

**JOINT STRATEGIC ASSESSMENT OF HEALTH AND WELLBEING
IN NORTH LINCOLNSHIRE
(2018)**

NORTH LINCOLNSHIRE HEALTH AND WELLBEING BOARD



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1. Introduction

Joint Strategic Assessment of Health and Wellbeing (JSNA)





The requirement to produce a JSNA is enshrined in the Health and Social Care Act, 2012, which came into force in April 2013. This places a shared statutory obligation on Clinical Commissioning Groups (NHS) and Local Authorities to work together to produce a JSNA and Joint and Health and Wellbeing Strategy, (JHWBS) and to commission services with regard to them. There is also an expectation within national inspection frameworks that local authorities and CCGs will provide evidence of local integrated system wide, place based intelligence.



The purpose of a JSNA is to bring together all the information that is available on the health and wellbeing and care needs of the local population in a single ongoing process. The guidance on JSNA emphasises that this should include information on current and future health and care needs and assets, the quality and accessibility of services, and where possible should include the views and perspectives of people living and working in the area.

In North Lincolnshire, the assessment of health and wellbeing is one of a suite of documents which form an integrated intelligence base about the place of North Lincolnshire, summarised within our wider Integrated Strategic Assessment, *(insert hyperlink to refreshed ISA in here once online)*. This latest version of the health and wellbeing evidence provides an update on our progress over the last two years, with the evidence reframed in line with our shared ambitions for health and wellbeing in North Lincolnshire. It shines a light on our local strengths challenges and assets, as well as opportunities for improvement.

More detailed information can be found at the resources referenced at the end of each section.

2. Our shared priorities for Health and Wellbeing in North Lincolnshire

A place where	Strengths	Challenges	Curves to Turn	Go to evidence
People live work and socialise in healthy places	<ul style="list-style-type: none"> Access to green space, low congestion & low traffic related pollution Affordable high quality housing Engagement of large employers with workplace health schemes 	<ul style="list-style-type: none"> Low active travel Pockets of poor air quality associated with heavy industry Pockets of poor quality multi occupied private rented housing 	<ul style="list-style-type: none"> Engagement in regular physical activity in target groups 	
Healthy lifestyles are the norm	<ul style="list-style-type: none"> Health champions in schools, workplaces and communities 	<ul style="list-style-type: none"> Higher than average rates of smoking, inactivity and excess weight 	<ul style="list-style-type: none"> More smoke free communities Improvement in healthy weight 	
Children have the best start in life and thrive	<ul style="list-style-type: none"> Healthy start & school readiness Young people's wellbeing and resilience Educational attainment and skills levels amongst under 25s 	<ul style="list-style-type: none"> Inequalities in best start. High rates of maternal smoking Rising youth unemployment Work readiness amongst some vulnerable groups 	<ul style="list-style-type: none"> Improvement in healthy weight in children More young women choosing to be smoke free Gaps in attainment and opportunities narrow 	
People live well for longer and enjoy good mental wellbeing	<ul style="list-style-type: none"> Rising life expectancy Good access to talking therapies in primary care High take up of early intervention services 	<ul style="list-style-type: none"> Ageing workforce Lower than average healthy life expectancy especially in low income groups Above average rates of some potentially preventable conditions 	<ul style="list-style-type: none"> Quality of extended years of life improves – decline in social gradient Preventable conditions are reduced 	

<p>People age well and are enabled to live independently in the community</p>	<ul style="list-style-type: none"> • More frail elderly cared for at home • Community resources for self-care & early intervention 	<ul style="list-style-type: none"> • Growing demand for alternative housing options • Growing complexity of need in frail elderly • Potential rise in social isolation due to more home based care 	<ul style="list-style-type: none"> • More people with complex needs supported by integrated community based services, including at end of life 	
<p>People get the right care and support at the right time</p> <p>Are only treated in hospital when appropriate</p>	<ul style="list-style-type: none"> • Effective out-of-hospital care services 	<ul style="list-style-type: none"> • Above average use of urgent care in some communities • Some acute services in need of improvement 	<ul style="list-style-type: none"> • More people self manage in the community • The quality and standard of care across the health/care system improves 	

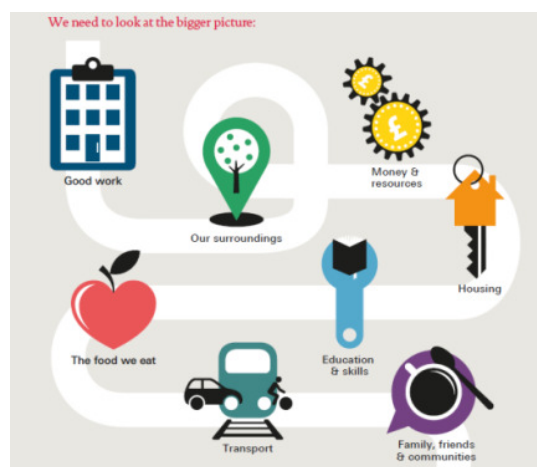
3. LIVE AND WORK IN HEALTHY PLACES

Why it is important

Population wellbeing is a key driver of economic growth and prosperity. Happy, healthy, connected populations are more likely to live and work for longer, are more resilient to adversity and stress, are more likely to save for older age, and are better prepared for retirement.

In turn, access to good quality environments, healthy and sustainable spaces to live work and socialise, quality affordable housing, a purpose in life, and a sufficient income, help us to flourish, stay connected to others, feel well, recover faster from ill health and injury, and manage chronic long term conditions and disability better.

Figure 1: Road to good health and wellbeing



Strengths

North Lincolnshire is already a healthy place to grow, live, and work, and has significantly more health assets than many regional and neighbouring authorities. This includes:

- Better access to green spaces, outdoor park facilities and acres of nature reserves per head of population
- Low levels of traffic congestion and traffic related air pollution
- More affordable homes in the private and social rented sector
- More quality homes in the social rented sector
- Low levels of homelessness
- Relatively low costs of living
- Stable rates of employment
- Communities are positively engaged with the national Keep Britain Tidy campaign, and in the last year there have been significant reductions in litter in some key areas.
- 84% of food businesses in North Lincolnshire have a safety rating of 4 or 5 stars
- North Lincolnshire has a lower density of fast food outlets per head of population compared with neighbouring authorities
- Overall, air quality is good in North Lincolnshire, with relatively low road transport related pollution

- Emergency planning arrangements are robust. Areas at high risk of flooding are well mapped with good links with the Met Office and partners to enable a timely response.
- Levels of litter are good and are just below the national upper quartile of performance

Challenges

In spite of these assets and strengths there are some key challenges to overcome if we are to meet our ambition to be the 'Healthiest' place to live, work and age.

- Adult residents say they make **less use of open green spaces for exercise or health** compared with residents living in other parts of the country, just 6% compared with 18% nationally. This is the 2nd lowest rate in the country.
- The size and rural nature of the authority means car ownership and car use are more common in North Lincolnshire, with residents **more likely to use their cars for shorter journeys**. Less than 1 in 5 (19%) North Lincolnshire residents who travel less than 5km to work walk there, compared with a national average of 24%.
- North Lincolnshire residents report particularly **low rates of walking** compared with other areas. In 2015/16, 70% adults said they had walked for at least 10 minutes once a week or more in the previous 4 weeks, compared with 81% nationally. This places North Lincolnshire bottom in the region for this indicator and in the least active quartile of local authorities nationally.
- Whilst the quality of housing, air, and overall physical environment of our urban and rural areas is generally very good, these averages mask significant **challenges in some neighbourhoods of North Lincolnshire**.
- According to Labour Force Survey statistics, the % of working days lost to **sickness absence** are above the national average in North Lincolnshire.
- Some areas of North Lincolnshire continue to experience high concentrations of air pollutants from the steelworks site, due to the prevailing winds. There are a number of emission sources and different companies involved on this site, which requires collaboration between local businesses and the Council. The Environment Agency is the lead agency responsible for regulating these businesses and PAH emissions.

(Source: <https://fingertips.phe.org.uk/profile/physical-activity> <http://www.nlincsair.info/>)

Spotlight on assets

- North Lincolnshire Council's Wellbeing at Work **Healthy Workplace** Award Scheme is designed to provide a framework of support to help businesses promote and enable positive health and wellbeing in the workplace and provide recognition to those organisations who value workplace health.
- Since the scheme was remodelled and re-branded in March 2017 it has received excellent exposure and is now engaging with 20 local businesses that are progressing across the varying awards levels from Bronze to Platinum and are working towards improving employee health and wellbeing.
- So far more than **300 Workplace Health Champions** have been recruited and trained across North Lincolnshire. Work is currently in place to recruit and train community champions to help friends, neighbours and family, to make healthy lifestyle changes.
- **Workplace Challenge 10,000** was developed by two Health Champions from British Steel. The Challenge was for North Lincolnshire businesses to take part in a workplace pedometer contest designed to increase walking and encourage people to work towards achieving at least 10,000 steps a day. Take-up in the challenge far exceeded initial expectations with 368 participants (92 teams of 4) competing, from a variety of different businesses. The challenge enabled 70% of

participants to increase their walking for leisure purposes and 22% as a means of both commuting and leisure. 87% of participants cited they intend to continue and maintain the activity established by aiming for 10,000 steps a day, showing how health promotion activity in the workplace can help people adopt and maintain healthy lifestyle changes.

- The Council has a **Home Assistance policy** which allows Council staff to target advice and financial assistance at those most in need. This includes giving support to older and vulnerable households to help them repair and heat their homes more effectively, reducing the risk of needing residential care or hospital admission.
- In 2016/17, the Council was awarded an APSE award for a Park Home insulation scheme which retro fitted a number of park homes with external wall insulation.

(www.northlincs.gov.uk/people-health-and-care/health-and-healthy-lifestyles/)

Opportunities for improvement

Sickness absence

- Whilst rates of worklessness as a result of disability or ill health are no higher in North Lincolnshire than nationally, the number of working days lost to sickness absence amongst employees is above average. In the 3 year period 2014-16, an estimated 2% of working days were lost to sickness absence in North Lincolnshire, one of the highest rates reported nationally, placing this authority in the highest quartile of local authorities for this measure.

Figure 2: 2% working days lost to sickness absence in North Lincolnshire



Back pain, stress and anxiety main causes, after coughs and colds

- The groups who experience the highest rates of sickness absence are women, older workers, those with long-term health conditions, smokers, public health sector workers and those working in the largest organisations (those with 500 or more employees). (Data source: <https://fingertips.phe.org.uk/profile/wider-determinants/>)
- North Lincolnshire already has an older than average labour force which is projected to age faster than nationally, higher rates of long term conditions in the adult population and an earlier age at onset of some potentially preventable conditions.

(Data source: North Lincolnshire Economic Assessment: [http://nldo.northlincs.gov.uk/IAS Live](http://nldo.northlincs.gov.uk/IAS_Live))

Multiple occupation housing

- In the north of Scunthorpe there is a high concentration of cheap, poor quality, private rented accommodation in multiple occupation, in a relatively compact, highly deprived and densely populated central urban area. This area has a high population turnover and is one of the most ethnically diverse areas in North Lincolnshire.
- There has been a significant change in the ethnic profile of this area in the last 10 years, with the arrival of new migrant communities, most recently from Portugal, Latvia and Slovakia. The arrival

of a group of East Timorese migrants arriving on Portuguese passports, and, more recently larger numbers of Romanian Gypsies brought over to work in the Two Sister's food factory have all placed additional pressure on the private rented sector in this part of the town.

- Many of the properties available for private rent in this area are older properties, of a poor standard, which by modern standards would be considered unfit for daily living. These properties can be purchased for very little money, and are often owned by absentee landlords.
- Other tenants of these properties include vulnerable adults who are unable to afford anything better due to their low incomes and high levels of benefit dependency. Social deprivation, coupled with a high concentration of migrant workers and asylum seekers, working long hours on zero hours contract, also means that some groups are unable to engage with the community in which they live, which can increase their risk of social isolation, fear of crime and disorder and lack of knowledge of how and where to access public services.

Within this area there is also a high concentration of:

- Vulnerable children
- Workless families
- Poor lifestyles and health-related outcomes
- Adults with complex needs
- Violent crime and anti-social behaviour

(Source: Data Observatory Ward profiles, Public health Ward profiles, see ward data page 18)

4. WHERE HEALTHY LIFESTYLES ARE THE NORM

Why it is important

As well as having a direct and cumulative impact on health and wellbeing throughout life, the social circumstances in which we are born, grow up, live, work and age, can have a powerful influence on people's ability to make healthy choices. We know that healthy and unhealthy behaviours tend to be reinforced when they are shared within families and communities. Children who live in families where healthy behaviours are the norm, are also more likely to develop these behaviours.

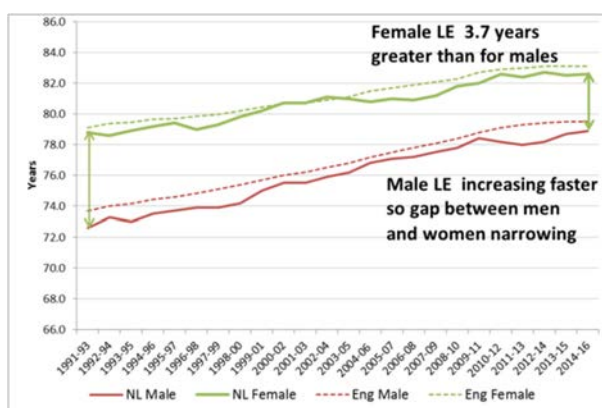
We know that people living in our most disadvantaged communities are more likely to smoke, have excess weight, and to suffer from depression and anxiety. They are also less likely to access early help, and to present later to health care services with chronic, and potentially life limiting complex conditions.

These factors can result in disparities in the incidence of 'lifestyle conditions and diseases', including different rates of obesity, diabetes, cardiovascular disease, respiratory disease, and some cancers, which follow a social gradient, with poorer health being associated with declining wealth.

Strengths

- **Life expectancy** is at its highest level and continues to improve each year for men, although it has levelled off for women. In the last 25 years, life expectancy rose by 6 years for men and 4 years for women, with the gender gap continuing to narrow.

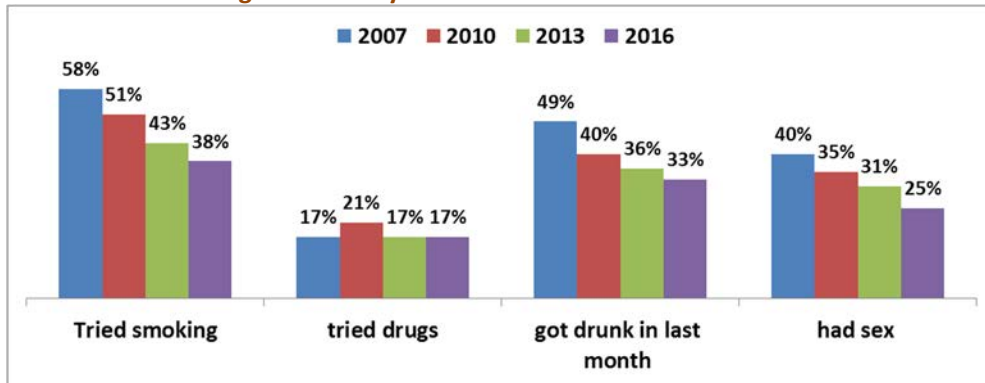
Figure 3: Trends in Male and Female Life expectancy, 1991-2016



- At the same time people are aspiring higher and taking more control of their own health and wellbeing and are making healthier choices for themselves and their families. For example, our **local Adolescent Lifestyle Surveys** show a declining trend in smoking, drinking and drug use in our school age population, with rates now at their lowest level since these surveys began 15 years ago.

Data source: www.nldo.northlincs.gov.uk/IAS-live/sa/jsna

Figure 4: % 15 year olds in North Lincolnshire who have...



Source: Adolescent Lifestyle Surveys, 2007-16

- In 2016/17, 95% of young people aged 11-15 years in North Lincolnshire were **smoke free** and more than **1040 adult smokers chose to quit** with North Lincolnshire's stop smoking service. This was one of the highest rates of engagement with a stop smoking service and successful quit rates in the country.
- More of our residents are taking advantage of other interventions which help them to stay well, including **above average take up of adult cancer screening programmes**, and sexual health services amongst young people.
- Local residents are now more likely to **present earlier for cancer diagnosis than 5 years ago**, contributing to improving cancer survival rates. More than half, (54%) cancers are diagnosed early, (i.e. at Stage 1 or 2), in North Lincolnshire, compared with an England average of 52%.

(Data source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>)

Challenges

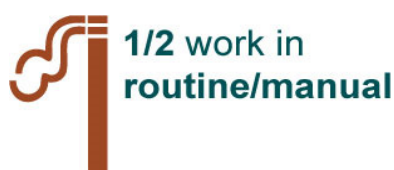
Reducing preventable risks and conditions

- Whilst the latest available figures show a steady decline in adult smoking in North Lincolnshire over the last 10 years, rates of tobacco smoking in some groups remain high. Overall, **20.5% adults smoke** in North Lincolnshire, compared with **14.9%** nationally, which places North Lincolnshire in the 'worst' quartile nationally for this indicator. (PHE, 2017)
- **Amongst people in routine and manual occupations, the rates are even higher, at 35%.** This is one of the highest rates in the country, with evidence of a widening gap between those on low incomes and others. **Other high risk groups include adults with serious mental illness, for whom rates are estimated to be at least 40%.**
- Overall, tobacco smoking accounts for:

5.5% of NHS spend, and 300 deaths a year in North Lincolnshire

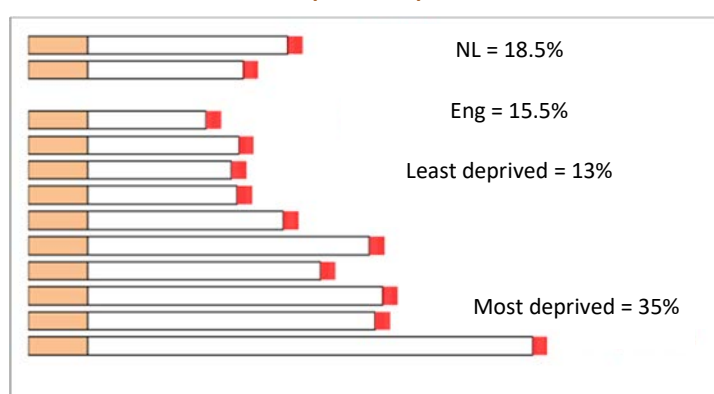
- This is a higher rate of tobacco related deaths than average, placing us in the worst national quintile of local authorities for smoking prevalence and smoking related deaths. (Source: <https://fingertips.phe.org.uk/profile/tobacco-control/data#page/>)

There are more than 28,000 adult smokers in North Lincolnshire



- One of the most effective ways to reduce inequalities in health is to target interventions aimed at reducing smoking in high risk groups. In North Lincolnshire, rates of tobacco smoking are highest amongst people working in routine and manual occupations, and people living low income communities.
- In some local GP practices, adult smoking rates are more than twice the national average.

