

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

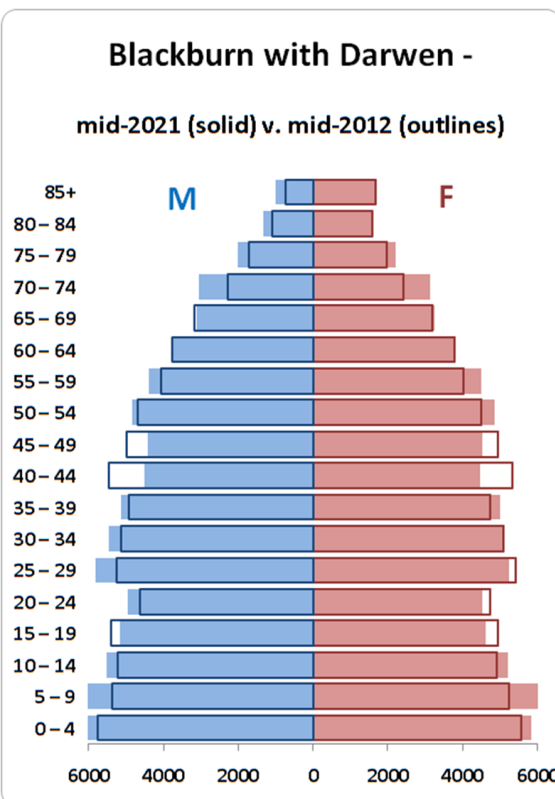
As with any borough, a basic understanding of the Population and the Local Economy of Blackburn with Darwen is essential to any meaningful discussion of its health and social care needs.

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

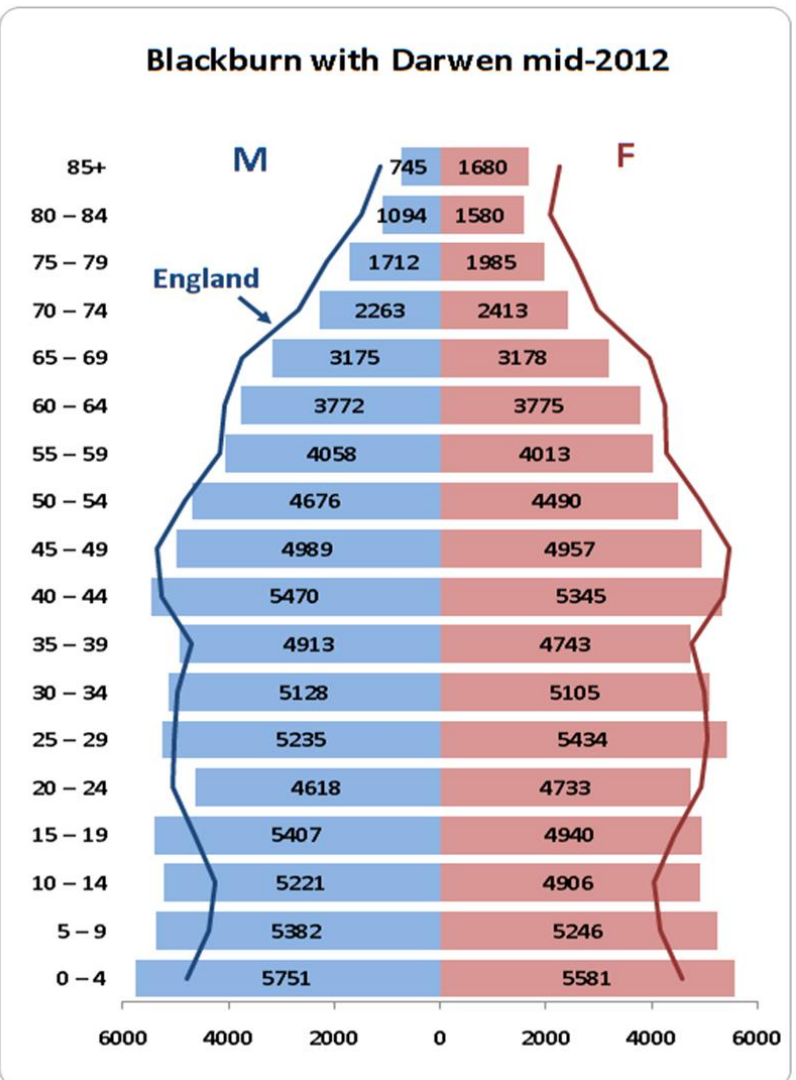
The latest ONS mid-year population estimates for Blackburn with Darwen are for 2012, and indicate a total population of 147,713 (Figure 1). This represents an increase of only 56 people since mid-2011. The England age structure is superimposed for comparison, from which it can be seen that Blackburn 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

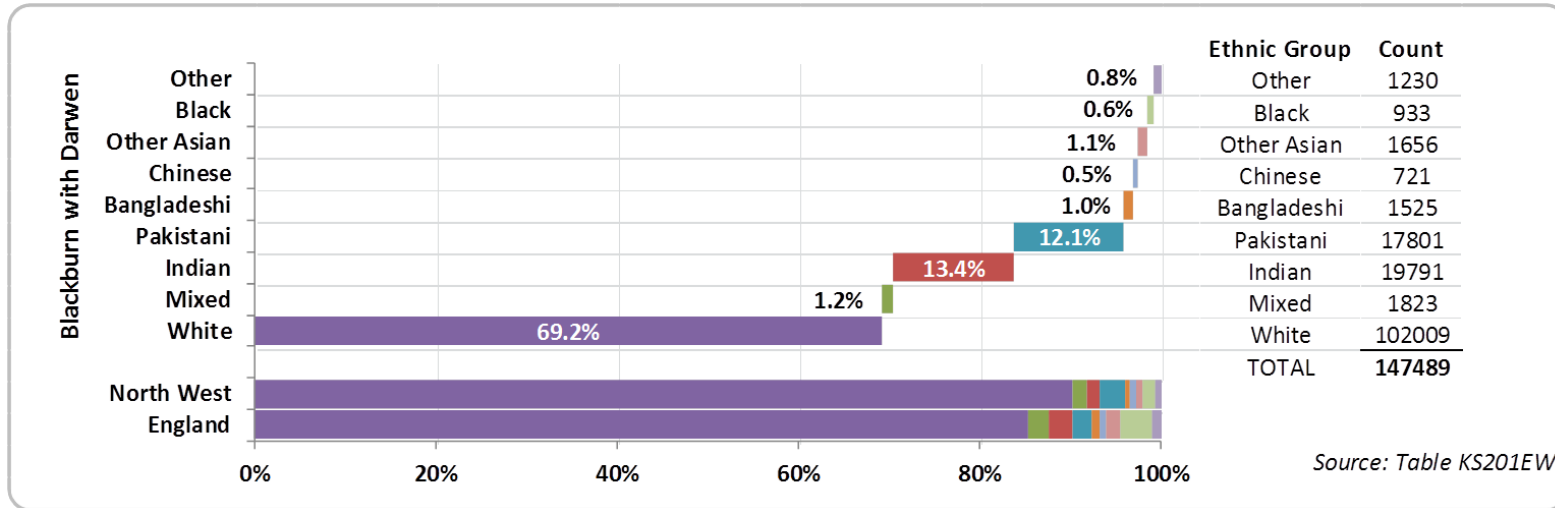
Blackburn with Darwen mid-2012



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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

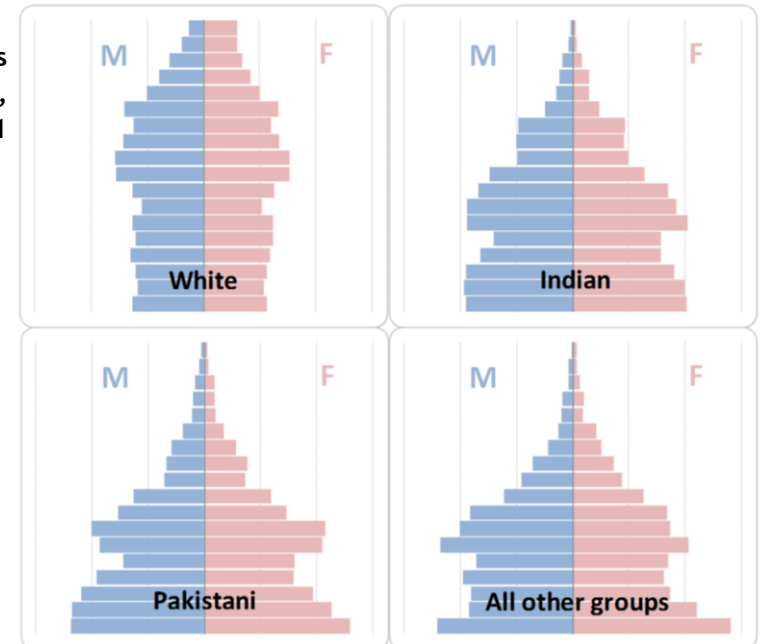
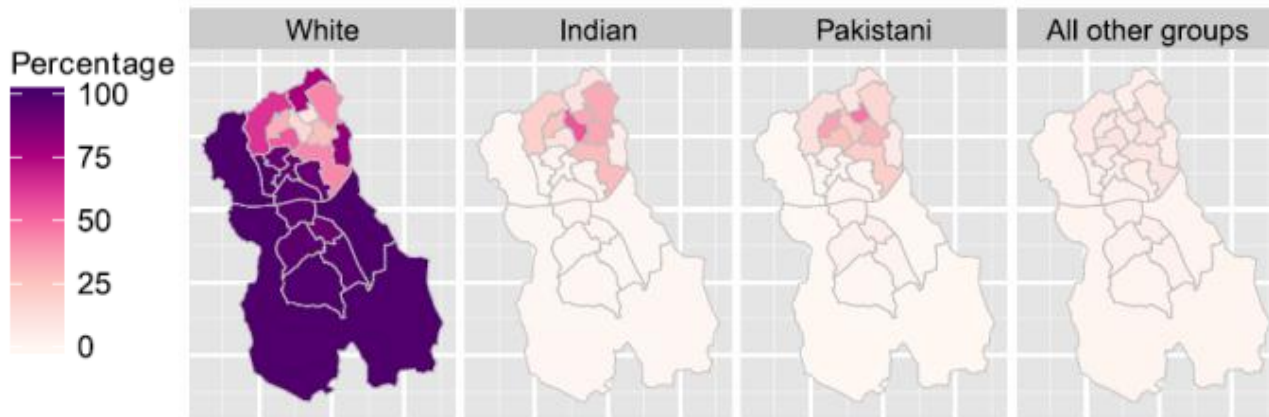


Figure 5 - Blackburn with Darwen - ethnicity by ward



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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).

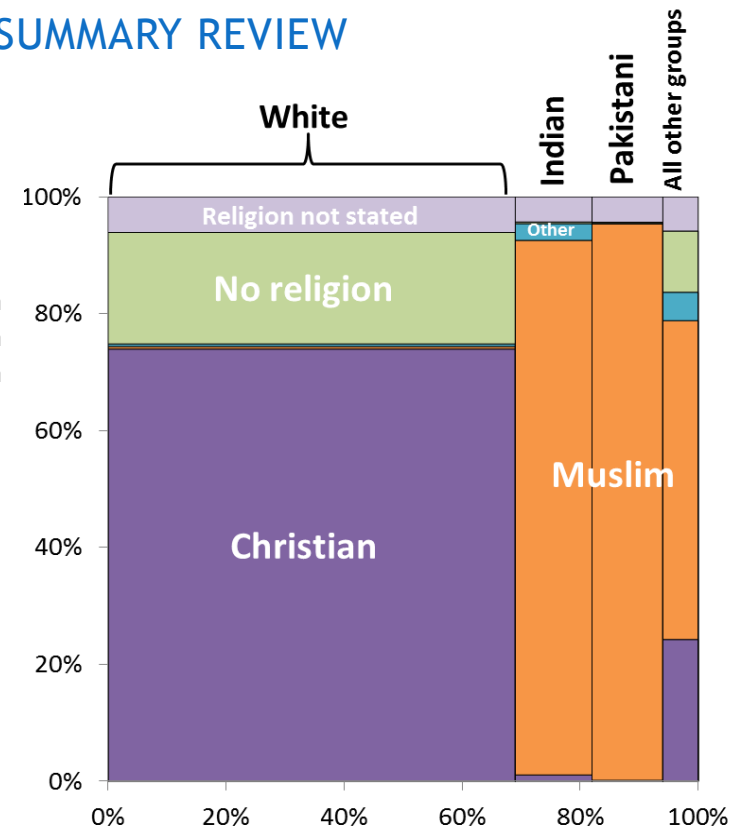


Figure 6 - relationship between ethnicity and religion in Blackburn with Darwen

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:

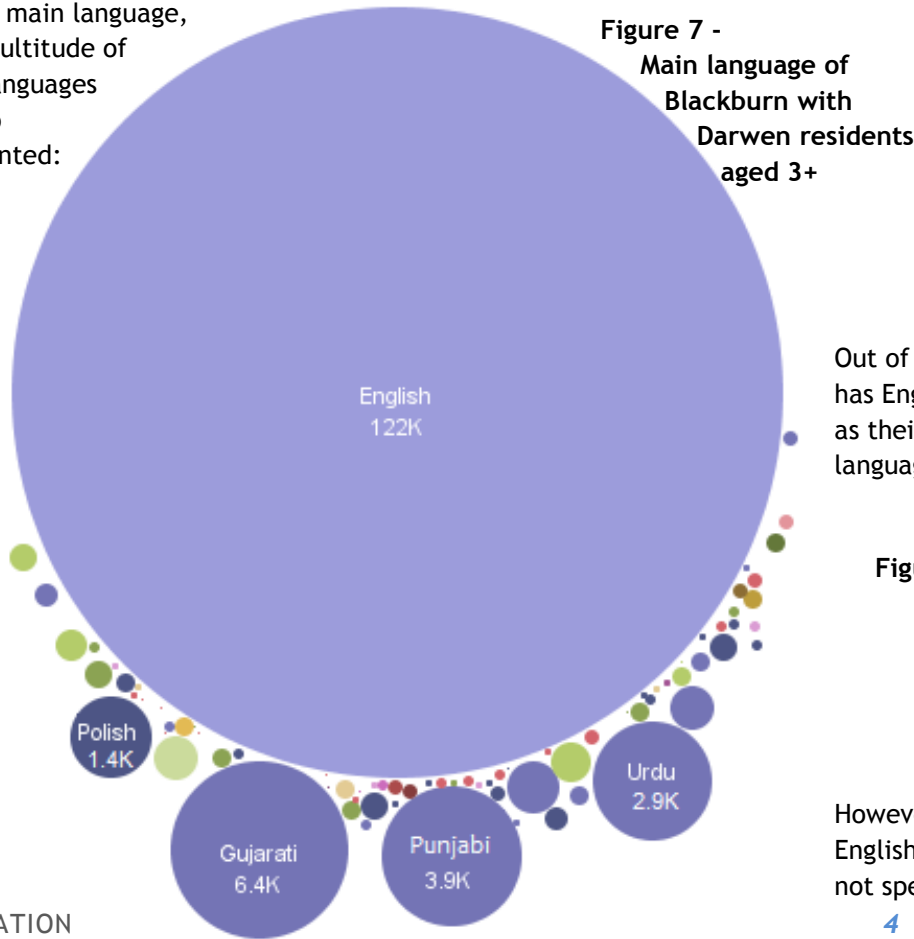
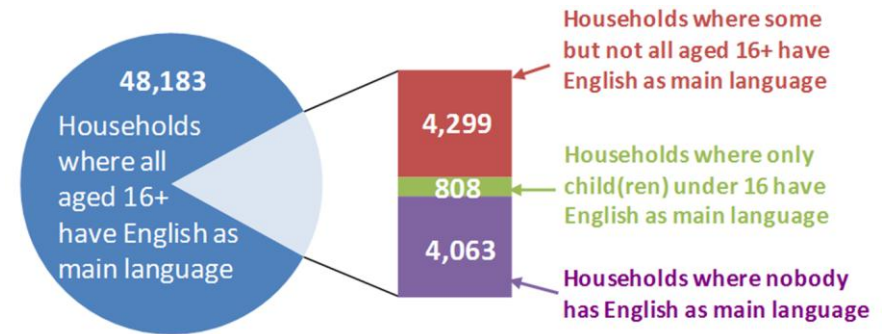


Figure 7 - Main language of Blackburn with Darwen residents aged 3+

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.

