Report of the:
Joint Executive Director of Public Health
Director of Adult Social Care
and Director of Children's Services

Agenda Item No.
Meeting:9 June 2010

NORTH LINCOLNSHIRE COUNCIL

CABINET

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The Council and NHS North Lincolnshire have worked together to refresh the JSNA. The JSNA is a profile of the health and social care needs of the local population.

1.2 The purpose of this report is to inform Board members of the key messages from this process. The Executive Summary of the JSNA, supporting chapters and other evidence will be made available electronically on the North Lincolnshire Council and NHS North Lincolnshire websites.

2. BACKGROUND INFORMATION

2.1 The duty to complete a local JSNA came into force on April 1st 2008 and applies to all PCTs and local authorities around the country.

2.2 Current Government Guidance stresses that the JSNA should be

- *an ongoing process*
- a *joint* analysis of current and predicted health and well-being
- unique to the local area
- an account of what people want from services
- a view of the future, predicting and anticipating potential new and unmet need in 3, 5 and 10 years time
- lead to jointly agreed commissioning priorities that will improve population outcomes and reduce health inequalities

2.3 The first JSNA profile focused specifically on older people and adults with long term conditions. This group potentially represents one of the most challenging and immediate demographic pressures facing adult health and social care services in North Lincolnshire, as well as informal cares and the third sector. The second profile focussed on the needs of children and young people in North Lincolnshire. The third profile looked in detail at the health and social care needs of vulnerable adults,

including those with disabilities, mental health needs and sensory impairments. The current profile refreshes and brings together all of this data and other relevant information in one place, including an analysis of health inequalities and the wider determinants of health in North Lincolnshire.

2.4 The JSNA is a lengthy document, which is supported by more detailed appendices of data. An executive summary has been produced. This brings together the key findings, identifying where we have made significant progress over the last 12 months, as well as future challenges and areas for concern. (See background reports).

2.5 Some of the key population and health trends contained in these chapters include:

2.5.1 A *growing population* - experienced a 4.8% growth since 1991. Between now and 2015 projected to grow by a further 8%, compared with an anticipated 6% growth nationally. Assuming disease incidence and prevalence remains the same, this will place increasing pressure on both formal and informal care services.

2.5.2 *An ageing population* – Although birth rates have risen in recent years, North Lincolnshire still has an older than average population. Three quarters of the population growth over the next 10 years is expected amongst people aged 65+. This is due to historic migration patterns and increasing life expectancy.

2.5.3 This demographic shift could potentially have the biggest impact on statutory health and social care services, and suggests an increasing burden on informal carers in the future.

2.5.4 *Growing rural population* – more than half of our population live outside Scunthorpe and Bottesford. This rural population is growing and ageing faster than the urban population.

2.5.5 The most rapid growth is expected between 2016-2025. This gives us time to engage with local stakeholders and reshape services to meet local needs.

2.5.6 *Increasing diversity* – People from BME communities make up 3.5% of our population, whilst still relatively small in number, this represents a 33% growth since 2001. This population is still relatively young – 1 in 3 are under 20 years of age. Just over 6% of all North Lincolnshire births in 2009 were to local Black and Asian women. At the same time a significant, (but as yet

undetermined) number of people from Eastern Europe have settled permanently in this area. Maternity data suggest in the region of 3.5% of births each year to new EU women in North Lincolnshire, of which the majority are from Poland.

2.5.7 *Rising obesity* – Adult obesity levels are already above the national average in North Lincolnshire. This is projected to increase by 2% a year amongst the adult population.

2.5.8 *Growing number of people living with long term conditions*. Local age and lifestyle factors are reflected in our disease profile. Rates of diagnosed hypertension, obesity, diabetes, heart disease and chronic kidney disease, are all above the national and regional average in North Lincolnshire. Hence the need to strengthen prevention and early detection amongst people at risk of developing these conditions and better management of these conditions within the community.

2.5.9 *Growing number of older people living with a disability-* including a growing number of people with severe and complex needs, including people with a severe learning disability.

2.5.10 *Deep and widening inequalities in health*. The improvements in population health observed over the last decade and a half in North Lincolnshire have not been enjoyed equally across all social groups. Currently there is a 11.6 year gap in male life expectancy for those living in the most and least deprived 10% neighbourhoods in North Lincolnshire and a 8 year gap for women. The gap in male life expectancy is significantly wider than the national average and contributed to our red flag for health inequalities in the recent Comprehensive Area Assessment.

2.5.11 *The existence of a social gradient in health outcomes,* where health gain increases proportionately with increasing wealth. If everyone enjoyed the same health as the 20% most affluent residents in North Lincolnshire, there would be at least 210 fewer premature deaths a year in this area.

2.5.12 This social gradient in health is evident right across the life course*,* from conception to end of life, and is reflected in each of our joint strategic health priorities and targets. Tackling this social gradient in health is everyone's responsibility, including the public, private

and third sector, and will require a universal response, 'but with a scale and intensity that is proportionate to the level of disadvantage.' (Strategic Review of Health Inequalities, Marmot 2010). This will include evidence based interventions to

- Give children the best start in life and improve infant and maternal health
- Reduce inequalities in skills and qualifications
- Improve access to life long learning
- Reduce long term unemployment

2.5.13 *Deepening inequalities in the wider determinants of health.* The links between poor housing, low income, low educational attainment, unemployment, poor working or living conditions and poor health are well established. Data from previous recessions have also demonstrated the negative impact of economic crises on population health, including increased levels of anxiety and depression, family breakdown, poorer nutrition, reduced levels of physical activity, increasing levels of fuel poverty, higher rates of smoking, alcohol and substance misuse and higher rates of premature deaths from heart disease and stroke. These health effects impact on everyone, but fall disproportionately on those at risk of long term unemployment.

2.5.14 Over the last 12 months all areas of North Lincolnshire have experienced an increase in unemployment. However, levels of unemployment have risen fastest in our most deprived neighbourhoods and wards, where rates of benefit take up were already significantly above the national and local average.

3. OPTIONS FOR CONSIDERATION

3.1 The JSNA should be considered alongside other key strategic documents as a key tool for identifying key strategic priorities and informing the future commissioning decisions of key local agencies. The JSNA was presented to NHS North Lincolnshire's Board on 18th March 2010. The development of the JSNA is a live process and has already informed the development of NHS North Lincolnshire's Five Year Strategic Plan, North Lincolnshire's Children and Young People's Plan and the joint commissioning strategies for adult social services. It will also be used to refresh the current Health and Wellbeing Strategy for North Lincolnshire.

4. ANALYSIS OF OPTIONS

4.1 This work brings together facts, figures and trends in health and well being across North Lincolnshire and highlights the significant and widening trend of health inequalities in North Lincolnshire, as well as future demographic challenges and budget pressures.

4.2 The current economic climate presents both a challenge and an opportunity to deliver improvements in health and well being in North Lincolnshire by tackling inequalities in the wider determinants of health. The benefits of reducing health inequalities are economic as well as social. The immediate benefits to the local economy are a reduction in productivity losses due to illness, and reduced health and social care costs.

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

5.1 Financial

The actual costs of producing the JSNA have been the time of relevant officers. It is proposed to make the whole document available on council and PCT websites.

5.2 Staffing

There are no staffing implications to this report.

5.3 Property

There are no property implications to this report.

5.4 Information Technology

There are no information technology implications to this report.

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

6.1 The current life expectancy of our poorest 10% males is equivalent to the national average for males in 1980, whilst for our poorest 10% females it is equivalent to the average national female life expectancy in 1960. Reducing these excess premature deaths and inequalities in poor health will require action across all of the wider social determinants of health, from all of the key LSP partners and across the whole social gradient of inequality.

6.2 The JSNA contains information, where available, on the health, social care and supported housing needs of different communities of interest, socio-economic groups, and localities, and highlights where this information is lacking or in need of further development.

7. OUTCOMES OF CONSULTATION

7.1 The JSNA summarises the results of various consultations that have taken place with citizens and service users over the last 3 years on health and well being issues and identifies gaps in current knowledge. Specific work on consulting on the findings of the JSNA suggest considerable public support for addressing the wider social determinants of poor health and risky lifestyle behaviours.

8. RECOMMENDATIONS

8.1 Cabinet are asked to welcome this latest refresh of the JSNA and to endorse its contents.

8.2 Cabinet are asked to agree the proposals to ensure the evidence and issues raised are used to develop a strategic approach to improving health and reducing inequalities in North Lincolnshire within the Council, and within the LSP frameworks. This should be read alongside other key documents such as the Health and Well being Strategy, Joint Commissioning Strategies for Adult Social Services and the Children and Young People's Plan.

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Background Papers used in the preparation of this report

North Lincolnshire JSNA 2010 Executive Summary
Chapter 4 on Wider Determinants of Health
Chapter 7 on Inequalities in Health

'Fair Society, Healthy Lives, The Marmot Review of Health Inequalities', 2010

NHS
North Lincolnshire

Adding life to years and years to life

Finding the future together

North Lincolnshire's JSNA
2010

Contents

1. Introduction

What is it?
Finding the Future Together is North Lincolnshire's Joint Strategic Needs Assessment (JSNA). It provides a picture of our district, and a high-level analysis of the needs of our residents, to help communities and organisations improve local health and well-being and tackle health inequalities.

Why do we need one?
Health and social services in North Lincolnshire will face considerable challenges over the coming years. The needs of our population are changing and expectations are, quite rightly, increasing. At the same time we are facing the additional challenge of a major recession, with both public agencies and local residents facing a period of tough financial constraint, of unknown depth and duration. In order to meet these challenges, we need to understand the data we have on local needs and services, as well as the conditions in which our local residents live.

The requirement placed on local authorities and PCTs to produce a Joint Strategic Needs Assessment, came into effect April 1st 2008 under the Local Government and Public Involvement in Health Act. However, there is nothing new about strategic needs assessments. Children, adults and health services have been systematically reviewing local health and care needs to inform their commissioning priorities for many years.

What is new is the requirement to develop this needs analysis jointly, with a focus on addressing inequalities in health and well being both now and in the future. In particular the Government expects JSNAs to provide:

- A joint analysis of current and predicted health and well-being, and inequalities
- An account of what local people want from services
- A view of the future, predicting and anticipating potential new and unmet need

And expects this evidence to directly inform

- the commissioning plans of local health and social care services
- the future priorities, actions of wider strategic partnerships including the LSP
- the selection of Local Area Agreement priorities

Process
The JSNA is a live and ongoing process, and will be refreshed as more intelligence becomes available. Indeed much of the information included in this report has already informed the development of the *Health and Well-being Strategy for North Lincolnshire, (2009), the Five Year Strategic Plan for NHS North Lincolnshire, (2009), NHS North Lincolnshire's Community Services Commissioning Strategy, (2009), the*

Children and Young People's Plan for North Lincolnshire,(2009), and the Commissioning Strategies for Adult Services (2009). It has also helped shape the vision and priorities of North Lincolnshire's Strategic Wellbeing and Health Partnership (LSP), and has informed commissioning priorities in some key areas.

We began the process in 2008/9 by looking at the priority issues facing health and social care services for **older people** and people living with **long term conditions**. This was followed by a **children and young people's JSNA.** More recently, this has been complemented by more detailed information on **adults of working age** and specifically **vulnerable groups.** Each of these assessments was overseen by a multi agency steering group of senior managers and shared and presented to the Children and Young People's Board, the PCT Board and the Well being and Health Improvement Partnership, (WHIP).

This process was informed by an analysis of health and social care trends in North Lincolnshire, as well as comparisons with other local authorities and PCTs in the region. The data was drawn from a range of published and unpublished sources, including the most recent World Class Commissioning data books, Annual Performance Assessments, and an analysis of data sources included in the minimum data set. These data sources were reviewed to establish historic and future health trends, to identify any gaps between expected and currently assessed levels of need in the population, and to identify whether there were any inequalities in service take up. Any changes in performance in key health and well being outcome indicators in the last 12 month were also considered. The data review also included softer sources of information, including qualitative research with local people, patient and user surveys, as well as consultation events with key service user groups.

This report pulls all of this information together, complemented by data on those social, economic, environmental and population trends that are likely to impact on people's health and well-being, both now and in the future. It focuses on data on health and social care needs and, where possible, breaks the data down into localities, so that a good understanding of geographic needs can be established for joint commissioning purposes.

It also highlights where information is lacking and suggests where additional joint work will be needed to address knowledge gaps. This additional work is likely to take the form of more in depth needs assessments on particular conditions, care needs or population groups, which will be published as supplementary reports to this strategic overview of local needs.

2. Executive summary

Socio demographic context

North Lincolnshire sits on the south side of the Humber estuary and covers an area of 85,000 hectares. North Lincolnshire encompasses the major population centre of Scunthorpe, where almost half of our resident population of 160,300 people live. It also includes a number of growing market towns and rural areas which have more scattered populations.

Although birth rates have increased recently, our population remains slightly older than the national and regional average, and this trend looks set to continue for the next 20 years. Between now and 2015 our population is projected to rise by a further 8% and our older population by 26%. This compares with 5.5% and 17% respectively across the country as a whole.

People from Black and Minority Ethnic communities currently make up 3.5% of our population, compared with 2.5% in 2001. The largest groups are people of Pakistani, Indian and Bangladeshi heritage. By 2030, our BME communities are projected to grow by a further 30%. The number of economic migrants settling in the area from eastern Europe has also grown. Yet we know very little about the health needs of these populations.

In terms of overall measures of the wider determinants of health, North Lincolnshire compares well with the national and regional average, with higher than average male incomes, lower than average house prices and until recently, lower than average unemployment rates. In 2007, North Lincolnshire ranked just above the national median, ranking 132nd out of 354 districts in the country

This represented an improvement on 2004, when North Lincolnshire ranked in 121st position. This reflects the increasing fortunes of many local residents in the intervening period, with the shift in rank due largely to improvements in average income, employment and health. Between 2004-7 North Lincolnshire's rank position on these three domains of deprivation improved by 9, 10 and 32 places respectively. However, many of these improvements were not enjoyed equally within North Lincolnshire, with evidence of widening social, economic and health inequalities during the last decade.

Between 2004-2007, the proportion of North Lincolnshire residents living in areas which ranked amongst the most *affluent fifth* of neighbourhoods in the country rose from 9% to 15%. In contrast, the proportion of residents living in areas which ranked amongst the nation's most deprived 10% grew from 8% to 9%, a growth which was accounted for largely by an increasing number of poorer pensioners in North Lincolnshire. This has resulted in a widening the gap in disadvantage between our richest and poorest residents.

These average deprivation scores predate the recent economic recession. In the last 12 months unemployment rates have almost doubled in North Lincolnshire, rising above both the regional and national rates for the first time in over a decade. Currently, the local unemployment rate is just above 5%, compared with 4% nationally. This has widened the gap between our richest and poorest neighbourhoods.

JSNA update

This is the first annual update of the 2008/9 JSNA and presents up to date information on the whole of North Lincolnshire's population. A number of changes have taken place over the last 12 months, which have all impacted on the health and well being of North Lincolnshire residents.

Improvements

On a positive note we have seen:

- A steady increase in the local, regional and national birth rate, with North Lincolnshire births levelling out at an estimated 1850 a year. This comes after almost a decade of decline in births.
- Improvements in overall health and well being – measured by rising life expectancy, which is at its highest ever level in North Lincolnshire, and is close to the national average
- A fall in our infant mortality rate to its lowest level for many years; below both national and regional rates and is the fourth lowest in the region
- A rise in local breastfeeding rates, both at birth and at 6-8 weeks in line with local targets for improvement
- A fall in the proportion of 5 year olds assessed as at risk of being overweight or obese, down from 24.3% in 2007/8 to 19.2% in 2008/9; the lowest rate in the region for this age group.
- A significant decline in the local teen conception rate, from 57.4 per 1,000 15-17 year old females, to 43.0, the largest reduction in the region.
- Increasing numbers of people quitting smoking with NHS Stop Smoking Services, which have exceeded our stretched target, with higher than average success rates
- Increasing numbers of people taking up our breast cancer and bowel cancer screening programmes, with local rates currently above national standards
- A decline in premature deaths from cancer, heart disease and stroke in line with national rates.
- Fewer children and young people attempting to buy cigarettes and declining numbers experimenting with smoking. In 2007 the percentage of 11-15 year olds in North Lincolnshire who said they had tried smoking was down 8% on the 2004 figure.
- Fewer children saying they worry about being bullied at school. For those in Year 7, rates were down by 10% in 2007, compared with 2004.

- A decline in adult smoking rates regionally and nationally to 21%
- Relatively high median earnings of those in fulltime work, compared with the regional and national average, in spite of the recent economic recession
- Increasing numbers of young people achieving GCSEs and going on to further and higher education
- Falling numbers of people accepted as statutorily homeless from 601 in 2004, to less than 100 in 2009. It is anticipated that more than 90% of lettings will be to people on the waiting list other than households accepted as homeless, this year.
- Two successful bids for Kickstart Housing delivery monies developed in partnership with the private sector worth £1.6 million, which will enable plans for the development of affordable housing to go ahead as planned.
- Extended support services in every neighbourhood
- Extended access to psychological therapies for people with common mental health conditions
- Quicker access to NHS diagnostic and treatment services and increased patient choice
- Relatively high patient satisfaction rates with GP and hospital services
- Longer opening hours in GP surgeries and the opening of a new 12 hour walk-in health centre in Scunthorpe town centre
- More older people and people with disabilities helped to live independently in their own homes
- More choice over end of life care

All of these positive changes have contributed to people's physical and emotional health and well being, and make North Lincolnshire a better place to live.

Challenges

However, there are still many challenges ahead of us. Not least the economic recession, which over the course of the last year resulted in large scale redundancies in North Lincolnshire, shorter working weeks, and rising rates of youth unemployment. Although there are national signs of recovery, the recession has left many people feeling worried about the future.

