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From the Director of Public Health

annual report 2009

on the health of the people of North East Lincolnshire

North East Lincolnshire NHS
Care Trust Plus

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk

contents

introduction

Welcome to the 2009 Annual Public Health Report for North East Lincolnshire.

Public Health is about protecting health, improving health and contributing to the development of high quality health and social care. This year we showcase work carried out for all of these three aims.

Whilst health in North East Lincolnshire continues to improve overall, and some health related behaviour of our residents are also showing some improvement now, there is still a long way to go. Examples of improving health behaviour are the record numbers of people giving up smoking and the success in achieving screening targets for many programmes.

The particular challenge we have is to narrow the gap in life expectancy, death rates and health experience both within our borough and with the rest of the country. This requires a concerted effort from everyone. I, and my staff, can provide support, information and advice but we need everyone reading this, to carefully consider how they can alter their work – perhaps only slightly – to ensure that we consistently and systematically work to improve health and wellbeing.

For health care professionals, this could mean offering brief interventions for every patient, not just a quick question but using one of the many validated tools available. Do you do this every time and follow it up? For other service providers, it could mean thinking through how everything you do affects health and modifying your practice, your policies, your procedures to add that extra component to improve health and reduce health inequalities. For people who commission services this might mean ensuring that health improvement requirements are in every specification and for all newly commissioned services their ability to reduce health inequalities has been a major consideration. Without this, we will not achieve the reductions in inequalities which our residents deserve.

Dr TONY HILL
Joint Executive Director of Public Health

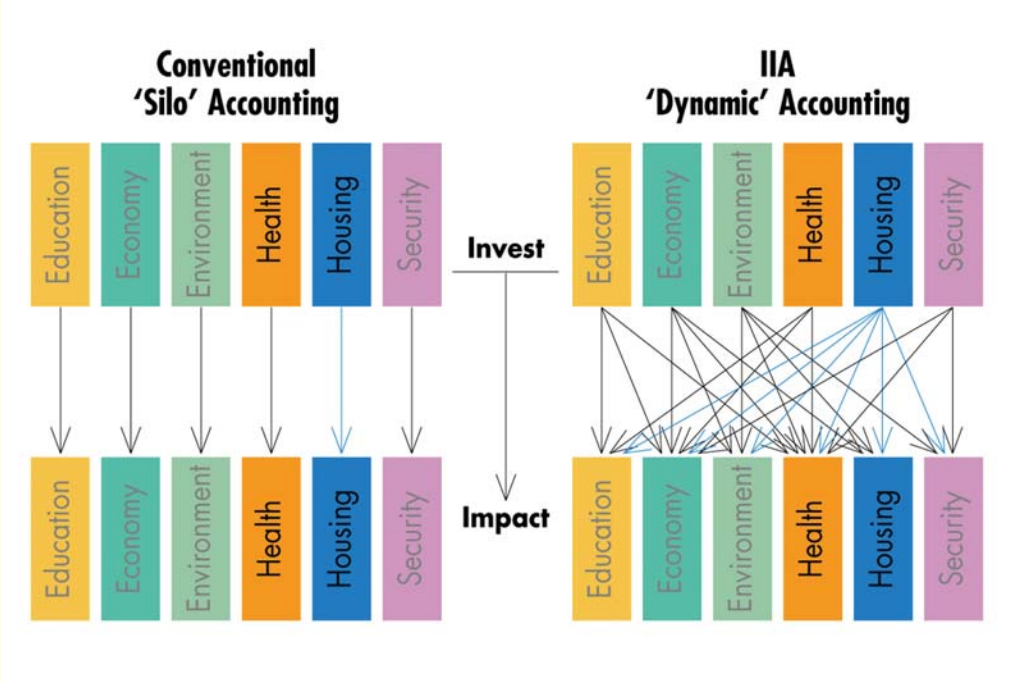
Recommendation	Progress
• *Urgent attention is needed to reduce childhood obesity*	• *An action plan exists; the Obesity Collaborative is underway and a co-ordinator is in post but as obesity rates are rising, the issue still needs more focus.*
• *Continuing effort is needed to increase Childhood Immunisation Rates.*	• *Rates are higher but still not reaching all targets. Additional input is needed*
• *I recommend that the Joint Strategic Needs Assessment is used to inform the development of the Care Trust Plus Strategic Commissioning Plans, the review of the Sustainable community Strategy and the Councils Medium Term Financial Plan.*	• *The JSNA was used in all these plans.*
• *I recommend that obesity prevention should be a high priority for the Council, Care Trust Plus and other partners. Action should be dire4cted to the entire population but particular focus should be given to those from areas of higher deprivation, such as those living in East Marsh, West Marsh, Nunsthorpe and the other neighbourhood renewal areas.*	• *Obesity prevention still needs a high profile.*
• *I recommend that diabetes prevention ad prevention strategies and services should be targeted at those from areas of higher deprivation and also at other individuals at higher risk of developing diabetes, such as obese individuals and those with glucose intolerance.*	• *This matter is still to be dealt with.*
• *I recommend that we ensure all children and young people understand the importance of breakfast and are able to afford and east breakfast everyday. Consideration should be given to making breakfast more available in school settings.*	• *This recommendation has not been comprehensively actioned.*
• *I recommend that consideration is given to reducing the availability of illicit and illegally imported tobacco.*	• *The Tobacco Control Alliance has put in place additional work and investment to begin to address this recommendation.*
• *I recommend that all those working with young people should be able to undertake brief interventions and know where to signpost young people who identify the need for support with their drinking habits.*	• *This has not been put in place systematically yet.*
• *I recommend that the Older People's Needs Assessment is used to inform the revision of the Older Peoples Strategy.*	• *This recommendation has been actioned.*

