

The story of HEALTH AND WELLBEING in Blackburn with Darwen

An initial Joint Strategic Needs Assessment has identified 4 key themes shaping local health and wellbeing challenges, the outcomes of which – our major health inequalities, are the key priorities for improvement.

The key themes are :-

Deprivation

Diversity

Wellbeing

Lifestyle

Deprivation

The 2007 Index of Multiple Deprivation (IMD 2007) ranks the Borough as the 17th most deprived Local Authority in England out of 354, compared with 34th most deprived in 2004.

Using mid-2006 population estimates, 58% of the population live in the 25% most deprived LSOAs in the country, which increases to 69% of children aged under 16.

61% of dwellings in the Borough are in council tax band A (the lowest band), compared to 26% nationally. It is estimated that in Blackburn with Darwen almost 4,000 households (7.4% of total) live in fuel poverty, the highest proportion in Lancashire.

At the 2001 Census

- 16% of the population aged 65+ lived in a house with no central heating, compared with less than 10% nationally.
- 58% of all pensioners in the Borough were living without access to their own transport, compared with 50% nationally.

At the 2001 Census almost 40% of adults aged 16 to 74 did not have any educational qualifications, compared with less than 30% in the country as a whole.

In 2006 median weekly earnings of those in full-time work, living in the Borough was 22% lower than the national average and 12% lower than the Lancashire average.

28% of the working age population in the Borough is 'economically inactive'.

1 in 4 children in the Borough live in a workless household.

Blackburn with Darwen has the highest rates of admission to residential care in the North West. 50% of current admissions (75 people a year) could be accommodated in extra care provision and therefore are entering permanent residential care inappropriately. Value For Money analysis identifies the impact of deprivation levels, and low numbers of 'self-funders'.

Diversity

The population age structure is younger than the national average, with 31% aged 0-19, the 2nd highest of any local authority in the country, compared to 24% nationally.

In 2006 Blackburn with Darwen had a general fertility rate of 78 live births per 1,000 women aged 15-44, 9th highest in the country, compared with the national average of 59/1,000.

At the 2001 census –

- 22% of the local population was from BME communities (11% Indian and 9% Pakistani).

- 19% of the population identified themselves as Muslim; the 3rd highest in the country.

The age structure of the BME population is also considerably younger than the White British population; at the 2001 Census 46% of the South Asian heritage population was aged 0-19, compared to 26% of the White British population.

These differences are reflected in school-age and elderly populations in the Borough; in the first three years of primary school (5-8 year olds) half of pupils are of BME background, while at the 2001 census only 1 in 20 of the local population aged 75+ was BME.

Historically, there has been significant migration into the Borough (a few hundred per year) of dependants and spouses from India or Pakistan, moving to the UK. Since 2005/06 this has been overshadowed by a comparable, if not slightly larger influx of working age adults and families from Eastern Europe, predominantly Poland.

Wellbeing

In 2006/07 local GP practices identified 1,660 adults with psychotic disorder, a prevalence of 1%, 2½ times the expected prevalence of 0.4%.

The 2006 East Lancashire Health and Community Survey found that more than 1 in 4 female and almost 1 in 5 male respondents had evidence of significant psychological distress, compared with national rates of 1 in 7 female and 1 in 9 male respondents respectively.

In 2005 there were over 4,000 working age claimants of benefits / allowances for mental health problems, a rate of 49/1,000; almost twice the national average rate.

Lifestyle

Smoking remains the single biggest cause of local inequalities in preventable ill health and premature death and accounts for on average 257 deaths per year in the Borough.

In 2006 local, smoking rates in men were higher than nationally (32% v's 25%), while at 22%, those in women were similar. However, in 2007 a Trading Standards survey of local 15-16 year olds found that 17% of males smoked, compared with 31% of females.

In 2005 local men and women lost an average of 24 and 16 months life expectancy attributable to smoking, and 11 and 6 months respectively, attributable to alcohol.

Based on extrapolation of local and national figures, local research carried out in 2006 estimated that there are 24,000 to 25,000 hazardous and harmful drinkers and 3,000 dependant drinkers in the Borough.

Blackburn with Darwen has an estimated 1,500 problematic drug users in the Borough and 2,000 children of problematic users.

16% of local adults achieve 3X30 mins moderate physical activity per week, the lowest for any Local Authority in the region and 345 out of 354 nationally. Men have higher levels of participation than women (20% v's 13%) and white higher than non-white (18% v's 11%). 58% of adults and 72% of those aged 50+ do no physical activity at all.

Local consultation with older people has consistently identified transport as number 1 priority

Health inequalities

In 2004-6 local life expectancy at birth for males was 74.2 years and for females 79.2 years, ranking males 7th lowest and females 10th lowest in the country, out of 354 local authorities.

In 2004-06 the top 3 contributors to the local life expectancy gap were
in men;

- digestive diseases (including cirrhosis)
- coronary heart disease
- lung cancer

in women

- chronic obstructive pulmonary disease
- digestive diseases (including cirrhosis)
- coronary heart disease

In 2003-05 the age-range of deaths contributing most to the local life expectancy gap was 60-79 years, contributing 46% and 56% of the gap in men and women respectively. More surprising was a 30% contribution by male deaths under 40 (compared with 13% in all Spearhead areas combined). This pattern was not seen in local females.

In 1999-2003 the Ward with the lowest life expectancy at birth for both men and women was Wensley Fold (69 and 75 years respectively), 10 years lower than the Wards with the highest life expectancy; North Turton with Tockholes for men and Fernhurst for women.

