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3 Context for the pharmaceutical needs assessment

Key messages

The pharmaceutical needs assessment (PNA) for Blackpool, Blackburn with Darwen and Lancashire, is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described on the joint strategic needs assessment (JSNA) pages on the [Blackpool JSNA](#), Blackburn with Darwen [Integrated Needs assessment](#) and Lancashire County Council [Lancashire Insight](#) website. This PNA does not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA pages.

The pan-Lancashire area consists of urban and rural areas. The health of people across Blackburn with Darwen, Blackpool and Lancashire County Council is varied compared with the England average. Deprivation is higher than average. In Blackburn with Darwen, Blackpool and Lancashire County Council at least 11,500, 6,000 and 44,200 children live in povertyⁱ, respectively; in all three local authorities child poverty is worse than the England rate. In all three local authorities, life expectancy for both men and women is lower than the England average. Across the 14 pan-Lancashire localities, the difference in life expectancy is 7.6 years for men and 5.1 years for women.

3.1 Joint strategic needs assessments

The Blackpool, Blackburn with Darwen and Lancashire JSNAs provide an online platform for intelligence to inform priority setting and commissioning for health and wellbeing, which include intelligence about indicators of health, wellbeing and social care, and the determinants of health such as employment, the environment, community safety and social capital. Joint-working arrangements between health and wellbeing board (HWB) partners are in place to maintain and develop the content of the webpages.

The JSNA teams undertake analyses to identify strategic health needs to inform commissioning decisions. JSNAs are viewed as a process rather than a document so that the most up to date information is available as widely as possible to inform decision-making.

The Blackpool, Blackburn with Darwen and Lancashire County Council websites publish all the local JSNA reports and supporting documentation, including an annual JSNA summary and specific topic area reports for the local areas.

<https://www.blackburn.gov.uk/health/public-health-information/jsna>

<http://www.blackpooljsna.org.uk/Home.aspx>

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

3.2 Health and wellbeing boards

The Health and Social Care Act 2012 states that all upper-tier local authorities must establish a health and wellbeing board (HWB) for their area. A HWB must consist of

- subject to subsection (4), at least one councillor of the local authority, nominated in accordance with subsection (3)
- the director of adult social services for the local authority

- the director of children's services for the local authority
- the director of public health for the local authority
- a representative of the local Healthwatch organisation for the area of the local authority
- a representative of the integrated care boardⁱⁱⁱ
- such other persons, or representatives of such other persons, as the local authority thinks appropriate

Health and wellbeing boards are a forum for key leaders, from the health and care system, to work together to improve the health and wellbeing of the local population and reduce health inequalities.

Across the pan-Lancashire region there are three health and wellbeing boards that cover the local authority areas of Blackburn with Darwen, Blackpool and Lancashire.

Board members work together to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and their local council in the future.

It is the responsibility of the three health and wellbeing boards to

- to identify the priority health and wellbeing needs in our area (using the JSNAs)
- to set priorities based on information gathered from across their area
- to promote integrated commissioning and provision of services by encouraging partnership working

The work of each health and wellbeing board is guided by their local health and wellbeing strategy that focuses on key priorities. The priorities for each health and wellbeing board can be found below.

<https://www.blackburn.gov.uk/health/health-and-wellbeing-board>

<https://www.blackpool.gov.uk/Residents/Health-and-social-care/Health-and-Wellbeing-Board/Blackpool-Health-and-Wellbeing-Board.aspx>

<https://www.lancashire.gov.uk/practitioners/health-and-social-care/health-and-wellbeing-board/>

3.3 Integrated care systems

There are 42 integrated care systems (ICS) across the country. Within each ICS there is an integrated care board (ICB) and an integrated care partnership.

The integrated care board

The Lancashire and South Integrated Care Board was formally established as a new statutory body on 1 July 2022, replacing the former eight clinical commissioning groups across Lancashire and South Cumbria.

The role of the ICB is to join up health and care services, improve people's health and wellbeing, and tackle inequalities in outcomes, experience and access across Lancashire and South Cumbria. It also oversees how money is spent and makes sure health services work well and are of high quality.

The integrated care partnership

The integrated care partnership is the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. In Lancashire and South Cumbria, this will be known as the Lancashire and South Cumbria Health and Care Partnership.

ICB Vision

NHS Lancashire and South Cumbria ICB's vision is to have a high quality, community-centred health and care system by 2035. 'Community-centred' means a focus on keeping our communities well rather than a 'sick care' model which we recognise currently. An emphasis on prevention, wellbeing and healthy communities rather than solely on a specific health issue and/or clinical visit of a patient. A shift towards delivering care in the home and community over a person's lifetime, taking into account the context of family, community and the holistic person at the centre of the care and making best use of digital technology. Everything we do as a partnership is focused on improving the health and wellbeing of our population and to move towards a more equitable health and care system.

- From hospital to community
- From analogue to digital
- From sickness to prevention

To support this vision NHS Lancashire and South Cumbria ICB have developed a Pharmacy Access Programme. This programme intends to

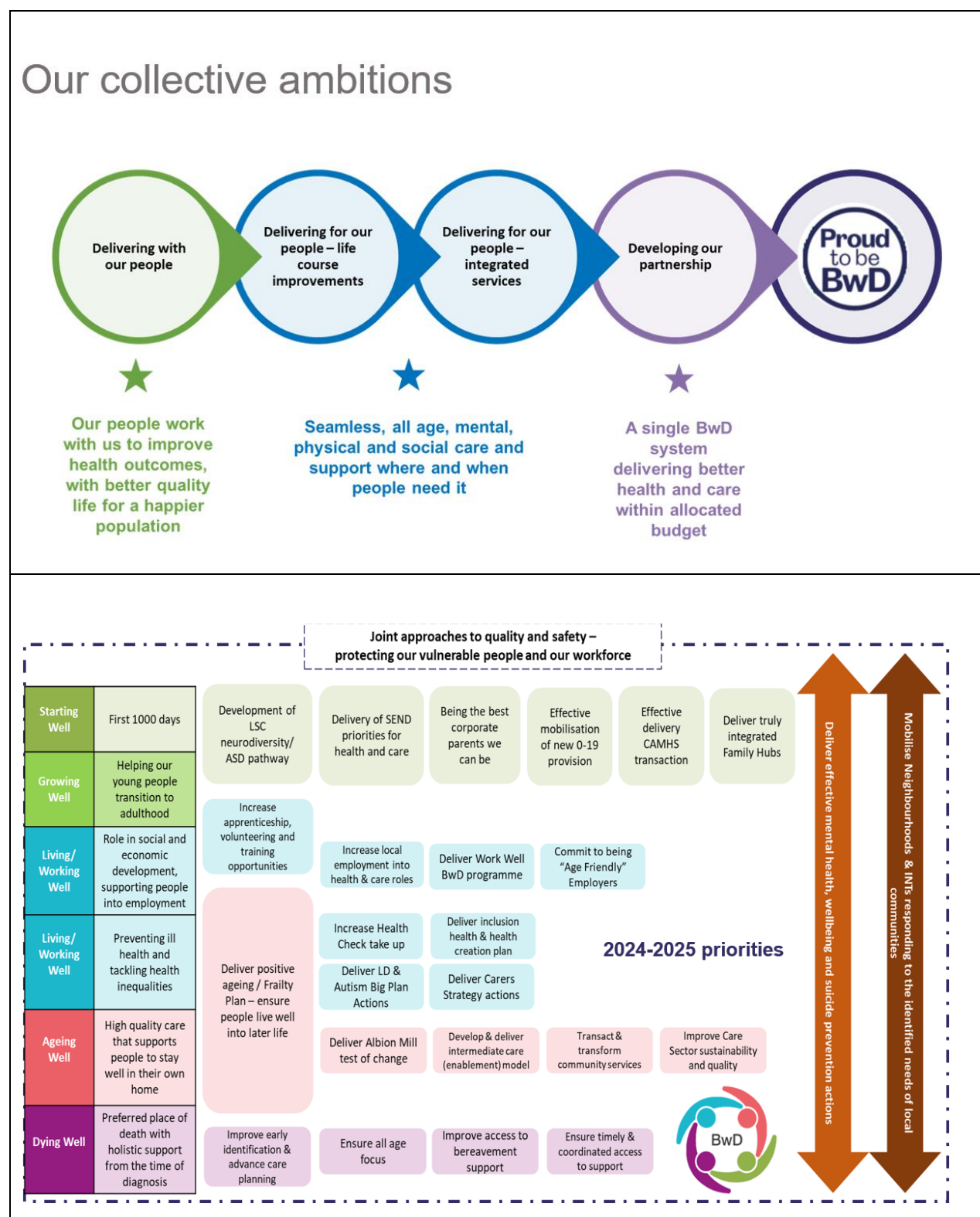
- maximise usage of Pharmacy First services (common conditions, minor ailments, urgent medicines, hypertension, contraception)
- support and enable referrals into Pharmacy First from primary care and urgent care settings
- invest in patient communication plan, including focus on specific groups such as homeless
- ensure workforce operates at the 'top of its license' - future opportunities with widening of independent prescribing
- further integrate community pharmacy into Integrated neighbourhood teams (INT) leadership and shared models of care, building on existing work

3.4 Place Based Partnership priorities

Figure 3.1 outlines the priorities of the five pan-Lancashire Place Based Partnerships.

