

# Lancashire JSNA

## annual commentary 2022/3

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

Business Intelligence, Lancashire County Council  
[lancashire.gov.uk/lancashire-insight](https://lancashire.gov.uk/lancashire-insight)



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## 1. Introduction

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

Alongside more encouraging factors, the health, welfare and prosperity of significant proportions of the Lancashire population has, according to several measures and for many years, lagged behind many other parts of the country and the England averages: lower life expectancy, fewer years in good health, wide disparities of income and multiple deprivation, and lower levels of economic development and productivity, have each been apparent. And, over more than the last 2 years, we have been through the worst pandemic in living memory.

The Covid-19 pandemic hit all areas of the country hard, Lancashire more than other areas in some respects, and has left lingering effects that have still to be contended with. Compounding this, since the latter half of 2022, we have seen unprecedented rises in the cost of living that have impacted on us all, and again, some more than others.

In this context, this annual commentary has these recent and highly unusual factors to take into account, alongside its more typical content; in doing so, it pays particular attention to a number of factors that have been thrown into greater relief as a result of the pandemic and the huge rises in the cost of living, not least of these being Lancashire's housing stock, its relatively high rates of energy inefficient housing stock, and domestic overcrowding.

The annual commentary focuses primarily 'Lancashire-12' area, that is the area comprised of the 12 local authorities (LAs) of Burnley, Chorley, Fylde, Hyndburn, Lancaster, Pendle, Preston, Ribble Valley, Rossendale, South Ribble, West Lancashire and Wyre.

'Lancashire-14' denotes the area comprised of these 12 local authorities, plus the two unitary authorities of Blackburn with Darwen and Blackpool.

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



## 2. Demographics

### 2.1 Births and deaths

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

Between the census in 2011 and 2021, the average population increase across the North West was 5%, and across England the increase was 7%. On Census day (21 March 2021), the [population within the Lancashire-14 area](#) was 1,531,200, an increase of 1% on the 2020 mid-year estimate figure of 1,515,487, and an increase of 5% (70,307) since 2011, when the population was 1,460,893.

On Census day 2021, the population within the Lancashire-12 area was 1,235,300, an increase of 0.7% on the 2020 mid-year estimate figure of 1,227,076, and an increase of 5% (63,961) since 2011, when the population was 1,171,339 people.

The highest increases in total population between 2011 and 2021 were in Chorley, 10% (10,645 people), and Burnley, 9% (7,641 people), while the lowest increases in total population were in Hyndburn, and South Ribble, 2% (1,466 and 1,943 people respectively), and Lancaster, 3% (4,525 people); Blackpool was the only district across the Lancashire-14 where the population decreased, by 1% (965 people).

Men make up between 48-50% and women 50-52% of the population across all districts in the Lancashire-14 area.

[Births and deaths](#) obviously have an impact on the national and local populations. The latest [births](#) and [deaths](#) figures from the Office for National Statistics (released July 2021), show that on a basic count level the [Lancashire-12](#) area continues to register more deaths than live births in 2020 (in the year to mid-2020, there were 2,021 more deaths than births in the Lancashire-14 area).

There are few differences between the local authorities, with only Pendle and Preston recording more live birth than deaths. Of the two unitary authorities, Blackpool records more deaths than live births.

### 2.2 Covid-19 related deaths during the pandemic:

For 2020, Lancashire's premature mortality rates for deaths (all persons) involving Covid-19 was 47.5 persons per 100,000, which was significantly higher than the England rate at 39.2 persons per 100,000. Ribble Valley was the only Lancashire

district where premature mortality involving Covid-19 was significantly lower than the England average.

For 2021, death rates (all persons) involving Covid-19 across the Lancashire-12 were slightly lower than the England rates: England=116.2 per 100,000, Lancashire=115.2 per 100,000, but were higher in some of the Lancashire-12 districts, considerably so in some, as the table below shows.

Districts where death rates per 100,000 involving Covid-19 were higher than the England average (2021)<sup>1</sup>:

<b>All persons</b>	<b>Males</b>	<b>Females</b>
Burnley 187.2 (156 deaths)	Burnley 215.7 (78 deaths)	Burnley 163.6 (78 deaths)
Hyndburn 177.8 (134 deaths)	Hyndburn 208.5 (67 deaths)	Hyndburn 158.9 (67 deaths)
Rossendale 137.2 (92 deaths)	Rossendale 196.2 (58 deaths)	Ribble Valley 112.8 (49 deaths)
Lancaster 128.5 (196 deaths)	Pendle 154.3 (58 deaths)	Lancaster 107.5 (97 deaths)
Pendle 127.5 (110 deaths)	Preston 152.6 (78 deaths)	Pendle 106.6 (52 deaths)
Preston 120.7 (140 deaths)	Lancaster 152.0 (99 deaths)	Preston 96.9 (62 deaths)
Ribble Valley 119.0 (90 deaths)		
<b>Lancashire 115.2 (1,492 deaths)</b>	<b>Lancashire 142.9 (799 deaths)</b>	<b>Lancashire 94.0 (693 deaths)</b>
<b>England 116.7 (63,552 deaths)</b>	<b>England 148.7 (34,749 deaths)</b>	<b>England 91.8 (28,803 deaths)</b>

## 2.3 Excess deaths<sup>2</sup>

It is important to recognise that some of the measures taken during the Covid-19 pandemic to restrict infection rates, had unfortunate side-effects, for example causing significant delays in diagnosing and treating other new and existing diseases and conditions, with the potential result that deaths from causes other than Covid-19 infection would rise. It is therefore important to measure not only Covid-19 related deaths, but also excess mortality from all causes.