Between 1999-01 and 2003-05, there was no improvement in All Age All Cause (AAAC) Mortality (proxy for life expectancy) experienced by people living in the most deprived 20% of the Borough and over this period the gap with the Borough average grew significantly.

In 2003-05, 89% and 84% of the AAAC Mortality gap, between the most deprived 20% of the Borough and the Borough average, was contributed by 4 main causes of death

	% of gap
• Circulatory diseases	(47% males, 25% females)
• All cancers	(26% males, 30% females)
• Chronic Obstructive Pulmonary Disease	(6% males, 23% females)
• Digestive diseases (including cirrhosis)	(10% males, 6% females)

In 2004-06 the infant mortality rate of 6.0/1,000 live births, was not significantly higher than the national rate of 5.0/1,000. However, birth weights of 1.5-2.5kg, associated with a 6-fold increase in risk of infant death, was significantly higher than national average (9% Vs 6.4%).

People with Long Term Conditions, particularly those who also have poor mental health / are socially isolated, are intensive users of health and social care services, including community services, urgent and emergency care and acute services.

On average, there are over 1,100 patients in Blackburn with Darwen who have 4 or more emergency admissions per year. The PCT rate is 75% higher than the North West average, and some areas in the Borough 2-2½ times the average.

Rates of emergency admission and 4+ emergency admissions per year of children under 18, are both significantly above the national average and rank in the bottom quintile Regionally.

Local work suggests that 23% of the population aged 20+ (13,400 males and 9,500 females) either have cardiovascular disease (CVD) or a CVD risk >1.5% per annum requiring intervention, including statin treatment.

Despite achieving Our Healthier Nation 2010 local target 5 years early -

- Between 1995-97 and 2004-06 the gap between Borough-wide premature circulatory disease mortality and the national average narrowed from 43% to 36% above (average performance for a Spearhead area) but remains significantly higher in men and women.

- Between 1999-01 and 2003-05, there was no improvement in premature circulatory disease mortality experienced by people living in the most deprived 20% of the Borough, and over this period the gap with the Borough average grew significantly.

The prevalence of diabetes in people of South Asian heritage is between 3 and 6 times that of the general population of similar age and gender and the death rate from coronary heart disease is approximately 40% higher.

Between 1999-01 and 2003-05, all-cancer premature mortality experienced by people living in the most deprived 20% of the Borough increased and the gap with the Borough average grew significantly.

Local lung cancer deaths are significantly higher than the national average in men and women. Lung cancer is the most common cause of cancer death in Blackburn with Darwen and by far the single biggest contributor to local inequalities in cancer death.

In 2004-06 local deaths from Chronic Obstructive Pulmonary Disease were significantly higher than the national average in both men and women.

In 2004-06 local deaths from chronic liver disease were significantly higher than the national average in men (which have increased three-fold since 1993-95) but not women.

In 2004-06 local deaths from accidents in those aged 15-64 were significantly higher than the national average for males (35/100,000 compared with 23/100,000), but not females.

In 2004-06 the local mortality rate from TB was significantly higher than the national average and the incidence rate, at just over 40/100,000 was the highest of any local authority in the North West. However, there is no evidence of TB increasing in the Borough.

The under 18 conception rate (2003-05) remains significantly higher than the national average, despite an 18% reduction between 1998 and 2005. 10 out of 23 Wards have rates amongst the highest 20% in England.

Children in the Borough have the worst dental health in the country. In 2006 5 year olds had an average of 3.2 teeth affected by tooth decay, more than twice the national average of 1.5.

The future

Population

Compared with 2008, the local population is projected to grow by 3.6% by 2028, compared with 10% growth nationally.

Between 2008 & 2028 the number of people in Blackburn with Darwen

- aged 0-19 will decrease by 6%, compared with 9% nationally
- aged 85+ will increase by 43%, compared with 55% nationally.

Over this period the local age structure will shift towards an older population, with the most rapid growth in the 85+ age group. However, change will be slower than in the country as a whole, so that at the extremes of age, Blackburn with Darwen becomes more different from the rest of the country, though this trend starts to weaken towards the 20 year horizon.

By 2028 the proportion of the Borough population aged

- 0-19 is projected to fall to 28.4%, compared with 21.8% nationally.
- 85+ is projected to rise to 2.3%, compared with 3.4% nationally.

Limiting Long Term Illness (LLTI)

By 2026 the number of local people with a LLTI is projected to increase by 44% (to 27% of the population), compared with a national increase of 92% (to 26% of the population).

The main drivers for the local change are

1. increases in age-specific LLTI rates resulting from a rise in health conditions related to lifestyle - smoking, lack of physical activity, alcohol consumption and poor diet.
2. the more elderly population that is expected in 2026, which, as previously described, will not increase as rapidly as in the country as a whole.

The LLTI population structure is expected to be younger in 2026 than now, so the nature of support and services demanded may also change.

Obesity

Recent national projections suggest that by 2015, 36% of males and 28% of females will be obese, rising to 47% and 36% respectively by 2025. These levels of obesity would be associated with significant increases in age- and gender-standardised incidence rates of the three commonest obesity-related diseases as follows;

- Diabetes increase 25% by 2015, 50% by 2025
- Stroke increase 12% by 2015, 22% by 2025
- CHD increase 10% by 2015, 19% by 2025

Dementia

It is estimated that in Blackburn with Darwen in 2008 1,200 people aged 65+ have dementia. By 2025 this is projected to increase by 30% to over 1,600.