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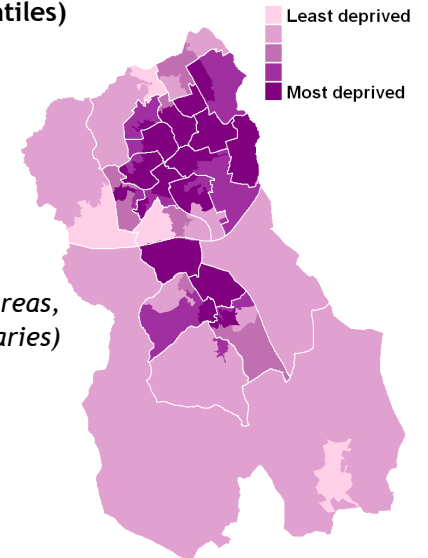
DEPRIVATION

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)

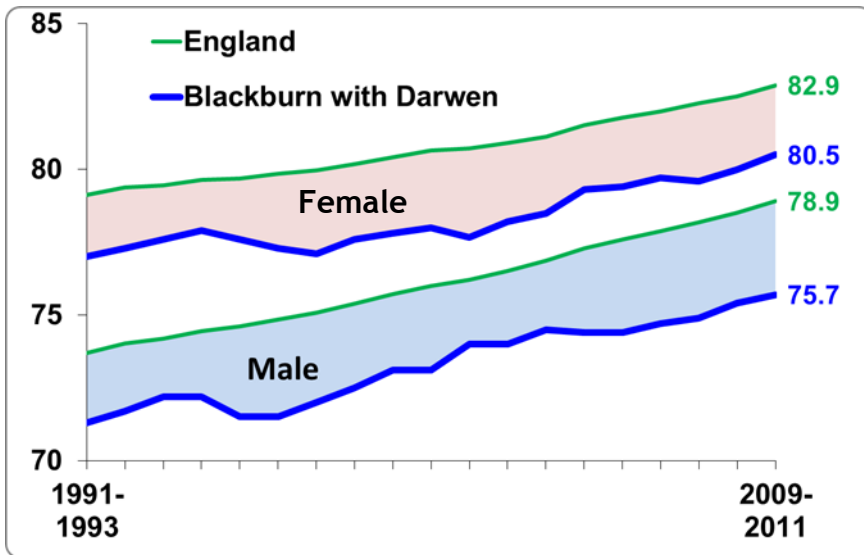


(Lower Super Output Areas, overlaid with ward boundaries)

LIFE EXPECTANCY

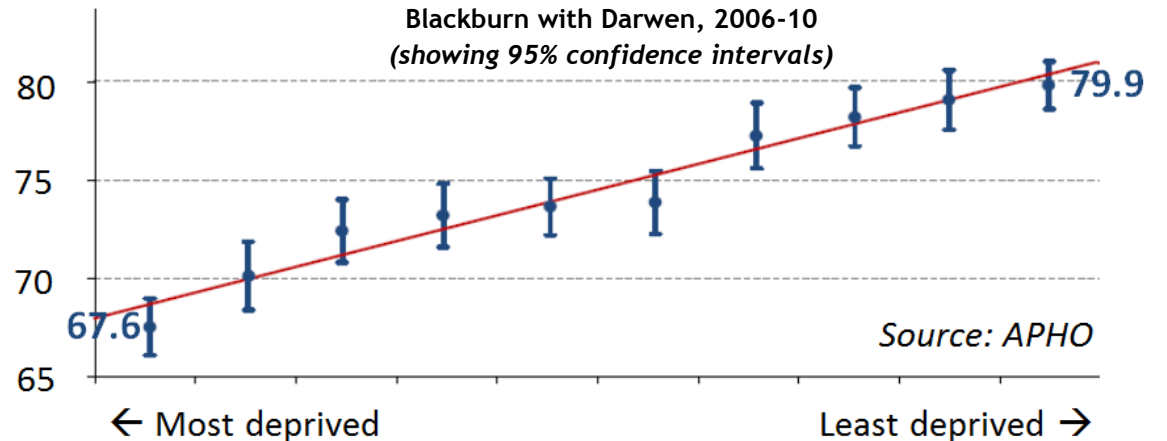
Life expectancy in Blackburn with Darwen has risen over the years, but the England average has risen faster (Figure 10).

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)



Source: APHO

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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

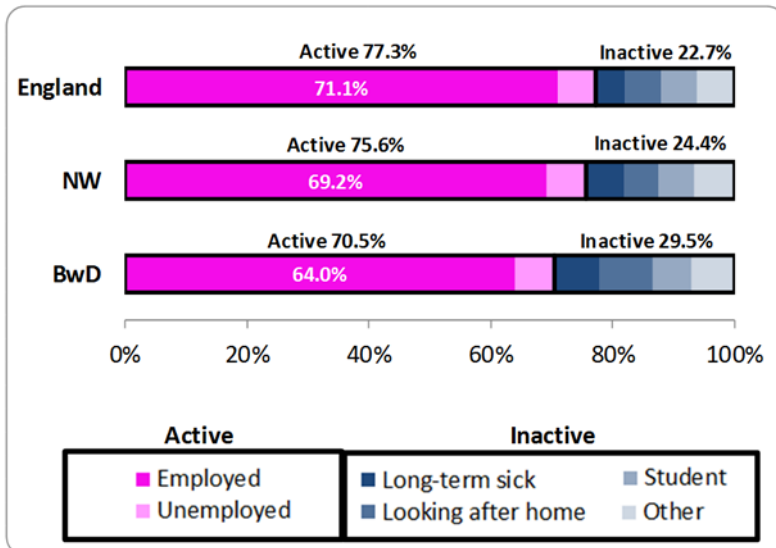
In 2012, there were estimated to be 14,900 people aged 16-64 in Blackburn with Darwen with no qualifications, which represents 17.2% of the working-age population. This is the fifth highest rate of any upper tier authority in England, and significantly higher than the North West (11.1%) or England (9.5%) 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.

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KEY OUT-OF-WORK BENEFITS

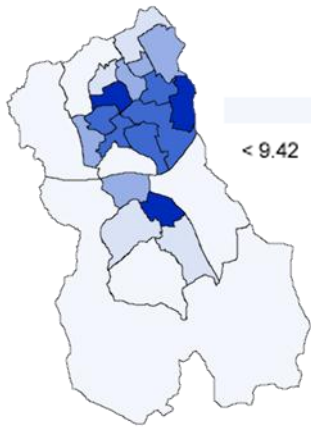
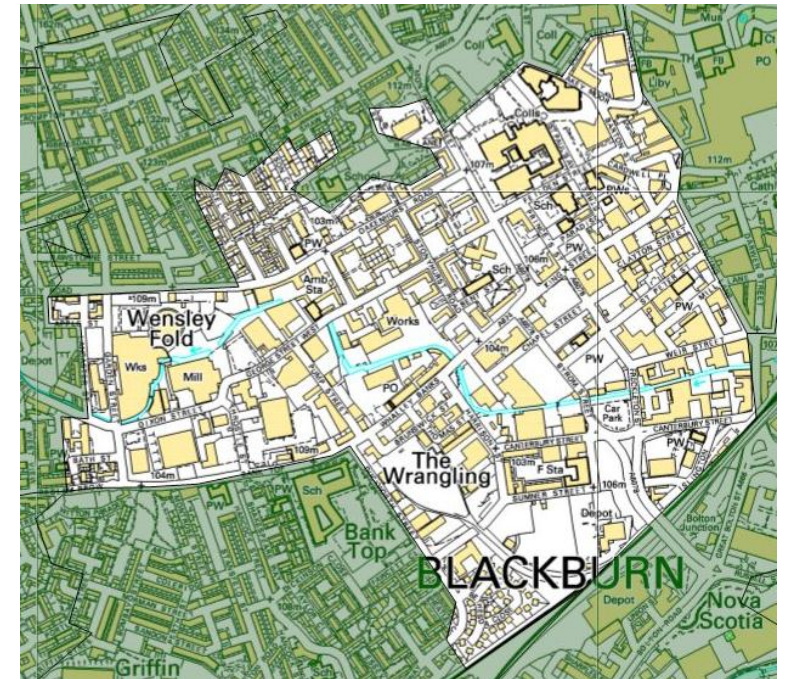


Figure 14 - Claimant rate for key out-of-work benefits* (Nov 2012, age 16-64, wards) *Source & definition - NOMIS

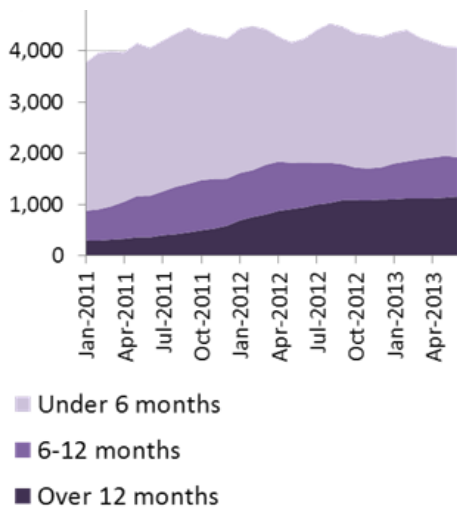
The proportions can be even higher for smaller neighbourhoods. A Centre for Social Justice report identifies that in August 2012, Lower Super Output Area '006E' in Wensley Fold had a rate of 59%. This was the second highest percentage in England (the highest being 60% for an LSOA in Birmingham).⁷

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

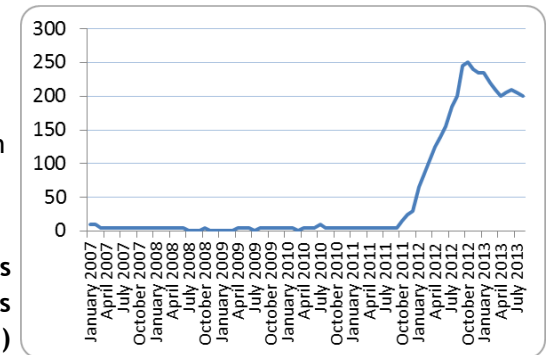
Figure 16 - JSA claimants by duration, Blackburn with Darwen, Jan 2011 - June 2013



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)



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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)

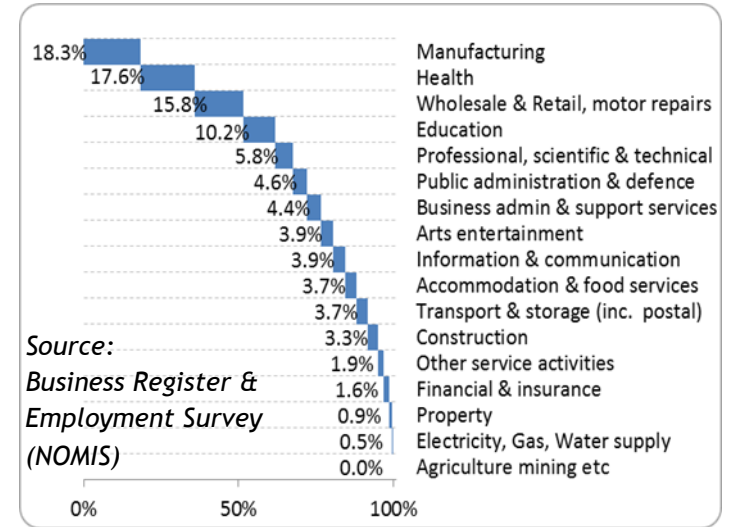
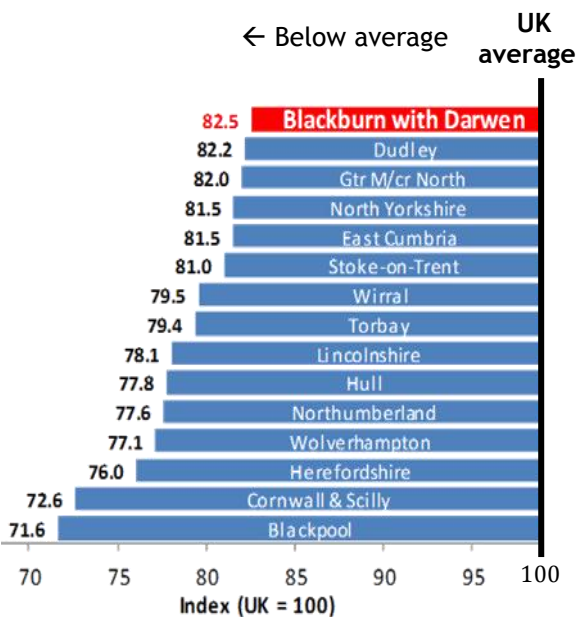


Figure 19 - GVA per hour worked - lowest ranking 15 English NUTS3 areas, relative to UK (2011)



