



# Working-age population JSNA summary report 2017

**Recommendations**

[www.lancashire.gov.uk](http://www.lancashire.gov.uk)

**Donna Gadsby, JSNA research officer**

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Working in partnership with:



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## 1. Foreword



The working-age population in Lancashire-12 accounts for 61% of the whole population – that's 736,500 residents aged 16-64 across the authority.<sup>1</sup>

While we have a wealth of intelligence around children and young people and older adults, we don't have the full picture when it comes to the working-age population.

The working-age population are the primary contributors to our economy and you will notice that this joint strategic needs assessment, while focusing on health, also pays equal attention to its wider determinants, including economic activity, working patterns and workplace health. This is also a great opportunity to link the themes of starting well, developing well, living well, working well and ageing well across the county's authorities, promoting healthy lifestyles, personal resilience and encouraging people to take responsibility for their own health.

There is some great work taking place across the county and we can continue to make a difference the health and wellbeing of our population by embedding and supporting the recommendations in this report – allowing future generations the opportunity to live physically and mentally healthier lives during their working lives and adult years.

Lancashire's Health and Wellbeing Board is committed to this JSNA to develop intelligence to underpin and support partners working to improve health and wellbeing across the county, and continue with ambitions to develop integrated support services and invest more into preventing ill-health across the whole Lancashire footprint.

One of the strengths of this county is the willingness for all to work together to share skills, knowledge, ideas and opportunities. All the partners who contributed to this project are willing to make a difference and the JSNA could not have happened without them.

I hope you find this report a useful reference point for making commissioning decisions and providing services to the citizens of Lancashire. It is my pleasure to introduce this to you.

A handwritten signature in black ink, appearing to be 'Sarah Swindley'.

**Sarah Swindley, project sponsor**  
**Chief executive officer, Lancashire Women's Centre**

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<sup>1</sup> Lancashire-12 = the 12 districts in the Lancashire County Council area, but excludes Blackburn with Darwen and Blackpool unitary authorities.

## 2. Overview and background information

This joint strategic needs assessment (JSNA) focuses on working-age adults in Lancashire, looking at the factors that can influence the health and wellbeing of this group. It provides analysis of the current and future needs for the working-age population (WAP), using a wide range of data and resources and complements the intelligence available for children and young people and older adults. The rise in the state pension age will change the demographic of the 'working-age population', but for the purposes of this JSNA the focus is on those aged 16-64.

There is renewed emphasis on preventing ill health and improving the health of the WAP, which remains poor in many areas across Lancashire. This JSNA develops intelligence to underpin and support partners working to improve health and wellbeing across the county, continuing with ambitions to promote [healthy lifestyles](#) and improve the quality of life for all residents and link into themes of living well and working well.

Where possible all data and statistics are quoted for the 16-64 population at the Lancashire-12 and district levels. If this is not available the age range is clearly identified and may incorporate younger and older ages.

This document provides the overview and recommendations and accompanies the suite of reports for the WAP, available from the [Lancashire Insight](#) web pages. These are:

- Lifestyle behaviours
- Working-age population 50+ years
- Flexible work schedules
- Long-term conditions
- Work, health and wellbeing
- Mental health
- LGBT and work

### 3. The working-age population

Figures for 2015 estimate 61.8% (736,500) of the population in Lancashire-12 (L-12) are aged 16-64.<sup>2</sup> Mirroring the national picture, the overall population in L-12 is increasing and population projections for 2039 indicate a [small net increase](#) (4.5%). This is important as the older (65+) population rises and the state pension age increases, there will be fewer young people entering the workforce. The resulting vacancies will not be filled through immigration alone and a healthy older WAP will be a vital resource to fill the workforce gap.

Evidence shows that work, education, training and volunteering are contributors to good physical and mental health and wellbeing. Conversely unemployment, poor quality employment and long-term sickness absence have a harmful impact, with higher rates of mortality, morbidity and a lower quality of life. There also may be fewer opportunities for development and growth, and for people to reach their full potential.

