Report of the Director of Public Health

Agenda Item No: 6
Meeting: 14 June 2013

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

JOINT STRATEGIC NEEDS ASSESSMENT

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To remind Health and Wellbeing Board members of the context and process for refreshing the Joint Strategic Needs Assessment, to present the final suite of documents and to seek support for disseminating the information.

2. BACKGROUND INFORMATION

2.1 The Health and Social Care Act 2012 (the HSC Act) establishes Health and Wellbeing Boards (HWB) and gives them specific functions, including the requirement to prepare a Joint Strategic Needs Assessment (JSNA), which is a duty of Local Authorities and Clinical Commissioning Groups, and the preparation of a Joint Health and Wellbeing Strategy (JHWS).

2.2 JSNAs are local assessments of current and future health and social care needs that could be met by local agencies. They are unique to the area and should encompass current and future health and social care needs of all ages across the life stages, including a rigours analysis of children and young people's needs.

2.3 JHWSs are prepared to meet the health and social care needs identified in the JSNA. As with JSNAs they are produced by HWBs and are unique to the local area. They should explain what health and wellbeing priorities the HWB has set in order to tackle the needs identified in their JSNA's. They should set priorities for joint action which make a real impact on people's lives across all life stages.

2.4 The process for refreshing the JSNA has been underway since 2012, initially led by Public Health and latterly through the multi agency Joint Strategic Assessment (JSA) Working Group. As part of the refresh, the draft findings of the JSNA have been considered at a range of key partnerships, boards and groups (including the shadow HWB, CCG Engine Room, Executive Strategic Commissioning Board, Children's Trust Board, Integrated Commissioning Partnership and Integrated Working Partnership) and the emerging priorities for the JHWS has been directly informed by the key issues arising from the JSNA and community voice.

2.5 At the shadow HWB on 23 October, Board members agreed the JSNA in principle pending the inclusion of further information in relation to 'place', additional elements in relation to disabilities and a sharper focus on assets and areas for development.

2.6 The JSA Working Group has continued to meet and in collaboration with wider colleagues, the proposed changes have now been made. Members of the JSA Working Group have undertaken work to develop the JSNA suite of documents which includes:

- JSNA Executive Summary
- JSNA Evidence Base
- Summary Document
- Infographic Sheets for each of the life stages, population, place and vulnerable groups
- Stories across all of the life stages
- Presentation

3. OPTIONS FOR CONSIDERATION

3.1 It is proposed that the HWB acknowledges the work undertaken to refresh the JSNA.

3.2 The JSNA suite of documents is a means of ensuring the information and key messages from the JSNA are accessible and leaders and managers within services and agencies are requested to take responsibility for ensuring the dissemination of the information and key messages to the wider workforce and the population of North Lincolnshire as appropriate.

4. ANALYSIS OF OPTIONS

4.1 The completion of the refresh of the JSNA ensures that the HWB complies with its statutory duties as outlined in the HSC Action.

4.2 The suite of documents provides a range of medium to ensure the key messages from the JSNA are accessible to the workforce and the population of North Lincolnshire and whilst provides a varying level of detail and links to other supportive information and documents as appropriate. The developing suite of documents has been shared with a range of partnership groups, and they have been published and disseminated. The executive summary and the infographic sheets are attached for information, though the whole suite of documents is housed on the Data Observatory which can accessed through the North Lincolnshire Council website or via following link: http://nldo.northlincs.gov.uk/IAS_Live/

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

5.1 The JSNA itself does not have resource implications but it will inform priorities for future commissioning.

5.2 The JSNA will ensure that priorities are identified and that resources are directed to these and that the impact and effectiveness of these resources is monitored.

5.3 The priorities emerging from this JSNA have informed the key priorities of the JHWS. These priorities address current needs and inequalities as well as future needs, and the underlying causes of these. Many of the issues highlighted in the JSNA have already informed the strategic priorities within the 2012/13 Children and Young People's Plan, the CCG Single Integrated Plan for 2012/13, and Adult Social Care Commissioning Strategies and should be carried forward into 2012/16. The annual refresh of these plans will also need to consider any additional evidence highlighted in this years JSNA and any further evidence which may emerge as the JSNA evidence base is refreshed.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 The aim of both JSNA and JHWS is to improve the health and wellbeing of the local community and reduce inequalities for all ages by influencing the joint actions of commissioner and provider agencies. The impact will monitored nationally through the national Public Health Outcomes Framework, the NHS, and the Children's Health Outcomes Framework and locally through the HWB, local Scrutiny and Healthwatch.

6.2 The JSNA considers inequalities in health and social care needs by gender, race and disability, where possible and where data is available. Consistent and representative information on inequalities by faith and sexual orientation is not yet available for objective and statistically valid analysis.

6.3 The JSNA informs the development of the JHWS which is subject to an integrated impact assessment.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 The production of the refreshed JSNA has been informed by a range of published consultation reports, reviews and engagement sessions with the population of North Lincolnshire (throughout the life stages). The process for refreshing the JSNA has also involved a range of partnerships, boards, groups and members of the workforce. The development of the suite of documents and the strategy will bring about further opportunities to engage with the workforce and the population. Over time, the aim is to develop and strengthen the ongoing engagement of the population and the workforce as part of the ongoing refresh of the JSNA, which will be monitored and managed via the JSA Working Group.

8. RECOMMENDATIONS

That the Health and Wellbeing Board

8.1 Accepts the final version of the JSNA and acknowledges the suite of documents.

8.2 Supports the dissemination of the information and key messages and receives updates and recommendations from the JSA Working Group as appropriate.

DIRECTOR OF PUBLIC HEALTH

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Background Papers used in the preparation of this report:

- JSNA Executive Summary
- JSNA Evidence Base
- Summary Document
- Infographic Sheets for each of the life stages, population, place and vulnerable groups
- Stories across all of the life stages
- Presentation

Adding life to years and years to life

Securing the future together

North Lincolnshire's Joint Strategic Needs Assessment 2012/13

Executive Summary

January 2013

JSNA Summary

Contents –

JSNA SUMMARY REPORT 2012/13

1. Background and Context

1.1 Introduction

All public sector and voluntary services in North Lincolnshire will face considerable challenges over the coming years. The needs of our population are changing and expectations are increasing. At the same time we are facing the additional challenge of economic recession, with both public agencies and local residents facing a period of significant financial constraint, alongside an increased demand for support and services.

All local agencies will be faced with some difficult policy decisions in the years to come, and will need to agree some key commissioning priorities. In order to meet these challenges, they will need to consider the current profile of health and wellbeing in North Lincolnshire, the factors which contribute to this, including inequalities in these wider determinants, as well as the current strengths of local services, future risks to health and wellbeing and opportunities for improvement.

1.2 JSNA in context

This is North Lincolnshire's *3rd* Joint Strategic Needs Assessment (JSNA). We began the process in 2008/9 by looking at the priority issues facing health and social care services for older people and people living with long term conditions. This was followed by a children and young people's JSNA in 2009. In 2010, this was complemented by more detailed information on adults of working age and specifically vulnerable groups. These and other key data on the economy, population and health and wellbeing, were analysed and the key findings summarised in the 2010 JSNA, with all of the supporting evidence made available on a JSNA webpage (insert hyperlink). Each of these assessments was overseen by a steering group of senior managers and shared and presented to the Children and Young People's Board, the PCT Board and the Wellbeing and Health Improvement Partnership, (WHIP). The evidence base helped shape the vision and priorities of North Lincolnshire's Strategic Wellbeing and Health Partnership (LSP), and its first Health and Wellbeing Strategy, the Children and Yong People's plan, the PCT's commissioning strategy and has informed commissioning priorities in some key adult social care areas.

1.3 JSNA process

The current JSNA was steered by a wider range of partners to reflect the new duties on local authorities. The report has been circulated for comments and presented in final version to the shadow Health and Wellbeing Board. The aim is to publish it on the Council's Data Observatory website.

Although the Health and Social Act places a statutory requirement on the local authority to produce a Joint Strategic Needs Assessment, there is nothing new about strategic needs assessments in North Lincolnshire. Children, adults and health services have been systematically reviewing local health and care needs to inform their commissioning priorities for many years. A list of recently commissioned and completed needs assessments is available in the appendix.

Some of the key documents which have informed this JSNA refresh include:

Child Poverty Needs Assessment, 2011
Joint Strategic Intelligence Assessment, 2011
Strategic Economic Assessment, 2012
The Local Development Framework
Strategic Housing Market Assessment, 2011
Pharmaceutical Needs Assessment, 2010
Adult Substance Misuse Needs Assessment, 2010/11
Children and Young People's Substance Misuse Needs Assessment, 2011
LSCB Children's Safeguarding Needs Assessment, 2011.

Much of the information contained in these and other reports, and summarised in this latest JSNA has already informed the refresh of *the Five Year Strategic Plan for NHS North Lincolnshire, (2012), the Children and Young People's Plan for North Lincolnshire, (2012),* the *Director of Public Health's Annual Report, 2012,* as well as numerous commissioning strategies, including the *Long Term Conditions Strategy*, the *Strategy for Cardiovascular Health*, the *Annual Report of the Local Children's Safeguarding Board*, the *Treatment Plan for Substance Misuse*, and the re-commissioning of local sexual health services.

The current refresh was also informed by an analysis of health and social care trends in North Lincolnshire, as well as comparisons with other local authorities and CCGs across the region and sub region. The data were drawn from a range of published sources, including the most recent NHS Atlas of Variation, data on health and wellbeing outcomes, and an analysis of data sources recommended by national guidance as informing a JSNA minimum data set. It also includes data from unpublished sources including local contract data, and administrative data sets. Local performance on key health and well being outcome indicators was also considered.

This report summarises this information, with signposts to more detailed evidence on the social, economic, environmental, health, and population trends that are likely to impact on people's health and well-being, both now and in the future. It focuses on data on health and social care needs and, where possible, signposts readers to more detailed information by localities and wards, so that a good understanding of geographic needs can be established for joint commissioning purposes.

This summary, as well as more detailed supporting data and intelligence, will be made available on the Council's data observatory and refreshed as new evidence emerges. *(Hyperlink to Data Observatory website)*

This evidence will be available in a range of formats and its production shared and overseen by a JSNA steering group which reports directly to the shadow Health and Wellbeing Board. Details on the membership of the steering group which contributed to the current JSNA are available in the appendix.

1.4 Community voice

The data review also includes softer sources of information, including qualitative research with local people, patient and user surveys, as well as consultation events with key service user groups. (For a list of documents see appendix).

In order to strengthen the community voice in the JSNA and ensure that it included the perspectives of as many people living in the area as possible, including

disadvantaged communities and groups, local residents were invited to attend a series of focus groups and road shows in each of the five localities across North Lincolnshire. The focus of this exercise was on reaching those groups who were not already represented in other complementary consultation exercises.

This consultation work took place between November and January 2012 and culminated in a stakeholder event in February 2012. The results of that day and the full report are available at *(insert hyperlink to full report and locality results).*

The JSNA Steering Group also coordinated a response to the public in the form of a 'You Said We Did' report. This has been made available to those groups and people who took part in the consultation and is available on the JSNA page of the Council's Data observatory. (Insert hyperlink to the 'You Said We Did' report).

Members of the JSNA steering group were also asked to submit the outputs of any other recent consultation with the public or with service users, including patient and user surveys. The results of these are summarised in each of the relevant sections of the JSNA with hyperlinks to the evidence base. A list of other key documents referred to in this report is also available in the appendix, *(insert hyperlinks).*

1.5 Assets based approach

Although the principles of Asset Based Community Development (ABCD) were applied to the JSNA community engagement process, it has not been possible in the time and with the resources available to apply this method comprehensively.

However this was a starting point in the discussions with residents and opened up some useful discussions with local communities about their perspectives on local health assets. Over time the aim is to develop and strengthen this approach at locality level as the JSNA is refreshed.

1.6 JSNA Story Board

In order to engage the public in the findings, and to make the links between what the community said and the JSNA more explicit, a series of short stories or case studies were developed with stakeholders and members of the community. These stories were developed specifically to encompass the life stages, including the needs of vulnerable groups and to highlight some of the key issues emerging from the JSNA evidence base.

The stories are written in the first person with links to the evidence base. These stories have been shared with a small number of residents/service users to ensure that they are accessible and readable. (*Insert hyperlinks to the stories).*

In time, the aim is to have a shadow JSNA editorial board made up of lay members to help prepare reports and briefings and to road test the readability of future JSNA material.

1.7 What is Health?

The World Health Organisation's definition of health is 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. This has been WHO's definition since 1948 and is the working definition of health used in this document.

Health is fundamental to quality of life. Sustaining and improving the health of people living and working in North Lincolnshire is a guiding principle of North Lincolnshire Council's Strategy and a core aim of North Lincolnshire's Clinical Commissioning Group.

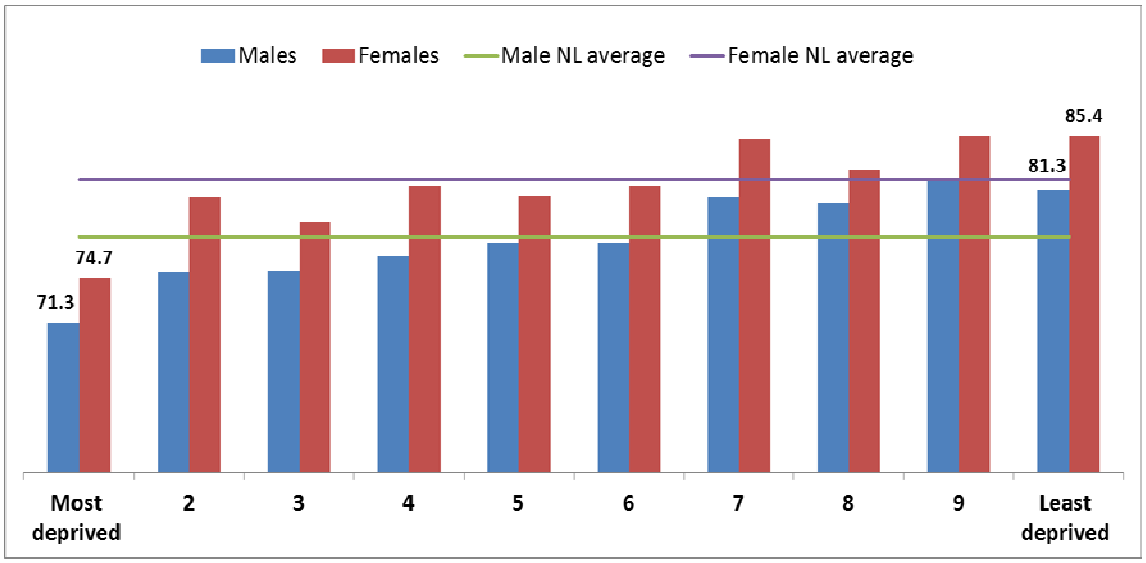
1.8 Marmot and the wider determinants of health and wellbeing

Health and wellbeing is the result of a complex interaction of economic, social, cultural, environmental and personal factors, including age, sex, lifestyle behaviours, and hereditary factors, as well as access to effective healthcare.

The impact of these factors on individuals and communities can produce differences in health outcomes between different groups. Some of these differences are naturally occurring, such as the difference in incidence of breast cancer between men and women. Others, such as differences in life expectancy between different socio economic groups, are unfair and avoidable, and are referred to as health inequities, (although the term commonly used throughout this document is health inequalities).

These inequities are evident in North Lincolnshire and can be observed right across the life course. The cumulative impact of which is a 10.7 year gap in life expectancy at birth for males, a 9.5 year gap at birth for females, and a 10 year gap in healthy life expectancy. In other words, our most disadvantaged residents are not only more likely to die 10 years before our richest residents, they also more likely to spend 10 more years in poor health.

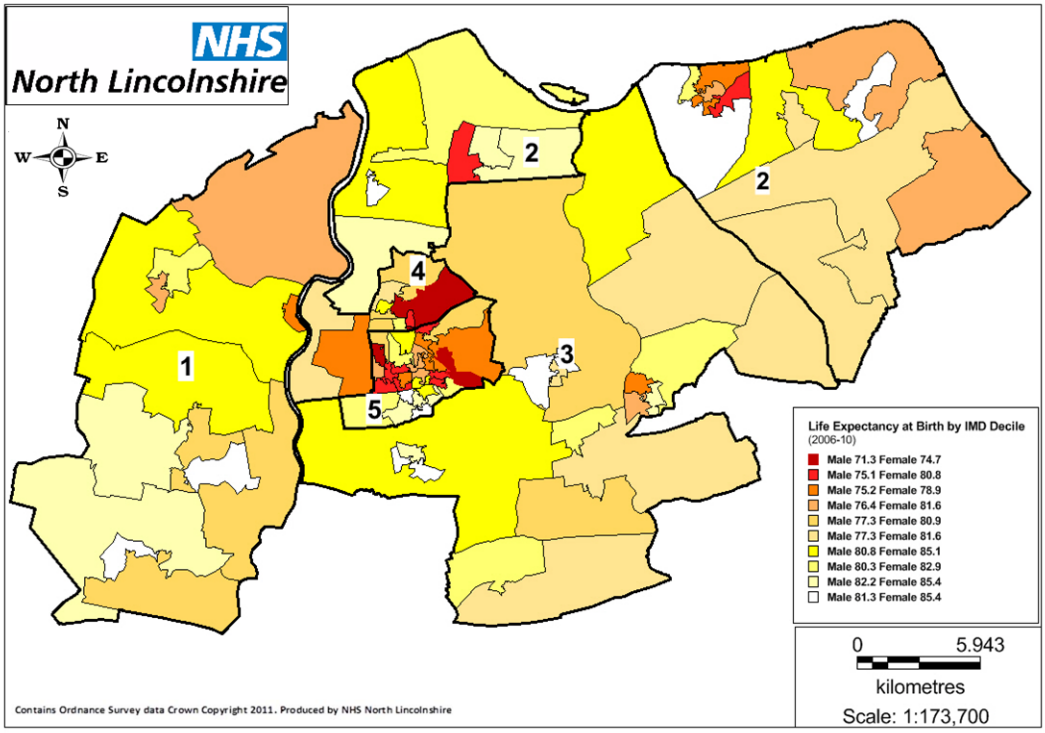
Figure 1: Life expectancy at birth in North Lincolnshire by deprivation tenths, 2006-10



This gap in life expectancy has not narrowed during the last decade, in spite of marked improvements in overall health and wellbeing, and the highest levels of average male and female life expectancy ever recorded in North Lincolnshire, currently standing at 77.8 years for males and 82.1 years for females.

