

Annual report of the
Director of Public Health
2023 - 2024

Thinking
differently about
**Our Health
and Wealth**

lancashire.gov.uk



Acknowledgements and contributors

This report has been produced with the hard work and dedication of many individuals across Lancashire County Council. I would like to acknowledge the immense work of the core editorial group who have made this report possible.

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Foreword by Director of Public Health



Thinking differently about health...

This year's public health annual report sets out the current position of our county's health and highlights the need to think differently about improving it. It focusses on the impact of poorer health on our local economy and the importance of economic development and regeneration as a key opportunity to reduce inequalities in health.

Lancashire is a large, vibrant and varied county, and as is the case in several areas, we have many strengths but also many challenges to tackle. To address these increasing health challenges, we need to change what we do and the way we do

it. We need to focus on **reducing inequalities** in living standards, education, employment, housing and skills.

Almost every aspect of our lives impacts on our health, how long we live and how well we live. This includes our jobs, homes, social networks, access to education, the economy and whether we experience poverty or discrimination. These factors are the **building blocks of our health**. In the public and political debate about how to improve health, these building blocks are often overlooked or misunderstood. People tend to think of health as the food we eat, how much we exercise or access to GPs and hospital services. Understanding the wider determinants and influencing the policies and practice to improve them are fundamental to living **healthier lives in Lancashire**.

These factors have become even more important since the Covid-19 pandemic, which has caused **profound changes to health and wellbeing** globally. The impact of factors such as poverty, cost of living and the economy are recognised in the recent government's Levelling Up UK White Paper (February 2022) which provides history and analysis of the causes of economic and social disparities across the UK and a commitment that healthy life expectancy will rise by five years by 2035, with an interim target to narrow the gap between local areas where it is highest and lowest by 2030.

I believe in having a relentless focus on improving life chances to create a more favourable future for our residents. This means we must get even better at actively listening to our communities and collaborate radically across all sectors.

With strategic opportunities like the creation of a Combined County Authority and the evolution of Integrated Care Systems that pivot around prevention and adopting innovation, I look forward to working with you in developing Lancashire as a safer, fairer, and a healthier place for all – recognising that our **health is our wealth**.

A handwritten signature in black ink, appearing to read 'Dr Sakthi Karunanithi'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr Sakthi Karunanithi
Director of Public Health
Lancashire County Council

We are building on our strengths. We have made significant improvements during the last 12 months against our Health and Wellbeing Priorities: Best Start in Life, Healthier Hearts and Happier Minds.

A summary of our recent achievements

- We continue to maintain UNICEF Gold Accreditation for being a Baby Friendly County, supporting breastfeeding and healthy infant feeding practices.
- Our efforts to improve school readiness is proving to be a success. We have achieved an increase in the number of children who take up an early years offer to 87.4% (72% in 2020/21).
- As part of a pilot in Hyndburn we have reduced the waiting times for children waiting for speech and language therapy. In 2022 there were 100 children on the waitlist with a 40 week wait-time, there are now 0 children on the waitlist.
- Nearly 8 out of 10 people who started the adult weight management programme in 2023 successfully completed the programme.
- 1,296 children from 842 families across the county have learnt to make nutritional food choices, preparing meals and encouraging healthy behaviours such as eating together as a family.
- 37,000 people have received a Health Check (compared to 25,000 in the previous 12 months) to detect high blood pressure, diabetes and kidney disease.
- Our smoking rates continue to decrease from 2022 (14.5%) to 2023 (13.4%). Officers seized 182,780 illicit cigarettes worth an estimated £119,000.
- Our Oral Health Campaign delivered over 20,000 toothbrush packs to families.
- Lancashire has achieved micro-elimination of Hepatitis C, meaning 100% of people using the service have been offered a hepatitis C test. 90% of these people have then been tested. 75% of people who were diagnosed with Hepatitis C have started treatment.
- Our Young Person's Community Education team for sexual health have delivered approx. 400 sessions at schools, colleges, universities, and health events throughout the county.
- Our Welfare Rights service supported 1,912 of the most vulnerable people in Lancashire to claim their welfare benefit entitlements resulting in cash gains of £5.4m for them between April - December 2023.
- 3,700 victims of domestic abuse (women, children and men) were supported through the Refuge/ Safe Accommodation service and the Outreach Support Service.
- 341,514 households were supported by the Household Support Fund.

We are making progress against our previous annual public health report recommendations across the whole council and the wider system in improving health outcomes

Health in all policies approach

Adopt a 'health in all policies' approach to reducing health inequalities across Lancashire.

- A 'foundations for wellbeing' toolkit to enhance actions to improve health and wellbeing across wider council's service has been produced.
- There is an ongoing LGA supported training programme for elected members for improving wider determinants of health.

Communities and places

Work more closely with wider system partners to support and improve how we do things, working alongside the voluntary, community, faith and social enterprise (VCFSE) sector as more equal partners.

- A strategic framework for working with VCFSE is being developed in partnership with the NHS, District councils and wider public sector partners.
- The intention of this work is to engage more fully with local people and the organisations which represent them and to co-design a model which will support greater investment in wellbeing activities and reduce the need for people to access more expensive services

Early years, children, and young people

Harness the relationships and ways of working which have developed during the pandemic to improve the health and wellbeing of children and young people and reduce child health inequalities.

- Lancashire Health and Wellbeing Board has adopted 'Best start in life' as one of its three priorities. It is also a strategic priority for the Integrated Care Partnership.
- Family Hubs have been launched across all our districts to further support our children and families.
- We are working more closely with the educational sector following the pandemic to understand the needs of children and young people and further investing in Mental Health Support Teams.

We are making progress across the whole council and the system in improving health outcomes

Environment and climate

Align health and climate goals, working with partners and our communities to transition away from carbon and build resilient communities that are well adapted to respond to climate change.

- The County Council's Environment and Climate Change Strategy for 2023 specifically identifies health as one of the outcomes it will contribute to.
- There is a shared programme of work between the teams in securing cleaner air, warmer and more energy efficient homes, increased physical activity with more access to green spaces, cutting carbon emissions, supporting positive changes to improvement biodiversity, and creating well adapted resilient communities.
- There is joint working with the public, private, and third-sector leaders to stimulate growth in this agenda, which will also improve public health outcomes.

Healthy Ageing

Ensure all key interfacing strategies in Lancashire have a healthy ageing focus and to demonstrate commitment to healthy ageing by signing up as a co-signatory to the Department of Health and Social Care's Healthy Ageing Consensus statement.

- Prevention and addressing equality, diversity and inclusion is a stated ambition in our Health and Wellbeing strategy. There is further work to be undertaken in this area in embedding the actions within Better Care Fund, integration plans with the ICB, district councils and VCFSE.
- We are refreshing our dementia strategy to create a Dementia Friendly Lancashire.

Early years, children, and young people

Address low in-work productivity, as the biggest single contributor to Lancashire's productivity gap, through work-based health programmes, supportive workplace practices and closer working relationships with key agencies such as DWP.

- We are undertaking further research, analysis and engagement with communities, employers and DWP in generating locally-led actions to reduce economic inactivity.
- We have rolled out an employee assistance programme to support our workforce.