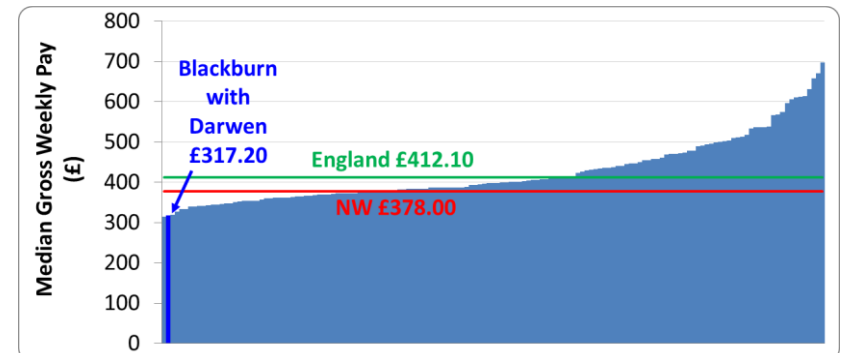
PRODUCTIVITY

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%

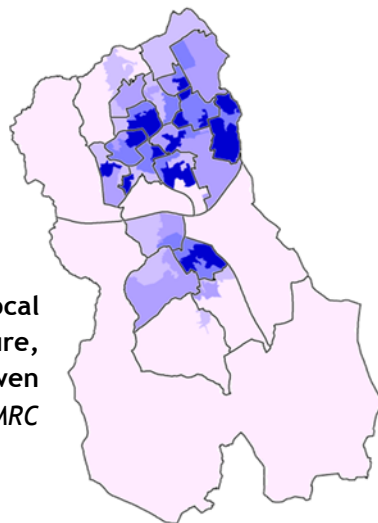
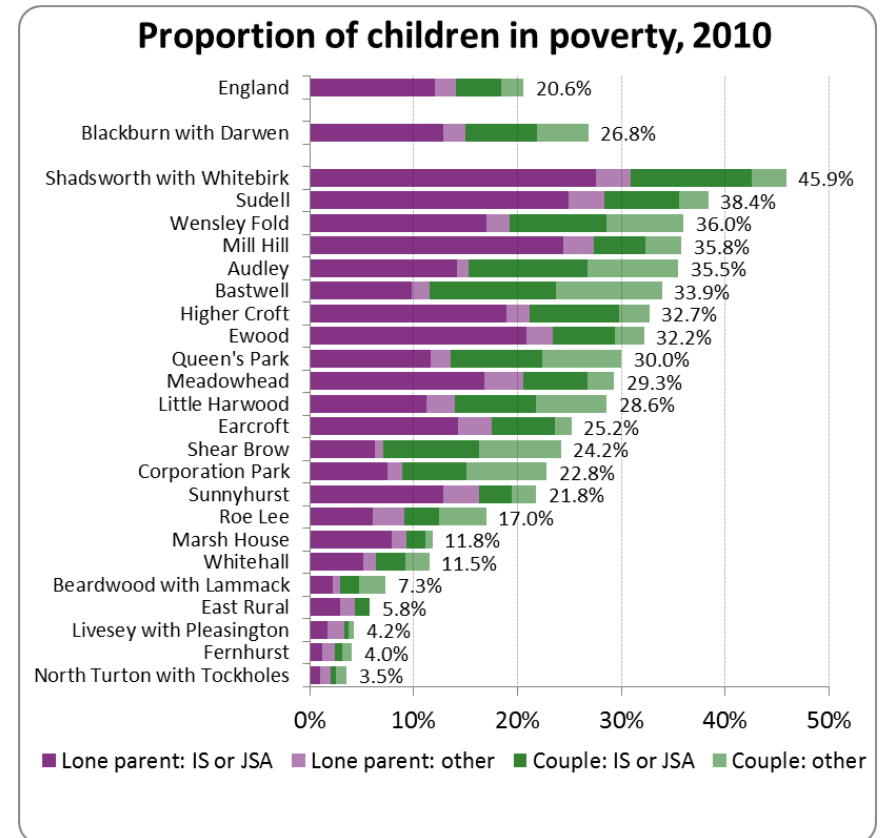


Figure 22 - Revised local child poverty measure, Blackburn with Darwen
Source: HMRC

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

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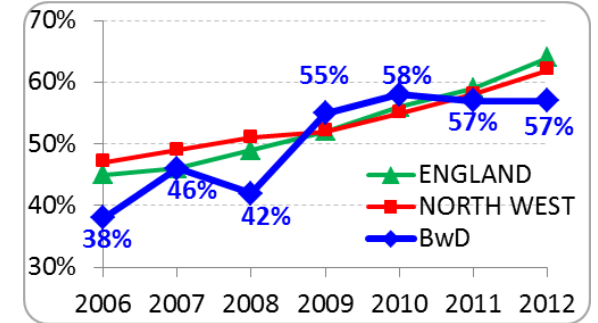
EDUCATION

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.

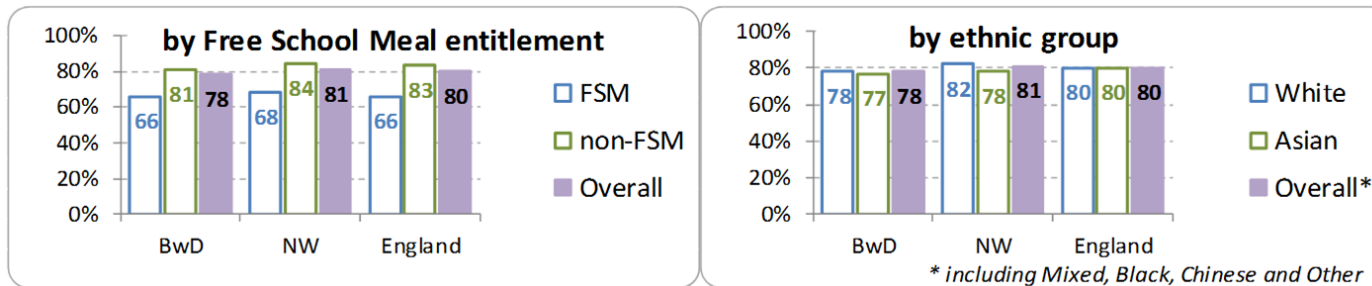


Figure 24 - Key Stage 2: % achieving Level 4+ in English & Maths, 2012

[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%.

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:

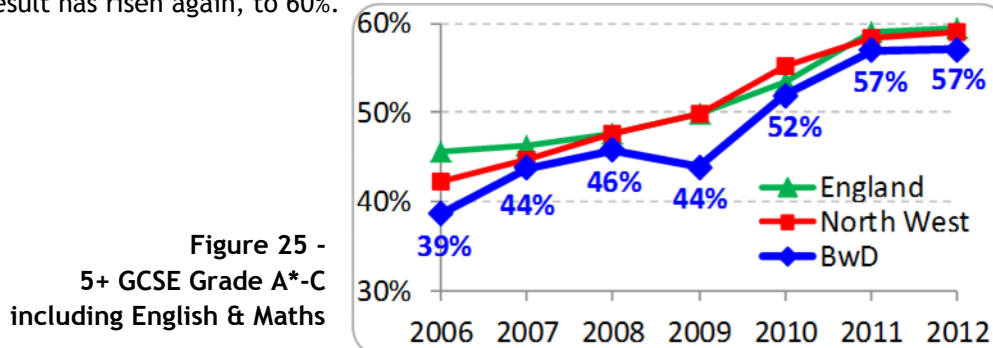


Figure 25 - 5+ GCSE Grade A*-C including English & Maths

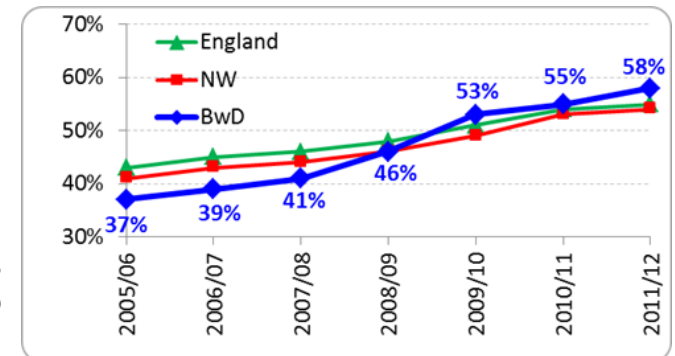


Figure 26 - Level 3 qualification at age 19

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NEETS

Young people who are **Not in Education, Employment or Training** (NEET) have been described by the Deputy Prime Minister as ‘a ticking time bomb for the economy and our society as a whole’. Announcing a new system of payment-by-results support for 16-17 year-old NEETs, he emphasised the complex problems which may lead to disengagement at this age, and the damage it can inflict upon long-term employability and earning potential.²⁵

In 2012, Blackburn with Darwen was estimated to have 460 NEETs aged 16-18, or 7.5% of the age-group. This compares with an England average of 5.7% (when measured on the same basis), and puts the borough just outside the highest quintile of upper-tier authorities.²⁶

FAMILIES WITH MULTIPLE PROBLEMS - ‘THINK FAMILY’

Blackburn with Darwen has extensive experience of ‘family intervention’ projects aimed at assisting families with multiple problems. Its ‘Think Family’ approach to meeting the holistic needs of the whole family has been piloted in three wards, and is enshrined in the borough’s Children, Families and Young People’s Plan.³²

Working on similar principles, the government has estimated that there are approximately 120,000 ‘troubled families’ in the country, each reckoned to cost local and central government an estimated £75,000 per year, with only a ninth of this money going on targeted interventions which could help to solve their problems.²⁷ It has made £450m available to local authorities to assist these families, by giving them one dedicated worker rather than a “string of well-meaning, disconnected officials”.²⁸ Blackburn with Darwen’s slice of this funding is based on the assumption that it has 465 families in this category, although this is based on a formula rather than data about actual families.²⁷ By July 2013, Blackburn with Darwen had identified 165 of these families, was working with 129 of them, and had already ‘turned round’ 20.²⁹

LOOKED AFTER CHILDREN

As at 31st March 2012, 360 children in Blackburn with Darwen were being looked after by the local authority.³⁰ This gives a relatively high rate of 93 out of every 10,000 children under the age of 18 (Error! Reference source not found.)³¹, compared with an England average of 59 per 10,000. The Children, Young People & Families’ Trust is committed to ensuring improved stability and outcomes for all these children.³²

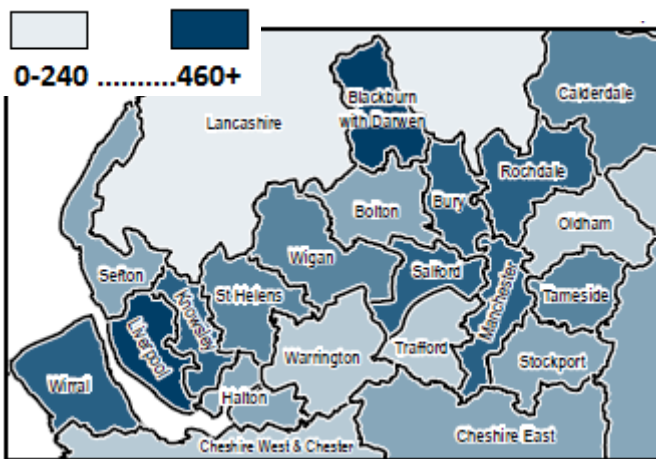
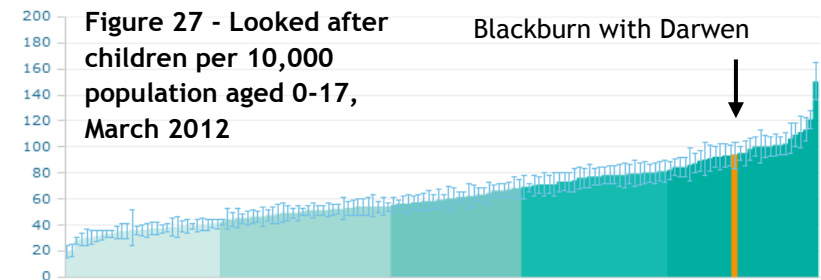


Figure 28 - No. of Children in Need per 10,000 children (March 2012) Source: DfE



CHILDREN IN NEED

Looked after children are one category of ‘Children in Need’ - the DfE’s term for all those referred to the local authority and assessed to be in need of services. Blackburn with Darwen had 1790 Children in Need at the end of March 2012, which equates to a rate of 463.9 per 10,000 (Figure 28), compared with averages of 336.3 in the NW and 325.7 for England.³³

YOUNG CARERS

According to the 2011 Census, Blackburn with Darwen has an estimated 1543 ‘young carers’ aged under 25, or 3.1% of the age-group (NW 3.0%, England 2.6%). However, this may well be an underestimate. The particular problems faced by young carers are well recognised, and a Young Carers Project (www.canw-youngcarers.co.uk), jointly funded by the Council, has been set up to offer support such as outings, activities, counselling and practical assistance.³⁴

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

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

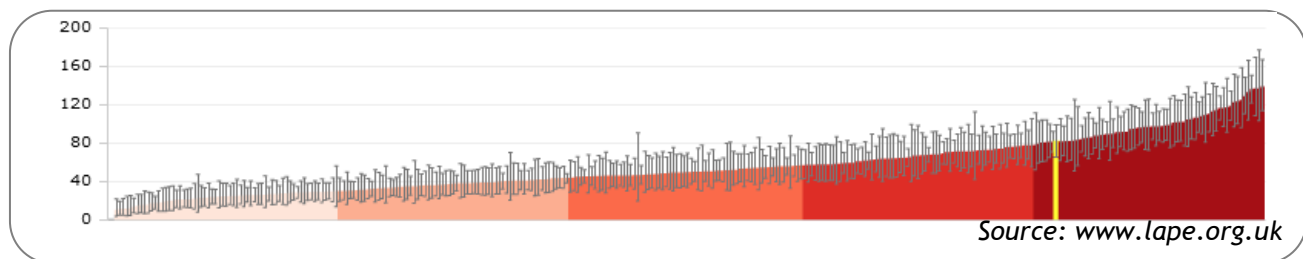
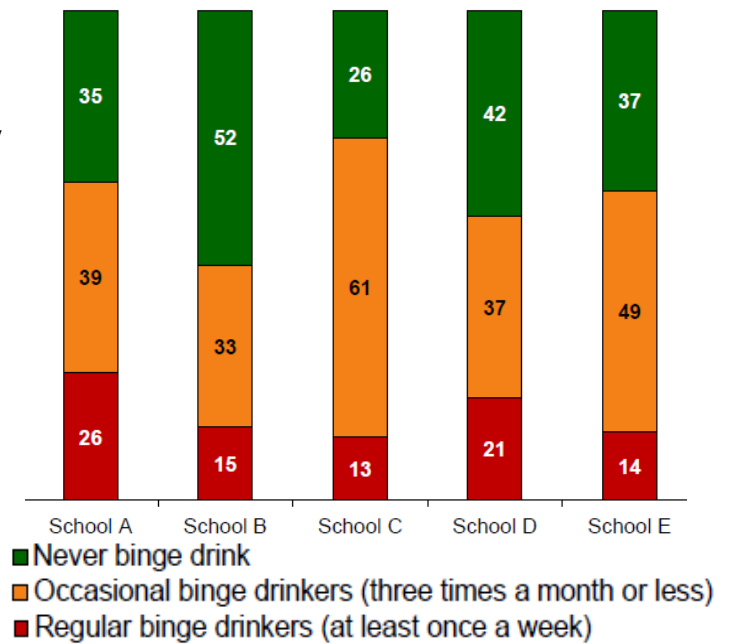
Substance misuse

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).

