



Lancashire Health and Wellbeing Board
Tuesday, 25 January 2022, 2.00 pm,
Committee Room 'A' - The Tudor Room, County Hall, Preston

AGENDA

Part I (Open to Press and Public)

| Agenda Item | Item for | Intended Outcome | Lead | Papers | Time |
|--|----------|---|-------|---------------|--------|
| 1. Welcome, introductions and apologies | Action | To welcome all to the meeting, introduction and receive apologies. | Chair | | 2.00pm |
| 2. Constitution, Membership and Terms of Reference of the Committee | Action | <ul style="list-style-type: none">i) Note the revised Terms of Reference and membership (Appendix 'A') agreed by Full Council on 16 December 2021.ii) Note the appointment of Chair as agreed at Full Council.iii) Agree the appointment of Deputy Chair. | Chair | (Pages 1 - 6) | 2.05pm |

| Agenda Item | Item for | Intended Outcome | Lead | Papers | Time |
|--|-----------------|---|-----------------------|-----------------|-------------|
| 3. Disclosure of Pecuniary and Non-Pecuniary Interests | Action | Members of the Board are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda. | Chair | | 2.15pm |
| 4. Minutes of the Last Meeting held 9 March 2021 | Action | To agree the minutes of the previous meeting. | Chair | (Pages 7 - 14) | 2.20pm |
| 5. Lancashire Health and Wellbeing Board - SEND Sub-Committee | Action | To receive a final update from the SEND Sub-Committee on the Accelerated Progress Plan and to agree the disestablishment of the Sub-Committee. | Julie Bell | (Pages 15 - 18) | 2.25pm |
| 6. Lancashire Health and Wellbeing Priorities and Next Steps | Discussion | To note the feedback from the workshops and discuss the priorities and proposed next steps of the Board. | John Morrissey | (Verbal Report) | 2.35pm |
| 7. Annual Report of the Director of Public Health 2021-22 | Action | To receive the annual report of the Director of Public Health 2021/22 and support the high-level recommendations contained within it. | Dr Sakthi Karunanithi | (Pages 19 - 52) | 3.05pm |
| 8. Strategic Approach to Care, Health and Wellbeing | Action | To engage in a strategic discussion on recovery from the pandemic and developing a longer term health and wellbeing strategy. | Denis Gizzi | (Verbal Report) | 3.25pm |

| Agenda Item | Item for | Intended Outcome | Lead | Papers | Time |
|---------------------------------|-------------|--|-------|--------|--------|
| 9. Urgent Business | Discussion | An item of Urgent Business may only be considered under this heading, where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading. | Chair | | 3.55pm |
| 10. Date of Next Meeting | Information | The next scheduled meeting of the Board will be held at 2pm on 8 March 2022 in Committee Room 'C', County Hall, Preston. | Chair | | 4.00pm |

L Sales
Director for Corporate Services

County Hall
Preston

Agenda Item 2

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 25 January 2022

Constitution, Membership and Terms of Reference of the Committee

(Appendix 'A' refers)

Contact for further information:

Sam Gorton, Lancashire County Council, Tel: 01772 532471, Legal and Democratic Services

Executive Summary

The Constitution, Membership and Terms of Reference of the Lancashire Health and Wellbeing Board.

Recommendations

The Health and Wellbeing Board is asked to:

- i) Note the revised Terms of Reference and membership (Appendix 'A') agreed by Full Council on 16 December 2021.
- ii) Note the appointment of Chair as agreed at Full Council.
- iii) Agree the appointment of Deputy Chair.

Background

The County Council at its meeting on 16 December 2021 approved changes to the constitution and terms of reference of the Lancashire Health and Wellbeing Board, including changes to the membership of the Board.

County Councillor Michael Green, Cabinet Member for Health and Wellbeing, was confirmed as Chair of the Board.

Following the changes, the Board is asked to appoint a Deputy Chair for the rest of the municipal year.

List of background papers

Full Council Agenda and Minutes – [16 December 2021](#)

Lancashire Health and Wellbeing Board Terms of Reference

1. Purpose

To achieve the best possible health and wellbeing outcomes and reduce health inequalities in Lancashire.

2. Functions

To achieve the purpose outlined above, the Health and Wellbeing Board will deliver the following key functions:

Enable shared understanding - to lead the development of a Joint Strategic Needs Assessment and ensure that it is informing the development of plans and priorities of the Board and its partners.

Develop a Health and Wellbeing Strategy – to agree a Health and Wellbeing Strategy and work in partnership with our system partners to support the delivery of this Strategy.

Provide System Leadership – to lead and direct the health and wellbeing system to ensure we continuously improve our services and make the best use of resources that deliver better outcomes for people.

Seek Assurance through monitoring and evaluation of the health and wellbeing strategy and where necessary provide appropriate and effective challenge.

Accountability – to be able to demonstrate and evidence that the decisions of the Board, and their subsequent outcomes, are clearly focused on improving the health and wellbeing and reducing health inequalities in Lancashire.

Commissioning - to enable collaboration between commissioners, joint commissioning and pooled budgets, where this provides better integrated service delivery and outcomes.

Engagement – listen to and understand the needs of local people; to ensure there is effective dialogue and engagement with our communities, and joint working between the county council, our district councils, local NHS and with other key strategic partnerships via. Safeguarding Boards, Local Economic Partnership, Children and Young People Partnership, Community Safety Partnership etc.

Integration – to promote integration and partnership working between the NHS, local government and wider public, private, voluntary, community and faith sector.

3. Principles

The Health and Wellbeing Board members recognise shared values as the foundation of a strong partnership and through trust, openness, equality and fairness

will ensure a strong and sustainable partnership that delivers improved health and wellbeing outcomes and reduce health inequalities in Lancashire.

Trust – to have confidence in the integrity and ability of all partner organisations working collaboratively through the Health and wellbeing Board.

Openness – demonstrating transparency and openness between partners in how decisions are made and in sharing activities, plans and ambitions.

Equality – each partner organisation/sector has an equal standing within the Health and Wellbeing Board.

Fairness – commitment throughout the Health and Wellbeing Board that the behaviour and actions of partners is equitable, impartial and objective.

4. Membership

The membership of the Lancashire Health and Wellbeing Board is comprised of the following:

- The Cabinet Member for Health & Wellbeing (Chair)
- The Leader of the Council*
- The Lead Member for Health
- Executive Director of Adult Services and Health & Wellbeing*
- Executive Director of Education and Children's Services*
- Director of Public Health*
- 1 member (Chair, CEO or Executive Director) to be nominated by NHS Lancashire and South Cumbria Integrated Care Board*
- Three District Councillors (one from each of the sub areas of Lancashire, to be nominated by the Lancashire Leaders Group)
- One District Council Chief Executive (to be nominated by the Lancashire Chief Executives Group)
- The Chair of Healthwatch*

*Members marked with an asterisk are statutory members who must be on the Board to meet the requirements of the Health and Social Care Act 2012.

All Board members to have one vote each.

The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.

5. Meeting Arrangements

The Health and Wellbeing Board is a committee of the County Council and unless specified below, meeting arrangements are subject to the County Council's procedural Standing Orders:

- The Board will appoint the Deputy Chair annually from amongst the voting membership.
- The Board will meet at least four times a year. Additional meetings may be arranged by resolution of the Board or with the agreement of the Chair.
- Meetings will be at County Hall, Preston, unless otherwise agreed by the Board.
- Decisions will be made by consensus where possible, or when appropriate by a majority vote.
- In the event of a tied vote, the Chair has a second or casting vote.
- The quorum at a meeting of the Board shall be a quarter of the whole number of voting members of the Board with at least one Cabinet Member being present.
- Substitutes for Board members are permitted with written notification being given to the Clerk by the relevant nominating body in advance of the meeting.
- The Board may invite any other representatives to meetings of the Board as it deems appropriate. Such representatives will not be formal members of the Board and they shall not have a vote, but may participate in the debate with the consent of the Chair.
- Meetings of the Board are open to the public but they may be excluded where information of an exempt or confidential nature is being discussed – see Access to Information Rules set out at Appendix ‘H’ in the County Council's Constitution.
- The Board cannot discharge the functions of any of the Partners.

Agenda Item 4

Lancashire Health and Wellbeing Board

Minutes of the Meeting held on Tuesday, 9th March, 2021 at 2.00 pm in Teams
Virtual Meeting - Teams

Present:

Chair

County Councillor Shaun Turner, Lancashire County Council

Committee Members

County Councillor Graham Gooch, Lancashire County Council
County Councillor Geoff Driver CBE, Lancashire County Council
County Councillor Phillippa Williamson, Lancashire County Council
Dr Sakthi Karunanithi, Public Health, Lancashire County Council
Sarah Callaghan, Lancashire County Council
Dr Julie Higgins, East Lancashire CCG
Paul Hegarty, Lancashire and South Cumbria NHS Foundation Trust
Councillor Jackie Oakes, East Lancashire, Lancashire Leaders Group
Councillor Bridget Hilton, Central Lancashire, Lancashire Leaders Group
Councillor Jayne Nixon, Fylde Coast, Lancashire Leaders Group
Councillor Margaret France, Central Health and Wellbeing Partnership
Greg Mitten, West Lancashire Health and Wellbeing Partnership
Adrian Leather, Third Sector
Tammy Bradley, Housing Providers
DCFO Steve Healey, Lancashire Fire and Rescue Service
Clare Platt, Lancashire County Council
Sam Gorton, Lancashire County Council

Apologies

| | |
|-------------------|--|
| Denis Gizzi | Chorley and South Ribble CCG and Greater Preston CCG |
| Louise Taylor | Adult Services and Health and Wellbeing, Lancashire County Council |
| Dr Geoff Jolliffe | Morecambe Bay CCG |
| Dr Adam Janjua | Fylde and Wyre CCG |
| Dr Peter Gregory | West Lancashire CCG |
| Gary Hall | Lancashire Chief Executive Group |
| Stephen Ashley | LCSAP, LASB |
| David Blacklock | Healthwatch |

1. Welcome, introductions and apologies

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacements for the meeting were as follows:

- Sarah Callaghan for Edwina Grant OBE, Lancashire County Council
- Paul Hegarty for Caroline Donovan, Lancashire and South Cumbria NHS Foundation Trust
- DCFO Steve Healey for ACFO Ben Norman, Lancashire Fire and Rescue Service

Dominic Harrison, Director of Public Health, Blackburn with Darwen Council was also in attendance.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest in relation to items appearing on the agenda.

