



Lancashire Health and Wellbeing Board  
Tuesday, 7 May 2024, 3.00 pm,  
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston

## AGENDA

### Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
1. <b>Welcome, introductions and apologies</b>	Action	To welcome all to the meeting, introduction and receive apologies.	Chair		3.00pm
2. <b>Disclosure of Pecuniary and Non-Pecuniary Interests</b>	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		
3. <b>Minutes of the Last Meeting held on 5 March 2024</b>	Action	To agree the minutes of the previous meeting.	Chair	(Pages 1 - 10)	

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
<b>4. Lancashire Better Care Fund Plan 2023 to 2025</b>	Discussion/ Action	To receive and comment on the draft 2024/25 plan, engage in the Leadership and Governance Workshop and consider the proposals relating to engagement and feedback from people with lived experience of services and support funded by the Better Care Fund.	Sue Lott/Margaret Ashton-Gray	(Pages 11 - 14)	3.05pm
<b>5. Annual Report of the Director of Public Health 2023/24</b>	Discussion/ Action	To consider and endorse the Annual Report of the Director of Public Health for 2023/24, and its recommendations.	Dr Sakthi Karunanithi	(Pages 15 - 56)	3.25pm
<b>6. Proposal for the 2024/25 Joint Strategic Needs Assessment (JSNA) Work Plan</b>	Discussion/ Action	To approve two thematic joint strategic needs assessment (JSNA) projects to be carried out during 2024/25.	Mike Walker	(Pages 57 - 58)	3.45pm
<b>7. Director of Public Health Child Death Overview Panel (CDOP) Report</b>	Discussion/ Action	To review and comment on the Annual Report.	Ruksana Sardar-Akram	(Pages 59 - 64)	4.00pm
<b>8. Urgent Business</b>	Action	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	Chair		4.20pm

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
		warning of any Members' intention to raise a matter under this heading.			
<b>9. Date of Next Meeting</b>	Information	The next scheduled meeting of the Board will be held at 2pm on 16 July 2024, venue to be confirmed.	Chair		

H MacAndrew  
 Director of Law and Governance

County Hall  
 Preston



**Lancashire County Council**

**Lancashire Health and Wellbeing Board**

**Minutes of the Meeting held on Tuesday, 5 March, 2024 at 2.00 pm in  
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

**Present:**

**Chair**

County Councillor Michael Green, Lancashire County Council

**Committee Members**

County Councillor Graham Gooch, Lancashire County Council  
County Councillor Mrs Sue Whittam, Lancashire County Council  
Dr Sakthi Karunanithi, Public Health, Lancashire County Council  
Dave Carr, Director of Policy, Commissioning and Children's Health  
Chris Sinnott, Lancashire Chief Executive Group  
Councillor Barbara Ashworth, East Lancashire, Lancashire Leaders Group  
Councillor Jennifer Mein, Central, Lancashire Leaders Group  
Councillor Christopher Dixon, Fylde Coast, Lancashire Leaders Group  
David Blacklock, Healthwatch  
Clare Platt, Health Equity, Welfare and Partnerships, Lancashire County Council  
Sam Gorton, Democratic Services, Lancashire County Council

**Apologies**

Louise Taylor, Adult Services, Lancashire County Council, Health and Care Integration  
(Lancashire) NHS Lancashire and South Cumbria Integrated Care Board

**1. Welcome, introductions and apologies**

The Chair welcomed all to the meeting.

Apologies were noted as above.

Replacement for the meeting was Dave Carr for Jacqui Old, Education and  
Children's Services, Lancashire County Council.

**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 14 November 2023

**Resolved:** That the Board agreed the minutes of the meeting held on 14 November 2023.

Clare Platt, Health, Equity, Welfare and Partnerships, Lancashire County Council, provided a brief overview of the outcomes from the Joint Workshop between the Health and Wellbeing Board and the Lancashire Place Partnership which had taken place on 22 January 2024.

Key points from the workshop were as follows:

- Positive session – recognising joint commitment/opportunities/risks
- Commitment to joint meetings as appropriate
- Areas of joint interest:
  - Better Care Fund (BCF)
  - 'Healthy Communities'
  - Specific topics eg hospital discharge
- Discussion re governance 'best practice'
- Commissioning cycle elements – Assess, Plan, Do, Review
  - Health and Wellbeing Board responsible for Assess and Review (strategy)
  - Lancashire Place Partnership for Plan and Do (executive delivery)
- Develop joint principles of relationship
- Could frame Health and Wellbeing Strategy on 'life course'
- Strengthen Voluntary, Community, Faith and Social Enterprise representation on the Health and Wellbeing Board
- Assurance 'seldom heard' voices inform service design and delivery
- Introduction of Chair's forum of which the first has taken place on 5 March 2024.

The Board noted that a draft schedule of informal joint workshops between Lancashire Health and Wellbeing Board and the Lancashire Place Partnership was proposed, to discuss the Better Care Fund as follows:

- 7 May 2024
- 3 September 2024
- 12 November 2024
- 11 March 2024

These meetings will take place prior to the formal meeting of the Health and Wellbeing Board, which will commence at 2.15pm on those dates, where the decision making regarding Better Care Fund will take place.

**Resolved:** That the Board agreed to the proposed draft schedule of informal joint workshops that will commence at 1pm, prior to the Health and Wellbeing Board at 2.15pm.



#### **4. Appointment of Deputy Chair**

**Resolved:** That the Board noted that Asim Patel, Lancashire and South Cumbria Integrated Care Board had been appointed as Deputy Chair for the remainder of municipal year 2023/2024.

#### **5. Health and Wellbeing Board Revised Terms of Reference**

**Resolved:** That the Health and Wellbeing Board agreed:

- (i) That a representative from Voluntary, Community, Faith and Social Enterprise be added.
- (ii) That the reference to "The Leader of the Council" be amended to add the words "or their nominated representative", as is permitted by the relevant regulations.
- (iii) That the reference to Health and Wellbeing be removed from the title of the Executive Director of Adult Services and Health and Wellbeing due to reconfiguration within the Council.
- (iv) That reference to "The Chair of Healthwatch" be amended to add the words "or their nominated representative".

#### **6. Lancashire Better Care Fund Plan 2023 to 2025**

Sue Lott, Adult Social Care – Urgent Care, Acute and Prisons and Margaret Ashton-Gray, Health and Social Care Integration Finance, Lancashire County Council provided a progress update of the Better Care Fund Reset work and actions taken since the last report.

The Board were informed that the Quarter 3 report had been submitted and was signed off by County Councillor Michael Green, Chair of Lancashire's Health and Wellbeing Board in his delegated capacity. The Board was requested to consider the report and ask any clarification questions.

The report shows performance remains on track against the mandated Better Care Fund metrics, except for admissions to long term residential care, for which mitigating actions are in place.

Progress updates for various elements of the Better Care Fund reset programme are provided within the [report](#) and in the finance report and the Quarter 3 reporting template (circulated separately to Board members only), which included the current projects underway.

The Board noted that high level finance discussions continue between the Council and the Integrated Care Board, as the basis for building robust, evidence-based, joint financial decision making.



The main highlights of the Quarter 3 report identified:

Schemes commissioned/overseen by Lancashire County Council:

- Telecare (Scheme selected on Quarter 3 return)
- Equipment and Adaptations (Scheme selected on Quarter 3 return)
- Acute Staffing Teams (Scheme selected on Quarter 3 return)
- Hospital Discharge Grant (Additional Discharge Fund) Lancashire County Council allocation
- Disabled Facilities Grant

Schemes Commissioned by the Integrated Care Board:

- Better Care Fund
- Hospital Discharge Grant

Funding:

- Better Care Fund
- 2022/23 Hospital Discharge Funding
- Additional contribution from the Integrated Care Board for 2023/24

The Board were informed that the Better Care Fund national support team proposed three support offers that Lancashire agreed to take up. The support is provided as part of the overall Better Care Fund programme and is at no cost to the local system. The support offers to Lancashire cover three areas, with further details available within the report:

- Leadership and Governance
- Discharge to Assess
- Intermediate Care Demand and Capacity Modelling

Following the presentation, discussion ensued, and comments provided as below:

- Intermediate care redesign will change the way in which rehabilitation is offered, by combining the Crisis Support and Reablement Services, called the Short Term Care at Home Service, and metrics will be provided to understand the effectiveness of it.
- The variation in avoidable admissions and falls were highlighted, to support prevention measures. It was agreed that this information would be presented at a future meeting.
- It was commended that the report captured the voices of the people of Lancashire. However this could be further improved by involving people more widely in redesign activity.
- The proposed review of the Better Care Fund by the Integrated Care Board should help to understand spend in terms of value for money, outcomes and achievements, as the basis for improvement.
- The overall Better Care Fund is £204 million, including £10 million additional contribution from the Integrated Care Board.





- A reduction in numbers using telecare was highlighted. Officers to provide a report to a future meeting.

**Resolved:** That the Health and Wellbeing Board:

- (i) Received the report and commented on the progress to date on the review and reset programme and support projects.
- (ii) Reviewed and commented on the Quarter 3 Better Care Fund submission.
- (iii) Received and considered the Finance Summary Quarter 3 Report.

**7. Lancashire Drug and Alcohol Partnership – Delivering the Government's Strategy 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives'.**

Lee Harrington, Public Health and Wellbeing, Lancashire County Council, provided a [report](#) which set out progress to date and gave an outline of plans for 2024/25. The additional programmes proposed to be funded during 2024/25 were summarised in the report. (A description of the following providers and their main areas of work can be found in [Appendix 'A'](#)).

The Board noted that the Lancashire Drug and Alcohol Partnership, as a sub-group of the Health and Wellbeing Board, has been in existence for eighteen months and in that time has developed and sustained some positive changes for the people of Lancashire.

The national 10-year Strategy 'From Harm to Hope' 2021 requires each upper tier authority to develop and sustain a Combatting Drugs Partnership with membership made up of key public and voluntary services in the county including, NHS, social care, public health, housing authorities, the Police and Crime Commissioner, prisons, and probation. Partnerships must link with other strategic boards such as the Lancashire and South Cumbria Integrated Care Board, reducing reoffending boards, and community safety partnerships. Lancashire chose to broaden the Partnership's remit to include alcohol along with illicit drugs due to the wide-ranging harms associated with it.

The Board were informed that additional resources have been given, through the Supplementary Substance Misuse Treatment and Recovery Grant, focussed on achieving:

- Reduced likelihood of drug and alcohol related deaths
- A reduction in drug and alcohol related reoffending amongst prolific offenders within local areas
- Increase in the numbers of drug and alcohol users, especially offenders, engaging in treatment as well as increases in those achieving and sustaining recovery



- Reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts)

The strategy sets out several national targets and the Office for Health Improvement and Disparities (OHID) have set local (Lancashire) targets based on the national delivery expectations.

The programme is coming to the end of year two of the additional funding and in year three there is a significant increase in funding.

It was noted that for the next 12 months the focus will be on prevention, to address any gaps in primary, secondary and tertiary prevention. Other objectives in terms of treatment are to reduce the caseload size and provide enhanced support.

The Board were informed that the vast majority of people who attend the Young People's Service, do not transfer for adult treatment, which is an indicator of success.

The Board welcomed Katie Egan, (Inspire/Change Grow Live (adult service)) and Ray Jones, (We Are With You (young people's service)), who shared outcomes and case studies of how lived experience is influencing the delivery of services in Lancashire.

Inspire/Change Grow Live is working with Primary and Secondary Care, resulting in:

- 30% reduction in hospital presentations
- 35% reduction in GP presentations
- 15% increase in women accessing support

We Are With You shared a case study of a 14 year old male, socialising within a gang that brought them to the attention of the criminal exploitation team. Substance use (cannabis, alcohol and nitrous oxide) was identified as an issue, and a referral was made to We Are With You by the school's designated safeguarding lead.

The We Are With You worker saw the client within the school setting, and they also liaised with the Targeted Youth Support service that provides a youth club in in the area. The worker was able to deliver group harm reduction education in the Youth Zone. The worker was able to help the young person recognise that their use of substances was linked with their self-esteem and how under the influence they are a high risk to themselves and others. The young person has now reduced use of substances and is working towards abstinence.

The Board were also informed that circa 75% of Lancashire's young people are referred to the service due to cannabis use, with circa 20% due to alcohol use.

We Are With You have received funding from the Supplementary Substance Misuse Treatment and Recovery Grant to provide more early intervention and outreach support in Lancashire, working with colleagues in different services such as Child



and Family Wellbeing Service and the Police through outreach on the streets and hotspot areas.

