

Equal life chances for all in a generation



Summary of the Public Health Annual Report 2010
and Integrated Strategic Needs Assessment

Introduction	3
Inequalities and health in Blackburn with Darwen	4
Blackburn with Darwen Vision 2030	7
The Marmot Review	8
Equal life chances for all	10
The economy	15
Communities	17
Health and wellbeing	21
Conclusion	26
Blackburn with Darwen public health profile	27
Health profile 2010 (Association of Public Health Observatories)	39

If you would like a copy of this document in another language or format e.g. large print, Braille, please contact: Diversity and Equality, Guide Business Centre, School Lane, Blackburn, BB1 2QH Tel: 01254 282006 or email diversityandequality@bwd.nhs.uk

Welcome to the summary of our 2010 public health annual report and integrated strategic needs assessment.

The purpose of this document is to pull together key information currently available on the needs of the local population of Blackburn with Darwen, using as a framework the Strategic Review of Health Inequalities in England post-2010 (The Marmot Review).

Blackburn with Darwen has many positives but sadly, health and wellbeing are not always among them.

Our report shows that the high levels of deprivation across the borough are generating poor social, economic and environmental conditions in specific 'at risk' communities. This, in turn, is leading to poor health behaviours and poor health outcomes.

One of the consequences is that a man in Blackburn with Darwen can expect to die ten years younger than his counterpart in Kensington and Chelsea. We believe that this is unfair, unjust and avoidable.

This report analyses the causes of the problems and challenges we face, and sets out the action we have taken, the successes we have had and our commitment to tackling them in future.

Key to success is working together across the Local Strategic Partnership, which brings together all public sector organisations, including Blackburn with Darwen Council, the NHS and Lancashire Police, with the public, the voluntary, community and faith sector, and private sector businesses.

We already have a strong track record of innovation in our partnership working. We will continue to push the boundaries of local, regional and national agencies, with changes to funding, performance and governance across all sectors, to deliver the best outcomes for residents.

Our commitment is to put quality of life and wellbeing at the heart of everything we do and tackle the social and economic problems which cause poor health and inequality. We will target resources where they are most needed to achieve short and medium term improvements while trying to prevent long term problems from developing.

We will work with the local GP Consortium and GP practices to develop an increasingly public health perspective to all NHS services.

If you wish to know more, the full report on which this summary is based is available, together with supporting analysis, at www.bwd.nhs.uk



Stephen Sloss
Strategic Director
of Adult Social Care
and Health



Dominic Harrison
Joint Director of
Public Health



Gladys Rhodes White OBE
Strategic Director of
Children's Services

‘Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. Health inequalities that could be avoided by reasonable means are unfair. Putting them right is a matter of social justice. But the evidence matters. Good intentions are not enough.’

Fair Society, Healthy Lives (The Marmot Review) February 2010

Health inequalities are still a dominant feature of life in England. In 2008 Blackburn with Darwen’s ‘killer facts’ campaign highlighted that local life expectancy, amongst the lowest in the country, was eight years less than some areas of the country. That gap has now grown to 10 years. A man in Kensington and Chelsea can expect to live to 84; a man in Blackburn with Darwen only 74.

As well as knowing how big the gap is, we need to know the conditions which contribute to it.

For men the single biggest factor is digestive diseases, mainly because of alcohol related conditions, while heart, chest and respiratory diseases including lung cancer remain significant.

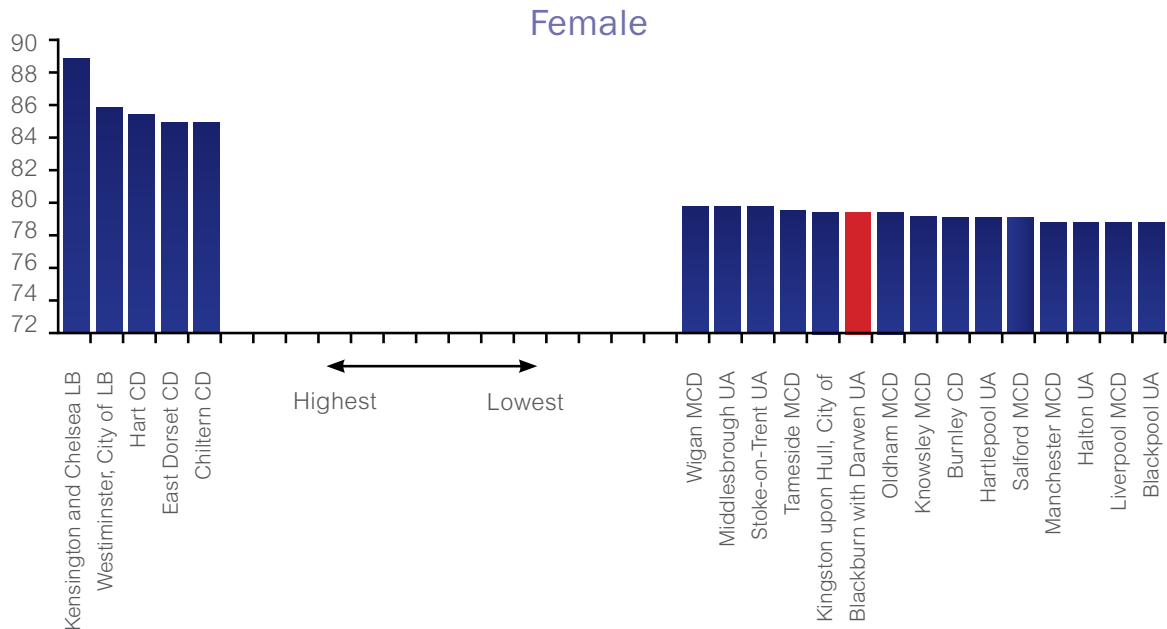
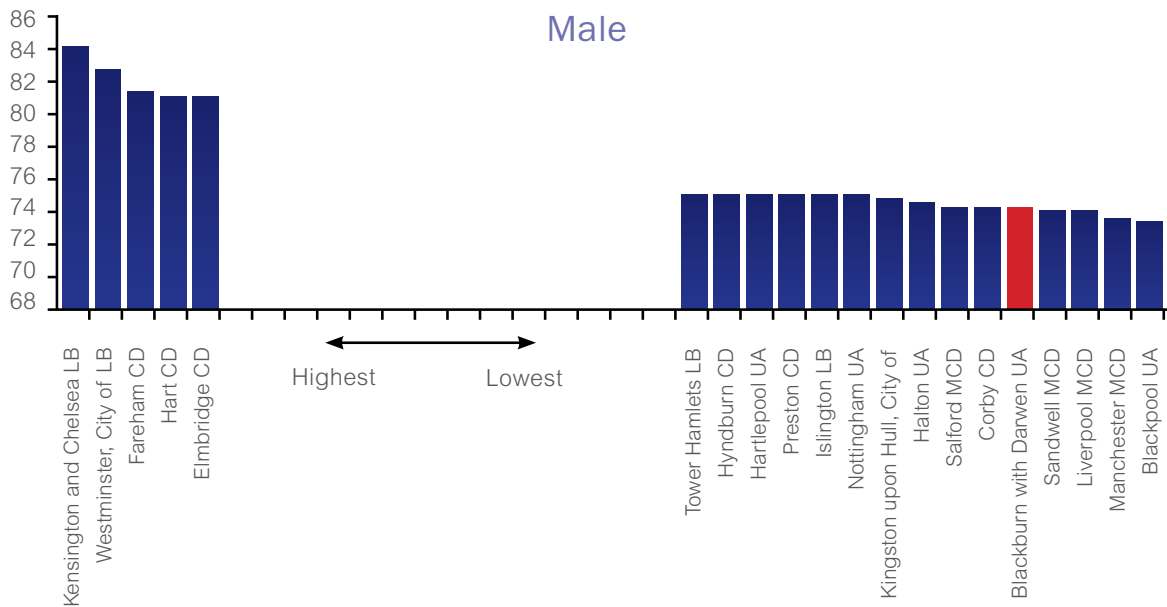
In women, heart disease, cancers and more recently, digestive diseases, are major contributors.

Worse still, people in poorer areas not only die younger, but spend more of their shorter lives in poor health.

‘Far too many men in the borough, particularly those in the most disadvantaged areas and groups, are failing to reach the current state pension age in good health’.



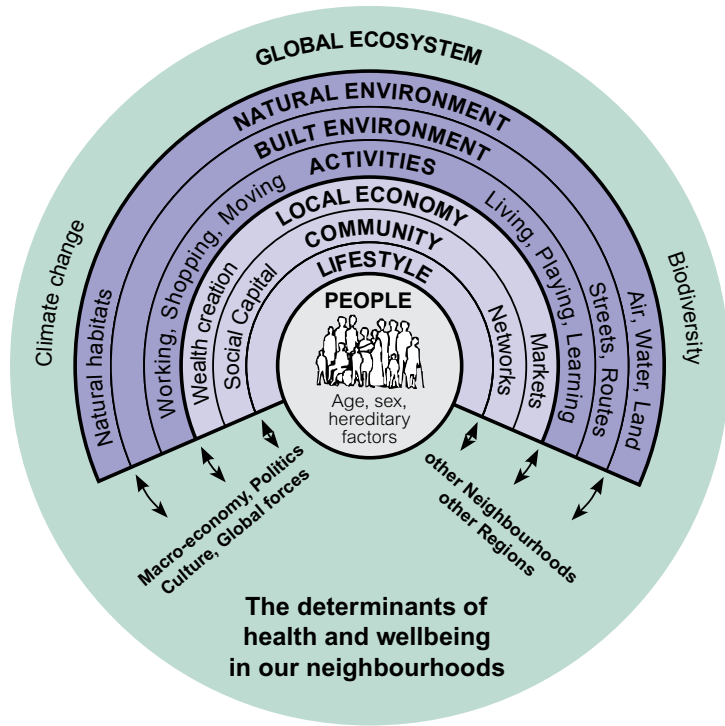
Highest and lowest life expectancies 2006-08, out of 324 local authority districts



The social determinants of health

Efforts to reduce health inequalities must address the wider social and economic issues (determinants) which affect health: quality of early life, education, economic status, employment and quality of work, housing and environment and effective systems for preventing ill health.

We recognise that there are significant economic, environmental, social and cultural challenges ahead and that, despite overall improvements in health, inequalities persist.



The causes of health inequalities



The Department of Health estimates that only 15-20% of inequalities in death rates can be directly influenced by health service interventions.



Vision 2030 is the long term vision for Blackburn with Darwen. Over 3,000 local people helped develop the vision to make the borough prosperous, connect communities, provide a clean and green environment, and make people feel safer and healthier.

Vision 2030

Vision 2030 was developed with the involvement of more than 3000 residents, businesses and partners, and sets out our ambition for Blackburn with Darwen for the next 20 years. Vision 2030 recognises the economic, social, environmental and cultural challenges that Blackburn with Darwen will face over the next 20 years, not least the impacts of the recession and public spending cuts.

Vision 2030 is the high-level strategy for the Local Strategic Partnership, and is based on three fundamental principles:

- Reducing inequalities and narrowing the gap locally and regionally
- Improving the delivery of public services
- Developing successful partnerships.

In Vision 2030 we see a future which is:

- **Prosperous** - where residents aspire to achieve their dreams for education, learning and employment, with thriving businesses creating innovative products for local and world markets
- **Connected** – with safe neighbourhoods and town centres where communities and cultures feel connected and proud of their identity in Blackburn with Darwen

- **Clean** - with clean and green places that make the best use of the world's resources, and excellent, energy-efficient housing
- **Safe and healthy** – where residents of all ages live safe and healthy lives at home, work and outdoors, with really good parks, sporting and public facilities that are used by all the community.

Over the next 20 years Vision 2030 will achieve:

1. Increased learning attainment
2. Increased competitiveness
3. Increased community cohesion and resilience
4. Integrated affordable local transport and fast connections to Manchester, Leeds and Preston
5. A low-carbon locality reducing carbon emissions and growth in waste
6. Increased housing choice and quality and reduced levels of unfit housing
7. Increased life expectancy and disability-free life years
8. Reduced crime and fear of crime.

Fair Society, Healthy Lives

The Marmot Review

Strategic Review of Health Inequalities
in England post-2010

In 2008 the Secretary of State for Health asked Professor Sir Michael Marmot to chair an independent review to propose the most effective, evidence-based ways of reducing health inequalities in England from 2010. His final report “*Fair Society, Healthy Lives - the Marmot Review*” was published in February 2010.

It states that preventable health inequalities are unfair and socially unjust, and reducing them, together with improving health and wellbeing, can be achieved through two overarching policy goals:

1. Create an enabling society maximising individual and community potential
2. Ensure social justice, health and sustainability are at the heart of all policies.

The review then highlights six key policy objectives which underpin these goals:

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure a healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention.

The economic wellbeing and health of today's children depends on us having the courage and imagination to do things differently, putting sustainability and wellbeing alongside economic growth to bring about a more equal and fair society.

Action to reduce health inequalities must start before birth, continue throughout childhood and break the close links between early disadvantage and poor outcomes in life. For this reason giving every child the best start in life is the highest priority recommendation.

