Burnley Together
Health & Wellbeing

Breathe Fair:
Housing and Respiratory
Health in Burnley

Clare Jackson

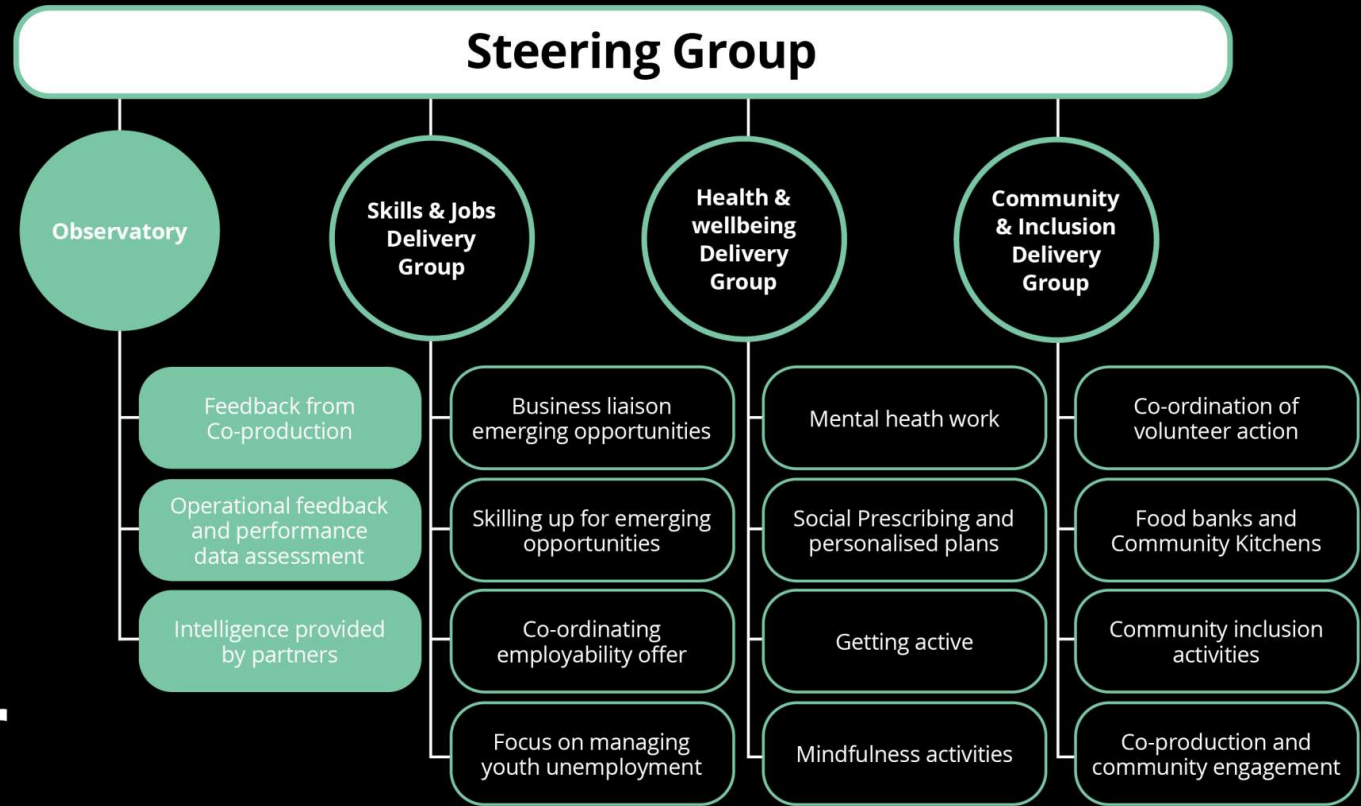Head of Policy and Engagement

Burnley Borough Council

Lucy Astle

GP and Health Inequality Lead

Burnley

Health & Wellbeing Partnership

"**Add Years to Life and Life to Years**"

In order to achieve this aim...

The overall SMART aim of the project

We need to ensure...

Key areas / themes you need to influence or work on (primary drivers)

Which requires...