Having a healthy and capable WAP also has major positive impacts at an individual level, for organisations, the local economy and wider society. It can also drive improvements in health and narrow the gap in health inequalities. Keeping people in work or getting people back to work also reduces the number of working-age people claiming out of work benefits and lessens the impact of poverty and social exclusion.

Achieving this will require strong and effective management in workplaces, and engagement and communication with communities and individuals, particularly around health promotion, personal resilience and the management of long-term conditions.

It is established that many causes of ill health are attributed to modifiable lifestyle factors, such as smoking/tobacco use, physical inactivity, obesity, poor diet/nutrition, excessive alcohol consumption, and to a lesser extent, substance use. Other contributory factors include cellular damage, genetic risk and the cumulative impact of living/working conditions. As a person ages they are more at risk of developing debilitating health conditions. Alongside the main causes of mortality, many other conditions can also have a profound impact on individuals, such as musculoskeletal conditions and diabetes, and result in poor health, comorbidity and long-term disability.

#### Leading causes of mortality in the WAP (L-12)



**Cancer**



**Cardiovascular diseases**



**Digestive diseases (incl. liver disease)**



**Respiratory diseases**



**External causes (incl. suicide, falls & traffic accidents)**

Source: Primary Care Mortality Data, 2013-15

<sup>2</sup> ONS 2015 mid-year population estimates.



The impact of long-term conditions and disability in the WAP is huge, with economic and social costs to both the individual and society in the form of lost productivity and increased health and social care demands.

Estimates from the Office for National Statistics (ONS) indicate there were 138.7 million days of sickness absence in the UK between 2013 and 2015, from a wide range of health issues including:

- musculoskeletal conditions (32.4m);
- stress, depression and anxiety (17.0m);
- gastrointestinal problems (9.1m); and
- heart, blood pressure and circulation problems (4.0m).

The health of the WAP across the Lancashire-12 area varies widely and the recommendations below aim to address the inequalities and improve the health of Lancashire's residents.

## 4. Recommendations

Looking at the evidence, the data analysis and the literature review three priority areas have emerged for the WAP across Lancashire:

- reducing unemployment and worklessness;
- improving skills, lifelong learning and education; and
- improving physical and mental health.

The identified recommendations to address these priorities have been based on evidence of what works, primarily around guidance developed by the National Institute for Health and Care Excellence (NICE) and Public Health England. They fit around the overarching theme of **personal resilience and self-efficacy**,<sup>3</sup> which can be protective factors against poor physical and mental health and can also reduce the demands on health and social care services.



The recommendations crossover the three themes of **healthy spaces**, **healthy people**, and **healthy workplaces**. Please note, they are not presented in any order

<sup>3</sup> Self-efficacy is the belief in having the ability to succeed in specific situations, accomplish tasks or meet challenges.



Sickness  
absence costs  
employers **£9bn**  
per year

Source: Improving  
Lives green paper  
(2016)

of importance. The reasons for their inclusion are provided in the [appendix](#), alongside any additional resources or guidance (if appropriate).

1. Continue to promote positive lifestyle behaviours such as being active, being a healthy weight, not smoking, sensible drinking, substance use, and good mental health/wellbeing both in and outside the workplace. Develop an action plan to create healthy workplaces, making sure organisations have good policies and practice in place, and monitor progress of these. Capable management and strong leadership to support, motivate and encourage people remains key.
2. Support workplaces in producing and implementing strong policies to recruit and retain people with a disability or long-term condition, and also to help people to remain in work. This would be achieved by bringing together examples of best practice and identifying 'gold standards' to share with partners. Making organisations and policies open to scrutiny, while providing data and intelligence to support policy production would also be beneficial.
3. Identify settings where people live and work to bring about healthy behaviour change. This includes public realm improvements to encourage walking/cycling/running, to promoting community/ workplace activities, or encouraging health in the home, for example. Part of this will involve connecting people to community resources, information and social activities.
4. Promote and develop learning and non-work-based training to those who have a long-term condition/disability, who are socially disadvantaged, or are unemployed/economically inactive (particularly older adults). Raise awareness of apprenticeships as positive career choices for young people. (See also the digital inclusion recommendation.)
5. Focus on digital inclusion, general technological awareness and e-learning. Use this to promote and increase levels of health literacy and access to information to enable people to self-manage their own health and build personal resilience. (See also the training recommendation above.)
6. Where appropriate and available, promote flexible work schedules, such as flexitime or voluntary reduced worktime ('v' time) to encourage a healthy work/life balance and help maintain or improve a person's physical and mental health (flexible work schedules do not include zero hour contracts).
7. Increase awareness of and signposting to effective support services, for example: alcohol services, stopping smoking, life skills (such as money



