



Adults' and older people's care JSNA 2024



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1. Foreword

This Lancashire adults' and older people's care JSNA aims to give an overview of the challenges and opportunities presented by our changing population and our social and economic context. This insight will influence our prevention and service planning work, and will guide our commissioning and delivery of services, based on our population's needs over the coming decades.

Key messages from analysis of the data and intelligence for the Lancashire County Council area (also referred to as the Lancashire-12 area):

- Our ageing population is increasing in size. By 2043, there will be an estimated 347,319 residents aged 65+ and 58,627 residents aged 85+.
- By 2043, 4 in 10 of our households will include people over 65 years of age, including a 17% increase in single person households.
- We have higher than the England average number of unpaid carers who are also likely to be older, ie 50-69 years.
- Social isolation will increase, impacting on mental health and wellbeing, and care needs.
- In the next 15 to 17 years, 33.5% of the population will reach retirement age, which will impact on our workforce.
- In addition, the proportion of Lancashire's population that is economically inactive due to ill health is also increasing. This means an increasing number of people of working age with health and care needs, which has a double impact on our workforce supply, as well as rising care needs.
- An increasingly elderly population who are more fragile, shown in the number of hip fractures (a marker of fragility), will impact on future enhanced care needs.
- It is estimated that by 2030, 24,327 people over the age of 65 will be living with dementia, which has implications for improving the care and support we provide to people, from activities aimed at preventing dementia, through to care at the end of people's lives.
- The majority of the population is white British (88.9%). However, there is significant diversity within Lancashire, eg in Pendle the Asian or British Asian population is 26.7%. Social care service provision and workforce need to reflect this diversity and cultural needs.
- We have a higher proportion of our residents living in deprived communities in districts across Lancashire, which impacts on people's quality of life and social care needs.
- Our housing stock has significant band A council tax properties, presenting huge fiscal challenges, as well as our ability to undertake housing adaptations to help people live in their own homes.



2. Our places and people

2.1. Population structure and change

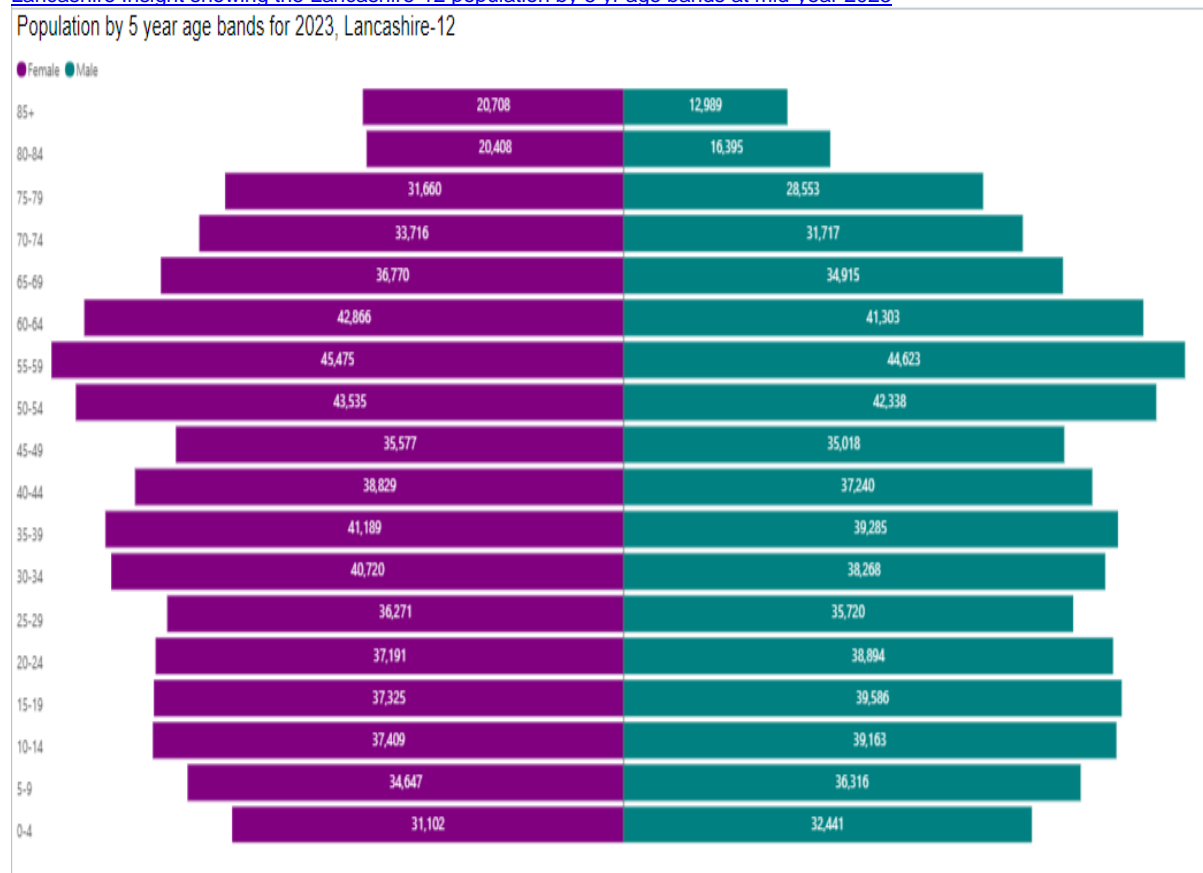
2.1.1. Population numbers

The [latest mid-year population estimates](#) show that at mid-year 2023 the total Lancashire population was an estimated 1,270,162 people (50.8% or 645,398 females, and 49.1% or 624,764 males). 775,895 were of working age (16-64 years), which was approximately 61% of the total population. There were an estimated 267,831 persons over 65 years which constituted 21% of total population (53.4% or 143,262 female and 46.3% or 124,569 male).

The median age was 42.6 years and the single largest population by five-year age band (see graphic below) was 55-59 (90,098 persons or 7% of the total population and 11.6% of the working-age population). The second and third largest bands are either side, ie 50-54 and 60-64.

Collectively, at mid-year 2023 these three age bands (50-54, 55-59, and 60-65) constituted around 260,140 persons and approximately 33.5% of the working age population who are due to retire over the next 15-17 years, while the current 0-15 years population of 226,436 grow into working age.

[Lancashire Insight showing the Lancashire-12 population by 5 yr age bands at mid-year 2023](#)



Source: Office for National Statistics

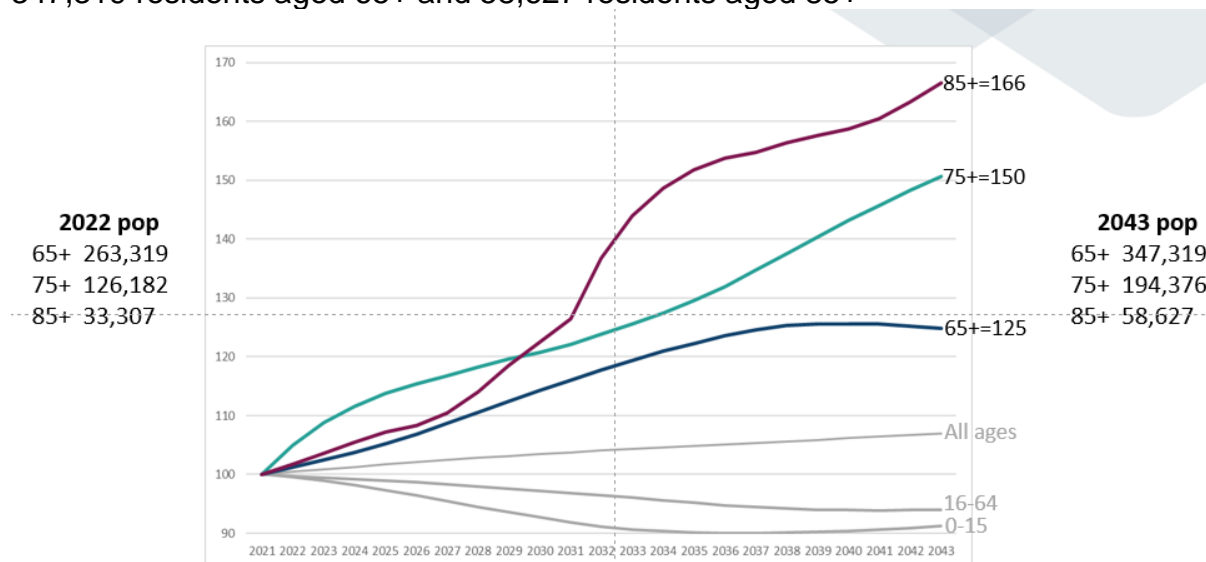


[Census 2021](#) data showed the districts with the highest percentages of population aged 65 and over were Wyre 28% (31,100), Fylde 28% (22,700) and Ribble Valley 24% (14,800). Districts with the lowest percentages of population over 65s were Preston 15% (21,800), Pendle 18% (17,200), Burnley 18% (16,800), and Hyndburn 18% (14,900).

2.1.2. Population projections

Population projections based on the same figures estimated that the working-age population is predicted to peak in 2032 and that the older population is predicted to continue to increase, with more in the 85 and over bracket each year if life expectancy increases over the period.

Using the [2021 population as an index](#), analysis shows that Lancashire's 65+ population will increase by 25% by 2043. However, it is the 85+ population that will increase the most, growing by 66% over the period. This compares with the 0-15 and 16-64 population, which will reduce by 2043 relative to 2021. By 2043, there will be 347,319 residents aged 65+ and 58,627 residents aged 85+



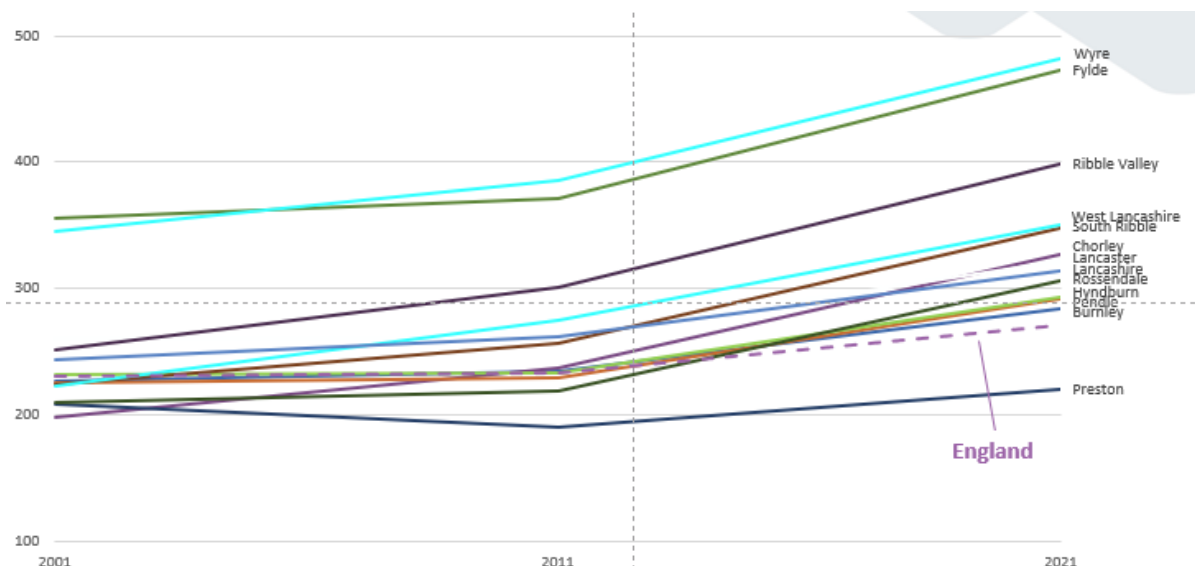
Source: Office for National Statistics

2.1.3. Old-age dependency ratio

The old-age dependency ratio is the number of people on state pension per 1,000 people of working age. It is predicted to increase in every district over the period of the projection, with Wyre seeing the largest increase from 489 in 2018 to 630 persons on state pension per 1,000 of working age in 2043, followed by Fylde and Ribble Valley.