Identify the standards / expectations with the key area / theme (secondary drivers)

Ideas to ensure this happens

Potential tests of change to achieve your secondary drivers

To improve identification and support for people experiencing housing and respiratory problems in Burnley

Communication

- Standardised and inclusive information for people and communities
  - Develop a *Keep Well in Winter* campaign for social media under the Burnley Together branding.
  - Develop a *Keep Well in Winter* toolkit for partners to share key messages via non-social media channels.
- Accurate and accessible information for professionals and partners
  - Develop and maintain an online space where partners can access accurate and up-to-date information.
  - Develop a pathway for referrals from health and community to the Council

Service Mapping and Re-design

- Mapping existing services
  - Create a database of existing services, recording standard information about each service.
  - Map the database of existing services to the NHS Population Health model.
  - Identify any gaps in current services, linking to the Population Health Model
- Understanding new services and innovations
  - Link with individuals and / or group who have / or are developing new and relevant innovations.

Data and Intelligence

- Partner collaboration to explore and understand data
  - Form a group with representation from primary and secondary care, Burnley Council, and Calico to explore existing data which is anonymised or covered by existing data sharing agreements.
  - Understand if new data and accompanying data sharing agreements are needed
- Understanding the voice of communities
  - Link with organisations to understanding collaboration and coproduction methods: Poverty Truth Commission and Citizen Jury
  - Visit existing community listening events to understand issues
- Understanding existing research and evidence
  - Link with UCLan and other academic institutions to understanding existing research and evidence

Data and Intelligence

With thanks to

Ian Frankland

Hazel Swarbrick

Ruth Trevena

Helen Arthur

Cat Robinson

Housing Stock Modelling Report

Prepared for Burnley Council October 2023

- 42, 123 dwellings: 63% owner occupied, 22% private rented, 15% social rented

- Category 1 hazards in 23% private rented sector, with highest concentration in Daneshouse with Stoneyholme, Trinty and Bank Hall

- Fuel Poverty highest concentration: Trinty, Bank Hall and Brunshaw

- Excess cold highest concentration: Cliviger with Worsthorne, Daneshouse with Stoneyholme, and Trinty

Emergency Respiratory Admissions, Priority Wards Burnley,

Electoral Wards; Bank Hall, Daneshouse with Stoneyholme, Rosegrove with Lowerhouse and Trinity

Data: 5th March 2025
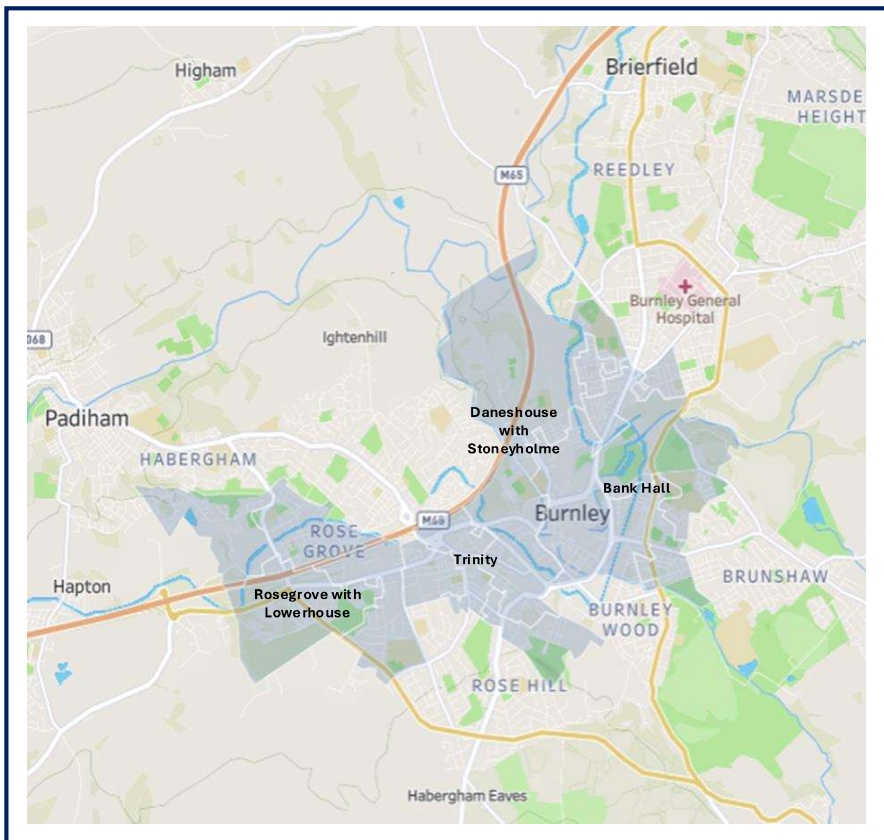
The map left details the geographical footprint for these specific wards, some of the most deprived areas of Burnley:-

