Lancashire JSNA annual commentary 2016

A compendium of key issues for health, wellbeing, social care and the wider determinants of health
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1. Executive summary

Lancashire is a varied area, both in its geography and the health and wellbeing of the resident population. This annual commentary provides a summary of the key issues for Lancashire-12 around health, wellbeing, social care and the wider determinants, such as the environment, the economy and housing. The topics included in the commentary are selected by a group of JSNA joint working analysts because they have a notable impact on Lancashire-12’s population and services. They also link with the director of public health’s annual report and Lancashire’s health and wellbeing board strategy. The key issues have been grouped around the themes of starting well, living well and ageing well. There are crossovers between the themes, and therefore they should not be viewed in isolation, but alongside each other.

Economy, transport, environment, housing, community safety, lifestyle, health, social capital, poverty, mental health and wellbeing

Starting Well
- Infant mortality, dental health, injuries, education, school attendance, healthy weight

Living Well

Ageing Well
- Social support, living alone, limiting long-term illness, dementia, vulnerable adults

The population of Lancashire-12 has been increasing, albeit at a slower rate than England and Wales. Population predictions reflect the national picture, with a large increase in those aged over 75 years in the next 25 years, which will have implications for health and social care services, particularly for conditions such as dementia.

Lancashire-12 is a county of contrasts; there are high levels of deprivation and relative affluence both between and within districts. There are four districts in the 10% most deprived authorities in England alongside districts in the top 30% least deprived. The county is economically diverse, with a number of growth schemes managed by the Lancashire Enterprise Partnership expected to generate thousands of new jobs and housing over the next 25 years.

The health of people in Lancashire-12 varies when compared to England. Within the county there are wide differences between the most and least deprived areas. For example in the most deprived areas life expectancy is 10.2 years lower for men and 7.1 years lower for women, when compared to the least deprived areas.

1 Lancashire-12 incorporates the 12 districts in the Lancashire County Council area but does not include Blackburn with Darwen or Blackpool unitary authorities.
These inequalities can often begin in childhood and ensuring healthy development into adulthood is vital. There are a number of issues around child health in the county and while the infant mortality rate in Lancashire-12 has levelled, it remains significantly higher than England. The evidence shows rates of overweight and obese children in Lancashire-12 varies compared to England, while there are concerns around unintentional injuries and hospital admissions in some districts.

Educational attainment is mixed across the county and Lancashire-12 compares favourably to its statistical neighbours, although some districts have lower key stage four results. The school attendance and exclusion rates also vary compared to national and regional figures. This is an important consideration as young people who are absent or excluded from education run a higher risk of not being in education, employment or training (NEET), which is associated with negative outcomes in later life, including poorer physical and mental health.

The health of adults in the county is varied, with the prevalence and incidence rates for cancer, cardiovascular disease and liver disease all above national rates (although this may be indicative of effective screening in some districts). Residents in the more deprived areas of Lancashire-12 tend to have higher levels of premature and overall mortality from these conditions compared to those in the less deprived areas.

Lifestyle plays an important role in health, and increased levels of smoking and drinking are contributing to higher rates of cancer and other long-term conditions. The excess weight rate for adults in Lancashire-12 is significantly higher than England and there are wide district variations; it is expected the rates of obesity in Lancashire-12 will continue to rise in line with the national picture. Physical activity levels for adults are also low, and increasing these will be beneficial for health.

There are issues around mental health and wellbeing, with residents in the most deprived areas of Lancashire-12 nearly twice as likely to have mental health problems compared to those in the least deprived areas. This includes common disorders such as depression and anxiety, and more severe disorders such as schizophrenia. There are predicted increases in mental health conditions, including depression and dementia across the county.

Increasing social capital and social participation can increase people’s resilience to the negative effects of ill health and a move towards more asset-based community services may provide a way improve and protect the health of residents in the more deprived areas.

Adult social care is an important function of the county council and in Lancashire-12 more people aged over-65 live alone and are more likely to have a limiting long-term health condition, often requiring support from adult services. There are high numbers of people providing unpaid care in Lancashire-12 and this is expected to increase as more people with complex social and health care needs require support in the future.
All districts in Lancashire-12 continue to face challenges to address the inequalities in health and wellbeing and these areas are explored within the main body of this report.

2. Introduction

The JSNA annual commentary provides a summary of the key issues for Lancashire-12 around health, wellbeing, social care and the wider determinants of health, such as the environment, the economy and housing. The topics included are selected by a group of JSNA joint working analysts because they have a notable impact on Lancashire-12's population and services in terms of one or more of the following:

- a poor position compared to nationally;
- a worsening trend;
- an improving trend;
- a large number of people affected;
- large economic and/or social costs;
- the presence of inequalities; and
- positives and opportunities.