In the short term this could result in increasing demand on mental health services, and over time, poorer health outcomes for many of our most vulnerable residents, widening existing inequalities in health.

A major challenge for NHS and social care agencies in the next 12 months and beyond, will be how to deliver more choice and control to patients and service users, improve the quality and outcome of services, and yet still deliver the necessary budget cuts and efficiency savings required by central Government. People's expectations of health and social care services are changing, with a greater demand for choice, quality and control over their own care. Managing these expectations in

the context of public sector cuts will be a challenge. Other challenges we will need to manage over the next 3-5 years include:

Population growth

- Between now and 2015 we are anticipating a 8% increase in the local population, compared with a 6.5% growth regionally and a 5.5% growth nationally. Any population growth is likely to result in an increased demand for health and social care services.
- More than half of this growth will occur in our rural areas and most of it will be accounted for a growth in the 55 pluses, an age group which is growing faster in North Lincolnshire than nationally.
- Even assuming the incidence and prevalence of disease and disability remains unchanged – population growth alone will result in an increasing number of people living with vascular diseases, such as diabetes, heart disease and stroke, age related diseases such as dementia, as well as physical and learning disabilities, sensory impairments and mental health conditions.
- A focus on prevention, and in particular a reduction in smoking, obesity and alcohol consumption in the population is critical to reducing the future burden of preventable diseases on families, health and social care services.
- As births increase, so will the need for more child health services.
- Births are rising fastest in our most deprived communities, where health needs are greatest. So more rigorous targeting of preventive services is likely to be required.
- As our resident BME communities grow, we should be planning to meet the needs of an increasingly diverse resident population
- The demographic profile of children and adults with disabilities is likely to change considerably over the next ten years, with a growing number of older people with severe learning disabilities.
- Improvements in health care and medical technology could also mean that more children with very profound and multiple disabilities are surviving into adolescence, although the number requiring adult specialist services is unlikely to change much in the next five years.
- All of these trends are likely to place increasing pressure on health and social care providers and could influence the sorts of services we commission in the future.

Population ageing

- Experts differ on the precise impact of population ageing on the future demand for health and social care services. However, it is generally agreed that the number of older people with long term conditions and disabilities is likely to increase by at least 40% over the next 20 years.
- North Lincolnshire already has an older than average population, with a large cohort of people in their 50s and 60s approaching retirement age.
- This includes an ageing workforce with a higher than average proportion of the local labour force approaching retirement age over the next 5-10 years

- Between now and 2015 we are anticipating an annual 2% growth in our older population, with an average 1,000 more people aged 65+ in the population each year
- This will include an increasing number of adults with profound and complex disabilities surviving into older age. Whilst their numbers are small – they are potentially heavy users of health and social care services.
- In the short term, we should plan for a steady growth in demand for diagnostic and treatment services, (including screening), especially for age related conditions such as diabetes, heart disease, dementia, some cancers, sensory impairment, and musculoskeletal conditions. Current estimates suggest an average annual increase in the prevalence of these conditions of 2% per year in North Lincolnshire
- Over time it is likely that the number of people with caring responsibilities will grow further. So we should also be planning to support an increasing number of carers, many of whom may need to combine caring with employment.

Widening inequalities in health

- There is a 11.6 year gap in life expectancy between our richest and poorest 10% males and a 7.9 year gap between our richest and poorest 10% females in North Lincolnshire. The gap between our poorest and richest fifths is 10 years for men and 8 years for women.
- The main contributors to this gap are premature deaths from heart disease, lung cancer and chronic lung disease.
- Many of these inequalities are linked to preventable risk factors, such as smoking, unhealthy weight, poor take up of screening and early treatment services and poor self management of long term conditions. Others have deep rooted social and cultural causes and are likely to require rigorous, targeted and customer based approaches to effect the required behaviour change.
- There is also evidence of a growing gap in premature deaths from cardiovascular disease and cancer between our richest and poorest males
- As a result, many of the sharp declines in cancer and circulatory deaths observed in previous years are now showing signs of levelling off in North Lincolnshire. Without rigorous targeting we could find our local health improvement targets even more challenging to reach in the future.
- Health inequalities are evident at all stages of the life course and can be observed within each of our strategic outcome indicators
- These inequalities start in early life and are widest for teen conception rates, with a six fold difference between our richest and poorest fifth of neighbourhoods.
- The income gap in health outcomes is also evident for smoking in pregnancy, breastfeeding, obesity, unscheduled hospital admissions for long term conditions, alcohol related hospital

admissions, and premature deaths from heart disease, lung cancer, COPD, and stroke.

- Over time these inequalities in health result in more than 200 'excess' deaths per year in North Lincolnshire. This represents the total number of lives that could have been saved each year had everyone enjoyed the same health during their lifetime as our richest fifth of residents.
- More than half of these excess deaths are experienced by our poorest fifth of residents.
- The diseases which contribute most to these excess 'early' deaths are heart disease, lung cancer, COPD and other cancers. Men account for more than two thirds of all excess deaths.
- The root causes of these health inequalities lie beyond the responsibility of a single agency or partnership, and include inequalities in family income, educational outcomes, employment and training opportunities, living conditions, exposure to health risks, as well as differences in behaviours, attitudes and knowledge about health.
- Tackling these health inequalities will require new ways of working, including new service models, targeted specifically at those at high risk
- This will include working more closely with partner agencies to improve the life chances of our poorest residents, and to help us understand the reasons behind some of these health trends and how we might tackle them. Some of this joint work with partners should include a partnership approach to geo-demographic analyses, customer insight and social marketing.

Wider determinants of health

- The recession has had a greater impact on unemployment rates in North Lincolnshire than other districts, largely because of our dependence on manufacturing, construction, and service industries. Unemployment rates have doubled in the last 12 months in North Lincolnshire and are now above national rates at 5%.
- As a result, North Lincolnshire is identified by the Government as a housing repossession 'hotspot', because of the high risk of increasing numbers of repossessions in our area over the next 12 months.
- The recession has impacted most heavily on those areas and within those communities with the least resources. Unemployment rates are in double figures in some of our poorest wards and have widened the gap in employment and income opportunities between our most and least deprived neighbourhoods.
- There is also evidence of widening inequalities in educational outcomes for children and young people and an increasing concentration of low income families in our poorest neighbourhoods.
- As the number of families at risk of poverty increases, the gap in opportunities and outcomes between our most and least

advantaged residents could widen, increasing the gap in existing health inequalities.

- The recession is also likely to reduce people's capacity to pay for services, including social care, and could widen health and social inequalities in older age.
- It could also impact heavily on the voluntary and community sector, which provides a range of essential, but informal, low support services for some of our most vulnerable residents.

Key issues for concern

Analyses of health outcomes and performance data over the course of the last 12 months suggest the following areas for concern in North Lincolnshire. Many of these issues are already identified as strategic priorities within our five year plan, and are being addressed by NHS North Lincolnshire in partnership with the LSP, the Council, and Children's and Adult Services.

These priorities include:

- Widening inequalities in premature deaths from heart disease and stroke and for some cancers, especially amongst men
- Lower than average 1 year survival rates for cancer of the lung and cancer of the bowel
- Higher than average teen conception rates, which although declining, remain above the national average, with a higher than average proportion resulting in a teen birth.
- Higher than average smoking in pregnancy rates which have shown no sign of improvement over the last five years
- No change in childhood obesity rates for 11 year olds and little improvement in participation by this age group in the child height and weight measurement programme, which currently lies below 85%
- Below average uptake of Chlamydia screening amongst 16-24 year olds, (although above average take up in areas of potential high need)
- Reconfiguration of child and adolescent mental health services to reflect local needs
- Higher than average prevalence of adult obesity, which is projected to rise further, by an average of 2% per year
- Rising prevalence of hypertension and diabetes in the adult population, which is projected to rise further as our local population ages and adult obesity increases.
- Higher than average unscheduled hospital admission rates for people with ambulatory care sensitive conditions, including infants with respiratory infections, as well as older people with long term conditions, such as angina and COPD.
- Higher than average hospital admission rates for alcohol attributable conditions and alcohol related harm
- Longer than average waiting times for housing adaptations under the Disabled Facilities Grant

- Lower than average take up of direct payments by vulnerable adults
- Lower than average adult take-up of NHS dental health services – especially in our most deprived areas.
- A significant rise in excess winter deaths, which in 2008/9 exceeded both the national and regional rate of increase on the previous year.

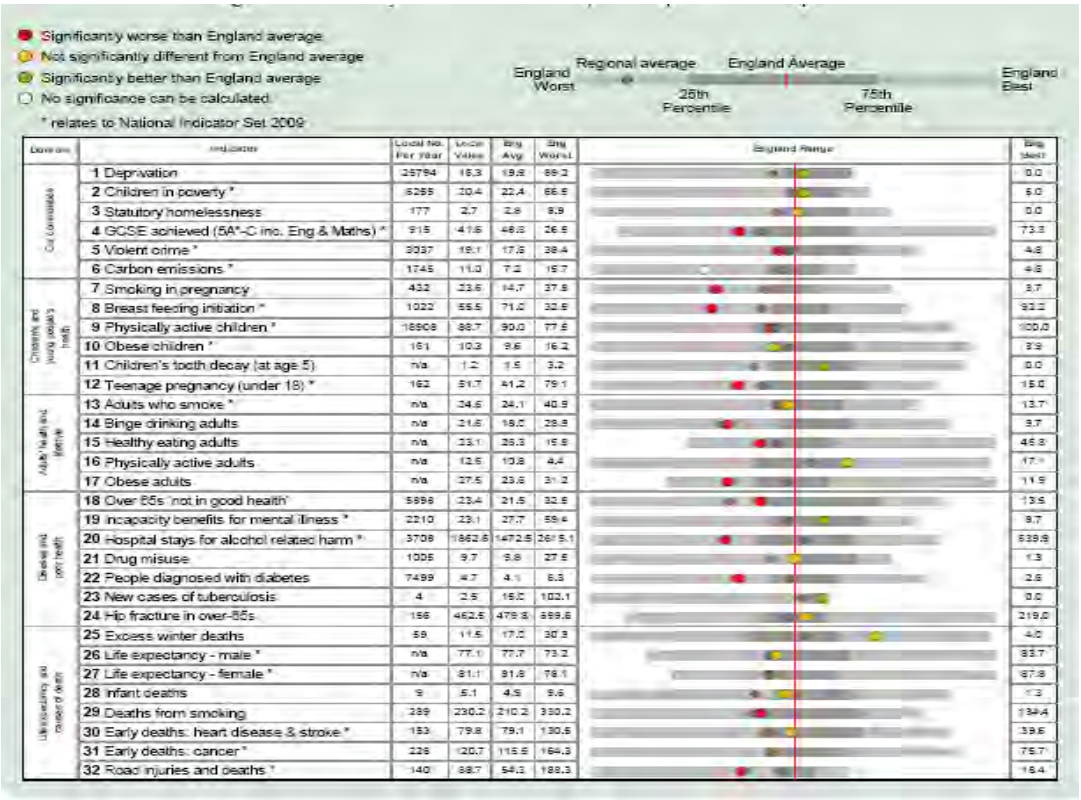
In addition, NHS North Lincolnshire recently commissioned a reputation audit of its partners and a specific group of public stakeholders who were identified as being 'seldom heard.' The latter group were represented by community groups from the North Lincolnshire area. The key headlines that came from the stakeholder part of the study were:

- NHS North Lincolnshire's engagement with communities has improved over the past year
- However further engagement and communication with local BME groups needs to be developed.
- Stakeholders from these groups are often unaware of the commissioning and leadership role of NHS North Lincolnshire.

The following chart summarises North Lincolnshire's position on a range of health and well being indicators relative to the rest of the country. This summary was published in 2009, although some of the data on which it is based is older than this.

The local result is shown as a circle – where red indicates that an indicator is significantly worse than the national average and green where it is significantly better.

Figure 2.1
Community Health Profile summary for North Lincolnshire



Our Communities	1 Deprivation	25794	16.3	19.8	89.2	0.0
	2 Children in poverty *	6285	20.4	22.4	66.6	5.0
	3 Statutory homelessness	177	2.7	2.8	8.9	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths) *	915	41.6	48.8	26.6	73.3
	5 Violent crime *	3037	19.1	17.8	39.4	4.8
	6 Carbon emissions *	1745	11.0	7.2	15.7	4.8
Children and young people's health	7 Smoking in pregnancy	432	23.6	14.7	37.6	3.7
	8 Breast feeding initiation *	1022	55.5	71.0	32.6	92.0
	9 Physically active children *	16908	86.7	90.0	77.6	100.0
	10 Obese children *	161	10.3	9.6	16.2	3.9
	11 Children's tooth decay (at age 5)	n/a	1.2	1.5	3.2	0.0
	12 Teenage pregnancy (under 18) *	162	51.7	41.2	79.1	15.0
Adults' health and lifestyle	13 Adults who smoke *	n/a	24.6	24.1	40.9	13.7
	14 Binge drinking adults	n/a	21.6	18.0	28.8	9.7
	15 Healthy eating adults	n/a	23.1	25.3	15.8	46.8
	16 Physically active adults	n/a	12.5	10.8	4.4	17.1
	17 Obese adults	n/a	27.5	23.6	31.2	11.9
Disease and poor health	18 Over 65s' not in good health'	5898	23.4	21.5	32.5	13.6
	19 Incapacity benefits for mental illness *	2210	23.1	27.7	59.4	9.7
	20 Hospital stays for alcohol related harm *	3708	1862.6	1472.5	2615.1	839.9
	21 Drug misuse	1005	9.7	9.8	27.5	1.3
	22 People diagnosed with diabetes	7499	4.7	4.1	6.3	2.6
	23 New cases of tuberculosis	4	2.5	15.0	102.1	0.0
	24 Hip fracture in over-65s	156	462.6	479.8	699.6	219.0
Life expectancy and causes of death	25 Excess winter deaths	59	11.5	17.2	30.9	4.0
	26 Life expectancy - male *	n/a	77.1	77.7	79.2	83.7
	27 Life expectancy - female *	n/a	81.1	81.8	76.1	87.8
	28 Infant deaths	9	5.1	4.5	9.6	1.3
	29 Deaths from smoking	289	230.2	210.2	330.2	134.4
	30 Early deaths: heart disease & stroke *	153	79.8	79.1	130.6	39.6
	31 Early deaths: cancer *	226	120.7	115.6	164.3	75.7
	32 Road injuries and deaths *	140	88.7	54.3	188.3	16.4

Source: APHO, 2009

This chart confirms those areas where we perform significantly worse than the national average and include higher than average:

- Levels of adult obesity
- Prevalence of diabetes
- Deaths from smoking, including higher than average rates of premature deaths from lung cancer amongst males
- Rate of smoking in pregnancy and lower rates of breastfeeding
- Hospital admission rates attributable to alcohol related harm
- Teen conception rates
- Road injuries and deaths
- and lower than average GCSE attainment at 15 years in English and Maths

These priority issues are addressed in detail in the main body of the JSNA. New evidence collected during the last 12 months include:

Needs assessments and equity audits completed within Public Health in 2009/10

- Children's JSNA, 2009
- Breastfeeding Equity Audit including customer insight work and social segmentation, 2009
- Smoking Cessation Equity Audit, 2009

- Lung Cancer Equity Audit, 2009
- Pharmaceutical Needs Assessment, 2009
- CVD Equity Audit (commissioned from the YHPHO), 2009
- Learning disability needs assessment, 2009
- Vulnerable adults JSNA, 2009/10
- Focus on excess winter deaths, 2009
- Focus on Teen pregnancy, 2009
- Focus on Alcohol, 2009/10
- Older People's mental health needs assessment, 2009

Some of the key issues emerging from some of these additional pieces of work are summarised further below.

Next steps for the JSNA
Many of the issues and priorities identified above are already the focus of more detailed needs assessments, service reviews and/or action plans, the results of which are overseen and monitored by local task groups and/or programme boards.

Work in progress
At the time of writing there were a number of needs assessments, equity audits and service reviews still in progress, including:

- Learning Disability Health Equity Audit (March 2010)
- Needs Assessment of adults and children with Profound and Multiple Learning Disabilities (March/April 2010)
- Customer insight work on public awareness of cancer generally and lung cancer specifically in our high risk communities (due March 2010)
- Customer insight work with adults with a physical disability (due March/April 2010)
- Service review of opthamology services
- Service review of musculoskeletal services
- Service review of dermatology services
- Service review of end of life care
- Inequalities in child outcomes (April 2010)
- Ward and locality profiles of health and wellbeing (March 2010)
- JSNA minimum dataset refresh (March 2010)
- JSNA factsheets on key health outcome priorities (March 2010)
- Health Inequalities Factsheet (March 2010).
- Child Health Equity Audit (March 2009)
- Teen pregnancy customer insight work (March 2010)
- Sexual Health Needs Assessment (March 2010)
- Adult Obesity Needs Assessment (April 2010)
- Publication of Public Health analyses and reports on NHS North Lincolnshire website, (March/April 2010).

These reports are due for completion within the financial year and once published, will be made available electronically on the NHS website.

In addition, the National Support Teams for Alcohol and for Sexual Health are assisting local commissioners to accelerate reductions in teen conception rates and alcohol related harm in North Lincolnshire.