chapter 1

Impact assessment
of East Marsh Renewal Area

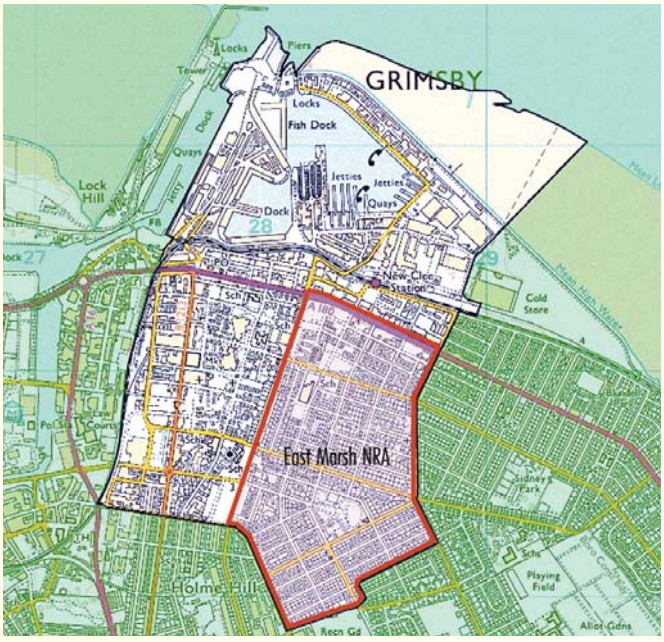
North East Lincolnshire (NEL) Council's joint housing strategy for 2007-2010, Building a Better Future , identifies four 'transformational housing areas' as priority areas for improvement in NEL, one of which is Grimsby's East Marsh terraced houses. After a survey of house conditions showed that many of these properties do not meet the Decent Homes Standard, and consultation with the community, the area outlined in the map and shaded pink was declared a Neighbourhood Renewal Area (NRA). £8million of public funds was allocated for regeneration of this area, with a focus on Guildford Street which had several vacant and boarded up properties.

Figure 1.1



There is an agreement among partner organisations in NEL to undertake an Integrated Impact Assessment (IIA) of major policies, plans and developments in the area, to ensure they make the best possible contribution to improving the quality of life for local residents. The aim is to maximise any potential economic, social or environmental benefits and similarly minimise any potential unintended harmful consequences. An IIA screening tool was developed in 2003 to assist the process which became part 3 of the community strategy and integral to Local Strategic Partnership (LSP) strategic planning. The tool was used to assess the plans for the housing led regeneration of the East Marsh NRA and this screening process identified the need to undertake a more in-depth, evidence-based impact assessment . Six key domains were identified from the 15 in the tool with which to assess the wider impact of the investment: education, economy, environment, health, housing and security. The IIA stresses the interactions and inter-dependencies of these domains i.e. dynamic accounting.

Figure 1.2



To assess potential impacts four approaches to data collection were used:

Routine data – Index of Multiple Deprivation, school performance and the labour market

Local data – health, crime

Evidence – applied from scientific studies

Resident survey – using standard and validated questions to allow comparisons, undertaken by researchers with a representative sample of 223 residents.

Neighbourhood profile

The East Marsh NRA is recognised as having a strong community and has a slightly younger population profile than NEL as a whole. It has pockets of high deprivation and as well as poor housing it has high levels of worklessness, low skills and qualification levels, high crime and poor health. The area became relatively more deprived between 2004 and 2007, largely as a result of relative increases in crime.

Assessed impacts in the key domains

1 Housing

East Marsh NRA developments aim to improve the quality of housing and residents' well-being. Housing conditions impact on occupants' health in a number of ways. Cold homes impact on cardiovascular health and respiratory health, especially that of children, compromising their education. They also impact on residents' confidence and ability to engage in the labour market and in wider society. Financial worries and pressures to move result in anxiety and depression. Unsafe homes may result in accidents including falls as a result of slips and trips, electric shocks, burns and scalds. Insecure homes that may result in burglary, may impact on mental health in the form of anxiety and depression.