Figure 3.1: Place Based Partnership priorities

Blackburn with Darwen



High level delivery plan Delivering With Our People

	Insight, engagement & co-production		Creating Healthy Communities	
Portfolio leadership	Exec Lead – TBC	Programme Lead- Philippa Cross	Exec Lead – Abdul Razaq	Programme Lead – Paul Hegarty
Key programmes	CCP Lead – Sarah Johns		CCP Lead – Dr Ridwaan Ahmed	Exec Lead – Jo Siddle/ Mark Warren Programme Leads – Michelle Holt/John Haines/Elizabeth Fleming/Debbie Wardleworth
	Responding to insight		Health creation	SEND Strategy & Joint Commissioning
	Embedding co-Production		Health Checks	Neurodiversity ASD pathway
	Effective communications & engagement		Inclusion Health	Learning disability & autism “Big Plan”
Oversight group			Deliver Work Well BwD	Carers Strategy Actions
	BwD Insight, co-production & engagement group		Health Inclusion Group / SEND Partnership Board / LD&A Partnership / Carers Board	
Tangible benefits	• Co-production of at least 1 PBP led service change		• Annual health check • QOF metrics for respiratory / Cardiovascular Disease / Diabetes • Number of people with a “Work Well” plan	• (LD) Secure and non-secure inpatients post admission Care & Treatment Reviews within 28 days of admission (75%) • (LD) Annual health check and health action plan for people registered with learning difficulties (76%)
Cross-cutting principles	Safeguarding			
	Joint Commissioning and Recommendations			
	Engagement, insight and Co-Production			

High level delivery plan Delivering Integrated Services

	Integrated Neighbourhoods			Enhanced Care in the Community		Place+ Interface
	Neighbourhoods	Community Health & Care	Mental Health, Wellbeing & Suicide Prevention	Intermediate Care/Enablement	Care Sector	Urgent & Emergency Care
Portfolio leadership	Exec Lead – Claire Richardson Programme Lead – Paul Hegarty	Exec Lead – TBC Programme Lead – various	Exec Lead – Amy Devine Programme Lead – John Haines/ Kaleigh Davies/Fran Riley	Exec Lead – Mark Warren Programme Lead – Paul Hegarty/ Sufya Vera	Exec Lead – Katherine White Programme Lead – Sufya Vera	Exec Lead – Tony McDonald/ Claire Richardson Programme Lead – Karen Dean
Key programmes	CCP Lead – Dr Ridwaan Ahmed/Katherine White	CCP Lead – TBC	CCP Lead – Dr Hussain Moosa/Angela Allen	CCP Lead – Dr Mo Umer/ Vicky Shepherd	CCP Lead – Dr Qasim Hussain	CCP Lead – Dr Mo Umer
	INT Development & Delivery	End of Life	CAMHS Transition	Mobilisation of Alton Mill test of change	Joint Quality Assurance Framework	Keeping people safe and well at home
	Primary Care Neighbourhood Development	Ageing well/Traily	Community MH Transformation	Develop model for alignment of fees	Workforce Development	Community based crisis response
Oversight group		Community service transaction & transformation	CYP emotional health & wellbeing	Transforms intermediate care – deliver enablement model	Strategic Development	In hospital flow
			Strategy Development	Review of urgent response provision (2nd UCR/VHSS)	Data, Intelligence and Digital	Admission avoidance
Tangible benefits	Neighbourhood leadership group PCN Delivery Group	Dying Well Oversight Group Age Well Partnership Community Transaction Board	All-age mental health delivery group	TBC	Care Sector Board	Urgent and Emergency Care Delivery Board
	- Increase INT utilisation and social prescribing - Reduction in acute referrals - Reduce avoidable admissions (BCF) - Reduce emergency admissions due to falls (BCF)	- Increase in people dying out of hospital - Admission avoidance - Reduction in service variation - Reducing all age utilisation of cost per case services, e.g. CHC, discharge, packages of care, etc	- Increase number of people supported with their mental health - Increase in the people receiving timely access to support - People reporting improved outcomes - Reduction in inappropriate adult acute out of area placement bed days - Increase talking therapy access	- Reduce avoidable admissions (BCF) - Reduce permanent admissions to residential care (BCF) - Reduce conveyances - Increase discharges to normal place of residence (BCF) - Increase utilisation of intermediate tier and urgent response - Reduce emergency admissions from falls (BCF)	- Admission avoidance - Reduce number of care homes in 'requires improvement' - Reduction in falls in care homes - Reduction in conveyances from care homes	- Zero growth in A&E attendances (2024-2025) - Reduce A&E attendances in 2025/2026* (% NMCR to not go above 5%* (LSC system)) - Prevent 664 hospital conveyances and admissions for people 65+ - Reduction in acute service utilisation in last 90 days of life, increase in % of people on EoL register with an ACP, reduce % of deaths that occur in hospital - Reduce attendances and admissions from care homes
Cross-cutting principles	Safeguarding					
	Joint Commissioning and Insight					
	Engagement and Co-Production					

Blackpool

Our collective goal is clear ...

One plan. One ambition.

Our ambition as partners –
To improve healthy life expectancy for the people of Blackpool



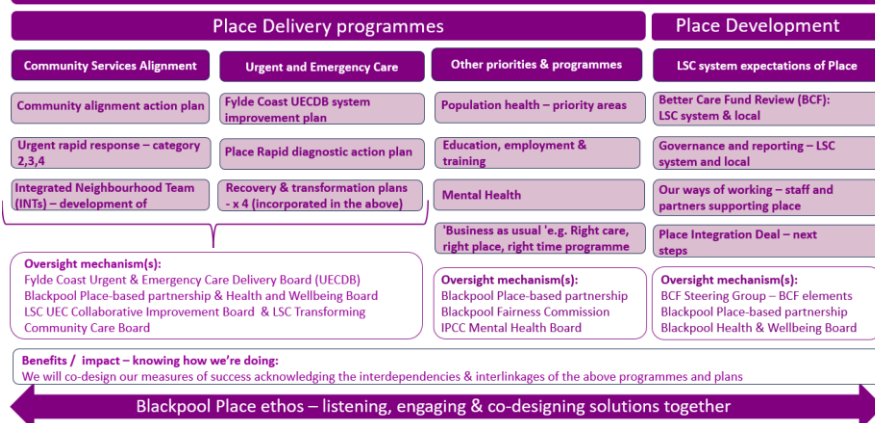
The development of our Place plans ...

Being cognisant of not only the asks and expectations of Place, but the all-important added value of integrated working, we have tried to ensure alignment to the following ambitions and strategies, whilst also building on our 2023/24 priorities:

- The voice of our communities
- What we have been hearing from our partners
- What the data tells us
- Blackpool's Joint Local Health and Wellbeing strategy (draft) 2024- 2028
- Our mapping outputs from 2023/24 – a periodic table of local and system strategies
- Blackpool Council Plan – priorities and key programmes
- LSC Integrated Care (ICP) Strategy
- LSC Integrated Care Board – Joint Forward Plan; 2024-25 Commissioning Intentions; Recovery and Transformation Plans & rapid diagnostic programme outputs
- National and local expectations of Place / Place-based partnerships – the development part of our work

Blackpool Place 2024/25 – delivering integrated health and care for our communities

Our ambition as partners: to improve healthy life expectancy for the people of Blackpool



Lancashire

Enhanced Care in the Community (ECC)

Supporting people to recover and increase their independence so they can remain at home or as close to home as possible.

The **Lancashire Model**

Integrated Working (IW)

Teams and services working together in an integrated way to improve health and wellbeing and tackle health inequalities

Healthier & Happier **Lancashire**

Creating Healthy Communities (CHvC)

Connecting residents to each other and local support so they can take control of their health & wellbeing.

Vision: Living Better Lives in Lancashire

Our ambition is to help the residents of Lancashire to live longer, healthier and happier lives.

We will do this by improving health and care services through integration and addressing health and wellbeing inequity across the Lancashire Place

ACTIONS we will take:

Develop and Implement the 'Lancashire Model of Intermediate Care' (short term support to help people recover and increase their independence)

- Work together across health and care to plan for future demand and join up the way we commission services so that Health and Care providers (the Care Market) across Lancashire is managed consistently
- Care and support services will be sourced in a timely way by the most appropriate part of the system. We will maximise economies of scale when purchasing care to meet people's needs and ensure it is purchased at a fair cost to the system
- 'Short term support' will be strengths based and outcome focussed. We will test new ways of working to address gaps in current service provision.