3. Minutes of the Last Meeting held on 19 January 2021

Resolved: That the Board agreed the minutes of the meeting held on 19 January 2021.

4. Action Sheet and Forward Plan

Resolved: That the action sheet and forward plan was noted by the Board.

Any future items for the forward plan should be submitted to Sam Gorton, Clerk to the Board, email sam.gorton@lancashire.gov.uk.

5. COVID-19 Vaccinations

Jane Scattergood, Covid-19 Vaccination Director for Lancashire and South Cumbria, outlined the current position on the progress of the vaccination programme to date. A presentation was circulated to the Board, with further details on the following areas contained within it:

- Covid-19 Vaccination sites across Lancashire County Council locality
- Timeline for delivery of cohorts and conclusion of the programme
- Vaccination summary for health and social care staff
- Vaccination summary for care homes
- Cohort 2 80+ - detailed by area/district in Lancashire
- Cohort 3 75+ detailed by area/district in Lancashire
- Cohort 4 70+ and Clinically Extremely Vulnerable detailed by area/district in Lancashire

The timeline for delivery of cohorts and conclusion of the programme of the Joint Committee on Vaccination and Immunisation 1-9 cohorts which were determined by SAGE (Scientific Advisory Group for Emergencies) and would reduce the incidents of serious illness and hospitalisation and death by 98% was outlined. The national target is 15 April 2021 to complete first doses and a local ambition has been set for 31 March 2021. The vaccine supply has been constrained and remains constrained, however, there is a clear message that there will be lots of vaccinations available from 15 March 2021 onwards. The Prime Minister set a national target of conclusion of completion of the whole adult population (16-50 year olds) by the end of July 2021, however it is uncertain currently as to whether this is for one or both doses of the vaccination.

The vaccination uptake for Health and Social Care staff was reported to be better in Lancashire than nationally. In terms of the flu vaccine uptake it is normally around 50-60% of NHS staff and 30% of Social Care staff, therefore the figures detailed in the presentation, showed an increase in uptake in terms of the Covid-19 vaccine, however, there is still more work to do on this in terms of protecting critical workforce and more importantly, the workforce these people serve.

Older adult care homes have 100% coverage of offer across Lancashire and there are a handful of individuals in care homes who have either declined or are too unwell to receive the vaccination at this point. The Board also noted that every Learning Disability Care Home, as well as Mental Health Care Homes, have a planned visit for the vaccination programme in place.

Vaccination numbers across Lancashire are well in excess of 90% of vaccine uptake in Cohort 2 – 80+ and Cohort 3 – 75+ with an offer of 100% to all residents in those cohorts. Cohort 4 – 70+ and clinically extremely vulnerable uptake again is in excess of 90%.

Abdul Razaq, Interim Consultant in Public Health, Lancashire County Council continued with the presentation including:

- National latest – ONS (Office for National Statistics) Coronavirus and vaccine hesitancy, 13 January 2021 to 7 February 2021
- COVID vaccination health inclusion groups
- Addressing low COVID vaccine uptake
- Current Lancashire activities

The Board noted that the main reasons of vaccine hesitancy, which are fuelled by social media and negative aspects is primarily around side effects, long term effects on health and how well the vaccine actually works. All of these points can be addressed in terms of communication messages which have been strong and robust by Healthier Lancashire and Lancashire County Council.

The vulnerable populations who are likely to require further support from the NHS and the broader community to improve uptake have been identified. Work is ongoing with these groups, to direct them either to Primary Care Networks, vaccination sites or provide an outreach model through Lancashire and South Cumbria NHS Trust.

In terms of addressing low COVID vaccine uptake, as the data improves, it allows to target interventions. Ministry of Housing, Communities and Local Government (MHCLG) Community Champions Funding of approximately £2m has been received by Blackburn with Darwen Council, Blackpool Council and six Lancashire District Councils. Some programmes of work are focussing on ethnic minority communities, disabilities and also underserved populations and there are multiple projects underway through Community Champions Community Connectors, working alongside grassroots organisations to support the message around safety and allay some of those fears.

Following the presentation, Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council thanked and congratulated Jane Scattergood and NHS colleagues and also local authority volunteers and residents who have enthusiastically come forward for

vaccinations, which is approximately 92-95% in the cohorts 1-4. The uptake in lower aged groups, particularly the frontline workforce needs more encouragement, including contractual levers to keep people safe and prevent transmission of the virus. To get herd immunity, there needs to be between 85-90% of the total Lancashire population to have immune response. Therefore, what is done now, is what really matters and will support the release from lockdown successfully. The Board were encouraged to speak and champion the vaccines and promote the uptake of them and also advocate for Lancashire to have the supplies needed.

The Board thanked Jane Scattergood and her team for all their efforts on the vaccination programme and local authorities also and their colleagues in the rollout of vaccines.

Resolved: That the Board noted the update on the progress of the vaccination programme in Lancashire, to date.

6. Health Inequalities

Dr Julie Higgins, Joint Chief Officer Blackburn with Darwen/East Lancashire Clinical Commissioning Group (CCG) and Integrated Care System (ICS) Lead for Health Inequalities provided the Board with an overview of the national and regional requirements, along with key actions the Integrated Care System (ICS) is proposing to take to reduce health inequalities. The report also seeks to provide the Health and Wellbeing Board with an opportunity to offer views in relation to the actions and consider how best the Integrated Care System (ICS) and Health and Wellbeing Board could work jointly to take forward work on this critical issue.

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council, reminded the Board, in terms of health inequalities, a few key markers that the Health and Wellbeing Board are held accountable for:

- i) Average life expectancy at birth (males 78.5 years and females 82.3 years)
- ii) Average healthy life expectancy at birth (males 60.4 years and females 64.6 years)

Therefore, on average currently, there are approximately 20 years of ill-health and disability in both males and females and there are parts of Lancashire where the healthy life expectancy is just above 50 years of age. This is incredibly important as a marker, not just from a health and care perspective, also for a wider society perspective and this has been seen during the COVID pandemic. The role of the Health and Wellbeing Board is a unique one in being able to bring partners who can influence a range of sectors across the life course, education to work and health and care service. There is a long way to go, however this is the first step in, and the role of the Board in addressing these inequalities is even more significant when coming out of the current pandemic.

Dr Julie Higgins, reported that the COVID experience has been really difficult and this is due to health inequalities, however through the pandemic, it has moved it further up the agenda of the NHS. A proposition has been accepted by the Integrated Care System (ICS) Board to set up a Health Inequalities Commission.

Detailed further in the presentation were:

- Tackling health inequalities – making sense of the asks
- Summary of health inequalities required actions

- Feedback from NHSEI (NHS England and NHS Improvement) on Lancashire and South Cumbria Integrated Care System (ICS) action on health inequalities (phase 3 planning)
- COVID-19 Horizons
- Addressing health inequalities through COVID-19 Horizons
- Embedding action and assurance on health inequalities at every layer and through every strategy
- Key actions for the Integrated Care System (ICS)

The Integrated Care System (ICS) has agreed to undertake key actions over the short and medium term to embed a focus on addressing health inequalities throughout everything it does. The actions, summarised below, are set out in the enclosed Appendix A.

- In the short term, all organisations/systems will assure themselves they are undertaking the requirements of the Phase 3 guidance and North West Community Risk Reduction Framework and look to identify areas for improvement or where support is required.
- Support the continued development of population health management across the system, underpinned by a Community Call to Action approach to mobilise community assets.
- Utilise a Maturity Matrix baseline assessment to understand.
- Begin the development of a health inequalities action plan that embeds a focus on addressing inequalities throughout all processes and strategies.
- Begin work with local government and Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector partners to scope and develop a health inequalities commission for Lancashire.

Undertaking these actions will ensure a response to the NHS national and regional requirements to respond to health inequalities and also ensure this becomes a key area of focus for service changes moving forward.

Following the presentation, it was noted that this area of work is around community development and how it mobilises what is currently being done and engage with the community connectors, to move this area of work forward.

Resolved: That the Health and Wellbeing Board:

- i) Noted the proposed approach by the Lancashire and South Cumbria Integrated Care System to develop a cohesive and robust plan for mobilising health and care organisations to address health inequalities in Lancashire and South Cumbria.
- ii) Considered and provided feedback on how best this work can align with the work of the Health and Wellbeing Board.
- iii) Supported, in principle, the commitment to develop a health inequalities commission for Lancashire and South Cumbria, to be undertaken jointly with local authorities in the area.
- iv) Noted that Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council would be the lead officer for the Health and Wellbeing Board to work with Dr Julie Higgins, Joint Chief Officer Blackburn with Darwen/East Lancashire Clinical Commissioning

Group (CCG) and Integrated Care System (ICS) Lead for Health Inequalities in consolidating and developing the plan into an action plan.

7. Lancashire COVID-19 Outbreak Management Update

Dr Sakthi Karunanithi, Director of Public Health, Lancashire County Council, provided a brief overview of the current COVID-19 situation in Lancashire. The overall infections rates were reducing significantly, which was due to a combination of vaccinations and people following the guidelines that are in place across Lancashire. Variation is showing between the districts and that is a risk that was highlighted to the Board. The number of people in hospitals and deaths were reducing, as well as the severity of the illness and outbreaks in the care sector. The epidemic has moved to the 30-34 age group across Lancashire and is more pronounced in some districts, ie Preston, South Ribble and East Lancashire. The agenda therefore, going forwards is one of how the current trajectory is maintained overall, by continuing to focus on getting the basics right (hands, face, space) and continuing to encourage people to come forwards for testing and follow advice on tracing and removing barriers for self-isolation, where there is more support in terms of financial aid to self-isolate and vaccinations. It is anticipated that restrictions will continue and will be lifted as per the Central Government's plan, however, there is a risk in Lancashire, if after schools return, and the adult population continues to see higher levels of infections, whether the national policy will change from being the whole of the country following the same guidelines/restrictions, to once again, more localised rules.

The Contain Framework plan is currently being refreshed, and the purpose of that is to be ready to respond to any variants of concern (of which Lancashire does not have any currently), and to continue to identify outbreaks early and manage them in time, which is a partnership endeavour between District Councils, County Councils, NHS as well as the business and community sectors in terms of continuing the messaging.

