Lancashire JSNA annual commentary 2017/18

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

This JSNA report is produced annually and brings together key findings around the priority health, wellbeing and social care issues for Lancashire. It is intended to be used by local commissioners and service planners as an overview of priority topics from which they can delve deeper into some of the key issues using the links provided.

A note on geographies

It is necessary for JSNA intelligence for Lancashire to be presented at two different geographic levels. This is simply a reflection of how data are published. ‘Lancashire-12’ (L-12) denotes the area comprising the 12 county districts of Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre. ‘Lancashire-14’ (L-14) denotes the area comprising the 12 county districts plus the two unitary authorities Blackburn with Darwen and Blackpool. Where possible, we aggregate figures to offer intelligence at Lancashire-14 level, however this is not always feasible, so the two terms are used throughout this document for clarity.

2. Demographics

2.1 Population estimates and projections

The 2016 mid-year population estimate for Lancashire-14 is 1,485,042, an increase of 0.5% on the 2015 figure. Estimates suggest a higher population increase in Chorley (1.2%), Lancaster (0.9%) and Fylde (0.9%), compared to England (0.8%). Over the next 25 years the population of Lancashire is projected to increase by 4.5%, although these increases are lower than the average for the North West (8.2%) and England (16.5%). Large increases in housing completions in Preston and South Ribble resulting from the City Deal initiative may result in this estimate being revised upwards.

2.2 Age

Over the next decade the number of children aged 0 to 15 in the county will rise and then thereafter decline. The working-age population is predicted to start to decline within five years and the older population will continue to increase, with more people falling into the over-85 bracket each year as life expectancy increases over the period. By 2039, people aged 85 and over will make up 5.5% of the population – around 69,000 people in Lancashire-12. This has substantial implications for health and social care budgets in the future.
2.3 Ethnicity

Ten per cent of the population (around 141,000 people) are from black and minority ethnic (BME) groups. The largest BME populations are found in Blackburn with Darwen (31%), Pendle (20%), Preston (20%), Burnley (12%) and Hyndburn (12%).

2.4 Migration

There were 8,710 national insurance number registrations in Lancashire-14 in 2015/16, an increase of 310 from the previous year. Poland remains the major source of registrations with 23.8% of the total. Increases in registrations from Pakistan, Bulgaria and Spain are slowing down while the rate of increase from Romanian nationals is rising.

3. Society

3.1 Social isolation

Social isolation and loneliness are pressing and difficult public health issues increasingly affecting both individuals and communities. They contribute to poor health and wellbeing and reduced life expectancy, and potentially costs hundreds of millions annually across Lancashire-14. Our Hidden from view: tackling social isolation and loneliness in Lancashire report and toolkit aims to provide practical information and advice on understanding and addressing social isolation and loneliness, for local partner organisations and their employees.

4. Environment

4.1 Air quality and pollution

Particulate air pollution (from vehicles, industry and other sources) is a major contributor to poor health. As would be expected, inland urban areas have the highest proportions of air pollution-attributable mortality while rural and coastal areas have lower proportions. PM$_{2.5}$ is a term used to describe fine particulate matter in the atmosphere which is associated with adverse health effects such as cardiovascular and respiratory diseases. In 2014 Blackpool had the second highest average emissions of PM$_{2.5}$ per square kilometre among all local authorities in Britain.
4.2 Strengths

The Lancashire-14 area is blessed with some stunning civic architecture, relics of early industrialisation and beautiful unspoilt landscapes. The area boasts 30 local nature reserves, two national nature reserves, 36 registered parks and gardens, 123 kilometres of coastline and two designated areas of outstanding natural beauty (AONB). Problems of derelict and degraded land are being tackled via a range of initiatives and can present opportunities for new sites for wildlife and recreation. Additionally, Blackpool South beach is one of only two in the North West to have been awarded the Blue Flag award - signifying excellence in cleanliness, management, bathing water quality and environmental care.