Over the last 20 years the ratio has increased, meaning that there are more state pension age people per 1,000 people of working age. Using the population data from the censuses of 2001, 2011 and 2021 we can see similar marked increases in a number of districts, and these increases are generally accelerating. Compared to England (271), of all the districts, only Preston (220) has a lower old-age dependency ratio. The ratio is particularly high in Wyre (481) and Fylde (473).





Source: Census 2001-2021

2.1.4. Household composition

From the Census 2021, analysis of [household composition](#) shows that there were 165,178 one person households in Lancashire, 184,488 two person households, 81,574 three person households, 61,511 four person households and 32,496 households of five persons or more. There was a slightly higher percentage of one person households (31.4%) than the national average (30.2%). There were also slightly smaller percentages in the three, four and larger categories in Lancashire than at the national level.

The percentage of households with people aged 65+ are estimated to increase overall from 31.5% to 39.4% by 2043, with the highest increases in Fylde, Wyre and Ribble Valley and the lowest in Preston. This also presents the challenge of people who are asset rich but with a reduced income to maintain properties. One person households are also estimated to increase by 17%. This could mean additional need for extra care schemes. A significant number of our housing stock are in Band A, the lowest council tax band, which means limited receipts for districts to invest in services.

2.1.5. Sex

The usual resident population is 50.9% female and 49.1% male. The female population proportion is highest in West Lancashire (51.9%), Wyre (51.4%) Lancaster (51.1%) and South Ribble (51.1%). Higher proportions of males are in Preston (49.9%), Chorley (49.8%) and Pendle (49.5%). The chart below shows the population of each district broken down by sex.

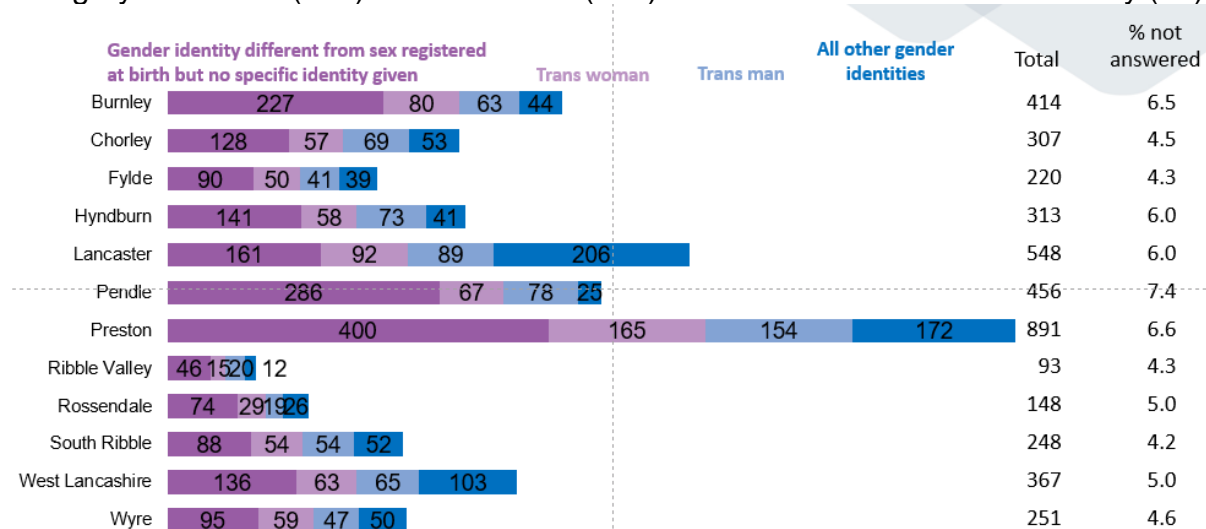


Area	All persons	Female		Male	
	number	number	%	number	%
Burnley	94,646	47,849	50.6	46,797	49.4
Chorley	117,732	59,045	50.2	58,687	49.8
Fylde	81,375	41,517	51.0	39,858	49.0
Hyndburn	82,234	41,756	50.8	40,478	49.2
Lancaster	142,931	73,002	51.1	69,929	48.9
Pendle	95,757	48,396	50.5	47,361	49.5
Preston	147,835	74,101	50.1	73,734	49.9
Ribble Valley	61,561	31,357	50.9	30,204	49.1
Rosendale	70,871	36,106	50.9	34,765	49.1
South Ribble	111,035	56,734	51.1	54,301	48.9
West Lancashire	117,429	61,002	51.9	56,427	48.1
Wyre	111,946	57,516	51.4	54,430	48.6
Lancashire	1,235,354	628,381	50.9	606,973	49.1

Source: Census 2021

2.1.6. Gender reassignment

There is a usual resident population of 4,256 where their gender identity is a different sex to that registered at birth. The districts with the highest number of residents in this category is Preston (891) and Lancaster (548). There are fewest in Ribble Valley (93).



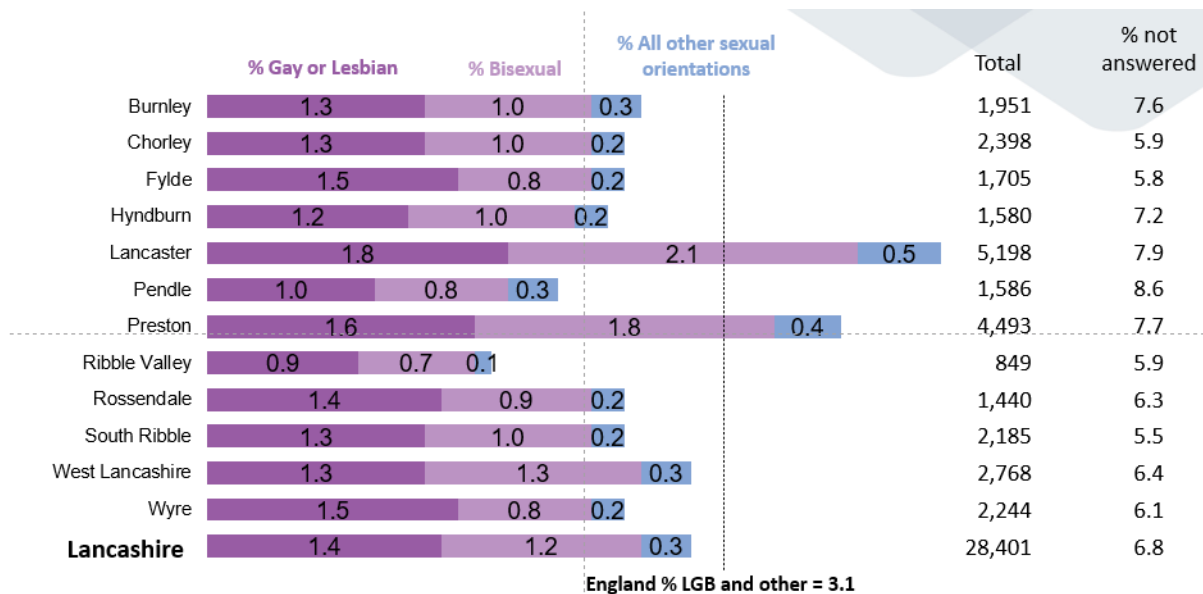
Source: Census 2021

2.1.7. Sexual orientation

In Lancashire, 90.4% of the usual resident population aged 16+ is heterosexual or straight, with 2.9% gay, lesbian, bisexual or other sexual orientation. The proportion of gay, lesbian, bisexual or other sexual orientation is lower than England (3.1%). The



districts with the highest proportions of people who are gay, lesbian, bisexual or of other sexual orientation are Lancaster (4.4%) and Preston (3.8%).



Source: Census 2021

2.1.8. Ethnicity

At 2021, analysis of census data regards [ethnicity](#) shows that, overall, Lancashire had a majority White British population at 88.9% (81% in England) and an 11% ethnic minority population (19% in England). The largest minority ethnicity was Asian or Asian British (8.1%) (9.1% in England). That is followed by Mixed/Multiple ethnicities (1.6%) and Black/African/Caribbean/Black British (0.6%).

The largest proportions of Lancashire's Asian/Asian British population were in Pendle (26.7%), Preston (20.2%), Hyndburn (15.1%), Burnley (14.7%). And the lowest proportions of the Asian/Asian British population were in Ribble Valley (2.1%), Fylde (1.4%), West Lancashire (1%), and Wyre (0.9%).

At a lower level of geography, there are several wards in Lancashire where Asian/Asian British constitutes the majority ethnic population. These include:

- Daneshouse with Stoneyholme in Burnley (77.8%)
- Whitefield and Wolverden in Pendle (69.8%)
- Central in Hyndburn (68.5%)
- Deepdale in Preston (56.7%)
- Brierfield West & Reedley in Pendle (55.6%)
- Bradley in Pendle (55.4%).¹

¹ Figures from Lancashire Insight, [here](#), and are originally sourced from Office for National Statistics (ONS): 2021 Census, Topic Summaries Table TS021 (Ethnic Group).