Manage demand for Care and Support Services across Lancashire. When people need support, this will be provided in the most appropriate way for them and we will maximise the use of services to keep people at home or as close to home as possible

Maximise the use of the Lancashire pound through a full review of the Lancashire Better Care Fund (pooled budget between the NHS and Local Authorities aimed at reducing barriers created by separate funding streams)

Identify Frailty earlier & provide proactive intervention to prevent deterioration

Transform and transact a new model of Community Health Services delivery in East and Central Lancashire

Co-produce the 'Lancashire Vision' for integrated working

Develop and deliver the 'Lancashire Model for Integrated Working' – have fully integrated operational ways of working and functioning Multi-Disciplinary Team meetings (MDT's)

Define the functions that will be delivered through integrated working at Neighbourhood, District, Locality and Place level

Agree principles for how we will integrate that are signed up to by all system partners

Jointly commission solutions that facilitate integrated working

Work collaboratively with system colleagues to:

- Deliver integrated solutions to reduce health inequalities
- Facilitate engagement with PCN's for INT development
- Integrate processes/ clear interface between Mental and Physical Health

Link effectively with District Health and Wellbeing Partnerships & Integration Partnership

Deliver the agreed District Health and Wellbeing Partnership priorities (minimum of one priority per partnership and developed using a data led approach) across the 12 Districts of Lancashire by working collaboratively with local system partners

Deliver 10 x evidence based, District level, longer term Health and Wellbeing 5–10-year Strategies

Deliver a Pan- Lancashire Disabled Facilities Grants Programme based on local need to maximise the benefit of the fund and provide efficiency/ consistency across Lancashire

Improve and integrate Leisure, Health & Activity offers across Lancashire through developing an agreed way of working between the NHS (via ICB) and Local Authorities (Upper Tier and District level)

Create a joint unit between Lancashire County Council's Public Health & ICB Population Health Team focussed on reducing health inequalities and prevention

OUTCOMES we will deliver:

£

- Cost savings of approx. £10m-£15m per annum
- Efficiency savings- system efficiency and flow

–

- No more than 5% of people Not Meeting Criteria to Reside (NMC2R) in our hospitals
- Reduce A & E attendance, admissions & average length of stay in our hospitals
- Reduce overall demand for care and support services across system

£

- Cost savings : no duplication of effort/ resources
- Efficiency savings- system efficiency and flow

✓

- Functioning operational Integrated ways of working across 12 Districts
- Integrate & strengthen primary & community care at Place with partners & providers

–

- Reduce health inequalities and prevent ill health in Priority/ Focussed wards
- Reduce attributable risk factors across Districts

↑

- Deliver world class care for priority disease areas, conditions, population groups and communities

↑

- Increased use of Direct Payments & Personal Health Budgets as alternatives to traditional care services
- Increased utilisation of services to keep people at home or as close to home as possible (Virtual Wards , Urgent Community Response) & maximise use of LCC bed base
- Improved service user voice/Personalised Care/ Quality/ Outcomes
- Culture shift to asset/ strengths-based care

✓

- Delivery of joint asset utilisation plan
- Delivery of agreed Key Performance Indicators (KPIs)
- Children & young people's engagement across system
- 10 x Health & Wellbeing Partnerships working in an integrated way
- Parity of esteem for Mental Health service users

↑

- Increased Life Expectancy
- Improve physical, mental & wellbeing health outcomes
- Maximise benefit of DFG's & provide efficiencies
- Improve & integrate leisure, health & activity offer

*** We will support delivery of the Integrated Care Strategy and ensure delivery through the Lancashire Performance Dashboard**

3.5 Outcomes frameworks

In addition to local priorities, there are national priority areas for improvement in health and wellbeing. The Department of Health and Social Care has published outcomes frameworks for the NHS, social care and public health which offer a way of measuring progress towards achieving these aims. The Public Health Outcomes Framework (PHOF) for England the current version from 2019 sets out desired outcomes for public health, focussing on two high-level outcomes of

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

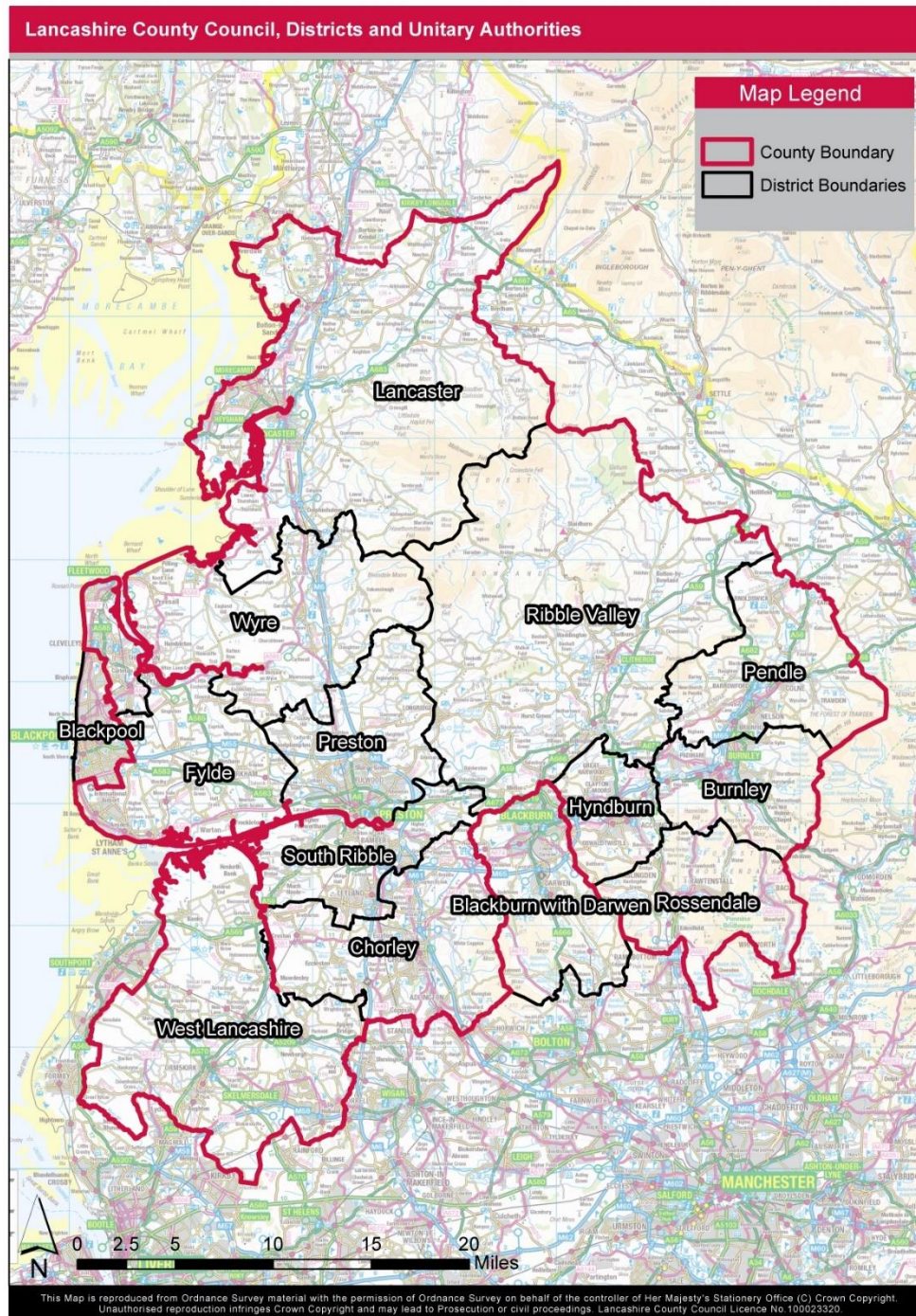
To support these outcomes, a set of public health indicators has been developed to monitor progress year-on-year. These indicators have been split into four domains

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality

3.6 Locations across pan-Lancashire

Across pan-Lancashire there are 12 district councils and two unitary authorities. Figure 3.2 shows the 12 districts and the two unitary authorities.

Figure 3.2: Pan-Lancashire districts and unitary authorities



The health of people across Blackburn with Darwen, Blackpool and Lancashire County Council is varied compared with the England average. Deprivation is higher than average and large numbers of children live in poverty (Figure 3.3).

Figure 3.3: Percentage of children (<16) in a local area, living in absolute low-income families (2022/23)

Local authority	Percentage	Recent trend
Blackburn with Darwen	32.6	→
Blackpool	23.9	→
Burnley	30.7	→
Chorley	11.8	↓
Fylde	12.5	→
Hyndburn	31.6	→
Lancaster	15.5	→
Pendle	35.8	→
Preston	22.2	→
Ribble Valley	9.2	→
Rossendale	19.1	→
South Ribble	11.7	→
West Lancashire	15.4	→
Wyre	14.0	→
Lancashire-12	19.7	→
North West region	20.5	→
England	15.6	→

Significantly worse than England average

Similar to England average

Significantly better than England average

↑ Increasing and getting worse

→ No significant change

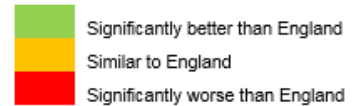
↓ Decreasing and getting better

Source: OHID, Fingertips¹

Figure 3.4 shows male and female life expectancy (LE) at birth compared to the national average. Life expectancy for both men and women is lower than the England average.

