

NORTH LINCOLNSHIRE COUNCIL

CABINET

THE NORTH LINCOLNSHIRE ANNUAL PUBLIC HEALTH REPORT

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The North Lincolnshire Annual Public Health Report (APHR) highlights the key health and wellbeing headlines for North Lincolnshire
- 1.2 Director of Public Health (DPH) recommendations for future health and wellbeing improvements and a reduction in health inequalities for the population of North Lincolnshire.

2. BACKGROUND INFORMATION

2.1 The DPH has a statutory duty to produce an independent annual public health report (APHR) on the health of the local population. The focus of this year's APHR is on the positive health and wellbeing outcomes over the past 12 months and locality based health profiles highlight the successes of community based initiatives that have helped to improve health and wellbeing across North Lincolnshire.

2.2 Key headlines include:

- **Headline data on health outcomes over the past 12 months across North Lincolnshire as a whole including:**
 - Life expectancy at birth and at 65 years is currently at its highest level:
 - Premature deaths (<75 years) from circulatory disease, breast cancer and bowel cancer have improved
 - More people taking up screening opportunities
 - Young people are making healthier choices, fewer teen smokers, declining teen conception rates

2.3 Future challenges for improvement over the coming 12 months are identified, including:

- Higher death rate from some preventable causes, such as lung disease and cancer

- Lower than average levels of physical activity amongst adults and rising levels of physical inactivity amongst young people
- Higher prevalence of some potentially preventable diseases, such as diabetes in our communities
- A higher rate of deaths following discharge from hospitals

2.4 The report then provides:

A focus on the five localities across North Lincolnshire including:

- Brief health and wellbeing profiles for each locality
- Strengths and challenges of each area
- What has worked well, what more do we need to do?

2.5 The report concludes with key recommendations for the coming year from the Director of Public Health

3. OPTIONS FOR CONSIDERATION

3.1 To note and acknowledge the DPH recommendations set out within the APHR

4. ANALYSIS OF OPTIONS

4.1 Support and acknowledgement of the APHR/DPH recommendations will contribute to the health and wellbeing of the population of North Lincolnshire

4.2 Support and acknowledgement of the APHR recommendations will contribute to on-going work to tackle local health and wellbeing inequalities.

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

5.1 Current funding needs to be targeted to support the implementation of the APHR recommendations.

5.2 Partnership working and collaboration will be essential for reduction in health inequalities and improvements in health and wellbeing.

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

6.1 THE DPH has a statutory duty to produce a local APHR with recommendations for future health improvement to inform local priorities around health and wellbeing.

7. OUTCOMES OF CONSULTATION

7.1. No consultation undertaken because of the nature of the report.

8. RECOMMENDATIONS

- 8.1 That the Cabinet receive the report, acknowledge and support the DPH recommendations

DIRECTOR OF PUBLIC HEALTH

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Background Papers used in the preparation of this report - The North Lincolnshire Annual Public Health Report



**North Lincolnshire
Public Health Annual Report
2011-2012**

Enhancing Public Health across North Lincolnshire:
**Empowering local
communities to improve
health and wellbeing**



Enhancing Public Health across North Lincolnshire: Empowering local communities to improve local health and wellbeing

Welcome to the 2011 Annual Public Health report. Last year the report focused on the wider influences on health and wellbeing and examined the role of the Council and other non NHS agencies in improving health and reducing health inequalities, emphasising the strong partnership approach to improving the health and wellbeing of the population of North Lincolnshire.

These partnerships have continued to flourish over the past twelve months and much work is underway to facilitate a smooth transition of public health into the local authority by April 2013. These preparations will ensure that the momentum gained in tackling health inequalities and the improvements in health and wellbeing outcomes that we have witnessed will continue to be the focus of all we do.

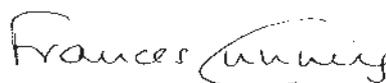
The past twelve months have witnessed a number of improvements in the health of the population of North Lincolnshire; life expectancy continues to increase and we have seen a significant reduction in the narrowing of the inequality gap in life expectancy between our richest and poorest men. Premature deaths from some of our big killers have been reduced and more people are taking up offers of screening, support and advice to improve their health and wellbeing.

While there is much to celebrate, many challenges remain. Our ageing population is growing and some of the main lifestyle risk factors for ill health, such as obesity, remain stubbornly high across North Lincolnshire. While there have been improvements, inequalities in health and wellbeing remain, with significant variations between the five localities across North Lincolnshire.

These variations in health and wellbeing are the focus of this year's annual public health report. It is clear that each locality has its own strengths and challenges and working in partnership to facilitate meaningful engagement and empowerment of local people to improve the health and wellbeing of their communities is crucial. Through focusing on the positive elements of each locality, and recognising the central role of local communities in taking responsibility for improving the health and wellbeing of the locality in which they live, local communities will shape service delivery in their area to meet local need.

Empowering individuals and communities to make informed choices about their health and wellbeing and identifying the strengths and needs of their local community will ensure that health improvement support and advice is targeted to meet local needs and is accessible to communities.

The report begins with an update on key public health trends for North Lincolnshire, followed by a brief profile of each of the five localities' key health and wellbeing outcomes. A selection of the positive elements of each area is highlighted, along with some of the key initiatives that are working locally, followed by suggestions for future improvements at a locality level. The focus then moves to provide a snapshot of the universal services delivered across North Lincolnshire as a whole that have contributed towards the positive health outcomes over the past 12 months. This year we focus specifically on the impact of public health interventions whilst acknowledging the vast amount of work that goes on to tackle the wider determinants of health and wellbeing that were the subject of last year's report.



Frances Cunning
Director of Public Health,
North Lincolnshire

Acknowledgements

Many agencies and individuals work everyday to improve the health and wellbeing of residents in North Lincolnshire and as always, many people have contributed to this report, particular thanks are due to:

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Thanks to all others who have contributed to this report who may not be mentioned.

Contents

Ch 1 – Key Public Health Trends - Profile of North Lincolnshire	P04
Ch 2 - Isle of Axholme locality	P13
Ch 3 – Barton & Winterton	P15
Ch 4 – Brigg & the Wolds	P17
Ch 5 – Scunthorpe North	P19
Ch 6 – Scunthorpe South	P21
Ch 7 – Locality Health at a glance	P24
Ch 8 – Improving public health & wellbeing across North Lincolnshire	P26
Ch 9 – Strengthening Health Protection	P30
Ch 10 – Progress on recommendations from 2010	P32
Key recommendations	P35



Chapter 1

Profile of North Lincolnshire



lunchtime special
any 2 meals
for only
£7.00

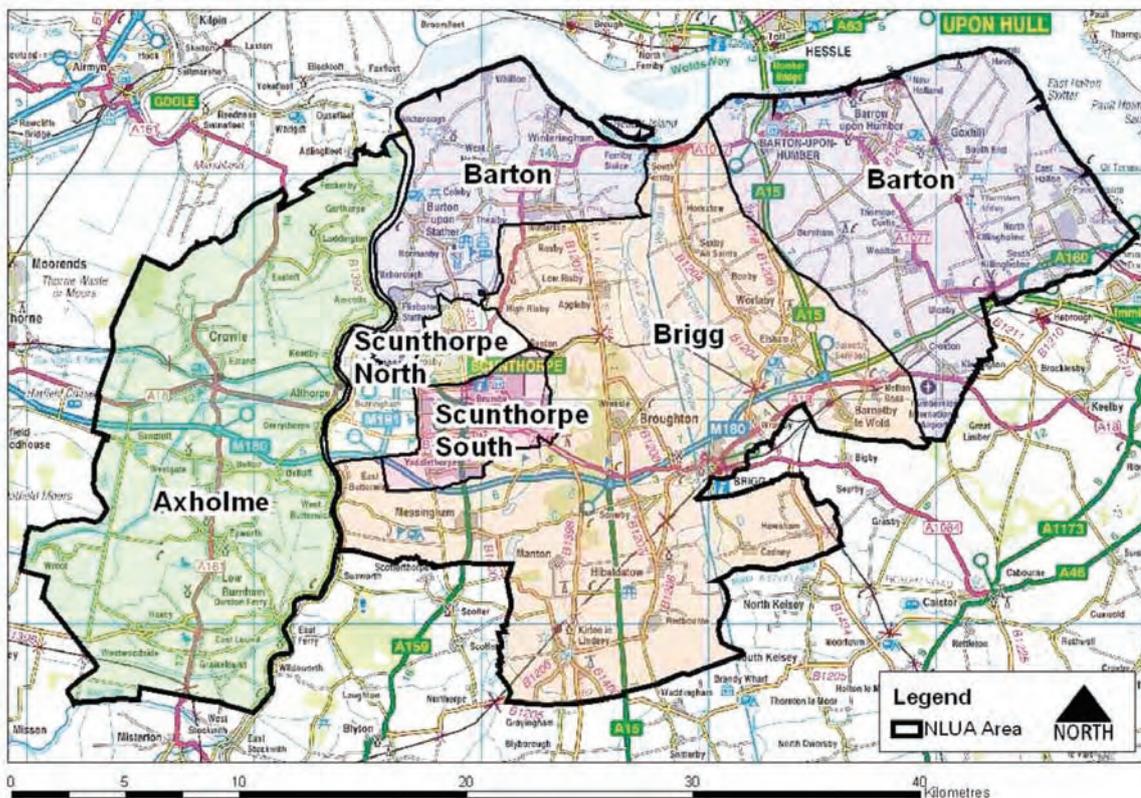
the mini
breakfast
bacon, egg, sausage,
beans, mushrooms,
tomatoes, toast
and a cup of tea
£2.50

Geography

North Lincolnshire is a largely rural district, covering an area of 85,000 hectares. For the purposes of analysing need and service provision, North Lincolnshire is divided into five localities.

These five localities are coterminous with the 17 electoral wards of North Lincolnshire district and have been adopted by North Lincolnshire Council, NHS North Lincolnshire and partner agencies for strategic planning and service delivery.

Map of North Lincolnshire Localities

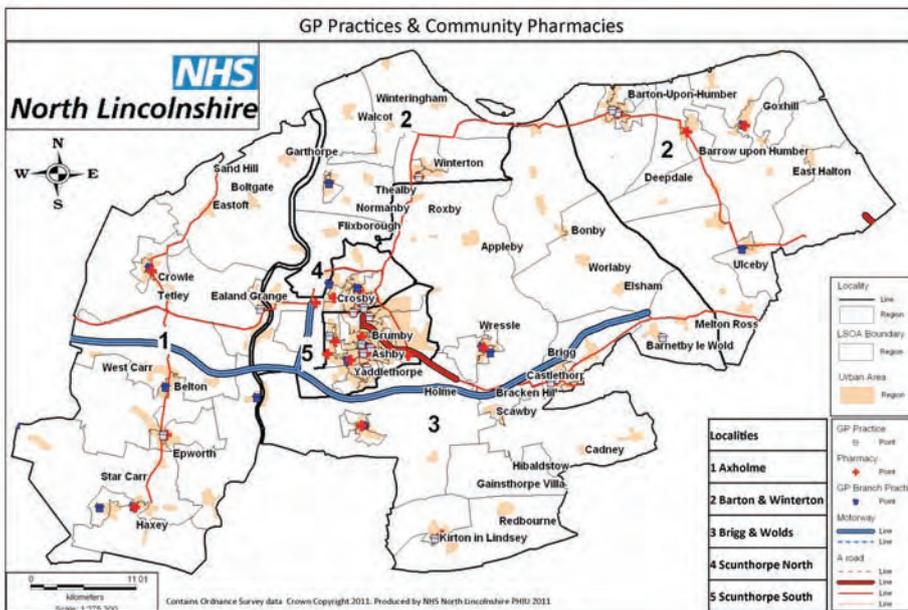


Population

The population of North Lincolnshire is relatively small. The latest official mid year population estimates for 2010, suggest that 161,300 people live in the unitary authority district of North Lincolnshire. However, it has grown significantly in the last decade, up almost 6% since 2000, and is projected to grow by a further 8% between now and 2020.

