



JSNA Annual Commentary 2025/26

July 2026

For further information on the work of Business Intelligence please contact us at

Business Intelligence
Lancashire County Council
County Hall
Preston
PR1 8XJ

jsna@lancashire.gov.uk
www.lancashire.gov.uk/lancashire-insight



Contents

1.	Executive summary	4
1.1.	Implications for the health and care system	4
2.	Introduction.....	5
3.	Demographics.....	6
3.1.	Current population, age profile, old age dependency ratio, ethnicity, migration, population projections	6
3.2.	Age profiles	6
3.3.	Old age dependency ratio.....	6
3.4.	Ethnicity	7
3.5.	Migration	7
3.6.	Population projections.....	7
3.7.	Life expectancy, healthy life expectancy, premature mortality and premature mortality by health conditions	8
3.8.	Health condition-specific detail for prevalence and premature mortality projections	8
4.	Wider determinants of health	9
4.1.	Multiple deprivation	9
4.2.	Education.....	10
4.3.	Economic, social and environmental factors.....	11
4.4.	Community safety, cohesion and wellbeing	11
5.	Health behaviours	11
6.	Physical health conditions	12
7.	Mental health.....	12
8.	Social care.....	13
8.1.	Demographic pressure is the main driver of need	13



1. Executive summary

This Lancashire Joint Strategic Needs Assessment (JSNA) annual commentary provides an overview and links to our Lancashire Insight web pages on a range of themes important to the public health and social wellbeing and care support of the population of Lancashire. It's a signposting document, highlighting headline measures, and directs to our [Lancashire Insight](#) pages where more detailed analyses and evidence are provided.

The annual commentary shows that persistent and widening health inequalities, an ageing population, a high prevalence of preventable long-term conditions, and sustained pressure on health and social care systems, are all apparent. Health, child development, and many general wellbeing and social care outcomes remain consistently lower in more deprived communities and in several urban, and coastal areas.

Overall, the evidence indicates that without sustained action focused more on preventative measures that alleviate the damaging effects of some well evidenced wider determinants of health, as well as on how well local health and government in Lancashire can work to reduce high levels of avoidable illness and premature mortality, and respond to rising demand for these and other public services.

1.1. Implications for the health and care system

- Demand pressures on services will continue to grow without long-term investment in preventative interventions and inequality reduction.
- Larger proportions of older age persons within the general population will significantly increase the need for long-term condition management, social care, carers' support and end-of-life care.
- High prevalences of poor housing and other factors of multiple deprivation including low income, fuel and food insecurity, developmental delays, lower educational attainment and poorer employment prospects will continue to drive otherwise avoidable welfare concerns and poor health and illness.
- Support for families and children in their early and through their school years, and for physical and mental health, remain critical system levers for long-term improvements in the health and welfare of much of the population.
- Health and other services and sources of support that are integrated or complement each other and are focused on the person in their local context or 'neighbourhood' – ie place-based approaches – are essential to improve the health and welfare outcomes of large proportions of Lancashire's population. These include health, social care, housing, education and economic development. They reduce the structural, economic and social inequalities that are apparent.



2. Introduction

This Lancashire Joint Strategic Needs Assessment (JSNA) annual commentary provides an overview of priority health, wellbeing, social care and wider determinant factors affecting the population of the Lancashire-12 area. It is designed primarily as a hub and signposting resource; it points interested parties to numerous relevant sections of [Lancashire Insight](#) for detailed datasets, trends and local breakdowns.

Key implications: the document is intended as a starting point or hub to help strategic decision-makers and others navigate through our Lancashire Insight pages where they can find detailed analyses and information to help them identify and evidence where outcomes are persistently poor or inequitable, and where system-wide action is required or where it seems worth learning from.

3. Demographics

3.1. Current population, age profile, old age dependency ratio, ethnicity, migration, population projections

Although in the Lancashire-12 area there has been a steady decline in the general fertility rate, and the number of deaths continues to exceed the number of births ([Births and deaths](#)), Lancashire's overall population continues to grow. This is due to a combination of factors including higher than average increases in the numbers of persons over 65 years of age and particularly over the age of 80 yrs ([Mid-year population estimates](#)), and migration (see below) into the area from inside the UK and [internationally](#).