The role of the partnerships is to encourage everyone to receive the vaccinations and to improve the vaccine hesitancy across the County, with different messages and mediums.

There is a fundamental challenge with this, which is timely testing and tracing activities and there are different incentives in place to encourage people to come forward for testing and where it is necessary, local discretionary payments as well as care support through working mainly with District Councils.

Resolved: That the Board noted the update on the current COVID-19 pandemic in Lancashire.

8. Lancashire Health and Wellbeing Board - SEND Sub-Committee

Sarah Callaghan, Director of Education and Skills, Lancashire County Council, outlined the minutes from the Health and Wellbeing Board SEND Sub-Committee which met on the 3 February 2021 to discuss the Accelerated Progress Plan (APP) which includes the progress made by officers since the previous meeting of the Sub-Committee held on 24 September 2020. Further details of the minutes from the meetings can be found [here](#).

Following the inspection carried out by Ofsted and the Care Quality Commission (CQC) in February and March 2020, the report concluded that of the initial twelve areas of concern, seven had made sufficient progress and no longer required monitoring.

It was noted from the most recent meeting of the Sub-Committee, that good progress was being made in each of the five areas of improvement detailed in the Accelerated Progress Plan (APP) which the SEND Sub-Committee scrutinise and challenge at its' meetings.

Until now, the service has been undergoing check-point meetings with the NHS and the Department for Education (DfE) which have gone really well and the next meeting on 24 March 2021 will be a monitoring visit, where it will be demonstrated, the evidence and impact against each of the five areas within the Accelerated Progress Plan (APP).

Resolved: That the Health and Wellbeing Board noted the report of the Lancashire Health and Wellbeing Board – SEND Sub-Committee.

9. Urgent Business

There were no items of urgent business received.

10. Date of Next Meeting

The next scheduled meeting of the Bord will be held on Tuesday, 15 June 2021 at 2pm. Format to be confirmed.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 8 March 2022

Lancashire Health and Wellbeing Board - SEND Sub-Committee

Contact for further information:

Julie Bell, Interim Director of Education, Culture and Skills, Lancashire County Council,

Tel: 01772 536727, julie.bell@lancashire.gov.uk

Executive Summary

The minutes of the Lancashire Health and Wellbeing Board – Special Educational Needs and Disabilities (SEND) Sub Committee from its meeting held on 22 March 2021, the informal meetings held on 21 June 2021, 13 September 2021 and 30 November 2021 and the latest version of the Accelerated Progress Plan (APP) are available to view [here](#).

Recommendation

The Health and Wellbeing Board is asked to:

- i) Note the report of the Lancashire Health and Wellbeing Board – SEND Sub Committee from its meetings on 22 March 2021, 21 June 2021, 13 September 2021 and 30 November 2021; and
- ii) Approve that the Lancashire Health and Wellbeing Board – SEND Sub Committee be disestablished with immediate effect.

Background

The Lancashire Health and Wellbeing Board – SEND Sub-Committee met formally on 22 March 2021, and informally on 21 June 2021, 13 September 2021, and 30 November 2021 to discuss the Accelerated Progress Plan (APP) including the progress made by officers since the previous meetings of the Sub Committee. All four meetings were held virtually.

The recommendations from each of the meetings are as follows:

22 March 2021

Resolved: That the Health and Wellbeing Board – SEND Sub Committee:

- i) Noted the progress of the Accelerated Progress Plan (APP) on the five areas of concern, including the areas highlighted in 'red' or 'amber'; and
- ii) Challenged and questioned progress on the work being carried out to deliver the Accelerated Progress Plan (APP), including highlighting any particular areas of concern that the SEND Partnership is to provide further assurance on.

21 June 2021

Resolved: That the Health and Wellbeing Board – SEND Sub Committee:

- i) Noted the progress of the Accelerated Progress Plan (APP) on the give areas of concern, including the areas highlighted in 'red' or 'amber'; and
- ii) Challenged and questioned progress on the work being carried out to deliver the Accelerated Progress Plan (APP), including highlighting any areas of concern that the SEND Partnership is to provide further assistance on.
- iii) Requested that Sarah Callaghan seek clarity on whether the monitoring visit letter from the Department for Education could be shared with the Committee.
- iv) Will be provided with further information on evidencing the outcomes of the actions in the highlight report as reported on at Action 1.
- v) Will be provided with further information on the increase in referrals and waiting lists are for Action 3.
- vi) Inform County Councillors on the communications plan for the Local Offer (Action 5), so they can share within their communities.

13 September 2021

Resolved: That the Health and Wellbeing Board – SEND Sub Committee:

- i) Noted the progress of the Accelerated Progress Plan (APP) on the give areas of concern, including the areas highlighted in 'red' or 'amber'; and
- ii) Challenged and questioned progress on the work being carried out to deliver the Accelerated Progress Plan (APP), including highlighting any areas of concern that the SEND Partnership is to provide further assistance on.

30 November 2021

The Sub-Committee met on Tuesday 30 November 2021 to receive feedback from the Department for Education and NHS England monitoring meeting, that was held on Wednesday 29 March 2021. At the meeting on Tuesday 30 November 2021, the Sub-Committee was informed that Lancashire had provided sufficient evidence in demonstrating the progress that had been achieved and that, as a result, monitoring by the Department for Education and NHS England would now cease. Therefore, officers recommended, and the Sub-Committee agreed, that the Health and Wellbeing Board – SEND Sub-Committee should be disestablished and that monitoring would be continued through the established governance structures at the SEND Partnership Board and the Health and Wellbeing Board.

Resolved: That:

- i) The update following the feedback of the monitoring meeting held on 29 September with the Department for Education and NHS England, be noted and welcomed; and
- ii) The Health and Wellbeing Board be recommended to disestablish the Health and Wellbeing Board - SEND Sub-Committee.

List of background papers

None

Lancashire Health and Wellbeing Board

Meeting to be held on Tuesday, 25 January 2022

Annual Report of the Director of Public Health 2021-22

(Appendix 'A' refers)

Contact for further information:

Dr Sakthi Karunanithi, Tel: (01772 532483, Director of Public Health

sakthi.karunanithi@lancashire.gov.uk

Executive Summary

Directors of Public Health in England have a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities.

A copy of the annual public health report for 2021/22 is attached as Appendix 'A'. The report highlights the state of our health and wellbeing in Lancashire and how the pandemic has impacted on our lives and livelihoods. The report also makes six high level recommendations to improve our health and reduce inequalities across Lancashire.

Recommendation

The Health and Wellbeing Board is asked to receive the annual report of the Director of Public Health 2021/22 and support the high-level recommendations contained within it.

Background

The report, attached as Appendix 'A', entails an analysis of key indicators of health outcomes and inequalities.

Some of the key findings in the report include:

Life expectancy in Lancashire has decreased overall in both the most and least deprived areas. Males living in the least deprived communities live 10.3 years longer than those in the most deprived, and the gap is 7.8 years for females.

Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is worse than England.

Providing face-to-face health visiting services has been a challenge during the lockdown. However, health assessments and reviews have still been undertaken with thousands of new mothers and babies being assessed.

The pandemic has had an impact on the mental health and wellbeing of young people as identified in the 2021 health needs assessment survey.

Lancashire's emissions have reduced by 32.7% between 2005 and 2019. Nationally, total emissions have reduced by 36%. This has been driven mainly by a large reduction in the amount of coal used for electricity generation.

Recent research has projected that the Lancashire economy could be increased by an estimated £8.2 billion if we improve the conditions that make up the wider definition of productivity.

The percentage of people who "often or always" felt lonely during the pandemic in Lancashire was reported to be 6.1% but for certain districts this figure was as high as 13.5%.

The six high level recommendations in the report include:

1. Adopt a health in all policies approach to reducing health inequalities across Lancashire.
2. Work more closely with wider system partners to support and improve how we do things, working alongside the voluntary, community, faith and social enterprise (VCFSE) sector as more equal partners.
3. Harness the relationships and ways of working which have developed during the pandemic to improve the health and wellbeing of children and young people and reduce child health inequalities
4. Align health and climate goals, working with partners and our communities to transition away from carbon and build resilient communities that are well adapted to respond to climate change.
5. Ensure all key interfacing strategies in Lancashire have a healthy ageing focus and to demonstrate commitment to healthy ageing by signing up as a co-signatory to the Public Health England (PHE) Healthy Ageing Consensus statement.
6. Address low in-work productivity, as the biggest single contributor to Lancashire's productivity gap, through work-based health programmes, supportive workplace practices and closer working relationships with key agencies such as Department of Work and Pensions (DWP).

List of background papers

None

Towards a thriving Lancashire
Recovering our health and wellbeing

Public Health Annual Report 2021 - 2022



Appendix A



Towards a thriving Lancashire

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Foreword by The Director of Public Health for Lancashire



This year's public health report builds on the previous report entitled 'Investing in the health and wellbeing of Lancashire 2019-2020' published just before the Covid-19 pandemic began. The pandemic has shown how interlinked securing our health is with every other aspect of our lives and indeed the global economy. It has also shown that with the resolve of our communities across Lancashire, we have endured unprecedented restrictions to lives and relied on mutually protective behaviours in keeping Lancashire safe and well.

With the prospect of reducing levels of infections, thanks to the measures like handwashing, face masks, regular testing, and better ventilated spaces, along with increasing immunity achieved

through the vaccination programme, we are beginning to see the signs of how this pandemic will end. Whilst this could mark the beginning of the end of the immediate crisis, it also marks the end of the beginning of what looks like a long and significant road of recovery and reforms in Lancashire.

Whilst remaining hopeful, we must also act with humility that we are still in the middle of a pandemic and be honest in our appraisals of the health inequalities deepened during the last two years. Real world evidence tells us that approximately 20 per cent of a person's health is dependent on the healthcare services they receive. The other 80 per cent is accounted for by what is known as the social determinants of health. The World Health Organisation states that "the social conditions in which people are born, live, and work are the single most important determinant of good health or ill health, of a long and productive life, or a short and poor quality one. Social determinants of health include experience during the early years, education, working conditions, income, housing, communities and environment, and discrimination and exclusion".

Local government has a successful track record of making significant differences to the public's health by working with local communities to ensure that places continue to thrive. Most local government action happens with the close collaboration of other sectors such as the NHS, businesses and the voluntary, community, faith and social enterprises.

