowest in the country.

Over a fifth (22.5%) of the adult population in Lancashire-12 is physically inactive (adults doing less than 30 minutes of moderate activity per week), similar to England (22.3%).

Again Blackburn with Darwen (37.6%) and Blackpool (32.2%) had much higher rates of inactivity, Blackburn being the second worse in England.

Levels of physical inactivity in 2021/22 [varied between Lancashire's-12 districts](#), from their highest in Pendle (30.0%), Hyndburn (27.7%), and Burnley (27.6%), to their lowest in Ribble Valley (17.4%), Lancaster (18.3%), and West Lancashire (19.3%).

Providing opportunities for increased activity is part of Lancashire County Council's [Local Cycling and Walking Infrastructure Plans](#). Currently all three upper-tier local authorities have significantly lower percentages of adults (aged 16+) [walking for travel](#) at least three days per week compared to England. For [cycling for travel](#), Blackburn with Darwen and Lancashire-12 are significantly lower than England, while Blackpool is similar (2019/20, latest data).

Children

Regular moderate/vigorous activity for children improves health and fitness, strengthens muscles and bones, can help the development of movement and coordination, while helping to build confidence and social skills. It can also aid and improve concentration and learning.



Good **physical activity habits** established in childhood and adolescence are likely to be **carried through** into **adulthood**

In 2022/23 in Lancashire-12, an estimated 44.8% of children (aged 5-15) were physically active; this is similar to the England proportion of 47%. Chorley (59.7%) and Rossendale (58.7%) are estimated to have significantly higher proportions of physically active children, whilst in Burnley (39.8%) and Hyndburn

(25.3%) estimates are significantly lower.

Blackburn with Darwen (43%) reported a rate of physical activity similar to England, whilst in Blackpool (40.5%) the rate reported is considerably lower.

6.5 Healthy eating

A [healthy diet](#) can help to support good physical and mental health, whilst a poor diet has been linked to long-term illnesses including cancer, coronary heart disease, excess weight, hypertension (high blood pressure) and type 2 diabetes.

2021/2022 estimates suggest that 31% of adults (aged 16+) in Lancashire are meeting the '5-a-day' fruit and vegetable consumption recommendation, significantly lower than the England average (32.5%). Blackburn with Darwen is also significantly lower (24.3%) whilst Blackpool estimates are similar (29.9%).

This is not a new issue – healthy diets have long been much less affordable for many people on lower incomes or with less disposable income and this has been exacerbated by recent economic and social conditions. For example the Food Foundation's annual report ['The Broken Plate'](#) (2022) states the most deprived fifth of UK households would need to spend 47% of their disposable income on food to meet the cost of the government recommended healthy diet. This compares to just 11% for the least deprived fifth.

The Food Foundation's ['Progress Report: 2023'](#) notes that the 'UK the average proportion of shopping baskets that are vegetables has fallen from 7.2% to 6.8% over the past four years', and that the 'cost of living crisis is continuing to impact on the amount of veg households are buying and is hitting low income households the hardest. Household purchases of vegetables fell in the year to 2022 by 14%'.



The issue of healthy diets also needs to be viewed against the issue of *insufficient diets* caused by rising levels of food insecurity⁵ which, as above, have increased throughout 2023 and, though it may have slowed into 2024, are still very high.

59% increase in food bank parcels distributed between **2014/15** and **2021/22** & **38% increase** between **2021/22** – **2023/24** in the North West

While local data are not available for all authorities, the increase in food bank use correlates with the difficulties people are facing in everyday life across all sectors of society.

The [Trussell Trust](#) distributed 252,048 food parcels via their food bank network between April 2021 and March 2022 in the North West region.⁶

7. Physical health conditions

This section looks at the prevalence and mortality rates of several physical conditions. Poor physical health can be limiting in many ways and can affect other aspects of a person's life, including mental wellbeing, employment, and social interactions.

