

14 November 2013

Dear Councillor

**OVERVIEW AND SCRUTINY TASK GROUP - PLAY AND OPEN SPACES
STRATEGY - THURSDAY, 14TH NOVEMBER 2013**

The following reports were tabled the above meeting of the Overview and Scrutiny Task Group - Play and Open Spaces Strategy.

Agenda No Item

6. **Comparative Health Impact Information (Pages 31 - 100)**

Report to be tabled at the meeting.

Yours sincerely



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Comparative Health Impact Information

Other authorities were asked:- through the work carried out at a strategic level do you use Integrated Impact Assessment either on a site by site basis or project basis to determine if it has a positive impact with regard to health, equalities or sustainability? Or do you use another process to measure health impact?

Response from Preston City Council

We don't use an Integrated Impact Assessment in the way you have described.

We have an Equalities Impact Assessment for whole services and we are now being asked to complete one for areas within a service (ie, Park events, allotments, the Ranger Service etc). We also have an Environmental Impact Assessment which is something I developed with APSE for individual projects. To be honest though, it is not great and APSE haven't been able to roll it out to many authorities. (APSE - Association for Public Service Excellence)

Preston do promote health, they are a Healthy City – 2009. They also have a sports development team and sports centres, plus links to community food growing. It however appears that measuring health impact is not high on the agenda...

Response from Blackburn Council

Sorry we do not use the IIA system. Blackburn with Darwen Council has just published a Public Health Report 2013.

The [2013 report of the Director of Public Health for Blackburn with Darwen is now available for viewing.](#)

It is the first digital report of its kind to be made available in the borough featuring interviews with the public health team and the first-hand knowledge and experience of health and social care professionals and residents themselves.

The report is based around five themed chapters that explore the key stages and aspects of people's lives:

- children and young people,
- health and work
- safe and healthy
- homes and neighborhoods
- promoting good health/supporting people when they are unwell and older people



It identifies the key health risks and opportunities for people in Blackburn with Darwen and makes recommendations for actions to improve health and wellbeing over the coming year.

More detailed data and analysis is available to read in conjunction with the report, available via web links contained within it.

Integrated Strategic needs Assessment - The ISNA is the way we try to understand the needs and assets of residents. It's a story of Blackburn with Darwen . Overall it's about how the population of the borough is made up, what we know about how healthy it is and the assets people and communities have to help them to stay healthy. But it's also about understanding what residents and people that use services think about Blackburn with Darwen and the services that help to promote health. It tries to understand the stories that people and communities tell about their own experiences of health and wellbeing. It covers all strands of life including mental health, smoking, road safety, crime, housing, employment, alcohol, local economy, cancer etc..... This information is set out in a summary document available on the website.

We have our staff checked at least once a year for H.A.V.S and Ear tests. (Hand Arm Vibration Syndrome)

There is also Health checks from our Occupational Health unit but this in on a voluntary basis.

Response from South Ribble Borough Council

Use the same system as Chorley Council.

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

INTRODUCTION

Department of Health guidance¹ describes the central importance in the modernised health and care system of an enhanced Joint Strategic Needs Assessment (JSNA), which should consider all the current and future health and social care needs of the area. The local authority and CCG should be guided by the JSNA when developing their Joint Health and Wellbeing Strategy.

This document presents many of the key messages from Blackburn with Darwen’s new JSNA, which is known as the Integrated Strategic Needs Assessment (or ISNA). It first appeared in 2012, and was used to inform the production of the borough’s first Joint Health and Wellbeing Strategy.² This updated version begins with a profile of the borough’s population and local economy, and is then arranged under the same five themes, or ‘Programme Areas’, as the Joint Health and Wellbeing Strategy itself.

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SETTING THE SCENE

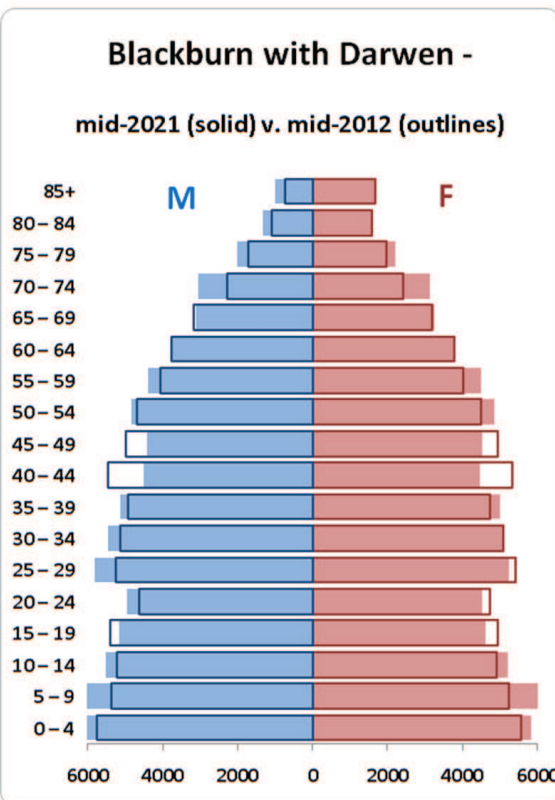
As with any borough, a basic understanding of the Population and the Local Economy of Blackburn with Darwen is essential to any meaningful discussion of its health and social care needs.

POPULATION

This section can only give a taste of the data now available from the 2011 Census and other sources. More detailed summaries of Census information at both the borough and the ward level can be found at <http://www.blackburn.gov.uk/Pages/Census.aspx>.

Figure 1 - ONS mid-2012 population estimate for Blackburn with Darwen (with England profile for comparison)

POPULATION ESTIMATES AND PROJECTIONS



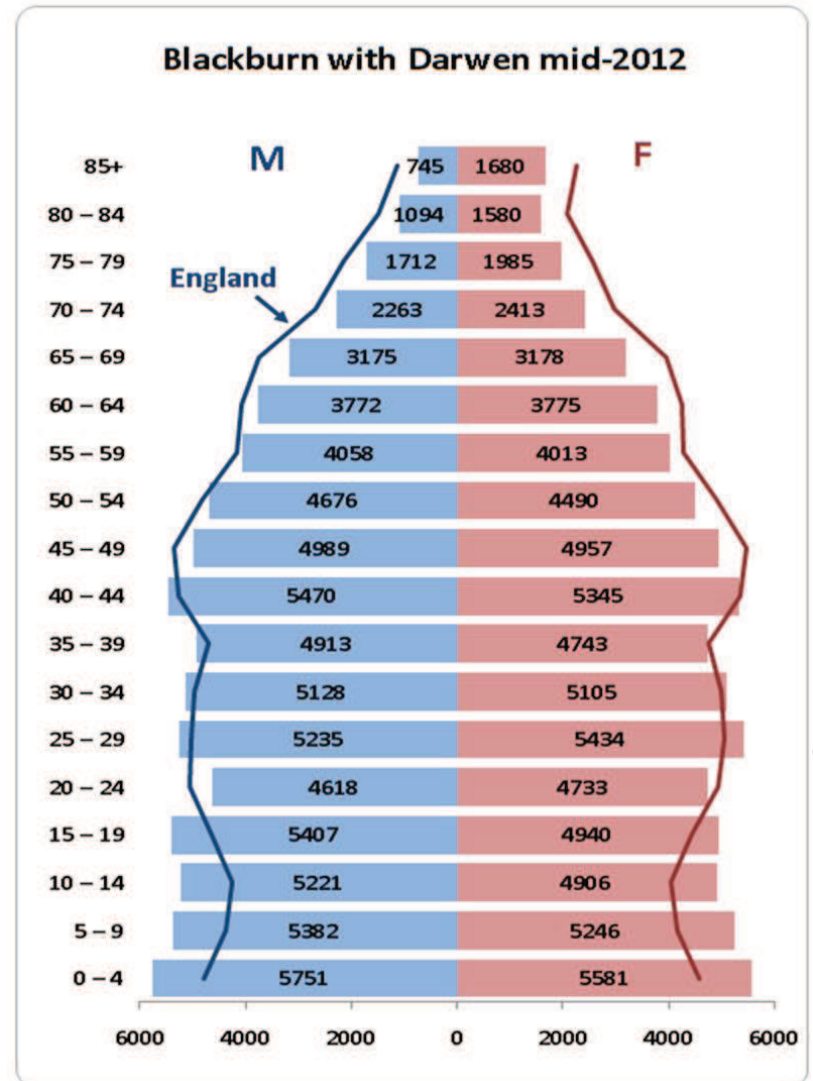
Mid-2012 estimate

The latest ONS mid-year population estimates for Blackburn with Darwen are for 2012, and indicate a total population of 147,713 (Figure 1). This represents an increase of only 56 people since mid-2011. The England age structure is superimposed for comparison, from which it can be seen that Blackburn with Darwen has a much younger age profile than average. 28.7% of its population is aged under 20, which is the fifth highest proportion of any local authority in England.

Population projections

The first population projections issued since the 2011 Census only look as far ahead as 2021, by which time the borough's population is predicted to have reached 152,416. Growth is expected in every age-group above 50, and also in children below age 15 (Figure 2).

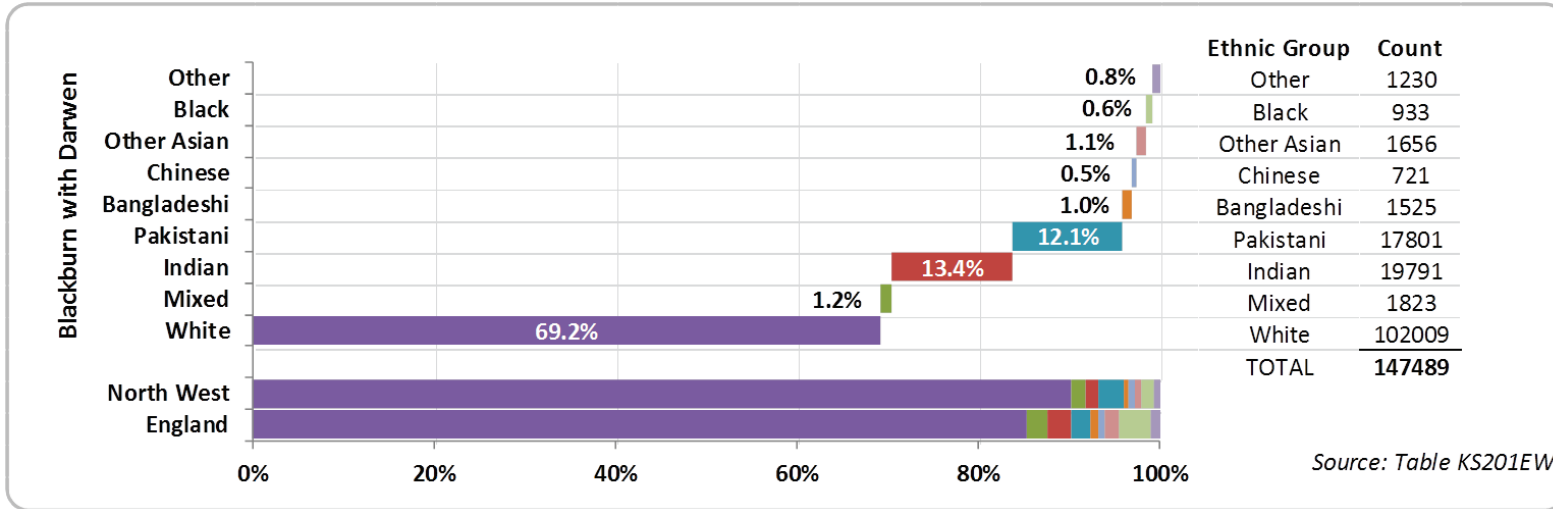
Figure 2 - 2011-based interim ONS population projection for 2021 compared with 2012, Blackburn with Darwen



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

2011 CENSUS DATA

Ethnicity



The Census is our best source of data on the ethnic breakdown of the borough's population, and the relationship between ethnic group and other social characteristics. The proportion of residents who are Indian or Pakistani are the 11th highest and the 6th highest respectively of any local authority in England.

Figure 3 - Ethnicity: Blackburn with Darwen v. NW and England, 2011 (showing counts for Blackburn with Darwen)

The main ethnic groups have markedly different age profiles from each other (Figure 4), and are represented in varying concentrations across the borough (Figure 5).

Figure 4 - Age profiles by ethnic group, Blackburn with Darwen, 2011

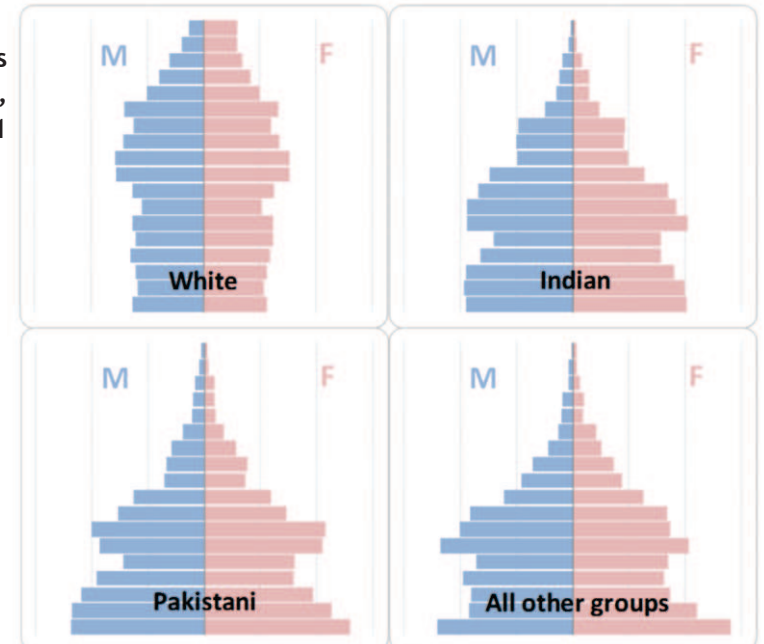
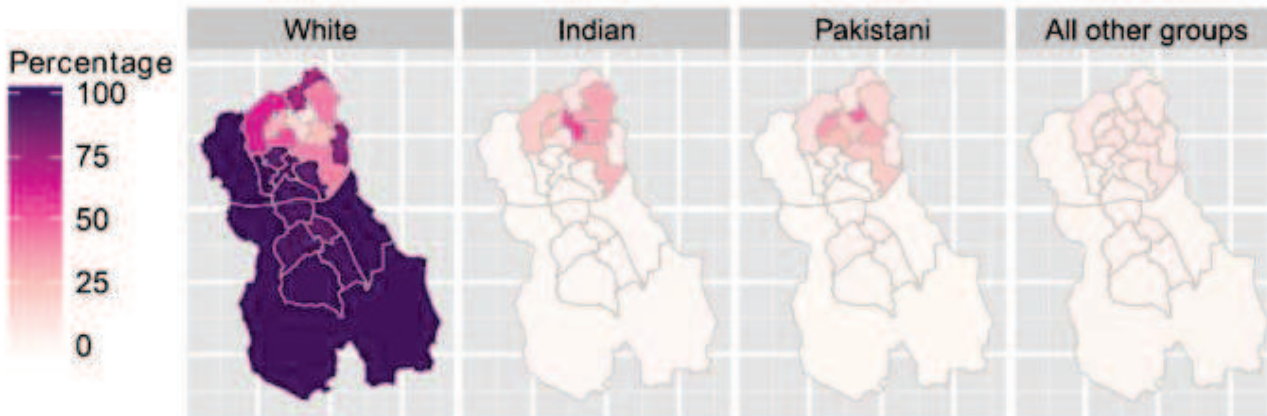


Figure 5 - Blackburn with Darwen - ethnicity by ward



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

Religion

According to the Census, 77,599 Blackburn with Darwen residents (52.6%) identify themselves as Christian, and 39,817 (27.0%) as Muslim. 13.8% have no religion, and 5.6% did not answer the question. Religion and ethnicity are closely interlinked, with the vast majority of Christians in the borough being White, and almost all Muslims being Indian, Pakistani or members of other minority ethnic groups (Figure 6).

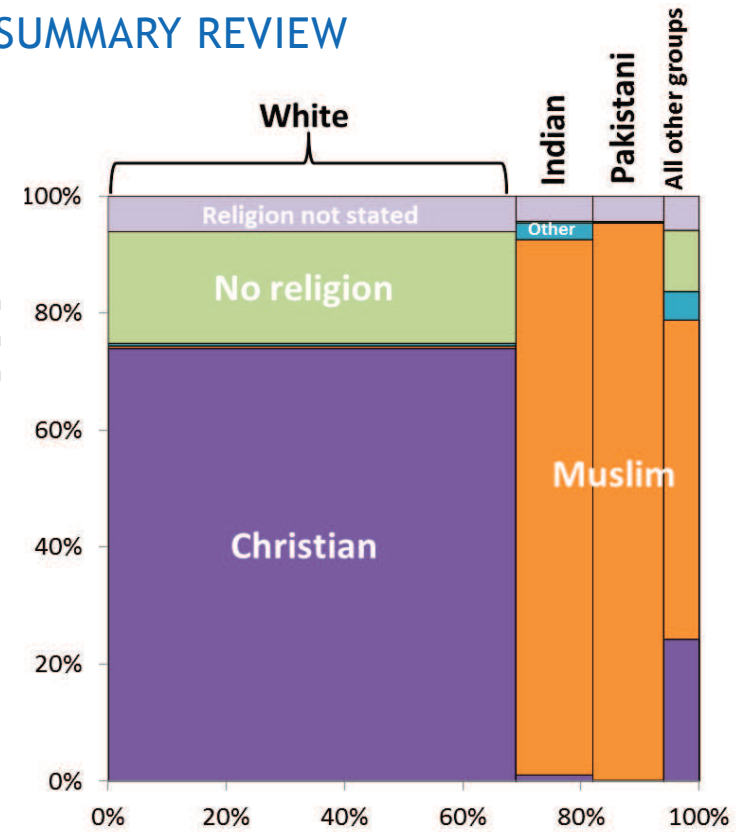


Figure 6 - relationship between ethnicity and religion in Blackburn with Darwen

Language

For the first time, the Census asked about the 'main language' of everybody aged 3 or above. Over 86% of Blackburn with Darwen residents had English as their main language, but a multitude of other languages are also represented:

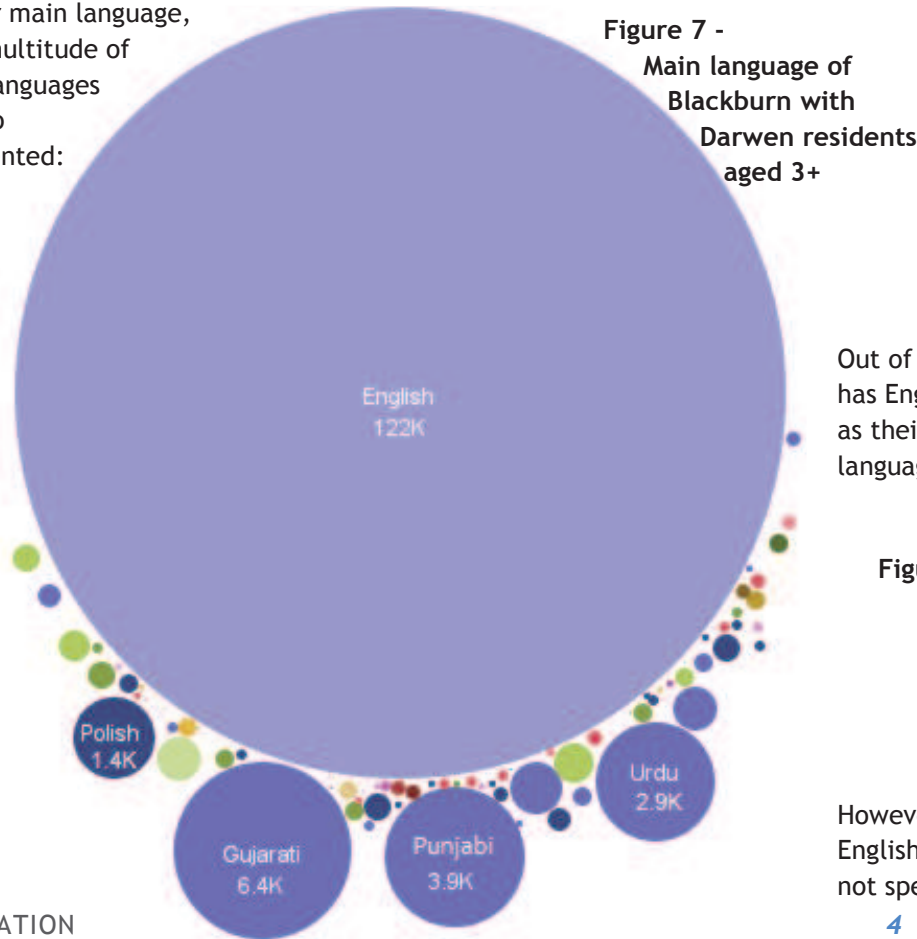
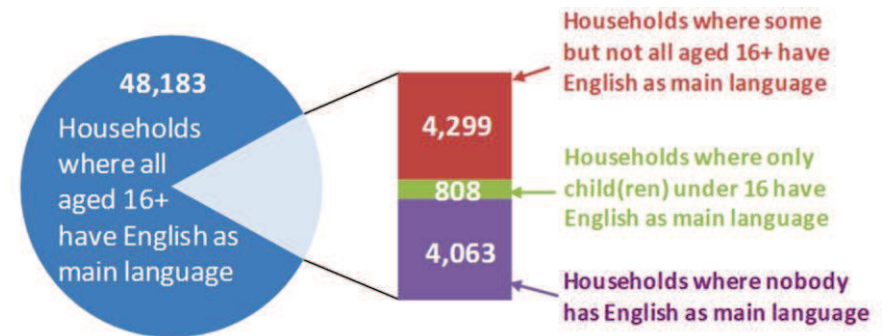


Figure 7 - Main language of Blackburn with Darwen residents aged 3+

Out of 57,353 households in Blackburn with Darwen, there are just over 4,000 where *nobody* has English as their main language, and just over 800 more where only children have English as their main language.