Thinking
differently about
**Our Health
and Wealth**

Our People

Our Places

Our Health

Key changes since the pandemic

Our Health and Economy

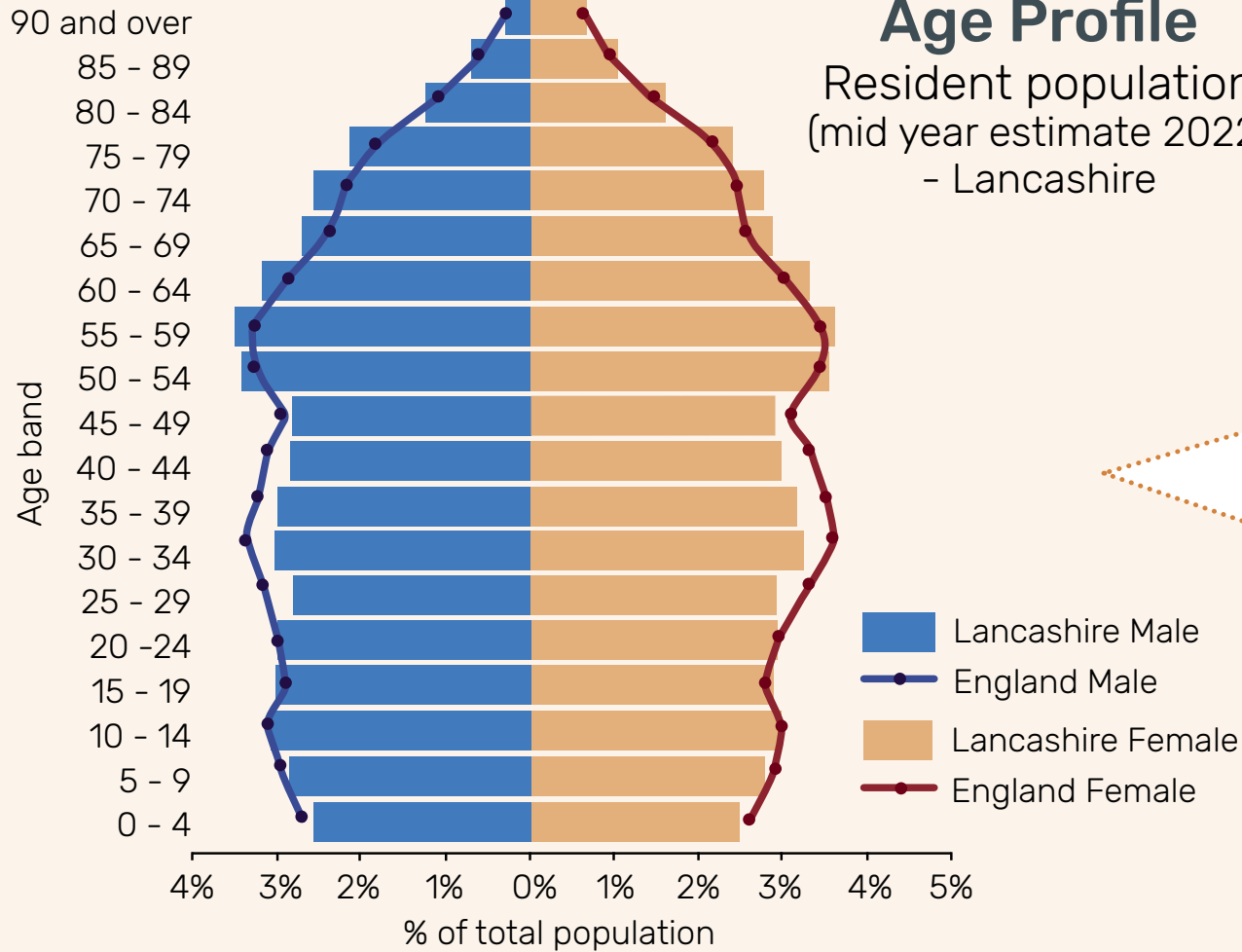
Recommendations

Our People

We have a higher proportion of people over 50 in Lancashire, and this is projected to grow significantly in the next 20 years. We are ethnically diverse with some districts having over 20% of ethnic minority population. Nearly 1 in 5 of us live in rural towns and villages in Lancashire.

Age Profile

Resident population
(mid year estimate 2022)
- Lancashire



Lancashire has a **lower working age** resident population and a **higher ageing** population compared to both regionally and nationally

Source: Office for National statistics (ONS), Mid-Year Population Estimates, England and Wales, 2022

Our People: summary facts

We are a diverse county with an ethnic minority population ranging between 2.5% and 29.5% across our districts.



Lancashire has
88.9%

white population
(85.2% White British)
compared to **81%** in England
(73.5% White British).

Lancashire has
11%

ethnic minority
population compared
to **19%** in England.



8.1%

Asian population is our
largest ethnic minority
group. This compares to
9.6% in England.

Pendle and **Preston**
29.5% **27.5%**

have the largest ethnic minority communities
(including mixed ethnic backgrounds).

Burnley and **Hyndburn** have

17.4%

ethnic minority communities.

**Ribble Valley (3.8%), Fylde (3.7%),
West Lancashire (3.0%) and Wyre (2.5%)** have the
smallest percentage of ethnic minority population in Lancashire.

Source: Census 2021

525,200 households across Lancashire 

Over a fifth of these are in two of our 12 districts

 **59,980** in Lancaster and **59,607** in Preston

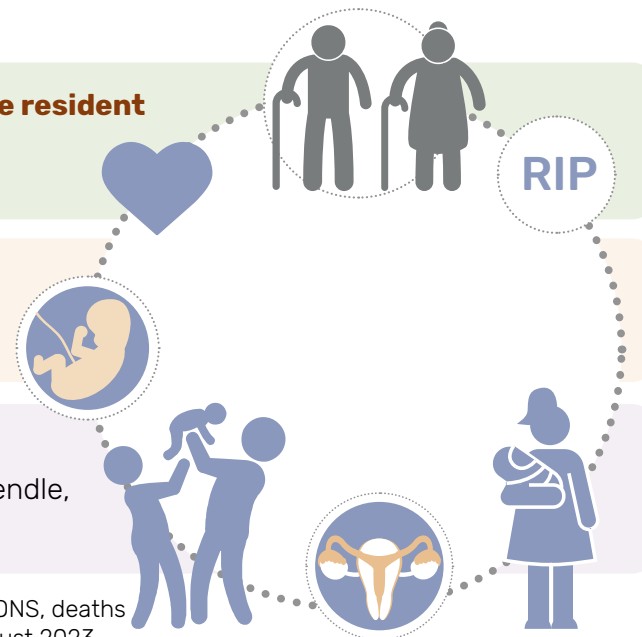
Source: Census 2021

Lancashire has a slightly lower working age resident population and a higher ageing population compared to both regionally and nationally.

Between 2018 and 2022, we continued to register more deaths than live births.

The general fertility rate is declining in Lancashire overall (higher than England in Pendle, Hyndburn, Burnley, Rossendale and Preston)

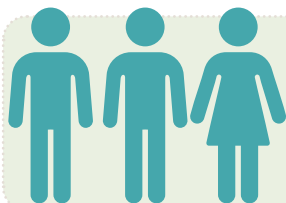
Sources: ONS, mid-Year Population Estimates, E&W, 2022. ONS, deaths registered in E&W, December 2023. ONS, births in E&W August 2023



Expected Changes

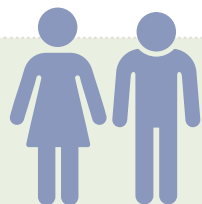
Between 2024 and 2042, Lancashire's population is expected to **increase** by approximately

5.3% to **1,311,018**
(6.5% increase for England)



The **highest population growth rates** are predicted for

Chorley followed by **Fylde**



Based on 2018 projections, the change in population indicates that there will be a **decline** in the number of **children and young people** with **no considerable growth** in the **working age group 16-64** compared to the Northwest region and England.