GP practices

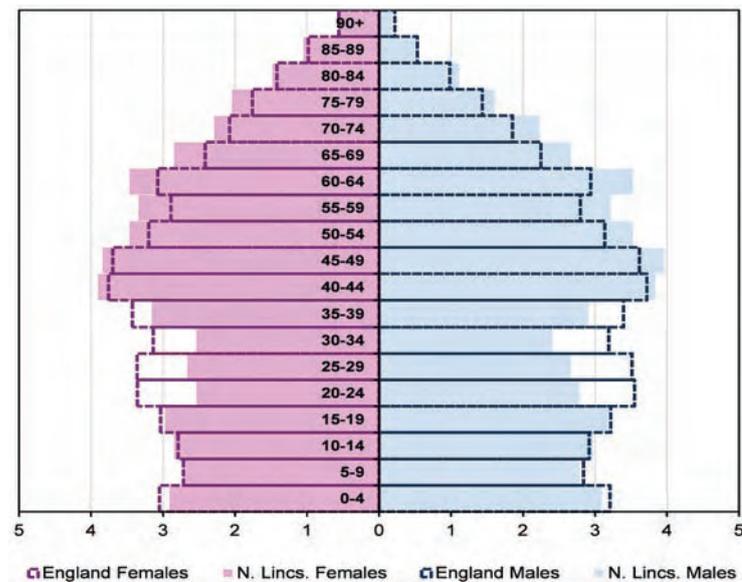
The number of people registered with North Lincolnshire's 21 GP practices is larger than the estimated number of residents, at 166,969, (March 2011). This figure includes some patients who are registered with North Lincolnshire GPs but who live in neighbouring districts. There will also be some residents registered with GP practices in neighbouring districts.



Population changes

Much of the population growth over the last two decades has occurred amongst people aged 50 plus, especially those in their 60s and older. The figure below shows that currently, we have proportionately fewer residents aged 20-34 years of age living in the district than nationally, and more people aged 55+ years.

Age profile compared with England, 2010



This means we should expect a faster growth in our older population than the national average, and as the life expectancy of men improves, a growing male population amongst the very old.



Locality profile

The age profile of our urban and rural areas is also changing with a much younger population in Scunthorpe and an older population in our rural areas. The greatest net loss of young people since 2001 has been from our more affluent rural towns and villages.

Residents by age and locality (mid-2010)

Locality	0-15	16-29	30-44	45-64	65+	Total
Isle of Axholme	3962	2884	4074	6970	4216	22,106
Barton and Winterton	5840	4585	6219	9854	6161	32,659
Brigg and Wolds	5040	4107	5532	9374	6393	30,446
Scunthorpe North	4947	4634	4706	5792	3994	24,073
Scunthorpe South	10241	8944	9783	13840	9253	52,061
Total	30,030	25,154	30,314	45,830	30,017	161,345

Source: Experimental ward population estimates, mid-2010,ONS

Increasing diversity

The local Black and Minority Ethnic (BME) population is relatively small compared with other parts of the country, representing an estimated 7% of the resident population, (including White Other) compared with 16.1% nationally. This population is growing and becoming increasingly diverse. Currently, a total of 18 different languages are spoken in North Lincolnshire, including Bengali, Urdu, Punjabi, Hindi, Portuguese, Somali, Turkish, Arabic and Polish. The largest BME communities in North Lincolnshire are people of Indian, Pakistani and Bangladeshi heritage.

These population estimates exclude recent economic migrants, who represent a significant proportion of the BME community in North Lincolnshire, and are estimated to be in the region of 1800 people at any one time. The majority of these recent migrants are Lithuanian and Polish.

Births

In 2010 there were 1888 live births in North Lincolnshire and 18 still births. This represents a slight decrease in birth rates compared with the previous year, although it is similar to 2008 and 2007, and a rise in still births compared with the previous year. More recent data suggest that births have risen again in 2011.

Deaths

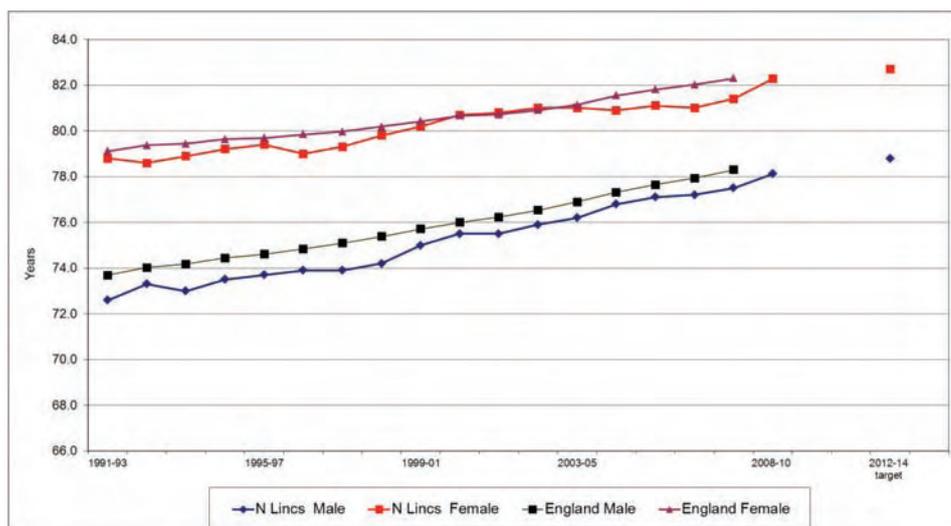
In 2010 there were just over 1500 deaths in North Lincolnshire. This represents a 10% reduction on 2009, the greatest fall in deaths being amongst people aged 45-74 years and 75 years and older. The number of premature deaths from some cancers and from heart disease and stroke has fallen significantly in the last year bringing us in line with the national average. However there has been no change in death rates from lung cancer or from chronic lung disease, which remain above the national average in North Lincolnshire.

Health improvements

Headline results for North Lincolnshire show continuing improvements in public health and wellbeing outcomes. Life expectancy at birth and at 65 years is currently at its highest level in North Lincolnshire. Local data for the three year period 2008-10 show that male life expectancy at birth in North Lincolnshire is 77.8 years and for females it is 82.1 years.

This represents an improvement of more than 4 and a half years for men and almost 3 years for women since 1991, and means that local life expectancy at birth for both men and women is similar to the national average.

Male and female life expectancy in North Lincolnshire and England (1991-3 to 2008-10) with target for 2012-14



Inequalities in health

Currently, the gap in life expectancy between our richest and poorest 10% of residents is just over 8 years for men and almost 10 years for women. This is an improvement since last year for men – but represents a slightly worsening situation for women. However these differences are not statistically significant.

Trend in local gap in life expectancy at birth between richest and poorest 10% in North Lincolnshire (yrs)

North Lincolnshire	2001-5	2002-6	2003-7	2004-8	2005-9	2006-10
Males	8.6 (ns)	10.1 (sig)	10.6 (ns)	11.6 (sig)	11.3 (sig)	8.1 (n/a)
Females	5.9 (ns)	7.4 (ns)	7.9 (ns)	7.9 (ns)	9.6 (sig)	9.8 (n/a)

England	2001-5	2002-6	2003-7	2004-8	2005-9	2006-10
Males	8.4	8.4	8.7	8.8	8.8	(n/a)
Females	5.5	5.6	5.7	5.9	5.9	(n/a)

ns= not significantly different to the national average
 sig = significantly different to the national average
 n/a – national data not yet available for comparative purposes

Other key public health outcomes where North Lincolnshire performed better than in the previous year include:

- More young people making healthier choices, including fewer teen smokers and declining teen conception rates
- Fewer women smoking in pregnancy
- More adults quitting smoking with the stop smoking service
- Improving take-up of childhood immunisations
- More people taking up cancer screening opportunities
- More people surviving for longer with cancer
- Fewer women dying prematurely from breast cancer
- Fewer men dying prematurely from heart disease
- More people who are at the end of life, supported to die at home

However, there is still room for improvement. Key outcome areas where we continue to perform worse than the national average include:

- A higher death rate from some potentially preventable causes, such as lung disease and lung cancer
- A higher than average number of adults who smoke, including in pregnancy
- Higher than average levels of unhealthy weight amongst adults
- Lower than average levels of physical activity amongst adults and rising levels of inactivity amongst young people
- A higher adult hospital admission rate for alcohol related harm
- A higher rate of hospital deaths and deaths following discharge from hospital
- Higher prevalence of some potentially preventable diseases, such as diabetes and heart disease in our community.

Wider determinants of health

Some improvements in the wider determinants of health over the last 12 months, include:

- A narrowing social gap amongst 5 year olds in their readiness for school
- Increasing numbers of young people achieving good results at GCSE including English and Maths
- Increasing proportion of under 18s continuing their education or training
- A falling number of people registered as homeless
- Potential for up to 10,000 new jobs linked to offshore wind and other sector developments on the South Humber Gateway.

However, significant challenges remain which threaten many of the improvements in public health made over the last year, including:

- Little change in the number of young children who are dependent on means tested benefits
- Rising unemployment, which is above national rates in North Lincolnshire, especially for under 25s
- Increasing levels of debt and fuel poverty in the local population
- Significant and continuing inequalities in health outcomes, especially in early childhood.



Projections

Given rising life expectancy, and an older than average population we should expect a rise in the prevalence of some long term conditions in the years to come, including diabetes, heart disease and dementia.

North Lincolnshire health and wellbeing at a glance

Public Health Outcome	North Lincolnshire	Compared with previous year/ measure	Compared with the national average
Indices of multiple deprivation (2010)	21.70	No difference	No difference
Life expectancy – males (years) 2008/10	77.8 years	Improvement	Significantly below
Life expectancy – females (years) 2008/10	82.1 years	Improvement	No difference
Gap in life expectancy at birth between 10% most and least deprived males 2006-10 (yrs)	8.1	Improvement	No difference
Gap in life expectancy between 10% most and least deprived females 2006-10 (years)	9.8	No difference	No difference
Death rates amongst under 75s – males (2008-10)	342.7	Improvement	No difference
Death rates amongst under 75s – females (2008-10)	242.1	Improvement	No difference
Infant mortality rate (2008/10) per 1,000 live births	4.28	Deterioration	No difference
Teen conception rate (2010)	45.17	Improvement	Significantly higher
Chlamydia diagnosis rates amongst 16-24 year olds per 100,000 (2010-11)	1296	No change	No difference
% women who do not smoke throughout pregnancy (2010/11)	78.5%	Improvement	Significantly lower
% women breastfeeding at birth (2010-11)	58.6%	Deterioration	Significantly lower
% women breastfeeding at 6-8 weeks (2010-11)	33.2%	Improvement	Significantly lower
% children immunised for MMR by their 2nd birthday	88.2%	Improvement	No difference
% children immunised for MMR (2nd dose) by their 5th birthday	84.6%	No difference	No difference
% 5-6 year olds healthy weight (2010/11)	74.9%	No difference	No difference
% 10-11 year olds healthy weight (2010/11)	67.3%	No difference	No difference
% 11-15 year olds who do not smoke (2010)	90.0%	Improvement	No difference
Estimated prevalence of adults who do not smoke (2009/10)	73.2%	No change	No difference
Estimated prevalence of healthy eating amongst adults (2006/8)	22.7%	Deterioration	Significantly lower
Estimated prevalence of 'obese' adults (2006/8)	29.1%	Deterioration	Significantly higher
% adults physically active 5 X a week (2007-8)	13.7%	No difference	No difference
% adults who either abstain or drink alcohol at 'low risk' levels (2008)	79.2%	No difference	No difference
Take up of cervical screening 25-64 (<3 years) % 2007/10	80.9%	Improvement	Significantly higher