Figure 8 - Main language by household



However, It is important to appreciate that many of those with a main language other than English nevertheless speak English 'well' or 'very well'. Only 973 people in the borough could not speak it at all.

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

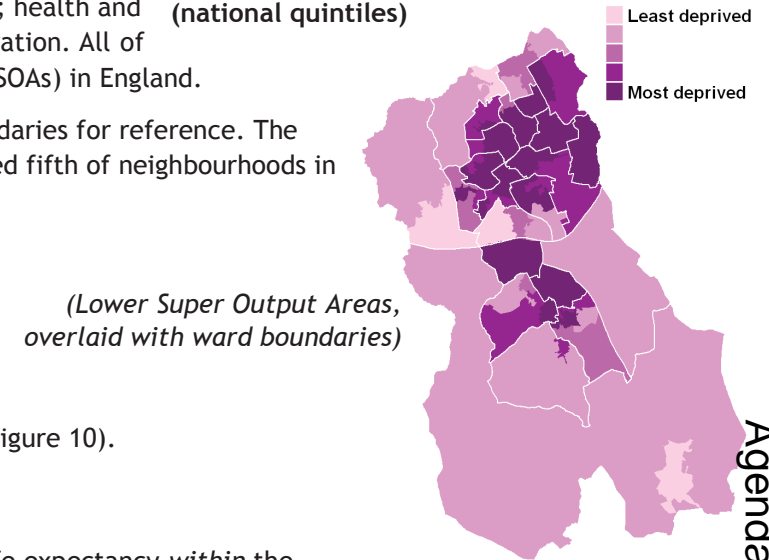
DEPRIVATION

The most recent Index of Multiple Deprivation, IMD 2010, contains 38 indicators covering income; employment; health and disability; education, skills and training; barriers to housing and services; crime; and living environment deprivation. All of these measures are combined into one deprivation score for each of the 32,482 'Lower Super Output Areas' (LSOAs) in England.

In Figure 9, Blackburn with Darwen's 91 LSOAs are shaded according to IMD 2010, and overlaid with ward boundaries for reference. The shading reflects which *national* quintile the LSOA belongs to, so the darkest shade equates to the most deprived fifth of neighbourhoods in England. Over half of Blackburn with Darwen's LSOAs fall into this category.

There are various ways of summarising IMD 2010 at the borough level, but the most usual approach is to take a straight average of the IMD scores. On this basis, Blackburn with Darwen is the 17th most deprived local authority out of 326 in England.

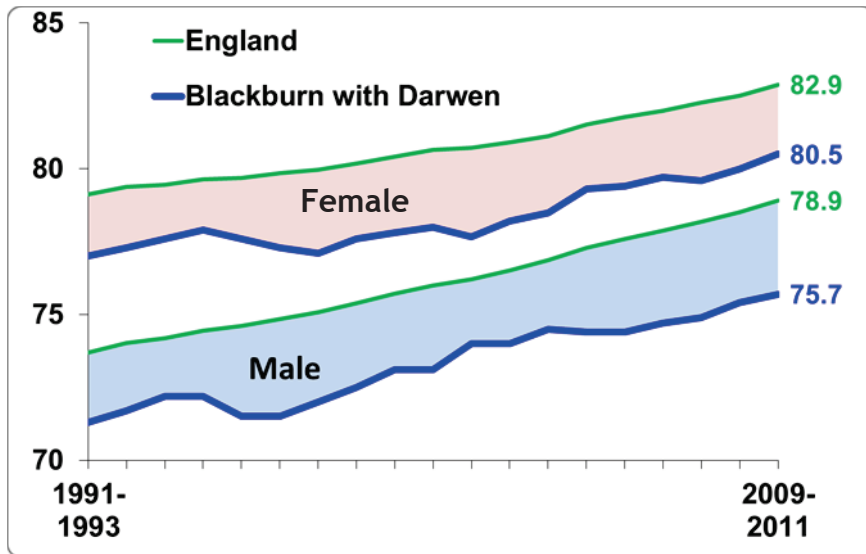
Figure 9 - Index of Multiple Deprivation 2010 (national quintiles)



LIFE EXPECTANCY

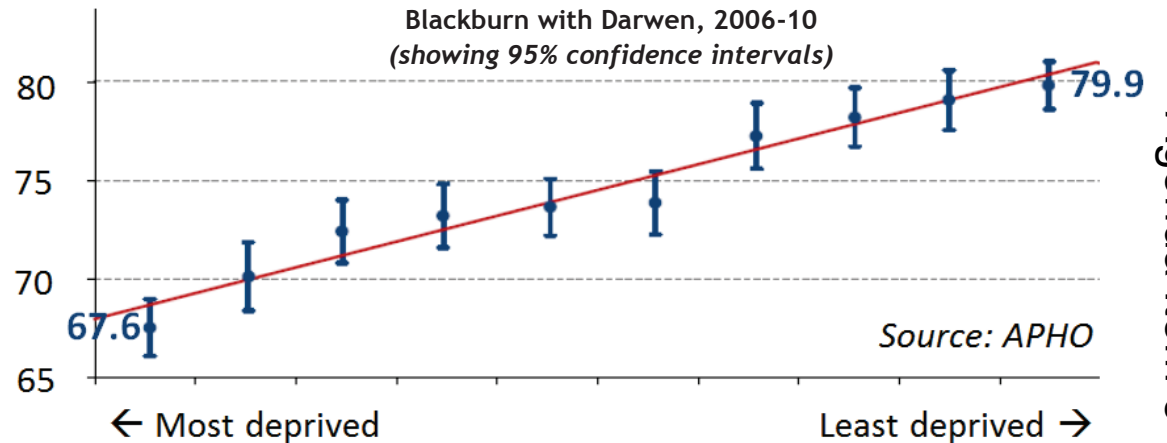
Life expectancy in Blackburn with Darwen has risen over the years, but the England average has risen faster (Figure 10).

Figure 10 - Life expectancy in England and Blackburn with Darwen, 1991-93 to 2009-11



There is also striking inequality in life expectancy *within* the borough. If we rank its LSOAs by IMD score and divide them into ten equal groups ('deciles'), the difference in male life expectancy between the most and least deprived decile is over twelve years (Figure 11)³:

Figure 11 - Male life expectancy by decile of deprivation, Blackburn with Darwen, 2006-10 (showing 95% confidence intervals)



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

LOCAL ECONOMY

Any analysis of health and social care needs would be incomplete without a quick introduction to the local economy, not only because it helps to set the context, but also because so many of the wider determinants of health and wellbeing are economic in nature.

SKILLS

In 2012, there were estimated to be 14,900 people aged 16-64 in Blackburn with Darwen with no qualifications, which represents 17.2% of the working-age population. This is the fifth highest rate of any upper tier authority in England, and significantly higher than the North West (11.1%) or England (9.5%) averages. Only 14% had a degree or equivalent and above, which is the 11th lowest rate, and compares with a national average of 26%.⁴

The combination of few highly qualified and many non-qualified residents means that Blackburn with Darwen faces a particular skills challenge.⁵ The Cities Outlook 2012 report provides a graphic illustration of the relationship between lack of qualifications and the employment rate (Figure 12).⁶

Figure 12 - Relationship between employment rate and lack of qualifications

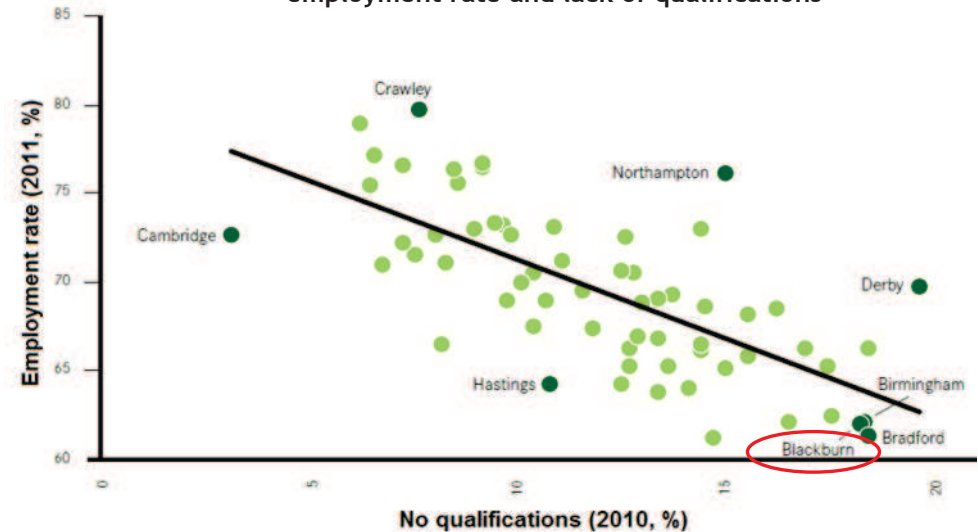
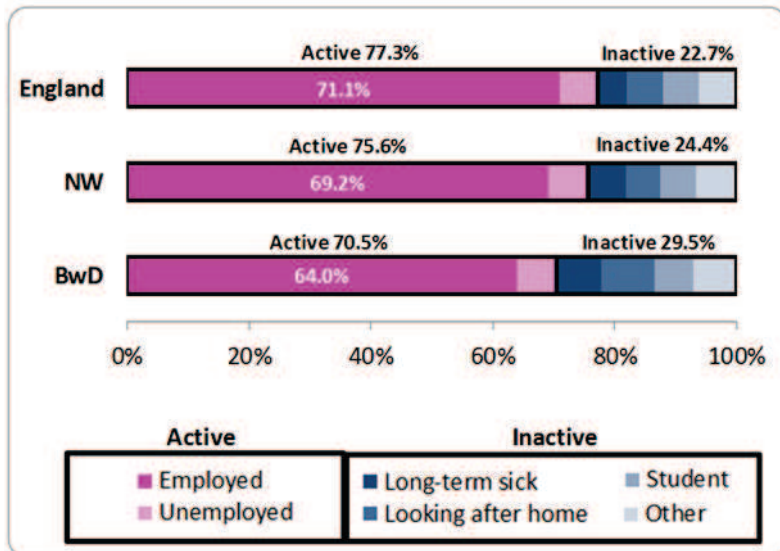


Figure 13 - Economic activity and inactivity rates & employment rate (age 16-64, year ending March 2013)



ECONOMIC ACTIVITY

As seen in Figure 13, an estimated 64% of Blackburn with Darwen residents aged 16-64 are employed. This is the 20th lowest rate out of 150 upper tier local authorities. Together with those who are officially unemployed (i.e. actively seeking work and available to start), it means that only 70.5% are 'economic active', which is the 12th lowest rate in England. The other 29.5% are economically inactive, either through choice or circumstance.

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

KEY OUT-OF-WORK BENEFITS

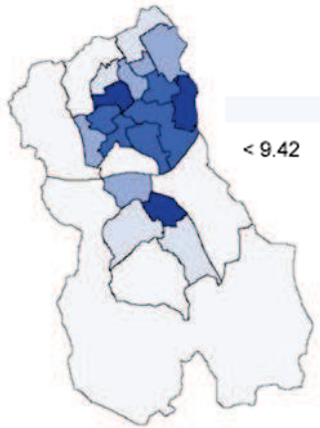
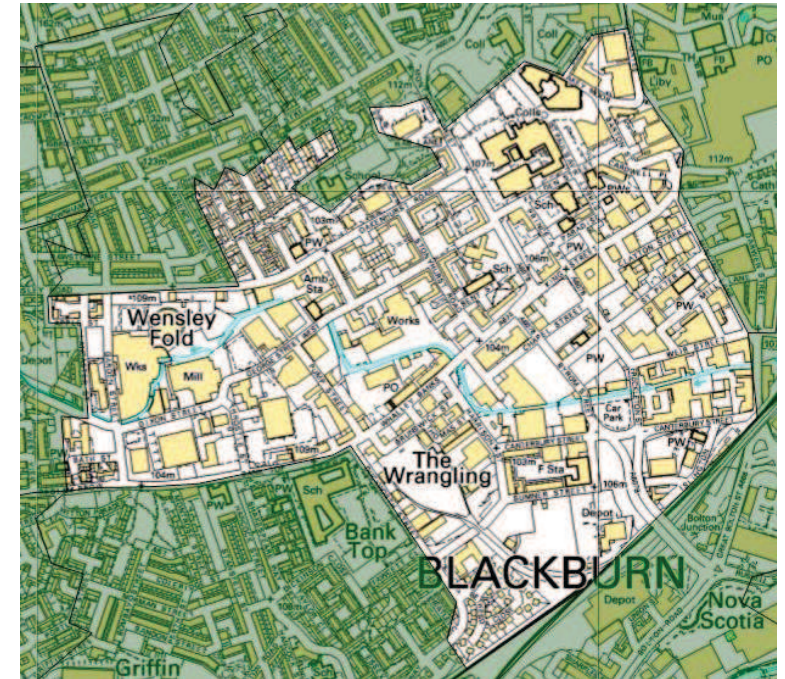


Figure 14 - Claimant rate for key out-of-work benefits* (Nov 2012, age 16-64, wards) *Source & definition - NOMIS

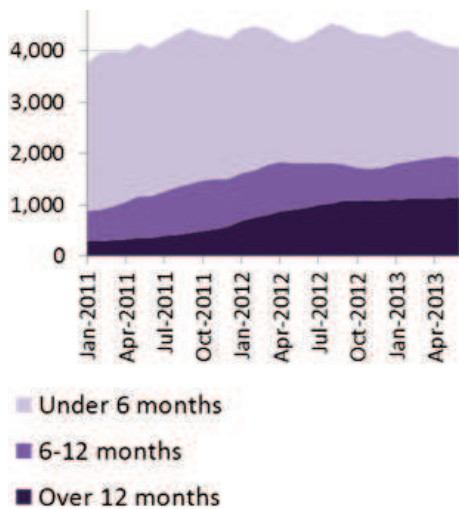
The proportions can be even higher for smaller neighbourhoods. A Centre for Social Justice report identifies that in August 2012, Lower Super Output Area '006E' in Wensley Fold had a rate of 59%. This was the second highest percentage in England (the highest being 60% for an LSOA in Birmingham).⁷

Figure 15 - Neighbourhood with second highest rate in England of working-age population on out-of-work benefits (LSOA '006E' in Wensley Fold ward)



Job seekers allowance

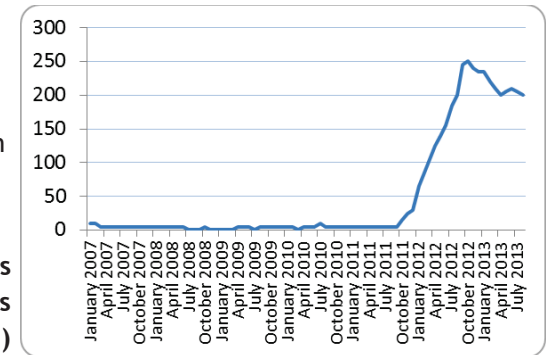
Figure 16 - JSA claimants by duration, Blackburn with Darwen, Jan 2011 - June 2013



Many unemployed people (i.e. those without work but actively seeking a job and available to take one up) will be claiming Job Seekers Allowance (JSA). Nationally, the JSA claimant count has changed little since January 2011. However, the number claiming long-term (over 12 months) has almost doubled. In Blackburn with Darwen (Figure 16), the number of long-term claimants (darkest shading) has more than tripled over the same period, from 300 to 1155.

It is particularly striking that there are now substantial numbers of 16-24 year-olds in the borough who have been claiming for over 12 months, whereas for a long time there were hardly any (Figure 17).

Figure 17 - Number of 16-24 year-olds claiming JSA for over 12 months (Blackburn with Darwen, Jan 2007 - Aug 2013)



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

BENEFIT REFORMS

The Government has recently introduced a raft of benefit reforms such as the Spare Room Subsidy, new more stringent rules on incapacity benefits and tax credits, and a cap on the total amount of benefits per household. Sheffield Hallam University⁸ and the LGA⁹ have each analysed the expected impact of these changes at the local authority level. Both have concluded that they will fall most heavily upon already deprived authorities, and that Blackburn with Darwen will be among the 20 worst affected.

EMPLOYMENT BY SECTOR

The main annual business survey for 2011 shows manufacturing accounting for 18.3% of jobs in Blackburn with Darwen¹⁰ (Figure 18), compared with only 9% in the UK as a whole.¹¹ According to the 2011 Census, the borough has the third highest percentage of manufacturing employment out of 152 upper-tier local authorities in England.¹² The ONS has calculated that the authorities with industrial employment structures most similar to Blackburn with Darwen are Oldham, Bolton and Bradford.¹³

Figure 18 - Employment by sector, Blackburn with Darwen (2011)

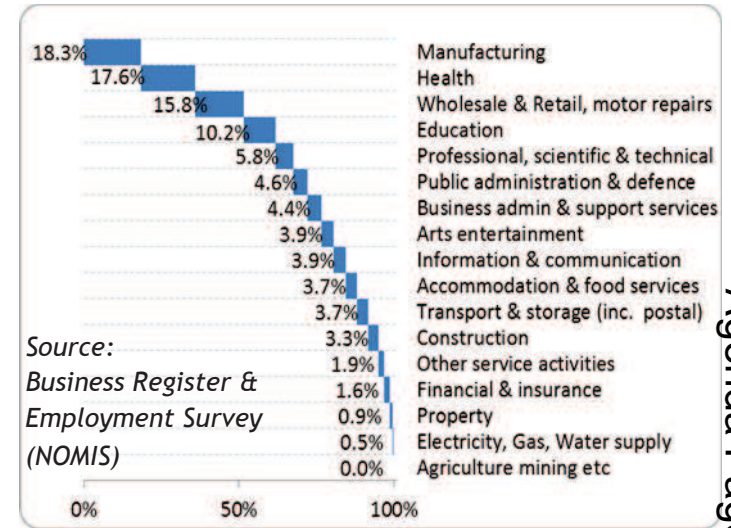
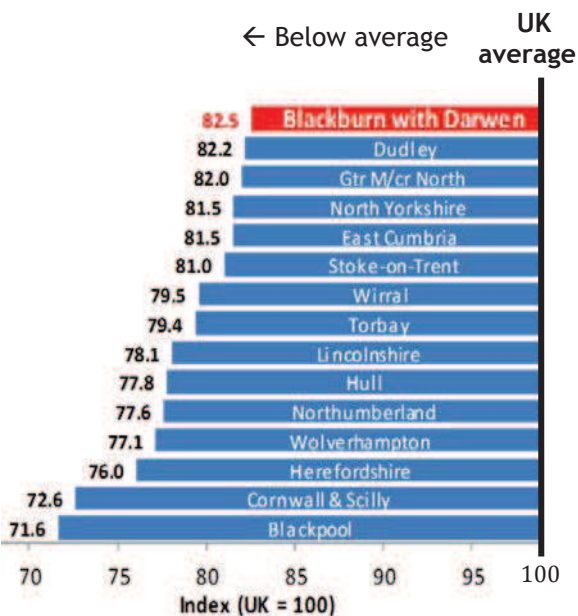


Figure 19 - GVA per hour worked - lowest ranking 15 English NUTS3 areas, relative to UK (2011)



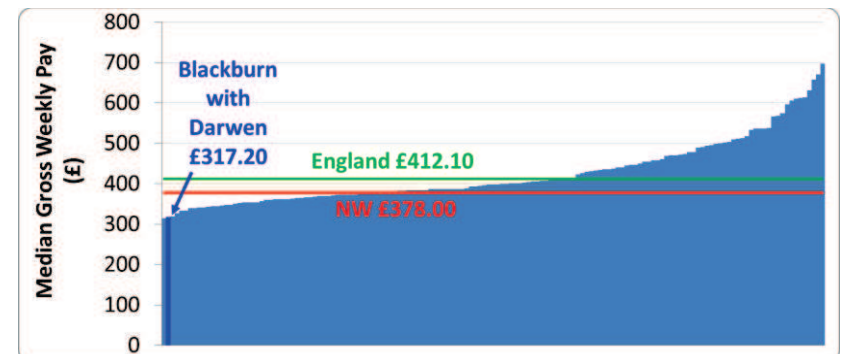
PRODUCTIVITY

Productivity describes the ability to produce outputs, taking into consideration the amount of inputs such as labour. Economic output can only be increased by raising the amount of inputs (e.g. employees) or by raising their productivity, so productivity is vital to improving standards of living.¹⁴ It can be calculated by dividing “Gross Value Added” (GVA) by the resident population, or by the number of jobs, but the preferred measure at the sub-regional level is GVA per hour worked. This gives the best adjustment for people who do not work, or who commute, and for patterns of full- versus part-time working.^{14,15} On this basis, Blackburn with Darwen has the 15th lowest productivity out of 99 ‘NUTS 3’ areas in England (Figure 19), at 82.5% of the UK average (the worst being Blackpool, with 71.6%).¹⁴

EARNINGS

Median gross weekly earnings for Blackburn with Darwen residents in 2012 were £317.20, compared to an England average of £412.10. Out of all the upper-tier authorities in England, Blackburn with Darwen comes second lowest after Blackpool.¹⁶

Figure 20 - Median Gross Weekly Earnings - Upper Tier Authorities in England (2012)



JOINT HEALTH AND WELLBEING STRATEGY - PROGRAMME AREAS

1. BEST START FOR CHILDREN AND YOUNG PEOPLE

CHILD POVERTY

The Child Poverty Act of 2010 pledges that by 2020, no more than 10% of children should be living in families whose income is less than 60% of median household income (before housing costs). In 2011/12, 17% of children in the UK were in poverty according to this definition.¹⁷

It is not possible to monitor local child poverty on exactly the same basis, but an official approximation is the 'revised local child poverty measure', formerly known as NI 116. This counts the number of children living in families which are *either* receiving Income Support (IS) or means-tested Job Seekers Allowance (JSA), *or else* are in receipt of tax credits with an income less than 60% of the median.¹⁸ The two sub-categories give a rough out-of-work/in-work split.¹⁹

On the local measure, 10715 children in Blackburn with Darwen, or 26.8% of the total, were 'in poverty' in 2010, down two percentage points from the year before. There was wide variation around the borough, as seen in both Figure 21 and Figure 22.