The older population is estimated to increase **27.1%** by 2042

Source: ONS, 2018 based population projections, www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1.

Our Places

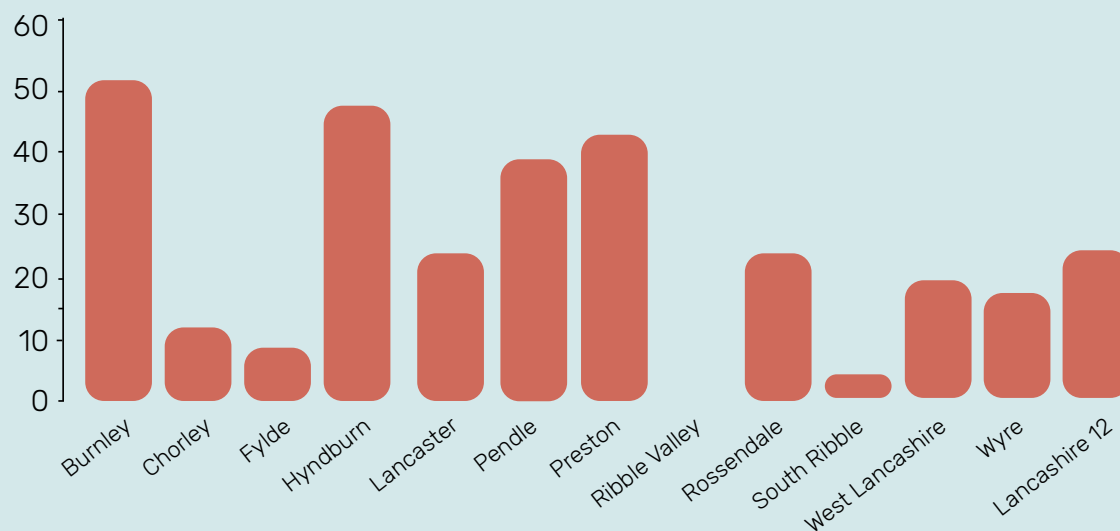
Lancashire is a place of astonishing diversity. We have admirable traditional townscapes, a multitude of stone-built dwellings and mills, handsome civic architecture and the relics of early industrialisation in which the region led the world.

Great natural diversity from a 77-mile coastline and estuary landscapes to uplands with extensive areas of beautiful countryside and moorland define Lancashire. The county incorporates parts of two designated areas of outstanding natural beauty (Forest of Bowland and Arnside/Silverdale).

A quarter of the county's total land area, 79,000 hectares is designated as green belts compared to 13% for England as a whole.

Most of Lancashire has good overall air quality.

Percentage of LSOAs in 20% most deprived areas



Burnley and **Hyndburn** are in the most **deprived 10%** of the lower-tier local authorities in England on the Index of Multiple Deprivation (IMD).
Pendle and **Preston** are in the **most deprived 20%**.

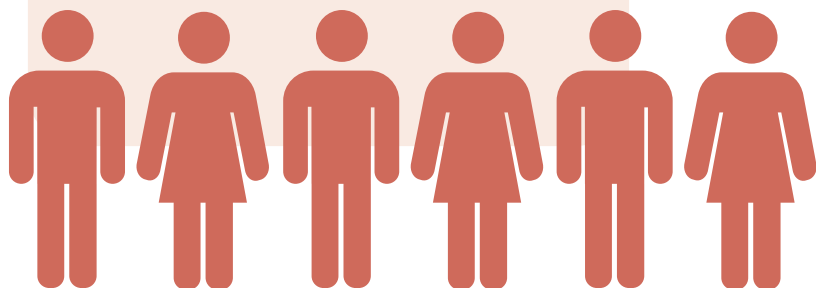
In contrast, **Ribble Valley** is in the **least deprived 20%** in England

Lower layer Super Output Areas (LSOAs) comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.

Source: Lancashire Insight. www.lancashire.gov.uk/lancashire-insight/deprivation/indices-of-deprivation-2019/2019-deprivation-analysis

Lancashire's Index of Multiple Deprivation (IMD) 2019 ranking is **78** out of **151** upper-tier local authorities and **1 out of 21** two-tier county council areas, where **1 is the most deprived**.

out of **151** upper-tier local authorities and **1 out of 21** two-tier county council areas, where **1 is the most deprived**.



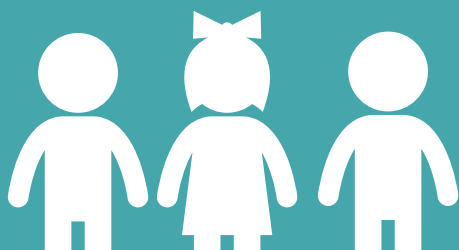
In Lancashire **24.5%** of the population lives in the **most deprived** LSOAs in England.

Source: Lancashire Insight. www.lancashire.gov.uk/lancashire-insight/deprivation/indices-of-deprivation-2019/2019-deprivation-analysis/

The **health deprivation** and **disability rank** is Lancashire's most deprived ranking (48 out of 151 upper-tier local authorities, 1 out of 21 two-tier county council areas), followed by the **living environment rank** (54 out 151 upper-tier local authorities, 1 out of 21 two-tier county council areas, where 1 is the most deprived).

22.7%

of children were **living in relative low-income families** in Lancashire, compared to **23.7% in the Northwest** region and **19.9% in England** (financial year ending 2022). The level of child poverty in Lancashire is worse than England.



The proportion of school aged pupils in Lancashire eligible for free school meals in 22/23 is

23%

, which is lower than **26.8% in the Northwest** and **23.8% in England**. The recent trend shows an increased proportion of pupils eligible in Lancashire, the Northwest, and England.



1,507

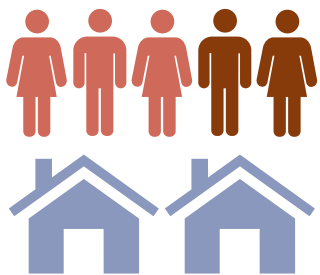
(5.3%)

16 to 17 year-olds were **not in education, employment or training** (NEET). This is getting better and now similar to the England average of **5.2%** (2022/23).