5. Education

5.1 School readiness and early years foundation stage

The early years foundation stage (EYFS) sets the standards for development, learning and care of children from birth to five years, and school readiness is an important indicator of a child’s development in this area.

The Department for Education provides a breakdown of school readiness, which is the percentage of children achieving a good level of development at the end of reception schooling. The percentage for Blackpool and Blackburn with Darwen are significantly lower than England, while Lancashire-12 is similar (all children). When broken down by sex, girls outperform boys, with more girls achieving a good level of development across all districts, although these still remain significantly lower for Blackburn with Darwen and Blackpool when compared with the national average. Again, Lancashire-12 remains similar to England for both boys and girls.

Table 1: percentage of children achieving a good level of development, 2015/16

<table>
<thead>
<tr>
<th></th>
<th>All children</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackburn with Darwen</td>
<td>63.0%</td>
<td>70.8%</td>
<td>55.5%</td>
</tr>
<tr>
<td>Blackpool</td>
<td>64.5%</td>
<td>71.0%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Lancashire-12</td>
<td>69.2%</td>
<td>76.3%</td>
<td>62.6%</td>
</tr>
<tr>
<td>England</td>
<td>69.3%</td>
<td>76.8%</td>
<td>62.1%</td>
</tr>
</tbody>
</table>

Source: Public Health England Child & Maternal Health profiles, 2017

Encouragingly, the performance of all pupils at the EYFS continues to improve and this has increased across the three districts for the third consecutive year.
6. Economy

6.1 Fuel poverty

Fuel poverty is where a household has above average fuel costs and would be left below the official poverty line if they are to spend that amount to heat their homes to an adequate level. Eight authorities in Lancashire-14 have higher rates of fuel poverty compared to England (11.0%) (2015). Take up of the government's winter fuel payment for older people varies across Lancashire.

While the inequality gap in fuel poverty between Lancashire-14 and England is narrowing, the internal gap is widening between the most and least deprived parts, as rates are increasing in both but at a faster pace in the most deprived areas. For this reason, targeted and universal interventions to reduce fuel poverty must remain a priority for Lancashire commissioners and service providers.

7. Health and wellbeing

7.1 Life expectancy

Data from 2013-15 shows male life expectancy (LE) at birth is 78.5 years in Lancashire-12, 76.5 years in Blackburn with Darwen, and 74.3 years in Blackpool (England 79.5 years). Female LE at birth is 82.1 years in Lancashire-12, 80.8 years in Blackburn with Darwen, and 79.4 years in Blackpool (England 83.1 years). The trend towards an increase in LE has slowed or reversed across Lancashire-14. This is most notable for Blackpool females, where between 2012-14 and 2013-15, life expectancy reduced by almost six months.

There are inequalities in LE between males and females between and across districts. Looking at LE across the sexes by district, Ribble Valley has the lowest difference (1.8 years). When comparing districts the difference in male LE is almost seven years between Blackpool and Ribble Valley. For females the difference is almost five years between Blackpool and South Ribble.

The slope index of inequality (SII) is a measure of how much LE varies across the social gradient (most and least deprived small areas) within a local authority and is expressed as the number of years' difference in LE. The SII for females is 7.1 years in Lancashire-12, 8.3 years in Blackburn with Darwen and 8.5 years in Blackpool. For males it is 10.2 years in Lancashire-12, 11.9 years in Blackburn with Darwen and 11.8 years in Blackpool. It is most pronounced in Burnley where the difference in male life expectancy between the most and least deprived small areas is 12.8 years.
7.2 Life expectancy at age 65

The number of years males can expect to live at age 65 is 18.2 years in Lancashire-12, 17.5 years in Blackburn with Darwen and 16.5 years in Blackpool. Females can expect to live for a further 20.4 years in Lancashire-12, 19.5 years in Blackburn with Darwen and 19.3 years in Blackpool. All of these figures are significantly lower than the corresponding figures for England (males 18.7yrs, females 21.1yrs). Within Lancashire-14, only South Ribble (males) and Ribble Valley (both sexes) have higher LE at age 65 compared to England.