Proportion of children in poverty (2010) Lower Super Output Areas (overlaid with ward boundaries)

- 36.8% to 58.3%
- 30.8% to 36.8%
- 20.4% to 30.8%
- 8.5% to 20.4%
- 2.6% to 8.5%

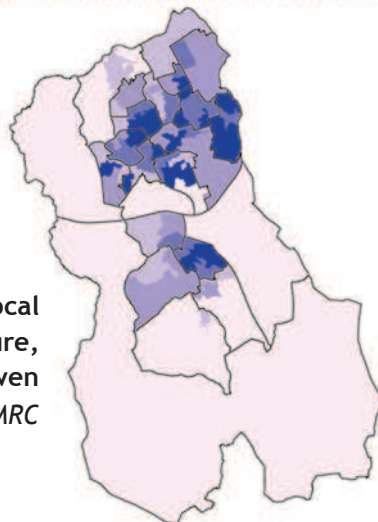
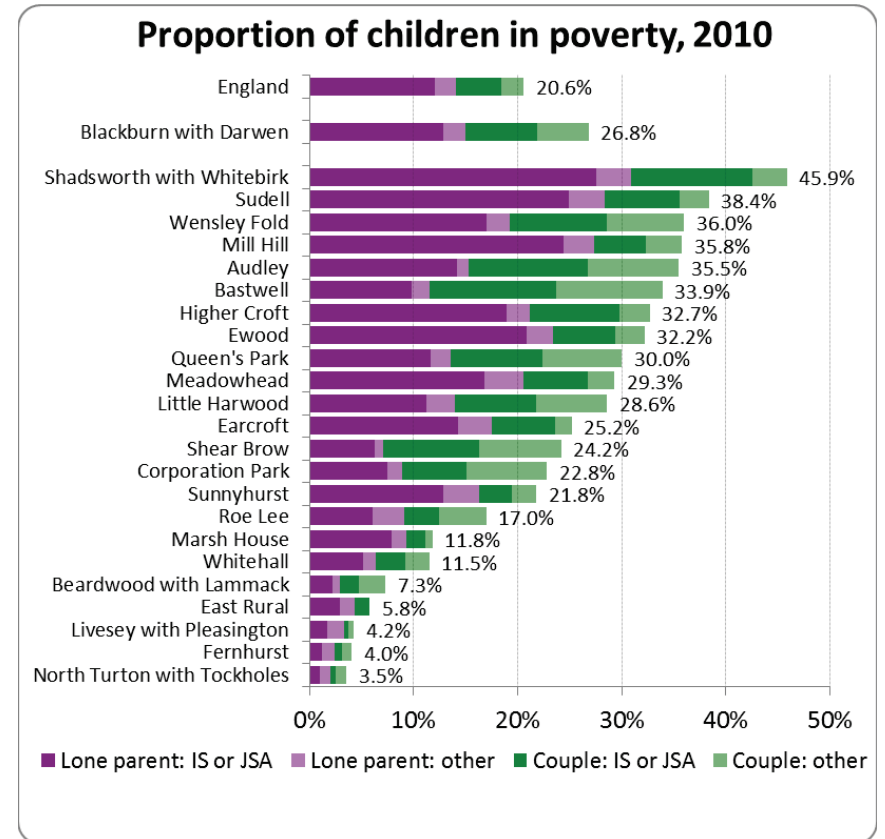


Figure 22 - Revised local child poverty measure, Blackburn with Darwen
Source: HMRC

Blackburn with Darwen is unusual in that 44% of its children in poverty are in couple families - the third highest proportion in England (or second highest if the City of London is excluded). This is particularly evident in wards with a high Asian population (see green shading in Figure 21). The pale colours in Figure 21 indicate that the borough has a substantial problem of child poverty even among working families (i.e. those not receiving IS or JSA).

Figure 21 - Revised local child poverty measure, BwD wards, showing whether lone parent or couple family and approximate out-of-work/in-work split



IS = Income Support, JSA = Job Seekers Allowance

Source: HMRC

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

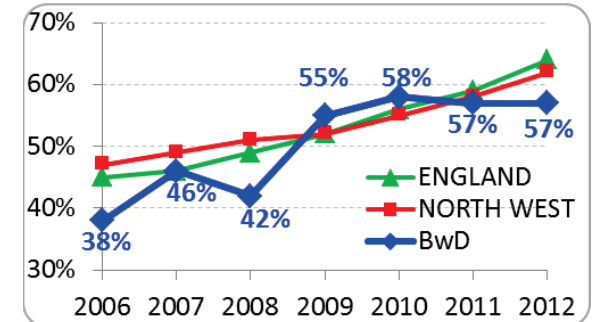
EDUCATION

Early Years Foundation Stage

Of all the messages emerging from the influential Marmot Review²⁰, the top priority is the importance of giving every child the best start in life. As a way of reducing health inequalities across the life course, focusing on early development is far more effective than trying to make up lost ground at a later stage.

Foundation stage achievement in Blackburn with Darwen improved strongly between 2006 and 2010 (Figure 23), although it has since plateaued.²¹ However, the Government has been critical of this indicator, and a new version will be in use from 2012/13 onwards.

Figure 23 - Foundation Stage: percentage of children achieving a good level of development (former NI 72)



Primary education - Key Stage 2

At the end of primary education, 78% of Blackburn with Darwen pupils in 2012 achieved the expected level (i.e. Level 4 or above) in both English and Maths, which is just below the England average of 80%.²² Those entitled to free school meals generally do less well locally, regionally and nationally (Figure 24). However there is now very little difference in performance between White and Asian pupils.

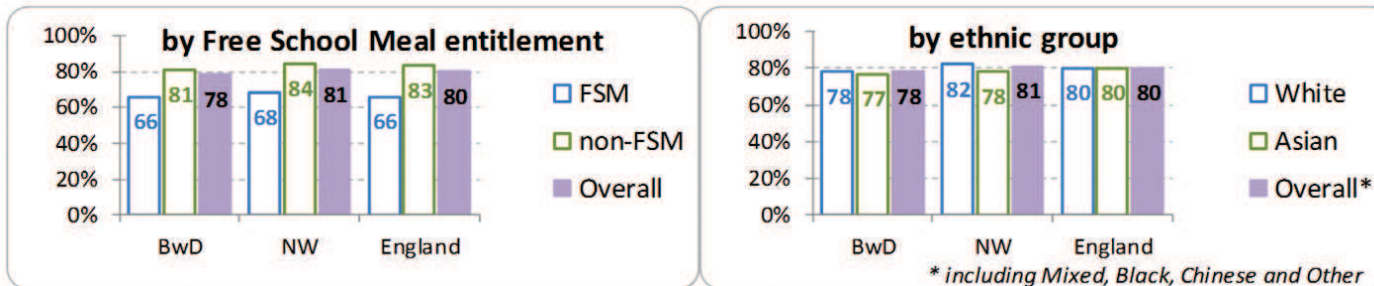


Figure 24 - Key Stage 2: % achieving Level 4+ in English & Maths, 2012

[NB - not directly comparable to 2011 because of changes in the tests]

GCSE attainment

On the key measure of GCSE attainment, Blackburn with Darwen has been climbing faster than average (Figure 25).²³ Early indications are that the 2013 result has risen again, to 60%.

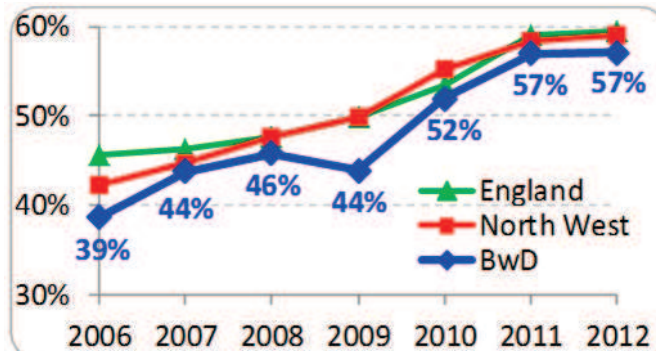


Figure 25 - 5+ GCSE Grade A*-C including English & Maths

Qualifications at age 19

In a borough with low adult qualifications, the improvement in the proportion of 19-year-olds qualified to Level 3 (i.e. two A-levels or equivalent) is highly encouraging²⁴:

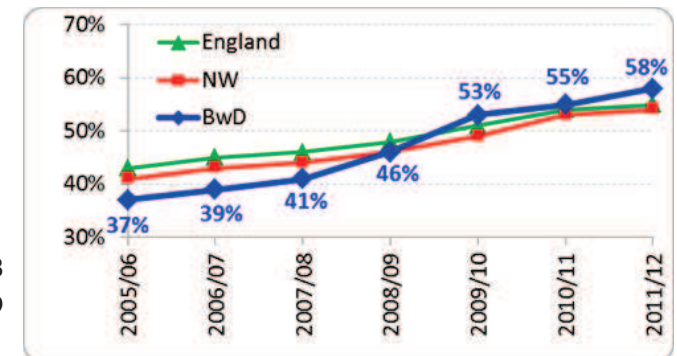


Figure 26 - Level 3 qualification at age 19

ALCOHOL, DRUGS AND TOBACCO

Alcohol

TSNW SURVEY

Every two years, Trading Standards North West carries out a major Young Persons' Alcohol and Tobacco Survey among 14-17 year-old pupils (mainly aged 15-16) across the region. The 2013 survey included 516 responses from pupils at five schools in Blackburn with Darwen. The proportion of Indian and Pakistani pupils in these schools is less than half the borough average, and the sampling methods used mean that the survey results cannot be taken as representative of Blackburn with Darwen pupils as a whole.

For example, according to the 2013 survey, the proportion of pupils in the Blackburn with Darwen sample abstaining from alcohol has fallen since 2011, and is now *lower* than the NW average (having been above average in 2011). However, these findings may reflect the under-representation of Indian and Pakistani pupils in the 2013 sample.

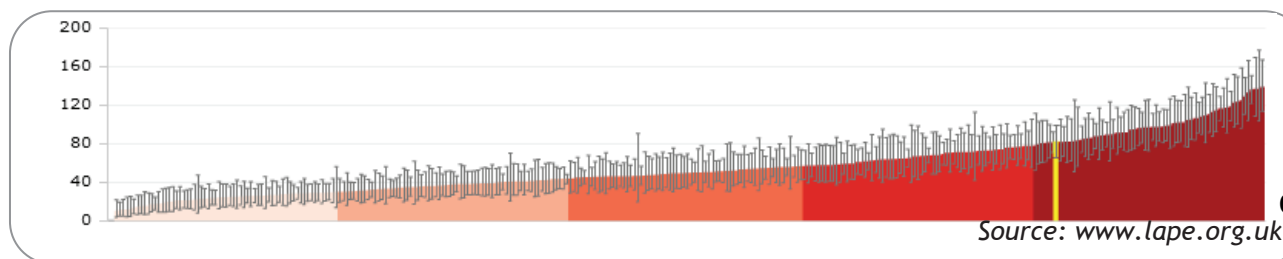
The survey is probably more useful where it deals with issues that are plainly undesirable and/or illegal, as these can at least then be tackled in the schools concerned. For instance, there is clearly scope for interventions aimed at reducing the levels of binge drinking in these five schools (see Figure 29), whatever the pattern may be in the rest of Blackburn with Darwen.

HOSPITAL ADMISSIONS

Alcohol-specific conditions are those which are invariably due to alcohol. The most recent figures for hospital admissions in under-18s for alcohol-specific conditions are still those for 2008/09-2010/11 (Figure 30). Blackburn with Darwen's admission rate is unexceptional for the North West, but significantly above the England average, and in the highest quintile of local authority districts overall.

Figure 30 - Alcohol-specific admissions, under-18s, crude rate per 100,00 (2008/09-2010/11)

NB - the next update of these figures has been delayed until January 2014



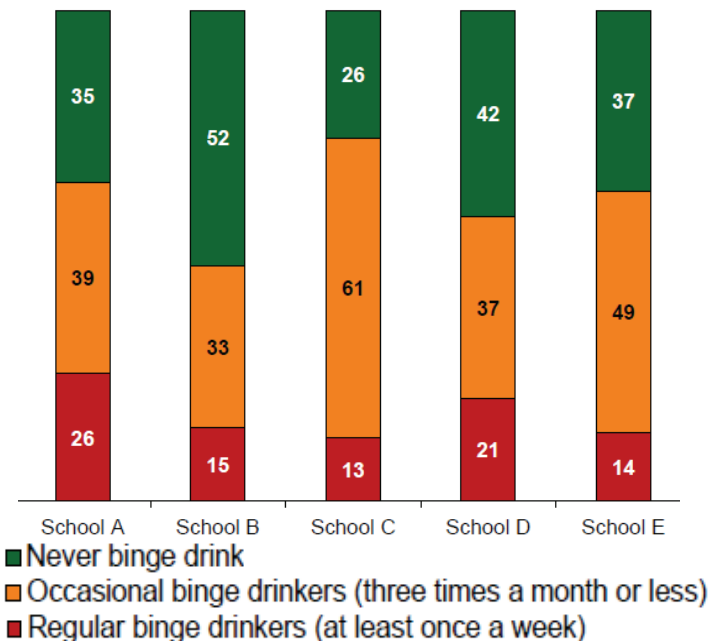
Substance misuse

Between April 2009 and March 2012, an average of 29 young people aged 15-24 from Blackburn with Darwen were admitted to hospital each year for substance misuse, giving a rate of 145.3 per 100,000 per annum. This is the tenth highest rate among 150 upper-tier local authorities, and compares with an England average of 69.4 per 100,000.³⁵ In 2009/10, it was estimated that there were 162 'problem' (opiates and/or crack cocaine) drug users aged 15-24 in the borough, the fifth highest rate in the North West.³⁶

Public Health England estimate that young people's drug and alcohol interventions are even more cost-effective than for other age-groups, saving £5-£8 for every £1 invested.³⁷

Figure 29 - Binge drinking in five Blackburn with Darwen schools (2013)

Source: TSNW Young Persons' Alcohol & Tobacco Survey



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

Smoking

The 2013 TSNW Young Persons' Alcohol and Tobacco Survey found a smoking rate of 21% among the pupils surveyed in Blackburn with Darwen. This is presented as a reduction on previous years, but still higher than the NW average of 15%. However, as noted above, it is not necessarily representative of the borough as a whole. Despite this, the results demonstrate that there is plenty of scope for continued efforts to reduce teenage smoking rates.

It is striking that the percentage of pupils in Blackburn with Darwen (or at least at the five sampled schools) who claimed to have tried electronic cigarettes was the highest in the region, at 43%. It is even more striking, given the under-representation of Asian pupils in the sample, that Blackburn with Darwen had the highest percentage claiming to have experimented with shisha smoking (38%, compared with a NW average of 20%).

TEENAGE PREGNANCY

The teenage pregnancy rate in Blackburn with Darwen peaked at 58.2 per 1000 in 1998, well above the national average, but has improved rapidly to close the gap (Figure 31).³⁸ In terms of percentage reduction from 1998-2000 to 2008-11, Blackburn with Darwen is in the most improved quintile of local authorities (Figure 32).

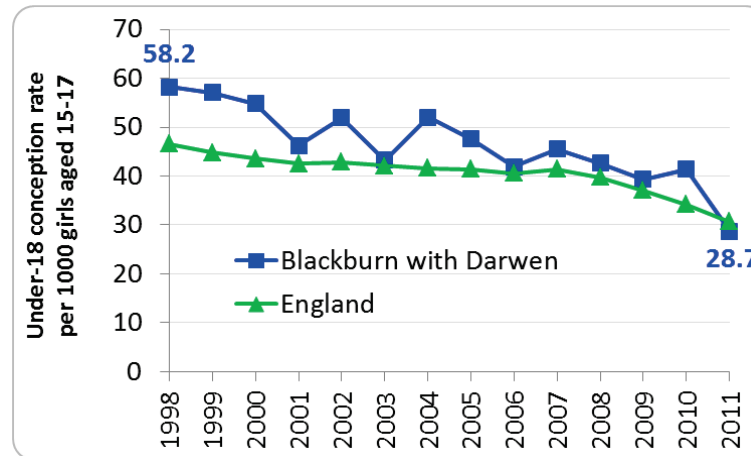


Figure 31 - Teenage conceptions 1998-2011

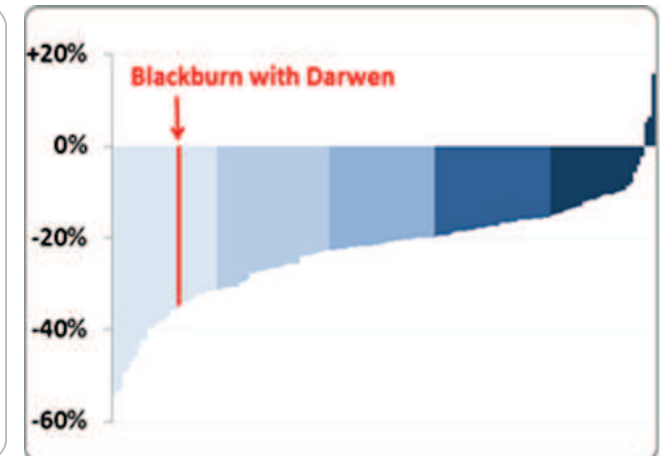


Figure 32 - Percentage change in under-18 conception rate between 1998-00 and 2008-11

CHLAMYDIA SCREENING

Although it can have long-term health consequences, Chlamydia is a largely hidden condition, so cases are most often discovered through opportunistic screening. The National Chlamydia Screening Programme aims to diagnose and treat as many cases as possible in young people, and the number of diagnoses per 100,000 15-24 year-olds (the 'diagnostic rate') has been adopted as a Public Health Outcomes Framework indicator. Local authorities are encouraged to aim for a diagnostic rate of at least 2300, or higher if possible.

When the diagnostic rate was measured in 2011-12, Blackburn with Darwen fell well below the then target of 2400 per 100,000 (Figure 33). Since then, more favourable figures have been published, but these are based on a new data collection system which is still having teething problems. Until these are ironed out, it would be prudent to assume that Blackburn with Darwen's performance still needs to improve.

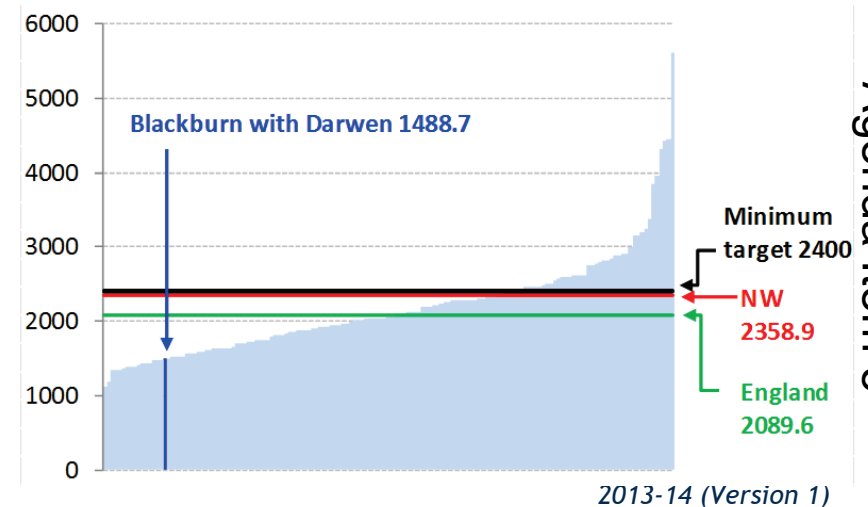


Figure 33 - Chlamydia diagnostic rate per 100,000 15-24 year-olds (PCTs, 2011-12)

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

EMOTIONAL WELLBEING OF CHILDREN AND YOUNG PEOPLE

Overview

Emotional wellbeing in children and young people is a difficult concept to define and quantify, but a major programme of work by the Children’s Society is beginning to understand what matters to children, how best to measure it, and the priority areas that decision-makers should have regard to when formulating policies (Figure 34).^{39,40}

New guidance from NICE emphasises the central importance of local authorities and their partners organisations in promoting the social and emotional wellbeing of children and young people.⁴¹ It outlines how low social, emotional and psychological wellbeing can lead to long-term consequences such as criminal and risky behaviours, unemployment and mental health problems, and the cost-effectiveness of early intervention.

Public Health England has collected evidence on the links between healthy behaviours (such as diet, exercise and ‘screen time’) and children’s emotional wellbeing, and has made some recommendations, but it acknowledges the need for further research.⁴²

The importance of the topic, and the gaps in our local knowledge, are such that a special Integrated Strategic Needs Assessment (ISNA) study has been initiated into children and young people’s emotional health and wellbeing in Blackburn with Darwen. This will include a comprehensive programme of engagement which is now being designed.

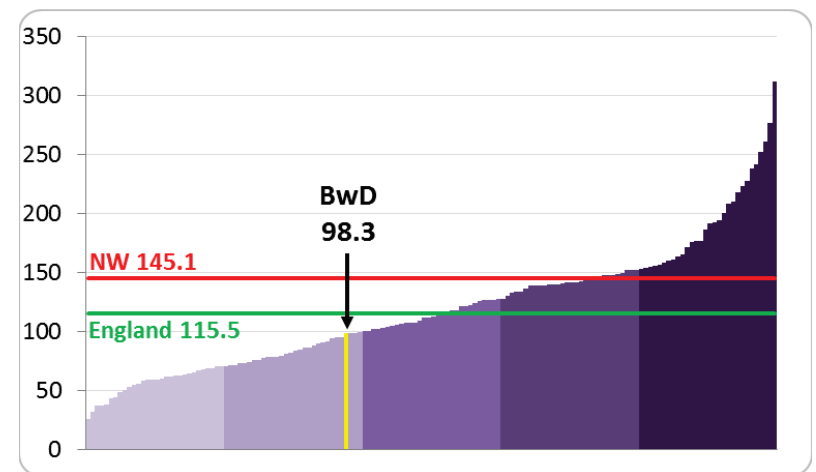
Self-harm

One possible consequence of emotional ill-health, particularly in children and young people, is self-harm. The scale of the problem is reflected in the rate of emergency hospital admissions for self-harm, although this only represents a fraction of total incidents. In 2011/12, there were 38 such admissions among young people aged 0-17 in Blackburn with Darwen, which is a sharp reduction on the year before (97 admissions). Expressed as a rate per 100,000, Blackburn with Darwen is no longer significantly different from the England average (Figure 35).^{43,44}

Figure 34 - Six priorities for children's wellbeing (Source: The Children's Society)



Figure 35 - Emergency admissions for self-harm (0-17 years), directly standardised rate per 100,000 (local authorities, 2011-12)



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

CHILD OBESITY

Latest results from the National Child Measurement Programme are shown in Figure 36. The percentage of children of healthy weight in Blackburn with Darwen is similar to the North West and England averages. However, the proportion who are underweight in Blackburn with Darwen, though small, is significantly higher than average; the Reception rate of 2.8% is the fourth highest out of all the local authorities in England, and the Year 6 rate of 3.5% is the highest of all.⁴⁵

Blackburn with Darwen is in the lowest (best) quintile nationally for the proportion of Reception age children who are overweight or obese, and in the second best quintile for Year 6, despite the fact that these characteristics are strongly related to deprivation. For example, 31.9% of Year 6 children in Blackburn with Darwen are overweight or obese, which is the third lowest proportion for an authority in the worst deprivation quintile.

