1.0 Population and Social Inclusion

1.1 Introduction

This Thematic Paper covers population characteristics, health and social inclusion.

An increasing population places pressures and demands on a wide variety of matters, including homes, services and employment opportunities. Health is a fundamental contributor to the quality of life and wellbeing of the Boroughs residents. The provision of, and access to, health related facilities such as GPs, dentists, hospitals and nursing homes should be an important consideration in the Local Plan Review.

Social exclusion can occur when an individual or area suffers from a combination of inter-linked problems. These problems could include unemployment, poor skills, low income, poor quality living environment, high crime rates, and poor health. Social inclusion is concerned with addressing these issues to ensure individuals have the capacity, self-confidence and aspirations to make the most of the opportunities, choices and options available.

The purpose of this paper is to present data on these issues and describe the trends within the Borough.

1.2 Context Review – Studies/Policies

<table>
<thead>
<tr>
<th>Evidence Source</th>
<th>Key objectives and messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Ageing Population in West Lancashire (Update) (2016)</td>
<td>The purpose of this report is to examine the demographic trends in the Boroughs ageing population and the social and economic issues that the changes create.</td>
</tr>
<tr>
<td>Annual Monitoring Reports 2012-2016</td>
<td>Presents annual data on a wide variety of information on the Borough and reports as to whether planning policies are performing as intended.</td>
</tr>
<tr>
<td>Parish Plans, WLBC</td>
<td>Set out the aims of the Parish for their local area</td>
</tr>
<tr>
<td>The Older Persons Housing Market</td>
<td>Presents data on the ageing population, including health, and the anticipated impacts on the housing market.</td>
</tr>
<tr>
<td>National Planning Policy Framework</td>
<td>To encourage sustainable development, that can build and support a strong economy, ensure the vitality of town centres, promote sustainable transport, delivery homes, promote healthy communities, meet the challenges to climate change and conserve and enhance the natural and historic environments.</td>
</tr>
<tr>
<td>National Planning Policy Guidance</td>
<td>Guidance to practitioners on how to integrate health and spatial planning</td>
</tr>
<tr>
<td>Plugging health into planning: evidence and practice, Local Government Group (June 2011)</td>
<td></td>
</tr>
<tr>
<td>West Lancashire Highways and Transport Masterplan (October 2014, LCC)</td>
<td>Includes reference to health and wellbeing</td>
</tr>
<tr>
<td>Lancashire Health and Wellbeing Strategy LCC / NHS (2008)</td>
<td>A Lancashire-wide strategy to deliver better health, better care and better value to improve health and care services, health behaviours and address the wider determinants of health and wellbeing</td>
</tr>
<tr>
<td>Lancashire Joint Strategic Needs Assessment (JSNA)</td>
<td>Purpose is to better understand the health and wellbeing status of a particular population so that needs can be met, assets utilised and health and wellbeing improved.</td>
</tr>
</tbody>
</table>
1.3 Current Baseline

1.3.1 Population

Population trend past to present (1990-2014)

Chart 1.1 Population of West Lancashire 1990-2014

Chart 1.1 shows that the population of West Lancashire has been increasing slowly but steadily since 1999. At the 2001 Census, West Lancashire had a population of 108,378 people. At the 2011 Census, the Borough had a population of 110,685, which is a 2.1% increase from 2001 (or 0.21% per annum).

The latest mid-year estimates of population, for 2014, give the Borough’s population as 111,940. This appears to indicate a trend of faster growth since 2011 (0.38% per annum), but at present, there is not enough data to confirm whether or not this is a long-term or short-term trend.
The highest numbers of residents are found in Skelmersdale and Up Holland (36.8%) Ormskirk and Aughton (31.7%) and Burscough (8.3%), followed by Tarleton (5.1%). This is represented in Chart 1.2 above, where the darker areas show the greater populated areas.
Population age structure
Chart 1.3 Population age breakdown by area within West Lancashire 2011

Source: 2011 Census, ONS

There is some variation between settlement areas and the ages of its residents. The rural areas of West Lancashire are more attractive to people of middle or retirement age whilst Skelmersdale has a younger, more varied population structure. Ormskirk has a “spike” in the 15-24 age group on account of the presence of Edge Hill University.