management or healthy eating/nutrition/cooking skills), and encourage those dealing with people in whatever capacity to support healthier lifestyles.

8. Undertake further work (with partners) into volunteering and its health benefits. Additional local insight around volunteering in Lancashire may include:
  - the barriers to volunteering;
  - older people and volunteering;
  - in-work volunteering opportunities; and
  - support, management and recruitment of volunteers.
9. Develop further insight into the financial pressures across the WAP including: childcare costs, supporting dependent adults (with housing, health or university for example), in-work poverty, tax credit/welfare reforms (including employment support allowance), child poverty, social care costs, looking after older relatives, and housing costs.
10. Undertake a 'new communities' needs assessment incorporating topics such as demographics, air quality and active travel for new housing/economic developments. This can be used to inform service planning for example. This would include further analysis to provide partners with data and intelligence for 'future proofing' services.

The Public Health England report 'From evidence into action: opportunities to protect and improve the nation's health' identifies positive change and promotion of health, rather than just treating illness. It advocates the following measures to develop people's health:<sup>4</sup>

- the application of behavioural science in the digital age;
- place-based approaches;
- developing [NHS preventative services](#);
- transparency – allowing everyone to access information on performance and/or need and the evidence on 'what works';
- the contribution of employers in improving people's mental and physical health; and
- improving health through the application of the concept of wellness.

Elements of the [Marmot Review](#) continue to be relevant and the policy objectives from it fit in with the identified WAP recommendations. These should also underpin any action and the findings of this analysis should inform the focus of the support delivered.

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<sup>4</sup> [Public Health England. From evidence into action: opportunities to protect and improve the nation's health, 2014.](#)

These objectives are:

- enabling young people and adults to maximise their capabilities and have control over their lives;
- creating fair employment and good work for all;
- ensuring a healthy standard of living for all;
- creating and developing sustainable places and communities; and
- strengthening the role and impact of ill-health prevention.

## 5. Conclusion

The WAP JSNA provides a valuable starting point for action, with a number of selected recommendations around promoting healthy people, healthy spaces and healthy workplaces. There is also the opportunity to utilise the separate district profiles, which provide a wealth of intelligence for partners in these locations.

There is already a great deal of work ongoing around a number of the priorities and recommendations and there is now a broader understanding of what the key messages are for the working-age population (based on the local and national data and intelligence).

The costs and resources required to implement priorities and recommendations have been identified as weaknesses and potential threats to change, particularly with organisational transformation taking place at a national and county level, and ongoing budget reductions. This does provide further opportunities for partners to work together and links into the [six strategy shifts JSNA](#), which has enormous potential for moving to new ways of working across Lancashire, enabling partners and stakeholders to use the available intelligence for maximum benefit.

The measure of success of any recommendations will observe positive impacts on health and health inequalities, evidenced by reductions in premature mortality rates, reduced incidence and prevalence of long-term conditions, and lower self-reported rates of ill health. While these are long-term outcomes, there are opportunities to make a more immediate influence on the health and wellbeing of the WAP.

When looking at actions or recommendations around the WAP, consideration should be given as to whether universal or targeted interventions are appropriate. For many areas the evidence supports universal interventions as opposed to targeting individuals or small groups. Therefore the JSNA has provided a strategic overview and the health and wellbeing board and other partners will be instrumental in guiding the further actions required, which will see these recommendations implemented across the county.

## 6. Appendix

Following consultation with the project group, the wider stakeholder group and the data analysis and literature review, the following recommendations were identified. As noted in the main report, they cover the themes of healthy people, healthy spaces and healthy workplaces.