With a greater level of collaboration amongst the local government sector ahead in the form of a Greater Lancashire Plan along with the creation of Lancashire and South Cumbria Integrated Care System (ICS), we can make further and faster progress on social determinants of health in Lancashire and in pursuing a cross sector programme of work in reducing health inequalities.

This report describes the state of our health and wellbeing across Lancashire and how Covid-19 has impacted our lives and livelihoods. It aims to reframe our health as an asset in Lancashire rather than a liability and highlights the importance of our actions to develop a thriving and inclusive economy and addressing climate change as key determinants of our wellbeing. The report also makes high level recommendations to improve our outcomes and reducing inequalities.

Whilst our team continues to respond to the threats to our health posed by the pandemic, we are also determined to recover key public health outcomes and support the reform of wider public services in reducing health inequalities. Our aim is to support Lancashire residents thrive well through better life chances. I look forward to working with you in developing Lancashire as a safer, fairer, and a healthier place for all.

Dr Sakthi Karunanithi
Director of Public Health
Lancashire County Council

1. Population at a Glance

Lancashire population of **1,227,100** has increased by **7,300** in the latest year (2020).

But projected growth is below NW and England

The gender ratio is currently
49.4% men
50.6% women

Estimated ethnic breakdown of Lancashire's population (2019)

- White: Lancashire - **91% (89% White British)** England - **84% (79% White British)**
- Ethnic minority communities: **9%** compared to **16%** in England.
- Asian (**7%**) is the largest ethnic minority group (compared to **8%** in England)
- Pendle (**23%**) and Preston (**22%**) have the largest ethnic minority communities
- Burnley and Hyndburn have **14%** ethnic minority communities.
- Ribble Valley, West Lancashire and Wyre have a **2%** ethnic minority population. .

Lancashire Early Years
 There were **281,200** children aged **0-19** in Lancashire in 2020, an increase of **0.5%** on 2019.

The **%** of children living in low income households was **higher** than for England.

School readiness in Lancashire is **worse** than for England.

Lancashire Health Inequalities

The latest female life expectancy (LE) at birth in Lancashire (2018-20) was **82.0** years. This is **0.3** years **lower** than in 2017-19.

The latest male life expectancy (LE) at birth in Lancashire (2018-20) was **78.3**. This is **0.3** years **lower** than in 2017-19.

Lancashire Economy

£32.6 billion gross domestic product
£28.5 billion gross value added

44,970 businesses employ less than 50 people
98%

Productivity
£31.60 per hour worked
11.5% below England's figure

The Covid-19 Pandemic in Lancashire - 31 October 2021

187k cases so far in Lancashire, that's around **15.2%** of the total population which is higher than the England %

3,225 Covid deaths (within 28 days) to date. Most Covid-19 deaths so far occurred during 2020

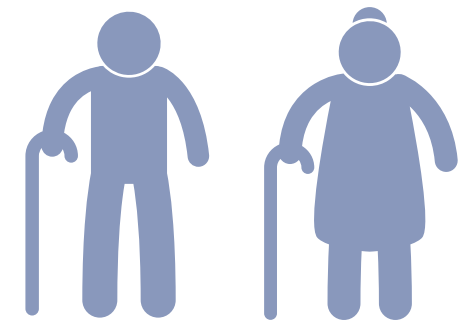
185 patients in hospital with Covid-19 now. Winter 20/21 saw up to **800** per day

Covid-19 vaccinations has now covered **79.4%** of 16+ population with 1 dose
72.9% of 16+ population with 2 doses

Ageing Well in Lancashire

The Lancashire population aged **65+** was **255,637** in 2020.

The **65+** population has **increased** by **2,600** people between 2019 and 2020.

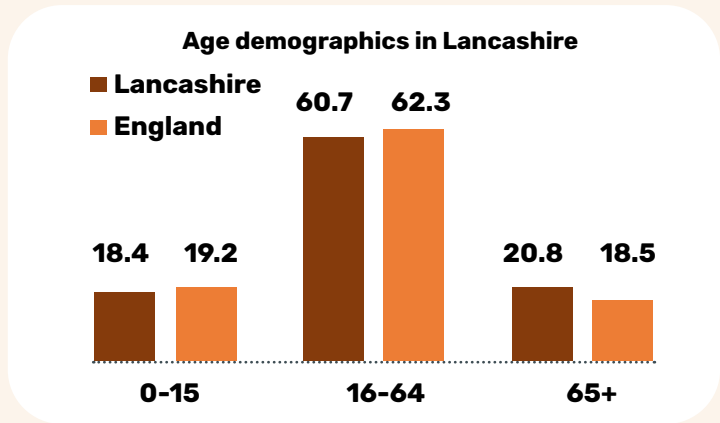


Known as the **old age dependency ratio**, Lancashire has only **2.9** working age people per older person, which is lower than England which has **3.7** working age people to one older person

Quality of Life

Healthy Ageing

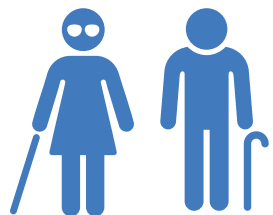
Longer lives are one of society's greatest achievements but with over half of adults expected to be 50 or over by 2035, we must seize the opportunity to enable more people in later life to be **happy, healthy and active**.



Lancashire has a **higher %** of older people than the North West or indeed England.

Unpaid Carers

Becoming an **unpaid carer** in your 50s increases a person's chances of leaving the labour market for good, is associated with health problems and restricts social and leisure activities.



In 2020 there were an estimated

38,396

people in Lancashire over the age of **65** providing unpaid care to a partner, family member or other, by **2035** this number will have risen by an estimated **28%** to

49,219

Factors that contribute towards living a healthy life

Healthy Weight

Lancashire (**67.4%**) had a higher proportion of **adults classed as overweight or obese** than England. (**62.8%**) (2019/20)

Activity

In Lancashire (**23.9%**) the proportion of physically inactive adults was similar to the England value (**22.9%**) (2019/20)

Vaccinations

In 2019/20, **72.6%** of those in Lancashire aged **65+** had their **flu vaccination**. This was slightly higher than the England value (**72.4%**) but lower than the national **75%** target for this age group.



Healthier Years

Smoking

The percentage of adult smokers (**13.8%**) was similar to the North West (**14.5%**) and England value (**13.9%**) (2019)

Health Checks/Screening

56.2% of the eligible population (age 40-74) in Lancashire had their **NHS Health Check** (2016/17-2021), which was better than the England average of **33.4%**. **Bowel cancer screening** coverage in Lancashire **increased** to **65.5%** and is higher than the England average of **63.8%**

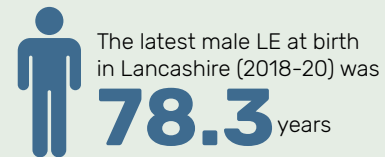
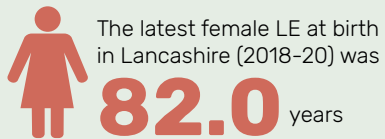
2. Health Inequalities in Lancashire

Life expectancy has decreased overall in both the most and least deprived areas. Males living in the least deprived communities live 10.3 years longer than those in the most deprived, and the gap is 7.8 years for females.

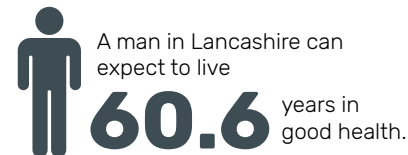
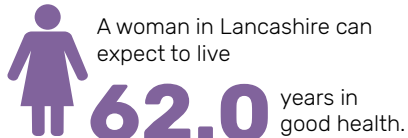
Life expectancy

Where are we now?

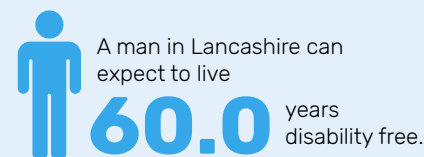
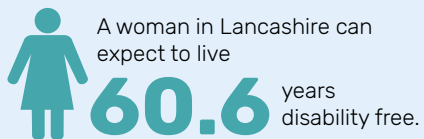
Life Expectancy (LE) at Birth



Healthy Life Expectancy (HLE)



Disability Free Life Expectancy (DFLE)



How do we compare?

Life Expectancy (LE) at Birth

For both women and men, LE in Lancashire is just higher than the NW but **lower** than England.

| Lancashire | NW | England |
|-------------|-------------|-------------|
| 82.0 | 81.7 | 83.1 |
| 78.3 | 77.9 | 79.4 |



Healthy Life Expectancy (HLE)

In Lancashire HLE is **similar to** the **North West**

61.7 Men 62.2 Women

and lower than **England** values for men and women

63.2 Men 63.5 Women

Disability Free Life Expectancy (DFLE)

For women DFLE is statistically similar to the England value of

61.2

but for men DFLE is **lower** than the England value of

62.7

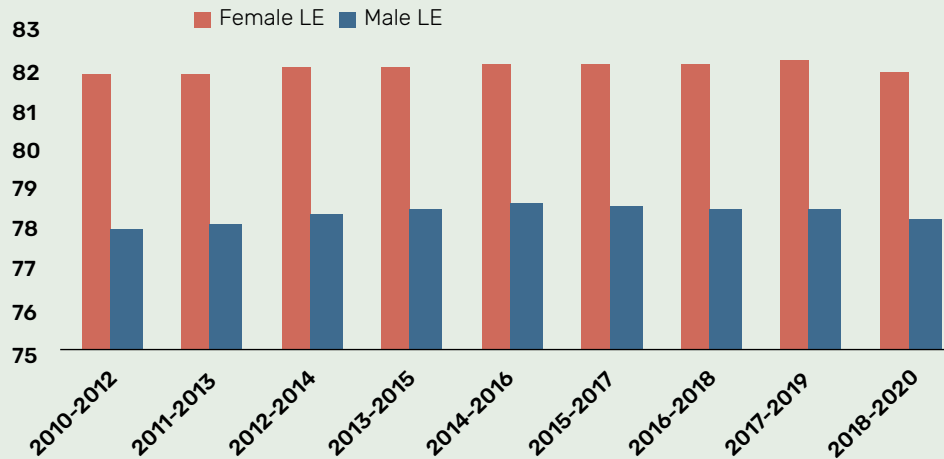
Lancashire Trends



Life Expectancy (LE)

LE has been gradually increasing but dropped in 2018-20

Life Expectancy (LE) at birth



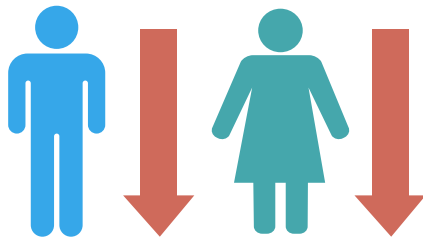
Healthy Life Expectancy (HLE)

Female HLE has fallen by 2.6 years in the latest period.