Following the presentation, the discussion highlighted:

- Support is also provided to parents so they can understand the issues from the young person's perspective. There is also a Parent Group which is useful in terms of peer support.
- Work is ongoing to raise awareness of the issues associated with vaping.
- Inspire / Change Grow Live have high social media presence as well as Live Chat to offer support.
- Inspire / Change Grow Live receive funding to support people into education and training. An example of someone who had successfully move from street homeless, through in patient detoxification into employment was highlighted.
- Early intervention and successful multi-agency working are key.

The presenters were thanked for their attendance and invaluable work carried out.

**Resolved:** That the Health and Wellbeing Board:

- (i) Received and discussed the progress made by the Combating Drugs and Alcohol Partnership in achieving the outcomes of the Government's 10-year drug Strategy.
- (ii) Endorsed the proposed 2024/25 plan in making further progress in addressing the harms caused by drugs and alcohol in Lancashire.

## 8. Sports Stadia Sponsorship by Vaping Companies

Paula Hawley-Evans, Consultant in Public Health, Lancashire County Council provided a report following a previous [report](#) to the Board on 5 September 2023 entitled 'Tackling Illicit Vapes and Youth Vaping in Lancashire'. There had been concern expressed about vaping companies sponsoring sports stadia and the impact this may have on young people vaping. The [report](#) identified the work that is being doing to mitigate vaping sponsorship in sport stadia and understand how widespread such sponsorship is.

The Board noted that there is limited sport stadia sponsorship by vaping companies and acknowledges that, where there is sponsorship, those sponsors are undertaking mitigating actions to ensure products are not endorsed by children. Some sport stadia have gambling sponsorship, and Public Health will continue to work to develop positive health messages with stadia in line with the Healthy Stadia Concept.

Following the presentation, the discussion highlighted:

- Sportspeople are seen as role models and are advertising gambling, alcohol, fast food and vaping.



- The need to further develop educational initiatives around vaping and the dangers of it.
- The need to work more collaboratively with sports organisations such as the English Football League and form new alliances with companies.
- There may be an opportunity to utilise influencers and new technology platforms in raising awareness.
- Commercial organisations target more deprived communities and people who may be more vulnerable.
- The need to carry out further positive messaging with community sports clubs and the football league.

**Resolved:** That the Health and Wellbeing:

- (i) Discussed the findings and the work to mitigate vaping sponsorship in sport stadia.
- (ii) Requested the Public Health team continue to address concerns around gambling, alcohol, vaping, fast food etc. through liaison with appropriate agencies such as the English Football League.

## 9. Urgent Business

### 9(a) Lancashire and South Cumbria Integrated Care Board - Better Care Fund Review

Lisa Roberts, Lancashire and South Cumbria Integrated Care Board provided an update on a paper that the Health and Wellbeing Board had endorsed in November 2023. The Board noted that the Integrated Care Board was proposing to commission a system wide review of the Better Care Fund, in order to maximise joint funding across the Integrated Care Board and local authorities. This will complement a review of the current status of the Better Care Fund, a predictive modelling tool and support in relation to Better Care Fund leadership, decision making, governance arrangements and financial modelling, requested by the County Council and commissioned by the Local Government Association.

The Board were briefed on [Appendix 'A'](#) as attached to the agenda, on the work that will be commissioned by the Integrated Care Board.

The report was taken as an item of urgent business as funding had only recently been agreed by Lancashire and South Cumbria Integrated Care Board, and the work specified must be expedited before the next meeting of the Health and Wellbeing Board in May 2024, to ensure it appropriately informs future planning.

Following the presentation, the discussion highlighted:

- The work will complement what is already in place.
- Once the specification has been agreed there will be a working group overseeing the work, with representatives from each of the four 'Places'.
- Assurance was sought that the work will provide significant change in how the funding model works.



- It was noted that there may be areas of work that are currently funded through the Better Care Fund, may not fully meet the aims and objectives and potentially should be funded from other budgets; and there are other projects which could be funded by the Better Care Fund that are currently not.

**Resolved:** That the Health and Wellbeing Board:

- (i) Endorsed the proposed system wide review of the Better Care Fund by Lancashire and South Cumbria Integrated Care Board.
- (ii) Participates in the review as appropriate.
- (iii) Received the reviews and associated action plans identified in the report at future joint meetings with Lancashire Place Partnership.
- (iv) Requested that the review consider the lived experience of Lancashire's residents, to influence the future plan and to identify how it will ensure more preventative programs of work.
- (v) Requested that the review considered how it will also focus on children and young people as part of the preventative approach.

## **10. Date of Next Meeting**

The next scheduled meeting of the Board will be held at 2.15pm on 7 May 2024 and venue to be confirmed. Members will also be invited to attend the informal workshop prior to the meeting, alongside members of the Lancashire Place Partnership, to discuss the Better Care Fund from 1pm-2.15pm.

H MacAndrew  
Director of Law and Governance

County Hall  
Preston





**Lancashire Health and Wellbeing Board**  
Meeting to be held on 7 May 2024

**Corporate Priorities:**  
Caring For the Vulnerable  
Delivering Better Services

## **Lancashire Better Care Fund Plan 2023 to 2025**

Contact for further information:

Sue Lott, Tel: 07887 831240, Head of Adult Social Care – Urgent Care, Acute and Prisons,  
Lancashire County Council, [sue.lott@lancashire.gov.uk](mailto:sue.lott@lancashire.gov.uk)

Paul Robinson, Tel: 07920 466112, Principle Delivery Consultant, NHS  
[paul.robinson27@nhs.net](mailto:paul.robinson27@nhs.net)

### **Brief Summary**

This report provides a short progress update of the Better Care Fund support projects actions taken since the last report.

The main focus of the Better Care Fund session this time involves a workshop to receive the outputs from the initial phase of the Leadership and Governance project. Whole Systems Partnership (WSP) and the Local Government Association (LGA) will be facilitating the session and providing feedback and analysis on the series of 1:1s and small focus groups they engaged with, plus the relational survey shared with system leaders. The Board will be asked to consider and discuss the outputs and determine the next steps.

The 2024/25 Better Care Fund Plan is due for submission on 10 June 2024. The issuing of the guidance and template was delayed by several months, meaning that there is a short timescale to collect and update all the information required. The draft plan will be shared with the Board closer to the meeting date to enable as much information as possible to be collated across the partnership by the date of the Board.

High level finance discussions continue between the Council and the Integrated Care Board, which will ultimately support the baseline conditions upon which the partnership will be able to build good, evidence based, joint financial decision making.

Discussions are developing on the opportunity to build a framework to collect, report on, and use, feedback from people with lived experience of support and services funded by the Better Care Fund.

## **Recommendations**

The Health and Wellbeing Board is asked to:

- (i) Receive the draft 2024/25 Plan and share any queries prior to the final version.
- (ii) Participate and engage in the Leadership and Governance workshop.
- (iii) Consider the proposals relating to engagement and feedback from people with lived experience of services and support funded by the Better Care Fund.

## **Detail**

### **1. Better Care Fund Reset Progress: Support Offer Projects**

The Better Care Fund national support team shared three support offers that Lancashire agreed to take up. The support is provided as part of the overall Better Care Fund programme and is at no cost to the system. The support offers to Lancashire are in three defined areas:

- (i) Leadership & Governance
- (ii) Discharge to Assess
- (iii) Intermediate Care Demand and Capacity Modelling

#### **Leadership and Governance**

Since commencing the project, Whole Systems Partnership (WSP) have undertaken several 1:1s and small focus groups with leaders across the partnership, to help Lancashire better understand the relationships and opportunities for learning at a local level, as well as best practice locally and elsewhere. A relational survey was also issued as part of the initial scoping and fact finding stage.

Feedback and outputs will be shared with the Health and Wellbeing Board and the Lancashire Place Partnership at the joint session on 7 May 2024.

#### **Intermediate Care Demand and Capacity Modelling**

A workshop is planned for 30 April 2024 involving key people to map out the intermediate care 'journey' and identify the various data points across it. The workshop will develop scenarios and work through those to best identify the opportunities to map demand and understand the capacity required by the system.

#### **Discharge to Assess**

Since the last update, a data group has been meeting fortnightly and the datasets have been shared from the Local Authority, with the information from the NHS to be shared in early May.





A survey has been issued to all frontline staff involved in hospital discharge, to understand from their perspective the appetite for change, and their thoughts, ideas and opportunities in relation to improving the discharge to assess process.

A full day of case reviews was undertaken with each of the five main Acute Trusts that Lancashire residents are admitted to, which looked at whether the right outcome was achieved for the person, what worked well and what other opportunities could there have been to improve the experience and outcome.

And finally, a series of guided interviews took place with a random sample of Lancashire people who have been through a 'discharge to assess' process over the last 6 months. The completed conversations looked at the person's and their carer's experience of discharge, what worked well and what could have been better.

The outputs of all four elements will be analysed and brought together into one overarching report towards the end of May/early June, dependent upon the receipt of the data information, and will be shared with the Health and Wellbeing Board and system partners. It is likely that a workshop will be held to share the outputs and recommendations and agree the next steps.

Alongside the discharge project, Lancashire has been mirroring the methodology to undertake the same analysis regarding discharge from mental health wards, to gain the same insights. The analysis will be presented in the same format and shared at the same time.

## **2. Better Care Fund Plan 2024/25**

A narrative plan is not required for 2024/25 as the narrative plan produced in 2023 was for a two year period 2023-25.

The mandated template for 2024/25 to be submitted by each Health and Wellbeing Board was issued very recently with a short turnaround time for submission on the 10 June 2024. The draft plan should be submitted to the Northwest Better Care Manager around the 17 May 2024 for initial checking and comments. Due to the late publishing of the Better Care Fund planning guidance and the template, work is continuing to gather all relevant information in readiness for submission, and therefore the most up to date version of the developing Plan will be shared with Board members prior to the meeting on 7 May 2024.

The template requires an income and expenditure update, a refresh of the Intermediate Care demand and capacity planning, and a metrics and trajectories update.

At the point of writing this summary report, discussions are ongoing about the additional investment by the Integrated Care Board (ICB), and an update will be shared with the Board and therefore greater clarity on the total value of the fund on the 7 May 2024.

In relation to the Additional Discharge Fund element of the Better Care Fund, the Integrated Care Board was required to agree the split of its allocation across all five of its partner health and wellbeing areas, and the agreed split was submitted to NHS



England (NHSE) and the Better Care Fund national team on the 22 April 2024. Report circulated to members only.

The 2024/25 trajectories for the now four mandated Better Care Fund metrics are under development and will be shared with the latest version of the Plan at the Health and Wellbeing Board on the 7 May 2024. There is no longer a mandated metric that relates to Reablement, and the new metric for this year in relation to 'discharge ready date' has not yet commenced as not all Hospitals are submitting plausible data to be able to measure this. The four mandated metrics for 2024/25 are:

- Avoidable Admissions
- Discharge to Normal Place of Residence
- (Emergency admissions due to) Falls
- Admissions to Residential Care

### **3. Engagement With, and Feedback From, People with Lived Experience of Services and Support Funded Via the Better Care Fund**

Options are being explored on developing and implementing a framework to enable the feedback from people with lived experience of services and support funded by the Better Care Fund, to be collated, heard, reported and used both in the evaluation of the impact of existing services and support and in the design of future schemes.

#### **List of background papers**

1. NHS Lancashire and South Cumbria Additional Discharge Fund Allocation Split (Board members only)
2. Draft Lancashire Better Care Fund Plan 2024/25 (to follow)



**Lancashire Health and Wellbeing Board**  
Meeting to be held on Tuesday, 7 May 2024

**Corporate Priorities:**  
Delivering better services;

**Annual Report of the Director of Public Health 2023/24**  
(Appendix 'A' refers)

Contact for further information:  
Dr Sakthi Karunanithi, Tel: (01772) 535558, Director of Public Health,  
sakthi.karunanithi@lancashire.gov.uk

**Brief Summary**

The Annual Report of the Director of Public Health identifies that the key health indicators show that our outcomes have slowed down across Lancashire since the pandemic. It identifies poor health as a key factor affecting economic progress in Lancashire, and vice-versa. The report also highlights that the ongoing problems related to health and wealth are distributed unequally across Lancashire communities. This is happening in the context of a demographic shift towards an increasing proportion of unhealthy ageing population in our communities that requires more joined up work across the sectors.

It highlights the devolution proposal and the evolution of Lancashire and South Cumbria Integrated Care System as key strategic opportunities in Lancashire to adopt a systematic and joined up approach to address inequalities to create a more favourable future for our residents, communities, and businesses.