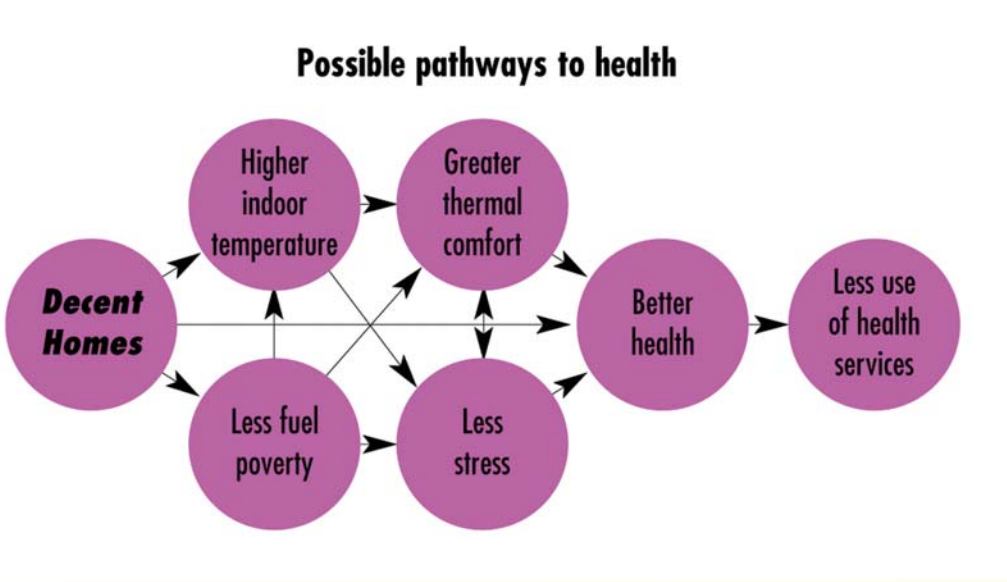
Estimates of impacts use information from a property survey of the East Marsh undertaken in 2007ii. This showed that over 70% were pre-1919 terrace houses of which 42.9% were classed as Non Decent, based on a 1 in 10 representative sample of 3965 properties.

To meet the Decent Homes Standard a property should be:

- *free of Category 1 hazards*
- *be in a reasonable state of repair*
- *have reasonably modern facilities (such as kitchens and bathrooms) and services, and*
- *provide a reasonable degree of thermal comfort (effective insulation and efficient heating).*

The main reasons for the houses surveyed failing to meet the Decent Homes Standard were a poor degree of thermal comfort (64%) and Category 1 hazards (37%). (The Housing Health & Safety Rating System lists 29 hazards that potentially harm health. These include pollutants, excess cold or heat, damp or mould growth, crowding/space, light, noise, entry by intruders, hygiene, sanitation and water supply, falls associated with baths/level surfaces/stairs etc, electrical hazards, fire etc. Class 1 harms as a result of some of these hazards include: death, lung cancer, paralysis, regular severe pneumonia, permanent los of consciousness and 80% burn injures).

Figure 1.3



Each year in the UK up to 50,000 more people die in the winter compared to the summer months. An estimated 6 of these are from East Marsh NRA area. Based on the optimum of installing efficient heating systems and condensing boilers, high levels of loft insulation, double-glazed windows and energy efficient external rendering to non-cavity walls, the impact on health is still surprisingly modest. Similarly, the impact for removing condensation damp is also modest. Up to 5 winter deaths probably as a result of advanced heart attack may be prevented and an estimated 15 fewer children will suffer modest respiratory problems which require medical attention.

Safety

Most accidents in the UK occur within the home, with approximately 2.8 million each year resulting in an A&E department attendance . Falls account for nearly half of home accidents and relate to the design, construction and maintenance of the property. Residents of East Marsh terraced properties are at increased risk of falls due to uneven or slippery surfaces. An optimistic assessment of impact shows that improving bathrooms and kitchens of owner occupied and privately rented properties to meet the Decent Homes standards of the social housing sector may halve the likelihood of falls, preventing up to 39 physical injuries from bruising, fractures and injuries to the head, brain and spine sufficient to seek medical attention.

The residents' survey for this IIA indicated that 44% of properties in the area are privately rented and only half of these are Decent. Relatively few improvements are undertaken by private sector landlords in the area unless enforced by the Council.

Warmth and comfort

The property surveyii showed energy efficiency levels in the East Marsh terraces well below the English average, indicating considerable scope for improvement. The diagram shows the possible pathway to health of investment to meet Decent Homes Standards. Children are affected most by respiratory disease largely from damp homes and older people by heart disease largely from cold homes.