- **Bank Hall** – has a total population of 7,873 it has the highest rates of overall emergency admissions and A&E attendance compared to other Burnley Wards. Bank Hall has the highest rate in respiratory related emergency admissions, driven by adult population. This ward has the fourth highest prevalence rate of Asthma. 100% of the population within this ward live within the most deprived IMD decile, IMD 1.

- **Daneshouse with Stoneyholme** – has a total population of 9,009 with a relatively high A&E attendance rate (ranked 4th within Burnley) having the highest rate in overall emergency admissions however the lowest rates of respiratory related admissions for all ages. There appears to be lower prevalence of COPD and Asthma identified within this ward. The age profile for this ward in comparison to Burnley overall, has the highest proportion of population aged 0-17 and has a much lower proportion of older adults although has the highest proportion of older people in poverty, income derivation (IDAOPI). 100% of the population within this ward live within the most deprived IMD decile, IMD 1.

- **Rosegrove with Lowerhouse** – has a total population of 7,293 with average levels of emergency admission and A&E attendance rates. 49% of the ward population live within the most deprived IMD decile, IMD 1 with 76% living within IMD1&2, Core 20.

- **Trinity** – has a total population of 7,942 with the second highest rates of emergency admissions and 5th highest A&E attendance. Within Burnley this ward has the highest rates of respiratory related emergency admissions for children. This ward also has the highest index proportion of child poverty, income deprivation (IDACI). 86.9% of the population within this ward live within the most deprived IMD decile, IMD 1.

Emergency Respiratory Admissions, All Burnley Electoral Wards

Burnley Electoral Wards	IMD	Total Population	No. of Respiratory System Emergency Admissions (Last 12 months Dec-23 - Nov-24)	Respiratory Emergency Admissions Rate Per 1,000	Overall Emergency Admissions Rate Per 1,000	A&E Attend Rate Per 1,000	COPD Prevalence Rate Per 1,000	Asthma Prevalence Rate Per 1,000	Households with Overcrowding based on Overall Room Occupancy	Estimates of the Proportion of Households in Fuel Poverty (%)	Child Poverty, Income Deprivation Affecting Children Index (IDAC) % Proportion 2019
Bank Hall	61	7,873	132	16.8	141.6	674.0	34.3	78.8	8.9	18.5	32.0
Briercliffe	15	5,843	87	14.9	105.9	554.9	20.7	78.6	2.0	11.3	10.7
Brunshaw	39	6,625	82	12.4	120.2	546.3	38.0	80.6	4.7	16.0	24.7
Cliviger with Worsthorne	11	5,120	56	10.9	73.7	416.9	21.9	75.2	1.6	10.3	5.0
Coal Clough with Deerplay	31	5,485	81	14.8	112.3	552.4	35.0	87.1	3.2	16.2	19.5
Daneshouse with Stoneyholme	59	9,009	75	8.3	152.5	659.2	13.8	71.7	18.2	24.2	30.8
Gannow	35	6,674	77	11.5	115.1	587.5	29.2	77.5	4.1	15.2	23.1
Gawthorpe	41	6,818	101	14.8	124.4	556.0	44.6	68.5	6.2	17.5	30.5
Hapton with Park	31	6,820	114	16.7	119.7	590.4	31.4	76.7	3.9	15.4	23.7
Lanehead	30	7,268	71	9.8	108.5	663.2	28.5	77.2	3.7	16.1	23.0
Queensgate	45	7,843	89	11.3	134.5	669.2	22.3	64.4	5.2	17.0	25.1
Rosegrove with Lowerhouse	42	7,506	90	12.0	130.2	558.8	38.4	70.6	4.4	17.5	32.5
Rosehill with Burnley Wood	45	6,899	89	12.9	126.2	558.5	32.3	80.3	4.4	17.5	31.8
Trinity	62	7,942	114	14.4	143.8	640.3	32.9	71.3	6.4	18.6	41.4
Whittlefield with Ightenhill	16	5,989	71	11.9	105.0	462.9	23.5	75.2	2.4	7.8	10.1
All Burnley Wards	**38**	**103,714**	**1,329**	**12.8**	**120.5**	**587.6**	**29.7**	**75.3**	**5.1**	**15.9**	**25.5**