North Lincolnshire health and wellbeing at a glance

Public Health Outcome	North Lincolnshire	Compared with previous year/ measure	Compared with the national average
Take up of breast screening 53-70 (< 5 years) % 2007/10	81.3%	Improvement	Significantly higher
Take up of bowel cancer screening 60-9 year olds (last 30 months) % (2007/10)	57.9%	Improvement	Significantly higher
Take up of seasonal flu vaccination by at risk groups (2010-11)	51.8%	Deterioration	No difference
Take up of seasonal flu vaccination by 65+ (2010-11)	71.2%	Deterioration	No difference
4 week smoking quit rates with specialist stop smoking services (2010/11)	60%	Improvement	Significantly higher
Alcohol related hospital admissions per 100,000 (2010/11)	1990	Deterioration	Significantly higher
Prevalence of registered diabetes (unadjusted rates) (2010/11) 17+ years	5.1%	Deterioration	Significantly higher
Prevalence of registered CHD (unadjusted rates) (2010/11)	4.6%	Deterioration	Significantly higher
Breast cancer 1 year survival rates (2004-8)	95.8%	Improvement	No different
Bowel cancer 1 year survival rates (2004-8)	71.9%	Improvement	No different
Lung cancer 1 year survival rates (2004-8)	27.2%	No change	No different
Deaths from chronic lung disease (per 100,000) (2008/10)	31.3	No change	Significantly higher
<75 deaths from circulatory diseases (per 100,000) (2008/10)	68.2	Improvement	N/A
< 75 deaths from all cancers (per 100,000) (2008/10)	119.9	Improvement	Significantly higher
<75 deaths from breast cancer (per 100,000) (2008/10)	17.9	Improvement	N/A
< 75 deaths from bowel cancer (per 100,000) (2008/10)	11.1	Improvement	N/A
< 75 deaths from lung cancer (per 100,000)	33.1	No change	Significantly higher
< 75 deaths from alcoholic liver disease (per 100,000) (2008/10)	7.5	No change	Significantly lower
Suicide rate (2008/10)	7.12	No change	No difference
Excess winter mortality index (2010/11)	21.9	Deterioration	Significantly higher

* Some 2008/10 mortality data are not yet available nationally.

While we have witnessed year on year improvements in life expectancy and progress in reducing health inequalities over the past 12 months there are still many challenges ahead. Lifestyle risk factors such as obesity, smoking, excessive alcohol consumption and physical inactivity remain a challenge and threaten the health and wellbeing gains we have achieved to date. Partnership work will continue across North Lincolnshire as a whole to target those lifestyle risk factors that have a negative impact on health and wellbeing and promote and enable healthier lifestyle choices.

As the previous public health report illustrated, population health and wellbeing is not evenly distributed across North Lincolnshire, with a clear association between health and wealth across each of the 5 localities. Last year's report looked at the wider determinants of these inequalities and what actions were being taken by local agencies to improve these. This year's report presents a public health and wellbeing profile of each locality with a summary of priority actions that are being taken to improve public health and wellbeing across North Lincolnshire.

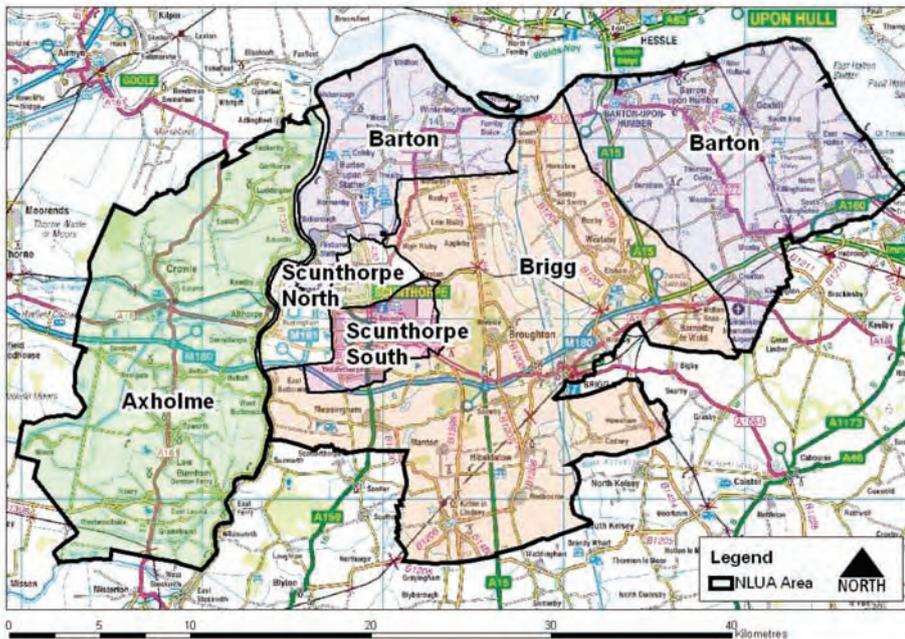


Recommendations for 2012:

1. The two Clinical Commissioning Groups (CCGs) and public health directorates across North and North East Lincolnshire and Northern Lincolnshire and Goole Foundation Trust (NLaGFT) work together to complete a thorough analysis of local data to find out why hospital death rates and deaths post discharge from NLAG hospitals were reported as higher than average last year. This should be set in the context of all recorded deaths in the area during that period.
2. The newly configured Health and Wellbeing Board should support and provide strategic direction to develop an asset based approach to tackling health and wellbeing and inequalities; empowering local communities to utilise what works locally and build upon the current strengths of their local area to maximise health and wellbeing outcomes and strengthen the sense of community.
3. The Clinical Commissioning Group, NHS North Lincolnshire and North Lincolnshire Adult Services to support the development of a locality based approach to tackling health inequalities and improving the health and wellbeing of the population through partnership working, setting priorities and directing resources as appropriate to locally identified need.
4. The progress made during the past 12 months should continue to be driven forward by all partners, with a strategic focus on reducing health inequalities through consistent and robust monitoring of health and wellbeing outcomes, with targeted work in those areas where we do less well and where there are significant inequalities, especially in childhood.

Chapter 2

Isle of Axholme Locality Profile



Introduction:

The Isle of Axholme locality includes all of the area that lies to the West of the River Trent and includes the three wards of Axholme North, Axholme Central and Axholme South. With a total resident population of 22,106, the locality is characterised by large areas of agricultural land and encompasses all those towns and villages in North Lincolnshire which lie to the West of the River Trent. The major population centres are the historic market towns of Crowle in the North, Epworth in the centre and Haxey to the South, although more than a third of this area's population live in small villages and hamlets.

Unemployment rates across the locality are lower than the North Lincolnshire average at 3.1% and there are fewer residents relying on sickness and disability benefits making the area the second least deprived locality in North Lincolnshire with an IMD score of 15.1.

Levels of home ownership are higher here than the North Lincolnshire and national average at 80%. More than 39% of private homes in this area are less than 30 years old. Car ownership is also higher than average, reflecting the rural nature of this area, and the dependence of residents on private transport.

Demographics

The Isle of Axholme locality has proportionately more people aged 40-74 than elsewhere in North Lincolnshire. The local Black Minority Ethnic (BME) community is 0.8% which is below the North Lincolnshire average of 7% and significantly below the national average of 16.1%. Teenage conceptions in the locality are the lowest in North Lincolnshire

Strong and sustainable communities

Isle of Axholme residents are more likely to say they are satisfied with their local area*, 88% compared with 81% across North Lincolnshire as a whole. They are also more likely to express a sense of belonging to their local community, 70% compared with 62% across North Lincolnshire as a whole. When asked whether they felt they could influence local decisions, 30% of Isle of Axholme residents were likely to agree compared with 34% of residents from other parts of North Lincolnshire.

**Defined as the overall area within a 20 minute walk from their home.*

Source: Place Survey

Locality Health at a Glance: Isle of Axholme

Health Outcome	Axholme Locality	North Lincolnshire
Male Life Expectancy (2008-10)	80.0	78.12
Female Life Expectancy (2008-10)	83.4	82.28
Premature mortality for CVD per 100,000 (>75 years) (2008-2010)	49.0	68.2
Premature mortality (<75) from all cancers per 100,000 (2008-10)	111.8	119.9
Premature mortality for CHD (>75 years) (2008-2010)	41.0	42.0
Unplanned hospital admission rates for long term conditions per 100,000 18+ (DSR) (2010-11)	1167.2	1568.1

As the table above shows, men and women living in the Axholme locality have longer life expectancy than the North Lincolnshire average. Premature deaths (aged under 75) are the second lowest across North Lincolnshire for both men and women and premature deaths from cardiovascular disease (CVD) are the lowest in North Lincolnshire.

Healthy Lifestyles

Healthy lifestyle choices before and during pregnancy influence positive health outcomes for both mother and child.

Breastfeeding is one way of ensuring babies are given the best start in life and the percentage of mums continuing breastfeeding at 6-8 weeks is increasing across North Lincolnshire. In addition, 82% of women in this locality do not smoke during pregnancy.

More and more people are choosing to stop smoking with an estimated 3 out of 4 adults now choosing to be non-smokers in North Lincolnshire. Adult smoking rates in the Axholme locality are estimated to be amongst the lowest in North Lincolnshire and the locality has the highest recorded percentage of 4 week quit rates with the local Specialist Stop Smoking Service with 61.5% of people setting a quit date going on to achieve a successful 4-week quit; the area has one of the lowest rates of smoking related deaths.

What is happening on a local level to maximise positive health outcomes?

- Stop Smoking services continue to provide added support for those who need that extra help to quit their addiction to tobacco
- Babies and Breastfeeding Extra Support ('Babes') service is available across North Lincolnshire to support breastfeeding mums and families
- Mind, Exercise, Nutrition, Do it! (MEND) – Family child/healthy weight programme for 5-7 year olds will be available in the locality during 2011/12

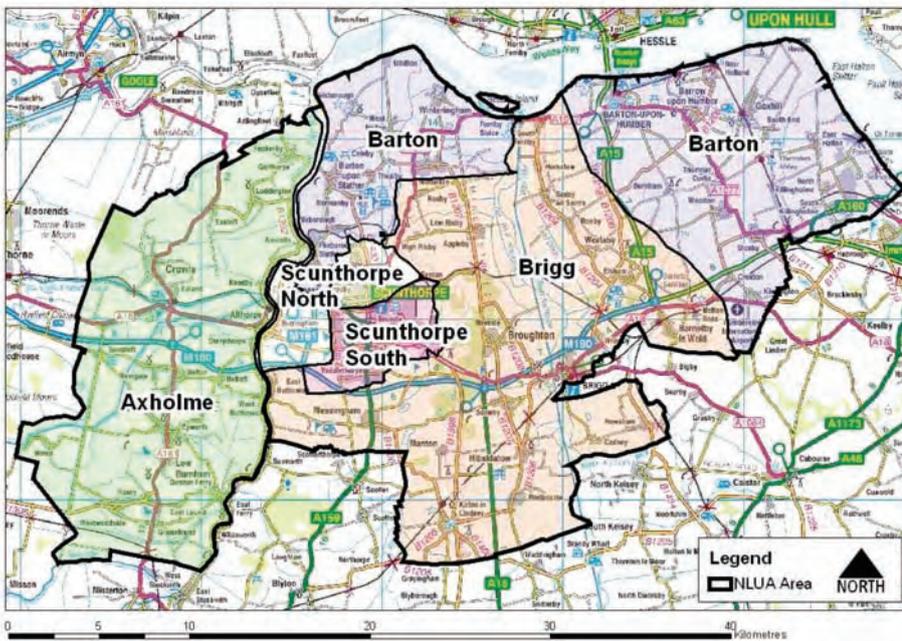
- NHS Health Checks are being delivered in local community and primary care settings to improve CVD risk management
- Health Trainers are available to support people to make healthy lifestyle choices, including Health Trainers with a focus on improving cancer screening rates, obesity prevention and support to achieve a healthy weight
- Walking the Way to health is providing local people the opportunity to meet new friends, get out in the fresh air and get more active, improving both mental and physical wellbeing.