Recommendation	Why has this been included?
<p>1. Continue to promote positive lifestyle behaviours such as being active, being a healthy weight, not smoking, sensible drinking, substance use, and good mental health/wellbeing both in and outside the workplace. Develop an action plan to create healthy workplaces, making sure organisations have good policies and practice in place, and monitor progress of these. Capable management and strong leadership to support, motivate and encourage people remains key.</p>	<ul style="list-style-type: none"> <li>• Links to prevention and promotion, which are important to ensure people can remain in work, or get back to work, in good health (see also the <a href="#">health behaviours JSNA</a>).</li> <li>• Addresses main WAP health issues: cancer, CVD, liver disease, diabetes, mental health and musculoskeletal (MSK) conditions. Healthy lifestyles can reduce the risk/impact of many of these debilitating conditions, meaning people will be able to stay in employment longer (if that is what they choose) or have a healthy retirement.</li> <li>• Promoting health at work has other benefits – it can boost the local economy, drive improvements in health and reduce health inequalities.</li> <li>• Also links in to the <a href="#">'five ways to wellbeing'</a>.</li> </ul>
<p><b>Other resources and guidance:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Business in the Community/Public Health England toolkit for mental health</a> and for <a href="#">musculoskeletal health</a>.</li> <li>• <a href="#">Investors in People</a> Health and Wellbeing Award</li> <li>• TUC <a href="#">Work and wellbeing</a> resource</li> <li>• Lancashire County Council – <a href="#">Healthy Weight</a> declaration.</li> </ul>	<p>NICE guidance includes:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.nice.org.uk/guidance/ph22">https://www.nice.org.uk/guidance/ph22</a></li> <li>• <a href="https://www.nice.org.uk/guidance/lifestyle-and-wellbeing">https://www.nice.org.uk/guidance/lifestyle-and-wellbeing</a></li> <li>• <a href="https://pathways.nice.org.uk/pathways/workplace-health-policy-and-management-practices">https://pathways.nice.org.uk/pathways/workplace-health-policy-and-management-practices</a></li> <li>• <a href="https://www.nice.org.uk/guidance/qs147">https://www.nice.org.uk/guidance/qs147</a></li> </ul> <p><a href="#">Centre for Musculoskeletal Health &amp; Work</a> – Arthritis Research UK</p>

Recommendation	Why has this been included?
<p><b>2.</b> Supporting workplaces in producing and implementing strong policies to recruit and retain people with a disability or long-term condition, and also to help people to remain in work.</p> <p>This would be achieved by bringing together examples of best practice and identifying 'gold standards' around these areas to share with partners. Making them open to scrutiny, while providing data and intelligence to support policy production would also be beneficial.</p>	<ul style="list-style-type: none"> <li>• A healthy workforce can increase productivity and job satisfaction, improve morale and performance and save thousands of pounds in sickness absence.</li> <li>• Robust policies such as anti-discrimination, bullying, a carers' strategy, and policies to manage health (including MSK and mental health) keep people in work and reduces the number of people claiming out of work benefits, reducing the impact of poverty and social exclusion.</li> <li>• Healthy and functioning workplaces require strong and effective managers who are able to engage and communicate with employees.</li> <li>• Promoting health at work has other benefits – it can boost the local economy, drive improvements in health and reduce health inequalities.</li> </ul>
<p><b>Other resources and guidance:</b></p> <ul style="list-style-type: none"> <li>• The <a href="#">Workplace wellbeing tool</a> – calculates the cost of poor employee health and creates a business case for action,</li> <li>• <a href="#">British Heart Foundation</a> absenteeism, presenteeism and sickness absence calculator, estimates the cost to businesses on an annual scale.</li> <li>• <a href="https://pathways.nice.org.uk/pathways/workplace-health-policy-and-management-practices">https://pathways.nice.org.uk/pathways/workplace-health-policy-and-management-practices</a></li> <li>• Healthy workplaces - <a href="https://www.nice.org.uk/guidance/qs147">https://www.nice.org.uk/guidance/qs147</a></li> <li>• <a href="#">Centre for Musculoskeletal Health &amp; Work</a> – Arthritis Research UK</li> </ul>	