Figure 5: Smoking prevalence in North Lincolnshire by deprivation rank of GP Practice (2016/17)



Source: QOF, 2016/17

- Other potentially preventable lifestyle risks and conditions which are above the national average in North Lincolnshire, include **unhealthy weight and physical inactivity in adults, pre diabetes, hypertension and alcohol related harm**. On average, **these conditions combined with smoking, account for 40% of ill health in the adult population**.
- Some of these conditions have risen locally over the last 10 years. This trend is worrying as conditions such as obesity and physical inactivity not only increase the risk of conditions such as diabetes and heart disease, they both raise the risk of multiple diseases in older age. North Lincolnshire already has higher than average rates of obesity related diseases, with rising rates of type 2 diabetes in the adult population.

1 in 12 adults in North Lincolnshire have Type 2 diabetes and 1 in 6 are at high risk of developing diabetes



19% suffer back pain



17% high blood pressure



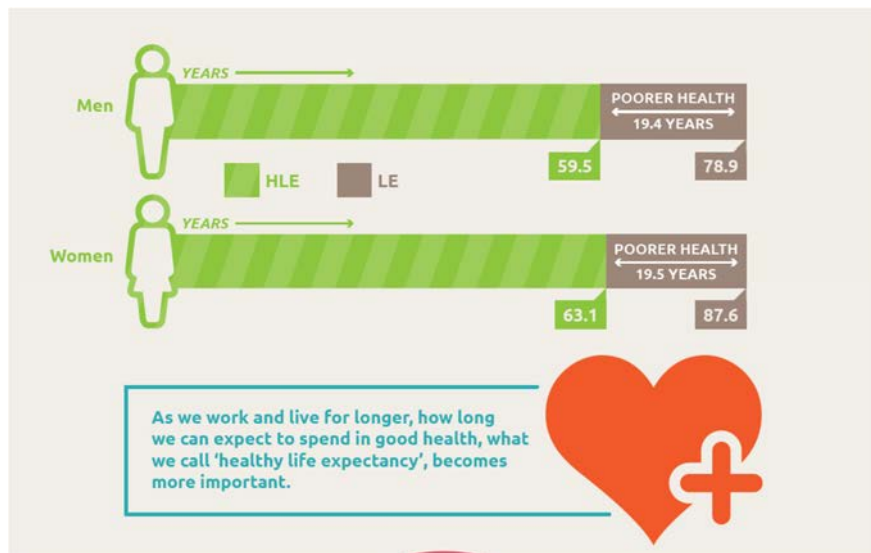
12% pre diabetes & 8% diabetes

- In North Lincolnshire we have **both an earlier onset, and higher than average rates of these conditions** in the working age population, especially amongst working age men. All of these risk factors and conditions contribute to lower than average life and healthy life expectancy in North Lincolnshire.

Raising healthy life expectancy

- Currently **male healthy life expectancy in North Lincolnshire is 4 years below the national average at 59.5 years**, placing North Lincolnshire in **the bottom national quartile for this indicator**. This is of particular concern as more people will be expected to work well into their late 60s, which for the average male in North Lincolnshire comes at a time when their health is already causing problems **and** at a younger age than their peers elsewhere.

Figure 6: Healthy Life Expectancy in North Lincolnshire (years)



Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

Spotlight on key assets

- Making Every Contact Count (MECC)** training equips workforces and community champions with the knowledge and skills to undertake 'healthy chats' with relatives, neighbours, colleagues, clients and patients, who are engaged in health risk behaviours, increasing people's motivation to change. MECC is well embedded in North Lincolnshire, with the number of people trained to deliver healthy chats exceeding 400 a year.
- The new **North Lincolnshire Healthy Lifestyle Service** provides stop smoking support as well as weight management and mental wellbeing and resilience support and is an e-cigarette friendly service.
- North Lincolnshire's new **Tobacco Control Plan** includes further work to **reduce the uptake of smoking by children and young people**, and plans to support communities to create smoke free play grounds and other outdoor spaces.
- The illicit trade in cigarette harms local public health, providing a supply of cheap tobacco that undermines smokers' desire to quit. Our **trading standards team** have a key role in investigating underage sales of tobacco and seizing illicit tobacco. In 2016/17, Trading Standards identified 6 sales of illicit tobacco products leading to seizures of 44,145 illicit cigarettes and 11.05kg of illicit hand rolling and niche tobacco.
- Current **weight management programmes for children and families** in North Lincolnshire are successful. Most referrals to the 'Get Going' programme are from schools. In 2017/18 this programme worked with over 100 families. The retention rate in this 8-10 week programme is excellent at 92%, with 75% children and young people achieving a reduction in their BMI score.
- Active Together** - Over the last 3 years this programme has supported inactive people in North Lincolnshire to take part in sport and physical activity. Over the three years 2,050 people accessed the project, making a total of 77,600 visits during this time.

Opportunities for Improvement

Physical activity

- Being physically active is associated with a wide range of health benefits, including improved mental wellbeing, reduced social isolation, reduced risk of heart disease, stroke, diabetes and some cancers, improved bone strength and reduced risk of falling by older people. Yet we know that **only 26% of local 5 to 10 year olds are active for 60 minutes** a day which is the national recommendation, with this dropping as they move through secondary school. **By the age of 15 only 15% meet this recommended level of physical activity.** Only **60% adults in North Lincolnshire report doing the recommended amount of exercise**, placing North Lincolnshire in the **bottom national quartile** of local authorities for this indicator.

According to local school surveys:

Figure 7

11% 11 year olds said they ate take-away food most days – rising to 18% amongst children on free school meals



At least 7% 16-17 year olds report drinking at least 1 energy drink per day



75% 15 year olds in North Lincolnshire are sedentary 7+ hours a day outside school



< 20% 11-15 year olds report doing recommended levels of physical activity outside school

Source: North Lincolnshire Council: Primary and Secondary School lifestyle surveys,

Increasing healthy weight

In North Lincolnshire, excess weight amongst adults is above average,

Figure 8

Almost 7 out of 10 men are overweight (41%) or obese (26%) in North Lincolnshire

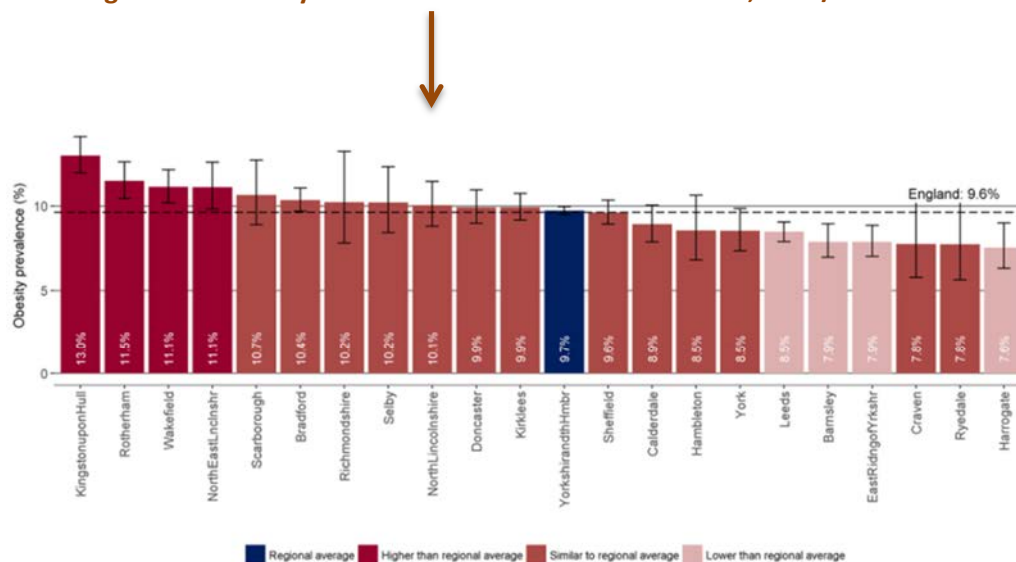


Almost 6 out of 10 women are overweight (32%) or obese (26%) in North Lincolnshire



- In families where both parents are overweight or obese, children are six times as likely to be so too, compared to children with parents of a healthy weight. Nationally, only three per cent of overweight or obese children live in families where neither parents is overweight or obese.
- Currently, both recorded and estimated levels of adult excess weight in North Lincolnshire are above the national average, with an estimated 70% of adults obese or overweight, compared with 65% nationally. The risk of childhood obesity is therefore likely to be higher locally, and as adult rates increase, so does the risk amongst children.

Figure 9: 10.1% 5 year olds obese in North Lincolnshire, 2016/17



Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data>

Reducing alcohol related harm

- In 2016/17 there were over 4,400 hospital admissions where the primary or secondary reason for admission was linked to alcohol. This was significantly above the national average. These admissions are highest in the 40-64 age group.
- The Council commissions a local alcohol treatment service which achieves a successful completion rate of 45.2% (above the England average of 39.5%).
- Nevertheless, 81% of dependant drinkers in North Lincolnshire are not receiving treatment and so addressing unmet need continues to be a local priority.

Source: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data>

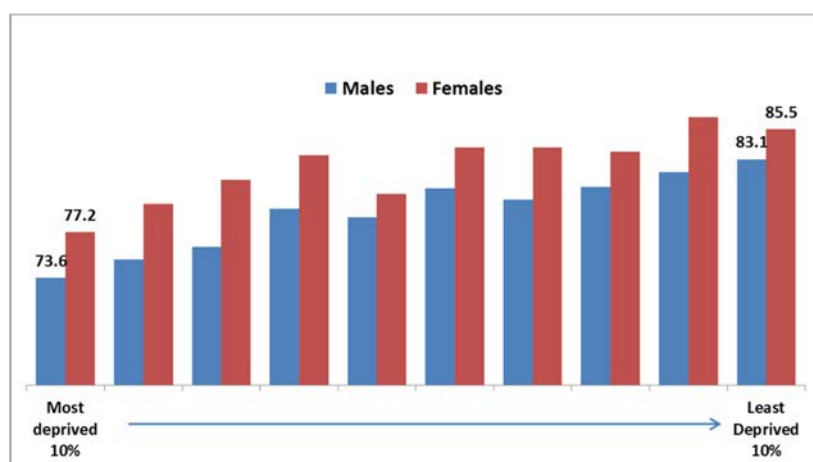
Reducing inequalities in preventable deaths

- Much of the early onset of poor health and lifestyle related risks in the working age population is concentrated amongst our most disadvantaged males, for whom healthy life expectancy (HLE) is below 55 years. National research shows that people with the lowest HLE generally have lower rates of educational attainment and economic activity, lower incomes, higher rates of smoking, and obesity, lower rates of physical activity, and higher rates of mental illness, and substance misuse.

• People with no qualifications are 5x more likely to engage in smoking, physical inactivity, poor diet and excess alcohol consumption than those with higher education.

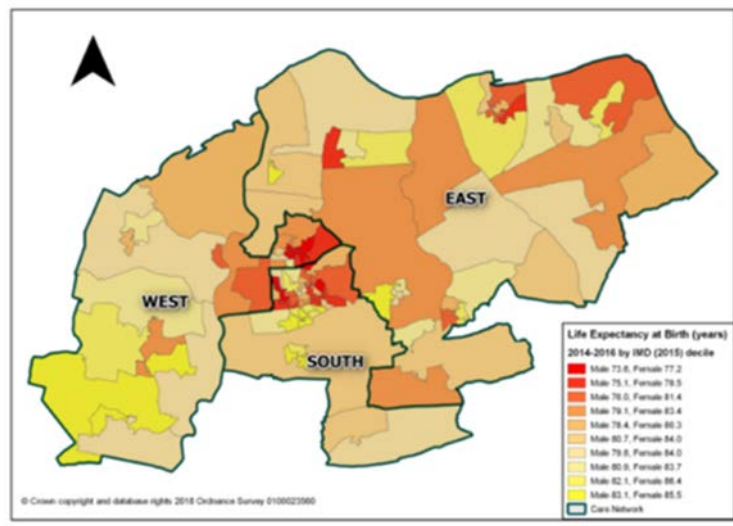
- These differences are reflected locally by ward, with those areas with the lowest rates of education, income and employment, having the highest rates of lifestyle risks and poorer health outcomes. Over the life course, these disparities can culminate in a widening gap in health outcomes, between the least well off sections of society and the rest. (See Table 1 below)
- In North Lincolnshire, this is apparent in both life expectancy and the quality of years of life lived. **Males living in the least deprived areas of North Lincolnshire live almost 10 years longer than males living in the most deprived areas.** For females the gap is slightly narrower at just over 8 years.

Figure 10: Life expectancy by deprivation rank of neighbourhood 2014-16



- Male life expectancy is significantly below the national average in 5 Scunthorpe wards, namely Ashby, Frodingham, Crosby & Park Town and Brumby wards. (See Table 1 below).
- However even these ward averages mask further health inequalities at small area level, most notably in the most deprived neighbourhoods of Winterton, Barton and New Holland.

Figure 11: Life expectancy by neighbourhood (LSOA) North Lincolnshire 2014-16



- This social gradient in life expectancy is somewhat wider in the quality of those years lived, (HLE), with a **12 year difference in the number of years of good health, between the least and most deprived men and women in North Lincolnshire.**
- **Preventable conditions account for a significant part of this social gap in life and healthy life expectancy, including higher rates of heart disease, diabetes, chronic lung disease, and cancer within our more deprived areas.**

TABLE 1 INDICATORS OF HEALTH AND WELLBEING BY WARD (compared with national average)	England	North Lincolnshire	Ashby	Axholme Central	Axholme North	Axholme South	Barton	Bottesford	Brigg and Wolds	Broughton and Appleby	Brumby	Burringham & Gunness	Burton upon Stather and Winterton	Crosby and Park	Ferry	Frodingham	Kingsway with Lincoln Gardens	Ridge	Town
% population living in 20% most deprived LSOAs (2016)	20.0	28.3	39.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	64.6	0.0	14.2	49.1	0.0	44.0	13.1	0.0	62.5
Children in out of work benefit households u16 % (2017)	14.0	16.0	18.8	8.5	13.2	9.9	18.9	6.5	12.8	7.8	30.2	11.1	12.1	20.1	12.3	24.2	11.7	9.6	18.3
Long term claimants of JSA (12m +) % (2018)	3.7	5.6	4.1	2.2	3.8	2.4	7.8	2.4	4.3	1.2	11.8	7.1	4.4	9.0	2.2	10.4	5.7	3.3	9.2
Readiness for school at 5 years of age % (2017)	70.7	72.1	73.8	78.1	70.0	63.3	77.5	81.8	79.2	71.0	66.5	79.4	78.3	65.2	77.6	62.6	79.1	79.3	58.6
Children with excess weight at 11 years of age % (2016/17)	34.2	34.5	36.0	29.0	37.1	28.4	40.2	31.3	29.2	22.7	38.6	52.6	35.0	39.1	30.9	39.0	38.1	23.4	40.2
GCSE attainment (4-9) in English and Maths % (2017)	58.5	64.8	56.2	69.5	63.5	71.9	54.4	73.0	58.3	68.6	55.0	80.0	58.7	62.0	54.9	55.3	64.8	60.2	62.2
Smoking at delivery % (2016/17)	10.5	19.8	18.2	17.0	11.3	19.0	26.1	4.7	24.4	17.3	36.7	28.9	5.7	20.4	18.4	30.1	15.6	9.4	15.3
ESA claimants % (2017)	5.9	5.9	6.4	4.3	4.8	4.1	6.2	3.6	5.7	5.0	10.4	7.7	4.7	6.3	5.5	8.1	6.2	4.5	6.6
Admissions for alcohol specific conditions per 100,000 (2014-16)	563.0	465.7	811.8	491.9	301.0	313.0	399.2	324.7	388.8	180.1	610.4	628.0	220.6	595.2	179.9	686.9	693.9	413.6	944.2
Admissions for intentional self-harm per 100,000 (2014-16)	185.3	158.4	201.9	92.0	110.5	113.3	166.1	127.2	167.8	141.5	330.6	126.9	81.7	187.3	84.3	201.9	143.7	65.0	202.8
Male life expectancy (yrs) (2014-16)	79.5	79.0	76.8	81.3	81.8	81.7	78.7	83.3	78.1	78.9	77.4	76.2	81.0	75.3	79.1	76.8	77.9	81.6	76.2
Female life expectancy (yrs) (2014-16)	83.1	82.6	79.2	84.4	85.1	84.5	83.7	86.2	82.3	81.5	79.0	81.9	85.1	79.4	82.4	82.3	82.4	84.9	82.3
Deaths from causes considered preventable per 100,000 (2014-16)	182.8	201.4	220.6	177.3	153.4	140.1	170.2	134.2	183.8	183.4	317.8	227.3	174.2	310.8	183.0	355.1	225.7	143.8	249.6
Key: Compared with England	Better	Worse																	

[Go to Health and Wellbeing Ward Profiles](#)



5. CHILDREN HAVE THE BEST START IN LIFE AND THRIVE

Why it is important

There is an increased understanding of the impact of what happens in the early years on long term health and wellbeing, and increasing evidence of the cost effectiveness of intervening early. We know that loving, secure and reliable relationships with adult caregivers, together with the quality of the home, and learning environment, foster a child's:

- emotional wellbeing
- capacity to form and maintain positive relationships with others
- brain development
- language development
- ability to learn

On the other hand, poor support, particularly a failure to prevent abuse or neglect at this stage, can have a lifelong impact on health and wellbeing outcomes. There is also evidence that socially disadvantaged children are more likely to have speech, language and communication difficulties than their peers, which in turn is linked to worse educational attainment, worse peer relationships, emotional problems and impaired social behaviour.