The Covid-19 pandemic will have had a massive impact on people's physical health, from delays in diagnosis, to delays in treatments and premature mortality rates. It will also put additional pressure on primary and secondary health services for the foreseeable future. The full impact on health will likely be seen in the coming years.

7.1 Respiratory disease

[Chronic respiratory diseases](#) are diseases of the airways and other structures of the lung. Two of the most common are asthma and chronic obstructive pulmonary disease (COPD). Smoking and [air pollution](#) are the two main modifiable risk factors amenable to public health interventions, while, as above, poor housing and [fuel poverty](#) (resulting in cold/damp houses) can also have an impact on lung health.

The Covid-19 pandemic has had major implications on people's health, causing permanent or long-term lung damage for many people (both those with and without underlying lung and other conditions).

⁵ Food insecurity is defined as experiencing one or more of the following: having smaller meals than usual or skipping meals due to being unable to afford or get access to food; being hungry but not eating due to being unable to afford or get access to food.

⁶ This figure does not include other food banks not in the Trussell Trust network. This isn't the total number of people supported, rather the number of parcels distributed – one person/household may receive multiple parcels across a year.

For 2021/22 88,153 people aged 6+ years has asthma, the asthma prevalence (6+ years) in Lancashire-12 is 7.4% of the population, which is higher than the England rate of 6.5%.

In 2022/23, the rates (per 100,000 population) of admission for asthma in children (under-19-years) in Lancashire-12 (180.8), Blackburn with Darwen (272.7), and Blackpool (201.2) are significantly higher than England (122.2). The recent trend shows no change.

In Lancashire-12, there were 3,795 emergency hospital admissions for COPD (persons, aged 35+) in 2019/20 (latest data) – the highest number across the North West (NW) region – giving a directly standardised rate of 494 (per 100,000), which is significantly above England's rate (415). The Lancashire-12 area also has the highest number of deaths due to COPD across the NW (2,013 in 2020-22) at a rate of 50.5 persons per 100,000 (England rate is 42.8%, NW rate is 54.7 per 100,000 people). Blackpool is 79.9 and Blackburn with Darwen is 67.9.

Respiratory diseases are a leading cause of premature death in the Lancashire-14 area. In Lancashire-12 the mortality rate (persons aged under 75) for 2022 (latest data) was 38.1 (per 100,000), which is significantly higher than England (30.7). Blackpool (76.4) and Blackburn with Darwen (60.4) are also significantly higher.

Within the Lancashire-12 districts in 2022, the mortality rates due to respiratory disease vary considerably from their highest in Hyndburn (68.2) and Burnley (52.8) to their lowest in South Ribble (26.1) and West Lancashire (28.3).

7.2 Cancer

[Cancer](#) is a disease where cells in the body grow uncontrollably and spread to other parts of the body. It can start almost anywhere in the body and there are over 200 different types of cancer, each with its own risk factors, methods of diagnosis and treatment.

Some of the modifiable known causes of cancer are tobacco use, excessive alcohol consumption, an unhealthy diet, physical inactivity, being overweight or obese, ultraviolet light (including sun exposure and use of sun beds), and viruses such as human papilloma virus (HPV).

The prevalence of cancer has been rising in England. The latest figures (2022/23) indicate that there were 72,703 (4%) known cases of cancer across the NHS Lancashire & South Cumbria Integrated Care Board area (which includes Blackburn with Darwen, Blackpool and South Cumbria). This is significantly higher than England (3.5%).

7.3 Cardiovascular disease

[Cardiovascular diseases](#) (CVD) are diseases of the heart and blood vessels, including coronary heart disease (CHD), heart attack and stroke. They are common in people aged over 60 and the main causes are tobacco use, physical inactivity, an unhealthy diet, and harmful alcohol use.

The prevalence of hypertension (all ages), one of the major contributors to heart disease, in the Lancashire-12 area (15.3%) is higher than England (13.9%) (2020/21). The prevalence of coronary heart disease (all persons, all ages) in Lancashire-12 (3.8%) is higher than England (3.0%) (2020/21).