**Recommendation**

The Health and Wellbeing Board is asked to consider and endorse the Annual Report of the Director of Public Health for 2023/24, as set out at Appendix 'A', and its recommendations.

**Detail**

The report describes the overall demographic profile and health of Lancashire residents in detail. Key findings include:

- Lancashire has a higher proportion of people over 50 in Lancashire, and this is projected to grow significantly in the next 20 years. The county is ethnically diverse with some districts having over 20% of ethnic minority population. Nearly 1 in 5 of the population live in rural towns and villages in Lancashire.

- Lancashire has both the least and most deprived areas across the country and experiences more deprivation compared to other two-tier local council areas.
- Life expectancy declined in all Lancashire districts - apart from in Fylde, Pendle and Ribble Valley for males and in South Ribble for females.
- Inequalities already existed before the pandemic across several dimensions (including socio-economic status, education, age, gender, ethnicity and geography). The pandemic has worsened these inequalities with the risk factors for ill health rising and inequalities widened.
- Lancashire's economy is recovering well after the pandemic. Yet, poorer health in working age population is a key driver of economic inactivity which is increasing in Lancashire.
- The 12 National Levelling Up Missions, Devolution to a Combined County Authority, New Hospitals Programme and the evolving Integrated Care System present the best strategic opportunities to improve health and reduce health inequalities in Lancashire.

## Appendices

Appendix 'A' is attached to this report. For clarification it is summarised below and referenced at relevant points within this report.

Appendix	Title
Appendix 'A'	Annual Report of the Director of Public Health 2023/24

## List of background papers

N/A





Annual report of the  
Director of Public Health  
2023 - 2024

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Thinking  
differently about  
**Our Health  
and Wealth**

[lancashire.gov.uk](http://lancashire.gov.uk)



**Lancashire**  
County  
Council



Comms 8637



## Acknowledgements and contributors

This report has been produced with the hard work and dedication of many individuals across Lancashire County Council. I would like to acknowledge the immense work of the core editorial group who have made this report possible.

Ruksana Sardar-Akram  
David Herne  
Clare Platt  
Farha Abbas  
Paul Ayre  
Neil Clarke  
Roxanne McKinnon  
Andrea Smith  
Fiona Inston  
Joseph Mount  
Mike Walker  
Ash Kapriyelov  
Michele Lawty-Jones  
Suzie Evans  
Anthony Sergeant  
Andrea Watson



## Foreword by Director of Public Health



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### Thinking differently about health...

**This year's public health annual report sets out the current position of our county's health and highlights the need to think differently about improving it. It focusses on the impact of poorer health on our local economy and the importance of economic development and regeneration as a key opportunity to reduce inequalities in health.**

Lancashire is a large, vibrant and varied county, and as is the case in several areas, we have many strengths but also many challenges to tackle. To address these increasing health challenges, we need to change what we do and the way we do

it. We need to focus on **reducing inequalities** in living standards, education, employment, housing and skills.

Almost every aspect of our lives impacts on our health, how long we live and how well we live. This includes our jobs, homes, social networks, access to education, the economy and whether we experience poverty or discrimination. These factors are the **building blocks of our health**. In the public and political debate about how to improve health, these building blocks are often overlooked or misunderstood. People tend to think of health as the food we eat, how much we exercise or access to GPs and hospital services. Understanding the wider determinants and influencing the policies and practice to improve them are fundamental to living **healthier lives in Lancashire**.

These factors have become even more important since the Covid-19 pandemic, which has caused **profound changes to health and wellbeing** globally. The impact of factors such as poverty, cost of living and the economy are recognised in the recent government's Levelling Up UK White Paper (February 2022) which provides history and analysis of the causes of economic and social disparities across the UK and a commitment that healthy life expectancy will rise by five years by 2035, with an interim target to narrow the gap between local areas where it is highest and lowest by 2030.

I believe in having a relentless focus on improving life chances to create a more favourable future for our residents. This means we must get even better at actively listening to our communities and collaborate radically across all sectors.

With strategic opportunities like the creation of a Combined County Authority and the evolution of Integrated Care Systems that pivot around prevention and adopting innovation, I look forward to working with you in developing Lancashire as a safer, fairer, and a healthier place for all – recognising that our **health is our wealth**.

A handwritten signature in black ink, appearing to read 'Sakthi Karunanithi'. The signature is fluid and cursive.

**Dr Sakthi Karunanithi**  
Director of Public Health  
Lancashire County Council

**We are building on our strengths. We have made significant improvements during the last 12 months against our Health and Wellbeing Priorities: Best Start in Life, Healthier Hearts and Happier Minds.**

## A summary of our recent achievements

- We continue to maintain UNICEF Gold Accreditation for being a Baby Friendly County, supporting breastfeeding and healthy infant feeding practices.
- Our efforts to improve school readiness is proving to be a success. We have achieved an increase in the number of children who take up an early years offer to 87.4% (72% in 2020/21).
- As part of a pilot in Hyndburn we have reduced the waiting times for children waiting for speech and language therapy. In 2022 there were 100 children on the waitlist with a 40 week wait-time, there are now 0 children on the waitlist.
- Nearly 8 out of 10 people who started the adult weight management programme in 2023 successfully completed the programme.
- 1,296 children from 842 families across the county have learnt to make nutritional food choices, preparing meals and encouraging healthy behaviours such as eating together as a family.
- 37,000 people have received a Health Check (compared to 25,000 in the previous 12 months) to detect high blood pressure, diabetes and kidney disease.
- Our smoking rates continue to decrease from 2022 (14.5%) to 2023 (13.4%). Officers seized 182,780 illicit cigarettes worth an estimated £119,000.
- Our Oral Health Campaign delivered over 20,000 toothbrush packs to families.
- Lancashire has achieved micro-elimination of Hepatitis C, meaning 100% of people using the service have been offered a hepatitis C test. 90% of these people have then been tested. 75% of people who were diagnosed with Hepatitis C have started treatment.
- Our Young Person's Community Education team for sexual health have delivered approx. 400 sessions at schools, colleges, universities, and health events throughout the county.
- Our Welfare Rights service supported 1,912 of the most vulnerable people in Lancashire to claim their welfare benefit entitlements resulting in cash gains of £5.4m for them between April - December 2023.
- 3,700 victims of domestic abuse (women, children and men) were supported through the Refuge/ Safe Accommodation service and the Outreach Support Service.
- 341,514 households were supported by the Household Support Fund.



# We are making progress against our previous annual public health report recommendations across the whole council and the wider system in improving health outcomes

## Health in all policies approach

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

- A 'foundations for wellbeing' toolkit to enhance actions to improve health and wellbeing across wider council's service has been produced.
- There is an ongoing LGA supported training programme for elected members for improving wider determinants of health.

## Communities and places

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.

- A strategic framework for working with VCFSE is being developed in partnership with the NHS, District councils and wider public sector partners.
- The intention of this work is to engage more fully with local people and the organisations which represent them and to co-design a model which will support greater investment in wellbeing activities and reduce the need for people to access more expensive services

## 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.

- Lancashire Health and Wellbeing Board has adopted 'Best start in life' as one of its three priorities. It is also a strategic priority for the Integrated Care Partnership.
- Family Hubs have been launched across all our districts to further support our children and families.
- We are working more closely with the educational sector following the pandemic to understand the needs of children and young people and further investing in Mental Health Support Teams.

# We are making progress across the whole council and the system in improving health outcomes

## 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.

- The County Council's Environment and Climate Change Strategy for 2023 specifically identifies health as one of the outcomes it will contribute to.
- There is a shared programme of work between the teams in securing cleaner air, warmer and more energy efficient homes, increased physical activity with more access to green spaces, cutting carbon emissions, supporting positive changes to improvement biodiversity, and creating well adapted resilient communities.
- There is joint working with the public, private, and third-sector leaders to stimulate growth in this agenda, which will also improve public health outcomes.

## 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 Department of Health and Social Care's Healthy Ageing Consensus statement.

- Prevention and addressing equality, diversity and inclusion is a stated ambition in our Health and Wellbeing strategy. There is further work to be undertaken in this area in embedding the actions within Better Care Fund, integration plans with the ICB, district councils and VCFSE.
- We are refreshing our dementia strategy to create a Dementia Friendly Lancashire.

## Early years, children, and young people

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.

- We are undertaking further research, analysis and engagement with communities, employers and DWP in generating locally-led actions to reduce economic inactivity.
- We have rolled out an employee assistance programme to support our workforce.

Thinking  
differently about  
**Our Health  
and Wealth**

Our People

Our Places

Our Health

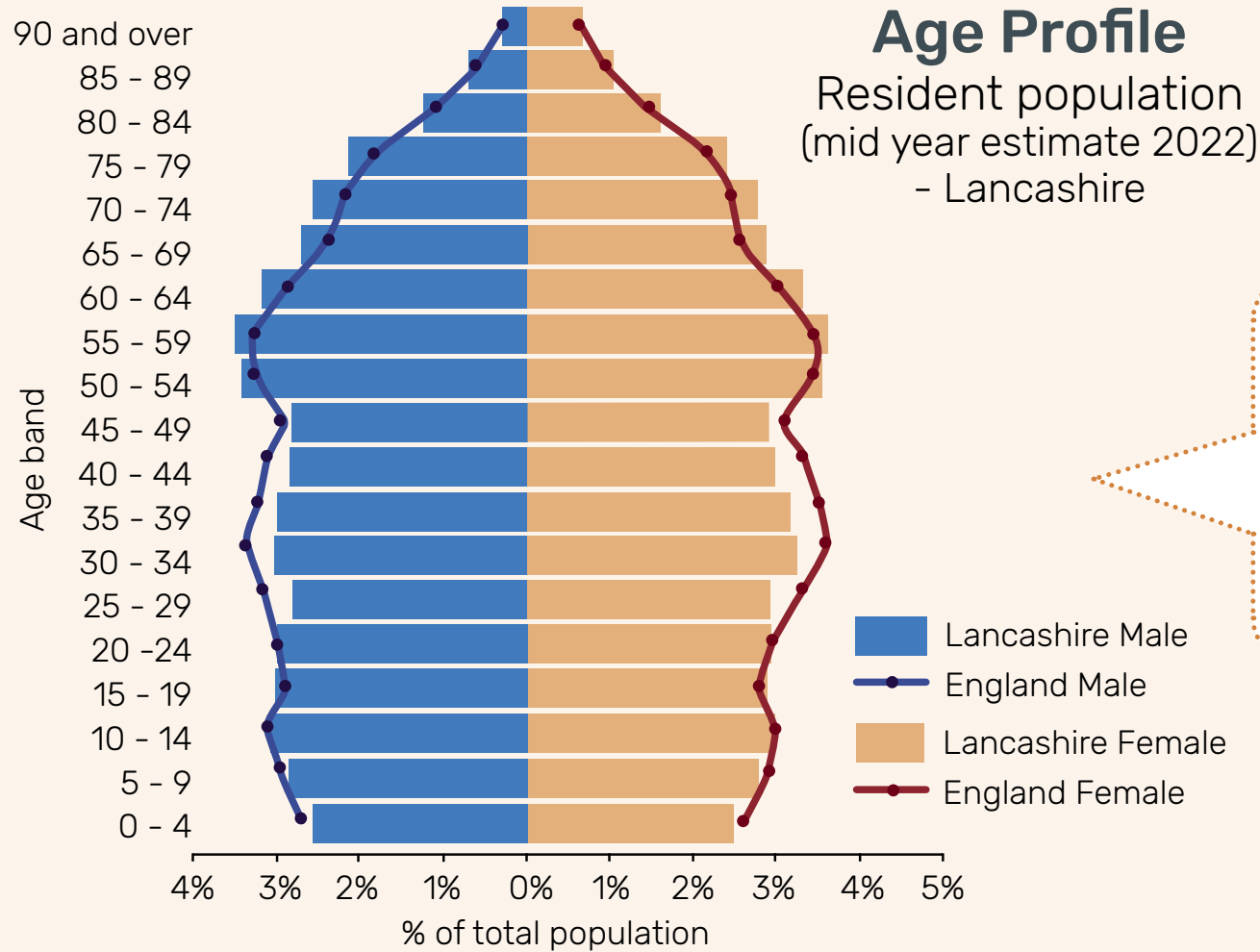
Key changes since the pandemic

Our Health and Economy

Recommendations

# Our People

**We have a higher proportion of people over 50 in Lancashire, and this is projected to grow significantly in the next 20 years. We are ethnically diverse with some districts having over 20% of ethnic minority population. Nearly 1 in 5 of us live in rural towns and villages in Lancashire.**



Lancashire has a **lower working age** resident population and a **higher ageing** population compared to both regionally and nationally

Source: Office for National statistics (ONS), Mid-Year Population Estimates, England and Wales, 2022

# Our People: summary facts

We are a diverse county with an ethnic minority population ranging between 2.5% and 29.5% across our districts.