Projected population
Chart 1.4 Forecast population change 2014-2037 in West Lancashire

Source: WLBC 2016 (2014 Sub National Population Projections, ONS)

The Borough’s population is projected to increase to 116,200 by 2037 - a 3.8% increase on its level in 2014 – equating to an additional 4,300 residents. The main change forecast to the age structure is an increase in the proportion of residents aged over 60 and a decrease of those aged 15-59. Inevitably, this will have an impact on the working population and the delivery of services. The highest increase predicted is to the age category 75+ at with an increase on 76.5% of its 2014 rate. This is similar to the estimates at county (75%), regional (72%) and national (80%) levels.
Projected age distribution

Chart 1.5 Projected age distribution in West Lancashire 2014-2037

Source: WLBC 2016 (2014 Sub National Population Projections, ONS)

Components of change

Within West Lancashire, the components of population change comprise natural change (births-deaths) and net in-migration. The natural change is causing the population to decrease, but this is countered by a larger, and increasing net in-migration figure. This contrasts with the trend nationally, where the natural change is positive and roughly the same in magnitude as the net in-migration.

The West Lancashire data suggests a higher number of deaths than births within the later years of the SNPP period, which may be attributed to the Borough’s increasingly aged population. Migration also contributes to the Borough’s estimated population change, albeit resulting in relatively small amounts of net change (approx. 300 people per year). The estimates suggest a steady flow of internal and cross-border migration with a minimal net increase. Minor changes to the population size are expected as a result of international migration.

Table 1.1 Components of population change 2014-2039

<table>
<thead>
<tr>
<th>West Lancashire</th>
<th>2015</th>
<th>2030</th>
<th>2039</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>112.2</td>
<td>115.2</td>
<td>116.4</td>
</tr>
<tr>
<td>Natural change</td>
<td>-0.1</td>
<td>-0.1</td>
<td>-0.2</td>
</tr>
<tr>
<td>All migration net</td>
<td>+0.3</td>
<td>+0.3</td>
<td>+0.4</td>
</tr>
</tbody>
</table>

Source: SNPP 2014, ONS
1.3.2 Black and Minority Ethnicity

At the 2011 Census, 96% of West Lancashire residents described themselves as White British. The remaining 3% comprises those people describing themselves as Mixed, Asian / Asian British, Black/Black British and Chinese or other Ethnic group. Within West Lancashire 0.7% of the population describe themselves as Mixed, 0.9% as Asian/Asian British, 0.1% as Black/Black British and 0.2% as Chinese or other Ethnic group.

1.3.3 Older People

Inevitably, as the aged population increases, this will have impacts on public and private services, housing, funding, the economy and health care. The population of West Lancashire is ageing faster than the national trend, with an increase of 76.5% expected in the proportion of people aged over 75 between 2014 and 2037 (2014 SNPP, ONS).

The health of old people in West Lancashire varies, particularly between the most and least deprived areas. As people age they are more susceptible to strokes, coronary heart disease, osteoarthritis and dementia. Emerging evidence (Source: www.poppi.org.uk 2016) suggests that people will live longer, but will spend longer in ill-health.

As the population lives longer, the proportion and numbers of people expected to have dementia will increase, placing pressure on resources and finances (Source: Projecting Older People Population Information System 2016 (www.poppi.org.uk)). Within West Lancashire, by 2030 the number of dementia sufferers aged over 65 is expected to increase by 74% on its 2014 levels.

Chart 1.6 Predictions of dementia sufferers in West Lancashire 2014-2030

![Chart showing predicted increase in dementia sufferers](image.png)

Source: An ageing population in West Lancashire 2016 (POPPIS 2016)
Health issues expected to become more marked are mobility, loneliness and generic limiting long-term illnesses.

Further issues resulting from an ageing population include:

- Social exclusion and the need to promote independent living. It is important that old people have the ability to engage with communities and access social opportunities, facilities / services and transport. Transport needs to be affordable and routed where older people need to go (e.g. medical, hospital appointments). Services should meet the demands of older people.

- Poverty and deprivation, with high and rising prices for fuel, services and transport.