The Marmot Review identifies a number of principles for action to reduce inequalities in social determinants and health outcomes.

1. **Recognise existing contributions** - The NHS, social care and other welfare services make a remarkable contribution to reducing health inequality and addressing the social determinants of health, without which the situation would be far worse
2. **Secure local accountability** - Accountability for action to reduce inequality and address the social determinants of health should be more explicit and transparent at local level and would be enhanced by much closer working between local public services
3. **Create a culture of equity** - Reducing health inequality and addressing the social determinants of health should be as much a part of a well-functioning public service ‘system’ as quality improvement
4. **Equity starts at home** - All local public service agencies should assess how they can confront poverty, unemployment and disadvantage in their communities more directly. The NHS and local government should take greater note of their capacity to influence patterns of local inequality through their decision-making, such as employment practices, procurement strategies and internal organisational management.

Throughout this report we will be referring to the Marmot Review, which can be found at www.marmotreview.org



Charles and Dave - two very different lives

Each a common story in the neighbourhood where they live

Charles and Dave: ‘2010’

Charles from Chelsea

Baby	Aged 10	Aged 20	Aged 45	Aged 65
Born into a comfortably off family	Enjoys a good life, lots of opportunities	At university, plays rugby and eats a healthy diet	Fit and healthy businessman, swims and cycles regularly	After retiring early, is enjoying his grandchildren and travelling

Dave from Blackburn

Baby	Aged 10	Aged 20	Aged 45	Aged 65
Born to young parents, neither working	Grows up in poverty, as do a high percentage of children in Blackburn	No qualifications, casual worker, drinks, smokes and takes drugs	Weights 18 stone, has high cholesterol, early type-2 diabetes	Dies from massive stroke



How Dave’s life could be better

Pre-natal	Baby	Aged 10	Aged 20	Aged 45	Aged 85
Dave’s dad has been out of work for two years. His depression is picked up by the extended pharmacy service. He is referred to a GP ‘return to work’ project funded by DWP and begins work in a paid third sector job. His mum gives up smoking before conception with NHS support. She is referred to an ante-natal clinic via the smoking service and joins a neighbourhood mums-to-be group. Following a stroke, his granddad returns to the community with re-enablement help.	Dave is a planned birth. Family join local children’s centre where they are given parenting skills support for Dave’s sleeping problems. Dave’s dad is picked up as having an alcohol problem by the A&E alcohol liaison nurse and given help to manage his problem. As part of a full Think Family assessment, the family are referred for a grant to insulate their home and welfare rights advice, Dave is given healthy start vitamins and full immunisations.	By 10 Dave has joined a number of neighbourhood clubs supported by leisure services. He is identified as needing additional educational support and joins a Saturday morning club at the learning centre. He develops an interest in computing and is given a grant for a laptop. His mum joins Mumsnet and the local slimming club. She learns to cook healthy family meals.	Dave got A levels in ICT and Business Studies. He joins the new local University Centre at Blackburn College. His studies involve an action research project evaluating a local scheme called ‘Workroutes’ which helps people get the support and training they need to get back into work. His mum sets up a small business shopping and cooking for 12 older people in the neighbourhood enabling them to stay independent at home longer.	At 45 Dave has had a full MOT from his GP and is married to Rabbia, who is working in Blackburn with Darwen’s new global garment design and production industry. He has slightly raised blood pressure and has been referred for exercise on prescription and dietary advice free at the local leisure centre. His mum and dad are now ageing but are supported by a personalised budget from the Care Trust Plus.	At 85 Dave receives regular telecare by uploading his vital signs to the neighbourhood community health centre. Staff ring or visit if there are problems. He can access over 120 local public services through the TV. He and Rabbia are respected elders at the Neighbourhood Forum. Blackburn with Darwen is a vibrant multi-cultural globalised community with a transformed environment.

A. Give every child the best start

We know this is crucial to reducing health inequalities throughout life. The foundations for physical, intellectual and emotional development are laid in early childhood and affect health and wellbeing for life, from obesity, heart disease and mental health, to educational achievement and economic status.

The Marmot Review says that interventions in the early years of a child's life are more cost effective than later remedial action.

Since 1997, there has been considerable focus on supporting the development of children through their early years in Blackburn with Darwen, especially those from more disadvantaged backgrounds. The Sure Start programme initially directed considerable resources at targeted areas and was then extended to provide every community with a children's centre as the hub of local services for children and their families.

Trailblazing Blackburn with Darwen Council was among the first nationally to develop a network of 13 integrated children's centres, but we know much more needs to be done. One major challenge is the growing numbers of children from disadvantaged backgrounds.

Understanding local needs has led to concerted efforts to address them in the early school years, particularly through tailored interventions aimed at improving communication, language and literacy.

Programmes of the kind Marmot recommends are already in place, such as parenting programmes, outreach work and integrated services delivered by experienced professionals.

Infant mortality

Each year approximately 15 babies born to Blackburn with Darwen mothers die in their first year of life (equivalent to 6.4 deaths per 1,000 live births in 2006-08). This is below the average for similar PCTs, but above the national average of 4.8 per 1,000. In recent years more than 4 out of 10 infant deaths occurred in just three wards in the borough.

This relatively high infant mortality rate, and particularly the large variation within the borough by area and population groups, has established infant mortality as a key strategic priority for NHS Blackburn with Darwen and partners.

Locally we also recognise the importance of maternal health, genetic counselling, breast feeding, family support, and universal programmes that can be applied as people need them. For example, the Early Start programme was started in 2010, because evidence showed that intensive home visiting programmes during and after pregnancy were effective.

Think Family

The 'Think Family' initiative is a potentially transformational way of working with families experiencing the most significant problems. It will offer intensive, co-ordinated and focused preventative support to families at risk, ensuring service interventions start earlier and are more effective.

This approach will ensure professionals are equipped to lead interventions to break the cycle of inter-generational disadvantage. Key elements include involving communities in developing sustainable solutions, having strong governance to ensure shared accountability, and built-in evaluation of resource impact.



B. Enable all children, young people and adults to maximise their capabilities and have control over their lives

Learning

The poorer a child's background, the less likely they are to achieve good educational outcomes. Yet we know that success in education is the most crucial determinant of an individual's chances of getting a good job, and having a good job increases the likelihood of both a longer and a healthier life.

Investment in the early years is essential to reducing inequalities but we need to continue that commitment throughout a child's education into adulthood. There is also growing evidence of the benefits of lifelong learning on health, wellbeing and family life.

Blackburn with Darwen generally outperforms similar local authority areas in its educational outcomes at both an aggregate level and for particular vulnerable groups of children. The attainment gap between children who are eligible for free school meals and those who are not is narrower than the national average across all phases of school.

Investment is essential but it is about more than money. So what are we doing about it?

The Council is now making schools the centre of the local community and is providing a wider range of support for children and families.

The Council's neighbourhoods and learning service is addressing the challenges posed by low skill levels among local people to deliver the Marmot priority objectives on worklessness and health and wellbeing. It offers adult learners activities and courses in health and wellbeing, employability and work-related skills, delivers employment advice and has an in-house employment agency providing placements at the Council.

Wellbeing and independence of people with a learning disability

Human relationships, social and leisure activities help people with learning disabilities to live fulfilled and independent lives.

In the past, support tended to be provided in segregated settings, such as day centres. This has changed markedly in recent years to focus on enabling people, with support, to live independently, use services such as leisure centres and take up employment. Health and even complex needs are addressed through engagement and personalised care.



In the 2001 Census, **37%** of local adults had no educational qualifications, compared with **28%** nationally.

Inclusive services

Partner organisations in Blackburn with Darwen are committed to reducing the discrimination and exclusion which can affect the health of certain groups or their experience of using public services. In its Single Equality Scheme, NHS Blackburn with Darwen identifies the following eight equality target groups:

- Age
- Gender including gender identity
- Disability
- Race and ethnicity
- Religion and belief
- Sexual orientation
- Carers
- Deprived communities

A key aspect of social exclusion, which profoundly affects daily life, and consequently health, is service exclusion: a lack of access to services that enable people to live safe, healthy and satisfying lives. The Marmot Review identifies a number of 'primary' drivers of service exclusion which can have a catastrophic impact on access to other services. They include:

- poor access to digital technologies
- poor access to transport
- low income
- homelessness
- unemployment
- poor educational attainment.

The Single Equality Act requires public bodies to publish information on reducing inequalities related to age, ethnicity, sexuality, gender and disability.

Our ability to respond to this requirement depends on the data available relating health outcomes to equality target groups, which needs to be improved, particularly in relation to religion and belief, disability and sexual orientation.

Wellbeing and independence of older people

Poor housing and low income affect older people more than the quality of local health or social care services (both of which are rated highly in Blackburn with Darwen) because they can stop them using community facilities and services, exacerbating social isolation and even threatening their ability to live independently.

Suitable and appropriate housing is vital for older people to maintain healthy independent lives in safe and comfortable surroundings. Most current housing stock in Blackburn with Darwen is costly to maintain and/or poorly designed for older people's needs. Fuel poverty, associated with poor housing, energy inefficiency and low income, has a significant health impact.

By **2025** the number of people in the borough aged 65 and over is projected to increase by **28%**

Too much specialised accommodation is in sheltered housing, some of which is now quite old and does not meet current space standards. New models of enhanced and extra care housing have emerged, offering a good environment for a lively and active old age and better support for more dependent people.

In 1998, admissions of older people to care homes were amongst the highest in the country. Whilst the admission rate still remains above the national average, a significant reduction has been achieved, due to a range of interventions.

Many people who start off independent may, if not given low level preventative support, soon become frail and will then need residential support. By providing low level input through Care Network and similar schemes we can prolong the duration and quality of people's independent living, and at the same time free up resources to invest in more intensive support (24 hour home care; extra care housing etc.)

Care Network supports vulnerable adults of all ages and their carers who live in Blackburn with Darwen. Customers include many older people, people with a physical or learning disability and people with a mental health problem.

Care Network makes available a range of high quality, low level, affordable and accessible services, including escorted shopping, cleaning, laundry, general property repair and home maintenance including decorating and gardening.

Voluntary and community sector services are central to providing the range of support envisaged by Marmot, from providing benefits and other advice to addressing social and economic inequalities among older people.

C. Create fair employment and good work for all

Employment and worklessness in Blackburn with Darwen

In general, being in work improves health, while unemployment leads to poorer health.

The effects of the current economic climate on unemployment are likely to continue in Blackburn with Darwen for some time after the economy begins to grow nationally.

In Blackburn with Darwen in 2010 there are about 17,000 people out of work and on benefits. However, getting people into work is not sufficient to impact on health inequalities. The quality of those jobs is just as important and there is a strong business case for investing in employee health and wellbeing.

Providing adequate income security to people who are unemployed or find it difficult to work because of health or disability is an essential component of the welfare state, but the cost of these benefits reduces funds available for other welfare services. Maximising employment prospects in Blackburn with Darwen, and reducing the number of people on benefits, would not only improve health but free up funds for investment in other areas.

As well as this, we need to continue job creation and investment programmes to improve skills and promote health and employment, involving GPs and other clinicians in return to work planning and services such as the Condition Management Programme for people with long term conditions.

Support is also available for employers to improve the health of their employees. The Workplace Wellbeing Tool enables employers to estimate the costs of sickness absence, turnover, worker ill-health and injury, identify savings and measure the return on investment. By leading improvements in employee health, we can achieve three key objectives: reducing health inequalities, improving the quality and outcomes of the services we provide and reducing costs.

Managers and commissioners in the public sector are caught in a 'value squeeze' as they seek to deliver more and better services with tighter budgets. Value for money is not just about unit costs, but social value. Every time the public sector spends money, it should do so in a way that achieves as many of its objectives as possible. For example a mental health service which employs staff with a history of mental health problems provides employment and reduces social isolation, while buying goods and services locally stimulates the local economy and employment.

The **10,000** people on Incapacity Benefit or Employment Support Allowance in Blackburn with Darwen represent a cost to the public sector of approximately **£80 million** per year.

We are already supporting people in Blackburn with Darwen through the Workroutes initiative which brings together Blackburn with Darwen Council, Job Centre Plus, Connexions, the Council for Voluntary Service (CVS), Bootstrap and employers to help people off benefits and into work.



D. Ensure a healthy standard of living for all

Not having enough money to lead a healthy life is a highly significant cause of health inequalities.

While we want to get more people into work and off benefits, welfare is an essential financial safety net for many households, particularly in the current economic climate. However, many people find income (plus benefits) inadequate to support a healthy life. This contributes to social exclusion and associated health risks.

Evidence shows that in high-income countries, more generous social protection systems lead to better population health outcomes and to increased life expectancy. For example, in Norway and Finland only 7% of families live in poverty and the infant mortality rate is 3 per 1,000 live births, compared to the UK where more than 20% of families live in poverty and the infant mortality rate is 5 per 1,000.