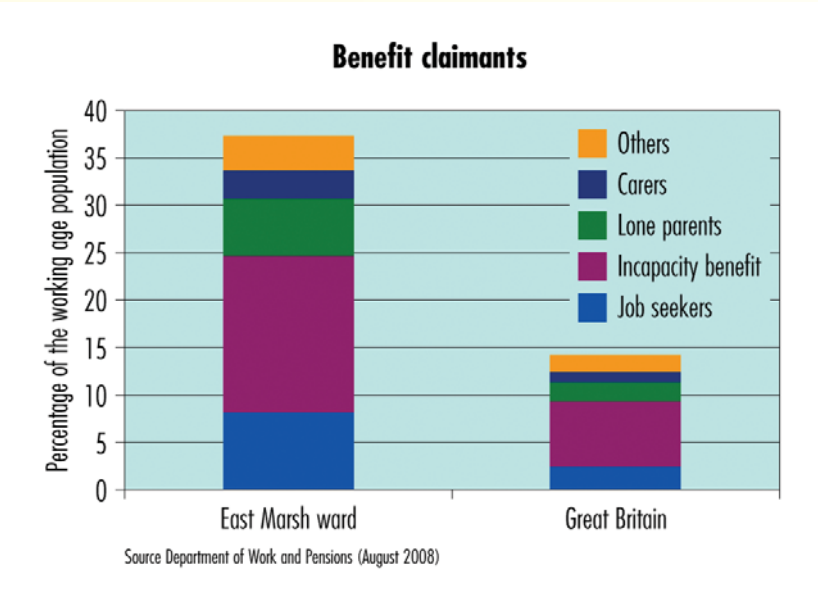
Security

The British Crime survey shows that 83% of respondents who were victims of burglary were emotionally affected. Attempted burglary also has a significant impact. Neighbours may also suffer an increased sense of insecurity . Evidence shows that installing home security such as deadlocks on doors and window locks reduces the chances of burglary . The impact assessment suggests 550 East Marsh residents currently suffer emotional or mental heath problems as a result of intruders, mainly low level anxiety but sufficient to seek medical attention. Full scale implementation of security measures based on Secured by Design principles may see a reduction of 470 residents being harmed by intruders.

2 Economy

A thriving local economy is essential to the well-being and quality of life of local residents. East Marsh residents tend to work within a mile of where they live and have a low 'job search horizon'. Many East Marsh residents are unskilled. Even before the economic downturn nearly half of residents of working age did not have a formal job. 16% of East Marsh residents were on Incapacity Benefit.

Figure 1.4



mpact assessment suggests that as well as creating more local job opportunities, long term investment in heath promotion and labour market matching are important interventions. The Economic Well-being Strategy's Integrated Pathway for getting people into work: engagement (with those distant from the labour market), empowering (removing barriers), equipping (with training, skills and qualifications) and enabling (supporting people into work and at work), identifies East Marsh Ward as a key community to focus on. NHS Employability programmes, taking people into placements within Grimsby hospital and the Care Trust Plus, target the most deprived areas. Shoreline Housing Partnership employs an intermediate labour market approach and creates opportunities for residents of deprived areas in housing regeneration work. The housing regeneration of East Marsh terraces should provide opportunities for some local unemployed residents to undertake some of the work and to train and gain skills and qualifications.

3 Education

Education is beneficial to health being a route into employment and out of poverty. It is also influenced by health, particularly in the early years of a child's development where physical and mental health problems can result in special educational needs and the lack of qualifications. Children's social skills also help determine education, earnings and health in adult life and are exacerbated by socioeconomic deprivation and a difficult family background.

East Marsh schools performed below the national average in 2008. Although Weelsby Primary School surpassed the national average (88%) of pupils achieving at Key Stage 2 in science at 91%, only 63% achieved Level 4 for English compared to 81% nationally and 72% for maths compared to 78%. Only 27% of Havelock Academy students achieved 5 GCSEs at A* to C grades. Poor parental qualifications, prevalent in the area are an influence.

