

Central Lancashire Joint Strategic Needs Assessment

Executive Summary

1. Background

Joint Strategic Needs Assessment (JSNA) is a partnership process to identify and understand the current and future health and well being needs of the local population leading to improved outcomes and reductions in health inequalities. The 'Local Government and Public Involvement in Health Act' placed a duty on upper-tier local authorities and PCTs to undertake JSNA and from 1st April 2008 this became a joint statutory duty for directors of Adult Social Services, directors of Public Health and directors of Children and Young People's Services.

In Lancashire it was agreed that there would be little merit in attempting to produce an annual Lancashire-wide paper JSNA as the requirement to consider in detail the needs of twelve differing district populations would result in too unwieldy a document. Instead the Lancashire JSNA would be a live web-based document, with an agreed data set that would be detailed enough to be analysed at a ward, district or county-wide level.

The core data set is now available via the Lancashire Profile website and updated on a continual basis by the intelligence teams from each organisation. Partner organisations all have ready access to the data to allow them to produce JSNAs that are relevant to their own populations.

2. A JSNA for Central Lancashire

This is the first JSNA for Central Lancashire. In drawing the document together the aim has been to provide clear intelligence on the current and future health and wellbeing needs of all sectors of the population to inform commissioning plans and strategies. The scope of this first JSNA is necessarily broad as it provides a baseline overview of population and health trends, both actual and predicted, and considers the effect these will have on the need for reconfiguration or development of local services, for example maternity services, services for the elderly, school places, employment opportunities or housing availability.

3. Population Trends

The population of NHSCL has risen from just over 439,000 in 1993 to approximately 452,000 in 2007. Preston has a younger population structure than the other three districts and has seen a fall in the number of people over 65 years and a 14% rise in 15-24 year olds, much of this linked to the expansion of the University of Central Lancashire. Chorley, South Ribble and West Lancashire have all seen a marked rise (18-24%) in the number of people over 65 years and a fall in the number of 0-14 year olds.

Projections suggest that, by 2020, the population will reach 478,000, with most of the increase due to a 40% rise in men and women over 65 years. The greatest numerical rise will be in the 70-74yr age band which will increase by 7,700 (41%). The greatest percentage rise will be in the 85+ age group with a predicted increase of 51% or 4,200 people. This increase in the number of people over 85 will require an expansion in age appropriate health, housing and social care services as this group is more likely than any other to require extra support.

4. Older People

At the present time there are more than 11,000 people over 75 living alone in Central Lancashire, a figure predicted to rise to more than 15,000 by 2020.

2,800 people over 75 years live in local authority and non-local authority care homes and, if demand for such places increases at the current rate, there will be a need for over 4,000 care home places by 2020.

The prevalence of dementia increases with age and, applying prevalence rates to projected population figures suggests that the numbers of people requiring dementia care will rise from 4,760 in 2008 to 6,690 by 2020.

Using the same approach the likely numbers of people who will require care for long term health problems associated with a stroke will rise from 1830 in 2008 to 2540 in 2020.

5. **Ethnic Minority Groups**

Black and minority ethnic (BME) communities make up approximately 5.5% of the PCT total population compared to 9% for England and Wales. In Central Lancashire individuals of Indian ethnic origin form the largest BME community. The majority of the BME population live in the inner city areas of Preston, where they account for 14.5% of the total population.

6. **Migrant Workers**

The number of people moving into and out of Central Lancashire has become as important as births and deaths in determining our population size and structure. National Insurance registrations show a doubling of arriving foreign nationals between 2004/05 (1670) and 2007/08 (3370) with the highest numbers registering in Preston. The Worker registration scheme records migrant workers from eastern Europe. In 2006/07 there were 1845 registrations under the scheme with the largest number in West Lancashire. The majority of these workers were from Poland.

7. **Fuel Poverty**

Domestic fuel price rises over recent years have brought more people into fuel poverty. Latest estimates suggest that 3.6 million UK households were in fuel poverty by the end of 2008. Using the UK projections locally indicates that there may now be 33,000 households in Central Lancashire in fuel poverty with the highest number in Preston district (>10,000 households).