Future JSNA work

We may also need to revisit and review some key disease areas to ensure that we are doing everything we can to reduce inequalities in premature deaths, including a focus on:

- Diabetes
- Cancer (including inequalities in take up of screening and presentation to diagnostic services)
- Coronary Heart Disease
- Obesity

Other issues we need to understand better include:

- Inequalities in health between population groups, including Black and Minority Ethnic groups, people with disabilities and mental health needs and lesbian, gay, bisexual and transgender (LGBT) populations
- Inequalities in health in older age
- Why our rates of smoking in pregnancy remain so high
- What lies behind the rising number of maternities to teenage women in North Lincolnshire
- How well our collective resources are targeted at reducing risk factors in the population
- What the level of need for weight management services is locally and how we can target our resources to best effect
- What the specific health and social care needs are of people with profound and multiple learning disabilities
- Why inequalities in educational outcomes for children are widening

We also need to do more detailed work on understanding the medium to long term impact of our changing population profile and inequalities in health on service provision. Tools such as predictive modelling, scenario generators, and social segmentation techniques should help us understand how we might reshape services and target our resources more effectively.

Developing the JSNA process

In terms of the future development of the JSNA process we aim to:

- Develop the locality and neighbourhood profiles within the JSNA
- Secure greater involvement of locality and neighbourhood action teams in the development and dissemination of these profiles
- Make the JSNA summary, factsheets and other profiles of need available on-line.
- Disseminate the findings of the JSNA at key partnership meetings.

- Engage in regular discussions with commissioners and information analysts within adult and children's services to support the annual refresh of the JSNA.

Children's JSNA

A Joint Children and Young People's JSNA was completed in July 2009, This section summarises some of the key issues and findings. More detailed discussion of some of these trends can be found in Chapter 6 and Chapter 9 of this report.

Population

In 2008 there were an estimated 30,100 children under 16 living in our area, and just over 8000 16-19 year olds. This represents a decline of 2000, or 5% fewer under 20s, since 1991. Although birth rates have risen in the last five years, and are projected to remain at 1850 live births a year for the next decade and a half, the under 16 population is only projected to return to 2006 levels by 2029. Between now and 2016 we should see a growth in younger children aged under 11 years and a continuing decline in adolescents aged 12 and over.

This younger population is growing fast with the number of under fives projected to increase by 13% between now and 2020. From 2010 onwards, the number of primary school age children will increase by an estimated 200-300 a year, rising steeply in 2015 and beyond. At the same time the number of teenagers in our population is projected to decline by 5%

This growth in younger children will not be distributed evenly across North Lincolnshire and is likely to occur largely in our poorest urban areas. Currently, more than a third of births are to families living in our most deprived fifth of neighbourhoods. Due to different fertility patterns, the number of children from BME communities is increasing faster than the white population and is rising fastest amongst younger children. In 2008, more than 6% of school aged children were from BME communities, with at least half as many more BME children in reception classes as in Year 11. As well as preparing for a growing number of primary school children in the population, we need to prepare for increasing ethnic diversity and a growing urban child population. All of these factors will all impact on how we commission services in the future.

Children with disabilities and learning difficulties

National and local estimates suggest there are between 970-1800 children and young people under the age of 19 with a disability in North Lincolnshire, where 970 represents the number of children and young people with a severe learning, communication and/or physical or mental disability, (approximately 50 in each year group), and where 1800 includes those with less severe disabilities as well as those with specific learning difficulties. The vast majority of these children and young people are educated in mainstream schools close to home.

There is a strong association between children with special educational needs and low family income. Children with learning difficulties account for most of the gap in attainment between those who are eligible for free school meals and the rest. This group of children are also much more likely to experience temporary exclusions from school and to have poorer health and well being outcomes.

Summary of health improvements

The children of North Lincolnshire continue to enjoy relatively good health compared with the national average. Infant mortality rates, (ie deaths under the age of one) continue to fall and for the most recent 3 year pooled period, they were below the national average, with a rate of 4.0 infant deaths per 1,000 births compared with 4.8 nationally. Whilst breastfeeding rates remain below the national average, they have improved significantly during the first 6 months of 2009/10 and are on course to meet local targets for improvement this year. The number of hospital admissions of children as a result of unintentional and deliberate injury continues to fall and is now below the national and regional average, for the first time in five years, although unplanned admissions for upper respiratory infections remains high. The level of childhood obesity amongst 5 year olds has fallen in the last 12 months and is currently below national and regional rates at 7.6%, the lowest rate in the region for this age group. The proportion of 11 year olds assessed as at risk of being overweight or obese has stabilised at just under 1 in 3, (32%).

North Lincolnshire has lower than average dental decay amongst 5 year olds, in spite of lower than average take up of NHS dental health services. This in part, reflects the positive effects of fluoridation in our most deprived areas.

Access to speech and language services is very good in North Lincolnshire and a high percentage of looked after children receive a range of annual health assessments, which at 95% is one of the highest rates in the country.

The National Healthy Schools programme is well established in North Lincolnshire with 100% local schools signed up.

After a sharp increase in teen conception rates in 2007, the latest published data for 2008 show a significant decline in local rates to 43.0 per 1000, compared with 40.4 per 1,000 nationally. This represents a 20% reduction on the 1998 North Lincolnshire baseline and is the largest decline in the region.

The number of 17 year olds in education and training compares well with the national average and is better than in similar areas, including a high take up amongst vulnerable young people, including care leavers and young offenders.

Summary of concerns

Many of the key areas for concern highlighted in the recent children's needs assessment have already been identified as priorities for action within the Children and Young People's Plan, 2009-12 and within NHS North Lincolnshire's Strategic Plan for 2009/13. Below is a summary of some of the key concerns regarding *health outcomes.*

Teenage pregnancy

Most young people under the age of 16 in North Lincolnshire are not sexually active. According to the 2007 Adolescent Lifestyle survey, less than a quarter of 14-16 year olds claimed to have had sex. This is below national estimates. Of those that had, more than 80% said they had used a condom and/or other contraceptive method to prevent pregnancy the last time they had sex – which was significantly above the rates reported in 2004.

In spite of recent improvements in teen conception rates, local rates remain above the national average and are higher than other districts with a similar population and deprivation profile, suggesting potential for targeting our collective resources more effectively in North Lincolnshire.

At ward level, the association between teen conception rates and deprivation score is very high in North Lincolnshire, with rates more than three times the national and local average in Brumby ward, Town and Crosby, our most deprived wards. Indeed, rates in these wards have increased over time, as teen conceptions have become more concentrated in these areas.

Smoking in pregnancy

Encouragingly, fewer younger teenagers appear to be experimenting with cigarettes than ever before. In 2007, 30% of our 11-14 year olds said they had tried smoking, compared with 38% in 2004. However, the association between regular smoking and low income was just as strong in 2007 as in 2004, doubling the risk of regular smoking at this age.

Young low income women remain at particularly high risk – with smoking rates amongst 14-15 year olds girls eligible for free school meals in North Lincolnshire, more almost three times the average for other girls that age. This is especially worrying given our higher than average rate of smoking in pregnancy – 26% compared with 17% nationally. A rate which has not improved in the last three years. This equates to more than 450 pregnant smokers a year in North Lincolnshire and places us in the worst 10% of Primary Care Trusts nationally on this measure.

Smoking in pregnancy has been linked to poor psychological health and maternal stress, with the highest rates found amongst those women who can least afford it, contributing to a cycle of health inequalities amongst our poorest residents. A third of all North Lincolnshire births are to women in this lowest income group. Smoking rates are highest amongst young Mums under the age of 20. In North Lincolnshire, 43% of expectant Mums under 20 years of age smoke.

Although smoking cessation services have a high success rate with pregnant women, the number of women who sign up with stop smoking services each year is small. In 2008/9 more than 200 pregnant women were referred to the NHS SSS, of which only 38 signed up to quit. The rest were lost to follow up. This represented less than 10% of all pregnant smokers in North Lincolnshire in that year.

Based on current trends we are unlikely to meet either the local or national target for reduction in smoking in pregnancy. Achieving a rate of 12.5% by 2015 would represent a 50% reduction in our current smoking in pregnancy rates.

Breastfeeding rates have been lower than the national average for some time in North Lincolnshire. Currently 62% of North Lincolnshire women breastfeed their babies at birth, compared with a national average of 78%. Breastfeeding rates at 6-8 weeks are even lower at 37%, compared with 50% nationally.

Whilst this represents a significant improvement on our 2007/8 performance, and means that we are on track for meeting our target for this health outcome this year, matching the national rates is likely to present a considerable challenge. Not only is artificial feeding the cultural norm in many of our local communities, more than 1 in 3 births are to women who live in our poorest areas – where breastfeeding rates at birth do not rise above 44% and where continuation rates are as low as 11%. Yet breastfeeding could have a major impact on reducing inequalities in infant health and on the incidence of long term conditions in later life.

Breastfeeding could also reduce the financial burden of ill health on the NHS and on families. NICE estimates that each case of gastroenteritis, respiratory infection or otitis media, (acute or chronic ear infection) in the first year of life costs the NHS at least £301, (2006 prices). National research suggests that breastfeeding could also reduce the incidence of pre menopausal breast cancer amongst women by half.

A local research project was commissioned to understand better the barriers to breastfeeding in North Lincolnshire, and breastfeeding for longer. The main reasons identified were:

- Lack of understanding of the health benefits of breastfeeding over formula feeding
- Familial and cultural influences
- Lack of confidence to breastfeed
- Lack of exposure to breastfeeding role models in the community
- Limited access to ongoing breastfeeding advice and support pre and post birth
- Limited breastfeeding facilities within the community

- A perception that if breastfeeding doesn't happen naturally and painlessly in the first three days, then there must be something terribly wrong.

The research also involved segmenting families into specific social groups to get a better understanding of how these perceptions and barriers differed, with a particular focus on what interventions might work best for our most disadvantaged communities. More details are available at the end of Chapter 6.

Paediatric admission rates

North Lincolnshire children make higher than average use of hospital services, including A&E, outpatient attendances and unplanned hospital stays. Rates of short (overnight) hospital stays amongst children are significantly above the national average, and are particularly high amongst infants. Whilst rates have declined in the last 12 months North Lincolnshire still ranks amongst the highest 25% PCTs on this measure. There is also considerable variation between GP practices in referrals of children for outpatient services.

Unplanned paediatric admissions

Under 5s make up almost a quarter of *all* unscheduled hospital admissions for ambulatory care sensitive conditions in North Lincolnshire, the most common presenting conditions being infections of the Ear, Nose and Throat. North Lincolnshire children also make greater use of A&E and outpatient attendances than their national and regional peers.

In 2007/8, there were 1920 'unplanned' admissions to hospital of 0-4 year olds in North Lincolnshire, representing more than 20 admissions per 100 under 5s in our area. The most common reasons were acute respiratory infection and other non specific infections. Rates of admissions for respiratory infection amongst young children are significantly above the national average in North Lincolnshire and have remained so for a number of years. Most of these children are under two years of age and tend to stay in hospital for no more than one night. These unscheduled paediatric admissions tend to be higher in the colder winter months and are often associated with areas of high deprivation, low rates of breastfeeding, fuel poverty, poor quality housing, and high rates of adult smoking.

It is not clear to what degree our higher rates are linked to increased risk of infection, differences in clinical practice, lower thresholds for admission, or unequal access to community based services in our area. The highest admission rates were recorded amongst children in lower income families.

Planned paediatric admissions

Although dental decay in children is largely preventable, almost 1 in 3 of all planned admissions to hospital amongst 5-10 year olds are for

extraction of decayed teeth. These data do not include other extractions performed by dentists in the community under local anaesthetic.

Childhood obesity

The good news is that of those reception year children measured in North Lincolnshire in 2008/9, more than three quarters, 78.5%, were a healthy weight and 7.6% were assessed as at risk of obesity. This is a significant improvement on the previous year's results for this age group, when 10.3% five year olds were assessed as being at risk of obesity. An additional 11.6% of 5 year olds were assessed as at risk of being overweight (compared with 14% in the previous year). Both figures are below the national and regional average for this Year group, which were 10% and 13% 5 year olds respectively for obese, and overweight. There were also some 2% children who were assessed as underweight in North Lincolnshire, a figure above the national and regional average.

The picture is less positive for those in Year 6, with almost 1 in 5 of those who participated, in the programme, 18.5%, assessed as at risk of obesity. This represents little change on the results for the previous year, although it is similar to the national average. An additional 13.2% 11 year olds in North Lincolnshire were assessed as overweight, (compared with 13% in 2007/8).

It is too early to say whether either of these results mark a trend in North Lincolnshire.

Although childhood obesity and overweight are no higher here than elsewhere, rates of adult obesity are estimated to be higher in North Lincolnshire, (28% compared with 24% nationally). The younger children are when they become obese, the longer they are likely to be living with this risk factor, and so the greater the risk of them developing associated physical and mental health problems at a younger age. In families where both parents are overweight or obese, children are six times as likely to be so too, compared to children with parents of a healthy weight. Only three percent of overweight or obese children live in families where neither parent is overweight or obese. Breaking this cycle will require a range of approaches, including attention to preventing excessive weight gain in early childhood, among young parents and during pregnancy.

Both child and adult rates of obesity are predicted to increase over the next decade and beyond. Hence the need for a continued focus on reducing unhealthy weight in children and young people, especially in our most deprived communities. Recent national and local evidence suggests a strong link between social deprivation and risk of obesity in children, (see chapter 6).

Inequalities in infant and maternal health

Inequalities in health are evident at all stages of the life cycle in North Lincolnshire, including in pregnancy and early infancy, and follow a steep

social gradient, where health outcomes become progressively worse with declining income.

In North Lincolnshire these inequalities are illustrated by :

- A **six fold** difference in teen conception rates between our richest and poorest fifth of neighbourhoods.
- A **three fold** difference in smoking in pregnancy rates.
- A **four fold** difference in breastfeeding rates at 6-8 weeks.
- At least a **two fold** difference in teen and adult smoking rates

Intervening early, to prevent health problems and unhealthy behaviours setting in amongst future generations of adults will clearly be important, as will efforts to close the gap in life opportunities for our most deprived children and families. However, many of the behaviours which contribute to these health inequalities have deep rooted social, economic and cultural causes and may take a long time to change.

We need to do more work with partners to get a better understanding of how our joint resources could be targeted more effectively to raise health outcomes for our most deprived residents. We also need to engage more with local people to get a better insight of what factors shape their attitudes and behaviours, and what approaches to health improvement are likely to work best and in which communities

This will become an even more pressing priority in the future, as all of the evidence suggests that the gap in health, education and employment opportunities between our richest and poorest families is widening. This gap could get wider as youth unemployment rises, and as young people and families become trapped in a cycle of poverty.

Currently, more than 1 in 10 births in North Lincolnshire are to young women under the age of 20, a group who are at high risk of educational disadvantage, persistent low income, unemployment and poor health outcomes. At least a third of births are to women living in our poorest fifth of neighbourhoods.

Child and adolescent mental health

Although access to CAMHS services is improving, pathways into services require further development. NHS North Lincolnshire and North Lincolnshire Children's Trust have committed to reconfiguring services, defining clear pathways for children with ADHD, learning disabilities and difficulties and children with ASD this year.

Vulnerable adults

An overview of the current and projected needs of vulnerable adults was also completed in 2009, the findings of which are available in Chapter 8. The key issues arising from this chapter are summarised below.

NHS Continuing Health Care

NHS Continuing Healthcare is the name given to a package of extended health and personal care that some people need to receive outside acute hospital care, as a result of a disability, accident or illness. Because NHS continuing health care is fully funded by the NHS, including the cost of meeting personal care and accommodation needs, as well as health care needs, there are strict criteria governing people's eligibility, which is determined through an annual assessment. To be eligible for NHS Continuing Care the main need must relate to health. These are likely to be people with complex medical conditions who need highly specialised support. Someone approaching end of life may also be eligible if they have a condition that is rapidly getting worse or that may be terminal. People with a long term condition or illness may not be eligible.

As life expectancy increases and our population grows and ages, the number of adults with physical and learning disabilities and sensory impairments is likely to grow year on year, including people with complex and long term health needs. This is likely to present a significant challenge for health service and social care commissioners, as the costs involved in providing long term packages of continuing care to some of our most vulnerable adults are likely to be considerable.

In 2008/9, just over £10.5 million was spent by NHS North Lincolnshire on NHS Continuing Health Care. Approximately 80% of this was spent within the residential care sector, of which most was spent on care homes in the North Lincolnshire area. The main reasons for commissioning out of area were the lack of local availability of specialist care for people with mental health needs, as well as for people with specific physical disabilities. Currently, all placements are subject to individual placement agreements.

The largest categories in terms of the *number of people* supported were Older People and people with terminal illnesses. However, the largest *expenditure categories* were Adult Mental Health, (18-64 year olds), Older People's Mental Health, (65+) and Adult Physical Disability (18-64 year olds). As the population grows and ages we should expect the number of applications to increase.

Planning for these changes is important. However there is no single data base or register which captures the health and social care needs of people with physical or learning disabilities or with mental health needs in North Lincolnshire. Health and social care agencies might wish to consider how data coding and data sharing across agencies could be improved to allow for routine analysis of need and more effective forward planning for these client groups.

Learning disability

The precise number of adults with learning disabilities in our local population is unknown. National research estimates are in the region of 25 people in every 1,000 with a learning disability, including people with a mild to moderate learning disability, (20 per 1000 adults and 3 per 1,000 children) and 3 to 4 people in every 1,000 with severe or profound learning disabilities. Applied locally, this would equate to an approximate total of 3,200 children and adults with a learning disability in North Lincolnshire, of which between 480 – 640 will have severe or profound learning disabilities. The remaining 2560-2720 people will have mild to moderate learning disabilities.

It is estimated that more than four fifths, (85%) of all adults with learning disabilities are neither known to or actively in receipt of adult social care services in North Lincolnshire, which included the vast majority of adults with mild to moderate learning disabilities. This proportion is similar to the national average.