Work is ongoing in Blackburn with Darwen to address the problem of obesity through nutrition, physical activity, parenting and behaviour change, but data on these underlying factors is scant at the local authority level. Rates of participation in PE and sport at school are no longer published. A recent national study has found that only half of seven-year olds in the UK achieve recommended levels of physical activity, and that children of Indian ethnicity are the least active of all.⁴⁶

CHILDREN'S ORAL HEALTH

The dental health of 5 year-olds across the country was surveyed in 2012 for the first time in four years.⁴⁷ In Blackburn with Darwen, the proportion of children with any decayed, missing or filled teeth showed a big improvement, down from 51.1% to 41.1%. However, this is still the thirteenth highest result for any upper-tier local authority, and significantly higher than the North West average of 34.8% or the England average of 27.9%.

Another way of summarising the results is to work out the average number of decayed, missing and filled teeth per child. This is the measure which has been chosen as the 'Tooth decay in children aged 5' indicator in the Public Health Outcomes Framework. On this basis, Blackburn with Darwen comes 24th highest among upper-tier local authorities, with an average of 1.58 decayed, missing or filled teeth per child (Figure 37). This is significantly higher than the North

West or England, but it is also significantly down on 2008, when the Blackburn with Darwen average was 2.41 teeth.

The improvement in Blackburn with Darwen is credited to initiatives including free toothpaste distribution for families with young children, and the 'Smile4Life' programme which communicates important messages about toothbrushing, diet and lifestyle. The borough also runs a 'Stop the Rot' campaign which urges local residents of all ages to visit their dentist.



Figure 36 - National Child Measurement Programme 2011-12

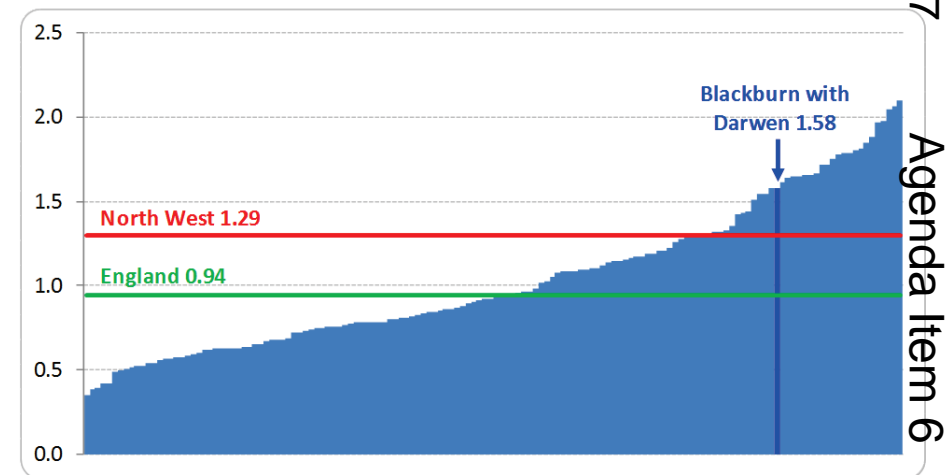
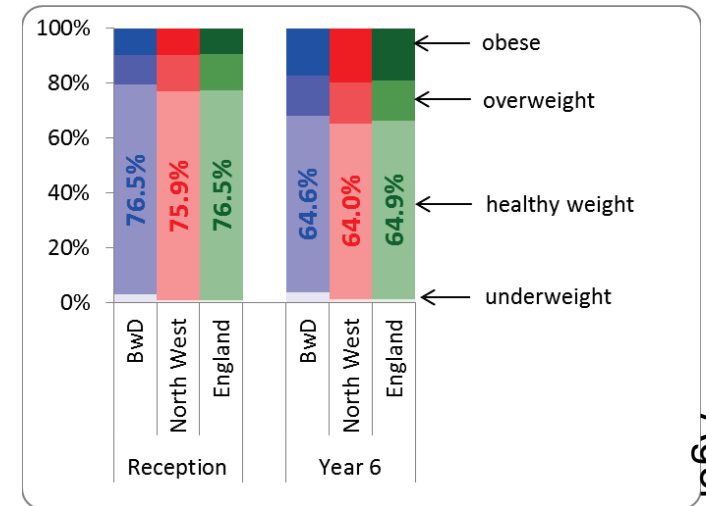


Figure 37 - Average decayed, missing and filled teeth, 5 yr-olds, 2012

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

ROAD ACCIDENTS

Over the three year period 2009-11, 49 children under 16 were killed or seriously injured (KSI) on Blackburn with Darwen's roads. This equates to an annual rate of 47.9 per 100,000 children, which is the highest of any upper-tier local authority in England (average 22.1 per100,000).^{44,48}

Casualty rates can also be worked out according to where the victim *lives*, rather than where they had their accident. The most recent analysis of this kind was for pedestrians only, of all ages, and for all severities of accident combined. It found that Blackburn with Darwen had the fifth highest pedestrian casualty rate in Great Britain in 2006-11, and that half of the victims (the highest percentage in the country) were children. This is a reflection of the borough's high levels of deprivation, as 40% of child pedestrian casualties nationally lived in the 20% most deprived areas.⁴⁹

A modelling exercise by the North West Public Health Observatory has concluded that if all residential roads had had 20mph limits, 140 fewer children would have been killed or seriously injured on the region's roads each year between 2004 and 2008. In Blackburn with Darwen, this would have saved approximately four child deaths or serious injuries each year.⁵⁰

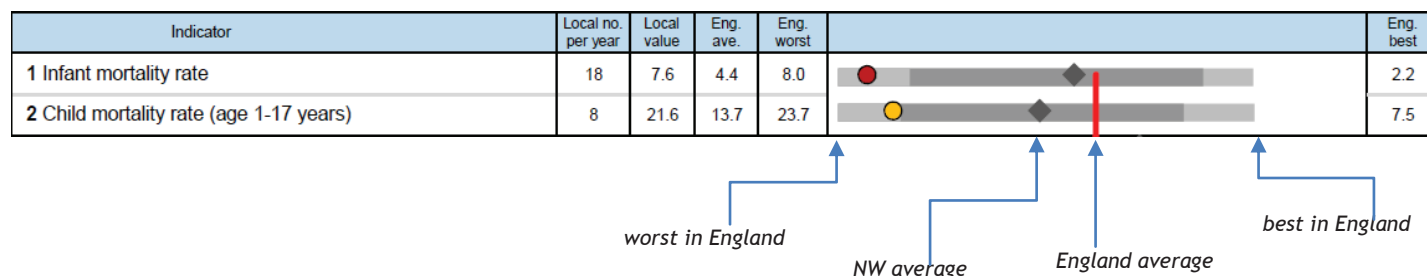
CHILD AND INFANT MORTALITY

Infant mortality

In the three year period 2009-11, there were a total of 53 infant deaths in Blackburn with Darwen (i.e. deaths under one year). According to ChiMat⁴⁴, this equates to a rate of 7.6 per 1,000 live births, which is significantly higher than the England average of 4.4 per 1000, and the second highest rate of any upper tier local authority.

Child mortality

In 2011, ChiMat introduced a new indicator - the mortality rate for children aged 1-17 (i.e. explicitly excluding infants).²⁶ This was initially calculated over nine years, and Blackburn with Darwen had the highest rate of any local authority in England. In 2013, ChiMat switched to a new version, based on just three years' data (2009-2011). This is more timely, but is bound to fluctuate more than the nine-year version. Blackburn with Darwen now has the fourth highest rate, at 21.6 per 100,000, but the small numbers involved mean that this is not significantly different from the England average (13.7 per 100,000):



It is difficult to unpick the reasons behind the high 1-17 year mortality, as there is no other published mortality data for this age-group. Investigations so far (using data for the previous 9-year period) have established that the borough's death rate among 5-14 year-olds is unexceptional, but for 1-4 year-olds it is 2.5 times the England & Wales average, with particularly high rates for endocrine, nervous and congenital disorders (albeit based on very small numbers).

At a practical level, concerted efforts are in place across the borough to address the issues of both infant and child mortality, and their underlying factors.

2. HEALTH AND WORK

EMPLOYMENT AND DISABILITY/LONG-TERM ILLNESS

Incapacity benefit claimants

In February 2013, 9.9% of 16-64 year-old residents in Blackburn with Darwen were receiving some sort of incapacity benefit. This is the fourth equal highest rate out of 152 upper-tier authorities, tying with Stoke-on-Trent, and exceeded only by Knowsley, Blackpool and Liverpool. It continues an established pattern of consistently higher rates in Blackburn with Darwen than in the region or England as a whole (Figure 39).

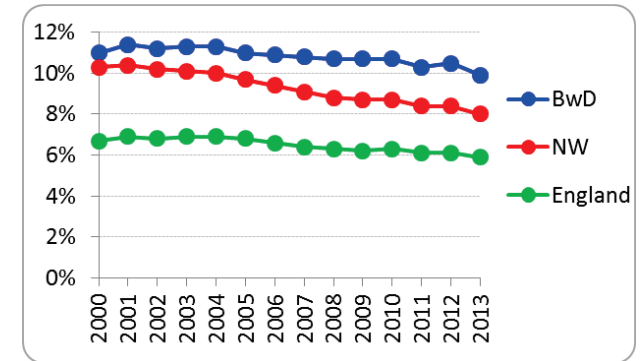


Figure 39 - Proportion of residents aged 16-64 claiming Employment Support Allowance and other incapacity benefits (February each year)

Within the borough, the proportion of the working-age population claiming incapacity benefits ranges from under 5% in several wards, to 17.9% in Shadsworth with Whitebirk and 19.5% in Wensley Fold.

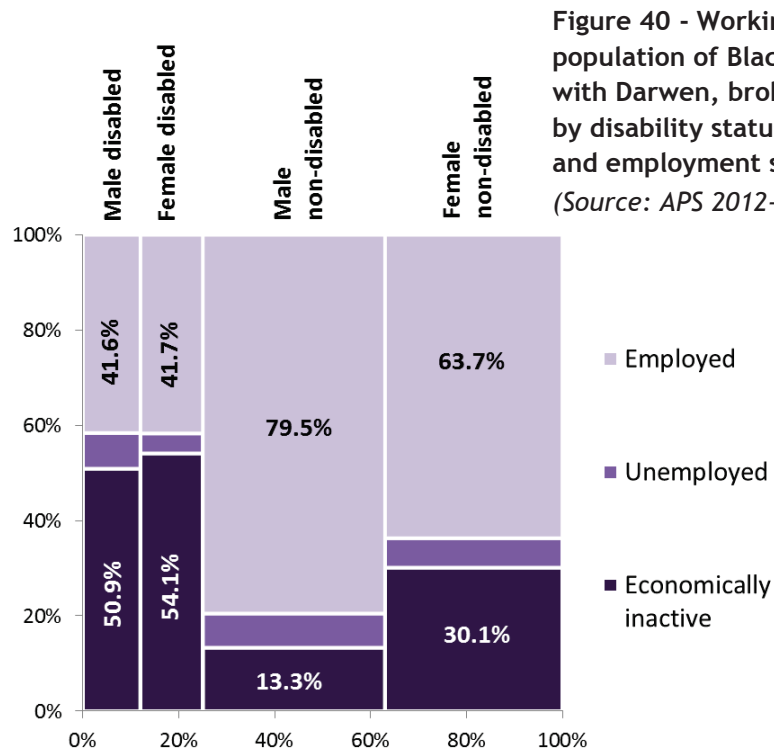


Figure 40 - Working-age population of Blackburn with Darwen, broken down by disability status, gender and employment status (Source: APS 2012-13)

Employment rates of people with disabilities/health problems DISABLED PEOPLE

In 2012-13, 25.8% of working-age respondents to the Annual Population Survey (APS) in Blackburn with Darwen were classified as disabled. Within this group, 41.6% of males and 41.7% of females were employed (Figure 40). This is clearly much lower than the employment rate of the non-disabled population, but it is also significantly lower than the 50.2% employment rate of disabled people in England as a whole.

PUBLIC HEALTH OUTCOMES FRAMEWORK INDICATORS

The Public Health Outcomes Indicator Framework includes indicators on the employment rate of people with health problems lasting 12 months or more, and of people with a learning disability. In each case, the indicator is defined as the gap between the employment rate in the general population, and the employment rate in the specified group.

For instance, in 2012, the employment rate in Blackburn with Darwen was 63.0% for the working-age population in general, and 52.7% among those with a long-term health problem, giving a published difference of 10.3%. For England as a whole, the calculation was 70.9% - 63.8% = 7.1%.^{51,109}

For learning disabilities, the difference in Blackburn with Darwen in 2011/12 was 60.7% - 2.4% = 58.3%, and for England as a whole it was 70.3% - 7.1% = 63.2%. It has to be wondered whether it is helpful to focus on the gap, when this distracts attention from the fact that only 2.4% of learning disabled people in the borough were employed.^{51,52,109} The latest provisional figures for 2012/13 are 2.3% for Blackburn with Darwen compared with 7.2% for England, so very little has changed.⁵³

3. SAFE AND HEALTHY HOMES AND NEIGHBOURHOODS

HOUSING

Condition of housing stock

Blackburn with Darwen's housing stock is dominated by older terraced housing, much of it in poor condition, with 27,000 houses in the borough estimated to be 'non-decent'. Approximately 12,300 homes contain a 'Category 1 hazard', which by definition means it poses a risk to health and safety. The greatest concentrations of such houses are found in Bank Top, Mill Hill and central Darwen.⁵⁴ Poor management and maintenance in the growing private rented sector is a particular concern, and the Council has presented evidence to a House of Commons Select Committee arguing for tighter regulation to avert social problems and the destabilisation of communities.⁵⁵

Cold housing and fuel poverty

A common reason for housing being classified as non-decent or hazardous is low energy standards and excess cold. As well as being a major contributor to excess winter deaths, cold housing adds to the burden of circulatory and respiratory disease, colds and flu, exacerbates chronic conditions such as rheumatism and arthritis, and has a negative effect upon mental health across all age-groups.⁵⁶

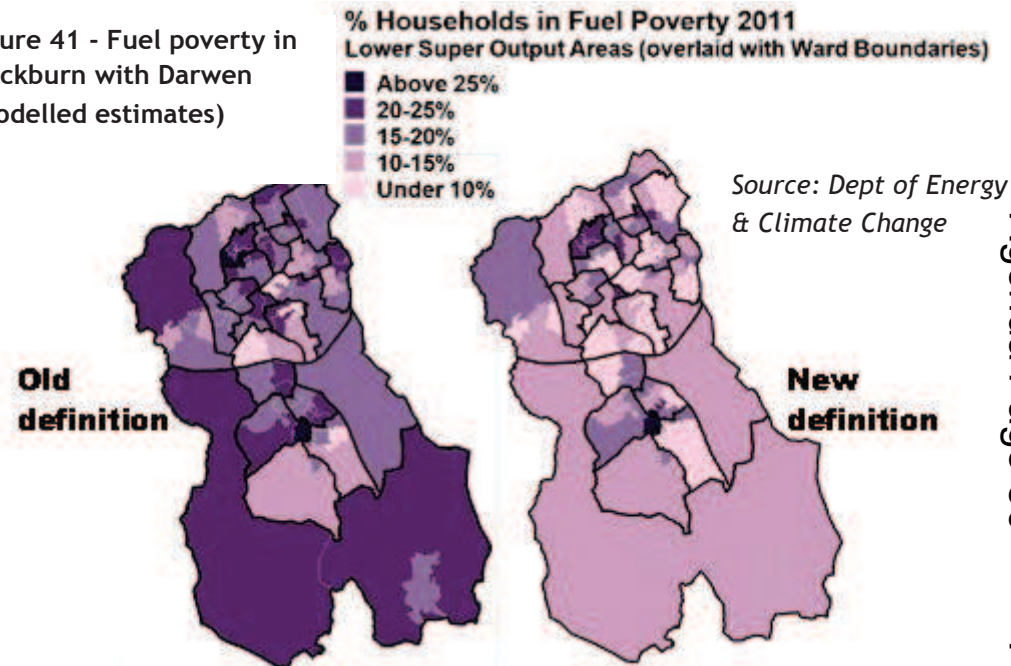
The definition of fuel poverty has recently changed. The old definition was based on the need to spend more than 10% of income on maintaining a satisfactory level of heating. 14.6% of households in England came into this category in 2011⁵⁷, and Blackburn with Darwen was in the second worst quintile with 18.2%.⁵⁸ Under the new definition, a household is in fuel poverty only if its required fuel costs are above average, and spending that amount on fuel would leave it below the poverty line. 10.9% of households in England were in that position in 2011⁵⁷, and 13.4% in Blackburn with Darwen, putting it in the worst quintile.⁵⁹

PHYSICAL ENVIRONMENT

Blackburn with Darwen has five Air Quality Management Areas which were declared in 2005, and has recently acquired three more, all of them at busy junctions where slow moving vehicles emit high levels of nitrogen dioxide (NO₂), which can cause lung irritation.^{60, 61} These problems are being addressed through traffic management measures. 'Greenhouse gases' such as carbon dioxide (CO₂) also need to be controlled, but for a different reason - to reduce the impact of climate change. Figures for 2011 show that Blackburn with Darwen's per capita CO₂ emissions are improving steadily, particularly those over which the local authority is deemed to have some influence, and now lie below the national average.⁶²

The borough enjoys a generous endowment of green space, bringing opportunities for sport, recreation and social interaction to the benefit of both physical and mental health. These amenities include six parks with the prestigious 'Green Flag' award, which recognises them as being safe, welcoming and well maintained, and involving the local community.⁶³

Figure 41 - Fuel poverty in Blackburn with Darwen (modelled estimates)



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

SAFER COMMUNITIES

Crime

Crime and fear of crime affects not only the health of individual victims, but the wellbeing of whole communities. In the process of public engagement which led to Blackburn with Darwen’s Vision 2030, crime and disorder emerged as the top priority under the “Safe and Healthy” theme.⁶⁴

Figure 42 compares five key crime rates in Blackburn with Darwen in 2012/13 against the England & Wales average, and also shows that they have all gone down since 2011/12.^{65,66} The number of robberies is small (just 75 in 2012/13), and thus prone to steep fluctuations from year to year.

Violence

The relationship with health is particularly direct in the case of violent crime, which is why the rate of “**violence against the person**” offences was chosen as a Public Health Outcomes Framework indicator. It so happens that the ONS then redefined “violence against the person”, by removing certain offences.⁶⁷ Figure 42 uses the new definition, and the latest population estimates, producing rates for Blackburn with Darwen of 13.4 per 1000 in 2011-12 (England & Wales 11.2), and 12.9 per 1000 in 2012-13 (E&W 10.6). At the time of writing, the Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info>) is still using the previous definition, and the old population estimates, which explains their higher results (e.g. 16.4 per 1000 for Blackburn with Darwen in 2011-12).