<sup>1</sup> All rates and counts, OHID, Fingertips at: [https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133385/pat/402/par/E1000017/ati/401/are/E07000117/iid/93954/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-ao-0\\_car-do-0](https://fingertips.phe.org.uk/profile/mortality-profile/data#page/3/gid/1938133385/pat/402/par/E1000017/ati/401/are/E07000117/iid/93954/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/tre-ao-0_car-do-0).

<sup>2</sup> 'Excess deaths' are numbers and rates of deaths over a given period that exceed the numbers and rates we would normally expect over an otherwise similar period.



Between January 2021 and 4 November 2022 there were 2,086 excess deaths in Lancashire-12 where no reference to Covid-19 was entered in the death certificate, and 2,302 deaths with a mention of Covid-19 on the death certificate. Over a longer period, January 2020 to 4 November 2022, there were 4,121 excess deaths from all causes across the Lancashire-12, and 4,565 deaths with reference to Covid-19 on the death certificate.

In terms of rates of excess deaths between January 2020 and 4 November 2022, Lancashire-12's was 335.8 per 100,000, considerably higher than England at 244.9 per 100,000.

Over this period, none of the Lancashire-12 districts had lower rates of excess deaths than England as a whole, only Hyndburn and Lancaster had similar rates of excess death to England, and all other Lancashire-12 districts had rates of excess deaths that were significantly higher than the England average.

We will return to some factors relating to the Covid-19 pandemic in Lancashire, below. First, this annual commentary will set out some of Lancashire's basic demographics.

## 2.4 Population estimates and projections

Population estimates and projections are important for planners, commissioners and organisations/partners who provide services in the county. The [Census 2021](#) shows a 5.5% increase in population in the Lancashire-12 area and a 4.8% increase in Lancashire-14 from the Census 2011. Only Blackpool saw a decrease at local authority level. These increases are lower than England (6.6% increase).

[Mid-year population](#) estimates show a growth of 0.6% in Lancashire-12 from 2019 to 2020, giving an estimated population of 1,227,076. For Lancashire-14, this is 1,515,487, an increase of 0.4% on the 2019 figure. Over the next 25 years (2018 to 2043) the population of Lancashire-12 is [projected](#) to increase by 8.6%, an increase similar to the average for the North West (8.5%) but lower than England (10.4%).

## 2.5 Age

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

The districts with the highest percentages of population age 65 and over were Wyre 28% (31,100), Fylde, 28% (22,700), and Ribble Valley 24% (14,800). The districts



with the lowest percentages of population over 65 years old were Blackburn with Darwen 15% (22,550), Preston 15% (21,800), Pendle 18% (17,200), Burnley 18% (16,800), and Hyndburn 18% (14,900).

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

## 2.6 Ethnicity

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

[Census 2021](#) data on ethnicity shows that the single largest ethnicity across the Lancashire-12 area was White British at 88.9% (1.10 million), a decrease from 92.3% (1.08 million) in the Census 2011, which is similar to England and Wales. In 2021, 81.7% (48.7 million) of the usual resident population identified as 'White', a decrease from 86.0% (48.2 million) in the Census 2011.

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

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

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

## 2.7 Migration

There were 4,340 [national insurance number registrations](#) in Lancashire-14 in 2020/21, a decrease of 6,040 from the previous year. India was the major source of registrations for the second year running making up 22.4% of the total, although this was almost half of those from the previous year (730 compared to 1,340).





There was also a large drop in the number of registrations from Romania at 350 (down from 1,270 the previous year). Romania has traditionally been the highest source of registrations.



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

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

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

### 3. Wider determinants – the built and natural environment

'The environment', and poor air quality in particular, are significant public health issues: there is [strong evidence](#) that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma, and contributes to mortality.

And during the Covid pandemic, 'the environment', and air quality particularly, usually conceived of as an external factor influencing health, "came in from the outside", into the built environment, our workplaces (for those that couldn't work from home), and into households, particularly during lockdown periods. Analysis has shown that, amongst other factors, Covid infection and transmission rates were higher for people living in houses that were overcrowded, either by related or unrelated occupants, and poorly ventilated; higher proportions of overcrowded domiciles are more apparent within our [most densely populated areas](#).

#### 3.1 Overcrowded housing

The Lancashire-14 area has many overcrowded households: from their highest, 7.1% in Blackpool, 7.5% in Preston; to their lowest, 3% in Ribble Valley and South Ribble. Percentages are considerably higher within certain wards, eg Preston's Town Centre ward has 17.1% overcrowded households. Blackburn with Darwen, Blackpool, Burnley, Fylde, Lancaster, and Hyndburn all contain one or more wards where over 10% of households are overcrowded.

Domestic overcrowding played a part in driving higher rates of Covid infection, particularly during the early phase of the pandemic and the first lockdown period. At a district level, there was a strong correlation (0.86 r-squared) between household overcrowding (measured by bedroom occupancy) and Covid-19 infection rates (to 1 April 2022).



Into late 2022, the internal/domestic environment, poor quality and in some cases contaminated air again showed as factors adversely influencing the quality of life and health for many households: the rapidly rising cost of living severely constraining the ability of many to heat their houses, thereby exacerbating existing levels of deprivation and associated health issues, particularly those compounded by poor air quality and damp<sup>3</sup>.

Through the winter and into 2023, the cost of living continued to bear down on many households, more so for those in poorly insulated and energy-inefficient houses, driving many in such households to keep their windows closed to minimise heat-loss, but at the cost of restricting ventilation.