Lancashire has  
**88.9%**

white population (85.2% White British) compared to **81%** in England (73.5% White British).

Lancashire has  
**11%**

ethnic minority population compared to **19%** in England.



**8.1%**

Asian population is our largest ethnic minority group. This compares to **9.6%** in England.

**Pendle** and **Preston**  
**29.5%** **27.5%**

have the largest ethnic minority communities (including mixed ethnic backgrounds).

**Burnley** and **Hyndburn** have

**17.4%**

ethnic minority communities.

**Ribble Valley (3.8%), Fylde (3.7%), West Lancashire (3.0%) and Wyre (2.5%)** have the smallest percentage of ethnic minority population in Lancashire.

Source: Census 2021

**525,200** households across Lancashire 

Over a fifth of these are in two of our 12 districts

 **59,980** in Lancaster and **59,607** in Preston

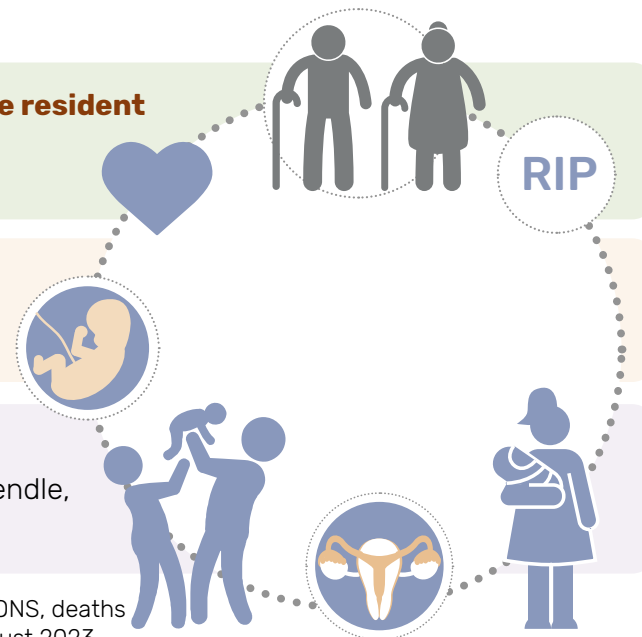
Source: Census 2021

Lancashire has a slightly lower working age resident population and a higher ageing population compared to both regionally and nationally.

Between 2018 and 2022, we continued to register more deaths than live births.

The general fertility rate is declining in Lancashire overall (higher than England in Pendle, Hyndburn, Burnley, Rossendale and Preston)

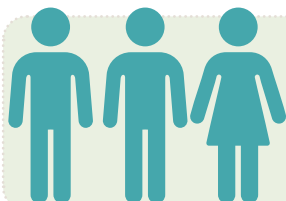
Sources: ONS, mid-Year Population Estimates, E&W, 2022. ONS, deaths registered in E&W, December 2023. ONS, births in E&W August 2023



## Expected Changes

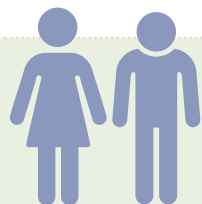
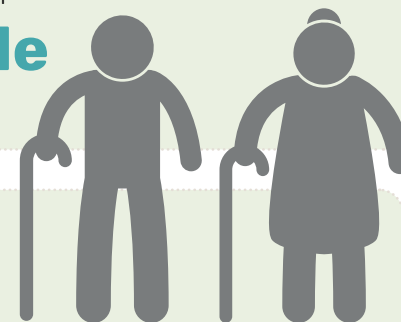
Between 2024 and 2042, Lancashire's population is expected to **increase** by approximately

**5.3%** to **1,311,018**  
(6.5% increase for England)



The **highest population growth rates** are predicted for

**Chorley** followed by **Fylde**



Based on 2018 projections, the change in population indicates that there will be a **decline** in the number of **children and young people** with **no considerable growth** in the **working age group 16-64** compared to the Northwest region and England.

The older population is estimated to increase **27.1%** by 2042

Source: ONS, 2018 based population projections, [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1).

# Our Places

**Lancashire is a place of astonishing diversity. We have admirable traditional townscapes, a multitude of stone-built dwellings and mills, handsome civic architecture and the relics of early industrialisation in which the region led the world.**

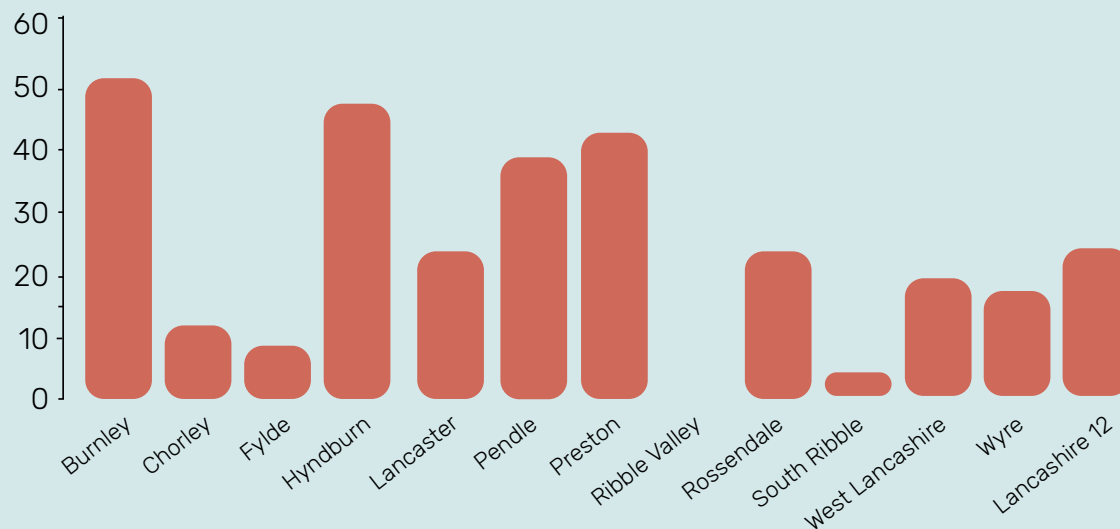
**Great natural diversity from a 77-mile coastline and estuary landscapes to uplands with extensive areas of beautiful countryside and moorland define Lancashire. The county incorporates parts of two designated areas of outstanding natural beauty (Forest of Bowland and Arnside/Silverdale).**

**A quarter of the county's total land area, 79,000 hectares is designated as green belts compared to 13% for England as a whole.**

**Most of Lancashire has good overall air quality.**



### Percentage of LSOAs in 20% most deprived areas



Lower layer Super Output Areas (LSOAs) comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 persons.

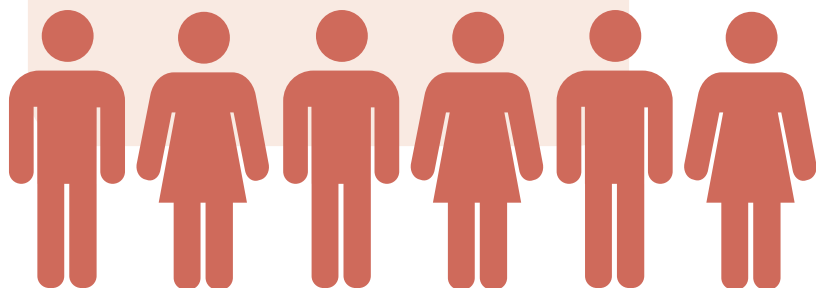
**Burnley** and **Hyndburn** are in the most **deprived 10%** of the lower-tier local authorities in England on the Index of Multiple Deprivation (IMD).  
**Pendle** and **Preston** are in the **most deprived 20%**.

In contrast, **Ribble Valley** is in the **least deprived 20%** in England

Source: Lancashire Insight. [www.lancashire.gov.uk/lancashire-insight/deprivation/indices-of-deprivation-2019/2019-deprivation-analysis](http://www.lancashire.gov.uk/lancashire-insight/deprivation/indices-of-deprivation-2019/2019-deprivation-analysis)

### Lancashire's Index of Multiple Deprivation (IMD) 2019 ranking is **78** out of **151** upper-tier local authorities and **1 out of 21** two-tier county council areas, where **1 is the most deprived**.

out of **151** upper-tier local authorities and **1 out of 21** two-tier county council areas, where **1 is the most deprived**.



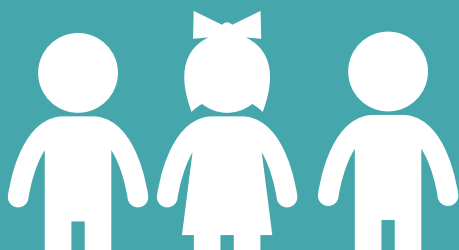
In Lancashire **24.5%** of the population lives in the **most deprived** LSOAs in England.

Source: Lancashire Insight. [www.lancashire.gov.uk/lancashire-insight/deprivation/indices-of-deprivation-2019/2019-deprivation-analysis/](http://www.lancashire.gov.uk/lancashire-insight/deprivation/indices-of-deprivation-2019/2019-deprivation-analysis/)

The **health deprivation** and **disability rank** is Lancashire's most deprived ranking (48 out of 151 upper-tier local authorities, 1 out of 21 two-tier county council areas), followed by the **living environment rank** (54 out 151 upper-tier local authorities, 1 out of 21 two-tier county council areas, where 1 is the most deprived).

# 22.7%

of children were **living in relative low-income families** in Lancashire, compared to **23.7% in the Northwest** region and **19.9% in England** (financial year ending 2022). The level of child poverty in Lancashire is worse than England.



**The proportion of school aged pupils** in Lancashire eligible for free school meals in 22/23 is

# 23%

, which is lower than **26.8% in the Northwest** and **23.8% in England**. The recent trend shows an increased proportion of pupils eligible in Lancashire, the Northwest, and England.



# 1,507

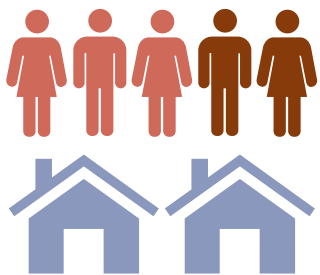
(5.3%)

**16 to 17 year-olds** were **not in education, employment or training** (NEET). This is getting better and now similar to the England average of **5.2%** (2022/23).



Source: Office for Health Improvement and Disparities, Fingertips–Public health data, <https://fingertips.phe.org.uk>

## Our households

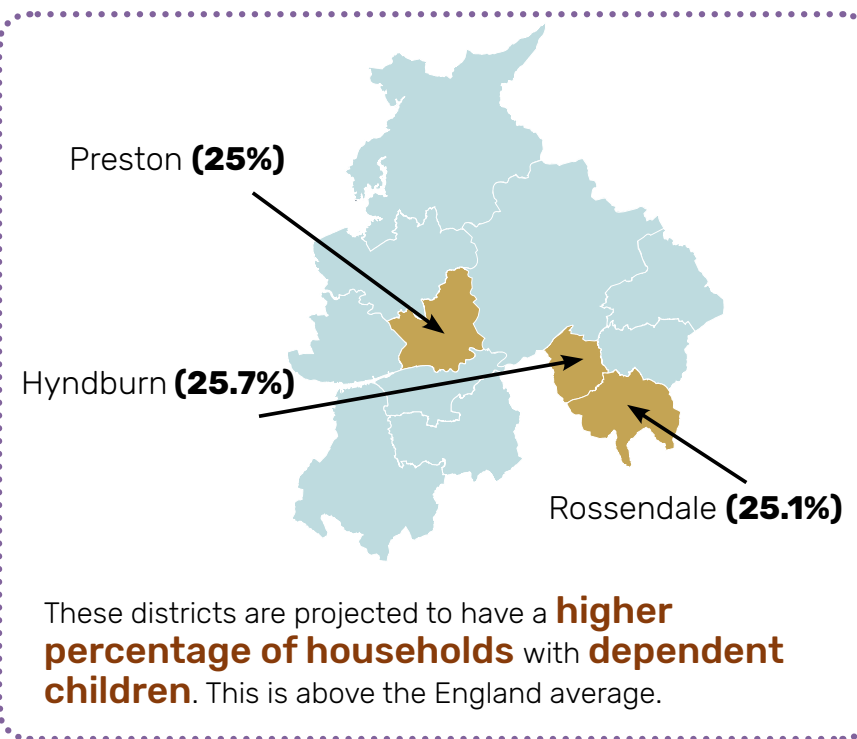


The most striking aspect about our **residential accommodation** is the **high proportion** of dwellings **in the lowest council tax band (A)** in some Lancashire authorities. In Burnley and Pendle over 60% of dwellings **were in council tax band 'A'** compared to **23.9% of dwellings in England**. In contrast, **Fylde and Ribble Valley** had **17.4%** and **13.3% of band 'A' dwellings** respectively.