Another Public Health Outcomes Framework indicator is the **rate of emergency hospital admissions for violence** per 100,000 population. Blackburn with Darwen’s rate of 116.0 (for 2009-10 to 2011-12 pooled) is unexceptional for the North West, but compares badly with the England average of 67.7, and places the borough firmly within the highest quintile nationally (Figure 43):

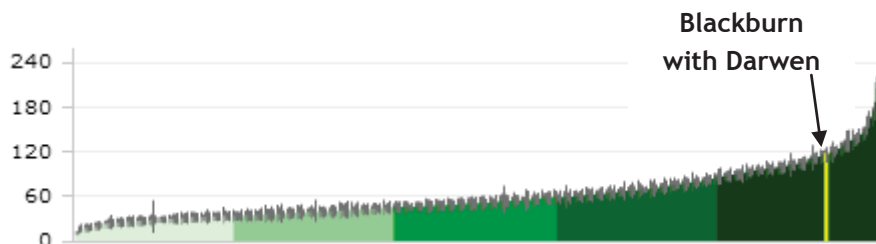
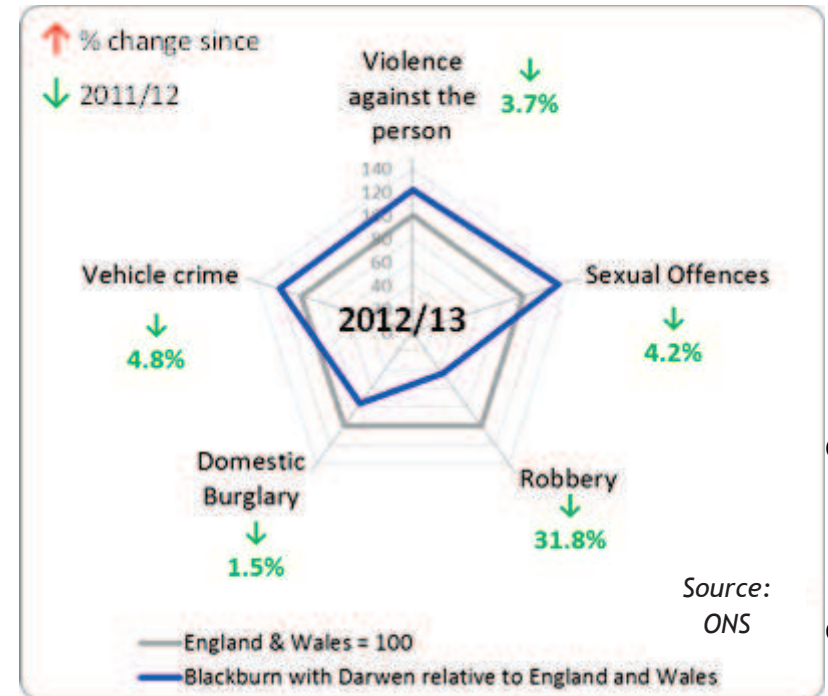


Figure 43 - Rate of emergency hospital admissions for violence per 100,000 population (Lower tier local authorities, 2009-10 to 2011-12 pooled)
Source: Viper Atlas (<http://www.nwph.net/applications/viperatlas/>)

There are also plans for the Framework to include the **rate of A&E attendances for violence**, but this data is still ‘experimental’, with issues surrounding its quality and completeness. An exploratory analysis found that in 2010-11, there were an estimated 926 violence-related first attendances at A&E involving residents of Blackburn with Darwen. This gives a crude rate of 661.4 per 100,000, which is significantly higher than either the North West (512.2) or England (360.1).⁶⁸ It comes as no surprise that the borough’s **rate of violence-related ambulance call-outs** in 2010-11 was also significantly above the NW average.⁶⁹

Lancashire Police attach a flag to violent crime records where there is evidence of **alcohol as a contributory factor**. The percentage of violent crimes marked in this way in Blackburn with Darwen has been creeping up, and reached 29.2% in 2012/13.⁷⁰

Figure 42 - Recorded crime for key offences 2012/13 - Blackburn with Darwen rate compared with England & Wales. Also showing percentage change since 2011/12



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

Road safety (all ages)

In Blackburn with Darwen in 2012 there were 638 recorded road traffic casualties, of which 4 were fatalities, 67 were serious and 567 were slight.⁷¹ This gives the tenth highest rate per million population out of 150 upper-tier authorities, excluding City of London and Isles of Scilly (Figure 44).⁷² The highest rate was in Westminster, while at the opposite extreme, six of the lowest ten rates were in Greater Manchester.*

If we confine our attention to pedestrian casualties, Blackburn with Darwen's rate per million residents in 2012 was the seventh highest (or second highest outside London), and almost twice the England average.⁷² It may seem less than ideal to divide the number of casualties *occurring* within the borough by the population of the borough, as people can have accidents when they are away from home. However, when pedestrian casualties in 2006-11 are analysed according to the borough of residence (regardless of where the accident took place), Blackburn with Darwen still has a rate 79% higher than average.⁷³

Figure 44 - Reported road casualty rate per million population, 2012
Source: DfT

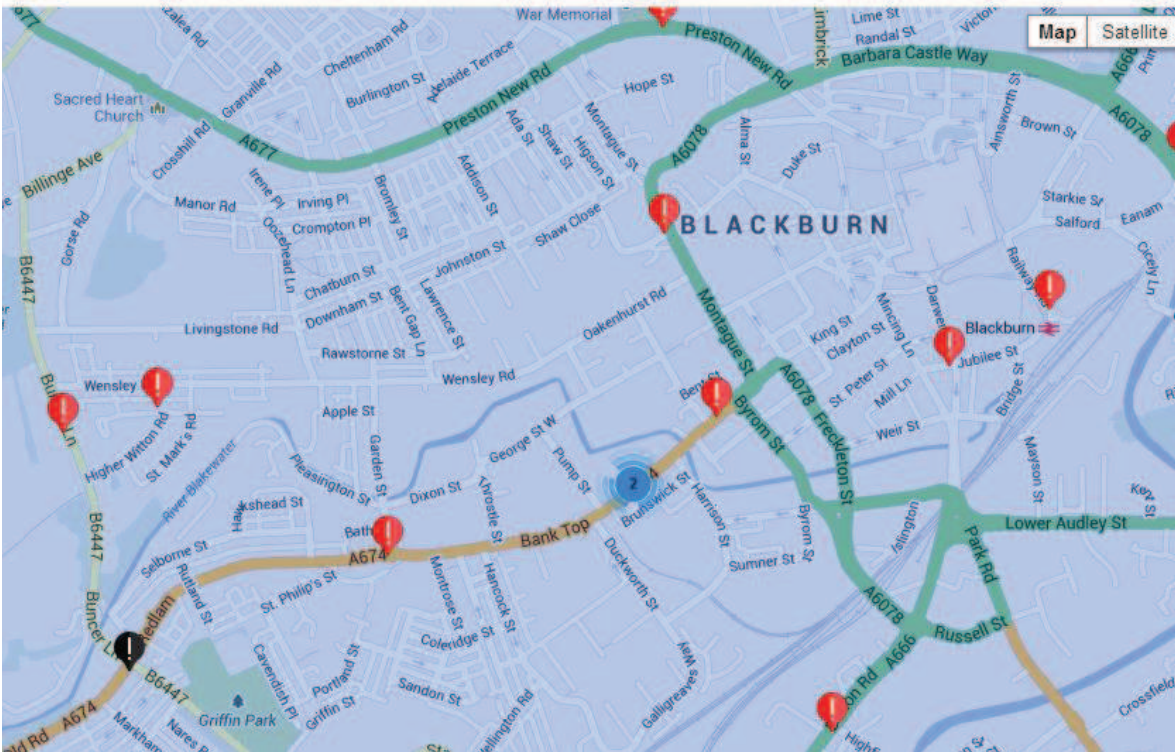
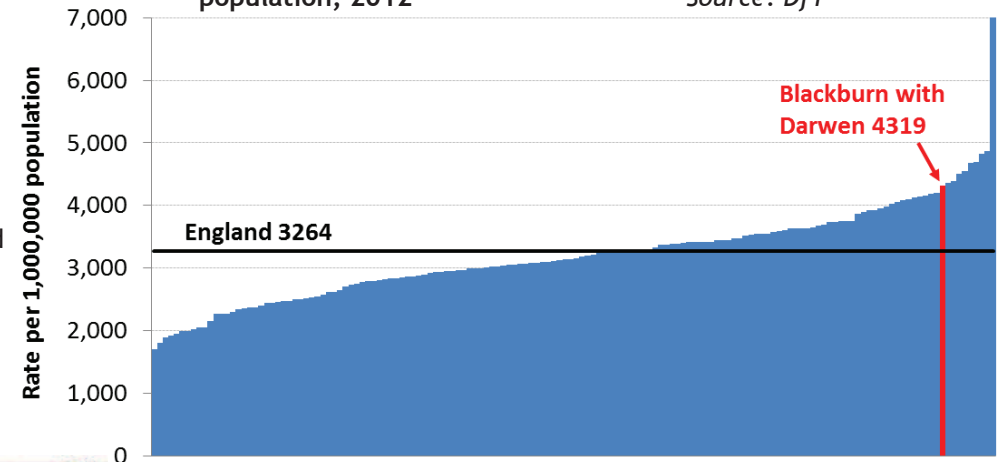
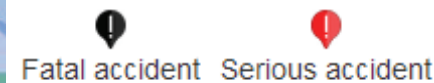


Figure 45 - DfT online mapping tool showing serious and fatal accidents in Blackburn with Darwen, 2012
Source: [DfT](#)⁷⁴



* It should be appreciated that the recording of non-serious injuries is often less than complete, which may be contributing to the apparent variation between authorities.

4. PROMOTING HEALTH & SUPPORTING PEOPLE WHEN THEY ARE UNWELL

HEALTHY LIFE EXPECTANCY

Everything within the Public Health Outcomes Framework is geared towards achieving two ‘overarching outcomes’, one of which is:

*“Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life”*⁷⁵

The importance accorded to this indicator reflects the philosophy that the public health system should be concerned not just with extending life, but with improving health and wellbeing across the life course. The calculation involves splitting total Life Expectancy into the portion spent in ‘good’ health and the remainder spent in ‘not good’ health, based on responses to a survey question such as: *“How is your health in general?”* Up until now, the Census has represented the only opportunity to calculate Healthy Life Expectancy at the local authority level, but ONS has just issued the first set of estimates based on an annual survey (Figure 46):⁷⁶

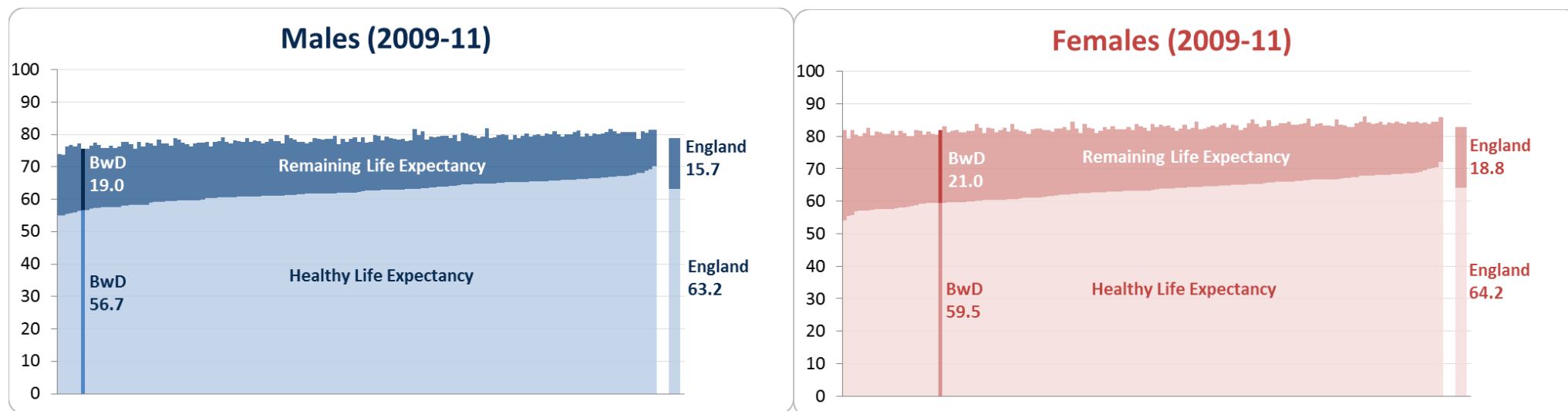


Figure 46 - Healthy Life Expectancy - Blackburn with Darwen compared with 150 upper-tier local authorities and England (2009-11)

It can be seen that Healthy Life Expectancy in Blackburn with Darwen is 56.7 years for males and 59.5 years for females, both of which are significantly lower than the England average. When Healthy Life Expectancy is divided by total Life Expectancy, we find that males in Blackburn with Darwen can expect to spend 74.8% of their life in good health, and females 74.0%, which again is below average for both sexes. Compared with all the other upper-tier authorities in England, males in Blackburn with Darwen have the 7th lowest Healthy Life Expectancy when measured in years, and the tenth lowest when expressed in percentage terms.

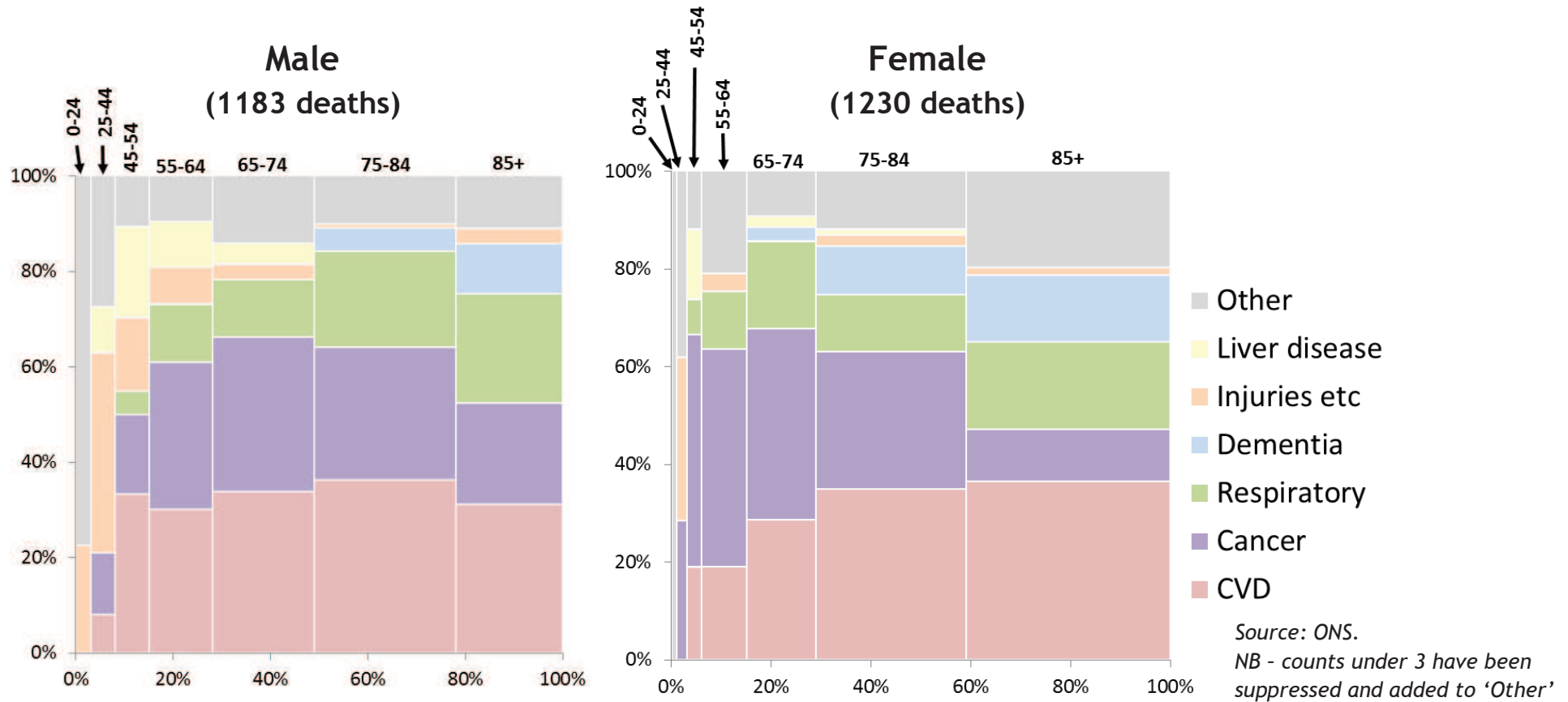
The Public Health Outcomes Framework acknowledges that Healthy Life Expectancy is the sort of measure which can take a long time to show any marked improvements, which is why the overarching outcomes are underpinned by a large collection of supporting indicators.⁷⁵

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

CAUSE OF DEATH

We all have to die of something, but it is interesting to observe how the main causes of death vary with age and sex. Figure 47 shows a crude breakdown for Blackburn with Darwen for the years 2011 and 2012 combined. The Female chart is drawn fractionally larger than the Male chart, because there were more female deaths. The 'Injuries etc' category includes events such as accidents, poisoning, assaults and suicide.

Figure 47 - Cause of death - broad breakdown by sex and age, Blackburn with Darwen 2011-12



It is natural to ask 'What is the biggest cause of death in Blackburn with Darwen?'. This depends on how the causes have been grouped into categories, but if we accept the very broad classification used here, the answer is 'CVD' (with 372 deaths in 2011 and 390 in 2012), followed by 'Cancer' (298 in 2011 and 302 in 2012). This contrasts with England and Wales as a whole, where Cancer marginally overtook CVD in 2011, and remained slightly higher in 2012.

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

ADULT OBESITY

There is no up-to-date data on the level of obesity among adults in Blackburn with Darwen, so we are still reliant on a 2006-08 estimate suggesting that 24.6% of adults were likely to be obese, which was close to the national average of 24.2%.⁷⁷ This is not even based on obesity data collected in the borough, but is modelled from other characteristics, such as educational attainment, unemployment and mortality rates. All that is about to change, however, as 'Excess weight in adults' is now a Public Health Outcomes Framework indicator. Work is currently under way to provide regular estimates for local authorities by adding questions on height and weight to the Active People Survey.⁷⁸

Even if Blackburn with Darwen were similar to the country as a whole, that would be no reason for complacency, as obesity levels nationally are worryingly high and rising, leading to increased risk of diabetes, cardiovascular disease and other health problems.⁷⁹ The borough's Healthy Weight Partnership Strategy aims to support individuals and families to make healthy eating and physical activity lifestyle choices. The flagship 're:refresh' programme provides free access to many sport and leisure facilities and encourages community participation in physical activity across Blackburn with Darwen.



ALCOHOL (ADULTS)

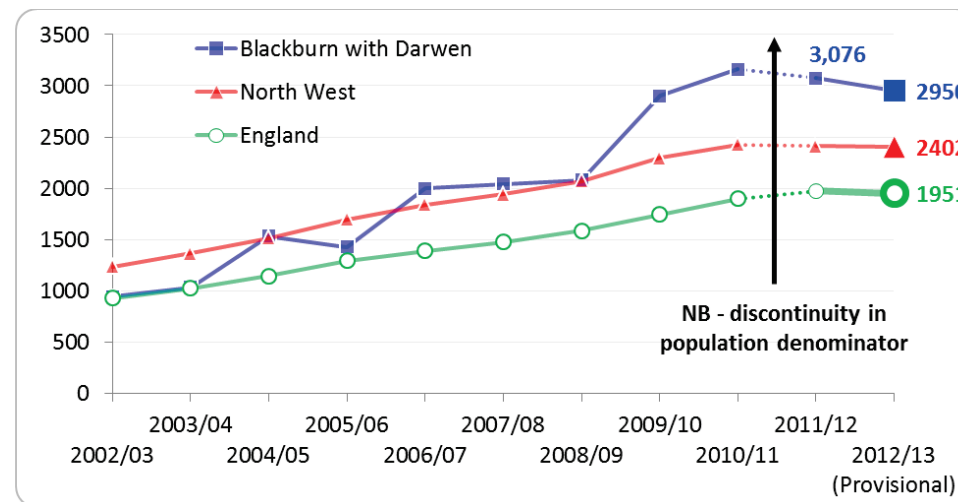
As with obesity, evidence on alcohol consumption is expensive to collect, and we have to depend upon 'synthetic' estimates which predict drinking patterns from other more readily-available statistics. These suggest that Blackburn with Darwen has the highest proportion of non-drinkers in the North West (22%), but that 20% of adults are regularly drinking beyond the recommended levels.⁸⁰

Blackburn with Darwen compares particularly badly on indicators which reflect the health consequences of drinking. In 2011/12, and provisionally in 2012/13, the rate of hospital admissions attributable to alcohol (Figure 48) was the fifth highest of any upper tier local authority in England. The dip for Blackburn with Darwen between 2010/11 and 2011/12 should be treated with caution, because the rates prior to 2011/12 use pre-Census population estimates which are now known to be too low. However, the continued dip from 3076 in 2011/12 to 2950 in 2012/13 is more encouraging.

For males in the borough, mortality rates associated with alcohol are among the worst tenth in the country.⁸⁰ In 2012, Blackburn with Darwen had the fifth highest rate of incapacity benefit claims where 'alcoholism' was the main disabling condition.⁸¹

On a positive note, there is good research evidence of interventions which work and are cost-effective, ranging from preventative measures such as minimum alcohol pricing for alcohol, through brief interventions for hazardous drinkers, to psycho-social treatment for dependent drinkers.⁸² New initiatives in Blackburn with Darwen include the use of social marketing, and the recruitment of an alcohol liaison nurse in A&E.⁸³

Figure 48 - Rate of alcohol-related admissions per 100,000 population (former NI 39) (Source: PHE)



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

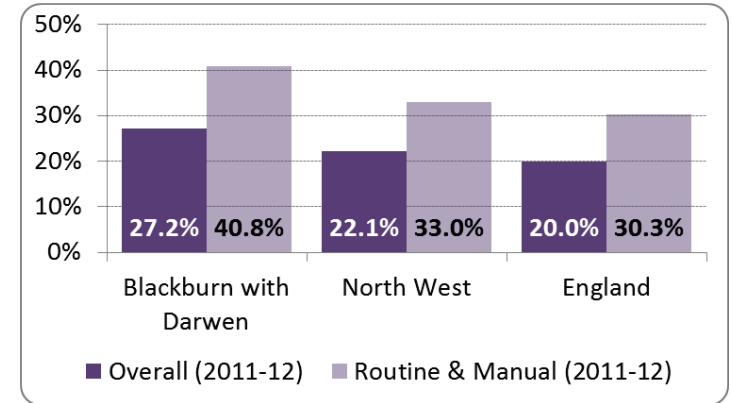
SMOKING (ADULTS)

Data about smoking prevalence in every local authority is available from the Integrated Household Survey, as reported in Public Health England's Tobacco Control Profiles.⁸⁴ The dark bars in Figure 49 represent overall smoking prevalence. Blackburn with Darwen, with a rate of 27.2%, is significantly above the NW and England averages. Estimates for the 'Routine & Manual' group alone have been added for comparison (light bars), to illustrate the strong social inequalities in smoking rates. Again Blackburn with Darwen is significantly worse than the NW and England, and in fact it has the second highest Routine & Manual rate of any local authority.

The borough is rag-rated 'Red' (significantly worse than England) on almost every indicator in the Tobacco Control Profiles. These include measures such as smoking in pregnancy, smoking-attributable death rates and admission rates, and registration rates for smoking-related cancers.⁸⁴

In April 2013 Blackburn with Darwen Council took over direct responsibility for the running of Stop Smoking Services. Service models are being reviewed to ensure we can reach more people who wish to quit smoking in ways which are accessible to them, in particular targeting priority groups including pregnant woman and people in hospital. The tobacco control plan for Blackburn with Darwen continues to be developed, including a strategy to reduce the harms associated with smoking Shisha which has been an emerging problem in the borough.