The implications of fuel poverty are wide. Poor diet and poorly heated homes will impact on respiratory and cardiac health creating additional demands on primary and secondary care services and increasing the risk of a greater number of excess winter deaths.

8. **Employment**

Between 1998 and 2007 there was a 19.5% (36,300) increase in employee jobs across Central Lancashire. This was well above the national average and accounted for over 80% of new jobs in Lancashire during the decade. The biggest increases occurred in Chorley and South Ribble (34% and 24.5% respectively) but Preston and West Lancashire were also well above the national, regional and county rates.

9. **Lifestyle survey results**

In February 2007 the NHS and the Centre for Public Health Research at the University of Salford ran a community survey across Central Lancashire asking adults for their views on health and lifestyles. The aim of the questionnaire was to gather up-to-date information and to highlight differences between survey localities. The results repeatedly highlighted East Preston and Skelmersdale as the areas with the most health problems.

- **Mental Health Problems:** Males in East Preston with mental health problems were more likely to be aged 25-34yrs, living alone and having difficulty coping financially. Most reported their current employment status as disabled or ill and 68.5% reported having an accident in the last 12 months. They tended to exercise less than once a month and most had drinking levels within the high risk category.

Compared to previous surveys there had been an increasing prevalence of reported mental health problems in the 45-54 and 65-74 yr groups since 1992.

- Binge Drinkers: Binge drinkers in Skelmersdale included 17% of all male respondents and 12% of all female respondents from that area. The highest prevalence in males was in the 18-24yr group and in the full-time employed while the highest prevalence in females was in the 25-34yr group and among students.
In Preston the 18-24 year age group had the highest number of binge drinkers, males and females, most of whom were students.
- Poor Diet: 18-24 year old males in Skelmersdale had the highest prevalence of poor diet as did 65% of unemployed males. In East Preston 57% of females considered their homes “badly placed” for food stores selling fresh fruit and vegetables and 65% of housewives and over 50% of current smokers had poor diets.
- Obesity: In Skelmersdale females in Moorside ward and females aged 55-64yrs had the highest prevalence of obesity. More than half the women in full-time employment were obese and 45% of females with a limiting long-standing illness were obese. Half of obese females also reported having diabetes.
Comparing the results with previous surveys shows an increase in average BMI scores in all districts since 1992. In Chorley, Preston and South Ribble this increase has been sufficient to move the average BMI category from normal to overweight. The average BMI for West Lancashire has been in the overweight category for all three surveys and has also shown a steady increase.
- Tobacco Use: In Central Chorley and East Preston the highest prevalence of smokers was in the younger 25-34 yr group but in Skelmersdale it was in the older 45-54 yr group.
In East Preston and Skelmersdale a higher prevalence of smoking was seen in people who drank more alcohol and in people who had a poor diet.
In East Preston smoking by employment status was highest in unemployed people. In Skelmersdale “housework” had the highest prevalence.
78% of current smokers in East Preston compared to 66% of current smokers in Skelmersdale smoke commercially produced cigarettes.
Daily smoking status had increased in most age bands between 1992 and 1997 and then declined steeply in all by 2007.

10. Comparison with other similar areas

To explore how health outcomes for Central Lancashire compare with other similar local authorities we used the Office for National Statistics (ONS) area classification. ONS uses 42 census variables to place each local authority in a group with other most similar authorities according to their particular combination of characteristics.

Since the grouped local authorities are socio-economically similar they provide a realistic benchmark for comparing health outcomes. Where a district scores badly in comparison to others in its ONS group, this cannot be put down simply to socio-economic factors as they have already been taken into account. A low health outcome score should act as a prompt for organisations to explore the underlying factors more fully and so develop local strategies and action plans to address them.

Health outcomes assessed were life expectancy, all cause mortality, deaths from circulatory disease, cancers and chronic obstructive pulmonary disease. In all health outcomes the four local authorities scored badly in comparison with their cluster authorities. Results were particularly poor for life expectancy, cancers and COPD.

11. Socio-economic factors

Index of Multiple deprivation: While it is important to benchmark health status against similar authorities across the country, it is also important to understand the socio-economic and health inequalities that exist within the PCT between districts, wards and neighbourhoods. Seven indices of deprivation were mapped across the PCT to allow comparisons at district and

neighbourhood level. They consistently showed that the most deprived areas were in Preston and Skelmersdale with smaller but significant pockets of deprivation in Chorley and South Ribble.