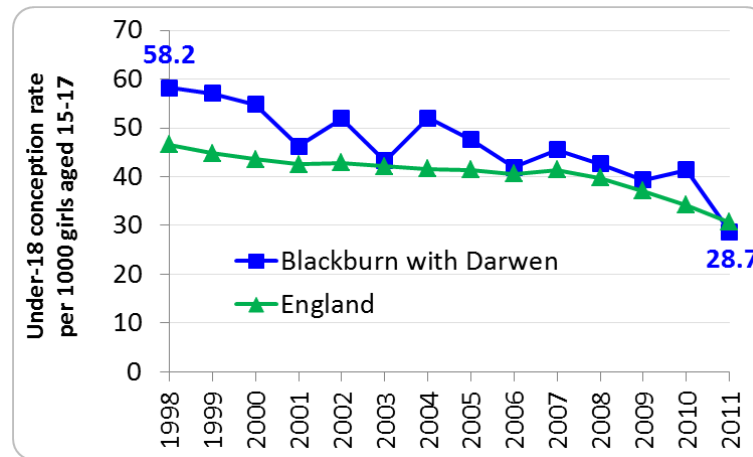


Figure 31 - Teenage conceptions 1998-2011

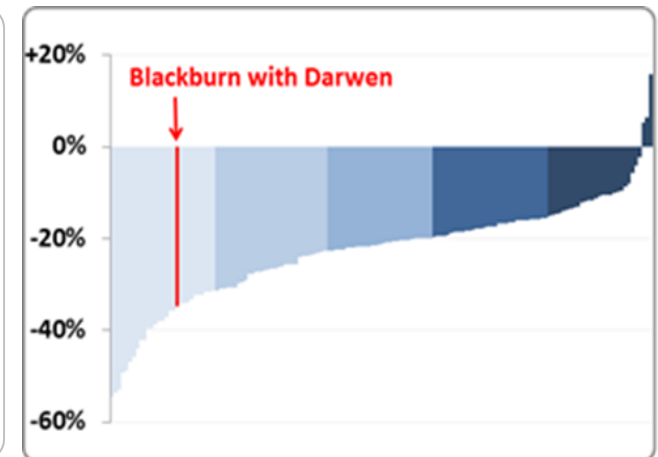


Figure 32 - Percentage change in under-18 conception rate between 1998-00 and 2008-11

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.

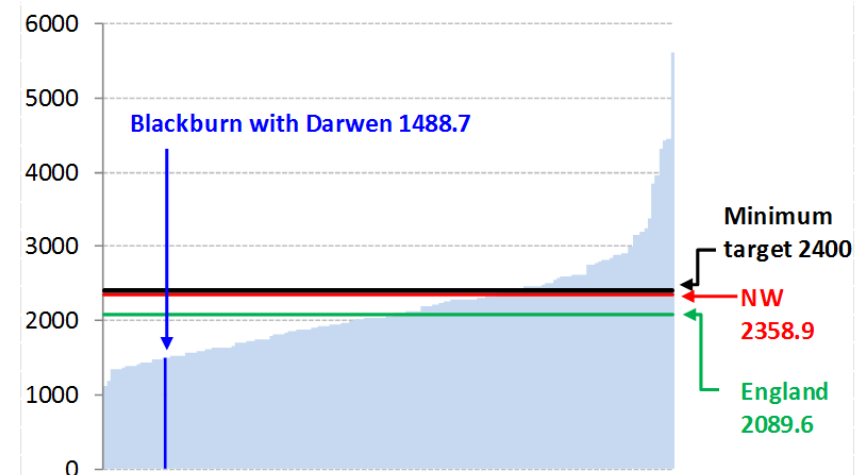


Figure 33 - Chlamydia diagnostic rate per 100,000 15-24 year-olds (PCTs, 2011-12)

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.

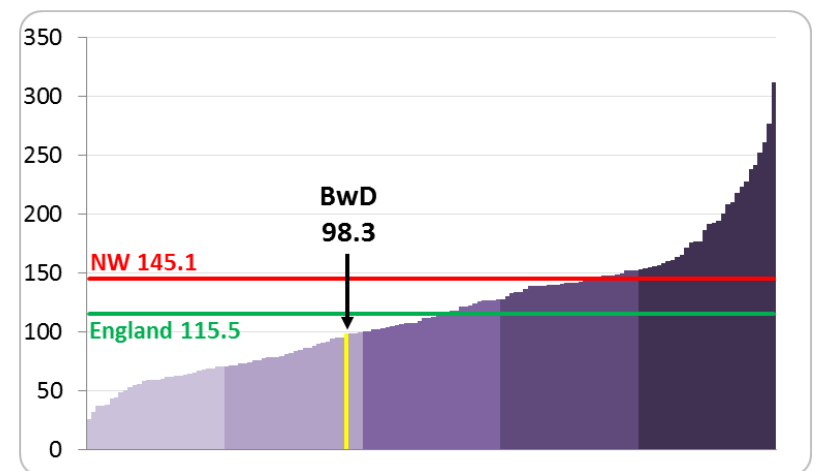
Self-harm

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

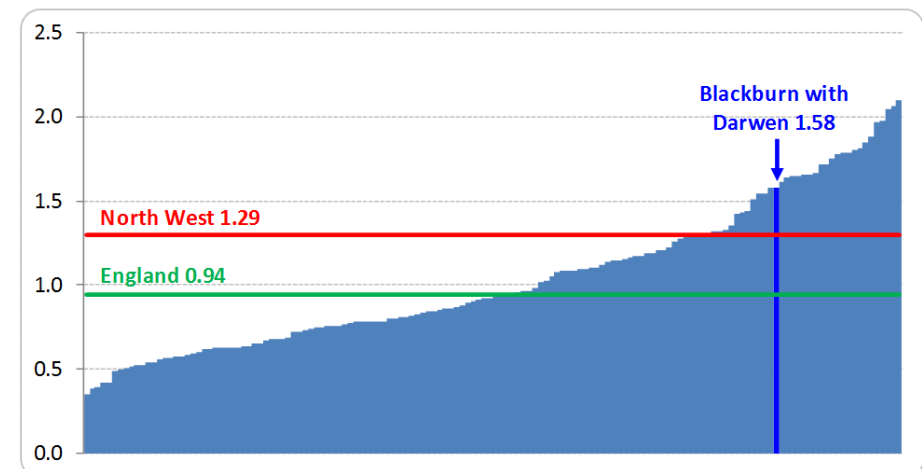
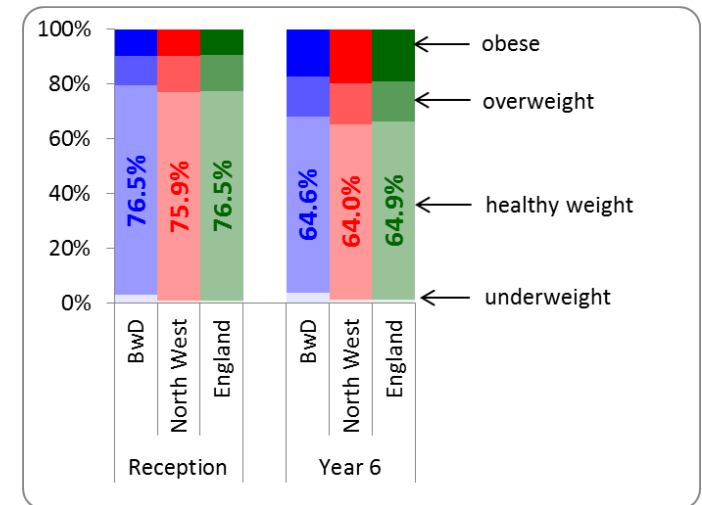


Figure 37 - Average decayed, missing and filled teeth, 5 yr-olds, 2012

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 per 100,000).^{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):

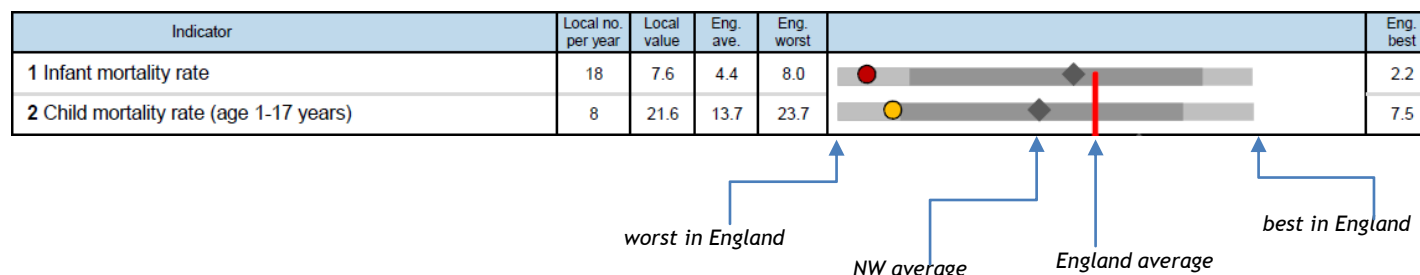


Figure 38 - extract from 2013 Child Health Profile for Blackburn with Darwen

Source: ChiMat (www.chimat.org.uk)

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).

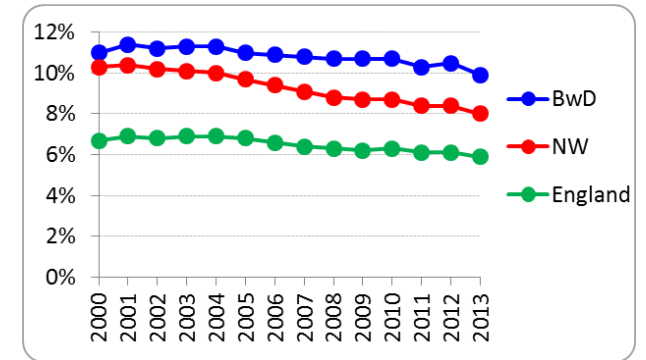
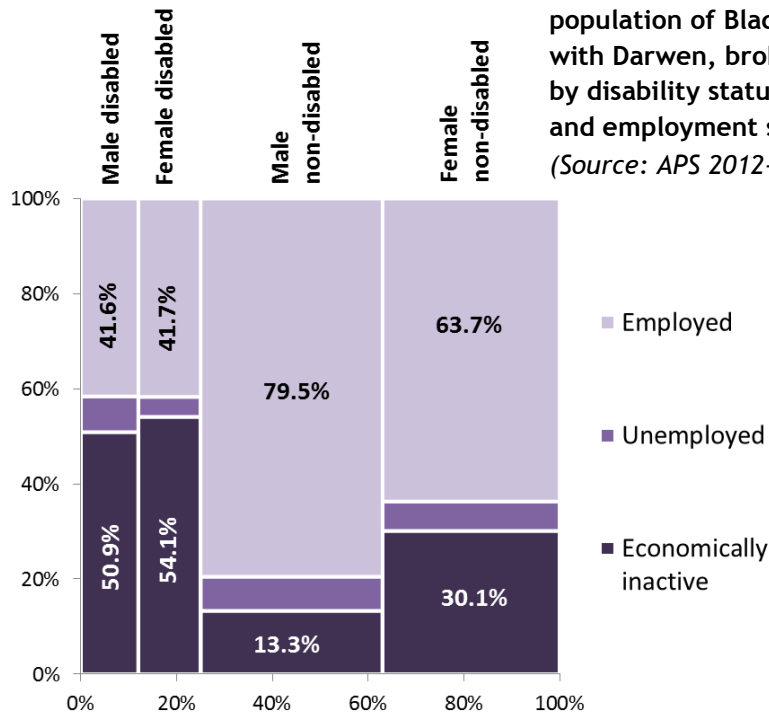


Figure 39 - Proportion of residents aged 16-64 claiming Employment Support Allowance and other incapacity benefits (February each year)

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

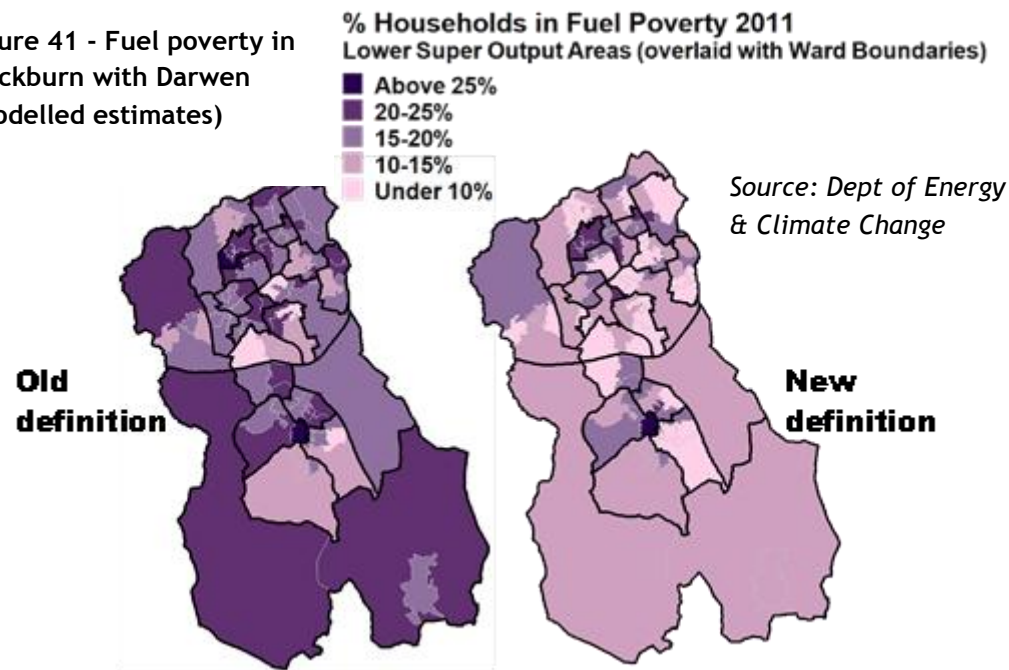
The definition of fuel poverty has recently changed. The old definition was based on the need to spend more than 10% of income on maintaining a satisfactory level of heating. 14.6% of households in England came into this category in 2011⁵⁷, and Blackburn with Darwen was in the second worst quintile with 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):