3.2. Age profiles

The age profile across the Lancashire-12 area (and England as a whole) continue to change, towards a larger growth more amongst older than younger age groups. But age profiles do vary widely between Lancashire districts ([Census 2021](#)). The highest proportions of older people are in Fylde, Wyre and Ribble Valley. The highest proportions of the younger age groups are in Pendle, Burnley and Hyndburn, and the highest number of children (0-19) live in Preston ([Mid-year population estimates](#) – on the dashboard, particularly the line charts showing population growth in Lancashire by single year, by 5 year, and by other age bands such as the working age population, and the 65+ population over the last 20 years).

Key implications: given the variation in age profiles across and within Lancashire's 12 districts, and the implications these have for services and other sources of support, the need for local or 'place-based' commissioning and provision of services is essential, as county-wide averages mask very different local realities.

3.3. Old age dependency ratio

A direct result of these changing age profiles is an overall increase in the [old age dependency ratio](#), ie the proportion of the population above state pension age vs the proportion of the population of working age. A result is that proportionately more resources are required from health services and local government, as well as a range of voluntary and community and faith groups, to support the increasing proportion of older aged persons within the population.

Overall, the old age dependency ratio has been increasing at an accelerating rate over the last 20 years, and within the Lancashire-12 area has been its highest, and continues to grow the most, in Wyre and in Fylde, with only Preston seeing a reduction ([Adults' and older peoples' care JSNA 2024](#)).

Key implications: higher old age dependency ratios mean that the rising levels of need associated with larger populations of older people, are proportionately more difficult to resource from the working age population.



3.4. Ethnicity

The [Census 2021](#) shows that Lancashire's population is becoming more ethnically diverse ([Population by ethnicity and change 2011-21](#)), with significant rises amongst ethnic minority communities, which in the Lancashire-12 area is predominantly Asian/British Asian, particularly in Preston (circa 13,000), Pendle (circa 10,000), Burnley (circa 5,500), Hyndburn (circa 4,000), and in Lancaster (circa 4,000), although the White ethnic population also continues to grow though to a lesser extent, particularly in Chorley (circa 9,000), West Lancashire (circa 5,000), Fylde (circa 4,500), Ribble Valley (circa 3,000), and Wyre (circa 3,000).

Similar to England and Wales as a whole, between the 2011 and 2021 censuses, the proportion of the Lancashire-12 population that identified as White decreased from 92.3% to 88.9%, while those that identified as the next largest ethnicity within the Lancashire-12 population, as Asian, Asian British or Asian Welsh, increased from 6.1% in 2011 to 8.1% in 2021.

Key implications: these changes in the numbers and proportions of different ethnicities within the Lancashire-12 and the England population need to be viewed together with other relevant factors (eg changing age profiles and old age dependency ratios, as above, and from migration measures and population projections, as below).

3.5. Migration

These substantial changes in population age profiles and old age dependency ratios are very significant factors, though [migration, both internal/from within the UK and international](#) is the main factor contributing to population growth across the Lancashire-12 area.

Key implications: in the face of a steadily declining general fertility rate and increasing old age dependency ratios, inward internal and international migration is the most significant single factor sustaining the proportion of working age persons within the overall population. Migration will help offset demographic ageing by increasing the working-age population.

3.6. Population projections

[Population projections](#) show that the significant growth in the proportions of older age persons within the general population will continue, as will the steady decline in the general fertility rate, and lower rates of growth in the younger and working-age populations.

Key implications: these long established and future trends require responsive funding mechanisms and service planning. Demand for social care, unpaid care, and long-term condition management will continue to rise without effective prevention and support for independence, as will associated costs and labour requirements, each of which require a working age population of sufficient depth and breadth to support these increases.

3.7. Life expectancy, healthy life expectancy, premature mortality and pre-mature mortality by health conditions

[The Lancashire averages for life expectancy at birth, and at 65 years of age](#) are each significantly lower than they are for England as a whole (also our [Health and Wellbeing dashboard](#) for further detail on life expectancy measures at district and ward level in Lancashire).

Although [healthy life expectancy](#) (HLE) (ie the average number of years people can expect to remain in good health) across the Lancashire-12 area is statistically similar to England, HLE in the unitary local authority areas of Blackpool and Blackburn with Darwen, both containing areas of high levels of deprivation, indicate that HLE in some of the Lancashire-12 districts also containing areas of high deprivation will be significantly lower than the Lancashire-12 average¹.