Health and the recession

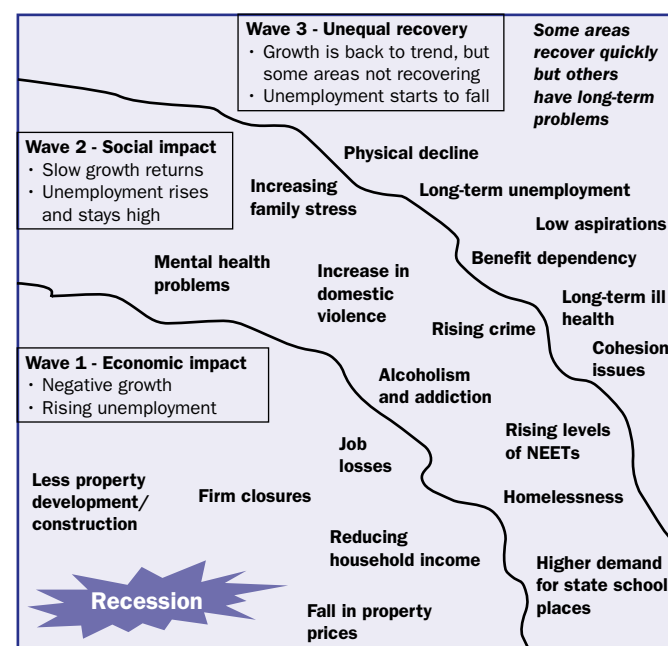
The recession which started in 2008, and the public spending cuts which are now following in its wake, may be expected to have widespread implications for health and wellbeing.

At a national level there is already evidence of rising levels of mental health problems, relationship breakdown and debt which could be related to job losses. Past recessions have also brought a rise in homelessness, alcohol misuse, property crime and domestic violence. Even those who remain in work may feel insecure and suffer increased stress as a result.

Although health care spending may be protected, the Marmot Review reminds us that population health is largely determined by factors outside the health system, where budgets are now being cut.

Blackburn with Darwen already produces regular updates on the economic impact of the recession. These are being expanded to monitor the effects of the downturn upon health and wellbeing, to create what we call a 'Recession Tracker'.

Impacts of recession



E. Create and develop healthy and sustainable places and communities

Communities are important for people's physical health and mental wellbeing and play their part in reducing health inequalities.

Getting people involved in their communities and taking control over their lives (through having their say on local services) helps them stay happy and healthy. Blackburn with Darwen Local Strategic Partnership is committed to keeping local people involved.

In **2008 30%** of people felt that they could influence decision making processes in their area, a rise from **23% in 2006**.

Blackburn with Darwen Council has co-ordinated services through five neighbourhoods for more than five years. Neighbourhoods have developed significantly through 'Neighbourhood Voice' events; Neighbourhood Boards, made up of residents and local councillors taking a consultative, active and influential role in the delivery of local services; and Shared Neighbourhood teams, bringing together key partners, including the police, registered social landlords (RSLs), the fire and rescue service and Council services.

NHS Blackburn with Darwen has staff aligned to these neighbourhood teams and is planning to develop Community Oriented Primary Care on a neighbourhood model (see next page). Recent application of the Triple Aim* methodology in the South East neighbourhood demonstrated measurable improvements in outcomes for patients in the NHS Health Check programme.

* The Institute of Healthcare Improvement Triple Aim programme focuses on the three aims of improving a) population health, b) patient experience and c) service cost-effectiveness

Co-production

Despite cuts in public funding, social changes, such as an ageing population and unemployment, mean that more people will need help and support, and services will need to work in new ways.

Co-production is about creating an equal relationship between service users, families and communities, and the professionals who deliver the service, explicitly recognising the role each play.

Several community-based initiatives which try to empower patients are good examples of this, and could focus more on reducing health inequalities. These include:

- Expert patients' programme – helps patients learn better techniques to manage their own conditions
- 'Social prescribing' to link patients with non-medical sources of support in the community
- Health trainers show encouraging signs of empowering individuals to participate and take control of their health and wellbeing
- The locally developed Dragon's Apprentice scheme fosters and develops self care groups for people with long-term conditions.

By focusing on reducing health inequalities, we can change the system and mobilise community resources and individuals.



Diversity and community cohesion

Diversity is about the visible and invisible differences and similarities between people including socio-economic status, gender, age, ethnic background, race, disability, sexual orientation and religion and belief. Diversity embraces a broad range of factors, not just those specifically covered by equality legislation.

NHS Blackburn with Darwen, the Council and public sector partners are committed to valuing diversity and achieving equality and human rights for service users and employees.

Community cohesion is about building positive and harmonious relations between people of different ethnic backgrounds, faith, age, gender, disability, social class, education or sexual orientation.

Blackburn with Darwen runs many initiatives to enhance community cohesion including:

- **School twinning:** bringing children and young people together to learn with, from and about each other and understand the diversity of their borough
- **Life swap:** a company director from Darwen and a community activist from Blackburn spent a weekend with each other's families, learning about each other's concerns, views and cultures. Their experience was videoed, and the concept of simply sharing time with someone you would not normally meet (swapping lives) has been promoted to community groups to take forward
- **Annual Mill Hill Festival:** one of many initiatives using art, music and culture to bring together members of the community who might not otherwise mix
- **Understanding Council services:** something as simple as being unable to understand how to dispose of rubbish and recycle can mean residents whose first language is not English may struggle to fit into their neighbourhood. A two hour learning session seeks to address this.



Community Oriented Primary Care

Community Oriented Primary Care is about health services not only treating illness, but working with the community and other services to identify and prioritise health issues and develop programmes for those priority areas.

As part of recent reforms, the NHS is committed to shift resources from hospital to primary and community health care for prevention, early intervention and personalised care closer to home. NHS Blackburn with Darwen is now working up plans with GPs and primary care teams for this.

Pharmaceutical needs assessment

Community pharmacies could play an important role in Community Oriented Primary Care by promoting healthy living and offering support and advice on self care.

We need to focus on better commissioning of services to meet local population needs and use resources more effectively to deliver better outcomes.

Domestic violence

The government's definition is "any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."

The Marmot Review notes that domestic violence is prevalent in the lives of low income women, and is a key determinant of their mental and physical health. There is also a strong link between domestic violence and debt. Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs.

In Blackburn with Darwen in 2009/10, police attended 3,374 domestic violence incidents, 893 of which resulted in an arrest with 492 successful prosecutions. This represents a 16% increase on 2008/9 and is the fourth highest rate per head of population in Lancashire.

Just four wards account for **35%** of all reported domestic violence incidents in Blackburn with Darwen.

NHS Blackburn with Darwen and the Council are working together with the Healthy Places Healthy Lives (HPHL) programme to address local domestic violence issues.

Housing

The Marmot Review describes a strong link between housing and neighbourhood conditions and health inequalities, particularly mental health and wellbeing, leading to significant disadvantage for people living in poor areas.

46% of properties in the borough are judged to be 'non-decent'; the largest number are owner occupied, while the private rented sector has the highest proportion of non-decent homes.

Locally we aim to improve the condition and design of housing to improve health, through joint working and health impact assessments for new housing developments. These also take into account energy and climate change, healthier travel and sustainable neighbourhoods.

Households in fuel poverty need to spend more than 10% of their income on fuel to sustain satisfactory heating.

There are an estimated **7,700 (12.9%)** households in fuel poverty in Blackburn with Darwen compared to the national average of **11.5%**.

Prolonged exposure to low temperatures increases blood pressure and blood clotting, which in turn increases cardiovascular risk. Given the high proportion of low income households living in poor quality housing, this may contribute significantly to local inequalities in cardiovascular health.

The Pennine Lancashire Housing Strategy commits councils and the NHS to tackling fuel poverty in a more concerted way through affordable warmth schemes.

Sustainable development

Climate change and environmental issues present unprecedented and potentially catastrophic risks to health and wellbeing.

Motorised transport accounts for almost 30% of this country's CO₂ emissions and significantly contributes to some of today's greatest public health challenges including outdoor air pollution, road traffic injuries and physical inactivity, with all their effects on obesity, chronic disease and mental ill-health.

People from disadvantaged areas are more at risk of road traffic injuries, and many environmental impacts, including air pollution and community dislocation, tend to fall disproportionately on the poor. Housing emits 13% of this country's CO₂, and some 32% of our local housing stock is poorly insulated and inefficient to heat.

There are opportunities for investing in measures that work to both narrow health inequalities and reduce environmental damage.

For example, green space has significant health benefits and can help increase physical activity, reducing obesity, mental ill health, cardiovascular diseases and asthma.

Blackburn with Darwen is surrounded by accessible countryside and has an abundance of parks and open spaces but these are unequally distributed across the borough. The most deprived areas are more likely to have fewer gardens, no street trees and little or no public green space.

The Borough Open Space Strategy recognises the importance of space for recreational activities that improve both physical health and wellbeing and productive green spaces to grow fresh fruit and vegetables.



20 mph

Pedestrians aged under 17 in the most deprived areas are four times more likely to be killed or injured by traffic than those in the least deprived areas.

Speed is an overwhelming factor in the incidence and severity of injuries to pedestrians and cyclists, whose chances of survival diminish rapidly at speeds over 20 miles per hour.

Improving road safety for pedestrians and cyclists in Great Britain.

House of Commons Public Accounts Committee, 2009.

Blackburn with Darwen has cut road casualties, particularly among child pedestrians, through award-winning road safety training with school children, and is striving to make roads even safer. We also want to promote healthy and sustainable communities by reclaiming the streets in residential areas for those who live there.

In 2008 **66** people were killed or seriously injured on Blackburn with Darwen roads, **15** of them were children.



F. Strengthen the role and impact of ill health prevention

Local and national decisions made in schools, the workplace, at home and in government as well as by the NHS, can help or hinder ill health prevention.

In this current financial climate, public health budgets are often seen as prime candidates for cuts, but it is particularly important to build an NHS that starts with prevention and affirms the economic case that promoting good health and preventing ill health saves money.

We also recognise everything we do must achieve positive outcomes and needs to be properly evaluated for impact on health and wellbeing.

Cardiovascular disease

Cardiovascular disease is the single biggest contributor to the local life expectancy gap.

Each year in Blackburn with Darwen, on average **430** people die from cardiovascular diseases, such as heart disease and strokes. About **140** of them are aged **under 75**.

Deaths from cardiovascular disease also vary considerably within the borough. People living in the most disadvantaged areas have about twice the rate of premature death from these diseases, compared to the most affluent.

Major improvements in the last 15 years have halved the number of premature deaths in Blackburn with Darwen. However these improvements have not occurred sufficiently quickly amongst more disadvantaged groups so the gap remains.

In 2008 NHS Blackburn with Darwen introduced vascular health checks at GPs' surgeries and community locations for everyone aged 35-74 not already being treated for cardiovascular disease. Health tests and information on risk factors are used to assess the person's 10 year risk of developing cardiovascular disease. Personalised advice, medical management and support for behaviour change are provided as appropriate.

Whilst these kinds of health improvement programmes are effective, evidence shows it is more affluent groups who are more likely to participate and benefit. We can achieve better results among more disadvantaged groups by involving them in designing and targeting such campaigns and providing more intensive services depending on levels of deprivation.

Identifying people at high risk and offering appropriate support to reduce their risk will be important in improving the cardiovascular health of the most disadvantaged. Targeting people who already use mental health or unemployment services, who are more at risk of cardiovascular problems, could also help.

Obesity

Obesity is a prime example of how tackling health inequalities requires us to address the 'causes of the causes' of ill health by looking at the whole environment and using policy and planning to make healthier choices easier.

Healthy food, particularly fresh produce, is often less available in deprived areas with usually a higher concentration of fast food outlets in these areas.

Deprived neighbourhoods also tend to have poorer access to green spaces, higher levels of crime, more antisocial behaviour and unsafe traffic conditions, all of which will have a negative impact on the amount of physical activity people take.

How places are planned and developed affects the health of the community. Council planners need better partnerships with others delivering public services. This means carrying out assessments of health, environmental and sustainability impacts, to maximise the health benefits from planning decisions. To reduce obesity and deaths from cardiovascular disease, planning norms need to promote active travel, restrict car use and limit fast food outlets.

Cancer

Each year in Blackburn with Darwen, on average **323** people die from cancer. About **170** of them are aged **under 75**.

Cancer is a complex condition and nationally accounts for more than one in four of all deaths, although outcomes for people with cancer are improving in the UK. Better prevention, detection, treatment and care are vital to reduce the burden of ill health and premature death caused by cancer.

Approximately 90% of all cancers are related to lifestyle and environmental factors.

Lung cancer is the most common cause of cancer death in Blackburn with Darwen and by far the single biggest contributor to local inequalities in cancer death. Smoking (including passive smoking) is by far the biggest risk factor for lung cancer and is responsible for 90% of cases.

Other important avoidable lifestyle risk factors contributing to cancer are poor diet and nutrition, lack of physical activity, obesity, alcohol consumption and excessive exposure to ultraviolet radiation.

As with cardiovascular disease, disadvantage is also an important determinant of cancer-related ill health. People living in the most disadvantaged areas are more likely to have a cancer diagnosed, and to die from the disease, than those living in the least disadvantaged areas.

Many of the risk factors for cardiovascular disease and cancer overlap and tackling the 'causes of the causes' of inequalities in cardiovascular disease and cancer-related ill health have much common ground.

