North Lincolnshire’s Joint Strategic Needs Assessment

2013/14 Update

Executive summary

March 2014
### JSNA Executive Summary 2013/14

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JSNA KEY ISSUES 2013/14

1. Background and Context

1.1 Introduction
All public sector and voluntary services in North Lincolnshire are facing considerable challenges. The needs of our population are changing and expectations are increasing. At the same time we are facing the additional challenge of significant financial constraint, with public agencies facing a long period of limited growth in budgets, alongside an anticipated increase in demand for health and social care support and services.

In order to meet these challenges, local agencies need to consider the current profile of health and wellbeing in North Lincolnshire, the factors which contribute to this, as well as opportunities and risks for improvement.

1.2 What is a JSNA
JSNA stands for Joint Strategic Needs Assessment. Under the Health and Social Care Act, 2012, which came into force in April 2013, there is a new 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.

The purpose of JSNAs is to bring together all the information that is available on the health and wellbeing and care needs of the people of North Lincolnshire in a single ongoing process. The statutory guidance on JSNA emphasises that this should include information on current and future needs and assets, the quality and accessibility of services, evidence of what works and should include the views and perspectives of people living and working in the area.

The issues identified in the JSNA should then inform the priorities of the Joint Health and Wellbeing Strategy and used to make decisions about how services are provided in the future.

1.3 North Lincolnshire’s JSNA

This is North Lincolnshire’s 5th JSNA. The summary report for the period covering 2013-14 is available on the Council’s Data Observatory webpages at (insert hyperlink). This is supported by key evidence and data sources on health and wellbeing trends in North Lincolnshire. A new development for 2013-14 is the addition of locality and ward profiles of health and wellbeing.

One of the key principles that underpins this JSNA is that understanding health and wellbeing in North Lincolnshire requires an understanding of the local population, the place and life course. Taken together, these people and place factors provide the background for explaining health and the potential for improving the health and wellbeing of people in North Lincolnshire, from birth to end of life.
1.4 JSNA process
The current JSNA was steered by a wider range of partners to reflect the new duties on local authorities. The report is presented in its final version to the Joint Health and Wellbeing Board. The aim is to publish it on the Council’s Data Observatory website.

Although there is a new duty to jointly prepare and publish a Joint Strategic Needs Assessment, there is nothing new about strategic needs assessments in North Lincolnshire. The Council and the Clinical Commissioning Group have been systematically reviewing local health and social care needs to inform their commissioning priorities for many years. A list of recently commissioned and completed needs assessments is available in appendix 1.

Much of the information contained in these needs assessments and summarised in this latest JSNA, has already informed the refresh of the Clinical Commissioning Group’s Commissioning Strategy for 2014-17, the Children and Young People’s Plan for North Lincolnshire, (2014), the Director of Public Health’s Annual Report, 2014, and the draft Supplementary Planning Document for Health, ‘Planning for Health & Wellbeing’, 2014’, as well as numerous other commissioning strategies.

The current refresh is also informed by an analysis of health and social care trends in North Lincolnshire. This report summarises this information, with signposts to more detailed evidence on the social, economic, environmental, health, and population trends that are likely to impact on people’s health and well-being, both now and in the future. It signposts readers to more detailed information by localities and wards, so that a good understanding of geographic needs can be established for joint commissioning purposes.

1.5 Community voice
The data review also includes softer sources of information, including qualitative research with local people, patient and user surveys, as well as consultation events with key service user groups.

Members of the JSNA steering group were also asked to submit the outputs of any other recent consultation with the public or with service users, including patient and user surveys. The results of these are summarised in the relevant sections of the JSA with hyperlinks to the evidence base. A list of key documents referred to in this report is available in Appendix 1.

1.6 General health and wellbeing
On the face of it North Lincolnshire should be a relatively easy place to lead a healthy life, with large areas of green space per head of population, relatively easy access to open countryside, above average income and improving educational attainment.¹

This is reflected in some key general health and well being indicators for North Lincolnshire’s population as a whole. For example life expectancy at birth continues to improve in North Lincolnshire and currently stands at 78.3 years for males and 82.8 years for females.

¹ A fuller profile of North Lincolnshire’s geography, population, infrastructure, and natural, social and economic assets can be found in (http://nldo.northlines.gov.uk/IAS/jsa/jsna/)
This represents an improvement of more than 4 and a half years for men and almost 3 years for women since 1991, although local rates still lag behind the national average. Currently male life expectancy across England is 79.2 years and for females it is 83 years.

Figure 1: Trends in life expectancy 2002-12

Source: ONS, 2013

However, the number of people at risk of lifestyle related diseases, remains above the national average in North Lincolnshire, and healthy life expectancy has not improved quite as fast, which means that for many people, these extended years of life are likely to be spent in relatively poor physical and/or mental health. Currently, there is a 16 year gap in life expectancy and healthy life expectancy for men, and a 19 year gap for women.

Figure 2: Life expectancy and healthy life expectancy in North Lincolnshire

Source: ONS, 2013
1.7 Inequities in health

Although life expectancy at birth has improved for all social groups, over the last 20 years, it has risen fastest for our most affluent 10% men and women.

Currently, average life expectancy for men living in our most deprived 10% neighbourhoods is 73 years, (6 years below the local and national average) and for women it is 77 years, (4 years below the local and national average). This is 7 years shorter than for our most affluent 10% men and 11 years shorter than for our most affluent 10% women.

**Figure 3**

*Gap in life expectancy at birth (20101-12) by LLSOA*

Source: North Lincolnshire Council, 2013

Residents of our most deprived 10% neighbourhoods are not only more likely to die between 7-10 years before our richest residents, they are also more likely to spend 10 more years of adulthood in poor health.

These differences in health outcomes are from causes which are potentially preventable, placing North Lincolnshire above the national average for rates of avoidable deaths.

**Figure 4: Inequities in potentially preventable deaths in N Lincolnshire, 2008-12**

Source: North Lincolnshire Council, 2013
1.8 Marmot and the wider determinants of health and wellbeing

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

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

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

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

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

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

Although many of the factors which contribute to health and wellbeing are subject to influences outside local control, the Council and the NHS still have significant potential to impact on these factors, and work is in hand at a local level improve health and address inequities.

1.9 Structure of JSNA

We have structured the JSNA, our evidence and this summary, around the wider determinants of health and the life course (starting well, developing well, living and working well, ageing and retiring well and dying well). This is consistent with the approach recommended by the Marmot review and emphasises the critical importance of early years in shaping health in later life. It also makes it clear that improving health and wellbeing is everyone’s business and requires the concerted actions of a wide range of partners including the residents of North Lincolnshire.
For contextual information on the population, the economy and the wider determinants of health and wellbeing, see the Council’s Joint Strategic Assessment, 2014 http://nldo.northlincs.gov.uk/IAS/jsa/

A summary of our performance across a range of NHS, Social Care and Public Health Outcome indicators can be found in section 6. This includes information on areas where North Lincolnshire performs well, compared with the national average, as well as on areas in need of improvement, or where little progress has been made in the last 12 - 24 months.

NB: THIS INFORMATION REFERS TO THE PERIOD 2012/13 AND WAS THE MOST CURRENT AT THE TIME OF WRITING


A one page summary of health and wellbeing in the 5 localities can also be found in Section 7 of this summary report. More detailed information and supporting evidence can be found on the JSA webpages.
2. **JSNA 2013/14 KEY ISSUES** This information was correct at the time of writing February 2014