Figure 1.5

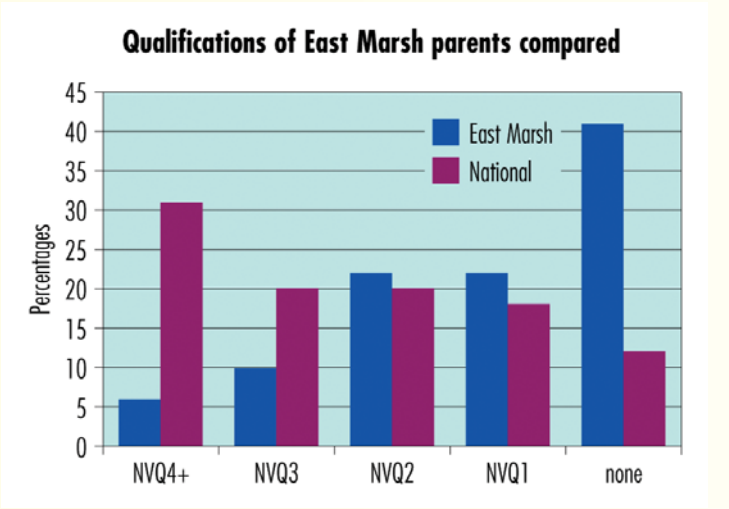
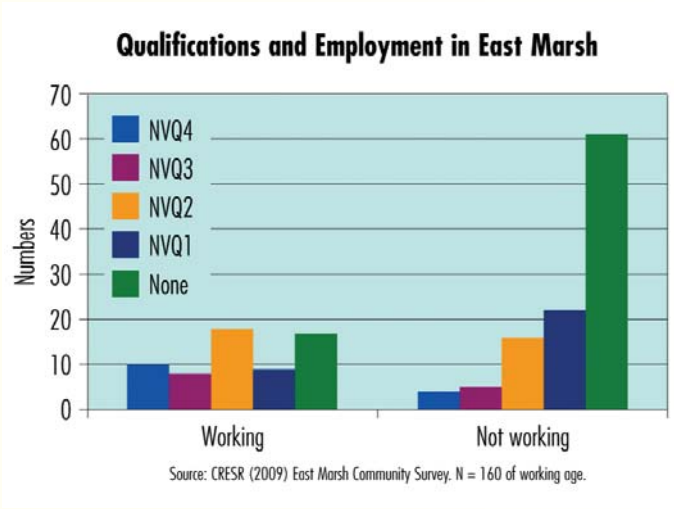


Figure 1.6



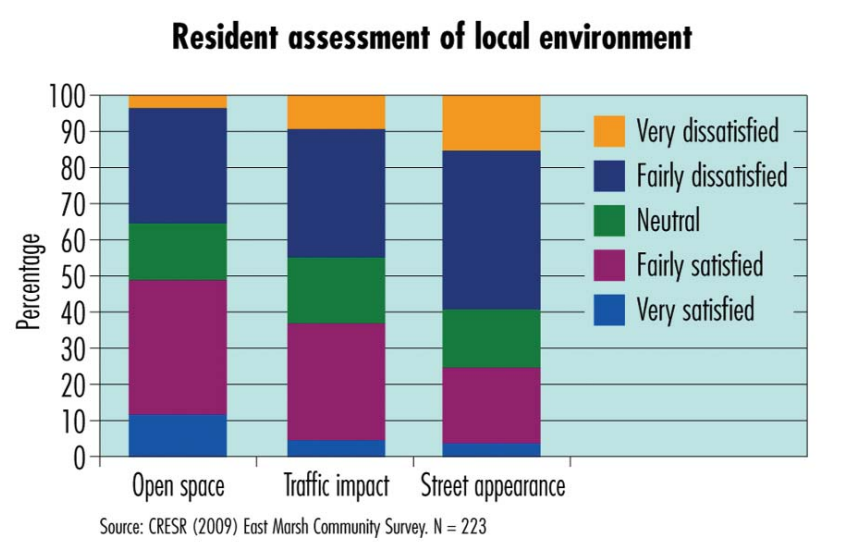
Sure Start, Healthy Schools and a range of other programmes aim to support improvements in education and life chances. As well as providing training opportunities by involvement in the improvements to housing in the East Marsh NRA, involvement in environmental projects will also provide education and skills development opportunities.

4 Environment

As for investments in housing, economy and education domains, investing in the environment domain will impact on the other domains. A quality environment increases the market value of houses and attracts investment in industry and commerce. Investment in the built environment to Secured by Design principles improves safety, security and well-being. Safe and secure parks encourage exercise and promote better physiological health and improved green spaces improve psychological health.

Although the East Marsh NRA has only 2 small parks and few play spaces, more people taking part in the resident survey were satisfied with this provision than dissatisfied, even if they had children. More people were dissatisfied with traffic noise, pollution and safety despite traffic calming measures. 60% of residents were dissatisfied with street appearance, particularly pavements, front gardens, walls, fences and letter. Some residents of Guildford Street, despite several boarded up properties and planned demolition, were fairly satisfied with their environment.