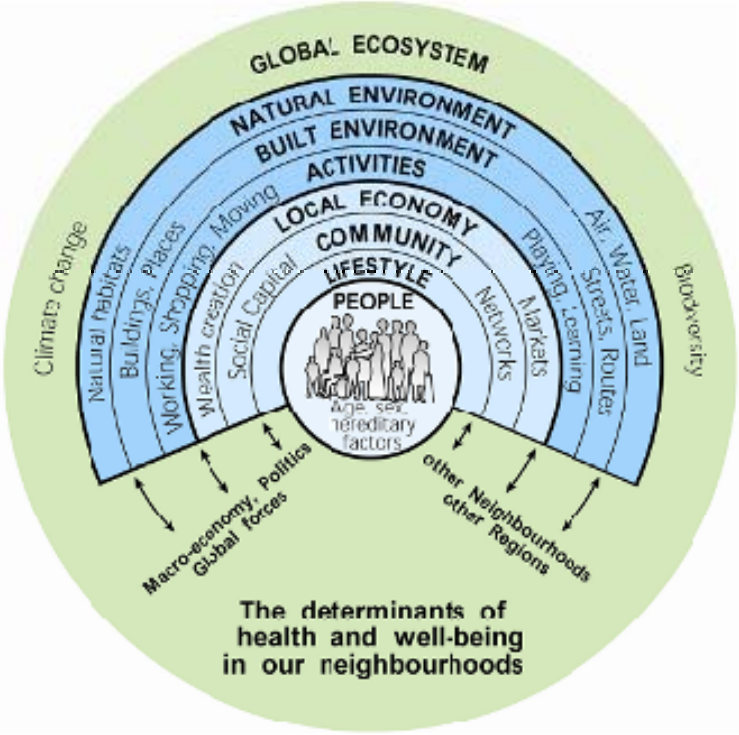
Within North Lincolnshire life expectancy ranges from 71.3 years and 74.7 years for males and females born in parts of Crosby, Town and Brumby wards, to 81.3 and 85.4 years respectively for males and females born in parts of South Axholme and Ferry wards. These differences are mostly avoidable and unfair. There is also a risk that this gap could widen further in the current economic climate, as the health impacts of recession tend to fall heaviest on the most disadvantaged residents.

Figure 2 Inequalities in life expectancy by income 10ths, (2006-10)



The body of knowledge on health inequalities and the impact of the wider determinants of health was comprehensively summarized by Sir Michael Marmot's team in the 2010 Strategic Review of Health Inequalities Post 2010 (Fair Society, Health Lives). The central finding of that review was that differences in people's health are explained to a large extent by differences in the social, economic and environmental circumstances of their lives that impact from before birth and throughout life.

Figure 3: Wider determinants of health



Source: The Health Map, Barton and Grant, 2006 – based on a public health concept by Whiteread and Dahlgren, The Lancet, 1991

'These serious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, 'bad', unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society – inequalities in the conditions in which people are born, grow, live, work, and age'. ('Fair Society, Healthy Lives. The Marmot Review')

A central message of the Marmot Review was that action taken by the NHS alone would not reduce health inequalities. Closing the health gap required action across all the social determinants of health, involving all central and local government departments, as well as the voluntary and private sectors.

Another key message of the Review was the importance of taking action right across the life course. This is because inequalities in health tend to accumulate over time, with outcomes becoming progressively worse as people are exposed to more social inequalities and more health risks throughout their adult lives.

Finally, the Review made it clear that focusing solely on the most disadvantaged in society will only tackle a small part of the problem.

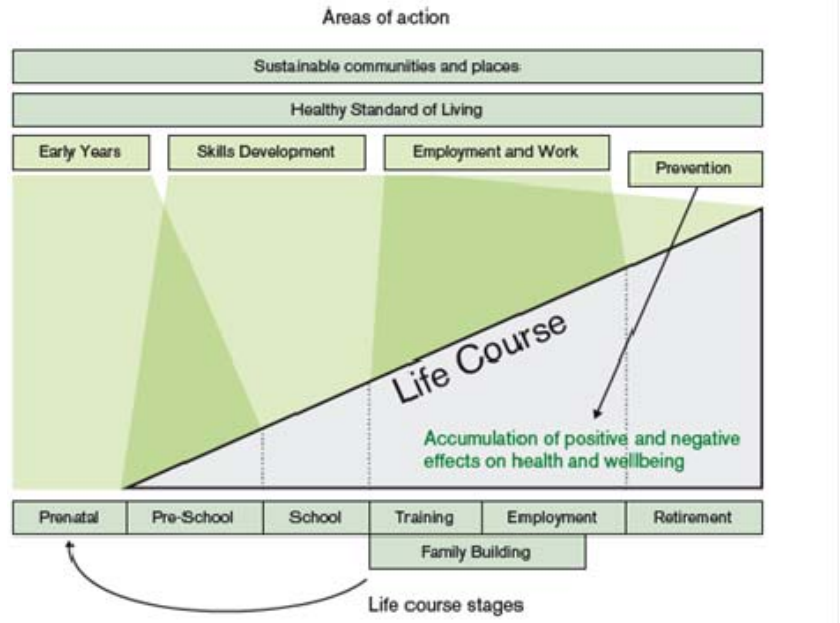
'*To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.' ('Fair Society Healthy Lives')*

The Marmot Review made a number of policy recommendations - beginning at pre conception and running through to retirement. These actions which run across the life course are grouped into 6 key policy areas or themes and are summarised below:

Marmot objectives

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living
- Strengthening the role and impact of ill health prevention
- Create and develop healthy spaces and communities

Figure 4



Source : Marmot Review , 2010

The White Paper, 'Healthy Lives, Healthy People: Our Strategy for Public Health in England', (2010), was the Government's response to the Marmot Review. One of the key objectives of that paper is to reduce inequalities in these wider determinants and their impact on population health.

Based on the evidence from the Marmot Review, this document takes the position that the main factors supporting a healthy life are:

- Access to high quality maternity services
- Good parenting
- High quality early education
- High quality educational and skills development provision
- A sense of control over one's life
- Secure employment
- Being in a workplace that supports health
- Having an income that is sufficient for healthy living
- Living in a physical environment that supports health (housing, public space)
- Being part of a social and community network
- Evidence based programmes addressing behaviour risk factors for health
- Access to high quality health and social care services throughout life

Although many of these factors are subject to influences outside local control, the Council and the NHS still have significant potential to impact on these factors. As the transfer of responsibility for public health and health improvement from the NHS to the Council approaches, it is important that a whole Council approach to improving health and wellbeing is delivered, and that inequalities in the underlying social determinants of health are identified and tackled.

The focus of the JSNA and the Joint Health and Wellbeing Strategy is on what can be done at a local level to improve health and wellbeing and address inequalities in health.

1.9 Structure of JSNA

The principle that underpins this document is that understanding health and wellbeing in North Lincolnshire requires an understanding of people, place and life course.

There are factors about individual characteristics of **people** who live and work in North Lincolnshire that link to their health, for example, their age, gender, ethnicity, religion, income, employment status, qualifications.

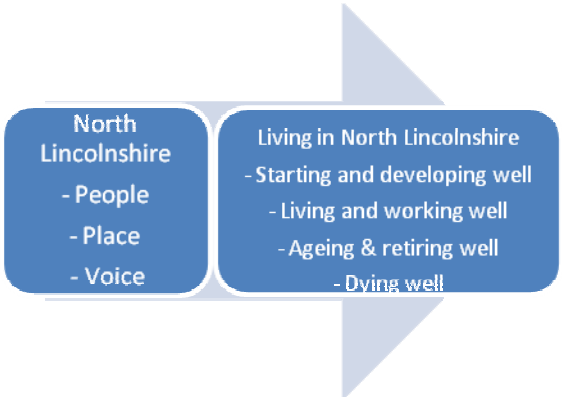
There are also features of North Lincolnshire as a **place** that impact on health eg housing quality, green spaces, food environment and access to high quality public services.
Taken together, these people and place factors provide the background for explaining health and the potential for improving the health of people in North Lincolnshire.

In understanding this more deeply, we have structured what we know about health status, determinants, evidence for effectiveness and current strategy around the **life course** (starting well, developing well, living and working well, ageing and retiring well and dying well).

This is a departure from previous JSNAs but is consistent with the approach recommended by the Marmot review. For example, Marmot highlighted how a person's health depends on the 'accumulation of positive and negative effects on health and wellbeing' through the life course and set out the evidence for action from before birth and throughout the life course. In doing this, Marmot particularly emphasised the critical importance of early years in shaping health in later life.

An additional benefit of using the life course is that it encourages thinking around the broad range of factors that impact on health at different stages of life and promotes an integrated strategic partnership approach. In this way it makes it clear that improving health and wellbeing is everyone's business and requires the concerted actions of a wide range of partners including the residents of North Lincolnshire.

Figure 5: Structure of JSNA



1.10 Local evidence base

This JSNA presents a profile of health and wellbeing in North Lincolnshire, using the most recently available, published evidence. It considers recent trends and inequalities in the wider social determinants, of health including education, income, employment, housing and environment, and the impact of these health and wellbeing at different stages of the life cycle, noting which population groups are most likely to be adversely affected.

It also considers the voice of the local community, highlighting their perspective on how health and wellbeing can be improved in North Lincolnshire and their preferences and priorities for future investment and service improvements. The health and wellbeing board will need to take account of these views, alongside the evidence base of what works, and what is already being provided, when identifying future commissioning priorities.

This report begins with a summary of North Lincolnshire's key strengths, assets and areas for improvement across the Marmot themes. This summary is based on local needs assessments and recent consultations with the public. This is followed by discrete sections on people and places, and then by a life stage section which explores the key trends in health and wellbeing and the wider influences on population health and wellbeing at each life stage.

A summary of our performance across a range of NHS, Social Care and Public Health Outcome indicators can be found in the appendix. This includes information on areas of improvement, as well as on areas in need of improvement, where little progress has been made in the last 12 - 24 months.
NB: THIS INFORMATION WAS THE MOST CURRENT AT THE TIME OF WRITING (October 2012) and will be refreshed routinely at regular intervals.

A benchmarking toolkit for the Public Health Outcomes Framework is now available at, http://www.phoutcomes.info/public-health-outcomes-framework/domain/2 A one page summary of health and wellbeing in the 5 localities can also be found in the Appendix.

2.	This information was correct at the time of writing – October 2012		
	Strengths	**Issues**	**Assets**
People	• Significant natural population growth which exceeds national growth rates. • Higher than average birth rates and growing child population • Growing diversity of local population	• Births increasing fastest amongst poorest 20% • Leakage of skilled young adults • Further population and economic growth relies on housing development	• Further growth projected as inward migration and natural population growth (rising births & falling deaths) increase in the next decade.
Place	• Strong shared vision for urban and rural renewal • Access to parks, and green spaces is above average with visitor numbers increasing • Strong industrial base • Strong employer and trade networks. • Compact labour force which means that local economic interventions have a direct impact on residents • Strong local and sub-regional partnerships (LEP) • Strong local vision for economic and spatial growth in Core Strategy • Relatively new, high quality housing stock, and low house prices • 80% private and 100% social housing meet quality standards • Higher than average rates of owner occupation • Key strategic location for European freight and new energy businesses	• Risk of PM10 exceedances in some areas • Transport to rural parks and open spaces can be an issue for some residents • Older than average workforce • Poorer than average health • Low adult skills • Current employment opportunities focussed in low skilled jobs • Higher than average youth unemployment • Further employment growth depends on aligning local skills of future labour force with new industries • Limited stock of 1 and 2 bedroom properties yet growing demand for smaller properties to rent and to buy • Housing availability and affordability in private sector worsening for young people, young families and vulnerable adults, • Limited public transport access to new employment opportunities and to green spaces	• High quality natural environment • Lincolnshire Lakes development • Potential for further growth in tourism • Significant opportunities for growth in high value, high skilled, new energy industries and at South Humber Bank development • Recent refresh of Strategic Economic Assessment • Local Data Observatory • Close to major motorway and rail networks • High supply of employment land per head of population • Recent refresh of Strategic Housing Market Assessment
Community assets	• Strong sense of community and local identity. • Strong tradition of volunteering • Significant proportion of young people already engaged in or considering volunteering • Flexible voluntary sector	• Small voluntary sector vulnerable to cuts • Risk that local grassroots organisations may be driven out of the market place by larger out of area social enterprises	• Cohesive local communities • Opportunities for re-growing community and voluntary capacity amongst young people and growing retired population

Marmot themes	Strengths	Issues	Assets

Best start	• Health and wellbeing of North Lincolnshire improving year on year and at best ever level. • Lower than average infant mortality rates • 61% of 5 years olds in N Lincolnshire are meeting developmental goals and assessed as ready for school, compared with 59% nationally. • Health and educational outcomes improving for some vulnerable groups, including LAC and young offenders • Focused work on supporting Mums in SGH has resulted in improvements in breastfeeding initiation rates and achievement of UNICEF Stage 1 accreditation • Vast majority of children and young people are happy and safe and enjoy the emotional support of their families • Majority of Looked After Children placed in family based care • Increasing numbers of children surviving with profound learning disabilities and complex health and social care needs	• No reduction in rates of child poverty since 2004 • Birth rates rising fastest amongst poorest 20% for whom health literacy and maternal and infant health outcomes are poorest • This gap contributes to N Lincs higher than average smoking in pregnancy rates and lower than average breastfeeding rates • Significant gap in readiness for school between boys and girls at age 5, especially low income boys • No significant change in levels of unhealthy weight amongst 5 year olds and rise amongst 11 year olds • Lower than average uptake of school meals in North Lincolnshire schools	• Best Start adopted as a major local priority in Children and Young People's Plan • Family Nurse Partnership established in N Lincs • Children's Public Health team reshaped, including dedicated public health midwife. • Troubled Families initiative commenced • Professional and volunteer peer supporters/health trainers targeted at vulnerable groups • All inspected Children's Centres judged as at least 'good', with some outstanding features • Closing the Gap identified as major local priority in Children and Young People's Plan. • Local fostering services judged by Ofsted as 'outstanding' • Mental health services for looked after children judged as outstanding
Maximising capabilities and control over lives	• Rising attainment rates at GCSE and higher than average rates of attainment amongst Looked After Children • Higher than average attainment rates amongst BME population • Majority of children with special needs integrated into mainstream schools - • Increasing numbers of 16-18s in Education, Employment, Training • Increasing number of adults with severe learning disabilities supported to live in their	• Income gap in attainment and aspirations widens during school years – contributes to North Lincolnshire's lower than average attainment at GCSE, lower than average adult skills base and higher than average rates of youth unemployment • Participation of young people in structured out of school activities falling • Overprovision of care home beds for older people • Limited range of stepped or community based	• Plan for 'knowledge campus' in partnership with higher education partners • Raising Aspirations identified as major local priority in Children and Young People's Plan. • Social care support services for disabled children and their families assessed by Ofsted as 'Good' • Market shaping strategy and market intelligence evidence base in place

	own homes • Increasing number of people living for longer with long term complex care needs • Significant increase in take up of self-directed care and personal budgets amongst adults with significant disabilities • High than average user satisfaction with home care services	provision for people with profound disabilities or very complex health needs • Take up of direct payments and self-directed care amongst people with lower and medium level support needs is less well developed • Rising demand for home based adult social care, with projected increase of 4% a year • No formal pathways into adult services for people with Autism or Asperger's Syndrome.	• Review of nursing and care homes underway to establish how services can be reshaped to meet local needs • Multi agency review of long term complex care needs and services underway • 'Community Support for You' established • Local Strategy and Action Plan for Adult Autism launched and in place • Early implementer of IAPT
Fair employment	• Higher than average rates of economic activity amongst working age population • Higher than average rates of paid employment for adults with a learning disability • Strong Mental Health Partnership and employment sub group • Strong strategic commitment to improve employment opportunities for young people and other vulnerable groups • Health impacts of employment reflected in Strategic Economic Needs Assessments	• Higher than average rates of youth unemployment - 12% compared with 8% regionally and 7% nationally. • As high as 20% in some wards • Worklessness risen fastest in deprived areas - and as high as 30% in some neighbourhoods, with potential to widen existing social and health inequalities	• Significant opportunities for employment and training in new growth industries. • Opportunity to align new 16-24 education and training opportunities to future labour market needs
Healthy standard of living	• Relatively low cost of living • Weekly earnings above regional average • Strong Financial Inclusion Partnership	• Higher proportion of workforce engaged in unsocial hours/shift work • Significant & growing income inequalities • Risk of rising worklessness and dependency on benefits in current economic climate • Negative impact of housing benefit changes –	• Well established Workplace Health Award Scheme • Child Poverty Needs Assessment and Action Plan in second year