In addition to the care required for the cancer itself, support for individuals and for their families also needs to cover the social and psychological impacts, which can be profound.

Tobacco

In Blackburn with Darwen, smoking remains the single biggest cause of inequalities in preventable ill health and premature death.

As well as being a major cause of cancer, smoking is also a very significant cause of cardiovascular and chest disease, low birth weight, pre-term birth and stillbirth.

The local death rate from smoking is significantly higher than the national average and in 2006-08 accounted for 244 deaths per year in the borough.

Almost three quarters of all smokers say they would like to quit, but fewer than half actually go on to attempt it. Those who are most successful in quitting use a combination of behavioural and pharmacological support available from GP practices and community pharmacies.

Each year in England an estimated 200,000 children and young people start smoking. Most adult smokers say they started smoking regularly before they turned 18. We need to focus on preventing young people from starting smoking, support adult smokers to quit, and act to reduce the appeal, affordability and supply of tobacco to young people. Blackburn with Darwen Council is working to reduce the availability and accessibility of illicit and counterfeit tobacco, but partnership working is key.



Mental wellbeing

Responding to a growing need to understand more about positive mental health and wellbeing, we collaborated in a North West Mental Wellbeing Survey in 2009.

The survey found the highest levels of wellbeing were reported by:

- 25-39 year olds
- people living in the least deprived areas
- members of BME communities.

Blackburn with Darwen was found to have the highest (i.e. best) wellbeing score of any PCT in Lancashire.

A review by the New Economics Foundation identified five ways in which individuals can improve their wellbeing:

- 1. Connect with others.** Social relationships are critical to our wellbeing
- 2. Be active.** Exercise improves our physical health, mental health and wellbeing
- 3. Give.** Linking to the wider community can be incredibly rewarding, creates connections with people and gives a sense of belonging
- 4. Take notice.** Be curious. Heightened awareness enhances an individual's self understanding and in turn increases our feelings of wellbeing
- 5. Learn.** Learning encourages social interaction and increases self esteem and feelings of competency.

Local plans are being developed about how to communicate this holistic approach to health and wellbeing to local people and partners and integrate it into existing services.



Alcohol

Alcohol consumption in Blackburn with Darwen places a significant burden on health services, criminal justice and social and economic development. The effects of excess drinking include accidents, violence, overdose, self harm and risky sexual behaviour. In addition, alcohol related diseases, mortality and crime contribute to health inequalities and reduced life expectancy.

There are estimated to be **24–25,000** Blackburn with Darwen residents who drink at hazardous or harmful levels, equating to approximately **24%** of the adult population.

We therefore need to pursue a stronger preventative focus to reduce the borough's high levels of hazardous and harmful drinking.

Minimum alcohol unit pricing

Availability of cheap alcohol is one of the most significant drivers of local alcohol related harm. The key sources of cheap alcohol are supermarkets, where it is often sold below cost price and nationally franchised alcohol discount stores. A recent study of alcohol sold in the North West showed that its price is dangerously low. In some supermarkets alcohol is available for as little as 14p per unit and in many cases is cheaper than Coca Cola.

All the Directors of Public Health in Lancashire remain committed to introducing a minimum price of 50p per unit to improve health and reduce anti-social behaviour, violence, family breakdown and risks to children. It would have a negligible impact on safe and moderate drinkers who mostly pay more than 50p per unit already and would support local pubs and clubs.

Introducing a minimum price per unit is recommended as one of the most effective ways of reducing alcohol related harm. Partners in Blackburn with Darwen are committed to pursuing these proposals along with colleagues across the North West.

Drug treatment

Local problematic drug use has been consistently higher than the regional average.

The local drug of choice usage has also changed, with a significant impact on service planning; problematic opiate use has decreased, proportionately, while crack cocaine use has risen from 47% of problematic drug use in 2005/06 to 82% in 2006/07.

The number of babies born to drug-addicted mothers has almost doubled in recent years.

With definite links between drug experimentation in childhood and problematic drug use in adulthood, an important part of drug prevention is reducing the number of children trying drugs and preventing the shift from experimental use to addiction.

Locally, there is targeted prevention work with our most vulnerable groups including children in our care, young offenders and those excluded from school. Group work and brief interventions aim to prevent initial experimentation and ensure any ongoing use is made safer and if possible reduced.

There is a strong focus on social interventions, linking people into mainstream services such as housing, education and social activities. Use of volunteers from our service user network in the recovery oriented system is encouraging and there are plans to develop this further.

Blackburn with Darwen Council has a drug education specialist to support schools to deliver high quality drug education through staff training and policy development.

Blackburn with Darwen Drug and Alcohol Action Team (DAAT) has commissioned services to target adult offenders, resulting in high levels of treatment through the criminal justice system. Other groups have been prioritised for more intensive support, including:

- Sex workers
- Parents
- People living in unstable accommodation
- People with drug and physical/mental health problems
- 18-24 year olds
- Members of BME communities.

Work in these areas has been through a partnership approach with other service providers and commissioners.

In 2007/08 and 2008/09 Blackburn with Darwen achieved 98% treatment effectiveness.



The preceding pages summarise the Blackburn with Darwen 2010 public health annual report and integrated strategic needs assessment. If you wish to find out more, and we hope you do, the full report and supporting analysis is available at www.bwd.nhs.uk

We have used the Marmot Review as a framework to analyse the needs of the local population, to identify the ‘causes of the causes’ of inequalities and poor health in Blackburn with Darwen and to make evidence-based recommendations for action, which are detailed in the full report.

The report shows that the high levels of deprivation across the borough are generating poor social, economic and environmental conditions in specific ‘at risk’ communities. This, in turn, is leading to poor health behaviours and poor health outcomes.

Specific recommendations are directed at strategic or operational decision-makers in both the NHS and partner organisations. Key to success will be gaining ownership of this agenda by, and working effectively across, the whole Local Strategic Partnership, which brings together all public sector organisations, the community, voluntary and faith sector, and private sector businesses.

The issues in Blackburn with Darwen are such that just providing better or more public services will not provide a sustainable solution to the challenges we share. Only a transformational approach can make a difference. Effective action will require everyone to collaborate by investing time, money and political

support to address the shared priorities for action that this report outlines. The extreme financial pressures make this even more important.

The good news is that Blackburn with Darwen already has a head start in this task. We have a strong track record of innovative partnership working. The boroughs institutions and communities have excellent relationships, effective networks, a high level of resilience, and a proven capacity to mobilise the assets of the whole community. We will need to build on these assets over the coming years.

Our commitment is to put quality of life and wellbeing at the heart of everything we do and tackle the social and economic problems which cause poor health and inequality. We will target resources where they are most needed to achieve short and medium term improvements while trying to prevent long term problems from developing.

Creating equal life chances for all in Blackburn with Darwen will certainly take a generation to achieve. This report identifies the progress we have already made, what we need to do next and the ways in which we may all need to change if we are to make ‘equal life chances for all in a generation’ a reality.

The Public Health Profile brings together some key statistics on the Blackburn with Darwen population and its health. Also included is the latest annual Health Profile of the borough from the Department of Health and Association of Public Health Observatories, which starts on page 39.

Resident population by age-group

The 2009 mid-year resident population of the borough of Blackburn with Darwen was estimated to be 139,900 people. NHS Blackburn with Darwen shares the same boundary. This is the population figure used by the Office for National Statistics and central government as the basis for calculations such as mortality rates.

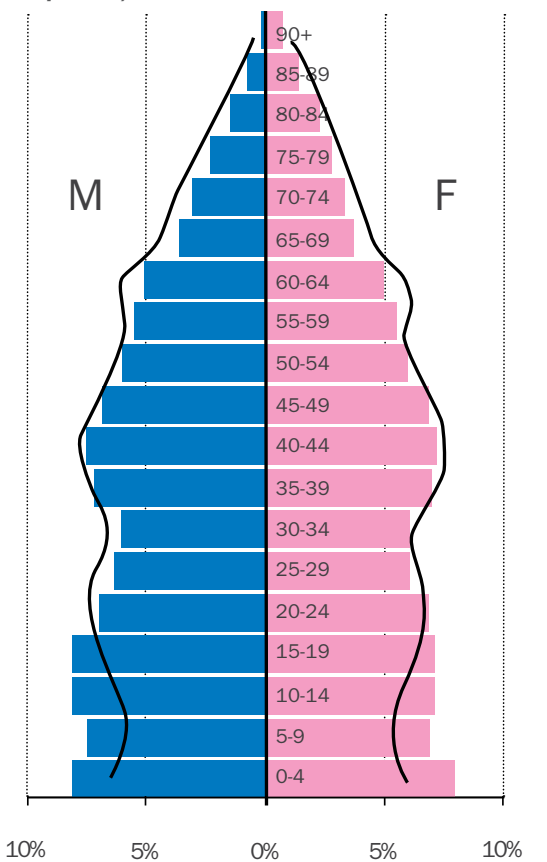
Table 1. Resident population of Blackburn with Darwen, mid-2009 population estimates, by age-group.

Age	Numbers of People (thousands)			Percentages		
	All Persons	Males	Females	All Persons	Males	Females
0	2.4	1.2	1.2	1.7%	1.7%	1.7%
1-4	8.9	4.5	4.4	6.4%	6.5%	6.3%
5-9	10.1	5.2	4.9	7.2%	7.5%	7.0%
10-14	10.5	5.6	5.0	7.5%	8.0%	7.1%
15-19	10.6	5.6	5.0	7.6%	8.0%	7.1%
20-24	9.6	4.8	4.8	6.9%	6.9%	6.8%
25-29	8.8	4.4	4.3	6.3%	6.3%	6.1%
30-34	8.5	4.2	4.3	6.1%	6.0%	6.1%
35-39	9.9	5.0	4.9	7.1%	7.2%	7.0%
40-44	10.3	5.2	5.1	7.4%	7.5%	7.3%
45-49	9.5	4.7	4.8	6.8%	6.7%	6.8%
50-54	8.3	4.1	4.2	5.9%	5.9%	6.0%
55-59	7.5	3.8	3.7	5.4%	5.5%	5.3%
60-64	7.0	3.5	3.5	5.0%	5.0%	5.0%
65-69	5.2	2.5	2.6	3.7%	3.6%	3.7%
70-74	4.5	2.1	2.4	3.2%	3.0%	3.4%
75-79	3.6	1.6	2.0	2.6%	2.3%	2.8%
80-84	2.6	1.0	1.6	1.9%	1.4%	2.3%
85-89	1.6	0.5	1.0	1.1%	0.7%	1.4%
90+	0.6	0.1	0.5	0.4%	0.1%	0.7%
Totals	139.9	69.7	70.2	100.0%	100.0%	100.0%

Source: 2009 Mid-Year Population Estimates, Office of National Statistics June 2010.
<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106>
NB – Figures may not add exactly due to rounding.

The age structure of the borough’s population is younger than the national average, with 30.4% aged under 20 years. This is the highest of any local authority in England, and compares with 23.9% in the country as a whole. Conversely, 12.9% of the population are aged 65 years and over, compared with 16.3% nationally.

Figure 1. Population pyramid for Blackburn with Darwen 2009 (England profile overlaid for comparison)



Resident population by ethnic group

The Office for National Statistics also now issues, on an experimental basis, an estimated ethnic breakdown of the resident population. The latest available estimates of this kind are for 2007.

Table 2. Resident population of Blackburn with Darwen, mid-2007 population estimates, by ethnic group.

Numbers	Ethnic Group	Blackburn with Darwen	North West	England
	White	108,500	6,324,600	45,082,800
	Mixed	1,900	85,400	870,100
	Indian	14,100	99,900	1,316,000
	Pakistani	12,600	143,900	905,700
	Bangladeshi	700	34,800	353,900
	Other Asian	1,300	25,600	339,200
	Black	1,100	75,100	1,447,900
	Chinese	800	74,900	776,400
	All Groups	140,900	6,864,300	51,092,000

Source: Office for National Statistics, 2010
<http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=14238&Pos=1&ColRank=1&Rank=272>
NB – Figures may not add exactly due to rounding

GP registered population

NHS Blackburn with Darwen commissions healthcare on behalf of all patients registered with affiliated GP practices, whether they live locally or not. Blackburn with Darwen residents who have their GP outside the borough are the responsibility of the PCT in which that practice lies, and do not appear on the local GP register. For some purposes, such as service planning, the GP registered population may be more relevant than the resident population, as long as it is understood that it is not attempting to measure the same thing.

In April 2010 there were 167,178 patients registered with a Blackburn with Darwen GP. An approximate ethnic breakdown can be obtained using Nam Pehchan, a validated software tool for recognising South Asian names. The results suggest that South Asian groups are more strongly represented in the registered population than in the resident population.

Table 3. NHS Blackburn with Darwen GP registered population by age group and ethnic group, April 2010.

Age Band	Not South Asian	South Asian	Total	% of age group South Asian
0-14	20,768	13,665	34,433	39.7%
15-34	30,731	16,709	47,440	35.2%
35-64	50,813	12,710	63,523	20.0%
65-84	17,296	1,760	19,056	9.2%
85+	2,558	168	2,726	6.2%
TOTAL	122,166	45,012	167,178	26.9%

Source: Lancashire and South Cumbria Agency, April 2010.