7.3 Healthy life expectancy

People in more deprived areas not only die sooner, but are more likely to spend a proportion of their lives living in poor health or with a disability. Healthy life expectancy (HLE) in Lancashire-12 is 63.6 years. In Blackburn with Darwen it is 60.3 years and in Blackpool it is 59.0 years. Healthy life expectancy for the Lancashire-14 area is consistently below the retirement age, indicating degrees of ill health among the working-age population and suggesting many residents are not able to enjoy their retirement in good health.

The SII for HLE varies across the districts in Lancashire-14, with the greatest gap of 18.0 years occurring between males in the most and least deprived areas of Blackburn with Darwen. For society to have a healthy population it is essential to take action to both raise the general level of health and flatten the social gradient.

Table 2: SII for HLE across the upper tier authorities in Lancashire, 2013-15

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackburn with Darwen</td>
<td>18.0 years</td>
<td>17.5 years</td>
</tr>
<tr>
<td>Blackpool</td>
<td>16.6 years</td>
<td>14.5 years</td>
</tr>
<tr>
<td>Lancashire-12</td>
<td>15.8 years</td>
<td>15.6 years</td>
</tr>
</tbody>
</table>
Source: Office for National Statistics

7.4 Infant mortality

Infant mortality is a strong indicator of the health of an entire population. Lancashire-12 and Blackpool have significantly higher rates of infant mortality (based on live births) compared to England. In line with the national trend, rates of infant mortality have fallen between 2004-06 and 2013-15, with the greatest reduction in Preston. Blackpool's perinatal mortality rate (stillbirths and deaths under seven days old) remains significantly higher than the England rate.

The poor performance in Lancashire-12 on a range of indicators around the health of pregnant women and babies and the impact this has means that partners in the area
should ensure that improving maternal and infant health is a priority. Joint working at a strategic level would maximise improvements in this area.

### 7.5 Respiratory disease

Respiratory disease is a leading cause of premature death in the UK and Lancashire-14. The age-standardised rates for under-75s in Blackpool (65.8 per 100,000), Blackburn with Darwen (47.6) and Lancashire-12 (41.2) are all significantly higher than the England average. More than half of these Lancashire-14 deaths are considered preventable, meaning that they could potentially have been avoided through public health interventions. One of the major respiratory diseases is chronic obstructive pulmonary disease (COPD), which is predominantly caused by smoking. The rate of preventable deaths from respiratory disease is more than three times higher in Burnley than in Fylde, one of the many health inequalities across the county.

### 7.6 Cancer

The Lancashire-12 area has significantly higher rates of lung, bladder, oesophageal, skin and cervical cancer compared to England. Blackpool's overall incidence rate for all types of cancer is significantly higher than the England average whilst the rates for Lancashire-12 and Blackburn with Darwen are in line with the national incidence rate.

Cancer survival continues to increase across Lancashire-14, with almost 70% of those diagnosed with cancer in the area during 2014 still alive a year later. From 2013 to 2015 cancer accounted for 39% of deaths in people under the age of 75 in Lancashire-12. The all-age and under-75 cancer mortality rates are significantly higher in all three upper tier local authority areas compared to England.

Breast cancer and malignant melanoma are priority conditions as incidence rates are increasing for both conditions across Lancashire-14 and the inequality gap between the most and least deprived areas is widening. Although hereditary factors can play a part in the risk of developing breast cancer, positive lifestyle choices and breastfeeding could reduce the risk. Malignant melanoma risk can be reduced by protecting the skin from harmful ultraviolet rays and it is possible to do this while still getting enough vitamin D to avoid other health issues.
7.7 Cardiovascular disease

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

Deaths from CVD are declining locally and nationally but CVD is still a leading cause of death in Lancashire-14. The under-75 death rate for CVD in Lancashire-12 is significantly higher than the England rate, and those in the most deprived parts of Lancashire-14 are over two and a half times as likely to die prematurely from CHD and over twice as likely to die prematurely from stroke as those in the least deprived parts.