Not all of these adults will either require or be eligible for specialist care and support from adult services, although some may need support from time to time to help them access mainstream services, maintain independent living or to prevent a crisis. Just under 400 adults with a *severe learning disability* (SLD), are currently in receipt of specialist adult social care services in North Lincolnshire, including 50 adults with profound and multiple learning disabilities, (PMLD), who require continuous and specialist care, equipment and support. Slightly more adults will receive help from the learning disability nursing team or from supporting people services.

The health of people with learning disabilities remains poor. They are 2.5 times more likely to have a health problem than the general population, including an increased risk of cardiovascular disease and are far more likely to physical disabilities, sensory impairments and mental health needs. Rising levels of obesity may also be an issue for this population, as is the lower than average take up of cancer screening and other health promotion services. Adults with Down Syndrome have a much earlier onset of dementia than the general population – so we should expect the number of adults with complex needs to rise as this population ages.

Currently there are 430 adults with learning disabilities identified on GP registers. While all GP practices in North Lincolnshire have a register of

adults with learning disabilities, only 13 have contracted to deliver the DES for annual health checks. This means that 8 of these GP registers remain to be validated. It also means that just over half, (227), of all adults known to primary care services with a severe to moderate learning disability in North Lincolnshire may not receive an annual health check.

The number of people with learning disabilities living in supported tenancies has grown impressively over the last five years, and is twice what it was in 2001. At the same time the number of adults placed in residential care outside the area has fallen significantly. However, demand for supported housing still outstrips supply, and is likely to grow with changing family expectations and increasing life expectancy of current service users. The preferred type of accommodation expressed by service users is shared housing in the Scunthorpe area. However, this preference is not reflected in the allocation of social housing for this vulnerable group.

The development of a single access point for housing, the housing register and a place to plan alongside social services for both specialist and mainstream housing, would make the process more accessible, and clarify pathways into supported housing. Getting the right type of support package in place is likely to prove more of a challenge, especially with continuing pressure on social care budgets.

More than half of adults with severe learning disabilities live at home with relatives. Of these, more than a third live with older carers, (aged 65+), including 10 adults who live with carers who are in their 80s. The age of these relative carers alone, suggests that at least an additional 10 adults with severe learning disabilities per year are likely to need formal care and accommodation, either in supported housing or, if this is not available, in local residential care. This could mean finding alternative accommodation for between 60-100 adults in North Lincolnshire within the next six to ten years.

Rising life expectancy means that more people with learning disabilities will develop long term conditions associated with ageing, including dementia, diabetes and heart disease. This will have implications for the commissioning and delivery of health and social care services, including mental health services. Conservative estimates suggest the number of adults with learning disabilities, including those with profound and multiple needs, is projected to rise by at least 20% over the next 10 years.

Areas in need of further investigation include:

- More information is required on people with ASD, Moderate Learning Disabilities and Profound and Multiple Learning Disabilities, including those from our minority ethnic communities, to get a better understanding of their numbers and needs.

- How information gathered from health action plans and annual health checks can be used to inform the commissioning and delivery of services for adults with learning disabilities.

Physical disability

It is difficult to be precise about the number of adults with a physical disability in North Lincolnshire. Definitions of disability can differ considerably leading to quite different results. Disability affects all age groups and all parts of the population, although some communities may have a higher incidence of chronic conditions. Some impairments and conditions are particularly associated with ageing, while some people have a lifetime disability. Our best guess is that there are between 6,500-8,700 adults under 65 years with a physical disability in North Lincolnshire, of which approximately 1300 will have a severe physical disability. Currently, an estimated 720 adults of working age are in receipt of support financed by North Lincolnshire's adult social care services, including a small number who are supported in residential or nursing home care.

Neurological conditions are the most common form of serious physical disability and can affect people of all ages. Across the UK it is estimated that 2% of the population are disabled in some way by a neurological condition whilst an estimated 1% of the population are newly diagnosed each year.

The annual incidence of these neurological conditions is not expected to change in the next two decades, although the number of people living with associated disabilities could increase sharply, due to improvements in medical technology and general health care, increased longevity and improved diagnostic techniques. This could have an impact on the demand for adult health and social care services in the future, especially for continuing health care.

Delivering personalised care to people with disabilities, including a personal budget for all those eligible for social care is likely to present a challenge in North Lincolnshire. Take up of direct payments amongst adults with social care needs is well below the national average in this area. In 2008/9, there were just 41 working age adults in receipt of direct payments in our area – less than 5% of social care clients of this age.

This compares with a national target of 30% social care clients with self directed support by 2011. Improving the direct payments roll out and support service is a key priority for adult social care services in 2010/11.

Waiting times for equipment, aids and adaptations remain long in North Lincolnshire – especially for wheelchairs and for housing adaptations. Provision of major adaptations remains a significant challenge in North Lincolnshire and whilst waiting times are improving, the average length of time between assessment and completion of work is more than 7 months.

A wide range of support models, including telehealth and remote care may be required to deliver person centred care to adults with physical disabilities and sensory impairments. Expenditure on telecare has increased substantially in North Lincolnshire in the last 12 months and is above that of other areas. This is likely to be a key growth area in the future.

National research suggests that public awareness of aids and equipment of all kinds is still quite limited. Public awareness of how to access these services, as well as their likely future needs, could form part of the forthcoming reviews of aids, adaptations and other equipment services due to report later this year.

Currently there are limited opportunities for people with physical disabilities to inform the health and social care commissioning process. One of the key priorities for 2010/11 is to develop a peer support/user led organisation in North Lincolnshire.

Areas in need of further investigation include

- A number of service reviews are due for completion by March 2010, including a review of occupational therapy, equipment and community rehabilitation services. A review of the local Disabilities Facilities Grant process is also underway within the Council.

- These review teams may wish to consider the role of health promotion, primary prevention and early intervention services. They will also need to consider the views and experiences of service users.

Sight loss

The leading causes of sight loss are age related macular degeneration, (AMD), glaucoma and diabetic retinopathy. The age specific incidence of all three conditions has increased significantly over the last decade, with changes in diabetic retinopathy being most marked, particularly amongst the older population, where figures have almost doubled since 1991. Hence the importance of the national screening and early treatment programme for diabetic retinopathy, which is offered annually to all people newly diagnosed with diabetes aged 12 years and older.

Current performance data for this screening programme suggest North Lincolnshire falls short of the national standard of 100% coverage, with an estimated 92% of people with diabetes invited for screening in 2008/9. Work is in hand locally to validate these registers and bring coverage up to 100%.

The prevalence of diabetes is already above the national average in North Lincolnshire and both incidence and prevalence are forecast to rise faster than nationally, due to ageing and rising levels of obesity. Modelled projections suggest we should therefore prepare for an

average 2.5% increase in the number of people requiring annual screening each year, between now and 2015.

Recent NICE guidance which has lowered the threshold for referral to specialist secondary care services for glaucoma, is also likely to place increasing pressure on local opthalmology services.

Currently, day case admission rates in North Lincolnshire are the highest in the Yorkshire and Humber region and are well above national rates. The level of retention within secondary opthalmology services is also above the national average.

Hearing loss

It is estimated that 1 in 5 adults has a bilateral hearing problem which affects their hearing and communication. Amongst older people the prevalence of hearing loss is estimated to be much higher at 50%, making it the third most common age related long term condition, after arthritis and hypertension.

National prevalence data suggest there are:

- 4,470 55-74 year olds in North Lincolnshire with a hearing problem
- 5,210 with a bilateral impairment of at least 35 decibels hearing level
- 1,120 receiving intervention
- And between 3350 and 4090 adults of this age who may benefit from a hearing aid but do not have one.

The older that people are when they present for assessment and intervention, the more difficult they find adaptation to and care of their hearing aids.

A recent national survey of people with hearing loss conducted by the RNID, 2008, found high levels of satisfaction with audiology services, with 79% of respondents either quite or very satisfied with the service provided. However, there were some issues:

- 71% of respondents with hearing aids had some kind of problem with them and for one fifth of these, the problem was not resolved to their satisfaction.
- Only 23% of respondents were given information about other equipment that might be useful and 21% were given information regarding services and organisations which might be helpful when first receiving their hearing aids.
- 19% of hearing aid wearers find it difficult to get to their hearing aid dispenser.
- 84% of hearing aid users believe they should be called back automatically for a check up. Currently, many are not.

It is not known whether or to what degree these concerns are reflected locally.

Areas in need of further investigation

- Both audiology and opthalmology services are under review locally with a brief to consider how local services can be remodelled to help manage the projected increase in demand. These reviews might wish to consider the views and experiences of service users.

Mental health

Mental health problems are a major cause of disability in this country, and by 2020 mental ill health is projected to be the second leading cause of loss of disability adjusted life years, nationally and globally. It is estimated that almost 1 in 4 people meet the diagnostic criteria for at least one mental health problem in this country – although prevalence is thought to be slightly lower than this in North Lincolnshire - the most common mental health problems being anxiety and depression.

An estimated 12,000 16-64 year olds suffer from common mental health disorders in North Lincolnshire. Depression is also estimated to affect between 11-15% of our older population, (between 2,900-4,300 older people in North Lincolnshire), with between 3-5% (870-1,450) experiencing depression in its most severe form. Prevalence of depression almost doubles for older people suffering ill health and disability.

Not all of these people will need or accept psychological therapies. Indeed, some common mental health problems may be resolved without seeking formal treatment. National research estimates suggest that about a fifth of this number may require psychological therapy each year.

The prevalence of psychosis is similar to the national average in North Lincolnshire, with just over 1,000 people with psychoses on GP registers. There is some national evidence of increasing incidence of schizophrenia in the population, although the reasons for this are not yet clear. Whilst some have associated this with increasing use of cannabis amongst younger adults, further national research is required to establish a trend. Any major change in the level of demand for mental health services amongst working age adults with psychoses is likely to come from natural population growth. Between 2008-2015 the population of young adults aged 20-43 years is expected to grow by just 2%, less than 0.3% per annum.

Mental health is the largest disease area of NHS expenditure both here and across the country as a whole, with clinical services, secure and high dependency inpatient services consuming a significant proportion of this budget**.** In 2008/9 mental health accounted for 9.5% of NHS North Lincolnshire's annual expenditure.

The wider social and economic costs of mental ill health are even higher. Mental ill health is also the most common reason for sickness absence, accounting for 40% of days off sick and almost 40% of all incapacity benefit claimants. In 2009, just over 2,000 people of working age were unable to work and were claiming incapacity benefits in North Lincolnshire as a result of mental ill health.

The prevalence of mental ill health amongst the working age population is not expected to change much in the next 5-10 years, although the recent recession, increasing alcohol consumption, rising levels of obesity and increasing incidence of long term conditions, such as diabetes, may increase the risk of depression and anxiety in the adult population.

Even assuming the local incidence of neurotic disorders, such as anxiety and depression, remain the same and stay below national rates, we should still be planning for potentially 10 new cases a year requiring intervention between now and 2015, due to a growth in the population of working age.

Improving the prevention, early identification and management of mental ill health in the workplace and in the wider community could potentially save the economy and the public, millions. Yet mental health literacy and awareness within the workplace and wider community can be low.

The expected prevalence of *severe mental disorders,* (such as dementia and psychosis) amongst our *older population* will rise significantly, simply as a result of increasing life expectancy. At the same time the costs of providing mental health services, specifically for those with severe mental health conditions, (including dementia) is projected to increase substantially, the major drive coming from a projected increase in the prevalence of dementia amongst our older population.

The numbers of older people affected by dementia is relatively small, (about 6% of the 65+ population). However, prevalence doubles with every additional five years post 65 years, and carries a significant emotional and financial cost to individuals, family carers and to services. Vascular risk factors such as hypertension, Type 2 diabetes, high cholesterol, dietary fat intake, obesity and stroke are all considered to be important risk factors, not just for vascular dementia, but also for Alzheimers.

Currently there are an estimated 2,050 people with dementia in North Lincolnshire, of which an estimated 15% (300) have the most severe form of the disease. This compares with 700 people with a diagnosis of dementia on GP registers in North Lincolnshire, whose condition is being treated and managed within primary care. By 2015, the projections are for an additional 15% of people with diagnosed and undiagnosed dementia in the local population. This rate of increase is higher than the national regional average due to our older population profile.

The vast majority of people with dementia live at home with relative carers. National research evidence suggests that early provision of support in the home for patients and carers can reduce the need for care home placements in the longer term, by up to 22%.

National and local research also suggests that both public and professional awareness and understanding of dementia needs improving. Key priorities identified by carers and other stakeholders in a recent local consultation event, were to improve access to early diagnosis, information and support and to develop health and social care professional's skills and understanding of the disease

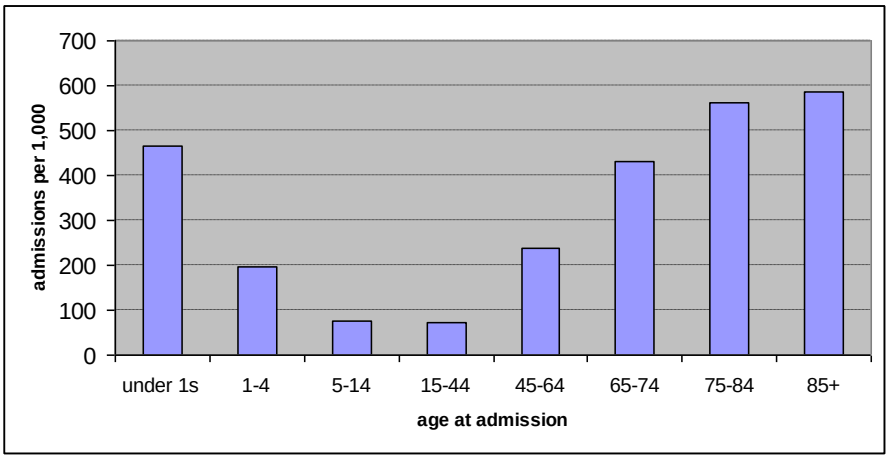
Areas in need of further exploration include:

- Updating the mental health needs assessment to inform the joint commissioning strategy for mental health

Older People

Older people are the most intensive users of health and social care services. People aged 85 years and older represent just 2% of the population, and yet account for an estimated 80% of all GP consultations, and more than a third of hospital bed days.

Figure 2.2
Hospital Admission Rates in North Lincolnshire by Age Group (per 1,000 population), 2008/9



Source: NHS North Lincolnshire

The number of older people supported to live at home has increased year on year in North Lincolnshire, to more than 9% of the older population. This is just above the national average of 8.8%. Satisfaction with older people' services is also reported to be higher than average in North Lincolnshire, with more than three quarters of people with long term conditions reporting they had enough support to help them manage their condition.

However demographic changes alone will place increasing pressure on services. The most recent population projections for North Lincolnshire

suggest a sustained increase in the number of older people in the local population, with most of the growth expected in 2015 and beyond. Pensioners already outnumber under 18s in North Lincolnshire by 4,500, and this gap is projected to double in size over the next two decades. The number of people aged 65+ currently stands at 28,500 people, and is projected to rise by a further 24% between now and 2015.

Between now and 2020, we should expect an average 2-3% annual growth in the overall number of 65+s in the population in North Lincolnshire; which includes an annual 2% growth in those aged 75-84 years, and an annual 4% growth amongst those aged 85+.

Table 2.1
Population projections by age group in North Lincolnshire (2008-2025)

Age	***Current position 2008 (MYE)***	***2006 based projections 2010***	***2006 based projections 2015***	***2006 based projections 2020***	***2006 based projections 2025***
0-4	9,300	9,700	10,000	10,200	10,100
5-9	8,900	9,200	10,400	10,800	10,900
10-14	9,900	10,000	9,500	10,800	11,200
15-19	10,300	10,100	9,400	9,200	10,400
20-24	8,900	9,200	9,100	8,500	8,300
25-29	8,000	9,000	10,200	10,000	9,400
30-34	8,000	8,300	10,000	11,200	11,000
35-39	11,100	10,300	9,300	11,100	12,400
40-44	12,600	12,800	11,000	10,000	11,900
45-49	11,900	12,800	13,300	11,500	10,500
50-55	10,900	11,400	13,200	13,600	11,900
55-59	10,900	10,800	11,700	13,500	13,900
60-64	10,900	11,600	10,900	11,800	13,600
65-69	8,300	9,000	11,400	10,700	11,600
70-74	7,100	7,500	8,600	10,800	10,200
75-79	5,600	5,900	6,700	7,700	9,800
80-84	4,000	4,100	4,700	5,600	6,500
85+	3,500	3,800	4,400	5,300	6,700

Source: ONS, 2009

The most recent population projections for North Lincolnshire suggest a sustained increase in the number of older people in the local population, with most of the growth expected in 2015 and beyond. Between now and 2020, we should expect an average 2-3% annual growth in the overall number of 65+s in the population in North Lincolnshire; which includes an annual 3% growth in those aged 75-84 years, and an annual 4% growth amongst those aged 85+.