2.1.9. Religion or belief

Estimates from Census 2021 show that:

- The [religion](#) with which most people identified was Christian (54.7%). This fell by 14.1 percentage points from 68.8% in 2011.
- Christianity was still the majority religion in all of the districts in Lancashire and in 216 of 233 wards.
- 40.1% of people identified with 'No religion' in Rossendale, more than the England and Wales average of 37.2%, though in all of the district's 14 wards 'Christian' dominated, sometimes by a small margin.
- In contrast only 26.3% of people identified with 'No religion' in Preston, although this was the majority category in one of the 16 wards.
- 'No religion' was the majority category in two more wards in Pendle and three in Lancaster.
- 6.9% of respondents identified as 'Muslim'. In three wards in Pendle, where the district proportion of 'Muslims' was 26%, there was a 'Muslim' majority.
- There were more people who identified as 'Pagan' (1,631) than as 'Jewish' (958).

2.2. Deprivation

According to the Index of Multiple Deprivation (IMD), which has not been recalculated since 2019², the [Lancashire-12 area's index of multiple deprivation](#) (IMD) ranking in 2019 was 78 out of England's 151 upper-tier local authorities and 1 out of 21 amongst England's two-tier county council areas (where 1 is the most deprived).

Of the various domains within the IMD 2019, Lancashire was ranked 3 out of 151 upper-tier authorities and 2 out of 21 two-tier council areas for number of people income and employment deprived.

- 74,890 (11.2%) people of working age were employment deprived.
- 157,319 of the total population (13.3%) were income deprived.
- 36,322 (16.7%) children aged 0-15 were living in income deprived families.
- 43,166 (14.1%) older people, aged 60 or over, were income deprived.

The Annual Survey of Hours and Earnings (ASHE) 2024 showed that median gross annual earnings in Lancashire was [£32,341.0](#), this is below the All English county local authorities figure of £35,378.3 and below the England figure of [£35,100.0](#)

Against the health deprivation and disability domain, Lancashire was ranked 48 out of 151 England's upper-tier local authorities and 1 out of England's 22 two-tier local authorities in the 2019 IMD, and 54 out of England's 151 upper-tier, and 1 out 21 of England's two-tier local authorities against the IMD's living environment domain.

² Neither has the 'IDAOP!' / Income Deprivation Affecting Older People Index, which is a component of the IMD which measures the proportion of all those aged 60 or over who experience income deprivation, been recalculated since 2019.



Burnley and Hyndburn were in the most deprived 10% of lower-tier local authorities in England, and Pendle and Preston were in the most deprived 20%. In contrast, Ribble Valley was in the least deprived 20% in England. 24.5% of the population lived within the most deprived LSOAs³ in England.

And within the 2019 IMD Lancaster joined Burnley, Hyndburn, Pendle and Preston within the 20% most deprived areas in England against the health deprivation and disability domain, while Rossendale joined Burnley, Hyndburn, Pendle and Preston in the 20% most deprived areas in England against the employment deprivation IMD domain.

Burnley, Hyndburn, Pendle and Preston have been in the 20% most deprived lower-tier local authority areas/districts since 2000. And in 2019 Preston had the greatest number of people who were employment and income deprived (including children and older people) in Lancashire. Ribble Valley had the least, while Burnley and Hyndburn had the highest proportions of their populations income and employment deprived in the area.

At ward level, Trinity and Bank Hall wards in Burnley were the most deprived wards in Lancashire, and Whitefield in Pendle was the most deprived ward in England within the IMD's 'living environment' domain.

At LSOA level 3 of the 5 most deprived LSOAs in Lancashire were in Burnley, while 2 of the 5 least deprived LSOAs were in Ribble Valley. Overall, within the 2019 IMD 15% (114) of Lancashire's 756 LSOAs were in the most deprived decile in 2019, an increase from 13.0% (98) in 2015, while 7.3% (55) of the Lancashire's LSOAs were in the least deprived decile, the same percentage as in 2015.

Burnley (51.7%), Hyndburn (48.1%), Preston (43.0%) and Pendle (38.6%) all had high percentages of their respective LSOAs in the most deprived 20% in England.

Lancashire County Council's [Welfare Rights Service](#) supports residents to access welfare benefit entitlements, including universal credit, pension credit and personal independence payments. The service realised total cash gains of c£7.7m into household budgets of the most vulnerable; and similarly since 1 April 2024 to date this year, the service has realised cash gains of c£5.3m into Lancashire.

2.3. Housing

Housing by tenure

87.7% of Lancashire's housing stock is [owner occupied or private rented \(2023\)](#) (England average 83%), with 10.4% via registered social landlords (average rent £597 in 2022/23, £890 average for All English county LAs) and a low 1.7% local authority owned in Lancashire (England 6.2% of local authority owned dwelling stock).

³ LSOAs/Lower Super Output Areas' are an analytical category that represents a geographic area comprised of between 400 and 1,200 households and a usually resident population between 1,000 and 3,000 persons.



Housing by council tax band and value

Lancashire has high proportion of predominately terraced, [council tax band A housing](#) (32.7% in 2011, 24.7% in England and Wales), particularly in Burnley, Hyndburn and Pendle. 36% of Lancashire's housing stock is in council tax band A in 2024 (was 37.6% in 2011), whereas England average is 23.8% (NW region is 22.7%); and, for example, just 1.1% in Burnley in highest bands F to H (9.3% for England).

These high proportions of both terraced and council tax band A housing have a direct influence on the low percentages of houses that are energy efficient and the high percentage that are energy *inefficient*, and which therefore have the potential to further exacerbate existing levels of fuel poverty (please see table below):

Percentages of dwellings by LA with EPC Band 'C' rating or above (financial years 2020-2021 & 2021-2022) & dwelling with EPC Band D or below (financial year 2021/22):

indicates lower percentage of energy efficient dwellings than previous period);
indicates higher percentage of energy efficient dwellings than previous period⁴:

Local Authority area	% of dwellings with EPC Band C rating or above
Pendle	26.18% 2021; 21.83% 2022
Burnley	26.96% 2021; 25.10% 2022
Hyndburn	27.10% 2021; 25.38% 2022
Rossendale	31.78% 2021; 32.27% 2022
Wyre	32.72% 2021; 34.21% 2022
Lancaster	35.76% 2021; 32.80% 2022
West Lancashire	36.66% 2021; 39.58% 2022
Fylde	37.67% 2021; 37.74% 2022
Ribble Valley	39.43% 2021; 40.65% 2022
South Ribble	40.34% 2021; 41.11% 2022
Preston	44.54% 2021; 44.08% 2022
Chorley	47.40% 2021; 46.39% 2022

Lancashire County Council continues to work closely with district council housing teams to address affordable warmth, through provision of funding to support interventions such as boiler repair or replacement, and insulation measures. [Cosy Homes in Lancashire](#) is the partnership established to support this work to address affordable warmth and carbon reduction.

⁴ Original source ONS at:

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



Lancashire also has a relatively high proportion of households in receipt of housing benefits ([6.76% in May 2024](#) compared to 5.98% for all English county local authorities).

In May 2024 Lancashire had 6.7% of all households in receipt of housing benefit (5.9% for all English county local authorities), and in 2023/24 Lancashire had around 5% of households with council tax arrears (compared to around 3% for All English county LAs). 8.2% of the 16+ population is on council tax support scheme (6.4% for all English county local authorities (Q1 2024/25).

Households aged 65 and over

Nationally, the percentage of households aged 65+ is estimated to rise from 28.7% of the total in 2018, to 36.4% in 2043. In Lancashire the percentage is estimated to increase from [31.5% \(162,673 households\) to 39.4% \(231,759 households\) by 2043](#). Fylde (49.1%), Wyre (50.2%) and Ribble Valley (45.5%) are projected to have some of the highest percentages of households aged 65 and over in the country by 2043. Preston is projected to have the lowest (29.3%).

Household composition

One-person households are projected to rise by 17.9% to 205,038 households, or 34.9% of all households, by 2043, slightly higher than the England projected average of 33%. Fylde (39.9%), Preston (38.7%), Hyndburn (37.2%), Burnley (37.7%) and Pendle (36.7%) are projected to have some of the largest percentages of one-person households in England in 2043.

Affordable housing

There were 1,435 additional [affordable homes](#) delivered in 2019/20, 443 more than in 2018/19. West Lancashire (227) delivered the most. Affordable dwelling completions in the area have averaged 773 per year since 1991/92.

Looking at the total additional affordable housing completions by new build and by acquisition/rehabilitation in the wider area (ie including Blackburn with Darwen and Blackpool), new build (1,334) accounted for 88% of the total in 2019/20. Of the new build, affordable rented dwellings comprised 59% of total.

There were 1,617 affordable dwelling starts on-site in Lancashire in 2019/20, 427 more than in 2018/19.

2.4. Economic inactivity

Lancashire has a lower working-age resident population and a higher ageing population compared to both regionally and nationally. Poorer health in the working age population is a key driver of economic inactivity, which is increasing. Of the additional 13,900 Lancashire residents who are economically inactive due to long term sickness, 11,000 of these are males. 39.2% of males' economic inactivity is down to long-term ill health. 61% of the annual cost of economic inactivity in Lancashire to the taxpayer relates to residents who are in receipt of [universal credit](#) (no work requirements, planning for work, and preparing for work groups) or (legacy benefit) jobseekers allowance.



We have a significant opportunity to improve economic and health inequalities through cross-sectoral collaboration as identified in the [Annual report of the Director of Public Health 2023/24](#). Preventative steps taken at an earlier age can prevent some of the conditions causing premature mortality, such as changes to alcohol consumption, obesity and exercise.

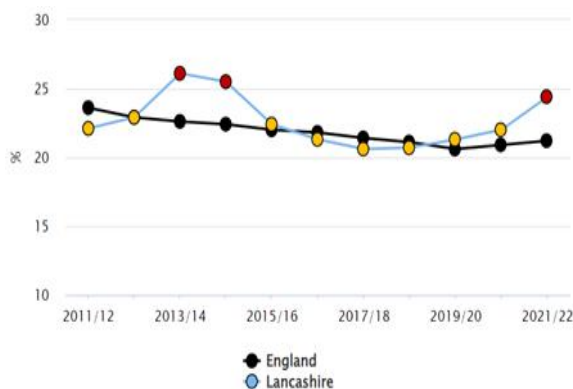
The numbers of economically inactive persons within the working age population (16-64) in England declined between 2011/12 and 2021/22, as they did in Lancashire between 2011/12 and 2019/20, although they increased across Lancashire between 2019/20 and 2021/22.