Over the last few years these inequality gaps do appear to have narrowed slightly due to outcomes improving faster in the most deprived areas than in the least deprived areas – the best kind of inequality reduction.

7.8 Musculoskeletal conditions

Musculoskeletal (MSK) conditions are a range of over 200 disorders which affect the joints, bones, muscles and soft tissues, and tend to be more prevalent and severe in later life.

MSK conditions do not normally require hospitalisation and are rarely fatal, but they still have a significant economic and social impact and can substantially reduce an individual’s quality of life.

This is a huge issue as estimates from the Office for National Statistics suggest 30.8 million days of sickness absence/working days were lost in the UK in 2016 (all people aged 16+ in employment) from musculoskeletal conditions, which include back pain, neck, and upper limb problems.

Local estimated prevalence of hip and knee osteoarthritis across Lancashire-12, Blackburn with Darwen and Blackpool show a higher percentage of people with hip and knee osteoarthritis in the 45-64 and 65-74 age groups in all three authorities when compared to England.
Table 3: % prevalence of hip and knee osteoarthritis in people 45+ years (2002-2015)

<table>
<thead>
<tr>
<th></th>
<th>Hip osteoarthritis</th>
<th>Knee osteoarthritis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45-64</td>
<td>65-74</td>
</tr>
<tr>
<td>Blackburn with Darwen</td>
<td>11.7%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Blackpool</td>
<td>12.1%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Lancashire-12</td>
<td>11.1%</td>
<td>11.6%</td>
</tr>
<tr>
<td>England</td>
<td>10.3%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

Source: Arthritis Research UK, 2017

7.9 Mental illness and suicide

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

Those in the most deprived parts of Lancashire-14 are three times more likely as those in the least deprived parts to suffer from extreme anxiety and depression. Over recent years this inequality gap has reduced because prevalence is falling in both groups, but this is quicker in the most deprived group.

Across the eight clinical commissioning groups (CCGs) in Lancashire-14, the prevalence of severe mental health disorders such as schizophrenia and other psychoses is 1.04%, with rates in Blackpool CCG, Blackburn with Darwen CCG, East Lancashire CCG, Fylde and Wyre CCG, and Greater Preston CCG all higher than the national average (0.90%) (2015/16).

Suicide is a devastating event for families and communities, with men aged 45-49 at highest risk. Alcoholism, clinical depression and schizophrenia are some of the other major risk factors, with around 90% of those who die by suicide having a psychiatric disorder at the time of their death. Self-harm can be a risk factor for suicide, but not all those who self-harm are suicidal. The rate of emergency hospital admissions for intentional self-harm in Blackpool (635.3 per 100,000), Blackburn with Darwen (283.5) and Lancashire-12 (235.0) are all significantly higher than the England average (196.5) (2015/16).
7.10 Personal wellbeing

Wellbeing is one of the strongest determinants of an individual's health. It fundamentally influences behaviour, social cohesion, social inclusion and prosperity. For the first time in several years, Lancashire-12 residents appear to be less satisfied with their lives compared to the rest of the UK. Life satisfaction in Blackpool is also lower than the UK average. Estimates of life satisfaction show West Lancashire, Burnley and Preston are among the worst in the country. The New Economics Foundation (2008) presented evidence showing that connecting with people, being active, taking notice, continuing to learn and giving can all improve personal wellbeing. These are referred to as the 'Five Ways to Wellbeing' and can be built into people's daily lives.

7.11 Dementia

Dementia is not a disease, but a collection of symptoms caused by a number of different conditions which affect the brain and the vascular system. There are many different types of dementia although some are far more common than others, with Alzheimer's disease accounting for the majority of cases, followed by vascular dementia.

Estimates suggest there are almost 15,500 people in Lancashire-12 with dementia, but records show that only 10,347 of these people have a confirmed diagnosis (March 2016). Across the eight CCGs in the Lancashire-14 area improvements need to be made in Blackburn with Darwen CCG, Chorley and South Ribble CCG, East Lancashire CCG, and Greater Preston CCG to meet the government's 67% diagnosis rate target.