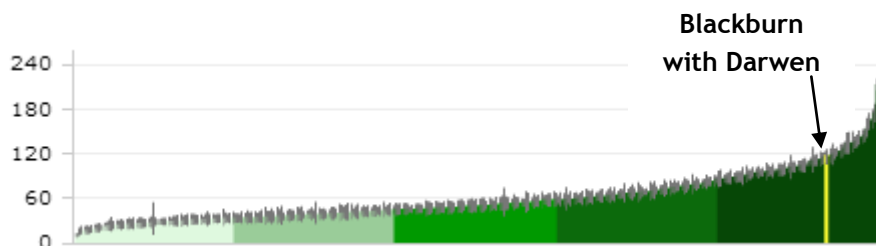


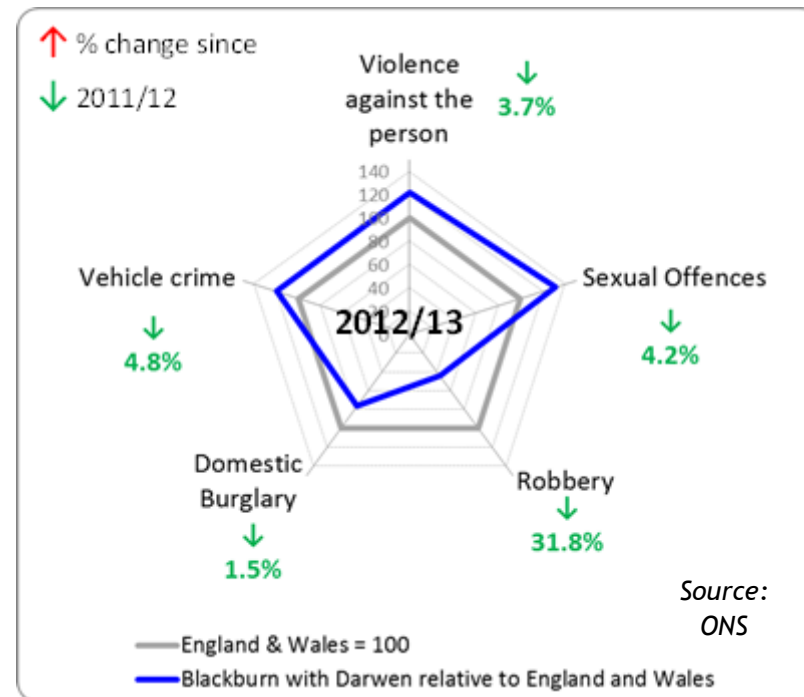
Figure 43 - Rate of emergency hospital admissions for violence per 100,000 population (Lower tier local authorities, 2009-10 to 2011-12 pooled)

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



Source: ONS

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

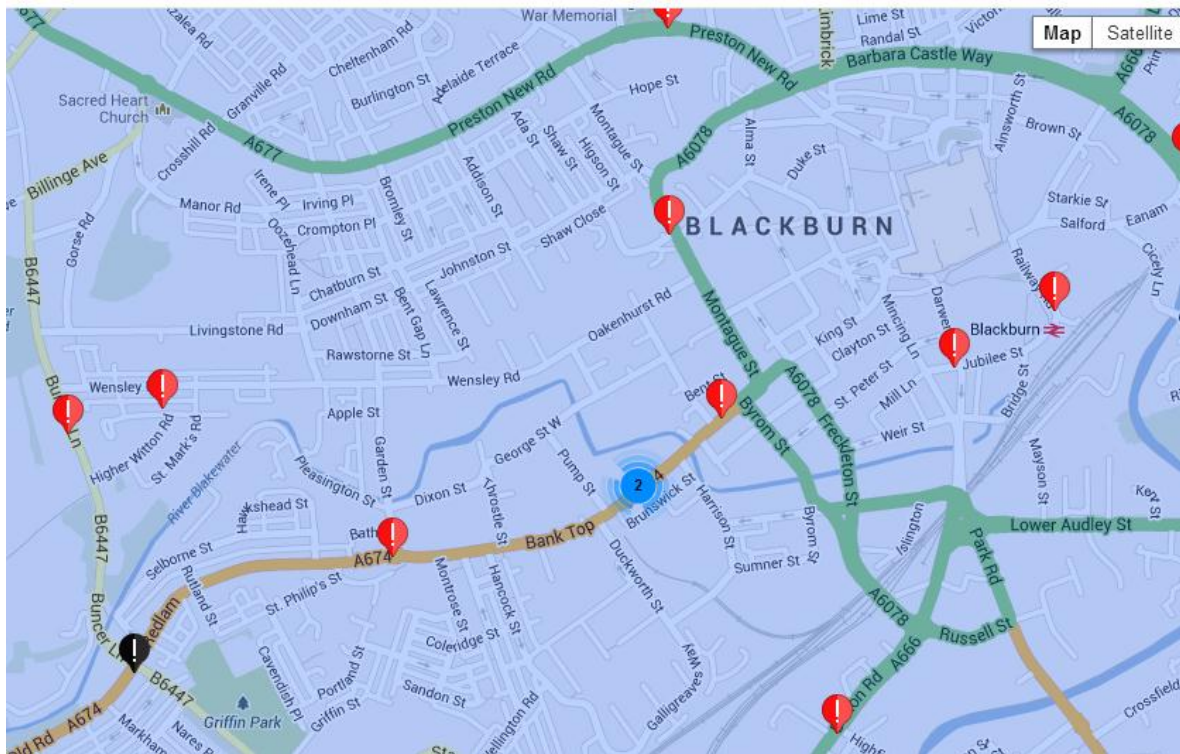
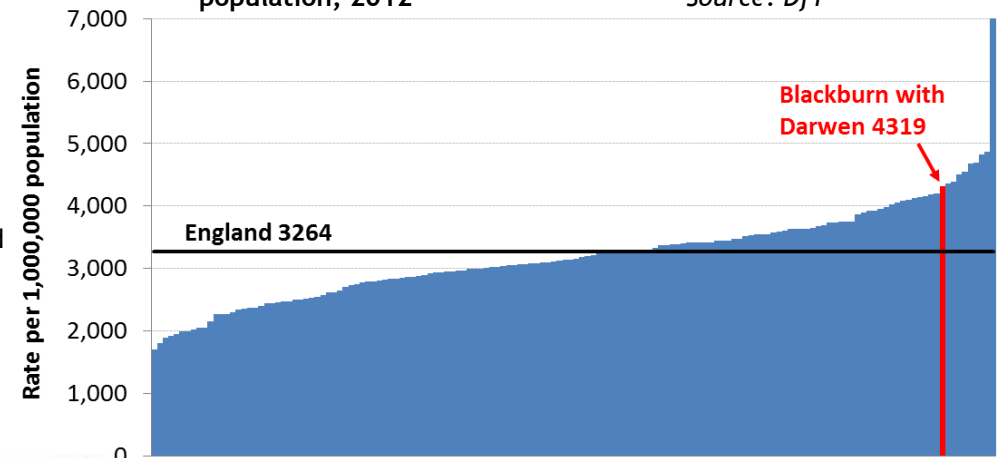
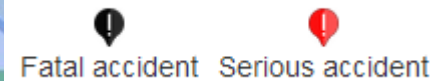


Figure 45 - DfT online mapping tool showing serious and fatal accidents in Blackburn with Darwen, 2012
Source: [DfT](#)⁷⁴



* 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

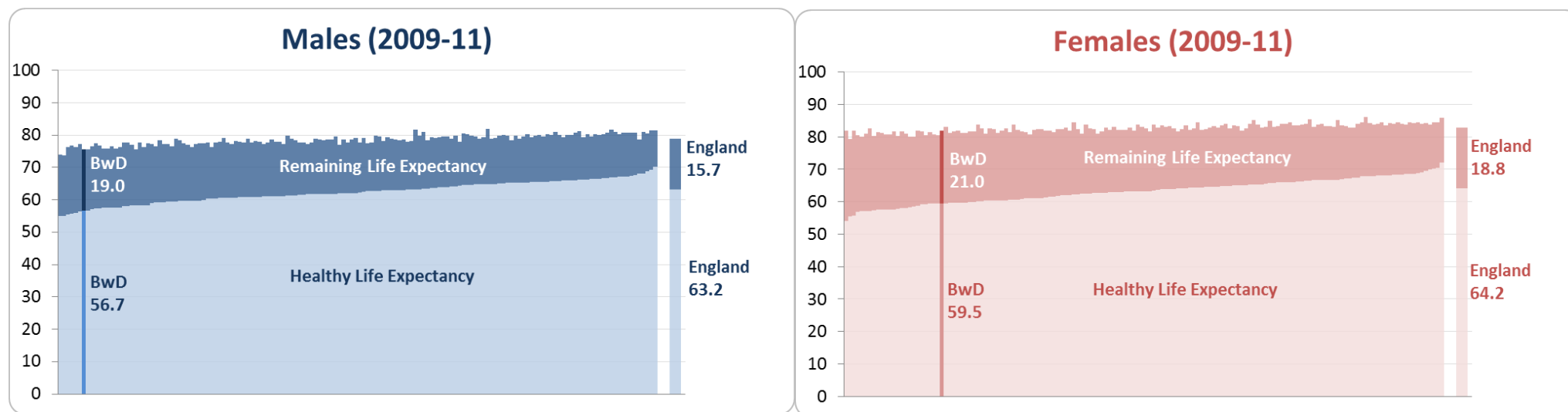


Figure 46 - Healthy Life Expectancy - Blackburn with Darwen compared with 150 upper-tier local authorities and England (2009-11)

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.

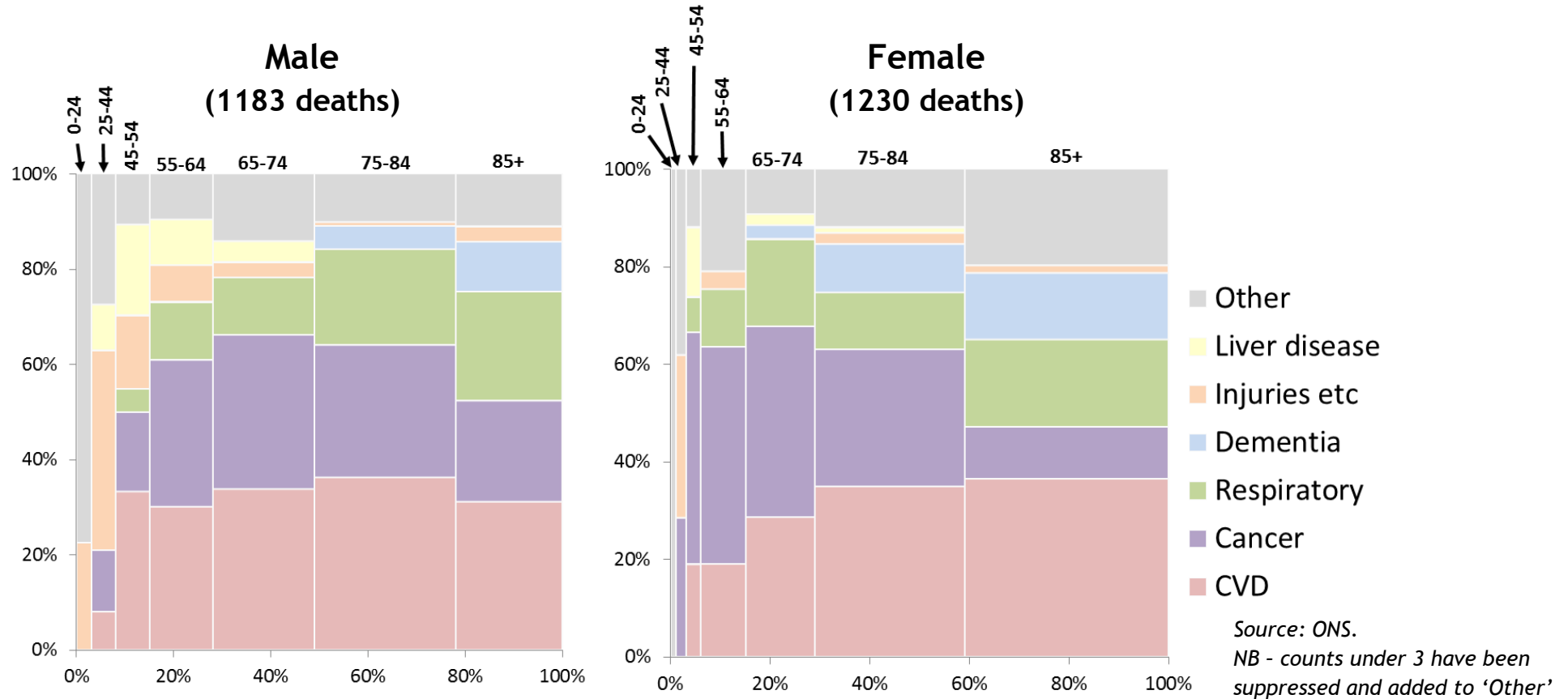
The Public Health Outcomes Framework acknowledges that Healthy Life Expectancy is the sort of measure which can take a long time to show any marked improvements, which is why the overarching outcomes are underpinned by a large collection of supporting indicators.⁷⁵

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)

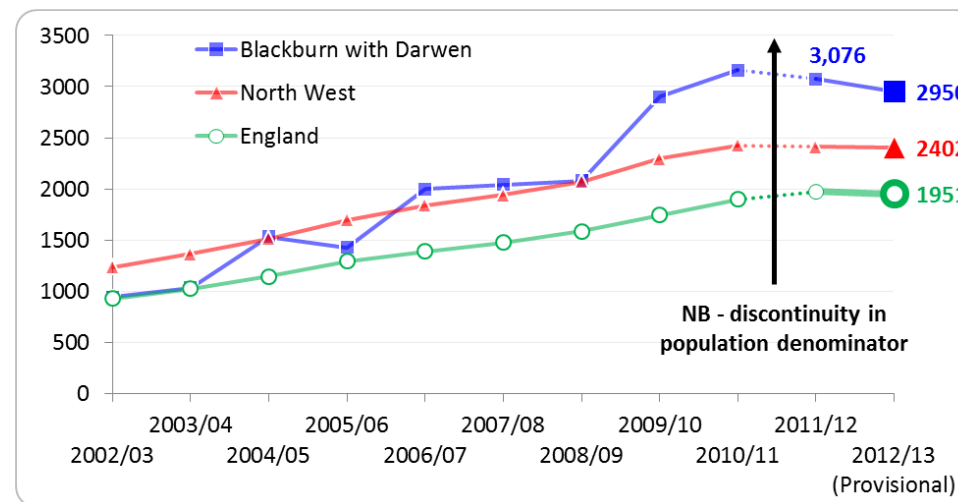
As with obesity, evidence on alcohol consumption is expensive to collect, and we have to depend upon 'synthetic' estimates which predict drinking patterns from other more readily-available statistics. These suggest that Blackburn with Darwen has the highest proportion of non-drinkers in the North West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