Figure 49 - Estimated smoking prevalence for adults aged 18+



Source: PHE Tobacco Control Profiles⁸⁴

DRUG MISUSE (ADULTS)

Blackburn with Darwen had an estimated 1297 users of opiates and/or crack cocaine in 2010/11, which when expressed as a rate is 66% higher than the England average.⁸⁵ 959 people in the borough were effectively engaged in treatment during 2011/12, and there were 126 successful completions of treatment, which maintains the improvement seen in 2010/11⁸⁶ (Figure 50). As at November 2011, approximately 180 people in Blackburn with Darwen were receiving incapacity benefits with drug abuse as the main disabling condition.⁸⁷



Public Health England

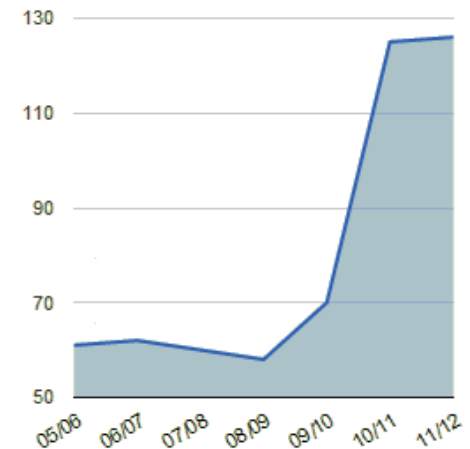


Every £1 spent on drug treatment saves £2.50 in costs to society

The Department for Education estimates that parental drug use is a factor in one third of England's 120,000 most 'troubled families'. In Blackburn with Darwen, just over half of those in treatment are living with children, compared with a third nationally.⁸⁸ Public Health England has published a presentation which highlights how investment in drug treatment and recovery services not only benefits individuals, but strengthens families and makes communities safer. It estimates that every £1 spent on drug treatment saves £2.50 in costs to society.⁸⁹

Figure 51 - Extract from 'Why Invest?' presentation

Figure 50 - Successful completion of treatment, Blackburn with Darwen (Source: NTA)



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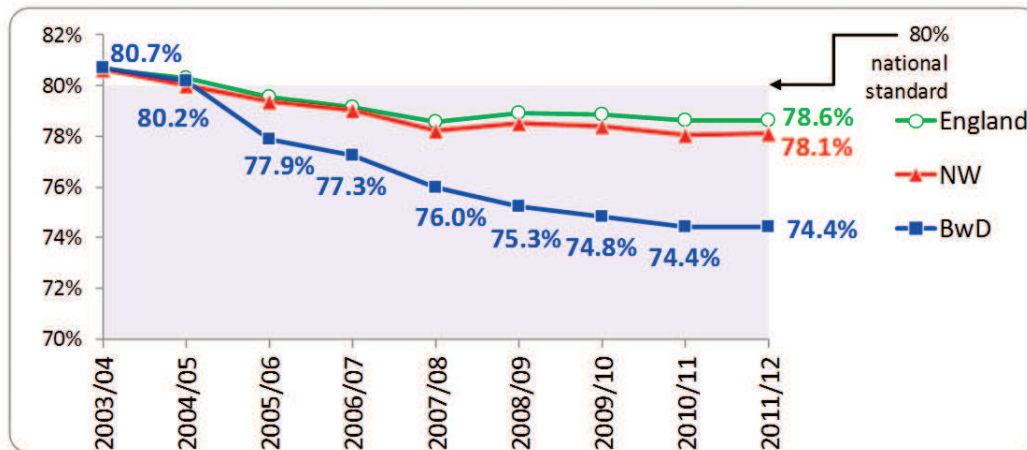
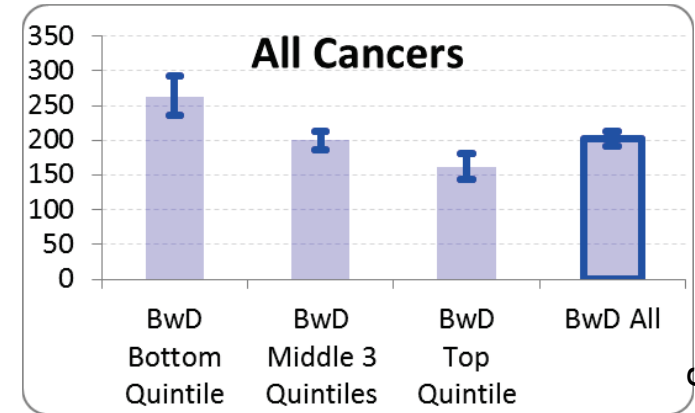
CANCER

Although cancer mortality in Blackburn with Darwen has improved over the years, it has always tended to be higher than average. It is evident that in 2009-11, premature mortality from lung cancer in particular was significantly higher than the England average. However, all the currently available 2009-11 rates use improvised population estimates. For all cancers combined, it is not clear whether premature mortality in Blackburn with Darwen is significantly worse than England, and we must await the final figures to be sure.⁹⁰

There is also substantial inequality within the borough, closely related to levels of deprivation. Figure 52 shows an obvious gradient in the cancer death rate as we move from the 'bottom' (most deprived) to the 'top' (least deprived) quintile of Blackburn with Darwen.⁹¹

Preventing cancer, or catching and treating it an early stage, is key to bringing down mortality rates. Screening is an important aspect of this, but cervical cancer screening has been struggling to meet its 80% target for several years, particularly in Blackburn with Darwen (Figure 53):

Figure 52 - Cancer mortality by deprivation within Blackburn with Darwen: directly age standardised rate per 100,000 (all persons, all ages, 2005-09)



Surveys have shown that awareness of cancer warning signs and symptoms among South Asian residents of Blackburn with Darwen is lower than in the general population. Past initiatives such as the 'Woman to Woman' project have sought to increase the rates of breast and cervical screening among Asian women. Plans are now being drawn up across Pennine Lancashire to identify new ways to increase uptake in specific target groups.

Figure 53 - Cervical cancer - % of women aged 25-64 screened within past five years

Source: Cancer Commissioning Toolkit⁹² and HSCIC⁹³

Nationally and locally, many more people are now developing cancer each year than are dying of it. The number of 'cancer survivors' is expected to increase at over 3% per annum between now and 2030, so cancer is taking on the characteristics of a long-term condition, and services need to adapt accordingly. The 'survivorship' agenda dominates much of the recent literature, including the latest major Department of Health guidance (Figure 54):

Figure 54 - Living with and Beyond Cancer DH (March 2013)⁹⁴



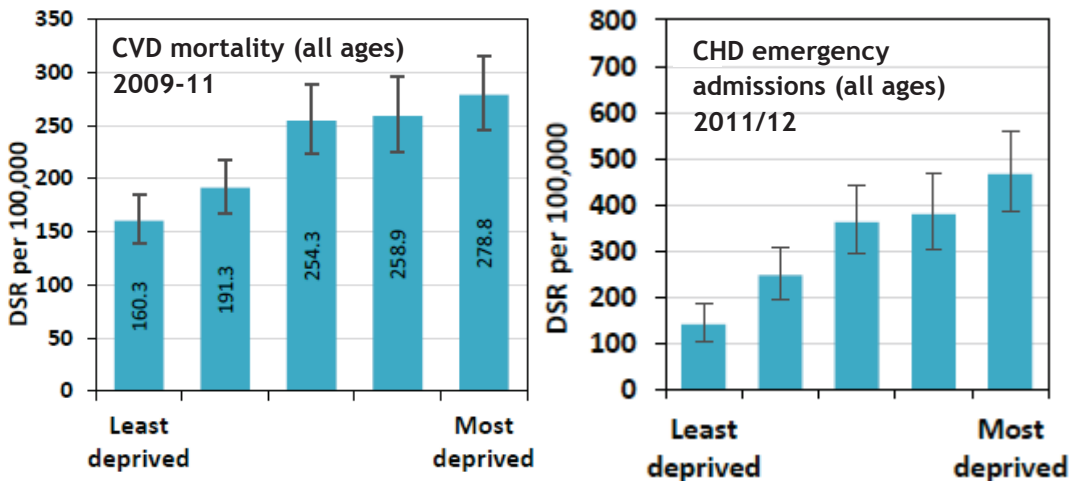
INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

CARDIOVASCULAR DISEASE

Cardiovascular disease (or CVD) is an umbrella term for conditions of the circulatory system, such as coronary heart disease (CHD), stroke, heart failure, and rhythmic heart disorders, which together account for almost a third of all deaths. Mortality rates from CVD have been falling steadily (Figure 55), but there remains a significant gap between Blackburn with Darwen and England. The 2009-11 rates for premature CVD mortality are still provisional, but they show Blackburn with Darwen as having the fifth highest rate out of 151 upper tier authorities for deaths under age 75.⁹⁵

Risk factors

CVD mortality is strongly related to deprivation, resulting in inequalities across the country and also within the borough (Figure 56). Emergency admission rates for CHD show an even more striking relationship with deprivation, being over three times higher in the most deprived quintile of Blackburn with Darwen than in the least deprived:⁹⁶



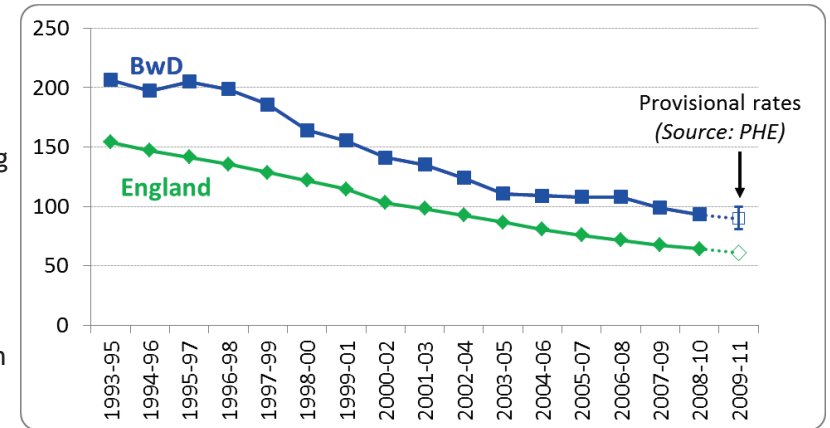
Source: National CVD Profiles⁹⁶

Outlook

Looking ahead, we can expect the population to age, and more people to survive major CVD events such as heart attacks and strokes. This will result in an increase in the number of people *living* with CVD, particularly with conditions associated with old age, such as arrhythmia and heart failure.

The government's new Cardiovascular Disease Outcomes Strategy (March 2013) recommends ten key actions, but it stresses that the first and most important is to consider CVD as a single family of diseases rather than as an array of separate clinical conditions.⁹⁹ People who suffer with one type of CVD will often have another as well, but in the past this has often gone unnoticed, or treatment has been delivered by separate teams in a disjointed way. Services in Blackburn with Darwen are gearing up to meet these new challenges, with a new emphasis on patient-centred community care and rehabilitation.

Figure 55 - CVD mortality under age 75 (directly standardised rate per 100,000 persons)



Much of the risk of CVD is accounted for by lifestyle factors such as smoking, physical inactivity and obesity, and the majority of premature deaths from CVD are considered to be preventable. CVD mortality rates in South Asian populations are 50% higher than average⁹⁷, which can be partly attributed to deprivation and behavioural factors.⁹⁸

Figure 56 - CVD mortality and CHD emergency admissions by local deprivation quintile (Blackburn with Darwen)

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

DIABETES

Risk factors and prevalence

Type 2 diabetes is 30 times more common in people aged 70-84 than in those aged 16-24¹⁰⁰, and it is estimated that three-quarters of new cases are related to excessive weight.¹⁰¹ It is therefore of growing concern as the population grows older and more obese. Diabetes is also more common in deprived areas¹⁰⁰, and people of South Asian heritage are three times more susceptible than average.¹⁰²

There are various ways of estimating diabetes prevalence from medical records, or modelling its likely true level, but Blackburn with Darwen invariably features in the highest quintile. It is instructive to see how recorded prevalence varies from practice to practice locally when they are shaded according to Blackburn with Darwen's own GP classification (Figure 57). The top rates all occur in Group 1 or 2 practices, which are typified by a high percentage of South Asian patients and high deprivation scores.

Consequences

Potential complications of diabetes include an increased risk of angina, heart attacks, heart failure, stroke, kidney failure and amputation. However, the National Diabetes Audit 2010-11 found that for patients with diabetes in Blackburn with Darwen, this extra risk (relative to the general population of the borough) was no worse than - and sometimes less than - the extra risk across England and Wales as a whole.¹⁰³ Similarly, people with diabetes in Blackburn with Darwen had a 40% higher mortality rate than the general population, which is the same extra risk as nationally - but of course mortality rates in the borough are higher than average across the board.

Interventions

Every diabetic patient should receive nine 'processes of care' each year, including an eye test, foot examination and urinary albumin test. The 2010-11 National Diabetes Audit shows that 52.5% of patients in Blackburn with Darwen received all nine procedures, which puts it in the middle quintile nationally. The sticking point continues to be the urinary albumin test (64.5% compliance), with all other procedures being received by at least 80% of patients.¹⁰⁴

HEALTH CHECKS

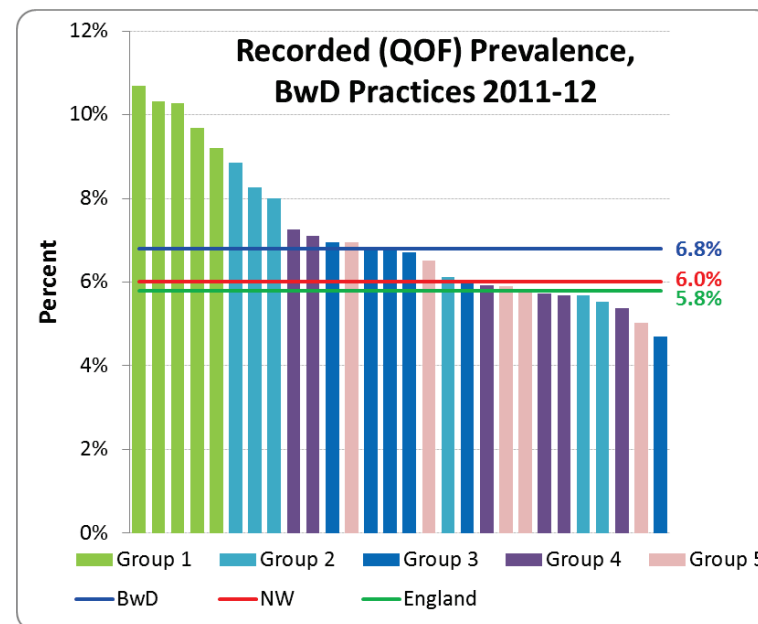
Blackburn with Darwen's NHS Health Checks programme for those aged 35-74 aims to detect patients with previously undiagnosed vascular or related conditions, such as CVD or diabetes, or who may be at high risk of developing them, and offer appropriate treatment and/or prevention. By March 2011 it had screened over 19,000 people. However, numbers have fallen off since then, and in the latest quarter (to June 2013) only 356 people received a check. As a percentage of those eligible, this is less than half the national average rate of activity.¹⁰⁵



Health checks for people with learning disabilities

Evidence suggests that people with learning disabilities have higher mortality and poorer health than average, but make less use of GP services.¹⁰⁶ A 'Directly Enhanced Service' was therefore introduced in 2008, incentivising GPs to offer their learning disability patients an annual health check. Blackburn with Darwen was one of six PCTs (also including East Lancashire) which took part in an evaluation study by Manchester University. The research confirmed that well over 90% of learning disability patients had comorbidities, with epilepsy, depression, asthma, thyroid disease and mental health problems particularly common, and higher than average rates of obesity. The health checks were shown to be effective in increasing the identification of several of these issues.¹⁰⁶ Latest figures show that in 2011/12, 254 patients in Blackburn with Darwen had the checks, which represents 43.5% of all eligible adults in the borough (England average 52.7%).¹⁰⁷

Figure 57 - Variation in crude recorded diabetes prevalence (age 17+)



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MENTAL HEALTH AND WELLBEING

Mental health or wellbeing is more than just the avoidance of mental illness, but has been described as a state in which “..the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.¹⁰⁸

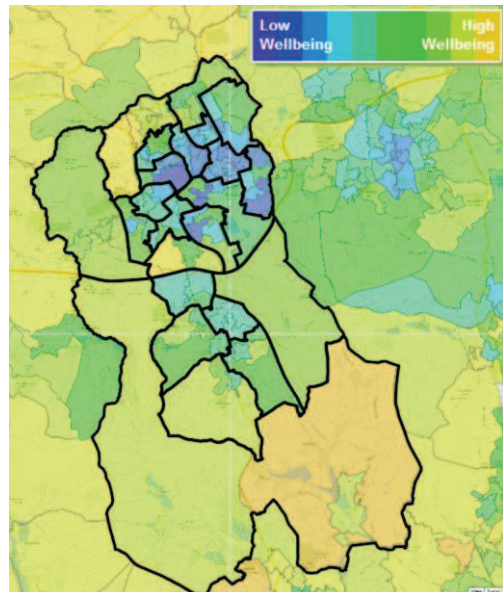
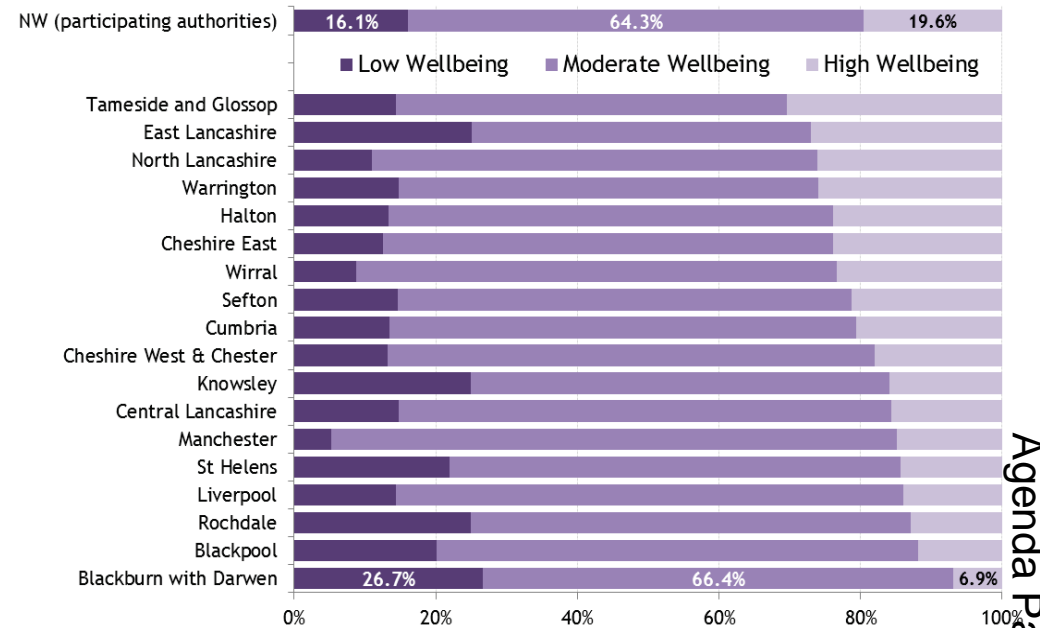
Wellbeing

WEMWBS SCORE

One tool for measuring mental wellbeing is the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which asks about a range of positive aspects such as energy, autonomy, relationships, optimism and relaxation. WEMWBS was used in the North West Mental Wellbeing Survey in 2009 and 2012, and is due to become a Public Health Outcomes Framework indicator.

In the 2009 NW Survey, Blackburn with Darwen performed remarkably strongly, returning the fifth highest WEMWBS scores out of the 18 NW authorities taking part. Early indications from the 2012 Survey, however, are that the borough has fallen to bottom place. Blackburn with Darwen has a particularly small proportion of respondents (6.9%) classified as having ‘high’ mental wellbeing (Figure 58). This compares with a North West average of 19.6%, and 27.0% in neighbouring East Lancashire. Further analysis is planned which may help to shed light on the reasons behind these low scores.

Figure 58 - % reporting Low/Moderate/High Wellbeing (NW Mental Wellbeing Survey 2012 - participating authorities)



ONS ESTIMATES OF SUBJECTIVE WELLBEING

ONS has also been experimenting with ways of measuring subjective wellbeing, by asking the following four questions in the Annual Population Survey:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, to what extent do you feel the things you do in your life are worthwhile?
3. Overall, how happy did you feel yesterday?
4. Overall, how anxious did you feel yesterday?

The proportion responding unfavourably to each question has been adopted as a Public Health Outcomes Framework indicator. The first results came out in July 2012, and indicated that Blackburn with Darwen is significantly worse than average on the first two questions, and slightly worse (but not significantly) on questions 3 and 4.^{109,110}

DCLG have taken the survey results a step further, and produced modelled estimates at the Lower Super Output Area level. These only tell us what wellbeing levels are likely to be, given each neighbourhood’s other characteristics, but they do suggest that there may well be some stark contrasts within Blackburn with Darwen (Figure 59).

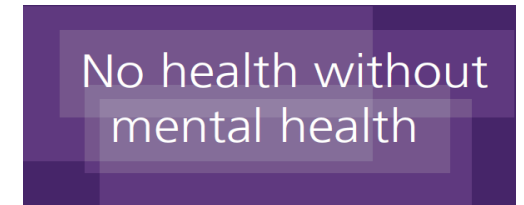
Figure 59 - Life Satisfaction (Q1), modelled to LSOA level (overlaid with ward boundaries) - Source DCLG¹¹¹

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

Mental illness

Mental illness encompasses a broad spectrum of problems, ranging from anxiety and depression to psychosis, which will affect one in four people at some point in their lives.¹¹² Mental ill-health is estimated to represent 23% of the total burden of ill-health in the UK, hence the name of the government's mental health strategy (Figure 60).