Emergency Respiratory Admissions, Priority Wards Burnley,
Electoral Wards; Bank Hall, Daneshouse with Stoneyholme, Rosegrove with Lowerhouse and Trinity
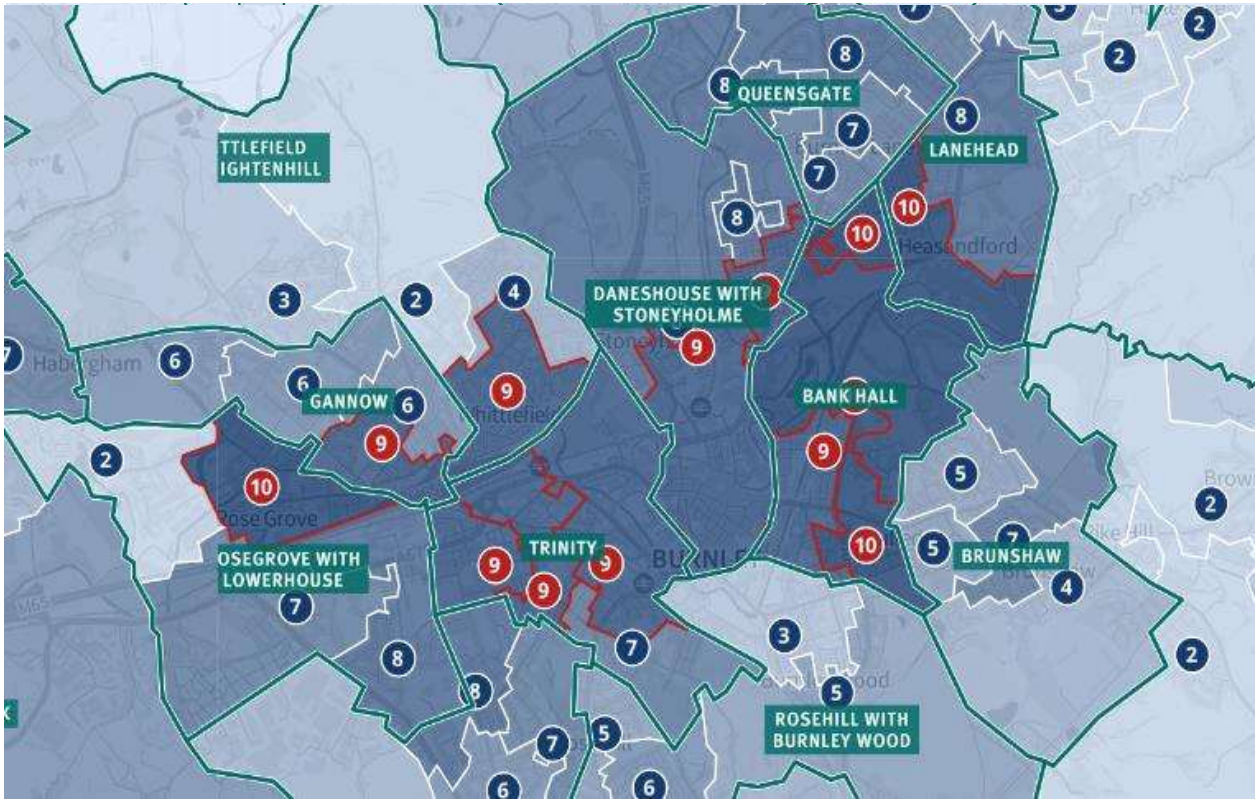
Shape Place Tool:

Map showing the ward and MSOA boundaries.

The air pollution vulnerability indicator is also shown which is based on population characteristics and the concentration of air pollution (NO2 and PM2.5) modelled for 2018.