Figure 1.7

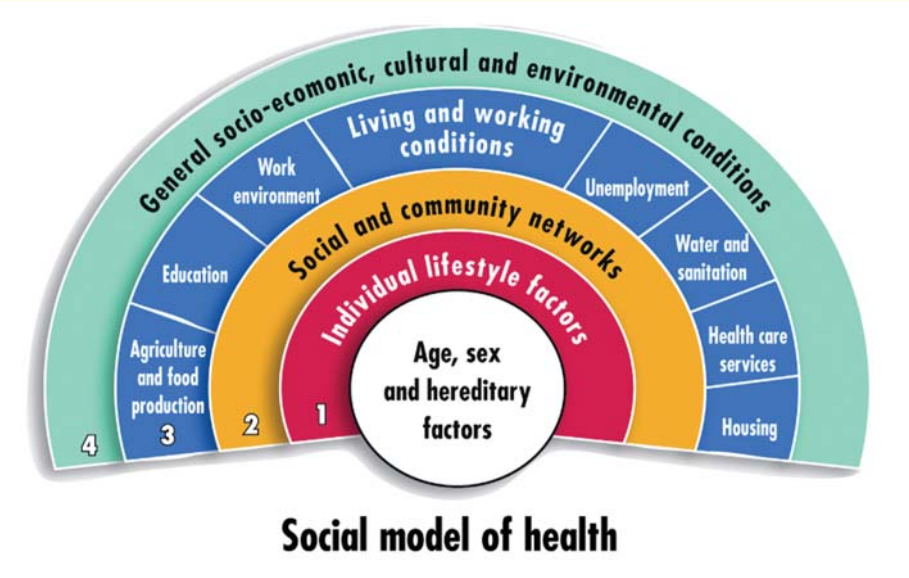


Part of the investment in NRA improvements has been allocated for environmental improvements, with priorities determined in part by local residents: street appearance, boundary walls, bringing derelict land back into use, introducing planting and hanging basket schemes and alley-gating. All have the potential to impact positively on quality of life. The investment will build on successful work to date to alley-gate some passages between terraces, the development of an Oasis Garden at Your Place community centre, restorations to Grant Thorold park and improvements to Sutherland Park. Involving the local community in the delivery of schemes will improve the sustainability of the investment and bring positive benefits for the other domains.

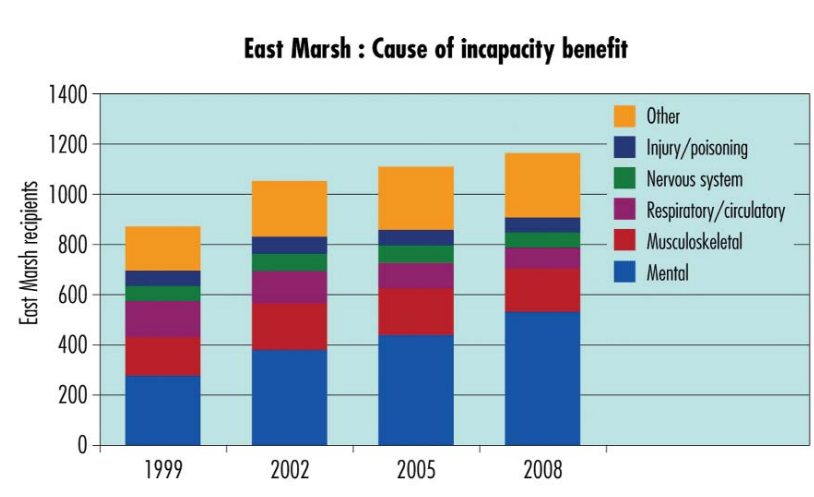
5 Health

The World Health Organisation defines health as 'complete physical, mental and social well-being, not merely the absence of disease or infirmity'. As well as improving health overall, the Government's aim is to reduce health inequalities by tackling the wider determinants of health such as poverty, worklessness, poor qualification and skills levels, poor housing, etc. NEL is one of the 20% of areas in the country with the lowest life expectancy and within the area the population of East Marsh experiences particularly poor health on a number of measures.

The CTP adopts the social model of health approach to health improvement and reducing health inequalities as shown in Figure 8. Intervention in the early years of life will prevent disease, disability and dependency later in life. Primary prevention will make the biggest impact but managing long term conditions such as heart disease and cancer (secondary prevention) is also important for improving quality of life in working age adults and older people. Many lifestyle related initiatives are focussed on areas with the poorest health outcomes including the East Marsh, such as Health Trainers, HeartWell, WalkWell, the Older Peoples Collaborative, etc.



Health is also important for economic performance. In areas of poor health experience such as East Marsh it restricts employment. Increasing numbers of people nationally and locally claim Incapacity Benefit and welfare reform aims to reduce these numbers. Figure 9 shows the increase in the numbers of IB claimants over recent years by cause.