Numbers & rates of economically inactive persons within the working age population 16-64 years, in England and the Lancashire-12 area, 2011/12 to 2021/22:

	2021/22	2019/20	2011/12
Lancashire-12	175,900 (24.4%)	153,700 (21.3%)	162,800 (22.1%)
England	7,273,900 (21.2%)	7,176,300 (20.6%)	8,013,600 (23.6%)

Source: ONS Annual Population Survey

Trend graph showing rates and numbers of economically inactive persons (all working age population/16-64 yrs of age) – Lancashire-12 trends 2011/12 – 2021/22



Recent trend: ▶ No significant change

Period	Count	Value	Lancashire		North West	England
			95% Lower CI	95% Upper CI		
2011/12	162,800	22.1%	20.2%	24.0%	25.2%	23.6%
2012/13	167,700	22.9%	21.0%	24.8%	24.5%	22.9%
2013/14	191,300	26.1%	24.1%	28.1%	25.1%	22.6%
2014/15	186,500	25.5%	23.5%	27.5%	25.3%	22.4%
2015/16	163,600	22.4%	20.3%	24.5%	24.5%	22.0%
2016/17	155,300	21.3%	19.3%	23.3%	24.3%	21.8%
2017/18	149,900	20.6%	18.6%	22.6%	23.2%	21.4%
2018/19	149,600	20.7%	18.7%	22.7%	23.1%	21.1%
2019/20	153,700	21.3%	19.0%	23.6%	22.5%	20.6%
2020/21	158,300	22.0%	19.7%	24.3%	23.2%	20.9%
2021/22	175,900	24.4%	22.2%	26.6%	23.4%	21.2%

Source: data drawn from Annual Population Survey (data produced by ONS), accessed via NOMIS (www.nomisweb.co.uk) and reproduced by OHID.

More recent data released by NOMIS show that during the period October 2022 to September 2023, the numbers and percentages of economically inactive persons 16-65 declined to 167,700 persons (23.2%) while the Great Britain rate was 21.2%.

Economic inactivity figures are not yet available for the same period at lower tier local authority level. However, data for previous years at a district level, show significant variation in both rates and numbers between areas. Rates of economic inactivity increased in seven of the Lancashire's 12 districts between 2019/20 and 2021/22, by the highest percentages in Fylde (10.3%) and Rossendale (10.2%), and decreased in



five of Lancashire's districts, by highest percentages in Ribble Valley (-11.3%) and the lowest in Burnley (-0.2%).

Further to a [review of economic inactivity](#) commissioned by the county council, we were successful, with partners, to become a government WorkWell pilot area. The Integrated Care Board (ICB) led programme is targeting support for those individuals in Preston, Lancaster, Burnley and West Lancashire who are currently unable to work, or risk falling out of work, due to poor health, generally related to mental health or musculoskeletal conditions. People will be assisted to engage with local services that can help them return to, or remain in, the workplace.



3. Our health and wellbeing

We have a significant opportunity to improve economic and health inequalities through cross sectoral collaboration as identified in the Director of Public Health's Annual Report 23/24. Preventative steps taken at an earlier age can pre-empt the development some of the conditions causing premature mortality such as changes to alcohol consumption, obesity and exercise.

3.1. Life expectancy

In line with the regional and national picture [Lancashire's male and female life expectancy](#) (LE) at birth had been gradually increasing over preceding years but dropped in 2020 to 77.6 years for males (was 78.8 in 2019) and to 81.5 for females (was 82.3 in 2019) and was lower than the England average (78.5 for males and 82.5 for females in 2020).

By 2022 LE at birth in Lancashire had improved for both males (78.1) and females (82.1) though not to the same level as the England average (79.3 for males and 83.2 for females in 2022).

Most districts have a lower LE at birth for both males and females than the England averages.

LE at birth for Lancashire-12 districts and England (lowest to highest) - 2022	
Male	Female
Burnley 75.8	Hyndburn 80.0
Preston 76.2	Burnley 80.2
Hyndburn 76.5	Rosendale 80.8
Rosendale 76.6	Lancaster 81.7
Lancaster 77.4	Wyre 81.7
Chorley 78.1	Preston 82.0
Pendle 78.4	Pendle 82.1
Fylde 78.4	Chorley 82.1
West Lancashire 78.5	West Lancashire 82.6
England 79.3	England 83.2
Wyre 79.5	Fylde 83.3
South Ribble 80.8	South Ribble 83.6
Ribble Valley 82.2	Ribble Valley 85.6

Source: OHID Fingertips

We need to maintain our focus on outcomes through prevention, better care and addressing inequalities by improving the social, economic and environmental determinants of our health. Disease, and external causes are the main causes of death for males within Lancashire and are contributing to the gap in life expectancy (in addition to Covid-19) between the most and least deprived areas.



3.2. Healthy life expectancy

Although figures for [healthy life expectancy](#) (years in good health) are not published at district level, during the period 2018-2020 (latest published data) it was significantly lower for Lancashire males, at 61.4 years, than the England average at 63.1 years, while they were statistically similar for Lancashire females, at 64.0 years, compared to the England average for females at 63.9 years.

Healthy life expectancy is significantly worse for Lancashire men than the England average, and similar to the England average for Lancashire women. This means that people are living longer in poorer health and could require additional support earlier and are economically inactive earlier.

3.3. Older people and long-term health conditions

For [long-term health conditions](#) (please see table below), Lancashire is statistically significantly worse for emergency hospital admissions for chronic obstructive pulmonary disease (COPD) (494 per 100,000 population) than England (418). The percentages of cancers diagnosed at stage 1 or 2 (52.9%) is statistically significantly worse than England (54.4%).

The percentage of people reporting a long-term musculoskeletal (MSK) problem is statistically significantly worse in Lancashire (21.0%) than England (18.4%). The percentage reporting at least two long-term conditions, at least one of which is MSK related is statistically significantly worse in Lancashire (15.3%) than England (13.4%).

Preventable sight loss (glaucoma) is statistically significantly worse (18.4 per 100,000 people) than England (13.5).

The chart below provides a summary of the prevalence of long term health conditions in Lancashire compared to the regional and national picture.



● Better 95% ● Similar ● Worse 95% ● Lower 95% ● Similar ● Higher 95% ○ Not applicable
 Quintiles: Best ● ● ● ● ● Worst ○ Not applicable
 Quintiles: Low ● ● ● ● ● High ○ Not applicable
 Recent trends: - Could not be calculated ➔ No significant change ➔ Increasing & getting worse ➔ Increasing & getting better ➔ Decreasing & getting worse ➔ Decreasing & getting better ➔ Increasing ➔ Decreasing

Indicator	Period	Recent Trend	Lancs		North West	England	England		
			Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Cardiovascular Disease - Heart, Stroke & Diabetes									
CHD: QOF prevalence (all ages) New data	2023/24	↓	47,601	3.7%	3.4%	3.0%	1.2%		
Stroke: QOF prevalence (all ages) New data	2023/24	↑	28,378	2.2%	2.0%	1.9%	0.7%		
Diabetes: QOF prevalence (17+ yrs) New data	2023/24	↑	81,682	7.8%	7.9%	7.7%	3.7%		1.7%
Estimated diabetes diagnosis rate	2018	-	-	78.2%	81.1%	78.0%	54.3%		5%
Chronic Obstructive Pulmonary Disease (COPD)									
Emergency hospital admissions for COPD (aged 35 and over) New data	2019/20	➔	3,796	494	536	418	1,064		165
Cancer Diagnoses & Treatment									
Percentage of cancers diagnosed at stages 1 and 2	2021	➔	3,034	52.9%	53.5%	54.4%	46.5%		2%
Musculoskeletal (MSK) Long-term Problem									
Rheumatoid Arthritis: QOF prevalence (16+ yrs) New data	2023/24	➔	8,986	0.8%	0.8%	0.8%	0.4%		
Percentage reporting a long-term Musculoskeletal (MSK) problem	2023	-	-	21.0%	20.6%	18.4%	28.4%		0%
Percentage reporting at least two long-term conditions, at least one of which is MSK related	2023	-	-	15.3%	15.3%	13.4%	22.3%		5%
% reporting a long term MSK problem who also report depression or anxiety	2016/17	-	-	23.2%	27.3%	24.1%	37.8%		5%
Prevalence of knee osteoarthritis in people aged 45 and over	2012	-	98,581	18.5%	18.8%	18.2%	20.9%		
Prevalence of severe knee osteoarthritis in people aged 45 and over	2012	-	33,808	6.3%	6.5%	6.1%	7.7%		
Prevalence of hip osteoarthritis in people aged 45 and over	2012	-	57,426	10.8%	11.2%	10.9%	12.2%		
Prevalence of severe hip osteoarthritis in people aged 45 and over	2012	-	17,989	3.4%	3.4%	3.2%	4.0%		
Sensory & Communication-related Conditions									
Preventable sight loss: age related macular degeneration (AMD)	2022/23	➔	280	106.3	115.5*	105.6	208.7		42.0
Preventable sight loss: glaucoma	2022/23	➔	123	18.4	14.2*	13.5	35.9		3.2
Preventable sight loss: diabetic eye disease	2022/23	➔	33	3.0	3.6*	2.9	-	Insufficient number of values for a spine chart	
People aged 65-74 registered blind or partially sighted	2022/23	↓	740	540	630	533	160		
People aged 75+ registered blind or partially sighted	2022/23	↓	4,070	3,225	3,677	3,031	375		
Access to NHS dental services - successfully obtained a dental appointment	2020/21	↓	7,378	77.2%	76.7%	77.0%	58.7%		85.4%
Common Mental Health Disorders									
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	-	164,039	16.7%*	18.0%*	16.9%*	24.4%		1.6%
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	-	25,117	10.3%*	10.9%*	10.2%*	14.6%		7.3%
Dementia									
Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000	2020	-	402	4.03	3.55	3.05*	1.16		
Dementia (aged under 65 years) as a proportion of total dementia (all ages) per 100	2020	-	402	3.7%	3.9%	3.5%	1.5%		
Dementia: Recorded prevalence (aged 65 years and over)	2020	-	10,508	4.22%	4.04%	3.97%*	2.91%		
Estimated dementia diagnosis rate (aged 65 and older)	2024	➔	11,416	69.4*	68.9	64.8	51.3		
Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)	2019/20	-	8,585	3,423	3,795	3,517	6,100		2,120
Dementia care plan has been reviewed in the last 12 months (denominator incl. PCAs)	2020/21	-	4,077	37.6%	39.3%*	39.7%	3.4%		

Source: Department for Health and Social Care

3.4. Older people's wellbeing and wider determinants of health

Although there have been no significant trend increases or decreases to 2022/23, the percentages of Lancashire persons aged 16-65 in employment (72.7%) persons aged 50-64 in employment (65.1%) are both statistically significantly lower than the England values (75.7% and 71.3% respectively).

The percentage of people of pensionable age receiving winter fuel payments (97.2%) was statistically significantly below the England percentage (97.4%). The chart below provides an overview of the wider determinants of health, showing the position in Lancashire compared to regional and national values.