Projected resident population

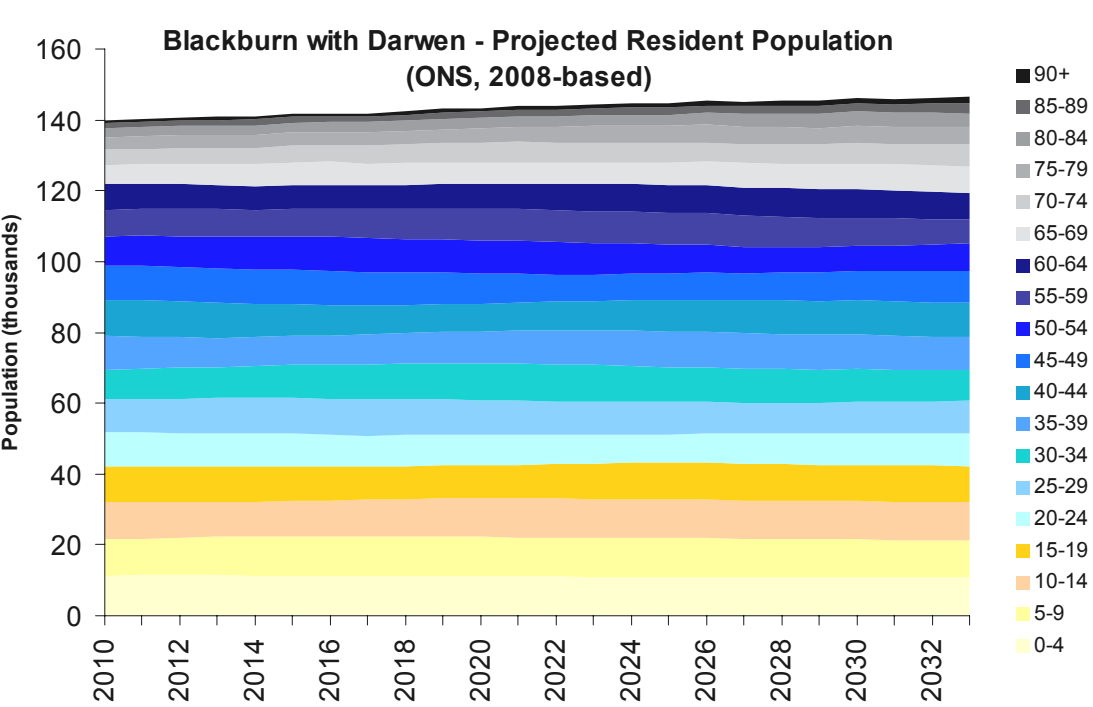
Planning for the future health needs of the population is a fundamental aspect of public health. Provision needs to be made for the future size of the population, and for its changing age-structure. Health needs which are strongly linked to age include:

- Dementia
- Limiting long term illness
- Cancer

The Office for National Statistics produces projections of the resident population by age-group, on the assumption that recent trends will continue into the future. The latest projections are 2008-based, and predict the population forwards to 2033. It should be kept in mind that the further into the future a projection is made, the more speculative it becomes.

In Figure 2, the yellow shades represent the under-20 age-groups, blues represent ages 20-64, and the greys represent those aged 65 and over. It can be seen that the anticipated growth in the Blackburn with Darwen population is all in this latter category.

Figure 2. Population projections by age-group



Source: Office for National Statistics, 2010.
http://www.statistics.gov.uk/downloads/theme_population/snpp-2008/InteractivePDF_2008-basedSNPP.pdf
The projections illustrated in Figure 2, and detailed in Table 4 below, are substantially different to those published in the previous edition of this report, which gave much higher estimates for population growth. This is because of a change in ONS methodology which produces more accurate statistics and takes more appropriate account of migration. The following link will supply more information:
http://www.statistics.gov.uk/downloads/theme_population/snpp-2008/2008_based_SNPP_Methodology_Guide.pdf

Table 4. Resident population of Blackburn with Darwen, 2008-based projections (2010-2030)

Numbers (1000's)	Age Group	2010	2011	2012	2013	2014	2015		2020	2025	2030
	0-4	11.3	11.4	11.4	11.4	11.3	11.3		11.2	10.9	10.7
	5-9	10.2	10.4	10.5	10.8	11	11.1		11.1	11	10.8
	10-14	10.4	10.1	10	9.9	9.9	10		10.9	10.9	10.8
	15-19	10.4	10.3	10.2	10	9.9	9.8		9.4	10.3	10.3
	20-24	9.5	9.5	9.5	9.3	9.2	9.1		8.5	8.1	8.9
	25-29	9.2	9.5	9.7	10	10.2	10.2		9.8	9.1	8.8
	30-34	8.5	8.5	8.7	8.8	9	9.3		10.3	10	9.3
	35-39	9.5	9.1	8.6	8.3	8.1	8.2		9	10	9.7
	40-44	10.2	10.2	10	9.8	9.4	9.1		7.8	8.7	9.7
	45-49	9.6	9.7	9.8	9.8	9.8	9.8		8.7	7.5	8.4
	50-54	8.4	8.6	8.8	9	9.1	9.3		9.4	8.3	7.2
	55-59	7.4	7.5	7.6	7.6	7.7	7.8		8.7	8.8	7.8
	60-64	7.2	7.2	7	6.9	6.7	6.7		7.1	8	8.1
	65-69	5.2	5.4	5.8	6	6.2	6.4		6	6.4	7.2
	70-74	4.5	4.4	4.5	4.5	4.5	4.6		5.7	5.4	5.8
	75-79	3.6	3.6	3.6	3.7	3.8	3.8		3.9	4.9	4.7
	80-84	2.6	2.6	2.7	2.7	2.7	2.7		3	3.2	4.1
	85-89	1.6	1.5	1.5	1.5	1.6	1.6		1.8	2.1	2.3
	90+	0.6	0.7	0.7	0.8	0.8	0.8		0.9	1.1	1.5
	All ages	140.0	140.2	140.5	140.8	141.1	141.5		143.3	144.8	145.9

Percentages	Age Group	2010	2011	2012	2013	2014	2015		2020	2025	2030
	0-4	8.1%	8.1%	8.1%	8.1%	8.0%	8.0%		7.8%	7.5%	7.3%
	5-9	7.3%	7.4%	7.5%	7.7%	7.8%	7.8%		7.7%	7.6%	7.4%
	10-14	7.4%	7.2%	7.1%	7.0%	7.0%	7.1%		7.6%	7.5%	7.4%
	15-19	7.4%	7.3%	7.3%	7.1%	7.0%	6.9%		6.6%	7.1%	7.1%
	20-24	6.8%	6.8%	6.8%	6.6%	6.5%	6.4%		5.9%	5.6%	6.1%
	25-29	6.6%	6.8%	6.9%	7.1%	7.2%	7.2%		6.8%	6.3%	6.0%
	30-34	6.1%	6.1%	6.2%	6.3%	6.4%	6.6%		7.2%	6.9%	6.4%
	35-39	6.8%	6.5%	6.1%	5.9%	5.7%	5.8%		6.3%	6.9%	6.6%
	40-44	7.3%	7.3%	7.1%	7.0%	6.7%	6.4%		5.4%	6.0%	6.6%
	45-49	6.9%	6.9%	7.0%	7.0%	6.9%	6.9%		6.1%	5.2%	5.8%
	50-54	6.0%	6.1%	6.3%	6.4%	6.4%	6.6%		6.6%	5.7%	4.9%
	55-59	5.3%	5.3%	5.4%	5.4%	5.5%	5.5%		6.1%	6.1%	5.3%
	60-64	5.1%	5.1%	5.0%	4.9%	4.7%	4.7%		5.0%	5.5%	5.6%
	65-69	3.7%	3.9%	4.1%	4.3%	4.4%	4.5%		4.2%	4.4%	4.9%
	70-74	3.2%	3.1%	3.2%	3.2%	3.2%	3.3%		4.0%	3.7%	4.0%
	75-79	2.6%	2.6%	2.6%	2.6%	2.7%	2.7%		2.7%	3.4%	3.2%
	80-84	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%		2.1%	2.2%	2.8%
	85-89	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%		1.3%	1.5%	1.6%
	90+	0.4%	0.5%	0.5%	0.6%	0.6%	0.6%		0.6%	0.8%	1.0%
	All ages	100%	100%	100%	100%	100%	100%		100%	100%	100%

Source: Office for National Statistics, 2010.

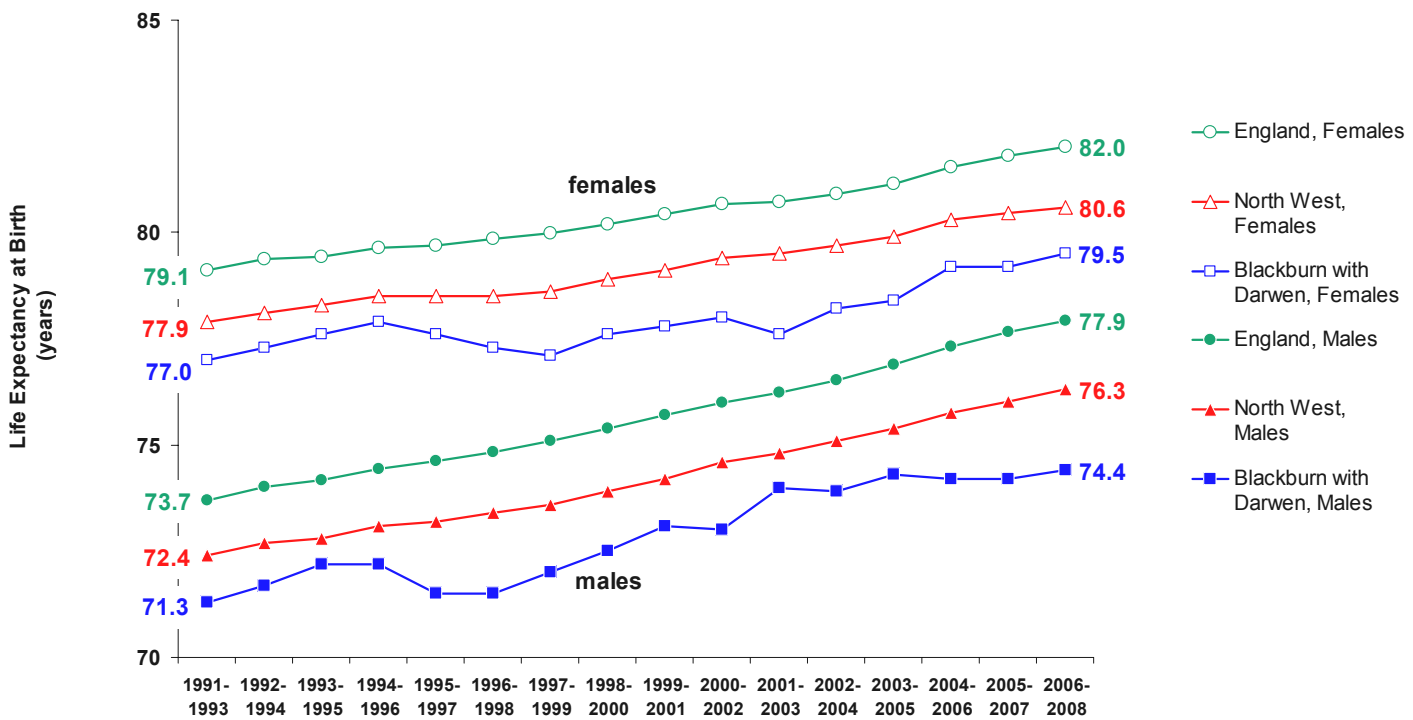
http://www.statistics.gov.uk/downloads/theme_population/snpp-2008/InteractivePDF_2008-basedSNPP.pdf
NB – Figures may not add exactly due to rounding

Life expectancy

Life expectancy at birth is a key summary measure of the current health of the population. It estimates how long on average someone born today could expect to live if – hypothetically – current death rates at different ages applied throughout their life.

Since 1991-93, life expectancy in Blackburn with Darwen has increased by just over three years for men, and two-and-a-half years for women. However, this is in line with the general improvement nationally, and has done nothing to reduce the gap between Blackburn with Darwen and England as a whole.