1,122

CVD deaths in
the under 75
population in
Lancashire-12
(2022)

The rate (per 100,000 population) of premature mortality (under 75s) from all CVD in the Lancashire-12 area (95.0 per 100,000 persons) is significantly higher than England (77.8). Blackpool (133.1) and Blackburn with Darwen (122.2) are also significantly higher.

At a district level, for all persons, Hyndburn (126.7), Rossendale (114.9), Burnley (109.9), Lancaster (107.9), Preston (99.8), and West Lancashire (97.2) all have rates that are significantly higher than England. The remaining six districts have rates similar to England.

For males only, the rate of premature mortality from all CVD in Lancashire-12 (137.8), is significantly higher than England (110.0). Blackpool (178.0) and Blackburn with Darwen (168) are also significantly higher. For males at a district level, Hyndburn (168.9), Rossendale (166.3), Lancaster (165.9), Burnley (164.0), Fylde (145.7), Preston (142.6), West Lancashire (142.2) have significantly higher rate compared to England. The remaining five districts are similar to England.

For females, the rate of premature mortality from all CVD in Lancashire-12 (53.9), is significantly higher than England (47.4). Blackpool (87.5) and Blackburn with Darwen (77) are also significantly higher. At a district level Hyndburn has a significantly higher rate (85.4), with the other 11 districts being similar.

7.4 Diabetes

[Diabetes](#) is a major public health concern, with the prevalence having increased greatly over the last three decades. It is a cause of serious morbidity and significant premature mortality, and is a major risk factor for cardiovascular diseases.

Type 2 diabetes – which affects approximately 90% of all people with diabetes – can often be treated with lifestyle changes (diet, exercise, and weight loss) and glucose lowering medication.



In 2022/23, the prevalence of diabetes (aged 17 and over) in the Lancashire-12 area (7.5% of the aged 17 and over population registered at a GP practice) is the same as the England average (7.5%). The prevalence is higher in Blackburn with Darwen (9.3%) and Blackpool (9.0%).

Diabetes is being diagnosed more in children and young people. For those aged under-19, the rate of hospital admissions for diabetes in 2021/22 was significantly higher in the Lancashire-12 area (75.5 per 100,000 of the aged 17 and over population) compared to England (58.0 in 2021/22). The rates are higher still in Blackburn with Darwen (71.5) and Blackpool (85.6).

7.5 Musculoskeletal conditions

[Musculoskeletal](#) (MSK) conditions are a range of disorders which affect the joints, bones, muscles, and soft tissues, and tend to be more prevalent and severe in later life. MSK conditions do not normally require hospitalisation and are rarely fatal, but they still have a significant social and economic impact and can substantially reduce an individual's quality of life.

In the Lancashire-12 area 20.5% of the population aged 16+ report a musculoskeletal condition (either long term back pain or long-term joint pain), significantly higher than the England rate (17.6%) (2022).

Of the districts, Wyre (26.2%), Burnley, Rossendale, Pendle, Hyndburn, Fylde, South Ribble, Chorley, West Lancs are all significantly worse than England. Only Preston is better (14.8%).



14.5%

of people aged
16+ in

Lancashire-12
report two long-
term conditions
including MSK
(2021)

In Blackpool (26.1%), the proportion is also significantly higher than England whereas in Blackburn with Darwen it is similar (17.1%).

Looking at the percentage of people who are reporting at least two long-term conditions (where one is MSK), Lancashire-12 (15.3%) is significantly higher than England (12.8%). Blackpool (20.7%) is also significantly higher, whilst Blackburn with Darwen (13.8%) is similar to England.

8. Mental health

Good mental health and wellbeing is associated with a range of positive outcomes such as lower incidence of mental illness, reduced physical illness and premature mortality, fewer health-compromising behaviours, as well as desirable non-health related outcomes, such as improved educational achievement, and social and economic participation.



[Mental ill health](#) is the largest single cause of disability in the UK. It can interfere with a person's ability to function on a day-to-day basis and is linked to poor physical health. Stress, depression, and anxiety are collectively the most common reason for employment absence among the working-age population. This can lead to loss of earnings, long-term incapacitation, and reduced feelings of self-worth.