● Better 95% ● Similar ● Worse 95% ○ Not applicable Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

Recent trends: - Could not be calculated ➔ No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Indicator	Period	Lancs		North West	England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Overview - Wellbeing									
Self reported wellbeing: people with a low satisfaction score	2022/23	-	-	6.2%	6.0%	5.6%	12.5%		1.9%
Self reported wellbeing: people with a low worthwhile score	2022/23	-	-	3.8%	4.7%	4.4%	9.8%		1.6%
Self reported wellbeing: people with a low happiness score	2022/23	-	-	8.3%	9.3%	8.9%	17.1%		3.5%
Self reported wellbeing: people with a high anxiety score	2022/23	-	-	22.1%	24.6%	23.3%	33.8%		1.9%
Employment, Finance & Deprivation									
Percentage of people in employment (16-64 yrs) New data	2022/23	➔	523,600	72.7%	73.6%	75.7%	62.3%		75.7%
Percentage of people in employment (50-64 yrs) New data	2022/23	➔	161,700	65.1%	68.2%	71.3%	52.2%		71.3%
Deprivation score (IMD 2019)	2019	-	-	23.4	28.1	21.7	45.0		5.8
Older people in poverty, income deprivation affecting older people Index (IDAOPI)	2019	-	43,083	14.1%	-	14.2%	44.0%		5.6%
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant aged 55 and over)	2021/22	-	494	1.9*	2.6	2.8	12.5		1.0
Fuel poverty (low income, high cost methodology)	2018	-	-	-	-	-	-		-
Fuel poverty (low income, low energy efficiency methodology)	2022	-	78,157	14.5%	14.1%	13.1%	24.7%		6.0%
Percentage of people aged 65+ receiving winter fuel payments (previous method)	2019/20	➔	239,520	94.7%	94.6%	94.1%	68.5%		97.2%
Percentage of people of pensionable age receiving winter fuel payments	2021/22	-	236,998	97.2%	97.5%	97.4%	88.7%		100%
Social Connections & Community Assets									
Loneliness: Percentage of adults who feel lonely often or always or some of the time	2019/20	-	-	23.47%	22.90%	22.26%	36.28%		13.86%
Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs)	2021/22	-	60	28.9%	30.9%	28.8%	14.4%		28.8%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)	2022/23	➔	3,670	45.9%	41.5%	41.5%	25.2%		41.5%
Older people living alone, Percentage of people aged 65 and over who are living alone	2011	-	65,880	31.2%	-	31.5%	45.0%		25.9%
Access to Healthy Assets & Hazards Index New data	2022	-	84,872	6.9%*	17.3%*	22.6%*	100%		0.0%
Utilisation of outdoor space for exercise or health reasons	Mar 2015 - Feb 2016	-	-	18.0%	17.5%	17.9%	5.1%		17.9%

Source: Department for Health and Social Care

3.5. Disability

Census 2021 data show that in reference to [disability in the Lancashire-12 area](#), Lancashire has a higher proportion of disabled (all) persons, at 19.3% (238,983 persons), than the England average of 17.3%.

Disability measures are broken into two categories (see tables below): persons classified as disabled under the Equality Act and whose day-to-day activities are 'limited a little' (Lancashire 10.8% or 133,609 persons, England average 10%) and those whose day-to-day activities are 'limited a lot' (Lancashire 8.5% or 105,374 persons, England average 7.3%). Considerable variation exists across Lancashire's districts as shown in the chart below.



Lancashire district level numbers and percentages of disabled persons whose day-to-day activities are 'limited a little' (Census 2021) – ranked <u>highest to lowest</u> by number of persons	
Lancaster	17,010 or 11.9%
Preston	14,789 or 10%
Wyre	13,477 or 12%
Chorley	12,692 or 10.8%
West Lancashire	12,378 or 10.5%
South Ribble	12,013 or 10.8%
Burnley	10,183 or 10.8%
Fylde	9,461 or 11.6%
Hyndburn	9,149 or 11.1%
Pendle	9,015 or 9.4%
Rosendale	7,744 or 10.9%
Ribble Valley	5,698 or 9.3%
Lancashire-12	133,609 or 10.8%

Source: Lancashire Insight [here](#), original source NOMIS: [Census 2021: Table c2021ts038 Disability](#), [Census 2021: Table c2021ts038asp Disability ASP](#)

Lancashire district level numbers and percentages of disabled persons whose day-to-day activities are 'limited a lot' (Census 2021) – ranked <u>highest to lowest</u> by number of persons	
Preston	12,051 or 8.2%
Lancaster	11,846 or 8.3%
Wyre	11,294 or 10.1%
West Lancashire	10,398 or 8.9%
Burnley	9,319 or 9.8%
Chorley	9,119 or 7.7%
South Ribble	8,301 or 7.5%
Hyndburn	7,978 or 9.7%
Pendle	7,900 or 8.3%
Fylde	7,188 or 8.8%
Rosendale	6,283 or 8.9%
Ribble Valley	3,700 or 6.0%
Lancashire-12	105, 374 or 8.5%

Source: Lancashire Insight [here](#), original source NOMIS: [Census 2021: Table c2021ts038 Disability](#), [Census 2021: Table c2021ts038asp Disability ASP](#)



3.6. Mental health

The table below shows a range of indicators for the working age and older Lancashire population showing prevalence of mental health and people's contact with mental health services and associated outcomes.

There are several indicators where Lancashire is statistically worse than the England average.

- Adults (aged 18-69) in contact with secondary mental health services who live in stable and appropriate accommodation (for persons, males and females).
- Gap in the employment rate for those who are in contact with secondary mental health services (aged 16-69) and on the Care Plan Approach, and the overall employment rate (persons aged 18-69).
- Premature mortality in adults with severe mental illness (person aged 18-74).
- Percentage of the population who are in contact with secondary mental health services that are in paid employment (persons aged 16-69).
- Percentage of the population with a physical or mental health condition in employment (aged 16-64).
- Smoking prevalence in adults with anxiety or depression (aged 18+).
- Suicide rate (aged 10+) (for persons, males and females).



Adults' and older people's care joint strategic needs assessment

● Better 95% ● Similar ● Worse 95% ● Lower 95% ● Similar ● Higher 95% ○ Not applicable Quintiles: Best ● ● ● ● ● Worst ○ Not applicable
 Quintiles: Low ● ● ● ● ● High ○ Not applicable ▲ Data quality concerns
 Recent trends: - Could not be calculated ➡ No significant change ➡ Increasing & getting worse ➡ Increasing & getting better ➡ Decreasing & getting worse ➡ Decreasing & getting better ➡ Increasing ➡ Decreasing

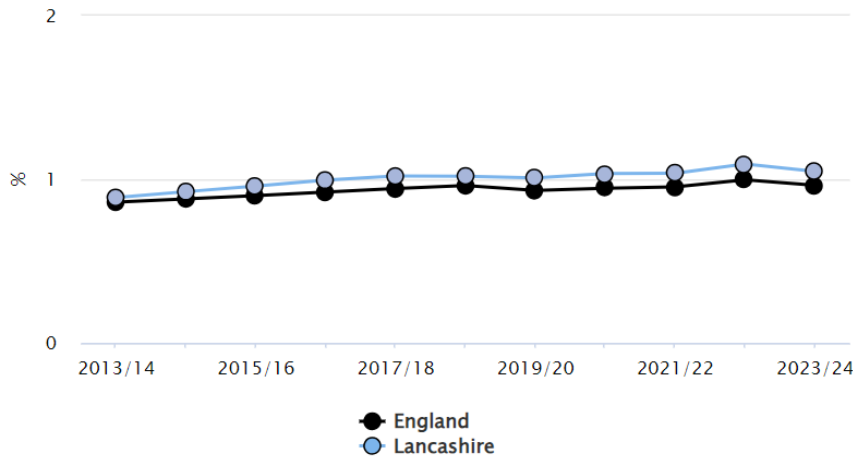
Indicator	Period	Lancs		England			
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range
Mental Health: QOF prevalence (all ages) (Persons, All ages) New data	2023/24	➡	13,544	1.05%	0.96%	0.33%	
Depression: QOF incidence (18+ yrs) - new diagnosis (Persons, 18+ yrs) New data	2023/24	➡	22,288	2.1%	1.5%	0.6%	
Attended contacts with community and outpatient mental health services, per 100,000 (Persons, All ages)	2019/20	-	241,590	19,970	30,674	10,646	
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Persons, All ages)	2022/23	➡	662	55.6	57.8	165.7	
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Male, All ages)	2022/23	➡	466	79.9	83.8	258.5	
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Female, All ages)	2022/23	➡	196	32.1	33.2	112.1	
Inpatient stays in secondary mental health services, per 100,000 (Persons, All ages)	2019/20	-	2,275	194	241	556	
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons, 18-69 yrs)	2020/21	-	-	6.0%	58.0%	5.0%	
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male, 18-69 yrs)	2020/21	-	-	6.0%	56.0%	4.0%	
Adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female, 18-69 yrs)	2020/21	-	-	6.0%	59.0%	6.0%	
Estimated prevalence of common mental disorders: % of population aged 16 & over (Persons, 16+ yrs)	2017	-	164,039	16.7%*	16.9%*	24.4%	
Estimated prevalence of common mental disorders: % of population aged 65 & over (Persons, 65+ yrs)	2017	-	25,117	10.3%*	10.2%*	14.6%	
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	2020 - 22	-	-	83.9%	127.0%	365.9%	
Excess under 75 mortality rate in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	2020 - 22	-	-	303.8%	385.9%	629.2%	
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate (Persons, 16-64 yrs)	2022/23	-	-	15.2	10.4	20.1	
Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate (Persons, 18-69 yrs)	2020/21	-	-	71.3	66.1	76.0	
Gap in the employment rate for those who are in contact with secondary mental health services and the overall employment rate (Persons, 18-69 yrs)	2021/22	-	-	68.3	69.4	79.8	
Premature mortality in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	2020 - 22	-	3,450	127.3	111.2	234.5	
The percentage of the population who are in contact with secondary mental health services that are in paid employment (Persons, 18-69 yrs)	2021/22	-	483	4.0%	6.0%	0.0%	
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) (Persons, 16-64 yrs)	2022/23	-	-	57.5%	65.3%	43.4%	
Smoking prevalence in adults with anxiety or depression (aged 18 and over) - current smokers (GPPS) (Persons, 18+ yrs)	2016/17	-	-	28.3%	25.8%	36.3%	
Premature mortality due to cancer in adults with severe mental illness (SMI) (Persons, 18-74 yrs)	2020 - 22	-	570	20.6	20.2	50.2	
Suicide rate (Persons, 10+ yrs)	2021 - 23	-	458	14.2	10.7	19.6	
Suicide rate (Male, 10+ yrs)	2021 - 23	-	345	21.9	16.4	30.9	
Suicide rate (Female, 10+ yrs)	2021 - 23	-	113	6.8	5.4	12.6	
Loneliness: Percentage of adults who feel lonely often or always or some of the time (Persons, 16+ yrs)	2019/20	-	-	23.47%	22.26%	36.28%	
The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health. (Persons, 18+ yrs)	2022/23	-	1,034	74.0%	74.8%	51.5%	
Self reported wellbeing: people with a low satisfaction score (Persons, 16+ yrs)	2022/23	-	-	6.2%	5.6%	12.5%	
Self reported wellbeing: people with a high anxiety score (Persons, 16+ yrs)	2022/23	-	-	22.1%	23.3%	33.8%	
Self reported wellbeing: people with a low worthwhile score (Persons, 16+ yrs)	2022/23	-	-	3.8%	4.4%	9.8%	
Self reported wellbeing: people with a low happiness score (Persons, 16+ yrs)	2022/23	-	-	8.3%	8.9%	17.1%	
% reporting depression or anxiety (Persons, 18+ yrs)	2016/17	-	-	14.0%	13.7%	19.9%	
Depression and anxiety among social care users: % of social care users (Persons, 18+ yrs) ▲	2018/19	-	-	52.8%	50.5%	63.6%	

Source: Department for Health and Social Care

It can be seen below that the trend line for Lancashire persons (all ages) with mental health disorders – schizophrenia, bipolar affective disorder and other psychoses – has marginally but largely consistently increased both in percentage/proportion of the population and number between 2013/14 (0.89% or 10,472 persons) and 2022/23 (1.5% or 13,544 persons), which is in-line with the trends for England as a whole (0.86% in 2013/14 to 0.96% in 2022/23).