A much wider array of data and intelligence on these and many other topics can be found on the Lancashire Insight website: www.lancashire.gov.uk/lancashire-insight.

This commentary focuses primarily on the Lancashire-12 area, but two terms are used to describe Lancashire throughout this document. These are:

- Lancashire-12 – the 12-district and county council area; and
- Lancashire-14 – the 12-district county council area plus Lancashire's two unitary authorities: Blackburn with Darwen and Blackpool.

Throughout this commentary we have used the most up-to-date information available to us from various sources. Due to release dates this data may not apply to the current year, but this will be made clear in the text.

The matrix below provides a useful summary at a glance of the key topics covered in this commentary and the reasons for their inclusion. The first sections relating to key demographics have been omitted from the table as these are included to offer context.
## 2.1 Key topics

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### JSNA annual commentary 2016

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3. Population – general demographics

This section provides key facts and figures for the population of Lancashire-12 as a background to the main report.

Key facts for L-12

2015 mid-year population estimates put the population at 1,191,691.

It has increased 0.6% (0.8% England & Wales) between 2014 and 2015.

The population is expected to rise by 5.9% by 2039 to a total of 1,254,000.

Population increases vary across the districts, with the lowest rises in the East Lancashire districts.

Population density

The population density ranges from 100 people per square kilometre in Ribble Valley to 1,099 ppkm² in Hyndburn.
Key facts: Census 2011

47.7% of people are married or in a same-sex civil partnership (England & Wales 45.9%).

23.4% are single (E & W 25.8%).

7.1% households are lone parent households (E & W 7.1%)

95% of households (aged 16+) have English as a first language, (91% E&W), whilst just over 2% had nobody with English as a first language (E & W 4%).

11% of school children speak English as an additional language.

6.5% of the population are non-UK nationals.

Key facts

6,440 national insurance numbers were issued in 2014/15.

There have been rises in registrations of nationals from Bulgaria, Romania and Italy.

Age and sex breakdown

17% are under 15 years (E&W 18%).

39% are aged 50+ (E&W 36%)

Almost 20% are over-65 years

62.5% are male (16-64)

61.2% are female (16-64)

Population changes

The population aged 75 and over will increase by 82.8% by 2039, with a 5.5% decrease predicted for those aged 0-4, and an 8.1% increase for 10-14 year olds.

The working-age population is predicted to start to decline within 5 years.

By 2039 most of the East Lancashire districts are expected to record decreases in their populations.

Ethnic and religious breakdown

A diverse population adds to the richness of communities, but the ethnic mix can have an impact on health – some groups are more susceptible to health conditions, while other ethnic groups can be targets of racially aggravated crime and anti-social behaviour.

The 2011 Census indicates 68.8% of the population are Christian, 19.2% have no religion, 4.8% are Muslim, while 1.2% are 'other'. This is important for health providers when commissioning and delivering appropriate services.
Key topics in this section link into the starting well theme, with objectives around ensuring children have a healthy start in life, so that they can grow up to fulfil their potential and achieve positive outcomes, which can carry through to adulthood.

4. Children and young people - health

4.1 Infant mortality

**Key facts for Lancashire-12**

- **Infant mortality** is an indicator of the general health of an entire population.
- The rate is significantly higher compared to England (5.1 and 4.0 respectively)*
- The overall trend shows a *reduction* in infant mortality.

**Perinatal mortality**

The perinatal mortality rate (stillbirth and death up to seven days after birth) is similar to England*

The county has a poor performance on a range of indicators around the health of pregnant women and babies.

* Deaths per 1,000 live births

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4.2 Injuries in children

**Key facts for Lancashire-12**

- **Injuries** are a leading cause of hospitalisations and a major cause of premature mortality.
- Injuries can result in long-term health issues, including mental health problems.
- Cross-sector partnership working to reduce injuries remains a priority.

**Hospital admissions**

Admission rates for injuries (both deliberate and unintentional) is significantly higher when compared to England (2014/15) for under-15s.
4.3 Tooth decay

Tooth decay is a largely preventable disease. In children it can cause pain, sleep loss, time off school and treatment under general anaesthetic. It remains the main reason for hospitalisation of children aged five to nine in England.

Key facts for Lancashire-12

In 2015, significantly more children had observable decay compared to England.

There are links with deprivation, with the prevalence and severity of decay higher in areas with increased levels of deprivation.

Hospitalisation due to dental caries (children aged 1-4) is significantly worse (661.9 per 100,000) compared to England (322.0) for the period 2012/13 to 2014/15.

Oral health has an important role in the general health and wellbeing of children, and preventive interventions continue to be important.

4.4 Emergency admissions for asthma

This indicator helps to monitor the success of non-hospital management of low-mortality, long-term conditions in children.

Key facts for Lancashire-12

Emergency admissions for asthma (under-16 years) have fluctuated over the last decade, and there are substantial variations at district level.