<table>
<thead>
<tr>
<th>Wider determinants</th>
<th>Strengths</th>
<th>Issues/Challenges</th>
<th>Assets/Opportunities</th>
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| **Population**     | • Significant natural population growth which exceeds national growth rates.  
                      • Growing child population  
                      • Growing ethnic diversity | • Continuing leakage of skilled young adults  
                      • Older than average workforce  
                      • Oldest population growing faster than average  
                      • Forecast reduction in working age population over next decade | • Opportunities to grow young skilled labour force and attract more working age residents  
                      • Relies on housing and economic development in key areas |
| **Place shaping**  | • Key strategic location for European freight and new energy businesses  
                      • Close to major motorway, airport and rail networks  
                      • High supply of employment land per head of population  
                      • Strong shared vision for urban and rural renewal and spatial growth  
                      • Strong industrial base and strong employer and trade networks.  
                      • High quality housing stock and higher than average rates of owner occupation | • Future employment growth depends on aligning local skills of future labour force with new industries  
                      • Housing availability and affordability in private sector worsening, with lower than average stock of 1 and 2 bedroom properties  
                      • Maximising the opportunity to deliver housing growth, whilst meeting the needs of areas that require regeneration  
                      • Public transport and active travel access to new employment opportunities and green spaces | • South Humber Bank development approved  
                      • A new Humber University Technical College for North Lincolnshire is due to open in Scunthorpe in September 2015.  
                      • Significant opportunities for long term economic growth in high value, high skilled, new energy industries  
                      • High quality natural environment  
                      • Potential for further growth in tourism and active travel |
| **Community assets** | • Strong sense of community and local identity.  
                      • Significant community and service user engagement in service planning at district and locality level  
                      • Strong tradition of volunteering  
                      • Significant proportion of young people already engaged in or considering volunteering  
                      • Long established Carers Support Service within the voluntary sector which provides advice and support for carers. | • Small local voluntary sector presence | • Cohesive local communities  
                      • Opportunities for developing voluntary capacity amongst young people and growing retired population  
                      • A growing working age population of carers also presents a unique business and employment development opportunity in the care and support service sector. |
<table>
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<th>Marmot themes</th>
<th>Strengths</th>
<th>Issues/Challenges</th>
<th>Assets/Opportunities</th>
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<tbody>
<tr>
<td>Healthy standard of living</td>
<td>• Higher than average proportion of people in employment</td>
<td>• No significant reduction in rates of child poverty in last 10 years.</td>
<td>• Compact labour force, which means that local economic interventions have a direct impact on residents</td>
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<td>• Unemployment rate fallen faster than nationally, with local levels below national and regional average</td>
<td>• Half of poor families are working poor</td>
<td>• Strong Financial Inclusion Partnership</td>
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<td></td>
<td>• Relatively low cost of living</td>
<td>• Increasing number of referrals to housing advice team</td>
<td>• Public health investment in local advice and support agencies</td>
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<td>• Fulltime male weekly earnings above regional average</td>
<td>• Evidence that personal debt is increasing, for example, rent arrears in social housing increased by more than 150% in the 14 month period, July 2012- to September 2013.</td>
<td>• Cross agency Community Investment Partnership established to raise employability skills in vulnerable neighbourhoods</td>
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<td>• Lower than average number of people accepted as homeless</td>
<td>• Significant pockets of low income, low skills in some urban and rural settlements, which would benefit from investment and development</td>
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<td>Fair employment</td>
<td>• Higher than average rates of paid employment for adults with a mental health need, and people with long term conditions</td>
<td>• Unemployment rate amongst 18-24 year olds has fallen but remains above the national and regional average</td>
<td>• Opportunity to align new 16-24 education and training opportunities to future labour market needs</td>
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<td></td>
<td>• Strong strategic commitment to improve employment opportunities for young people and other vulnerable groups</td>
<td>• Widening gap in employment rates between people with learning disability and the rest of the population</td>
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<td></td>
<td>• Health impacts of employment reflected in Strategic Economic Needs Assessments</td>
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<tr>
<td>Healthy places and sustainable communities</td>
<td>• Natural environment presents opportunities for improving physical and mental health</td>
<td>• Risk of PM10 exceedances in some areas</td>
<td>• Locality based approach to healthy living in Better Care Fund</td>
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<td>• Community willingness to engage in organising healthy activities</td>
<td>• Limited public transport links in some rural areas</td>
<td>• Healthy Places, Healthy Lives, supplementary planning document</td>
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<td></td>
<td>• Significant decline in overall crimes, in target crimes, and in priority areas</td>
<td>• Higher than average car ownership and use of cars for short journeys</td>
<td>• Well established Workplace Health Award Scheme</td>
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<td>• Increasing resilience of some vulnerable neighbourhoods</td>
<td>• Although rates are falling, higher than average road casualties and deaths per head of population</td>
<td>• High level of recycling per head of population</td>
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<td>• Prolific/repeat offenders and the link with substance misuse remains a priority</td>
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### Maximising capabilities and control over lives
- More people are taking direct control of their care and support, with increased use of direct payments and personal budgets
- Consistently high performance of local authority services for children in need, of which many judged as ‘outstanding’
- Lower than average use of agency staff for frontline children’s services posts
- Increasing number of adults with learning disabilities supported to live in their own homes
- Higher than average satisfaction with adult local authority funded care and support services
- (RDASH) have opened the Talking Shop which provides open access to primary mental healthcare
- MIND have funded an Employment project to ensure people with mental health problems are helped into employment.
- Supporting people, including self-funders to get best value from personal budgets
- As demand increases, ensuring that aids, adaptations, home improvement works and housing advice and support are delivered in a timely and cost effective way
- People with substance misuse issues are in treatment programmes for longer than average in North Lincolnshire
- Lack of clear pathways for offenders with specific health needs, specifically mental health dual diagnosis and learning disability
- Limited range of community based provision for people with profound disabilities and complex health needs
- Place of Change hostel opened in February 2014 to support vulnerable homeless with complex needs
- Core Autism offer published in 2014.
- Market position statement for people with complex needs and behaviour that challenges, as part of wider response to Winterbourne concordat
- Following a needs assessment carried out in 2012, a programme of work is underway to re-commission drug and alcohol services that will better meet the needs of service users.
- Transformation of housing related support model underway.

### Prevention and early detection
- Increasing take up of prevention, health protection and early detection services including higher than average take up of immunisations and vaccinations amongst children
- Continuing fall in the number of preventable deaths from major killer diseases,
- Health check capacity increased and service rolled out across GP practices
- Arrest referral scheme and integrated model embedded across criminal justice and community alcohol service.
- Higher than average rates of adult obesity, adult smoking and physical inactivity, including amongst pregnant women
- Higher than average and rising rates of some lifestyle related diseases, including alcohol and obesity related liver disease
- Higher than average incidence of cervical cancer
- Higher than average rates of cancer presentation through emergency routes. This might indicate later than average presentation for diagnosis.
- Falling take up of cancer screening programmes and significant social inequities in take up amongst disadvantaged groups
- Lower than average uptake of flu and PCV vaccinations amongst older people and vulnerable
- Development of locality based healthy living hubs
- Public awareness of cancer screening programmes has improved significantly in the last 3 years and is above the Humber and North Yorkshire ‘cluster’ average.
- Opportunity to influence alcohol licensing decisions
### Healthcare and mortality

- Continuing falls in premature deaths from some major killer diseases, including heart disease and some cancers
- Shorter than average wait for cancer referrals.
- Cancer survival rates at 1 year improving and currently above national average
- Hospital admissions following a fall amongst older people, is below the national average in North Lincolnshire.
- Improving discharge rates following first outpatient appointments – with North Lincolnshire now performing better than the national average.
- % patients waiting more than 5 weeks for an outpatient appointment is below average, and the number discharged at $1^{st}$ appointment is above average.
- Implementation of the urgent care model in October 13/14. This includes the development of Ambulatory Emergency Care pathways to reduce length of hospital stay and manage people in their own homes.
- 2013/14 saw the temporary centralisation of a hyper acute stroke at the Scunthorpe General Hospital site. There will be a formal consultation regarding the future location of

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<td><strong>adults</strong></td>
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<td>• Limited strategic focus and operational capacity to deliver prevention and early detection and treatment for alcohol and drug misuse in primary care and the criminal justice system</td>
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<td>• Deaths from smoking related diseases, such as lung cancer and chronic lung disease, remain above the national average and are rising amongst local women</td>
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<td>• Higher than average readmission rates within 30 days of discharge from hospital</td>
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<td>• Higher than average repeat admissions to A&amp;E within a 12 month period</td>
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<td>• Higher than average elective hospital admission rates for cancer, and higher than average cancer spend per head of population</td>
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<td>• Higher than average and rising unplanned hospital admission rates amongst adults and older people with acute and chronic conditions</td>
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<tr>
<td>• Higher than average elective hospital admission rates for cancer, neurology and Upper GI</td>
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<tr>
<td>• Rising deaths from alcohol and obesity related liver disease</td>
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<td>• CQC inspection in January 2014 confirmed that improvements had been made to stroke care and A&amp;E services, although there is still some work to do. Stroke accreditation visit is due 2014.</td>
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<td>• Recent reconfiguration of urgent care services and the delivery of the Better Care Fund provide opportunities to promote better self-care at home, better use of urgent care and reduce avoidable hospital attendances</td>
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<td>• Major public and stakeholder consultation on the future configuration of secondary healthcare services, including experience led commissioning programme, across outpatients, dementia, and end of life care.</td>
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<td>• Amongst other things this has led to the development of actions plans for improving services in each of these areas.</td>
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<td>• Revision of community based respiratory service. This will now be procured by tender to provide community based services focussing on rehabilitation, diagnosis and treatment and a comprehensive home oxygen assessment service.</td>
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<td>• Business case developed for development of a community based MSK service - and specification is in development for implementation in 14/15.</td>
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stroke services in June 14.

| Health inequities                                                                 | Continuing inequities in life expectancy between 10% poorest and richest male and female residents, which remain wider than average.  
|                                                                                | The main contributors to this gap are premature deaths from potentially preventable lifestyle related diseases, specifically heart disease, lung cancer and COPD.  
|                                                                                | Inequalities in maternal and infant health remain wide.  
|                                                                                | Service review and development of a community diabetes model will be implemented during 14/15. The aim is for more people to be managed within their own practice, with support from the specialist team.  
|                                                                                | Community pharmacy in Scunthorpe North is offering free and confidential drop in service and advice for BME and migrant communities.  
|                                                                                | Community Outreach team for vascular health checks targeting most deprived and ‘hard to reach’ groups.  