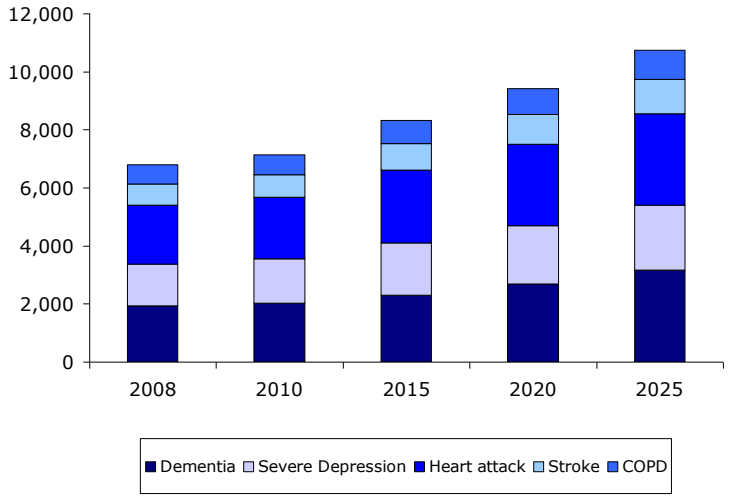
Table 2.2
Population projections amongst older people in North Lincolnshire and % change from 2009

People aged	**2009**	**2010**	**2015**	**2020**
65-69 (number)	8,700	9,000	11,400	10,700
% change	-	*3%*	*31%*	*23%*
70-74	7,400	7,500	8,600	10,800
% change	-	*1%*	*16%*	*46%*
75-9	5,700	5,900	6,700	7,700
% change	-	*4%*	*18%*	*35%*
80-4	4,100	4,100	4,700	5,600
% change	-	*0%*	*15%*	*37%*
85+	3,700	3,800	4,400	5,300
% change	-	*3%*	*19%*	*43%*
Total 65+	*29,600*	*30,300*	*36,700*	*40,100*
% change	-	*2%*	*21%*	*35%*

Source: ONS, 2006 based population projections, 2008

As our population ages it is likely that the number of people living with one or more long term conditions will increase. Applying current age specific disease prevalence to population projections suggests a 68% increase in the number of older people living with a condition which limits their ability to self care.

Figure 2.3
Projected growth in no of older people with disabilities caused by



Carers

Many of our most vulnerable residents rely on the day to day care and support of relative carers to help them maintain their independence. In 2001, an estimated 1 in 10 of our population were unpaid carers, including 1 in 8 who combined this with full or part time paid work. This figure is likely to have increased since then.

Many of these informal carers are older parents and spouses. Older carers are of particular concern as they are more likely to be suffering from ill health themselves. In 2001, an estimated 3,330 people aged 65 years and older provided unpaid care for others in North Lincolnshire, of which more than a third said they carry out more than 50 hours of unpaid care a week. This figure is likely to understate the actual numbers of older carers in our population.

In 2009 a local research report was completed which highlighted the day to day experience of carers in North Lincolnshire. Based on interviews and meetings with over 200 carers, the research highlighted some of the difficulties carers and those they support often face in dealing with local health and social care agencies. They included:

- Information about support and services – carers said they either received too little information, too late, or were overwhelmed by a range of different materials from different sources. They wanted a single point of access, which would give them accurate and up to date information about what support services were available to them and the person they cared for.
- Lack of consistency and choice in the availability of short breaks services and confusion about how to access these services
- Impact of caring on their own health and well being - Carers felt they would benefit from an annual health check , as many of them feared what would happen if they became ill and were no longer able to care for their relative
- Not being listened to – whilst carers are often experts in the care needs of their relatives, some lacked the confidence and energy to make their views heard when engaging with health and social care staff. Carers wanted to be valued and listened to – and to have an opportunity to influence decisions about the care of their loved ones.

This research has informed North Lincolnshire's current Commissioning Strategy for Carers, which was published in 2009.

Substance Misuse

National prevalence data suggest an estimated 1,308 problem drug users in North Lincolnshire. Over the last two years, 859 problem drug users have had some contact with structured treatment services in North Lincolnshire, whilst a further 26 have had contact with Tier 2 arrest referral services only. This leaves an estimated 444 drug users, 34% of the total, who are not known to services.

For every problem drug user, it is estimated that 2 family members are affected – including an average of 1 child per user. Of those users in treatment the vast majority are white males aged 24-35 years of age. All are opiate users, with 30% also using crack. 42% of these users inject their drugs.

Whilst North Lincolnshire has an excellent record of retaining clients in treatment, the local partnership has a poor record of planned discharges. Recent consultation with stakeholders, including service users suggest that 98% of service users are on a methadone maintenance script. Whilst for some this may be part of the process of recovery, many people felt that alternatives to maintenance were seldom explored, and that too few users had a planned discharge from treatment.

A recent substance misuse needs assessment identified the following key issues to be addressed in 2010/11:

- A shift in culture towards abstinence focussed treatment, including more staff training on abstinence methods.
- Key to the success of planned discharges are clients' support networks, including support from and for their families, client's access to housing, and to employment.
- Firmer strategic and operational links should be established between all agencies working with families.
- Geographical analysis suggest a large cohort of this vulnerable target group live in estate based social housing. Forging stronger strategic links with housing is therefore a major priority.
- Consideration may also need to be given to placing satellite services in some of these communities.
- There has been no change in the number of people from our minority ethnic communities accessing services. More work needs to be done to ensure that their needs are being met appropriately.

Areas in need of further exploration include

- the reasons behind the low numbers accessing vaccination for Hepatitis B and testing for Hepatitis C in North Lincolnshire.

Inequalities in health

Life expectancy has improved year on year in North Lincolnshire and is currently at its highest ever level, at 77.2 years for men and 81.0 years for women. This represents an improvement of more than 4 years for men and 2 years for women since 1991, and means that our rates are now closer to the national average of 77.93 and 82.02 years respectively.

Most of the improvement in life expectancy over the last 15 years is accounted for by a reduction in premature deaths (ie deaths under the age of 75) from circulatory diseases, (heart disease and stroke) and from cancers. Deaths from both of these diseases have fallen steadily in North Lincolnshire, and overall North Lincolnshire has either exceeded or equalled the national targets for improvement by 2010. Other important contributors to average life expectancy include deaths in infancy and

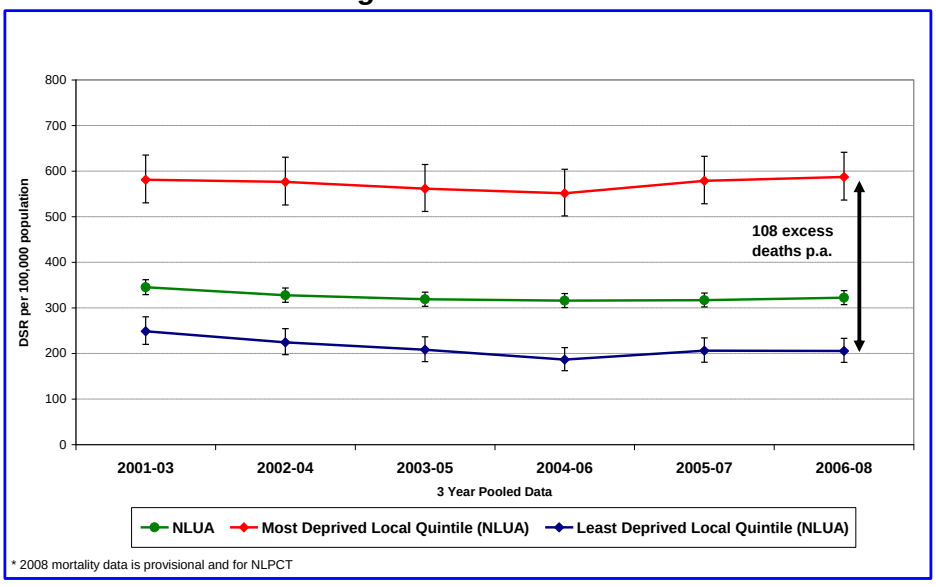
accidental deaths amongst children and younger adults, which continue to fall year on year in North Lincolnshire.

However, there are signs that the decline in premature deaths from the major killer diseases is slowing down locally. Although more work is required to establish the reasons behind this trend –this levelling off is likely to be due in large part, to continuing inequalities in early deaths from heart disease, lung cancer and other smoking related diseases, such as bronchitis and emphysema – especially amongst men.

The 'Slope Index of Inequalities,' compares the life expectancy of our richest 10% of residents with our poorest 10% of residents over a five year period, 2002-7. According to this national measure, there is a 10.7 year gap in life expectancy between our richest and poorest 10% males and a 7.9 year gap between our richest and poorest 10% females in North Lincolnshire. This gap in life expectancy is larger than the national average, which is currently, 8.7 years for males and 5.6 years for females. It is also the second widest gap in the region, although these differences are not statistically significant.

This gap translates into an 'excess' 108 deaths a year in North Lincolnshire. This represents the number of lives that could have been 'saved' per year – had our poorest residents enjoyed the same health as the richest. More than two thirds of these excess deaths occurred amongst men.

Figure 2.4
Premature death rates in North Lincolnshire's poorest and richest 20% neighbourhoods



Source: NHS North Lincolnshire

Health inequalities are evident right across the life course in North Lincolnshire and often begin in early infancy and include:

- A **six fold** difference in teen conception rates between our richest and poorest fifth of neighbourhoods.
- A **three fold** difference in smoking in pregnancy rates.
- A **four fold** difference in breastfeeding rates at 6-8 weeks.
- A **two fold** difference in teen and adult smoking rates
- A **three fold** difference in early deaths from heart disease
- A **three fold** difference in alcohol specific hospital admission rates.
- A **two fold** difference in unscheduled hospital admission rates for the top five ambulatory care sensitive conditions
- A **nine fold** difference in early deaths from chronic lung disease (COPD)
- A **two fold** difference in chronic mental health, physical and learning disabilities
- A **two fold** difference in self reports of poor health in older age

The reasons behind these inequalities are discussed in more detail in Chapter 6 and Chapter 7.

For both men and women the top three single contributory diseases to this inequalities gap are heart disease, lung cancer, chronic lung disease, (COPD) and other cancers. All of these diseases are smoking related.

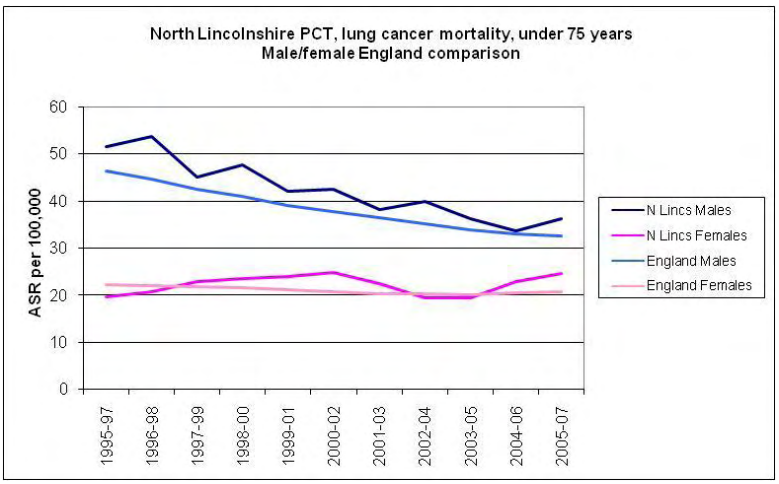
Two audits were completed in 2009/10 to gather more information about these disease areas, the findings of which are summarised below.

Lung cancer inequalities

Lung cancer is one of the leading causes of cancer deaths amongst men and women in this country. Each year an average of 100 people are diagnosed with lung cancer in North Lincolnshire, and 60 people die prematurely from this disease each year.

Early diagnosis and treatment is the key to improved survival. Unfortunately, due to the nature of the disease and lack of screening tools, lung cancer is difficult to diagnose in the early stages. This accompanied by a lack of awareness of symptoms amongst the general public contributes to late presentation and subsequent poor prognosis.

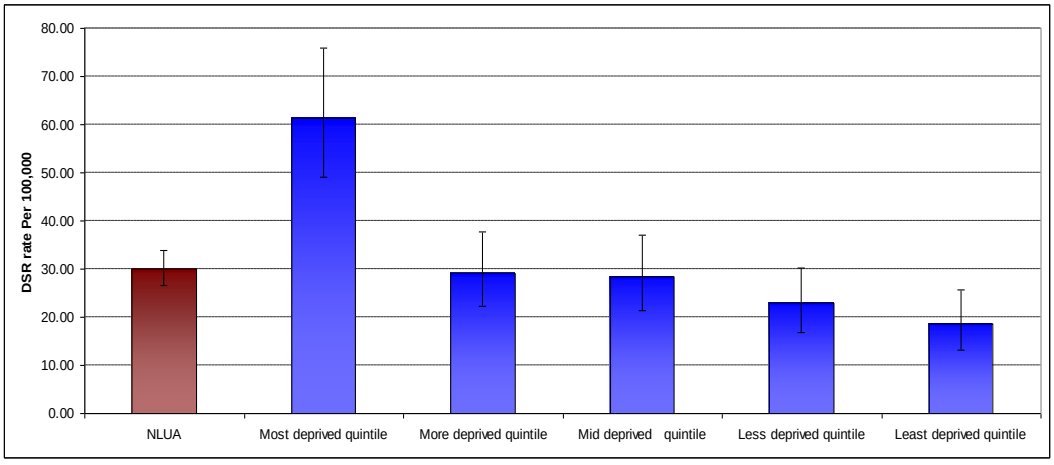
Figure 2.5
Trends in premature death rates from lung cancer



Source: NHS North Lincolnshire

The incidence and rate of early deaths from lung cancer are similar to the national average in North Lincolnshire. However 1 year survival rates are significantly below the national average. There is also evidence of a significant and widening inequalities gap in early deaths from this disease in North Lincolnshire, with a three fold difference in early deaths from lung cancer between our richest and poorest residents.

Figure 2.6
Inequalities in premature lung cancer deaths by deprivation 2004-8



Source: NHS North Lincolnshire

Lung cancer diagnosis is often delayed as symptoms are usually non specific. Most commonly these symptoms include cough, shortness of breath, coughing up blood (haemoptysis), weight loss and chest pain. Local analysis of patients diagnosed with the disease between 2001-7 revealed that the majority of lung cancer patients in North Lincolnshire were diagnosed at stage 3 (31%) and stage 4 (50%). This is much higher than the national average, suggesting that more could be done to raise awareness of the disease amongst high risk groups.

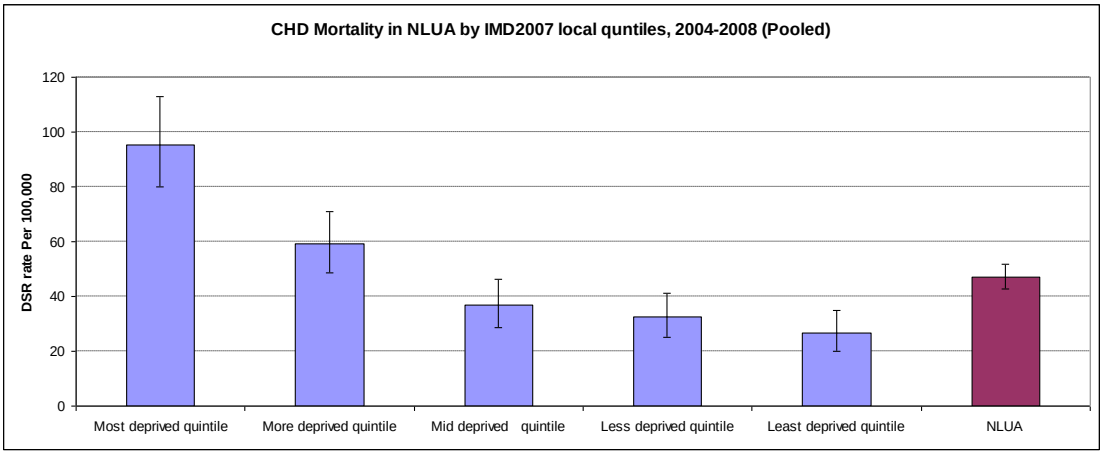
People with lung cancer have a much higher incidence of co-morbid conditions such as chronic obstructive pulmonary disease (COPD), asthma, hypertension and ischaemic heart disease compared with general population. These can mask the symptoms of lung cancer and potentially lead to later presentation of the disease. Many of these patients may be regular attendees to primary care services – suggesting some scope for opportunistic screening for lung cancer amongst high risk groups. A report is available at (hyperlink to Lung Cancer Report)

Cardiovascular disease inequalities

There is also a steep social gradient in early deaths from heart disease – with those in the poorest fifth of neighbourhoods at least 3 times at greater risk of early death from this disease, compared with the richest fifth. More than three quarters of the 90 premature deaths from heart disease which occur each year in North Lincolnshire are accounted for by men – with almost half of these deaths occurring under 65 years of age.

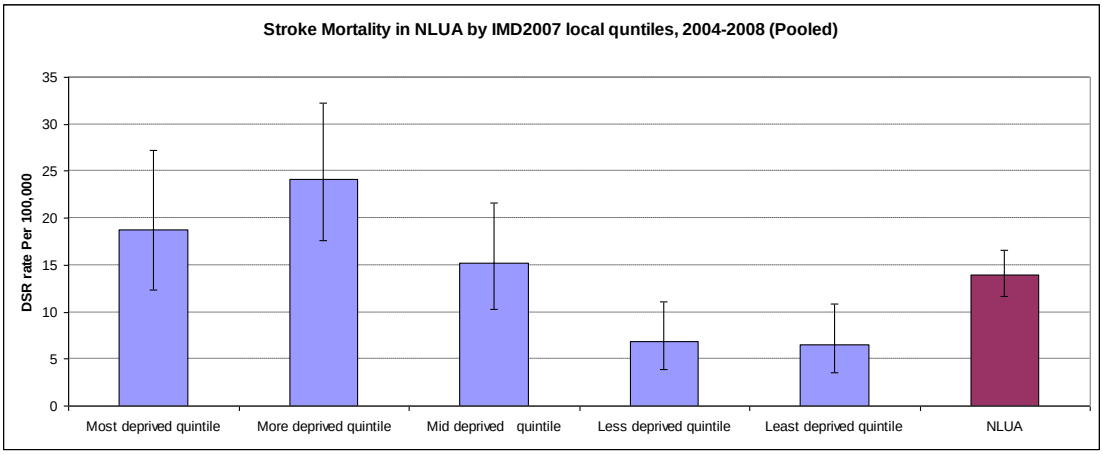
Figure 2.7

Inequalities in premature CHD deaths by deprivation in North Lincolnshire



The social gradient for premature deaths from stroke is not as pronounced as it is for CHD. However there are clear links with deprivation, as the graph below shows.