In 204/15 there were 414.2 emergency admissions, significantly higher than England (222.7 per 100,000 under-16).

The hospital admission rate for under-19s is also significantly higher than England (379.8 and 216.1 per 100,000 respectively).

Many factors can affect asthma in children, including smoking or being around a person who smokes. Therefore supporting smoking cessation can improve outcomes for children.
4.5 Healthy weight in children

Key facts

Excess weight in children is a serious public health challenge.

Obese children are more likely to become obese adults and are at risk of a number of chronic conditions including heart disease and type 2 diabetes.

Obese children have a higher risk of morbidity, disability and premature mortality in adulthood.

Obesity has a negative impact on educational attainment, self-esteem, quality of life, and requires increased social care.

Treatment for obesity in children includes preventative measures and lifestyle changes.


Key facts for L-12

Compared to England there are significantly fewer reception children who are a healthy weight. Significantly more have excess weight, while for obesity the rates are similar.

For year six children the rates are significantly better for levels of healthy weight and excess weight. There is no difference between the rates of underweight and obesity.

Analysis of data

Trend analysis shows the obesity prevalence for reception children has remained fairly constant, however the year six prevalence in Lancashire-12 has increased slightly compared to a decrease overall for England. In 2008/09 the obesity prevalence in Lancashire-12 for reception children was 9.0%. This cohort is now the year six population (2014/15) with an obesity prevalence that has doubled to 18.4%.
5. Children and young people - education

A good education can greatly improve a child's life chances and opportunities, including obtaining high-quality employment, good housing, and enjoying better health. Educational attainment and outcomes for children and young people in Lancashire-12 are generally good across the key stages and further details for the county can be found below.

5.1 Early years foundation stage

The EYFS sets the standards for development, learning and care of children from birth to five.

Key facts for Lancashire-12

- Achieve a good level of development at the early year's foundation stage, compared to England (66.3), Blackburn with Darwen (56.0%) and Blackpool (60.5%) (2014/15).
- More girls than boys achieve a good level of development in the three early learning goals.
- The gap between the attainment of children eligible for free school meals (37%) and their peers (61%) is significant, and similar to the national and regional picture.
- Pupils perform well in personal, social and emotional development, and physical development. Literacy and maths has the lowest proportion of children achieving the expected level.

5.2 Key stage two

Pupils sit formal tests in reading, writing and maths at the end of KS2 (11 years).

Key facts for Lancashire-12

- Achieve level 4 or above in reading, writing and mathematics, compared to England (80%), the North West (81%), Blackburn with Darwen (81%) and Blackpool (79%) (2014/15).
- Girls perform better than boys in all subjects apart from maths.
- The attainment gap at KS2 between pupils eligible for free school meals and their peers is between 15-20% in most districts.
- Pupils from an Indian background perform better than any other ethnic group.
- Attainment of looked-after children is much lower than their peers. It has improved at a faster rate for children and young people with a category of special educational need.
5.3 Key stage four

Key stage 4 incorporates the general certificate of secondary education (GCSE) in school years 10 and 11.

- **Key facts for Lancashire-12**
  - 58.8% achieved five or more A*-C grade GCSEs including English and maths (England 57.3%) in 2014/15.
  - 30.8% of pupils eligible for free school meals achieved five GCSEs grades A*-C including English and maths (non-free school meal pupils 62.8%).
  - There is a large gap between special educational needs (SEN) and non-SEN pupils. Only 21.4% achieved five or more GCSEs (including English and maths).

Girls tend to perform better than boys at this stage, while Indian heritage pupils do better than other ethnic groups.

5.4 School attendance

Attendance at school is directly linked with improved performance in exams and better employment prospects.

- **Key facts for Lancashire-12**
  - Children who are absent from school are more likely to be involved in risk-taking behaviours such as alcohol and drug use.
  - School attendance is linked to deprivation: the more deprived a district, the higher the level of overall persistent school absence.
  - Those who are home schooled or from travelling communities may often miss out on social interaction with peers and may not be known to relevant service providers, potentially increasing their vulnerability.

Authorised and unauthorised absence in primary and secondary schools is lower than national, regional, and neighbouring unitary authority averages (2012/13).
5.5 School exclusion

There is a link between being excluded from school and poor life outcomes. Excluded pupils are more than twice as likely to be involved in criminal behaviour, which can affect future life chances.

Key facts for Lancashire-12

0.06% of primary school pupils were permanently excluded in 2014/15, the same as for the previous year, but higher than the national and regional rates (both 0.02%).

0.33% of secondary school pupils were permanently excluded in 2014/15, a 0.11% increase from the previous year, and higher than the national, regional, and neighbouring unitary authority figures.

The average length of fixed-term exclusions has increased in secondary schools during 2014/15. Seven districts have seen an increase in the number of permanent exclusions for secondary school pupils in 2014/15.