What more needs to be done?

- Improved access to NHS Health Checks and lifestyle interventions to improve CVD risk management
- Abdominal Aortic Aneurysm (AAA) screening to be offered in the locality to improve access to the service
- Ensure a range of services to support healthy lifestyle behaviours are available, promoted and are accessible within the local community, including healthy eating and physical activity, especially for people in their middle years and older
- Promote public transport in this area, as well as opportunities for safe walking and cycling
- Understand better the strengths of local communities that also enhance health and wellbeing (community engagement, community assets, venues etc...).

Chapter 3

Barton and Winterton Locality Profile



Introduction:

The three rural wards of Barton, Burton upon Stather & Winterton and Ferry make up the Barton and Winterton locality which lies to the north of the local authority and has a total resident population of 32,659.

Unemployment rates across the locality are just below the North Lincolnshire average at 3.9% as are the number of residents relying on sickness and disability benefits at 4.8%; the locality has the lowest numbers of pensioners living in poverty (14.1%) in North Lincolnshire. With an IMD 2010 score of 16.7 the locality ranks as the 3rd most deprived of the five localities in North Lincolnshire, and there are significant pockets of deprivation and poor health in the towns of Barton and Winterton and some of the surrounding villages. Access to services can be an issue due to the need to travel from surrounding villages, as most provision is based in Barton-Upon-Humber and Winterton

Demographics

The area has a relatively small resident BME community of 1.1% which is below the North Lincolnshire average of 7% and significantly below the national average of 16.1% and proportionately more of the residents of this locality are in their middle years.

Strong and Sustainable Communities

82% of Barton and Winterton residents express average satisfaction with their area, which is just above the North Lincolnshire average of 81%. However, they are less likely to express a sense of belonging with their local community, 60%, compared with 62% across North Lincolnshire as a whole. When asked whether they felt they could influence local decisions, 37% agreed, compared with 34% across North Lincolnshire as a whole.

Source: Place Survey 2009

Locality Health at a Glance: Barton and Winterton

Health Outcome	Barton & Winterton Locality	North Lincolnshire
Male Life Expectancy (2008-10)	79.4	78.12
Female Life Expectancy (2008-10)	83.2	82.28
Premature mortality for CVD per 100,000 (>75 years) (2008-2010)	57.6	68.2
Premature mortality (<75) from all cancers per 100,000 (2008-10)	114.1	119.9
Premature mortality for CHD (>75 years) (2008-2010)	34.1	42.0
Unplanned hospital admission rates for long term conditions per 100,000 18+ (DSR) (2010-11)	1271.1	1568.1

As the table above highlights, men and women living in the Barton and Winterton locality can expect to live 79.4 and 83.2 years respectively, which is above the North Lincolnshire average. The locality also has the lowest premature mortality from CHD across North Lincolnshire and 25.4% of GP patients are living with at least one long term condition: the second highest rate in North Lincolnshire.

Healthy Lifestyles

Over half of adults who set a quit date with the Specialist Stop Smoking Service achieved a successful 4 week quit (55.1%) across the locality and 85% of women did not smoke during pregnancy helping to give their child the best start in life. More women are continuing to breastfeed at 6-8 weeks and 76% of 5 year olds and 67% of 11 year olds are a healthy weight.

The Breast cancer screening rate in this locality is above the North Lincolnshire average at 85% and in general the take up of screening for breast, bowel and cervical cancer has improved across North Lincolnshire as a whole. While the vast majority of the adults in North Lincolnshire abstain or drink alcohol at 'low risk' levels (79.2%), regularly drinking alcohol at harmful levels, can increase an individuals' risk of developing cardiovascular disease, poor mental health, unemployment, accidental injury and death. Excessive alcohol consumption is a major cause of avoidable hospital admissions which have been on the increase locally and nationally. To address this trend several targeted interventions have been piloted within this locality.

What is happening on a local level to maximise positive health outcomes?

- Pharmacy Alcohol Pilot Project - IBA (Identification and Brief Advice)
- Pharmacies in Winterton and Barton on Humber have initially been targeted to deliver a co-ordinated alcohol identification, screening and brief intervention programme as part of the wider Alcohol Strategy, to enhance the work that is already been carried out in these localities

- Abdominal Aortic Aneurysm (AAA) screening for men aged 65 and above has been delivered in Barton Central Surgery in 2011, potentially saving lives and improving life expectancy for men across North Lincolnshire
- The NHS Health Checks team have been delivering the checks across the locality
- The Community Nutrition and Dietetic Service has delivered a 12 week community weight management programme in Barton
- The Health Trainer service are supporting more and more people across the locality to achieve personal health and wellbeing goals
- 'Babes' are supporting more mothers to continue to breastfeed their babies in the locality
- Work has been on-going to develop Integrated health and social care teams to maximise local health and wellbeing outcomes.

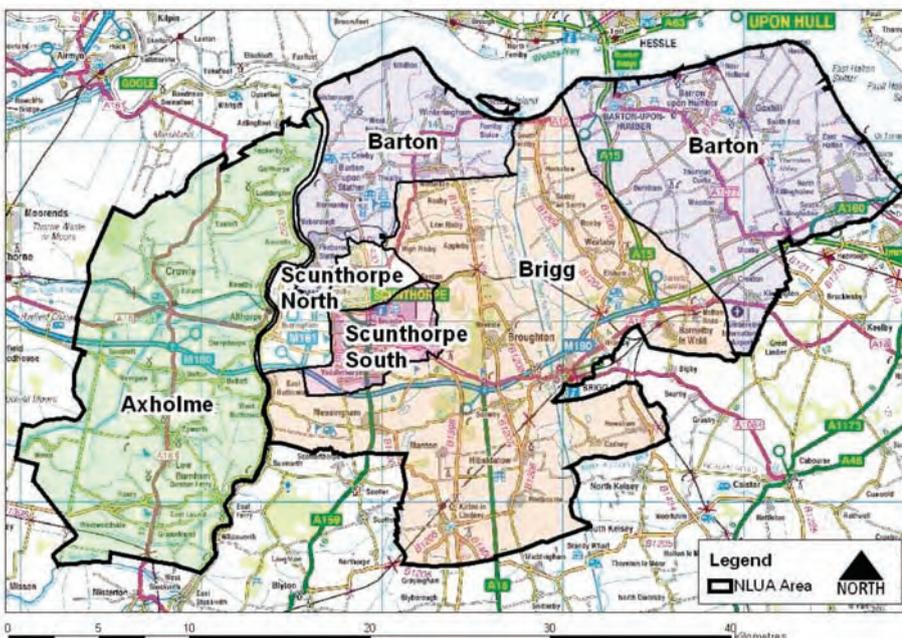
What more needs to be done?

- Improved access to NHS Health Checks including in the more rural communities
- Recruit a Community Public Health Improvement Facilitator to coordinate local health and social care services, engage with local communities and maximise health and wellbeing opportunities
- Understand better the strengths of local communities that also enhance health and wellbeing (community engagement, community assets, venues etc...)
- Encourage more young people to take part in physical activity
- Improve access to stop smoking services locally
- Ensure a range of services to support healthy lifestyle behaviours are promoted and accessible within the local community, including healthy eating and physical activity, especially for people in their middle years and older
- Promote public transport and opportunities for safe walking and cycling locally.



Chapter 4

Brigg and District Locality Profile



Introduction:

The Brigg and District locality includes the three rural wards of Brigg and the Wolds, Broughton and Appleby and Ridge. The locality covers the central area of the local authority with a total resident population of 30,446.

Unemployment rates across the locality are well below the North Lincolnshire average at 3.0% as are the number of residents relying on sickness and disability benefits at 4.7%; the locality has the lowest numbers of children living in poverty (12.4%) in North Lincolnshire.

With an IMD 2010 score of 13.6 the locality ranks as the least deprived locality in North Lincolnshire, although there are significant pockets of pensioner poverty and poor health in the eastern parts of Brigg Town. The locality has the second lowest teenage conception rate.

Access to services can be an issue due to the need to travel as provision is concentrated in Brigg town and villages of Broughton and Kirton Lindsey.

Demographics

The age profile of the locality is similar to that of North Lincolnshire, though Brigg Town has the highest concentration of older people in North Lincolnshire. There is a small resident BME community in Brigg and the locality as a whole has a BME population of 1.1% which is below the North Lincolnshire average of 7%.

Strong and Sustainable Communities

Brigg and District residents are more likely to say they are satisfied living in their local area, 89% compared with 81% across North Lincolnshire as a whole. Brigg and District residents are also more likely to express a sense of belonging to their local community 70% compared with 62% across North Lincolnshire as a whole. When asked whether they felt they could influence local decisions, 32% of Brigg and District residents were likely to agree compared with 34% of residents from other parts of North Lincolnshire.

Source: Place Survey 2009

Locality Health at a Glance: Brigg and District

Health Outcome	Brigg District Locality	North Lincolnshire
Male Life Expectancy (2008-10)	79.2	78.12
Female Life Expectancy (2008-10)	83.1	82.28
Premature mortality for CVD per 100,000 (>75 years) (2008-2010)	63.6	68.2
Premature mortality (<75) from all cancers per 100,000 (2008-10)	96.6	119.9
Premature mortality for CHD (>75 years) (2008-2010)	34.5	42.0
Unplanned hospital admission rates for long term conditions per 100,000 18+ (DSR) (2010-11)	1249.5	1568.1

As the table above shows, men and women living in the Brigg and District locality have a slightly longer life expectancy than the North Lincolnshire average. Overall premature deaths (aged under 75) for men are the lowest in North Lincolnshire and this locality has the lowest mortality rates for chronic lung disease. A total of 23.94% of GP patients living in this locality have at least one long term condition.

Healthy Lifestyles

Early detection of cancer can have a positive influence on individual outcomes and more and more people across North Lincolnshire are taking up screening opportunities. Brigg and District locality have the highest take-up rate for breast screening in North Lincolnshire at 86.6% of the eligible women compared to the average of 85% across North Lincolnshire as a whole. The locality has the lowest rate of premature mortality for all cancers (2008-10).

Brigg and District have the highest number of women who do not smoke during pregnancy, 88%, helping to give their child the best start in life and 83% of 5 year olds and 70% of 11 year olds are a healthy weight.

Almost half of adults who accessed support to stop smoking through the local Specialist Stop Smoking Service achieved a successful 4-week quit (47.1%) which is below the North Lincolnshire average.

What is happening on a local level to maximise positive health outcomes?