Figure 3.4: Life expectancy at birth by local authority (2020-22)

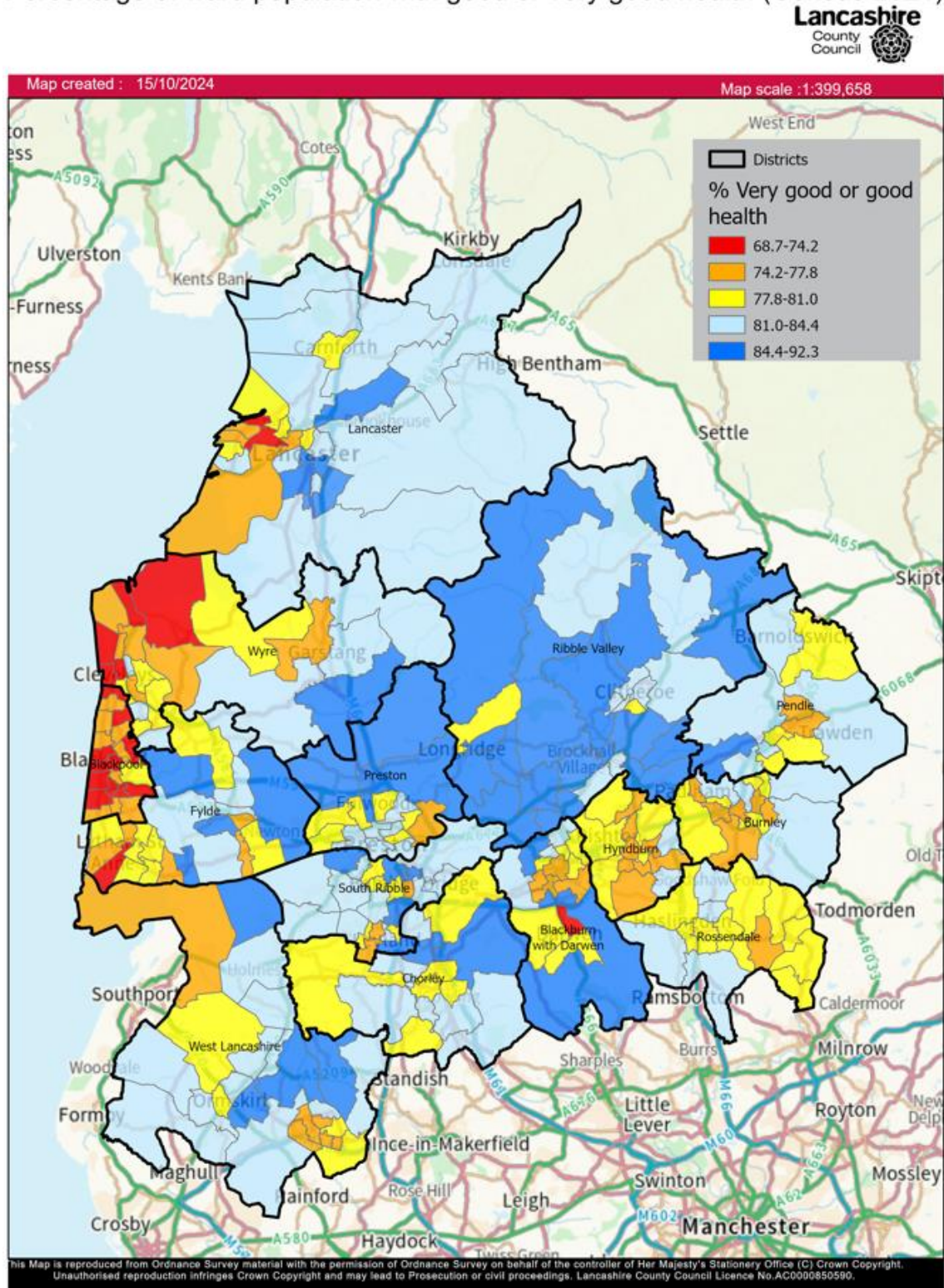
Local authority	Male LE (years)	Female LE (years)
Blackburn with Darwen	75.2	80.0
Blackpool	73.4	79.0
Burnley	75.5	79.9
Chorley	78.5	81.9
Fylde	78.7	82.7
Hyndburn	76.3	80.2
Lancaster	77.8	81.7
Pendle	77.6	81.0
Preston	75.7	80.7
Ribble Valley	81.0	84.1
Rossendale	77.1	81.2
South Ribble	80.0	83.4
West Lancashire	78.1	82.6
Wyre	78.5	81.8
Lancashire-12	77.8	81.8
North West	77.3	81.3
England	78.9	82.8

Source: PHE, PHOFⁱⁱⁱ

There are differences in health care across Blackburn with Darwen, Blackpool and Lancashire County Council area, and, as one example, Figure 3.5 shows the proportion of the population in different parts of pan-Lancashire who reported good or very good health in 2021 Census.

Out of the 152 counties and unitary authorities in England, Blackpool's male life expectancy is the lowest, Blackburn with Darwen's male life expectancy is the 4th lowest and Lancashire County Council's male life expectancy ranks 56th lowest. Out of the 152 counties and unitary authorities in England, Blackpool's female life expectancy is the lowest, Blackburn with Darwen's female life expectancy is the 9th lowest and Lancashire County Council's female life expectancy ranks 49th lowest. Of the 12 districts in Lancashire County Council, male and female life expectancy is the lowest in Burnley and highest in Ribble Valley.ⁱⁱⁱⁱ Burnley's male life expectancy is the seventh lowest in England.

Figure 3.5: Percentage of population reporting good or very good health, by ward, Census 2021 – Pan-Lancashire
 Percentage of ward population with good or very good health (Census 2021)



Source: [Census 2021](#)

3.7 Characteristics of the population across pan-Lancashire

3.7.1 Demography

The mid-2023 population estimate of the pan-Lancashire area was 1,570,373 people^{iv}, Blackburn with Darwen 157,503, Blackpool 142,708 and Lancashire County Council 1,270,162. Figure 3.6 to Figure 3.8 show the age and gender profile of this population. The age composition of the population varies by locality, for example Wyre has more people aged 65 or older compared to other localities (Figure 3.9).

The latest population projections published by the Office of National Statistics (ONS) are based on the population estimated as at 2018. The overall population is not forecast to increase substantially in the coming years but the 65+ population is, with the following projected changes in population over the period 2023 to 2033.^v Blackburn with Darwen: 0.2% decrease in all ages and 16.6% increase in population aged 65+ years. Blackpool: 0.3% change in all ages and 16.4% increase in population aged 65+ years. Lancashire County Council area: 3.4% increase in all ages and 20.4% increase in population aged 65+ years.

The biggest increases are seen in the age group 65+ years, with a projection of a 24%, 22% and 29% increase over the next 20 years in Blackburn with Darwen, Blackpool and Lancashire County Council area, respectively. Figure 3.10 to Figure 3.12 shows the population projection in various age groups.

There are also several major housing developments underway across Lancashire. The impact of this population growth on pharmaceutical needs is discussed in Chapter 6 of the PNA. Current pan-Lancashire population density can be found at:

<http://www.lancashire.gov.uk/lancashire-insight/population-and-households/population.aspx>