		due to larger than average properties in social housing sector and increased pressure on fewer than average number of 1 & 2 bedroom properties for rent	
Staying safe	• Increasing take up of childhood immunisations and vaccinations • Lower than average rates of hospital admission following accidental injury for children and older people • Falling deaths and serious injuries on the roads • Decline in bullying and perceptions of bullying amongst school aged children • Numbers of children in the Looked After System remain below national average for 4th year running • Significant drop in numbers of young people engaging in risky behaviours • Effective diversion of young people away from Youth Offending System	• Current and future harms to children's health and wellbeing as a result of increasing risk of homelessness, rising levels of adult alcohol misuse, & adult offending behaviour • Rising proportion of child care cases involving domestic abuse. • Decline in take up of flu vaccs amongst older people and vulnerable adults • Inequalities in serious accidental injuries for children • Number of hospital deaths and deaths 30 days post discharge, above expected levels for two consecutive years	• Effective early intervention, diversionary and family support services in place • Safeguarding and LAC services judged by Ofsted as 'good' or 'outstanding' • Performance of Youth Offending Service ranks amongst the best in the country • Substance Misuse service for young people judged by Ofsted as 'outstanding' • Well established Adult Safeguarding procedures and independently chaired Board • End of Life Partnership Board
Prevention and early detection	• Increasing take up of prevention, health protection and early detection services – including higher than average take up of cancer screening, annual health checks for adults with learning disabilities • Higher than average quit rates with North Lincolnshire stop smoking service,(SSS) and effective targeting of services at high risk groups • Rise in survival rates from breast and bowel cancer • Continuing fall in number of preventable	• Increasing concentration of multiple risk taking and unhealthy behaviours amongst small cohort of children and young people with complex needs • Higher than average rates of adult obesity, adult smoking and physical inactivity, including amongst pregnant women • Limited SSS capacity and lower than average take up of service per head of population • Significant social inequalities in take up of adult cancer screening amongst disadvantaged groups	• Integrated approach to multiple risk taking amongst young people agreed by local agencies • MEND weight management programme for children and families • Roll out of Every Contact Counts across agencies • Integrated health and social care centre • Development of locality based healthy living hubs and appointment of locality based public health

	deaths from some major killer diseases, including heart disease and cancer • Steady rise in life expectancy for both males and females • Health check capacity increased and service rolled out across GP practices • Community Outreach team for vascular health checks targeting most deprived and 'hard to reach' groups • Lung cancer marketing campaign and review of lung cancer pathway completed	• Above average death rates from smoking related diseases including lung cancer and chronic lung disease • These contribute directly to lower than average male life expectancy and 10 year gap in life expectancy between 10% richest and poorest residents • Rising lung cancer incidence and premature deaths amongst women threatens to widen the social gap in female life expectancy • Rising alcohol related diseases, deaths and admissions to hospital • Limited capacity of Community Alcohol Treatment Service to screen and treat risky drinkers in the community.	facilitators • Increased access to health trainers,(HT) peer supporters and cancer champions, including HT support for adults with Learning Disabilities • Effective Community Alcohol Treatment Service • Strong local health and wellbeing partnerships,
Healthy places and sustainable communities	• Natural environment which provides opportunities for improving physical and mental health • Community willingness to engage in organising healthy activities • Strong social networks • Significant decline in overall decline crime rates • Improving resilience of some vulnerable neighbourhoods • Significant community and service user engagement in service planning at district and locality level • High level of recycling per head of population	• Limited public transport links in some rural areas • High use of cars for short journeys • High unemployment and homelessness rates amongst offenders and repeat offenders, especially those with associated drug and alcohol problems. • Crime becoming increasingly concentrated in small number of Scunthorpe neighbourhoods, where many of our poorest and most vulnerable residents live	• 'Pods' and Lincolnshire Lakes development • Community Ambassadors scheme • Plans for a homeless hostel with a holistic package of care for hard to house vulnerable groups • Processes for engaging children and young people in strategic and service planning commended by Ofsted • 'In the Pink' – received national recognition

3. Community Voice

A number of consultation exercises have taken place with residents, including children and families and other stakeholders over the last 18 months to get a better understanding of what local people know about and want from local health and social care services. The results of these and previous events have informed this JSNA.

Common themes

Some common strategic themes have emerged from these events which cut across all agencies.

Young People's Priorities

When asked recently in a national survey what key factors they thought contributed to their sense of wellbeing, children and young people identified family, friends, activities, being safe, enjoying school and being healthy including having good mental health.

The key issues that these young people identified as public health priorities were:

- bullying,
- racism,
- self-harm,
- depression, stress,
- the home and school environments.

Similar issues have been identified by local young people including recent surveys of secondary school children, local consultations and in local Youth Debates.

Young People's Aspirations

When asked in 2010 what they hoped to do after Year 11, 13% of 11-15 year olds in North Lincolnshire said they wanted to leave school at 16 and get a job. 9% said they did not know yet, 17% said they would like to study more and then get a job at 18, whilst 37% said they would like to go on to university.

This latter figure compares with 55% in 2007. Overall, 2% said they would like to start a family after Year 11.

There was little variation between year groups in this respect with the exception of those wishing to go to an apprenticeship, which increased with age.

There are marked differences between the sexes with regard to aspirations to go on to higher education. In both the 2007 and 2010 Adolescent Lifestyle surveys, 44% of 11-15 year old girls said they hoped to go to university, compared with only 29% of boys

Young people from low income families are less likely to aspire to higher education. In the 2010 survey, only 25% of 11-15 year olds on free school meals said they might continue on to university, compared with 38% of other pupils. These were similar findings to those in 2007.

North Lincolnshire is a 'good place to live'
North Lincolnshire residents, including children and young people are generally very happy living in this area. This is reflected in subsequent local surveys and public consultations, with residents highlighting many of North Lincolnshire's attractive physical assets, including close access to the countryside, low cost of living, strong sense of community and neighbourliness of local people. Many residents recognise the value of the natural environment and strong local community assets and the opportunities they present for improving health.

In terms of promoting further health and wellbeing local residents highlighted the need for:

Shared Vision
A shared vision for health and wellbeing across all agencies in North Lincolnshire, with a stronger focus on outcomes in all local health and social care commissioning plans. Many stakeholders felt that service plans were still too target driven.

Locality focus
They also wanted these outcomes to reflect local needs, with priorities and actions driven by people working at community and neighbourhood level, rather than a 'One North Lincolnshire' approach or response.

Strong Customer voice in investment decisions
Some consultees felt there was not enough focus on adult user experience and little explicit connection between what the qualitative evidence base suggests users/patients value and need, and the actions taken by agencies to commission or reshape these services.

Regular feedback to the community
The vast majority of people who participated in these consultation exercises and events, or who were members of stakeholder groups valued the opportunity to be involved in and kept informed of agency plans. However, feedback on what had happened as a result of their contributions was often lacking. It was felt that engaging older people at locality or neighbourhood level was the most effective way of engaging this age group.

Harnessing local assets
Whilst residents were not always aware of the range of services available in their areas or how to access them, they were not short of ideas of how informal resources could be employed by local people to improve health. This included allotment sharing schemes, organised walks, and better use of schools and other community buildings.

Many of those residents consulted for this JSNA felt that opportunities to promote better health and wellbeing lay untapped in their communities.

Maintaining a strong community and voluntary sector
Local residents recognised the contribution that local volunteers made to health and wellbeing in their communities, especially in providing informal support networks for vulnerable adults and felt there was potential for closer work with local agencies. The main issues raised were lack of practical support to get activities off the ground locally, eg cost of hiring local facilities, recruiting volunteers and sustaining local interest. They suggested that this supporting role could be done by the new public health facilitators working in the community.

These consultation exercises also suggest a need to strengthen and develop:

- Health literacy
- Access to services
- Pathways for service users to influence commissioning decisions. As agencies restructure there is a risk that these pathways become more complex and difficult to negotiate. The routes into these may need to be simplified
- Further integration and signposting of services at locality level.
- A stronger locality focus in commissioning
- Celebration, strengthening and signposting of informal community based assets

Health literacy

- Whilst the Adolescent Lifestyle Surveys confirm a continuing decline in North Lincolnshire children's access to tobacco and alcohol and a sustained fall in regular smoking and drug misuse amongst secondary school aged children since 2004, many young people continue to believe that such behaviours are the norm amongst their peer groups
- Many local residents enthusiastically supported the ban on smoking in pubs and clubs with others telling us they would like the ban to be extended even further to cover family cars.
- Some local residents blamed high rates of smoking on cheap counterfeit cigarettes and tobacco brought into the country illegally through the local docks. Others found it difficult to acknowledge the link between smoking and cancer and obesity and heart disease.
- Whilst the health harms associated with tobacco and drug misuse appear to be well known, the harms resulting from alcohol misuse are less well known by the public, especially the health impact of drinking on children and older people, and the potential harm to children and young people arising from parental alcohol misuse.
- When asked, residents are more likely to stress the social harms that result from alcohol related behaviours. In the last Place Survey, more than 1 in 4 North Lincolnshire residents, (28%) said that drunk or rowdy behaviour on the streets was either a fairly or very big problem in their area.
- Awareness of alcoholic units is growing, but is lowest amongst older people, who are also more likely to drink at home and in unmeasured volume.
- Some people felt the health messages about sensible drinking were confusing and inconsistent and felt people needed more hands on support to help them make lifestyle changes.
- Several underlined the challenges that some of our most disadvantaged communities face in giving up smoking and reducing alcohol consumption, given the stress and anxiety of living day to day on low incomes.
- Many people welcomed the idea of Health Trainers and locality based Public Health Facilitators and asked for more information about how they could be accessed.
- Local focus group insight work for bowel screening suggested some initial reluctance amongst the target population to discuss the test or the disease with relatives or friends. The views were that older men and men and women from BME communities may be particularly reluctant to take up the offer of a bowel cancer screen.
- Compared with other parts of the Humber, awareness of the higher incidence of prostate cancer amongst older men, is low in North Lincolnshire,

suggesting a need for further marketing of early signs and symptoms of this disease amongst men and their partners.

Access to health and social care services

- Time and again local residents have stressed the importance of having easy access to information about what formal support services are available locally. In particular, people want to be told about what is available, rather than having to find out for themselves.
- People with long term conditions said they would like better access to outpatient care, including in community based settings during out of office hours.
- By far the most common issue raised by the public regarding access to health services was the appointments booking system used in some GP surgeries. The JSNA consultation and previous Who Cares surveys have both highlighted examples of people not being able to get through to GP practices on the telephone, being offered nothing other than same day appointments, or resorting to queuing outside the surgery prior to opening hours to ensure that an appointment was secured.
- Some older people said they found negotiating access to services by phone quite difficult and time consuming.
- Access to dental health services was also a continuing problem for some, especially in rural areas where there was limited choice, or where public transport was an issue. Some patients were unsure about their eligibility for the hospital transport service.
- Following renewed concerns raised by the public, 'Who Cares' revisited these issues and conducted two further reports on patient access to GP and dental health services in 2012. The dental health report was published in September 2012, the GP practice report should be in the public domain early in 2013.
- For others, access to services was hampered by the cost of public transport. People living in the Barton area and in the villages to the east of the town, described the lengthy and costly bus journey involved in attending an outpatient hospital appointment.
- For people with more than one condition, the costs and time associated with accessing several outpatient appointments was significant.
- This issue is the subject of a service review and user focussed needs assessment led by the CCG in North Lincolnshire, and should report early in 2013.

Improving continuity of services

- Some of the JSNA respondents identified lack of continuity between primary and secondary care, as a problem, especially for those travelling outside the area for outpatient treatment.
- People with Long Term Conditions wanted better communication and information sharing between professionals, rather than having to go through their case history every time they saw a different health/social care professional.
- Some mothers living on the Isle felt that communication between midwifery teams in North Lincolnshire and elsewhere could be improved, especially for those who opted to deliver in hospitals other than Scunthorpe General.

Hospital discharge practice

- 'Who Cares' consulted with the public on this issue in 2011 with a specific focus on the experiences of people discharged to care homes. Whilst the research highlighted many positive experiences, some of the concerns raised included, fitness for discharge, late discharge times, transport, communication between the hospital and carers regarding medication, and/or equipment needs. All of these issues have since been the focus of improvement programmes within the hospital trust.
- Some of these issues were raised again during the JSNA consultation. Hospital discharge practice has been the subject of national research and debate and these issues are being investigated locally as part of a wider independent review of hospital death rates and deaths post discharge. An independent report on these findings was delivered in September 2012.

Personalisation

- Whilst many people are generally accepting of personalisation and welcome the opportunity to take control over their care, some older carers have expressed concern about traditional services, eg residential short breaks and day care services, no longer being available to them.

Communication problems

- The JSNA consultation also highlighted communication problems for some BME communities when accessing health and social care services, especially when family members were not able to accompany them to appointments. This issue was also highlighted in a recent survey of BME residents about access to mental health services.
- Some older people said they found negotiating access to services by phone quite difficult and time consuming.
- People with learning disabilities continue to experience difficulties in accessing some services. The main issues of concern are appointment letters from the hospital and GP practices that are not in easy to read format, long waiting times in hospital outpatients, and lack of capacity within the learning disability nursing team to support their attendance at routine health appointments.

Employment

- All of the groups who were consulted for this JSNA expressed a concern about rising unemployment and the impact this was having on the younger generation, their long term employment prospects, as well as their mental and physical health and wellbeing. They supported local efforts to help young people access training and employment opportunities.
- Some residents were concerned that many of the jobs available locally were for unskilled labour, often managed by employment agencies, who passed on the minimum wage to employees, and offered little or no job security or opportunities for development.
- Many of the residents consulted recognised the link between low income, unemployment and poor health, especially poor mental health. They identified worklessness and debt as major contributors to family stress and to risky health behaviours, such as smoking, alcohol misuse, poor weight management and general poor self-care.

Skills

- Some residents felt there was far too much focus by schools and colleges on getting high achievers into University, whilst those who did less well academically were allowed to 'slip through the net'.
- People said they wanted more focus on vocational skills training, matched to future job opportunities, and more efforts by schools and colleges to develop training and career pathways in key growth employment areas and market these with young people.
- Many of the residents interviewed in the JSNA consultation process recognised the value of retraining and up skilling the workforce, but some lacked the resources and capacity to make this transition and felt trapped in low paid work.

Housing

- Some residents interviewed as part of the JSNA 2012 consultation expressed concern about the state of some private tenancies, and felt that the 'authorities' should be tougher on private landlords, especially those renting to young people and to young parents.
- Residents also gave anecdotal evidence of increasing levels of multi occupation in some private rented properties, and exploitation of economic migrants by private landlords.
- Almost without exception, both carers and service users with learning disabilities, when consulted, identify shared living arrangements, with individualised packages of support, as their preferred long term housing option.
- This could present challenges to North Lincolnshire Homes and other housing providers, as housing tenure, design and management are generally based on single household occupation. In addition, a significant number of properties will need to be single storey and adapted to meet the needs of people with physical disabilities.

Transport

As part of the development of the local transport plan, extensive consultation was undertaken with local residents to gather their views on transport issues and to identify their priorities for improvement and development. These included:

- Promotion and extension of safer cycling routes to enable young people to engage in active travel and reduce their carbon foot print .
- Rural bus services and specifically better connections between the eastern parishes and Scunthorpe.
- The cost of public transport was felt to be prohibitive for young people and for others on low incomes, and was hampering residents' access to employment, health and leisure services.

Environment

The upkeep and protection of public spaces was a key priority for many of the residents who participated in the JSNA consultation.

Their priorities for improvement included:

- Improvements to footpaths, including stronger actions to prevent cars from parking on them, to enable people on mobility scooters and parents with pushchairs to use them safely.

- Better signposting and upkeep of public rights of way , including cycle routes
- Some residents who participated in the JSNA consultation voiced concern about air quality and noise pollution, especially in residential areas close to the steelworks in Scunthorpe, as well as in parts of Barton and New Holland.
- Some residents blamed poor air quality for the high rates of lung cancer and chronic lung disease in North Lincolnshire, especially in the most deprived areas where the incidence of these diseases is higher

Supporting independence

- Many people who attended the Ageing Well Workshop in 2012, felt that the commissioning priorities of local agencies were too driven by performance targets, and often lacked an outcomes or customer defined focus. They wanted agencies to adopt success measures about outcomes which mattered most to local people and which were universally understood.
- Some people wanted a greater emphasis in commissioning plans on supporting intergenerational programmes. It was felt that more needed to be done to change the negative perception of older age and to encourage greater mutual respect between the generations.
- When asked, the majority of older people and people with disabilities with housing needs said they would prefer to remain in their own home, rather than move to purpose built accommodation.
- This suggests a growing market for both major and minor home adaptations, as well as handyperson services, and in the longer term a growing need for more lifetime homes.

Staying at home for as long as possible

When asked what type of support they think they might need, both now and in the future to maximise and retain independence and quality of life, middle aged and older people have repeatedly highlighted things like:

- Suitable well maintained housing
- A safe and friendly environment
- Good social activities and networks
- Opportunities to keep learning and to keep busy
- An ability to get out and about
- Adequate income
- Good information about local services, when they need it
- Access to low level, practical support services such as cleaning, maintenance, and befriending services, when they need it
- Feeling involved in the community

Staying independent for as long as possible

When asked about the *specific types of help* they thought they might need in older age, the following tasks have tended to be prioritised by older people and their carers, the overwhelming preference being to stay for as long as possible in their own homes:

- help with household tasks and fitting safety equipment
- maintaining the house and garden and doing basic repairs
- basic aids and equipment, in the bathroom in particular
- opportunities to get out of the house, shop and move around the local area safely
- opportunities to socialise with friends and neighbours

- help with managing their disabilities and/or health conditions, including accessing routine assessments, and medication
- opportunities to stay healthy and active and continue learning
- help with managing personal affairs eg writing to utilities, seeking advice from public services, and so on
- keeping informed of new services

These are not what might conventionally be viewed as 'care' services, encompassing wider physical and social elements that make for a good quality of life. Nor are they necessarily the responsibility of a single agency, including public, voluntary, private, as well as family and other informal providers. Yet, they are consistently identified as older people as essential elements to maintaining independence and wellbeing in later life.