5.6 Not in education, employment or training

Youth unemployment is an important social issue and young people who are not in education, employment or training (NEET) can encounter issues such as unemployment, reduced earnings, poor health and lower life satisfaction.

Key facts for Lancashire-12

At the end of January 2015, 4.8% of young people (16-18) were categorised as NEET (England 7.4%).

There is a link to increased deprivation and higher rates of young people who are NEET in the more deprived districts.

Certain groups of young people are at higher risk than others of becoming NEET. These include: young people with low educational attainment, teenage parents, young offenders, young people in care and individuals with a learning or physical disability.
Key topics in this section link into the *living well* theme, with a main focus on health and lifestyle issues. The wider determinants of health including the economy, the environment, housing and community safety, are also included.

6. Health

### 6.1 Asthma

Asthma can have many causes including a family history of the condition, allergies, being exposed to cigarette smoke, environmental pollution, or having had bronchiolitis as a child.

#### Key facts for Lancashire-12

- **Asthma prevalence** is rising with 79,199 patients (6.6%) registered with the condition across the six clinical commissioning groups (2014-15). This is slightly higher than the England prevalence (6.0%).

- **Emergency hospital admission** rates are significantly worse for four CCGs compared to England. Only Fylde & Wyre CCG and Chorley and South Ribble CCG have similar rates.

- The mortality rate for asthma is low (1.9 deaths per 100,000 all ages, England 2.1), with a 17.7% decrease between 2005 and 2014 (England 18.4%).

- **Narrowing** the gap in respiratory disease is one of the goals for *health equity* in Lancashire-14.

### 6.2 Cancer

There are many causes of cancer and estimates suggest that one in four cases of cancer could be prevented by lifestyle changes such as stopping smoking, reducing drinking, or increasing physical activity.

#### Key facts for Lancashire-12

- There are 29,454 people on the cancer disease register (2014-15), an increase of 2,352 people from 2013-14.

- Almost 48,000 people died from cancer between 2000 and 2014. In 2014 there were 3,305 cancer deaths; almost half (47%) were under-75 years, and of these 53% were male.

- The mortality rate from cancer for people under-75 is significantly higher (149.7 per 100,000) compared to England (141.5).

- Residents in the most deprived areas of Lancashire-14 are **51% more likely** to die from cancer than those in the least deprived. Narrowing the inequality gap in lung cancer is one of the goals for *health equity*.
6.3 Cardiovascular diseases – coronary heart disease and stroke

Cardiovascular diseases are diseases of the circulatory system, the heart and blood vessels. CVD includes coronary heart disease, stroke and heart attack.

...are modifiable lifestyle factors which can increase the risk of CVD.

is the estimated cost from CVD to the UK health system each year.

...while 85.5 (per 100,000) of CVD deaths were in people under-75, significantly higher than England (75.7) (2012-14).

Key facts for Lancashire-12: CHD

Coronary heart disease (CHD) risk is significantly increased in people who smoke, have high blood pressure, high cholesterol, do not exercise, have diabetes, who are overweight or obese or who have a family history of CHD.

There were 1,507 deaths in people under-75, which gives a rate of 47.6 per 100,000, significantly higher than England (41.5).

Those in the most deprived areas of Lancashire-14 are almost twice as likely to die from heart disease as those in the least deprived (two and a half times for under-75s).

Encouraging people to stop smoking can have the largest impact on reducing death rates from CHD.

Key facts for Lancashire-12: stroke

A stroke occurs when the blood supply to the brain is cut off and brain cells are damaged or die. A transient ischaemic attack is similar to a stroke but the symptoms only last a short time.

...of the population have hypertension, which is the main risk factor for stroke (Eng 13.7%)

Mortality figures show there were 2,642 stroke deaths in 2012-14, of which 512 were those under-75 years.

Other risk factors are: older age, family history, African Caribbean origin, high salt consumption, inactivity, obesity, excessive drinking and long-term sleep deprivation.

People in the most deprived areas of Lancashire-14 are twice as likely to die prematurely from stroke as those in the least deprived areas.
6.4 Chronic obstructive pulmonary disease

**Chronic obstructive pulmonary disease** is the name used to describe a number of lung conditions including emphysema and chronic bronchitis. COPD cannot be cured, but if diagnosed it can be managed effectively.

### Key facts for Lancashire-12

- Those in the most deprived areas are over four and a half times as likely to die prematurely from COPD as those in the least deprived areas. Narrowing the gap remains one of the health equity goals in Lancashire-14.

- Estimates suggest there may be nearly 10,000 people who are undiagnosed, and therefore at risk of further comorbidities such as heart disease and hypertension.

- **COPD mortality** has fallen dramatically over the last twenty years, but the county’s rate is still significantly worse than England (60.2 and 51.7 per 100,000 respectively).