Figure 3.6: Blackburn with Darwen population age profile, mid-2023

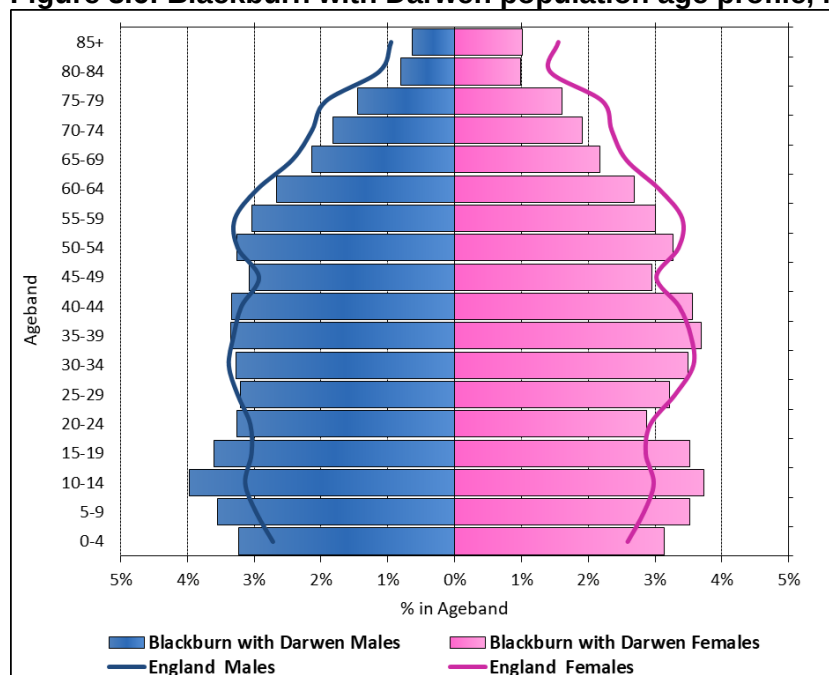


Figure 3.7: Blackpool population age profile, mid-2023

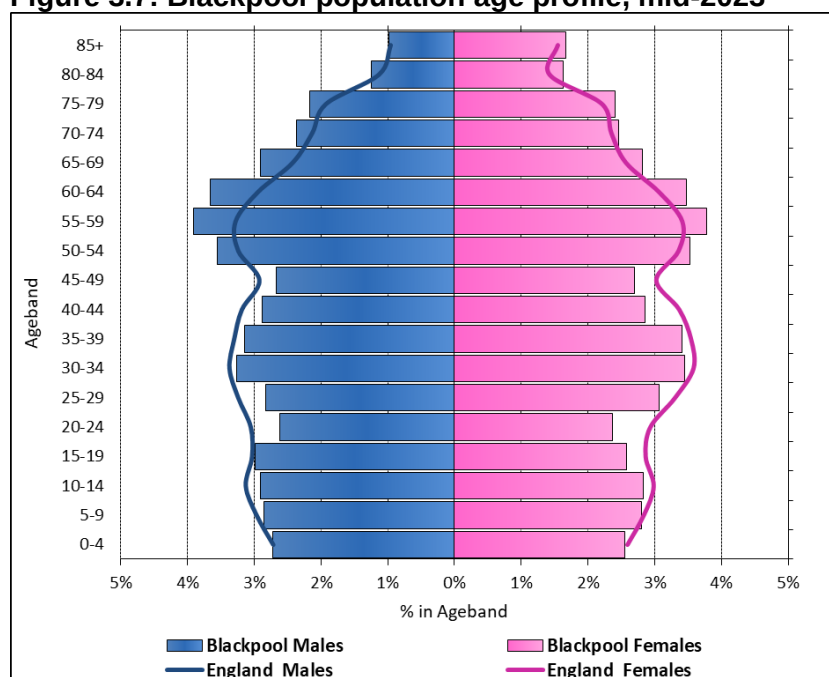
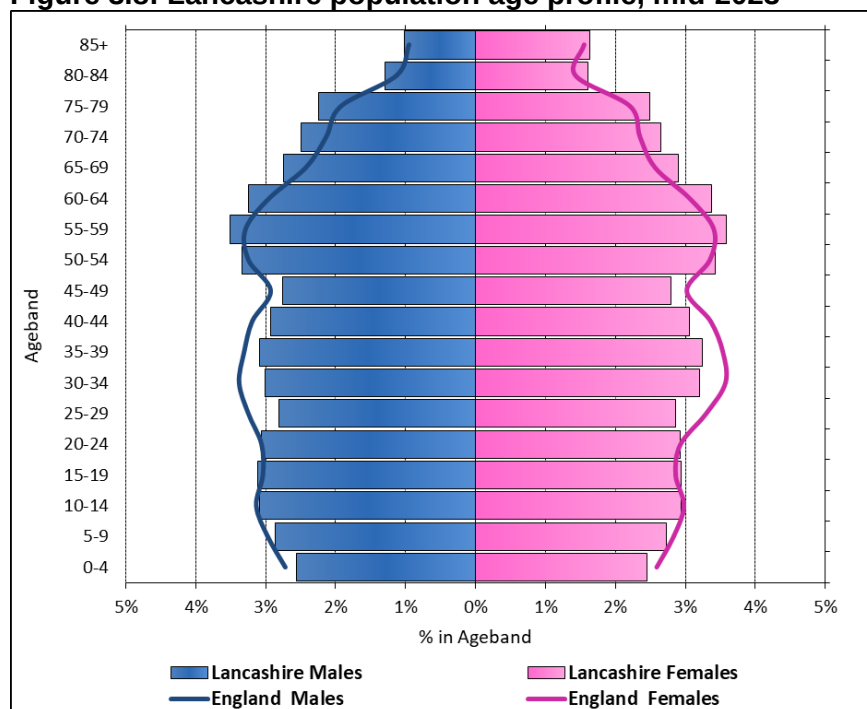
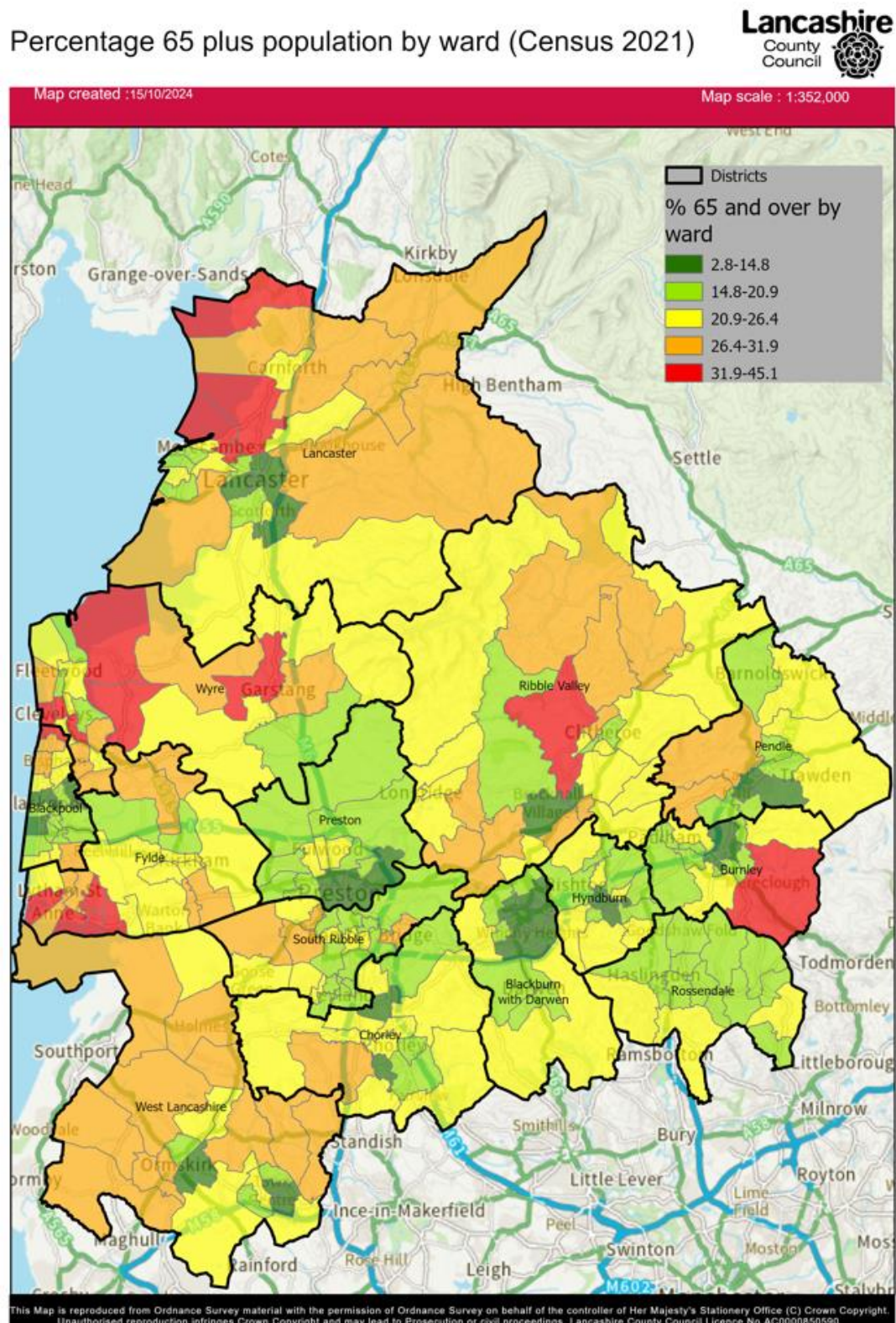


Figure 3.8: Lancashire population age profile, mid-2023



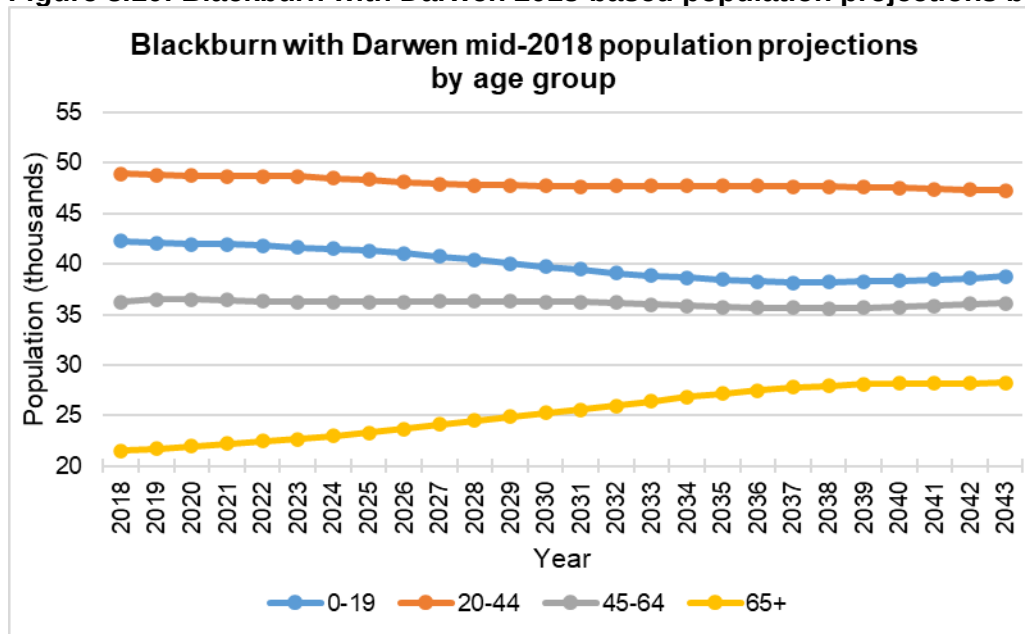
Source: [ONS Mid 2023 population estimates](#)