Figure 2.8
Inequalities in premature stroke deaths in North Lincolnshire



Moreover the absolute gap in premature death rates from these two diseases is wider in North Lincolnshire than it is nationally and has increased since 2001.

In contrast analysis of secondary procedures such as revascularization, show that people living in the most deprived areas of NHS North Lincolnshire are not taking up these procedures in proportion to their relative risk of early deaths from the disease. (Hyperlink to CVD report).

Efforts to tackle inequalities in premature deaths from these diseases include:

- The selection of areas with relatively high rates of premature CVD deaths for the initial roll out of health screening for 40-74 year olds
- Targeted health promotion work with men and women in areas of deprivation
- Targeted smoking cessation services in areas of deprivation and with groups at highest risk

Areas in need of further investigation include:

- A more detailed investigation of inequalities in access to primary and secondary preventative services and current configuration of services
- An audit of CHD, diabetes, and CKD registers within primary care

Patterns of disease and ill health

It is difficult to be precise about the numbers of people living with disease and poor mental health in North Lincolnshire, as some people may not have presented to health services and so the condition may remain undiagnosed. Quality and Outcomes data provide a snapshot of people who are being treated for a long term condition within primary care and give some indication of the level of diagnosed disease in the community.

Long term conditions

The Department of Health defines long term conditions as 'those conditions which cannot at present be cured, but which can be controlled by medication and other therapies'. Most people with long term conditions receive what health care they need in the community, from their GP and other community based health services. However medical conditions related to long term chronic diseases, continue to consume a significant amount of hospital based resources. One of the reasons for this may be lack of support to help people self care more effectively in the community. Another might be lack of direct access to diagnostic techniques outside a hospital setting.

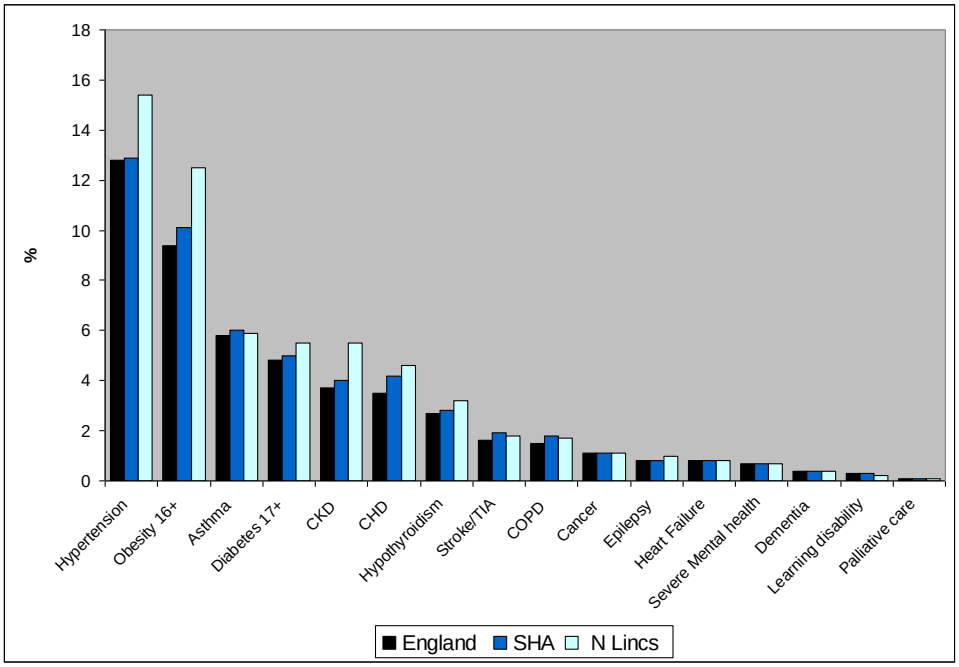
In order to commission and plan services appropriately, it is important to understand how many people are likely to be in need, both now and in the future. According to QoF data, an estimated 43,000 GP registered patients in NHS North Lincolnshire have at least one diagnosed long term condition, representing more than 1 in 4, (26%) of the total registered practice population. This includes:

- 26,272 with managed hypertension
- 10,123 people with asthma
- 7,777 with a diagnosis of diabetes
- 7,582 with diagnosed coronary heart disease
- 1,390 with heart failure
- 3.097 with diagnosed stroke or TIA
- 2,925 with COPD
- 1,152 with schizophrenia, bi- polar disorder or other psychosis
- 7,291 with chronic kidney disease
- 1,300 who are receiving drug treatment for epilepsy
- 701 with diagnosed dementia

A number of these conditions have later onset, and so prevalence is likely to increase as our population ages. Others are associated with lifestyle factors and so are potentially preventable. In the context of higher than average prevalence of adult obesity, diabetes, and alcohol related harm in North Lincolnshire, we should expect increasing numbers of people entering old age in poorer than average health.

As the figure below illustrates, North Lincolnshire already has higher than average (unadjusted) prevalence of diagnosed diabetes, hypertension, CHD and chronic kidney disease amongst registered patients, compared with the national and regional average. Many of these conditions are treatable if not preventable, if caught and managed early enough. The projections are for further increases in the prevalence of these diseases, as our population ages and levels of obesity in the adult population rise.

Figure 2.9
(unadjusted) Prevalence of Diagnosed Long Term Conditions
(% Registered GP Patients)



Source: QoF, Information Centre 2009

Actions taken now to improve health and reduce the risk of preventable disease, could both prevent and delay the onset of many of these conditions in older age. The current focus on preventing or delaying the onset of these conditions, and managing their long term impact on health and well being, will therefore need to be maintained and strengthened.

Hypertension

Hypertension is a precursor to many diseases including heart disease and stroke. Hypertension can also affect the kidneys and other organs.

Prevalence increases with age in women, but not for men, reaching a peak in those aged 80-4 years**.** Just under half of adults aged 55-64 are estimated to be hypertensive, and 59% of women aged 65-69 years. Prevalence rises to 71% of those aged 80+.

Currently there are 26,272 people with managed hypertension in North Lincolnshire, representing a GP practice population prevalence of 15.7% and an adult prevalence of 19.5%. This is higher than the regional and

national average and no doubt reflects the age of our local population. Nevertheless, it is still significantly below the expected prevalence of hypertension in our area, which is estimated to be 33% of all adults. This suggests an additional 19,000 people may be living with the condition in the community.

The expected prevalence of hypertension amongst 16+ varies between GP practices, ranging from 26% to 36%. Assuming these estimates are accurate, most practices would appear to be under recording levels of hypertension on their registers by around 50%.

Between now and 2015 the prevalence of *diagnosed and undiagnosed* hypertension is expected to rise to 35% of the adult population in North Lincolnshire, compared with 32% nationally. This would represent a 8% increase in the number of people living with the condition in North Lincolnshire, (based on expected prevalence rates) rising from an estimated 45,700 adults with the condition in 2008/9 to 49,700 in 2015.

Diabetes

In addition to promoting healthy lifestyles, the best prognosis for people with diabetes comes from an early diagnosis. Diagnosed prevalence of type 1 and 2 diabetes is currently 4.7% of the 17+ population. This is equivalent to 7,777 adults whose condition is currently being managed within primary care. This is higher than the national average of 4.1% and compares with 3.8% in 2004/5.

National models suggest the true prevalence of diabetes in North Lincolnshire may be 5%, suggesting there could be an additional 900 adults living with diabetes in North Lincolnshire, whose condition remains undiagnosed. The gap between recorded and expected prevalence is lower here than nationally.

Although diabetes is directly responsible for a relatively small number of deaths in North Lincolnshire, 28 in 2008, this is a higher rate per head of population than nationally, and represents a directly standardised rate of 8.82 per 100,000 compared with 6.1 per 100,000 nationally and 6.15 per 100,000 regionally.

Diabetes is a contributory factor in many more deaths, including a proportion of premature deaths from heart disease and stroke. In 2007, the number of deaths *attributable to diabetes* amongst 20-79 year olds in North Lincolnshire was estimated to be 87, or 11.2% of all deaths in that age group.

Failure to diagnose diabetes early enough and manage the condition effectively can lead to serious complications. The rate of hospital admissions for diabetic ketacidosis and coma is slightly above the national average in North Lincolnshire, at 26.6 per 100,000, whilst the rate of lower limb amputations amongst diabetic patients is similar to the national average at 10.8 per 100,000. Nevertheless, hospital admissions

related to diabetes conditions are reported to be above the regional average in North Lincolnshire, and this condition contributes significantly to our unplanned admission rates.

Better patient education for those newly diagnosed with the disease and targeted community based support for those experiencing problems managing their condition, could reduce the risk of complications and the number of potentially preventable hospital admissions.

Between now and 2015 we anticipate a 15% growth in the number of people living with the condition in North Lincolnshire, and a further 30% increase between 2015 and 2025. This is a faster rate of growth than anticipated either nationally or regionally and represents an additional 1700 adults living with diabetes in North Lincolnshire by 2015, or 9500 adults in total.

Areas in need of further investigation include:

- A more detailed analysis of diabetes in the population may be required to ensure that everything is being done to reduce inequalities and to prevent emergency admissions to hospital.

Coronary Heart Disease (CHD)

Age is a key risk factor for CHD. In 2008/9 there were 7582 people registered with GP practices in North Lincolnshire with diagnosed CHD, representing an unadjusted prevalence of 4.5%. This compares with a national prevalence of 3.5%. Both the observed and expected prevalence of CHD are above regional and national rates in North Lincolnshire – and the gap between diagnosed and undiagnosed CHD is greater here than elsewhere. National prevalence models suggest 6.8% of the adult population are living with CHD in our local community – which means there could be an additional 3875 people living with the disease in North Lincolnshire whose condition remains undiagnosed.

The number of people living with this condition is expected to rise significantly over the next 5-10 years by an average 2% a year. This is a faster rate of growth than nationally, due to our older than average population.

Although the long term trend has been falling rates of CHD related ill health, disability and early death. CHD remains a major cause of preventable premature death and ill health in North Lincolnshire, and contributes significantly to inequalities in poor health and the gap in life expectancy between our richest and poorest residents.

Each year an average 90 people die prematurely (< 75 years), from CHD in North Lincolnshire, representing a premature death rate of 48.42 per 100,000. This compares with a national rate of 42.32 and a regional rate of 49.11, although these differences are not statistically significant.

In our most deprived communities, rates are more than twice this average at 95.47 per 100,000.

High rates of premature CHD mortality in our most deprived communities emphasise the importance of targeting preventive services, (see Chapter 5, Chapter 6 and Chapter 7). Yet equity audit findings suggest that those at highest risk are not accessing secondary services proportionately, (see CVD equity Audit).

Health checks designed for 40-74 year olds at high risk of vascular disease will need to be targeted to ensure that high risk groups including low income men and women, people with disabilities and BME communities take up the service. The over 40s is a growth population in North Lincolnshire, and is growing faster than the national average.

If the number of older people rises in line with national projections, then access to early detection, community based management and self support services will also become more important in the future.

Areas in need of further investigation include:

- More analytical work is required to model the impact and cost savings associated with evidence based CHD interventions in North Lincolnshire.

COPD

Chronic Obstructive Pulmonary disease (COPD) is a common respiratory condition which affects an estimated 4,686 people in North Lincolnshire. This represents 3.5% of residents aged 16+ in North Lincolnshire. Of these, an estimated 500 are likely to be older people with chronic COPD.

Currently, there are 2,925 adult patients (1.8%) with a clinical diagnosis of COPD on GP prevalence registers in North Lincolnshire whose condition is being treated and monitored in primary care. Although this is slightly above the national average of diagnosed COPD, (which is 1.5%), estimated prevalence in North Lincolnshire, (which includes undiagnosed as well as diagnosed COPD) is actually lower than average, (3.6%), suggesting that detection rates of COPD in primary care are higher than average in North Lincolnshire.

In the 12 months to December 2008, 99 North Lincolnshire residents died from this disease, including 36 people under the age of 75 years. Locally, the number of years life lost due to COPD is 19.07 per 10,000 population. This is significantly above national rates and compares with an English rate of 10.7 per 10,000 and a regional rate of 12.75.

The key risk factor for this disease is smoking, with much higher death rates from this disease amongst our poorest fifth of residents. The best opportunity to reduce the incidence of this disease is therefore to reduce smoking rates in our most deprived areas.

In addition to reducing smoking, patients may need more support to help them manage their conditions more effectively. This will include identifying and supporting patients at risk of respiratory failure during an acute phase of their condition. In 2008/9 there were 305 unscheduled admissions to hospital of people aged 65 years and older with COPD, who required emergency treatment and care to help them manage their condition. More than a third of these patients were from the most deprived fifth of neighbourhoods in North Lincolnshire.

People with COPD are heavy users of hospital and social care services. Of the 305 emergency admissions to hospital in North Lincolnshire last year, the vast majority (79%) lasted longer than 2 days. COPD is also a key feature of many continuing health care applications in North Lincolnshire, and is a significant contributory factor in care home admissions.

Projections over the next five years, based on the age, deprivation and historic smoking profile of our area, suggest that we should expect the number of people living with the disease in North Lincolnshire to increase by an average 2% a year. This is a faster rate of growth than predicted nationally, due largely to the rapid growth in our older population. However, the projected prevalence per 1,000 will still remain below national estimates.

Cancer

Cancer is largely a disease of the elderly and whilst premature death rates are falling – cancer incidence is likely to increase as our population ages. Work completed by NYCRIS and Cancer Research UK suggest a 2% annual increase in the number of people newly diagnosed with the disease over the next 20 years. These projections are based on current risk factors in the population and assume no change in screening or diagnostic procedures.

In North Lincolnshire this equates to an additional 15 new cases of cancer per year. Currently an average of 780 people are newly diagnosed with the disease each year in North Lincolnshire. Between now and 2015 this projected to grow by 90 cases – with an increasingly older population of cancer patients.

Breast cancer is the most common cancer in the UK. Each year an average 120 women are diagnosed with the disease in North Lincolnshire – many of them as a result of the breast cancer screening programme. Uptake of the breast screening service is good in our area, at more than 75% of those invited to attend, compared with a national minimum standard of 70%. National guidelines also state that as a minimum standard, 90% of eligible women of this age should have a screening appointment within 36 months of their previous screen. Recent improvements in local services mean that North Lincolnshire is exceeding this target – 95% of the time. The 90% target for referral within 3 weeks for abnormal results is also being achieved.

These results are reflected in a higher than average 1 year survival rate for breast cancer in North Lincolnshire, which at 97.5% is amongst the highest rates in the country. Nevertheless, a quarter of women aged 50-70 years who could benefit from the breast cancer screening programme in North Lincolnshire are not doing so.

The projections are for at least a 2% increase in the incidence of breast cancer each year between now and 2015.

Bowel cancer It is estimated that about 1 in 20 of us will develop bowel cancer during our lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths. Each year an average 103 people are diagnosed with bowel cancer in North Lincolnshire and an average of 23 people die prematurely from the disease. Although mortality rates from bowel cancer are no higher here than elsewhere, 1 year survival rates from this disease, (a proxy measure for late diagnosis) are below the national average in North Lincolnshire. Hence the need to vigorously promote the uptake of this screening service within our local communities.

North Lincolnshire PCT began offering bowel cancer screening in July 2008, as part of the national roll out of the cancer screening programme. By July 2010 the first national round of screening people aged 60-70 years of age will be complete. The programme will then expand to include people up to the age of 75 years, with a decision to extend to people in their 50s expected from Government in late 2010. Currently, the national target is for 60% uptake by March 2010.

The projections are for at least a 2% increase per year in the incidence of bowel cancer between now and 2015.

Prostate cancer is the most common cancer amongst men and is strongly associated with older age. Around 60% of all prostate cancer is diagnosed in men aged 70 plus. Each year an average of 28 men are newly diagnosed with the disease in North Lincolnshire, representing an incidence rate of 81.68 per 100,000 compared with 98.62 nationally – although this difference is not statistically significant. Whilst five year survival rates for prostate cancer are good in our area, at more than 75%, an average of 6 men die prematurely from this disease each year in North Lincolnshire.

Based on recent trends and our changing demography, the projections are for at least a 2% growth in the incidence of prostate cancer each year between now and 2015.

Areas in need of further investigation include :

- We need to understand more about the potential barriers to accessing cancer screening services in North Lincolnshire.

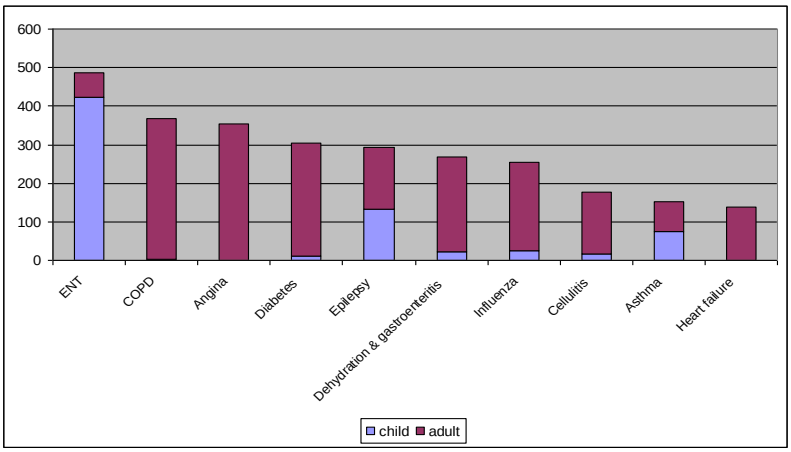
- This will be particularly important as eligibility for breast and bowel cancer screening is extended and made available to a wider age group.
- We need to know more about people's awareness of common cancer symptoms and encourage people to seek medical advice at the earliest opportunity.
- Ensuring that everyone has equal access to information and support to access screening, including the most vulnerable adults in our communities, will be important to prevent existing inequalities from widening.