- As children develop as adolescents they continue to experience significant physical, psychological and behavioural changes. The first signs of serious long term conditions often emerge in teenage years, including three quarters of lifetime chronic psychiatric disorders.
- The period between 12 and 24 years of age is also a time of important transitions for young people, which can alter their future life chances and health and well-being. The World Health Organisation has identified the following important transitions for young people;
 - **Education:** transition from secondary school to some form of higher education
 - **Work:** Transition from full time education into the workforce (or to being unemployed)
 - **Health:** transition to responsibility for their own health, (risk taking behaviours often set in at this age)
 - **Family:** transition from family living to autonomy (housing and relationships)
 - **Citizenship:** transition to responsible citizenship

National research has also demonstrated that adolescent health is not improving as fast as it is for other age groups. This is especially true of emotional and mental wellbeing. In recognition of these issues, ensuring every child has the Best Start is one of Public Health England's (PHE's) key national priorities, with a focus on ensuring:



Key Facts

- 1780 babies born to North Lincolnshire parents in 2016/17. This is slightly fewer than in previous years, and represents a lower than average birth rate
- 17% births are to women born outside the UK of which 12% are to women born in the EU and the remainder to women from south Asia and the Middle East
- 48% of newborns are to women who live in the market towns and villages of North Lincolnshire
- <1% of births are to teenage Mums. This represents a decline in teen maternities of more than two thirds since 2010.
- The highest concentration of BME families, both White European and British Asian is in the northern part of Scunthorpe.
- In 2017, there were 9100 under 5s resident in North Lincolnshire and registered with our GPs, representing 5% of the total population compared with 6% nationally
- 14% of primary and 13% secondary school pupils are eligible for free school meals
- 11% primary and 8% of secondary school pupils have English as a second language
- About 3,000 under 18s in North Lincolnshire have a chronic long term physical condition, such as asthma epilepsy or diabetes
- An estimated 1740 under 18s have a disability in North Lincolnshire, of which between a quarter and a third will have additional special educational needs.
- For 1100 of these children and young people, the condition was severe enough to make them eligible for Disability Living Allowance, although the number meeting the Equality Act definition of disability may be twice that number.
- In 2017, 900 children and young people had a maintained Education and Health Care Plan, (EHCP), of which 128 were 16-17 year olds, and 67 18-24 year olds
- An estimated 2300 school age children have mental health disorders, of which the largest group present with conduct disorders
- 113 school age children have a EHCP where the primary need is recorded as autism
- 228 children are looked after by the local authority and 130 have a child protection plan

Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/>

Strengths

Healthy Start

Compared with other parts of the country, North Lincolnshire children are more likely to be born healthy, be protected against communicable diseases and exceed healthy developmental goals to start primary school healthy, happy and ready to learn.

In North Lincolnshire:

- 88% pregnant women book in for an assessment with midwifery services within 13 weeks of pregnancy
- **98% full term babies are born a healthy weight**
- **Infant deaths and still births** remain low in North Lincolnshire and are in line with the national average and below the regional average
- Contact rates across all of the core health visiting services are above national rates. 87% newborns in North Lincolnshire have a health visitor contact within 14 days of birth
- **89% 2 year olds meet or exceed healthy standards of development**
- **At least 90% under 5s have received their routine vaccinations**
- **81% of under 5s are registered with a children's centre**
- **78% of 2 year olds benefit from funded early years education**, which is 7 percentage points above the national average

- Although breastfeeding rates are below average in North Lincolnshire, they are improving rapidly and at 6-8 weeks a third of women continue to breastfeed their child, an improvement of 9% in 7 years
- Rates of accidental injury amongst under 5s are significantly below the national average
- North Lincolnshire 5 year olds have some of the best oral health in both the region and the country, with almost 80% 5 year olds assessed as free of dental decay, compared with 75% nationally

Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/>

Readiness for school and educational attainment

In North Lincolnshire, attainment rates continue to rise each year and are well above national levels.

- At the end of the Foundation Stage, almost 72% 5 year olds achieve a **good level of development**, which is above the England average and compares with 69% across the Yorkshire & Humber region.
- A higher proportion **of 6-7 year olds reach good standards of reading (78%), writing, (71%), and maths (78%)**
- **School attendance** rates are very good, with local schools ranking amongst the top 25% in the country
- 15 year olds attain higher at GCSE than nationally, with just under two thirds, **64.8%, attaining 9-4 passes in English & Maths** compared with 58.5 in England
- A rising proportion of young people are aspiring to go on to higher education than in previous years, the highest rates being amongst girls and BME communities (of both sexes).

Source: DfE, LAIT Tool, 2018

Resilient children and young people

In North Lincolnshire, family and child resilience across the whole population is high:

- The number of children and young people who are **looked after or subject to a child protection plan remains low**, compared with other areas, although the number of children entering care has risen in North Lincolnshire in the last two years, as it has nationally.
- More than 90% of 5-15 year olds say they feel safe and happy in school, 80% find it easy to talk to family and friends about their worries and 79% say they can talk to school staff.
- The number of children with significant social emotional or mental health needs is low compared with other areas, at 1.96% of the school age population, compared with 2.33% nationally.
- The number of **children in need due to family stress, dysfunction or absent parenting** is below the national average, at 83.4 per 10,000 compared with 93.8 nationally.
- The number of young people who get involved in crime is amongst the lowest in the country.
- The incidence of **mental illness** amongst children and young people is in line with the national average.
- Episodes of **serious self harm** amongst children and young people are low, and are just above the lowest quartile in the country

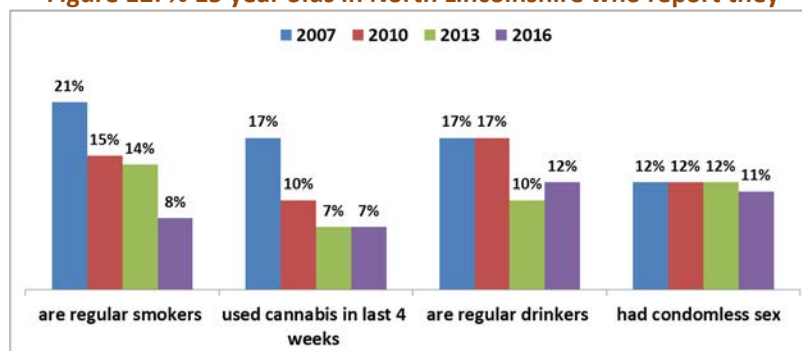
Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/>

Young people's health literacy

Health behaviours initiated or acquired in adolescence contribute to the social gradient in health in later life. In North Lincolnshire,

- Levels of health literacy are high amongst teenagers. More young people are making healthy choices, with rates of smoking, drug use and under age sex below national rates and at their lowest levels in North Lincolnshire for 15 years.

Figure 12: % 15 year olds in North Lincolnshire who report they

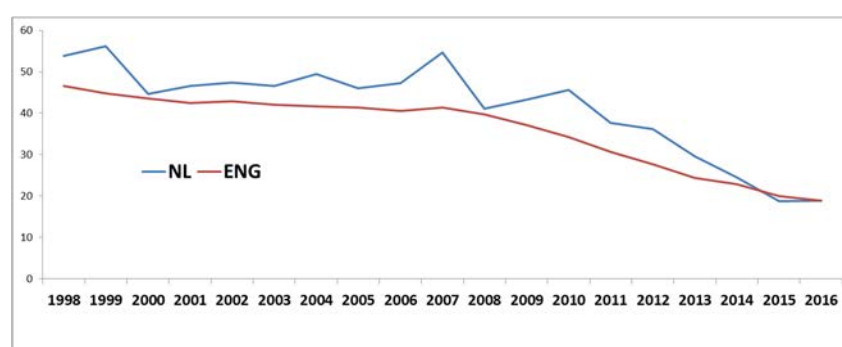


Source: North Lincolnshire Adolescent Lifestyle Surveys

- Whilst use of condoms has not risen amongst young people over the same period, take up of sexual health services by young people is high, with one of the highest uptakes of LARCs in the country
- Teen conception rates are at their lowest level in North Lincolnshire for 20 years, with a 65% reduction since 1998. At 18.8 per 1000, or less than 2% of 15-17 year old females, this is one of the best rates of improvement in the country and the highest improvement rate in the region. Teen conceptions continue to fall, and in quarter 3 2017/18, (the latest period for which published national data are available) teen conception rates remained below the national average and were the 3rd lowest in the region.

Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/>

Figure 13: Teen conception rates in North Lincolnshire



Source: ONS, 2018

Readiness for adult life

In North Lincolnshire

- Young people have a strong tradition of civic engagement in North Lincolnshire, including participation in youth elections, school councils, youth debates, as well as representation on formal partnership boards. In 2017, more than 8000 young people voted in the 'Make Your Mark' ballot, one of the highest participation rates in the country
- When asked, 76% young people aged 16-18 years say they feel optimistic about the future, and almost three quarters, 73%, say they feel at least a little prepared for employment. (*Source: College Lifestyle Survey*)
- When asked what they would like more help with, the most commonly mentioned were life and social skills. Young women were slightly more likely than young men to say they would welcome more practical hands on work experience prior to leaving full time education
- 94% of 16-18 year olds are in learning which is above the national average of 92%
- More young people are in trade apprenticeships in North Lincolnshire, than regionally or nationally.
- The number of homeless 16-24 year olds is significantly below the national average

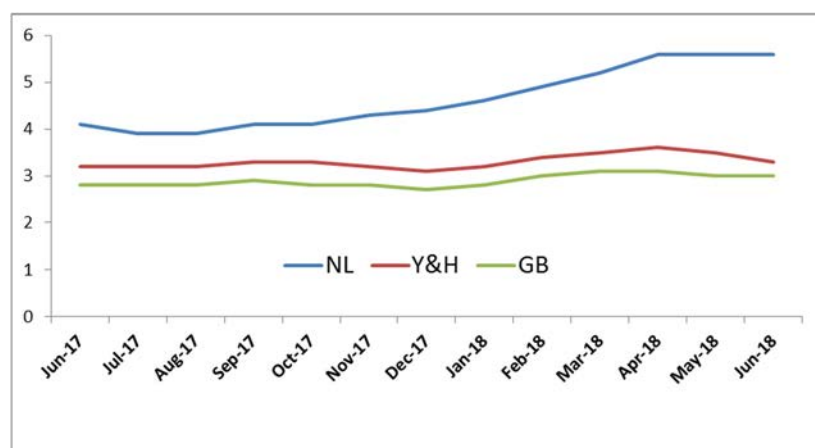
Source: DfE, LAIT Tool, 2018

Challenges

On the other hand,

- In spite of higher rates of educational attainment and adult employment, North Lincolnshire under 5s are more likely than average to live in workless households, 19.8% compared with 16% nationally, with this affecting more than a 1/3 children in some North Lincolnshire wards. (See Table 3 below and Children's Centre Profiles)
- The percentage of young people with level 2 and level 3 qualifications at age 19 has been falling behind national rates, and is amongst the lowest ranking local authorities in the country
- Unemployment rates amongst under 25 year olds have risen by 37% over the last 12 months, and are currently above the national average, with rates more than twice the England average in some Scunthorpe wards.

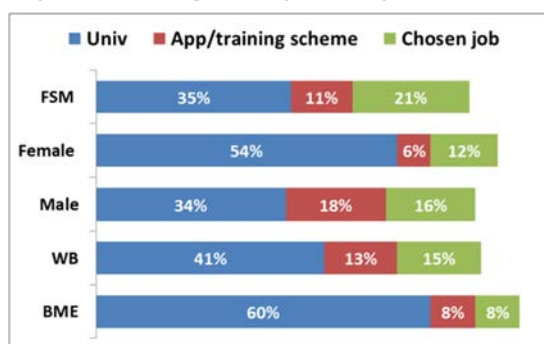
Figure 14: 18-24 year olds on Jobseekers Allowance (%) 2017-18



Source: NOMIS, 2018

- Although the number of young people moving into apprenticeships is above average in North Lincolnshire, take up of this option by young women and minority ethnic groups (BME), remains low.

Figure 15: What do you hope to be doing when you complete full time education at 18?



Source: North Lincolnshire College Lifestyle Survey, 2018

- Levels of mental wellbeing amongst young people in North Lincolnshire are generally in line with national trends. However, some groups remain at higher risk of poor mental health, including young people with SEND, young women, young carers, Looked After Children and LGBT young people. (See tables 2 and 3 below)
- Whilst more and more young people in North Lincolnshire are making healthier choices, they remain less physically active than their national peers, are less likely to eat a diet rich in fruit and vegetables, and are more likely to be transported to school by bus or car
- Many of the recent local declines in teen smoking, drug use, under age sex and teen conception rates, are reflected nationally, and can be observed in other behaviours, such as youth offending. At the same time, they have become more clustered amongst a smaller, potentially more vulnerable group of young people, widening the gap in health risk and health outcomes as they progress through adulthood. (See table 4 below)

Spotlight on key assets

- There are 12 Children's Centres in North Lincolnshire which provide universal early help services and targeted support to 0-19s in local communities, enabling young people with additional needs to access appropriate support
- North Lincolnshire is well provided for with affordable high quality childcare. 97% of early years providers in our area are judged by Ofsted as good or outstanding, with 78% 2 year olds currently benefiting from funded early years education. This is 7 percentage points above the national average
- Uniquely in the region, North Lincolnshire Council offers all children a free age appropriate book every month from birth to their 5th birthday. This scheme, known as the **Imagination library**, has been running for 5 years, with 87% under 5s currently registered to receive a monthly book.
- There are more **than 200 Library Champions** who help to spread the word about the book scheme and support local events.
- North Lincolnshire has **Mental Health Champions** in all schools and colleges, with at least 2 champions trained in Youth Mental Health First Aid. Sixteen training courses have been run with 256 delegates, to date, and are on-going. All young people aged 13+ have access to free counselling and advice.
- **SafeTALK** training has been provided to 117 professionals to enable professionals to feel confident in discussing emotional health and wellbeing. Safe TALK is a basic course aimed at helping people to recognise that a person needs help, become suicide alert and taking early intervention to reduce risk by connecting them with additional help.

- North Lindsey College has been successful in its application to be involved in the DfE Peer Support Programme for Children and Young People's Mental Health and Emotional Wellbeing, 2017-19, via the Anna Freud, National Centre for Children and Families
- In the last two years the **Youth Council** has led on a number of initiatives to promote positive emotional health and wellbeing amongst young people. These include :
 - **Be Unique** - promoting positive body image through positive messages and information resources.
 - **Positive Steps** towards emotional wellbeing, includes the development of a Positive Steps leaflet, event and website and app of resources for young people.
- All schools and colleges in North Lincolnshire have a health plan, and PSHE is highly regarded by pupils.
- Two institutions have been awarded the Humber LEP Gold Standard for Careers Education, Information, Advice and Guidance (CEIAG) and the majority of secondary schools and colleges have signed up for it.
- In 2016/17 over 140 apprenticeships were taken up through the Council with an 86% success rate; two thirds of those undertaking an internship have gone on to permanent jobs
- The Engagement Panel creates bespoke engagement pathways for vulnerable and "at risk" young people and has supported over 40 young people into further training or education.
- Participation in Springboard, and other programmes with similar target groups, has resulted in over 40 young people in work or full-time training
- The proportion of Care Leavers in Education Training and Employment continues to be higher than national comparators
- North Lincolnshire has highly effective early intervention, child protection and Looked After children's services, which were recently judged by Ofsted as 'Outstanding'.
- North Lincolnshire also has a high performing Young People's Substance Misuse treatment service, which operates without a waiting list.

Opportunities for improvement

Supporting expectant mothers and their families to quit tobacco

- Smoking is the single biggest modifiable risk factor for poor outcomes in pregnancy. Encouraging pregnant women to stop smoking during pregnancy can help them kick the habit for good, provide health benefits for the mother and unborn child, and reduce children's exposure to second-hand smoke. Whilst smoking rates have fallen amongst young people in the last decade, rates of smoking amongst adults have been slower to decline than nationally, and throughout pregnancy, smoking rates have remained particularly high in North Lincolnshire. According to the latest published data, smoking in pregnancy rates are almost twice the national average in North Lincolnshire, at 19.2% (2017/18), compared with 10.8% nationally.



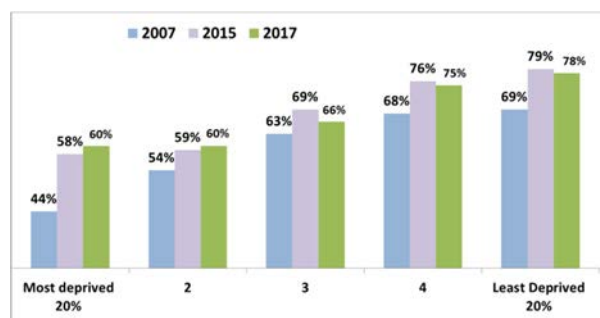
- This has been the consistent trend for the last 3 years, locally regionally and nationally. The highest smoking in pregnancy rates in North Lincolnshire are amongst 20-29 year old low income, white British women, with rates more than 3 times the national average in some of our most deprived wards, (See Table 1 and Table 4 below).

- Within the Yorkshire and Humber region only Hull and North East Lincolnshire have higher smoking in pregnancy rates than North Lincolnshire. The national Tobacco Control Plan contains an ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022, with current top quartile performance being less than 8%. Matching this top quartile performance would require at least 200 fewer pregnant smokers a year.
- Meeting this ambition will require a targeted approach to reducing smoking amongst child bearing age women. In North Lincolnshire, the highest rates of smoking observed in 16-18 year olds was observed amongst young women, who were white British and were previously eligible for free school meals.