At 37.7%, Preston has the highest proportion of neighbourhoods in the 20% most deprived nationally, followed by West Lancashire at 18.8%, Chorley with 11.8% and South Ribble with 3.7%. It is in these areas that efforts should be concentrated if we are to achieve maximum health gain in the shortest time.

Community Health Profiles: The 2009 Community Health Profiles from the Association of Public Health Observatories were also used to compare 32 health indicators across the four areas. Preston scored significantly worse than the England average for many of the indicators, including deprivation, childhood poverty, violent crime and teenage pregnancy, and all four districts were significantly worse for smoking in pregnancy, breast feeding, binge drinking, over 65s 'not in good health', hospital stays for alcohol related harm and road injuries and deaths.

12. Life Expectancy

Life expectancy is an indicator of the overall health status of a given population and is defined as the average number of years a baby born into an area could expect to live if they were to experience the area's current death rates throughout life. When benchmarked against the other northwest primary care trusts the PCT ranked 7/24 for males and 9/24 for females.

For males there has been a steady improvement in life expectancy over the past decade, reaching 76.8yrs in 2007. However projections show that, at the current rate of improvement, the PCT will not achieve the national target of 78.6 years by 2010. Similarly female life expectancy improved to 80.8years in 2007 but is again unlikely to meet the national target of 82.5 years by 2010.

Within Central Lancashire life expectancy for males and females is highest in West Lancashire and South Ribble and lowest in Preston.

Life expectancy is monitored using all cause all age mortality rates. Although the overall rates are reducing, for males the gap between the PCT as a whole and the most deprived 20% is widening from 244 in 1995/97 to 301 in 2006/07. Female mortality is falling more slowly but the inequalities gap does appear to be narrowing from 234 in 1995/97 to 158 in 2006/07.

Premature deaths

In 2008 there were 838 premature deaths (<75 yrs) in males. Cancers were responsible for 38% and cardiovascular diseases for 27%. COPD, asthma and pneumonia together were responsible for 8% of deaths, suicides and accidents for 6% and liver disease for 5%.

There were 596 premature female deaths. Cancers were responsible for 43% and cardiovascular diseases for 22%. COPD, asthma and pneumonia together were responsible for another 9%, liver disease for 4% and accidents for 2%.

For all people <75 yrs the conditions that have the greatest impact on life expectancy are still deaths from cardiovascular diseases and cancers. This is not the case though for all age groups and the main causes of death for 15-44 year olds are transport accidents, intentional self harm, heart disease, undetermined injury, alcohol and drugs.

Cardiovascular disease

858 men and 383 women under 75 years died of cardiovascular disease between 2005 and 2007 and during 2007/08 there were 4,822 emergency hospital admissions due to heart diseases, heart failure and diabetes

Deaths from cardiovascular disease are falling in all local authority areas but the rate in Preston remains high. If current progress is maintained the PCT should meet its targets of reducing deaths from cardiovascular disease by 40% by 2010 and closing the gap between Preston and the PCT as a whole.

Cancers

Between 1992 and 2002 significant progress was made in reducing deaths and increasing survival rates from most cancers, due mainly to faster access to services and advances in treatment and care. However progress has slowed considerably since then and in some districts and for some cancers, especially lung, the mortality rate in people <75 yrs is increasing. Smoking accounts for nine out of ten lung cancer deaths, all of which are potentially avoidable.

Between 2005-07, 871 women and 977 men under 75 years died from cancer. Of these, 445 women and 456 men were under 65 years of age.

Cancer is more common with advancing age and, with an aging population, demand for specialist cancer services and end of life care will continue to rise.

Chronic Obstructive Pulmonary Disease

In 2008/09 approximately 2% (7,794 people) of the population in Central Lancashire were registered with COPD as well as nearly 6% (27,648 people) with asthma. Annually these two conditions are responsible for around 1,750 emergency hospital admissions.