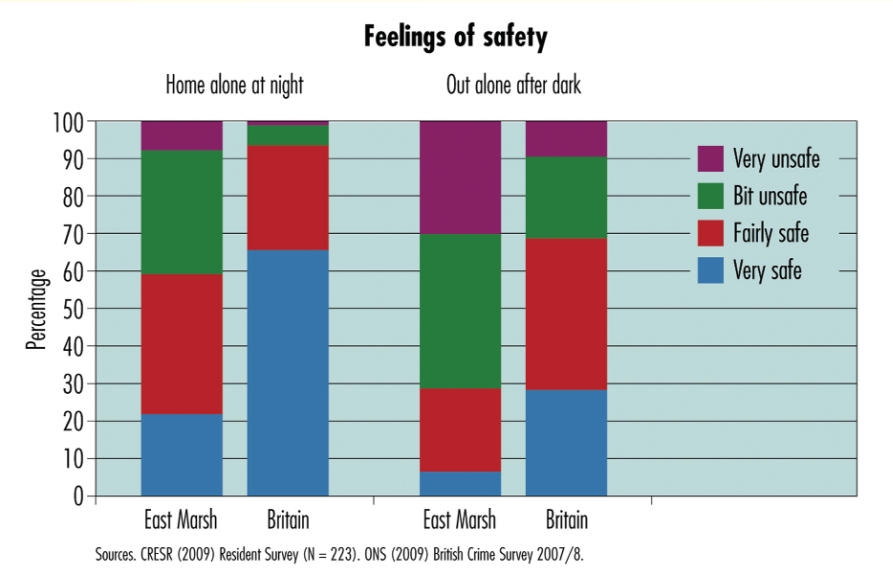


The Department of Work and Pensions aims to support people back into work by managing these conditions, improving people's functional ability and work prospects, with Cognitive Behavioural Therapy being a significant element. Removing such barriers to employment is a key focus of the Economic Wellbeing Strategy for NEL. The East Marsh IIA resident survey showed poor mental health (anxiety and depression), often caused by stress. Although CBT is cost effective, it is difficult to predict the likely impact in the East Marsh in terms of reduced numbers of IB claimants since IB often masks unemployment, particularly in times of economic recession.

Showing improvements in health status and the most cost effective interventions for achieving this is difficult in areas of socio-economic deprivation since those whose health and income improves tend to leave the area. They are then replaced by people on lower incomes and in poorer health, attracted by the availability of low cost housing.

6 Security

The East Marsh has persistently high levels of crime which damage the health and well-being of residents. Being recognised as a high crime area influences house prices. Perceptions of insecurity both within the home and the neighbourhood damage health. The resident survey shows that higher proportions of people in the East Marsh feel unsafe alone in their homes at night and especially when out alone in the neighbourhood after dark. A representative sample of 223 residents felt either a bit unsafe (32.6%) or very unsafe (6.5%) when home alone at night compared to 5.4% and 1.0% nationally. 40.5% felt a bit unsafe and 30.0% felt very unsafe when out alone after dark compared to British averages of 21.5% and 9.8%.

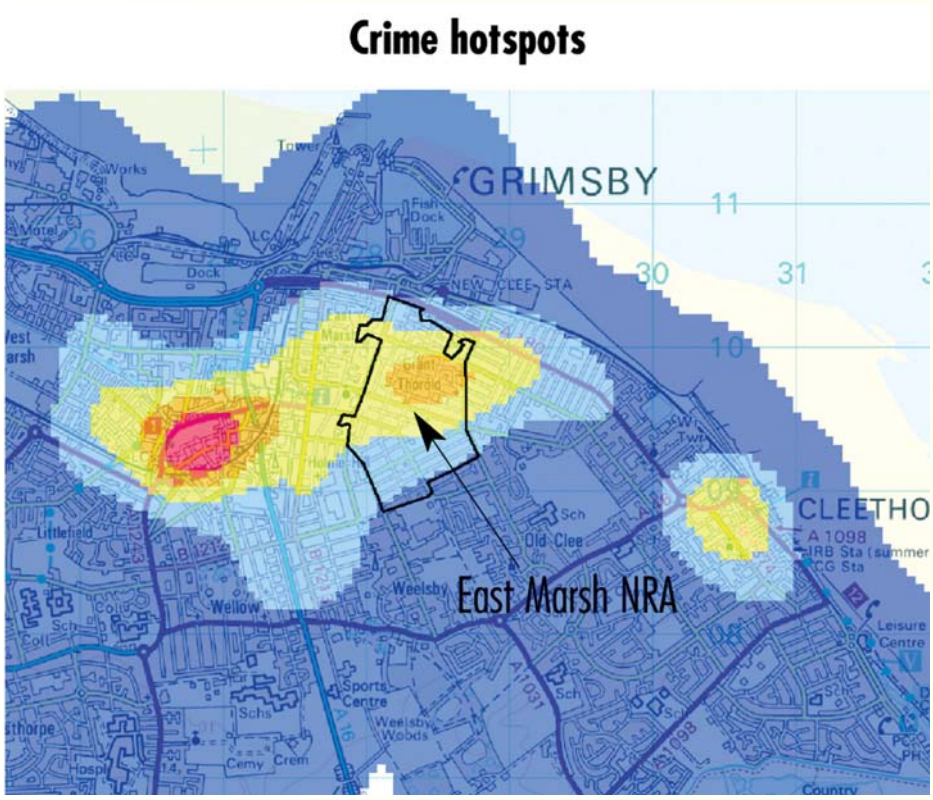


Sources. CRESR (2009) Resident Survey (N = 223). ONS (2009) British Crime Survey 2007/8.