Social networks

- All of the rural residents who took part in the JSNA consultation said they would like to see more informal community activities taking place in their areas to bring older people together. Many older participants already arranged their own social activities but said they would welcome more support to expand on this, and liked the idea of having some additional support to set up groups, such as local walking clubs, coffee mornings and so on.
- Lack of public meeting places was identified as a barrier in some rural areas.
- Social isolation was identified as a problem for some of the small group of older BME residents of North Lincolnshire, particularly during the winter months.

Befriending and transport

- One service which a number of local people felt needed to be developed further was volunteer befriending, particularly in some of our more dispersed rural communities, where social isolation was identified as a growing problem. Keeping older and vulnerable people connected to community activities and services in some of our more isolated communities was felt to be a real challenge – requiring local community transport solutions.

Agency response

Many of the issues highlighted above are already being addressed by local agencies and partners and are either the subject of on-going service reviews, or are encompassed within current action plans.

Others may need to be highlighted as priorities by the shadow Health and Wellbeing Board in their forthcoming Health and Wellbeing Strategy.

Some of the issues raised in the JSNA consultation were shared with partners and a formal public response was prepared to share with consultees and place on the JSNA webpage.

4. Opportunities and challenges

Inequalities

Whilst many people in North Lincolnshire enjoy good health, education and employment and a relatively good standard of living, these are not enjoyed equally across North Lincolnshire or between social groups. These differences contribute to significant inequalities in health in North Lincolnshire and a wider than average social gap in some key health and wellbeing outcomes. Reducing these inequalities will be a major focus of the shadow Health and Wellbeing Board and presents significant challenges, not least in the current economic climate.

This gradient in health outcomes begins early in life and is evident right across the life course, from low birth weight in infancy, obesity at age 11, early onset of diabetes and heart disease in middle years, to premature disability and poor mental health and wellbeing from potentially preventable conditions and diseases.

However, there are examples of where local progress has been made on closing the gap, for example in readiness for school, educational attainment and health outcomes for some of our most vulnerable children and young people. There is also a significant national evidence base on 'what works' to reduce inequalities, with examples of what local authorities can do to help close the gap, and reduce the negative impact of those wider determinants which may be beyond a local authority's or individual's control. *(Hyperlink to evidence base)*.

Key challenges

Some of the key challenges facing local health and social care agencies include:

- Managing the impact of the wider economy on some of our most vulnerable residents,
- Closing the gap in child and family health and wellbeing outcomes especially in the early years
- Improving the health literacy of the adult population, including those employed in frontline services
- Managing the impact of
    - higher than average levels of adult smoking
    - rising levels of high risk drinking,
    - high levels of adult obesity and falling levels of physical activity
    - rising prevalence of long term conditions in the population, including dementia, in older age
- Managing the rising costs of health and social care services, especially for people with multiple and/or complex long term conditions
- Preparing for significant changes to the socio demographic profile of the area

The impacts of these trends are already being felt by local services, making decisions about resource management and priority setting even more challenging, and the need to improve intelligence gathering even more pressing.

In the short term local agencies will also be tasked with:

- Managing the transfer of responsibilities for public health and health care commissioning into new organisations
- Preparing for significant change in national and local policy on special educational needs

Alongside these challenges come opportunities for growth and for changing the way we commission and deliver future services. Some of the risks and opportunities are highlighted below.

Population change

- The continuing and projected rise in the resident population presents a significant opportunity for economic growth in North Lincolnshire, as well as for strengthening social and voluntary assets in our communities. However this assumes that people in their 50s and older will maintain relatively good health and wellbeing and are able and willing to continue working either in a formal or in a voluntary capacity well into their 60s and 70s.

- Realising these opportunities will require, as a basic minimum, improvements in healthy life expectancy that at least match, if not exceed, the recent gains made in overall life expectancy, with a focus on raising health outcomes across the social gradient.

- Any growth in the population, especially an older population, will, all things being equal, result in an increasing number of people with age related long term conditions.

- In the longer term, we should also expect a rise in the number of the very old living at home. Whilst this group is relatively small in number they are likely to require significant support to help them maintain their independence and quality of life for as long as possible in their own homes. This will include an increasing number of older people with learning disabilities and mental health needs.

- It is also likely that the number of residents with caring responsibilities will grow further. So we should also be planning to support and enable an increasing number of carers, many of whom may need to combine caring responsibilities with employment.

Meeting Housing Need

- This demographic shift also has implications for housing, particularly if the number of single person households rises further, as projected. The size of North Lincolnshire's housing stock is relatively large compared with other parts of the country with fewer 1 and 2 bedroomed flats and houses.

- House prices, including rising private rents, continue to pose a significant barrier to housing for many people, increasing the pressure on social housing and the risk of rising homeless amongst some vulnerable groups. Currently young people make up the largest group on the social housing waiting list.

- Those at immediate and high risk of homelessness include young people with no family support, offenders leaving custody, adults with acute mental health needs and other complex social problems including debt, poor communication skills and substance misuse.

- The recent Strategic Housing Market Assessment, 2012, indicates a need for at least 320 new affordable homes to be built a year between now and 2017 to meet existing and future housing need in the area.

Best start

- Children and young people in North Lincolnshire are healthier today than they have ever been. Yet there are significant and continuing inequalities in healthy child development and wellbeing, which are reflected right across the life course, from pregnancy to adolescence.

- Both the Marmot Review and the White Paper on Public Health identified improvements in maternal health and wellbeing and healthy development in the early years, and the reduction of inequalities as key priorities for national and local action on health improvement.

- Hence the adoption of Best Start and Closing the Gap as key priorities in both the Children and Young People's Plan and the CCG's Commissioning Plan. These will need to be carried forward as commissioning intentions beyond 2012/13.

- The greatest risk to healthy outcomes in the early years is child and family poverty and low income. The Child Poverty Strategy contains a number of key actions to maximise family income, education and employment and reduce health inequalities. This will need to be monitored closely to ensure that the impact of the current recession does not fall disproportionately on disadvantaged children and that the progress made so far to close the inequalities gap in the early years is maintained.

Independent living services

- The continuing growth of our older population suggests a potentially large market in North Lincolnshire for home based equipment services, aids and adaptations, personalised care services as well as low level community based support. Currently 80% of all 60-74 year olds in North Lincolnshire live in private owner occupied accommodation. This is above national rates, and is likely to rise further, as our baby boomer generation ages.

- Yet national and local research suggest that people's knowledge about how to access these services is limited.

- Increasing public awareness of how to access these services, whether publicly or privately funded, could form part of the function of the new locality based healthy living hubs, alongside the promotion of primary prevention and early intervention services. These hubs will also be a useful source of information on user experiences and community views on the future needs of residents in each locality.

- Work on stimulating new community based person centred services is already underway with a recent launch of North Lincolnshire's market shaping strategy, the commissioning of a new community based 24/7 support service for people with a personal budget, and a commitment to improve and develop local market intelligence about local needs and services. However, in an area as small as North Lincolnshire, the range of services on offer, especially the range of personalised services, is likely to take time to develop, and may present both users and providers with significant challenges.

- The projected growth in the older population also suggests an increasing market for lifetime homes and adapted properties in North Lincolnshire. 80% of

older people surveyed for the SHMA said they were likely to need alterations and adaptations to their home in the next 5 years to meet their needs.

Meeting diverse needs

- As our resident BME communities grow, we should also be planning to meet the needs of an increasingly diverse resident population, especially amongst the younger adult population. This may have implications for the way we commission and deliver child, maternal and family services in the statutory and voluntary sector. Currently, the specific health needs of these BME communities are not well understood locally, suggesting a need for more information and intelligence to inform local health commissioners.

- The demographic profile of the disabled population is also likely to change considerably over the next 10-15 years, with a growing number of older people living in the community with severe learning disabilities, and an increasing number of children with complex needs surviving into adulthood, including growing numbers of children from BME communities.

- For example, the projected increase in the number of young people with learning disabilities from our Asian communities, through natural population growth, will need to be carefully planned for. In particular the need for short break services and appropriate daytime, social and recreational activities. These needs will also need to be reflected in adult commissioning and procurement plans.

- Planning ahead for these and other demographic changes is important. Children with significant and complex health and social care needs carry significant service costs, and small increase in numbers from one year to the next can make a significant difference to local budgets.

- Whilst information sharing is improving, there is still, for example, no single integrated data base or register which captures the health and social care needs of either children or adults with significant disabilities or health needs in North Lincolnshire.

- The recently published market shaping strategy for North Lincolnshire provides an opportunity for commissioners to share information and to project future adult service needs.

- The local vision is for locality based integrated assessment and care management services for vulnerable adults. Commissioners might wish to consider how the new model of locality based integrated assessment might enable providers to gather data more effectively to allow for routine analysis of need and forward planning for some vulnerable client groups.

- Similarly, as children and young people's services prepare to implement the single care plan and 'core offer' for children with special needs and disabilities across service pathways, there may be opportunities for improving the gathering of routine data about local needs to inform future joint commissioning plans.

Impact of worklessness

- Whilst there have been some signs of recovery in the last 12-18 months, the economic situation remains fragile and people working in both the private and the public sector continue to feel worried about the future.

- On top of this, the rising costs of fuel, transport, food and rent have placed additional pressure on household budgets. In the short term, this could place more North Lincolnshire residents at risk of unemployment and debt, fuel poverty, and potential homelessness.

- In spite of recent improvements in educational attainment amongst school leavers, skills levels continue to lag behind the national average in North Lincolnshire, making our young people more vulnerable to long term worklessness, low income and poor mental health and wellbeing. Unemployment rates amongst under 25s are above the national average in North Lincolnshire.

- Those at particular risk are young people under the age of 25 years, especially those with few qualifications, older adults with no formal qualifications or skills, lone parents with young children, people with poor mental or physical health or with disabilities, and people with caring responsibilities.

- These vulnerable groups are already at higher risk of enduring poor health and account for a significant proportion of the gap in health outcomes.

- Local efforts to mitigate the health and social impacts of the recession will need to consider the needs of these different groups and the key role that employment plays in securing their future health and wellbeing.

- On average, fewer young people are engaging in risky behaviours both locally and nationally than in previous years, including lower levels of under age and unprotected sex, smoking, alcohol and substance misuse, antisocial behaviour, bullying and gang membership. However, these risky behaviours are becoming more concentrated amongst a smaller group of vulnerable young people with multiple needs.

Development of the South Humber Bank and other new growth industries

- There are likely to be significant employment opportunities over the next 5-10 years in North Lincolnshire in a number of trades and sectors, as industries in the South Humber Gateway development grow. The 2011 Economic Assessment of North Lincolnshire suggests growth in construction, engineering, finance, hotel and distribution services.

- Securing these jobs for local people and maintaining long term growth in the economy will mean aligning our local skills profile to the job market and developing education, training and apprenticeship opportunities in key growth areas such as engineering, construction and allied services.

Welfare reform

- Whilst the forthcoming welfare reforms will help increase benefit take up and maximise incomes, changes to housing benefit rules are likely to adversely affect North Lincolnshire social housing tenants due to larger than average

properties in our social housing sector i.e. more 2 and 3 bed-roomed properties and fewer 1 bedroom properties.

- Local estimates suggest that at least 1500 social housing tenants could be affected by these changes. The options for these tenants are to move to smaller accommodation, of which there is limited stock, or lose income.

- The new system of Universal Credit and the replacement of Disability Living Allowance with Personal Independence Payments will require careful planning and management if vulnerable people are not to be disadvantaged by the changes.

- Whilst the ultimate outcome may be a simpler benefit system, and greater take up of benefits especially amongst older people, in the short term these changes are likely to result in a surge in demand for welfare and debt management advice from claimants, so clear referral pathways for health and social care professionals to debt and benefit advice for their clients will be essential.

- Consultation is underway on reforms to the Home Choice Lincs allocation policy to make it easier for tenants who may need to move as a result of changes to housing benefit payments. Significant work is also being undertaken by housing associations in North Lincolnshire to communicate the changes to social housing tenants so that they can make informed decisions about how they will deal with reduced benefit levels and pay their rent.

- Health and social care professionals working with vulnerable families and older adults, including those with chronic mental health needs, disabilities and long term conditions, will also need to be alert to these changes and aware of how to refer people into relevant advice and support services.

Health and social care reform

- Another major challenge for both the NHS, the Council and partner agencies over the next 12 months and beyond, will be how to deliver better quality services, with more choice and control for users and yet still deliver the necessary efficiency savings required by central Government over a long period of constrained public spending. This will all take place against a backdrop of significant structural change within local government and the NHS, both nationally and locally.

Public expectations

- People's expectations of public services are also changing, with a greater demand for choice, quality and control over their own health and social care, and, for as far as possible, for services to be delivered either in or closer to home. Managing these expectations in the context of increasing cuts to public sector spending will mean making better use of our existing local assets.

Personalisation agenda

- Whilst many people welcome the increased control and choice that these policy reforms offer, some vulnerable people still lack the confidence and skills to manage and negotiate access to the new range of services, and will need continuing support. New models of working between the voluntary private and public sector may also need to be tested and developed, to ensure that there is capacity to meet local needs.

‘Every Disabled Child Matters’ and Adult Social Care reform

- Changes to provision for children with special educational needs, including children with disabilities is also expected in the next 24 months. Amongst other things, the Children and Families Bill, 2012, recommends a simpler, single assessment process for children with special needs and the provision of statutory protection for children with statements to be extended to 25 years of age, instead of 16 years, as it is currently.

- This and other social care reforms in the adult sector could have a significant impact on the commissioning and delivery of local services and will need to be planned for carefully.

Improving End of Life Care Provision

- Whilst more people are dying at home and in care homes than the national average, (a proxy measure of choice at end of life), End of Life Care is becoming fragmented and compliance with Gold Standard palliative care frameworks is inconsistent and variable in North Lincolnshire. This is already the subject of a Trust wide review and needs assessment, both of which are due to report early in 2013.

- The number of people being cared for in care homes at end of life is rising in North Lincolnshire. Currently there are no registered care homes who have achieved the Gold Standard framework for End of Life care. Nationally only 1.6% of homes have achieved this. Work is in hand locally to raise the end of life skills of care home staff and to increase provision of nursing care at home for people who choose home as their preferred place of death.

- People with cancer, especially younger adults, are far more likely to receive end of life care at home or in hospices. Whilst hospital deaths are more likely in people who die from diseases of the circulatory system, respiratory disease or gastrointestinal disease. Older people with mental disorders or neurological diseases are far more likely to die in a care home setting.

- In the long term we can expect that people will die at increasingly older ages, with the percentage of deaths amongst those aged 85 and over predicted to rise to 44% of all deaths by 2030, compared with 1 in 3 currently. This suggests a growing need for community and institutional end of life care, and for an increasingly older population, who are likely to have multiple and complex co morbidities, including dementia. Hence the importance of standardising best practice, increasing community capacity and raising the skills of the care home workforce.

Developing the local voluntary and community sector

- North Lincolnshire has a small but dynamic voluntary and community sector which is well embedded in the local community. There is a strong tradition of volunteering in North Lincolnshire, especially amongst the retired population, but increasingly amongst the younger population – with half of 13-15 years olds in North Lincolnshire reporting that they were either engaged in or were to do voluntary work

- There is a risk that these local grassroots organisations may be driven out of the market place by larger social enterprises, with more capacity to engage with the competitive tendering process. As most of these larger enterprises are based outside the area, there is a risk that relationships with seldom heard

groups may be lost. These larger organisations may also have less flexibility to respond to local needs

- In the long run this could impact on the development of social capital in some of our more vulnerable communities as the capacity to recruit galvanise and support local voluntary programmes is reduced. Once this capacity is lost it will be very difficult to regrow it. . Intelligence will be required in the procurement and contracting processes to ensure integrated impact assessments take account of the need to sustain and nurture social capital.

- Local authorities and health commissioners are the two main funders of local voluntary sector activity. With continuing cuts in public services local agencies will be looking to reduce their expenditure. Any cuts to the voluntary sector is likely to impact disproportionately on some of our most vulnerable residents.

- Local residents also expressed concern that most voluntary activity is currently organised and carried out by older people, and feared that cuts to local voluntary organisations may hinder the recruitment and development of the next generation of community-minded residents.

- The number of young people who are either already engaged in or wish to be involved in voluntary activity in North Lincolnshire represent one element of this future community resource, which needs to be harnessed.

Emotional wellbeing

- With all of these trends come new risks to mental wellbeing, including rising levels of loneliness, social isolation, poor self-esteem, anxiety and depression, making the emotional and psychological needs of the population as pressing a priority as their physical health and support needs.

- One of the key issues raised by social care service users in a recent consultation exercise was the importance of maintaining social networks and the impact of loneliness and social isolation on health and wellbeing.

Tackling the major killer diseases

- The greatest number of years of life lost in North Lincolnshire are due to heart disease, lung cancer, and chronic lung disease.

- These key killer diseases are to a degree preventable and are associated with a number of lifestyle behaviours including smoking, unhealthy weight, poor diet, physical inactivity and excessive alcohol consumption. Some of these risk factors are already above national rates in North Lincolnshire, whilst others are rising, for example lung cancer deaths amongst women.