- Access to health care, particularly for the disabled and those affected by dementia

- The need for a range of suitable housing, including retirement and sheltered housing. The Lifetime Homes standard has been superseded by technical standards for access and adaptability to be dealt with under Building Regulations, but their adoption is only optional and subject to viability considerations, were a local authority to seek to adopt them.

- Crime and the fear of crime, particularly prevalent amongst older people.

- The need to provide work and training opportunities

The report ‘An ageing population in West Lancashire 2016’ discusses these issues in more detail.
1.3.4 Health

Life Expectancy

Table 1.2 Life expectancies in West Lancashire 2001-2014

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th></th>
<th></th>
<th>Females</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2001-03</td>
<td>2010-2012</td>
<td>2012-2014</td>
<td>2001-03</td>
<td>2010-2012</td>
<td>2012-2014</td>
</tr>
<tr>
<td>West Lancashire</td>
<td>75.8</td>
<td>78.7</td>
<td>76.9</td>
<td>79.4</td>
<td>82.5</td>
<td>82.8</td>
</tr>
<tr>
<td>North West</td>
<td>74.8</td>
<td>77.7</td>
<td>78.1</td>
<td>79.4</td>
<td>81.7</td>
<td>81.9</td>
</tr>
<tr>
<td>England</td>
<td>76.2</td>
<td>79.2</td>
<td>79.6</td>
<td>80.7</td>
<td>83.0</td>
<td>83.2</td>
</tr>
</tbody>
</table>

Source: Life expectancy at birth, ONS 2015

Life expectancy for both genders has increased since 2001. In keeping with national trends, women are expected to live longer than men. For the period 2012-2014, life expectancy for men is lower than that of the North West and England, whilst women’s life expectancy is higher than the regional rate but lower than the national rate. There was a decrease in life expectancy amongst men between 2010/12 and 2012/14; this is expected to be a ‘blip’ rather than a long-term trend.

Life expectancy is poorest in the most deprived areas of the Borough, with men from the most deprived areas having a life expectancy 10.7 years shorter than those men in the least deprived areas. For women, the gap is smaller at 3.4 years but this still illustrates an inequality in life expectancy. The most deprived areas of the Borough are the Skelmersdale wards of Digmoor, Birch Green and Tanhouse which have shorter life expectancies than those areas of low deprivation in Knowsley, Newburgh and Halsall.
Health information

Based on the latest available data, from 2011, the percentages of obese adults and infant deaths in West Lancashire are close to the England average, but the percentage of smoking in pregnancy and road injuries and death are significantly worse. The proportion of physically active children also performs significantly worse than the England average. (Source: West Lancashire Health Profile 2011.)

Over the last ten years there has been a decrease in the early death rate from heart disease and strokes which is now similar to the England average. However, death rates from all causes remain worse than the England average and the gap between the West Lancashire and England rates has increased.

Chart 1.7 Mortality rates in West Lancashire 1999-2008

Premature and avoidable deaths

The main causes of death in England are cancer, heart disease, liver disease, respiratory disease and strokes. Early diagnosis and better treatment could help tackle these potentially avoidable illnesses, but their likelihood could also be reduced as a result of improved lifestyle choices. Many causes stem from choices such as smoking, alcohol, diet and lack of exercise.

Within West Lancashire, there is a significant difference between premature mortality rates in the least and most deprived areas of the Borough. Six of the seven wards in Skelmersdale have all-cause premature mortality rates significantly above the England national rate and fall within the worst 23% of wards in Lancashire for premature mortality. This is shown in diagrammatic form in Chart 1.8 below.
Chart 1.8: Premature mortality from all cases 2008-2012

Standardised mortality ratio for deaths from all causes aged under 75

Source: The Seven Wards: a Focus on Skelmersdale, West Lancashire Clinical Commissioning Group (March 2015)
Between January 2006 and December 2013, there were a total of 8,812 deaths in West Lancashire.