Source: Office for Health Improvement and Disparities, Fingertips–Public health data, <https://fingertips.phe.org.uk>

Our households

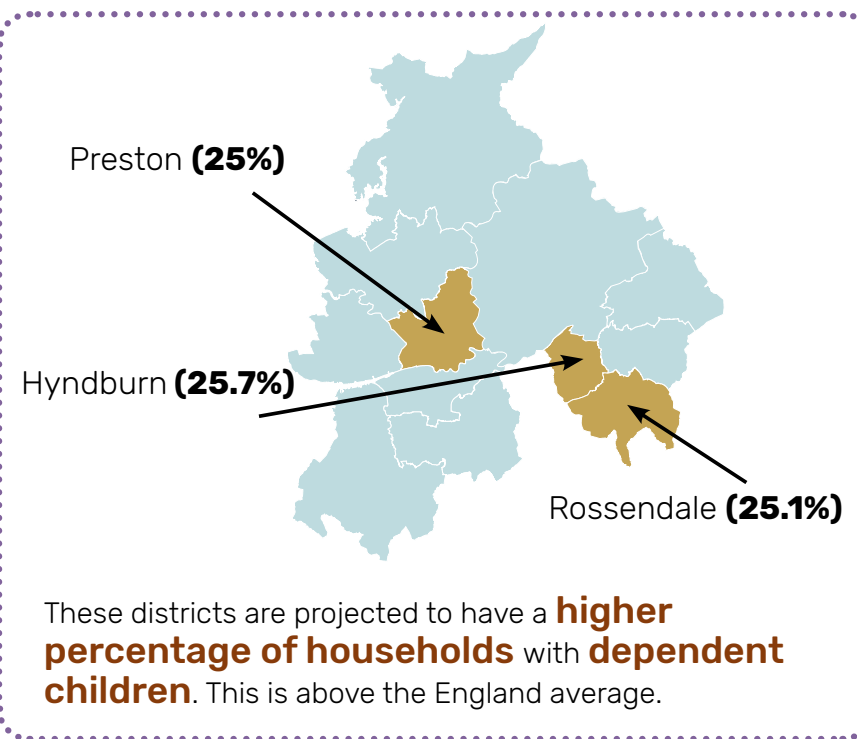
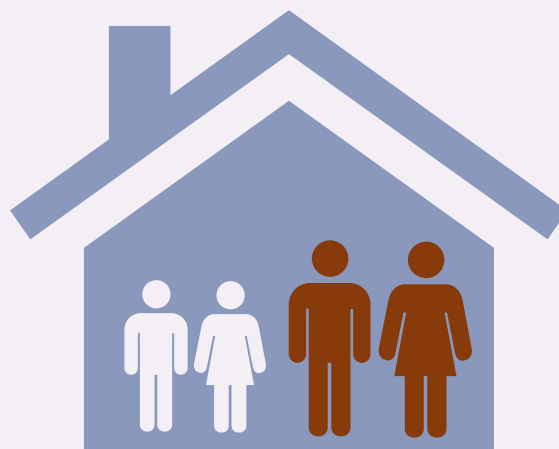


The most striking aspect about our **residential accommodation** is the **high proportion** of dwellings **in the lowest council tax band (A)** in some Lancashire authorities. In Burnley and Pendle over 60% of dwellings **were in council tax band 'A'** compared to **23.9% of dwellings in England**. In contrast, **Fylde and Ribble Valley** had **17.4%** and **13.3% of band 'A' dwellings** respectively.

Single person households in Lancashire are projected to **rise to 34.9%** of all households by **2043** with **Fylde (39.9%), Preston (38.7%), Hyndburn (37.2%), Burnley (37.7%)** and **Pendle (36.7%)** projected to have some of the largest percentages of **one person households** in **England in 2043 (33%)**.



Households with dependent children in Lancashire are predicted to increase slightly, by **0.8% (1,047 households)** to **135,306 households** in **2043**, lower than the projected **England average** of **24.7%**.



Sources:

Dwelling stock by council tax band - <https://www.lancashire.gov.uk/lancashire-insight/population-and-households/households-and-housing/dwelling-stock-by-council-tax-band/>
 Household projections 2018-2043 - <https://www.lancashire.gov.uk/lancashire-insight/population-and-households/households-and-housing/household-projections/>

Dimensions of deprivation used to classify households

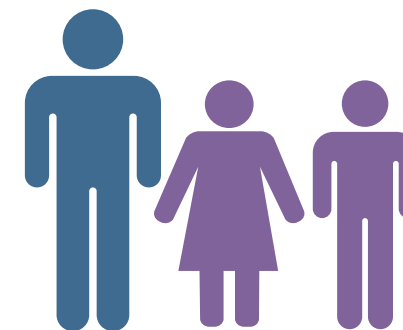
Education

A household is classified as deprived in the education dimension if no one has at least Level 2 education and no one aged 16 to 18 years is a full-time student.



Employment

A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or disabled.



Health

A household is classified as deprived in the health dimension if any member is disabled.



Housing

A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.



Our Places: summary facts

Lancashire has both the least and most deprived areas across the country. We experience more deprivation compared to other two-tier local county council areas.

Most Deprived lower-tier local authorities

In England, **Burnley** and **Hynburn** rank in the most deprived **10%**

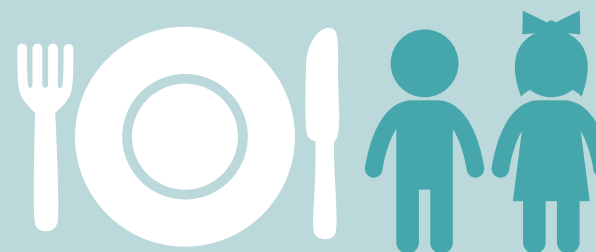
In England, **Pendle** and **Preston** rank in the most deprived **20%**

Least deprived lower-tier local authorities

In England, **Ribble Valley** ranks in the least deprived **20%**

A greater proportion of children live in relatively low-income families compared to England. The proportion of children eligible for free school meals is lower in Lancashire than in England. The recent trend shows an increasing proportion of pupils eligible for free school meals in Lancashire, the Northwest, and England.

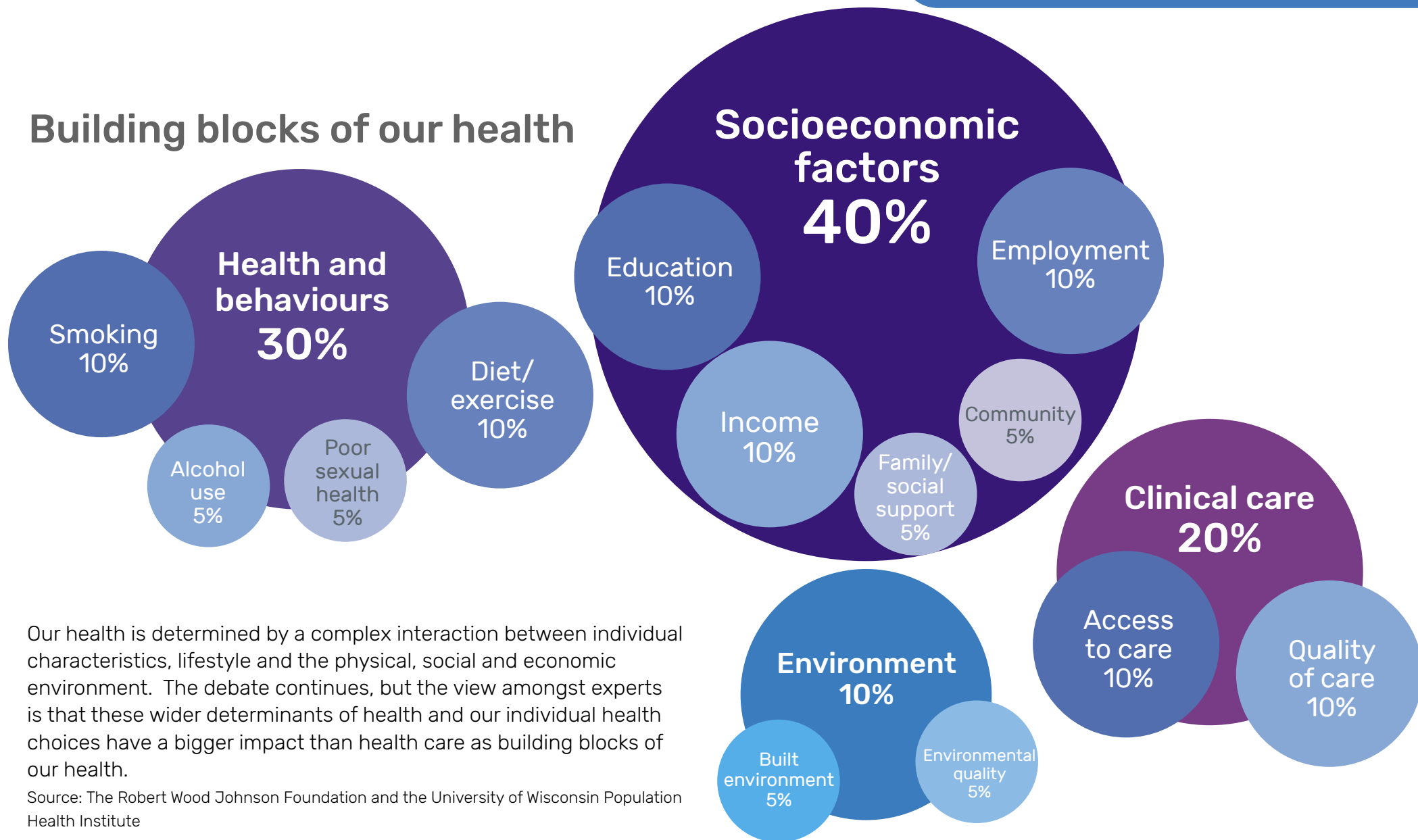
The proportion of young people not in education, employment or training is getting better and is now similar to the England average.