The legacy of the pandemic and the current cost-of-living rises, mean that mental health continues to be priority public health area.

8.1 Social isolation & mental wellbeing

Social isolation and loneliness are pressing and difficult public health issues increasingly affecting both individuals and communities. They contribute to poor health and wellbeing and reduced life expectancy.

While previous social isolation and loneliness research focused mainly on older populations, newer studies have examined this from the perspective of Covid-19 and the wider population.

The pandemic led to a unique, collective social isolation in the form of national and local lockdowns. These included workplace, school, and other closures, along with restrictions around travel and leaving one's home for limited reasons.



**23% of GB
respondents
reported feeling
socially isolated or
lonely in March
2020. It was 27% in
March April 2024**

Evidence indicates that the lockdowns increased loneliness and isolation, leading to issues such as anxiety, depression, and lower life satisfaction, across many age groups.

At a national level (Great Britain) the ONS Public Opinion and Social Trends survey reports a small but steadily increasing rate of feelings of social isolation and loneliness.

8.2 Common mental health disorders

[Common mental health](#) disorders are conditions such as depression and anxiety that can cause marked emotional distress and interfere with daily function. There are long-standing debates about the causes of such common mental disorders, from internal physiological or biochemical imbalances through to external circumstances such as challenging social and economic circumstances that can exacerbate a person's problems of living to degrees that generate levels of depression or anxiety

that affect peoples' levels of stress, abilities to cope, general outlook, and mental health, again to various degrees.

These life problems can be regarded as wider determinants of mental ill health in a similar way as those that can lead to physical ill health, especially when they are considerable or extensive, such as during the recent covid pandemic and the rises in the costs of living.

Diagnosis of **depression** 18+

16.4% (168,721) in
Lancashire-12

17.2% (23,841) in BwD

21.6% (30,976) in Blackpool

13.2% in England
(2022/23)

Prevalence rates of diagnosed depression⁷ have been increasing in England since 2012/13 which at that time stood at 7.8% of the aged 18 and over population and has risen to 16.4% in 2022/23.

A similar trend is apparent across the Lancashire-12 area (up from 7.8% in 2013/14 to 16.4% in 2022/23), as it is in Blackburn with Darwen and in Blackpool.

OHID reports the percentages of respondents' responses to questions about feeling of anxiety, happiness, life satisfaction, and of the extent to which they feel the things they do in their life are worthwhile, as drawn from the ONS' Integrated Household Survey.

The latest data (2022/23) shows that in the Lancashire-12 area 22.1% of survey respondents reported what are considered to be high anxiety scores (23.3% in England). In Blackburn with Darwen it was 23.5%, and in Blackpool the percentage of respondents reporting high anxiety scores was 29.1%. 8.3% of respondents in the Lancashire-12 area reported what are considered to be low happiness scores in 2022/23. Blackburn with Darwen was 8.5% and Blackpool was 11.3%. England was 8.9%.

8.3 Severe mental illness

Severe mental illness (SMI) includes schizophrenia, bipolar affective disorder, and other psychoses. These conditions, particularly schizophrenia and psychoses, lead to abnormal interpretations of reality, which, if not managed, can lead to hallucinations, delusions, and extremely disordered thinking and behaviour. This impairs daily functioning, is disabling and can leave people very ill.

Diagnosis of **SMI amongst**
All ages

1.09% (13,985) in
Lancashire-12

1.34% (2,458) in Blackburn
with Darwen

1.69% (3,001) in Blackpool

1.0% in England
(2022/23)

A study by the [Health Economics Research Centre](#) identified significant harmful outcomes for those with severe mental illness, including their access to and use

depression are taken from the Quality Outcomes Framework and patients diagnosed with depression aged 18+ recorded on general

of mental health services in the early stages of the pandemic.

Those with a history of psychosis were more likely to experience negative impacts, with issues around wellbeing, mental health symptoms and social functioning recorded.