Recommendation	Why has this been included?
<p><b>3.</b> Identify settings where people live and work to bring about healthy behaviour change. From public realm improvements to encourage walking/cycling/running, to promoting community/workplace activities, or encouraging health in the home, for example.</p> <p>Part of this will involve connecting people to community resources, information and social activities.</p>	<ul style="list-style-type: none"> <li>• Part of this recommendation encourages an understanding of behaviour change (see the <a href="#">Behavioural Insights</a> website), which can be used to influence health and wellbeing outcomes. It also incorporates the EAST framework, where behaviour is more likely to occur if it is made easy, attractive, social and timely.</li> <li>• Decisions around behaviour are not always deliberate and considered, but are often influenced by the environment in which they are made. Therefore, health outcomes can be improved if this is recognised and taken into account.</li> <li>• Links to social inclusion, community cohesion and connectedness and to the <a href="#">'five ways to wellbeing'</a>.</li> </ul>
<p><b>Other resources and guidance:</b></p> <ul style="list-style-type: none"> <li>• Lancashire County Council – <a href="#">Healthy Weight</a> declaration.</li> <li>• <a href="#">Commissioning for Quality and Innovation</a> (NHS).</li> <li>• Lancashire County Council draft <a href="#">Cycling and Walking strategy</a>.</li> <li>• <a href="#">Change for Life</a>.</li> <li>• <a href="#">NHS One You</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy workplaces - <a href="https://www.nice.org.uk/guidance/qs147">https://www.nice.org.uk/guidance/qs147</a></li> <li>• Community engagement: improving health and wellbeing and reducing health inequalities - <a href="https://www.nice.org.uk/guidance/ng44">https://www.nice.org.uk/guidance/ng44</a></li> </ul>

Recommendation	Why has this been included?
<p>4. Promote and develop learning and non-work-based training to those who have a long-term condition/disability, who are socially disadvantaged, and/or unemployed or economically inactive (particularly older adults).</p> <p>Raise awareness of apprenticeships as positive career choices for young people.</p> <p>(See also the digital inclusion recommendation.)</p>	<ul style="list-style-type: none"> <li>• There are fewer young people entering the workforce, therefore older people will be a vital resource to fill the workforce gap.</li> <li>• Providing opportunities to access training, learning and skills development will improve the opportunities for employment, which can have impacts on the wider determinants of health including, housing, and lifestyle choices for example.</li> <li>• Links in to the <a href="#">'five ways to wellbeing'</a>.</li> <li>• Small business and those who are self-employed often do not have the resources on their own to offer their employees all the benefits of a health promoting workplace.</li> </ul>
<p><b>Other resources and guidance:</b></p> <ul style="list-style-type: none"> <li>• Lancashire Enterprise Partnership – <a href="#">skills and employment strategy</a> and <a href="#">skills/employment analysis</a> for the Lancashire area.</li> <li>• <a href="#">Apprenticeship funding</a> for business.</li> <li>• The <a href="#">Fit for Work</a> government-backed resource can help employers and employees, which may be particularly useful for small businesses.</li> <li>• <a href="#">Social Care Institute for Excellence</a>.</li> <li>• <a href="#">Work and disabled people</a> – information and guidance from Gov.uk.</li> </ul>	