### 3.2 Council tax bands

The 12 Lancashire authorities together had a combined dwelling stock figure of 563,050 in March 2022, which represented 2.2% of the total for England. Numbers in each of the Lancashire-14 authorities ranged from a high of 72,080 in Blackpool to 28,600 in Ribble Valley.

Analysis by [council tax band](#) shows that over 60% of dwellings in Burnley and Pendle were in the lowest band 'A' (England = 24%). The highest tax bands of 'F' to 'H' accounted for 9.3% of properties in England but just 1.1% in Burnley and 1.2% in Blackpool and Hyndburn. In Ribble Valley and Fylde, the proportions were 16.6% and 11.3% respectively.

The analysis of the distribution of domestic properties amongst the various council tax bands provides useful insights into the qualitative nature of Lancashire's housing stock. At a high level of geography there are considerable differences between Lancashire and England, at a medium level geography they show similar differences within and across the county, and at a lower-level of geography still the figures show some high concentrations of houses that are typically smaller (fewer square meters floorspace), with fewer rooms and particularly fewer bedrooms, are older and arranged in terraces or flats, and are generally situated in areas with lower levels of affluence, and where levels of multiple deprivation are high.

### 3.3 Housing energy efficiency

The [English Housing Survey](#), 2020-21, notes that 'there is a strong relationship between the energy efficiency of the home and its overall housing quality', and within the Lancashire-12 there are areas [with low percentages of houses](#) that are energy efficient, as the table below shows.

<sup>3</sup> The 2021 English Housing Survey 'showed that [on average, ie across the country] 4% of the occupied dwelling stock had problems with damp'; in areas where poorer quality and energy inefficient housing is more concentrated, this percentage will be considerably higher.

Percentages of dwellings with energy performance certificate (EPC) band C rating or above, 2020/1 (the lower the % of dwellings at Band C or above, the more energy inefficient dwellings in the area)

Local authority	% of dwellings with EPC band C rating or above
Pendle	26.18%
Burnley	26.96%
Hyndburn	27.10%
Rossendale	31.78%
Wyre	32.72%
Lancaster	35.76%
West Lancashire	36.66%
Fylde	37.67%
Ribble Valley	39.43%
South Ribble	40.34%
Preston	44.54%
Chorley	47.40%

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/energyefficiencyofhousingenglandandwaleslocalauthoritydistricts>

The percentages above, at local authority/district level, are aggregate figures made up of all the MSOAs<sup>4</sup> within these districts. Within the four districts with the lowest percentage of energy efficiency dwellings, there are MSOAs with lower percentages of energy inefficient houses still. For example, of Pendle's 12 MSOAs, four contain a lower percentages than this district's average percentage of dwellings rated at energy efficiency band C or above, eg in Nelson West only 16.10% have an energy efficiency of band C or above, Nelson East (18.51%), Brierfield & Reedley (21.09%), and Nelson Bradley (22.75%).

However, all other Lancashire-12 districts contain at least some MSOAs with lower than 30% of its dwelling stock rated at energy efficiency Band C or above.

### 3.4 Air quality



4.6%

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

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

The main measure of pollution from a public health perspective looks at fine particulate matter (PM<sub>2.5</sub>). The table below shows the concentration of PM<sub>2.5</sub> across Lancashire.<sup>5</sup>

<sup>4</sup> 'MSOAs' (Medium Super Output Areas) are a category used to enable lower-level geographies to be circumscribed and analysed: MSOAs are smaller than wards/wards usually contain several MSOAs, and are larger than what we might think of as 'neighbourhoods'.

<sup>5</sup> The concentration of an air pollutant is given in micrograms (one-millionth of a gram) per cubic meter air or µg/m<sup>3</sup>.



**Air pollution – fine particulate matter (concentrations of PM2.5), 2020**

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

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

There was a large decrease in NO<sub>2</sub> (nitrous dioxide) levels due to reduced road transport and movement during to the Covid-19 lockdown restrictions. PM<sub>2.5</sub> levels reduced to a lesser extent as other emission sources (including dust, smoke, and household activities) were still contributing. As road transport, travel and commuting have increased, emissions will have risen again.

**3.5 Natural environment**

As with the built environment, the natural environment can have an impact on a person's health and wellbeing. Lancashire is a diverse county with nature reserves, registered parks and gardens, 123 kilometres of coastline and two designated areas of outstanding natural beauty (AONB)<sup>6</sup>.

**3.6 Fuel poverty**

**72,491**

of Lancashire-12 households were estimated to be in fuel poverty (2020).

This number was estimated to have almost doubled to

**145,102**

Lancashire-12 households in fuel poverty in October 2022

As above, a person's housing and surroundings can have direct and indirect impact on their health and wellbeing.

[Fuel poverty](#)<sup>7</sup> has been a growing concern over recent years, with fuel-poor homes most likely to be cold and damp homes with all the problems that this entails. Following on from the Covid-19 pandemic and with the cost-of-living crisis worsening particularly during the latter half of 2022, it is expected that many more households will have been in fuel poverty by winter 2022.

Fuel poverty statistics are released every two years (two-year averages) and are not yet available post-2020. However calculations from the End Fuel Poverty Coalition's '[fuel poverty risk index](#)' estimate that by October 2022 the number of

Lancashire-12 households in fuel poverty would have almost doubled since 2020.