- The gap in male life expectancy has narrowed since 2009-11.  
- Good progress has been made on narrowing the gap in some other outcomes, including readiness for school amongst low income children, educational attainment and health outcomes for looked after children and young offenders.
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<th>Issues/Challenges</th>
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| Starting well | • Health and wellbeing of North Lincolnshire infants is improving year on year and is currently at best ever level.  
• North Lincolnshire has better than national take up of childhood immunisations and vaccinations, and flu vaccinations amongst pregnant women  
• Multiagency work continues aimed at achieving stage 2 UNICEF Baby Friendly Initiative accreditation and to support local women to breastfeed for longer  
• Increasing number and proportion of North Lincolnshire children are registered with, and seen by, Children’s Centres, including those from the most disadvantaged areas of North Lincolnshire  
• Above average take-up of 2 year old early education places of between 95-98%  
• Fluoridation of local water supply to the east of the river Trent, with lower than average dental decay amongst 5 year olds | • Birth rates are rising fastest amongst poorest 20% for whom health literacy, maternal and infant health and early development outcomes are poorest  
• Smoking in pregnancy and breastfeeding rates are improving but remain worse than the national average  
• Continuing gap in early years development between boys and girls and low income children and the rest, although the gap is narrowing for children on free school meals. | • Integrating services for children from conception to 2 years adopted as priority actions within the JHWS and CYPP  
• New framework for Early Help Assessments  
• Creation of a single access point for all early help and social work services  
• Continuing success and further development of the Family Nurse Partnership and The Families Initiative (TFI)  
• All inspected Children’s Centres judged as ‘good’, with some outstanding features  
• Development of a model for paediatric assessment of non-elective cases. This will be based on the children’s ward of SGH and will allow short term assessment without the need to admit. This will free up resources to invest in the children’s community nursing team. Implementation will be in 2014/15. |
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<th>Issues/Challenges</th>
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| Developing well     | • Increasing proportion of primary and secondary children attending ‘Good’ or better schools  
• Rising attainment rates at GCSE, including higher than average rates amongst Looked After Children and BME groups  
• Higher than average integration of children with special educational needs in mainstream schools  
• Growth in young apprenticeship and employment taster opportunities for young people aged 16-24 years  
• Significant drop in overall numbers of young people engaging in risky behaviours, including drug and alcohol misuse and first time offending  
• Teen conception rates at lowest level for 15 years and falling in line with national trend for both under 16s and 16-17 year olds | • Higher than average % of 11 year olds with excess weight and no significant reduction in excess weight amongst 5 year olds in last 6 years.  
• Higher than average unscheduled hospital admission rates for 0-19s with epilepsy, diabetes and asthma  
• Limited level 3 employment opportunities for 18-24 year olds  
• Increasing concentration of multiple risk taking and unhealthy behaviours amongst small cohort of children and young people  
• Increasing use of ‘skunk’ and so called ‘legal highs’ amongst young adults | • Get Going weight management programme for children and families  
• Raising Aspirations identified as major local priority in Children and Young People’s Plan.  
• Integrated approach to multiple risk taking amongst young people agreed by local agencies  
• Careers Information Advice and Guidance (IAG) team awarded the Matrix quality standard  
• Youth Offending Service ranks amongst the best in the country  
• Processes for engaging children and young people in strategic and service planning commended by Ofsted  
• Strong strategic commitment to improve employment opportunities for young adults and other vulnerable groups |
| (5-19 years)        |                                                                                                                                                                                                          |                                                                                                                                                                                                              |                                                                                                                                                                                                                  |
| Living and working | • Higher than average rates of economic activity amongst working age population  
• Unemployment rates falling faster in North Lincolnshire than regionally or nationally  
• Higher than average rates of paid employment for adults with a learning disability | • Older than average workforce and poorer than average health of working age adults  
• Lower than average adult skills at level 3 and above  
• Continuing social inequities in employment and income opportunities in a small number of neighbourhoods  
• Higher than average repeat attendances by local residents at A&E | • Significant opportunities for employment and training in new growth industries linked to the Able development on the South Humber Bank.  
• Opportunity to align new 14-24 education and training opportunities to future labour market  
• 5 locality based social care teams have been brought together with health staff to develop community focussed, integrated, person centred locality teams.  
• Reconfiguration and integration of urgent care services, including out of hours and rapid response services |
<p>| well (20-65 years)  |                                                                                                                                                                                                          |                                                                                                                                                                                                              |                                                                                                                                                                                                                  |</p>
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<tr>
<th>Lifestyles</th>
<th>Strengths</th>
<th>Issues/Challenges</th>
<th>Actions/Assets/Opportunities</th>
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| Adult Lifestyles | • Increasing take up of prevention, health protection and early detection services  
• Falling adult smoking rates, although they remain above average  
• Health Checks capacity across GP practices has increased, although coverage remains well below the national average  
• Community outreach team for health checks effectively targeting most deprived and hard to reach groups | • Higher than average rates of adult obesity, adult smoking, including amongst pregnant women, and physical inactivity.  
• Higher than average prevalence of high blood pressure, heart disease, lung cancer and lung disease in the population  
• Limited Stop Smoking Service capacity and lower than average offer and take up per head of population  
• Increasing numbers of people presenting to health services with alcohol and obesity related liver diseases, in line with national trends  
• North Lincolnshire residents less likely to perceive smoking as a risk factor for cancer than ‘cluster’ average | • Experience Led Commissioning approach to understanding the challenges faced by people who are overweight and obese is currently underway.  
• Once completed, a new service will be commissioned which will better support people in North Lincolnshire to address their weight problems.  
• Obesity pathway is currently being examined to ensure that it is operating effectively and meeting the needs of our local population.  
• Research completed to identify why people do not access local stop smoking services in areas of high need. New service specification will incorporate lessons learnt. |
| Ageing well (retirement age and older) | • Higher than average user satisfaction with home care services  
• Lower than average delayed discharges from hospital  
• Effective rehabilitation and reablement services post hospital discharge, but limited capacity  
• North Lincolnshire one of 17 trailblazer Councils offering direct payments for people in residential care | • Projected increase in age and lifestyle related diseases amongst older population in next 10 years with projected growth above national rates  
• Low value of local housing suggests that more people may come into LA funding as a result of the Care Bill and national proposals to raise income threshold  
• Lower than average detection rates of dementia and COPD in primary care  
• Overprovision of care home beds for older people | • Local Freshstart service rolling out wellbeing offer to 80+s  
• A new, extra care sheltered housing scheme is being developed for older frail people and people with complex needs.  
• Better Care Fund provides an opportunity to extend reablement services and deliver more community based support to enable more frail elderly to live for longer in their own homes  
• Strong integrated health and social care partnerships  
• Market shaping strategy and market intelligence evidence base in place |
<table>
<thead>
<tr>
<th>Dying well</th>
<th>Review of nursing and care homes completed</th>
</tr>
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</table>
| • In and out of hospital excess death rates (SHMI) fallen for first time in 3 years  
  • Continuing fall in number of preventable deaths from some major killer diseases, including heart disease and cancer  
  • Falling number of deaths and serious injuries on the roads  
  • Suicide prevention Action Plan in place and suicide audit underway |
| • Lifestyle related diseases contribute most to the gap in life expectancy between North Lincolnshire and the national average, and to the 7 and 10 year gap in life expectancy between men and women living in North Lincolnshire’s 10% least and most deprived neighbourhoods.  
  • An increasing number of older people are surviving into very old age and are approaching end of life with multiple & complex long term conditions, including dementia  
  • The number of people who die following admission to hospital or within 30 days of discharge remains above expected levels, and above the national average in Northern Lincolnshire and Goole Hospital Trust |
| • Mortality Action Group and Action Plan in place, Keogh Review report in place  
  • Local End of Life (EoL) services redesigned following Experience Led Review in consultation with patients, carers and staff.  
  • Provides an opportunity to improve consistency and quality of end of life care across sectors.  
  • Additional investment in community based End of Life Care, and appointment of a specialist consultant in palliative care.  
  • Opportunities to build on existing best practice in the community and raise quality of end of life care in residential and nursing care homes, where 24% of deaths in North Lincolnshire occur. |
3. **Community/User Voice refresh 2013/14**

A number of consultations have taken place with local residents over the last 12 months which have added to our understanding of what local people know and want from local health, wellbeing and social care services.

The results of these consultations have informed this 2013/14 refresh of the JSNA and are summarised briefly below. More details of the consultation reports can be found in Appendix 1, whilst more information about the action plans that have resulted can be found on the Health and Wellbeing Board pages of the Council website. (Insert hyperlink)

Copies of previous consultations can be found on the JSNA webpages, (insert hyperlink).

**Young people’s priorities**
In November 2013, a number of North Lincolnshire young people aged 12 years and older took part in a Local Takeover Week, which enabled them to get a taste of the workplace and shadow people at work to get a flavour of the different sorts of jobs that people do. The feedback from young people was very positive

‘I really enjoyed it - a totally new and different opportunity’
‘I learned about the Lincolnshire Lakes Project and it was really interesting’
‘It was mint - I want to be an HGV mechanic now’
‘It was an eye-opener for what’s out there and available for when I’m older’
‘I thought they helped me with ideas for my own work, and gave me confidence when talking to a group’

In the same month, a Great Debate took place. Feedback included:

‘Legal Highs debate showed what a hot topic it is and how important it is to be discussed’
‘I enjoyed this experience and look forward to coming again’
‘I had a great time debating e.g. legal highs and I would love to do it again’
‘Learned a lot but people need to listen more’
“We had a chance to discuss subjects in depth with the opinions of others”
“Helped me understand apprenticeships”

Examples of emerging priorities resulting from these two events, as well as from the Youth Council and Children in Care Council, and from the 2013 Primary School and Adolescent Lifestyle Surveys include, the need to

- Promote positive body image,
- Develop appropriate support and advice in relation to bullying (including cyber bullying) for victims, people who witness bullying and perpetrators.
- Raise awareness of lesbian, gay, bi sexual and transgender issues (for young people and in schools) and links to bullying.
- Raise awareness of substance misuse issues, understanding of the implications of legal highs and what is perceived to be ‘normal’ in terms of the use (or misuse) of substances.
- Develop more robust careers advice and raise awareness of local opportunities and local pathways.
Adult obesity
A key theme of last year’s JSNA was the need to improve the health literacy of the local population to enable more people to self care appropriately. A key intelligence gap identified in that report was the need to better understand people’s need for weight management services, and their journey through the NHS obesity treatment pathway.

In 2013, a series of stakeholder user consultation events took place in North Lincolnshire. The final report and action plan is due to be published in April 2014. Some of the key messages from users included in that research include the need for:

- psychological as well as practical and dietary support to build emotional resilience. Self esteem is a major issue for people with weight issues including those who successfully undergo treatment
- more consistent public health messages around achieving and maintaining healthy weight
- more practical support, such as cooking skills
- strategic work with licensing and planning to help tackle issues such as active travel and proliferation of takeaways
- peer support from people who have been through a weight loss programme

Health and social care experiences of vulnerable groups
Another intelligence gap identified in last year’s JSNA was the health care experiences and needs of some vulnerable groups, including offenders, ex-offenders and people who are either homeless or at high risk of repeated homelessness. These two groups often overlap and so the messages from the two pieces of research conducted last year are considered together.