Figure 3.9: Percentage of population aged 65 or above, by ward, Census 2021 – pan-Lancashire



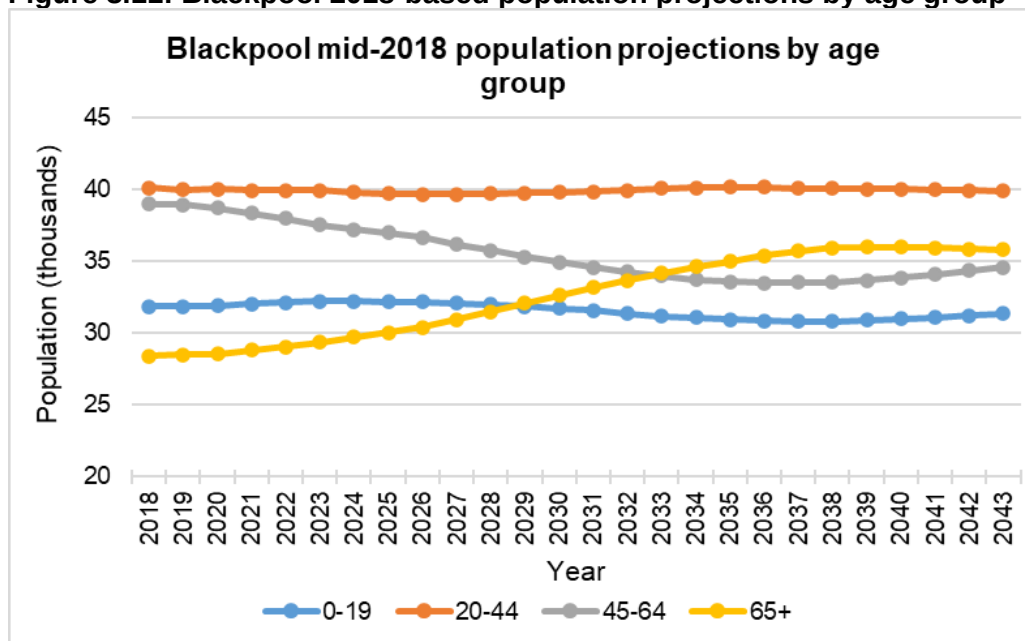
Source: ONS^{vi}

Figure 3.10: Blackburn with Darwen 2018-based population projections by age group

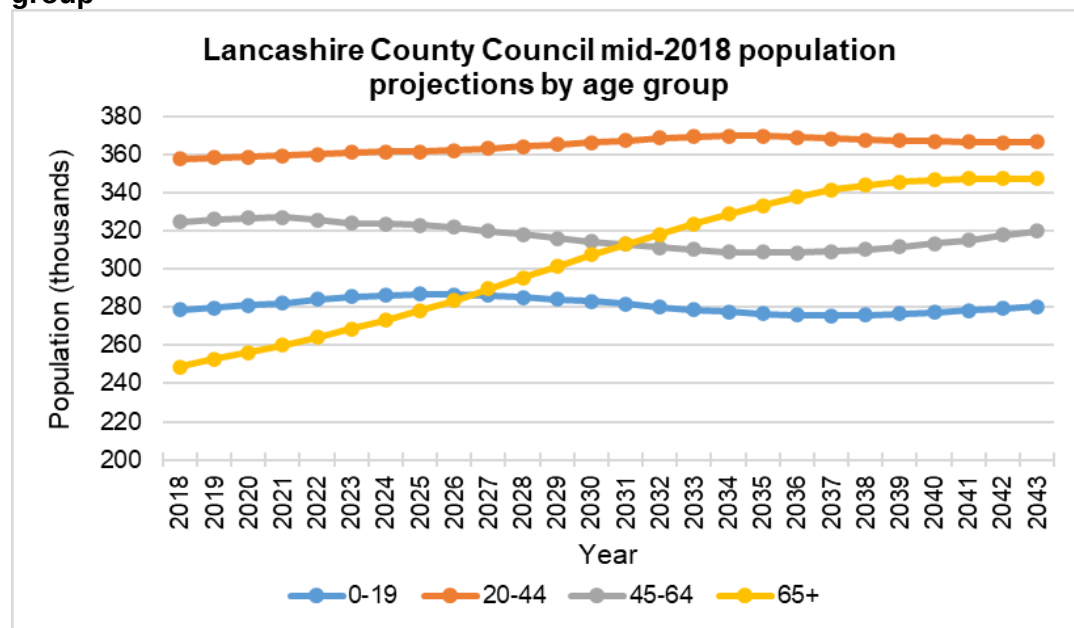


Source: [ONS Population Projections](#)

Figure 3.11: Blackpool 2018-based population projections by age group



Source: [ONS Population Projections](#)

Figure 3.12: Lancashire County Council 2018-based population projections by age group

Source: [ONS Population Projections](#)

3.7.2 Ethnicity

Information about the ethnicity of the population is collected every 10 years in the UK census, the last being conducted in 2021.^{vii}

The largest ethnic group (Figure 3.13 to Figure 3.16) in Blackburn with Darwen (60.4%), Blackpool (94.7%) and Lancashire County Council area (88.9%) is of white ethnic origins (includes English, Welsh, Scottish, Northern Irish or British, Gypsy or Irish Traveller, Irish, Other white and Roma); this is the largest ethnic group in England also at 81.0%.

In Blackburn with Darwen 35.7% of the population is Asian/Asian British (largest ethnic minority group, with 17.8% Asian, Asian British or Asian Welsh: Pakistani and 15.8% Asian, Asian British or Asian Welsh: Indian). In Blackpool 4.3% of the population is White-Gypsy or Irish Traveller, Irish, Other white and Roma, with 3.4% Other white. In the Lancashire County Council area 8.1% of the population is Asian/Asian British (largest ethnic minority group).

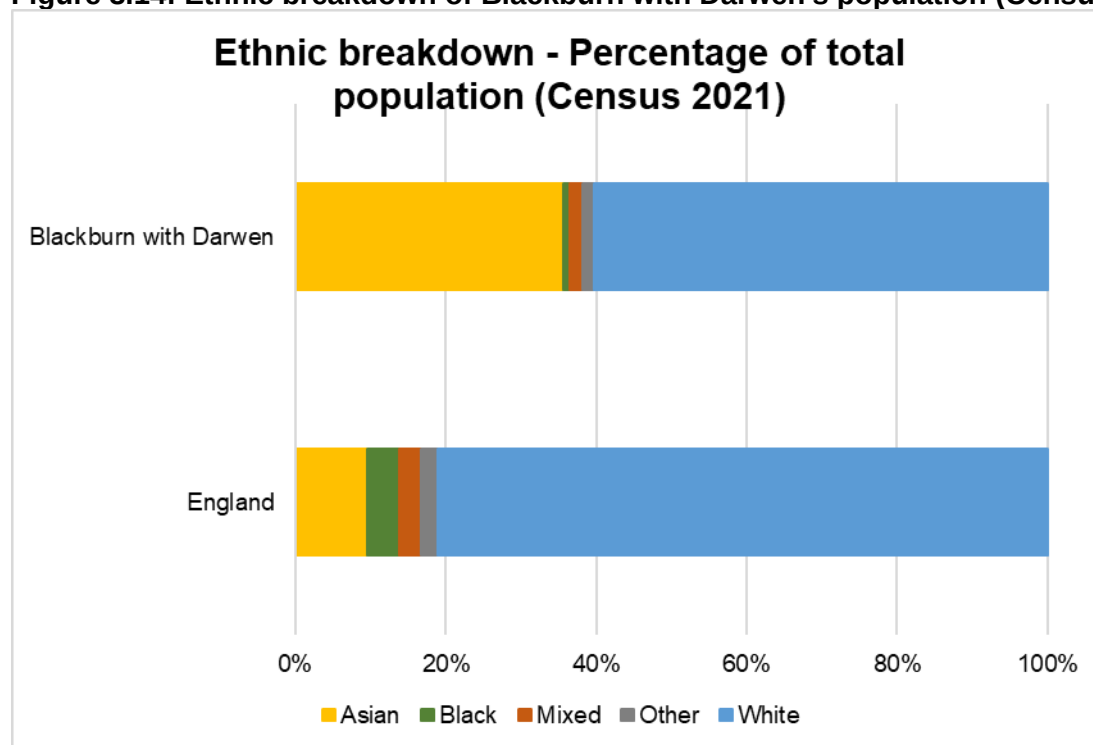
Blackburn with Darwen has the highest proportion (42.6%) of ethnic minority residents (including Other white), followed by Pendle (33.3%) and Preston (33.0%) in the Lancashire County Council area.