Key:
1 and 2 : low vulnerability
9 and 10 : high vulnerability

Data sources:
Defra's Pollution Climate Mapping for 2018:
uk-air.defra.gov.uk/data/pcm-data
ONS Population Mid Year Estimates for 2018:
ons.gov.uk/.../populationestimates/datasets/...
ONS Index of Multiple Deprivation (2019):
gov.uk/.../english-indices-of-deprivation-2019
Location of vulnerable populations:
UKHSA's corporate shapefiles

Source:
UKHSA's and OHID Local Knowledge Intelligence Service
(LKIS); Air Quality Health Indicator Tool for England 2022

Research
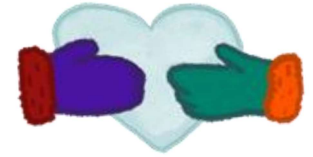
- *Rapid Conversion of Economic Evaluations (RaCEE)*

- *Lucy Astle, Reuben Larbi, Lisa Knight, Professor Andrew Clegg*

- *Paper: Costs and outcomes of improving population health through better social housing: a cohort study and economic evaluation.*
  https://pubmed.ncbi.nlm.nih.gov/28612100/

- *Intervention: retrofitting new double-glazed windows and energy efficient combi-boilers*

- *Outcome: improved health status, reduced use of health service (outpatient and A and E) attendance, reduced fuel poverty (number of rooms unheated reduced). But 20 years to recoup savings.*

Interested in participation? https://forms.office.com/e/ppZFuaPdKK
https://youtu.be/HxKhGoO-YLA

- *Rapid Conversion of Evidence Summaries (RaCES)*

- *Ghofran Al-Arbi, Zaid Farhan, Khashia Farooq, Kanita Farooq, Lucy Astle, James Hill, Katalin Ujhelyi Gomez*

- *Paper: The effect of using personal-level indoor air cleaners and respirators on biomarkers of cardiorespiratory health: a systematic review.* *https://www.sciencedirect.com/science/article/pii/S0160412021006061*

- *Intervention: portable indoor air filters, personal respirators (face masks)*

- Outcome: limited evidence reduction in blood pressure and CRP with portable air filters

Communications
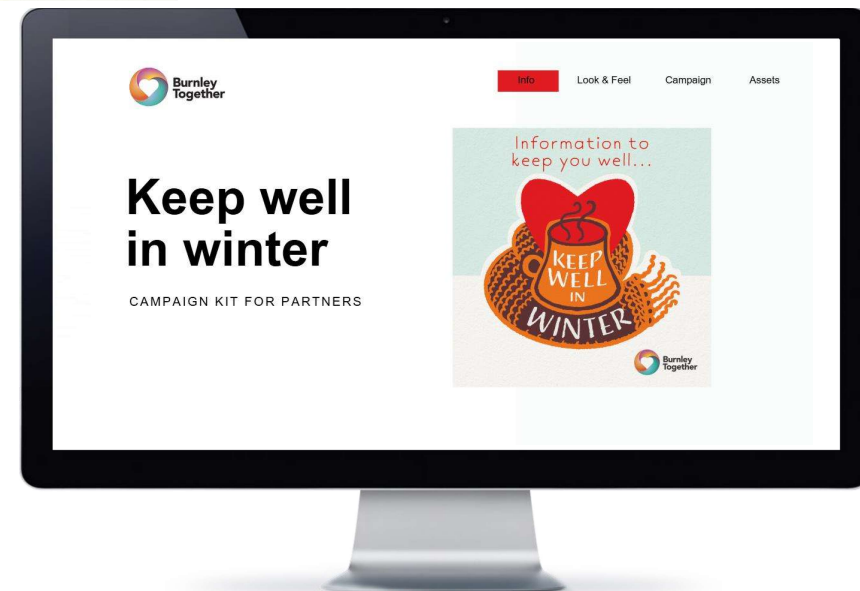
The look & feel of the campaign

Videos on digital screens

What is the campaign about?

The Keep Well in Winter campaign (Winter 2024–26) is a multi-agency, cross-sector public information campaign led by Burnley Council under the Burnley Together branding. It aims to help vulnerable residents stay warm, healthy, and supported during the colder months.

Campaign Objectives

Raise Awareness and Support Vulnerable Residents:
Increase awareness of winter health and wellbeing resources, ensuring that vulnerable residents know that they have access to the support they need.

Promote preventative health measures:
Encourage residents to take preventative health actions including getting vaccinated and preparing their homes for winter.

Increase Awareness of Financial Support:
Inform residents about available financial support during the cost-of-living crisis (winter related).

Strengthen comms partnerships:
Collaborate effectively with public sector partners to amplify campaign reach and impact.