Young onset dementia affects people under the age of 65 and can lead to a unique set of difficulties and opportunities compared to older people with dementia. In particular, prompt diagnosis can help younger people manage their condition and achieve a better quality of life. In some cases, appropriate treatment and lifestyle changes can help slow the progression of the underlying disease. It is difficult to establish an accurate prevalence of young onset dementia but there could be around 800 people with the condition in Lancashire-12, with more than half of these undiagnosed. Our 2016 report Young onset dementia in Lancashire-12.pdf (PDF 932 KB) provides further information.

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1 Annual Population Survey, Office for National Statistics.
7.12 Excess winter deaths

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

It is an important public health issue, potentially amenable to intervention. Although excess winter deaths are associated with low temperatures, conditions directly relating to cold, such as hypothermia, are not the main cause. The majority of additional winter deaths are caused by the onset and exacerbation of cerebrovascular diseases, ischaemic heart disease and respiratory diseases.

Across the districts in Lancashire-14 (Aug 14-Jul 15) excess winter deaths are in line with the national rate (27.7), except in Preston (44.8) where they are significantly higher, and Lancaster (14.2) where they are significantly lower. Excess winter death rates appear to be on the rise as the three-year aggregated figures show the highest level in 10 years during 2012 to 2015 for Lancashire-12.

8. Health behaviours

8.1 Smoking and vaping

Smoking rates (2016) across Lancashire-12 (16.0%), Blackburn with Darwen (19.5%) and Blackpool (22.5%) are reducing, but despite having a similar smoking prevalence to England (15.5%), Lancashire-12 residents are significantly more likely to be admitted to hospital, or die from a smoking-related illness than the English population in general.

Smoking in pregnancy is also on the decline and although Blackpool has the highest proportion of mothers smoking at the time of delivery in the country, this rate has decreased from a third in 2010/11 to 26% in 2015/16. For Blackburn with Darwen, this figure is almost 15%, significantly higher compared to 10.6% for England (2015/16), but again shows a downward trend. There is a clear north-south divide when it comes to smoking in pregnancy, with the north of England having a much higher prevalence in general than the south.

Very little is known about the safety of electronic cigarettes. This will be an important area for future research and surveillance. They may prove to be a good harm reduction method for people quitting tobacco use, but much more research is needed, including some good quality longitudinal studies, particularly as the risks are

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2 Due to data quality issues, there is no value for Lancashire-12.
likely to be different across the populations, such as for pregnant women and their babies. The NHS still recommends the use of local stop smoking services and licenced nicotine replacement therapies for those trying to quit smoking.

8.2 Alcohol

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

As well as causing serious health problems, long-term alcohol misuse can lead to social problems such as unemployment, divorce, domestic abuse and homelessness. Excessive alcohol consumption can also increase the likelihood of a person having unprotected sex. This can potentially lead to sexually transmitted diseases and unwanted pregnancy.

Hospital admission rates for alcohol-specific conditions in Blackpool (1,484 per 100,000), Blackburn with Darwen (1,136), and Lancashire-12 (718) are significantly higher than the national rate (583) (2015/16). All three authorities have higher rates of alcohol-related deaths compared to England, and of the alcohol-specific deaths, almost 90% relate to diseases of the liver indicating long-term excessive alcohol use. Hospital activity data for 2015/16 show that 85% of the 6,618 unplanned, alcohol-specific admissions in Lancashire-12 came via urgent care, highlighting the impact alcohol has on secondary care resources. In the same year almost 8,000 police incidents were recorded with an alcohol qualifier – a 10% reduction on the previous year’s figure.

Our 2015 report on health behaviours in Lancashire-12 provides more information on a wide range of lifestyle behaviours along with a set of recommendations for local partners.