Figure 3.13: Ethnic breakdown of population in local authorities across pan-Lancashire (Census 2021)

Ethnic group	Burnley	Chorley	Fylde	Hyndburn	Lancaster	Pendle	Preston	Ribble Valley	Rossendale	South Ribble	West Lancashire	Wyre	Blackburn with Darwen	Blackpool	Lancashire	England
Asian, Asian British or Asian Welsh: Bangladeshi	2.9%	0.1%	0.1%	0.6%	0.2%	0.3%	0.5%	0.0%	2.2%	0.1%	0.0%	0.0%	1.0%	0.3%	0.5%	1.1%
Asian, Asian British or Asian Welsh: Chinese	0.2%	0.3%	0.3%	0.2%	1.1%	0.2%	0.5%	0.2%	0.3%	0.3%	0.2%	0.3%	0.3%	0.4%	0.4%	0.8%
Asian, Asian British or Asian Welsh: Indian	0.4%	0.6%	0.5%	0.4%	1.1%	0.3%	12.9%	0.6%	0.3%	1.0%	0.4%	0.2%	15.8%	0.6%	2.0%	3.3%
Asian, Asian British or Asian Welsh: Other Asian	0.6%	0.2%	0.4%	0.8%	0.7%	0.4%	1.2%	0.2%	0.3%	0.3%	0.3%	0.4%	0.9%	0.9%	0.5%	1.7%
Asian, Asian British or Asian Welsh: Pakistani	10.7%	0.7%	0.2%	13.2%	0.4%	25.6%	5.1%	0.9%	2.3%	0.4%	0.1%	0.1%	17.8%	0.4%	4.6%	2.8%
Black, Black British, Black Welsh, Caribbean or African: African	0.2%	0.3%	0.2%	0.2%	0.7%	0.2%	1.6%	0.1%	0.1%	0.2%	0.2%	0.1%	0.7%	0.3%	0.4%	2.6%
Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.1%	0.2%	0.1%	0.0%	0.1%	0.1%	0.6%	0.1%	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.2%	1.1%
Black, Black British, Black Welsh, Caribbean or African: Other Black	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.5%
Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.3%	0.3%	0.4%	0.3%	0.4%	0.3%	0.5%	0.3%	0.3%	0.3%	0.3%	0.2%	0.4%	0.4%	0.3%	0.8%
Mixed or Multiple ethnic groups: White and Asian	0.9%	0.4%	0.5%	0.7%	0.6%	0.9%	0.9%	0.5%	0.6%	0.6%	0.4%	0.3%	0.9%	0.5%	0.6%	0.8%
Mixed or Multiple ethnic groups: White and Black African	0.2%	0.2%	0.2%	0.1%	0.2%	0.1%	0.3%	0.2%	0.2%	0.2%	0.3%	0.2%	0.1%	0.3%	0.2%	0.4%
Mixed or Multiple ethnic groups: White and Black Caribbean	0.2%	0.6%	0.4%	0.2%	0.3%	0.2%	1.2%	0.2%	0.4%	0.7%	0.3%	0.3%	0.2%	0.5%	0.4%	0.9%
Other ethnic group: Any other ethnic group	0.7%	0.2%	0.3%	0.4%	0.6%	0.7%	1.1%	0.2%	0.3%	0.2%	0.3%	0.2%	0.9%	0.5%	0.5%	1.6%
Other ethnic group: Arab	0.2%	0.2%	0.1%	0.2%	0.3%	0.2%	0.8%	0.1%	0.1%	0.1%	0.1%	0.1%	0.5%	0.2%	0.2%	0.6%
White: English, Welsh, Scottish, Northern Irish or British	77.9%	93.0%	93.1%	79.6%	87.8%	66.1%	66.1%	94.1%	90.4%	92.8%	92.8%	95.7%	56.9%	90.4%	85.2%	73.5%
White: Gypsy or Irish Traveller	0.1%	0.0%	0.1%	0.1%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.1%	0.1%
White: Irish	0.5%	0.5%	0.7%	0.4%	0.6%	0.4%	0.6%	0.6%	0.7%	0.6%	0.6%	0.4%	0.4%	0.6%	0.5%	0.9%
White: Other White	3.9%	2.0%	2.3%	2.5%	4.4%	3.9%	5.6%	1.6%	1.3%	1.9%	3.4%	1.2%	2.9%	3.4%	3.1%	6.3%
White: Roma	0.1%	0.0%	0.1%	0.1%	0.1%	0.1%	0.2%	0.0%	0.0%	0.1%	0.1%	0.0%	0.1%	0.1%	0.1%	0.2%

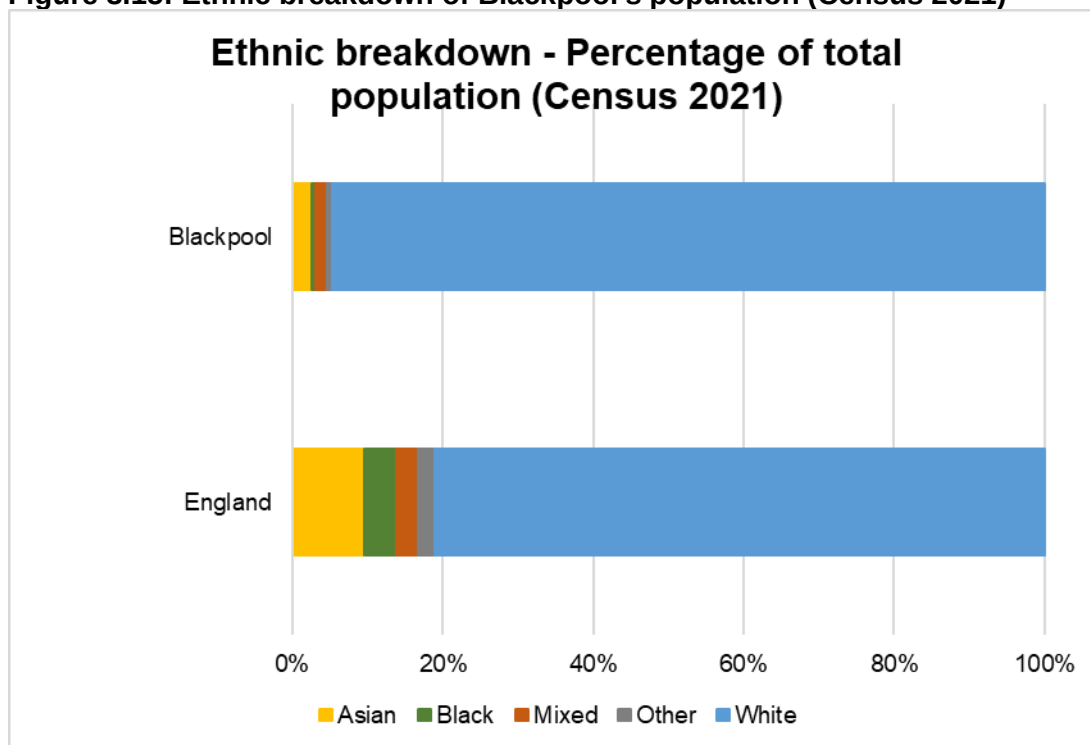
Source: Census 2021

Figure 3.14: Ethnic breakdown of Blackburn with Darwen's population (Census 2021)



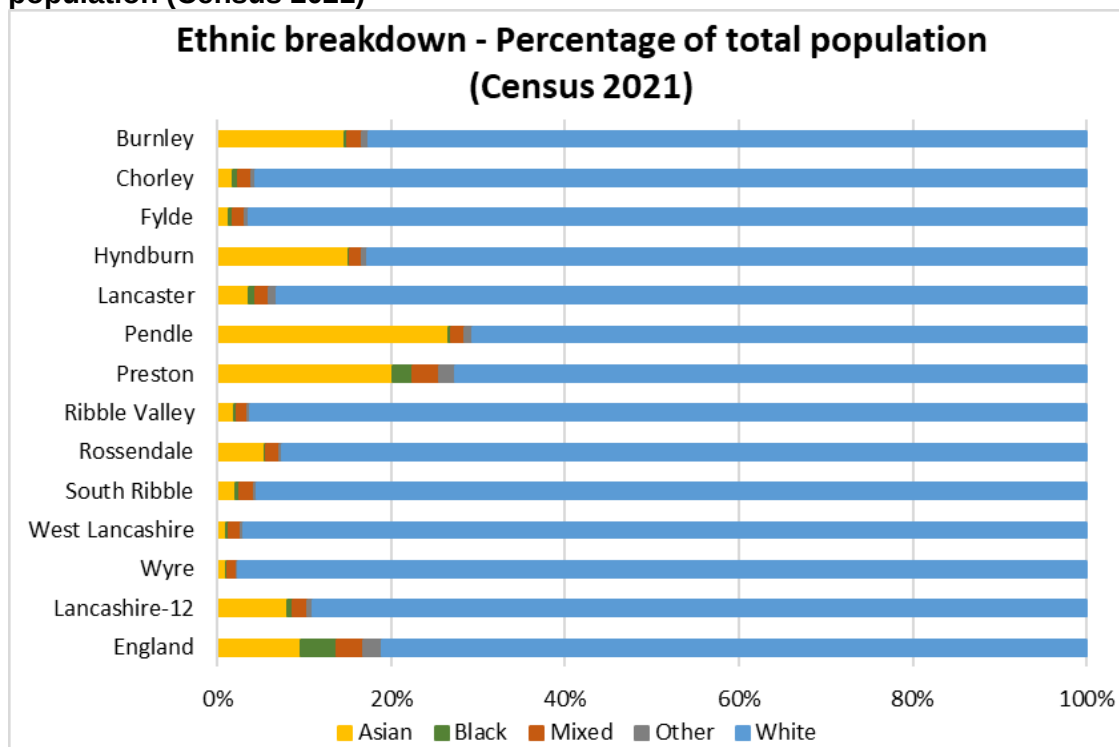
Source: Census 2021

Figure 3.15: Ethnic breakdown of Blackpool's population (Census 2021)