Figure 60 - The government's mental health strategy



SELF-HARM AND SUICIDE

Blackburn with Darwen's rate of hospitalisation for self-harm (all ages) in 2011/12 was the seventh highest in England.¹¹³ Self-harm is not only an important outcome in its own right, but indicates a suicide risk 50-100 times higher than in the general population.¹¹⁴

There were 55 suicides in Blackburn with Darwen over the three years 2009-11, giving a provisional rate significantly above the England average, and second highest of all the upper-tier authorities (after Manchester).¹⁰⁹ The literature suggests that around 90% of suicide victims are suffering from a psychiatric disorder at the time of death.¹¹⁵

MENTAL HEALTH TREATMENT

In 2009/10-2011/12, Blackburn with Darwen and Cumbria were the only two North West authorities whose hospital admission rate for mental health was significantly lower than the England average. However, the number of contacts per 1000 population with a Community Psychiatric Nurse in 2010/11 is the 5th highest out of 150 upper-tier authorities, and the contact rate with mental health services overall is the fourth highest after Liverpool, Blackpool and Sefton (Figure 61). This is set against the context of the borough's high South Asian population, and the general perception that Asian communities are a 'hard to reach group' for mental health services.¹¹⁶

The success rate of treatment is just as important as take-up. Improving access to psychological therapies (IAPT) is a major plank of the government's strategy for treating anxiety and depression.¹¹² However, only 32% of IAPT patients in Blackburn with Darwen achieved recovery in 2011/12, putting the borough in the lowest decile, and in danger of missing the March 2013 recovery rate target of 40%.¹¹³

Blackburn with Darwen

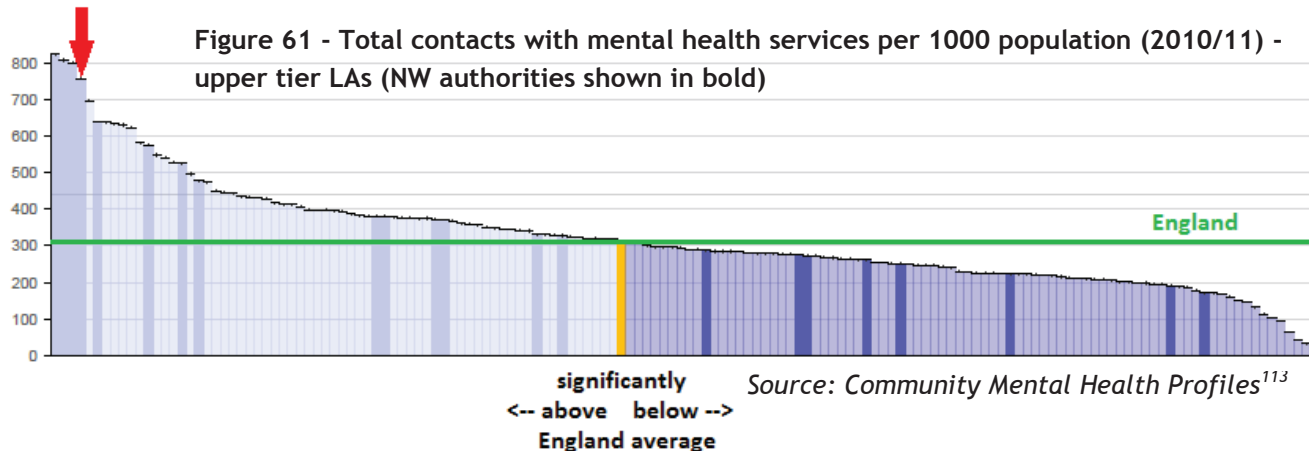


Figure 61 - Total contacts with mental health services per 1000 population (2010/11) - upper tier LAs (NW authorities shown in bold)

PHYSICAL HEALTH OF PEOPLE WITH MENTAL HEALTH PROBLEMS

A new report from Rethink Mental Illness draws attention to the high rates of smoking, obesity, physical illness and early and avoidable mortality among people with mental illness.¹¹⁷ One beacon of good practice, however, is Lancashire Care Trust, which offers a Physical Health Check to everyone using its mental health services and ensures that any issues identified are followed up.

THE FUTURE OF MENTAL HEALTH SERVICES

The Mental Health Foundation has just completed a year-long inquiry into the future of mental health services, and published its final report.¹¹⁸ It calls for care to become more personalised, integrated and community-based. However, it warns that there will be no 'miracle cure', and the rise in population alone will put mental health services under increasing strain. The evidence for a more public health-oriented, preventative approach, especially in the early years of life, is described as 'extremely strong'.

PROMOTING OLDER PEOPLE'S INDEPENDENCE AND SOCIAL INCLUSION

DEMENTIA

Dementia can take several different forms, all of them caused by physical changes in the brain, and leading to a progressive decline in memory and reasoning.

Prevalence

By far the most significant risk factor for dementia is advancing age. Estimates have been published of the prevalence rate for each five-year age-group¹¹⁹, and these can be applied to population projections for Blackburn with Darwen to predict the number of residents with dementia in the years ahead (Figure 62).[†] The expected 53% rise between 2010 and 2030 is less steep than for the North West or England as a whole. There will also be a small number of people under 65 with early-onset dementia, estimated to be no more than 100.

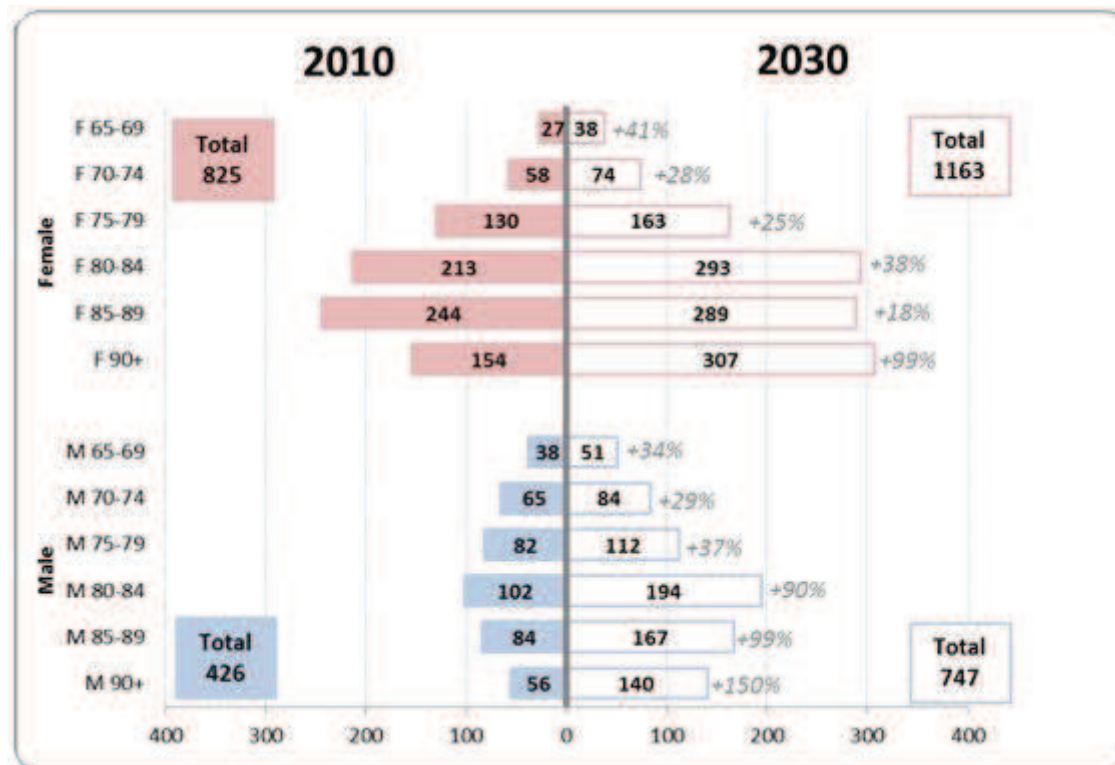
Improving services

Key government objectives regarding dementia include the reduced use of anti-psychotic medication; improved quality of care in hospitals and care homes; and a push to secure early diagnosis and intervention for all, which it is argued will pay for itself by reducing the need for crisis interventions at a later stage.^{120,121}

At Blackburn with Darwen, a Dementia Strategy Workshop was held in July 2011 with the aim of identifying and prioritising gaps, and producing recommendations for action. Work is now progressing on several fronts, including:

- liaising with GPs to phase out any inappropriate use of anti-psychotic drugs
- reviewing pre-diagnosis and post-diagnosis pathways, to address perceived bottlenecks, duplication and training needs
- raising awareness and providing appropriate advice on the benefits of early diagnosis, and at all stages thereafter
- identifying funding for research into the needs of people with dementia from the BME community and lower socio-economic groups

Figure 62 - Estimated number of Blackburn with Darwen residents aged 65+ with dementia (2010 v. 2030)



Source: POPPI

[†] Figure 62 uses population projections issued before the Census results became available. New ones are expected in Spring 2014.

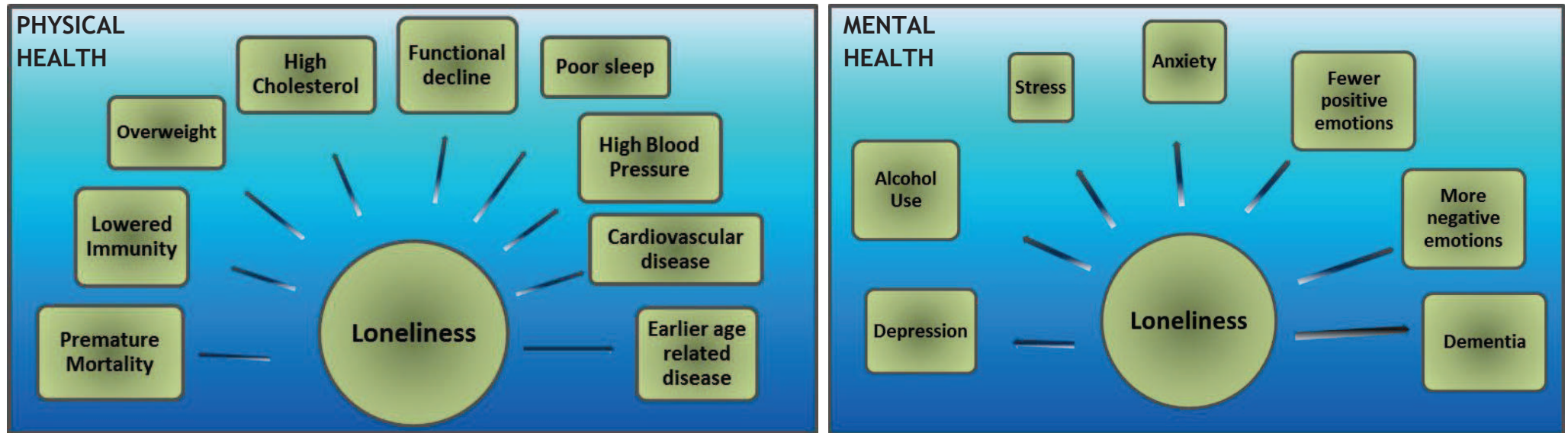
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LONELINESS AND ISOLATION

The problems of loneliness and social isolation are not confined to older people, but research shows that key risk factors for loneliness include being in later old age (over 80 years), on a low income, in poor physical or mental health, and living alone or in deprived urban communities".¹²² Loneliness in its own turn can have a damaging effect on everything from blood pressure to mental health (Figure 63), and its impact on mortality rates is estimated to be on a par with smoking and alcohol consumption. The health consequences of loneliness have been shown to lead to higher usage of health and social care services, and earlier admission to residential care.¹²²

Loneliness and isolation is therefore an important public health issue, particularly in a deprived community such as Blackburn with Darwen. The priority given to this issue in the borough's Health and Wellbeing Strategy², and in its ISNA programme, has been recognised by a gold award from the Campaign to End Loneliness.

Figure 63 - Possible consequences of loneliness for physical and mental health



Source: ISNA of Loneliness & Isolation in Blackburn with Darwen

Blackburn with Darwen's Loneliness and Isolation ISNA reviews the types of intervention which can help to alleviate isolation, if not always loneliness itself, including lunch clubs and other social groups, IT tuition, befriending services, and 'wayfinder' initiatives which focus on improving access to services and community activities. It introduces examples of the services currently in place in Blackburn with Darwen, including those targeted at specific groups such as Asian older people.

The engagement aspect of the ISNA has been unusually comprehensive, involving stakeholder workshops and a series of roadshows which gathered the unique accounts of older people in local groups and sheltered housing schemes. Everybody's experience of loneliness and isolation was different, but a number of common themes emerged, such as transport problems, fear of going out, and the difficulties of being a carer. Respondents stressed the importance of good neighbours, work, exercise and social activities - plus readily available information about the help available. Two focus groups were also held with homeless people to establish what they felt were the contributing factors to loneliness and isolation. Inadequate transport was again a major issue, along with lack of money, relationship problems, mental health difficulties, low self-confidence and drug use. At a final event, 70 stakeholders and members of the public discussed the ISNA findings and the lessons that can be drawn from them.

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Tough Challenge Big Response

Public Health Annual Report
2013





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The Integrated Strategic Needs Assessment (ISNA)

Instructions

This document is an interactive pdf. You can read it on your PC, laptop or iOS device and access weblinks and video.



To help you find your way around, each chapter is colour coded. Click on the colour tab on the far right of the page to change chapter without having to scroll through the document, or use the arrow icons to move from page to page.



The clapper board icon shows you where there is video content. Please click on the video screen to view.



The cursor icon shows you where there are [hotlinks](#) to other web sites. Mouse over the link and then click to access.

Please note, Blackburn with Darwen Council cannot be responsible for the content of external sites.



Introduction

by the Director of Public Health

The independent report of the Director of Public Health (DPH) identifies the key health risks and opportunities for people in Blackburn with Darwen and makes recommendations for action that local organisations, communities and individuals can take to improve health and wellbeing over the coming year.

This year, for the first time, it draws not only on the expertise of the public health team, but also on the first-hand knowledge and experience of health and social care professionals and residents themselves. Their valued contributions appear in the form of short video clips which appear throughout this interactive report.

My aim has been to make this report accessible to all and so this year you will find much of the relevant data and analysis in two separate documents which may be read in conjunction with this one. [The Integrated Strategic Needs Strategy](#) details why we need to act and the actions proposed within the [Health and Wellbeing Strategy](#) set out what we need to do to improve health and wellbeing.

I have summarised these issues in five themed chapters that explore the key stages and aspects of people's lives:

Programme Area 1: Best start for children and young people

Programme Area 2: Health and work

Programme Area 3: Safe and healthy homes and neighbourhoods

Programme Area 4: Promoting good health and supporting people when they are unwell

Programme Area 5: Promoting older people's independence and social inclusion



Dominic Harrison
Director of Public Health
Blackburn with Darwen Borough Council



Delivering Improved Public Health

Public health is 'the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society'. However, most things that improve or harm the public's health don't come with a 'public health' label. In fact, in 2010, the National Audit Office reported that only 15-20% of variations in mortality can be directly influenced by specific health services or disease prevention programmes. The remaining 80% arise from social, economic or environmental conditions in areas like housing, regeneration, employment, education and transport.

This is why this public health report has a wide focus, making recommendations for the whole borough, including the public, private and voluntary sectors and residents themselves.

Its principal recommendations are already embedded within Blackburn with Darwen's Health and Wellbeing Strategy and will be considered by the Council and local NHS when making decisions about health and social care investment. Accountability for the delivery of the identified actions lies with the Blackburn with Darwen Health and Wellbeing Board. This new statutory Board, which began on 1st April 2013, has members from the NHS, Council, voluntary sector, Healthwatch and local residents and its actions are monitored by the Council's health scrutiny committee.



Past and Future: Civic Leadership for Public Health

We can learn from past successes in developing new strong civic leadership for public health improvement.

From 1800 to the 1850s, the towns of Blackburn and Darwen were noted as places of 'endemic and ubiquitous ill health', but when a new town council was established in 1851, it immediately set about the task of improving the health and wellbeing of the population by:

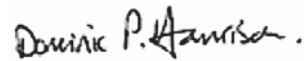
- Moderating the worst effects of poverty by building a 'Single Union Work-house' in 1864.
- Securing safe, clean water and reducing unemployment by building 30 miles of town sewers in the late 1850s to early 1860s, employing up to 1,000 unemployed mill workers laid off during the cotton famine.
- Buying out the Gas Company to secure cheaper and more regular supplies of 'town gas' to businesses and residents.
- Ensuring effective local waste management by providing four disposal plants and establishing seven tips with 60 horses and carts to carry out waste collection.
- Taking over the Fire Service in 1882 and cemeteries in 1893 to improve public safety.

The result was that the communicable diseases of 1800 were largely banished by 1900 and since then life expectancy across Blackburn with Darwen has improved year on year. Today, however, we face a new set of challenges in Blackburn with Darwen. Now our 'endemic and ubiquitous ill health' shows up in high rates of cancer, heart disease, obesity, type 2 diabetes, poor mental health, high infant death rates and significant inequalities in life expectancy between the most and least wealthy. These are caused by unhealthy environments, ones that enable cheap alcohol, fast foods, fast cars, tobacco promotion, high sugar foods and unhealthy lifestyles promoted to children through the mass media. These risks are compounded by increased poverty and unemployment caused by public policy decisions that shift resources from the north to the south of England and from the most economically vulnerable to those with existing wealth. These determinants of ill health work together to place most health risk on the most vulnerable citizens. They place massive and preventable burdens of disease on local residents that are largely unfair and avoidable.



I have no doubt that working together on the agenda set out in this report, all of the partners on the Health and Wellbeing Board will make a very significant difference to the health outcomes of residents. This will mean both providing high quality health and social care and acting together on the 'social' determinants of health.

Success will require an equally strong and confident civic response to the current public health challenges as was shown by the borough in 1851. I am sure we can do it; Blackburn with Darwen is a 'tough challenge-big response' borough!



Dominic Harrison
Director of Public Health
Blackburn with Darwen Borough Council



Cllr. Kate Hollern talks about health in Blackburn with Darwen. Click image to play.



... I am sure we can do it;
Blackburn with Darwen is a
'tough challenge-big response'
borough...





... families are as much a part of providing the solutions as anyone else; we're encouraging those families to come up with solutions themselves as well as bringing in professionals to support them in making the changes that they want to make...



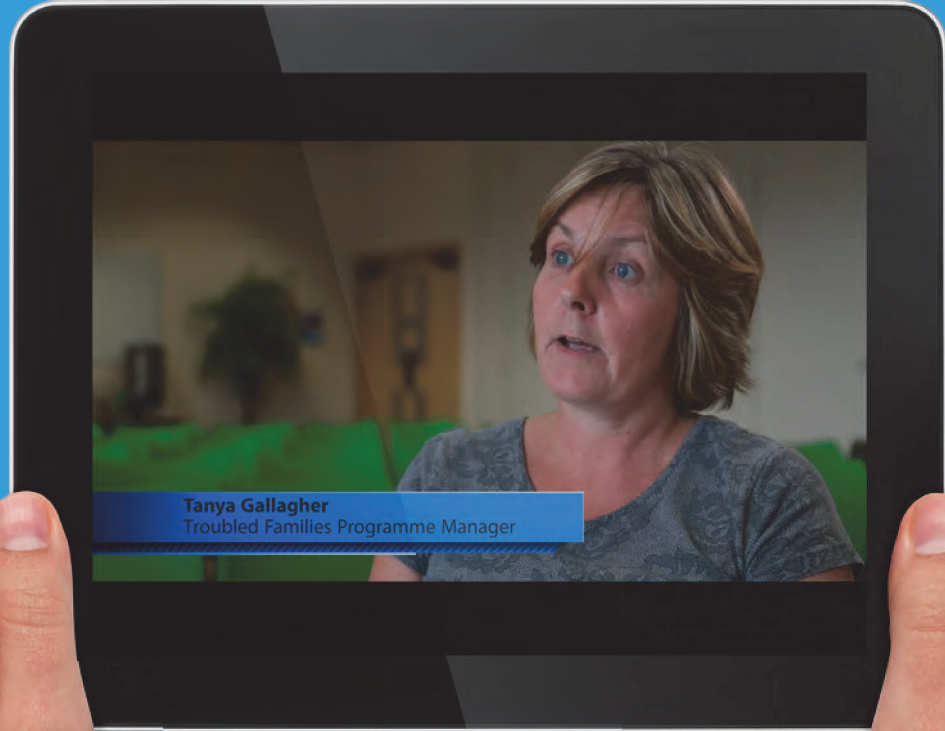
One Best Start for Children and Young People

Introduction Blackburn with Darwen has a high proportion of young people, with 28% aged under 20 years, whose health and wellbeing is generally worse than the England average. Child poverty levels are higher than national average, with 26% of children aged under 16 years living in poverty.

We need to support and empower children and young people to make appropriate choices, enable them to be resilient and also to support their families. By helping young people do well in school and reducing the numbers of those not in education, employment or training, we can support their emotional and mental wellbeing.



Find out how we are helping to prevent adverse childhood experiences and support troubled families in Blackburn with Darwen. Click on the image below to view.



Tanya Gallagher
Troubled Families Programme Manager



Challenges Two of the biggest issues facing our children and young people is the harm associated with alcohol and their social and emotional wellbeing. Whilst the rates of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol, such as alcohol overdose, has decreased recently, overall rates of admission remain higher than England averages. The rates of young people under 18 who are admitted to hospital as a result of self-harm has increased over time, with rates of admission being higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

Achievements Both the Clinical Commissioning Group and the Borough Council have signed up to the North West young people and alcohol programme, where we have made a pledge to children and young people living in the North West to work to reduce the harm caused by alcohol.

Nationally accredited Youth Mental Health First Aid training, aimed at carers of 11-18 year olds, has been delivered to a wide range of frontline staff and volunteers, with specific courses delivered for Foster Carers, Children Home staff and Children's Society (which supports young refugees and asylum seekers).

2Gether, which informs young people about the local alcohol pledges, was delivered jointly by Brook, Twin Valley Homes, local police and Witton Park High School. 97 young people attended Greenfields Community Centre to take part in activities about the impact and consequences of alcohol and sexual health and to find out about local services that are available.

Future plans Emotional wellbeing is influenced by a range of factors, from individual make-up and family background to the community within which people live and society at large. Promoting social and emotional wellbeing builds the foundations for healthy behaviour and educational attainment, helping to prevent health harming behaviour (including substance misuse) and mental health problems now and in later life.

During 2014-15 we will focus this support on:

- Children whose emotional health and wellbeing is being impaired.
- Children at risk of and/or have experienced significant harm.
- Parents of young children who are vulnerable or at risk of being vulnerable.

We will work with our health and social care partners to support children and families in a number of ways including:

- Train front line staff, councillors, faith leaders, and volunteers to support the wellbeing of the children and young people that they work with.
- Put children and young people at the heart of all that we do and the decisions we make.
- Identify sooner those at risk of childhood adversity in early life.
- Ensure that all services that we commission have a focus on the emotional wellbeing of children and young people.
- Ensure that children and young people have a voice and are able to influence the decisions that are made on their behalf.