- **Smoking** is the main cause of COPD, but **environmental pollution, allergens, occupational risks, and genetic vulnerability** can also contribute.

6.5 Liver disease

**Liver disease** is one of the main causes of death in England, particularly among younger people. It is closely linked to excessive drinking and obesity, and is amenable to lifestyle changes.

### Key facts for Lancashire-12

- The mortality rate for men under-75 years (30.8 per 100,000) is significantly higher than England in 2012-14, (23.4). It is also significantly higher for females under-75 years (16.3 and 12.4 respectively).

- 54.1 people (per 100,000) were admitted to hospital for alcohol-related liver disease, significantly more than England (31.9) in 2013/14.

- **Mortality** from chronic liver disease across Lancashire-12 has begun to decline, after reaching its highest point in 2008 (17.1 per 100,000 of all people, all ages) to 14.8 in 2014.

- There is a high cost to the NHS and society as a whole from excessive drinking, and public health messages around reducing alcohol use continue to be important.
7. Mental health and wellbeing

Even if a person is physically healthy, their quality of life can be greatly reduced by mental health issues. A number of the conditions outlined here will also affect older people, and this area also fits into the ageing well theme.

7.1 Mental illness and suicide

Common mental health disorders, can cause emotional distress and may interfere with a person's daily function, but do not normally affect cognition, insight or perception of reality. Severe mental illness produces disturbances in thinking, perception and beliefs, resulting in a distorted view of reality and often causing extreme difficulties with daily functioning.

Key facts for Lancashire-12

- The number of people requiring mental health services is expected to increase but prevalence rates are likely to remain broadly similar.
- Depression is one of the more common mental illnesses in the UK, and rates of anxiety and depression continue to increase.
- Hospital admissions for unipolar depressive disorders are significantly higher than England (42.6 per 100,000 and 32.1 respectively) (2009/10 – 2011/12).
- Suicide remains a major public health issue. The 2012-14 figures show the suicide rate is significantly higher (10.7 per 100,000) than England (8.9).
- Factors linked to the risk of suicide include mental health issues, previous attempts, self-harm, long-term health conditions and difficult life experiences.
- Approximately three-quarters of those dying from suicide are male and men aged 30-49 have the highest proportion of deaths from suicide and injury undetermined.
- Narrowing the gap in mental health is one of the health equity goals for Lancashire-14, as those in the more deprived areas are more likely to experience mental health issues.
- The rate of emergency hospital admission for schizophrenia (73.0 per 100,000) is significantly higher than England (57.0) (2009/10 – 2011/12).
- Approximately three-quarters of those dying from suicide are male and men aged 30-49 have the highest proportion of deaths from suicide and injury undetermined.
### 7.2 Dementia

*Dementia* is used to describe a collection of symptoms, including a decline in memory, reasoning and communication, and a gradual loss of skills needed to carry out daily activities. The main type, Alzheimer’s disease, is a major cause of later-life disability.

#### Key facts for Lancashire-12

- The prevalence of both early-onset and late-onset dementia rises with age and one in six people over 80 and one in 14 people over 65 have a form of dementia.
- ...people have a confirmed diagnosis of dementia (2014/15), an increase from 8,244 in 2013-14, giving a slightly higher prevalence rate (0.9%) compared to England (0.7%).
- Estimates for 2015 suggest that there are 15,459 persons aged 30+ living with dementia. The prevalence for those aged 65+ is estimated to increase to 21,473 by 2025.
- It is likely as the prevalence of dementia increases more people will take on the role of carer for family/friends, providing valuable levels of informal care.

### 7.3 Wellbeing

*Wellbeing* is the one of the strongest determinants of an individual’s health; it fundamentally affects behaviour, cohesion, inclusion and prosperity.

#### Key facts for Lancashire-12

- Reported personal wellbeing has increased every year since 2012. The Annual Population Survey shows some of the lowest and highest life satisfaction figures across the county (2014/15).
- In Lancashire-14 there are clear inequalities in wellbeing between different groups of the population.
- A quarter of people in the most deprived areas have a low wellbeing score compared to 13% of those living in the least deprived areas.
- The New Economics Foundation identified five ways to wellbeing: connecting, being active, taking notice, keep learning and giving.
8. Lifestyle

An unhealthy lifestyle greatly increases an individual's chance of premature death, while conversely a healthy lifestyle can improve both physical and mental health and contribute to a healthy life expectancy. The 2015 health behaviours JSNA explores these lifestyle factors in more depth.

8.1 Alcohol

Alcohol consumption is England’s second biggest cause of premature death behind tobacco use. It is estimated to cost the NHS £3.5 billion per year and society £21 billion.