Healthy Life Expectancy (HLE)



Life expectancy is falling and falling faster in most deprived areas.



Inequality in life expectancy at birth for both **males** and **females** is in the



second worst quintile in England

Across Lancashire there is a wide variation in

male and female

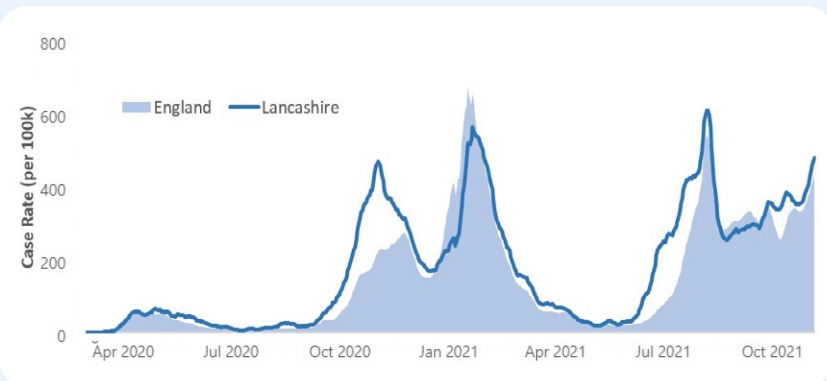
life expectancy. The **lowest** is in Burnley and **highest** is in the Ribble Valley.



2.1 Covid-19 Pandemic



Lancashire Covid-19 Cases over Time >187,000 cases recorded (Oct 2021)

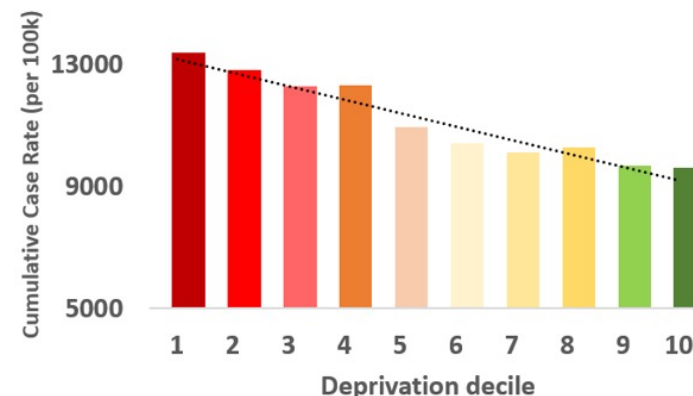


Lancashire cases rates are currently **higher than** England rates.

Lancashire was also often **ahead of the curve** experiencing case rises sooner than England.

Over **187,000** cases have been recorded so far in Lancashire (Data at 20 October 2021) although this is being closely monitored.

Lancashire Cases and Deprivation



The cumulative case rate (per 100k population) was higher for deprived decile areas and lower for **the least deprived** areas. The graph shows the relationship to August 2021.

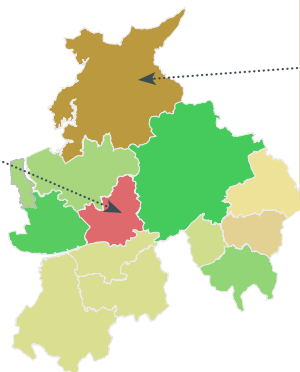
However, during September and October 2021 cases have been more evenly distributed between deprivation deciles. This will be due in part to high child case numbers.

Lancashire Cases at District Level

Cases were **not distributed** evenly around the districts. Cumulative cases as of 20 October 2021 are mapped below.

Preston had the most cases at:

24k



Lancaster had the 2nd highest number of cases at:

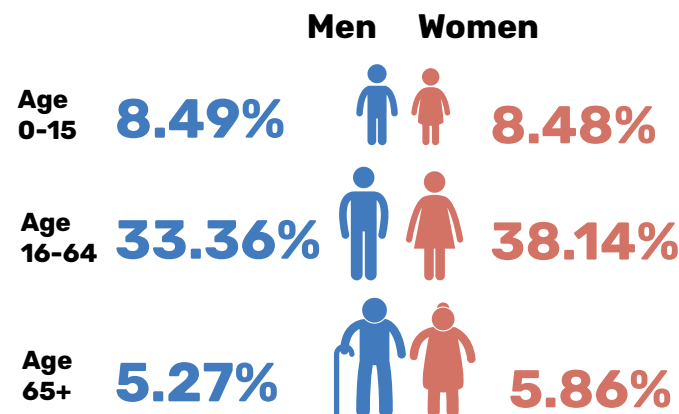
19k

Lancashire Covid-19 Cases and Age/Gender

71.5%

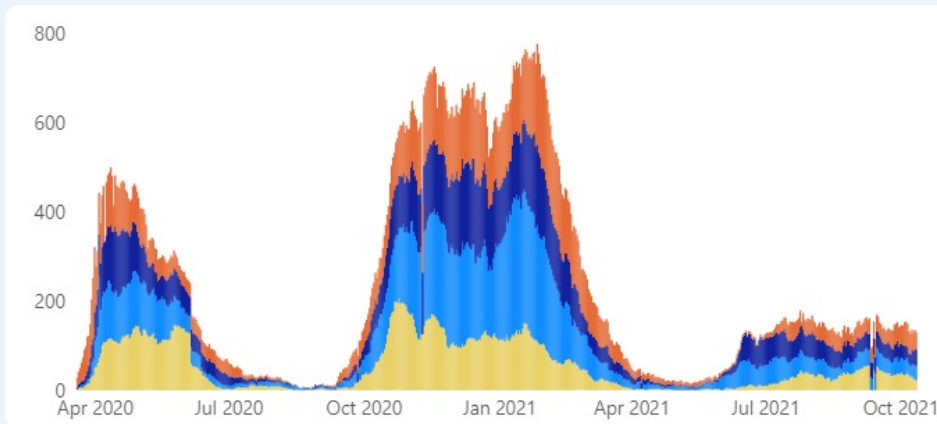
of cases were in the **working age population.**

The higher proportion of cases in women represents this larger population group, especially age 65+. For most, hospitalisation risk and/or death was small if baseline health was good and vaccination received.



Covid-19 Hospitalisations, Vaccination and Deaths

Lancashire Covid-19 Hospitalisations over Time



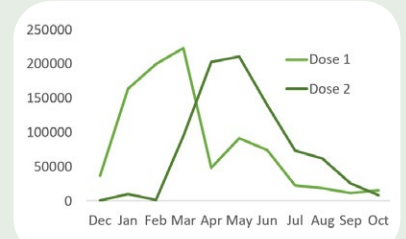
Winter 2020/21 saw most Covid-19 inpatients – with up to 800 in hospital daily (October 2020–January 2021).

Beyond this time the number of people admitted to hospital was lower. This reduction aligned with the widespread **vaccination roll out programme** and improved treatments for Covid-19.

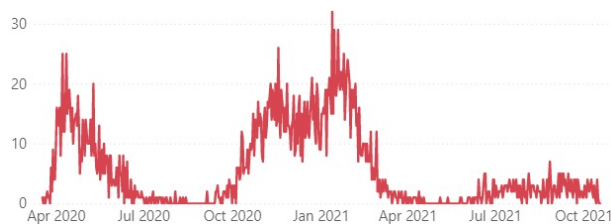
At the time of collating (Oct 2021) there were around 130 Covid-19 inpatients on any given day and patient numbers were fairly steady.

Lancashire Vaccination

Up to **200k** doses were being administered per month during spring/summer 2021.



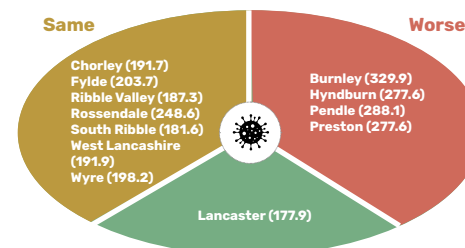
Lancashire Covid-19 Deaths



Since the beginning of the pandemic to date (Oct 2021) there have been around **3,225 Lancashire deaths** within 28 days of a Covid-19 diagnosis: around 2,000 during the year 2020 and 1,200 so far during 2021.

The **winter period** – Nov 2020 to Feb 2021– accounted for almost half (**45.5%**) of Covid-19 deaths so far.

Covid-19 mortality rates varied by district, all districts EXCEPT Lancaster had mortality rates the same or worse than England during the period March 2020 – April 2021.



Districts with the worst rates = those with **highest % of deprived areas.**

For the two main ethnicities in Lancashire, White British, and Asian/Asian British, at October 2021, cumulative Covid-19 Case rates in Lancashire were:



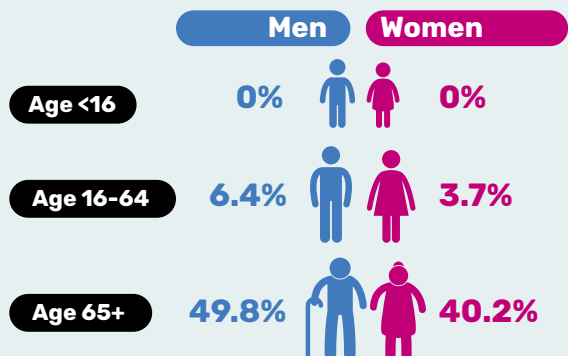
Definitive quality assured data has not been published, so rates above were computed from case numbers and 2011 Census based population estimates.

At late Oct 2021, **79.4%** of the adult Lancashire population (aged 12+) had been given their first dose vaccine.

72.9% had also had their second.

The **'booster'** rollout has started, find more [data here](#)

Distribution of Covid-19 deaths by age and gender



Deaths in the **65+ age group** were highest. **Deaths in men were higher** than in women. Covid-19 mortality rate varied by district (right), and all except Lancaster were worse than England. Note: the districts with higher rates than England are also those highest % of deprived areas (data to Aug 21).