The Centre for Progressive Policy's '[Cost of living vulnerability index](#)' includes Blackburn with Darwen, Burnley, Hyndburn, Blackpool, Preston, and Pendle within the top decile of its vulnerability index for fuel poverty. Friends of the Earth research

<sup>6</sup> <https://www.lancashire.gov.uk/lancashire-insight/environment/environment-overview/>

<sup>7</sup> A household is classified as being in fuel poverty if the household's fuel poverty energy efficiency rating is band D or below and their disposable income (after housing and fuel costs) is below the poverty line. Fuel poverty is distinct from general poverty: not all poor households are fuel poor, and some households would not normally be considered poor but could be pushed into fuel poverty if they have high energy costs.



identified areas<sup>8</sup> with lower than average income, higher than average energy use, augmented with data on the number of homes within these that require loft or cavity wall insulation, plus the average current energy bills for autumn/winter 2022, to determine the number and percentage of 'energy crisis hotspots'/LSOAs. In Lancashire-14, nine districts featured over 20% of their LSOAs as hotspots; and five districts featured over 40% of their LSOAs as energy crisis hotspots (Blackpool 60%, Rossendale 58%, Blackburn with Darwen 50%, Burnley 45%, and Pendle 42%)<sup>9</sup>.

## 4. Wider determinants – education

Education is important for children's wellbeing and the benefit of wider society. It contributes the knowledge, understanding, skills, capabilities and attributes needed for children's mental, emotional, social and physical wellbeing both now and in the future.

Evidence suggests that a higher level of educational qualification is a significant predictor of improved wellbeing in adult life, influencing income, housing and other resources needed to achieve this. Educational attainment is also influenced by both the quality of education children receive and their family socio-economic circumstances.

The Covid-19 pandemic disrupted most aspects of educational provision in nurseries, schools, and other childcare provision.

### 4.1 School readiness and early years foundation stage

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

The full impact of COVID-19 on school readiness is difficult to quantify. Data collection for the EYFS was suspended by the Department for Education and no profile data is available for July 2020. However, the available data for 2021/22 do show reductions (since 2019/20) in the average percentages of 'All' children achieving a good level of development (GLD) across the Lancashire-12 and both unitary authorities, and they are below the England average.

<sup>8</sup> The research, conducted by the New Economics Foundation on behalf of Friends of the Earth, used LSOAs as its analytical unit for 'hotspots', see: <https://policy.friendsoftheearth.uk/insight/where-are-coldest-neighbourhoods>

<sup>9</sup> <https://policy.friendsoftheearth.uk/download/energy-crisis-hotspot-spreadsheet-0> ; 'Friends of the Earth identified neighbourhoods with below average income using the government's Index of Multiple Deprivation data. To determine energy use, data available on actual energy use by neighbourhoods, based on smart meter data, was analysed. Independent data (Sutherland Tables) was used to determine the cost of energy by fuel type (gas, electricity, oil, LPG)', see at: <https://friendsoftheearth.uk/climate/new-research-reveals-nearly-9000-energy-crisis-hotspots-england-and-wales>

**Percentage of children achieving a good level of development, 2018/19 and 2021/22**

	All 2018/19	All 2021/22	Female 2018/19	Female 2021/22	Male 2018/19	Male 2021/22
<b>Lancs-12</b>	69.2%	62.1%	75.8%	69.1%	62.9%	55.6%
<b>Blackburn with Darwen</b>	68.4%	63.1%	76.4%	No data	61.0%	No data
<b>Blackpool</b>	67.9%	60.1%	73.6%	No data	62.6%	No data
<b>England</b>	71.8%	65.2%	78.4%	No data	65.5%	No data

Source: OHID Early years foundation stage at: <https://fingertips.phe.org.uk/indicator-list/view/oX5dlwtXbE> See Lancashire Insight at: <https://www.lancashire.gov.uk/lancashire-insight/education/early-years-foundation-stage-and-key-stage-1/>

Where available the data show that girls continue to achieve overall higher percentages of GLD than boys, and the Lancashire-12 average percentage for children on free school meals achieving a GLD also continues to lag behind, ie is **only 44.2%**.

## 4.2 Educational attainment – key stage 1

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

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

The table below shows the proportion of children meeting the expected standards for reading, writing and maths, across the three authorities and England:

Area	Percentage of children achieving the expected standards (rounded %s)					
	Reading % 2019/20	Reading % 2021/22	Writing % 2019/20	Writing % 2021/22	Maths % 2019/20	Maths % 2021/22
<b>Lancashire-12</b>	74	64	68	55	74	65
<b>Blackburn with Darwen</b>	74	67	68	56	75	67
<b>Blackpool</b>	71	63	65	52	72	63
<b>England</b>	75	67	69	58	76	68

Source: Education Endowment Foundation.



A further report by the [Education Endowment Foundation](#) on the ongoing disruption to learning, as well as the social and emotional impacts for key stage 1 (and key stage 2) children is available.



### 4.3 Educational attainment – key stage 2

[Key stage 2](#) is the term for the four years of schooling from year 3 to year 6 in maintained schools in England and Wales (children aged seven to 11).

Again, the lockdown periods seriously disrupted children's education, and the issues raised for key stage 1 are also applicable for key stage 2.

The data for 2019/20 show the proportion of children meeting the expected standard in reading, writing and maths.

Proportion of children achieving the expected standards, by sex, 2019/20

	All %	Female %	Male %	
Lancashire-12	63.9	68.4	59.7	 Significantly worse than England  Similar to England
Blackburn with Darwen	66.1	72.5	62.1	
Blackpool	66.9	70.2	61.5	
England	65.3	70.2	60.7	

Source: OHID Child and Maternal Health profiles

## 5. Life expectancy

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

### 5.1 Life expectancy (LE) and inequalities

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

Lancashire-12	BwD	Blackpool
78.3	76.3	74.1
<b>Male LE 2018-20</b>		
82.0	80.3	79.0
<b>Female LE 2018-20</b>		

The three upper-tier authorities in the Lancashire-14 area have significantly lower LE for males and females compared to England (79.4 years for males, 83.1 years for females).