**Key facts for Lancashire-12**

- Long-term alcohol misuse is linked to a range of cancers, chronic liver disease, coronary heart disease, diabetes and stroke. It is also linked to mental health problems, violence and anti-social behaviour.
- Significantly more people are admitted to hospital with alcohol-specific conditions (444 per 100,000) when compared to England (364) (2014/15).
- Alcohol-specific mortality is significantly worse (14.2 per 100,000) compared to England (11.6) (2012-14).

Priorities and recommendations from the health behaviours JSNA include continuing with enforcement, advocacy and legislative work as a way of reducing harmful levels of drinking.

8.2 Drugs

Drug use can affect both physical and mental health and have an impact on the user, the wider community and society. Substance users are also more likely to experience deprivation, unemployment and poverty.

**Key facts for Lancashire-12**

- For children the risk of substance misuse increases in young offenders, looked-after children, those excluded from school, those at risk of sexual exploitation, and those with family issues of substance misuse or homelessness.
- ...are estimated to use opiates and/or crack, similar to England (8.4) (2011/12).
- Drug misuse death data show the county has 44 deaths (per million) compared to England's 33.5 (2014).
- 10.5% of people successfully completed treatment for opiate use (England 7.2%). For non-opiate use this figure is 43.7% (England 38.5%). Both are significantly better than England (2014-15).

Evidence shows promoting harm reduction and recovery services for substance users, including dual diagnosis and referrals to other services, can help support healthier lifestyles.
8.3 Healthy eating

A healthy diet can help to support good physical and mental health, whilst a poor diet has been linked to certain cancers, coronary heart disease, obesity, type 2 diabetes, and high blood pressure.

Key facts for Lancashire-12

...of people (16+) ate the recommended five portions of fruit and vegetables per day, significantly lower than England (52.3%) (2015).

50%

50.5% of 15-year olds ate five or more portions of fruit and vegetables per day, similar to England (52.4%) (2014).

18%

of respondents to the health behaviours JSNA questionnaire said they ate fast food or takeaway meals 1-5 times or more a week.

Easy access to takeaways and fast food contributes to the obesogenic environment. Limiting or restricting new premises can reduce access.

8.4 Healthy weight

Excess weight in adults is associated with poor health and can contribute to a range of chronic illnesses, including CHD, hypertension, diabetes and some cancers. It can also make leading a healthy lifestyle – such as undertaking physical activity – more difficult.

Key facts for Lancashire-12

The UK Health Forum estimates that the number of adults who are overweight or obese in the UK will rise to 70% by 2034.

65.6%

...of adults (aged 16+) are obese or overweight, significantly worse when compared to England (64.6%), (Jan-2012 to Jan-2015). Almost a quarter (24.0%) are obese, directly comparable to England (2012-14).

9% (91,602) of the registered GP population (16+ years) are on the obesity disease register (2014-15).

The health behaviours JSNA identifies a number of priorities and recommendations around healthy eating and activity, which may help to address increasing levels of excess weight.
8.5 Physical activity

Regular physical activity is associated with a reduced risk of diabetes, obesity, osteoporosis, colon cancer, breast cancer, and improved mental health and wellbeing.

Key facts for Lancashire-12

In April 2013, Sport England estimated the cost of physical inactivity in Lancashire-12 to be £22,613,330.

52.5% of people meet the Department of Health activity recommendations, which is significantly worse than England (57.0%).

15.0% of 15-year-olds met the activity guidelines every day for a seven-day period (England 13.9%), 4.0% did not meet the guidelines (England 6.1%).

16% of the adult population make use of outdoor space for exercise/health (England 18%) (Mar 2014-Feb 2015).

Barriers to physical activity include poor health, disability and a lower social status. Addressing these links into the activity recommendations from the health behaviours JSNA.

8.6 Smoking and tobacco

Tobacco use is the biggest public health threat globally and up to half of all current users will die of a tobacco-related disease.

Key facts for Lancashire-12

It is a risk factor for many health conditions including cancer, COPD, CVD, miscarriage and low birth weight in babies.

Niche tobacco products – such as chewing tobacco, snuff and water/shisha pipes – can also lead to serious health conditions including mouth and throat cancers, and gum disease.

Smoking prevalence (18.3%) is similar to England (16.9%), although smoking-attributable mortality is significantly worse than England (2012-14).

Electronic cigarette use is low - 5% report using e-cigarettes occasionally or daily (health behaviours JSNA). The full health impacts of e-cigarettes are not yet known.

Smoking rates in general and smoking in pregnancy (and at the time of delivery) continue to reduce, mirroring the national picture. Promoting smoking cessation continues to be important for public health.
9. Community safety

Health and life satisfaction tends to be higher if a person feels safe in the area in which they live. There are many factors that can impact on the perceptions of safety of an area, including deprivation and levels of crime. Lancashire-14’s Multi-Agency Data Exchange (MADE) provides intelligence on a range of community safety topics including crime, anti-social behaviour, and trauma and injury.