3. Early Years, Children and Young People

Child Inequalities – wider determinants

Analysis shows the number of children

aged 0 to 15

in Lancashire will peak in **2022** and then begin to decline.



In Lancashire (2020) there were

281,290 (22.9%)



children age 0-19. This is less than **23.6%** regionally and England

Children Looked after

The numbers of Children Looked after is significantly higher than the England average



83 per 10,000

in Lancashire compared to

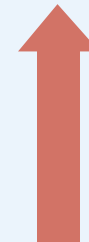
67

 in England.

Trend shows the rate is **increasing** and **getting worse**.



Children in absolute low-income families (under 16s) - remains significantly worse than the England average. The trend shows it **increasing** and **getting worse**.



School readiness



The percentage of children with free school meal status achieving a good level of development at the end of reception for Lancashire is **52.3%** and worse than the **56.5%** England average.



Children killed and seriously injured on roads in Lancashire is **33.8** per 100,000

which is **significantly worse** compared to

18.0

 per 100,000 England average.

Children achieving a good level of development at the end of reception is significantly **worse** than the England average. Lancashire is **69.2%** compared to **71.8%** in England in 2018/19,

Child Health Inequalities

Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is worse than England.

Infant mortality

46 infants dying each year before the age of one - this is similar to **England** (2018-20)

31 deaths each year for those aged 1-17 years which is **worse than England** (2017-19).

368 (3.27%)

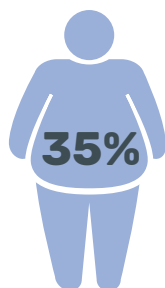
Live births at term with low birth weight are similar to the England rate.



Infant mortality rate is higher in the more deprived areas of the county.



of reception-aged children are overweight or **obese**, which is **worse** than England (2019/20)



of year six children, are overweight or obese (2019/20). This rate is similar to England but **increasing** and getting **worse**

Obesity levels in children have **increased** during the pandemic which is a major public health issue for children. This is likely to be caused by higher calorie intakes due to change in lifestyles and habits including buying more food and having more takeaways as well as reduced opportunities for sports and physical activity due to lockdown.



The rate of hospital admissions for **mental health conditions** for **under-18s** is

93.6 per 100,000

similar to England. This rate is **decreasing** and getting better (2019/20).



In 10-24 year olds, the rate of **hospital admissions** due to **self harm** is

482.7 per 100,000

This is worse than England (2019/20)

12.1%



of women **smoke while pregnant**. This is worse than England (**9.6%**), but the trend is showing an **improving** picture (2020/21).

The teenage pregnancy rate (under-18)

387 girls becoming pregnant in a year (2019).



The trend shows no significant change. This is **worse than the England average**

Lancashire's teenage pregnancy rate was **20.3** per **1,000** females aged 15-17, compared to England's **15.7**

30.4%

of five-year-olds having visually obvious **dental decay** (2018/19). This is **worse** than **23.4%** England average



By age two,

89.4%



of children have had one dose of the measles, mumps and rubella vaccination (2020/21). This is **worse** than the **90.3%** England average.

3.1 Impact of Covid-19 on Children

Providing face-to-face health visiting services has been a challenge during the lockdown. However, health assessments and reviews have still been undertaken with thousands of new mothers and babies being assessed.

Between April 2020 and March 2021

7,430 (66%)

mothers received an antenatal contact.

By July 2021 this has increased to **78%**

Between April 2019 and March 2020

9,496 (79%)

infants received a 6-8-week check compared to

7,440 (64%)

between April 2020 - March 2021 (This is **worse** than **80%** England average)

This has increased to **89%** by July 2021

Between April 2019 and March 2020

9,338 (78%)

mothers received a **birth visit by 14 days** compared to

10,001 (86%)

between **April 2020 - March 2021**

(This is **worse** than **88%** England average)

This has increased to **91%** by July 2021



Between April 2019 and March 2020

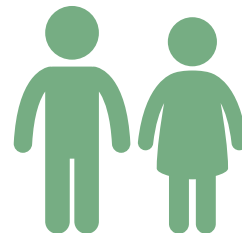
11,412 (92%)

infants received a **12-month review by 15 months** compared to

10,700 (85%)

between April 2020 - March 2021 (This is **better** than **76%** England average)

This has increased to **90%** by July 2021



Between April 2020 and March 2021

10,648 (83%)

of children received a **2-2.5 year review**. This is **better** than the England average (**71%**). This has increased to **84%** by July 2021.



What are our school age children telling us about their health needs?

The academic year 2020/21 was faced with many challenges, including a lockdown, school closures and children and young people isolating. This pandemic has had an impact on the mental health and wellbeing of young people as identified in the 2021 health needs assessment survey.

54% of year 9s **often or always feel angry**. This is more than the **49%** in 2019.

13% of year 9s often feel overwhelmed by daily problems and difficulties and cannot cope. This is higher than the **9%** in 2019.

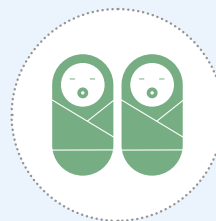
30% of year 9s often or always feel lonely. This is higher than the **22%** in 2019.

21% of year 9s **hardly ever or never feel hopeful** about their future which is higher than the **16%** in 2019.

19% of year 9s have deliberately hurt or harmed themselves. This is higher than the **15%** in 2019.

Actions

Population health – partnership working to deliver actions in the infant mortality action plan – **1001** critical days.



Breastfeeding advice and support available

Health visiting services, Children and Family Wellbeing Service and breastfeeding peer support were re-accredited with Baby Friendly Gold Standard in May 2021.

Free healthy start vitamins

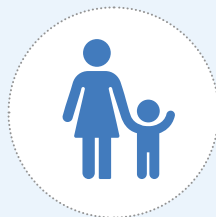
Free healthy start vitamins targeted at babies and families through the health visiting service.



Information and interventions to **reduce child deaths** from cosleeping and sudden infant deaths.

Universal provision of services

- All families to be offered 5 mandated visits.
- All schools to have access to a named school nurse.



Vision screening

Every child will be offered a vision screen in reception.



School readiness

- Implementation of the early years strategy.
- Early language identification measure (ELIM) to be introduced as part of the 2 ½ year assessment.

Oral health

- Free toothbrushes and toothpaste.
- Supervised toothbrushing.
- Development of an oral health strategy.



Mental health

- Support for perinatal and postnatal mental health.
- Building resilience in children
- Training and resources for education settings.



Child obesity

- Using a targeted approach to reduce childhood obesity through interventions supporting families and children to make healthier choices.



4. Communities and Place

During the Covid-19 pandemic local communities have demonstrated their collective collaboration and mobilisation of skills and assets through community hubs that have enabled some of the most vulnerable in society to be supported with essential needs and services.

Tackling Inequalities - Community Hubs and Community Support

District and city councils set up community hubs to provide support to vulnerable people due to their age, health factors or through self-isolation, working alongside their local voluntary, community, faith and social enterprise (VCFSE) sector. Existing and new community groups came together, to provide support and work with their communities.

This included help to access a wide range of support such as food, medicine and finance, as well as support required to manage their mental health and find ways to keep connected socially while being isolated at home. During the pandemic communities across Lancashire responded quickly to provide much needed practical and emotional support. Examples are to the right.

Lancashire Volunteer Partnership

NHS Vaccination Marshalling
Between 01/01/21 and 30/9/21

2,062 volunteers accepted

Community Social Befriending

Between 01/04/21 and 30/9/21

659 volunteers

NHS Volunteer Responders

Providing vital support to communities including shopping, medication, telephone welfare. Over a 12-month period:

5,887 referrals were made.

4,635 people were helped,

15,177 volunteers signed up.

Home Start Central Lancashire

Supported over

230 families and over

650 children during the lockdown of 2020-21

District/City Council Hubs

Set up to offer support to

90,727

shielding people to ensure they were provided with food, medicine and practical support

Active Lancashire Challenge through Sport

Chit Chat WhatsApp group supporting those in substance misuse recovery and with poor mental health, ensuring

80 participants always had someone to talk to and participation in training or activities.

Age UK Lancashire

Made **22,566**

home visits to deliver essential shopping, cleaning and practical support.

4,356

people supported to remain independent following discharge from hospital.

Volunteering and Community Support

Disability Equality

33,000 'safe and well' calls to up to

6,500 disabled clients and

1,335 PPE deliveries

and supported clients with over **300** discrimination claims related to compulsory face covering and 'hidden' disabilities.

Central Lancashire Age Concern

The charity delivered over

15,000 parcels containing food and dementia packs.

The team received over **2,000**

calls and made a further **12,127** to those isolating. Over **380** new volunteers signed up and supported delivering meals, which equated to over **9.8** tonnes of food.

Collaboration

Across the wider VCFSE sector we have seen an increase in the number of people volunteering and there has been recognition of the key role played by this sector in supporting our communities, such as:

Preston Wellfest

Successful mental health event delivering activities to address the inequality gap. 15 local organisations invited – providing stalls, activities, advice, information and workshops to improve mental health and wellbeing

Lancaster Food Poverty Alliance

Co-ordinating the distribution of food, including a project making frozen ready meals for those most vulnerable due to physical or mental ill health, or lack of cooking equipment. The project delivered to about 100 people every week over a six-month period. The alliance also launched their five-year action plan

Lancashire Food Networking Event

The first Lancashire Food Networking Event was held in July 2021. The event brought community food organisations across Lancashire, including statutory authorities and members of the VCFSE to share experiences of food insecurity throughout the pandemic. 26 organisations attended and further collaboration is scheduled.

Fleetwood Together

A collaboration with St Wulstan and St Edmunds Catholic parish, St Peter's C of E Parish, West View Community Centre, and other organisations successfully delivered food to 600 households, feeding up to 1,300-1,400 people

Mosques as Vaccine Centres

As part of support delivering the Covid-19 vaccines to targeted groups, two mosques in Burnley became local vaccination centres and delivered over 600 first and second doses. Brierfield community centre aligned with a local mosque to provide a further 200 doses.

West Preston Methodist Church: @Home Café

Set up to provide holistic support to vulnerable individuals, addressing physical, mental, emotional/social, and spiritual needs. Over 50 people have engaged with one or more activities, and this holistic approach to wellbeing is a fantastic example of what faith groups have to offer by working in partnership.