Figure 3. Trend in life expectancy at birth, 1991-93 to 2006-08



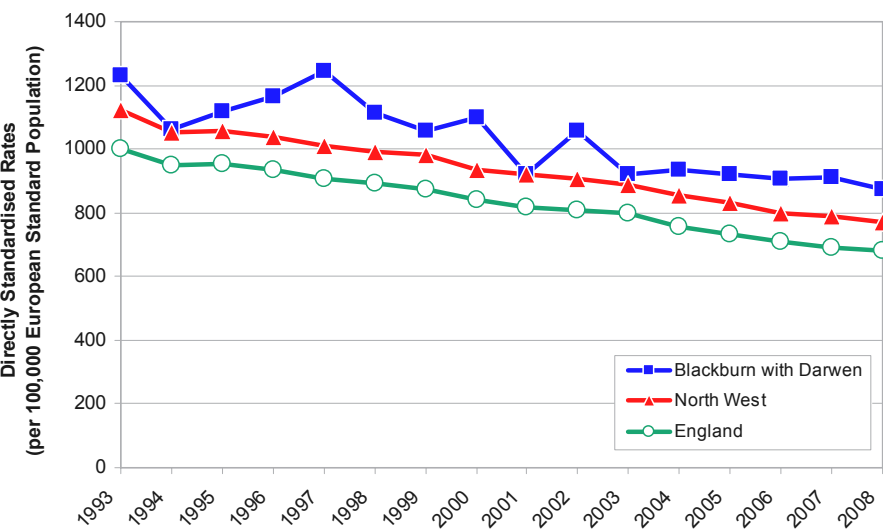
Source: Clinical and Health Outcomes Database, 2010.

Out of the 324 local authority districts which are large enough to give a reliable measure, Blackburn with Darwen ranks 319th equal for males, and 314th for females in 2006-08. Almost all of the districts with lower life expectancy than Blackburn with Darwen are also in the North West (see p5).

All age all cause mortality

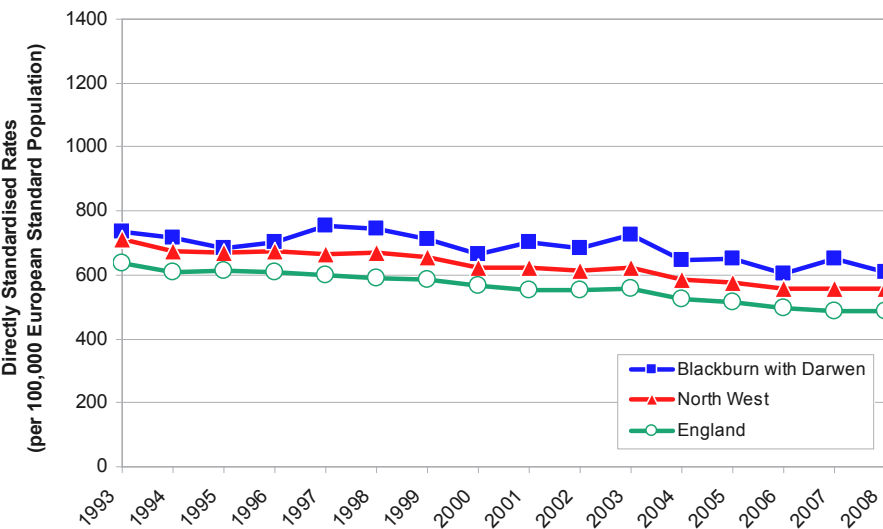
Another way of looking at mortality is to express the number of deaths as a rate per 100,000 of the population. The rate is calculated in such a way as to iron out the effect of the age structure of the local population.

Figure 4. Trend in deaths from all causes, males all ages, 1993 – 2008



Source: Clinical and Health Outcomes Database, 2010

Figure 5. Trend in deaths from all causes, females all ages, 1993 – 2008



Source: Clinical and Health Outcomes Database, 2010

Table 5 shows that the 2006-08 rate for Blackburn with Darwen is higher than for England and for the North West. Statistical tests confirm that these differences are significant for both males and females.

Table 5. Deaths from all causes, all ages, 2006-08

Directly standardised rate per 100,000 European Standard Population			
	Males	Females	Persons
Blackburn with Darwen	898.4	621.7	749.9
North West	786.4	558.1	661.2
England	692.3	490.6	581.9

Source: Clinical and Health Outcomes Database, 2010.

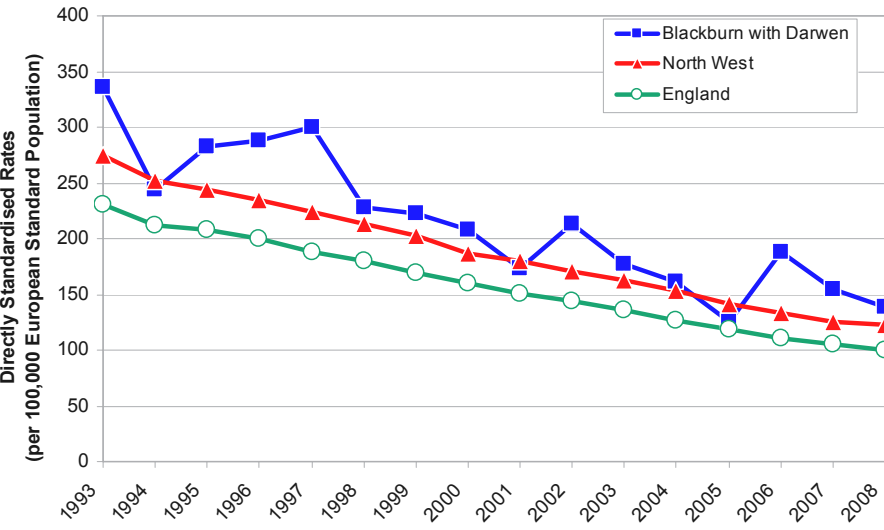
Unfortunately the official figures do not make it easy to calculate mortality rates for different ethnic groups. Attempts have been made in Blackburn with Darwen to calculate separate rates for the South Asian and non-South Asian populations, using name-matching software to impute ethnicity. These analyses have not shown mortality to be any higher in the South Asian group, but further work is needed to establish whether they can be considered fully reliable.

Deaths from cardiovascular disease

Despite the dramatic falls in cardiovascular disease mortality, it remains a leading cause of premature death both locally and nationally. In Blackburn with Darwen in 2008, it accounted for 27% of all male premature deaths, and 26% of female premature deaths.

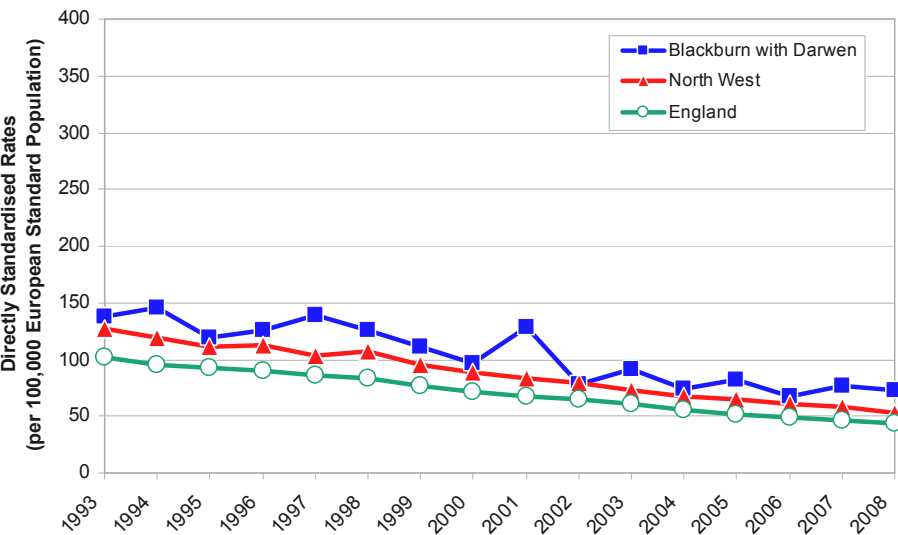
Of all the premature deaths from cardiovascular disease in Blackburn with Darwen in 2008, 58% were due to coronary heart disease and 23% to stroke.

Figure 6. Trend in deaths from cardiovascular disease, males under 75, 1993 – 2008



Source: Clinical and Health Outcomes Database, 2010.

Figure 7. Trend in deaths from cardiovascular disease, females under 75, 1993 – 2008



Source: Clinical and Health Outcomes Database, 2010.

Table 6. Deaths from cardiovascular disease, under 75, 2006-08.

Directly standardised rate per 100,000 European Standard Population			
	Males	Females	Persons
Blackburn with Darwen	160.7	72.4	115.9
North West	127.3	57.6	91.3
England	105.1	46.3	74.8

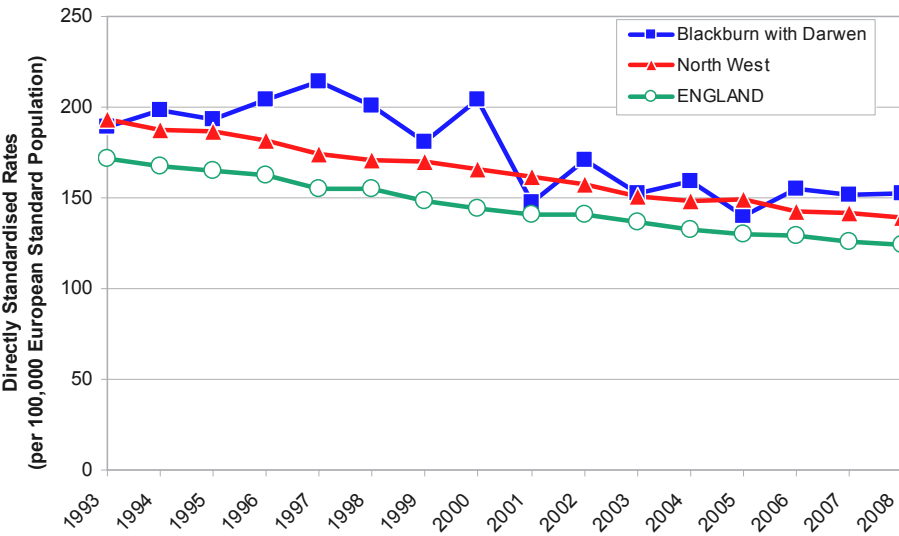
Source: Clinical and Health Outcomes Database, 2010.

Despite the downward trend, death rates from cardiovascular disease in Blackburn with Darwen remain significantly higher than the England average.

Deaths from all cancers

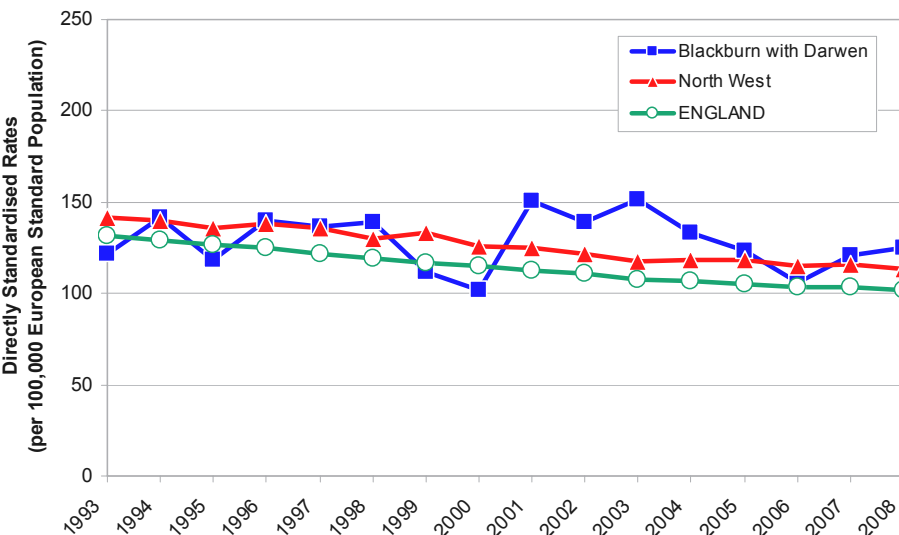
As with cardiovascular disease, government targets on cancer mortality are focussed upon premature deaths under the age of 75. In Blackburn with Darwen, cancer accounted for just over a third of all deaths in this age-group in 2008.

Figure 8. Trend in deaths from all cancers, males under 75, 1993 – 2008



Source: Clinical and Health Outcomes Database, 2010.

Figure 9. Trend in deaths from all cancers, females under 75, 1993 – 2008



Source: Clinical and Health Outcomes Database, 2010.

Table 7. Deaths from all cancers, under 75, 2006-08.

Directly standardised rate per 100,000 European Standard Population			
	Males	Females	Persons
Blackburn with Darwen	153.2	117.4	134.6
North West	141.0	114.5	127.1
England	126.3	102.7	114.0

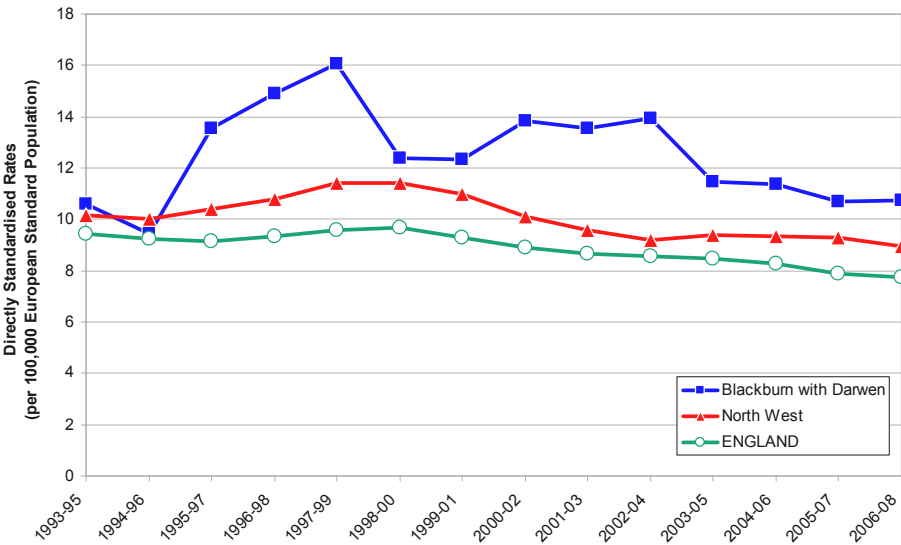
Source: Clinical and Health Outcomes Database, 2010.