Trend line showing mental health (schizophrenia, bipolar affective disorder and other psychoses) QOF prevalence (all ages) - 2013/14 to 2022/23:

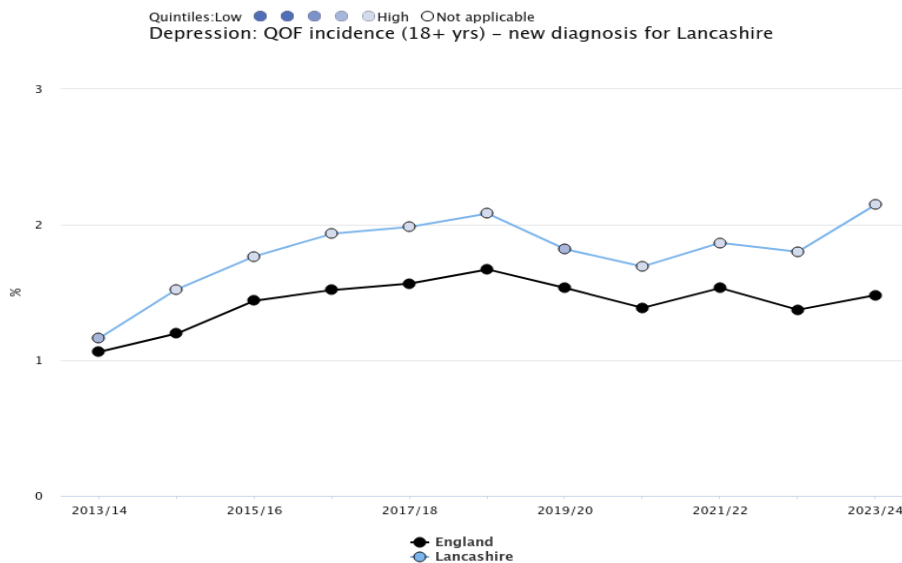


Source: NHS England

For Lancashire working age adults (18+) newly diagnosed with depression the trend is increasing. [NHS digital](#) advise that because GP practices re-directed high proportions of their resources towards Covid-19-related protection work between 2019/20 and 2022/23, the QOF incidence measures during that period should be used with caution.

However, the steadily increasing overall trend in Lancashire-12 is clear and is illustrated by the increase in numbers of persons newly diagnosed with depression, which almost doubled between 2013/14 (10,952) and 2018/19 (21,023), and have again increased at 2023/24 (22,228).

Trend line showing incidence of newly diagnosed depression (18 yrs +) QOF prevalence - 2013/14 to 2022/23:



Source: NHS England



3.7. Loneliness and isolation

One risk factor for poor mental health for the older generation is loneliness and social isolation, although this issue can affect everyone regardless of age. Older people that are widowed and/or have long-term health conditions are at particular risk of experiencing loneliness more often. This is a hidden problem with little accurate data to show the scale of the challenge in Lancashire. Another risk factor for loneliness is deprivation, whether in urban or rural areas. It has been shown that those living in deprived areas are more often lonely compared to people living in non-deprived areas. However, being in a rural isolated area doesn't automatically mean someone is lonely. It has been shown that people living in deprived urban areas, or an area where crime is a problem, can be just as lonely.

In 2016, we published the report '[Hidden from View: Tackling Social Isolation and Loneliness in Lancashire](#)'. The purpose of the report was to share learning and provide a practical resource for partner organisations on tackling social isolation and loneliness in Lancashire, based on a needs assessment carried out by Lancashire County Council to inform service planning.

The communities team has developed and adopted the 'Listening to Lancashire' approach to addressing loneliness in the over 50s, carrying out a series of listening exercises, with support from Age UK Lancashire, to find out what programmes and interventions could be implemented to help tackle social isolation and loneliness. This resulted in:

- continuation of the Age UK 'Good Day' calls service (befriending for those who are chronically lonely and/or housebound).
- targeted funding voluntary, community and faith sector organisations for activities to tackle social isolation.
- 'Age of Inspiration' events held across the county (interactive events for older people to promote the 5 Ways to Wellbeing)

As a consequence, officers are working to develop an Age Friendly Communities framework for Lancashire, with city / district council colleagues and wider partners.

Lancashire Volunteer Partnership, led by Lancashire County Council, has established a community support befriending service, assisting vulnerable people who require support to build confidence and resilience to enable social independence. People are referred into the service from Adult Social Care. The volunteers support people over a period of 6-12 months to improve mental health & wellbeing, working towards specific and agreed goals and objectives, such as introduction to a local community group, with the goal of social independence.

3.8. Adult social care related indicators

[Lancashire proportions](#) are in most cases statistically similar to the England averages. The chart below shows that the rate of Lancashire social care users 65+ who receive self-directed support and those receiving direct payments (87.7%) is statistically significantly lower than the England rate (93.2%) in 2021/22. However,



this is a combined indicator and does not reflect the position with direct payments in Lancashire. In 2022/23, 17.4% of older people were receiving direct payments, which is higher than the regional (12.6%) and national (14.8%) values. The percentage of older people receiving self-directed support in 2022/23 was 67.8% compared to a regional value of 79.5% and national value of 92.6% indicating that there is a high number of people receiving commissioned support from the council.

Table showing a range of social care-related indicators benchmarked against their England average and, where available, indications of the recent trends:

● Better 95% ● Similar ● Worse 95% ○ Not applicable
 Recent trends: - Could not be calculated ➡ No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Indicator	Period	Lancs			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2022/23	-	6,245	46.2%	44.4%	29.3%		46.2%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 65+ yrs)	2022/23	➡	3,670	45.9%	41.5%	25.2%		45.9%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 65+ yrs)	2021/22	-	60	28.9%	28.8%	14.4%		28.9%
Percentage of adult social care service users have control over their daily lives, age 65+ (Persons, 65+ yrs)	2021/22	➡	5,485	78.8%	73.3%	57.4%		78.8%
Percentage of adult social care service users satisfied with care and support services, age 65+ (Persons, 65+ yrs)	2021/22	-	4,420	63.6%	61.8%	42.2%		63.6%
Percentage of people aged 65 and over offered reablement services following discharge from hospital. (Persons, 65+ yrs)	2021/22	↓	1,023	2.6%	2.8%	0.0%		2.6%
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services (Persons, 65+ yrs)	2021/22	➡	893	87.3%	81.8%	31.9%		87.3%
Percentage of people aged 65 and over using social care who receive self-directed support, and those receiving direct payments (Persons, 65+ yrs)	2021/22	↑	8,417	87.7%	93.2%	2.3%		87.7%
Satisfaction with social care protection: % of service users (Persons, 18+ yrs)	2017/18	-	-	87.9%	86.3%	65.7%		87.9%
Satisfaction with social care support: % service users extremely satisfied or very satisfied with their care and support (Persons, 18+ yrs)	2017/18	-	-	67.9%	65.0%	47.3%		67.9%

Source: Department for Health and Social Care



3.9. Older people and enhanced care and support

Lancashire is statistically significantly worse than England for hip fractures in people aged 65 and over, and hip fractures in people aged 65-79.

Table showing rates and numbers of falls and fractures, independent living support, social care users' and carers' experiences of social care, and care home and end of life care.

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Low ● ● ● ● ● High ○ Not applicable

Recent trends: - Could not be calculated
 ➔ No significant change
 ⬇ Increasing & getting worse
 ⬆ Increasing & getting better
 ⬇ Decreasing & getting worse
 ⬆ Decreasing & getting better

Indicator	Period	Lancs		North West	England	England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Falls & Fractures									
Emergency hospital admissions due to falls in people aged 65 and over	2022/23	➔	4,910	1,866	2,139	1,933	3,130		1,258
Emergency hospital admissions due to falls in people aged 65 to 79	2022/23	➔	1,905	963	1,055	928	1,737		552
Emergency hospital admissions due to falls in people aged 80 plus	2022/23	➔	3,005	4,483	5,283	4,845	7,628		2,938
Hip fractures in people aged 65 and over	2022/23	➔	1,565	594	620	558	744		
Hip fractures in people aged 65 to 79	2022/23	➔	535	268.4	282.0	243.8	397.8		145.2
Hip fractures in people aged 80 and over	2022/23	➔	1,030	1,539	1,600	1,469	1,940		
Osteoporosis: QOF prevalence (60+ yrs) New data	2023/24	⬆	5,914	1.1%	1.0%	1.1%	0.1%		
Independent Living Support									
Percentage of people aged 65 and over offered reablement services following discharge from hospital.	2021/22	⬇	1,023	2.6%	2.7%	2.8%	0.0%		
Percentage of people aged 65 and over who were still at home 91 days after discharge from hospital into reablement services	2021/22	➔	893	87.3%	86.0%	81.8%	31.9%		99.5%
Percentage of people aged 65 and over using social care who receive self-directed support, and those receiving direct payments	2021/22	⬆	8,417	87.7%	91.9%	93.2%	2.3%		100.0%
Social Care Service User & Carer Experience									
Percentage of adult social care service users satisfied with care and support services, age 65+	2021/22	-	4,420	63.6%	61.7%	61.8%	42.2%		
Percentage of adult social care service users have control over their daily lives, age 65+	2021/22	➔	5,485	78.8%	75.0%	73.3%	57.4%		
Social Isolation: percentage of adult social care users who have as much social contact as they would like (65+ yrs)	2022/23	➔	3,670	45.9%	41.5%	41.5%	25.2%		4%
Social Isolation: percentage of adult carers who have as much social contact as they would like (65+ yrs)	2021/22	-	60	28.9%	30.9%	28.8%	14.4%		
Permanent admissions to residential and nursing care homes per 100,000 aged 65+	2021/22	⬇	1,834	717	640	539	1,374		89
Care Homes & End of Life Care									
Care home beds per 100 people 75+	2021	➔	12,856	11.0	9.9	9.4	2.3		
Nursing home beds per 100 people 75+	2021	➔	5,662	4.8	5.1	4.6	1.0		

Source: Department for Health and Social Care



4. Our social care needs

4.1. Service user profile

This is an overview of demography of the adult social care cohort based on the Short and Long Term Services (SALT) return published in November 2023 of people receiving support from Lancashire's adult social care services.