- Reducing these risk factors in the population will be critical to maintaining health and wellbeing in older age, reducing the future burden of preventable diseases on individuals, families, and communities and reducing avoidable inequalities in health.

- Improving the early detection treatment and management of these conditions amongst high risk groups is also critical. For example, men are at much greater risk of developing heart disease and cancer than women, (of those cancers that affect both sexes). Men are also far more likely to die prematurely from heart disease and cancers, both locally and nationally. Yet

they are less likely than women to recognise the early symptoms of these killer diseases or to take up the offer of cancer screening.

- Hence, the need to raise awareness of early signs and symptoms of all cancers amongst men and to promote the take up of health checks and the bowel screening programme amongst men in high risk groups.

Health literacy

- A common theme emerging from the data and from recent community consultations is the continued need to strengthen health literacy in the population, especially amongst high risk groups. This includes giving people access to information about how to stay independent and healthy in older age as well as signposting those in need to effective public health interventions, and services.

- This is particularly important given the rising costs of health and social care services and local efforts to manage the rise in unplanned hospital admissions. The Marmot Review, 'Fair Society, Healthy Lives', which reported in 2010 estimated that inequalities in health and poor health cost the English taxpayer between £56 billion and £65 billion a year. This includes the cost to the NHS, and social care agencies, as well as the costs to the wider economy, due to lost productivity and benefits.

Diversity

The diverse nature, needs and priorities of North Lincolnshire's local communities present commissioners with opportunities as well as challenges. This includes opportunities to integrate services, combine resources and involve local communities to find local solutions to meet local needs. The risks are that the needs of small but particularly vulnerable populations may be overlooked because they are less visible.

5. Performance overview by life-stage – Strengths

Below is a list of outcome indicators where North Lincolnshire performs significantly above the national average, and/or where significant progress has been made on 'turning the curve' in the last 24 months.

Inequalities

The educational and health outcomes of some of our most vulnerable residents has improved significantly over the last 2 years – particularly for looked after children and young offenders. The gap in educational attainment between our poorest 20% children and the rest has also narrowed in the last four years. Both achievements are due to targeted evidence based interventions.

However, for others, the pace of change has not been fast enough, or come soon enough to close the existing inequalities gap. Efforts to close this gap will need to be strengthened in other areas and the results monitored to ensure that this progress is maintained.

Starting and developing well

Better Outcomes

- More women taking up maternity services within 13 weeks of pregnancy – *almost 90% in 20011/12, compared with 91% nationally.*
- A sustained drop in infant mortality rates, which are now significantly below national rates
- A rise in breastfeeding initiation rates – *up from 57% in 2009 to 61% in 2011/12*
- Improvements in children's readiness for school as determined by Early Years Foundation Stage outcomes – *rates increasing year on year and above the national average at 61%*
- A sustained fall in child pedestrian injuries and deaths – *local rate of reduction has already exceeded expected levels, following targeted interventions*
- A significant increase in the number of young people achieving 5+ GCSEs at A*-C, including English & Maths, *up to 56% in 2012, compared with 51% in 2009.*
- Increasing performance of LAC at GCSE leading to a narrowing gap in outcomes for this vulnerable group and the rest
- A rise in the number of 16-18 year olds going on to further and higher education, including a rise for looked after children.
- Fewer children and young people reporting being afraid of or experiencing bullying at secondary school – *a significant drop since 2004, especially for those in Year 7.*
- Fewer children and young people engaging in risky behaviours in North Lincolnshire - *rates of smoking, drinking alcohol, offending behaviour and drug misuse at lowest recorded level*
- Increasing numbers of young people engaged in education training or employment at 16 and 17 years *– rates of NEET at lowest level at 5.7% in 2012, compared with 6.1% in 2010/11*
- Sustained fall in the number of children looked after by the local authority - with rates remaining below the national and regional average – *North Lincolnshire's preventive and family support services assessed by Ofsted in 2012 as 'highly effective'*

- Health outcomes for looked after children, a highly vulnerable group - are above the national average – *Local LAC health services assessed by Ofsted in 2012 as 'outstanding'*
- Significant and sustained drop in young people entering the youth justice system in North Lincolnshire - *at lowest level for several years*
- Improved life chances for those young people who do come into contact with the criminal justice system – *including an increase in employment and training opportunities*

Better Performance

- Achievement of UNICEF Stage 1 Baby Friendly accreditation at SGH
- Introduction of a new volunteer and professional Breastfeeding Extra Support Service
- Increased opportunities for youth apprenticeships within the Council
- Improved access to locality based integrated family support services for 0-19 year olds.
- Implementation of revised care model at SGH to reduce unnecessary paediatric admissions, which in North Lincolnshire have for many years been above national rates
- Arrangements for involving vulnerable children in Looked After and Safeguarding service planning, judged by Ofsted in 2012 as 'outstanding'
- Arrangements for delivering good health outcomes for looked after children judged by Ofsted as 'outstanding'
- Health and social care support for children with disabilities and complex needs assessed by Ofsted in 2012 and judged as good.
- Significant improvements in CAMHS services, including better access to levels of support at tier 1 and 2, and shorter waiting times for access to level 3 services. - *CAMHS services for looked after children and youth offenders recently assessed by Ofsted as 'outstanding'*
- Troubled Families Initiative commenced to provide intensive focus on families most in need
- Introduction of a new family nurse partnership programme aimed at supporting young parents under 20 years of age in North Lincolnshire
- Opening of The Pasture, a new purpose built accommodation project, offering on site support services for young mums (targeted at Care Leavers)

Living and working well

Better Outcomes

- A fall in overall crime rates and in robberies, domestic burglaries criminal damage and vehicle theft in particular
- Brumby ward, a hotspot area for crime has seen a significant reduction in crime rates since 2010
- More people taking care of their sexual health – *with local GPs fitting more LARCs per head of population than anywhere else in the country*
- Increasing number of adults taking up public health interventions including cancer and AAA screening, smoking cessation, support with weight management and health checks.
- Increasing survival rates for breast and bowel cancer at 1 year and at 5 years
- A sustained fall in adult road deaths and injuries – *which are already well below local targets for reduction*

Better Performance

- Extended access to psychological therapies for adults with common mental health conditions, with plans to develop this service for people with long term conditions
- Quicker access to NHS diagnostic and treatment services and increased patient choice.
- Significant improvements in process for accessing the Disabled Facilities Grant (DFG) for major home adaptations *- waiting times for DFG more than halved in three years*
- Successful 'expert patients' programme targeting people with long term conditions to support healthy independent living
- Increased number of residents receiving help to improve home energy efficiency and reduced fuel poverty
- Relatively high patient satisfaction rates with the quality of local GP community and hospital services
- Higher than average satisfaction with adult social care services and successful and well established 'Experts by Experience' programme in place
- Higher than average self-reported health gain post knee replacement surgery
- Better than average access to paediatric speech and language therapies
- The opening of a new integrated health and social care centre in Scunthorpe town centre
- Commitment to develop a healthy living hub in each of the 5 localities
- Improved access to health trainers, cancer champions and community based signposting service to public health interventions
- More people with learning disabilities offered and taking up an annual health check – *100% offered, 67% take up in 2011/12, significantly above national rates*
- Improved access to personal budgets and personalised social care services
- Improved access to telecare and telehealth services for people living with long term conditions, with new joint Tele-healthcare services now operational

Ageing well

Better Outcomes

- Further increases in male and female expectancy at 75 years, with highest ever levels recorded in North Lincolnshire, *(although male life expectancy remains below national levels and the inequalities gap remains unchanged)*

Better Performance

- Higher than average rates of detection of Diabetes, Coronary Heart Disease and chronic lung disease, (COPD) in primary care
- More older people and people with disabilities helped to live independently in their own homes
- Increasing take up of direct payments and self-directed care amongst adult social care users
- New jointly funded 24/7 personalised domiciliary care service established through the 3rd sector, called 'Community Support For You'
- More people helped to regain independence post hospital discharge

Dying well

Better Outcomes

- Falling premature death rates from cancer, heart disease and stroke, (although rates of early deaths from lung cancer, chronic lung disease and heart attacks remain significantly above the national average).

Better Performance

- More people receiving care at home, or in their care home, at the end of their life, than nationally.

PERFORMANCE OVERVIEW – Areas for improvement

There are still some key challenges ahead of us, not least reducing the impact of the current economic recession on the health and wellbeing of the local population, and extending the quality and choice of public services during a period of austerity. However these challenges are not unique to North Lincolnshire.

Outcomes

Below is a list of outcomes where North Lincolnshire currently lags behind the national and /or peer average, and/or where we have made limited progress in 'turning the curve' in the desired direction in the last 24 months.

Inequalities

- No change in child poverty rates since 2004 and a widening income gap between the best and worst off families - *1 in 5 children are dependent on means tested benefits and 1 in 10 live in workless households. Child poverty rates are higher than 50% in some North Lincolnshire neighbourhoods*
- Wider than average income gap in readiness for school measured by foundation stage outcomes especially low income boys - *18% gap in readiness between those eligible for free school meals and their peers.*
- Widening gap in educational attainment for low income children as they progress through the education system - *24% gap in GCSE attainment between those eligible for Free School meals and the rest in North Lincolnshire. Gap is widest for Scunthorpe South children, for whom there has been little improvement in GCSE attainment in the last 3 years.*
- Widening gap in unemployment rates between those with and without qualifications
- Widening gap in income inequalities – whilst average income is above regional rates – *the proportion of households with incomes below £20k is higher than average*
- A widening gap between life expectancy and healthy/disability free, life expectancy - *with 10 years of later life spent in poor health*
- Significant (although narrowing gap) in life expectancy between men and women - *on average, North Lincolnshire women live almost 5 years longer than men*
- Continuing and significant gap in life expectancy at birth between North Lincolnshire's richest and poorest residents, *Still a 10 year gap in life expectancy between North Lincolnshire's richest and poorest 10% residents*

Starting and developing well

- Lower than average breastfeeding continuation rates with no significant improvement in the last two years - *32% compared with 49% nationally. Rates are as low as 20% in some Scunthorpe wards*
- Higher than average infant admission rates for respiratory infections and gastroenteritis in North Lincolnshire – *high admission rates are associated with high rates of artificial feeding in the community*

- A halt in the rise of 5 and 11 year olds who are obese, but no improvement in obesity levels since 2007 – *currently estimated at 8% of 5 year olds and 20% of 11 year olds*
- Multiple risky behaviours becoming more concentrated in disadvantaged populations and neighbourhoods - *including children with special educational needs*
- Higher than average teen conception rates – with local data indicating an upward trend since 2010 – *there were 140 teen conceptions in 2010 including 90 deliveries*
- Lower than national average up take of flu vaccinations amongst pregnant women.
- Higher rates of smoking in pregnancy – *almost 1 in 5 women continue to smoke throughout pregnancy in North Lincolnshire. Rises to 44% amongst under 20s.*
- GCSE attainment rate including English and Maths, remains below national average, in spite of recent impressive increases
- Higher than average youth unemployment rates – *with the risk of a widening gap in long term unemployment and subsequent poor health impacts between neighbourhoods and population groups -*

Living and working well

- Lower than average skills levels amongst working age adults – *10% of adults have no qualifications*
- Higher than average rates of long term unemployment amongst 50+
- Lower than average awareness of cancer signs and symptoms amongst men and women compared with neighbouring areas
- Higher than average rates of adult smoking in North Lincolnshire - *23.5% adults smoke compared with 21% nationally*
- Higher than average and rising alcohol related diseases and admissions to hospital
- Rising levels of adult obesity, which are already above the national average, including amongst pregnant women – *adult obesity estimated at 29% compared with 24% nationally*
- Falling levels of physical activity, especially amongst young women and middle aged adults
- Rising number of deaths from alcohol related diseases – *in 2011, 20 people died of alcohol specific diseases in North Lincolnshire. Twice as many as in 2001 and more than three times the number of road fatalities in 2011.*

Ageing well

- A further rise in the prevalence of some preventable diseases in the population including, diabetes, CHD and chronic lung disease, which are already above national rates
- Higher than average rates of unscheduled hospital admissions for chronic long term conditions amongst people in their middle years and older

Dying well

- Higher than national rates of premature deaths from smoking related diseases, including lung cancer and chronic lung disease amongst males
- Rising incidence of lung cancer and deaths from lung cancer amongst women
- Rising deaths from alcohol specific diseases
- Variation in standards and quality of end of life care across services and settings

Service Performance

National data on access to and quality of local health and social care services also suggest that North Lincolnshire performs below/worse than the national average for:

- Lower than average access to NHS dental care for children and adults, in spite of many improvements over the last 5 years
- Elements of hospital care for patients with stroke or TIA
- Access to community based alcohol treatment services
- Lower than expected levels of detection of dementia in primary care
- Higher than average number of care home beds per head of population
- Higher than average unplanned hospital admissions for people with chronic long term conditions
- Timely access to aids and equipment (excluding major adaptations)
- Lower than average satisfaction with access to appointments in some GP practices
- Higher than average hospital death rates (SHMI) and deaths 28 days post discharge from hospital

PROGRAMME SPEND

National returns for the 2010/11 NHS programme budgeting data suggest that overall, North Lincolnshire spends relatively less NHS monies per head of population compared with similar sized areas.

Within this budget relatively more is spent per head in North Lincolnshire on:

- primary and secondary treatment for CHD
- breast and upper GI cancers,

In contrast relatively less is spent per head on mental health, compared with CCGs with similar populations.

NHS Continuing Care and Complex needs

In addition, NHS North Lincolnshire and North Lincolnshire Council jointly spend a considerable sum of money on supporting people with long term complex health and social care needs. In 2011/12 almost £15m was spent on funding Complex Care, which is more than twice what it was in 2007/8. A significant proportion of this is spent on highly specialist out of area placements. Moreover, the number of children with significant and complex needs appears to have risen in the last 12 months. Whilst this may not signify a trend, any change however small, in the numbers presenting for specialist care each year, can make a significant impact on services and agency budgets.

In light of the projected growth in the number of people with complex needs in the population, and the high costs involved in placing people in out of area placements, a local review of processes, pathways and outcomes for patients and clients, has been launched by adult health and social care services as part of the Quality, Innovation, Productivity, and Prevention (QIPP) programme for mental health and learning disability. This is due to report in October 2012.

6.Appendices

Appendix Table 1: Public Health Outcomes Performance

This table was developed prior to the publication of the PH outcomes framework.

For more up to date information see http://www.phoutcomes.info/public-health-outcomes-framework/ indicators.ic.nhs.uk/

 **Worse than national average**  **Similar to national average**  **Better than the national average**

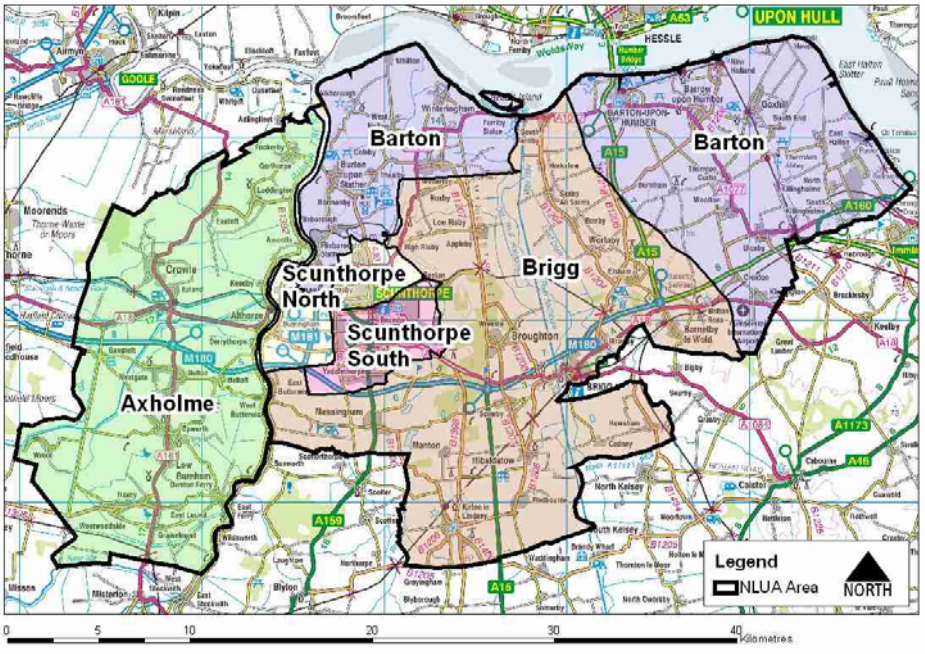
Improving the wider determinants	**North Lincs**	**Local direction of travel**	**Compared with the National average**
Per cent of children living in poverty (2010)	**21.3%**	**Improving**	
Readiness for school (% 5 yr olds achieving at least 78 points and 6+ in communication and PSED) (2011/12)	**64.0%**	**Improving**	
GCSE 5+ A*-C (incl E& M) (2011/12)	**56.3%**	**Improving**	
Pupil absence	**5.2%**	**Improving**	
NEET % 16-18 year olds (2012)	**5.7%**	**Improving**	
First time entrants into Youth Justice System (2010/11)	**92**	**Improving**	
Statutory homeless (2011/12)	**1.29**	**Improving**	
Violent crime offences (2011)	**14.7**	**Improving**	
No of people killed or seriously injured on the roads (per 100,000) (2011)	**95 (62.4)**	**Improving**	
% households living in fuel poverty (2010)	**18.5%**	**No change**	
Health protection	**North Lincs**	**Local Direction of travel**	**National average**
% children immunised for MMR by their 2nd birthday (2011/12)	**91.5%**	**Improving**	
% children immunised for MMR (2nd dose) by their 5th birthday (2011/12)	**84.6%**	**Improving**	
Chlamydia diagnosis rates amongst 16-24 year olds per 100,000 (2011)	**2232.8**	**No change**	
TB Incidence	**11.4**	**No change**	
Take up of seasonal flu vaccination by at risk groups (2011/12)	**51.8%**	**Getting worse**	
Take up of flu vac amongst healthy pregnant women, (2011/12)	**16.4%**	**Getting worse**	
Take up of flu vac amongst high risk pregnant women (2011/12)	**43.1%**	**Getting worse**	
Take up of flu vac amongst 65+ (2011/12)	**71.4%**	**Getting worse**	