Key Audiences

- people aged 65 years and over
- people with long-term health conditions such as cardiovascular or respiratory disease, or a mental health condition
- pregnant women
- young children (particularly those aged 5 and under)
- people with learning disabilities
- people at risk of falls
- people who live alone and may be unable to care for themselves
- people who are housebound or have low mobility
- people living in deprived circumstances

Keep Well in Winter 2024 metrics

Partners engaged in the 2024 campaign

Public sector
- East Lancs NHS Trust
- Family Hubs
- HCRG Care Group
- ICB
- Lancashire County Council
- PCN East and West
- The Calico Group
- Burnley Leisure

Voluntary & Community Sector and more..
- Age UK
- BPRCVS
- CGL Inspire
- Citizens Advice East Lancashire
- Home-start in East Lancashire
- Smoke Free Lancashire
- Outdoor Town
- Active Lancashire

Delivery and recommendations for our next campaign

- 17 social posts reaching over 84,000 views.
- We had a consistent visual identity under the Burnley Together brand and a toolkit of ready-to-go assets for local use.
- Posts that offered clear, tangible help (like the HUG Grant or Handyperson Service) performed best.
- Posts about vaccines and NHS advice didn't perform as well (Reword health posts to sound local and community-led.)
- Click-through rates were low overall, indicating a need for clearer calls to action. (Lead with benefits: 'Save money, stay warm)
- Planned offline elements (e.g. community events, printed materials, billboards) were not delivered due to budgets at the time (budget allocated for 2025)
- Partner reach was hard to measure (introduce more monitoring)

Campaign vs Average Burnley Council Posts
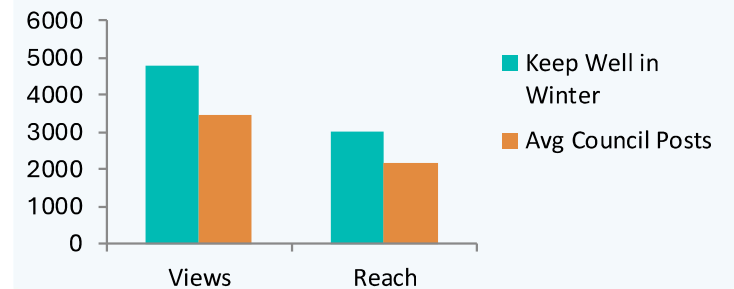
Top Performing Campaign Posts
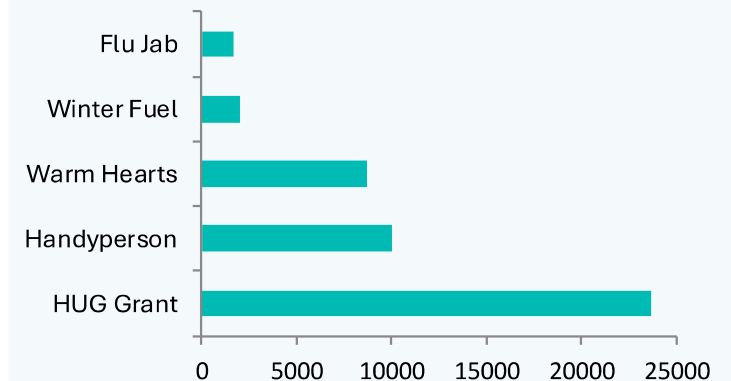
What's next for the campaign

- Ward-targeted communications using data from the Housing Stock Modelling Report and respiratory health data.

- Multi-channel campaign (Oct–March) focused on priority wards:
- Social media campaign, including paid ads targeted by ward
- 7,000 printed leaflets distributed across around 140 community and partner settings
- Ward-specific A4 posters on each of the key messages
- A6 postcards for staff and volunteers to hand out in community settings
- GP practice TV screens and waiting room rotation
- Digital billboard advert on the Keirby Hotel roadside screen