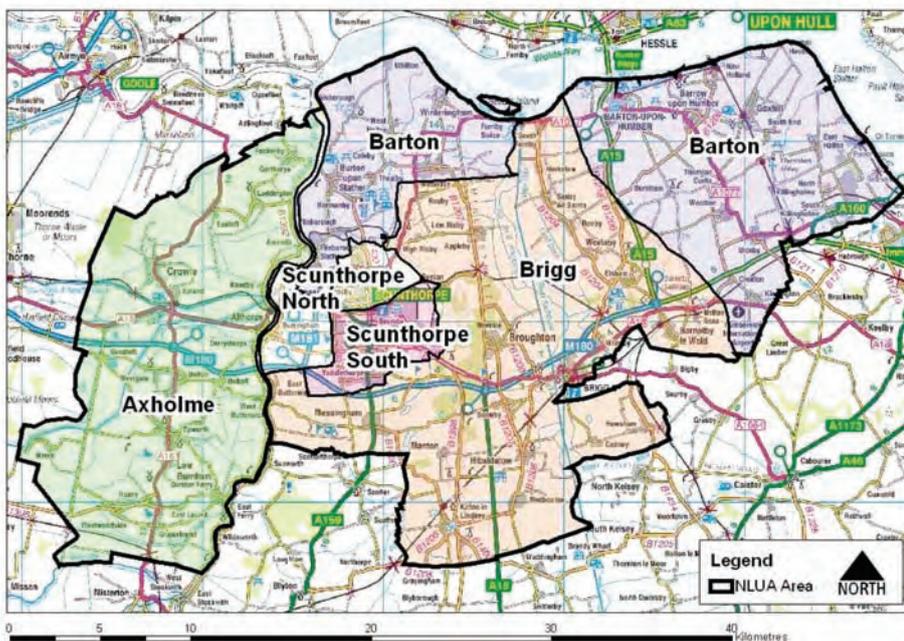
- Specialist Stop Smoking services continue to provide added support for those who need that extra help to quit their addiction to tobacco
- 'Babes' service is available across North Lincolnshire to support breastfeeding mums and families
- MEND – Family child/healthy weight programme for 2-4 year olds will be available in the locality during 2011/12
- NHS Health Checks are being delivered in local community and primary care settings to improve CVD risk management
- Health Trainers are available to support people to make healthy lifestyle choices
- Walking the Way to Health is providing local people the opportunity to meet new friends, get out in the fresh air and get more active, improving both mental and physical wellbeing.

What more needs to be done?

- Improved access to NHS Health Checks and lifestyle interventions to improve CVD risk management
- Abdominal Aortic Aneurysm (AAA) screening to be offered in the locality to improve access to the service
- Ensure a range of services to support healthy lifestyle behaviours are promoted and accessible within local community, including healthy eating and physical activity, especially for people in their middle years and older
- Understand better the strengths of local communities that also enhance health and wellbeing (community engagement, community assets, venues etc...)
- Promote public transport in this area, as well as opportunities for safe walking and cycling
- Increase engagement with local communities to allow more people to feel that they can influence decisions locally.

Chapter 5

Scunthorpe North Locality Profile



Introduction:

Scunthorpe North locality includes the three wards of Burringham and Gunness, Crosby and Park and Town and Encompasses as well as areas to the north and west of the town. The resident population is 24,073.

Unemployment rates across the locality are well above the local and national average at 7.3% and the number of residents relying on sickness and disability benefits is the highest in North Lincolnshire at 6.5%. The locality also has the lowest number of owner occupations and car ownership.

With an IMD score of 33.1 Scunthorpe North is the most deprived locality in North Lincolnshire with the highest levels of both pensioner and child poverty and is where the highest inequalities in health and wellbeing outcomes can be found.

Demographics

The age profile of the locality is slightly younger than the average for NL with proportionately more under 5s. The locality has the largest BME community in NL representing 9.3% of the resident population compared to 7% across NL as a whole. This rises to 15% in Town and Crosby wards. An estimated 18 different languages are spoken in this locality which is home to our Indian, Pakistani and Bangladeshi communities as well as to migrant workers from Poland and other Eastern European states.

Strong and Sustainable Communities

Scunthorpe North residents are the least likely to express average satisfaction with their area, 66%, which is below the North Lincolnshire average of 81%. They are also the least likely to express a sense of belonging with their local community, 44%, compared with 62% across North Lincolnshire as a whole. However, the area has a higher than average number of residents who feel they have the ability to influence decisions locally, 43% compared with 34% across North Lincolnshire as a whole.

Source: Place Survey 2009.

Locality Health at a Glance: Scunthorpe North

Health Outcome	Scunthorpe North Locality	North Lincolnshire
Male Life Expectancy (2008-10)	74.9	78.12
Female Life Expectancy (2008-10)	79.0	82.28
Premature mortality for CVD per 100,000 (>75 years) (2008-2010)	92.9	68.2
Premature mortality (<75) from all cancers per 100,000 (2008-10)	126.8	119.9
Premature mortality for CHD (>75 years) (2008-2010)	56.7	42.0
Unplanned hospital admission rates for long term conditions per 100,000 18+ (DSR) (2010-11)	1869.2	1568.1

As the table above highlights, we continue to face challenges in health and wellbeing outcomes for the residents of this locality. Men and women living in the Scunthorpe North area have a shorter life expectancy than the North Lincolnshire average. They have the highest levels of premature deaths from CVD and the highest mortality rates from chronic lung disease. 22.7% of GP patients living here have at least one long term condition.

Healthy Lifestyles

There are challenges in relation to improving the health and wellbeing of the residents of this locality. However, the gap in life expectancy between our richest and poorest is reducing for men and increasing numbers of people are accessing support and advice across the locality to enable them to make healthier lifestyle choices.

This locality has the highest level of smoking and the lowest number of successful 4 week quits by those who access support through NHS Stop Smoking Specialist service. The area also has the highest rates of women smoking during pregnancy and one of the lowest rates of breastfeeding at birth in North Lincolnshire. On a more positive note, more women are continuing to breastfeed beyond 6 weeks.

Across Scunthorpe North, 3 out of 4 (75%) 5 year olds and 64% of 11 year olds are currently a healthy weight, helping to improve their chances of reaching adulthood at a healthy weight.

Take up of breast screening is below the North Lincolnshire average at 76.7% and the area has the second highest premature mortality for all cancers, highlighting the need to improve prevention, screening and early diagnosis in this locality.

What is happening on a local level to maximise positive health outcomes?

- The NHS Health Checks team are in the second year of delivering the checks across the locality in community venues
- The new Integrated Health and Social Care facility 'The Ironstone Centre' opened in 2011 and is improving access to primary care and community based clinics

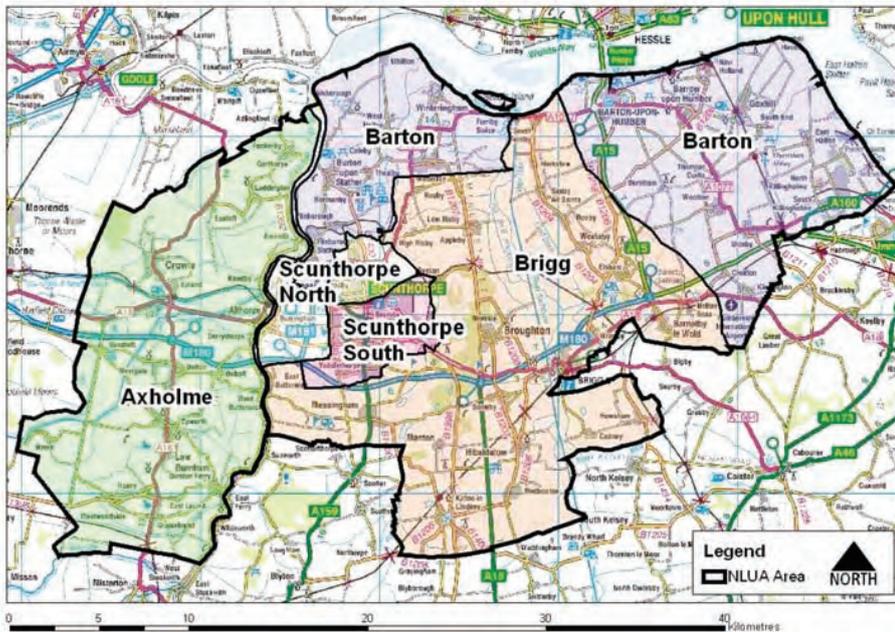
- Abdominal Aortic Aneurysm (AAA) screening for men aged 65 and above has been delivered in the 8-8 Centre and has now re-located to The Ironstone Centre, improving accessibility and potentially saving lives and improving life expectancy for men across North Lincolnshire
- The Community Nutrition and Dietetic Service has delivered a 12 week community weight management programme
- The Health Trainer service is supporting more and more people across the locality to achieve personal health and wellbeing goals, including supporting more people to access cancer screening opportunities
- 'Babes' are supporting more mothers to continue to breastfeed their babies in the locality
- Workplace Health programme has supported more and more employers to work in partnership with their employees to improve their health and wellbeing
- MEND has successfully been delivered in all age ranges, 2-4, 5-7 and 7-13, with more programmes being delivered across the locality throughout 2012.

What more needs to be done?

- Improve access to NHS Health Checks programme
- Increase the number of people taking up screening opportunities and raise awareness of the signs and symptoms of cancer
- Increase support available for people who wish to stop smoking
- Improve access to healthy lifestyle interventions/advice and support including increasing physical activity, access to range of weight management support services
- Health Trainers to support more people to take up cancer screening opportunities, and to support more people to achieve individual health and wellbeing goals
- Understand better the strengths of local communities that also enhance health and wellbeing (community engagement, community assets, venues etc...)
- Encourage more people across all age ranges to take part in physical activity
- Promote opportunities for safe walking and cycling locally to get more people active.

Chapter 6

Scunthorpe South Locality Profile



Introduction:

Scunthorpe South encompasses the five wards of Ashby, Bottesford, Brumby, Kingsway with Lincoln Gardens and Frodingham. The locality is bounded to the east by the steelworks, to the north by Brumby Wood Lane, to the west by the Trent and to the south by the M180. It is the smallest of the localities in geographic terms but has the largest population size with a resident population of 52,061.

Unemployment rates across the locality are above the North Lincolnshire average at 5.5% and are the second highest in North Lincolnshire with very high rates in the Ashby, Frodingham, Westcliff and Riddings area. The number of residents relying on sickness and disability benefits is also the second highest at 6.0%. The area also has higher than average rates of pensioner and child poverty at 18.7% and 25.7% respectively.

With an IMD 2010 score of 25.2 the locality ranks as the second most deprived locality in North Lincolnshire.

Demographics

The age profile of the locality is slightly younger than North Lincolnshire average and has a significant concentration of low income and lone parent families. There is a small resident BME community of 1.7% which is lower than the North Lincolnshire average of 7%.

Strong and Sustainable Communities

Scunthorpe South residents are less likely to express average satisfaction with their area, 79%, which is slightly below the North Lincolnshire average of 81%. The percentage of residents who express a sense of belonging with their local community is in line with the North Lincolnshire average of 62%. The locality has a slightly lower number of residents who feel they can influence local decisions, 33% compared to 34% across North Lincolnshire as a whole.

Source: Place Survey 2009.