Blackpool has the worst life expectancy for both males and females in England (2018-20).

There are inequalities in LE between males and females between and across authorities in Lancashire-12. Looking at LE by sex by local authority, Ribble Valley has the highest life expectancy for both sexes and the lowest difference between them (2.8 years), while Burnley has the highest difference (4.6 years). When comparing local authorities, the difference in male LE is 5.3 years between Burnley and Ribble Valley, and 3.5 years between Burnley and Ribble Valley for females (2018-20).



### Deprivation

reduces  
LE for males  
and females

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 (2018-20). The inequality in LE for females (at birth) is 8.3 years in Lancashire-12, 9.6 years in Blackburn with Darwen and 11.8 years in Blackpool. For males it is 10.6 years in Lancashire-12, 11.4 years in Blackburn with Darwen and 13.8

years in Blackpool.

## 5.2 Life expectancy at age 65

The number of years males can expect to live at age 65 is 18.1 years in Lancashire-12, 16.9 years in Blackburn with Darwen and 16.4 years in Blackpool (2018-20). Females can expect to live for a further 20.4 years in Lancashire-12, 19.1 years in Blackburn with Darwen and 18.9 years in Blackpool. All these figures are significantly worse than the corresponding figures for England (males 18.7 years, females 21.1 years). Within Lancashire-12, only males in Ribble Valley and females in South Ribble have a significantly higher LE at age 65 compared to England.

## 5.3 Healthy life expectancy

People in more deprived areas not only die younger but are more likely to spend a proportion of their lives living in poor health or with a disability. [Healthy life expectancy](#) at birth (HLE) for females in Lancashire-12 is 64.0 years, in Blackburn with Darwen it is 59.7 years and in Blackpool it is 54.3 years (2018-20). While Lancashire-12 is similar to England (63.9 years), it is significantly worse in Blackburn with Darwen and Blackpool.

For males, HLE is 61.4 years in Lancashire-12, 58.8 years in Blackburn with Darwen and 53.5 years in Blackpool (2018-20). All three authorities are significantly worse than England (63.1 years) (2018-20). The SII for HLE varies across Lancashire-14, with the greatest gap of 18.0 years occurring between males in the most and least deprived areas of Blackburn with Darwen.





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

The inequality in life expectancy at birth for both males and females is in the second worst quintile in England. In Lancashire, males living in the least deprived communities live 8.7 years longer than those in the most deprived, and the gap is 7.1 years for females (2020-21).

In England, males living in the least deprived communities live 8.6 years longer than those in the most deprived, and the gap is 7.1 years for females (2020-21). In Lancashire, between 2017-19 and 2020-21, the gap in life expectancy between the most and least deprived areas has widened for both males and females, and the increase in gap is larger for females.

## 6. Health behaviours

A person's lifestyle and health behaviours can have a big impact on their health and wellbeing, increasing or decreasing the risk of many long-term conditions. This section outlines some of these health behaviours. Further details can be found on our [Lancashire Insight](#) pages.

The Covid-19 pandemic and lockdowns have had an influence of many health behaviours. These will be explored further in the relevant sections below.

### 6.1 Smoking and vaping

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

A [review of studies](#) by the World Health Organization (WHO) found that smokers are more likely to develop severe disease with Covid-19 and be at higher risk of death if hospitalised, compared to non-smokers. Looking at [smoking behaviour](#) during the pandemic (including e-cigarette use) has shown mixed changes, with some studies showing increases in smoking to relieve stress and reduce negative emotions. Others have reported increased attempts to stop tobacco/e-cigarette use. Stop smoking services continue to be an important public health function, particularly with those who may be at increased risk of long Covid or have underlying or pre-existing medical issues.

Recent [smoking data](#) (2020) show Lancashire-12 (13.9%) and Blackburn with Darwen (15.1%) have similar smoking prevalence to England (12.1%). Blackpool (19.8%) is significantly higher.



In Lancashire-12, the proportion of mothers smoking at the time of delivery is 12.1%, 21.4% in Blackpool and 11.1% in Blackburn with Darwen. The three authorities are significantly higher than the England average 9.6% (2020/21), but all are showing a downward trend. In Lancashire-12, the proportion has decreased from 20.1% in 2010/11. 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.



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

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

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

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

## 6.2 Alcohol

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

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 risk-taking behaviours, such as driving under the influence, or a person having unprotected sex.

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



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



**490** deaths in Lancashire-12 attributed to alcohol (2017-19)  
**212** deaths in Lancashire-12 attributed to alcohol (2021)

The increased consumption of alcohol during the pandemic has occurred alongside an increase in deaths. Alcohol-specific deaths increased by 20.0% nationally in 2020 (from 5,819 in 2019 to 6,983) and increased again in 2021 (to 7,556). Both Lancashire-12 (44.7 per 100,000) and Blackpool (77.5) have significantly higher rates of alcohol-related mortality than England (38.5), while Blackburn with Darwen is also higher (55.3) (2021, all persons).

The Office for Health Improvement and Disparities (formerly Public Health England) identified that tackling harmful drinking must be an essential part of the Covid-19 recovery plan if liver disease deaths are to reduce.