4.1.1. Summary

- 13,756 people are accessing adult social care services in Lancashire
- More women (57.4%) than men are accessing services.
- The majority of women accessing services are 65+ (63.4%), whilst for men, a slightly higher proportion than women are aged 18-64 years (52.5%).
- The median age of a person accessing services is 70. The largest proportion of people fall into the 10-year age bracket 80-89 years old (22.8%).
- Over 90% of people accessing adult social care services have an ethnicity code recorded, and of those people over 90% are White, 7.3% of people are recorded as Asian leaving a relatively small proportion of people recorded as Black, Mixed or Other groups.
- Physical support reasons account for over half (56.8%) of all people's primary needs. The category of 'physical support – personal care support', accounts for nearly two-fifths of all support provided.
- Physical support (particularly personal care support) is most prevalent in older adults, whilst larger proportions of younger adults have support due to learning disability needs.
- Over half of all service users live in an area that is within the top 40% most deprived nationally, and 1 in 5 live in the top 10% most deprived areas nationally.

4.1.2. Service user sex and age

Out of the 13,756 persons accessing services, 57.4% are female and 42.6% are male.

Over half (56.6%) of Lancashire's service user cohort are aged 65+. The average age is 65.1 years, with a minimum age of 18 and maximum of 107, and the median age is 70 years.

Around two-thirds of women accessing services are aged 65+, whilst for males under half of people accessing services are within this aged group.

In terms of 10-year age groups, persons aged 80-89 years make up the largest proportion at more than 1 in 5 people (22.8%). For women, persons aged 80-89 years make up over 1 in 4 persons accessing services (26.1%), whilst for men they account for under 1 in 5 (18.4%). Whilst persons aged under 40 make up relatively small proportions of the total cohort (17.1%), for women they account for 12.5% whilst for men nearly double this at 23.3%.



4.1.3. Service user ethnicity

92.4% of persons within the cohort have an ethnicity code that is recorded and reportable (ie not 'unknown' or 'not obtained'). 91% of persons with an ethnicity code recorded are White, 7.3% are Asian, with relatively small proportions from other ethnic groups.

There is a higher proportion of persons from non-white ethnic groups who are aged 16-64 years when compared with the total cohort with ethnicity recorded.

4.1.4. Service user area of residence

These figures are calculated using the persons who are identified as living in Lancashire.

96.7% of persons within the cohort reside within Lancashire currently. The proportion residing in each district varies from 12.3% in Lancaster to just 3.5% in the Ribble Valley.

Overall 31% of people receiving services reside in an area within the top 20% most deprived LSOAs nationally, but this varies considerably between districts and is highest in Burnley (60.5%), Hyndburn (55.8%) and Pendle (51.5%), and lowest in Ribble Valley (0.2%) and South Ribble (4.4%).

In terms of need, a higher proportion of the people accessing support in Pendle (44.4%) and Fylde (44.2%) have a need of 'physical support – personal care support' (compared with 39.5% for all residing in Lancashire). Of those accessing support residing in Chorley, a higher proportion have a need of 'learning disability support' (26.2% compared with 20.4% for all people residing in Lancashire).

4.1.5. Service user deprivation

98% of persons accessing support can be mapped to an LSOA in Lancashire to establish the levels of deprivation in their resident areas.

Almost 1 in 5 people accessing services live within an LSOA that is within the top 10% most deprived (IMD score) nationally. Over half of all service users (53.7%) reside within an LSOA that is within the top 40% deprived areas nationally. Conversely, just 4.3% of people live in an area within the 10% least deprived nationally.

4.1.6. Service user primary support reason

'Physical care – personal care support' makes up the largest proportion of primary support reasons for the cohort, with 2 in 5 people accessing services due to this need. A further 1 in 5 people access services due to 'learning disability support'. 'Physical support – access and mobility only' (17.5%), 'mental health support' (10.4%) and 'support with memory and cognition' (9.5%) are the next most prevalent needs. Overall, these five needs total over 95% of the primary support needs.



'Learning disability support' is highest in the youngest age groups with 3 in 4 people aged under 30 recorded as this for their primary support reason. 'Physical support – personal care support' is highest in older people with at least half of the age groups over 70 years old accessing support due to this reason.

4.2. Adult Social Care Survey (ASCS) results

The Adult Social Care Survey (ASCS) is a national survey that has been used to collect the views of adult social care service users every year since 2010/11. The main purpose of the survey is to provide assured, benchmarked, local data to support local decision-making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

The ASCS includes service users in residential and nursing care, as well as those who receive services in the community. However, service users who lack the capacity to consent to take part aren't included.

For the 2022/23 ASCS, 936 self-completion postal questionnaires were sent to a stratified random sample of adult social care service users during January 2023. Reminder letters were sent during February 2023. In total, 272 questionnaires were returned, giving an overall response rate of 29%.

4.2.1. Adult Social Care Outcomes Framework (ASCOF) summary

The ASCS data is used for eight ASCOF indicators. Lancashire's 2022/23 scores for these indicators are presented in the table below.

There are no statistically significant differences between the eight ASCOF scores for 2022/23 and the previous year in 2021/22.

ASCOF measures from the Adult Social Care Survey – year-on-year comparison:

	2019/20	2021/22	2022/23
(1A) Social care-related quality of life	19%	19%	19%
(1B) The proportion of people who use services who have control over their daily Life	78%	80%	77%
(1I part 1) service users – proportion of people who use services and their carers, who reported that they had as much social contact as they would like	40%	45%	46%
(1J) Adjusted social care-related quality of life – impact of adult social care services	0.395	0.440	0.385
(3A) Overall satisfaction of people who use service with their care and support	61%	69%	66%

(3D1) The proportion of people who use services who find it easy to find information about support	69%	69%	69%
(4A) The proportion of people who use services who feel safe	68%	70%	66%
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	85%	85%	84%

Lancashire's ASCS 2021/22 ASCOF scores compared to other North West councils

	1A	1B	1I1	1J	3A	3D1	4A	4B
Higher score than LCC	0	2	0	0	0	0	3	6
Same score as LCC	22	20	20	22	20	19	19	16
Lower score than LCC	0	0	2	0	2	3	0	0

There is some statistical difference between Lancashire's ASCS 2022/23 ASCOF scores and the scores of the other North West councils, with Lancashire scoring statistically identical scores to most other councils for most of the indicators. The differences occur in indicators 1B, 1I1, 3A, 3D1, 4A and 4B.

For the indicator '1A: Social care-related quality of life', no North West council had a score statistically significantly different to Lancashire's score.

For the indicator '1B: The proportion of people who use services who have control over their daily life', Rochdale and Warrington had scores that were statistically significantly higher than Lancashire's score.

For the indicator '(1I1): The proportion of people who use services and their carers, who reported that they had as much social contact as they would like', Stockport and Bolton had scores that were statistically significantly lower than Lancashire's score.

For the indicator '1J: Adjusted social care-related quality of life – impact of adult social care services', no North West council had a score statistically significantly different to Lancashire's score.

For the indicator '3A: Overall satisfaction of people who use services with their care and support', Manchester and Tameside had scores that were statistically significantly lower than Lancashire's score.

For the indicator '3D1: The proportion of people who use services who find it easy to find information about support', Warrington, Cheshire West and Chester, and Oldham had scores that are statistically significantly lower than Lancashire's score.

For the indicator '(4A): The proportion of people who use services who feel safe', Warrington, Cheshire West and Chester, and Cumbria had scores that were statistically significantly higher than Lancashire's score.



For the indicator '4B: The proportion of people who use services who say that those services have made them feel safe and secure', Rochdale, Sefton, Cheshire East, Blackpool, Wirral and Cumbria had scores that were statistically significantly higher than Lancashire's score.

Lancashire's ASCS 2021/22 ASCOF scores compared to its peer group councils

	1A	1B	1I1	1J	3A	3D1	4A	4B
Higher score than LCC	0	1	0	1	0	0	1	7
Same score as LCC	14	13	14	13	14	14	13	7
Lower score than LCC	0	0	0	0	0	0	0	0

There is some statistical difference for the ASCS 2021/22 ASCOF scores between Lancashire and the councils in its peer group, with Lancashire scoring statistically identical scores to most other councils for most of the indicators. The differences occur in indicators 1B, 1J, 4A and 4B.

For the indicator '1A: Social care-related quality of life', no peer group council had a score statistically significantly different to Lancashire's score.

For the indicator '1B: The proportion of people who use services who have control over their daily life', Kent had a score that was statistically significantly higher than Lancashire's score.

For the indicator '(1I1): The proportion of people who use services and their carers, who reported that they had as much social contact as they would like', no peer group council had a score statistically significantly different to Lancashire's score.

For the indicator '1J: Adjusted social care-related quality of life – impact of adult social care services', Essex had a score that was statistically significantly higher than Lancashire's score.

For the indicator '3A: Overall satisfaction of people who use services with their care and support', no peer group council had a score statistically significantly different to Lancashire's score.

For the indicator '3D1: The proportion of people who use services who find it easy to find information about support', no peer group council had a score statistically significantly different to Lancashire's score.

For the indicator '(4A): The proportion of people who use services who feel safe', Gloucestershire had a score that was statistically significantly higher than Lancashire's score.

For the indicator '4B: The proportion of people who use services who say that those services have made them feel safe and secure', Worcestershire, Gloucestershire, Surrey, Nottinghamshire, Warwickshire, Essex and Kirklees had scores that were statistically significantly higher than Lancashire's score.



5. Our carers

5.1. Overview of carers from Census 2021

From the Census 2021, in Lancashire and in England, the numbers of persons providing [unpaid care](#) has declined between 2011 and 2021 (from 133,240 to 112,740 in Lancashire). In Lancashire this amounts to a reduction of just over 20,000 people providing some unpaid care.