Take up of flu vac amongst <65 carers (2011/12)	45.2%	No change	
Health improvement	North Lincs	Local Direction of travel	Compared with the national average
Low birth weight of full term babies (2010)	2.8%	No change	
% women who smoke throughout pregnancy (2011/12)	19%	Improving	
% women breastfeeding at birth (2011/12)	61%	Improving	
% women breastfeeding at 6-8 weeks (2011/12)	32%	No change	
Teen conception rate per 1,000 15-17 (2011)	37.7	Improving	
% 5-6 year olds - excess weight (2011/12)	23.7%	No change	
% 10-11 year olds – excess weight (2011/12)	36.9%	Getting worse	
% 11-15 year olds who smoke regularly (2010)	6%	Improving	
Estimated prevalence of adults who smoke (2011)	23.5%	No change	
Estimated prevalence of 'obese' adults (2006/8)	29.1%	Getting worse	
% adults physically active 5 X a week (2011)	10.1%	No change	
Successful completion of drug treatment (2010/11)	5.5%	No change	
Hospital admissions caused by unintentional and deliberate injuries in under 18s, per 100,000 (2010/11)	115.8	No change	
Recorded diabetes % registered adult patients (2011)	6.3%	Getting worse	
Recorded CHD % registered patients(2011)	4.6%	Getting worse	
Take up NHS Health Checks programme 2011/12	2.4%	Improving	
Cancer screening coverage – breast cancer % (2010/11)	80.6%	Improving	
Cancer screening coverage – cervical % (2010/11)	79.2%	Improving	
% offered diabetic retinopathy (2010/11)	78.2%	Improving	
Alcohol related hospital admissions per 100,000 (2011/12)	1988.5	Getting worse	
Self reported wellbeing (% medium to high life satisfaction) (ONS, 2011/12)	75.9%	No change	
Emergency hospital admission rates for fall injuries amongst over 65+s (2011/12)	1228	Getting worse	

Health care public health and preventing premature mortality	North Lincs	Local direction of travel	Compared with the national average
Neonatal mortality & stillbirths (2011) per 1,000 live births	11.1	Improving	
Tooth decay in children aged 12 (2008-9)	34.5%	No change	
Hospital admission rates for 65+ for hip fracture (2010/11)	475.9	Improving	
Mortality from causes considered preventable (prov) (2009-11)	160.1	No change	
<75 deaths from circulatory diseases (per 100,000) (2009-11)	65.4	Improving	
< 75 deaths from all cancers (per 100,000) (2009-11)	115.3	Improving	
< 75 deaths from liver disease (per 100,000) (2009/11)	13.9	Getting worse	
< 75 deaths from respiratory disease (per 100,000) (2009/11)	31.5	No change	
Suicide rate (per 100,000) (2009/11)	8.1	No change	
Preventable sight loss (AMD) amongst 65+ per 100,000 (2010)	76.6	No change	
Preventable sight loss glaucoma amongst 40+ per 100,000 (2010)	6.8	No change	
Hip fractures in people aged 65+ per 100,000 (2010/11)	475.9	No change	
NHS and Social Care Outcomes	**North Lincs**	**Local direction of travel**	**Compared with the national average**
% patients with good experience of making a GP appointment	77%	No change	
% patients with a positive experience of hospital care (composite score) 2011/12	78%	No change	
% adult social care users in receipt of direct payments/self-directed care	66.6%	Improving	N/A
Self-reported experience of adult social care (score out of 24) 2010/11	19.4	Improving	
Adequate control over daily life (% adult social care users) 2010/11	83.4%	Improving	
% adult social care users who feel safe, 2011/12	95.5%	Improving	
% older people regaining independence post hospital discharge 2010/11	84%	Improving	
People dying in hospital or within 30 days (2011/12)	116	Getting worse	
End of life care - % people who die at home or in a care home (2011/12)	42%	Improving	

Localities at a glance

Appendix Figure 1
Locality map of North Lincolnshire



A summary of some key measures of health, and health improvement in these five areas are included in Appendix Table 4 below.

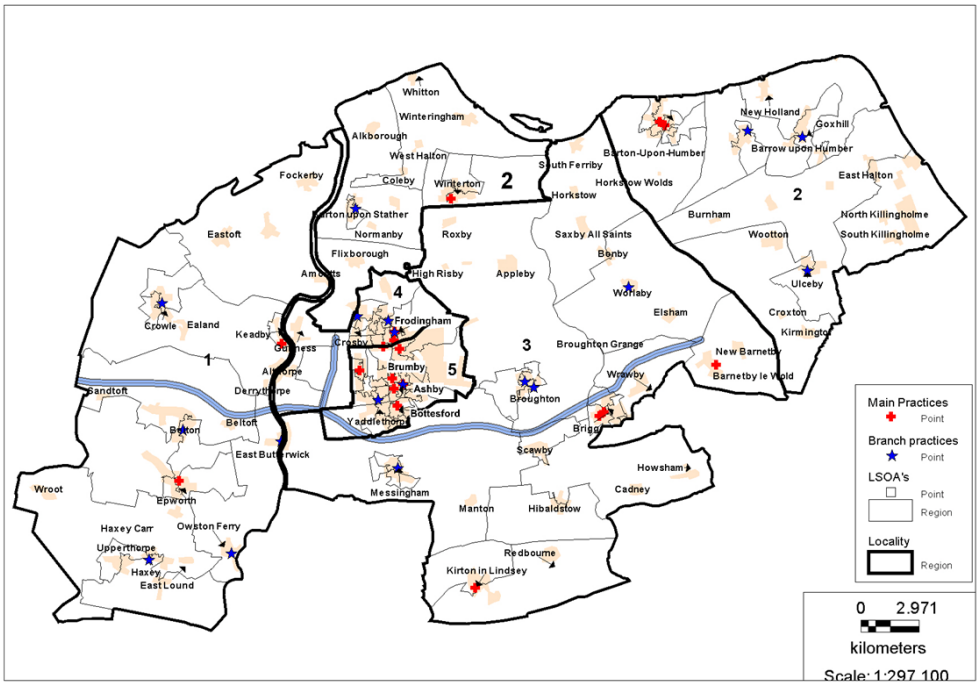
Appendix Table 2
Locality and wards

Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South
Axholme North	Barton Humber	Brigg & Wolds	Burringham & Gunness	Ashby
Axholme Central	Burton upon Stather & Winterton	Broughton & Appleby	Crosby & Park	Bottesford
Axholme South	Ferry	Ridge	Town	Brumby
				Kingsway with Lincoln Gardens
				Frodingham

Appendix Table 3: Locality and GP practices

Axholme (1)	Barton & Winterton (2)	Brigg & Wolds (3)	Scunthorpe North (4)	Scunthorpe South (5)
Dr Falk and Partners	Dr Webster and Partners	Dr Vora	Dr Melrose and Partners	Dr Kennedy and Partners
Trentview	Dr Jaggs-Fowler and Partners	Dr Burscough and Partners	Birches Medical centre	Dr Dwyer and Partners
	Drs Muraleedharan & Chandar	Dr Whitaker and Partners	Oswald Road Medical Centre	Drs Shambhu and Ugargol
		Dr Padley and Partners		Dr Hall and Partners
				Dr Lees and Partners
				Dr Balasanthiran
				Dr Newman and partners
				Market Hill 8 to 8 Centre

Appendix Figure 2: GP practices in North Lincolnshire, 2012



Appendix Table 4
Localities at a glance, 2011/12

	Isle of Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South
Total registered GP population 2012	22,737	33,689	31,494	26,305	54,946
% of total N Lincs population	13.7%	20.2%	18.9%	14.9%	32.3%
Child poverty 2010	12.9%	17.6%	12.7%	31.9%	26.8%
% Pensioner Poverty (IDAOP 2010)	15.6%	14.1%	15.1%	24.0%	18.7%
Male Life Expectancy (Yrs) 2006-10	80.0	79.4	79.2	74.9	77.6
Female Life Expectancy (Yrs) 2006-10	83.4	83.2	83.1	79.0	81.5
Readiness for school (FSP 6+ in PSED & CLL) 2011	58%	71%	70%	55%	55%
Children in Need per 1000 (2012)	8.8	12.5	8.3	35.2	24.4
% with 5+ GCSEs at levels A*-C incl Eng & Maths (2011)	61%	59%	55%	45%	43%
% 16-17 year olds NEET 2011	3.8%	4.4%	5.0%	8.3%	6.7%
18-24 unemployment rate (Oct 2012)	10.5%	12.3%	7.9%	14.6%	13.8%
JSA Claimant Rate (October 2012)	3.1%	3.9%	3.0%	7.3%	5.5%
% women smoking throughout pregnancy (2011/12)	19.4%	16.8%	15.6%	19.2%	22.9%
% babies breastfed at birth (2011/12)	65%	68.1%	69.5%	58.1%	49.6%
% 5 year olds unhealthy weight (2007/11))	15.4%	21.7%	18.6%	24.5%	23.2%
% 11 year olds unhealthy weight (2007/11))	32.7%	33.0%	30.1%	36.7%	33.3%
Teen Conception Rate per 1,000 15-17 year old females (2009-11)	19.6	30.3	22.2	55.0	64.7

% population who claim DLA 2011	4.6%	4.8%	4.7%	6.5%	6.0%
% adult patients who are registered by GP practices as obese 2010/11	13.7%	11.6%	10.8%	12.9%	14.9%
Unplanned hospital admission rates for alcohol specific diseases per 100,000 2010/11	180.0	300.0	220.0	800.0	503.0
% GP patients with a long term condition* 2011/12	25%	25%	24%	24%	23%
% of patients with a long term condition who smoke 2011/12	15.7%	14.7%	15.2%	20.7%	21.2%
Care home residents per 100 85+ 2011/12	24.5%	24.6%	39.1%	10.9%	29.9%
Premature death rates from heart disease and stroke 2009-11	49.0	57.6	63.6	92.9	77.6
Premature death rates from cancer 2009-11	111.8	114.1	96.6	126.8	140.9
% deaths at home or in care homes 2011	41.1%	41.4%	39.4%	44.7%	41.7%
Calls to police regarding antisocial behaviour, per 1000 h'holds, 2010	91.9	92.6	75.2	196.3	124.3
% population living in 13 neighbourhoods with vulnerability score 200+ 2011	0	0	0	61%	15%
% residents who are satisfied with their area as a place to live, (2009)	88%	82%	89%	66%	79%
% who say they feel part of their community (2009)	70%	60%	70%	44%	62%
% who say they can influence decisions in their locality (2009)	30%	37%	32%	43%	33%

Appendix Table 5 GP Practice profiles

Practice name	Registered patient population (March 12)	Urban/ Rural	Deprivation IMD score 2010	BME population (estimates) *	% patients under 5 (March 2012)	% patients aged 75+ 2012	Care home residents per 100 patients aged 75+ (March 2012)	Adults with severe learning disabilities per 1000 adults (March 2012)	Life expectancy at birth 2008-11 (Yrs)** Male	Life expectancy at birth 2008-11 ** (Yrs) Female	Death rates DSR per 100k (all ages) 2008-11 DSR	Premature death rates <75 DSR per 100k (persons) 2008-11 DSR	Cancer mortality <75 yrs DSR per 100k (persons) 2008-11; DSR	CVD mortality <75 yrs DSR per 100k (persons) 2008-11; DSR
South Axholme Practice	14,499	Rural	13.09	2.1%	4.4%	9.0%	4.30%	1.1	81.0	84.2	475.7	226.2	95.4	46.40
Trent View Medical Practice	12,341	Rural	20.26	2.4%	5.3%	8.5%	7.00%	6.1	80.3	81.5	580.3	273.4	119.9	80.20
Dr Webster & Partners	9,834	Rural	14.63	0.8%	4.9%	9.2%	4.10%	4.9	79.6	89.0	401.5	203.8	74.6	66.10
Dr Jaggs-Fowler & Partners	16,865	Rural	18.70	1.2%	5.3%	8.2%	6.80%	4.8	79.3	84.6	494.6	264.5	115.8	59.30
West Town Surgery	2,508	Rural	18.84	1.3%	5.4%	7.4%	21.60%	4.9	83.3	86.6	531.3	333.5	142.1	61.90
Dr Vora	2,879	Rural	15.10	0.7%	3.8%	7.5%	9.20%	3.4	76.1	82.3	587.7	293.1	79.3	52.20
Dr Burscough & Partners	12,437	Rural	14.99	0.8%	4.8%	9.4%	9.80%	9.7	80.6	82.7	527.5	241.4	107.5	61.50
Bridge Street Surgery	6,524	Rural	14.78	1.3%	4.4%	9.7%	13.90%	3.8	78.1	80.7	623.8	283.8	119	73.80
Kirton Lindsey Surgery	5,637	Rural	13.05	2.5%	5.5%	6.9%	21.90%	9.4	79.8	81.9	571.9	287.6	84	81.70
Church Lane Medical Centre	8,654	Urban	27.22	2.4%	6.1%	9.5%	4.73%	3.7	78.8	84.6	504.6	234.5	120.2	60.20
The Birchee Medical Practice	7,011	Urban	37.64	N/A see notes	9.1%	5.0%	6.70%	2.3	83.3	80.7	514.7	281.6	109.2	108.00
The Oswald Road Medical Surgery	4,105	Urban	31.18	8.1%	5.7%	8.4%	0.90%	5.9	78.4	85.0	557.1	356.3	198	120.30
Market Hill 8 To 8 Centre	2,406	Urban	39.79	N/A see notes	11.1%	1.9%	0	4.5	84.4	87.0	419.1	349.8	no data	no data
Dr Kennedy And Partners	17,107	Urban	31.23	3.0%	6.1%	7.5%	9.40%	3.4	77.1	79.0	604.0	364.9	154.3	91.20
Cedar Medical Practice	5,711	Urban	31.11	0.7%	6.0%	8.0%	14.40%	3.3	75.3	78.5	756.4	437.5	85.9	144.60
Dr N K Shambhulingappa & Ugargol	4,017	Urban	30.93	2.4%	6.3%	5.9%	6.40%	2.6	76.2	80.0	684.9	332.3	112.2	117.30
West Common Lane Teaching Practice	4,816	Urban	35.92	0.6%	7.6%	6.9%	2.70%	4.4	79.3	81.3	593.5	347.4	68.2	80.40
Ashby Turn Primary Care Partners	12,303	Urban	27.10	0.0%	6.1%	9.2%	6.71%	8.4	77.6	80.6	606.6	352.1	146.7	70.10
Dr S Balasanthiran	2,866	Urban	27.56	2.5%	5.9%	10.5%	5.99%	2.6	78.8	83.5	548.4	238.8	119.9	53.10
Cambridge Avenue Medical Centre	15,292	Urban	19.50	2.5%	5.3%	9.7%	3.88%	3.1	80.4	83.8	494.2	228.4	99	65.10
CCG Average	167,005		21.75		5.7%	8.4%	7.35%	4.72	79.1	82.6	540.3	279.7	112.7	73.00

Internal Ranking

Not statistically different

Statistically worse than average

Statistically better than average

Significantly different

*The CCG averages in this table may differ to those North Lincolnshire totals published on the Public Health Outcomes Framework. This is due to difference in the population denominators employed, as well the time frame of data capture

Appendix Table 6 Inventory of stakeholder reviews/user consultation

Starting well and developing well

Name	Agency	Author/Contact
Child Poverty Needs Assessment 2011	Children's Services	Julie.Poole@northlincs.gov.uk
Evaluation of Children's walk in clinic	NHS North Lincolnshire	Helena.Dent@nhs.net
Annual Children's Safeguarding report, 2011	Children's Services	Julie.poole@northlincs.gov.uk
Annual report on infant and maternal health and wellbeing, 2011	Public Health	Louise.garnett@nhs.net
Children's Centre Health Outcomes Profiles 2012	Children's Services/Public health	Shane.mullen@nhs.net
Adolescent Lifestyle Survey 2010	Children's services/Public health	louise.garnett@nhs.net
Coast Service YP's views	COAST	Paul.watson@nelctp.nhs.uk
YP's views on sexual health services	VANL/WHO CARES?	VANL/WHO CARES?
Young people's substance misuse needs assessment	Children's Services	Stewart Sutton and Julie Poole
Children's safeguarding needs assessment	Children's Services	Julie Poole

LIVING AND WORKING WELL – including vulnerable populations		
Name	**Agency**	**Author/contact**
Review of mental health services – stakeholder consultation 2011	NHS North Lincolnshire	Lynne Hall
Review of weight management services – stakeholder consultation 2012	North Lincolnshire Council	Steve.mercer@northlincs.gov.uk
Review of Stroke Services Deep Dive 2011	NHS North Lincolnshire	Caroline.briggs@northlincs.gov.uk
BME communities and mental health services - user consultation 2011	NHS North Lincolnshire	Natasha.philips@nhs.net
BME and migrant communities in North Lincolnshire 2011	North Lincolnshire Council	Vince.mancini@northlincs.gov.uk
Housing Related Support – Phase One - Findings Report	North Lincolnshire Council	Rick.Anderson@northlincs.gov.uk
Promoting the health and wellbeing of North Lincolnshire Staff	NLC OSC	Dean.gillon@northlincs.gov.uk
Alcohol needs assessment 2011	NHS North Lincolnshire	louise.garnett@nhs.net