Increasing breastfeeding

- Breastfeeding rates in North Lincolnshire have remained below the England average for a number of years. Initiation rates have been consistently recorded at around 66% for the past four years, whilst continuation rates are currently around 35%. Whilst this latter rate is an improvement on previous years, this is due largely to improved recording practice by health visitors at the 6-8 week contact.
- Breastfeeding initiation rates have risen fastest amongst women living in our most deprived 20% neighbourhoods, and especially amongst our BME women. Amongst average income white women, initiation rates have changed little in the last 10 years.

Figure 16: Breastfeeding initiation rates by deprivation fifths, 2007-2017



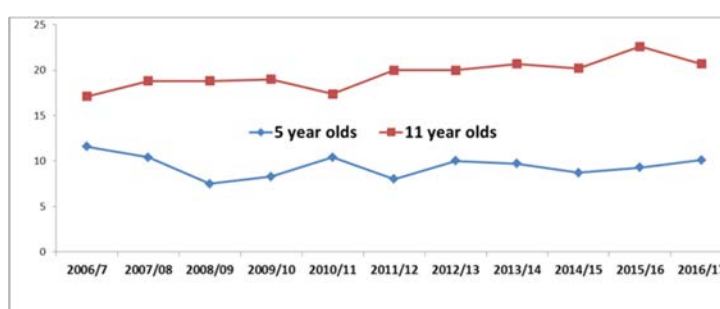
Source: North Lincolnshire and Goole Hospital Trust, 2018

- Maternity, health visiting and children's centres services, all achieved UNICEF Baby Friendly Initiative Stage 3 accreditation in 2017. This was in recognition of the knowledge and skills of staff in supporting women to breastfeed. The aim now is to go for the Gold Award, which recognises leadership, culture and systems to maintain standards over the long term. The aim is to achieve this by 2020.

Increasing healthy weight in children

- Whilst North Lincolnshire is not an outlier for excess weight in children, rates have remained unchanged for the last 10 years. In 2016/17, almost 1 in 4 North Lincolnshire children aged 4-5 years of age were either overweight or obese, including 10% who were obese and 3% who were severely obese. This level of excess weight rises to a third of children in some of the most disadvantaged areas of North Lincolnshire. To meet the top quartile rate of no more than 19% with excess weight, would require at least 100 fewer overweight or obese 4-5 year olds a year in North Lincolnshire.

Figure 17: Trends in childhood obesity (%) in North Lincolnshire 2006-2017



Source: <https://fingertips.phe.org.uk/profile-group/child-health/profile/>

- Between the ages of 5-11 years, levels of obesity double to 20%, which means that on average 1 in 5 children leave primary school with significant excess weight. More than 1 in 20 of this age group, (5%), are severely obese, a rate significantly above the national and regional average.

Strengthening the resilience of some vulnerable groups

- Although many outcomes for children and young people are good and improving, these authority wide indicators can mask variations within North Lincolnshire, especially differences between vulnerable groups and the rest. These vulnerable groups include children and young people with special educational needs and disabilities, (SEND), in the Looked After system, on the edge of the criminal justice system and others. (*Link to Vulnerable Children section of North Lincolnshire's Integrated Assessment*)
- This is illustrated with results from our local school lifestyle surveys. According to the latest 2016/17 survey, whilst overall emotional wellbeing scores amongst North Lincolnshire's 11-15 year olds are in line with the national average, some vulnerable groups have significantly lower scores. This is most evident for children and young people with SEND, young carers and looked after children and young people.

Table 2: Distribution of wellbeing scores by group (% 13-15 year olds) (WEMWBS)

	Very low wellbeing score (14-25)	Relatively low wellbeing score (26 – 35)	Average wellbeing score (36-58)	Relatively 'high' wellbeing score (59- 69)	Very high wellbeing score (70)
All 13-15 yr olds	4%	11%	68%	16%	1%
Boys	3%	6%	71%	18%	2%
Girls	5%	14%	73%	7%	<1%
FSM	5%	14%	68%	12%	1%
Disability/LTC	7%	13%	68%	11%	1%
Young Carers	10%	15%	66%	7%	2%
LAC (n=<20)	38%	24%	38%	0%	0%

Source: North Lincolnshire Adolescent Lifestyle Survey, 2016/17

- In the most recent secondary school lifestyle survey, (2016/17), **girls were much more likely than boys to express lower emotional wellbeing and to ask for more coverage of this issue in their PSHE lessons.**
- On the other hand, we know from national and local research evidence that males are much more likely to develop serious and enduring mental illness, are less likely than women to express concerns about their mental wellbeing, or to seek professional help with mental health issues, and are at least 3 times more likely than women to take their own lives in adulthood.
- This reinforces the need for more targeted work aimed at developing the mental health literacy of boys and young men, as well as equipping young women with the coping mechanisms to enable them to handle anxiety and stress. Young people are clearly in support of this and

between a quarter and a third of all 11-15 year olds in this recent survey said they wanted emotional wellbeing and mental health issues to be given greater coverage in their school's PSHE programme.

Figure 18: Which PSHE topics would you like more information on at school, by NCY group (top 3)

Year 7	Drugs	Domestic Abuse	Alcohol
Year 8	Domestic Abuse	Sexual Health	Emotional wellbeing
Year 9	Sexual health	Healthy relationships	Emotional wellbeing
Year 10	Emotional wellbeing	Healthy relationships	Sexual health
Year 11	Emotional wellbeing	Healthy relationships	Sexual health

- A small number of 13-15 year olds in this local school survey, (5%) reported 'never seeing friends outside school'. These young people were much more likely to say they rarely or never felt good about themselves, 44% compared with 27% of the rest of this age group. Low levels of emotional wellbeing were also associated with heavy use of the internet, lack of sleep and lack of energy.
- The national 'Good Childhood Report' highlighted other associations with wellbeing. In particular,
 - Happiness was strongly associated with the amount of control children felt they had over their future
 - Engagement in sports and physical activity was also associated with higher wellbeing

Other groups at risk of poor wellbeing in these school and college surveys include young people who identify as LGBTQ. More than a quarter of local 16-18 year olds who self-identified as gay lesbian or bi sexual, (29%), in a recent college student survey, reported low or very low emotional wellbeing, compared with 12% of other students this age. **Rates of self-reported wellbeing were lowest amongst young lesbian and bisexual women.** This group were also more likely to say they felt uncomfortable opening up to their parents about their feelings, relied more on their friends for emotional support, and were more likely than their peers to engage in some risky behaviours. They were also less likely than others to say they found sex and relationships education (SRE) useful.

Table 3: Health and wellbeing of 16-18 year olds, North Lincolnshire 2017/18

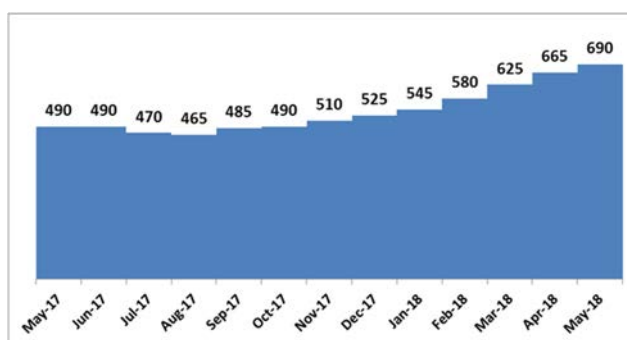
16-18 year olds	Low or very wellbeing score	Regular smokers	Got drunk 2+ in last 4 weeks	Sexually active	Bullied in this college	Used drugs in last 4 weeks	Found SRE in school useful
All	15%	12%	11%	39%	9%	7%	52%
Males	10%	11%	10%	31%	8%	8%	55%
Females	20%	13%	12%	46%	10%	6%	51%
LGBT	29%	22%	11%	61%	14%	6%	41%
FSM	18%	15%	11%	33%	11%	7%	57%
Disability/LTC	24%	12%	11%	42%	20%	9%	47%
Young Carers	29%	18%	11%	39%	19%	6%	46%
BME	10%	10%	5%	23%	6%	7%	44%

Source: North Lincolnshire College Lifestyle Survey, 2017/18

Improving outcomes for vulnerable 18-24 year olds

- Unemployment is a key risk factor for poor mental wellbeing in young adults. Research has shown that adolescents who remain unemployed after leaving school report lower levels of life satisfaction, have decreased self-esteem and an increased risk of depression in adult life.
- In North Lincolnshire the proportion of young people (i.e. 18-24 year olds) who are 'out of work' is less than half what it was 10 years ago, but in recent months has started to rise. In 2017, an estimated 11.5% economically active 18-24 year olds were 'unemployed' in North Lincolnshire, (i.e. excluding those who were in full or part time education), a rate similar to the national average. This figure is equivalent to 1200 young people aged 18-24 years.
- Not all of these young people are claiming out of work benefits. According to the latest available data for North Lincolnshire, 690 young adults were claiming Job Seekers Allowance in May 2018, (5% of this age group). This represents a significant (38%) increase since 2017. This claimant rate is above the national average, with more than half of claimants being young men. The largest number and highest rates of young adult claimants are in the Scunthorpe wards of Brumby and Crosby and Park, which together accounted for 28% of all young adult claimants. A further 410 18-24 year olds were claiming Employment Support Allowance, as a result of illness or disability, (3% of this age group).

Figure 19: Unemployed claimants of JSA (18-24 year olds) (May 2017-18)

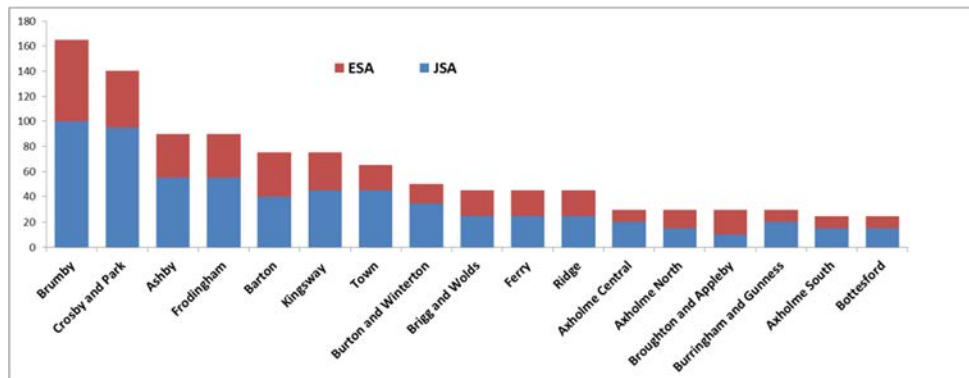


Source: NOMIS, 2018

- Whilst we have few details on the characteristics of young unemployed claimants, we know that rates are highest amongst younger males, and in some of our most deprived wards, where levels of attainment are lowest.
- Levels of attainment amongst 5-19 year olds are high and above average in North Lincolnshire. However, the gap in level 2+ attainment between those 19 year olds who are on low incomes, (i.e. as measured by free school meal status) and the rest, remains wide. In North Lincolnshire, the income gap in attainment at this age is 29%, compared with 20% nationally, placing North Lincolnshire in the lowest quartile rank for this indicator.

- We also know that a significant proportion of young adult claimants of Employment Support Allowance, (ESA), (previously known as incapacity benefit) have significant learning difficulties and disabilities, including mental health problems, the largest numbers being in Brumby, Crosby, Ashby and Frodingham wards.

Figure 20: Number of (18-24 yr. old) claimants of JSA and ESA by ward, June 2018

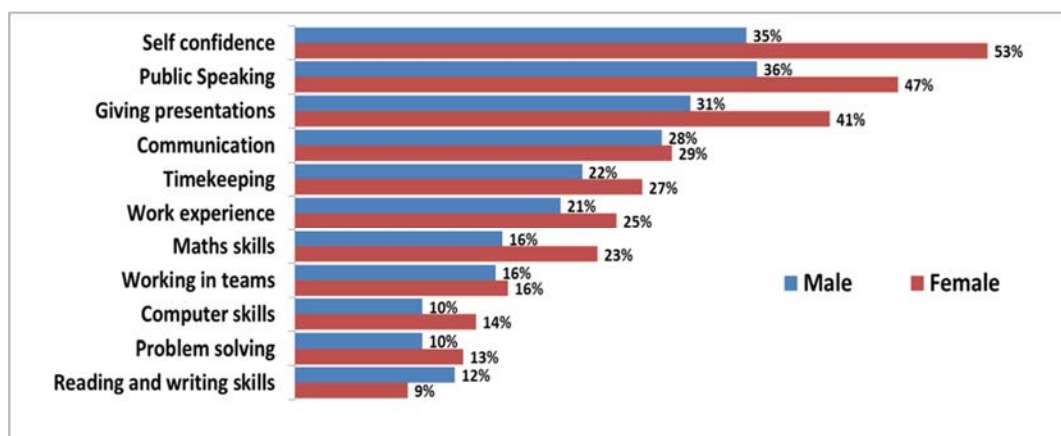


Source: NOMIS, 2018

Readiness for work

In a recent survey of 16-18 year olds, young people with SEND expressed less confidence than their peers about their ability to gain employment post 18. They were also less confident that they would get the support and advice they needed from their families to help them get work. Almost twice as many of the SEND group said they felt unprepared for work, 17%, compared with 9% of other young people this age. When young people were asked what they would like more help with to prepare for employment, the 'softer' life skills were most commonly mentioned. More help with literacy and numeracy skills were mentioned more often by young people with SEND.

Figure 21: Would like more help with... (% 16-18 yr. olds) 2018



Source: North Lincolnshire College Lifestyle Survey 2017/18

Inequalities in Best Start

- Whilst, on average, North Lincolnshire children and young people meet or exceed healthy development goals and compare well with the national average on a number of outcomes measures, these average scores mask significant inequalities in the social determinants of health and health outcomes between areas and different groups.
- The table overleaf highlights some of these differences by ward, with those areas with the highest levels of disadvantage having the highest concentration of:
 - Workless families
 - Smokers
 - Dental decay
 - Unhealthy weight
 - Use of urgent care
 - Vulnerable children

<div>Table 4</div> <div>Children and Young People Indicators</div> <div>by ward</div>	England	North Lincolnshire	Ashby	Axholme Central	Axholme North	Axholme South	Barton	Bottesford	Brigg and Wolds	Broughton and Appleby	Brumby	Burringham & Gunness	Burton upon Stather and Winterton	Crosby and Park	Ferry	Frodingham	Kingsway with Lincoln Gardens	Ridge	Town
Children in living in workless households u16 % 2017	14.00%	16.00%	18.80%	8.50%	13.20%	9.90%	18.90%	6.50%	12.80%	7.80%	30.20%	11.10%	12.10%	20.10%	12.30%	24.20%	11.70%	9.60%	18.30%
Smoking at delivery % 2017/18	10.50%	19.80%	18.20%	17.00%	11.30%	19.00%	26.10%	4.70%	24.40%	17.30%	36.70%	28.90%	5.70%	20.40%	18.40%	30.10%	15.60%	9.40%	15.30%
Breastfeeding at 6-8 weeks %	43%	34%	35.50%	27.30%	22.20%	60.50%	32.30%	45.20%	36.70%	31.00%	27.80%	20%	37.80%	37.60%	39.40%	21.70%	28.80%	37.70%	47.30%
A & E attendances 0-4s rate per 1,000	601.8	516.4	611.3	434.6	500	421.4	362.3	397.7	434.3	435.2	622.1	794.1	441.3	637.8	329.7	645.4	474.8	415.9	625
Readiness for school at 5 years of age % 2016/17	70.70%	72.10%	73.80%	78.10%	70.00%	63.30%	77.50%	81.80%	79.20%	71.00%	66.50%	79.40%	78.30%	65.20%	77.60%	62.60%	79.10%	79.30%	58.60%
% 5 year olds with signs of dental decay 2016	21.50%	14.50%	7.50%	0.00%	13.00%	20.00%	9.60%	13.10%	11.30%	6.90%	20.00%	27.30%	6.50%	27.70%	7.10%	22.40%	13.90%	9.80%	31.10%
Children with excess weight at 11 years of age % 2016/17	34.20%	34.50%	36.00%	29.00%	37.10%	28.40%	40.20%	31.30%	29.20%	22.70%	38.60%	52.60%	35.00%	39.10%	30.90%	39.00%	38.10%	23.40%	40.20%
LAC /with a CP Plan rate per 10,000 2018	N/A	101	158	57	30	16	90	6	96	8	173	54	23	129	37	148	72	9	163
(No.) children with a parent in Substance Misuse treatment	N/A	230	34	9	5	6	9	<5	6	<5	40	<5	13	27	7	8	20	11	8
Children in receipt of EHA (No.) 2018	N/A	639	68	33	40	30	45	28	40	9	87	7	18	53	20	51	25	33	39
Children in Need (no.) 2018	N/A	882	89	11	25	11	58	9	50	7	116	10	28	113	31	78	65	22	68
0-15s claiming Disability Living Allowance (No.)	N/A	1045	100	40	45	35	60	45	75	30	110	15	50	100	70	75	70	75	50
<25s with SEND with an EHCP (no.) 2018	N/A	910	102	39	40	36	48	37	68	26	97	14	40	89	57	54	64	47	52
Key: Compared with England	Better	Worse																	
Measure	Number	Rate																	

6. LIVE AND WORK WELL FOR LONGER AND ENJOY GOOD MENTAL WELLBEING

Why it is important

- A healthy population is one that has the potential to be healthy, resilient and productive. This is key to attracting and retaining businesses in the area, and developing flourishing communities that are strong and sustainable. In North Lincolnshire, relatively few people travel out of the local authority area for employment, so the connection between the health of the resident working age population and economic growth is very strong.
- Given that 75% of the working age population spend more than half of their waking hours in the workplace, it makes sense for employers to invest in workforce health. The workplace also presents an opportunity to engage adults who may not otherwise engage in health improvement activities, and reduce sickness absence and health inequalities.
- Enabling people to remain productive and economically independent as they age, is especially important for people with long term conditions and disabilities, where the difference in employment rates, and in good mental wellbeing is widest. There is a strong economic argument for addressing health and disability related worklessness. Nationally it is estimated that when a claimant moves into a job paying the National Living Wage, there are savings of £6,900 for government, a £13,100 boost to the local economy, and £6,500 gain to the individual, (2015 prices).
- There is also strong evidence of the economic and social returns of promoting population mental wellbeing, not least because of the impact of mental ill health over the life course and especially amongst working age adults.
 - depression comes second only to lower back and neck pain in terms of years of life lived with disability, for women, and 4th for men
 - stress, anxiety and depression related illnesses are the 3rd largest cause of sickness absence from work, after minor illnesses such as coughs and colds, and neck and back pain
 - mental illness is the largest single cause of health related worklessness
 - The return on investment of employee wellness programmes to employers, is estimated to be between £2 and £34 for every £1 spent.