Those living in more deprived areas tend to die younger than their neighbours in less deprived areas. Within Skelmersdale, 78% of deaths (2006-2013) were from people under the age of 75, compared to 46% elsewhere. Crude analysis undertaken by the Clinical Commissioning Group indicates that the seven Skelmersdale wards have a higher under-75 mortality rate than the remaining wards of the Borough for nearly every disease classification (ICD-10). A significant proportion of those deaths have been attributed to lifestyle factors such as diet and smoking. For example, heart disease is attributed to poor diet (a build-up of fat in the arteries) and smoking (poor circulation and reduced oxygen supply). *(Source: West Lancashire CGG)*

### Number of health facilities in West Lancashire

Table 1.3 Health facilities in West Lancashire in 2010

<table>
<thead>
<tr>
<th></th>
<th>Numbers in West Lancashire</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners (GPs)</td>
<td>78</td>
</tr>
<tr>
<td>Dentists</td>
<td>36</td>
</tr>
<tr>
<td>NHS Hospitals</td>
<td>4</td>
</tr>
<tr>
<td>Non NHS Hospitals</td>
<td>1</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>15</td>
</tr>
</tbody>
</table>

*Source: North West Public Health Observatory 2010*

Table 1.3 shows the number of health facilities in West Lancashire in 2010. Updated data is not currently available. Ensuring that people can access health facilities easily is an issue for the Local Plan Review.
Assessment of health

80% of West Lancashire residents described their health as ‘very good’ or ‘good’ in the 2011 Census. 13% rated their health as ‘fair’, 5% as ‘bad’ and 1% as very ‘bad’. For individual wards, the percentage of residents rating their health and ‘very good’ or ‘good’ varied between 77% and 85%; the percentage rating their health as ‘bad’ or ‘very bad’ varied between 3.4% and 8.5%.

As can be seen from the chart below, residents from the Skelmersdale wards of Skelmersdale North, Skelmersdale South and Birch Green rate their health less well than residents of Aughton, Hesketh Bank and Parbold. This is consistent with the health inequalities identified above.

Chart 1.9 West Lancashire residents description of health

Source: 2011 Census, ONS
Health behaviours and lifestyle findings

The health behaviours and lifestyle findings for West Lancashire showed the following:

- 85% of those surveyed rate their life satisfaction as medium, high or very high
- 84% of those surveyed rated their happiness as medium, high or very high
- 27% of those surveyed said they experienced high levels of anxiety
- 9% of those surveyed said they feel isolated often
- 91% of those surveyed felt their health in the previous 12 months had been fair, good or very good

This indicates that the Borough, based on the sample of residents surveyed, typically consider themselves to be in good health, happy and satisfied, however the data does indicate that a small proportion of residents feel socially isolated.

In relation to lifestyle choices, the health behaviours analysis revealed for many alcohol-specific and alcohol-related hospital admission indicators that West Lancashire is significantly worse when compared to England, however the numbers of those relating to the under 18s are not significantly different to England, thereby suggesting that the problem relates to older age groups.

The data also showed that 47% of adults surveyed took part in no physical activity in a 28 day period. There has been a decrease in the number of people participating in sports, and a decrease in the number of people who would like to do more.

1.3.5 Crime

West Lancashire has low levels of recorded crime. Over a five year period, reports of offences in West Lancashire have fallen considerably for most common crimes.

Table 1.4 Number of crimes in West Lancashire 2010-2015

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Robbery</td>
<td>40</td>
<td>38</td>
<td>24</td>
<td>56</td>
<td>69</td>
<td>32</td>
<td>-20%</td>
</tr>
<tr>
<td>Domestic burglary</td>
<td>299</td>
<td>309</td>
<td>263</td>
<td>301</td>
<td>299</td>
<td>260</td>
<td>-13%</td>
</tr>
<tr>
<td>Vehicle offences</td>
<td>694</td>
<td>706</td>
<td>477</td>
<td>562</td>
<td>561</td>
<td>434</td>
<td>-37%</td>
</tr>
<tr>
<td>Public order offences</td>
<td>163</td>
<td>137</td>
<td>145</td>
<td>99</td>
<td>122</td>
<td>69</td>
<td>-58%</td>
</tr>
<tr>
<td>Criminal damage &amp; arson</td>
<td>1390</td>
<td>1231</td>
<td>1117</td>
<td>997</td>
<td>1019</td>
<td>950</td>
<td>-32%</td>
</tr>
<tr>
<td>Theft from the person</td>
<td>40</td>
<td>63</td>
<td>26</td>
<td>30</td>
<td>39</td>
<td>37</td>
<td>-8%</td>
</tr>
<tr>
<td>Bicycle theft</td>
<td>124</td>
<td>110</td>
<td>85</td>
<td>113</td>
<td>83</td>
<td>83</td>
<td>-33%</td>
</tr>
</tbody>
</table>