Premature death rates from cancer in Blackburn with Darwen in 2006-08 were significantly higher for males and for all persons compared to England. The rates are not significantly different to those of the North West.

Deaths from suicide and injury undetermined

On average there are between 15 and 20 deaths each year in Blackburn with Darwen from suicide or undetermined injury. The borough follows the well-recognised pattern of higher death rates in men than in women.

Figure 10. Trend in deaths from suicide and undetermined injury, persons of all ages, 1993-5 to 2006-08



Source: Clinical and Health Outcomes Database, 2010.

Table 8. Deaths from suicide and injury undetermined, all ages, 2006-08

Directly standardised rate per 100,000 European Standard Population			
	Males	Females	Persons
Blackburn with Darwen	16.5	4.9	10.7
North West	14.2	3.8	9.0
England	12.0	3.7	7.8

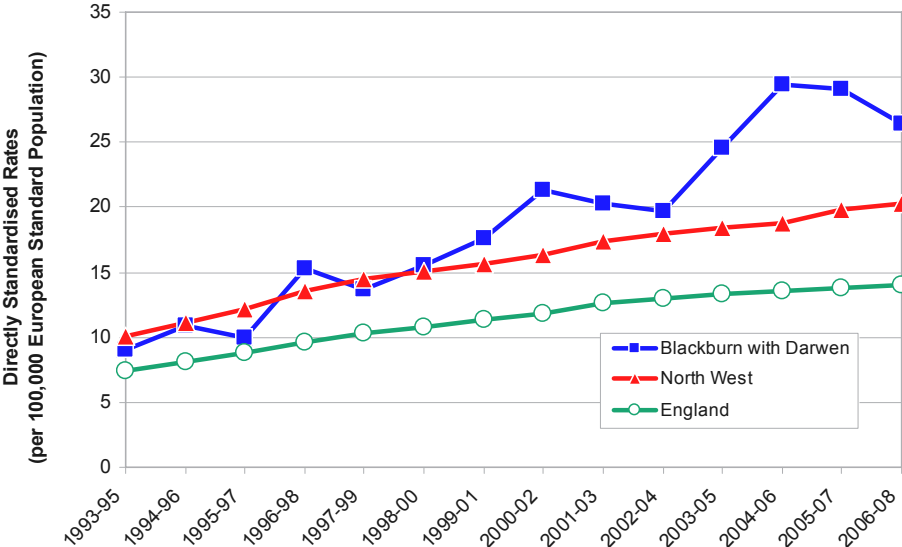
Source: Clinical and Health Outcomes Database, 2010.

Because of low numbers, the higher death rates in Blackburn with Darwen, compared to the North West and England, are not statistically significant*.

Deaths resulting from the long term effects of alcohol

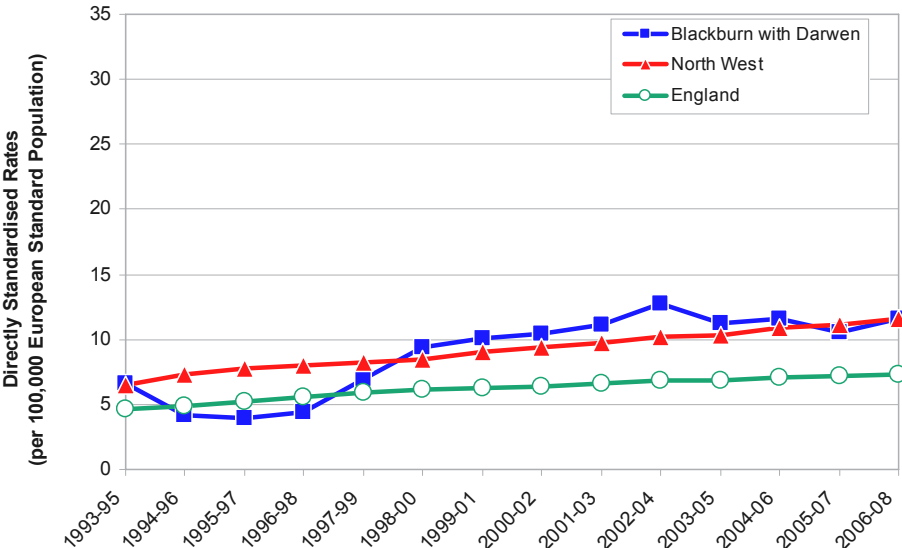
The numbers of people dying from chronic liver disease, including cirrhosis, are relatively small (e.g. 26 persons in 2008). However this represents a steep increase over recent years, especially for males.

Figure 11. Trend in deaths from chronic liver disease, including cirrhosis, males of all ages, 1993-5 to 2006-08



Source: Clinical and Health Outcomes Database, 2010.

Figure 12. Trend in deaths from chronic liver disease, including cirrhosis, females of all ages, 1993-5 to 2006-08



Source: Clinical and Health Outcomes Database, 2010.

Table 9. Deaths from chronic liver disease including cirrhosis, 2006-08

Directly standardised rate per 100,000 European Standard Population			
	Males	Females	Persons
Blackburn with Darwen	26.4	11.6	19.0
North West	20.3	11.5	15.8
England	14.0	7.3	10.6

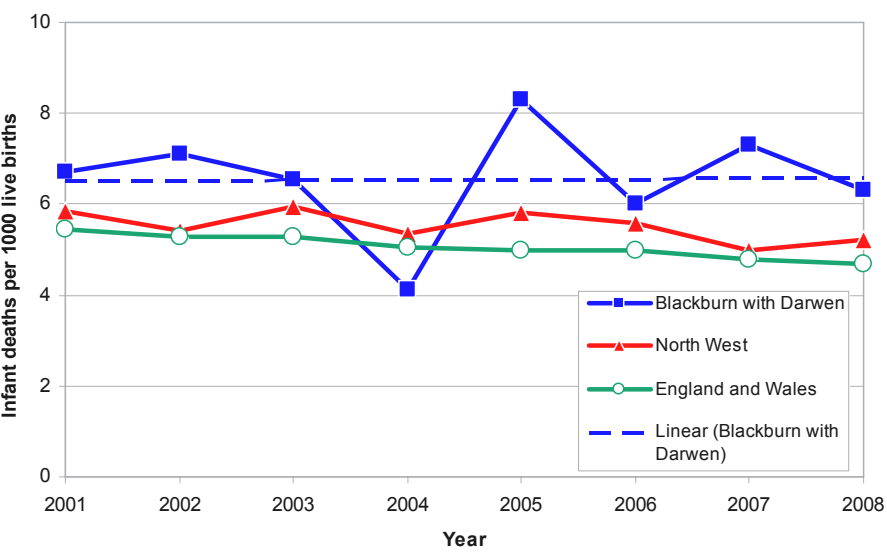
Source: Clinical and Health Outcomes Database, 2010.

Infant mortality

The term ‘infant mortality’ covers all babies dying in their first year of life. In the three year period 2006-08, there were a total of 45 infant deaths in Blackburn with Darwen, or 6.4 per 1,000 live births. This is not significantly higher than the England and Wales average.

This rate is bound to fluctuate from year to year because of the small numbers involved, but the dashed line in the chart below shows that there is little evidence of any underlying trend.

Figure 13. Trend in infant deaths, 2001-2008



Source: Clinical and Health Outcomes Database, 2010.

Table 10. Infant Mortality Rate, 2006-08

Pooled three-year average, per 1000 live births	
Blackburn with Darwen	6.4
North West	5.3
England	4.8

Source: NHS Information Centre, 2010.

Health Profile 2010

Blackburn with Darwen

updated 28 July 2010

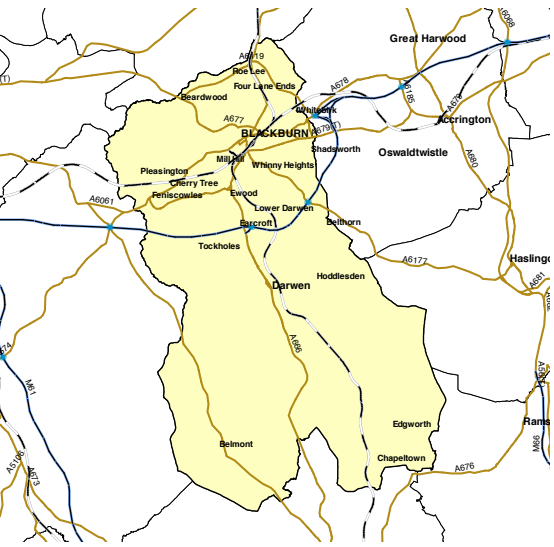
This profile gives a picture of health in this area. It is designed to help local government and health services improve people’s health and reduce health inequalities.

Health Profiles are produced every year by the Association of Public Health Observatories.

Visit the Health Profiles website to:

- see profiles for other areas
- use interactive maps
- find more detailed information

www.healthprofiles.info



Based on Ordnance Survey material. © Crown Copyright. All rights reserved. DH 100020290 2010. Other map data © Collins Bartholomew.

Population 140,700

Mid-2008 population estimate
Source: National Statistics website: www.statistics.gov.uk



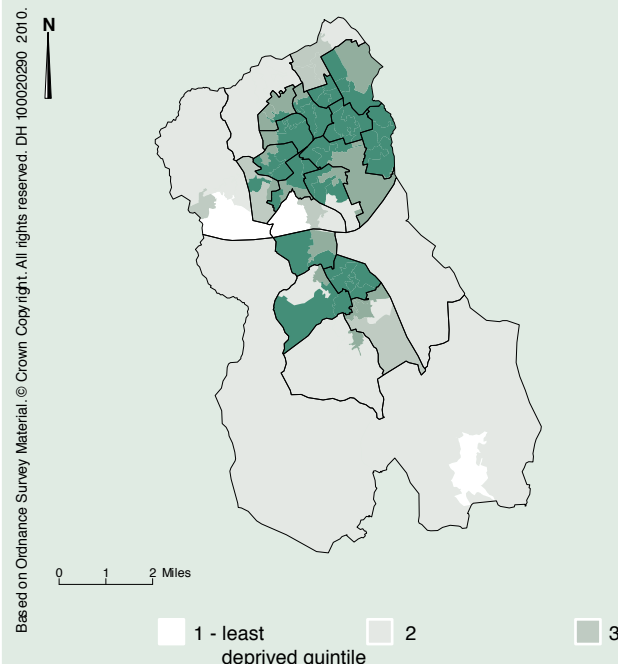
© Crown Copyright 2010

Blackburn with Darwen at a glance

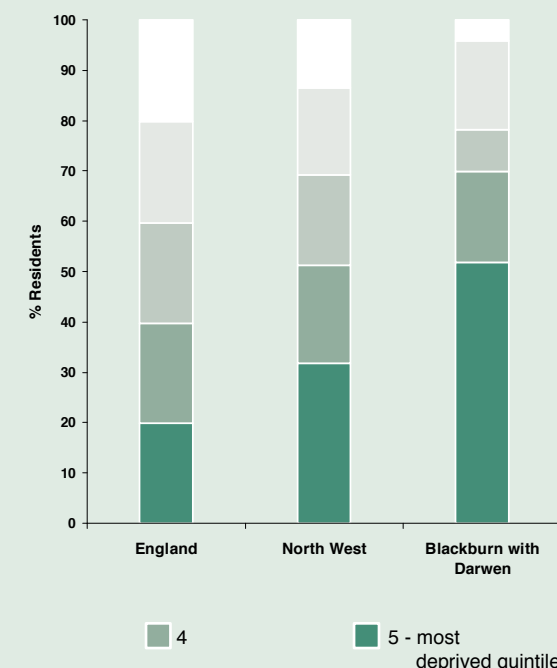
- The health of people in Blackburn with Darwen is generally worse than the England average, including the estimated percentages of adults who smoke. Deprivation levels are high and the rate of incapacity benefit claimants for mental illness is among the worst in England. However, some rates are similar to the England average, such as excess winter deaths.
- There are inequalities in Blackburn with Darwen. For example, men in the least deprived areas can expect to live over 10 years longer than men in the most deprived areas, and for women this difference is nearly 6 years.
- Over the last ten years there has been a fall in the death rate from all causes for men and in early death rates from heart disease and stroke. However, the rates remain above the England average.
- Levels of tooth decay in children aged 5 years are amongst the highest in England. However, the percentage of children classified as obese is similar to the England average and the percentage of physically active children is better than the England average.
- The Blackburn with Darwen Strategic Partnership has prioritised reducing health inequalities including smoking, alcohol misuse, teenage pregnancy and physical activity.
- The Blackburn with Darwen Annual Public Health Report provides further detail on the health of this area and is available at www.bwd.nhs.uk

Deprivation: a national view

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

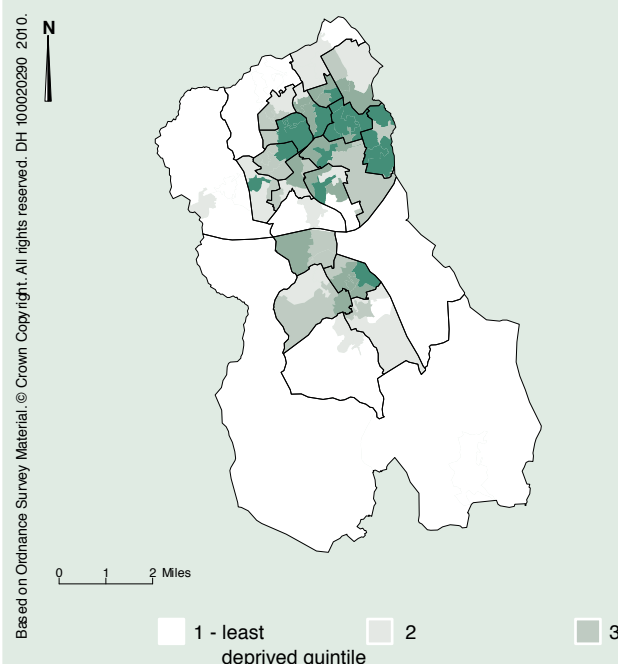


This chart shows the percentage of the population in England, this region, and this area who live in each of these quintiles.