Unscheduled admissions

Although many long term conditions are treatable within the community, a significant number of people with angina, COPD, asthma, diabetes and other 'ambulatory care sensitive conditions'[1] (ACS) are admitted to hospital in North Lincolnshire each year, many of them as a result of unplanned admissions. In 2008/9, our rate of unplanned hospital admissions for 19 key 'ambulatory care sensitive conditions' was significantly above the SHA and national average, placing us in the highest fifth of PCTs nationally for this measure. Reducing avoidable emergency admissions for these conditions offers a quality and value for money opportunity to PCTs. The Department of Health estimate that the average cost of an emergency admission is around £1,400.

Angina, COPD, ENT infections, and influenza are the most common causes of such admissions. The majority of these hospital episodes involve older adults, although a significant number of ENT admissions are children, and specifically infants under the age of one – with the highest number of admissions per head of population occurring in Scunthorpe.

Figure 2.10
Most Common Conditions Associated with Unplanned ACS Admissions



Source: NHS North Lincolnshire

[1] Hospitalisations for **ambulatory care sensitive conditions are a** marker for access to timely and effective primary care and a performance indicator for the NHS. They include a range of common long term conditions as well as other ailments that are amenable to treatment within the community.

National and regional research studies suggest that unplanned admission rates are higher in areas of deprivation. Work recently completed by the Yorkshire and Humber Public Quality Observatory which compares admissions by GP practice in the region, concluded that just over 50% of the variation in emergency admissions in Yorkshire and the Humber could be explained by variation in smoking prevalence of those with long term conditions, and deprivation.

All other things being equal:

- a 10% increase in smoking prevalence amongst people with diagnosed long terms condition is associated with a 16 per 1000 increase in emergency admissions – or around 90 emergency admissions per average GP practice per year.
- an increase of 10 points in the IMD deprivation score is associated with an 8 per 1000 increase in emergency admissions.

(Source YHPHO, 2009)

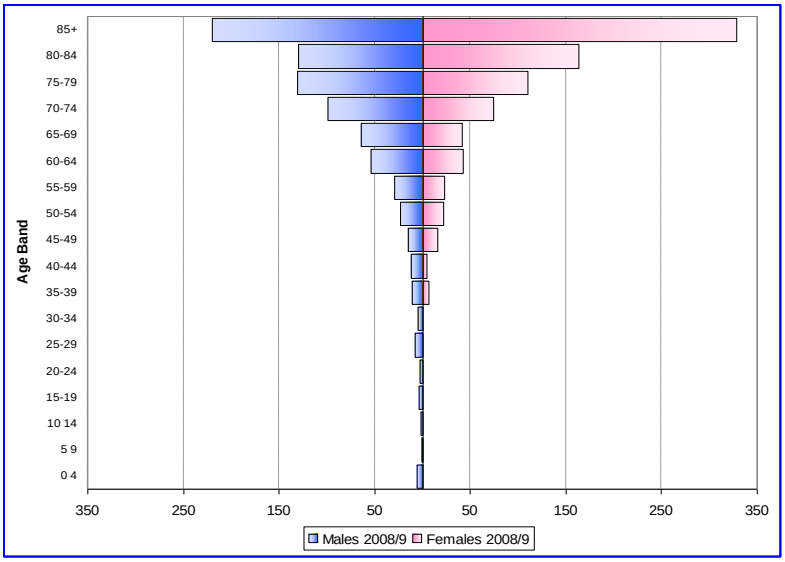
Areas in need of further investigation

- More local analysis is required to explore variance in emergency admissions for ACS in North Lincolnshire.

Deaths

Each year there are between 1600 and 1700 deaths in North Lincolnshire, about 1% of the population. The vast majority of these deaths occur in older age, one third between the ages of 75-84 years, and another third at 85 years of age and older. Between a quarter and a fifth people die of cancer, a third from organ failure and another third from frailty or dementia.

Figure 2.11
Number of deaths by age and gender in North Lincolnshire, 2008 (calendar year)



Source: NHS North Lincolnshire

Of the 550 premature deaths that are recorded in North Lincolnshire each year, (<75 years), the majority occur between the ages of 65 – 74 years. Deaths amongst young adults, children and young people are relatively rare.

Excess winter deaths

Most PCTs in England and Wales experience higher levels of mortality in the winter months than in the rest of the year. A measure of this increase is provided on an annual basis in the form of an Excess Winter Mortality (EWM) figure and index.

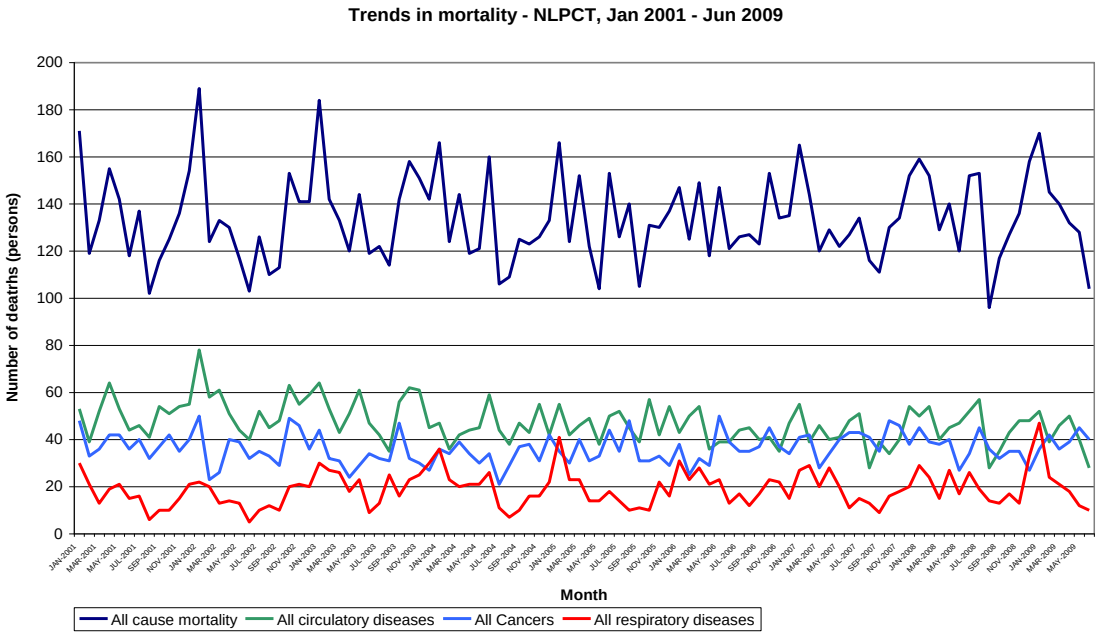
Excess winter mortality (EWM) is an issue of concern for public health, because there is evidence that many of these deaths are preventable. Hence the need to monitor these deaths closely.

Rates can vary over time and are usually associated with higher than average levels of influenza, lower temperatures, as well as other factors, such as the level of underlying disease in the population.

Mortality in the winter months is consistently higher than at other times of the year. Although, EWM tends to be associated with lower than average temperatures and higher than average levels of seasonal flu, few of these winter deaths can be attributed directly to conditions relating to cold, such as hypothermia, or indeed to influenza itself. This is because those people who are most vulnerable to the cold and to flu tend to be older and to have pre existing, chronic underlying health conditions, including cancer, circulatory diseases, and chronic respiratory conditions.

In fact most excess winter deaths are due to circulatory and respiratory diseases. After a fall in temperature, heart attacks increase after two days and strokes after five days, whilst deaths due to respiratory disease increase 12 days after a fall in temperature. Deaths from these diseases show marked increases in the winter months, especially amongst those aged 75+. In the three years up to 2007/8, there were on average 24 more deaths from respiratory diseases in the winter months, compared with the rest of the year in North Lincolnshire, and 26 more deaths from circulatory diseases. In 2008/9 these excess deaths rose to 74 and 32 respectively, with an additional and significant increase in deaths from other underlying causes.

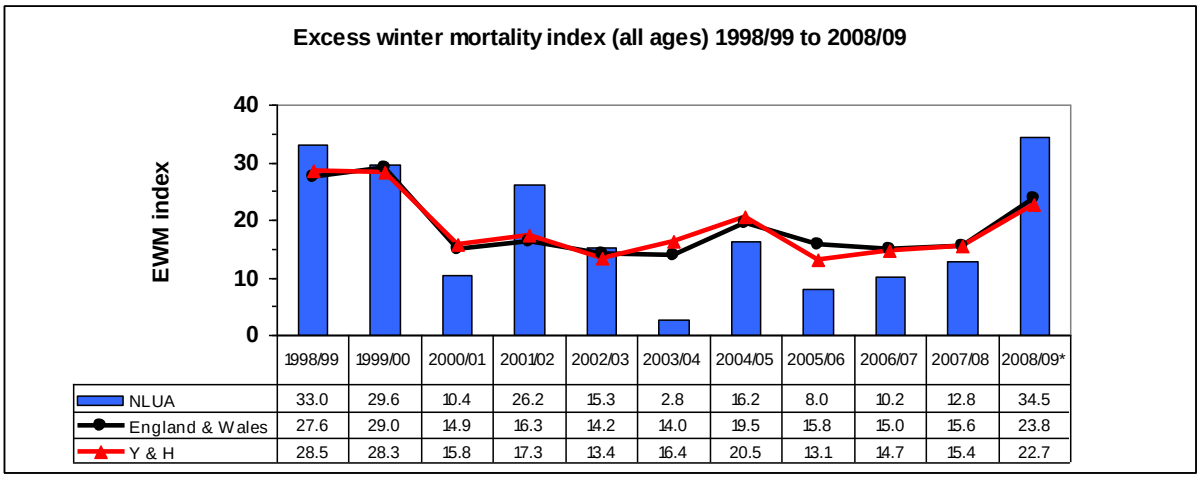
Figure 2.12



Source: NHS North Lincolnshire, 2009

Although local rates of EWM have fluctuated somewhat over the last decade, for the five years prior to 2008/9 they remained below national and regional rates.

Figure 2.13



	1998/99	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09*
NLUA	33.0	29.6	10.4	26.2	15.3	2.8	16.2	8.0	10.2	12.8	34.5
England & Wales	27.6	29.0	14.9	16.3	14.2	14.0	19.5	15.8	15.0	15.6	23.8
Y & H	28.5	28.3	15.8	17.3	13.4	16.4	20.5	13.1	14.7	15.4	22.7

Source: Office for National Statistic Excess winter deaths by age group
Office for National Statistic Excess winter mortality taken from annual occurrence of death datasets

In 2008/9 there were 160 excess winter deaths in North Lincolnshire. This is similar to the number recorded at the end of the last decade, although more than twice the number recorded in 2007/8. This was due to a lower than average number of deaths amongst older people in the summer months, and a higher than average number of deaths amongst those aged 75+, and specifically men aged 75+, in the winter months. This raised our EWM index significantly above national and regional rates.

Areas in need of further investigation

- Continue to monitor mortality trends on a monthly basis

End of life care

In 2008/9 there were 206 people on North Lincolnshire GP registers who were identified as approaching end of life and in need of palliative care. National research evidence suggests that most, although not all, people would prefer to die in their own home or in a hospice rather than in a hospital – although this is in fact where most people currently do die.

In 2008, 53% of North Lincolnshire deaths occurred in hospital and 18% in care homes. This compares with 19% at home and 6% in hospice care. These rates are similar to the national average and represent a slightly higher proportion of people dying at home compared with previous years.

People with cancer are far more likely to receive end of life care at home. Just over 1 in 5 cancer deaths in North Lincolnshire, 21%, occur at home – although this varies by age. Hospital deaths are more likely in people who die from diseases of the circulatory system, respiratory disease or gastrointestinal disease. Deaths from mental disorders or neurological disease are more likely in a care home setting.

People with palliative care needs often require access to care and support 24 hours a day, 7 days a week. Building capacity in the community, including in local care homes, to help people manage their symptoms will be important, both to ensure that end of life services are timely and responsive, and to avoid unnecessary admissions to hospital.

In the long term we can expect that people will die at increasingly older ages, with the percentage of deaths amongst those aged 85 and over predicted to rise from 30% in 2005-7 to 44% in 2030. This suggests a growing need for community and institutional end of life care in the future, and for an older population, who are likely to have challenging and complex co morbidities.

Children

National estimates of the prevalence of children with palliative care needs suggest that there are likely to be about 60 children and young people under the age of 20 in North Lincolnshire who are likely to need palliative care services at some point in the future, (this figure excludes infants under 28 days), although the number requiring end of life care each year is likely to be much smaller than this at no more than 2-3 children a year. National research suggests that the majority of children with palliative care needs die in hospital. Yet when asked, most families would prefer death to take place at home.

Currently there is no specialist palliative care provision in North Lincolnshire, although Sheffield Hospital provides support and training to

local staff. When 24 hour home care is required for children, this is provided on ad hoc basis by members of the community paediatric team.

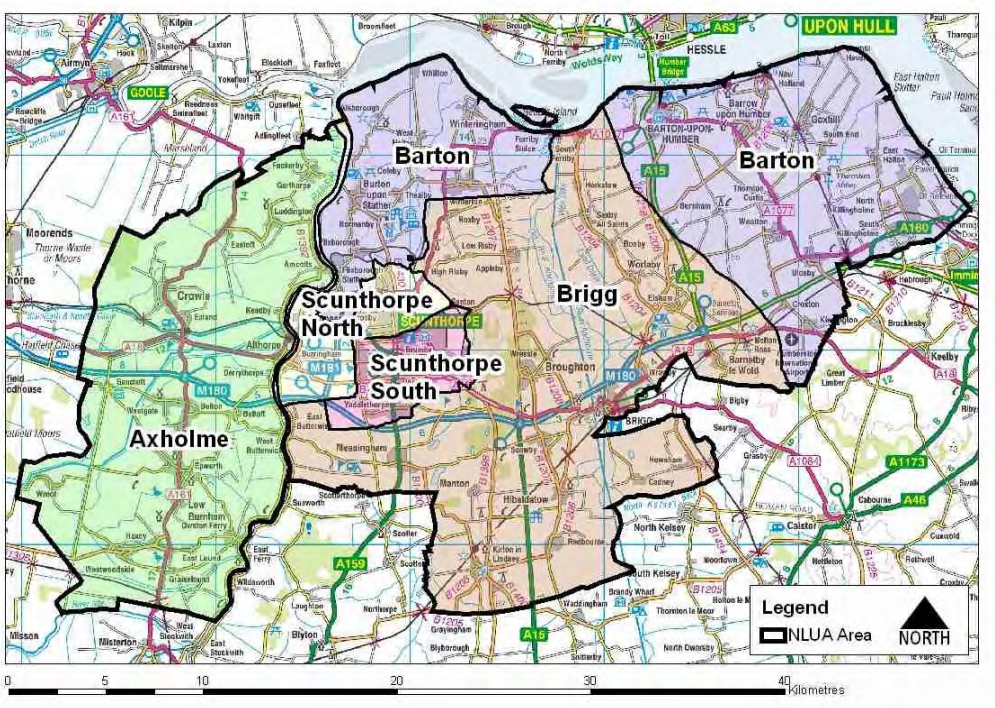
Areas in need of further investigation

- Continue to monitor place of death on a quarterly basis
- Develop a more robust measure of access to end of life care

Locality focus

North Lincolnshire is divided into five localities, namely Scunthorpe North, Scunthorpe South, Brigg and the surrounding villages, the Isle of Axholme, Barton and Winterton and the surrounding villages. These five localities are coterminous with the electoral wards of North Lincolnshire and whilst they have no formal legal or administrative status, the Local Strategic Partnership have adopted these geographies for the purposes of strategic needs analysis and planning. Many of the tables and maps within the main body of the JSNA illustrate the distribution of health and social care needs across these five localities.

Figure 2.14
Locality map of North Lincolnshire

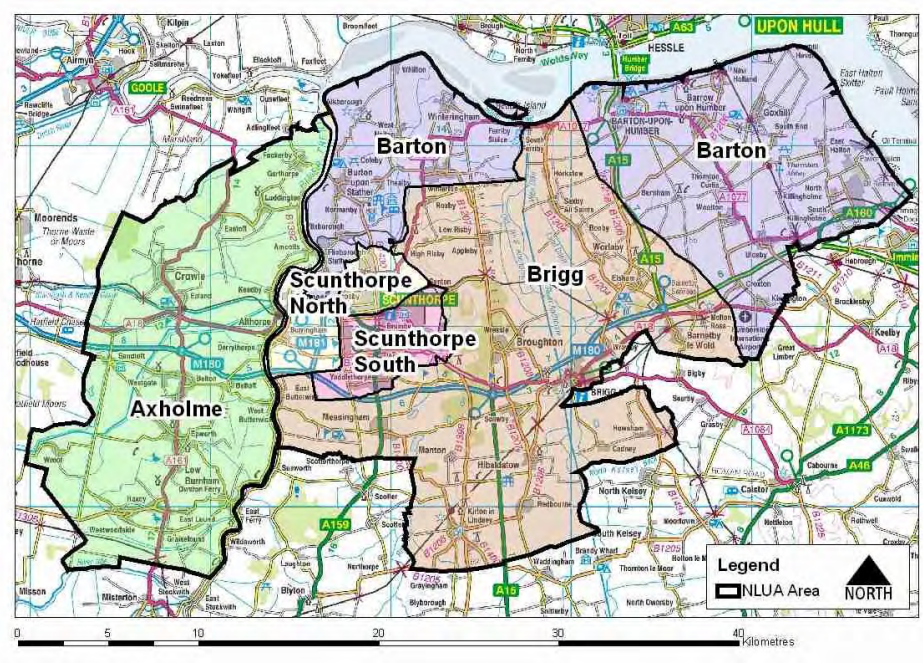


A summary profile of the health and well being needs of these five localities' population are included below. More detailed profiles are currently under development, including neighbourhood and ward analyses within these five localities.