### 6.3 Healthy weight

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

Obesity and extreme obesity increase the risk of both [Covid-19-related](#) hospitalisations and death, while being overweight increases the risk of hospitalisations. This association has lessened as the pandemic progressed, which suggests that prompt access to Covid-19 care, prioritisation for Covid-19 vaccinations and other preventive measures may have had an effect.

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

#### **Adults**

The Active Lives Survey (2020/21) estimates that two-thirds of the adult population (18+ years) in Lancashire-12 are overweight or obese. For obesity only, this figure is over a quarter. Blackpool has over two-thirds of adults obese or overweight and over a third classed as obese.



## Proportion of adults (18+) obese and overweight (2020/21)

	Overweight or obese	Obese	
Lancashire-12	66.6%	29.0%	Significantly higher than England
Blackburn with Darwen	63.6%	26.4%	Similar to England
Blackpool	70.5%	37.2%	Significantly higher than England
England	63.5%	25.3%	

Source: [Fingertips, Office for Health Improvements & Disparities \(OHID\)](#)

### Children and young people

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

In Lancashire-12, 1,405 reception-age children (25.0%) are overweight or obese, significantly higher than England (23.0%) in 2019/20. Blackpool (28.6%) is also significantly higher, while Blackburn with Darwen is similar (22.1%).

Over a third (35.3%) of year six children in Lancashire-12 (3,450) are overweight or obese, statistically similar to England (35.2%). Blackburn with Darwen (36.6%) is also similar, while Blackpool (41.5%) is significantly higher.<sup>10</sup>

#### Overweight or obese in Lancashire-12

##### Reception recent trend

→ no significant change

##### Year six recent trend

↑ increasing and getting worse

Data collection for the National Child Measurement Programme (NCMP) was stopped in 2019/20 and delayed in 2020/21 due to the Covid-19 pandemic. National evidence suggests that children's weight is likely to have increased over the past two years. Monitoring the trend will provide important intelligence for commissioners and other partners with an investment in children's weight management.

## 6.4 Physical activity

### Adults

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

<sup>10</sup> The 2019/20 NCMP data collection stopped in March 2020 when schools were closed due to the coronavirus COVID-19 pandemic. The data at local authority level and below are not as robust because of the fewer measurements, therefore caution must be exercised when looking at the data.





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

Almost two-thirds (65.9%) of the adult population (age 19-64) in Lancashire-12 are physically active (meeting the national guidelines of a minimum of 150 minutes of moderate activity per week), statistically similar to England (65.9%). Blackburn with Darwen (57.8%) and Blackpool (55.9%) are significantly lower than England (2020/21).

Almost a quarter (24.4%) of adults in Lancashire-12 are doing less than 30 minutes of moderate activity per week, similar to England (23.4%). Blackburn with Darwen (32.3%) and Blackpool (32.8%) are significantly higher.

[Adult activity levels](#) had been increasing until coronavirus restrictions were introduced in March 2020, which led to unprecedented drops in activity during the first few weeks of full lockdown. These ongoing restrictions included a ban on team sports, gym/activity centre closures, and time/distance limits on individual/household outdoor activities. There may be barriers for returning to a more active lifestyle – some linked to the ongoing Covid-19 pandemic and others such as the rising cost of living, which may mean people can't afford to participate in previous activities, clubs or sports. Changes to working habits and commuting may have also reduced levels of activity.

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

### Children

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



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

In the Lancashire-12 area, 43.8% of children (aged 5-15-years) are undertaking an average of at least 60 minutes of physical activity per day, this is similar to England (44.6%). Both Blackburn with Darwen (35.7%) and Blackpool (35.5%) are significantly worse.



As with adults, children's activity levels dropped during lockdown restrictions, so maximising opportunities to return to pre-Covid-19 levels will be vital.

## 6.5 Healthy eating

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

In Lancashire-12, only 52.9% of adults meet the recommended 'five-a-day' (fruit and vegetable consumption), significantly worse than England (55.4%). Blackburn with Darwen (42.8%) and Blackpool (44.7%) are also significantly lower (2019/20).

The rising cost of living is leading to increased levels of 'food insecurity'<sup>11</sup>. This is not a new issue – healthy diets have been unaffordable for many people on lower incomes or with less disposable income and has been exacerbated by current conditions, including cuts to benefits and wage stagnation, the Covid-19 pandemic, and labour and supply chain pressures.

The Food Foundation's annual report '[The Broken Plate](#)' (2022) states the most deprived fifth of UK households would need to spend 47% of their disposable income on food to meet the cost of the government recommended healthy diet. This compares to just 11% for the least deprived fifth.

The report calculates that more healthy foods are nearly three times as expensive per 1,000 calories as less healthy foods. For example, fruit and vegetables are around £11 (per 1,000 calories), compared to £4 for food and drinks high in fat and/or sugar.

**59%** increase in food bank parcels distributed between **2014/15** and **2021/22** in the North West

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

The [Trussell Trust](#) distributed 252,048 food parcels via their food bank network between April 2021 and March 2022 in the North West region.<sup>12</sup>

<sup>11</sup> This is defined as experiencing one or more of the following: having smaller meals than usual or skipping meals due to being unable to afford or get access to food; being hungry but not eating due to being unable to afford or get access to food.

<sup>12</sup> This figure does not include other food banks not in the Trussell Trust network. This isn't the total number of people supported, rather the number of parcels distributed – one person/household may receive multiple parcels across a year.