**Single person households in Lancashire** are projected to **rise to 34.9%** of all households by **2043** with **Fylde (39.9%), Preston (38.7%), Hyndburn (37.2%), Burnley (37.7%)** and **Pendle (36.7%)** projected to have some of the largest percentages of **one person households** in **England in 2043 (33%)**.



**Households with dependent children in Lancashire** are predicted to increase slightly, by **0.8% (1,047 households)** to **135,306 households** in **2043**, lower than the projected **England average** of **24.7%**.



Sources:

Dwelling stock by council tax band - <https://www.lancashire.gov.uk/lancashire-insight/population-and-households/households-and-housing/dwelling-stock-by-council-tax-band/>  
 Household projections 2018-2043 - <https://www.lancashire.gov.uk/lancashire-insight/population-and-households/households-and-housing/household-projections/>

## Dimensions of deprivation used to classify households

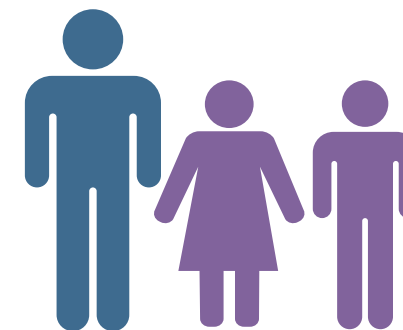
### Education

A household is classified as deprived in the education dimension if no one has at least Level 2 education and no one aged 16 to 18 years is a full-time student.



### Employment

A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or disabled.



### Health

A household is classified as deprived in the health dimension if any member is disabled.



### Housing

A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.



# Our Places: summary facts

Lancashire has both the least and most deprived areas across the country. We experience more deprivation compared to other two-tier local county council areas.

## Most Deprived lower-tier local authorities

In England, **Burnley** and **Hynburn** rank in the most deprived **10%**

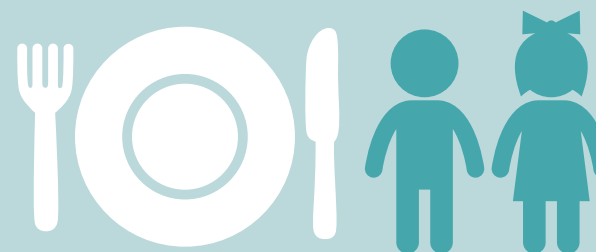
In England, **Pendle** and **Preston** rank in the most deprived **20%**

## Least deprived lower-tier local authorities

In England, **Ribble Valley** ranks in the least deprived **20%**

A greater proportion of children live in relatively low-income families compared to England. The proportion of children eligible for free school meals is lower in Lancashire than in England. The recent trend shows an increasing proportion of pupils eligible for free school meals in Lancashire, the Northwest, and England.

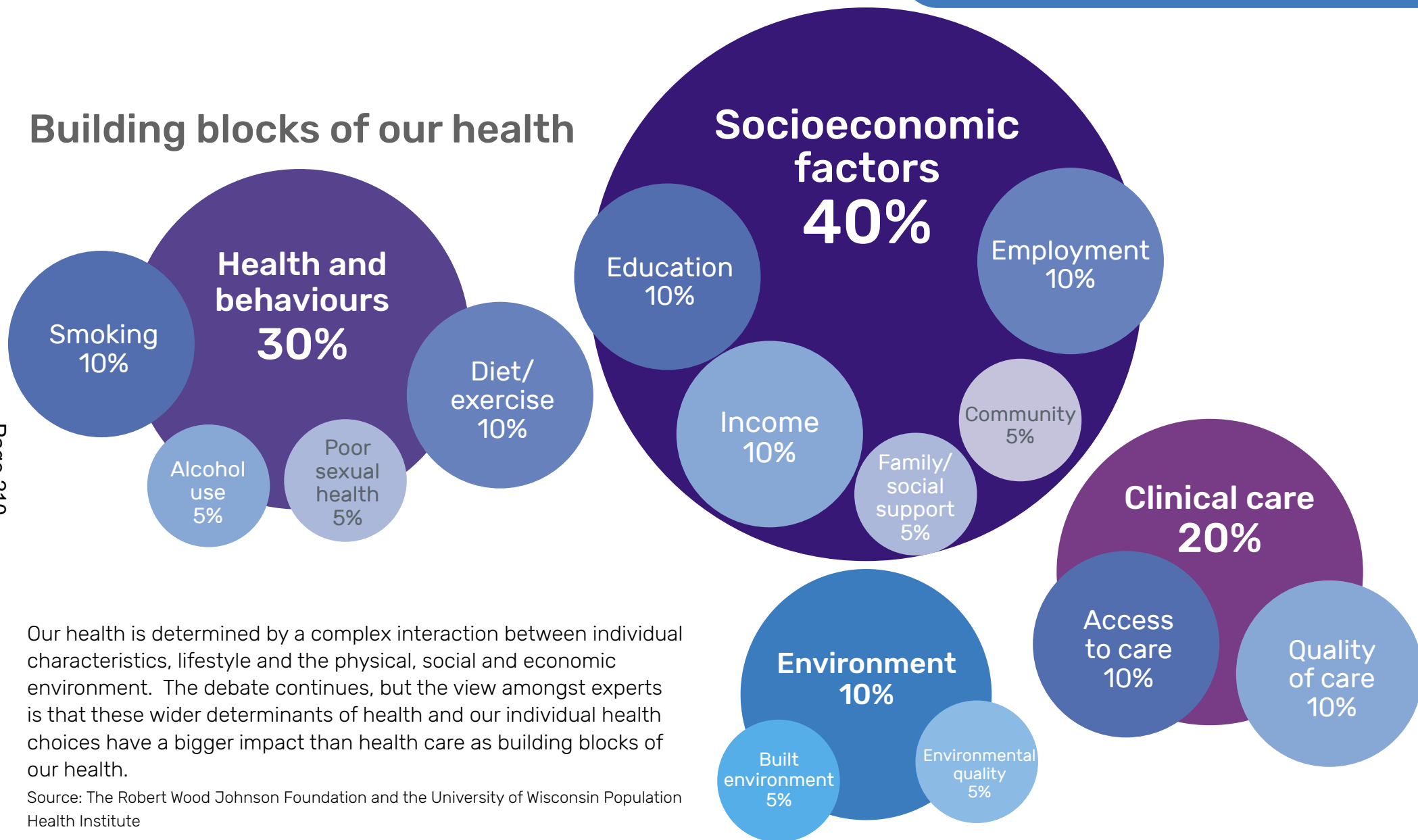
The proportion of young people not in education, employment or training is getting better and is now similar to the England average.



# Our Health

**Improvements in our key health indicators are plateauing and health inequalities widening. We need to strengthen our plans to address health inequalities and the determinants of health.**

## Building blocks of our health



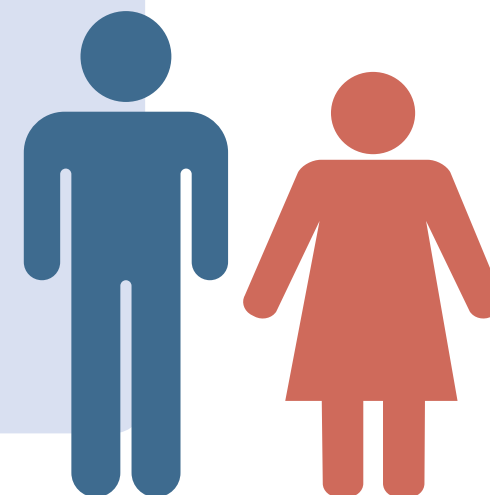
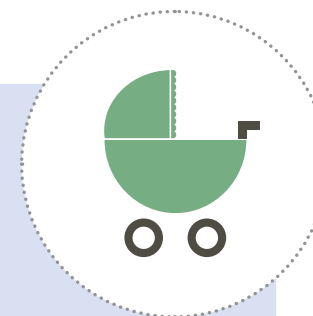
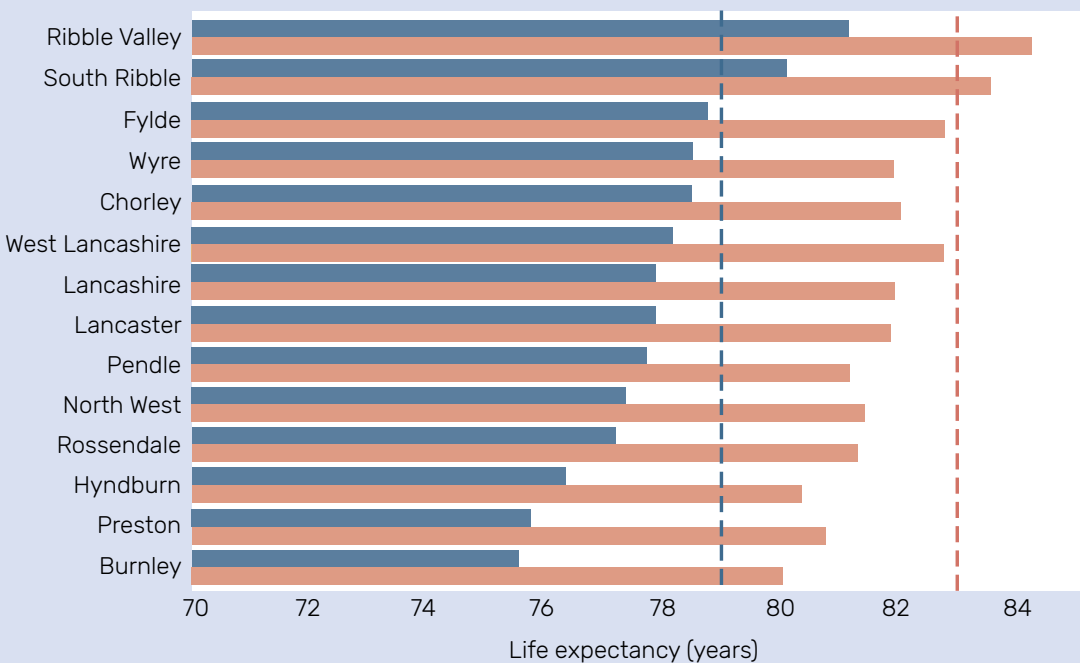
Our health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. The debate continues, but the view amongst experts is that these wider determinants of health and our individual health choices have a bigger impact than health care as building blocks of our health.

Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute



# Our life expectancy

Male and female life expectancy at birth for Lancashire, the 12 districts, the north west region and England 2020-2022



- Male
- Female
- - Male England average
- - Female England average

Source: Office for Health Improvement and Disparities, Fingertips-Public health data, <https://fingertips.phe.org.uk>

# Inequalities in life expectancy and healthy life expectancy

**Male life expectancy in Lancashire**



**77.8** years  
north west **77.3 years** and England's **78.9 years (2020-22)**

**Female life expectancy in Lancashire**



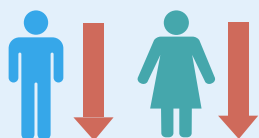
**81.8** years  
north west region **81.3 years** and England **82.8 years**

**Male and female life expectancy in Lancashire**



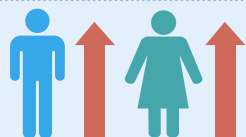
is **worse** than the England life expectancy and **better than** the north west region

**Across Lancashire**



**lowest** male and female life expectancy is in **Burnley**

and **highest in Ribble Valley**



**Life expectancy**

In line with national and regional picture, Lancashire's male and female life expectancy had been gradually increasing but dropped in 2020.



**Healthy life expectancy for males is** (years in good health)

**61.4 years**

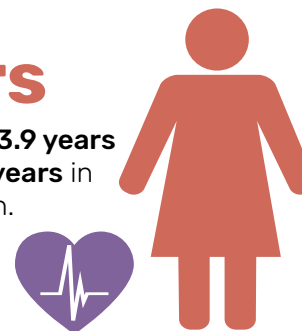
This is **significantly worse** than **63.1 years** England average and similar to **61.5 years** north west regional average.