Actions – some of the many projects that received funding support

Lancashire Community Food Grant Scheme

During 2020/21 **grants were awarded** to 45 community food organisations with grants totalling **£42,053** to support projects that provide emergency food and tackle food insecurity to those most in need..



Community Foundation for Lancashire – Red Rose Responding Fund

A total of **£125,446** has been awarded over 27 **grants for mental health support projects**. The fund continues and will distribute grants again early in 2022-23. As a consequence, Fylde Coast Women's Aid provided free advice and support to individuals experiencing domestic abuse, stalking and child sexual exploitation. Peer support, drop-in sessions, and recovery support for up to 65 women, included emotional, psychological and practical support.



Wesley's Larder & Café (Community Hub Funding)

A project supplying low-cost wholesome meals and providing PPE. It delivered **70+ Christmas dinners to vulnerable people**, and supported schools links to the New Roots programme to support asylum seekers with language classes, food and accommodation.



Fylde Coast Women's Aid (Community Hub Funding)

Provided free advice and support to individuals who are experiencing domestic abuse, stalking and child sexual exploitation. Funds went towards an outreach post to providing peer support, drop in sessions, and to map a unique tailored recovery pathway for a group of between **60-65 women**, to include **emotional, psychological and practical support** eg. safety planning, identifying coping mechanisms, parenting and improving financial capability.



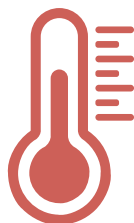
5. Environment and Climate

Our environment underpins all aspects of our daily lives. The Covid-19 pandemic has highlighted the interconnected nature of our health and the health of the planet. From the origins of disease to greater vulnerability resulting from social inequality, poor air quality and other environmental factors.



Climate Change

The World Health Organisation has declared climate change the single biggest health threat facing humanity. The UK government has set a commitment to be Net Zero by 2050 to meet global commitments to limit temperature rise. However, past emissions means that significant climate impacts are inevitable.



Average **annual temperatures** in the North West are already around **1.5°C higher in the 21st century** compared with the end of the 19th century.

Lancashire's climate is projected to be **significantly warmer by the 2080s** with a **20-30% increase in winter rainfall** and a **20-40% decrease in summer rainfall**.

There is likely to be **significant increase in rainfall** intensity and frequency of very heavy rainfall, leading to more frequent river flooding.

The effects are already being felt. There have been a **number of major wildfires on our moorlands** and more frequent weather events such as Storm Dennis in 2020. In 2015 Storm Desmond left around **5,200 homes flooded** and more than **43,000 homes without power** across Lancashire and Cumbria.

Experiencing loss and damage from extreme weather can increase the chance of facing **mental health problems by 50%**. Many residents that have been flooded live with the issues caused at least two years after the event.




Emissions

In 2019 Lancashire's carbon emissions were

7.4 million tonnes.

The **transport sector** is the largest source making up

35% of emissions, 

followed by **industry** and **commercial sectors** combined

31% and the **domestic sector** **25%**

- Lancashire's emissions have reduced by **32.7%** between 2005 and 2019. Nationally, total emissions have reduced by **36%**. This has been driven mainly by a large reduction in the amount of coal used for electricity generation.
- The rate of reduction has levelled in recent years. There is a huge challenge to meet **net zero** ambitions which will require changes to the way electricity is generated, how people travel, how land is used and how buildings are heated.

Inequality



As the pandemic has demonstrated, communities that are already disadvantaged are among the most vulnerable to the effects of systemic shocks and extreme events, and climate change has the potential to widen existing health inequalities.

Older people are at most risk of extremes of heat and cold; lower income groups are disproportionately impacted by extreme weather by virtue of living in poorer quality housing in vulnerable locations and are less likely to be able to modify their homes to adapt to climate change.

Health equity needs to be at the heart of climate action to ensure that costs are not unfairly borne by people on low incomes, who often bear least responsibility for the emissions that cause climate change.

Impact of Covid-19 on the Environment



The Covid-19 pandemic and the resulting restrictions imposed have provided some

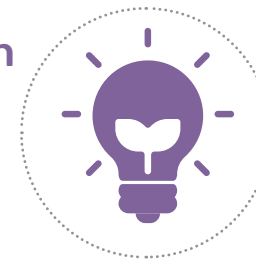
positive impacts on the environment, including lower emissions, improved air and water quality, reduced noise pollution and, in some cases, wildlife restoration. There has been an unprecedented impact on transport patterns, both in terms of the modes of transport we use and how frequently and far we travel.

Nationally, carbon dioxide emissions have estimated to

have **fallen** by **10.7%** in 2020 from 2019, primarily due to the large reduction in the use of road transport during the nationwide lockdowns and the reduction in business activity. However, as activity continues to resume any benefit is likely to be short-lived, and unlikely to have any significant impact on meeting longer-term emission targets.

There are opportunities to build on beneficial changes seen during the pandemic in how we live, work, produce, consume and travel, and the way our communities have mobilised to provide help and support to those in need.

Co-benefits of Health and Climate Action



Action to mitigate and adapt to climate change can have lasting health improvements. From cleaner air, warmer and more energy-efficient homes, increased physical activity, more access to greenspace, improved mental health and creating well adapted, resilient communities.

There is a close relationship between **carbon emissions and air pollution**. There are 19 air quality management areas in Lancashire, designated due to poor air quality caused by vehicle emissions. Whilst levels of nitrogen oxides and particulates are below national air quality objectives, there is no evidence of a safe level of exposure below which there is no risk of adverse health effects.

The percentage of **adults walking and cycling for travel** at least three days a week is worse than the England average at just **11.9%** and **1.6%** respectively. Most commuter journeys are made by private vehicles (**69%**), just **7%** are by public transport with **13%** walking or cycling. Creating a modal shift away from private car and towards more active forms of travel as well as public transport can reduce emissions and improve physical activity.

Fuel poverty in Lancashire is higher than the England average.

Much of the county's housing is old with poor insulation linked to high emissions and poor health outcomes. Greening Lancashire's housing stock will have multiple benefits.

Access to parks, woodlands and greenspaces became increasingly important

during the pandemic. Nature can play a huge role in improving health and wellbeing, as well as providing opportunities for carbon capture, flood management and reducing urban heat.

Community action is often driven by a motivation to **improve places, the local environment and quality of life**. Mobilised communities can play a leading role in both the mitigation of, and adaptation to, climate change.

6. Economy and Health

Put simply, there is no wealth without health. For Lancashire to thrive and be the best location for economic growth, it needs to invest in the health and wellbeing of its working age population and its future workforce. This will ultimately lead to its enduring economic prosperity.

Recent research has projected that the Lancashire economy could be increased by an estimated **£8.2 billion** if we improve the conditions that make up the wider definition of productivity. This includes our working age population, skills, employment, the digital economy, sickness levels, economic inactivity, commuting, transport, housing, innovation, and research. Poor health accounts for about a sixth of this gap. Improving these would see Lancashire and its workforce flourish.

The place, where we are born and live, matters. This is because everything is connected: the social and economic conditions we are born into, our communities, learning and employment opportunities – all affect health throughout life as well as across generations. Increased inequalities in health are not just a problem for the NHS, they are a problem for everyone. Lancashire's growth needs to be inclusive and fair. Reversing this trend will have a beneficial impact on productivity and economic opportunities for Lancashire.

Keeping people in work and reducing ill-health-related absences and loss of productivity is a priority. Being absent from work places significant cost on both employees and employers as well as the economy.

Mental Health Matters - In Lancashire,

there are **146,611**

adults (aged 18+ years) with a **confirmed diagnosis of depression**, accounting for **15.0%** of the total 18+ registered population. This is higher than the England prevalence of 12.3%. Work can also be a common cause of stress and mental health problems, with **15.9 million days** in the UK being lost in 2020 to work-related stress and anxiety.

If wider productivity matched the English average, about **£8.2 billion**

would be added to Lancashire's economy. Poor health accounts for approximately a sixth of this amount

£1.3 billion. 



Physical Health Matters - Disease of the musculoskeletal system and connective tissue accounted for

13.6% (5,084)

of the total Employment and Support Allowance claims in Lancashire (**England = 12.6%, NW = 12.8%**).

Inclusion Matters - Linked to mental wellbeing is **social isolation** where previous evidence in the report, Hidden from View, confirms the **link to unemployment and social exclusion.**

Education and Lifelong learning – Improvements in attainment and development of training offers would help individuals, businesses, organisations and the Lancashire economy flourish.

Of the **economically active population** aged **16 to 64** in Lancashire,

29.2% have low or no qualifications

(England = **22.5%**), whilst **33.8%** have a degree or equivalent and above (England = **40.1%**).

Recognising that where we live influences our health.

A warm and dry home can improve health outcomes, for example improved respiratory conditions. Where we live can lead to poor physical health, influence mental health and wellbeing as well as educational attainment.

The latest **fuel poverty statistics** from winter 2019 indicated that

13.7%

of households (**71,822**) were fuel poor in Lancashire (England = 13.4%). Six Lancashire areas were in the top third of the national fuel poverty rankings.

In England, in 2019

23%

of dwellings in the private rented sector failed to meet the Decent Homes Standard. This is higher than the proportion for owner occupied homes (**16%**) and the social rented sector (**12%**).

In 2020, the **house price to earnings ratio** for Lancashire was **5.42**

(North West = **5.72**, England = **7.84**). Within Lancashire, ratios range from **3.75** to **6.66** times earnings. Burnley (**3.75**) had the fourth lowest ratio in England and Wales. Pendle (**4.25**) and Hyndburn (**4.33**) also had low ratios, whilst Ribbles Valley (**6.66**), West Lancashire (**6.20**) and Wyre (**6.04**) had the highest ratios locally.

Opportunities for change

Work is a critical determinant of good health and a flourishing economy. Unemployment is associated with an increased risk of illness and reduced life expectancy. There are inequalities in employment rates between those that have good health and those that have a health condition or disability.

In February 2021, the number of people claiming working age '**Out of Work**' benefits in Lancashire totalled

112,069 people

or **15.0%** of the working age population. (England = **14.3%**). Burnley (**23.4%**), Hyndburn (**21.2%**), Pendle (**18.1%**), Preston (**16.9%**), Rossendale (**15.9%**) and Wyre (**15.3%**) were in the highest third of the England rankings.