## 7. Physical conditions

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

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

### 7.1 Respiratory disease

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

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

In Lancashire-12, the rate of admission for asthma in children (under 19 years) is 101.4 (per 100,000), significantly higher than England (74.2) (2020/21). There were 3,795 emergency hospital admissions for COPD (persons, 35+ years) in 2019/20, giving a directly standardised rate of 494 (per 100,000), which is significantly above England's rate (415). The trend data for these indicators will provide key insight into the impact of COVID-19 going forward.



**1,468**

people under-75  
died from  
respiratory  
diseases in  
Lancashire-12  
(2017-19)

Respiratory disease is a leading cause of premature death in the Lancashire-14 area. In Lancashire-12 the rate is 42.1 (per 100,000, under-75), which is significantly higher than England (33.6). Blackpool (62.5) and Blackburn with Darwen (46.8) are also significantly higher.

Just under half of the Lancashire-14 deaths were considered preventable, meaning that they could potentially have been avoided through public health interventions. The rate of preventable deaths from respiratory disease is over twice as high in Preston than in Ribble Valley, one of the many health inequalities across the county.



## 7.2 Cancer

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

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

A recent [report](#) from MacMillan suggests that 50,000 cancer diagnoses have been missed across the UK due to the Covid-19 pandemic. This is primarily due to later presentations, cancellations to appointments and longer waits to see specialists. Some people may also have been reluctant to address concerns or attend GP practices due to fear of catching Covid-19.

These missed diagnoses mean that treatment is delayed or doesn't happen. Cancer diagnosed at a later or more advanced stage may be more difficult to treat, with reduced survivability in some cases. The full extent of the pandemic on cancer prevalence, incidence and mortality will become clearer as more data are collected.

**10,799**  
new cases of  
cancer in  
Lancashire and  
South Cumbria  
ICB (2019/20)

The latest figures (2020/21) indicate that there are 64,580 (3.8%) known cases of cancer across the [NHS Lancashire and South Cumbria Integrated Care Board](#) footprint (L&SC ICB), which includes Blackburn with Darwen, Blackpool and South Cumbria. This is significantly higher than England (3.2%).

There were 4,728 premature deaths (136.4 per 100,000) from cancer across Lancashire-12 and of these, 2,138 were considered preventable (2017-19). This is significantly higher compared to England (129.2).

## 7.3 Cardiovascular disease

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

An underlying heart condition puts a person at increased risk of complications from coronavirus, particularly people aged over 70. Effective management of heart conditions can help to mitigate this, as well as promoting uptake of ongoing vaccination for those most at risk.





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



**2,661**

CVD deaths in  
the 65+  
population in  
Lancashire-12  
(2020)

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 all CVD in Lancashire-12 (83.7 per 100,000) is significantly higher than the England rate (70.4). Blackpool (121.6) and Blackburn with Darwen (98.1) are also significantly higher.

Looking at heart disease, the rate of premature mortality for Lancashire-12 (47.7 per 100,000) is significantly higher than England (37.5), with both Blackpool (73.8) and Blackburn with Darwen (62.5) also significantly higher.

## 7.4 Diabetes

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

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

The prevalence of diabetes in the Lancashire-12 area (7.2%) is similar to England (7.3%). The prevalence is higher in Blackburn with Darwen (8.8%) and Blackpool (8.2%) (all people aged 17 and over, 2020/21).

Diabetes is being diagnosed more in children and young people. For those aged under-19 the rate of hospital admissions for diabetes is significantly higher in Lancashire-12 (67.6 per 100,000) compared to England (48.2). Blackburn with Darwen (49.2) and Blackpool (65.4) are similar (2020/21).

As with other long-term conditions, diabetes can put a person at increased risk of [complications from coronavirus](#), particularly if there are underlying comorbidities.

## 7.5 Musculoskeletal conditions

[Musculoskeletal](#) (MSK) conditions are a range 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.





**14.5%**  
of people aged  
16+ in  
Lancashire-12  
report two long-  
term conditions  
including MSK  
(2021)

This is a huge issue, as estimates from the [Office for National Statistics](#) suggest 15.6% of working days (23.3 million) were lost through sickness absence in the UK in 2021 from musculoskeletal conditions, which include back pain, neck, upper limb problems and other MSK problems (all people aged 16+ in employment).

The proportion of people reporting a long-term MSK problem in Lancashire-12 (20.4%), Blackpool (22.7%) and Blackburn with Darwen (19.7%) is significantly higher than England (17.0%) (2021).

The [Versus Arthritis](#) musculoskeletal calculator provides estimated percentages of people aged 45+ with knee and hip osteoarthritis. Applied to the 2020 mid-year population estimates, this provides a crude indication of the number of people affected in each local authority.

#### Percentage and counts of hip and knee osteoarthritis in all people 45+ years

	Knee % and count		Hip % and count	
Lancashire-12	18.5%	105,999	10.8%	62,900
Blackburn with Darwen	19.8%	11,592	11.7%	6,850
Blackpool	20.4%	13,671	12.2%	8,176
England	18.2%	4,538,462	10.9%	2,718,090

## 8. Mental health

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

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

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



## 8.1 Social isolation and mental wellbeing

Social isolation and loneliness are pressing and difficult public health issues increasingly affecting both individuals and communities<sup>13</sup>. They contribute to poor health and wellbeing and reduced life expectancy.

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

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



**22,000+** households in Lancashire-12 are affected by [social isolation and loneliness](#) (2016)

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

There were positives seen nationally with increased support, social cohesion, and resilience in some communities, with people 'looking out' for others. As the key areas of social interaction, connection, and support gradually return to 'normal', monitoring social isolation and loneliness will be vital.