9.6% (112,737) of Lancashire's residents aged 5 or over provided some unpaid care (England 8.8%). Ribble Valley is the only district to have a lower population percentage providing some unpaid care (8.5%) than England (8.8%) when using the age-standardised proportions.

At all geographical levels a higher proportion of unpaid carers provide 50 or more hours of unpaid care than 20-49 hours. Provision of 50 or more hours of unpaid care ranged from 3.7% of the population of Wyre down to 2.2% in Ribble Valley. Over 50 hours of care per week were provided most by unpaid carers over the age of 65, though this age group was the least represented for those that provide 20-49 hours of unpaid care.

Over half of unpaid carers were female, 58.5% in Lancashire (similar to the England rate at 59.2%), though in Hyndburn there are more males than females aged 65 and over who provide 50 or more hours of unpaid care. Among under 16-year-old unpaid carers, males pre-dominate in providing 50 or more hours of care.

Most unpaid care was provided by people aged 16 to 64. 120 persons under the age of 5 years old were providing some unpaid care.

There is a greater proportion of people providing unpaid care who are not in paid employment than those who are: 14.5% of carers stated that they were not in paid employment because of their caring responsibilities.

According to Census data, of those that do have paid employment, there are generally more people working a standard week than working part time. However, the PSS SACE (Personal Social Services Survey of Adult Carers in England, 2023-24) indicated that 10.9% of respondents to the survey were in full-time work compared to 15.7% in part-time work.

In area the value of unpaid care in Lancashire, that is if it was paid for at current market rates, stood at £3.7 billion. In 2020 it was estimated that by 2024 there will be 40,766 people in Lancashire over the age of 65 providing unpaid care to a partner, family member or other person. By 2040 it is estimated to rise by 24.5% to 50,768. (POPPI/Projecting Older People Population Information), 2020).

We have a higher than the England average number of unpaid carers who are also likely to be older, between 50-69 years, and (where recorded) half have a range of support needs from physical support regarding access and mobility, and mental



health. Carers can feel alone and isolated and 15% live in the 10% most deprived areas of the county. [Lancashire Carers' Strategy](#) sets out how carers will be supported.

5.2. Carer profile

This is an overview of demography of the cohort (September 2023) of carers of Lancashire's adult social care.

5.2.1. Summary

- 14,497 are recorded as adult social care carers in Lancashire.
- Women make up two-thirds of the carer cohort and the women who are carers are generally younger than the men (61% aged 18-64 compared with 49.7% men).
- More women (57.4%) than men are carers.
- Over half of the carers are aged between 50-69 years.
- Around 90% of carers have an ethnicity code recorded, and of those people over 90% are White, 6.9% of people are recorded as Asian, leaving a relatively small proportion of people recorded as Black, Mixed or Other groups.
- 'Direct payments only' makes up the largest type of support provided to carers at around two-thirds, with about a quarter receiving 'information and advice'.
- Of the 55% of carers for which a need recorded for the person they are providing care to, around a third are receiving 'physical support' with a further quarter receiving 'access and mobility support'.
- 15% of carers live in an area that is within the top 10% most deprived nationally.

5.2.2. Carer sex and age

Of the 14,497 persons recorded as carers, two thirds are female and a third male.

57.4% of people are aged 18-64 years with this being higher for women (61%) than for men (49.7%). The average and median age of a carer is 62 with a minimum age of 18 and a maximum age of 102.

Half of the people providing support are aged 50-69 years old, with the 50-59 and 60-69 age groups both accounting for around a quarter of the full cohort. Over half (53.3%) of female carers are aged 50-69 years, whilst 43.9% of male carers are in the same age group.

5.2.3. Carer ethnicity

Just under 90% of carers had their ethnicity recoded and reportable (ie not 'unknown' or 'not obtained'). 91.8% of persons with an ethnicity code recorded are White, 6.9% are Asian with relatively small proportions from other ethnic groups.



When looking at wider age groups, 88.2% of carers aged 18-64 are White compared with 96.5% of those aged 65+. The proportion of carers who are Asian is higher where their age is below 50 compared with those over 50.

5.2.4. Carer area of residence

These figures are calculated using the persons who are identified as living in Lancashire.

98% of carers reside within Lancashire currently. The proportion residing in each district varies from 11.9% in Preston to 3.5% in the Ribble Valley.

Direct payments are generally the most prevalent type of support provided but this varies across the districts from 34.7% in Ribble Valley, 37.6% in Pendle and 38.1% in Burnley, to over 80% in Chorley, Preston and South Ribble.

5.2.5. Carer deprivation

98% of carers can be mapped to an LSOA in Lancashire to establish the levels of deprivation in their resident areas.

15.3% of carers live in an LSOA that is within the top 10% most deprived (IMD score) nationally. Most deciles contain about 10% of the carer population within them, apart from decile 5 and decile 10, where the proportion of carers living in these areas is slightly lower (7.5% and 6.6% respectively).

Of the carers living in LSOAs ranked in the top 30% most deprived nationally, a significantly higher proportion are aged 18-64 (around two thirds), whilst for the 50% least deprived deciles there is significantly higher proportion of carers aged 65+ (about 50%).

5.2.6. Primary support reasons of cared for individuals

For 44.7% of carers, the latest primary support reason of cared for person is blank. Of those that do have a primary support reason recorded, over a third (35.2%) are providing support through 'physical support – personal care support' and nearly a quarter (23.6%) for 'physical support – access and mobility only'. 'Learning disability support' (15.9%), 'support with memory and cognition' (13.5%) and 'mental health support' (6.7%) are the next most prevalent reasons. In total, these five reasons account for nearly 95% of recorded primary support reasons.

5.2.7. Support provided to carers

Nearly two thirds of the support provided to carers at last review was 'direct payments only' with a further quarter of carers receiving 'information and advice'. The younger the carer age group the higher the proportion that received 'direct payments only', at around three-quarters for people under 60. By aged 90+ the proportion in receipt of



direct payments is lower (around a third), whilst over half of carers 'receive information and advice'.

A lower proportion of carers living in LSOAs within deciles 1 and 3 for deprivation nationally are in receipt of 'direct payments only', whilst in decile 10 a higher proportion are in receipt of this support.

5.3. Survey of Adult Carers in England (SACE) results

The Survey of Adult Carers in England (SACE) seeks carers' opinions on several topics that are indicative of a balanced life alongside their caring role.

For the 2021/22 survey, a random sample of 901 carers (aged 18 or over, caring for someone aged 18 or over, who either received 'support direct to carer' or 'no direct support to carer', irrespective of whether their cared-for person received respite care) were sent a self-completion questionnaire in the post during October 2021. Reminders were sent during November 2021. In total, 399 questionnaires were returned, giving an overall response rate of 44%.

5.3.1. ASCOF summary – SACE indicators

The SACE data is used for five ASCOF indicators. Lancashire's 2021/22 scores for these indicators are presented in the table below.

There are no statistically significant differences between the figures for 2021/22 and the previous survey for 2018/19.

ASCOF summary – SACE indicators 2016/17 to 2021/22

ASCOF indicator		2016/17	2018/19	2021/22
1D	Carer-reported quality of life	7.7	7.5	7.4
1I2	Proportion of carers who reported that they had as much social contact as they would like	35.3	30.3	27.6
3B	Overall satisfaction of carers with social services	40.3	35.5	36.9
3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	67	68.1	63.3
3D2	The proportion of carers who find it easy to find information about services	58.8	62.0	60.8



Lancashire's SACE 2021/22 ASCOF scores compared to other North West councils

	1D	1I2	3B	3C	3D2
Higher score than LCC	0	1	1	0	2
Same score as LCC	20	20	20	22	14
Lower score than LCC	2	1	1	0	6

There is some statistical difference between Lancashire's SACE 2021/22 ASCOF scores and the scores of the other North West councils, with Lancashire scoring statistically identical scores to most other councils for most of the indicators. The differences occur in indicators 1D, 1I2, 3B and 3D2.

For the indicator '1D: carer-reported quality of life', Liverpool and Stockport had scores that were statistically significantly lower than Lancashire's score.

For the indicator '(1I2): proportion of carers who reported that they had as much social contact as they would like', Cumbria had a score that was statistically significantly higher than Lancashire's score. Warrington had a score that was statistically significantly lower than Lancashire's score.

For the indicator '3B: overall satisfaction of carers with social services', Blackpool had a score that was statistically significantly higher than Lancashire's score. Stockport had a score that was statistically significantly lower than Lancashire's score.

For the indicator '3D2: the proportion of carers who find it easy to find information about services', Blackpool and Halton had scores that were statistically significantly higher than Lancashire's score. Manchester, Wirral and Sefton were the three lowest scoring councils that had scores that were statistically significantly lower than Lancashire's.

Lancashire's SACE 2021/22 ASCOF scores compared to its peer group councils

	1D	1I2	3B	3C	3D2
Higher score than LCC	0	1	0	0	0
Same score as LCC	11	12	14	13	12
Lower score than LCC	3	2	0	1	2

There is some statistical difference for the SACE 2021/22 ASCOF scores between Lancashire and the councils in its peer group, with Lancashire scoring statistically identical scores to most other councils for most of the indicators. The differences occur in indicators 1D, 1I2, 3C and 3D2.

For the indicator '1D: carer-reported quality of life', Warwickshire, Derbyshire and Kent had scores that were statistically significantly lower than Lancashire's score.



For the indicator '(1I2): proportion of carers who reported that they had as much social contact as they would like', Cumbria had a score that was statistically significantly higher than Lancashire's score. Norfolk and Gloucestershire had scores that were statistically significantly lower than Lancashire's score.

For the indicator '3C: proportion of carers who report that they have been included or consulted in discussion about the person they care for', Warwickshire had a score that was statistically significantly lower than Lancashire's.

For the indicator '3D2: the proportion of carers who find it easy to find information about services', Warwickshire and Leicestershire had scores that were statistically significantly lower than Lancashire's score.



6. Our next steps

6.1. Governance

The Lancashire Health and Wellbeing Board approved the development of a Lancashire Adults and Older People's care JSNA at their meeting on 7 May 2024. The outputs from the thematic analysis will be brought back to the board for its oversight and approval.

The assessment will influence the shared prevention plans, underpin priority setting and can be used during any regulatory inspections. They complement and link to the intelligence already held on Lancashire Insight. [Publications - Lancashire County Council](#)

6.2. Project group

- Senior responsible officer – director of quality and principal social worker
- Project lead – consultant in public health
- Business Intelligence JSNA lead
- LCC heads of service
- LSCICB
- LSCNHST
- Voluntary sector
- Lived experience organisations

The JSNA will follow the process developed with partners and will be coordinated by LCC on behalf of the group.