Table 2.3
Key population and health outcome indicators by locality

	Isle of Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South
Live Births (per year)	220	350	260	360	660
<15s	3730	5510	4830	4450	9520
65+	4000	5570	5840	3920	8830
Total population	22030	32240	30305	23480	51430
BME Population	0.8%	1.1%	1.1%	9.3%	1.7%
IMD Score	15.1	16.7	13.6	33.1	25.2
Male LE (Yrs)	78.1	77.2	77.6	74.3	76.2
Female LE (Yrs)	83.0	81.5	81.7	79.2	80.8
DLA Claimants	4.6%	4.8%	4.7%	6.5%	6.0%
JSA Claimant Rate	3.4%	4.2%	3.2%	7.0%	6.3%
Incapacity Benefit rate	4.6%	4.8%	4.2%	7.3%	6.5%
% Child Poverty (IDAC)	12.1%	16.9%	11.6%	34.7%	24.6%
% Pensioner Poverty (IDAOP)	15.6%	14.1%	15.1%	24.0%	18.7%
% Smoking in Pregnancy	21%	18%	16%	24%	25%
% patients with LTCs who smoke	15.7%	14.7%	15.2%	20.7%	21.2%
% breastfeeding at birth	64%	64%	66%	49%	51%
% breastfeeding at 6-8 weeks	44%	27%	27%	16%	14%
Teen Conception Rate per 1,000	30.9	28.7	25.9	86.0	66.9
Chlamydia Screening % 15-24 year olds	10%	10.3%	7%	10.9%	12.5%
Un planned ACS admission rate per 1000	13.2	13.1	12.7	21.2	18.5
Premature mortality for CVD, per 100,000	70.5	69.4	67.2	110.5	87.1
Premature mortality for cancer per 100,000	113.2	117.2	105.1	134.4	131.2

AXHOLME LOCALITY PROFILE



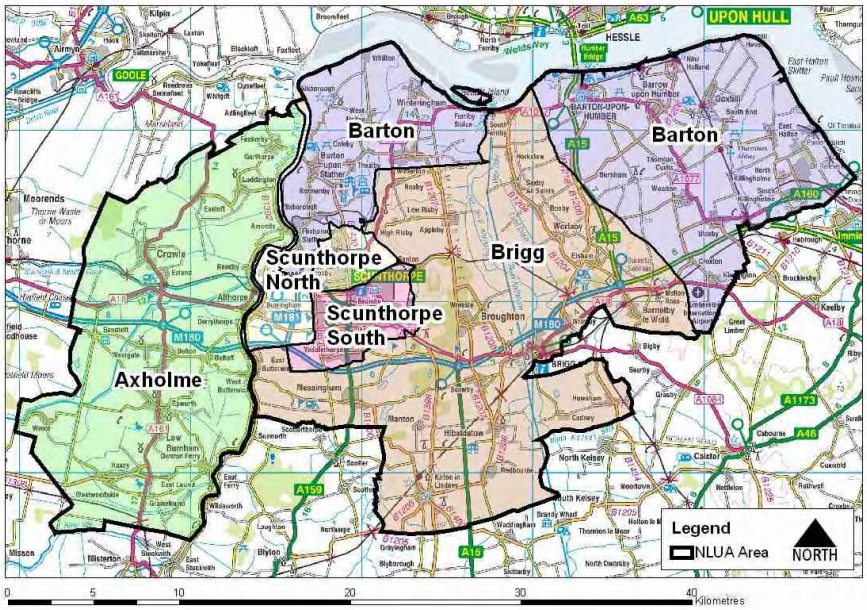
Key Facts

Population: 22,031 (2008)
Under 5s: 1,111 (2008)
Under 15s: 3729 (2008)
People aged 15-24: 2327 (2008)
People aged 40-74:10779 (2008)
People aged 65+: 4000 (2008)
People aged 85+: 497 (2008)
BME population: 0.8% (2001)
IMD score: 15.1
Male life expectancy: 78.1 years years
Female life expectancy : 83 years

Key Issues

- The Axholme area includes all of the area that lies to the west of the river Trent. This includes the three wards of Axholme North, Axholme Central and Axholme South. This locality still has an active agricultural sector.
- The major population settlements are Crowle to the north, Epworth in the centre and Haxey to the south.
- The age profile of the Axholme area is slightly older than the North Lincolnshire average with proportionately more people aged 40-74 years of age.
- There is a small BME community resident in the Axholme area, representing just under 1% of the total population.
- Unemployment rates in the Axholme area are below the local authority average as is reliance on sickness and disability benefits.
- There are small pockets of deprivation in Crowle, Keadby and Epworth
- Rates of owner occupation are amongst the highest in North Lincolnshire in this locality as is car ownership.
- Life expectancy at birth for both males and females is above the North Lincolnshire average
- Smoking rates of people with long term conditions are below average.
- Premature death rates from cancer and circulatory diseases are below average. However rates vary within the locality and are highest in Axholme North.
- Public transport is a major issue for local residents

BARTON AND WINTERTON LOCALITY PROFILE



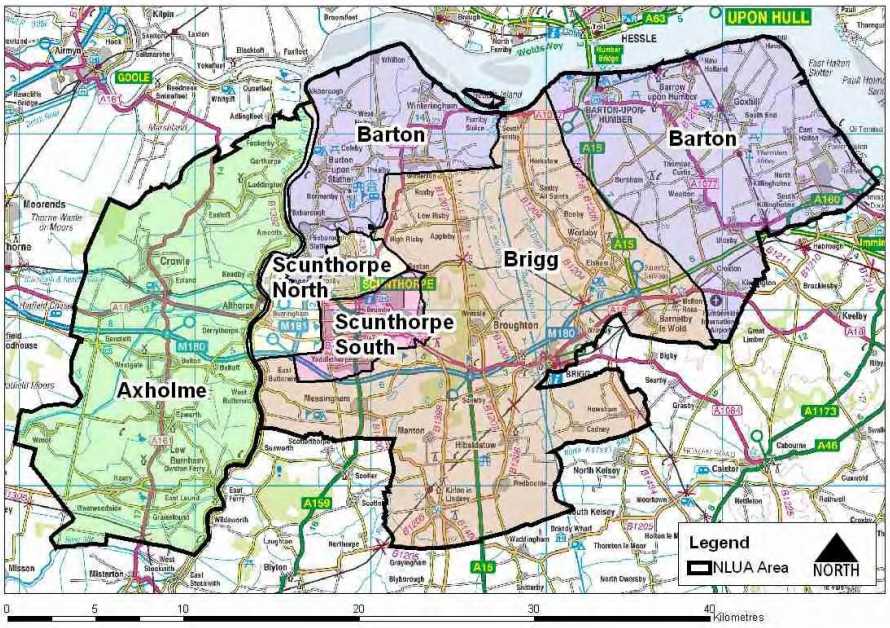
Key Facts

Population: 32,242 (2007)
Under 5s: 1,691 (2007)
Under 15s: 5,508 (2007)
People aged 15-24: 3,634 (2007)
People aged 40-74:15,188 (2007)
People aged 65+: 5,569 (2007)
People aged 85+: 614 (2007)
BME population: 1% (2001)
IMD score: 16.7
Male Life Expectancy: 77.2 years
Female Life Expectancy: 81.5 years

Key Issues

- The Barton and Winterton area lies to the north of the local authority and includes the three wards of Barton, Burton upon Stather & Winterton, and Ferry. All three are rural wards.
- This LA locality includes the Killingholme parishes. However, for the purposes of PCT patient analysis, it is assume that residents of these parishes are registered with NELCTP.
- The age profile of this locality is similar to that of North Lincolnshire as a whole, although there are proportionately more residents in their middle years.
- There is a small BME community resident in the Barton and Winterton area, representing just over 1% of the total population.
- Unemployment rates in this locality are just below the local authority average. Dependency on disability benefits is also below the North Lincolnshire average.
- Life expectancy at birth is similar to the North Lincolnshire average
- This locality has an average deprivation score, although there are significant pockets of deprivation and poor health within the towns of Barton and Winterton and the villages of New Holland as well as in the villages of North and South Killingholme.
- Within the locality, Barton Town has higher than average Teen Conception rates.
- Premature death rates from circulatory diseases are below average in this locality although higher in parts of Barton and Winterton
- The number of care home beds per 1,000 population is above average in this locality.

BRIGG AND DISTRICT LOCALITY PROFILE



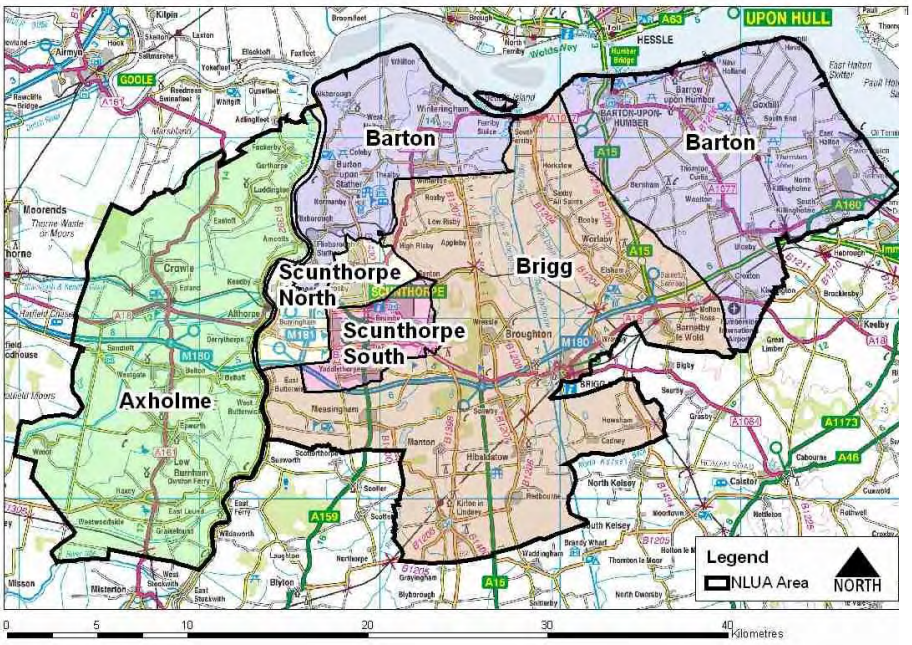
Key Facts

Population: 30,305 (2007)
Under 5s: 1,422 (2007)
Under 15s: 4,829 (2007)
People aged 15-24: 3,284 (2007)
People aged 40-74: 14,740 (2007)
People aged 65+: 5,839 (2007)
People aged 85+: 737 (2007)
BME population: 1% (2001)
IMD score: 13.6
Male Life Expectancy: 77.6 years
Female life expectancy: 81.7 years

Key Issues

- The Brigg locality covers the central part of the local authority stretching from the north to the south and includes the three wards of Brigg and Wolds, Broughton and Appleby and Ridge. All three are rural wards. For the purposes of PCT patient analysis, the parish of Hibaldstow is excluded and the residents of this area are assumed to be registered with Lincolnshire PCT.
- The age profile of this locality is similar to that of North Lincolnshire.
- However, Brigg Town has the highest concentration of older people in North Lincolnshire
- There is a small resident BME community in Brigg, representing just over 1% of the total population.
- Unemployment rates in the Brigg area are below the local authority average. Dependency on disability benefits is also below the North Lincolnshire average.
- This locality has the lowest average deprivation score in North Lincolnshire, although there are significant pockets of pensioner poverty and poor health in the eastern parts of Brigg Town.
- Brigg has the highest concentration of care homes of any locality in North Lincolnshire and the highest concentration of older people with dementia on GP practice lists
- Premature death rates from cancer and circulatory diseases are below average in this locality
- Teen conception rates are below average
- Take up Chlamydia screening is below average in this locality

SCUNTHORPE NORTH LOCALITY PROFILE



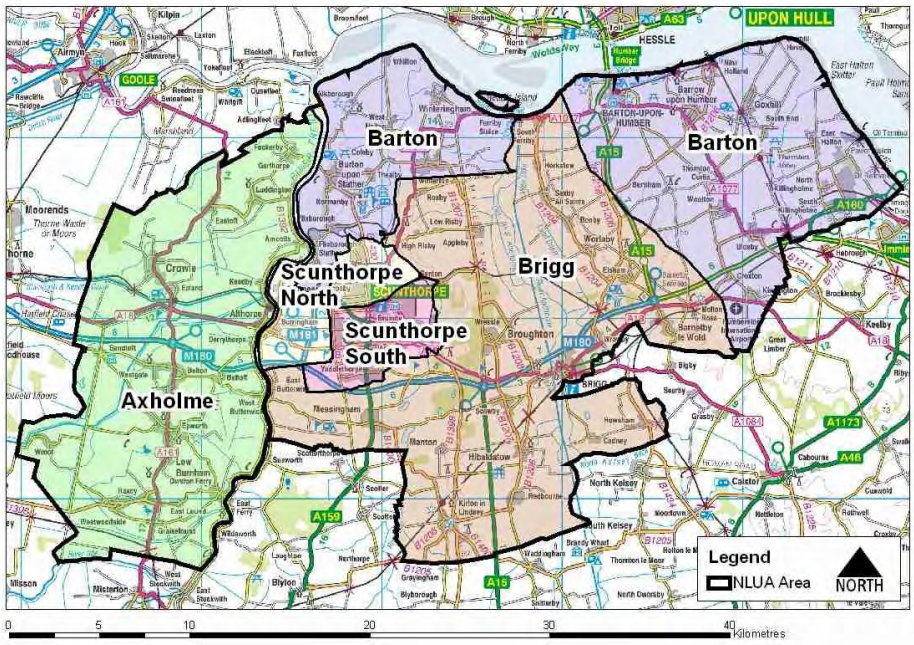
Key Facts

Population: 23,482 (2007)
Under 5s: 1,573 (2007)
Under 15s: 4,446 (2007)
People aged 15-24: 3,160 (2007)
People aged 40-74: 9,393 (2007)
People aged 65+: 3,921 (2007)
People aged 85+: 539 (2007)
BME population: 9%
IMD score: 33.1
Male Life expectancy: 74.2 (2002/08)
Female life expectancy: 79.2

Key Issues

- Scunthorpe North locality encompasses the town centre as well as areas to the north and west of the town. This area includes the three wards of Burringham and Gunness, Crosby and Park and Town and is bounded by Brumby Wood Lane, the river Trent, Flixborough, Burringham and Scotter Road.
- The age profile of Scunthorpe North is slightly younger than the average for North Lincolnshire – with proportionately more under 5s.
- This locality has the largest resident BME community in North Lincolnshire, representing just over 9% of the total population, compared with 2.5% across North Lincolnshire as a whole. This rises to 15% in Town and Crosby wards.
- This area is home to the majority of our Bangladeshi, Indian and Pakistani communities, as well as migrant workers from Poland and other eastern European states.
- An estimated 18 different languages are spoken in this locality
- Unemployment rates in Scunthorpe North are almost twice the local and national average
- Dependency on disability benefits is also well above the North Lincolnshire average.
- Rates of owner occupation and car ownership are the lowest in North Lincolnshire.
- Life expectancy at birth is the lowest in North Lincolnshire in this locality
- Rates of smoking in this locality are the highest in North Lincolnshire as are premature death rates from cancer and circulatory diseases
- The take up of stop smoking services is relatively low in comparison
- Teen conception rates are the highest in North Lincolnshire in this locality, specifically in Town, Crosby and Frodingham wards where rates are twice the local authority and national average
- Unplanned admission rates for long term conditions as well as infant respiratory conditions are the highest in this locality

SCUNTHORPE SOUTH LOCALITY PROFILE



Key Facts

Population: 51,431 (2007)
Under 5s: 3,223 (2007)
Under 15s: 9,526 (2007)
People aged 15-24: 6,722 (2007)
People aged 40-74: 21,746 (2007)
People aged 65+: 8,830 (2007)
People aged 85+: 1,020 (2007)
BME population: 1.7%
IMD score: 25.2
Male Life Expectancy: 76.2 years
Female life expectancy : 80.8 years

Key Issues

- Scunthorpe South is the smallest locality in geographic terms but the largest in population size. It encompasses the five wards of Ashby, Bottesford, Brumby, Kingsway with Lincoln Gardens and Frodingham. The locality is bounded to the east by the steelworks, to the north by Brumby Wood lane, to the west by the Trent and to the south by the M180.
- This locality has a slightly younger age profile than North Lincolnshire and a significant concentration of low income and lone parent families.
- Unemployment rates in Scunthorpe South are the second highest in North Lincolnshire, with very high rates in the Ashby, Frodingham and Brumby ward (Westcliff, and Riddings area)
- Dependency on sickness and disability benefits is also well above the North Lincolnshire average.
- Rates of owner occupation and car ownership are low
- Life expectancy at birth is below the North Lincolnshire average, rates of smoking amongst young people, and young women in particular, are high in this area.
- As are premature death rates from cancer and circulatory diseases
- The take up of stop smoking services is relatively high compared with other areas, although take up by pregnant women is very poor
- Teen conception rates in this locality are the second highest in North Lincolnshire, and are concentrated specifically in Brumby ward where rates are more than three times the local authority and national average.
- Unplanned admissions for long term conditions as well as infant respiratory conditions are the second highest in North Lincolnshire