Jess Kinsella talks about the health concerns of young people. Click on image to play.



How can you help?

Work together to de-stigmatise mental health and to promote resilience and emotional wellbeing.

Encourage people, in particular children and young people, to talk freely about all aspects of emotional wellbeing and mental health.

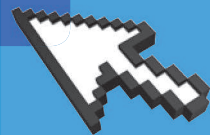
Increase aspirations for our children and young people and give them the skills to make positive choices in their lives.

CLICK HERE FOR FAMILIES WITH COMPLEX NEEDS ISNA

CLICK HERE FOR CHILD POVERTY NEEDS ASSESSMENT

CLICK HERE FOR CHILDRENS DENTAL ISNA

CLICK HERE FOR ALCOHOL ISNA





... people usually think about work in the context of financial reward, but we look beyond that. We look at the idea of social inclusion, around people allowing aspiration to become part of their lives, around them being involved in the local community and about them having improved confidence...



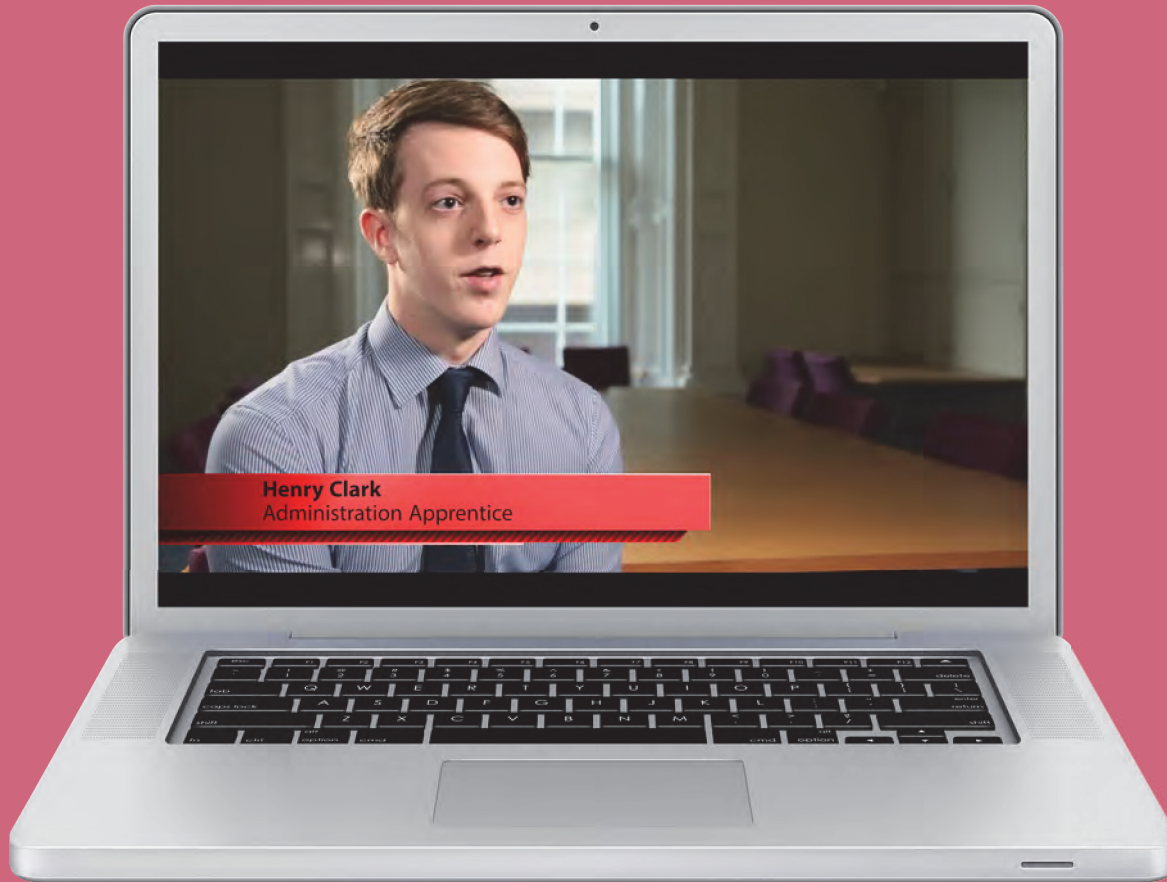
Employment



TWO Health and Work

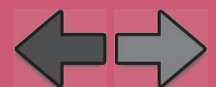


Find out how we are helping to improve employment prospects in Blackburn with Darwen. Click on the image below to view.



Introduction There is sound evidence that work is good for physical and mental health and financial wellbeing and that being out of work is harmful to physical and mental health and financial wellbeing.

There are around 40,000 people of working age with a long-term health condition in Blackburn with Darwen, of whom 11,000 are on out of work benefits. This is a major cause of poor health and health inequalities in Blackburn with Darwen.



Challenges Studies have shown that people in long term employment are significantly less likely to suffer poor health and therefore have less need to use health and public services. In Blackburn with Darwen, having mental health problems and / or a long term health condition are some of the main causes of being out of work. Increasing the number of residents who are 'work ready' or in employment, training or education will support growth in local businesses and improve labour market productivity. It will also increase the amount of business rate revenue that is retained locally which will create a 'virtuous circle' of improvement for Blackburn with Darwen residents.

People with existing health problems may need additional help to enable them to be more resilient and to be 'work ready'. At the same time, employers may need support from the public sector to improve the health and wellbeing of their staff.

Achievements The Council's apprenticeship scheme currently employs 45 young people who are able to complete qualifications whilst gaining work experience, giving them the skills and experience they need to become the workforce of the future.

The council also supports a wide range of voluntary work placements either linked to qualifications in e.g. social work or teaching, or on an 'ad hoc' basis for those who are seeking their first taste of a new career. In providing these placements, the council works closely with partners in the education sector such as schools, colleges and universities.

As well as providing opportunities for work experience placements within local organisations, public sector staff are being supported to take up volunteering opportunities in the local community, allowing the skills and enthusiasm of employees to add social value to the community.

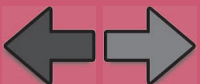
Future plans

During 2014-15 we will focus support on:

- Residents who are unemployed or at risk of becoming unemployed.
- People with long term conditions affecting their ability to work.
- People with poor mental health and wellbeing affecting their ability to work.

We will work with our health and social care partners to:

- Bring together occupational health / health at work services offer, integrating health and safety staff from the Council, NHS and other partners.
- Expand mental health support services for local employers.
- Offer an employment support programme for people with long terms conditions and cancer.
- Develop mental health awareness training for frontline staff and community members.



What can you do?

Health at work is an important concern of the community, employers and the health service, and if we want good health in the borough we need to develop more effective interventions to help people into work and to help people stay in work.

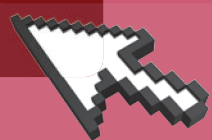
Good access to preventative health services through workplaces is important, especially for small to medium size enterprises where traditionally there are very few occupational health or workplace health initiatives. Individuals can support this by discussing opportunities for workplace health initiatives with colleagues, employers and unions.



Chief Supt. Bob Eastwood talks about maintaining a healthy workforce. Click on image to play.

CLICK HERE FOR LOCAL ECONOMIC ASSESSMENT

CLICK HERE FOR LOCAL ECONOMIC TRENDS





... I think one of the most inspirational things here is that you're in a very strong urban area; many people have backyards but they don't have green areas and this is a little oasis in the middle of all of that...



Three Safe & Healthy Homes & Neighbourhoods

Introduction Where people live has a big impact on health and feelings of being safe. This includes the quality of their own homes, the state of their local neighbourhood and whether or not they have access to open space. Living in a cold home is bad for health, increasing the risk of heart attack, stroke and respiratory infection in adults and increasing asthma and causing poor school performance in children, as well as increasing mental ill-health in all ages.



Find out how we are making the most of our green spaces in Blackburn with Darwen. Click on the image below to view.



Challenges

Blackburn with Darwen is amongst the worst 20% of Local Authorities for fuel poverty, previously defined as households needing to spend more than 10% of income on maintaining a satisfactory level of heating. The government has recently changed this definition to one based on low income and high fuel costs, and while the total number of households in the country affected by fuel poverty has reduced under this new definition, it remains as much of a local priority as ever. Particular local concerns relating to the quality of homes include the standards found in Houses of Multiple Occupation (hostels) across the Borough and in private rented accommodation in some areas.

Accidents are a leading cause of preventable injury and death for a range of people in the community, including both children under 5 and older people in their homes, children and young adults participating in leisure and sporting activities, as well as pedestrians and vehicle users. Children from poorer backgrounds are much more likely to be severely injured or die as a result of an accident than children from better off families. It is estimated that the financial cost of accidents in Blackburn with Darwen is approximately £4million per annum. This comes from health and social care costs as well as lost productivity.

Achievements

This year has seen the successful establishment of a new Affordable Warmth partnership, led by Blackburn with Darwen Healthy Living, which will need our continuing support.

We will also continue to promote the Decent and Safe Homes (DASH) service, to help residents improve the standard of their homes including the installation of energy efficiency measures, whilst working closely with other key services, such as GP practices, to ensure maximum take-up and impact of the scheme.

The Your Call campaign has been successful in getting local people together to clean-up their area, which has immediate benefits for health and wellbeing and will hopefully also increase pride in a neighbourhood and reduce the thoughtless behaviour of some, which can spoil it.

Future plans

Priority Partner Groups for 2014-15 support those who are vulnerable as a result of:

- Long term health conditions, including mental ill health.
- Physical or learning disability.
- Deprivation or disadvantage.
- Minority or hard to reach groups.

How we will work together:

- Continue to develop, with The Royal Society for the Prevention of Accidents (RoSPA), a local accident prevention programme.
- Encourage the take-up of insulation and fuel efficiency schemes.
- Ensure all identified people at risk are offered flu immunisation and other preventative health measures.
- Deliver a multi-agency regulatory framework around private rented sector properties and houses of multiple occupation.
- Use the Your Call programme to support members of the community to be actively involved in improving the quality of their local area, for example through parks supporters groups and community clean-ups etc.
- Deliver and expand the Good Neighbour Scheme to encompass the Blackburn with Darwen winter squads and promote better access to the widest possible range of community activities.



Chief Supt. Bob Eastwood talks about partnership working in neighbourhoods to prevent suicide. Click on image to play.



How can you help?

Local residents have the single biggest impact, for good or bad, in how safe and healthy their neighbourhood is.

To feel some responsibility for showing a good example to others and respect & gratitude to their neighbours who are already leading by example.

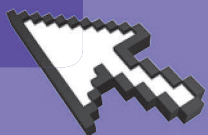
To value diversity in their neighbourhood and community.

Get involved in Your Call where you live.

Be prepared to invest time and energy into improving your homes and neighbourhoods.

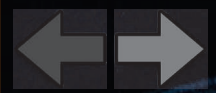
[CLICK HERE FOR YOUR CALL](#)

[CLICK HERE FOR COMMUNITY SAFETY STRATEGY](#)





... ultimately, everybody has to be responsible for their own health. But if we can identify the people who are at risk of developing ill health, we can properly support them to make those changes...



Four Good Health & Supporting People when Unwell



Find out how we are helping to change the way we look after people with long term health conditions in Blackburn with Darwen. Click on the image below to view.



Introduction Maintaining a healthy lifestyle is the best way to ensure good health for you and your family, now and in the future. However, there are many factors that can make this difficult. Being on a low income may make accessing opportunities for healthy food, sport or leisure difficult. Balancing competing demands on our time, such as work and caring responsibilities may leave little time or resources for looking after yourself. Making sure everyone has the opportunity to access a healthy lifestyle is a key priority, particularly during the economic downturn where family budgets have been depleted.

Changing how we provide health and social care services to people with long term conditions is also a priority, to ensure they get the best possible care for their needs and reduce the likelihood of hospital admission.



Challenges In Blackburn with Darwen, many people still smoke and the prevalence of smoking is amongst the highest in the country. Smoking is the number one cause of preventable death, ill health and health inequalities in our community. Smoking is also an economic issue. It is estimated that in Blackburn with Darwen, smoking costs the wider economy £46m each year. This is through lost productivity, sick days, illness and death, house fires and dealing with tobacco litter. Over 60,000 people in Blackburn with Darwen are living with one or more long term health conditions, a significant and growing challenge.

Achievements Now in its 5th year, re:refresh, Blackburn with Darwen Council's health and wellbeing campaign, has successfully encouraged more people to take up exercise and have a healthier lifestyle. re:refresh offers access to a programme of free leisure across the Council's leisure facilities, parks and community venues to anyone over 16 years who lives, is in full time education, is registered with a GP or works in Blackburn with Darwen. It resulted in 580,809 attendances at leisure facilities in the borough during 2012/13.

We are also taking an innovative approach to the way we care for people with long term conditions. A pilot scheme in four of the borough's GP practices brings social workers, community health and hospital staff together to provide care closer to patients' homes which is more tailored to their individual needs, thus preventing avoidable hospital admissions.

Another key development has been the transfer of tobacco control and stop smoking services to the Council as part of NHS reforms in April 2013. The council is ideally placed to work with partner organisations to reduce the harm associated with tobacco, including stopping the sales of tobacco to children, reducing sales of illegal tobacco and responding to emerging threats to health such as those posed by the smoking of Shisha.

Future plans

Priority Partner Groups for 2014 -15 support:

- People who smoke or are at risk from smoking.
- People with Long Term Conditions.
- People with mental health problems or at risk of developing them.

We will work with our health & social care partners to:

- Increase the number and variety of places where we offer Stop Smoking Services.
- Raise awareness about the harm to health of smoking shisha.
- Roll out the long term conditions pilot, including identifying as early as possible residents who have long term conditions and are at high risk of an avoidable hospital admission and expanding the area where we provide this service.
- Make it easier for people to access wellbeing services from social care, primary care, Job Centre Plus and other services in one place.
- Speed up access to psychological therapy support and make sure it is linked with support to address the wider causes of psychological distress.
- Train frontline staff in the NHS, Council, Job Centre Plus and public and voluntary agencies so that they are able to provide brief but appropriate advice, including signposting to health services, as part of their everyday contact with patients and users of services.



What can you do?

Make your home and car 'Smokefree'. Smokefree homes and cars are a great way to protect children from the harms of smoking.

Move more! Physical activity is not only great for your body but can help your emotional wellbeing too. Re:fresh offers a great range of fun ways to get more active.

[CLICK HERE FOR SEXUAL HEALTH ISNA](#)

[CLICK HERE FOR CVD ISNA](#)

[CLICK HERE FOR CANCERS ISNA](#)

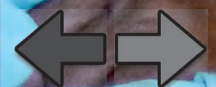
[CLICK HERE FOR ALCOHOL ISNA](#)



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Agenda Item 10



... loneliness can escalate to people becoming more isolated, leading to mental health problems and depression and that has a physical impact as well. There's a risk of people losing their independence as result of all of that...



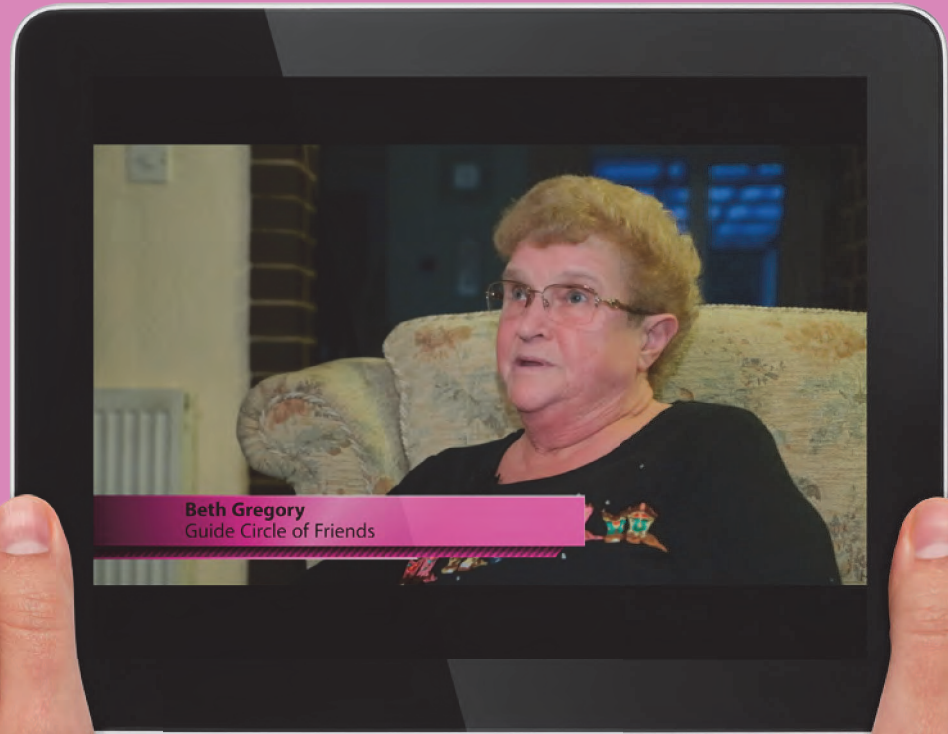
Five Older People's Independence & Social Inclusion

Introduction Striving to give children the best start in life is rightly seen by many as a priority. When people see both the vulnerability and the potential of young children, it stirs protective and nurturing instincts.

Older people may cause similar emotions, but can also remind us that day by day everyone of us is ageing and to think about how we would wish to be treated when we are old. The dignity and respect afforded to older people is a true hallmark of a fair and civilised society.



Find out how people in Blackburn with Darwen are combatting isolation and loneliness. Click on the image below to view.



Challenges As people live longer, the population will age. Over the next 20 years, the proportion of people aged 65+ in Blackburn with Darwen is predicted to increase from 1 in 8 to more than 1 in 6 and the number of very elderly (aged 85+) is predicted to increase by two-thirds.

This brings health challenges as older people are at increased risk of developing one or more limiting long-term conditions. This in turn increases their need for health and social care support, as well as increasing the risks of poor quality of life, loss of independence and social isolation.

Local people, particularly in older age, have lower than average financial assets, reducing their opportunity to buy services they feel would improve their quality of life and help to maintain their health and independence.

Older people are also experts, through their own experiences, with a positive and unique contribution to make to local life.

Achievements Last year we effectively established social isolation as a key local priority, and action to address it as a huge opportunity to address some of the biggest challenges we face. We launched Your Support Your Choice in the town centre, bringing together information about health and social care services in one place to make it as easy as possible for families and carers to get the information and support they need.

Future plans

Priority Partner Groups for 2014-15 support:

- People over 50 who are at substantial risk of losing their independence but are not eligible for formal social care.

How we will work together:

- Identify people earlier, working together in a better way to catch them at a low or moderate level of need and putting in the right multi-agency support to meet their needs.
- Develop a process to identify those at risk of losing their independence so we can put the right support in place early.
- Get agreements with partners to share information, with clients' consent, so we can work together to best meet their needs.
- Increase the quality and number of referrals voluntary organisations and health providers, particularly GPs.



Cllr. Mohammed Khan talks about health checks in Blackburn with Darwen. Click on image to play.



How can you help?

Find an opportunity every day to be a good neighbour to someone.

Ask if they would like to share a meal, or just have a cup of tea, or offer a lift to someone who doesn't have their own transport.

In particularly cold or hot weather, ensure that there is someone 'looking out for' vulnerable people living in the neighbourhood.

In snowy weather, make sure the pavement outside your own house is safe and offer to do the same for elderly neighbours.

CLICK HERE FOR LONELINESS & ISOLATION ISNA

CLICK HERE FOR OLDER PEOPLES HOUSING STRATEGY

CLICK HERE FOR DEMENTIA ISNA





... we see the ISNA as the Story of Blackburn with Darwen; looking at what has happened in the past, what is happening now and our best understanding of what is likely to happen in the future. The Story identifies the big challenges for the next five to ten years for the Borough...



Research



The Integrated Strategic Needs Assessment (ISNA)



Find out how we know what the health needs and priorities are in Blackburn with Darwen. Click on the image below to view.



Introduction The ISNA is the way we try to understand the needs and assets of residents. It's a story of Blackburn with Darwen. Overall it's about how the population of the borough is made up, what we know about how healthy it is and the assets people and communities have to help them to stay healthy. But it's also about understanding what residents and people that use services think about Blackburn with Darwen and the services that help to promote health. It tries to understand the stories that people and communities tell about their own experiences of health and wellbeing.



Understanding needs and people helps the Council and NHS to plan services that are right for local residents and communities. We see the ISNA as the Story of Blackburn with Darwen, looking at what has happened in the past, what is happening now and our best understanding of what is likely to happen in the future. The Story identifies the big challenges for the next five to ten year for the borough and the big opportunities to improve the place for residents, business and communities.

Each year we look at the Story of Blackburn with Darwen and we work out what has changed about the place in terms of the discussions and stories we've listened to from residents and communities and by looking at all the new data and information that there is about our towns and communities. We look at the difference in health and wellbeing between neighbourhoods and different parts of the community and we look to set out the major health and wellbeing challenges for the year, for the next three years and for the next ten years. We work out how we are going to involve residents and people that use services, and how we can listen to the stories of communities and individuals

In the last year we've had a closer look at dementia, loneliness and isolation, sexual health, heart attacks and strokes, cancers, children's dental health, what health means for work, people with learning disabilities and children that die before their time.

The ISNA Story and all the work that goes into it belongs to the Health and Wellbeing Board. It's there to make sure that the Health and Wellbeing Strategy is based on the evidence from local communities and people and about local communities and people. It means that we have the evidence to design good quality services to improve health and wellbeing and that reflect the needs and experiences of communities and people in Blackburn with Darwen.

CLICK HERE FOR ISNA

CLICK HERE FOR THE STORY OF PLACE

CLICK HERE FOR PUBLIC HEALTH ENGLAND, LOCALITY HEALTH PROFILE FOR BLACKBURN WITH DARWEN



Thanks to all who contributed to the creation of the Public Health Annual Report.

Please send comments or questions to PublicHealthAdmin@blackburn.gov.uk



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