Source: ONS Crime in England and Wales, 2015
1.3.6 Skills and Education

Educational Achievement

Chart 1.11 Educational Achievement by West Lancashire wards 2011

Source: 2011 Census, ONS

No qualifications: No academic or professional qualifications
Level 1: 1-4 GCSEs or equivalent
Level 2: 5+ GCSEs or equivalent
Apprenticeship: Apprenticeship
Level 3: 2+ A-Levels or equivalent
Level 4: Degree or above
Other: Vocational/work related qualifications, foreign qualifications / qualifications gained outside UK

26% of West Lancashire’s workforce has a degree (or equivalent) or higher (Level 4). This compares to a regional figure of 24% and a national figure of 27%, placing it roughly on par with its counterparts. The highest proportion of people with Level 4 qualifications (degree level) or higher are found at Aughton, Parbold, Newburgh and Wrightington – these are dormitory settlements used predominately by commuters to other areas.

Skelmersdale has the highest proportion of people with no qualifications, higher than the Borough, regional and national figures. Digmoor has 34% of residents aged over 16 with no qualifications. Skelmersdale has a significant proportion of its residents employed in the town, particularly in manual work in the manufacturing and industrial industries, suggesting that the skills base in the town is low. Skelmersdale has limited knowledge-based employment available.

Pupils achieving GCSEs

In 2014, the percentage of pupils in West Lancashire achieving 5 GCSEs grades A*-C was 69.1%. This is higher than the North West performance (65.4%) and England (65.6%). 94.3% of pupils achieved 5 GCSEs graded A*-G, including the subject of maths and English, placing it marginally ahead of the North West (93.2%) and England (93.4%) rates.

Source: GCSE & Equivalent results for young people, by location of pupil residence 2014
Neighbourhood statistics, ONS, 2016
1.3.7 Deprivation

The Indices of Multiple Deprivation are made up from seven indicators (income, employment, health and disability, education, skills and training, crime, housing and services and living environment). These are combined to provide an overall score. Scores are then placed in national order from lowest to highest and assigned a rank. The lower the rank, the more deprived an area is. Statistics are provided at a geographical level known as ‘Lower Super Output Areas’ (LSOAs); these areas are smaller than wards (there are 73 LSOAs in West Lancashire, compared with 25 wards), enabling more detailed or targeted analysis. As the scores are “ranked” rather than absolute, a change in an LSOA’s position (e.g. the table below shows that between 2010 and 2015, one LSOA moved from being in the worst 10% nationally to the worst 5%) does not necessarily imply a worsening of deprivation in that area, as the change could have been caused by improvements in other LSOAs’ scores elsewhere in the country.

Table 1.5 Overall Deprivation in West Lancashire 2007, 2010 and 2015

<table>
<thead>
<tr>
<th>Cumulative LSOAs</th>
<th>Remaining LSOAs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1%</td>
</tr>
<tr>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
</tr>
<tr>
<td>2010</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: Indices of Multiple Deprivation 2007, 2010 & 2015, CLG

In the 2015 results, West Lancashire is ranked 164th out of 326 local authorities in England. This places it right in the middle nationally. However, varying levels of deprivation can be found within the Borough. Almost one in five (or 20%) of SOAs in West Lancashire fall within the worst 20% nationally, suggesting that resources should be aimed at tackling deprivation in these areas.

Skelmersdale has some of the worst levels of deprivation found across England. The 14 LSOAS in the Borough that fall in the worst 20% deprived neighbourhoods nationally are all located in Skelmersdale. This means that almost two thirds (61%) of the 23 LSOAs that make up Skelmersdale fall within the worst 20% of deprived neighbourhoods. These LSOAs are within the wards of Birch Green, Digmoor, Moorside and Tanhouse.