8.4 Self-harm and suicide

[Self-harm](#) is an expression of personal distress and there are varied reasons for a person to harm themselves, irrespective of the purpose of the act. There is a



1,555
emergency
admissions for
intentional self-
harm
(Lancashire-12,
all ages) in
2021/22)

significant and persistent risk of future suicide following an episode of self-harm.

In 202/23 (latest data) in Lancashire-12, the rate of emergency hospital admission for intentional self-harm was 123.7 per 100,000 people of all ages. This was similar to England (126.3). The trend is decreasing and getting better.

In Blackpool the rate was 184.6 and was 145.1 in Blackburn with Darwen – both significantly higher than the Lancashire and the England figures. The trend in Blackpool is decreasing and getting better, with no change in Blackburn with Darwen.

Lancashire-12's rate (396.2) in children and young persons aged 15-19 is significantly lower than the England rate (468.2) and for those aged 20-24 (167.7) is significantly lower than the England rate (244.4). However, Lancashire-12's rate (511.1) in children aged 10-14 is significantly higher than the England rate (251.2). Whilst the trend is decreasing and getting better for 15-19- and 20-24-year-olds, the trend shows no significant change for 10-14-year-olds.

The rate for emergency hospital admissions for self-harm amongst 10-14-year-olds (2022/23) show the Lancashire-12 area, Blackpool, and Blackburn with Darwen each within the top 13 areas in England (Blackburn with Darwen has the second highest rate in England, Blackpool the fifth highest and Lancashire-12 the 13th highest).

Self-harm can be a risk factor for suicide, though of course not everyone who self-harms is suicidal. Between the period 2020-22 there were 403 deaths (22 fewer than in 2019-2021) with the cause of death identified as [suicide](#) in the Lancashire-12 area. Of these 307 (-11) were male and 96 (-11) female, so over three-quarters of suicides were males.

In 2020-22 Lancashire-12 area's suicide rate was significantly higher for all persons (12.5), males (19.4) when compared to England (10.3 and 15.8 respectively). For

females the Lancashire rate (5.9) is similar to England (5.2), with men aged 45-49 still having the highest rate of suicide.

And the suicide rate in the Lancashire-12 area (12.5 per 100,000 aged 10+) remains higher than in England (10.3), while in Blackburn with Darwen (11.9) it is similar, and it is significantly higher in Blackpool (16.4).

Alcoholism, clinical depression, and schizophrenia are some of the major risk factors, with around 90% of those who die by suicide having a psychiatric disorder at the time of their death.



8.5 Dementia



Risk factors include:

- Increasing age
- CVD
- Diabetes
- Excess alcohol consumption
- Poor diet
- Smoking
- Depression
- Environmental factors
- Learning disability

[Dementia](#) is a collection of symptoms from different conditions that affect the brain and the vascular system. There are many different types of dementia although some are far more common than others, with Alzheimer's disease accounting for the majority, followed by vascular dementia.

In the Lancashire-12 area in 2023 just over 11,031 people (68.8 persons per 100,000) aged 65+ had a dementia diagnosis. In Blackburn with Darwen the rate of persons over 65 with a dementia diagnosis in 2023 was 68.4 person per 100,000, and was 67.6 in Blackpool, which are all higher than in England (63.0).

9. Mortality

While mortality from long-term/physical conditions have primarily been captured above, this section includes other types of mortality.

9.1 Infant mortality

[Infant mortality](#) is a strong indicator of the health of an entire population. It reflects the relationship between the immediate causes of infant mortality and upstream determinants of population health such as economic, social, and environmental conditions.

197 infant deaths in 2020-22 across the Lancashire-14 area

Infant mortality rates (infants under one-year) in the period 2020-22 were statistically similar in the Lancashire-12 area (3.9 per 1,000 live births = 140 infant deaths), Blackburn with Darwen (5.4 = 31 infant deaths) and Blackpool (5.9 = 26 infant deaths) when compared to England (3.9).