JSIA 2011	North Lincolnshire Council/Safer Neighbourhoods	Stuart.minto@northlincs.gov.uk
JSNA consultation with the public and stakeholder conference 2012	NHS North Lincolnshire	louise.garnett@nhs.net
Homelessness and health needs assessment 2012 (in progress)	NHS North Lincolnshire	Ben.anderson@nhs.net
CASH services consultation 2011	NHS North Lincolnshire	Natasha.philips@nhs.net
Sexual health Service paper for OSC 2012	NHS North Lincolnshire	Natasha.philps@nhs.net
Adult Safeguarding Annual Review 2011/12	NHS North Lincolnshire/North Lincolnshire Council	John.spicer@northlincs.gov.uk
Wheelchair services review 2011	NHS North Lincolnshire	Caroline.briggs@nhs.net
Consultation on services for people with physical disabilities 2010	North Lincolnshire Council	Karen.Pavey@northlincs.gov.uk
Scotter House Consultation and findings	North Lincolnshire Council	Joanne Mosby - Learning disability services
Experience of hospital discharge 2011	VANL/WHO CARES?	VANL/WHO CARES?
Consultation on services for vulnerable adults (in progress)	North Lincolnshire Council	Karen.pavey@northlincs.gov.uk

NLC Development Framework Core Strategy 2011	North Lincolnshire Council	Lesley.potts@northlincs.gov.uk
North Lincolnshire Strategic Economic Assessment	North Lincolnshire Council	Lesley.potts@northlincs.gov.uk
Ulceby Parish Plan 2011	VANL	VANL
Haxey Parish Plan 2011	VANL	VANL
Community research in 9 wards in North Lincolnshire	VANL	VANL
Local Health watch consultation 2011/12	VANL/WHO CARES?	VANL
Sexual health report 2011	VANL/WHO CARES?	VANL
Mental health Service user report 2010	VANL/WHO CARES?	VANL
Housing Market Report 2012 and other housing need evidence	North Lincolnshire Council	Kate.Atkinson@northlincs.gov.uk
RETIRING AND AGEING WELL		
Name	**Agency**	**Author/contact**
'Let's Talk' 2012 (not yet published)	North Lincolnshire Council	Lorna Wakefield
Telecare review 2011	North Lincolnshire Council	
Equipment User	North Lincolnshire Council	john.spicer @northlincs.gov.uk

Survey report		
Personal Social care User Survey report 2010/11	North Lincolnshire Council	
Ageing well review and workshop, 2012	North Lincolnshire Council	Pete.lenehan@northlincs.gov.uk
People Scrutiny Panel Report - Home Support in North Lincolnshire 2012	North Lincolnshire Council	Karen.pavey@northlincs.gov.uk Dean.gillon @northlincs.gov.uk
Experience led commissioning People with multiple and complex long term conditions – work in progress	NHS North Lincolnshire	Caroline Briggs leading
DYING WELL		
Name	**Agency**	**Author**
Review of training needs of care providers	North Lincolnshire Council	Rosemary.leek@northlincs.gov.uk
Experience led commissioning - work in progress	NHS North Lincolnshire	Caroline Briggs leading
Review of end of life services	NHS North Lincolnshire	Jane.Ellerton @nhs.net
A review of NLaG's Hospitals' Mortality	NHS North Lincolnshire	Not yet published

Outcome Performance		

OTHER ADULT SOCIAL SERVICES REPORTS					
Title of Work	**Agency**	**Author**	**Description**	**Where is the report available**	**Report Attached? (yes/No)**
Investors in people team findings Workforce planning and Development	North Lincolnshire Council	Tracey.Hawkins@northlincs.gov.uk Martin.Rockliff@northlincs.gov.uk	To monitor the ongoing commitment to IiP	The report is available from the author	No
Service Level Agreement Review	North Lincolnshire Council	Wendy.Lawtey@northlincs.gov.uk	To review what has taken place in the service in terms of organisations development	The report is available from the author	No
Leadership Development Programme Evaluation	North Lincolnshire Council	Tracey.Hawkins@northlincs.gov.uk	To monitor an organisational change at different levels of the organisations	The report is available from the author	No
Review of service provided by Workforce planning and development	North Lincolnshire Council	Tracey.Hawkins@northlincs.gov.uk	To action plan what if the team needs to do differently to support the service	The report is available from the author	No
Performance Assessments and Quality	North Lincolnshire Council	Rosemary.Leek@northlincs.gov.uk And	Services Performance Assessments	For Performance reports please contact Rosemary Leek	Yes (Contract

Reviews		Miriam.mumby@northlincs.gov.uk	and Quality Reviews are undertaken according to the 'contract calendar' individual reports are available from the authors.	For Quality reports please contact Miriam Mumby	Calendar and Results Spreadsheet)
Personal Social Services Adult Social Care Survey	North Lincolnshire Council	The Information Centre for Health and Social Care	The User Experience Survey Programme operates on an annual basis and is used to target areas of particular interest within Adult Social Services. Opinions are sought over a range of outcome areas to gain an understanding of service users' views rather than measuring quantities of care delivered.	http://www.ic.nhs.uk/statistics-and-data-collections/social-care/adult-social-care-information/personal-social-services-adult-social-care-survey-england--final-2010-11	No

			Publication date December 13, 2011		

JSNA Steering Group membership

Anderson Ben – Chair - Locum Consultant in Public Health
Caroline Briggs – Senior Officer Commissioning Support and Service Change North Lincs CCG
Carole Phillips – CEO - Voluntary Action North Lincolnshire
Frances Cunning – Director of Public Health, North Lincolnshire Council and NHS North Lincolnshire
Jane Ellerton – Assistant Senior Officer Commissioning Support and Service Change North Lincs CCG
Lynne Hall Senior Commissioning Manager Vulnerable Adults, NHS North Lincolnshire
Melanie Hannam – Public Health Literacy/Knowledge Manager, NHS North Lincolnshire
Jackie Tulley - Research and Intelligence Manager North Lincolnshire Council
Julie Clark Strategic Commissioning Manager, Adult Social Care, North Lincolnshire Council
Julie.Poole Partnerships and Planning Manager, North Lincolnshire Council
Karen Pavey Assistant Director Adult Services, North Lincolnshire Council
Kate Robinson, Strategy and Information Officer Housing and Environmental Services North Lincolnshire Council
Kay.Aisthorpe, Substance Misuse Strategy Manager NHS North Lincolnshire
Lesley Potts, Planning and Regeneration North Lincolnshire Council
Marcus Walker Assistant Director Planning and Regeneration North Lincolnshire Council
Natasha Philips Commissioning Manager, Sexual Health Services, NHS North Lincolnshire
Ruth Farningham – 'Who Cares' Link Coordinator, North Lincolnshire
Stuart Minto Head of Safer Neighbourhoods, North Lincolnshire Council
Susan Twemlow, Assistant Director of Commissioning and Localities People Services, North Lincolnshire Council
Trevor.Laming, Assistant Director Technical and Environmental Services North Lincolnshire Council

The People of North Lincolnshire

It is difficult to report precisely how many people are currently living in North Lincolnshire. However the latest 2011 Census data suggests that there are in the region of 167,400 people resident in the area. We know this is a relatively stable, middle aged population and that it is growing faster than our peers and regional neighbours. We also know that the composition of our population has changed over time as younger qualified adults have left North Lincolnshire, the remaining middle aged population have got older, our Black and Minority Ethnic population has grown. All of these factors will have an impact on the demand for and future shape of health and social care services in our area.

167,400 PEOPLE

live in North Lincolnshire

Between 2001 and 2011 the resident population grew by 9.5% compared with 6.4% across the region and 7.9% nationally.

14% GROWTH

A further 14% growth in the population is expected between now and 2035.

More than **half of this growth is likely to occur in our rural areas** and much of it will be accounted for by people aged 55-74 years; an age group which is growing faster in North Lincolnshire than nationally.

ETHNIC PROFILE

The Black and Minority Ethnic (BME) population of North Lincolnshire is relatively small, 7.2% in 2011 (including White Other), compared with 18.9% nationally.

The largest BME communities in North Lincolnshire are people of 'Other White, including Polish and Lithuanian residents, as well as people of Indian, Pakistani and Bangladeshi heritage.

6.5% BORN OUTSIDE UK

In 2011, 6.5% of North Lincolnshire residents (6,634) said they were born outside the UK, compared with 13.8% across England as a whole, including 2,624 people born in Poland, 1,915 from Southern Asia, 759 from Africa.

For 2.5% of households in North Lincolnshire, English is not the main language spoken at home.

POPULATION INCREASE IN ASHBY

All areas of North Lincolnshire have enjoyed growth.

The greatest population increase was in Ashby ward which grew by 30% between 2001 and 2011 following significant housing development in the area.

30%

More than half of our population **(52%)** live in North Lincolnshire's 6 market towns and 80+ villages and hamlets.

52%

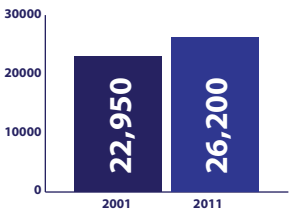
19% INCREASE

Between 2001 and 2011 the number of **people aged 55 years and older grew by 19%**.

Compared with a 13.5% rise amongst this age group nationally.

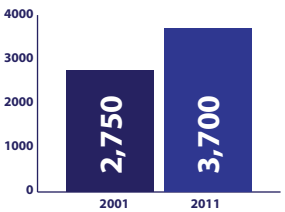
55

14.2% GROWTH



65-84 Years

34.5% GROWTH



85+ Years

NHS North Lincolnshire Clinical Commissioning Group

North Lincolnshire Council www.northlincs.gov.uk

Place of North Lincolnshire

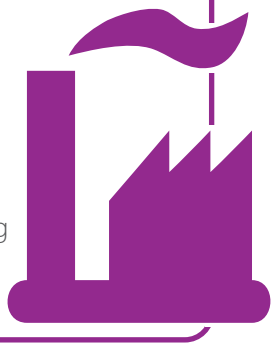
At 328 square miles, North Lincolnshire is relatively large, although its population is small compared with some neighbouring authorities at 167,400. North Lincolnshire has a distinct settlement pattern, with more than half of the population living outside the main urban area of Scunthorpe. The nature of North Lincolnshire as a place has been shaped by the local economy over the last few centuries, including agriculture and steel manufacture.

The quality of life in North Lincolnshire is relatively good. The majority of residents are very happy living here and highlight many of North Lincolnshire's attractive physical assets, including close access to the countryside, low cost of living, strong sense of community and neighbourliness of local people.

22.6% WORK IN MANUFACTURING

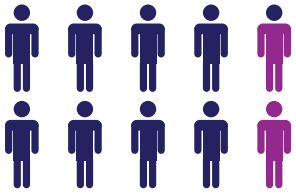
More than twice the national average of 10.2%.

Future growth sectors include high value, high skill jobs in alternative energy technology, engineering and logistics, as well as supporting industries in leisure and tourism, including the North Lincolnshire Lakes.



14% DECREASE

Crime rates in North Lincolnshire have fallen by 14% in the last year.



80% SATISFIED WITH NORTH LINCOLNSHIRE AS A PLACE TO LIVE

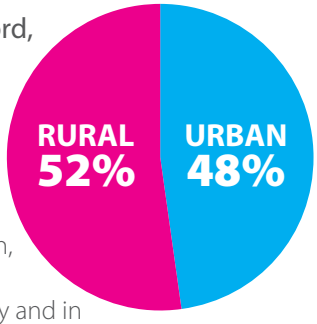
More than 8 out of 10 residents said they were satisfied with North Lincolnshire as a place to live, (Place Survey 2009), compared with 79% nationally.

These averages mask significant inequalities in North Lincolnshire. Satisfaction ranged from 88% of Axholme residents to 66% of Scunthorpe North residents.

URBAN/RURAL LIFE

The large urban area of Scunthorpe and Bottesford, is the main population settlement and is home to (48%) of North Lincolnshire residents.

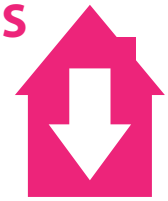
The remaining 52% live in the 6 market towns of Barton, Brigg, Crowle, Epworth, Winterton and Kirton Lindsey and in the 80 surrounding villages.



LOW HOUSE PRICES

The average house price is £107,543

compared with a national average of £160,372. (March 2012)



HIGHER THAN AVERAGE EARNINGS

Male full time earnings are £535 a week

compared with a regional average of £465, and a national average of £541.

HOUSING QUALITY

80% of private sector housing in North Lincolnshire meet decency standards.

Compared with 65% nationally, as do almost 100% of all social rented housing.

The poorest quality housing in North Lincolnshire tends to be concentrated in the private rented sector, principally in the urban areas of Crosby, Frodingham and Town.

HOME OWNERSHIP FALLING

69.8% households are owner occupied in North Lincolnshire.

Down from 73% in 2001, compared with 64.2% nationally.

NHS North Lincolnshire Clinical Commissioning Group

North Lincolnshire Council www.northlincs.gov.uk

Vulnerable Populations in North Lincolnshire

The health and wellbeing of some of our residents may be compromised because of their particular social and economic circumstances, or because of disability, illness or lifestyle choice. These groups may require additional support to help them reach their potential, achieve independence and access and maintain stable housing, employment and a healthy standard of living for themselves and their families.

PEOPLE WITH DISABILITIES

7% of children and 19% adults in North Lincolnshire have a physical, learning or mental disability, or a long term illness that limits their day to day activities.

For 3% children (1040) and 5.5% (7840) of adults, the disability/illness is so severe that they are eligible for Disability Living Allowance (DLA).

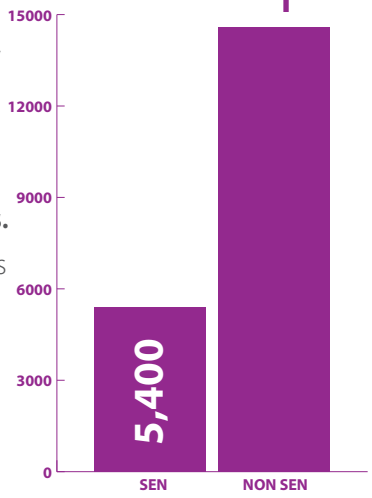
The number of under 5s with severe disabilities has risen.

5,400 CHILDREN HAVE SPECIAL EDUCATION NEEDS (SEN)

At 27.7% of the pupil population this is slightly higher than nationally, which is currently 20.6%.

Boys are significantly more likely to have SEN than girls.

Children with SEN are twice as likely to live in low income families. At least 30% children with SEN are eligible for Free School meals in North Lincolnshire compared with 15% of other children.



1535 ADULTS LIVE IN CARE HOMES

In 2011/12 North Lincolnshire Council spent £31.8 million on supporting the most vulnerable residents in need of residential and nursing home care and at home by providing intensive home care.

4-6% OF WOMEN EXPERIENCE DOMESTIC VIOLENCE EACH YEAR

With 1 in 4 expected to experience this during their lifetime.

1 in 4 referrals to social services involve domestic abuse.

11% OF RESIDENTS PROVIDE UNPAID CARE FOR RELATIVES

Of these 18,160 people, 4680 provide 50 hours a week.

11%

In 2011/12 1030 of these adult carers received support from social care services.

ESTIMATED 1300 ADULTS ARE PROBLEM DRUG USERS

For every 1 drug user 2 family members are affected, i.e. 2616 family members 1300 children (about 2-3% of children under the age of 16).

ESTIMATED 10% OF SCHOOL AGED CHILDREN ARE YOUNG CARERS

Pupils claiming free school meals are more likely to say they care for a disabled relative, 22%.

10%

Compared with 8% of children not on free school meals.

LIVING INDEPENDENTLY

The vast majority of children and adults with disabilities live in their own homes, either independently or with support from relatives, informal carers.

NHS
North Lincolnshire Clinical Commissioning Group
NORTH LINCOLNSHIRE COUNCIL
www.northlincs.gov.uk

Born in North Lincolnshire

Each year there are almost 1900 live births to North Lincolnshire women. The majority of these infants are born healthy and thrive. Some key factors which can affect the health of babies are social deprivation of the household into which the baby is born, maternal health factors (including emotional well being, diet, weight, drug, alcohol and smoking behaviours), as well as access to high quality maternal services.

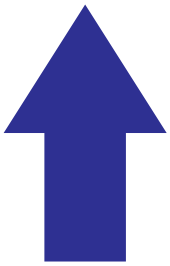
13.9%

of North Lincolnshire births in 2011 were to women born outside the UK. This compares with 5.9% in 2001.

Across England as a whole it was 26% in 2011. Poland is the most common non - UK maternal country.

BIRTH RATE INCREASE

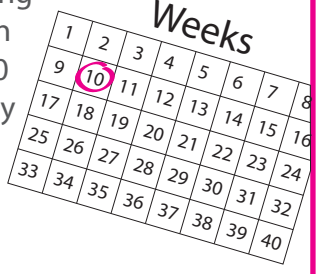
The **local birth rate has risen above national rates** in the last few years and is rising fastest amongst women under 20, women in low income groups and women from our Black and Minority Ethnic communities.



89% of mothers in North Lincolnshire are now **assessed by a midwife within 12 weeks**.

This is a fantastic improvement on previous years and is close to the national average of 90% – but is still low amongst young low income women.

Only 77% of young pregnant women (younger than 20 years) are seen by a midwife within 12 weeks of pregnancy.



Nice Guidance is that women should be seen within 10 weeks.