Consultation with the stakeholders identified the following themes for improving offender health

- Opportunities for health promotion engagement and intervention with all detainees in custody
- Lack of understanding between agencies of their roles and criteria for accessing services
- Inability to share or access information about offender’s health needs across the pathways of care, which could result in expensive and unnecessary re screening or treatment initiation
- Reliance on informal processes and good relationships rather than formal systems of information sharing
- Need for greater access to specialist expertise in mental health learning disability and dual diagnosis across services, potentially through specialist commissioning by NHS England
- More training for staff and support pathways working with young offenders with mental health problems
- Need for outreach services to meet the needs of people living outside the Scunthorpe area

The report is being considered by the Safer Neighbourhoods Partnership with an action plan to follow in 2014/15.
Adults with learning disabilities and complex needs
Each year local health and social care services ask Inclusion North to facilitate an annual stakeholder event with adults with learning disabilities and people who work with them and their families. The general themes are how service providers and users can work together to help improve the health and wellbeing of adults with learning disabilities. In June 2013, the focus was on engaging with people with:

- Complex Needs
- Profound and Multiple Learning Disabilities
- Challenging behaviour
- Forensic problems

The aim was to find out from them and their carers what was working well and what else needed to happen to enable people with high support needs to remain healthy and as independent as possible, preferably living closer to home in North Lincolnshire. This complements the work on Winterbourne and complex care needs. A summary of this work can be found at (insert hyperlink).

‘Healthy Lives, Healthy Futures’ is a review of what keeps people well in the Northern Lincolnshire region. It began in 2013 and is being led by North Lincolnshire Clinical Commissioning Group (NLCCG) and North East Lincolnshire Clinical Commissioning Group (NELCCG) working with organisations such as the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and other health and social care organisations.

Although the review is not due to report until later in the year, the options being considered by local commissioners as a result of this work could mean significant changes in the way health and social care services are delivered locally. Hence the need to consult widely.

So far, the most important improvement areas for health care arising from this consultation which were identified by the public and other stakeholders were:

- Consistency of Quality – including the quality of the patient experience across departments and agencies, through the provision of seamless integrated services.
- Accessibility – keeping services local through the extension of community based provision and more use of technology, thus taking the pressure off hospital services. The public also wanted to see more efficient use of modern technologies by providers when booking in appointments. The continuing reliance on phone and letters to book and cancel appointments was felt to be outdated.
- Prevention self care and education – with more people being supported to take on more responsibility for their own health making more use of community pharmacies as well as ‘deadtime’ spent in GP practice and out patient waiting areas.

‘If clinical services are to be centralised then preventative services should take their place in communities and preventative services should have structured pathways and ways of referring into secondary care services directly’. (Healthy Lives Healthy Futures, 2013)

“People should be educated to enable them to use the most suitable services - it may be self-care, pharmacy advice and then, if necessary, a GP appointment.”
However, the public’s response to what keeps them well and independent throughout life goes much wider than health care services alone. A selection of responses to date is summarised below, whilst the high impact changes recommended by the review authors are available at (insert hyperlink to report).

**Children’s Centres as integrated Healthy Living Hubs**

As part of the ‘Healthy Lives Healthy Futures’ consultation a small number of young parents were consulted about the future of health and wellbeing services they and their families needed and used for staying well. Many of these parents were either users of Children’s Centres or Family Centres. These services were highly valued by users and identified as places where parents felt safe and supported. One of the recommendations of the consultation work was that most services for under 3s, including primary care services, should centre around Children’s Centres.

This included practical help with infant feeding, healthy cooking and living healthily on a budget, advice on how to return to work, as well as access to emotional support. They said posters and leaflets are not enough. Building a good relationship with parents around feeding infants also provides the chance to prepare the way for healthy cooking and eating with young families.

**Maximising people’s ability to self care and live independently**

One of the key messages to come out of the 2013/14 Healthy lives Healthy futures work to date, is that independence keeps people well – not the other way round. Key issues for local people are:

- Preserving mobility – through information, signposting and access to mobility and independent living aids.
- Helping people to develop new life skills and coping strategies - ideally through someone who is already an expert through experience
- Enabling a sense of purpose – paid and unpaid work provides a strong sense of purpose for people and promotes independence and self care in later life
- Carers, both paid and unpaid, often neglect their own health and wellbeing. They need supporting to continue their caring role.

“It is very important to be able to stay in your own home with familiar surroundings especially if you suffer from dementia as my husband did for 7 years before he died. To be able to stay in touch with family, friends and organisations that you have been part of for a number of years.” (Adult Social Services Let’s Talk, North Lincolnshire Council, 2012)

**A single ‘trusted contact’ linked to the health or social care system at times of crisis**

For example, there was a lot of support for a single named health practitioner, preferably a GP to act as the lead professional for older people and others with complex health needs.

**Learning lifeskills** including adopting positive coping strategies also contributes significantly to being and staying emotional and physically healthy and independent. When people become ‘first time parents’ and ‘first time carers’ for a spouse parent or child with disabilities, or chronic illness, they have a big ‘life skills deficit’ to address. If they learn skills quickly, (ideally taught by someone who is an expert through experience), they and the person they care for will keep well and remain independent for longer.
Supporting and enabling informal support and networks

Many of the younger adults and parents consulted as part of the ‘Healthy Lives Healthy Futures’ work felt that emotional wellbeing was often neglected by formal health services, and yet this was often the area of their life where they needed most help and support, for example in developing positive coping strategies.

People living with chronic long term conditions and disabilities also said being connected to people who have similar health conditions or life experiences really helped them cope, keep well and live independently.

Peer support groups where they can go and talk about their issues and challenges were identified as very important — and yet there were often not enough places like this where people can go.

Social isolation is also a major issue for older people which tends to increase as people get older. A number of formal consultations with local people and adult service users have emphasised the importance of maintaining regular contact with family and friends to maintaining good health and wellbeing.

Indeed, when asked most people said they would turn first to family friends and neighbours and other social networks, in the event of a crisis, rather than to formal support agencies, such as social services.

‘Family and neighbours help to support me as my health deteriorates. I may need assistance getting in and out of the bath so the ‘bathing service’ with FreshStart’ may be something I would consider as I get older.’ (Adult Social Services Let’s Talk, North Lincolnshire Council, 2012)

The importance of Freshstart activities have been highlighted in numerous local consultation exercises as a way of providing much needed community based support, and as a way of enabling people to keep in touch with their community. However, one potential gap is the need for a volunteer befriending service, as well as transport in some outlying rural areas to enable older people to access these activities.

Older role models

New parents and families with very young children, especially those with no supportive parents or relatives of their own are also a potentially vulnerable and socially isolated group. Recent consultation with families of preschool children attending Children’s Centres in North Lincolnshire, suggests that many young parents, especially those who have been ‘in care’ ‘crave’ older role models, suggesting an opportunity to connect generations to support each other.

Improving out-patient services

Between September 2012 and October 2013 a series of consultation events took place with people with long term conditions as part of an Experience Led Commissioning (ELC) review of outpatient services. Although there were pockets of very good practice in the hospital, the general feedback from patients and stakeholders was that many people found visiting outpatients clinics frustrating, especially as at times, patients did not recognise the clinical benefit of attending appointments. Patients and staff identified the need to improve;
• The physical environment - with better signposting and more opportunities to get food or drink.
• Access to and from the hospital which can be difficult for those reliant on public transport and for those who drive, as parking is an issue
• Integration of appointments across departments
• Communication about cancellations and hospital transport
• Making better use of the health literacy, volunteering and peer support opportunities afforded by a potentially long wait in outpatients
• Consistency of practice and care across outpatient clinics – learning from the best

“Patients sometimes need more than one appointment and effort should be made to dovetail them to avoid patients making several trips to hospital in one week.”

At the time of writing the report and action plan are currently being prepared and considered by the CCG.

Carers
A number of recent local consultations with relative/informal carers in North Lincolnshire have also highlighted a number of key areas for service improvement for carers in North Lincolnshire. These issues apply to all carers, and include.

• Improving information dissemination and promotion of support services to carers
• Developing a robust and effective support service for carers making best use of 3rd sector expertise and resources, especially in our rural areas where demand is likely to increase
• Promoting best employment practice for working carers amongst North Lincolnshire’s major employers
• Stimulating a broader range of support services in the local market place for local working age carers
• Ensuring carers needs are highlighted in the Annual Market Position Statement
• Whilst a key local service offered to carers by the Carers Support Service is education support and training, many local carers said they are unaware of the support that is available locally to enhance their education and training. This is in spite of very positive feedback from carers who have accessed the ‘Caring with Confidence’ course delivered at the Carers Support Centre in Brigg.
• Many carers said they were unable to access this and other useful training because of constraints on their time, and lack of flexibility in terms of the time and venue where training was delivered.
• Carers’ preferences were for short courses which helped them in their caring role – eg in understanding better the medical or mental health conditions of their relatives.

Source: Turner, Wright, Wigfield, ‘Research Summary: Support Needs of Carers in North Lincolnshire, 2013’ CIRCLE, [Centre for International Research on care, labour and equalities], University of Leeds

Dementia Care
Between October 2013 and February 2014, an ELC review of Dementia pathways and services in North Lincolnshire was initiated. At the time of writing this report and action plan was not yet available for publication.

However recent national research with carers of people with dementia give more detail about the specific type of support and advice that is required for people caring for those
with dementia, and suggest some critical points where need is likely to be greatest. These are also points at which carers are likely to encounter professionals and service providers and means that all professionals and service providers will need to check that carers have the information and advice appropriate for the challenges they are currently experiencing and that they know where to go for further information and advice when future difficulties arise.