The rates of infant deaths have been declining in all areas over more than the last decade.

9.2 Excess winter deaths

The difference between the number of deaths that occur between December and March compared with the periods August to November and April to July is known as [excess winter deaths](#).





450
excess winter
deaths in
Lancashire-12
(Aug 2021-Jul
2022)

It is an important public health issue, potentially amenable to intervention. Although excess winter deaths are associated with low temperatures, conditions directly relating to cold, such as hypothermia, are *not* the main cause; instead, most additional winter deaths are caused by the onset and exacerbation of cerebrovascular diseases, ischemic heart disease and respiratory diseases, the rates of which in turn tend to be higher when associated with higher levels of multiple deprivation.

The unprecedented rises in the cost of living we have seen since late 2021 may also have had an adverse effect on excess winter mortality, for example by driving more households into food insecurity and fuel poverty – although it should be noted that this is not yet apparent in the data.

In Lancashire-12 from August 2021-July 2022 (latest data), the ONS' winter mortality index for excess winter deaths stood at 10.0% (450 excess winter deaths), similar to the England figure of 8.1% (13,980), and lower than in the previous period.

A very similar pattern – ie a notable spike in excess winter deaths in the period August 2020-July 2021 – is also apparent in both [Blackburn with Darwen](#) and [Blackpool](#) over the same periods.

10. Social care

10.1 Adult social care services

As a commissioning authority, and along with many other commissioning authorities within the UK, Lancashire County Council is facing growing financial pressures to fund social care services. In addition, many service providers are also experiencing difficulties, potentially resulting in issues with delivering commissioned services.

The Care Quality Commission's most recent 'State of Care' report, '[The state of health care and adult social care in England 2022/23](#)' provides a [summary](#) of a range of problems facing the adult social care sector and which are impacting on adults in need of adult social care.

Performance reports are presented to the [county council's cabinet](#) each quarter, as part of the council's Corporate Performance Report. An interactive [corporate performance dashboard](#) is also published.

Surveys are undertaken annually with users of adult care surveys, and biennially with carers of adult social care users. Reports from the results of the most recent surveys have been published by Lancashire County Council for [adult social care users](#) and for [carers](#).



In Lancashire-12, as is the case nationally, adult social care needs and their corresponding service and source of support are experiencing great challenges and difficulties. In May 2024, Lancashire's Health and Wellbeing board has initiated a joint strategic needs assessment into adult and older people who need support to live independently. Once completed, it will report and publish its findings.

10.2 Supporting independent living (adults)

Living Better Lives in Lancashire (LBLiL) was initiated in 2021 and is a practice-led transformation for all adult social care. By working collaboratively, people have greater choice and control in living a good life, staying connected and engaged with their communities, and supported in their own homes for longer. Outcomes show a reduced need for formal long-term care and extremely high rates of customer satisfaction.

Reablement is a short and intensive service which works with individuals, usually in their own home, where they are helped to regain the skills needed to live independently. Over 6,000 individuals per year benefit from reablement in Lancashire-12 and over 70% can live independently afterwards.

Supporting independent living has also been achieved through improving hospital discharge processes to cope with the demand of over 1,000 or so hospital episodes per month for Lancashire-12 residents known to Adult Social Care. Programmes such as 'Home First' and 'Discharge to Assess' enable a speedier hospital discharge and allow a fuller consideration of a person's subsequent needs once discharged from hospital and therefore reduce the reliance on short-term residential care services.

10.3 Safeguarding children

The [Office for Standards in Education, Children's Services and Skills](#) (Ofsted) carried out its most recent inspection of Lancashire's children's services in November/December 2022. The report concluded that the services were judged 'Good' and highlights the areas where significant improvement have been made. The published report is available [here](#).

Performance reports are presented to the [county council's cabinet](#) each quarter, as part of the council's Corporate Performance Report. An interactive [corporate performance dashboard](#) is also published.

Beginning in 2024, a children and young peoples' joint strategic needs assessment will be undertaken, with the report published on completion.