Our Health

Improvements in our key health indicators are plateauing and health inequalities widening. We need to strengthen our plans to address health inequalities and the determinants of health.

Building blocks of our health

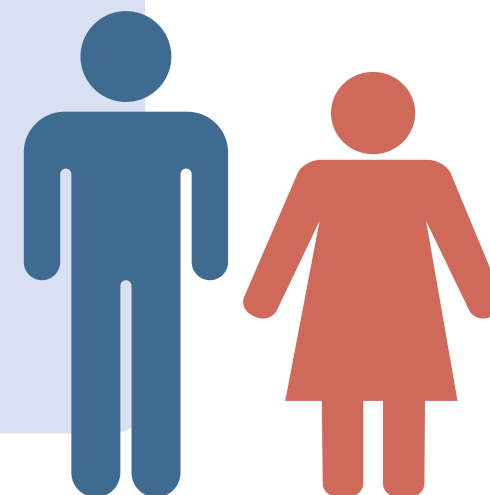
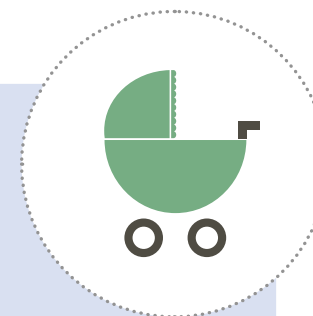
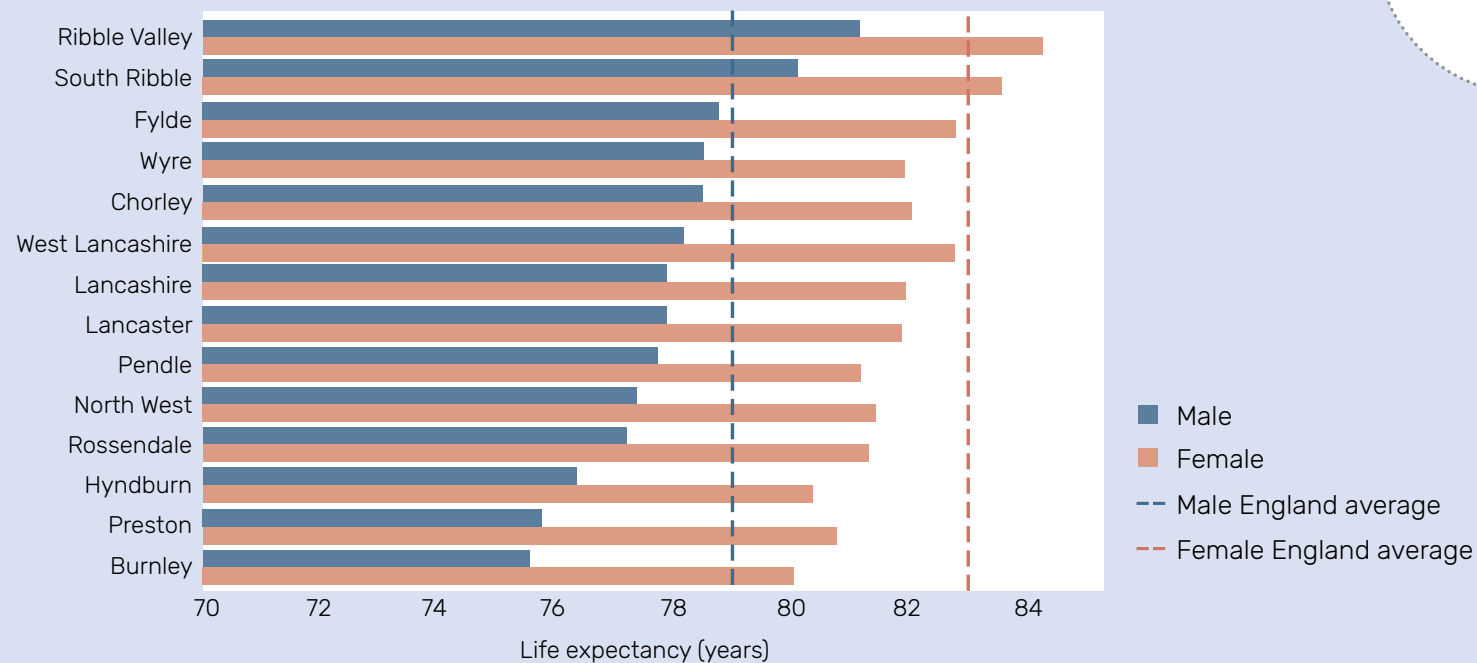


Our health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The debate continues, but the view amongst experts is that these wider determinants of health and our individual health choices have a bigger impact than health care as building blocks of our health.

Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Our life expectancy

Male and female life expectancy at birth for Lancashire, the 12 districts, the north west region and England 2020-2022



Source: Office for Health Improvement and Disparities, Fingertips-Public health data, <https://fingertips.phe.org.uk>

Inequalities in life expectancy and healthy life expectancy

Male life expectancy in Lancashire



77.8 years
north west **77.3 years** and England's **78.9 years (2020-22)**

Female life expectancy in Lancashire



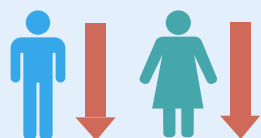
81.8 years
north west region **81.3 years** and England **82.8 years**

Male and female life expectancy in Lancashire



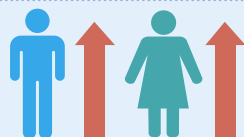
is **worse** than the England life expectancy and **better than** the north west region

Across Lancashire



lowest male and female life expectancy is in **Burnley**

and **highest in Ribble Valley**



Life expectancy

In line with national and regional picture, Lancashire's male and female life expectancy had been gradually increasing but dropped in 2020.