Death rates from COPD and related conditions are decreasing although the rates in Central Lancashire and the rest of the northwest remain above the England and Wales average. Between 2005 and 2007 there were 228 deaths in people under 75 years as a result of respiratory illnesses. COPD and asthma are both debilitating long term conditions that can seriously affect the quality and length of life.

Suicides

Between 2004 and 2006 the annual number of suicides decreased in Central from 49 to 30. Unfortunately in 2007 an increase in male suicides in Preston, and a smaller but significant increase in both male and female suicides in Chorley, has resulted in a sharp upturn (51 suicides in total in 2007).

In Chorley, Preston and South Ribble the hospitalised prevalence of mental health conditions is higher than that for North West with the highest rate seen in Preston. The hospitalised incidence of self harm leading to an emergency admission is also highest in Preston and second highest in Chorley.

Infant Mortality

The infant mortality rate (deaths in infants under 1 year of age) is a strong indicator of the overall health of a given society. In Central Lancashire, while the infant mortality rates have decreased steadily between 2001 and 2007, there were still 85 infant in the 2005-07 three year period.

Infant mortality rates in Preston have been higher than the other districts for some time (8.8/1000 in 2002/04) but have decreased considerably since 2003/05 and are now at 6/1000 live births compares with a Central Lancashire rate of 5.2/1000.

The links between deprivation, smoking, high infant mortality and health inequalities are well described, as is the impact of infant mortality on life expectancy at birth due to the loss of so many years of potential life.

Alcohol related harm

Information from the 2008 district profiles show that, for males and females under 18 years, hospital admissions specifically linked to alcohol are higher than in the rest of England. The highest rate is in Preston (2,027/100,000). Levels of Binge Drinking are also higher than other areas of England with the highest rate in Chorley. In Preston the mortality rate for chronic liver disease in people under 75 yrs is more than double the England average.

Obesity

The number of obese individuals in Central Lancashire is rising year on year. It is estimated that approximately 25% of adults and 10% of Children in Central Lancashire are obese with a BMI of 30 or above (NCOD 2006/7).

Using data from the measurement of reception and year six children in 2006/07 the percentage of obese children was highest in West Lancashire and lowest in Chorley.

For adults, based on 2003/05 information from the Public Health Observatory, the estimated percentage of obese adults was highest in Chorley and lowest in Preston.

Violence, self-harm and risk taking behaviour

The impact of violence, self harm and general risk taking behaviour on the mental and physical health and wellbeing of all those affected, particularly children and young people, is often unrecognised.

Violence and self harm are frequently associated with alcohol and other substance misuse and are linked to rising levels of poor emotional health and increased mental illness in young people. Violence features as a cause of excess years of life lost in both Preston and West Lancashire

The incidence of violence leading to emergency hospital admissions is highest in Preston and second highest in West Lancashire.

The rate of drug misuse (per 1000 population aged 15-64 years) is highest in Preston and second highest in Chorley, however in all four districts the rate is lower than the North West.

Unplanned pregnancy, especially among teenagers, and sexually transmitted infections have strong links to substance misuse.

Sexual Health

In Central Lancashire the number of teenage pregnancies has increased from 1,020 in 1998/00 to 1,124 in 2005/07. Within Preston the numbers remain high and there has been little change in rate over the period. The rates in Chorley and South Ribble have also increased while good progress is being made in West Lancashire.

In 2008/09, 1502 NHS funded terminations of pregnancy (TOP) were carried out compared to 1385 during 2007/08 and 1059 in 2006/07 representing an increase of 41% throughout the period. Approximately 16% were performed on women under 18 years.

The latest national data for TOP (2006) shows that, in Central Lancashire, fewer women access TOP services than the North West or England, irrespective of age band.

What does this mean for the health and social care of the population of Central Lancashire?

Many of the causes of poor health and premature death outlined in this report are distributed unequally across the PCT. This is also true of some elements of service uptake and outcomes. To address these inequalities, NHS Central Lancashire, Lancashire County Council and the four local authorities in Chorley, Preston, South Ribble and West Lancashire need to align the evidence presented in this first JSNA into their commissioning and investment strategies and plans. The Central Lancashire JSNA will be an evolving evidence-based document with an expanding core data set that will be updated annually. It will have strong links to the Lancashire JSNA and will support co-ordinated evidence-based commissioning across the health economy.