[Premature and preventable mortality](#) rates for males and females remain significantly higher in Lancashire than in England, particularly for males, and particularly for both males and females in more deprived areas and where existing high prevalence of long-term conditions exacerbate excess winter mortality.

3.8. Health condition-specific detail for prevalence and premature mortality projections

Higher prevalence rates of various long term health conditions often lead to higher mortality rates associated with those conditions, particularly for persons with long-term [respiratory conditions such as asthma and chronic obstructive pulmonary disease](#) (COPD). Prevalence rates are significantly higher for the Lancashire-12 area than England, as are the associated mortality rates in Hyndburn, Burnley, Preston, Pendle, Lancaster, Rossendale, Wyre and Chorley.

[Cardiovascular disease \(CVD\)](#) including coronary heart disease, hypertension, and stroke – the Lancashire-12 prevalence rates for each of which are in the second highest quintile in England, as are reflected of the associated mortality rates which are highest in Burnley, Preston, Rossendale, Hyndburn, Chorley, and Lancaster, while they are lower than England in Ribble Valley.

With [cancers](#), the Lancashire-12 area saw a higher rate of newly diagnosed cases than England in 2022/23 – although these at a later stage of disease, given that Lancashire-12 has a lower rate than England of diagnoses at stages 1 and 2. The Lancashire-12 mortality rate from all cancers was similar than for England between 2021-2023, although it was significantly higher than England's in Burnley, Hyndburn and West Lancashire, and lower in South Ribble and Ribble Valley.

Lancashire-12 also has a significantly worse (ie higher) rate of cancers that can be considered preventable (ie that derive from factors that could be avoided through behaviour change and effective public health interventions). Preventable mortality for

¹ HLE measures are not routinely published at the level of each of the Lancashire-12 districts.

both males and females under the age of 75 was significantly higher in 2022/23 than the England average in Rossendale, Preston, Hyndburn, Lancaster and Burnley, and was lower in South Ribble and Ribble Valley.

For alcoholic and non-alcoholic (or 'fatty') [liver disease](#), around 90% of which is considered preventable, the premature mortality rate for Lancashire-12 overall is similar to England's, although it is significantly higher in both Rossendale and Preston. In Burnley there was a significantly higher than England in the liver disease hospital admission rate in 2023/24.

We also cover [child immunisation](#) rates, our assessment (in collaboration with the unitary authorities of Blackpool, and Blackburn with Darwen) of [pharmaceutical needs and provision across the Lancashire-14 area](#), and [children's dental health](#).

Key implications: high premature mortality reflects long-standing exposure to deprivation and behavioural risk factors, and drives lost economic productivity and avoidable service demand.

4. Wider determinants of health

4.1. Multiple deprivation

High rates of low income and other factors contributing to the [average prevalence across the Lancashire-12 area](#) of multiple deprivation, [and particularly so in many areas within the Lancashire-12](#) – also related to the higher than England prevalence of [poor housing stock in the Lancashire-12 area](#) (energy inefficient, cold, poorly ventilated and damp) and [the availability of affordable homes](#), poorer air quality also in the external environment in some areas, also in relation to [fuel poverty](#), food insecurity² and poor diets, and [rising levels of debt and insolvencies](#) continue to drive ill health amongst large numbers of people and across some parts of the Lancashire-12 area in particular ([Health Equity Dashboard](#)).

Across the Lancashire-12 area, numbers of [children under the age of 19 yrs living in relative low-income families](#)³ reflects the significant increases seen in the cost of living over recent years, as well as other factors. Many of these children are families with at least one working adult.

The numbers of children registered as eligible for free school meals due to their family's low income and their eligibility for certain other benefits has also grown within the Lancashire-12 area. However, the gap between this rise and the rise in numbers of children in relative low-income families, suggests that more children may be eligible.

Key implications: Many deprivation-driven needs such as these are very strongly associated with the poorer health and the welfare of large numbers of people within the population, which is why we see such emphasis on preventative services (eg

² For further detail on food insecurity estimates, see page 6 of our [Health Equity Dashboard](#).

³ Relative low income in 2024/25 equated to an average income of approximately £16,900 (1 adult 1 child) or £27,200 (2 adults 2 children) – after tax & including benefits but before housing costs.

health checks, smoking cessation services). As found in our [Children and young people needs assessment 2025](#), there is scope to develop initiatives with potential to directly address some of these wider determinants, for example through the development of integrated poverty alleviation strategies.