Conversely, the Borough also has some of the lowest levels of deprivation found across England. 21 of the Borough’s 73 LSOAs (29%) fall within the 20% least deprived neighbourhoods nationally. Those LSOAS in the least deprived areas are found in Ashurst, Aughton, Ormskirk, Hesketh-with-Becconsall, Parbold, Tarleton, Up Holland and Wrightington.

Those LSOAs that feature in the most deprived areas of the country (top 3%) stem from Birch Green, Digmoor and Moorside, whereas an LSOA in Aughton Park features in the least deprived areas (bottom 3%)
Table 1.6 Comparison of most deprived LSOAs in West Lancashire, 2015 IMD

<table>
<thead>
<tr>
<th>Cumulative LSOA’s</th>
<th>Remaining LSOAs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>West Lancashire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of SOAs</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of SOAs</td>
<td>1%</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cumulative LSOA’s</th>
<th>Remaining LSOAs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skelmersdale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of SOAs</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Percentage of SOAS</td>
<td>4%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Indices of Multiple Deprivation 2015, CLG

Chart 1.13 Overall deprivation in West Lancashire

In Charts 1.13-1.20, the areas with the worst deprivation levels are shown in the darker colours.

- Overall, the worst deprivation levels are concentrated in Skelmersdale, particularly in the wards of Birch Green, Tanhouse and Digmoor.
- Other relatively high levels of deprivation are found around Ormskirk and Burscough and the rural areas in the north and south.
- Areas such as Hesketh Bank, Aughton and Parbold are amongst the least deprived areas.
The Income deprivation domain measures the proportion of people in an area who are living on low incomes. This is done by looking at people who are on means-tested benefits such as Income Support and Working Families Tax Credit.

Income deprivation is at its worst in Skelmersdale where jobs are less skilled, wages lower and a greater proportion of residents claim benefits and job seekers allowance. After Skelmersdale, the levels of deprivation are high in North Meols (Banks), predominately an agricultural / horticultural business area, and in Ormskirk and Burscough.

This domain measures the involuntary exclusion of the working age population to employment, by looking at people who claim benefits.

In West Lancashire, employment deprivation levels are highest in Skelmersdale. This is followed by pockets of employment deprivation in Ormskirk (Scott Ward), Burscough (East) and North Meols. The least deprived areas are seen in the eastern parishes and Aughton / Ormskirk – most likely as a result of stronger transport links to employment, and their geographic location to commuter corridors, such as the Preston-Liverpool and Southport – Manchester rail lines, and the M6.
This domain looks at the population with high rates of premature death, or whose quality of life is impaired by poor health or disability. In West Lancashire, health deprivation levels are worst in Skelmersdale. This is followed by pockets in the urban areas in Ormskirk and Burscough and in the rural areas, particularly in the north. Rural areas typically have more difficulty accessing health care due to their remote nature.

This domain has two sub-domains it uses to capture deprivation - one that looks at education deprivation for children and young people in the area, and another for lack of skills and qualifications among working-age adults.

In West Lancashire, education deprivation levels are worst in Skelmersdale. This is followed by pockets in the urban areas in Ormskirk and Burscough and in the rural areas in the north within Tarleton, Hesketh Bank, North Meols and Aughton and Downholland.
This domain looks at deprivation in the local environment in two ways: the “inside” environment, which looks at the quality of housing, and the “outside” environment which looks at two measures of air quality and road traffic accidents.

In contrast to other domains, Skelmersdale LSOAs perform better than many of their rural counterparts for living environment deprivation (‘LED’). LED levels in 2015 are worst in the rural areas of Bickerstaffe, Lathom, Aughton and Downholland, Scarisbrick, Tarleton and North Meols.

The crime deprivation domain measures the risk of personal and material victimisation at a local level, using Police Force data including indicators on burglary, theft, criminal damage and violence.

In 2015, Birch Green and Digmoor in Skelmersdale have the worst crime deprivation ranking, followed (surprisingly, perhaps) by Aughton and Downholland. Areas of Newburgh, Parbold and Wrightington have some of the least deprived areas under this domain.
This domain looks at barriers that local people have to obtaining suitable housing, and in accessing local services in terms of distance.

Skelmersdale performs reasonably well in this domain due to the services that are accessible from the area, although the standard of housing is generally poor. In this domain, the worst performing areas are in the rural areas of the Borough, where housing availability and affordability is poor and services are more difficult to access due to the isolated nature of the rural areas.