Healthy life expectancy for males is (years in good health)

61.4 years

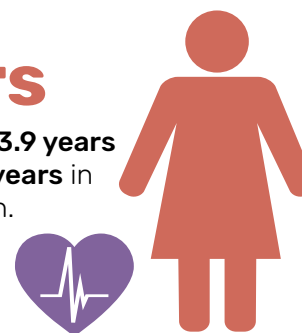
This is **significantly worse** than **63.1 years** England average and similar to **61.5 years** north west regional average.



Healthy life expectancy for females is

64 years

this is similar to the **63.9 years** in England and **62.4 years** in the north west Region.



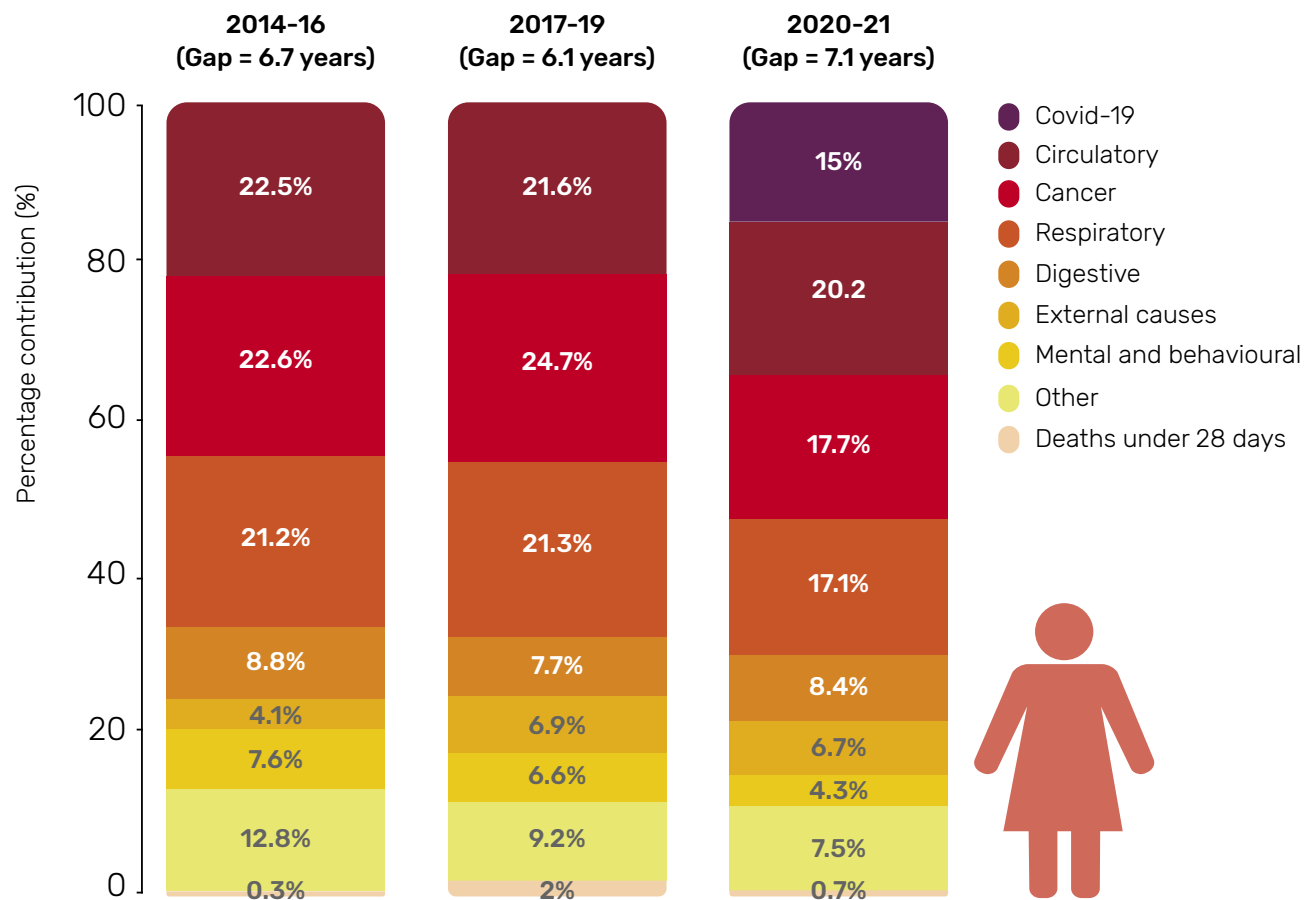
In Lancashire there is a variation of **10.6** and **8.3** years in **male** and **female life expectancy** respectively between the most and least deprived areas (2018-20) compared to 9.7 years for males and 7.9 years for females in England.

Males experience 16.4 years of poorer health and females experience 17.8 years of poorer health during their lives. In other words, on average, people spend over a sixth of their lives in poorer health across Lancashire, with huge inequalities between districts. Source: Office for Health Improvement and Disparities, Fingertips-Public health data, <https://fingertips.phe.org.uk>

We know the direct causes of poor health and their determinants.

We need to maintain our focus on outcomes through prevention, better care and addressing inequalities in areas.

Whilst necessary, this is not sufficient to address the social, economic and environmental determinants of our health**

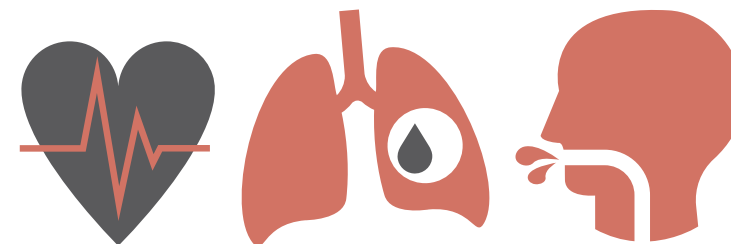


Source: Office for Health Improvement and Disparities, Fingertips–Public health data, <https://fingertips.phe.org.uk>

**Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Our health: summary facts

Between 2017-19 and 2018-20, life expectancy declined in all Lancashire districts apart from in Fylde, Pendle and Ribble Valley for males and South Ribble for females.



Lancashire's premature mortality,

from causes that are considered preventable (2022), is **significantly worse at 177.7 per 100,000** people compared to England's rate of **153.7**. However, this is better than the north west region's rate of **195.6 per 100,000** people.