- When dementia is diagnosed.
- When the carer takes on an ‘active’ caring role
- When the capacity of the person with dementia declines
- When the carer needs emotional support and/or a break from caring
- When the person with dementia loses their mobility
- When the person with dementia has other health problems
- When the carer has to cope with behaviour problems
- When the carer’s own circumstances change
- When the person with dementia becomes incontinent
- When decisions about residential care and end of life care have to be made
- When the person with dementia is approaching end of life

What was identified as important at all these critical points was that carers knew who to contact in order to get advice and support, or were referred to someone else who can provide it. Many carers highlighted the benefits of having regular (but not necessarily frequent) contact with one, or a small number of, health and social care professionals, with whom they can establish a relationship and who are familiar with their situation and that of the person with dementia.


End of Life Care

National research suggests that the public’s concerns about death and dying have remained relatively constant over the past 20 years. These concerns include, being in pain, leaving families behind, fear of the unknown, being alone, wanting to know about the prognosis, care options available and likely symptoms, wanting to be involved in decisions about care, not wanting to be kept alive at all costs, and the importance of quality of life over length of life where there was no hope of recovery from a serious illness.

When asked in national surveys, home is the preferred place of care and death for the majority of people faced with a serious terminal illness. Given circumstances which allow them to choose, (64%), most people do not change this preference. However a substantial minority do not make home their first choice or change their minds, with hospices and palliative care units being the second most common preference, (29%).

As people live longer, an increasing proportion are reaching end of life in very old age, with multiple and complex physical as well as mental conditions, such as dementia. Whilst the majority of people continue to die in a hospital setting an increasing proportion are being cared for in the last year and months of their life at home or in a care home. Many of these are older people who are already receiving some form of privately or publicly funded social care support. Hence the priority given to reviewing end of life care in the last JSNA and NHS Commissioning Strategy.
A NHS peer review of end of life care in North Lincolnshire was completed in 2011. This led to a more detailed local and multi agency review of end of life services based on the ELC approach in 2012. This revealed examples of excellent practice locally, but also the need to strengthen and develop:

- anticipatory planning in end of life care for people with terminal illnesses other than cancer, including people with dementia
- a systematic approach across all sectors to enable people to articulate their wishes at end of life
- communication between Northern Lincolnshire and Gooles Hospitals NHS Foundation Trust and tertiary centres – eg Castle Hill and other hospitals
- the quality and consistency of practice across all community based settings where people may be cared for towards the end of their lives, including residential care homes and at home.

An action plan was developed in 2013. As a result the CCG has put additional investment in End of Life care, including increased capacity in care at home and psychology. This also includes:

- Consultant in palliative care medicine appointed and who began in October 2013
- End of Life network for care homes established in 2013
- Some centres of excellence and good practice in working with patients with terminal illness – eg hospice, Rose Suite and care homes who deliver end of life care. Provides a model of best practice to build on and share with other community based providers.

Health Watch Annual Report 2013
HealthWatch North Lincolnshire published the results of their first user survey in November 2013. This was based on responses from almost 500 people living in the area and asked some basic questions about people’s recent experiences of health and social care.

Whilst many respondents were satisfied with the quality of local services, their main concerns continue to be, accessing GP appointments, and the lack of NHS dentists able to take on new patients in the area.

A newly emerging issue identified in their survey last year was the quality of mental health service in the area, with the majority of respondents ranking these services as poor or very poor.

Cancer Awareness Survey, 2013
This survey was commissioned in 2012 by the North East Yorkshire and Humber Clinical Alliance and conducted between June and August 2012. The aim was to show progress in residents’ awareness of cancer signs and symptoms, and when and where to go for help, in order to identify where targeted public health messages may be required. It is based on a representative sample of 1100 North Lincolnshire residents. The results are compared with a similar survey of local residents conducted in North Lincolnshire in 2010.

Key messages include:
- Recognition of a prolonged cough or hoarseness as a potential sign or symptom has improved, but remains below the average
Local residents are more likely than their local neighbours to say they would approach their doctor within a week if they noticed any signs or symptoms. At the same time they identified getting access to their GP as a barrier. Knowledge and awareness of some of the risk factors associated with cancer have on the whole increased between 2010-2012. The only exception to this is smoking.

4. **Key issues for 2014/15**

Some of the key medium and long term challenges facing local health and social care agencies which were identified in the 2012/13 JSNA are already being addressed within the Joint Health and Wellbeing Strategy, North Lincolnshire Council’s Strategy and the NHS North Lincolnshire CCG’s Commissioning Strategy.

They include:

- Managing the impact of welfare reform
- Closing the social and gender gap in child and family health and wellbeing outcomes especially in the early years
- Improving the health literacy of the adult population, especially those in disadvantaged areas
- Managing the impact of
  - higher than average levels of adult smoking
  - rising levels of high risk drinking,
  - high levels of adult obesity and falling levels of physical activity
  - rising prevalence of long term conditions in the population, including musculoskeletal diseases, heart disease and dementia, in older age
- Managing the rising costs of health and social care services, especially for older people with multiple and/or complex long term conditions
- Reducing reliance on urgent acute hospital based services
- Preparing for significant changes to the socio demographic profile of the area

At the same time, commissioners and providers will be tasked with implementing:

- The Joint Health and Wellbeing Boards Action Plan for 2014/15
- The recommendations from the local End of Life Care review, Dementia Care review and Out-patient Care review
- The Better Care Fund
- Reshaping local health and care services as a result of the Healthy Lives Healthy Futures Consultation
- Reviewing local contracting arrangements with providers of services for people with complex care needs as a result of Winterbourne View
- Recommissioning all public health services, following the transfer of responsibility into the local authority
- Further developing the co-location and integration of community based health and social care services across North Lincolnshire, with the allocation of resources reflecting the relative level of need in each area
The key priorities arising from this year’s refresh of the JSNA include:

**Starting well**
- Continuing to reduce pre-conception and antenatal risk factors such as smoking in pregnancy, maternal obesity and late booking for antenatal services, focussing on reducing geographic inequalities.
- Maintaining the recent increase in breastfeeding rates amongst local women, as local rates remain considerably below regional and national rates.
- Preventing children in North Lincolnshire becoming overweight or obese.
- Addressing the needs of the growing minority ethnic pre and school aged population, including children with English as an additional language.
- Maintaining high levels of registration and engagement with Children’s Centres and take-up of funded early-education places in areas of disadvantage.
- Integration of services for children aged 0-2 years and their families.
- Remodelling of paediatric services to avoid unnecessary unscheduled admissions to hospital of children.
- Reviewing the financial advice and support needs of families with very low incomes.

**Developing well**
- Continuing to raise educational attainment, especially amongst low income groups and preparing young people for meaningful employment.
- Promoting and improving children and young people’s emotional resilience, targeting support at those children and young people most at risk.
- Continuing to promote early help and early interventions for children, young people and their families.
- Assessing, and meeting, the needs of children with disabilities and complex health needs.
- Reducing avoidable hospital admissions of children with acute and chronic long term conditions, which are above average in North Lincolnshire.
- Integrating services for children, young people and their families with a particular focus on 13 – 19 year olds who are vulnerable to risk taking behaviours.

**Living and working well**
- Lifestyle issues, such as smoking, obesity and physical inactivity, continue to have a negative impact on the health of the working age population of North Lincolnshire. Interventions that support people to change behaviours, targeted at areas most in need are key.
- Uptake of existing programmes such as Health Checks and screening programmes need to be promoted widely to ensure that they are delivering benefits in this area.
- Employment is relatively high in North Lincolnshire, but there is also a significant proportion of people who can be described as the ‘working poor’. Targeted interventions to support this group need to be provided to make work pay, and to remove barriers to achieving and maintaining a healthy standard of living.
- The use of urgent acute health care services is above average in North Lincolnshire. This includes higher than average multiple attendances at A&E, as well as above average rates of unscheduled hospital admissions of adults with chronic long term conditions such as diabetes, respiratory conditions, such as chronic lung disease, and heart disease.
• NHS pathways for these conditions have recently been reviewed with the aim of delivering more services for people with long term conditions in the community. These will need to be implemented in 2014/15.
• A review of how well the newly integrated urgent care service is operating in North Lincolnshire, including the public’s perceptions and awareness of the service might also be useful 12 months on.

Ageing and retiring well
• A key national and local priority for local authority and NHS services is to promote better self-care amongst the over 60s. This priority will take on greater urgency in North Lincolnshire, as key lifestyle risk factors for poor health in older age, including adult smoking, adult obesity and physical inactivity are all above the national average, threatening the health and wellbeing of our future retired and older working population.
• The retired are also a significant untapped local economic and social resource in North Lincolnshire. When asked, the majority of older people say they would prefer to remain in some form of paid or unpaid work post retirement age. National research also suggests that staying active and engaged in work helps people to stay healthy and independent for longer.
• When asked, the vast majority of older people say they would prefer to live for as long as possible in their own home, with more and more older people starting to take direct control of their care and support in later years.
• Indeed, the proportion of older people permanently placed in residential and nursing home care in North Lincolnshire by the local authority is falling each year. Yet the number of care home beds per 100 people aged 75+ in North Lincolnshire remains above the national average.
• Increasing greater choice and control in the future will require a larger and more varied social care market and workforce.
• Over the medium to long term, some of these problems can be solved by adaptations to existing homes that better cater for those with chronic illness and disability. In the short term, the local care workforce may need to increase to meet the growing level of community based care needs as a result of natural population growth.
• Of those who use social care services funded by the local authority, a greater proportion prefer direct payments. A key issue for North Lincolnshire and other local authorities will be how best to support people to get the best value out of their personal budget.