Locality Health at a Glance: Scunthorpe South

Health Outcome	Scunthorpe South Locality	North Lincolnshire
Male Life Expectancy (2008-10)	77.6	78.12
Female Life Expectancy (2008-10)	81.5	82.28
Premature mortality for CVD per 100,000 (>75 years) (2008-2010)	77.6	68.2
Premature mortality (<75) from all cancers per 100,000 (2008-10)	140.9	119.9
Premature mortality for CHD (>75 years) (2008-2010)	47.1	42.0
Unplanned hospital admission rates for long term conditions per 100,000 18+ (DSR) (2010-11)	1811.4	1568.1

As the table above highlights, both men and women living in Scunthorpe South have a shorter life expectancy than the North Lincolnshire average. The locality also has higher than average premature death rates for both men and women; premature mortality from all cancers is the highest across North Lincolnshire and the area has the second highest mortality rates for chronic lung disease 23.95% of GP patients living here have at least one long term condition.

Healthy Lifestyles

More people are accessing healthy lifestyle advice and support to enable them to improve their health and wellbeing outcomes. In Scunthorpe South nearly a half of adults accessing support to stop smoking through the NHS Stop Smoking Service successfully completed a 4 week quit, many more quit; with the support of their local GP, Pharmacy and family and friends.

The locality has the highest rates of smoking during pregnancy at 24% and also the highest teenage conception rate; 50% of new mums are breastfeeding at birth with support available to help them to continue to do so for longer.

Over three quarters of 5 year olds (77%) and 65% of 11 year olds in this locality are a healthy weight and the vast majority of young people aged 11-15 years are choosing not to smoke.

While the area has slightly higher rates of breast screening (82.6%) than the North Lincolnshire average, it also has the highest premature mortality for all cancers. Scunthorpe South also has above average rates of premature deaths from Cardiovascular disease (CVD).

What is happening on a local level to maximise positive health outcomes?

- A social norm based campaign around stopping smoking in the Westcliff area in partnership with the Westcliff Drop in has seen local volunteers helping others to break free from addiction to smoking
- A smoking in pregnancy development worker is working throughout the Brumby ward to support women and their partners to stop smoking before they start a family
- Pharmacy staff in Westcliff have been targeted for the implementation of Identification and Brief Advice (IBA) programme
- The NHS Health Checks team are in the second year of delivering the checks across the locality in community venues
- Abdominal Aortic Aneurysm (AAA) screening for men aged 65 and above has been delivered in Ashby Clinic improving accessibility and potentially saving lives and improving life expectancy for men across North Lincolnshire
- The Health Trainer service is supporting more and more people across the locality to achieve personal health and wellbeing goals, including supporting more people to access cancer screening opportunities
- 'Babes' are supporting more mothers to continue to breastfeed their babies in the locality
- MEND has successfully been delivered in all age ranges, 2-4, 5-7 and 7-13, with more programmes being delivered across the locality throughout 2012.

What more needs to be done?

- Improve access to NHS Health Checks programme
- Increase the number of people taking up screening opportunities and raise awareness of the signs and symptoms of cancer
- Increase support available for people who wish to stop smoking
- Improve access to healthy lifestyle interventions/advice and support, including, increasing physical activity, access to range of weight management support services
- Health Trainers to support more people to achieve individual healthy lifestyle goals and support more people to take-up cancer screening opportunities
- Understand better the strengths of local communities that also enhance health and wellbeing (community engagement, community assets, venues etc...) and improve sense of belonging to the local community
- Encourage more people across all ages to take part in physical activity.



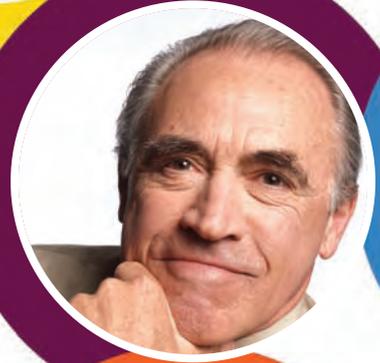
Chapter 7

Locality Health and Wellbeing at a Glance

Summary of key population and healthy outcome indicators by locality

Locality Health and Wellbeing at a glance

	Isle of Axholme	Barton & Winterton	Brigg & Wolds	Scun North	Scun South
Total resident population (ONS mid-year 2010)	22,106	32,659	30,446	24,073	52,061
Under 3s (GP registered)	643	1057	861	1033	2063
85+ (ONS mid year estimates)	527	694	792	555	1233
BME Population (2001 Census)	0.8%	1.1%	1.1%	9.3%	1.7%
IMD 2010 Score	15.1	16.7	13.6	33.1	25.2
Male Life Expectancy (2008-10)	80.0	79.4	79.2	74.9	77.6
Female Life Expectancy (2008-10)	83.4	83.2	83.1	79.0	81.5
Under 75 death rates - males (2008-10)	303.7	304.7	285.8	446.6	382.7
Under 75 death rates - females (2008-10)	203.5	198.6	208.1	337.1	270.2
Unemployment rate (Sept 2011)	3.1%	3.9%	3.0%	7.3%	5.5%
% Child Poverty (IDAC 2010)	12.7%	17.0%	12.4%	32.2%	25.7%
% Pensioner Poverty (IDAOP 2010)	15.6%	14.1%	15.1%	24.0%	18.7%
% healthy weight five year olds (2009/10)	85%	76%	83%	75%	77%
% healthy weight 11 year olds (2009-10)	65%	67%	70%	64%	65%
% women who do not smoke throughout pregnancy	82%	85%	88%	77%	76%
% take up of stop smoking services	61.5%	55.1%	47.1%	55.3%	64%
4 week quit rates with NHS stop smoking services 2010/11 %	61.5%	55.1%	47.1%	55.3%	43.5%
% breastfeeding at birth (2010-11)	70%	65%	68%	56%	50%
Teen Conception Rate per 1,000 (2009-11)	19.6	30.3	22.2	55.0	64.7



	Isle of Axholme	Barton & Winterton	Brigg & Wolds	Scun North	Scun South
Take up of breast screening %	85.8%	85.0%	86.6%	76.7%	82.6%
Prevalence of registered diabetes (17+) (unadjusted rates) (2010-11)	6.6%	6.4%	6.5%	6.7%	6.6%
Prevalence of registered CHD (unadjusted rates) (2010-11)	4.8%	4.1%	4.6%	4.4%	4.7%
Unplanned hospital admission rates for long term conditions, per 100,000 population, all ages , (DSR) (2010-11)	1167.2	1271.1	1249.5	1869.2	1811.4
Premature mortality for CVD, per 100,000 (2008-10)	49.0	57.6	63.6	92.9	77.6
Premature mortality for CHD, per 100,000 (2008-10)	41.0	34.1	34.5	56.7	47.1
Mortality (all ages) for chronic lung disease per 100,000 (2008-10)	29.1	26.0	22.0	49.8	34.7
Premature mortality for lung cancer per 100,000 (2008-10)	29.4	25.2	25.8	42.4	38.9
Premature mortality for all cancers per 100,000 (2008-10)	111.8	114.1	96.6	126.8	140.9

*Locality data based on the location of GP practice rather than on patient's residence



Chapter 8

Improving public health and wellbeing across North Lincolnshire

The previous chapters provided a snap shot of headline health and wellbeing across the 5 localities of North Lincolnshire and what has been happening in each of the localities to maximise health and wellbeing. As the Table in chapter 7 highlights, each locality has its own unique strengths and challenges. This year's report focuses specifically on the impact of public health interventions whilst acknowledging the vast amount of work that goes on to tackle the wider determinants of health and wellbeing that were the subject of last year's report.

The following section provides a brief overview of some of the key public health and wellbeing initiatives and interventions that have been delivered across North Lincolnshire over the past 12 months.

Healthy Start

Successful partnership and multi-agency working has resulted in:

- Implementation of a joint breastfeeding policy to increase the uptake and duration of breastfeeding in North Lincolnshire
- Investment to implement the Breastfeeding Peer Supporter Health Trainer programme focusing on areas where breastfeeding initiation and duration are low
- 'Babes' (Babies and Breastfeeding Extra Support) volunteers are providing support within hospital and Children's Centres
- The NHS Specialist Stop Smoking Service has a specialist adviser dedicated to supporting pregnant women to quit
- Additional investment in reducing smoking in pregnancy has funded a development worker post focusing on communities with the highest smoking in pregnancy prevalence
- Immunisation rates for children are improving and we are investing resources to maximise uptake and protect children and young people from common childhood infectious diseases.

Improving healthy weight in children

Across North Lincolnshire 74.9% of our 5 year olds and 67.3% of year 6 children are a healthy weight. There is a vast amount of work taking place across North Lincolnshire to support more children, young people and their families to achieve a healthy weight, including:

- MEND (Mind, Exercise, Nutrition, Do it!): a fun, free healthy lifestyle programme on offer to families across North Lincolnshire since January 2011. Each community based programme is tailored to the nutritional needs and learning styles of the targeted age group, which includes: 2-4 years (prevention), 5-7 and 7-13 years
- Investment in Health Trainers with an obesity focus to support the childhood obesity agenda, and deliver community based cook and eat sessions
- Healthy Schools
- Schools Sports Partnerships
- School meals
- Increasing physical activity opportunities in and out of school.

The 'Healthy Places, Health Lives' initiative has seen North Lincolnshire Council, NHS North Lincolnshire and other health organisations come together with a range of statutory and voluntary organisations to tackle inequalities, focusing on raising aspirations and reducing risk taking behaviors in teenagers.

Healthy Living

The recent rise in lifestyle risk factors in the population such as smoking, being an unhealthy weight, physical inactivity and excessive alcohol consumption, can significantly increase the risk of developing many diseases including cancers and CVD, COPD and Diabetes. Some of the healthy living initiatives that have aimed to reduce these risk factors at a population level and support more people to make healthier lifestyle choices include:

Smoking

Modelled estimates suggest that almost 3 out of every 4 adults (73.2%) choose to be non-smokers and more are joining them every day. To support this:

- Free and effective NHS stop smoking support is available across North Lincolnshire and during 2010/11 over 900 smokers successfully completed a 4 week quit with the NHS Stop Smoking Service and many more choose to quit with the help of their GP or pharmacist together with support from family and friends
- Support is available for local employers to help their workers stop smoking
- North Lincolnshire Smokefree Alliance action plan is being proactively implemented and continues to meet milestones.
- Brief intervention training for smoking is being delivered to an increasing number of professional groups across North Lincolnshire
- Smokefree homes scheme launched in 2010 is now supported by a wide range of partners
- Further work is supporting more young people not to take up smoking.

Healthy Weight in Adults

Obesity is the second biggest preventable cause of early death and disability in later life after smoking, and represents a major public health challenge. As the population grows and ages, increasing pressure on local health services to treat obesity related diseases is to be expected. To combat the rise in unhealthy weight amongst our adult population:

- The local Healthy Eating and Living Strategy and Action Plan 2009-2011 will be re-launched following a formal consultation period that will run throughout January 2012
- Obesity services will be remodelled following the consultation period, early in 2012
- An obesity coordinator has been appointed
- A community based adult weight programme is providing free 12 week weight management programmes (with support up to 12 months) across North Lincolnshire
- The Health Trainer service saw 339 new clients for weight management (diet and/or exercise) advice and support during the past 12 months
- Food Champions Network - 20 individuals identified as food champions
- Healthy Options Awards: working in partnerships with Trading Standards, North Lincolnshire Council have developed an award structure for local catering businesses. All businesses awarded 4-5* on hygiene ratings will be invited to participate.

Increasing Physical activity

Modelled Estimates suggest that people across North Lincolnshire would benefit from increasing their levels of physical activity. Getting people more physically active is the focus of the North Lincolnshire Active Choices, Active Futures strategy and action plan.