The overall Health Index that combines outcomes, risk factors and socioeconomic and environmental determinants of health in Lancashire shows a decline, between 2020 and 2021. At district level, **Preston and South Ribble had the greatest decline.**

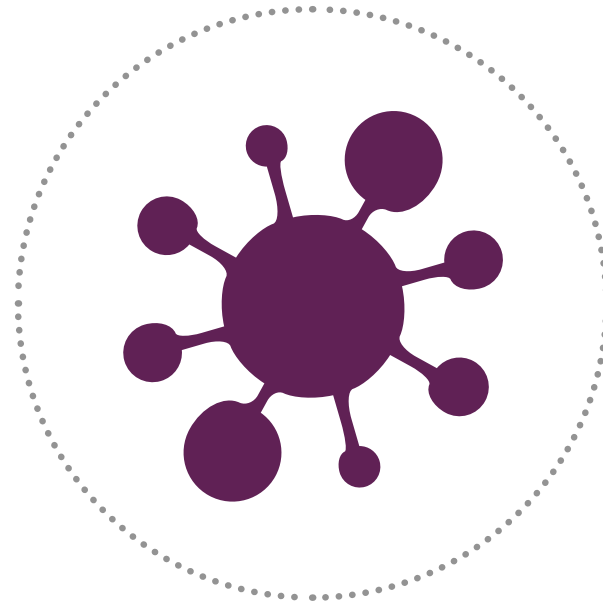
Circulatory disease, cancer, respiratory disease, and external causes

are the main causes of death for males within Lancashire and are contributing to the gap in life expectancy (in addition to COVID-19) between the most and least deprived areas.

We need to maintain our focus on outcomes through prevention, better care and addressing inequalities by improving the social, economic and environmental determinants of our health.

Sources: Office for Health Improvement and Disparities, Fingertips–Public health data, <https://fingertips.phe.org.uk>
Health Index for England 2021. www.ons.gov.uk/releases/healthindexforengland2015to2021

Key changes since the pandemic



Summary facts

Inequalities already existed before the pandemic across several dimensions (including socio-economic status, education, age, gender, ethnicity and geography). The pandemic has worsened these inequalities with the risk factors for ill health rising and inequalities widened. National data shows that:

Covid-19 deaths

Although the number of Covid-19 deaths is lower than during the height of the pandemic, mortality rates are 3 to 4 times higher in the most deprived areas than in the least deprived area.

Stress

People are less resilient to cope with stress associated with financial strain in the growing cost of living crisis.

Mental health worsened

Anxiety levels remain high, especially among women, although mental health deterioration during the pandemic may be starting to reverse. Mental health worsened for those who already had poorer mental health pre-pandemic.

Richer and poorer gap widens

The educational attainment gap between "children from richer and poorer backgrounds has widened", because of the disproportionate loss of learning during the pandemic, although there are signs of recovery.

Sources:

<https://ifs.org.uk/publications/inequality-and-covid-crisis-united-kingdom>

<https://ifs.org.uk/inequality/inequalities-in-education-skills-and-incomes-in-the-uk-the-implications-of-the-covid-19-pandemic/>

The Health Foundation. The continuing impact of Covid-19 on health and inequalities. <https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>

Our Health and Economy

Our economy is recovering well after the pandemic. Yet, there are opportunities to reduce inequalities. Poorer health in the working age population is a key driver of economic inactivity which is increasing in Lancashire. We have a significant opportunity to improve economic and health inequalities through cross sectoral collaboration.

Health and economy * As of Sep 2022



ECONOMY



EMPLOYMENT



UNEMPLOYMENT



ECONOMIC
INACTIVITY

Our economy is recovering well yet there are opportunities to reduce inequalities

The Lancashire economy, as measured by GVA (Gross Value Added) grew by 9.6% in real terms between 2020 and 2021, compared to 7.8% across the UK. This follows a 10.4% real terms hit to Lancashire's economy from the pandemic between 2019 and 2020.

This strength of recovery means in **2021** (latest data) that **Lancashire's economy is now 1.8% smaller in real terms than it was pre-pandemic (2019), compared to 3.6% nationally.**

Some sectors have had a **stronger recovery** than others, with **Manufacturing, Electricity, Gas, Water, Waste, and Construction** all **now contributing more** to Lancashire's economy **than they did pre-pandemic**

Lancashire's economy in 2021 was worth £28.9bn.

Source: Regional gross value added (balanced) by industry: local authorities by ITL1 region, TLD(North West), ONS, April 2023

Gross disposable household income per head is lower in Lancashire compared to England in 10 out of 12 districts

Lancashire Gross Disposable Household Income (GDHI) in 2020 totalled £22.9 billion, or 1.8% of the England total.

Lancashire GDHI per head in 2020 at £18,665, was 15.0% lower than the England figure (£21,962)

In Lancashire, only **Ribble Valley (£24,111)** and **Fylde (£22,857)** have **GDHI per head above the England figure (£21,962)**, by **11.2%** and **4.1%**, respectively.

The remaining **10 Lancashire local authority areas** have **GDHI per head figures** that are **6.9%** to **27.2%** below the **England figure**.

Pendle (£16,274), **Burnley (£15,987)** have **GDHI per head figures** that are more than a **quarter below** the **England figure**.

Source: Regional gross disposable household income: local authorities by ITL1 region, TLD (North West), ONS, September 2023

Employment levels are lower in Lancashire



Between the year to March 2020 and year to September 2023 Lancashire 16-64 employment is estimated to be down by (2.2%) 12,700 people falling from 578,500 to 565,800; In England, the number is down by 0.3% (78,700).

For the year to September 2023 the Lancashire employment rate (74.7%) is statistically lower than the England rate (75.8)

Source: Annual Population Survey, ONS via NOMIS, 2023

Our overall unemployment rate is now similar to the England average

Between the year to March 2020 and year to September 2023 unemployment in Lancashire is estimated to **have risen (7.1%)** up by **1,100** from **15,400** to **16,500**; In England, the number is **down by 4.8% (-54,600)**.

For the year to **September 2023** the **Lancashire unemployment rate (4.6%)** is **statistically similar** to the **England rate (3.7%)**

Source: Annual Population Survey, ONS via NOMIS, 2023

Economic inactivity across Lancashire is increasing significantly

The Lancashire 16-64 economic inactivity rate of **23.2% (+/- 2.8%)** is higher than the **England rate** of **21.1% (+/- 0.3%)**.

The MALE Lancashire 16-64 economic inactivity rate of **20.5% (+/- 3.9%)** is higher than the **England rate** of **17.0% (+/- 0.4%)**.

The FEMALE Lancashire 16-64 economic inactivity rate of **26.0% (+/- 3.9%)** is slightly higher than the **England rate** of **25.1% (+/- 0.5%)**.

Between the **12 months ending March 2020** and the **12 months ending September 2023**, economic inactivity is estimated to have increased by **14.1% (+20,800)**, higher than in **England (3.2%, +228,500)**.

Female Economic Inactivity has increased by more than male economic inactivity in Lancashire, **3.8% for Females (+3,500)** and for **Males it has increased by 30.5% (+17,300)**.

Economic inactivity for Males in Lancashire between **March 2020** and **September 2023** increased by more than **5 times the national average (30.5% in Lancashire compared to 5.8% in England)**.