The benefits for employers on healthy ageing actions include: workplace skills retention, lower levels of sickness absence, reduced staff turnover and associated costs, and a wider recruitment pool.

Key Facts

- There are 104,100 people of working age resident in North Lincolnshire. The local workforce is slightly older than average, 1 in 3, (33%) are aged 50+ compared with 29% nationally
- 75% of working age people in North Lincolnshire are in employment, 5% are unemployed and 20% are not in the labour market, either through choice, studying or caring responsibilities, or because of ill health or disability
- Just over a quarter of the work force have some long term (i.e. lasting 12 months or more) health problem or disability. Of these, 1 in 3 also have a mental health condition

- Employment rates vary by the type and severity of condition, ranging from 65% of those with a physical condition, such as a respiratory problem, 60% of those with a muscular or joint problem, 42% of those with a mental health condition, and 28% of those with a learning disability.
- There are currently 6,100 working age adults in North Lincolnshire who are unable to work due to ill health. For 2,500 of these claimants, 41%, the primary reason is mental ill health
- More than 14,000 people are currently being treated for a depressive illness in North Lincolnshire and more than 2,000 for a severe and enduring mental illness
- Employment rates are lowest amongst those with a severe and enduring mental illness and are currently less than 10%
- Life expectancy for this group is between 10-20 years below the average for men and women in North Lincolnshire

Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/>

Strengths and challenges

- According to national surveys, North Lincolnshire residents have higher rates of happiness and life satisfaction compared with other areas, and higher rates of employment stability
- People with long term conditions are more likely to be in employment in North Lincolnshire than they are nationally, and whilst rates of sickness absence are no higher here than they are nationally, those that are off work with sickness, tend to be absent for longer
- Rates of health related worklessness in North Lincolnshire are no higher than they are nationally at 6% of the working age population. This number and rate of people claiming sickness related benefits has not changed locally in the last 3 years.
- Life expectancy at birth continues to rise with the gap between men and women narrowing.
- Healthy life expectancy has not kept pace with these improvements and currently local rates are below the national average at 59.5 years for men, which is 3 years below the national average and 6 years below the current state pensionable age
- The detection and treatment of common long term conditions such as depression, diabetes and heart disease in primary care is better than average in North Lincolnshire
- There is also better access to psychological therapies in primary care than nationally
- Middle age is the peak age for depression prevalence, especially amongst men. Men are also less likely than women to seek help from a health professional with mental illness.
- Middle age is also the peak age for the development of a number of other long term conditions, with prevalence more than doubling from 21% amongst the under 45s, to 42% of 45-64 year olds. By the age of 50, more than half of working age people have a long term condition
- Middle aged men are more likely than women to have both a long term physical and mental health condition, with 12% of men aged 45-64 years having both.
- Suicide rates are below average in North Lincolnshire. However rates are more than 3 times higher for men than they are for women, with a higher risk of suicide amongst those in their middle years and people with long term chronic or life limiting conditions.
- The prevalence of cancer in the adult population continues to rise in line with national trends, largely as a result of ageing and better treatment outcomes.
- 250 adults under the age of 60 are newly diagnosed with cancer each year in North Lincolnshire, the most common cancer at this age being breast and prostate cancer
- As the workforce ages we should expect the number of working age people living with cancer and other long term conditions to rise
- The nature of work and employment is changing presenting both opportunities and challenges for older working age people and those with long term conditions

Spotlight on Assets

Employers with work place health programmes

- Work with employers and local business has grown and developed in the last year. North Lincolnshire Council has a wellbeing at work **Healthy Workplace Award Scheme**. The scheme is designed to provide a framework of support to help businesses promote and enable positive health and wellbeing in the workplace.
- The Council are currently working in partnership with over 38 local businesses who are engaged in the scheme who are part of an active workplace health network, with 20 of these working towards the toolkit attainment requirements of bronze, silver, gold and platinum award status. This has allowed for key public health messages, signposting opportunities and awareness raising activity to reach over **14,000** people via workplace health activity
- British Steel has been the first local business to achieve the highest award level of Platinum which was celebrated at our 'Wellbeing at Work,' awards ceremony in May 2018. The platinum level was introduced to recognise work that goes beyond the workplace itself and reaches into the local community. To achieve this prestigious award the business must demonstrate how it has worked to improve health and wellbeing in communities, how it has improved employment prospects by offering opportunities for work experience or apprenticeships and also share good practice on how it has excelled as a healthy environment by being an ambassador for workplace health and wellbeing.
- **Stagecoach East Midlands** has led the way from the transport industry locally, the organisation has acknowledged how investing in employee health and wellbeing can really benefit both the workforce and organisation and is in the process of rolling out their Healthy Workplace Agenda nationwide.

Effective early intervention services

- Coverage of the 3 cancer screening programmes amongst eligible adults is above the national average in North Lincolnshire, although take up has been falling in recent years, as it has nationally. In 2017, coverage rates for breast, cervical and bowel cancer screening were, 76%, 76% and 60% respectively.
- Take up is lowest in those areas of North Lincolnshire with a significant deprived population.
- Overall, local residents present earlier for cancer diagnosis in North Lincolnshire, improving the chances of better treatment outcomes, 54%, compared with 52% nationally.
- Cancer survival rates are high in North Lincolnshire, and rising, particularly for bowel and breast cancer.
- However, people living in our most deprived areas are more likely to present later with cancer symptoms, reducing their chances of successful treatment outcomes. These are also the groups for whom premature death rates from cancer and other potentially treatable conditions are highest.
- Whilst the overall proportion of the population offered a health check between 40-74 years is low, once invited, take up is high and above average at 51%
- In 2016/17 the number of smokers quitting with the local stop smoking service was amongst the highest in the country, at 4034 per 100,000 smokers compared with 2,248 across England
- Greater Lincolnshire was one of the first areas in the country to benefit from the NHS **Diabetes Prevention Programme**. Over 4,000 people have been referred into the programme since June 2016, of which more than 800 were from North Lincolnshire.

Integrated Healthy Living Service

- The Council now directly provides a healthy living service. This is targeted at those individuals and communities most in need of healthy living support, enabling access to services which were previously provided separately. This includes Health Trainers, community and workplace health and wellbeing champions/volunteers, Specialist Stop Smoking services, Adult Weight Management, and holistic support to pregnant women to support behaviour change.

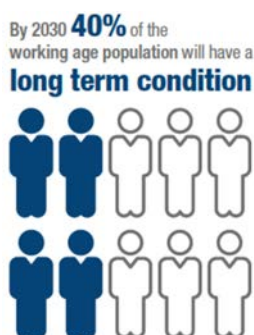
Access to leisure services in every locality

- North Lincolnshire already has leisure centres and outdoor sports facilities in each locality across the local authority area, with an additional facility under construction that will facilitate accessible opportunities in rural area where transport may be an issue. These centres provide opportunities for people of all ages and abilities to engage in a range of different physical activities and maintain an active lifestyle.

Opportunities for improvement

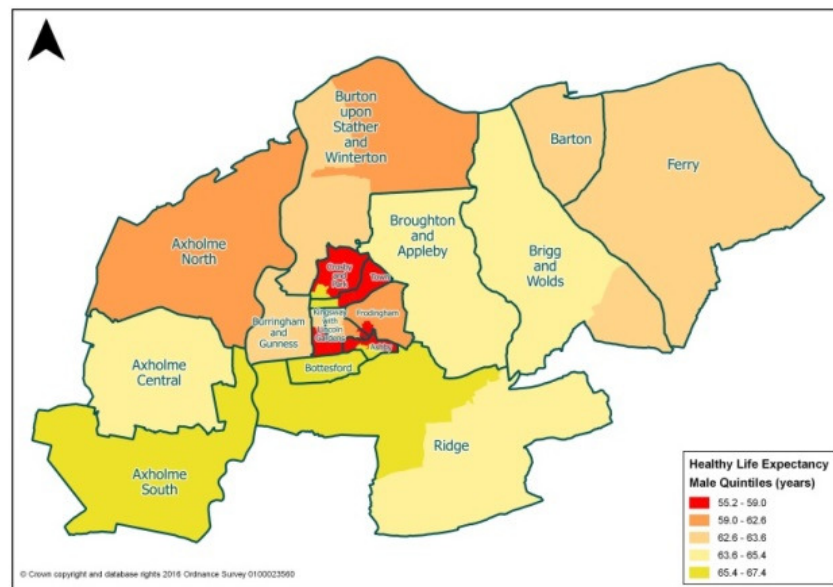
Ageing workforce and lower than average healthy life expectancy in men

- The North Lincolnshire workforce is already slightly older than average, and is projected to rise further as the state pensionable age increases
- Whilst people with long term conditions are more likely to be in employment in North Lincolnshire than nationally, by 2030 it is projected that 40% of the workforce will have at least 1 long term condition.



- A higher proportion of the local workforce are engaged in low or unskilled manual occupations in North Lincolnshire and carry a higher risk of both poorer health and health related absence and worklessness.
- Currently healthy life expectancy for men in North Lincolnshire is 59.5 years, 3 years short of the national average and at least 6 years short of the current state pensionable age
- Years of healthy life are lowest amongst low income men living in the most deprived areas of North Lincolnshire.

Figure 22: Healthy Life Expectancy by area (MSOA) (2009-13)



- People are now living into older age with conditions, such as cancer, heart disease and stroke which previously killed them.
- Over our lifetime, and across the population at large, the conditions that have the greatest impact on our day to day life, in terms of disability adjusted life years, are:
 - Joint and muscular pain, (with low back and neck pain accounting for 3 times the morbidity of the 2nd placed condition)
 - Skin diseases(mainly dermatitis, acne and psoriasis)
 - Depression and anxiety,
 - Diabetes,

And (as we age)

- Sensory impairments, respiratory conditions and dementia.

As our workforce ages we should expect a larger number of people working with multiple long term conditions, including sensory impairments.

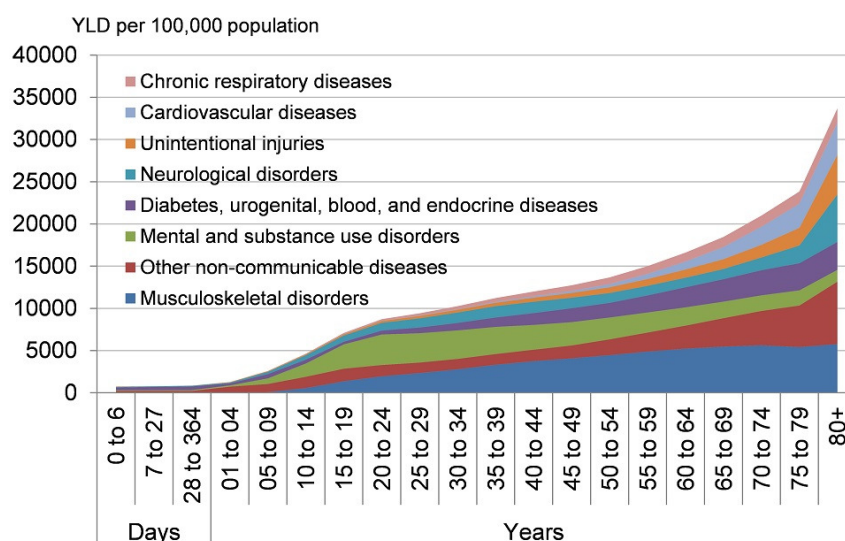
Table 5: Top five (non-fatal) conditions that account for greatest burden of poor health/disability (YLD) in North Lincolnshire

(YLD = Years of life lived with disability. This measure combines prevalence of disease with a rating of the overall severity of symptoms (excluding death) to give an overall measure of loss of life overall)

Top 5 (non-fatal) conditions accounting for greatest burden of poor health/disability										
Male						Female				
Age group	1st	2nd	3rd	4th	5 th	1st	2nd	3rd	4th	5th
15-49	Low back and neck pain	Skin diseases	Depressive disorders	Drug use disorders	Migraine	Low back and neck pain	Depressive disorders	Migraine	Anxiety disorders	Skin diseases
50-69	Low back and neck pain	Sense organ diseases	Diabetes	Falls	Depressive disorders	Low back and neck pain	Other MSK	Depressive disorders	Diabetes	Sense organ diseases
70+	Sense organ diseases	Low back and neck pain	Falls	Dementia	Diabetes	Low back and neck pain	Sense organ diseases	Falls	Dementia	Diabetes
All ages (standardised)	Low back and neck pain	Skin diseases	Sense organ diseases	Depressive disorders	Falls	Low back and neck pain	Depressive disorders	Skin diseases	Migraine	Anxiety disorders

- For children and young people, the top 3 conditions are food allergies, mental ill health, and skin conditions.
- For working age adults the top 3 conditions are mental illness, skin diseases and muscle and joint pain, with diabetes rising in importance in later middle age.
- For older adults, the top 3 conditions are sensory impairment, muscle and joint pain and diabetes, and in very old age, neurological disorders, such as dementia, injuries from falls, and cardiovascular conditions becoming more common.

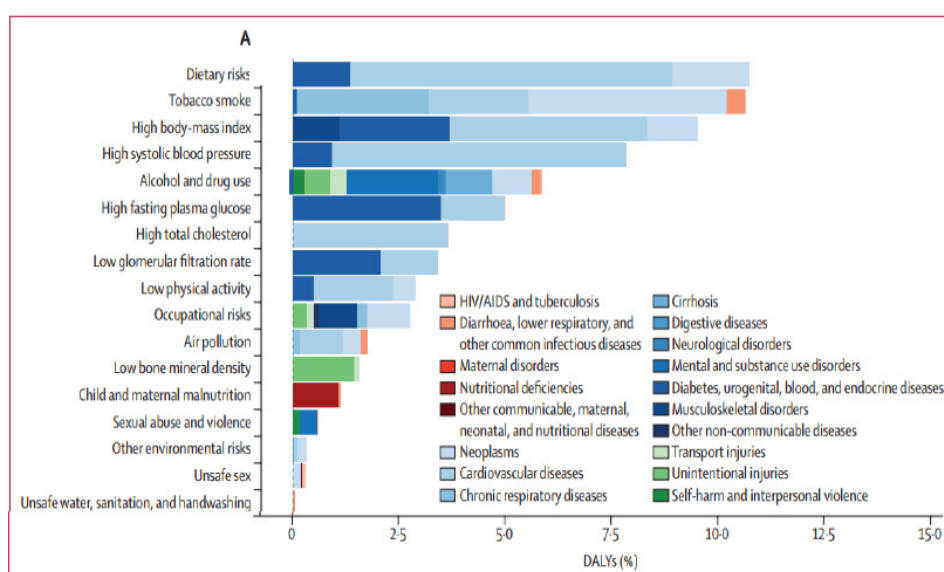
Figure 23: Morbidity by age group and top 8 broad causes (persons) (YLDs per 100,000)



Reducing preventable conditions and inequalities in health risk

- The trends and causes of ill health in the population are influenced by a broad range of factors, including living and working conditions, social and community networks, income and inequality, sex, hereditary factors, lifestyle and behavioural risk factors.
- The 4 greatest lifestyle or behavioural risk factors for poor health are smoking, dietary risks, high blood pressure and high BMI.

Figure 24: Top 10 risks for disability adjusted life years



- In North Lincolnshire, the incidence of some potentially preventable or modifiable conditions amongst the working age population is above average, including higher rates of type 2 diabetes, pre diabetes, hypertension, unhealthy weight, neck and back pain, as well as smoking related conditions such as chronic lung disease and lung cancer.
- Rates of these conditions are highest amongst men living in our most deprived wards, increasing their risk of long term health related sickness absence and worklessness, as well as lowering their life expectancy and quality of life.
- These groups are also less likely to work for an employer with a work place or occupational health scheme, and are more likely to move straight onto sickness related benefit when they are ill.



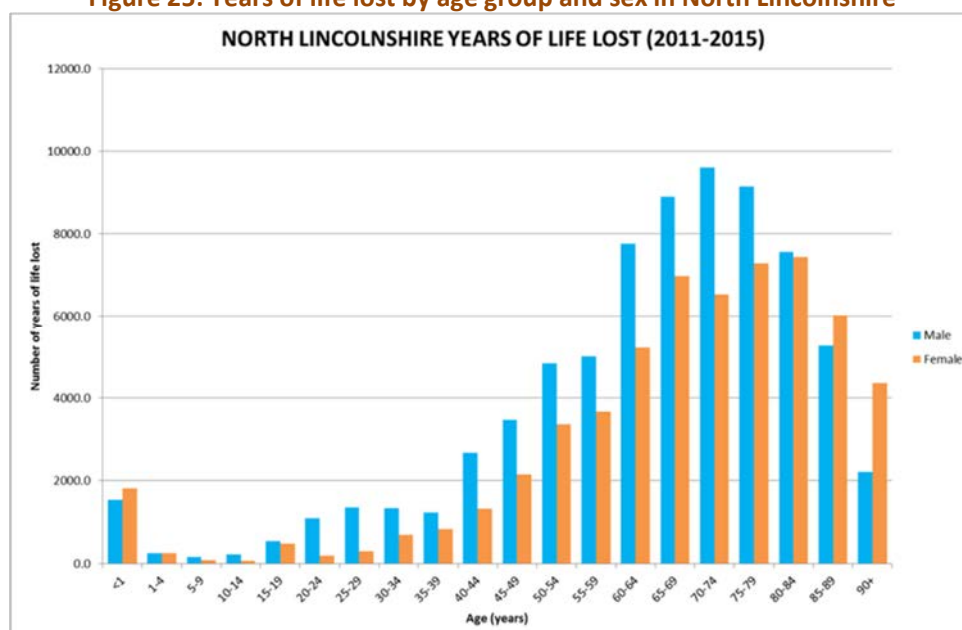
- Almost 1 in 5 adults in North Lincolnshire report a long term muscle or joint problem and 1 in 8 have chronic back or neck pain. This is higher than it is nationally. These conditions account for more years of life lived with disability, (YLD) than any other condition in this age group, and for both sexes.