4.2. Education

Educational outcomes remain strongly linked to long-term health and wellbeing, and lower educational attainment often constrains later employment prospects and choice, and income. However, even before children start their formal schooling their developmental progress can start to vary significantly in line with the depth of deprivation and disadvantage they are born into. Here again, the influences of multiple deprivation factors are strongly evidenced by a range of data that show the constraining impact on the development of large numbers and proportions of children. These include pre-school years, for example via their 30-month health and developmental reviews, the good level of development (GLD) assessments in their school reception year, and onwards.

For example, the average levels of educational attainment for children registered as eligible for free school meals because of their families' low income, are consistently and significantly lower across all school stages than they are for children whose families are not similarly disadvantaged or deprived⁴.

In 2025 we [updated our assessment of special educational needs in Lancashire](#) and our [associated dashboard](#). It shows that throughout their school years children with special educational needs (SEN) on average achieve significantly lower levels of educational attainment than children without SEN.

Other analyses⁵ show also that children who are 'disadvantaged' in the sense that they live in families that are experiencing various aspects of deprivation, on average, achieve lower levels of educational attainment than children who have SEN, but who are not otherwise disadvantaged. The analysis also showed that a similar social gradient was apparent in respect to the type of support children with SEN received, that children from more deprived families were more likely to receive 'SEN support' whereas children from non-deprived families were more likely to be awarded a more detailed education and health care plan (EHCP).

Without effective interventions these inequalities visible from a very early age remain and widen through the various key stages in children's education and development.

Key implications: where it is needed, support during early childhood is one of the most effective long-term investments for the health and development of the individual child and the general and future population.

⁴ See the relevant sections within our [Children and young people needs assessment 2025](#).

⁵ London School of Economics (LSE) research briefing, [Local area disparity in SEND diagnosis, January 2024](#), from a research paper by Campbel, T. (2023), [Inequalities in provision for primary children with special educational needs and/or disabilities \(SEND\) by local area deprivation](#), which was based on 2021 data.

4.3. Economic, social and environmental factors

Our Lancashire Insight pages include some useful, general profiles and overviews of the primary economic, social and environmental factors apparent in each of Lancashire's 12 local authority districts of [Burnley](#), [Chorley](#), [Fylde](#), [Hyndburn](#), [Lancaster](#), [Pendle](#), [Preston](#), [Ribble Valley](#), [Rossendale](#), [South Ribble](#), [West Lancashire](#), and [Wyre](#).

Our [ward profiles](#) link to the ONS' 'build a custom area' profiling tool to allow the creation of ward-level profiles from a range of data sources.

Our Lancashire Insight pages cover a range of relevant issues including [average earnings](#), [personal incomes](#) and [gross disposable household incomes](#), the proportion of the population in each of the Lancashire-12 districts that are paid below the level of [the real living wage](#), and the proportion of the population claiming any of a range of benefits including [universal credit \(UC\)](#), [child benefit](#), [personal independent payments \(PIPs\) and disability living allowance](#), and [attendance allowance](#), the numbers and proportions of people claiming UC who are required to look and be available for work (ie the '[Claimant count](#)' which includes the numbers and proportions of people claiming job seekers allowance), and those claiming the [state pension and pension credits](#).

The [Citizens Advice data dashboard](#), although focused at the national/England level, also provides useful insights into several key trends associated with the significant rises we have seen in the cost of living over recent years. The dashboard reports the numbers of households presenting to Citizens Advice with concerns about homelessness, council tax arrears, personal independence payments, energy bills, energy debt or other debt, and/or who need charitable support including access to food banks. It provides useful indications at the national level of cost of living-related pressures at the local level where local data is patchy or not available at all.

Our Lancashire Insight pages also contain useful detail on the external environment and include an [overview of environmental issues in Lancashire](#), [air quality](#) (including emissions of nitrogen oxides, particulates and sulphur dioxide), [rural and urban classification](#) across Lancashire, measures of [household recycling, municipal waste and fly-tipping](#).

4.4. Community safety, cohesion and wellbeing

We have a range of articles on community safety issues of influence on community cohesion and the wellbeing of Lancashire's population, including an [overview of crime rates](#) and pages on [anti-social behaviour](#), [road traffic collisions](#) and other important matters including [domestic abuse](#).