<b>Recommendation</b>	<b>Why has this been included?</b>
<p><b>5.</b> Focus on digital inclusion, general awareness and e-learning. Promote and increase levels of health literacy and access to information to enable people to self-manage their own health for example.</p> <p>(See also the learning recommendation.)</p>	<ul style="list-style-type: none"> <li>• Technology is a part of everyday life. It can be used to disseminate information quickly and cheaply.</li> <li>• Ensuring people can access systems, information and intelligence means more people can take responsibility for their own health and wellbeing.</li> <li>• There are barriers to digital inclusion which need to be addressed. These may include but aren't limited to: age, health, having a learning difficulty or disability, previous experience of using the internet/ computers, access to a computer, and broadband coverage in an area.</li> </ul>
<p><b>6.</b> Where appropriate and available, promote flexible work schedules, such as flexitime or voluntary reduced worktime ('v' time) to encourage a healthy work/life balance and help maintain or improve a person's physical and mental health.</p>	<ul style="list-style-type: none"> <li>• Flexible working relates to working patterns which allow a more unstructured working environment, away from a typical 9am – 5pm working week. Non-standard working patterns (such as shifts and zero hour contracts) are not classed as flexible working in this instance.</li> <li>• Flexible working allows an employee to work in a manner which best suits their lifestyle and/or family commitments, or enables them to manage a health/medical condition for example. Individuals are given more autonomy over managing their workload in a way which suits them, which can help them deal effectively with work and personal challenges and remain in work.</li> <li>• The advantages of flexible working for the organisation can include increased levels of job satisfaction, commitment and loyalty, improved performance and productivity, and reduced absenteeism.</li> </ul>

Recommendation	Why has this been included?
<p>7. Increase awareness of and signposting to effective support services, for example: alcohol services, stopping smoking, life skills (such as money management or healthy eating/nutrition/cooking skills), and encourage those dealing with people in whatever capacity to support healthier lifestyles.</p>	<ul style="list-style-type: none"> <li>• There are a wealth of services (such as the <a href="#">Lancashire Wellbeing Service</a>) supporting people in the county to differing degrees. This recommendation does not necessarily require more services to be developed, rather it suggests looking at existing services and asks: how can their profile can be raised and how to best signpost people to the services they offer.</li> <li>• It also presents an opportunity to collect data and intelligence around services to measure what works and which ones are producing the best results. This also links to behavioural insights and behaviour change.</li> </ul>
<p>8. Undertake further work (with partners) into volunteering and its health benefits. Additional local insight around volunteering in Lancashire may include barriers to volunteering, older people and volunteering, in-work volunteering opportunities, and support, management and recruitment.</p> <p><b>Other resources and guidance:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">National Council for Voluntary Organisations</a></li> </ul>	<ul style="list-style-type: none"> <li>• Volunteering is a valuable resource and has three types of value: economic, private and social. Volunteering can improve physical and mental health, improve self-confidence, raise skill levels, address social isolation, improve community cohesion and connectedness, as well as providing valuable experience for people entering the workforce (for the first time, or returning).</li> <li>• While there is a wide array evidence around the health benefits of volunteering there is limited local insight, particularly around the barriers to volunteering, who volunteers, and how to encourage more volunteering.</li> <li>• Potentially a Lancashire-wide questionnaire could provide additional and valuable intelligence.</li> <li>• Also links in to the 'five ways to wellbeing'.</li> </ul>

<b>Recommendation</b>	<b>Why has this been included?</b>
<p><b>9.</b> Develop further insight into the financial pressures across the WAP: including childcare costs, supporting dependent adults (with housing, health or university for example), in-work poverty, tax credit/welfare reforms (including employment support allowance), child poverty, social care costs, looking after older relatives, and housing costs.</p>	<ul style="list-style-type: none"> <li>• This emerged as an important area, therefore it was proposed further work around this topic could produce valuable intelligence and insight for partners to use. It also links into the wider determinants of health, including education, housing and employment.</li> <li>• A needs assessment around this topic could provide a useful starting point for getting the full picture across Lancashire, particularly with changes to social care, having an increasing ageing population and changes to welfare benefits, and how these impact on the health of the population.</li> </ul>
<p><b>10.</b> Undertake a 'new communities' needs assessment around topics such as demographics, air quality and active travel for new housing developments such as those in the City Deal area.</p> <p>This would be used to inform housing/economic development and transport planning. It could include further analysis to provide partners with data and intelligence.</p>	<ul style="list-style-type: none"> <li>• This emerged as an important area, due to housing and employment developments in Lancashire and the new communities these areas would attract – what are their needs going to be? Therefore it was proposed further work around this topic could provide valuable intelligence and insight for partners to use for longer-term planning purposes and for 'future proofing' services.</li> <li>• It also links into the wider determinants of health, including education, housing, the public realm and employment, and affects a significant proportion of the WAP as well as children and young people and older adults.</li> </ul>