Service Mapping & Re-Design

With thanks to

Saraj Mohammed

Hazel Swarbrick

BURNLEY HOUSING AND RESPIRATORY MATRIX

	Prevent	Early Intervention	Staying Well	Rising Risk	Risk Management	Crisis
Cohort	No long-term conditions (LTC). No risk factors (e.g., smoking. Rarely unwell.	No LTCs. Risk factors present e.g., smoking, poor housing, Rarely unwell.	1 LTC. No risk factors. LTC well managed and does not impact on life	1+ LTC, co-morbidities, and risk factors. Regular illness. Mild or moderate frailty.	3+ LTC, multiple risk factors. Regular exacerbations. Severe frailty.	Could be any patient from any group presenting at crisis point (crisis may look different to each individual)
Ideal Outcome	Stay well, maintain healthy lifestyle and routine health checks and vaccinations	Patients supported to reduce risk factors e.g., stopping smoking, support with poor housing.	Patients supported to manage their LTC and remain in 'Staying Well'	Assist patients to reverse co-morbidities e.g., obesity or frailty, and to reduce risk factors. Maintain some wellness.	Multi-condition care via MDT approach. Assist patients to reduce multiple risk factor. Proactive care planning	Reduce number of crisis presentations and support patient to return to their baseline cohort
Interventions	• Enhanced/NHS health check • Vaccinations (flu, COVID, pneumococcal) • Public Health Campaigns	• All previous plus: • Social Prescribing (SP), Health and Wellbeing Coach (HWBC) • Housing support • Smoking Cessation • Inspire • Up & Active	• All previous plus: • Holistic LTC review • Pulmonary Rehabilitation • Respiratory HWBC • Escalation care plan • Lung health checks	• All previous plus: • Outreach approach • Proactive care plans • Multi-Disciplinary Team (MDT) approach where needed • Mental health support	• All previous plus: • MDT /INT • IHSS/ICAT • Hospice/Palliative care where needed • Secondary Care • Social care • Enhanced mental health support	• All previous plus: discussion with patient to understand what led to crisis, to provide proactive care plan to mitigate risk

Housing and Respiratory Support - Health

Pulmonary Rehabilitation

Pulmonary rehabilitation is a course designed to help patients with long-term lung conditions Link

Access

Self refer - 01282 805514

GP or Consultant referral

PCN

- Annual respiratory review and holistic health check at outreach locations
- Support registering with a GP practice
- Enhanced health checks

Access

Burnley East: Website

Email: email:burnley.eastpcn@nhs.net

Burnley West: Website

Email: bwpcn@nhs.net

GP Practice

- Annual Respiratory Review
- Medication Review
- Diagnosis of respiratory conditions
- Treatment for exacerbations/infections

Access

On-line, telephone, or in person to own practice

Intensive Home Support Service (IHSS)

Care at home provided by East Lancashire Hospitals NHS Trust (ELHT) Link

Clinical staff will assess, investigate, support and help avoid any unnecessary hospital admissions

IHSS offers urgent assessments **within 2-hours** of referral for patients with respiratory conditions.

Access -

GP practice telephone referral on 01282 805989

Patients with respiratory conditions can be referred for a welcome pack via email from GP practice datamailbox@elht.nhs.uk

Children's Respiratory Service

Multi-professional service provided by ELHT Children and Young People's Services. The team provide a range of support for children and young people with respiratory conditions Link

Access

GP practice referral or emergency department or secondary care referral

Integrated Neighborhood Team (INT)

Support patients with multiple health problems, to better coordinate health and social care services. Link

Access

GP practice or secondary care referral

Housing and Respiratory Support - Housing

Calico

Calico support tenants with housing concerns, and also offers health and wellbeing support Link

Access

Self-refer: 01282 686 300, via website or app, or in person (office open 9am to 5pm, Monday to Friday, Croft Street, Burnley (next to the bus station)

Home Improvement Agency

The Home Improvement Agency is available for older or disabled people who need help repairing, maintaining or adapting their home Link

Access

Self-refer: 01282 477234 or via website enquiry form

Housing Standards

Support tenants in private rented property to improve standards of housing Link

Access

Self-refer: 01282 475883 or via website

Home Fire Safety Checks

Lancashire Fire and Rescue offer free home fire safety checks to assess risks and help to support safety within the home Link

Access

Self-refer: 0800 169 1125, or via website

Partner agency referral via website

Homelessness Support

Burnley Council has a duty to assist people who are homeless or at risk of homelessness Link

Access

Self-refer: via website to present in person to the Contact Centre, Parker Lane, Burnley (for support with completing the online application)

URGENT emergency assistance, please call 020 4623 0977

Charity Support

Emmaus Burnley support people who have experienced homelessness to live and work in an Emmaus Community. Link

Church on the Street (COTS) support people who are currently homeless or at risk, to navigate services including health, housing and social care Link