(<http://e-voice.org.uk/activechoicesactivefuture/>)

The action plan is being proactively implemented across all localities giving more and more people new opportunities to get more physically active in ways they will enjoy with the aim of building more physical activity into their day-to-day lives. This work is complemented by other recent achievements, including:

- 12 female volunteer Jog leaders trained
- Street based youth sport diversionary activities in 13 locations a week
- Chair Based Exercise classes for elderly North Lincolnshire residents and also those residents with mobility issues.
- Active Ageing - 17 weekly sessions delivered in various locations - 863 attendances
- Walking the Way to Health continues attracting a range of people who not only benefit from the physical benefits of the activity but also the opportunity to meet new people
- The opening of The Pods is providing more people across North Lincolnshire with access to a wide range of physical activity to suit all tastes.

Alcohol

Whilst almost eight out of ten people (79.2%) across North Lincolnshire either abstain or drink alcohol at 'low risk' levels (2008), regularly drinking alcohol at harmful levels can increase the risk of cardiovascular disease, poor mental health, unemployment, accidental injury and death.

To support more people to make informed choices and take responsibility to drink alcohol sensibly a refreshed Alcohol Strategy and an action plan has been developed to focus more robustly on prevention and early detection of alcohol related harm. Progress has also been made to deliver Identification and Brief Advice (IBA) across the community and increased signposting and referrals to the Community Alcohol Support (CAS).

Healthier Ageing

Prevention and early diagnosis are crucial to improving health and wellbeing outcomes. There has been significant investment over the past year to support the strategic emphasis on improving healthy ageing through preventing and reducing premature mortality from our biggest killers: CVD and cancers. This includes:

- Focus on prevention and early diagnosis of CVD through the roll out of the free NHS Health Check programme
- Plans under review taking account of Accelerated Stroke Improvement (ASI) standards and recent CQC review
- Targeting healthy workplace scheme at companies within most deprived area
- Several cancer awareness social marketing campaigns and resources have been developed and implemented
- Abdominal Aortic Aneurysm screening (AAA) programme implemented
- Strengthened and enhanced Health Trainer service with a focus on raising uptake of cancer screening programmes and improving health outcomes for BME and low income men
- Bowel screening programme in place in Scunthorpe General Hospital
- Breast screening performance increased, women are being screened every 3 years
- Lung Cancer equity audit completed
- NHS North Lincolnshire and North Lincolnshire Council continue to work together to promote the government's Local Awareness and Early Detection Initiative (LAEDI) in relation to cancer symptoms

Fresh Start continues to support the healthy ageing agenda across North Lincolnshire with the aim of improving the quality of life for over 50's

- There are 3 Community Development Workers who cover all of North Lincolnshire
- A bi-monthly newsletter has a circulation of over 6,000 containing a diary of activities for people to attend
- Fresh Start has established numerous lunch clubs and social and sporting groups contributing to enhanced health and wellbeing of the over 50 year olds.

Improving Mental Health & Emotional Wellbeing

Good mental health and resilience are fundamental to our physical health and our sense of personal wellbeing. Promoting good mental health and emotional wellbeing and preventing mental ill health requires a partnership approach that:

- Focuses upon ensuring individuals know how to protect their own wellbeing
- Allows people to know how to recognise signs and symptoms early on and how to refer/access treatments & services if required
- Works to ensure that those people using services are receiving the best service available within the allocated resources.

Targeted work in the areas identified as having potentially highest unmet needs has been undertaken to ensure training and education are targeted appropriately, this includes:

- All Health Trainers have received Mental Health First Aid & Positive Steps training.
- The North Lincolnshire Mental Health Partnership has produced several working subgroups which include, service users and carers
- There are a range of subgroups working to raise awareness of the links between wider determinants of health and mental health and wellbeing
- Positive Steps for Mental Health information has been developed into a training pack for individuals
- Mental Health First Aid courses continue to be delivered across the community
- Significant work has been undertaken to improve health services for people with Learning Disabilities and to ensure people with a Learning Disability get equal access to healthcare
- Work is also underway to develop an Autism Strategy for North Lincolnshire.

Healthy Communities

Plans are currently underway to further develop partnership working across the community, voluntary and health and social care sectors by integrating health and social care services to create a 'healthy living programme' in each of the 5 localities of North Lincolnshire. Each locality will be actively engaged in the development and implementation of 'enhanced' public health programmes to be coordinated across each locality through the development of Community Public Health Improvement Facilitators. These posts will work at the heart of local communities, enabling local people to help shape the future provision of services to improve health and wellbeing locally, maximise positive health outcomes; empowering local people to take responsibility for their health and the health of their community through placing them at the heart of local decision making.

Much of the work over the next 12 months will focus on engaging and empowering local communities, working in partnership with health, social care, community and voluntary sectors. The involvement of local communities in improving health and wellbeing outcomes at locality level will ensure that the voices of local people are not only heard, but seen to be actively shaping the future sustainability of the positive health outcomes witnessed over the past 12 months.

What more needs to be done over the next 12 months:

- Increased investment and capacity in the NHS Health Check programme to support universal access across North Lincolnshire
- A CVD/Long Term Conditions prevention specialist nurse to work across primary care, with local communities to improve CVD health outcomes locally
- Partnership working to implement 'enhanced' public health programmes in each of the 5 localities, with a focus on healthy ageing and reducing CVD and cancer risk factors tailored to meet local need
- The recruitment of five Community Public Health Improvement Facilitators to coordinate the implementation of the 'enhanced' public health programmes in each of the localities
- Increase investment in Breastfeeding agenda to ensure that North Lincolnshire is breastfeeding friendly
- Investment in childhood obesity to help more of our children and families achieve a healthy weight
- Increase physical activity in children, young people and adults through partnership working across the localities

- Obesity services re-modelling work to be completed and a wide variety of services offering choice and value for money to be available across North Lincolnshire
- Further investment to reduce smoking prevalence through targeting smokers in workplaces
- Increase the amount and intensity of support to pregnant women who smoke to stop smoking, and to women who want to stop smoking before they start families
- Ensure that the Alcohol Strategy has a strategic driver to ensure a partnership approach to reduce hospital admissions and A&E attendances
- Continuation of collaborative working for the delivery of IBA across partnership agencies in North Lincolnshire, for agencies where alcohol issues are evident and ensuring appropriate signposting and referrals
- Strengthening of the Health Trainer Programme to increase prevention work with low income men and BME communities, with an additional focus on obesity focused health trainers
- Partnership agreement to roll out 'Every Contact Counts' with all provider organisations, including the third sector.



Chapter 9 Strengthening Health Protection

Notifiable Infectious Diseases

In 2010 there were:

- No cases of confirmed measles in North Lincolnshire and 4 cases of laboratory confirmed Mumps
- There were 275 cases of laboratory confirmed food poisoning and 2 confirmed cases of dysentery
- There were 11 cases of TB, 3 of which were laboratory confirmed which represents a reduction on previous years
- 34 laboratory confirmed cases of hepatitis C; 3 cases of hepatitis B Acute, 11 confirmed cases of hepatitis B other/unknown, and one case of hepatitis A.

Table 1: Report of diseases notified by GP's, Hospital Doctors and laboratories for patients resident in North Lincolnshire PCT - 2010

	Notified	Laboratory confirmed
Acute encephalitis	0	0
*Acute poliomyelitis	0	0
Anthrax	0	0
*Cholera	0	0
*Diphtheria	0	0
*Dysentery	3	2
*Food Poisoning	287	275
Leprosy	0	0
Leptospirosis	0	0
Malaria	0	0
Measles	3	0
*Meningitis		
*Confirmed & clinically diagnosed	Meningococcal	3
	Pneumococcal	3
	Viral	0
*Meningococcal septicaemia	3	0
Mumps	19	4
*Paratyphoid	0	0
*Plague	0	0
Rubella	1	0
*Rabies	0	0
Relapsing fever	0	0
Scarlet Fever	0	0
*Smallpox	0	0
Tetanus	0	0
*Tuberculosis	11	3
*Typhoid fever	0	0
*Typhus	0	0
*Viral haemorrhagic fever	0	0
Viral Hepatitis		
Hepatitis A	1	0
Hepatitis B – Acute	3	3
Hepatitis B– Other/unknown	11	11
Hepatitis C **	34	34
Hepatitis E	0	0
Whooping cough	1	0
*Yellow fever	0	0
TOTAL	383	335

Source: North Yorkshire & Humber Health Protection Unit 2011

* These diseases should be notified immediately either by telephone or fax

Doctors in England and Wales have a statutory duty to notify cases of certain infectious diseases (those diseases listed in Table 1). Doctors are encouraged to notify on a clinical suspicion and not wait for confirmation of diagnosis as this can delay any necessary public health action. Therefore the number of laboratory confirmed cases will always be less than the total number of diseases notified.

**Please note that these are positive screening tests (only) notified to the HPU.

What are we doing locally?

Hepatitis Awareness

To coincide with World Hepatitis Day, which aims to raise awareness, decrease stigma and encourage people to find out more about chronic viral hepatitis B and C, shoppers in Scunthorpe were offered confidential advice, help and information. A campaign bus was set up and shoppers were given a quiz to complete with fruit vouchers as prizes. Information was given on how to access screening, if necessary.

Dried Blood Spot Testing Pilot for BBV's (Blood Borne Viruses) in North Lincolnshire

This pilot was developed to consider the effectiveness and efficiency of current provision and the efficacy of dried blood spot screening, in accordance with the regional Hepatitis C Standards and Guidance.

The main objectives of the pilot were to increase the numbers of clients tested for BBV's across all services, increase the numbers of staff available to complete testing when clients were offered it and decrease the number of appointments required for clients to complete a full BBV Screen.

A trial of Dried Blood Spot Testing (DBST) was carried out across all adult substance misuse services in the Scunthorpe area during August 2011 with a view to it being rolled out across services in North Lincolnshire, if successful. Staff were trained in pre and post test talks and the DBST procedure.

Prior to this pilot, most of the clients had previously refused the venous testing method and reported that they preferred the DBST method. All services responded positively and recognised this as a way to improve screening and therefore assist with meeting screening targets. As more staff were trained to carry out DBST, screening was more readily available at the time of client interaction.

If screening continues at similar rates, 168 clients would be screened in a six month period, which would be an increase of 51.4% in screening figures.

TB

Following a TB outbreak at a local college in 2009 a thorough review of local TB services was undertaken. As a result of this review a new TB service was commissioned in 2011 offering a comprehensive TB service across North Lincolnshire. The new TB service is a respiratory nurse specialist led service designed to provide a robust system of pro-active TB screening within the community. The community service will provide contact tracing for all cases of TB identified in North Lincolnshire and include New Entrant Screening offered to individuals from super high risk countries and high risk countries where the incidence is greater than 500/100000 or greater than 40/100000 respectively. This will help protect against future outbreaks of TB through early identification and improved management of TB in North Lincolnshire.

Food poisoning and Gastrointestinal Infections

- The most common gastro-intestinal organism was Campylobacter with 224 cases reported from laboratories which is a reduction from last year
- There were 3 cases of the potentially serious E.Coli 0157 infection compared to 2 last year
- 58 cases of SRSV/Norovirus were also reported

Table 2: Report of gastro-intestinal organisms reported from laboratories for patients resident in North Lincolnshire PCT – 2010

Organisms	North Lincs PCT
Salmonella	28
Campylobacter	224
E.coli 0157	3
Shigella sonnei	2
Giardia Lambliia	2
Cryptosporidiosis	15
SRSV/Norovirus	58
TOTAL	332

MMR VACCINE UP-TAKE

- 88.2 % of children were immunised for MMR by their 2nd birthday
- 84.6% of children were immunised for MMR (2nd dose) by their 5th birthday

Human Papillomavirus (HPV)

HPV is one of the most common sexually transmitted infections. Infection with HPV is the main cause of cervical cancer and is responsible for nearly 3000 cases in the UK every year. Immunising females before they become infected will reduce the number of cases of cervical cancer and could prevent up to 400 deaths a year in the UK. A routine immunisation programme targeting 12 to 13 year old females was introduced in England from September 2008 with a catch up programme for females up to the age of 18.