Dying well
• Implementation of a North Lincolnshire wide Advance Care Plan – a draft was produced as an action from the Experience Led Commissioning (ELC) work
• Improving consistency in quality of care across all health and social care providers – options for care homes include using the EOL network with support from ‘Skills for Care’
• Learning from the Experience Led Commissioning End of Life work
• Upskilling the health and social care workforce who care for people at end of life
5. **Knowledge Gaps**

The impacts of some of the key issues and trends identified in page 24 are already being felt by local services, making decisions about resource management and priority setting even more challenging, and the need to improve intelligence gathering even more pressing.

Current knowledge gaps include:

- Data regarding levels of maternal and perinatal mental health in North Lincolnshire
- Precise data on the prevalence and needs of children with disabilities and complex health needs and their families to enable commissioners and services to plan ahead.
- Understanding our higher than average hospital admission rates for children with long term conditions
- Precise data on children and young people’s mental health and emotional wellbeing in North Lincolnshire to enable service commissioners to plan ahead
- Public awareness of the new approach to delivering urgent care in North Lincolnshire and their experience of accessing these services
- The specific health and social care support needs of people from minority ethnic groups and people with other protected characteristics, including the LGBT community
- Understanding our higher than average hospital readmission rates
- Purchasing patterns of private self-funders
- How older people and their carers are using personal budgets and what works best for them
- How person-centred information from local performance data can be captured and aggregated to inform future commissioning
- The likely funding implications of the Care Bill for North Lincolnshire
6. Overview of outcomes for 2012/13  
(These results were correct at the time of writing. February 2014)

Public Health Outcomes Framework  
(http://www.phoutcomes.info/)

Compared to the national average

We are performing well in

- Vaccination and immunisation coverage amongst children and young people
- Preventing poor oral health in children with lower than average levels of dental decay in 5 year olds
- Maintaining high pupil attendance rates
- Reducing the number of young people entering the Youth Justice System
- Reducing serious accidental injury to young adults
- Supporting the mental wellbeing of Looked After Children
- Increasing participation rates in employment training and education amongst 16-17 year olds
- Maintaining a sustained fall in teen conception rates
- Preventing homelessness
- Reducing and preventing serious fall injuries amongst older people
- Higher than average percentage of adults taking care of their sexual health

We could do better in

- Reducing child and family poverty
- Reducing the gap in readiness for school between boy and girls
- Improving diagnosis rates of chlamydia amongst young people
- Improving take up of breast and cervical cancer screening programmes
- Reducing road casualties and deaths, especially amongst child pedestrians and young drivers and motorcyclists
- Reducing the length of time that drug users spend in treatment services
- Increasing the number of women who choose to continue breastfeeding up to 6-8 weeks and beyond
- Reducing teen conception rates further, to match national levels

We need to do better in

- Reducing excess weight amongst 11 year olds
- Reducing adult smoking prevalence, (including in pregnancy) and smoking related diseases, which are above national rates and rising amongst women, especially amongst low income groups
- Reducing levels of excess weight amongst adults which are significantly above national rates
- Improving take up of flu vaccinations amongst older people and vulnerable adults
- Reducing premature deaths from causes considered preventable, such as lung cancer, chronic lung disease, and heart disease amongst low income men and women
- Reducing the gap in life expectancy between the 10% most and least deprived residents
NHS/CCG/Quality Account Outcomes Frameworks
(http://www.england.nhs.uk/ccg-ois/)

Compared to the national average:

We are performing well in
• Reducing infant deaths and still births
• % patients with long term conditions who feel supported
• % patients with a Knee replacement who report a health gain
• % patients seen within 5 weeks of GP referral for an outpatient appointment
• % patients being seen within 2 weeks of GP referral for a cancer diagnosis and for receiving cancer treatment within 2 months of GP referral
• Increasing the number of outpatients discharged at first appointment
• Lower than average % of births delivered by elective caesarian section
• % patients seen within 5 weeks of GP referral for an outpatient appointment

We could do better in
• Maximising the contribution that the NHS could make to preventing and managing some major diseases, through increased coverage of health checks, breast cancer screening and increased levels of detection and management of dementia in primary care
• Raising awareness of cancer signs and symptoms amongst adults and encouraging earlier presentation to the health service for diagnosis and treatment
• Improving phone booking access for patients in some GP practices

We need to do better in
• Reducing repeat attendances at A&E and improving the quality of recording at A&E
• Reducing unscheduled admissions for chronic conditions that should not normally require hospital admission amongst children and adults
• Reducing readmissions within 30 days of discharge
• Improving health related quality of life for people with long term conditions
• Improving access to dental health services
• Increasing male life expectancy at 75 years of age
• Ensuring that patients start their treatment pathways within 18 weeks of referral
• Reducing premature deaths from respiratory diseases, such as COPD and lung cancer
Adult Social Care Outcomes Framework
(http://nww.indicators.ic.nhs.uk/webview/)

Compared to the national average

**We are performing well in**
- Delivering high quality services to users that make them feel safe, and secure
- Delivering social care related quality of life to service users
- Supporting people to regain and maintain their independence in the community following discharge from hospital
- Reducing the number of people admitted each year into permanent residential or nursing care home placements
- Keeping delayed discharges from hospital low

**We could do better in**
- Supporting more adults with severe learning disabilities to live at home with their family or in their own home
- Encouraging more people to commission and self direct their care support services (through direct payments and personal budgets)

**We need to do better in**
- Offering more people our rehabilitation and re-ablement services, which are effective in reducing lengths of stay and keeping people out of hospital
- Supporting more adults with learning disabilities into employment
Department for Education Outcomes

Compared to the national average

**We are performing well in**
- Increasing numbers of Looked After Children who are adopted each year
- Take up of health and dental checks amongst looked after children
- Reducing risk taking behaviours amongst looked after children
- Improving life chances for young people who are looked after or who come into contact with the criminal justice system
- Keeping the number of children in the looked after system per 100 population below national and near neighbour rates
- Maintaining a relatively low number of children on child protection plans at any one time
- % pupils making expected progress in Maths between 11 and 15 years of age
- GCSE attainment rates amongst BME pupils, which are above national rates
- Achievement of Level 2 qualifications by the age of 19

**We could do better in**
- % children achieving expected progress between 11 and 15 years of age in English
- Narrowing further the gap in outcomes for pupils on free school meals
- % young people reaching level 3 by the age of 19

**We need to do better in**
- Improving literacy skills across all age groups and key stages
- The % of 11 year olds who meet Level 4 in reading writing and maths. This remains 6% below the national average and places North Lincolnshire in the bottom 10% nationally.
- The % of 15 year olds who achieve 5 or more A*-C grades at GCSE (including E&M) which is below national rates. One school is currently below the floor standard of 40%
7. Localities at a glance

For the purposes of this strategic analysis, North Lincolnshire is divided into five localities, namely Scunthorpe North, Scunthorpe South, Brigg and the surrounding villages, the Isle of Axholme and Barton and Winterton and the surrounding villages.

These five localities are coterminous with the 17 electoral wards of North Lincolnshire unitary authority and whilst these localities have no formal legal or administrative status, the Local Strategic Partnership, NHS North Lincolnshire and North Lincolnshire’s Health and Wellbeing Board have adopted these geographies for the purposes of strategic needs analysis and service planning.

A summary of Public Health and CCG outcomes by locality are presented below. These locality and ward profiles are still in progress. More information can be found at [http://nldo.northlincs.gov.uk/IAS/jsa/jsna/](http://nldo.northlincs.gov.uk/IAS/jsa/jsna/)
<table>
<thead>
<tr>
<th>Population</th>
<th>Isle of Axholme</th>
<th>Barton &amp; Winterton</th>
<th>Brigg &amp; Wolds</th>
<th>Scunthorpe North</th>
<th>Scunthorpe South</th>
<th>North Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total residents</td>
<td>22,808 (13.5%)</td>
<td>33,684 (20%)</td>
<td>31,130 (18.5%)</td>
<td>26,125 (15.5%)</td>
<td>54,625 (32.4%)</td>
<td>168,400 (100%)</td>
</tr>
<tr>
<td>Under 5s 2012</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td>% 5-10 year olds 2012</td>
<td>6%</td>
<td>6%</td>
<td>5%</td>
<td>7%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>% 11-15 year olds 2012</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>% 16-24 year olds 2012</td>
<td>9%</td>
<td>9%</td>
<td>9%</td>
<td>12%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>% 25-64 year olds</td>
<td>53%</td>
<td>52%</td>
<td>53%</td>
<td>52%</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>% 65+ 2012</td>
<td>20%</td>
<td>20%</td>
<td>22%</td>
<td>16%</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>% 75+2012</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td>7%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>% 85+2012</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>% population from BME communities, including white other (2011)</td>
<td>1.4%</td>
<td>1.6%</td>
<td>1.8%</td>
<td>14.3%</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>% residents with poor/no spoken English (2011)</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.2%</td>
<td>4.2%</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Starting well 0-4 year olds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Life expectancy at birth males (yrs) (2010-12)</td>
<td>80.6</td>
<td>78.1</td>
<td>80</td>
<td>75.4</td>
<td>77.8</td>
<td>78.8</td>
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<tr>
<td>Life expectancy at birth females (yrs) (2010-12)</td>
<td>82.9</td>
<td>84.1</td>
<td>83.5</td>
<td>81.4</td>
<td>82.2</td>
<td>82.8</td>
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<tr>
<td>Child poverty rates (2011)</td>
<td>14%</td>
<td>16%</td>
<td>12%</td>
<td>27%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>% resident women of child bearing age (2012)</td>
<td>32%</td>
<td>34%</td>
<td>32%</td>
<td>41%</td>
<td>37%</td>
<td>36%</td>
</tr>
<tr>
<td>No of Live births (fertility rate) (2012)</td>
<td>200 (52.7)</td>
<td>335 (60)</td>
<td>260 (48.7)</td>
<td>420 (76.9)</td>
<td>740 (66.9)</td>
<td>1955 (64.7)</td>
</tr>
<tr>
<td>No (%) births to non-UK born women (2012)</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
<td>37%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>(% under 3s (2012)</td>
<td>3.0%</td>
<td>3.4%</td>
<td>2.9%</td>
<td>4.5%</td>
<td>4.1%</td>
<td>3.7%</td>
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<tr>
<td>% &lt;5s from BME communities (2011)</td>
<td>4%</td>
<td>6%</td>
<td>6%</td>
<td>38%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Lone parent families % (2011)</td>
<td>13%</td>
<td>14%</td>
<td>13%</td>
<td>17%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Low weight births &lt;2500 g (2012)</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>8%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Women smoking throughout pregnancy (2012/13)</td>
<td>20%</td>
<td>15%</td>
<td>13%</td>
<td>17%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Women breastfeeding at birth (2012/13)</td>
<td>62%</td>
<td>69%</td>
<td>70%</td>
<td>68%</td>
<td>56%</td>
<td>63%</td>
</tr>
<tr>
<td>% of 5/6 year olds with excess weight (2012/13)</td>
<td>17%</td>
<td>24%</td>
<td>20%</td>
<td>20%</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>% 5 year olds assessed as ready for school (2012/13)</td>
<td>57%</td>
<td>54%</td>
<td>53%</td>
<td>52%</td>
<td>50%</td>
<td>52%</td>
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</table>
### Developing well 5-19 year olds