5. Health behaviours

Health is determined by a complex interaction between individual characteristics, lifestyle, and the physical, social and economic environment. Most experts agree that these wider determinants of health and our health behaviours are more important than health care in ensuring a healthy population. The health of people in



Lancashire-12 varies when compared to England. Within the county there are wide differences between the most and least deprived areas. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010. This means people in poorer areas not only die sooner, but they will also spend more of their lives living with a long-term health condition or disability. For society to have a healthy population it is essential to take action to both raise the general level of health and flatten the social gradient.

[Smoking](#), excess [alcohol](#) consumption, [obesity](#), [physical inactivity](#) and [poor diet](#) (also our [Lifestyle dashboard](#)) remain major drivers of preventable ill health.

Key implications: behaviour-related illness is closely linked to deprivation, meaning individual-level interventions alone are insufficient.

6. Physical health conditions

According to the Census 2021, Lancashire has a high prevalence of long-term conditions amongst the adult population particularly respiratory disease, cardiovascular disease, [diabetes](#) and [musculoskeletal conditions](#), lower rates than England and the North West region of persons in 'very good' general health, and higher rates than England and the North West region of persons in 'bad' and 'very bad' [general health](#).

Key implications: multi-morbidity amongst adults increases service complexity and costs, reinforcing the need for integrated care and prevention.

7. Mental health

Poor [mental health](#) and [wellbeing](#), including [depression](#), [anxiety](#) and [a range of psychoses](#) places significant demand on a range of services, is closely associated with [suicide and self-harm](#), and is often cited as a cause of [economic inactivity](#).

Amongst adults (18 yrs plus) there is a significantly higher rate of persons on practice disease registers with depression (18.1%) than the England average (14.3%) (2024/25). Social, emotional and mental health difficulties are the most prevalent areas of need amongst secondary school aged children with special education needs (SEN), and the second most prevalent area of need (after speech, language and communication problems) amongst primary aged children with SEN, which as noted above is a category of need more often attributed to children living in more deprived than in less deprived circumstances.⁶

In 2022/23, Lancashire had the 13th highest rate (amongst county and unitary local authority areas) in England of hospital admission for self-harm amongst 10-14 yr old children, with significantly more girls than boys ([2025 Children and young people needs assessment](#)). There were over 80% more of these admissions in 2022/23 than there were in 2013/14.

⁶ For detail, please see our [Special Education Needs Assessment July 2025](#).



In December 2024, one in eight 19-24 yr olds were on the depression register, and in 2024/25 the rate of Lancashire person of 18 years plus was significantly higher than the England rate, as was also the case for persons with diagnoses of schizophrenia, bipolar affective disorder or other psychoses ([common and severe mental illness](#)).

Key implications: prevention and early intervention on mental health difficulties are essential to reduce long-term personal distress as well as societal problems and increasing pressure on the health system, but here again the causal effects of the deep-rooted range of wider determinants noted above cannot be underestimated.

8. Social care

We are currently updating our children's social care pages for children in need, children looked after, child protection and care leavers across Lancashire and we will update our [current pages](#).

For the adult population, the demographic trends noted in section 2 above – in particular, the ageing population, high levels of long-term illness and disability, and entrenched inequalities – all have direct implications for the social care needs of adults ([Adult's and older people's care needs assessment 2024](#)) and for younger people in Lancashire, and have been putting pressure on [unpaid carers](#) and the care market. Demand continues to increase in both volume and complexity, with significant geographic variation, making prevention, workforce stability, integrated health and care critical to future sustainability.

8.1. Demographic pressure is the main driver of need

As noted in section 2, the ageing population is the single biggest long-term pressure on adult social care in Lancashire. The growth of the over 65 years population and in particular the over 85 years population is increasing demand for homecare and reablement, residential and nursing care, support for frailty, dementia, and end-of-life care.

Population projections based on [Census 2021](#) figures estimated that the working-age population is predicted to peak in 2032 and that the older population is predicted to continue to increase, with more in the 85 and over bracket each year. Using the 2021 population as an index, analysis shows that Lancashire's 65+ population will increase by 25% by 2043. However, it is the 85+ population that will increase the most, growing by 66% over the period. This contrasts with the 0-15 and 16-64 population, which will reduce by 2043 relative to 2021. By 2043, there will be 347,319 residents aged 65+ and 58,627 residents aged 85+.

Key implications: demand is structural, not temporary, and will continue to rise. Rising need, workforce pressures and financial constraints continue to challenge the social care system.