**Healthy life expectancy for females is**

**64 years**

this is similar to the **63.9 years** in England and **62.4 years** in the north west Region.



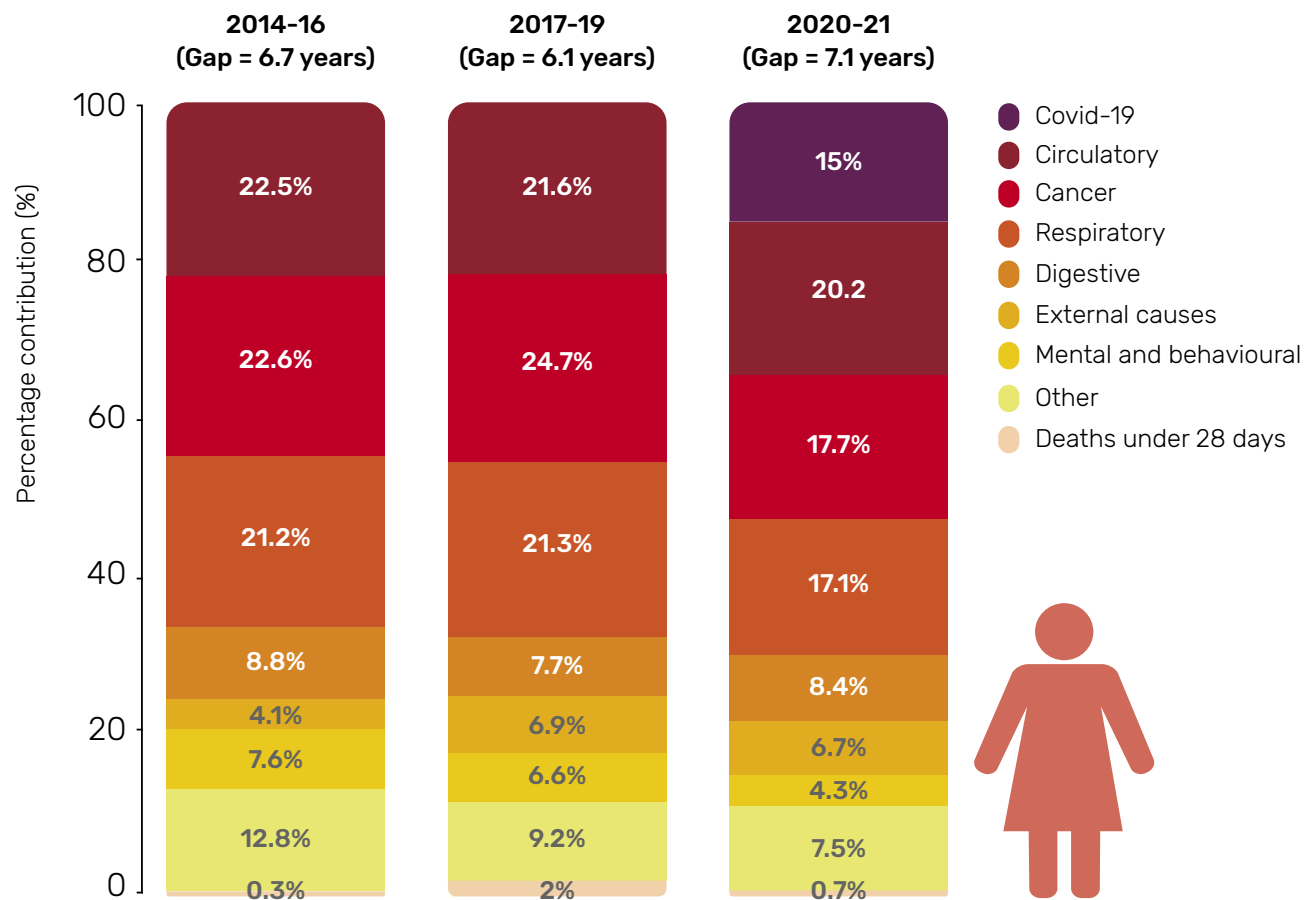
In Lancashire there is a variation of **10.6** and **8.3** years in **male** and **female life expectancy** respectively between the most and least deprived areas (2018-20) compared to 9.7 years for males and 7.9 years for females in England.

Males experience 16.4 years of poorer health and females experience 17.8 years of poorer health during their lives. In other words, on average, people spend over a sixth of their lives in poorer health across Lancashire, with huge inequalities between districts. Source: Office for Health Improvement and Disparities, Fingertips-Public health data, <https://fingertips.phe.org.uk>

**We know the direct causes of poor health and their determinants.**

**We need to maintain our focus on outcomes through prevention, better care and addressing inequalities in areas.**

**Whilst necessary, this is not sufficient to address the social, economic and environmental determinants of our health\*\***

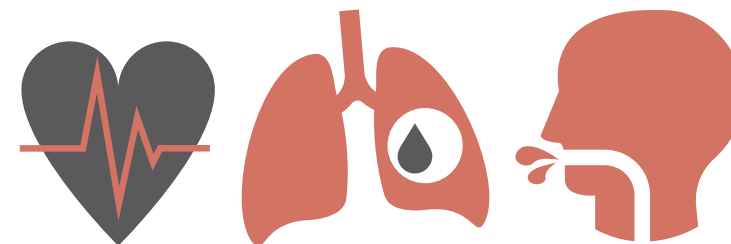


Source: Office for Health Improvement and Disparities, Fingertips–Public health data, <https://fingertips.phe.org.uk>

\*\*Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

## Our health: summary facts

Between 2017-19 and 2018-20, life expectancy declined in all Lancashire districts apart from in Fylde, Pendle and Ribble Valley for males and South Ribble for females.



### Lancashire's premature mortality,

from causes that are considered preventable (2022), is **significantly worse at 177.7 per 100,000** people compared to England's rate of **153.7**. However, this is better than the north west region's rate of **195.6 per 100,000** people.

**The overall Health Index that combines outcomes, risk factors and socioeconomic and environmental determinants of health** in Lancashire shows a decline, between 2020 and 2021. At district level, **Preston and South Ribble had the greatest decline.**

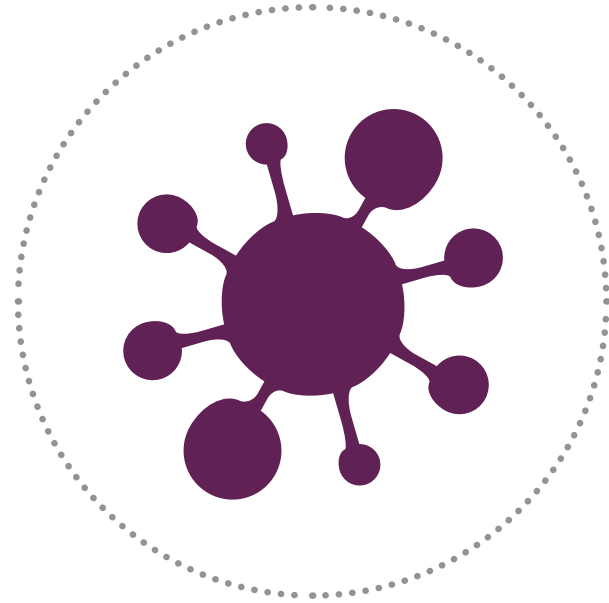
### Circulatory disease, cancer, respiratory disease, and external causes

are the main causes of death for males within Lancashire and are contributing to the gap in life expectancy (in addition to COVID-19) between the most and least deprived areas.

**We need to maintain our focus on outcomes through prevention, better care and addressing inequalities** by improving the social, economic and environmental determinants of our health.

Sources: Office for Health Improvement and Disparities, Fingertips–Public health data, <https://fingertips.phe.org.uk>  
Health Index for England 2021. [www.ons.gov.uk/releases/healthindexforengland2015to2021](http://www.ons.gov.uk/releases/healthindexforengland2015to2021)

# Key changes since the pandemic



# Summary facts

Inequalities already existed before the pandemic across several dimensions (including socio-economic status, education, age, gender, ethnicity and geography). The pandemic has worsened these inequalities with the risk factors for ill health rising and inequalities widened. National data shows that:

## Covid-19 deaths

Although the number of Covid-19 deaths is lower than during the height of the pandemic, mortality rates are 3 to 4 times higher in the most deprived areas than in the least deprived area.

## Stress

People are less resilient to cope with stress associated with financial strain in the growing cost of living crisis.

## Mental health worsened

Anxiety levels remain high, especially among women, although mental health deterioration during the pandemic may be starting to reverse. Mental health worsened for those who already had poorer mental health pre-pandemic.

## Richer and poorer gap widens

The educational attainment gap between "children from richer and poorer backgrounds has widened", because of the disproportionate loss of learning during the pandemic, although there are signs of recovery.

Sources:

<https://ifs.org.uk/publications/inequality-and-covid-crisis-united-kingdom>

<https://ifs.org.uk/inequality/inequalities-in-education-skills-and-incomes-in-the-uk-the-implications-of-the-covid-19-pandemic/>

The Health Foundation. The continuing impact of Covid-19 on health and inequalities. <https://www.health.org.uk/publications/long-reads/the-continuing-impact-of-covid-19-on-health-and-inequalities>

# Our Health and Economy

**Our economy is recovering well after the pandemic. Yet, there are opportunities to reduce inequalities. Poorer health in the working age population is a key driver of economic inactivity which is increasing in Lancashire. We have a significant opportunity to improve economic and health inequalities through cross sectoral collaboration.**

# Health and economy \* As of Sep 2022



ECONOMY



EMPLOYMENT



UNEMPLOYMENT



ECONOMIC  
INACTIVITY



# Our economy is recovering well yet there are opportunities to reduce inequalities

**The Lancashire economy, as measured by GVA (Gross Value Added) grew by 9.6% in real terms between 2020 and 2021, compared to 7.8% across the UK. This follows a 10.4% real terms hit to Lancashire's economy from the pandemic between 2019 and 2020.**

This strength of recovery means in **2021** (latest data) that **Lancashire's economy is now 1.8% smaller in real terms than it was pre-pandemic (2019), compared to 3.6% nationally.**

Some sectors have had a **stronger recovery** than others, with **Manufacturing, Electricity, Gas, Water, Waste, and Construction** all **now contributing more** to Lancashire's economy **than they did pre-pandemic**

**Lancashire's economy in 2021 was worth £28.9bn.**

Source: Regional gross value added (balanced) by industry: local authorities by ITL1 region, TLD(North West), ONS, April 2023

# Gross disposable household income per head is lower in Lancashire compared to England in 10 out of 12 districts

**Lancashire Gross Disposable Household Income (GDHI) in 2020 totalled £22.9 billion, or 1.8% of the England total.**

**Lancashire GDHI per head in 2020 at £18,665, was 15.0% lower than the England figure (£21,962)**

In Lancashire, only **Ribble Valley (£24,111)** and **Fylde (£22,857)** have **GDHI per head above the England figure (£21,962)**, by **11.2%** and **4.1%**, respectively.

The remaining **10 Lancashire local authority areas** have **GDHI per head figures** that are **6.9%** to **27.2%** below the **England figure**.

**Pendle (£16,274)**, **Burnley (£15,987)** have **GDHI per head figures** that are more than a **quarter below** the **England figure**.

Source: Regional gross disposable household income: local authorities by ITL1 region, TLD (North West), ONS, September 2023

# Employment levels are lower in Lancashire



Between the year to March 2020 and year to September 2023 Lancashire 16-64 employment is estimated to be down by (2.2%) 12,700 people falling from 578,500 to 565,800; In England, the number is down by 0.3% (78,700).

For the year to September 2023 the Lancashire employment rate (74.7%) is statistically lower than the England rate (75.8)

Source: Annual Population Survey, ONS via NOMIS, 2023

# Our overall unemployment rate is now similar to the England average

**Between the year to March 2020 and year to September 2023 unemployment in Lancashire** is estimated to **have risen (7.1%)** up by **1,100** from **15,400** to **16,500**; In England, the number is **down by 4.8% (-54,600)**.

For the year to **September 2023** the **Lancashire unemployment rate (4.6%)** is **statistically similar** to the **England rate (3.7%)**

Source: Annual Population Survey, ONS via NOMIS, 2023

# Economic inactivity across Lancashire is increasing significantly

**The Lancashire 16-64 economic inactivity rate** of **23.2% (+/- 2.8%)** is higher than the **England rate** of **21.1% (+/- 0.3%)**.