<table>
<thead>
<tr>
<th></th>
<th>Isle of Axholme</th>
<th>Barton &amp; Winterton</th>
<th>Brigg &amp; Wolds</th>
<th>Scunthorpe North</th>
<th>Scunthorpe South</th>
<th>North Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Excess weight 10-11 yr olds (2012/13)</td>
<td>33%</td>
<td>34%</td>
<td>30%</td>
<td>37%</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>Emergency admission rates of &lt; 18s for accidental injury (per 100k DSRs)</td>
<td>1103.9</td>
<td>1212.1</td>
<td>902.2</td>
<td>1315.7</td>
<td>1237.4</td>
<td>1168.9</td>
</tr>
<tr>
<td>% maternities to under 20s</td>
<td>5.4%</td>
<td>5.6%</td>
<td>2.9%</td>
<td>5.9%</td>
<td>6.8%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Children in need per 1,000 0-19s (2012/13)</td>
<td>7.9</td>
<td>9.8</td>
<td>7.8</td>
<td>8.2</td>
<td>18.9</td>
<td>6.7</td>
</tr>
<tr>
<td>% 15 year olds with 5+ GCSEs at A*-C (incl Eng &amp; Maths) (2012/13)</td>
<td>68.8%</td>
<td>54.7%</td>
<td>70.8%</td>
<td>41.8%</td>
<td>53.7%</td>
<td>56.85</td>
</tr>
<tr>
<td>1st time entrants to YJS per 10,000 10-17 yr olds (2012/13)</td>
<td>130</td>
<td>130</td>
<td>170</td>
<td>690</td>
<td>310</td>
<td>280</td>
</tr>
<tr>
<td>% NEET 17-18 yr olds (2012/13)</td>
<td>1.0%</td>
<td>1.7%</td>
<td>1.5%</td>
<td>5.1%</td>
<td>3.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>% 18-24 yr old JSA claimants (January 2014)</td>
<td>4.3%</td>
<td>8.5%</td>
<td>5.2%</td>
<td>8.8%</td>
<td>8.3%</td>
<td>7.3%</td>
</tr>
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</table>

### Living and working well

<table>
<thead>
<tr>
<th></th>
<th>Isle of Axholme</th>
<th>Barton &amp; Winterton</th>
<th>Brigg &amp; Wolds</th>
<th>Scunthorpe North</th>
<th>Scunthorpe South</th>
<th>North Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment rate % working age (2013)</td>
<td>77%</td>
<td>76%</td>
<td>79%</td>
<td>70%</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Average h'hold income (median) £ (2013)</td>
<td>£29,945</td>
<td>£28,420</td>
<td>£29,197</td>
<td>£24,106</td>
<td>£25,871</td>
<td>£27,821</td>
</tr>
<tr>
<td>% h'holds on incomes below £15,000</td>
<td>22%</td>
<td>24%</td>
<td>23%</td>
<td>29%</td>
<td>26%</td>
<td>26%</td>
</tr>
<tr>
<td>% 25-64 year olds on JSA (Jan 2014)</td>
<td>1.6%</td>
<td>2.5%</td>
<td>1.7%</td>
<td>5.1%</td>
<td>3.5%</td>
<td>3.0%</td>
</tr>
<tr>
<td>% working age adults with a long term illness or disability which limits their activities a lot (2011)</td>
<td>6%</td>
<td>6%</td>
<td>6%</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>% working age residents who report poor/very poor health (2011)</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>% registered adult patients who smoke (2013)</td>
<td>18%</td>
<td>20%</td>
<td>17%</td>
<td>29%</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Lung cancer incidence rate (2005-11)</td>
<td>101.0</td>
<td>108.0</td>
<td>87.0</td>
<td>138.0</td>
<td>139.0</td>
<td>116.2</td>
</tr>
<tr>
<td>% 18-64 yr olds who provide 50+ hrs unpaid care a week (2011)</td>
<td>2.6%</td>
<td>2.3%</td>
<td>2.8%</td>
<td>2.9%</td>
<td>2.6%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

### Ageing and retiring well

<table>
<thead>
<tr>
<th></th>
<th>Isle of Axholme</th>
<th>Barton &amp; Winterton</th>
<th>Brigg &amp; Wolds</th>
<th>Scunthorpe North</th>
<th>Scunthorpe South</th>
<th>North Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at 75 male 2010-12</td>
<td>11.7</td>
<td>11.2</td>
<td>11.3</td>
<td>9.5</td>
<td>11</td>
<td>10.9</td>
</tr>
<tr>
<td>Life expectancy at 75 female 2010-12</td>
<td>12.7</td>
<td>14.2</td>
<td>13.6</td>
<td>12.6</td>
<td>13.6</td>
<td>13.4</td>
</tr>
<tr>
<td>% pensioners living alone 2011</td>
<td>27%</td>
<td>28%</td>
<td>28%</td>
<td>32%</td>
<td>33%</td>
<td>30%</td>
</tr>
<tr>
<td>% pensioners dependent on low incomes 2010</td>
<td>15%</td>
<td>16%</td>
<td>15%</td>
<td>23%</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Emergency hospital admission rates due to falls DSR per 100,000 (2010-12)</td>
<td>851.6</td>
<td>951.1</td>
<td>926.8</td>
<td>1131.1</td>
<td>1037.5</td>
<td>980.5</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>-------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>Emergency hospital admission rates due to chronic lung disease (COPD) DSR per 100,000</td>
<td>81</td>
<td>80</td>
<td>612</td>
<td>143.9</td>
<td>130.4</td>
<td>100.3</td>
</tr>
<tr>
<td>Breast cancer incidence rate (2005-11)</td>
<td>100.2</td>
<td>80.6</td>
<td>116.8</td>
<td>110</td>
<td>93.7</td>
<td>98.8</td>
</tr>
<tr>
<td>Prostate cancer incidence rate (2005-11)</td>
<td>77.8</td>
<td>88.9</td>
<td>79.1</td>
<td>75.5</td>
<td>106.3</td>
<td>88.7</td>
</tr>
<tr>
<td>Bowel cancer incidence rate (2005-11)</td>
<td>85.5</td>
<td>95.1</td>
<td>103.7</td>
<td>111.6</td>
<td>83.5</td>
<td>94.1</td>
</tr>
<tr>
<td>% older people providing 50+ hours of unpaid care a week 2011</td>
<td>2.7%</td>
<td>2.8%</td>
<td>2.7%</td>
<td>2.7%</td>
<td>2.9%</td>
<td>2.8%</td>
</tr>
<tr>
<td>No of residents living in communal estabs (per 1,000 75+) (2011)</td>
<td>120</td>
<td>243</td>
<td>538</td>
<td>269</td>
<td>405</td>
<td>1467</td>
</tr>
<tr>
<td></td>
<td>(60)</td>
<td>(90)</td>
<td>(180)</td>
<td>(140)</td>
<td>(90)</td>
<td>(1000)</td>
</tr>
<tr>
<td>No of care homes ( beds per 1000 75+)</td>
<td>5</td>
<td>14</td>
<td>19</td>
<td>9</td>
<td>18</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>(75.8)</td>
<td>(122.8)</td>
<td>(171.3)</td>
<td>(211.7)</td>
<td>(129.1)</td>
<td>(140.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dying well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isle of Axholme</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Mortality rates from causes considered potentially preventable (2010-12) DSR per 100,000</td>
</tr>
<tr>
<td>Premature death rates from cancer (2010-12)</td>
</tr>
<tr>
<td>Premature death rates from circulatory disease (2010-12)</td>
</tr>
<tr>
<td>Premature death rates from respiratory disease (2010-12)</td>
</tr>
<tr>
<td>Premature death rates from liver disease (2010-12)</td>
</tr>
<tr>
<td>Death rates from communicable diseases (2010-12)</td>
</tr>
<tr>
<td>Excess winter deaths ( index) 2012/13</td>
</tr>
<tr>
<td>(% deaths that occur at home or in care/nursing homes</td>
</tr>
</tbody>
</table>
### 8. APPENDIX 1