9.1 Crime

Child sexual exploitation, domestic abuse, road safety, violent crime and anti-social behaviour are the five top priority areas for community safety partners in Lancashire-14.

Key facts for Lancashire-12 & 14

Police crime statistics (2014/15) show there were 92,646 criminal offences (excluding fraud) in Lancashire-14, 3.0% fewer than in the previous year (England and Wales +2% increase).

Males aged 15-24 have the greatest propensity towards being an offender as well as a victim of crime.

Almost nine out of ten respondents (87%) to the 2015 community safety Living in Lancashire survey consider their local area to be safe.

The community safety strategic assessment provides further details around reducing crime, anti-social behaviour, substance misuse and re-offending.

9.2 Anti-social behaviour (ASB)

ASB is subjective and often means different things to different people. ASB impacts on the quality of life of many communities and residents of Lancashire-14.

Key facts for Lancashire-12 & 14

19% of high-risk ASB cases involve people with mental health issues.

Lancashire Constabulary recorded 89,868 incidents of ASB between April 2012 and March 2013 (62 incidents per 1,000 of the population).

Alcohol was found to be a factor in 18% of ASB incidents.

The community safety Living in Lancashire survey (2015) found that respondents who consider their area to be unsafe gave the main reason as ASB or gangs of young people in the area.

There is evidence that if ASB occurs and is unchallenged, more serious criminality can happen, such as criminal damage.
9.3 Domestic abuse

Domestic abuse is a term that describes intentional, ongoing, controlling and coercive behaviours by one person, to ensure power and control over another with whom they have, or have had, an intimate or family relationship.

Key facts for Lancashire-14

- DA causes many health problems including physical injuries, self-harm, sexually transmitted infections, substance misuse, depression and other mental health problems.
- Research shows one in four women and one in seven men will experience domestic abuse in their lifetime, but it continues to be under-reported.
- Between April 2011 and December 2012, Lancashire Constabulary received 52,841 calls relating to domestic abuse, with 736 attendances at A&E for assaults in the home.
- Domestic abuse presents a risk of harm to children and young people, either witnessing domestic abuse whilst growing up or experiencing abuse themselves.

9.4 Mental health and offending

Having a mental health issue has been associated with offending behaviour, both as an offender and being a target of crime.

Key facts

- There is a strong link between a fear of crime and poor mental health, decreased physical functioning and a lower quality of life.
- Just over a tenth (11%) of offenders arrested have a poor mental health marker, while studies show an increased prevalence of mental health problems in the prison population.
- Those with poor health and a high fear of crime are more likely to suffer repeat targeting.

- People with a strong fear of crime are almost twice as likely to show symptoms of depression.
- Almost a fifth (19%) of offenders with mental health issues reside in the top five per cent of deprived areas within the county.
10. Economy

In 2014, Lancashire-14 had a £27.7 billion per annum economy measured in terms of its production of goods and services, but the rate of economic growth has lagged behind the national rate for a number of years. To help provide high-value employment in Lancashire, the Lancashire Enterprise Zones have been developed to attract manufacturing jobs in the aerospace, automotive and other high-skilled sectors.

10.1 Unemployment

A strong and growing economy is linked to the health of a population, and employment allows people to provide for themselves and their families.

**Key facts for Lancashire-14**

Long-term trends in unemployment levels confirm that the overall rate for the Lancashire-14 area is primarily linked to the national economy and other factors are of limited importance.

Unemployment is associated with a number of negative outcomes. Evidence suggests unemployed people have a higher chance of dying before the age of 65.

The county has had a lower unemployment rate than the national average, but the difference is now less pronounced.

11. Environment

Lancashire-12 has great natural physical diversity, from coast and estuary landscapes, to uplands with extensive areas of beautiful countryside and moorland.

11.1 Air quality and public realm

There are large areas of urbanisation in the county, contrasting with rural locations, smaller towns, villages and hamlets, and coastal areas meaning the public realm and population densities vary greatly.

**Key facts for Lancashire-12**

Poor air quality can cause or exacerbate many health conditions. A higher proportion of people living in deprived areas are exposed to poor air quality.

High levels of particulate matter in the environment is a major risk factor for cardiovascular and respiratory diseases. Children and those with a compromised immune system are more at risk.

Providing quality green spaces and a public realm that is considered safe, attractive and fit for purpose can encourage healthier lifestyle behaviours and support good physical and mental health.

Improving the public realm is an important way to increase satisfaction with an area.
12. Housing

Good quality housing is important for good physical and mental health. Housing quality varies across Lancashire-12.

Key facts for Lancashire-12

The ratio of median house price to median earnings confirms that houses are generally more affordable than the England average.

There are high numbers of dwellings classified within the lowest council tax band A, which can be a contributory factor to low residential property prices.