8.3 Child obesity

In Lancashire-12, 3,013 reception-age children (22.5%) and 4,133 year six children (33.2%) have excess weight, of these 9.3% of reception-age children and 18.9% of year six children are clinically obese (2015/16). The reception age figures for Blackburn with Darwen (9.7%) and Blackpool (10.5%) are similar to England (9.3%),
while year six obesity is significantly higher in Blackpool (22.5%) and Blackburn with Darwen (22.2%) compared to England (19.8%). Obese children are more likely to become obese adults and have a higher risk of morbidity, disability and premature mortality in adulthood. There is also evidence of lower school attainment, lower self-esteem and depression amongst overweight and obese children.

Being underweight can also be damaging to health, affecting the immune system, bone strength and can leave an individual feeling fatigued. As with excess weight and obesity, there can be many causes of underweight including not eating a balanced diet, undereating, having an overactive thyroid, dieting or having a mental health issue. A healthy diet and physical activity are key to maintaining a healthy weight.

9. Social care

9.1 Adult social care services

As a commissioning authority, Lancashire County Council is facing growing financial pressures to support social care services. In addition many service providers are also experiencing difficulties, potentially resulting in issues with delivering commissioned services.

Lancashire County Council provides long-term adult social care services to over 23,000 people each year, one of the highest rates in England when calculated per head of population. Over 15,000 people receive services enabling them to live at home (including home care, day care, direct payments, transport, meals and respite care), over 6,000 are supported in residential care and over 2,000 are supported in nursing care.

Delayed transfer of care occurs when a medically fit patient is occupying a bed when they are ready and able for discharge. A recent rise in the number of people unnecessarily delayed in hospital is a concern, with data from 2015/16 showing 13.3 people (per 100,000 of the 18+ population) experiencing a delayed transfer of care, which is similar to England (12.1%). The county council is allocating additional resources to understand the causes and an improvement is expected with the implementation of the Passport to Independence programme (PIP).

Recent surveys conducted with both carers and service users in Lancashire-12 indicate high levels of satisfaction generally with the adult social care services received, though satisfaction levels have shown a slight decrease from previous years. This in part may be a reflection of the difficulties in maintaining a high quality service when resources are being stretched.
9.2 Supporting independent living (adults)

The PIP is improving the delivery of adult social care, primarily by refining the assessment process and re-designing the reablement service. Reablement is a short and intensive service which works with individuals, usually in their own home, where they are helped to regain the skills needed to live independently.

Redesigning the reablement service has meant over 1,000 additional individuals have benefited in Lancashire-12 and this is expected to rise to over 2,000 per year once the programme has been completed by December 2017. At present nearly 500 people per year who receive reablement will be fully independent at the end of the service, this is expected to rise to nearly 1,000 per year.

Supporting independent living has also been achieved through improving hospital discharge processes and over 50 Lancashire-12 residents a year are avoiding inappropriate residential and nursing placements and are returning home instead. This is forecast to rise to over 200 per year at the end of the PIP programme.

9.3 Safeguarding children

The Office for Standards in Education, Children's Services and Skills (Ofsted) carried out an unannounced inspection of Lancashire County Council's children's services and Lancashire Safeguarding Children Board (LSCB) in 2015. The report concluded that overall the children's service was inadequate. While improvements have been made, further progress continues and the quarterly reports presented to the Cabinet Committee on Performance Improvement (CCPI) from Business Intelligence provides insight into child safeguarding across the authority. The statistics below are from quarter four (2016/17):

- The number of child protection plans has reduced significantly – 1,394 compared to 1,631 in quarter three (Q3)
- The number of children looked after continues to increase and at the end of March 2017 this figure is 1,864.
- It is taking less time for children to be matched with an adoptive family following court authority (193 in Q4 compared to 397 in Q3).
- The Employment and Support team are supporting 110 looked-after children/children leaving care through provision of placements and employment opportunities.

For more information on any of the topics in this report please visit the Lancashire Insight web pages at: www.lancashire.gov.uk/lancashire-insight or email businessintelligence.jsna@lancashire.gov.uk