Seasonal Influenza

The Department of Health (DH) recommends that all those aged 65 years and over, and those patients aged 6 months and under 65 in a clinical risk group are offered seasonal flu vaccine. The programme begins in October each year and runs through to at least the following January. Carers who are in receipt of a carer's allowance or are the main carer for an elderly or disabled person are also recommended to be offered the vaccine.

The World Health Organisation recommended a take-up rate of at least 75% amongst the 65 years and over age group for the 2010 seasonal flu season. No target was set for the priority group under 65, though a minimum aspirational target of 60% was set by the Chief Medical Officer (CMO). In 2010/11 the up-take of seasonal flu vaccine was 71.2% in the 65 years and over group and 51.8% in the under 65 years clinical at-risk groups representing a deterioration on last years up-take rates.

HIV and AIDS

Between 2005-2010 the number of people from North Lincolnshire accessing treatment services for HIV infection almost doubled from 32 to 58. Of these 58 people accessing treatment services for HIV infection in 2010 37 were male and 21 female. Of those the majority, 43, were White, 12 people were Black African and 4 from various other ethnic backgrounds. 45 of the 58 people known to treatment services were currently receiving treatment with the majority of those receiving triple therapy. Routes of HIV infection have maintained constant over the past five years with 18 acquiring the HIV through sex with other men, 30 through heterosexual sex and 9 through injecting drug use.

Chlamydia

Chlamydia is the most common bacterial sexually transmitted infection (STI) in the UK affecting both men and women. Most people with Chlamydia have no symptoms but if left untreated, Chlamydia can lead to infertility, ectopic pregnancy and chronic pelvic pain in women, in men it may cause urethritis and epididymitis. In both sexes it can cause arthritis.

The National Chlamydia Screening Programme (NCSP) in England was established in 2003 with the objective of controlling Chlamydia infection rates through early detection and treatment of asymptomatic infection, thus preventing the development of sequelae and reducing onward disease transmission.

In North Lincolnshire there are 18,900 young people aged 15 – 24 who are eligible to receive screening through this programme. In 2010 a total of 24.6% of this population received a Chlamydia screen of which 5.3% tested positive for Chlamydia and were treated for their infection.

Chapter 10

Progress on 2010 Recommendations

Recommendations for 2010

2011/12 Up-Date

1. NHS and local authority commissioners embed public health outcomes into mainstream Council, Health and partner agencies' strategies and action plans:

Continuing to prioritise actions to reduce child poverty

The Child Poverty Needs Assessment has been refreshed (November 2011) and the Welfare Rights Service has been re-commissioned to ensure the families with greatest need receive the benefits and tax credits they are entitled to.

Training opportunities for parents to increase their employability have been strengthened.

Early Years foundation stage performance has increased above the national average. We have closed the gap between the lowest achieving 20% and the rest to be in top performing 25% of Local Authorities and have closed the gap between children eligible for Free Schools Meals and their peers.

Children's centres services have been reshaped to focus on the families with the greatest needs.

Invested in a two year improvement programme to twenty two children's playgrounds so they have safe and challenging places to play

Identifying opportunities to progress with the raising Ambition and Aspiration programme focusing on our children and providing role models for young people

Commissioned Speech and Language Therapy to ensure young children and pupils have the communication skills to take advantage of learning at school.

Developed Excellence strategies to increase the number of schools (primary and secondary phase) judged good or better by Ofsted. At the end of November 2011 68% of primary schools were judged good or better (higher than the national rate) 67% of secondary schools were judged good.

The percentage of children with 5+A* to C GCSE with English and Maths in 2011 is the highest performance in North Lincolnshire and the rate of improvement is the same as the national rate.

Rolling out the MEND programme (healthy eating and exercise) to families and their children in the early years through joint work with colleagues in partner agencies

MEND has successfully been rolled out in Children Centres (2-4 years) and in community settings (5-7 years and 7-13 years) through joint work with partner agencies.

Rolling out the NHS Health Checks programme across North Lincolnshire, as required by DH guidance

NHS Health Checks are being rolled out across North Lincolnshire and capacity in the outreach team has been increased, improving accessibility.

<p>Redesigning obesity services and pathways and broadening the range of community based interventions on offer to help people achieve a healthy weight</p>	<p>A formal consultation period will take place during January 2012 with the public, key agencies and service providers. The findings from the consultation will inform the re-design of weight management pathways and services to offer more choice of community interventions across the localities.</p>
<p>Developing Improved Access to Psychological Therapies (IAPT) to include people with Learning disabilities and people with Long Term Conditions, including those requiring pain management</p>	<p>IAPT services now have a dedicated Cognitive Behaviour Therapy (CBT) therapist that is working in partnership with the CTLD Nurses and Clinical Psychologist to deliver services to people with learning disabilities.</p> <p>IAPT services are working in partnership with NLaG to provide CBT / talking therapies to people with COPD and palliative care needs.</p>
<p>Continuing to invest in the Health Checks Directly Enhanced Service (DES) for adults with learning disabilities, and adopting the recommendations of the Royal College of General Practitioners 2010 report, and the local audit of learning disability health checks</p>	<p>The Department of Health Directly Enhanced Service (DES) has extended the Learning Disabilities DES over 2012/13 and local planning is well advanced – all GPs are now offering an Annual Health Check.</p> <p>The local audit has been disseminated and the challenge now is to assure consistency in the quality of Annual Health Check.</p>
<p>Continuing to improve health and well being at work, targeting small and medium enterprises</p>	<p>NHS North Lincolnshire continues to support all workplaces including small and medium enterprises, to improve health and wellbeing at work via its Healthy Workplace Awards Scheme (HWAS). Several organisations have achieved the bronze level award during 2011 including HITEK Electronic Materials Ltd, North Lincolnshire Homes and Tata Steel.</p> <p>The HWAS has developed links with the NHS North Lincolnshire Health Checks team and also the Stop Smoking Service to provide on-site interventions for workplaces.</p> <p>NHS North Lincolnshire has linked with the local authority funded North Lincolnshire Business Network (NLBN) to provide support and advice as requested.</p>
<p>Improving access to good quality open and green spaces throughout North Lincolnshire and increasing their use for personal health and exercise</p>	<p>A total of 12 Playbuilder children's playgrounds were created or refurbished in North Lincolnshire in 2010/11, which have increased physical activity in the 8 - 13 yrs age group. An Adizone activity area in Scunthorpe for use by all age groups, which is an Olympics legacy site has opened.</p> <p>2011 also saw the completion of the £2M refurbishment of Central Park, which includes a Children's Play Area and a boulevard linking The Pods leisure centre to North Lindsey and John Leggott colleges, encouraging walking as a physical activity.</p> <p>The Connect2 walk and cycle path is almost complete. The scheme will provide a safe route away from traffic, encourage more sustainable travel and healthy lifestyles and provide an excellent route linking some of the key facilities in the area.</p>

2. Commissioners and partner agencies deliver an integrated area based approach to health improvement which recognises the impact of the wider determinants of health, and helps communities find their own solutions to local priorities.

<p>Coordinating and enhancing existing public health programmes in areas of high need, with a view to reducing cardio vascular risk in these communities by at least 3-4% over the next five years</p>	<p>Progress has been made in the recruitment to the post of Community Public Health Improvement Facilitator. Further recruitment will take place early in 2012 with a post in each of the 5 localities in place by early 2012 to coordinate and enhance existing public health programmes and to facilitate integrated health and social care working in each locality.</p>
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Implementing “Every Contact Counts” with all early years provider organisations, beginning in areas of high need

Initial discussions are taking place to examine the benefits of delivering ‘Healthy Chat’ to the Children’s Centre staff. ‘Healthy Chat’ is a 2½ hour training session which raises the profile of essential public health messages whilst also enabling staff to initiate conversations about behaviour change with their customers. The aim is to deliver the training to all front-line Children’s Centre staff and monitor the outcomes in terms of referrals to services such as Stop Smoking Services, Sexual Health Services.

Continuing to support young people who are Not in Employment Education or Training and building capacity across a range of networks where young people access services

The percentage of young people not in employment, education or training has reduced from 9% in March 2011 to 7.1 % at the end of quarter 2. There are more apprenticeship schemes with a wider range of choices for young people.

There are more places commissioned from further education providers to meet the needs of young people with learning difficulty or disability. Bursary schemes have been developed to support young people living in disadvantaged circumstances to attend college.

Continuing to develop local intelligence on population health and wellbeing needs, assets and priorities at a local level to ensure that resources are allocated appropriately and services are acceptable, accessible and available to those most in need

Work on mapping out locality needs and strengths has been ongoing throughout the year, led by local communities and facilitated by Voluntary Action North Lincolnshire (VANL), with additional community involvement planned in other areas of North Lincolnshire early in the new year. This work will help identify priorities for health and wellbeing improvement in each locality as well as opportunities for developing local, community-led solutions. This will inform the priorities of the refreshed 2012 Joint Strategic Needs Assessment (JSNA).

In 2011 a new ‘Community Health Improvement team’ was created. Working at locality level, this team will mobilise and support community efforts to promote the health and wellbeing of local residents. Information gathered at this local level will inform future commissioning decisions of the Health and Wellbeing Board and Health Commissioning Board.

Public Health factsheets refreshed and updated including ward and locality analysis of health and well being.

Launch of local Data Observatory which enables users to produce data profiles of North Lincolnshire by ward and by neighbourhood.

3. Public Health disseminate evidence of ‘what works’ to reduce inequalities in health and the wider determinants of health across agencies

Key to reducing inequalities in health and the wider determinants of health is the development of Public Health functions locally, in line with the national re-organisation, across organisations in order to ensure that evidence based best practice continues to support an on-going vision for success under the strategic leadership of the Health & Wellbeing Board by embedding change in line with the needs of the local population; using the Joint Strategic Needs Assessment and joint Health and Wellbeing Strategy to guide local commissioning and delivery of services.

Director of Public Health Key Recommendations for 2012

Recommendations for 2012:

1. The two Clinical Commissioning Groups (CCGs) and public health directorates across North and North East Lincolnshire and Northern Lincolnshire and Goole Foundation Trust (NLaGFT) work together to complete a thorough analysis of local data to find out why hospital death rates and deaths post discharge from NLAG hospitals were reported as higher than average last year. This should be set in the context of all recorded deaths in the area during that period.
2. The newly configured Health and Wellbeing Board should support and provide strategic direction to develop an asset based approach to tackling health and wellbeing and inequalities; empowering local communities to utilise what works locally and build upon the current strengths of their local area to maximise health and wellbeing outcomes and strengthen the sense of community.
3. The Clinical Commissioning Group, NHS North Lincolnshire and North Lincolnshire Adult Services to support the development of a locality based approach to tackling health inequalities and improving the health and wellbeing of the population through partnership working, setting priorities and directing resources as appropriate to locally identified need.
4. The progress made during the past 12 months should continue to be driven forward by all partners, with a strategic focus on reducing health inequalities through consistent and robust monitoring of health and wellbeing outcomes, with targeted work in those areas where we do less well and where there are significant inequalities, especially in childhood.





North Lincolnshire

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