In 2021, the **residence-based median gross weekly earnings** for Lancashire was **£465.00**

some **£44.30 (8.7%)** lower than England (**£509.30**). Nine of the twelve Lancashire areas had estimates that were between **7.5%** and **21.7%** below the England figure.

Impact of Covid-19



The pandemic has had an impact on Lancashire's economy in terms of output, employers, employment, education and people receiving support.

As a result of the initial Covid-19 lockdown Claimant Count numbers almost doubled, rising from

23,000 people in March 2020 to

45,690 people in May 2020

Figures have reduced in 2021 and as at October 2021, the numbers were

12,470 (27.3%)

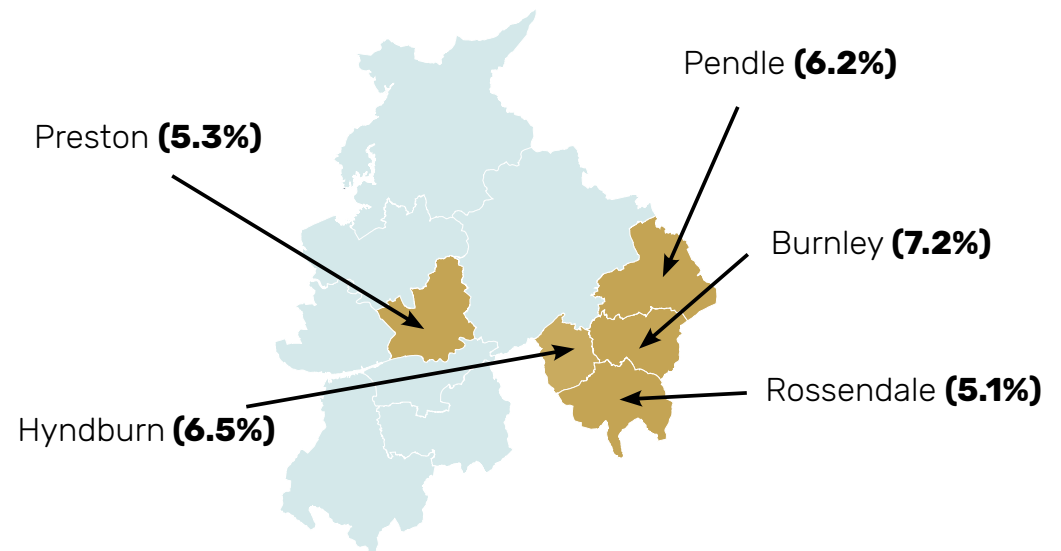
lower than the initial May 2020 peak.

As at September 2021, the number of people on **Universal Credit** in Lancashire was

106,557 or **75.9%**

higher than March 2020.

The Lancashire average hides inequalities at the district level



Burnley (7.2), Hyndburn (6.5), Pendle (6.2), Preston (5.3) and Rossendale (5.1) have high Claimant Count proportions (**England = 4.9%**). The majority of these are in the east of the county. Proportions in the rest of the county range from **4.0%** in Wyre to **2.1%** in Ribble Valley.

Between March 2020 and June 2021, employment has fallen from

559,300 to **542,800**

Between June 2020 and 2021, the number of self-employed people has fallen from

94,500 to **73,700**



Those people previously **furloughed** are likely to have lost income and some may have lost their job.



Some of the **self-employed** or those in precarious employment **may have lost income or their livelihoods.**

Employers may be managing **economic challenges**, complex business decisions and their workforce.



Health is an essential asset for Lancashire to thrive

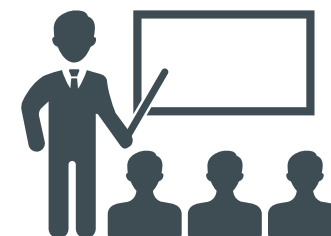
Good quality jobs are of critical importance for reducing health inequalities. The prospect of access to local employment through educational attainment and the opportunity to learn and develop in-work are important. So too is support for flexible working to enable a balance of work and family life.



The prospects for Lancashire are now more exciting than ever. Among the many developments in Lancashire, the establishment of the National Cyber Security Centre at Samlesbury is predicted to create thousands of high-quality jobs in the county by 2030 and bring in £5 billion of investment. The proposed Eden-style project on Morecambe seafront will also provide a huge boost to the local economy, attracting thousands of visitors and employing more than 400 people.



Lancashire's health sector and key anchor institutions are growing. The development of skills and capability to enable local recruitment and retention is supported by our world-class higher educational institutions, which attract innovation and developments of new technology into the heart of our economy. They inspire our youth and working age population to grow and flourish.



Putting health at the centre of policy development and working in partnership, Lancashire will invest in its communities to provide adaptable and affordable new housing, sustainable, connected town centre regeneration programmes and spatial plans that support enduring economic productivity and inclusive prosperity.



7. Healthy Ageing

Longer lives are one of society's greatest achievements but with over half of adults nationally expected to be 50 or over by 2035, we must seize the opportunity to enable more people in later life to be happy, healthy and active, and to use their skills, knowledge and experience to benefit the wider community. Currently, too many people spend a significant proportion of their later life in poor health, or managing a disability that could have been prevented, and there are huge inequalities in healthy and disability-free life expectancy across the country. These years spent in ill health are not inevitable, and many of the factors that cause people to age differently can be prevented or the impact mitigated through public health interventions.

Population Health

Lancashire has a population of

1,227,076

of which

690,149

are 20-64 (56.2%) and

255,637

(20.8%) are aged 65 and over.

The impact of the rising prevalence of dementia, loneliness and the number of those caring for ill family members is substantial. In Lancashire the recorded prevalence of dementia (**4.22%**) in ages **65+** is higher than the England average (**3.97%**)

Estimates suggest that there are

17,607

65+ persons living **with dementia** in Lancashire, of which **63%** are female, and this is projected to increase to

19,567 by 2025.

By 2040, Lancashire's population aged 65 and over is estimated to increase by **35%** compared to England's **38%** increase.

The rate of growth in population **aged 65** and over varies across the region with areas like the Ribble Valley and Fylde projected to nearly double by 2040.

The number of **over-50s** experiencing **loneliness** is set to reach

two million

nationally by 2025/6. Loneliness increases the risk of death by **26%** and is on a par with health risks such as smoking and obesity.

Related to this an estimated **32.1% (82,000 people)** of Lancashire's population aged 65 and over live alone and this is similar to the England value of **32.2%**.

The percentage of 65 and over population living alone in Lancashire is projected to increase to just over **108,000** by 2035.



Many working age adults and older people care for **ill family members** and nationally the possibility of becoming an unpaid carer increases up to **age 64** with people in the **50-64** age range being the most likely to have an elderly parent to care for.

Inequalities



Public Health England recently published a national productive healthy ageing profile tool which provides data and further information on a wide range of topics relevant to our health as we age. There is a broad range of indicators, not only in terms of life expectancy related figures but also indicators related to quality of life, lifestyle, disease prevalence, CVD risk reduction and cancer screening programmes. There is also a comparison between how we compare to both the North West region and England as a whole.

Becoming an **unpaid carer** in your 50s increases a person's chances of leaving the labour market for good, and is associated with health problems and restricts social and leisure activities.

In 2020 there were an estimated **38,396 (15.0%)**

people in Lancashire **aged 65 and over** providing unpaid care to a partner, family member or other person. This is higher than the England figure of **14.1%**, and by 2035 this number in Lancashire will have risen by an estimated

28% to **49,219**



Impact of Covid-19

The recently published **Wider Impacts of Covid-19 on Health (WICH)** monitoring tool is designed to explore the indirect effects of the Covid-19 pandemic on the population's health and wellbeing and has particularly highlighted that:

Loneliness has also been exacerbated during the pandemic when lockdown restrictions and shielding requirements led to a decline in not just physical activity but also an adverse impact on both social isolation and mental health and wellbeing. The percentage of people who "often or always" felt lonely during the pandemic in Lancashire was reported to be **6.1%** but for certain districts this figure was as high as **13.5%**.



Older people have been more likely to be in the **shielded** or moderate risk category for Covid-19 and

together with the risk of death from **Covid-19** increasing with age, two thirds of older people are living with multiple long term conditions.



The pandemic has added a wide range of challenges for working age adults such as **childcare, home schooling, care for vulnerable relatives and ensuring adequate food and housing.**



Older people have greater health and social care needs, especially during their last years of life. In addition, older people are at significantly higher risk of developing dementia. People with a dementia diagnosis have been disproportionately impacted by Covid-19

27% of people who died with Covid-19 from March to June 2020 had **dementia**.

82% reported a deterioration in their symptoms during the pandemic.

It is estimated that the impact on the provision of dementia diagnosis services has been significant which in part also helps explain the total number of patients aged over 65 with a recorded dementia diagnosis having fallen by a little under **10%** on a national basis compared to pre-Covid levels though this is now slowly rising again

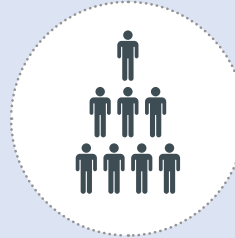
8. High-Level Recommendations

This report makes six high-level recommendations for a call to action to work towards a thriving Lancashire.



Health in all policies approach

Adopt a health in all policies approach to reducing health inequalities across Lancashire.



Communities and place

Work more closely with wider system partners to support and improve how we do things, working alongside the voluntary, community, faith and social enterprise (VCFSE) sector as more equal partners.

Early years, children and young people

Harness the relationships and ways of working which have developed during the pandemic to improve the health and wellbeing of children and young people and reduce child health inequalities



Environment and climate

Align health and climate goals, working with partners and our communities to transition away from carbon and build resilient communities that are well adapted to respond to climate change.



Healthy Ageing

Ensure all key interfacing strategies in Lancashire have a healthy ageing focus and to demonstrate commitment to healthy ageing by signing up as a co-signatory to the PHE Healthy Ageing Consensus statement.

Economy and Health

Address low in-work productivity, as the biggest single contributor to Lancashire's productivity gap, through work-based health programmes, supportive workplace practices and closer working relationships with key agencies such as DWP.



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More information is available at
www.lancashire.gov.uk/council/strategies-policies-plans/public-health