The Preston, South Ribble and Lancashire City Deal is expected to deliver 17,420 new homes, 4,000 of which are planned for north west Preston. 1,599 homes have already been built.

Cold and damp housing can exacerbate existing conditions such as respiratory illnesses and can be linked to fuel poverty and excess winter deaths.

13. Poverty

A household is considered in poverty if its income is less than 60% of the median income. Poverty is primarily related to income, but measures can also incorporate housing, employment status and health. Benefits can be an important safety net to people who may have a restricted income.

13.1 Welfare benefits

Key facts for Lancashire-14

13.9% of the working-age population claim working-age benefits (England 12%).

In February 2016, 7,604 housing benefit recipients had a reduction applied due to benefit changes.

13.2 Fuel poverty

A household is considered to be fuel poor if it has essential fuel costs above the national average and spending that amount would leave them with a residual income below the official poverty line.

Key facts for Lancashire 12 & 14

10.9% of households in Lancashire-12 were in fuel poverty in 2014 (55,210); this was higher than England (10.6%).

271,050 recipients received the winter fuel payment in Lancashire-14 (2014/15).
14. Transport

The commitment to a number of transport masterplans will increase the road capacity across the county, develop sustainable travel and the public transport network. These changes aim to unlock planned housing developments, create new jobs and provide the network needed to manage traffic flow across the county.

The 2011 Census emphasised the high reliance on private cars for commuting, but public transport has an essential role in helping Lancashire-12 residents to access quality jobs in central Manchester and for long-distance journeys especially to London.

Key facts for Lancashire-12

Sustainable travel can help improve the health and wellbeing of all residents through increased cycling and walking provision, and environmental benefits such as improved air quality.

The 2014/15 rail usage figures show growth across many stations in the county. A reliable and connected rail network can reduce dependence on cars, and have positive environmental impacts.

The county has a motorway network of 171 km, which includes the M6, M55, M58, M61 and M65, while the new Heysham M6 link road aims to improve access to Heysham Port from the M6. The 4.86km dual carriageway will also have a footpath and cycleway along the entire route to encourage active travel.

Traffic flow on all major roads increased by more than 19% between 1993 and 2008. After 2008 there were modest reductions as a result of the economic slowdown, but increase have been recorded to 2015.
15. Social support

The largest area of spend for adult social care is on services for older people. Along with age, there are a number of determinants that increase an individual's need to access social care services. These include factors such as living alone, suffering from a limiting long-term illness or a disability which restricts mobility, being a carer or being vulnerable to harm or exploitation.

15.1 Limiting long-term illness

Key facts for Lancashire-12

- Over 300,000 people have some degree of limitation to their day-to-day activities, with 74,743 having a moderate or serious physical disability.
- An estimated 124,851 people have a hearing loss (2014), while 37,090 have a visual impairment (2011).
- Almost 42,000 over-65s are unable to manage at least one mobility activity on their own.

15.2 Living alone

Key facts for Lancashire-12

- Living alone can reduce an individual's chances for social interaction and can lead to social isolation, depression and poor health.
- People who live alone may be at higher risk of falls.
- Living alone reduces the levels of informal care that may be available to those who live with other people, such as family.

As the population ages more prevalent, placing more constraints on social care services.
15.3 Providing unpaid care

The provision of unpaid care in England and Wales is becoming more common as the population ages. Unpaid care is a significant social policy issue because it makes an important contribution to the supply of care, but is also likely to impact on the employment, social and leisure opportunities of carers.

Key facts for Lancashire 12 & 14

There are an estimated 6,440,713 carers in the UK, a rise of 10% over the last 10 years.

...people stated they provided some form of unpaid care for between one and over 50 hours per week (Census 2011), while just over 41,500 provided 50+ hours per week (Lancashire-14).

There are an estimated 25,987 people in Lancashire-12 over the age of 65 providing unpaid care to a partner, family member or other person. It is estimated this will rise by a third by 2030.

The number of unpaid carers of all ages is expected to increase as the population ages, providing further challenges for social care services to support them.

15.4 Vulnerable adults

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because they have a mental health problem, a disability, a sensory impairment, are old and frail, or have some form of illness.

Key facts for Lancashire-12

Vulnerable adults can be abused by anyone they are in contact with. There are many types of abuse including physical, sexual, emotional, financial or psychological abuse. It can also include neglect, discrimination or institutional abuse.

There were just over 3,500 referrals for safeguarding issues for vulnerable adults (2014-15). Of these 69% were over-65 years and over 56% were female.

The Shared Lives service provides family-based care to 400 people, with 270 registered carers.

Protecting the most vulnerable members of society remains a priority for all people and agencies who have a duty of care in whatever capacity.

All the data and intelligence behind this annual commentary can be found on the Lancashire Insight webpages, available by clicking here or by going to: http://www.lancashire.gov.uk/lancashire-insight.aspx