A third of all long term sickness absence is caused by muscle and joint pain



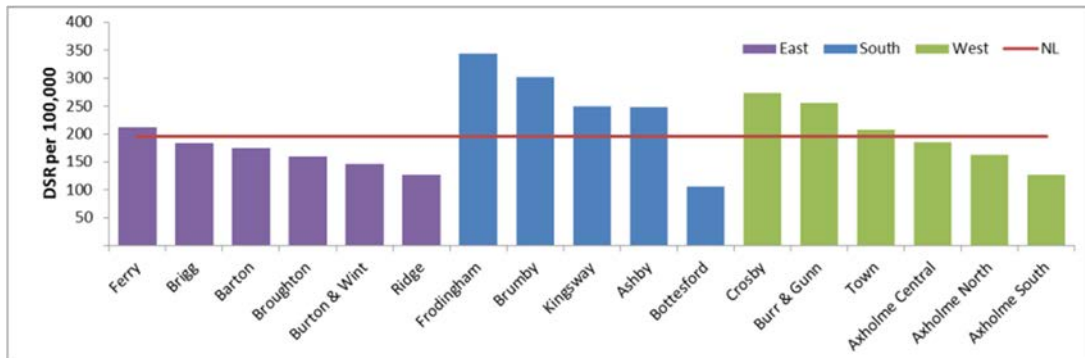
- Men are at higher risk of ill health, disability and early death, across the life course and for almost all major diseases, including cancer, heart disease and chronic lung disease.
- Men are also at much higher risk of suicide, than women.

Figure 25: Years of life lost by age group and sex in North Lincolnshire



- Each year an average of 350 people die prematurely (i.e. <75 years of age) from potentially preventable diseases in North Lincolnshire. Two thirds of these early deaths occur amongst men. The most common causes being lung cancer, chronic lung disease, and heart disease.
- The highest rates of early deaths, including from lung cancer, COPD, heart disease and suicide, are amongst middle aged men living in our most deprived communities.

Figure 26: Early death rates (<75 years) from all causes by ward



Source: PCMD, North Lincolnshire Council

Achieving parity of physical and mental illness

- Adults with a serious mental illness, (SMI) including psychotic illnesses, are at particularly high risk of developing potentially avoidable long term physical conditions and of dying prematurely from preventable conditions. In North Lincolnshire, excess deaths amongst this group are higher than nationally. They are also less likely to receive an annual physical health check here compared with peer elsewhere.
- Depression and anxiety tends to be more prevalent amongst people with multiple chronic long term conditions, and chronic pain, with prevalence rising to between 40-50% of people with three or more long term conditions. We should therefore expect a higher than average prevalence of mental illness amongst people with diabetes, back and neck pain and other joint conditions, stroke, heart disease and COPD, much of which currently be undiagnosed.
- Whilst the detection and management of dementia in primary care has improved, we should expect the number of people at risk of developing dementia to rise as the older population grows, and people live into very old age.

7. Vulnerable groups

We all have the capacity to improve our and our community's health and wellbeing, whether it's doing all we can to keep ourselves and families well, connecting people to support in their communities, or keeping our neighbourhoods clean safe and green.

However some groups and communities may be at greater risk of poor wellbeing, or have fewer personal, social or community assets to draw on, and may require additional support to strengthen their resilience, develop their skills and networks, and enable them to self-care better. These groups include

- **0-19s** especially those with special educational needs and disabilities, or who have experienced adverse childhood experiences, (SCEs), such as abuse, neglect, domestic abuse, parental separation or substance misuse. Children who grow up with 4 or more ACEs, are twice as likely as those without any ACEs, to smoke, and develop heart disease, stroke or cancer earlier; are 4-5 times more likely to become a teenage parent, develop depression or misuse substances. Nationally it is estimated that 1 in 10 adults have suffered 4 or more ACEs. (*Link to SEND Needs Assessment, and Vulnerable Children chapter when online*)
- **Frail and elderly adults**, who are at higher risk of frequent and sudden deteriorations in health, and urgent hospital admissions. Especially those that live alone, or in care homes. (*Link to Vulnerable Adults chapter when online*)
- People living in our most **disadvantaged communities**, who are at greater risk of poor health from potentially preventable conditions, are more likely to present to health care services later, and to die prematurely. (*link to inequalities profile when online*)
- **Adults with serious mental illness**, (SMI), who are more likely to present in A&E for healthcare and to die sooner of preventable physical conditions. Adults with both mental illness and substance misuse issues, are at particularly high risk of early death from preventable causes. (*Link to Vulnerable Adults chapter when online*)
- **Adults with learning disabilities** – including those with slight to moderate learning disabilities, are more likely to experience poor health across a range of outcome indicators, including poor mental wellbeing, arthritis, diabetes, epilepsy and multiple morbidity. This group is less likely to be employed and is more likely to be dependent on lifelong benefits, increasing the impact of the wider determinants on their health and wellbeing. (*Link to Vulnerable Adults chapter when online*)
- **Men are more likely to** die younger than women, and from all causes that affect both sexes. They are also less likely than women to take up preventive services or to present early for diagnosis and treatment. As a result they tend to have poorer health outcomes. Men are 3-4 times more likely to die from suicide and drug related deaths than women.
- **People living in poor quality housing** or with a low thermal efficiency rating, especially young families, older people and those with underlying health conditions. The worst housing conditions tend to occur in the private rented sector but sometimes older owner occupiers also suffer because they may be “asset rich but cash poor” and struggle to be able to organise repairs to their home without being taken advantage of. Those in the private sector also have to contend with low security of tenure and therefore no long term security.
- **People who are long term unemployed or unable to work** – especially those living alone, who are at particularly high risk of the double burden of poor mental wellbeing and long-term conditions. 41% of adults on long term sickness benefits have a mental illness of behavioural disability. This rises to 58% of those aged under 25.

<p>Table 6</p> <p>Living and working well</p> <p>Indicators</p> <p>BY WARD</p>	England	North Lincolnshire	Ashby	Axholme Central	Axholme North	Axholme South	Barton	Bottesford	Brigg and Wolds	Broughton and Appleby	Brumby	Burringham & Gunness	Burton upon Stather and Winterton	Crosby and Park	Ferry	Frodingham	Kingsway with Lincoln Gardens	Ridge	Town
Persons in receipt of Employment and Support Allowance (ESA) (20-64 years) %	5.9	5.9	6.4	4.3	4.8	4.1	6.2	3.6	5.7	5	10.4	7.7	4.7	6.3	5.5	8.1	6.2	4.5	6.6
Persons in receipt of Disability Living Allowance (DLA) (16-64 years) %	1.9	2.1	2.4	1.7	1.4	1.6	2.1	1.4	2.5	2	3.1	3	2.1	2.2	2.2	2.5	2.3	1.7	2.1
Emergency admissions for ambulatory conditions amongst under 65s per 100	N/A	1.63	1.96	1.34	1.56	1.12	1.91	1.18	1.41	1.11	2.34	1.81	1.33	2.1	1.46	1.91	1.64	1.12	2.32
Emergency admissions for intentional self-harm per 100,000	185.3	158.4	201.9	92	110.5	113.3	166.1	127.2	167.8	141.5	330.6	126.9	81.7	187.3	84.3	201.9	143.7	65	202.8
Care home residents under 65 years April 2018 number	N/A	267	18	0	0	0	22	0	19	56	0	9	35	0	18	0	37	18	0
Deaths (u75 yrs) from causes considered preventable, per 100,000	182.8	201.4	220.6	177.3	153.4	140.1	170.2	134.2	183.8	183.4	317.8	227.3	174.2	310.8	183	355.1	225.7	143.8	249.6
Premature (u75yrs) deaths from respiratory disease per 100,000	33.8	41.4	68.9	45.7	23.8	11.6	45.4	16.6	49.6	18.2	42.6	48	24	85	46.8	73.9	42.7	29	80.1
Premature (u75yrs) deaths coronary heart diseases (CHD) per 100,000	39.4	41.6	59.7	27.6	45.6	40.2	22.8	28.7	50	49.1	46	75.2	23.5	70.3	39.1	69.1	41.4	19.7	49.1
Premature (u75yrs) deaths cancer per 100,000	136.8	149.3	134	118.5	102.4	93.2	131.2	122.1	147.1	133.4	221.6	175.4	140.6	184.5	159.1	234.2	201.1	130	168.2
Life expectancy at birth (males) yrs	79.5	79	76.8	81.3	81.8	81.7	78.7	83.3	78.1	78.9	77.4	76.2	81	75.3	79.1	76.8	77.9	81.6	76.2
Life expectancy at birth (females) yrs	83.1	82.6	79.2	84.4	85.1	84.5	83.7	86.2	82.3	81.5	79	81.9	85.1	79.4	82.4	82.3	82.4	84.9	82.3
Key: Compared with England		Better		Worse															

8. PEOPLE AGE WELL AND ARE ENABLED TO LIVE INDEPENDENTLY

Why it is important

- It is widely recognised and to be celebrated that people are living longer. Older people want to age well retain their independence and health for as long as possible and quite rightly expect to continue to live fulfilled lives and to make positive contributions to their families, communities and the wider economy. As a society, we all benefit significantly from those contributions and as citizens and providers of services, we all have a responsibility to be part of ensuring that everyone has the opportunity to “age well”.
- At the same time, we recognise that increasing age is linked to increasing health problems and frailty and that these trends could increase future demand for both health and social care services. Ensuring that people have the means (be it financial, social, environmental) to age well and are enabled to maintain their independence is therefore important, not only to better manage future demands on services, but more importantly to safeguard older people’s well-being in the longer-term.

Key Facts

- There are over 71,000 people in North Lincolnshire aged 50+ (over 40% of the population) and this is projected to rise to over 81,500 in the next twenty years. The number of 75+s resident in North Lincolnshire is projected to almost double to 26,600 by 2035.
- North Lincolnshire already has a higher than average proportion of people of pensionable age and people over 80 years, 20.2% of residents are aged 65+ compared with 17.9% nationally.
- 15,100 of our residents are aged 75 years and older, of which more than half, 52%, live in our market towns and villages. Just over half of this number live alone.
- Since 2010, life expectancy has risen by 3.4 years for men and 1.9 years for women, to 78.9 years for men and 82.6 years, respectively. For those residents who are already 80 years of age, they can expect to live for a further 8-10 more years.
- Whilst poor health is not an inevitable part of ageing, the chances of developing at least one chronic condition increases steeply post 75 years, with multiple conditions being the norm amongst the 80 pluses.
- In North Lincolnshire, men aged 65 years can expect to live a further 18 years, of which 10 years will be spent managing two or more diseases and 1.9 years managing 4 or more. Women can expect to live for a further 21 years, of which 12 years will be spent managing two or more chronic conditions and 2.2 years 4 or more.
- The most common conditions in older age are arthritis, high blood pressure, diabetes, sensory impairments, respiratory conditions, cancer, depression and heart disease.
- In 2016/17, 19,884 adults were supported to live at home by Council services, many of them with low level needs.
- Whilst the health of people aged 65-74 years is gradually improving, with support needs of this age group projected to remain relatively low over the next two decades, the number of dependent residents 85+ with complex needs is projected to almost double over the next 20 years. The largest increases in dependency are expected amongst older people living with dementia and other complex physical conditions.

Strengths

Local resources for self-care & early intervention

- **The Adult Information Service (AIS)** provides personalised advice regarding social care and support for carers, those who are cared for, and those that may need social care in the future.
- The advice provided covers all aspects of social care and support from universal provision to specialist. The advice service is complemented by the ongoing development of the [Adult Information Hub](#), which is a website of information and online tools that allows people to self-serve. Tools include a database of services, and online assessments.

Integrated assessment and care planning

- A **single assessment tool** has been developed and adopted by the acute hospital social work team, intermediate care, and across the three care networks. This means people only have to tell their story once and enables professionals to record and share information gathered from individuals.
- **Discharge to Assess and Trusted Assessment** are two developments which are designed to support a person to return home as soon as their acute medical needs have been met, removing the potential for delays while professionals carry out assessments at the hospital bedside.
- Discharge to Assess is a new way of working which supports people to be discharged safely from hospital quickly preventing people being delayed unnecessarily. The ethos behind this development is that people are supported to return to their own home with support, or alternative accommodation if this is not possible. Once home, more comprehensive assessments are completed and support adjusted to meet the persons needs to maximise independence and prevent the need for long term support.
- The Trusted Assessment supports this discharge to assess approach. A trusted assessment tool has been developed to be completed by either health or social care staff that gathers basic proportionate information required to enable an individual to be supported to leave hospital. This assessment then follows the person and is built upon by the professionals involved enabling the person involved only having to tell their story once.

Strong stakeholder engagement

The Carers Advisory Partnership is made up of people who have been, or are, carers. They work to develop and raise the profile of carers with service providers in North Lincolnshire. The partnership ensures the voices of carers are listened to and helps to develop services that give carers choice and control. The partnership has worked on a number of projects with service commissioners over the last two years to create:

- A new Carers Guide, which provides information on how to access advice, information and guidance on staying healthy, the assessment process, finance, housing and useful contacts.
- Personal Budget Information packs
- 'All Age Carers e-learning Package',
- The design of the Council's Home Care Contract, as well as presentations and talks at conferences and events to raise the profile of carers in the community.

The Adults Partnership brings together adults and young people who are receiving or have received support and representatives from organisations that provide services and support to adults, to develop, monitor and review the Vulnerable Adult Strategy for North Lincolnshire, and to ensure that adults with care needs, their families and carers are central to the delivery and development of local services.

Challenges

Growing complexity of need

- Whilst recent research findings suggest that the number of independent older people living with low or no support needs is likely to grow in the next two decades, the parallel rise in life expectancy and growth in the very old, suggest that the number of people with high support needs will also rise. In particular, the projections are for a significant growth in people aged 85+ living with complex care needs. By 2035, the number of this age group living with both dementia and other comorbidities is likely to double.
- Whilst the incidence of conditions such as dementia and stroke has fallen in the UK over the last 10 years, the number of older people surviving into very old age with these and other age related conditions such as cancer, has risen. At the same time, other risk factors for poor health in older age, such as obesity and physical inactivity, and diabetes, have risen, increasing the risk of multi-morbidity in older age.
- Between now and 2035 the number of 85+s living with 4 or more conditions is projected to grow from 15% to almost 40%, increasing the number and proportion of older people who are likely to require intensive social care support. By 2035 it is estimated that 10% men and 20% women aged 85+ will have high dependency needs, ie needs help everyday with using the toilet, or has problems with continence, transferring from bed or chair, feeding and putting on socks and shoes.

Demand for alternative housing options

- The strongest projected growth in our population is expected amongst people aged 75 years and older over the next 20 years. In order to meet future local needs, the range of housing options available for older people needs to grow, including both mainstream homes suitable for older buyers who may wish to downsize and remain living in their communities, as well as assisted living schemes.
- Analysis of the local care market has identified that whilst the current provision of residential care in North Lincolnshire meets demand for those with non-specialist needs, the demand for personalised care for those with more complex, specialist care needs is not being met locally and is likely to increase. This includes personalised services for people with:
 - Dementia
 - Time limited step –up/step-down support to respond to people with specialist and complex needs at points of crisis which can quickly enable people to return to live in their own homes.
 - Over the last year, the range of housing options for vulnerable adults has risen, enabling more people to remain living at home and to manage their tenancies. However there are additional market opportunities to provide support and care solutions in the community, to enable more frail and elderly and people with complex needs to live at home or closer to their local communities.

(Link to Market Position Statement and housing growth plan once online)

Spotlight on key assets

Carers and volunteers

- According to national surveys, older people are much more likely to formally volunteer than younger adults and to do this more regularly. Currently about 29% of 65+ nationwide say they volunteer at least once a month, including 1 in 4 people aged 75+. The proportion of older people engaged in informal volunteering (excluding providing care for relatives) is even higher, at 34% of 65-74 year olds.
- This represents a significant and potentially untapped resource in North Lincolnshire.
- In North Lincolnshire, about 11% of the population identify as informal carers, with more than 5,000 providing 50 or more hours of care a week, with more than 4,000 of these adult carers currently being known to the Carers Support Centre. Many of these carers are older people and are themselves in failing health. This group of unpaid carers are clearly an invaluable asset, so maintaining the health, resilience and wellbeing of this group must remain a strategic local priority.

Investment in universal and early help

Wellbeing Hubs

- North Lincolnshire Council has established four main Community Wellbeing Hubs, in Scunthorpe, Barton, Brigg and Epworth. There are a further three satellite Hubs in Crowle, Broughton and Winterton. Currently there are over 1,000 people registered with the Hubs.
 - The Hubs community wellbeing offer includes:
 - Information, advice and support
 - Healthy and safe lifestyles advice
 - Wellbeing checks for those aged 75+
 - The facilitation of community meals and social activities
 - The hubs have forged links with GP surgeries, local pharmacies, local businesses, voluntary groups and organisations to ensure services reflect and are responsive to need.

North Lincolnshire's 3 Care Networks

- Four years ago community health and social care colleagues co located into 5 localities as part of the journey to integration. As part of the Better Care Fund developments, these localities were reshaped into 3 new Care Networks. These are roughly equal in population size and are almost coterminous with the 5 smaller localities of the Isle of Axholme, Brigg and District, Barton and District, Scunthorpe North and Scunthorpe South, and with the 17 electoral wards which make up North Lincolnshire's unitary authority.
- Each network has a multi-disciplinary leadership team, and encompasses at least 6 GP practices, and patient participation groups, and at least 1 community wellbeing hub.
- The Care Networks will bring together teams of health and care professionals across each network, working together to meet the comprehensive needs of their population's well-being. The model is based around several key defining core principles, these include:
 - Person centred – care and support designed to reflect need;
 - Based around General Practices and other care services within the locality;
 - Dedicated Proactive (planned/managed) care for adults with chronic long term conditions and frail elderly;
 - Well-being: prevention, health promotion and self-care support.
 - Family, friends and communities will be encouraged/incentivised to enable the Care Networks to thrive.