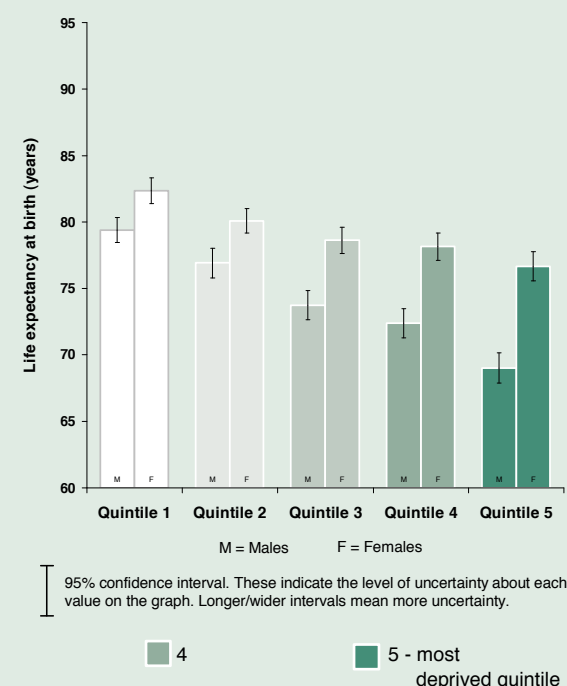


Health inequalities: a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2007 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



This chart shows the life expectancy at birth for males and females (2004-2008) for each of the quintiles in this area.



Health inequalities: changes over time

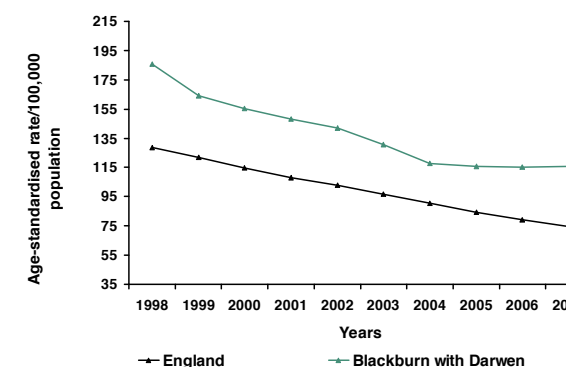
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

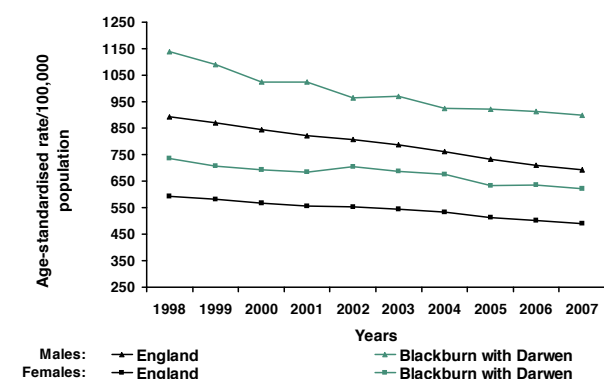
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

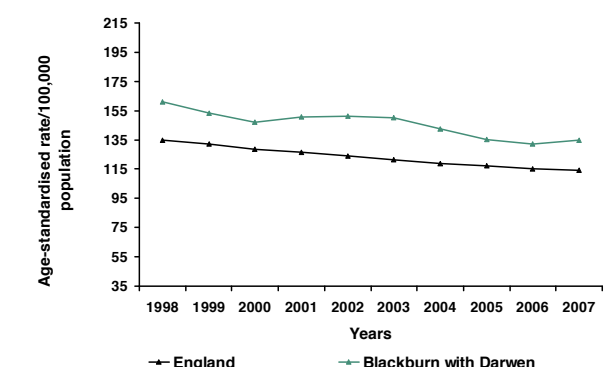
Trend 2: Early death rates from heart disease and stroke



Trend 1: All age, all cause mortality

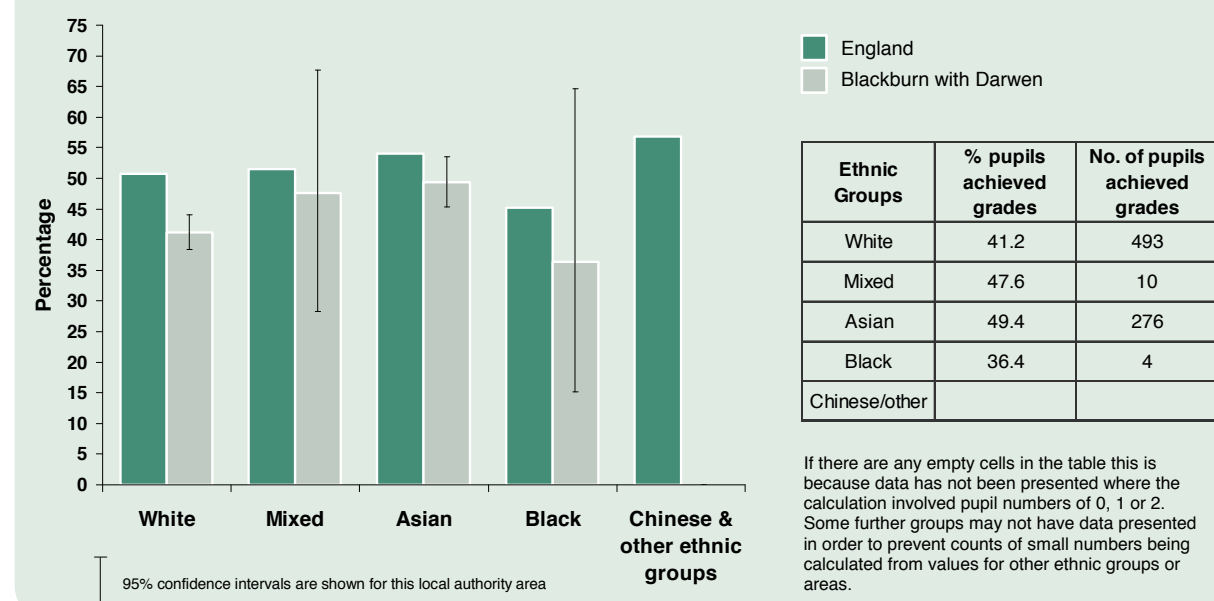


Trend 3: Early death rates from cancer



Health inequalities: ethnicity

This chart shows the percentage of pupils by ethnic group in this area who achieved five GCSEs in 2008/09 (A* to C grades including English and Maths). Comparing results may help find possible inequalities between ethnic groups.

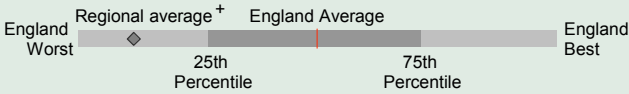


Health summary for Blackburn with Darwen

00EX

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated



+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	73263	51.9	19.9	89.2		0.0
	2 Children in poverty	11398	33.1	22.4	66.5		6.0
	3 Statutory homelessness	47	0.85	2.48	9.84		0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	792	43.9	50.9	32.1		76.1
	5 Violent crime	2567	18.2	16.4	36.6		4.8
	6 Carbon emissions	1080	7.7	6.8	14.4		4.1
Children's and young people's health	7 Smoking in pregnancy	432	18.3	14.6	33.5		3.8
	8 Breast feeding initiation	1587	67.3	72.5	39.7		92.7
	9 Physically active children	12219	57.5	49.6	24.6		79.1
	10 Obese children	161	8.9	9.6	14.7		4.7
	11 Tooth decay in children aged 5 years	n/a	2.4	1.1	2.5		0.2
	12 Teenage pregnancy (under 18)	138	43.2	40.9	74.8		14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	30.1	22.2	35.2		10.2
	14 Binge drinking adults	n/a	19.2	20.1	33.2		4.6
	15 Healthy eating adults	n/a	24.5	28.7	18.3		48.1
	16 Physically active adults	n/a	9.7	11.2	5.4		16.6
	17 Obese adults	n/a	26.4	24.2	32.8		13.2
Disease and poor health	18 Incidence of malignant melanoma	14	10.8	12.6	27.3		3.7
	19 Incapacity benefits for mental illness	4552	53.4	27.6	58.5		9.0
	20 Hospital stays for alcohol related harm	2911	2070	1580	2860		784
	21 Drug misuse						
	22 People diagnosed with diabetes	7976	5.67	4.30	6.72		2.69
	23 New cases of tuberculosis	52	37	15	110		0
	24 Hip fracture in over-65s	122	548.7	479.2	643.5		273.6
Life expectancy and causes of death	25 Excess winter deaths	70	17.1	15.6	26.3		2.3
	26 Life expectancy - male	n/a	74.4	77.9	73.6		84.3
	27 Life expectancy - female	n/a	79.5	82.0	78.8		88.9
	28 Infant deaths	15	6.40	4.84	8.67		1.08
	29 Deaths from smoking	244	294.6	206.8	360.3		118.7
	30 Early deaths: heart disease & stroke	150	115.9	74.8	125.0		40.1
	31 Early deaths: cancer	173	134.6	114.0	164.3		70.5
	32 Road injuries and deaths	71	50.2	51.3	167.0		14.6

Indicator Notes

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2008/09 4 % at Key Stage 4 2008/09 5 Recorded violence against the person crimes crude rate per 1,000 population 2008/09 6 Total end user CO₂ emissions per capita (tonnes CO₂ per resident) 2007 7 % of mothers smoking in pregnancy where status is known 2008/09 8 % of mothers initiating breast feeding where status is known 2008/09 9 % of year 1-13 pupils who spend at least 3 hours per week on high quality PE and school sport 2008/09 10 % of school children in reception year 2008/09 11 Weighted mean number of teeth per 5 yr old child sampled that were actively decayed, missing or filled 2007/08 12 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2006-2008 (provisional) 13 % adults, modelled estimate using Health Survey for England 2006-2008 14 % adults, modelled estimate using Health Survey for England 2007-2008 15 % adults, modelled estimate using Health Survey for England 2006-2008 16 % aged 16+ 2008/09 17 % adults, modelled estimate using Health Survey for England 2006-2008 18 Directly age standardised rate per 100,000 population under 75 2004-2006 19 Crude rate per 1,000 working age population 2008 20 Directly age and sex standardised rate per 100,000 population 2008/09 (rounded) 21 New Problematic Drug User estimates were not available in time for inclusion 22 % of people on GP registers with a recorded diagnosis of diabetes 2008/09 23 Crude rate per 100,000 population 2006-2008 24 Directly age-standardised rate per 100,000 population for emergency admission 2008/09 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.05- 31.07.08 26 At birth, 2006-2008 27 At birth, 2006-2008 28 Rate per 1,000 live births 2006-2008 29 Per 100,000 population age 35+, directly age standardised rate 2006-2008 30 Directly age standardised rate per 100,000 population under 75, 2006-2008 31 Directly age standardised rate per 100,000 population under 75, 2006-2008 32 Rate per 100,000 population 2006-2008

More indicator information is available in The Indicator Guide: www.healthprofiles.info For information on your area contact your regional PHO: www.apho.org.uk

You may use this profile for non-commercial purposes as long as you acknowledge where the information came from by printing 'Source: APHO and Department of Health. © Crown Copyright 2010'.



Blackburn with Darwen

Teaching Care Trust Plus

Guide Business Centre
School Lane
Blackburn
Lancashire
BB1 2QH

Tel: (01254) 282000 or (01254) 282001