## 8.2 Common mental health disorders

[Common mental health](#) disorders are conditions that cause marked emotional distress and interfere with daily function, but do not usually affect a person's cognition, insight, and perception of reality. They comprise different types of depression and anxiety and can include obsessive compulsive disorders.

Diagnosis of **depression** 18+  
**15.0%** (149,611) in Lancashire-12  
**15.7%** (21,420) in BwD  
**19.8%** (28,009) in Blackpool  
**12.3%** in England (2020/21)

The Covid-19 pandemic has been a difficult and stressful time for many people. The government's report on the impact of the [Covid-19 pandemic](#) on mental health and wellbeing shows that overall the majority of people remained mentally well. Several studies revealed deteriorations in mental health during periods of the pandemic for some people.

This manifested in increased levels of anxiety, depression, loneliness, sleep issues and stress. In the context of Covid-19, resilience and recovery was typical, with self-

<sup>13</sup> Social isolation is defined by the level and frequency of interactions with other people, while loneliness is considered a subjective label of being alone.

reported anxiety and depression lessening, returning to only slighter higher levels than pre-pandemic.

### 8.3 Severe mental illness

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

Diagnosis of **SMI**  
**1.03%** (12,915) in Lancashire-12  
**1.24%** (2,231) in BwD  
**1.55%** (2,710) in Blackpool  
**0.95%** in England (2020/21)

A study by the [Health Economics Research Centre](#) identified significant harmful outcomes for those with severe mental illness, including their access to and use of mental health services, in the early stages of the pandemic.

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

As with physical health conditions, the change in service provision and support may have resulted in unmet need for mental health care. The opportunities for early intervention and treatment – especially for severe mental health crises – may have been lost. Whether this translates to future increased need and services is not yet clear.

### 8.4 Self-harm and suicide

[Self-harm](#) is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self-harm.



**2,130**  
 emergency admissions for intentional self-harm (Lancashire-12) (2020/21)

In Lancashire-12, the rate of emergency hospital admission for intentional self-harm (176.8 per 100,000 all ages) is similar to England (181.2), while Blackpool (273.3) and Blackburn with Darwen (228.0) are both significantly higher (2020/21).

[Suicide](#) is a devastating event for families and communities, with men aged 45-49 still having the highest rate of suicide. For women, this is for those aged 45-54. The latest data (2018-20) shows there were 421 deaths identified in Lancashire-12 as suicide (all people aged 10+). Of these 315 were male, 106 were female.



The suicide rate in Lancashire-12 (13.4 per 100,000 aged 10+) is significantly higher than England (10.4). Blackburn with Darwen (9.3) is similar, while Blackpool (17.4) is significantly higher.

Alcoholism, clinical depression, and schizophrenia are some of the major risk factors, with around 90% of those who die by suicide having a psychiatric disorder at the time of their death. Self-harm can be a risk factor for suicide, but not everyone who self-harms is suicidal.

## 8.5 Dementia

[Dementia](#) is not a disease, but a collection of symptoms from different conditions that affect the brain and the vascular system. There are many different types of dementia although some are far more common than others, with Alzheimer's disease accounting for the majority, followed by vascular dementia.



### Risk factors include:

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

In Lancashire-12, just over 10,500 (4.2%) of people 65 years and over have a dementia diagnosis. For Blackburn with Darwen this is 1,077 (4.1%) and Blackpool this is 1,598 (4.5%) (England 4.0%, 2020).

For people living with dementia, the [Covid-19 pandemic](#) has been difficult. There is evidence to suggest that a person with dementia may be at risk of more serious illness if infected with Covid-19, with worsening of dementia symptoms or developing issues such as delirium or long Covid.

Having to isolate or quarantine has also been difficult for people with dementia and has shown to worsen symptoms. The best protection from Covid-19 for people with dementia and their carers is to continue with vaccinations and boosters.

## 9. Mortality

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



## 9.1 Infant mortality

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

**186**  
infant deaths  
were registered  
in Lancashire-14  
(2018-20)

Infant mortality rates (infants under one-year) are similar in Lancashire-12 (3.8 per 1,000 live births), Blackburn with Darwen (4.1) and Blackpool (5.4) when compared to England (3.9) (2018-20).

## 9.2 Excess winter deaths

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



**770**  
excess winter  
deaths in  
Lancashire-12  
(Aug 19-Jul 20)

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.

Most additional winter deaths are caused by the onset and exacerbation of cerebrovascular diseases, ischaemic heart disease and respiratory diseases.

While Covid-19 can worsen respiratory and other underlying conditions, the data below have excluded any deaths with a mention of COVID-19. This allows for comparison with pre-pandemic years.

Across the Lancashire-12 area, excess winter deaths (19.2%) are in line with the national rate (17.4%) (Aug 19-Jul 20). Both Blackburn with Darwen (10.1%) and Blackpool (25.0%) are also similar.

## 10. Social care

### 10.1 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.

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.

## **10.2 Supporting independent living (adults)**

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

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

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

## **10.3 Safeguarding children**

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

While improvements have been made, further progress continues, and the quarterly corporate performance report presented to the Cabinet from Business Intelligence provides insight into child safeguarding across the authority. Below are some statistics from [quarter three 2022/23](#) report.





- Quarter 3 data suggests the percentage of children and young people who received targeted early help support which met their identified needs improved significantly and is above target.
- The children becoming looked after rate remains low and below the national and North West region rates, which is in line with expectations given our emphasis on preventative approaches including 'Family Safeguarding'.
- With 1,544 Lancashire looked after children now remaining within the Lancashire boundary, the proportion (80.2%) has improved further and is now above target.