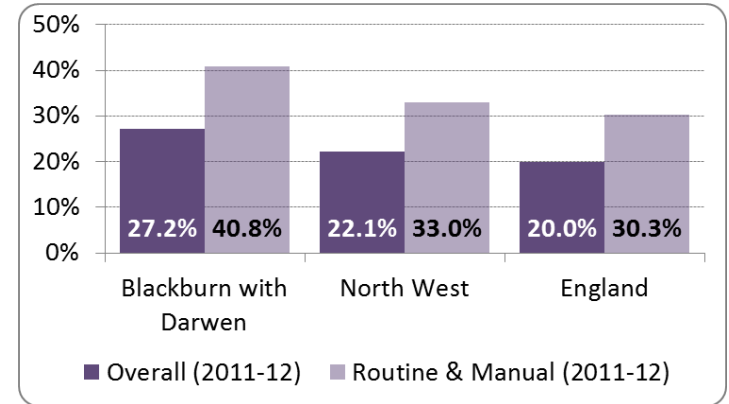
SMOKING (ADULTS)

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

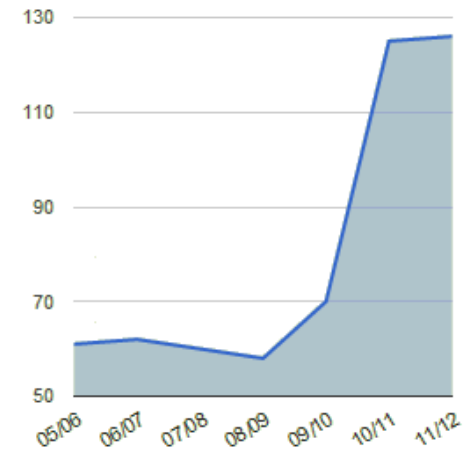
The Department for Education estimates that parental drug use is a factor in one third of England's 120,000 most 'troubled families'. In Blackburn with Darwen, just over half of those in treatment are living with children, compared with a third nationally.⁸⁸ Public Health England has published a presentation 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

Public Health England

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

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



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

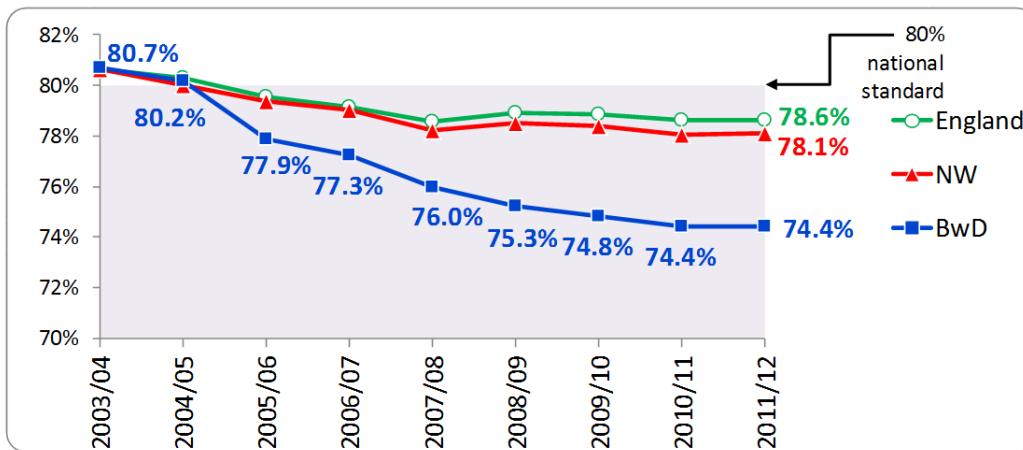
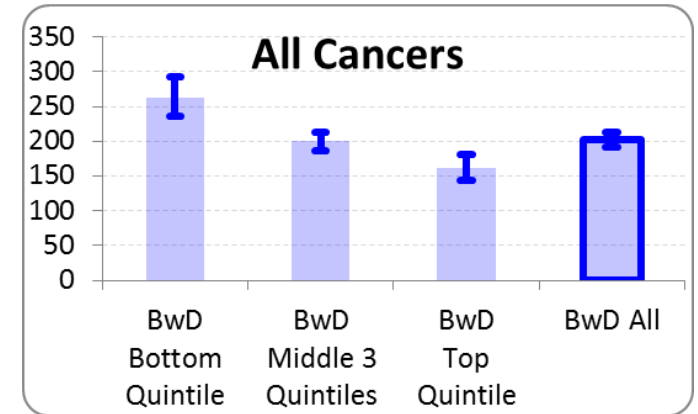
CANCER

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



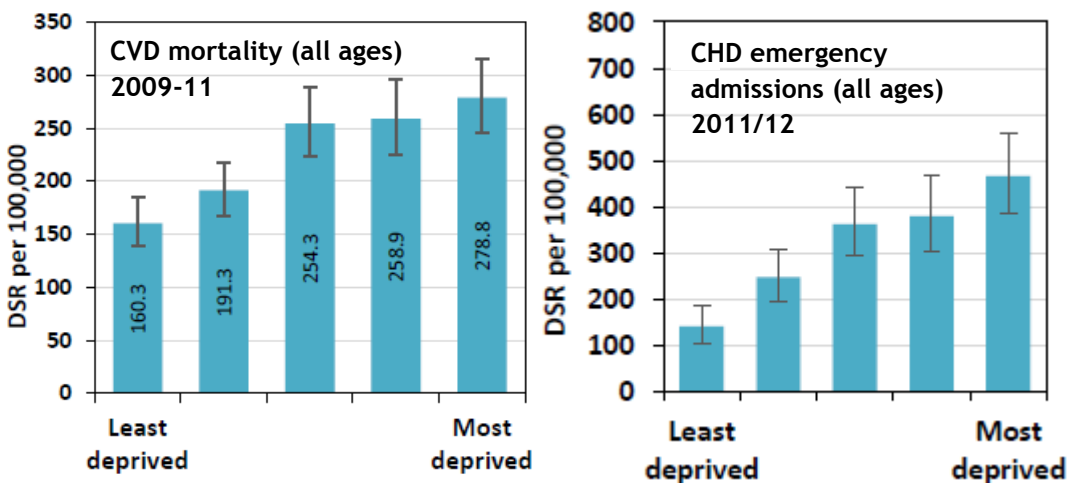
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CARDIOVASCULAR DISEASE

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



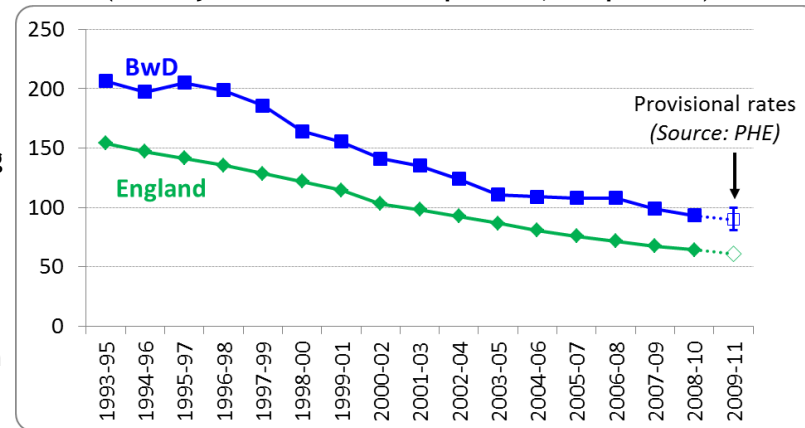
Source: National CVD Profiles⁹⁶

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

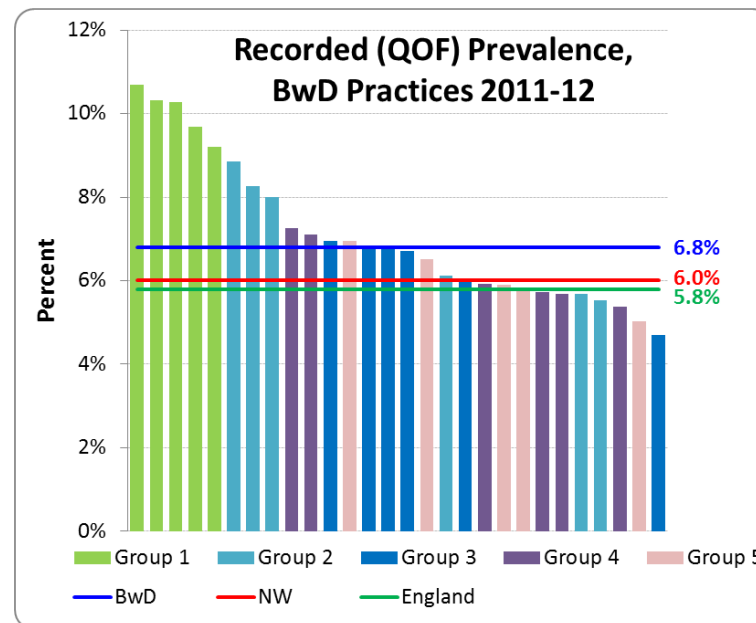
HEALTH CHECKS

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+)



INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

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

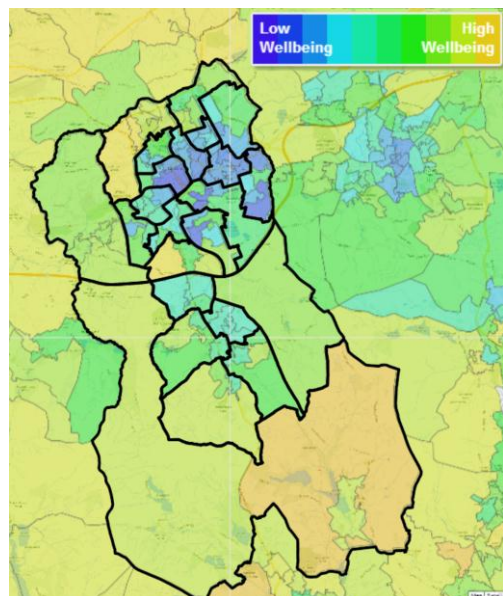
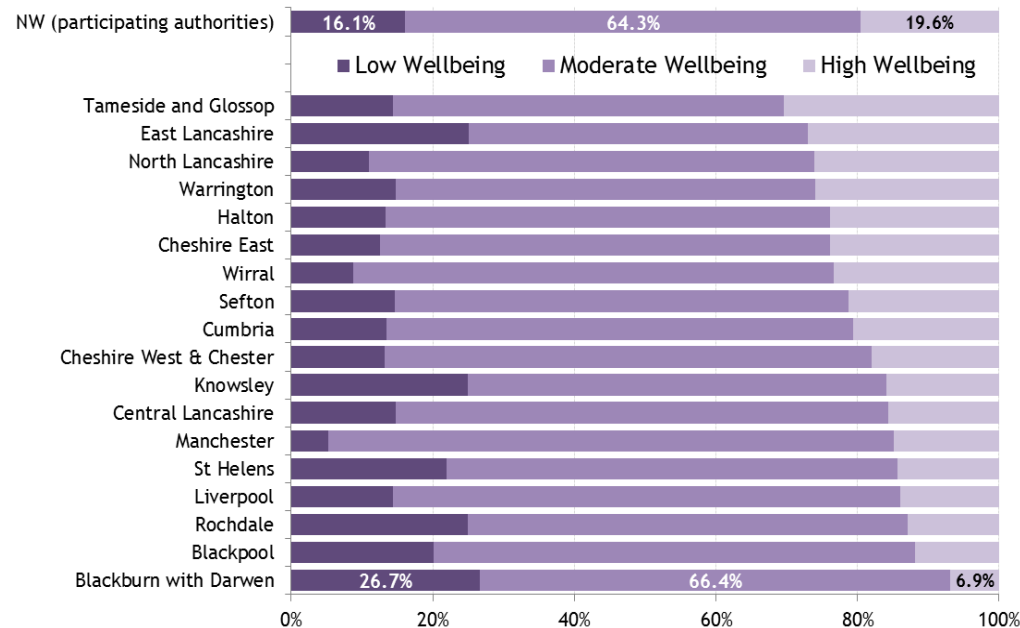
Wellbeing

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).

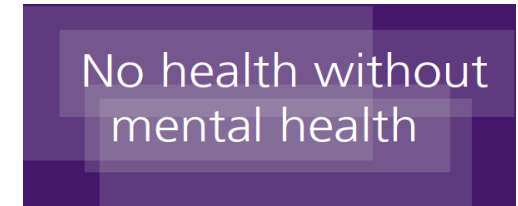
Figure 59 - Life Satisfaction (Q1), modelled to LSOA level (overlaid with ward boundaries) - Source DCLG¹¹¹

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

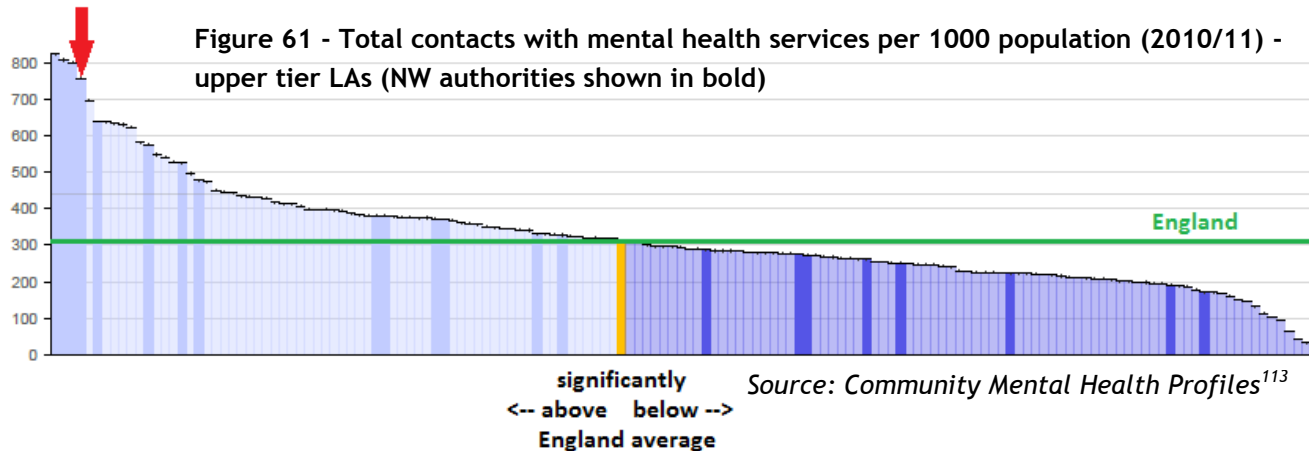


Figure 61 - Total contacts with mental health services per 1000 population (2010/11) - upper tier LAs (NW authorities shown in bold)

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.