Public Estates

Across North Lincolnshire there is a commitment to configure services around the three Care Networks, share assets, co-locate where appropriate and deliver the very best services, from the best facilities in ensuring that people's needs are met. A working group made up of key partners ensure the right people are around the table which in turn has developed:

- Greater understanding of each partner's operating environment and the strategic priorities;
- New relationships and opened up thinking to more joined up working and the barriers in place to advancing it.
- Opportunities to seek areas of mutual opportunity around estates and be more ready to start to explore co-location and other projects in the future.
- A further opportunity that has arisen from the Greater Lincolnshire One Public Estate programme is funding for the Scunthorpe Public Sector Hub feasibility. This is exploring the feasibility to co-locate police, probation and OD staff of Northern Lincolnshire and Goole Hospitals NHS Foundation Trust into an extension at Church Square House.

Opportunities for improvement

Preventing social isolation

- Whilst most people experience loneliness at some point in their lives, an estimated 10% of adults express feelings of frequent loneliness. People who are unemployed, are unable to work due to long term conditions and live alone are at particularly high risk of frequent loneliness, as are people living with life-long mental illness.
- Whilst loneliness is often associated with older age, surveys show that older people are much more likely to feel connected to their local area than younger people, are more likely to regularly stop and talk with people in their neighbourhoods, to trust their neighbours and be willing to help them than younger age groups.
- Some of the factors associated with loneliness amongst 65+ include living alone, low income, being in poor health, visual impairment, having difficulties with at least one activity of daily living, loss of friends, and no or low access to private transport. Fear of falling when out on the streets, as well as fear of crime, can also limit people's social connectedness and exacerbate feelings of social isolation.
- Based on these key risk factors, Age UK and the ONS have constructed a 'loneliness heat map' based on Census 2011 data. This map highlights as high risk areas some urban neighbourhoods in the Crosby and Ashby areas of Scunthorpe, as well as areas within the more rural market towns of Barton, Winterton and Gunness and Keadby. <http://data.ageuk.org.uk/loneliness-maps/england-2016/north%20lincolnshire>

Preventing or delaying the onset of long term conditions in later life

- Whilst on aggregate, the growth in the older population is driving greater demand for health and care services, it is not necessarily the case that more older people inevitably equals a greater burden of disability and disease. The nature and complexity of health needs in older age is rapidly changing, with many conditions associated with older age either being preventable or manageable. For example, we know that active treatment of hypertension in middle age and older people without dementia, can reduce dementia incidence in later life.
- Other modifiable risk factors for dementia in middle age and older include hearing loss, depression, social isolation, low education and brain cognitive reserves, physical inactivity, obesity, smoking and diabetes.

- Obesity, physical inactivity and injury are all major risk factors for other common conditions in later life including joint and muscular pain. In fact for the three leading MSK conditions that cause the most disability in later life there are evidence based interventions that work.
- Smoking is also associated with various MSK conditions, with smokers and ex-smokers experiencing 60% more back, neck and leg pain.

Table 7: Evidence based interventions for prevention or delay of low neck and back pain, falls and osteoarthritis

MSK condition	Intervention
Low Back and Neck Pain	Stay physically active and exercise regularly, weight loss support
Falls	Strengths and balance training, home safety assessment, participation in falls prevention programmes, activities such as tai chi, dancing bowls or gardening
Osteoarthritis	Activity and exercise to strengthen muscles and improve aerobic fitness, such as walking, swimming and pilates weight loss support

- Acquiring a health condition does not necessarily mean high levels of dependency on health and care services. Whilst most people aged 75 years and older have more than one health condition, almost half of this age group do not perceive these conditions as having a significant impact on their lives.
- However, as the population ages we should expect a rise in the number of older people with 4+ conditions, of which a third will have coexisting depression and/or dementia. It is projected that even without any changes in current incidence, the numbers of older people living with 4+ conditions will double over the next 20 years, suggesting the need for a new focus on the prevention and treatment of complex multi morbidity, through:
 - Primary prevention of mid and late life risk factors in high risk groups/communities
 - Targeting older people who have acquired a second chronic condition
 - Providing personalised integrated services for people with four or more conditions

9. People get the right care at the right time

Strengths

Effective out-of-hospital care

- Our frail and elderly residents are more likely to be supported at home, with fewer admissions to long term residential care, with more vulnerable adults benefitting from community based services than elsewhere.
- More than 90% of people using North Lincolnshire's rehabilitation and re-ablement services post hospital discharge are still living independently at home more than 3 months later.
- Local people are less likely to experience a delayed discharge from hospital, and once discharged, are more likely to stay at home for longer.
- As our residents approach end of life, they are more likely to receive palliative care at home, or in a care home, than nationally.
- North Lincolnshire has a high performing adult social care service, with the majority of indicators within the Adult Social Care Outcomes Framework above the national average.
- The number of people with dementia receiving a timely diagnosis and ongoing support has improved significantly over the last 18 months and in 2017/18, more than 1300 people with dementia were being treated and managed within primary care, an estimated 66% of the total population living with the disease in North Lincolnshire.

Excellent primary and community health and wellbeing provision

80% of care homes, 100% home care providers and 90% GP practices are rated as 'good' or 'outstanding' by the Care Quality Commission in North Lincolnshire.

Well - established community health and wellbeing services

- There are already a range of health services based in the community which in the past would have only been accessible in a hospital setting. This includes a respiratory service and pulmonary rehabilitation, MSK services, dermatology, and nursing and therapy services.
- There are also services focussed on managing people who are acutely unwell within their own homes; this service is delivered by a team of Emergency Care Practitioners. These patients would previously had been admitted to hospital as an emergency but can now be cared for in their own home supported by highly skilled practitioners to avoid hospital admission
- Community responders - This Council funded service operates 24 hours a day, 365 days a year, with the aim of ensuring that people can remain safely and independently in their own homes. Community responders provide a flexible and speedy response when care call alarms have been activated by a person. The community responders go to the person's home and will remain with them until medical professionals arrive or a family carer arrives. A responder may just need to give some reassurance if someone has become confused and help them settle again. The range of services offered include generic support, simple aids to daily living, minor adaptations, Telecare, monitoring and response to Telecare alarm and signposting.
- The Intermediate Care Centre, Sir John Mason House, provides rehabilitation and re-ablement programmes to people who are not well enough to live in their own homes after a period of illness or injury.
- Intermediate Care is also provided in the person's own home via the Community Support Team Referral and support is provided 24/7 for up to 6 weeks. The nurses and therapists also provide an outreach service to people placed in other private care home settings for up to 4 weeks, when needs arise.

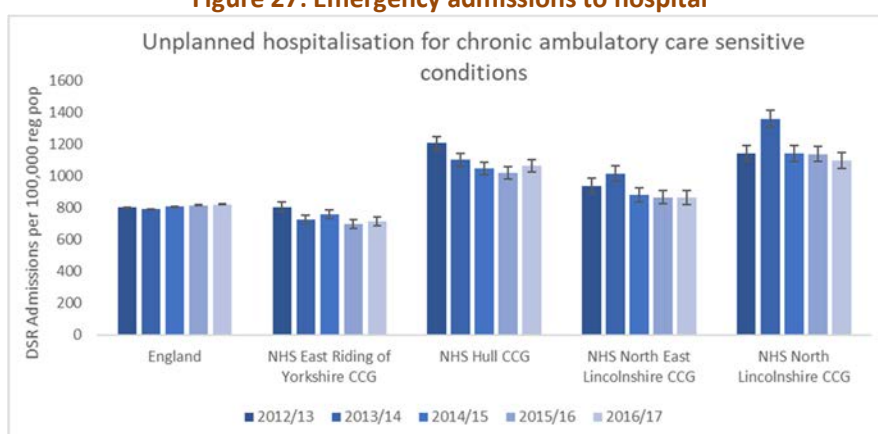
Opportunities for improvement

- Average waiting times for planned hospital treatment have risen in the last 2-3 years, as they have nationally, as the number of people referred for diagnostic and treatment services has grown. Currently, 30% patients wait more than 18 weeks for treatment and in 2017/18 almost 700 people waited more than 52 weeks from referral to treatment.
- Whilst waiting times in A&E have fallen locally in the last two years, the local provider has struggled to meet the national target, although A&E performance is above the bottom national quartile.
- Currently, the proportion of North Lincolnshire people with cancer in receipt of treatment within 62 days of urgent GP referral is below the national target of 80%, and at 72.4%, North Lincolnshire currently ranks in the bottom national quartile on this measure.

Reducing use of urgent care

- North Lincolnshire residents make greater use of urgent care for chronic and acute conditions which could potentially be managed in the community, than nationally, although rates have fallen in the last three years.
- High rates of such admissions tend to be associated with above average rates of deprivation and lower rates of access to ambulatory urgent care services.

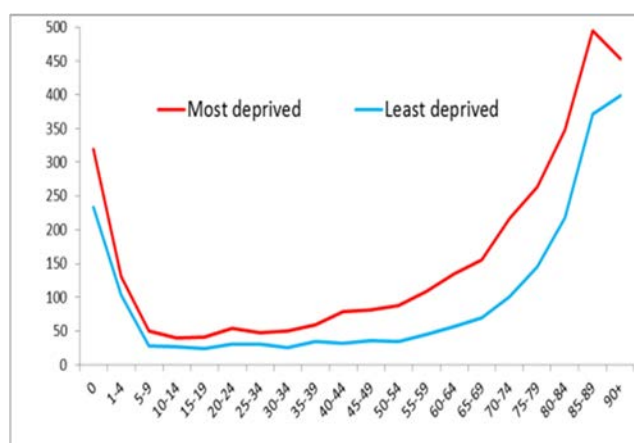
Figure 27: Emergency admissions to hospital



In 2016/17, there were more than 4600 unplanned admissions into hospital in North Lincolnshire for conditions which could potentially be managed in the community.

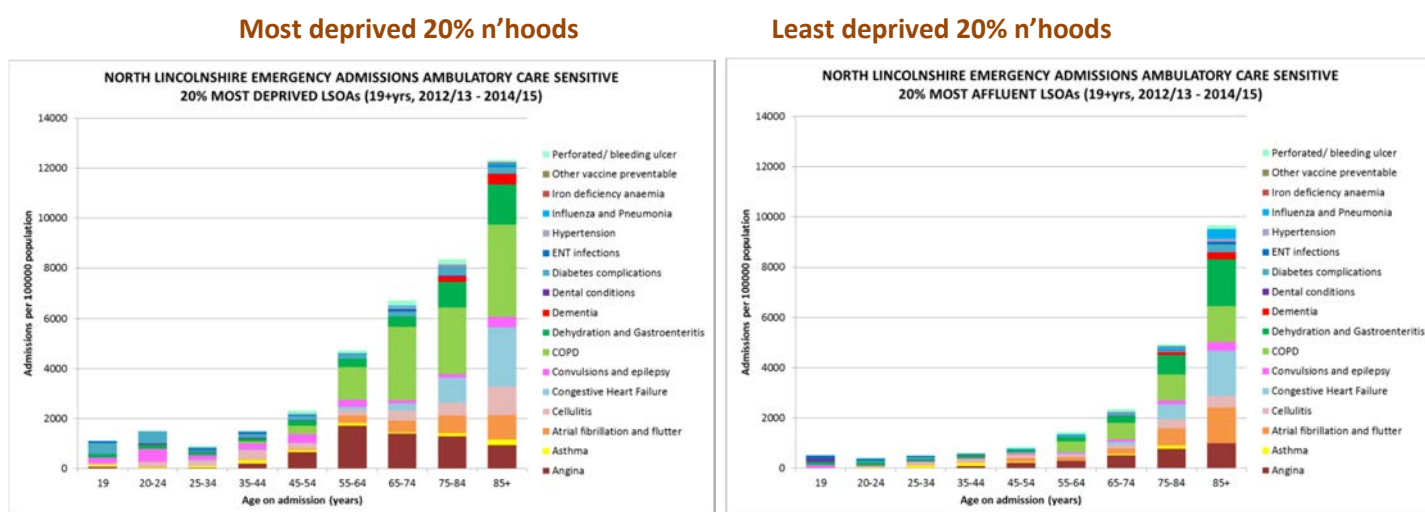
- In North Lincolnshire people living in some of the more deprived communities tend to make greater use of urgent care than their less deprived peers.

Figure 28: Emergency hospital admission rates in North Lincolnshire by age group, 2015-17



- It may be that people living in these communities lack the confidence and/or resources to access early help, or that access to alternatives are perceived by some groups as more difficult.
- The communities with the highest rates of admissions for ambulatory care sensitive conditions amongst <65s are within Brumby ward, and Crosby and Park ward.
- These wards also have the rates of premature deaths from potentially preventable conditions and the lowest male life expectancy.
- **Almost half of all unplanned admissions to hospital in North Lincolnshire are people under the age of 65 years**, although the risk of an urgent admission is highest amongst the very old. (See Figure 28) Information is also available at Care Network and GP practice level. *(Insert hyperlink to GP and Care Network profiles once online).*
- Children account for a significant number of these admissions, but so do middle aged adults. There are much higher rates of emergency admissions for conditions that could potentially be managed within the community, especially in our most deprived neighbourhoods, including higher emergency admissions rates for conditions such as angina, chronic lung disease, and urinary tract infections.

Figure 29: Rate of urgent admissions for ambulatory care sensitive conditions in North Lincolnshire in most and least deprived 20% neighbourhoods by age group



Source: Burden of Disease in North Lincolnshire, 2016/17

Improving quality of provision across the health and social care system

- Whilst the quality of health and social care services is generally good across North Lincolnshire, recent CQC inspection reports have highlighted some challenges within the acute sector, and the latest report suggest further room for improvement.
- Further work is required to stabilise acute hospital services and implementing improvement plans for hospital, ambulance and patient transport services.
- In order to ensure services are of high quality, safe and affordable, some acute services may need to be delivered from larger hospitals

Source: <https://www.cqc.org.uk/provider/RJL>

INDICATORS OF HEALTH AND WELLBEING amongst older adults BY WARD Table 7	England	North Lincolnshire	Ashby	Axholme Central	Axholme North	Axholme South	Barton	Bottesford	Brigg and Wolds	Broughton and Appleby	Brumby	Burringham & Gunness	Burton upon Stather and Winterton	Crosby and Park	Ferry	Frodingham	Kingsway with Lincoln Gardens	Ridge	Town
Resident population aged 65+ 2016 %	17.90%	20.40%	14.90%	23.10%	20.30%	26.10%	21.30%	28.20%	23.80%	22.80%	16.10%	29.80%	23.00%	14.10%	21.80%	13.00%	18.90%	25.80%	12.40%
% 65+ in receipt of pension credit Aug 2017	15.30%	15.30%	19.60%	9.90%	15.20%	9.50%	14.40%	7.70%	13.90%	13.40%	24.70%	17.70%	11.80%	23.50%	14.80%	23.50%	19.80%	11.40%	26.20%
% 65+ in receipt of Attendance Allowance Aug 2017	12.30%	12.60%	14.20%	9.90%	13.00%	9.60%	11.20%	11.20%	13.10%	11.40%	15.20%	14.20%	12.50%	14.10%	11.00%	17.40%	15.50%	10.80%	15.70%
Emergency admission rates for falls amongst 65+ per 100,000 2016/17	2114	1415.9	1028.2	838.9	1420.3	1454.1	1745	1092.2	1002.1	753.3	1596	1473.2	3272.5	1468.7	1080	1153.5	2340.1	759	1300.6
Emergency admissions for hip fracture 65+ per 100,000 2016/17	575	615.2	431.6	142.1	616.9	417.9	667.9	240.6	413.2	624.1	578.6	467.1	2333	626.1	225.1	606.1	1058.7	293.4	508.8
Emergency admissions for ambulatory conditions 65+ per 100,000 2016/17	N/A	9553.2	13161	6015.2	9134.3	9824.9	9337.1	8244.5	9804.2	6627.9	10913	9998.7	10772	11979	7084	10464	9633.1	8387.4	12825
Care home residents 65+ number (no) April 2018	N/A		148	0	50	65	66	0	135	79	52	54	30	125	85	12	136	32	70
People aged 65+ in receipt of long term community services funded by NLC (no) April 2018	N/A	703	87	26	36	17	44	52	47	32	51	30	35	53	29	32	51	51	30
Male life expectancy at 65 years 2015-17	18.8	18.1	16.4	19	18.3	19	18.2	19.8	17.6	17.4	17.3	18.2	19.2	16.4	18.5	16	17	19.8	16.2
Female life expectancy at 65 years 2015-17	21.1	20.6	18.2	21.7	22.3	21.9	20.9	22.5	20.7	20.1	18.4	19.4	21.7	18.6	20.5	20.3	20	22.3	18.9
Deaths in care homes/at home 65+ (2016) number	N/A	727	57	27	25	33	61	41	59	43	62	24	46	52	41	18	49	54	35
Key: Compared with England		Better		Worse															

10. End of life

Why it is important

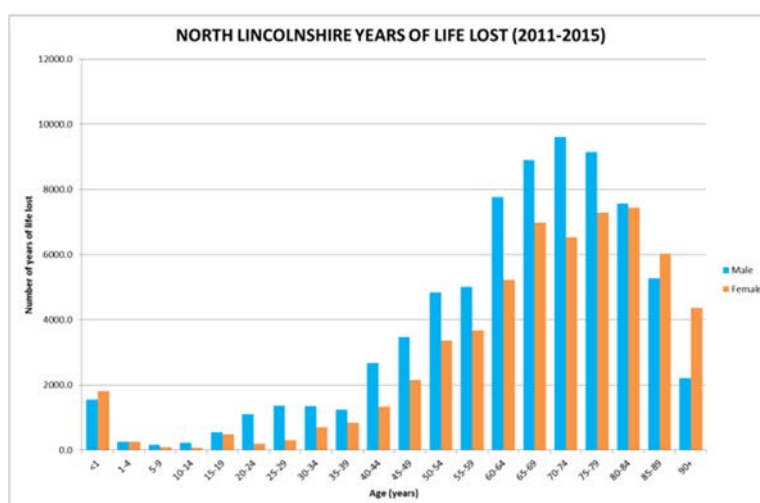
- Death is a fact of all of our lives. All of us will die and most of us will experience bereavement at some point in our lives. Whilst the majority of deaths occur in older age, and after a period of chronic illness, some occur at younger ages and may be unexpected. A very small number of deaths occur in childhood.
- The place and manner in which people die and are cared for at end of life can have a significant impact on the wellbeing of the individual, their carers and on others who are bereaved.
- People dying where they want to and having the opportunity to plan in advance and exercise some choice of care at end of life, can also bring great comfort to them and to those who are left behind.
- Some population groups are more likely to die at a younger age than others, including people with learning disabilities, people with serious mental illness, people with chronic substance misuse issues, and people living in our most deprived communities, especially low income men.