Source: Census 2021

Figure 3.16: Ethnic breakdown of the 12 districts' and the overall Lancashire-12 area's population (Census 2021)

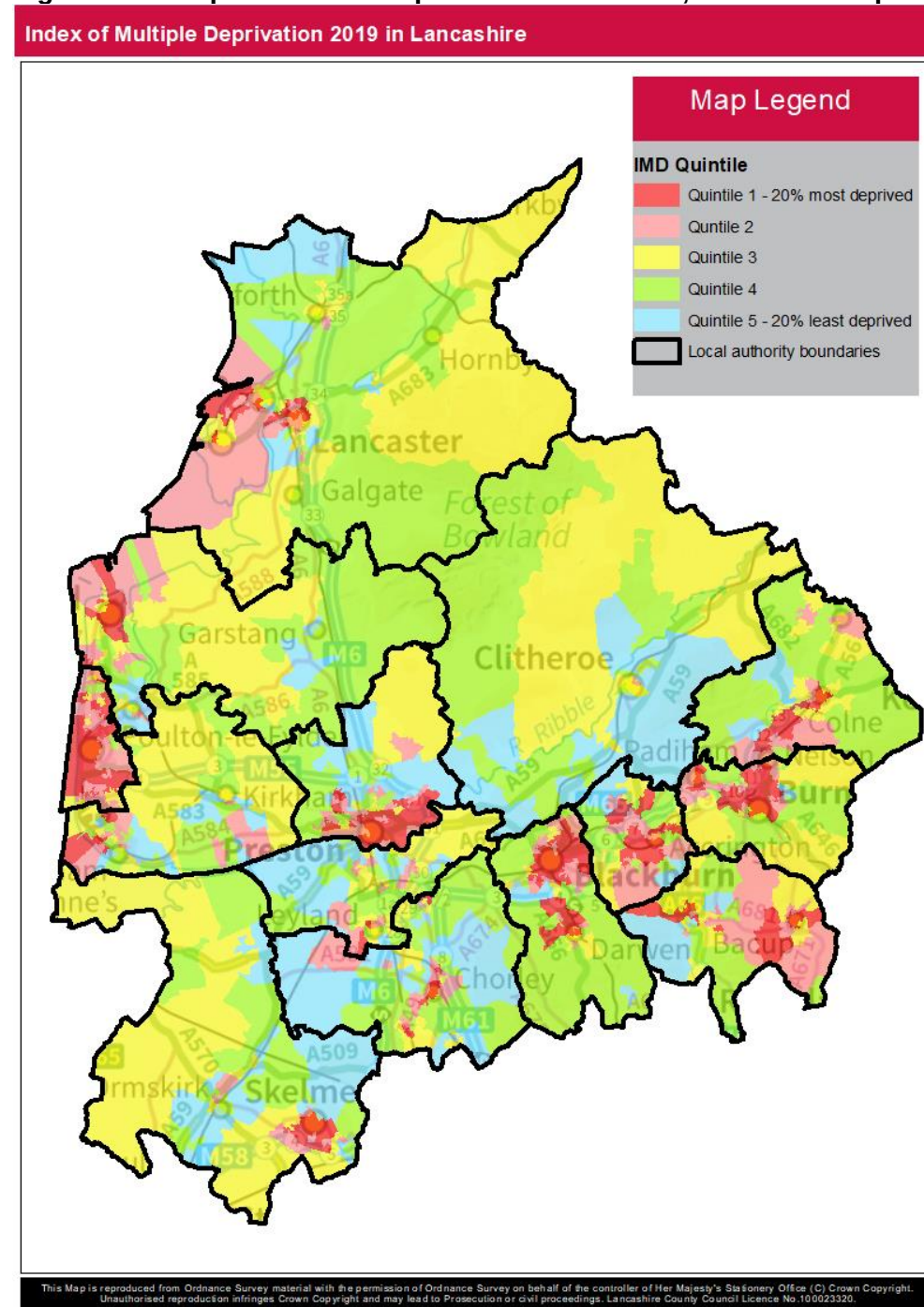


Source: Census 2021

3.7.3 Deprivation

Pockets of deprivation are found in all localities apart from Ribble Valley. Figure 3.17 shows pan-Lancashire's lower-layer super output areas shaded according to their national quintile of Index of Multiple Deprivation (IMD) 2019.

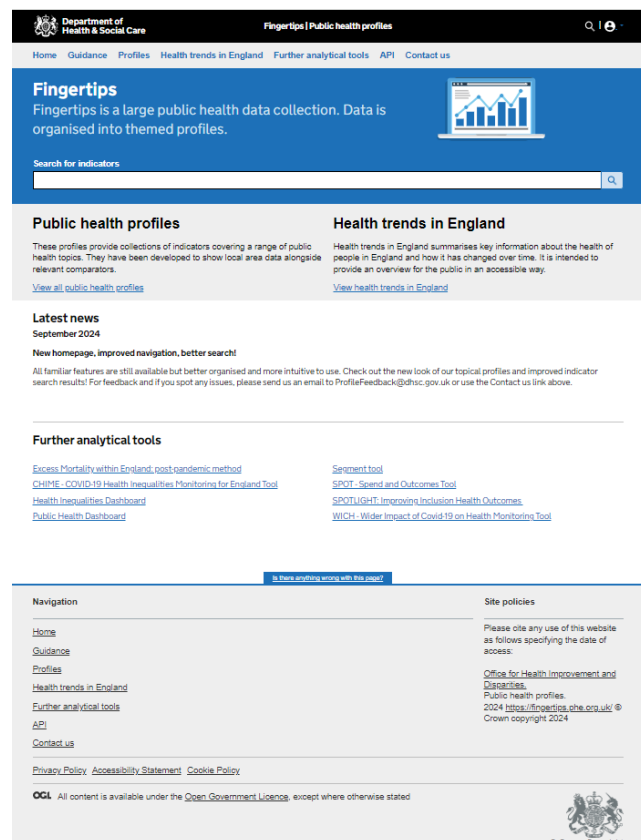
Figure 3.17: Deprivation in the pan-Lancashire area, Index of Multiple Deprivation 2019



Source: [Department for Communities and Local Government](#)

3.7.4 Health

Department of Health and Social Care's Local authority Health Profiles give a snapshot of the overall health of each local authority in England. The profiles present a set of important health indicators that show how each area compares to the national average to highlight potential problem areas. The health profiles highlight several Blackburn with Darwen, Blackpool and Lancashire County Council indicators that are significantly worse than the national average, including life expectancy at birth and premature mortality. The profiles also highlight the differing health priorities across pan-Lancashire localities and an interactive tool shows comparisons across the 14 local authorities and by health topic (<http://fingertips.phe.org.uk/profile/health-profiles>).



The key demographic and health data is presented on the websites of the three pan-Lancashire local authorities at the links below:

Blackburn with Darwen

<https://www.blackburn.gov.uk/health/public-health-information/jsna>

Blackpool

<http://www.blackpooljsna.org.uk/Home.aspx>

Lancashire County Council

<http://www.lancashire.gov.uk/lancashire-insight.aspx>

References

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- ⁱ Children in absolute low income families (under 16s). PHOF. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000041/pat/6/par/E12000002/ati/502/are/E10000017/yr/3/cid/4/tbm/1/page-options/car-do-0>
- ⁱⁱ Health and wellbeing boards – guidance <https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance>
- ⁱⁱⁱ Life expectancy at birth. PHE, PHOF. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000049/pat/15/par/E92000001/ati/401/are/E07000126/iid/90366/age/1/sex/1/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>
- ^{iv} ONS. Mid-2023 Population Estimates. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationestimatesforenglandandwales/mid2023>
- ^v 2018-based Subnational Population Projections for Local Authorities in England. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2>
- ^{vi} Mid 2022 population estimates by wards. ONS. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>
- ^{vii} Census 2021 <https://www.ons.gov.uk/census>