New Neighbours Together (NNT) support asylum seekers and refugees Link

National Energy Action (NEA) is a national charity offering advice and support around fuel poverty Link

Housing and Respiratory Support - Additional Services

Citizens Advice

Citizen's advice offer support and advice around all aspects of housing, benefits and more Link

Access

Self-refer: 0808 278 7975, via website, or in person (Calico Building, Croft Street, Burnley)

Down Town

Burnley Together's one-stop hub for support Link

Access

Self-refer: in person Charter Walk Shopping Centre (above New Look), Burnley

Smoking Cessation - Smoke Free Lancashire

Stop smoking service offering face to face and virtual support Link

Access

- Self-refer: 0808 196 2638 or via website

My Quit Route - App download at Apple or Google

Social Prescribing (BPRCVS)

Offering support with multiple issues including housing, finances, health and wellbeing Link

Access

- Self-refer: 01282 433740 or via website, or GP or partner referral

Work Well

Support for people with low-level health conditions to start, stay or succeed in work.

Link

Access

Self-refer: 01282 686510 or via website

We are with you - Substance Misuse

Provide free and confidential support to young people experienc challenges with drugs and alcohol. Link

Access

Self-refer: 0808 164 0074 or via website

Inspire - Substance Misuse

Inspire empower patients to tackle drug and alcohol use. Link

Access

Self-refer: 01254 495 382, via website, in person 37-41 Westgate, Burnley, or GP or partner referral

Respiratory Health and Wellbeing Coach

Burnley Leisure service for patients with respiratory conditions to access exercise programmes and build their respiratory health Link

Access:

Self refer: via website or GP or secondary care referral.

Family Hubs Network

Offering support for families with children, from pregnancy to 19 years (or 25 with SEND)

Access

Burnley Family Hub Facebook page, Family Hubs at Tay St, Burnley Wood Burnley Zone & Family Whittam Street, The Chai Centre, Ightenhill Centre

Next steps...

With thanks to

Dr Lucy Astle

Burnley Together
Health &
Wellbeing

Refining aim and measuring improvement

"To reduce respiratory emergency admission rates for Burnley by 10% by 1st June 2026"
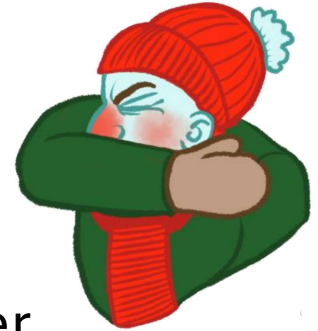
Tests of change:
- Housing and respiratory matrix
- Leaflet
- Social media campaign

Delivery — *speed and delivery of services*
1. How many?
2. How often?
3. Time taken
4. Failure/Reliability Rates
5. Utilisation

Quality — *what is the quality of the service, what does good look like?*

Controls
1. Patient Outcomes
2. Internal Outcomes
3. External Outcomes

Cost — *what is the cost of not getting it right?*
1. Cash Releasing (freeing up staff time/staff hours WTE)
2. Non Cash releasing (Sickness levels/prevention work/equipment use)
3. Cost of Non Value Added steps

People — *experience of our patients and staff*
1. Patient Experience
2. Staff absence
3. Staff Turnover
4. Complaints
5. Incidents
6. Confidence
7. Training

1. Outcome Measures:
Reflect the impact on a patient and demonstrate the end result of doing things. This means that they should directly link to and "prove" if your overall aim has been achieved

2. Process Measures:
Reflect the things that you do (processes) and how systems are operating. They show how well you are delivering a change that you want to make.

3. Balancing Measures:
Measure whether unintended consequences have been introduced elsewhere in the system

Measures

- Outcome measure: respiratory emergency admission rate per 1000.

- Process measures:
  - Referrals to matrix organisations (Burnley Council Housing Standards, Pulmonary Rehabilitation, Smoking Cessation, Intensive Home Support Service)
  - Interaction with social media posts
  - Feedback on leaflet

- Balancing measures:
  - Professional networking and connections

Questions for discussion

How do we ensure that people most affected by poor housing and respiratory conditions are actively involved in the project?

What ideas hold most promise for meaningful, equitable change?

How can we be research informed?

How can we measure and evaluate change?

Burnley Together
Health & Wellbeing

Thank you

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