**The MALE Lancashire 16-64 economic inactivity rate** of **20.5% (+/- 3.9%)** is higher than the **England rate** of **17.0% (+/- 0.4%)**.

**The FEMALE Lancashire 16-64 economic inactivity rate** of **26.0% (+/- 3.9%)** is slightly higher than the **England rate** of **25.1% (+/- 0.5%)**.

Between the **12 months ending March 2020** and the **12 months ending September 2023**, economic inactivity is estimated to have increased by **14.1% (+20,800)**, higher than in **England (3.2%, +228,500)**.

**Female Economic Inactivity** has increased by more than male economic inactivity in Lancashire, **3.8% for Females (+3,500)** and for **Males it has increased by 30.5% (+17,300)**.

**Economic inactivity for Males** in Lancashire between **March 2020** and **September 2023** increased by more than **5 times the national average (30.5% in Lancashire compared to 5.8% in England)**.

Source: Annual Population Survey, ONS via NOMIS, 2023

# Poorer health is a leading cause of economic inactivity

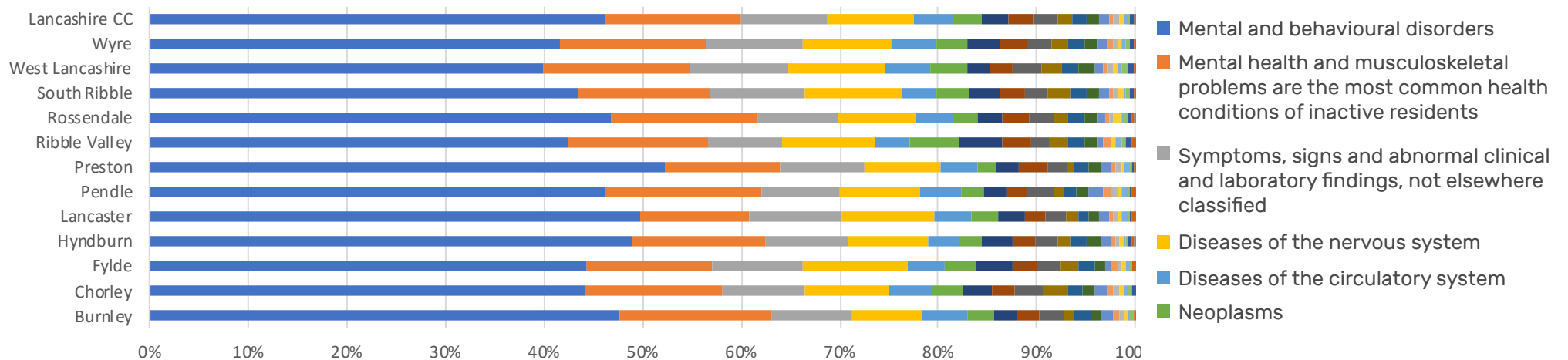
In Lancashire, the number of people who are economically inactive, due to long-term sickness, increased by 13,900 (+34.3%) between March 2020 and September 2023, more than double the increase of 15.3% nationally.

Of the additional 13,900 Lancashire residents who are economically inactive due to long-term sickness, 11,000 of these are Males. 39.2% of Males' economic inactivity is down to long-term ill health.

In Lancashire, Male economic inactivity due to long-term sickness increased by 61.1% between March 2020 and September 2023, compared to 12.5% nationally.

Source: Annual Population Survey, ONS via NOMIS, 2023

# Lancashire employment and support allowance claimants by primary health condition - May 2023



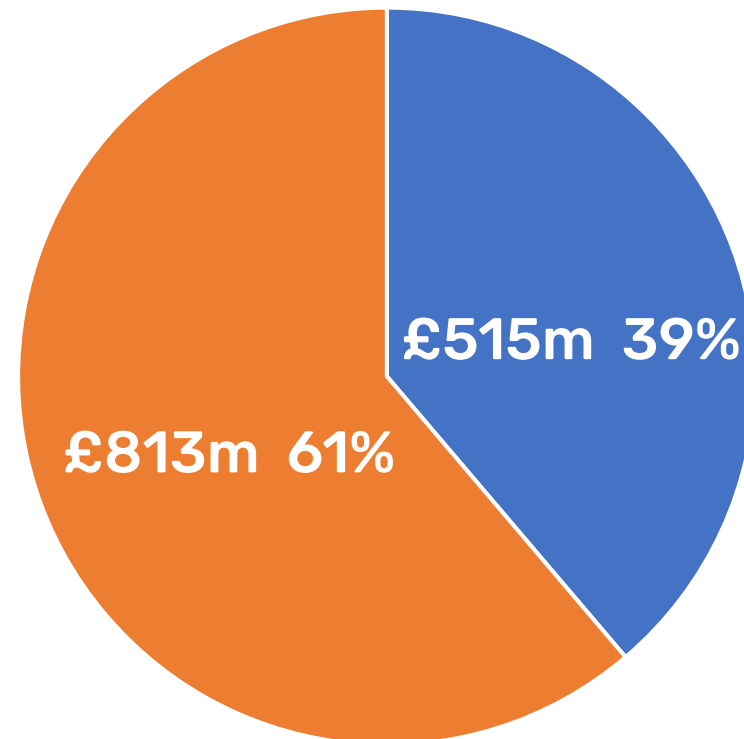
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ONS Modelling from the Annual Population Survey suggests that **21.3% of Economically inactive residents in Lancashire would like a job (35,700)**, compared to **17.5% nationally**. These people would benefit from support in managing their health to help them return to work.

Source (Graph): Department for Work and Pensions (DWP), Stat-Xplore. Employment and Support Allowance Claimants by Primary Health Condition, May 2023  
 Economic Inactivity Source: Annual Population Survey, ONS via Nomis, 2023

## Much of this expenditure is on residents who may have the potential to work

**61%** of the **annual cost** of **economic inactivity** in **Lancashire** to the **taxpayer relates** to **residents** who are **in receipt** of **Universal Credit** (No work requirements, planning for work, and preparing for work groups) or (legacy benefit) Jobseekers Allowance.



- Less likely to enter the workforce
- More likely to enter the workforce

Source: Think modelling, using PHE, Estimation of benefits from moving an individual from unemployment into sustainable employment model



# Reducing economic inactivity will boost the size of Lancashire's economy

**If all Universal Credit** (No work requirements, planning for work, and preparing for work groups) and Job Seeker's Allowance (legacy benefit) **claimants in Lancashire could enter or return to work**, the **county's GVA could be 8% larger**.

GVA increase from getting residents who are nearer to the labour market into work, per year, by locality.

**Employees generate economic output.** This **additional economic output** can be captured using the **Office for National Statistics' GVA per filled job figures**.

We applied the **locality level GVA per filled job values** to the **numbers of residents** in each locality who are **economically inactive** and **close to the labour market**.

The **annual GVA uplift from supporting all these residents into work could be £2.4bn**.

Locality	GVA uplift	% age increase in size of local economy
Burnley	£295,718,519	16%
Chorley	£169,017,578	8%
Fylde	£137,721,520	5%
Hyndburn	£190,876,320	13%
Lancaster	£279,061,358	9%
Pendle	£207,568,640	13%
Preston	£321,442,236	8%
Ribble Valley	£53,890,400	3%
Rossendale	£122,538,444	9%
South Ribble	£202,668,852	6%
West Lancashire	£203,681,284	8%
Wyre	£186,532,738	10%
Lancashire	£2,370,717,889	8%

Source: Think modelling, using ONS data (2020) on GVA per job filled and GVA by local authority data.

# Implications and opportunities

**Our key demographic and health indicators show that improvements are plateauing, and inequalities are widening, especially economic inactivity due to poorer health.**

**Our economic progress is now more dependent on how healthy we are. We need more joined up policies and strategies at local and national level to address inequalities in living standards, education, skills, employment and housing.**

**We need to think differently about improving our health and wealth by changing what we do and the way we do it with a relentless focus on improving outcomes and reducing inequalities.**

**The 12 National Levelling Up Missions, Devolution to a Combined County Authority, New Hospitals Programme and the evolving Integrated Care System present the best strategic opportunities to improve health and reduce health inequalities in Lancashire.**

# Recommendations

**Address economic inactivity, inequalities** and loss of productivity due to ill health, as a priority theme across health and wellbeing, economic development and skills strategies in Lancashire.

**Utilise the strengths, diversity, and lived experiences** by listening to our residents and businesses as part of local policy development and decision making across Lancashire.

**Explore the potential for place-based public service budgets** in re-orientating the focus towards households, families and communities as units of engagement, particularly in achieving the best start for our children and young people in Lancashire.

**Leverage the opportunities to improve health and reduce inequalities in the devolution proposal for Lancashire Combined County Authority**, particularly across the themes of housing, transport, digital and cyber, net zero and climate change in creating safer, fairer and healthier living environment for our residents.

**Implement the healthy ageing consensus statement** to respond to **demographic shifts** happening in Lancashire.

**Develop a multi-agency joint intelligence programme** to monitor, evaluate and report the impact of local policies and strategies in improving outcomes and reducing inequalities in living standards, education, skills, health and employment on a regular basis.





**Lancashire Health and Wellbeing Board**  
Meeting to be held on Tuesday, 7 May 2024

**Corporate Priorities:**  
Caring for the vulnerable  
Delivering better services

### **Proposal for the 2024/25 Joint Strategic Needs Assessment (JSNA) Work Plan**

Contact for further information:  
Mike Walker, Tel: 01772 533445, Senior Business Intelligence Manager, Lancashire County Council

#### **Brief Summary**

This report seeks approval from the Lancashire Health and Wellbeing Board (HWB) to carry out two thematic joint strategic needs assessment (JSNA) projects during 2024/25. These are: an adults' and older people's care needs Joint Strategic Needs Assessment (JSNA); and a children and young people's Joint Strategic Needs Assessment (JSNA).

#### **Recommendation**

The Health and Wellbeing Board is asked to approve the two proposed Joint Strategic Needs Assessment (JSNA) thematic projects for 2024/25:

- (i) Adults and Older People's Care Needs Joint Strategic Needs Assessment
- (ii) Children and Young People's Joint Strategic Needs Assessment

#### **Background**

The Lancashire Joint Strategic Needs Assessment (JSNA), delivered by Lancashire County Council's Business Intelligence team, provides a data and intelligence resource through the [Lancashire Insight](#) section of the county council's website. This is regularly updated as new data and information become available. Outputs include narratives and interpretation, charts, tables, graphs, maps and interactive Power BI reports. Analysis is provided at various geographic levels in Lancashire to understand and highlight difference by local areas and neighbourhoods, with comparisons and difference made to wider geographies. These provide intelligence on Lancashire's health and wellbeing, alongside analysis and interpretation of the wider determinants and casual factors that can impact on our residents' health outcomes. This is a predominantly self-serve offer, with email contact available for additional support.

Secondly, the Lancashire Joint Strategic Needs Assessment (JSNA) provides a reactive service to data and intelligence requests to support various needs

assessments, commissioning activities and service delivery across the county council and to partners. Again, this is through a range of outputs. The outputs support commissioning, planning, and strategy and policy development in the county council, Lancashire partners and at an Integrated Care Board (ICB) level.

Finally, the Joint Strategic Needs Assessment (JSNA) can carry out two to three thematic or strategic projects agreed by the Health and Wellbeing Board. These are deeper-dive analytical reports, pulling together multiple strands into a single, thematic, strategic reports. The proposal for 2024/25 for these thematic projects is to complete an adults and older people's care needs Joint Strategic Needs Assessment (JSNA), and a children and young people's Joint Strategic Needs Assessment (JSNA). The delivery of these thematic projects includes data and analytics from partners, and subject matter expertise from partners who can shape the scope, interpretation, priorities and recommendations. The outputs from these thematic analyses will be brought back to the Health and Wellbeing Board for its oversight and approval.

The two proposed Joint Strategic Needs Assessments (JSNAs) for 2024/25 will influence the shared prevention plans, underpin priority setting and can be used during any regulatory inspections. They complement and link to the intelligence already held on Lancashire Insight.

### **Adults' and Older People's Care Needs Joint Strategic Needs Assessment (JSNA)**

This Joint Strategic Needs Assessment (JSNA) will centre on those adults and older people who need and/or receive some form of additional care and support to help them with independent living. This work will also support the development of future commissioning and joint working to prevent, reduce or delay care needs of our adults and older people.

### **Children and Young People's Joint Strategic Needs Assessment (JSNA)**

This Joint Strategic Needs Assessment (JSNA) was last completed in 2020. Therefore, there is a need to refresh our strategic intelligence and understanding to support partners in their priorities and service delivery for our county's children and young people.