Source: Annual Population Survey, ONS via NOMIS, 2023

Poorer health is a leading cause of economic inactivity

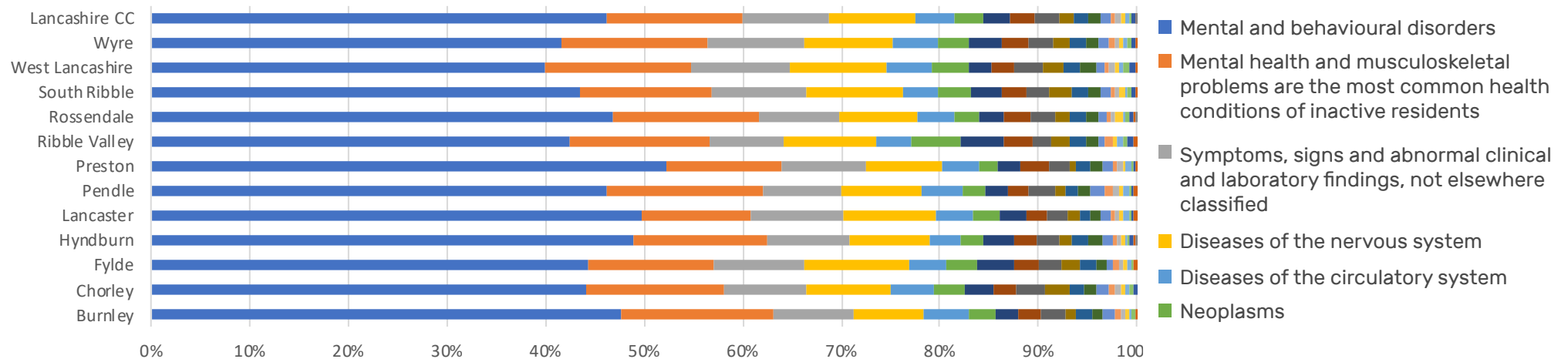
In Lancashire, the number of people who are economically inactive, due to long-term sickness, increased by 13,900 (+34.3%) between March 2020 and September 2023, more than double the increase of 15.3% nationally.

Of the additional 13,900 Lancashire residents who are economically inactive due to long-term sickness, 11,000 of these are Males. 39.2% of Males' economic inactivity is down to long-term ill health.

In Lancashire, Male economic inactivity due to long-term sickness increased by 61.1% between March 2020 and September 2023, compared to 12.5% nationally.

Source: Annual Population Survey, ONS via NOMIS, 2023

Lancashire employment and support allowance claimants by primary health condition - May 2023

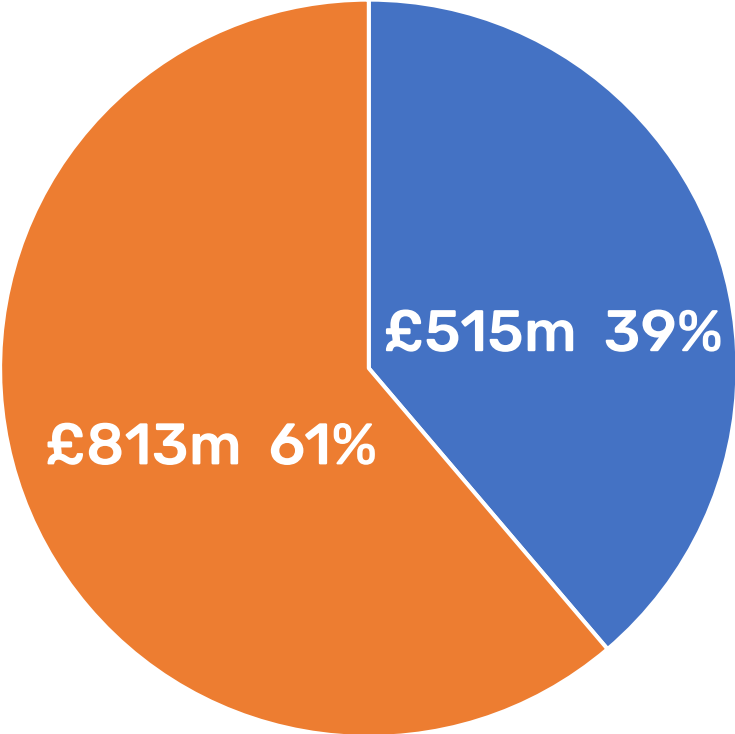


ONS Modelling from the Annual Population Survey suggests that **21.3% of Economically inactive residents in Lancashire would like a job (35,700)**, compared to **17.5% nationally**. These people would benefit from support in managing their health to help them return to work.

Source (Graph): Department for Work and Pensions (DWP), Stat-Xplore. Employment and Support Allowance Claimants by Primary Health Condition, May 2023
 Economic Inactivity Source: Annual Population Survey, ONS via Nomis, 2023

Much of this expenditure is on residents who may have the potential to work

61% of the **annual cost** of **economic inactivity** in **Lancashire** to the **taxpayer** relates to **residents** who are **in receipt** of **Universal Credit** (No work requirements, planning for work, and preparing for work groups) or (legacy benefit) Jobseekers Allowance.



- Less likely to enter the workforce
- More likely to enter the workforce

Source: Think modelling, using PHE, Estimation of benefits from moving an individual from unemployment into sustainable employment model

Reducing economic inactivity will boost the size of Lancashire's economy

If all Universal Credit (No work requirements, planning for work, and preparing for work groups) and Job Seeker's Allowance (legacy benefit) **claimants in Lancashire could enter or return to work**, the **county's GVA could be 8% larger**.

GVA increase from getting residents who are nearer to the labour market into work, per year, by locality.

Employees generate economic output. This **additional economic output** can be captured using the **Office for National Statistics' GVA per filled job figures**.

We applied the **locality level GVA per filled job values** to the **numbers of residents** in each locality who are **economically inactive** and **close to the labour market**.

The **annual GVA uplift from supporting all these residents into work could be £2.4bn**.

Locality	GVA uplift	% age increase in size of local economy
Burnley	£295,718,519	16%
Chorley	£169,017,578	8%
Fylde	£137,721,520	5%
Hyndburn	£190,876,320	13%
Lancaster	£279,061,358	9%
Pendle	£207,568,640	13%
Preston	£321,442,236	8%
Ribble Valley	£53,890,400	3%
Rossendale	£122,538,444	9%
South Ribble	£202,668,852	6%
West Lancashire	£203,681,284	8%
Wyre	£186,532,738	10%
Lancashire	£2,370,717,889	8%

Source: Think modelling, using ONS data (2020) on GVA per job filled and GVA by local authority data.

Implications and opportunities

Our key demographic and health indicators show that improvements are plateauing, and inequalities are widening, especially economic inactivity due to poorer health.

Our economic progress is now more dependent on how healthy we are. We need more joined up policies and strategies at local and national level to address inequalities in living standards, education, skills, employment and housing.

We need to think differently about improving our health and wealth by changing what we do and the way we do it with a relentless focus on improving outcomes and reducing inequalities.

The 12 National Levelling Up Missions, Devolution to a Combined County Authority, New Hospitals Programme and the evolving Integrated Care System present the best strategic opportunities to improve health and reduce health inequalities in Lancashire.

Recommendations

Address economic inactivity, inequalities and loss of productivity due to ill health, as a priority theme across health and wellbeing, economic development and skills strategies in Lancashire.

Utilise the strengths, diversity, and lived experiences by listening to our residents and businesses as part of local policy development and decision making across Lancashire.

Explore the potential for place-based public service budgets in re-orientating the focus towards households, families and communities as units of engagement, particularly in achieving the best start for our children and young people in Lancashire.

Leverage the opportunities to improve health and reduce inequalities in the devolution proposal for Lancashire Combined County Authority, particularly across the themes of housing, transport, digital and cyber, net zero and climate change in creating safer, fairer and healthier living environment for our residents.

Implement the healthy ageing consensus statement to respond to **demographic shifts** happening in Lancashire.

Develop a multi-agency joint intelligence programme to monitor, evaluate and report the impact of local policies and strategies in improving outcomes and reducing inequalities in living standards, education, skills, health and employment on a regular basis.