Sources: WLBC 2016 (Indices of Multiple Deprivation 2007, 2010, 2015, CLG)
1.4 Likely future baseline

Without any intervention from the Local Plan, the following scenarios are deemed likely:

1.4.1 Population, including Older Persons

The population is expected to increase to 116,200 people by 2037 (a 3.6% increase on the 2014 baseline figure). The proportion of the population who are aged will also increase significantly (76.5% on the 2014 baseline figure of people aged 75 and over). An ageing and increasing population incurs additional costs, for example to provide more pensions for longer periods. In addition, the proportion of the working age population will decrease and so fewer workers will be forced to support more, placing pressures on financial systems.

Without intervention from Local Plan policies requiring specialist and / or elderly, as well as affordable, housing, it is likely that there could be a severe shortage of suitable accommodation to meet the needs of certain different sectors of the population. Similarly, without appropriate allocations of land to meet general housing needs, the working age population in the Borough could be constrained. These scenarios could influence statistics such as health and deprivation (e.g. levels of employment). However, even with Local Plan policies in place, it is unlikely that the different accommodation needs will be met in full, as other considerations (e.g. markets, and viability of development, and central government policy) have a significant influence, and can constrain the Council’s ability to facilitate the provision of specialist and / or affordable housing.

1.4.2 Health

Life expectancies will continue to increase with improvements to lifestyle and health care. However it is likely that parts of West Lancashire will continue to remain behind national rates. Health gaps between the most and least deprived areas are unlikely to narrow. Health problems linked to poor lifestyle and opportunities will probably continue to increase, particularly in Skelmersdale. Health and care mechanisms, for both carers and sufferers, need to be in place to support the ageing population, as dementia, immobility and social exclusion problems increase.

The effects of climate change (covered in the Paper on Climate Change, Energy and Flooding) may have an impact on the health of West Lancashire residents, with colder winters and hotter summers perpetuating ailments such as hypothermia and heatstroke.

1.4.3 Crime

Crime levels will be likely to remain lower than regional and national rates given the rural nature of the Borough. However it could be that there will be some increase in crime rates.

1.4.4 Skills and Education

Skills and education levels will still fall behind national levels, particularly in deprived areas such as Skelmersdale. Low education and skills limit the opportunities for employment.

1.4.5 Deprivation

The gap between the most and least deprived areas of the Borough is unlikely to lessen. The most affected area, Skelmersdale, will continue to lag behind the rest of the Borough suffering from lower income, poorer health, poorer education and, lower employment opportunities, but possibly retaining the better living environment.

Climate change may create impacts on deprivation as a result of rising energy and fuel costs and increasing transport costs.
1.5 Local Plan Issues

The evidence base has identified a number of issues that will need to be addressed in the Local Plan Review. These are as follows:

- The number of people in the Borough is increasing relatively slowly, but steadily.
- The population is ageing, with the older age cohorts projected to increase very significantly number- and percentage-wise over coming years. Conversely, the working age population is projected to remain relatively static.
- This change in the make-up of the population is likely to lead to significant impacts by placing increased demand on the provision (availability, accessibility and variety) of housing, services, health care, and appropriate training / jobs for the older population whilst the number of persons able to contribute towards providing such services decreases proportionally.
- There is a need to reduce social exclusion and promote independent living. This includes ensuring people can engage with communities and access social opportunities and improving access to facilities / services and transport.
- There are disparities and inequalities in health, life expectancies, education levels, and consequent job opportunities (which in turn can contribute towards general deprivation) across the Borough, these disparities being most marked between Skelmersdale and areas such as Aughton, Parbold and Tarleton.
- There are varying levels of deprivation, with the highest levels generally found in Skelmersdale. Consequently, there is a need to regenerate and revitalise the town to help address some of the issues listed above.

1.6 Data Limitations

Much of the population data in this Thematic Paper stems from the 2011 Census. Due to cost-cutting over recent years, there has been a sharp decrease in the collection and availability of data for analysis. There is also little data available on the issues affecting young people. Some information is unavailable at ward level and so cannot show differences between different areas of the Borough.