### **List of background papers**

A list of previous Joint Strategic Needs Assessment (JSNA) projects can be found on the publications page of Lancashire Insight:

<https://www.lancashire.gov.uk/lancashire-insight/jsna/jsna-publications/>.



**Lancashire Health and Wellbeing Board**  
Meeting to be held on Tuesday, 7 May 2024

**Corporate Priorities:**  
Delivering Better Services

## **Director of Public Health Child Death Overview Panel (CDOP) Annual Report**

*Contact for further information:*

Ruksana Sardar-Akram, Tel: 01772 537839, Interim Consultant in Public Health and Wellbeing, Lancashire County Council, [Ruksana.sardar-akram@lancashire.gov.uk](mailto:Ruksana.sardar-akram@lancashire.gov.uk)

### **Brief Summary**

The Child Death Overview Panel (CDOP) Annual Report outlines the analysis of cases derived from panels held across Blackburn with Darwen, Blackpool and Lancashire and provides information on trends and patterns in child deaths reviewed during the reporting year (2022/23) and notified deaths (2022/23). The report also highlights key achievements and priority areas for 2023/24.

### **Recommendations**

The Health and Wellbeing Board is asked to:

- (i) Review and comment on the key findings including modifiable factors associated with child deaths.
- (ii) Seek assurance on the progress being made through the Best Start in Life priority workstream.

### **Detail**

The Pan Lancashire Child Death Overview Panel (CDOP) Annual Report provides an analysis of cases derived from panels held across Blackburn with Darwen, Blackpool and Lancashire and provides information on trends and patterns in child deaths reviewed during the reporting year (2022/23) and notified deaths (2022/23). The main purpose is to ensure that information is systematically captured for every death to enable learning and prevent future deaths and share learning with colleagues regionally and nationally, so the findings have wider impact.

### **Background**

The publication of the Child Death Review Statutory and Operational Guidance in 2018 built on the requirements set out in Chapter 5 of Working Together to Safeguard Children 2023 and details how individual professionals and organisations across all sectors involved in the Child Death Review should contribute to guided

standardised practice nationally and enable thematic learning to prevent future child deaths.

Child Death Review partners, the Local Authorities, and the Integrated Care Board (ICB) for the local area hold responsibility for the delivery of the Child Death Review Process as set out in the Children Act 2004, as amended by the Children and Social Work Act 2017.

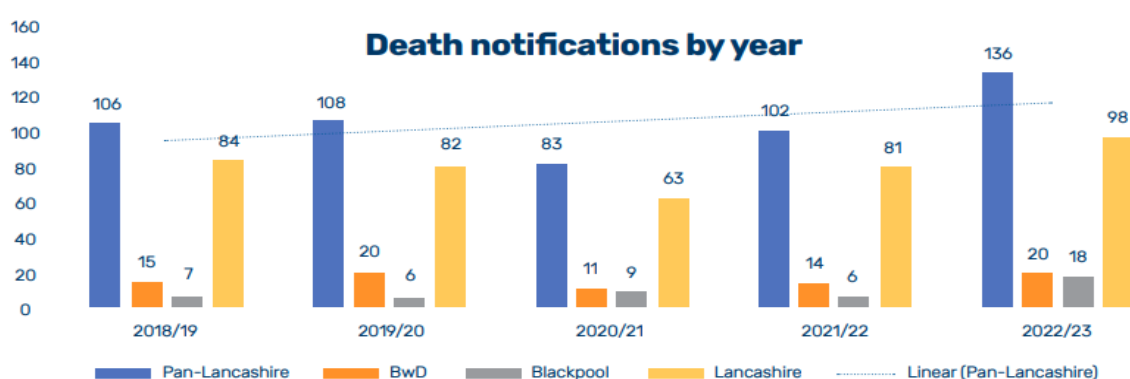
The aim of the Child Death Review (CDR) process is to ensure that information is systematically captured for every death to enable learning and prevent future deaths and share learning with colleagues regionally and nationally, so the findings have wider impact.

The Pan Lancashire Child Death Overview Panel (CDOP) annual report provides the Health and Wellbeing Board an analysis of cases derived from panels held across Blackburn with Darwen, Blackpool and Lancashire and provides information on trends and patterns in child deaths reviewed during the reporting year (2022/23) and notified deaths (2022/23).

## Key Findings

### Death notifications between 1 April 2022 and 31 March 2023

- Pan-Lancashire Child Death Overview Panel (CDOP) received 136 notifications of child deaths within Lancashire, Blackburn with Darwen (BwD), and Blackpool, where the child died between 1 April 2022 and 31 March 2023.
- This represents an increase of 34 deaths, compared to the previous year.
- This appears to be in line with national trends as National Child Mortality (NCM) also recorded the highest number of deaths in a year (3,734) since the National Child Death Mortality Database (NCMD) started data collection in 2019 (ref - Child death data release 2023|National Child Mortality Database (ncmd.info))



### Percentage of death notifications by age group pan-Lancashire

- Over the period of April 2022 - March 2023, most deaths occurred in infants under one year of age, and this follows the national pattern.
- Of the 136 cases notified to Pan-Lancashire Child Death Overview Panel in 2022/23, 78 (57%), compared to 64 (62%) in 2021/22 were deaths in infants under one year of age.





- Just over half (56%) of the deaths in 2022/23 were in the first 27 days, compared to the previous year where the proportion of deaths in infants aged between 0-27 days represented (65%) of all deaths in under one-year olds.

### **Joint Agency Responses 1 April 2022 and 31 March 2023**

- There have been 65 unexpected deaths since April 2022. This is the highest recorded figure in the Sudden Unexplained Death in Childhood (SUDC) Service history over the last decade.
- There have been more deaths of boys in both the 0–1 year-old and 1–17 year-olds, with a slightly more equal split between boys and girls in the older age group.
- This is in line with national figures.

### **Deaths reviewed between 1 April 2022 and 31 March 2023**

- It is important to note that most deaths notified in the reporting year will not be reviewed in the same year. This is because other reviews/investigations need to be concluded before being scheduled onto a panel e.g. internal reviews, Perinatal Mortality Review Tool (PMRT), coroner's inquests, criminal prosecutions etc).
- During the year 1 April 2022 – 31 March 2023 (2022/23), the pan-Lancashire Child Death Overview Panel (CDOP) reviewed 91 child deaths (13 (14.3%) Blackburn with Darwen (BwD) residents, 5 (5.5%) Blackpool residents, 73 (80.2%) Lancashire residents.
- Of the 91 reviews completed in 2022/23, were 58 (64%) expected deaths, and 33 (36%) were unexpected.
- The proportion of reviews that identified modifiable factors has increased slightly compared to the previous reporting year, with 54% of deaths reviewed during 2022/23 identifying one or more modifiable factors. This is higher than the national picture for England, where 39% of deaths identified modifiable factors in 2022/23.

### **Child Death Reviews by Gender**

- In 2022/23 there was a higher proportion of reviewed deaths in males (60%) compared to females (40%) which is similar to the national data, where this is also evident.

### **Child Death Reviews by Ethnicity (2022/23)**

- Of the 91 cases reviewed, over half (65%) of these deaths were in under one-year olds, and most were in the first 27 days.
- 35% of reviewed deaths were in children aged between 1-17 years old, which is lower compared to previous reporting years.
- Of the 91 cases reviewed in 2022/23, 90 (98.9%) had an ethnicity recorded (improvement from 91% of cases reporting year 2021/22).
- Of the 91 cases, just over half (57.1%) were White British, and (26.2%) were of South Asian heritage - including Asian/Asian British Pakistani (21%), Asian/Asian British Indian (5%). Other ethnic groups (including other Asian, and other White backgrounds) accounted for (15.3%) of deaths.



## **Category of death**

- The most common category of death across pan-Lancashire for cases reviewed during 2022/23 was evenly split between chromosomal, genetic, and congenital anomalies (30%) and Perinatal/neonatal events (30%).
- This correlates to the higher numbers of deaths occurring in children under one year of age. By way of comparison in 2021/22 the most common category was chromosomal, genetic, and congenital anomalies (30%).
- Perinatal/neonatal events accounted for second most common category of death (23%).

## **Location of death (Based on the child deaths reviewed in 2022/23)**

- The majority (81%) of children died within a hospital setting.
- This is expected due to many of the deaths occurring during neonatal and perinatal events, and chromosomal, genetic, and congenital anomalies, which require medical support.
- In 11 cases (12%) of children and young people died at home or other private residence, including children who had end of life care plans in place, as well as children who died unexpectedly.

## **Modifiable Factors and category of death (2022/23)**

- 54% of cases reviewed across pan-Lancashire identified one or more modifiable factor.
- This is slightly higher compared to previous three reporting years. Nationally lower 39%.
- The most common modifiable factors identified across pan-Lancashire were inadequate service provision or treatment plan issues (45%), smoking by parent/carer (39%), maternal BMI (high/low) (29%) and alcohol/substance misuse (16%).
- The largest category of deaths in pan-Lancashire with modifiable factors was Category 8: perinatal/neonatal events (47%).
- The second largest category to have modifiable factors was Category 2: suicide or deliberate self-inflicted harm (12%).

## **What has Child Death Overview Panel (CDOP) Achieved in 2022/23**

### **Sudden and Unexpected Death in Childhood (SUDC) Prevention**

- The Sudden and Unexpected Death in Childhood (SUDC) Prevention Group continues to be coordinated by the pan-Lancashire Child Death Overview Panel (CDOP).
- The group has developed approaches to ensure work around ICON, Safer Sleep and the inclusion of fathers are interlinked.
- A national recognition was shared in parliament for the pan-Lancashire Sudden and Unexpected Death in Childhood (SUDC) Service for being outstanding.



- A national safeguarding star was awarded to one of the Sudden and Unexpected Death in Childhood (SUDC) Prevention Groups. (Award was presented by the NHSE National Safeguarding Team).

### **Safer Sleep**

- An Early Years project in East Lancashire is being developed with pilots planned in Burnley and Hyndburn.
- A tool and a pathway have been developed to explore family trauma and determine the best plans to put in place to ensure babies sleep safely.
- Health visitors have all been trained on trauma informed practice, trauma informed language and conversation.
- Working closely with the third sector there will be an independent evaluation of the pilot after six months.
- The project is linked to a national programme of developing services.

### **ICON**

- The ICON Task and Finish group was established to coordinate the local roll out of the ICON programme and 2022/23 saw the group become a permanent subgroup.
- The group aims to utilise information from the local Child Death Overview Panel (CDOP) and other sources to deliver the promotion of ICON messages throughout Lancashire.

### **Campaigns**

- The Sudden and Unexpected Death in Childhood (SUDC) Prevention Group supported several campaigns during the reporting period, sharing key messages including Drowning Prevention, Farm Safety, ICON, and Safer Sleep.

### **Safety Alert**

- The Child Death Overview Panel (CDOP) raised concerns regarding unsafe 'self-feeding' products, linking with Amazon and Trading Standards, resulting in an Urgent Safety Alert being issued by the Office of the Product Safety and Standards.
- In March 2023, the Child Death Overview Panel (CDOP) ran a three hour briefing session which provided insights into when and where deaths occurred.

### **Child Death Overview Panel (CDOP) Priorities for 2023/24**

- (i) Ensure that the reduction of infant/child death forms part of integrated multi-agency strategies.
- (ii) Ensure that the Sudden and Unexpected Death in Childhood (SUDC) prevention is integral to relevant Public Health strategies across Lancashire.
- (iii) Highlight risks and issues identified through child death reviews and provide intelligence for inter-agency partnerships.
- (iv) To seek assurance that bereavement support services are readily available to children, young people, families, and communities across pan-Lancashire.



- (v) Promote the safer sleep and ICON campaign and maintain a supply of materials to agencies across pan-Lancashire.
- (vi) Raise the profile of the Child Death Overview Panel (CDOP) and the Child Death Review processes, by delivering multiagency training across the system.
- (vii) Audit the safer sleep/ICON campaign and ensure the current materials and safer sleep guidelines. are in line with evidence-based research.
- (viii) Reduce the variability of reporting forms and routinely missing information e.g. male partners.
- (ix) Improve data completeness, with a focus on ethnicity.
- (x) To undertake a thematic review of Category 2 deaths, pan-Lancashire (including deaths due to suicide or deliberate self-inflicted harm) occurring between 2013 and 2022) to help understand adolescent suicide risk factors and trends, which will inform early intervention and preventative strategies.

### **List of background papers**

N/A