**Evidence base 2013/4—research reports, needs assessments stakeholder reviews/user consultation**

#### STARTING WELL AND DEVELOPING WELL

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Author/Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents of Pre school children – ELC report for Healthy Lives Healthy Futures</td>
<td>NHS N Lincs CCG</td>
<td><a href="mailto:Jane.ellerton@nhs.net">Jane.ellerton@nhs.net</a></td>
</tr>
<tr>
<td>Maternity public health research (in progress)</td>
<td>NHS N Lincs CCG/NLC Public Health</td>
<td><a href="mailto:Tim.Fielding@northlincs.gov.uk">Tim.Fielding@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>School organisational assessment 2013/14</td>
<td>Peoples Directorate, NLC</td>
<td><a href="mailto:Becky.McIntyre@northlincs.gov.uk">Becky.McIntyre@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>Child care sufficiency audit Sept 2013</td>
<td>Peoples Directorate, NLC</td>
<td><a href="mailto:Becky.McIntyre@northlincs.gov.uk">Becky.McIntyre@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>Primary School Lifestyle Survey (Pilot) 2013</td>
<td>People’s Directorate NLC</td>
<td><a href="mailto:Becky.McIntyre@northlincs.gov.uk">Becky.McIntyre@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>Adolescent Lifestyle Survey 2013/14 (in progress)</td>
<td>People’s Directorate NLC</td>
<td><a href="mailto:Tim.Fielding@northlincs.gov.uk">Tim.Fielding@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>Annual Children’s Safeguarding report, 2012/13</td>
<td>People’s Directorate NLC</td>
<td><a href="mailto:Julie.poole@northlincs.gov.uk">Julie.poole@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>North Lincolnshire Children’s services Ofsted self-assessment 2013/14</td>
<td>People’s Directorate NLC</td>
<td>Becky <a href="mailto:McIntyre@northlincs.gov.uk">McIntyre@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>North Lincolnshire Children’s Safeguarding Board Annual Review 2012/13</td>
<td>People’s Directorate NLC</td>
<td>Julie <a href="mailto:Poole@northlincs.gov.uk">Poole@northlincs.gov.uk</a></td>
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#### LIVING AND WORKING WELL – including vulnerable populations

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Author/contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthwatch Annual Report 2012/13</td>
<td>Healthwatch</td>
<td><a href="mailto:Vince.mancini@northlincs.gov.uk">Vince.mancini@northlincs.gov.uk</a></td>
</tr>
<tr>
<td>Report on the Local Services Survey, November 2013</td>
<td>North Lincolnshire</td>
<td><a href="mailto:Fkhanum@healthwatchnorthlincolnshire.co.uk">Fkhanum@healthwatchnorthlincolnshire.co.uk</a></td>
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<tr>
<td>Cancer Awareness Survey 2013</td>
<td>North &amp; E Yorks &amp; Humber NHS Clinical Alliance, 2013</td>
<td><a href="mailto:Fiona.Philips@northlincs.gov.uk">Fiona.Philips@northlincs.gov.uk</a></td>
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<td>Cancer Patient Experience 2013</td>
<td>PHE 2013</td>
<td><a href="mailto:Jane.ellerton@nhs.net">Jane.ellerton@nhs.net</a></td>
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<td>Review of Complex care needs and provision (pre and post Winterbourne) 2013</td>
<td>NLC NHS CCG and RDASH</td>
<td><a href="mailto:Rick.Anderson@northlincs.gov.uk">Rick.Anderson@northlincs.gov.uk</a></td>
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<tr>
<td>‘All Means All’ – consultation day with service users and carers of adults with Learning Disabilities 2013</td>
<td>NLC/Inclusion North</td>
<td><a href="mailto:Jane.Ellerton@northlincs.gov.uk">Jane.Ellerton@northlincs.gov.uk</a></td>
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<td>Offender health needs assessment 2013</td>
<td>NLC Public Health Places Directorate</td>
<td><a href="mailto:Fiona.Phillips@northlincs.gov.uk">Fiona.Phillips@northlincs.gov.uk</a></td>
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<td>Homelessness and health needs assessment 2013</td>
<td>NLC Public Health Places Directorate</td>
<td><a href="mailto:Fiona.Phillips@northlincs.gov.uk">Fiona.Phillips@northlincs.gov.uk</a></td>
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<td>Experience led commissioning of adult weight management services and care pathway 2013/14 (in progress)</td>
<td>NLC Public Health Places Directorate</td>
<td><a href="mailto:Fiona.Phillips@northlincs.gov.uk">Fiona.Phillips@northlincs.gov.uk</a></td>
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<td>Consultation on access to stop smoking services 2013</td>
<td>NLC Public Health Places Directorate</td>
<td><a href="mailto:Fiona.Phillips@northlincs.gov.uk">Fiona.Phillips@northlincs.gov.uk</a></td>
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<td>Healthy Lives, Healthy Futures commissioning insight report 2013</td>
<td>NHS N Lincs CCG</td>
<td>Jane <a href="mailto:ellerton@nhs.net">ellerton@nhs.net</a></td>
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<td>Pharmaceutical needs assessment 2014 (in progress)</td>
<td>NLC Public Health/NHSE</td>
<td><a href="mailto:Louise.garnett@northlincs.gov.uk">Louise.garnett@northlincs.gov.uk</a></td>
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<td>Autism Self Assessment 2013/14</td>
<td>NLC People’s Directorate</td>
<td><a href="mailto:Rebecca.Hollis@northlincs.gov.uk">Rebecca.Hollis@northlincs.gov.uk</a></td>
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<tr>
<td>Homelessness and health needs assessment 2012/13</td>
<td>NHS North Lincolnshire</td>
<td><a href="mailto:Fiona.phillips@northlincs.gov.uk">Fiona.phillips@northlincs.gov.uk</a></td>
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<td>Adult Safeguarding Annual Review 2012/13</td>
<td>NHS North Lincolnshire/North Lincolnshire Council</td>
<td><a href="mailto:John.spicer@northlincs.gov.uk">John.spicer@northlincs.gov.uk</a></td>
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<td>Westcliff Task Force report – Big Conversation 2013</td>
<td>NLC</td>
<td><a href="mailto:Kate.robinson@northlincs.gov.uk">Kate.robinson@northlincs.gov.uk</a></td>
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<td>Carer’s Insights 2013</td>
<td>NLC People’s Directorate – commissioned from University of Leeds</td>
<td><a href="mailto:Karen.Whitby@northlincs.gov.uk">Karen.Whitby@northlincs.gov.uk</a></td>
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<td>OSC report on NHS Continence Services 2013</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Dean.gillon@northlincs.gov.uk">Dean.gillon@northlincs.gov.uk</a></td>
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<tr>
<td>Housing Market Report 2012/13 and other housing need evidence</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Kate.robinson@northlincs.gov.uk">Kate.robinson@northlincs.gov.uk</a></td>
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## AGEING WELL

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<th>Author/contact</th>
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<td>Experience led Commissioning – Long Term Condition work outpatients redesign 2013</td>
<td>NHS North Lincs CCG</td>
<td><a href="mailto:Jane.Ellerton@nhs.net">Jane.Ellerton@nhs.net</a></td>
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<td>‘Let’s Talk’ survey 2012/13</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Lorna.Wakefield@northlincs.gov.uk">Lorna.Wakefield@northlincs.gov.uk</a></td>
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<td>‘Local Account’ 2013/14</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Lorna.Wakefield@northlincs.gov.uk">Lorna.Wakefield@northlincs.gov.uk</a></td>
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<td>Review of care homes 2013</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Lorna.Wakefield@northlincs.gov.uk">Lorna.Wakefield@northlincs.gov.uk</a></td>
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<td>Market position statement 2013</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Rick.Anderson@northlincs.gov.uk">Rick.Anderson@northlincs.gov.uk</a></td>
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<td>Equipment User Survey report 2012/13</td>
<td>North Lincolnshire Council</td>
<td>John.Spicer @northlincs.gov.uk</td>
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<tr>
<td>Personal Social care User Survey report 2012/13</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:John.Spicer@northlincs.gov.uk">John.Spicer@northlincs.gov.uk</a></td>
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<td>Experience led commissioning Review of services for people with dementia (in progress)</td>
<td>NHS North Lincolnshire</td>
<td><a href="mailto:Jane.Ellerton@nhs.net">Jane.Ellerton@nhs.net</a></td>
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## DYING WELL

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<td>Experience led commissioning - end of life care 2013/14</td>
<td>NHS North Lincolnshire CCG</td>
<td><a href="mailto:Jane.Ellerton@nhs.net">Jane.Ellerton@nhs.net</a></td>
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<td>Review of end of life services 2013/14</td>
<td>NHS North Lincolnshire CCG</td>
<td><a href="mailto:Jane.Ellerton@nhs.net">Jane.Ellerton@nhs.net</a></td>
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<td>OSC report on SHMI and Keogh review 2013/14</td>
<td>NHS North Lincolnshire</td>
<td><a href="mailto:Dean.Gillon@northlincs.gov.uk">Dean.Gillon@northlincs.gov.uk</a></td>
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### WIDER DETERMINANTS OF HEALTH AND WELLBEING

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<tr>
<td>Annual Monitoring Report</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Dave.lofts@northlincs.gov.uk">Dave.lofts@northlincs.gov.uk</a></td>
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<tr>
<td>Planning for Health and wellbeing - Supplementary Planning Document</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Kate.mills@northlincs.gov.uk">Kate.mills@northlincs.gov.uk</a></td>
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<td>Strategic Housing Market Assessment, 2013</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Kate.robinson@northlincs.gov.uk">Kate.robinson@northlincs.gov.uk</a></td>
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<td>Child poverty needs assessment 2013/14 in progress</td>
<td>North Lincolnshire Council</td>
<td><a href="mailto:Wendy.Brownbridge@northlincs.gov.uk">Wendy.Brownbridge@northlincs.gov.uk</a></td>
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<tr>
<td>JSIA 2013</td>
<td>North Lincolnshire Council/Safer Neighbourhoods</td>
<td><a href="mailto:Stuart.minto@northlincs.gov.uk">Stuart.minto@northlincs.gov.uk</a></td>
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