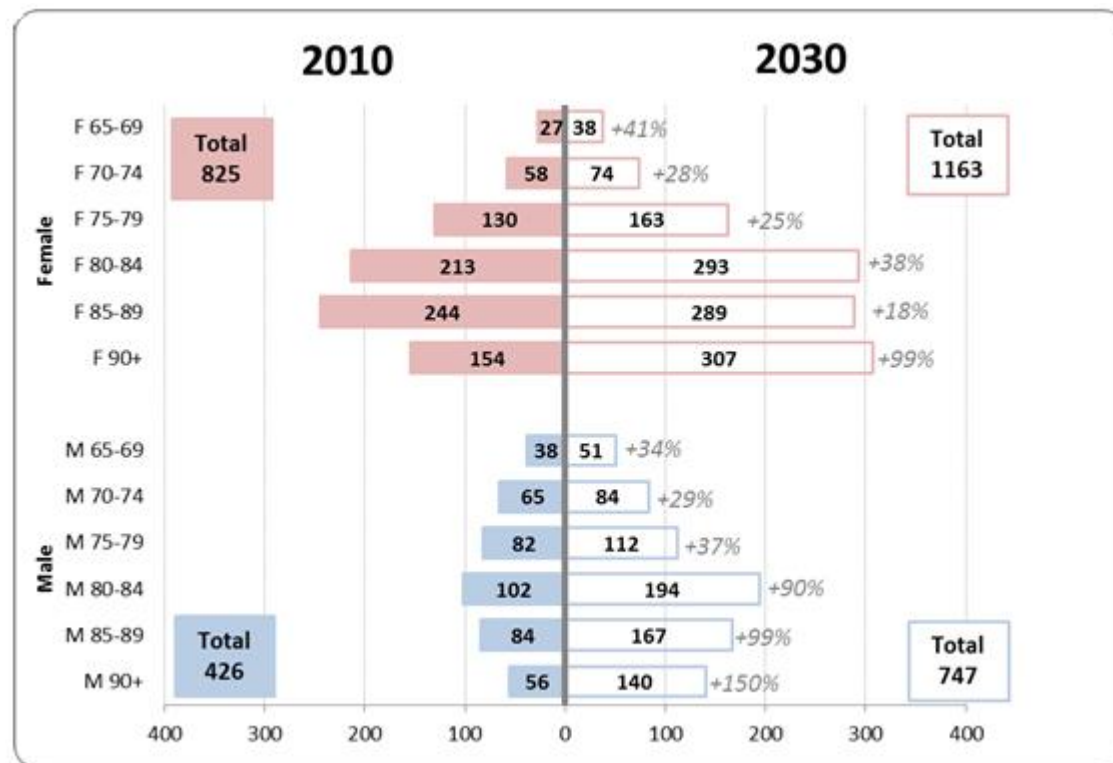
Improving services

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.

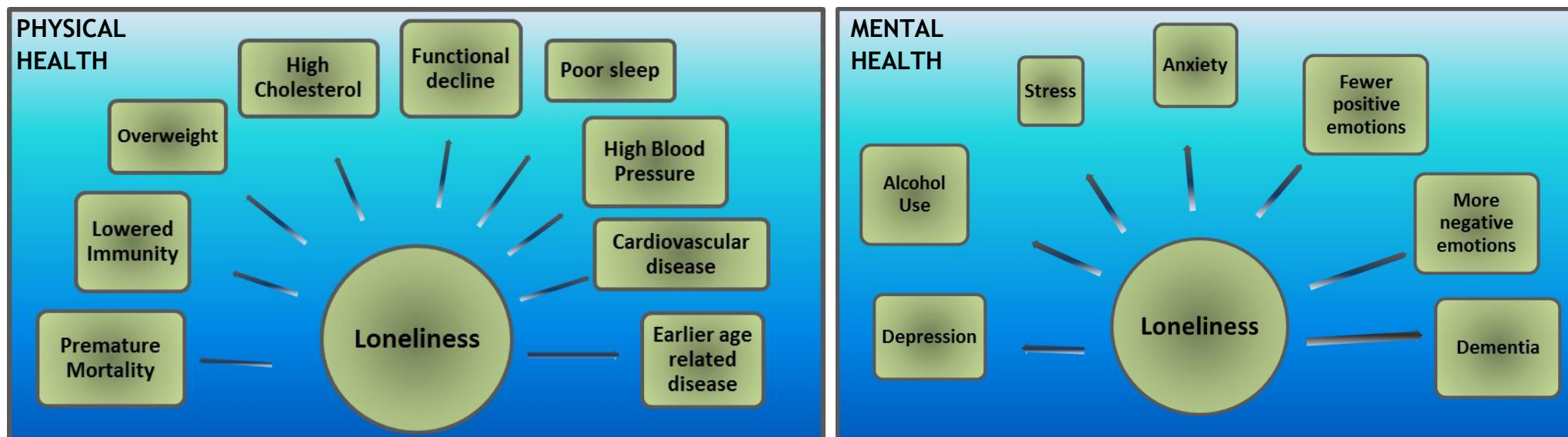
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LONELINESS AND ISOLATION

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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REFERENCES

- ¹ DH (2013). *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. Available from <https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/18/files/2013/03/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf>
- ² Blackburn with Darwen Borough Council (2012). *Blackburn with Darwen Joint Health & Wellbeing Strategy 2012-2015*. Available from <http://www.blackburn.gov.uk/Lists/DownloadableDocuments/HWBStrategy2012.pdf>
- ³ APHO (2011). *Blackburn with Darwen Slope Index – LE deciles, 2006-10*. Available from <http://www.apho.org.uk/resource/item.aspx?RID=110695>
- ⁴ ONS (2013). *Annual Population Survey*. Available from www.nomisweb.co.uk
- ⁵ Centre for Cities (2013). *Cities Outlook 2013*. Available from <http://www.centreforcities.org/research/2013/01/21/outlook13/>
- ⁶ Centre for Cities (2012). *Cities Outlook 2012*. Available from <http://www.centreforcities.org/research/2012/01/23/cities-outlook-12/>
- ⁷ Centre for Social Justice (2013). *Signed on, written off – an enquiry into welfare dependency in Britain*. Available from [http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Signed_On_Written_Off_full_report-WEB-2-\(2\).pdf](http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Signed_On_Written_Off_full_report-WEB-2-(2).pdf)
- ⁸ Sheffield Hallam University (2013). *Hitting the poorest places hardest; the local and regional impact of welfare reform*. Available from http://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/hitting-poorest-places-hardest_0.pdf
- ⁹ LGA (2013). *The local impacts of welfare reform – an assessment of cumulative impacts and mitigations*. Available from http://www.local.gov.uk/c/document_library/get_file?uuid=a4fec9de-5c7e-4b32-af05-e4cfad6352b8&groupId=10180
- ¹⁰ Joint Intelligence Unit (2013). *Blackburn with Darwen Economic Trends April 2013*. Available from http://cms.intra.blackburn.gov.uk/upload/doc/The_Economic_Indicators_250313.doc
- ¹¹ ONS (2012). *Business Register & Employment Survey 2011*. Available from http://www.ons.gov.uk/ons/dcp171778_280655.pdf
- ¹² ONS (2013). *2011 Census, Tables KS605EW to KS607EW - Industry by sex*. Available via www.nomisweb.co.uk.
- ¹³ ONS (2012). *Industrial specialisation in local areas* (and linked spreadsheets). Available from <http://www.ons.gov.uk/ons/rel/regional-trends/regional-economic-analysis/industrial-specialisation-in-local-areas/art-industrial-specialisation-in-local-areas.html>
- ¹⁴ ONS (2013). *Subregional productivity, April 2013*. Available from <http://www.ons.gov.uk/ons/rel/regional-trends/regional-economic-analysis/sub-regional-productivity--april-2013/art-subregional-productivity-april-2013.html>
- ¹⁵ ONS (2009). *National Statistician's article: measuring regional economic performance*. Available from <http://www.ons.gov.uk:80/ons/rel/elmr/economic-and-labour-market-review/no--1-january-2009/measuring-regional-economic-performance.pdf>
- ¹⁶ ONS (2012). *Annual Survey of Hours and Earnings, 2012 Provisional Results*. Available from <http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2012-provisional-results/index.html>
- ¹⁷ DWP (2013). *First Release – Low income and material deprivation in the UK, 11/12*. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/206850/first_release_1112.pdf
- ¹⁸ HMRC (2012). *Personal Tax Credits: Related Statistics – Child Poverty Statistics*. Available from <http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm>
- ¹⁹ DfE (2011). *What does the local child poverty measure tell us about the distribution of child poverty in England?* Available from <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR161.pdf>

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

- ²⁰ Marmot, M (2010). *Fair Society, Healthy Lives – Strategic Review of Health Inequalities in England post-2010*. Available from <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>
- ²¹ DfE (2012). *Early years foundation stage profile results in England: academic year 2011 to 2012*. Available from <https://www.gov.uk/government/publications/early-years-foundation-stage-profile-results-in-england-academic-year-2011-to-2012>
- ²² DfE (2012). *National curriculum assessments at key stage 2 in England: academic year 2011 to 2012*. Available from <https://www.gov.uk/government/publications/national-curriculum-assessments-at-key-stage-2-in-england-academic-year-2011-to-2012>
- ²³ DfE (2013). *Revised GCSE and equivalent results in England: academic year 2011 to 2012*. Available from <https://www.gov.uk/government/publications/revised-gcse-and-equivalent-results-in-england-academic-year-2011-to-2012>
- ²⁴ DfE (2013). *Attainment by Young People in England Measured Using Matched Administrative Data: by Age 19 in 2012*. Available from <https://www.gov.uk/government/publications/attainment-by-young-people-in-england-measured-using-matched-administrative-data-by-age-19-in-2012>
- ²⁵ DfE (2012). *Radical new approach to defuse 'ticking time bomb' of NEETs*. Available from <http://www.education.gov.uk/inthenews/inthenews/a00203715/timebomb>
- ²⁶ DfE (2013). *Data on 16-18 year-olds not in education, employment or training (NEET)*. Available from <http://www.education.gov.uk/childrenandyoungpeople/youngpeople/participation/neet/a0064101/16--to-18-year-olds-not-in-education,-employment-or-training>
- ²⁷ DCLG (2011). *Tackling troubled families*. Available from <http://www.communities.gov.uk/news/corporate/2052302>
- ²⁸ BBC (2011). *Troubleshooters scheme to tackle 'troubled families'*. Available from <http://www.bbc.co.uk/news/uk-politics-16187500>
- ²⁹ DCLG (2013). *Troubled families: progress information as at the end of 30 June 2013 and families turned around as at the end of 29 July 2013*. Available from <https://www.gov.uk/government/publications/troubled-families-progress-information-at-30-june-2013-and-families-turned-around-at-29-july-2013>
- ³⁰ DfE (2012). *Children Looked After by Authorities in England (including adoption)*. Available from <https://www.gov.uk/government/publications/children-looked-after-by-local-authorities-in-england-including-adoption>
- ³¹ ChiMat (2013). *Children in care – single map*. Available from <http://atlas.chimat.org.uk/IAS/dataviews/report?reportId=63&viewId=24&geoReportId=2774&geold=4&geoSubsetId=>
- ³² Blackburn with Darwen Children and Young People and Families' Trust (2011). *Children Young People and Families Plan 2011-13*. Available from [http://www.blackburn.gov.uk/upload/pdf/Children%2C Young People and Families Plan 2011 - 2013.pdf](http://www.blackburn.gov.uk/upload/pdf/Children%2C%20Young%20People%20and%20Families%20Plan%202011%20-%202013.pdf)
- ³³ DfE (2012). *Characteristics of Children in Need in England, 2011-12*. Available from <https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-year-ending-march-2012>
- ³⁴ Blackburn with Darwen Council (2011). *Young carer*. Available from <http://www.yoursupportyourchoice.org.uk/i-need-help-with/being-a-carer/young-carer.aspx>
- ³⁵ ChiMat (2013). *Child health profiles 2013*. Available from <http://atlas.chimat.org.uk/IAS/dataviews/tabular?viewId=305&geold=4&subsetId=>
- ³⁶ Blackburn with Darwen (2013). *Draft Integrated Substance Misuse Needs Assessment: Refresh 2013* (internal document).
- ³⁷ PHE (2013). *Alcohol & Drugs prevention, treatment and recovery: why Invest?* Available from <http://kirkleesjsna.files.wordpress.com/2013/09/alcoholdrugswwhyinvestsept2013.pdf>
- ³⁸ ONS (Feb 2013). *Conception Statistics, England and Wales, 2011*. Available from <http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2011/rft-conception-statistics-2011.xls>
- ³⁹ Children's Society (2012). *Promoting positive wellbeing for children*. Available from http://www.childrenssociety.org.uk/sites/default/files/tcs/promoting_positive_well-being_for_children_final.pdf