1,900 BIRTHS

That's just over 5 deliveries of new borns a day!

At least one of these babies will be born into poverty.

19.4%

of mothers in **North Lincolnshire** are still smoking at time of delivery.

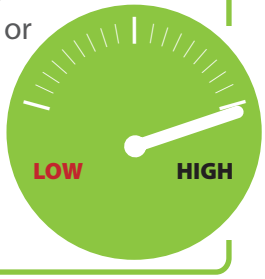
13.2%

of mothers in **England** are still smoking at time of delivery.

97.18% HEALTHY WEIGHT BIRTHS

The percentage of full term babies born with a weight of 2500 grams or more is similar to the national average in North Lincolnshire at 97.18%.

Infant deaths are also below national rates at 4.3 per 1000 live births.



ONLY 33% BREASTFEED

The proportion of **women who continue breastfeeding for 6-8 weeks or more** has changed little during this time and remains well below national rates at **just under 33%**, compared with 50% nationally.

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Growing Up in North Lincolnshire

The vast majority of young people in North Lincolnshire are happy, healthy, work hard at school and college and enjoy the support of loving families. However, there are significant differences in opportunities and outcomes within this population, including differences between girls and boys and between income groups. These inequalities threaten the future health and wellbeing of our future adult population.

9/10 TEENAGERS WANT GOOD GRADES

More than 9 out of 10 teenagers recognise the importance of getting good exam results and almost two thirds of North Lincolnshire 11-15 year olds say it is very important to them.

Girls are more likely than boys to aspire to university. 70% of 15 year old girls compared with 41% boys in North Lincolnshire.

6% OF 11-15 YEAR OLDS SMOKE

27% of 15 year olds on Free school meals are regular smokers compared with 13% those not on Free school meals.

However, the proportion of 11-15 year olds who have tried smoking fell from 35% in 2007 to 28% in 2010. The proportion who say they smoke regularly also fell from 9% to 6%.

CLOSING THE GAP

The percentage of 15 year olds getting 5 or more good grades at GCSEs, with English and Maths, has risen and at 56% is much closer to the national average of 58.9%.

The gap between girls and boys remains wide, 62% girls and 51% boys.

Attainment rates are lowest for the poorest fifth, at 30%. Closing these gaps would raise the overall average.

OVER 50% VOLUNTEER

Increasing numbers of young people are getting involved in volunteering.

Including more than half of 11-15 year olds.

12% DECREASE IN TEEN CONCEPTION RATES SINCE 1998

70% occurred during or just after the final year of secondary school i.e. at 16-17 years of age and almost two thirds, 64% result in a birth.

Compared with 51% nationally.

REGULAR DRINKING

Regular drinking and drinking to excess at the age of 14, whilst relatively rare, is strongly predictive of other risky behaviours.

Such as truanting, smoking, drug use, unprotected sexual activity and not remaining in full time education.

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Starting Well in North Lincolnshire

The first few years of life can have a lifelong effect on people's health and wellbeing, including their capacity to learn, earn and nurture others. Early emotional, social and cognitive development is strongly linked to socioeconomic deprivation. The levels of child poverty in North Lincolnshire are therefore of major significance to the future health of North Lincolnshire's children and young people.

0-4'S RISEN BY 21% SINCE 2001

This compares with a growth of 13.4% amongst pre-schoolers nationally over the same 10 year period.

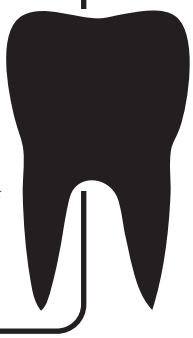
56% of all under 5s in North Lincolnshire live in Scunthorpe.

LOW TOOTH DECAY

5 year olds have an average of 0.62 decayed, missing or filled teeth.

Compared with 1.1 nationally.

This is due largely to water fluoridation in parts of North Lincolnshire. Some of the highest decay levels are across the Isle of Axholme where water is not fluoridated.



24% OF 5 YEAR OLDS ARE AN UNHEALTHY WEIGHT

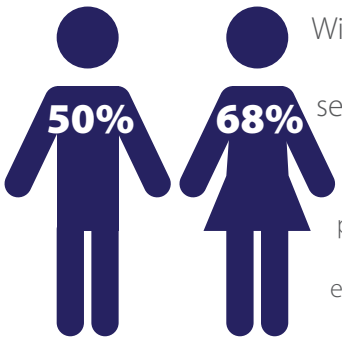
Of which **8% were obese** and **16% overweight.** This compares with 10% and 13% nationally. This rises to 34% at age 11.

Levels of unhealthy weight are highest in the most deprived communities.

There has been little change in levels of obesity amongst North Lincolnshire children in the last 4 years, with some evidence of rising numbers of 11 year olds who are overweight.

63% OF 5 YEAR OLDS ACHIEVE GOOD LEVEL OF DEVELOPMENT

compared to 64% nationally. This represents an improvement of 11% since 2007.



With 50% boys and 68% girls assessed as achieving a secure level of development at this age.

Low income boys are at particular risk, with a 19% gap in outcomes between 5 year olds eligible for free school meals and their peers.

92% TAKE MMR AT 1 YEAR

This drops to 87% amongst 5 year olds. Both are below the WHO target of 95% although similar to national rates.

ACCIDENTS IN THE HOME

Each year there are **more than 800** A&E attendances of under 5s, as a result of accidental injury **in the home**, and approximately **150 hospital admissions**.

Falls account for the majority of these accidents amongst pre schoolers. The most common injuries are head injuries, cuts and foreign bodies.

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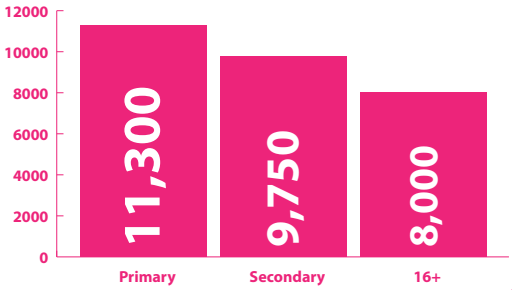
Developing Well in North Lincolnshire

Young children's health and wellbeing is important in its own right, but also because it affects their future physical and mental health and wellbeing as young people and adults. Secure social, emotional, cognitive and physical development in these formative years can also determine how well they will do at school in the future, and whether or not they will develop healthy lifestyles as young adults, and can affect their future life chances.

29,100 AGED 5-19

Including 11,300 children of primary school age, 9,750 children of secondary school age, and 8,000 young people aged 16-19 years.



8.1% SCHOOL AGED CHILDREN FROM BME COMMUNITIES

of which the majority are Polish and Bangladeshi.

70% of all BME children live in Scunthorpe North.

19% MORE PRIMARY SCHOOL CHILDREN

Between now and 2020 we should expect a 19% growth in the primary school population.

The secondary school population will remain stable until 2018 and then grow in number.

FREE SCHOOL MEALS

18% primary school children and 13% secondary school children in North Lincolnshire are eligible for Free School Meals.

There are significant inequalities with rates as high as 38% (primary) and 28% (secondary) in the Brumby Ward.

20% 10-11 YEAR OLDS OBESE

In 2011/12, 20% of North Lincolnshire's 10-11 year olds were assessed as obese.

This is more than twice the rate for 5-6 year olds, (8%) and compares with 19% of 10-11 year olds nationally.

49 CHILDREN INJURED ON THE ROADS

In 2011, five children under the age of 16 were seriously injured on North Lincolnshire roads and 44 were slightly injured.

This compares with 10 seriously injured and 45 slightly injured in 2009.

GIRLS LESS ACTIVE THAN BOYS

and far less likely to engage in sport outside school.

In 2010, 52% boys said they spent two or more hours a week on sport outside school, compared with 34% of girls.

In contrast more than a third of girls (39%), and more than a fifth of boys (28%) said they did no sport at all outside school.

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Living and Working in North Lincolnshire

North Lincolnshire is a relatively healthy, attractive and affordable place to live. However the health inequalities in the area are quite striking. In males, life expectancy at birth varies by almost 10.7 years, between our richest and poorest 10% neighbourhoods, and for females by 9.5 years.

North Lincolnshire adults are also at greater than average risk of poor health in their later working years because of higher rates of smoking, lower levels of physical activity and higher levels of unhealthy weight in the adult population. This will impact on their capacity to work up to 65 years and beyond. These lifestyle behaviours are strongly linked to deprivation.

OLDER THAN AVERAGE WORKFORCE

32% are aged 50-64 years, compared with 27% nationally.

By 2025, at least 44% of North Lincolnshire's labour force will be aged 50+.

11% OF 18-24 YEAR OLDS ARE UNEMPLOYED AND RECEIVE JOB SEEKERS ALLOWANCE

Compared with 7% nationally.

Unemployment rates amongst 18-24 year olds are as high as 25% in some of our most deprived Scunthorpe wards.

LIFE EXPECTANCY AT ITS HIGHEST LEVEL

77.8 years for males and 82.1 years for females, an improvement of 4.5 years for men and almost 3 for women since 1991.

The gap between our richest and poorest 10% remains wide, at 10.7 years for men and 9.5 years for women, with an additional 10 year gap in healthy life expectancy.

In other words, our most disadvantaged residents are more likely to die 10 years before our richest residents, and also more likely to spend 10 years, much of it in working age, in poor health.

BELOW AVERAGE DEGREE QUALIFICATIONS

21% of the labour force have qualifications at degree level or above in North Lincolnshire, compared with 33% nationally.

PRIVATE RENTING HAS DOUBLED

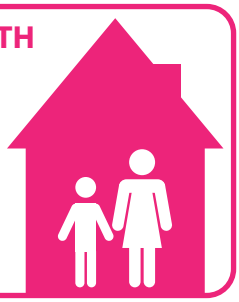
From 6.5% of all households in 2001 to 12% in 2011.

A further 15% are rented from the social sector, compared with 18% nationally. The number of people on the social housing waiting list has risen to more than 8600 in the last 3 years.

25.5% OF ADULTS SMOKE IN NORTH LINCOLNSHIRE

Compared with 21% nationally, including 17% of adults with a diagnosed long term condition.

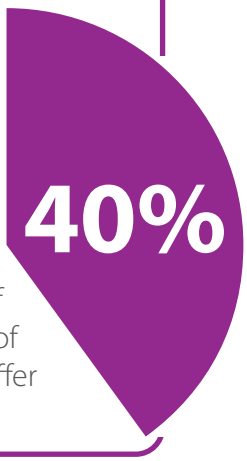
22.5% OF HOUSEHOLDS WITH DEPENDENT CHILDREN ARE HEADED BY LONE PARENTS



This compares with 20.8% of all households in 2001.
38% of lone parents living with under 16s are not in work.

MENTAL ILL HEALTH ACCOUNTS FOR 40% OF ALL DAYS OFF SICK

More than 6000 people can't work due to a chronic health problem or disability in North Lincolnshire.



Mental ill health is the most common reason, affecting 37% of sickness benefit claimants. 1 in 3 of those with physical illness also suffer from a mental health problem.

27.5% OF ADULTS ARE OBESE IN NORTH LINCOLNSHIRE

Compared with 25% nationally.

58% adults are not engaged in any regular physical activity.

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Ageing and Retiring in North Lincolnshire

Currently there are almost 30,000 people aged 65 years and older in North Lincolnshire, and 3,700 aged 85+. Because women currently live longer than men, a higher proportion are female, although men are increasingly living longer. Almost 1 in 3 of this age group live alone, most of them in private housing, and more than half in our rural areas. The number of older people is expected to rise locally as people live for longer, so this will have an impact on the need for health, appropriate housing, social care and other forms of social support in our communities.

PEOPLE ARE LIVING LONGER

Life expectancy at 75 years and older has increased to 10 years for men and 11 years for women.

There are 29,900 people aged 65+ in North Lincolnshire, an increase of 16% since 2001. 1 in 3 of this age group live alone.

The number of people aged 85+ has risen by 34% since 2001. There are 900 residents in their 90s. This older age group is set to treble in size by 2030.

PEOPLE ARE WORKING LONGER

In 2011, 12% of people over state pension age in this country were still in some form of paid employment.

This compares with 7.6%, 20 years ago. In North Lincolnshire the proportion is 9%.

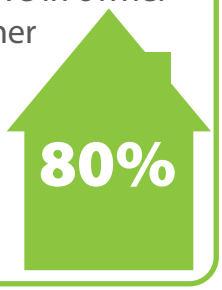
MORE PEOPLE LIVING WITH LONG TERM CONDITIONS

Rates are higher in North Lincolnshire and are likely to increase as the older population grows. 26% of adults in North Lincolnshire have a long term chronic condition, this rises to 60% of people in their 70s, and 70% people in their 80s.

Two thirds of all new cancers each year are found in people aged 65+. Take up of bowel screening amongst men is 58% compared with 63% women.

PEOPLE LIVING AT HOME FOR LONGER

80% of people aged 60-74 live in owner occupied homes, this is higher than average and is likely to rise futher as our baby boomer generation ages.



The majority of older people wish to remain in their own homes.

NUMBER OF CARE HOME BEDS IS HIGH

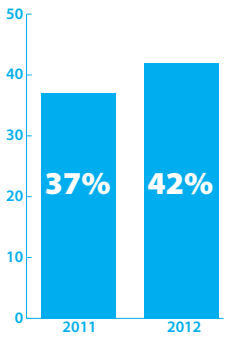
144 beds per 1000 people aged 75+, compared with 114 nationally.

FUEL POVERTY LEVELS ARE HIGH

18% of households in North Lincolnshire live in fuel poverty i.e. spend more than 10% of income on fuel.

Half of the fuel poor are aged 60+.

DEMENTIA DIAGNOSIS AND TREATMENT RATES HAVE IMPROVED

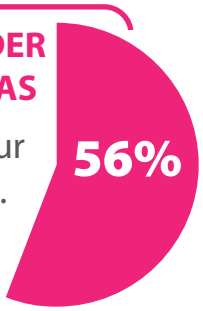


In 2012, an estimated 2170 people aged 65+ had dementia, of these 42% have a diagnosis and are being treated in primary care.

This is an improvement from 37% in 2011 and compares with a national rate of 44% and regional rate of 49%.

LARGEST GROWTH IN THE OLDER POPULATION IS IN RURAL AREAS

56% of 65-84 year olds live in our market towns and rural villages.



As do 52% of people aged 85+ years.

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Ending your Days in North Lincolnshire

Most people can expect to live a long and relatively healthy life in North Lincolnshire. Death rates have fallen in almost all age groups over the last 3 years, but most markedly amongst people aged 65-84 years. However rates of early death for some diseases remain an issue in North Lincolnshire, with higher than average rates of lung cancer and other deadly smoking related diseases. There are also stark social inequalities in the chances of dying prematurely.

1600 DEATHS PER YEAR

1% of the population die each year - 64% in their 70s, 80s and older.

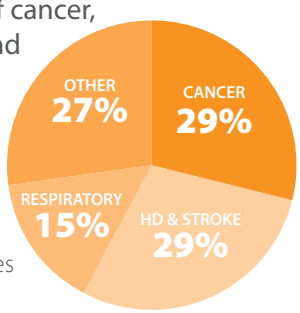
A third of us die 'prematurely' ie before the age of 75 years.

CANCER STROKE AND HEART DISEASE ARE THE MAJOR CAUSES OF DEATH

Amongst adults of all ages 29% die of cancer, 29% from heart disease and stroke and 15% from respiratory diseases.

Dementia is a contributing factor in at least 17% of deaths.

Cancer is the biggest cause of 'premature' adult deaths, accounting for 40% of all adult deaths under 75 years of age. The main causes are cancers of the lung, bowel and breast.



HEART DISEASE REMAINS ONE OF THE MAJOR PREVENTABLE CAUSES OF EARLY DEATH

Accounting for an average of 140 deaths a year of men and women in their early 60s and 70s.

Early deaths from this disease are highest amongst our poorest 20%, with rates 2-3 times higher than amongst our most affluent 20%.

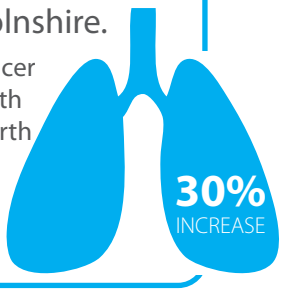
The chances of developing this disease are much greater if someone smokes or is exposed to passive smoking, has a poor diet, is an unhealthy weight and is physically inactive.

PREMATURE CANCER DEATHS ARE HIGH

and above national rates in North Lincolnshire.

The biggest difference is in higher rates of lung cancer and cancer of the oesophagus. The incidence of both cancers has fallen in men but risen in women in North Lincolnshire, and by 30% in the last 20 years.

80-90% of all lung cancer cases are caused by smoking. Deaths from other smoking related diseases, such as chronic lung disease are also increasing amongst women.



MORE OF US END OUR DAYS IN CARE HOMES

20% compared with 18% nationally. Between 260-270 people die in care homes each year - about half in residential homes.

HOSPITAL DEATH RATES ARE HIGH

The number of people who die following an admission to hospital is higher than expected in North Lincolnshire, and is 16% above the national average.

The reasons for this are complex and have been investigated, and a detailed improvement plan agreed.

DEATHS FROM ALCOHOL SPECIFIC DISEASES DOUBLED SINCE 2000

There were 22 deaths from alcohol specific diseases in 2011.

This is twice what it was in 2000, and is more than four times greater than the number of people killed on our roads in that year.

CHILD DEATHS ARE QUITE RARE

In 2011 there were 12 deaths of children and young people under 18 years of age in North Lincolnshire.

More than half occurred in the first few weeks of life. All were identified by the Child Death overview Panel as non preventable.

No Serious Case Reviews have resulted from any of these child deaths.

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