Key Facts

- An average of 1780 North Lincolnshire residents die each year. Of these, less than 1% are under 20 years of age at the time of death, compared with 86% aged 65 years or older and 68% aged 80+.
- An average of 10 children and young people die each year in North Lincolnshire. The majority of these child deaths occur in the first year of life and most are due to extreme prematurity or congenital conditions.
- Infant mortality rates are similar to the national average in North Lincolnshire and have remained at around 4 per 1,000 live births for the last decade.
- The number of people dying at very old age is rising year on year. In 2017, 365 people died in their 90th year or older, with a number of complex underlying conditions, representing just over a fifth of all deaths in that year.
- The major causes of death are cancer, (29% deaths a year), circulatory disease such as stroke and heart disease, (26%), and respiratory disease, such as chronic lung disease (14%).
- Premature deaths from these causes, i.e. deaths before 75 years of age, are significantly above the national average in North Lincolnshire, the highest rates being observed in Brumby, Crosby and Park and Frodingham wards in Scunthorpe.
- The number of deaths where dementia is mentioned on the death certificate is rising each year. In 2017, more than 300 death registrations mentioned dementia as a contributory cause of death.
- Less than half of deaths occur in hospital in North Lincolnshire, (45%), 21% at home, 28% in a care home, and 4% in a hospice. A slightly higher proportion of deaths occur at home in North Lincolnshire than nationally.
- More than half of deaths which occurred in care homes, were of temporary residents, i.e. the care home was not their usual place of residence.
- People with dementia are more likely to die in care homes.
- The number of deaths which occur in hospital or within 30 days of discharge remain above average in Northern Lincolnshire and Goole, although rates are improving. In 2017/ 2018 there were 2,573 deaths which occurred in hospital or within 30 days of discharge, compared with an expected number of 2,193, an excess of 380 deaths. This is 17% above what would be expected if the number of such deaths were similar to the national average.

Men die at a younger age than women, and from all major causes.

Figure 30: Years of life lost by age and gender in North Lincolnshire



- Sudden deaths are also more common amongst men, with males having much higher rates of accidental deaths, including traffic related fatalities, alcohol and drug related deaths and suicides, than women.
- Men are also more likely to die sooner than women from other potentially preventable causes, including lung cancer, chronic lung disease and heart disease, especially those living in our most disadvantaged areas. (*Link to Burden of Disease report*).

Main causes of death

- Whilst cancer, heart disease and stroke and respiratory disease are the major causes of death across the population, there are distinct patterns across the life course.
- 15-34 yrs, deaths due to injury (self-harm; traffic accidents)
- From age 35 liver disease (alcohol and injecting drug related)
- From as early as 45 years, heart disease, cancer and respiratory disease start to emerge with dramatic differences in profile by deprivation score, (see figure 31).
- From ages 25-65 there are substantial excess deaths due to:
 - Suicide and drug related deaths, mainly amongst males
 - Gastrointestinal disease deaths, majority of which are cirrhosis (due to alcohol related harm and infectious hepatitis, much, but not all of which occurs in injecting drug users).
 - Cancer and heart disease are the major causes amongst people aged 65+ with dementia emerging as a key cause at this age

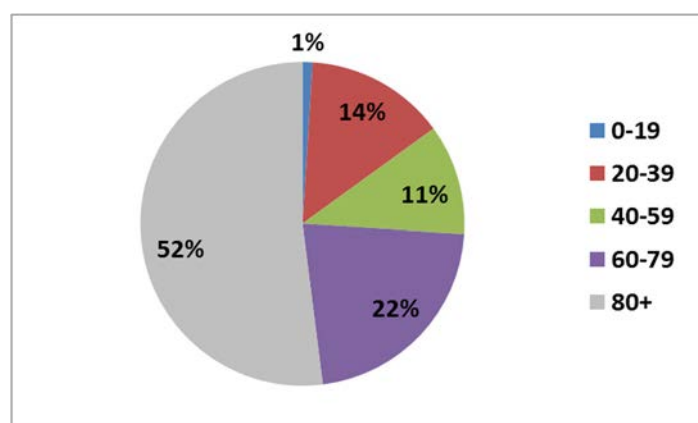
Figure 31: Top 5 Causes of death by age in North Lincolnshire

	1 st	2nd	3rd	4th	5th
0-4 yrs	Perinatal/ congenital	Cancer	Infection	Neurolog	Digestive
5-19 yrs	Suicide	Accident	Neurological	Cancer	Infection
20-34 yrs	Accident	Suicide	Cancer	Liver disease	Heart disease/ stroke
35-49 yrs	Heart disease/ stroke	Liver disease	Suicide	Accident	Cancer
50-64 yrs	Heart disease/ stroke	Lung cancer	Other cancer	Liver disease	COPD
65-79 yrs	Heart disease/ stroke	COPD	Stomach and bowel cancer	Lung cancer	Dementia
80+ yrs	Heart disease/ stroke	Cancer	Pneumonia/ flu	COPD	Other resp.

Accidental deaths

- Each year on average, 40 people die as a result of an accident in North Lincolnshire.
- More than half of these deaths occur as a result of fall, with older people accounting for the majority of these deaths. Younger adults account for most of the road deaths and deaths from accidental poisoning.

Figure 32: Accidental deaths by age in North Lincolnshire

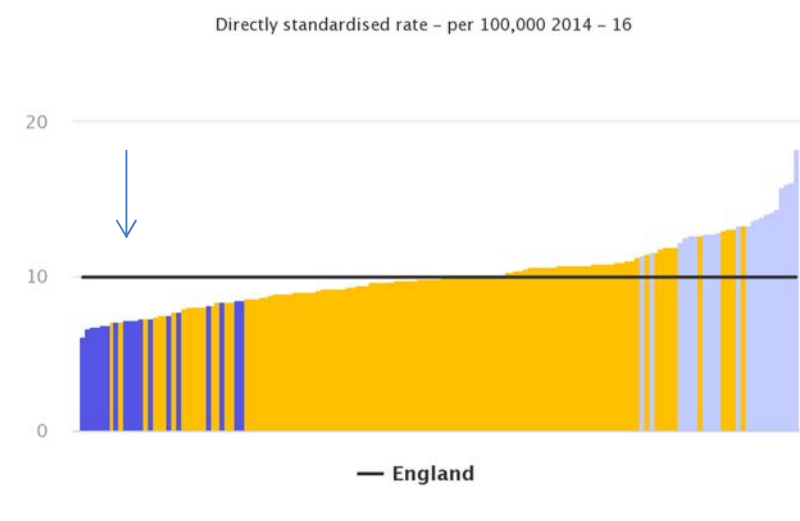


Deaths by suicide

- On average 1 person a month takes their own life in North Lincolnshire. Whilst this number of deaths by suicide is in line with the national average, suicide remains a significant cause of potentially preventable deaths in North Lincolnshire accounting for 800 years of life lost each year, or an average of 43 years of life lost per suicide, with suicide remaining the largest cause of death amongst men aged 30-55 years.
- Suicide risk is complex and is rarely the result of a single event or precipitating factor. A combination of individual, relationship, community and societal factors all contribute to suicide risk. At a community or environmental level, areas with above average suicide rates tend to be areas with high rates of:
 - Long term unemployment
 - Debt/ low income
 - Incidence of serious mental illness
 - Drug/alcohol misuse
 - Dual diagnosis
 - Family breakdown
 - Social isolation/low self esteem

According to these social and economic features, North Lincolnshire is not a high risk area for suicides. Currently, the 3 year national trends suggest **North Lincolnshire ranks in the bottom quintile of all English local authorities for suicide.**

Figure 33: Suicide rates by English LAs 2014-16



- The likelihood of a person taking their own life may be affected by a number of different factors, including physically disabling or painful conditions, severe mental illness, alcohol and drug misuse, as well as levels of emotional and social support. Stressful life events can also play a part, including bereavement, separation, family breakdown, unemployment debt and social isolation.

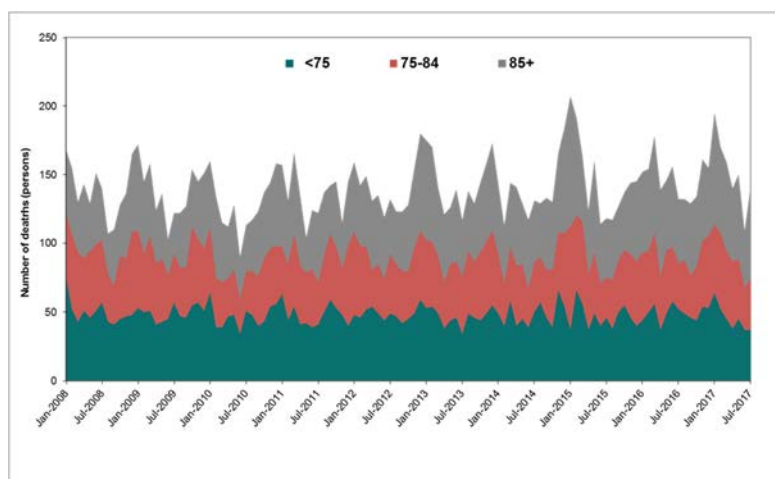
Males are 4 times more likely to take their own lives than females.

- According to local suicide audit data, more than half of people who died by suicide in North Lincolnshire between 2011 and 2017 were either unemployed or long term dependent on sickness benefits at the time of their death, 58% were either single, widowed or divorced, whilst just over a third, 35%, were receiving treatment for mental illness at the time of their death, either from their GP or from secondary mental health services. 1 in 4 were receiving treatment for a chronic long term physical illness or chronic pain at the time of death, whilst a fifth were chronic drug or alcohol users.
- Whilst North Lincolnshire is not a high risk area for suicide or for precipitating risk/stress factors, some issues do potentially have more of a local focus, including:
 - A higher than average number of people in the population suffering from long term chronic conditions
 - An ageing population of long term (opiate) substance misusers who are likely to have multiple chronic long term conditions
 - A higher proportion of people employed in low skilled, low paid jobs

Excess winter deaths

- Every year, mortality rises by an average of 19% in the winter months in England, i.e. between December and March, compared with the rest of the year.
- Most local authority areas experience higher rates of mortality in the winter months. A measure of this increase is provided on an annual basis in the form of an excess winter mortality count and index.
- Excess winter mortality is an issue of concern for public health as there is strong evidence that many of these deaths are preventable. Hence the importance of monitoring these closely.
- Excess winter deaths can vary over time and are usually associated with higher than average levels of flu circulating in the population, sharp or prolonged drops in temperature, as well as levels of frailty and underlying disease in the resident population.
- Older people with underlying health conditions are most vulnerable to excess winter deaths, especially those aged 75+. The chart below shows the variation in monthly deaths by age, with large peaks in the winter months amongst the very old.

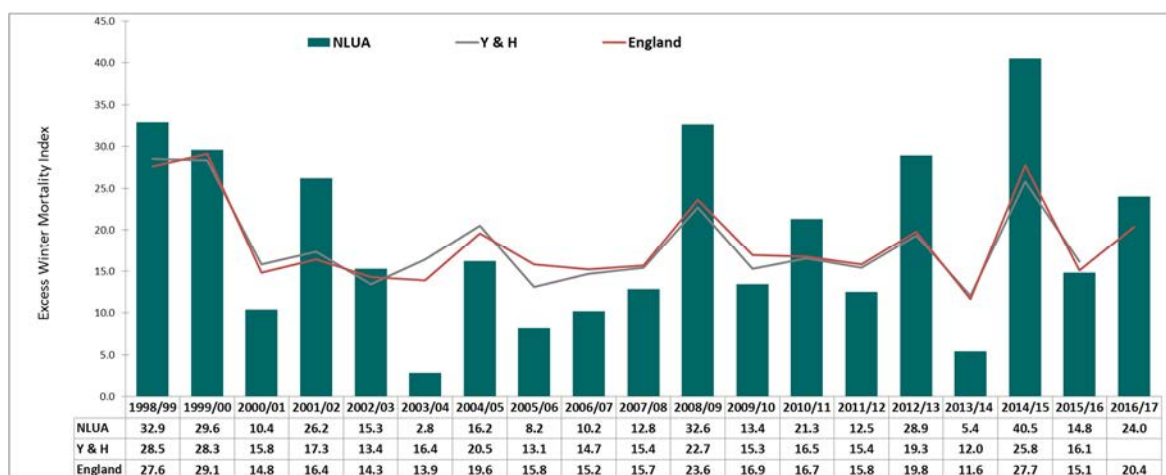
Figure 34: Deaths by month in North Lincolnshire by age at death



- North Lincolnshire's rates of excess winter deaths have historically compared well with the national and regional rates, although they can fluctuate quite significantly from one year to the next.

- For example in 2011/12 there were 70 excess winter deaths in North Lincolnshire. Giving an index value of 12.5. This rose to 131 in the 12 month period between July 2016 and June 2017, giving an index value of 24.
- This was significantly above the national index value of 20.4 but did not exceed the high of 40.5 recorded in North Lincolnshire in the winter of 2014/15, equivalent to 215 excess winter deaths in that year in North Lincolnshire.

Figure 35: Trends in excess winter deaths



- Over a third of excess winter deaths are caused by respiratory diseases.
- Two interventions which can help reduce some of this winter mortality include, winter fuel payments for the frail elderly and flu vaccinations.
- Take up of the flu vaccine by people aged 65+ is in line with national average in North Lincolnshire and has improved in recent years although it is still below the target coverage of 75%.
- People eligible for the seasonal flu jabs are also an ideal target audience for information on the help available to keep warm and make their homes warmer and more energy efficient.
- Additional public health interventions can include, raising awareness and training front line staff on what they can do to identify and signpost people at high risk, (supported by a simple referral tool), within both private and social housing
- Advances in health and social care mean that older people are now living longer than previously in their own homes and often with multiple long term conditions.
- As our population ages, the number of people at risk of declining health in the winter and flu months is likely to increase year on year.

TABLE 8 INDICATORS OF HEALTH AND WELLBEING BY WARD (compared with national average)	England	North Lincolnshire	Ashby	Axholme Central	Axholme North	Axholme South	Barton	Bottesford	Brigg and Wolds	Broughton and Appleby	Brumby	Burringham & Gunness	Burton upon Stather and Winterton	Crosby and Park	Ferry	Frodingham	Kingsway with	Ridge	Town
% population living in 20% most deprived LSOAs (2016)	20	28.3	39.4	0	0	0	0	0	0	0	64.6	0	14.2	49.1	0	44	13.1	0	62.5
All cause mortality (per 100,000) (all ages) (2014-2016)	1001	1017.5	1224.1	906.6	972	961.5	975.3	751.9	1059.3	1188.8	1365.1	1137.2	868.7	1351.1	901.2	1064.2	1014	828.9	1185.9
Premature all cause mortality (per 100,000) (u75) (2014-2016)	N/A	361.5	531.5	303.5	250.1	227.3	293.5	240.2	356.7	323.4	488.3	449.7	309.8	531.9	338	507.5	389	293.3	521.9
Deaths from causes considered preventable (per 100,000) (all ages) (2014-2016)	182.8	201.4	220.6	177.3	153.4	140.1	170.2	134.2	183.8	183.4	317.8	227.3	174.2	310.8	183	355.1	225.7	143.8	249.6
Premature deaths from cancer (per 100,000) (u75) (2014-2016)	136.8	149.3	134	118.5	102.4	93.2	131.2	122.1	147.1	133.4	221.6	175.4	140.6	184.5	159.1	234.2	201.1	130	168.2
Premature deaths from CHD (per 100,000) (u75) (2014-2016)	39.4	41.6	59.7	27.6	45.6	40.2	22.8	28.7	50	49.1	46	75.2	23.5	70.3	39.1	69.1	41.4	19.7	49.1
Premature deaths from respiratory disease (per 100,000) (u75) (2014-2016)	33.8	41.4	68.9	45.7	23.8	11.6	45.4	16.6	49.6	18.2	42.6	48	24	85	46.8	73.9	42.7	29	80.1
Percentage of deaths in usual place of residence (65+) (2016) %	47.2	48.7	56.4	47.4	41	48.5	53	41.8	45.7	54.4	57.9	43.6	46.9	52.5	44.6	38.3	43	54	47.3
Male life expectancy (yrs) (2014-16)	79.5	79	76.8	81.3	81.8	81.7	78.7	83.3	78.1	78.9	77.4	76.2	81	75.3	79.1	76.8	77.9	81.6	76.2
Female life expectancy (yrs) (2014-16)	83.1	82.6	79.2	84.4	85.1	84.5	83.7	86.2	82.3	81.5	79	81.9	85.1	79.4	82.4	82.3	82.4	84.9	82.3
Deaths from causes considered preventable per 100,000 (2014-16)	182.8	201.4	220.6	177.3	153.4	140.1	170.2	134.2	183.8	183.4	317.8	227.3	174.2	310.8	183	355.1	225.7	143.8	249.6
Key: Compared with England	Better	Worse																	