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

- ⁴⁰ Children's Society (2013). *Good Childhood Report 2013*. Available from <http://www.childrenssociety.org.uk/news-views/press-release/teens-unhappiest-well-being-countrys-children-decline>
- ⁴¹ NICE (2013). *NICE Local Government Briefings – social and emotional wellbeing for children and young people*. Available from <http://publications.nice.org.uk/social-and-emotional-wellbeing-for-children-and-young-people-lgb12/>
- ⁴² PHE (2013). *How healthy behaviour supports children's wellbeing*. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/232978/Smart_Restart_280813_web.pdf
- ⁴³ ChiMat (2013). *Emergency hospital admission rate for self-harm*. Available from <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=305>
- ⁴⁴ ChiMat (2013). *Child Health Profile – Blackburn with Darwen – March 2013*. Available from <http://www.chimat.org.uk/resource/view.aspx?RID=119952>
- ⁴⁵ NHS Information Centre (2012). *National Child Measurement Programme: England, 2011-12 School Year*. Available from <http://www.hscic.gov.uk/searchcatalogue?productid=10135&q=title%3a%22national+child+measurement+programme%22&sort=Relevance&size=10&page=1#top>
- ⁴⁶ BMJ Open (2013). *How active are our children? Findings from the Millennium Cohort Study*. Available from <http://bmjopen.bmj.com/content/3/8/e002893.full>
- ⁴⁷ Public Health England (2013). *Dental Health – Results of five year old children survey, 2011/12*. Available from <http://www.nwph.net/dentalhealth/survey-results5.aspx?id=1>
- ⁴⁸ DfT (2013). Table RAS30039 – *Reported child casualties by severity, region and local authority*. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/205513/ras30039.xls
- ⁴⁹ Road Safety Analysis (2013). *Stepping Out – pedestrian casualties: an analysis of the people and circumstances*. Available from <http://www.pacts.org.uk/2013/05/stepping-out/>
- ⁵⁰ NWPHO (2011). *Road traffic collisions and casualties in the North West of England*. Available from http://www.nwpho.org.uk/rctc_nw/reports/RoadtrafficcollisionsandcasualtiesintheNW.pdf
- ⁵¹ NOMIS. Available from www.nomisweb.co.uk
- ⁵² HSCIC (2013). *Measures from the Adult Social Care Outcomes Framework – England 2011-12*. Available from <http://www.hscic.gov.uk/catalogue/PUB10284>
- ⁵³ NASCIS (2013). *ASCOF Comparator Report 2012-13 Blackburn with Darwen*. Available via <http://nascis.ic.nhs.uk/> (login required).
- ⁵⁴ Blackburn with Darwen Council and Hyndburn Council (2011). *Joint Private Sector Housing Renewal Strategy for Blackburn with Darwen and Hyndburn, 2011-2015*.
- ⁵⁵ House of Commons (2013). *Communities and Local Government Committee – written evidence submitted by Blackburn with Darwen Borough Council on behalf of Pennine Lancashire Local Authorities*. Available from <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmcomloc/50/50iii45.htm>
- ⁵⁶ Marmot Review Team (2011). *The health impacts of cold homes and fuel poverty*. Available from <https://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty>
- ⁵⁷ DECC (2013). *Trends in fuel poverty England: 2003 to 2011*. Available from <https://www.gov.uk/government/publications/trends-in-fuel-poverty-england-2003-to-2011>
- ⁵⁸ DECC (2013). *2011 Sub-regional fuel poverty data: 10 per cent measure*. Available from <https://www.gov.uk/government/publications/2011-sub-regional-fuel-poverty-data>
- ⁵⁹ DECC (2013). *2011 sub-regional fuel poverty data: low income high costs indicator*. Available from <https://www.gov.uk/government/publications/2011-sub-regional-fuel-poverty-data-low-income-high-costs-indicator>
- ⁶⁰ Blackburn with Darwen Borough Council (2011). *2011 Air Quality Progress Report for Blackburn with Darwen Borough Council*. Available from <http://www.blackburn.gov.uk/Lists/DownloadableDocuments/1819-DL-2011-Progress-Report.pdf>
- ⁶¹ Blackburn with Darwen Borough Council (2011). *Executive Member Briefing Paper 15th June 2011 – Declaration of Further Air Quality Management Areas*.
- ⁶² DECC (2013). *Local authority carbon dioxide emissions*. Available from <https://www.gov.uk/government/publications/local-authority-emissions-estimates>

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

- ⁶³ Lancashire Telegraph (23rd July 2013). *Blackburn and Darwen parks retain 'green flag' awards*. Available from http://www.lancashiretelegraph.co.uk/news/darwen/10565258.Blackburn_and_Darwen_parks_retain_green_flag_awards/
- ⁶⁴ NHS Blackburn with Darwen (2010). *Equal life chances for all in a generation – Public Health Annual Report*. Available from <http://www.bwd.nhs.uk/public-health/public-health-report-2010/>
- ⁶⁵ ONS (2013). *Numbers of offences recorded by the police, by Community Safety Partnership / local authority level, year and offence group*. Available from <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2013---supplementary-tables/rft-recorded-crime-data-at-community-safety-partnership---local-authority-level-from-2002-03.zip>
- ⁶⁶ ONS (2013). *Crime in England & Wales, year ending March 2013 – Appendix Tables (Table A4)*. Available from <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2013/rft---appendix-tables.xls>
- ⁶⁷ ONS (2013). *User guide to crime statistics for England and Wales*. Available from www.ons.gov.uk/ons/guide-method/method-quality/specific/crime-statistics-methodology/user-guide-to-crime-statistics.pdf
- ⁶⁸ NWPFO (2012). *Violence-related accident and emergency attendances by English local authority area*. Available from http://www.eviper.org.uk/downloads/a&e_attendance.pdf
- ⁶⁹ TIIG (2012). *Violence-related ambulance call-outs in the North West of England 2010/11*. Available from <http://www.nwph.net/nwpho/Publications/NWAS%20violence%20call%20outs%20March%202012.pdf>
- ⁷⁰ Lancashire Constabulary (2013). *Personal communication*.
- ⁷¹ Department for Transport (June 2013). *Table RAS30008 Reported Casualties by severity*. Available from:- <https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents>
- ⁷² Department for Transport (Sept 2013). *Table RAS30045 Reported casualty rate per 1,000,000 population by region, local authority and road user type*. Available from:- <https://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents>
- ⁷³ Parliamentary Advisory Council for Transport Safety (2013). *Stepping Out – Pedestrian Casualties, an analysis of the people and circumstances*. Available from <http://www.pacts.org.uk/wp-content/uploads/sites/10/docs/pdf-bank/Stepping%20Out%20-%20smaller%20file%20size.pdf>
- ⁷⁴ DfT (2013). *English road safety comparison – accident map*. Available from <http://road-collisions.dft.gov.uk/accident-map/blackburn-with-darwen?Year=2012&AccidentSeverity=Fatal,Serious&AgeBand=&VehicleType=#map-view>
- ⁷⁵ DH (2012). *Public Health Outcomes Framework for England 2013 to 2016: Part 1A*. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf
- ⁷⁶ ONS (2013). *Healthy Life Expectancy at birth for Upper Tier Local Authorities: England, 2009-11*. Available from <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/healthy-life-expectancy-at-birth-for-upper-tier-local-authorities--england/2009-11/index.html>
- ⁷⁷ APHO (2012). *Health Profile 2012 – Blackburn with Darwen*. Available from <http://www.apho.org.uk/resource/view.aspx?RID=117040>
- ⁷⁸ PHE (2013). *Adult obesity: model-based estimates using HSE*. Available from http://www.noo.org.uk/data_sources/adult/model_based_estimates
- ⁷⁹ National Heart Forum (2010). *A prediction of obesity trends in adults and their associated diseases*. Available from http://nhfshare.heartforum.org.uk/RMAssets/NHFreports/NHF_adultobese_short_170210.pdf
- ⁸⁰ NWPFO (2012). *Local Alcohol Profiles for England*. Available from <http://www.lape.org.uk/LAProfile.aspx?reg=b>

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

- ⁸¹ DWP (2013). *FOI release - Number of ESA and IB/SDA claimants with a main disabling condition of Alcoholism in England: August 2012 (2013-2490)*. Available from <https://www.gov.uk/government/publications/number-of-esa-and-ib-sda-claimants-with-a-main-disabling-condition-of-alcoholism-in-england-august-2012-2013-2490>
- ⁸² Liverpool Public Health Observatory (2010). *Prevention Programmes – Cost Effectiveness Review: Alcohol*. Available from http://www.liv.ac.uk/PublicHealth/obs/publications/report/84_alcohol_cost_effectiveness_FOR_WEBSITE.pdf
- ⁸³ Blackburn with Darwen Health and Wellbeing Board (2011). *17th August 2011 – Agenda*. Available from <http://www.bwd.nhs.uk/board-meetings/health-and-wellbeing-board/?assetdetesct1511715=47503&p=2>
- ⁸⁴ Public Health England. *Local Tobacco Control Profiles for England*. Available from <http://www.tobaccoprofiles.info/tobacco-control#gid/1000110/par/E12000002/ati/102/page/0>
- ⁸⁵ NTA (2013). *Estimates of the prevalence of opiate use and/or crack cocaine use (2010/11)*. Available from [http://www.nta.nhs.uk/uploads/prevalence_estimates_201011bylocalauthority\[0\].xlsm](http://www.nta.nhs.uk/uploads/prevalence_estimates_201011bylocalauthority[0].xlsm)
- ⁸⁶ NTA (2013). *Viewit tool – Headline information, Blackburn with Darwen*. Available from <https://www.ndtms.net/viewit/Adult/ExecutiveSummary.aspx?datCode=B03B>
- ⁸⁷ DWP (2012). *Local authority breakdown – incapacity benefits and Disability Living Allowance claimants with main condition of alcohol or drug abuse*. Available from http://statistics.dwp.gov.uk/asd/asd1/adhoc_analysis/2012/ib_sda_esa_dla_drug_alcohol_by_la_july2012.xls
- ⁸⁸ NTA (2013). *Alcohol and drugs JSNA support pack – Blackburn with Darwen*.
- ⁸⁹ PHE (2013). *Why invest?* Available from <http://www.nta.nhs.uk/uploads/whyinvest2.pdf>
- ⁹⁰ Blackburn with Darwen Borough Council (2013). *Integrated Strategic Needs Assessment – Cancer* (forthcoming). Quotes differing provisional rates from UKCIS (UK Cancer Cancer Information System), and from Public Health England (<http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/par/E12000002/ati/102/page/3> and <http://longerlives.phe.org.uk/>).
- ⁹¹ SEPHEO (2011). *National Health Inequalities Gap Measurement tool for England*. Available from http://www.sepho.org.uk/gap_intro.aspx
- ⁹² Cancer Commissioning Toolkit. Available from www.cancertoolkit.co.uk.
- ⁹³ HSCIC (2012). *Cervical Screening Programme – England 2011/12*. Available from <http://www.hscic.gov.uk/article/2021/Website-Search?productid=8907&q=screening&sort=Relevance&size=10&page=1&area=both#top>
- ⁹⁴ DH (2013). *Living with and beyond cancer – taking action to improve outcomes*. Available from <https://www.gov.uk/government/publications/living-with-and-beyond-cancer-taking-action-to-improve-outcomes>
- ⁹⁵ PHE (2013). *Health Profiles 2013*. Available from <http://www.apho.org.uk/default.aspx?RID=49802>
- ⁹⁶ SEPHEO (2013). *National CVD Profiles*. Available from <http://www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx>
- ⁹⁷ NICE (2010). *Prevention of cardiovascular disease at population level*. Available from <http://www.nice.org.uk/nicemedia/live/13024/49273/49273.pdf>
- ⁹⁸ British Heart Foundation (2010). *Ethnic differences in cardiovascular disease 2010*. Available from <http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001549>
- ⁹⁹ DH (2013). *Cardiovascular disease outcomes strategy*. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/217118/9387-2900853-CVD-Outcomes_web1.pdf
- ¹⁰⁰ IC (2011). *National Diabetes Audit Executive Summary 2009-2010*. Available from http://www.ic.nhs.uk/webfiles/Services/NCASP/Diabetes/200910%20annual%20report%20documents/National_Diabetes_Audit_Executive_Summary_2009_2010.pdf
- ¹⁰¹ WHO (2011). *Facts and Figures – the challenge of diabetes*. Available from <http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/diabetes/facts-and-figures>
- ¹⁰² IC (2006). *Health Survey for England 2004 – Volume 1 : The health of minority ethnic groups*. Available from <http://www.ic.nhs.uk/pubs/hse04ethnic>

INTEGRATED STRATEGIC NEEDS ASSESSMENT - SUMMARY REVIEW

- ¹⁰³ HSCIC (2013). *National Diabetes Audit 2010-2011: Report 2: Complications and Mortality. Summary for Blackburn and Darwen Teaching PCT*. Available from <http://www.hscic.gov.uk/catalogue/PUB06495/nda-audi-pct-lhb-eng-nw-bbur-pct-10-11-rep2.pdf>
- ¹⁰⁴ HSCIC (2012). *National Diabetes Audit 2010-11: Report 1: Care Processes and Treatment Targets – Summary for Blackburn with Darwen Teaching Care Trust Plus (TAP)*. Available from <https://catalogue.ic.nhs.uk/publications/clinical/diabetes/nati-diab-audi-pct-lhb-anal-10-11-eng-nw/nda-audi-pct-lhb-eng-nw-bbur-pct-10-11-rep.pdf>
- ¹⁰⁵ Public Health England (2013). *NHS Healthcheck website*. Available from <http://www.healthcheck.nhs.uk/>
- ¹⁰⁶ University of Manchester (2012). *Impact of the English Directly Enhanced Service (DES) for learning disability*. Available from <http://www.networks.nhs.uk/nhs-networks/national-health-facilitation-network-learning/documents/Impact%20of%20DES%20-%20Chauhan-%20Reeve-%20Kontopantelis%20et%20al.pdf>
- ¹⁰⁷ PHE (2013). *Learning Disabilities Profile 2013 – Blackburn with Darwen*. Available from
- ¹⁰⁸ NWPHE (2010). *North West Mental Wellbeing Survey 2009*. Available from <http://www.nwph.net/nwpho/Publications/NorthWestMentalWellbeing%20SurveySummary.pdf>
- ¹⁰⁹ PHE (2013). *Public Health Outcomes Framework data tool*. Available from www.phoutcomes.info
- ¹¹⁰ ONS (2012). *Measuring subjective wellbeing in the UK – First annual ONS experimental subjective wellbeing results*. Available from <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-subjective-wellbeing-in-the-uk/first-annual-ons-experimental-subjective-well-being-results/index.html>
- ¹¹¹ DCLG (2012). *Open data on neighbourhood-level wellbeing*. Available from <http://openviz.wordpress.com/2012/10/02/are-you-satisfied-with-where-you-live-new-open-data-on-neighbourhood-level-wellbeing/>
- ¹¹² DH (2011). *No health without mental health*. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf
- ¹¹³ NEPHO (2013). *Community Mental Health Profiles 2013 – Blackburn with Darwen*. Available from <http://www.nepho.org.uk/cmhp/index.php?pdf=E06000008>
- ¹¹⁴ NICE (2004). *Self harm - The short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*. Available from <http://www.nice.org.uk/nicemedia/pdf/cg16fullguideline.pdf>
- ¹¹⁵ Mental Health Foundation (2013). *Suicide*. Available from <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/S/suicide/>
- ¹¹⁶ BBC (2008). *Mental health care ‘fails Asians’*. Available from <http://news.bbc.co.uk/1/hi/7416500.stm>
- ¹¹⁷ Rethink Mental Illness (2013). *Lethal discrimination – why people with mental illness are dying needlessly and what needs to change*. Available from <http://www.rethink.org/media/810988/Rethink%20Mental%20Illness%20-%20Lethal%20Discrimination.pdf>
- ¹¹⁸ Mental Health Foundation (2013). *Starting today – the future of mental health services*. Available from <http://www.mentalhealth.org.uk/content/assets/PDF/publications/starting-today.pdf?view=Standard>
- ¹¹⁹ Knapp M, Prince M et al (2007). *Dementia UK*. Alzheimer’s Society, London. Available from http://alzheimers.org.uk/site/scripts/download_info.php?fileID=2
- ¹²⁰ DH (2010). *Quality outcomes for people with dementia*. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119827
- ¹²¹ DH (2009). *Living well with dementia: A National Dementia Strategy*. Available from http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058
- ¹²² LGA/Campaign to End Loneliness (2012). *Combating loneliness – a guide for local authorities*. Available from http://www.independentage.org/media/192674/a_guide_for_local_authorities_-_combating_loneliness.pdf