High crime levels and insecurity among residents may be a cause of the high prevalence of mental health problems in the East Marsh and may also contribute, via stress, to the high mortality rate from coronary heart disease . The LSP and the Community Safety Partnership recognise the socioeconomic determinants of crime and the responsibility of partnership agencies to contribute to addressing the wider causes.

Although reductions in crime in NEL were achieved between 2003/4 and 2007/8, burglary and violent crimes are still high. NEL ranks worst of 15 other local authority areas with similar socioeconomic characteristics. The map shows the crime hotspots as Grimsby and Cleethorpes town centres, with an additional hotspot in East Marsh. East Marsh has the highest rate for domestic burglary in NEL (5.2/100 households), more than 10% of all the area's burglaries and double the average rate for the area.

Figure 1.11



Socioeconomic deprivation correlates strongly with increased crime, antisocial behaviour and drug use. Two thirds of survey respondents considered drug use to be a very (44%) or fairly (24%) big problem. Given government criticism over low detection rates locally, the focus was shifted from prevention but it is now a priority again. 3 Police Constables and 8 Community Support Officers serve the East Marsh community.

Actions to address the wider causes of crime in the East Marsh and improve security and sense of safety are included in the housing and environment domains above. Enhancing target hardening interventions (to Secured by Design principles) should reduce domestic burglaries, although there remains an issue of intruders entering via open windows and doors. Applying Secured by Design principles to the regeneration of local green spaces should contribute to reducing antisocial behaviour.

Summary and Way forward

Dynamic accounting across the 6 domain model reveals a 'vicious cycle of decline' since the collapse of the fish catching industry 30 years ago, with every aspect of community life impacting on other aspects. Skilled workers have left the area only to be replaced with a poorer and less healthy population. Declining housing stock has worsened health problems and permitted higher crime. Residents have not increased their qualifications and skills levels and so are disadvantaged in the labour market. Poor health has worsened employment prospects and reduced income. Crime and the fear of crime have exacerbated health problems, especially mental health problems.

The IIA identifies the key challenges and how the problems in each domain impact negatively on each of the other domains. The designation of Neighbourhood Renewal Area provides an opportunity to optimise holistic investment to improve the quality of life for residents, e.g. economy, education, environment, health, housing and security.

The study summarises how investment in each domain can positively impact on resident's lives. The authors recommend:

- *a cost-benefit analysis is undertaken to guide decisions about the optimum mix of investments for maximum impact*
- *using the IIA screening tool to understand and enhance the wider impacts of actions*
- *coordinating policy interventions to boost employment*
- *improving social cohesion and retaining healthier, skilled residents by improving the environment and amenity offer (clean and safe streets, good schools and public services, access to quality green and blue spaces)*
- *making a sustained effort to capitalise on the cause and effect that run between the domains to create a 'multiplier' effect which will help to turn the vicious cycle of decline into a virtuous cycle of improvement*

Cost effectiveness evidence suggests

- *target hardening to reduce domestic burglaries and the resultant poor health outcomes and labour market performance*
- *cognitive behaviour therapy to reduce anxiety and impact on worklessness*
- *investment in 'soft' labour market skills such as motivation and personal and social skills*
- *tighter regulation of some private ('slum') landlords*
- *investment in social housing.*

Of all the measures planned to improve the housing stock of the East Marsh terraces, target hardening to reduce burglary is likely to have the greatest impact on health in the shorter term.

chapter 2

Disabled People - Assessing Health and Social Needs

An assessment of the health and social needs of adults with disabilities has taken place in North East Lincolnshire during 2009. This is separate to the work being undertaken by Children's Services in North East Lincolnshire Council associated with the Aiming High agenda which is exploring the needs of children with disabilities in North East Lincolnshire and other work exploring the health and social needs of older people which has been led by the public health directorate.

The aim of our disability needs assessment was to assess the health and social needs of people between the age of 16 and 64 with disabilities in North East Lincolnshire. This is the first stage in the planning process to ensure the right services are commissioned to maintain the health and social well-being of our disabled residents.

We did this mainly through a detailed questionnaire which was sent to all people between the age of 16 and 64 who are receiving services associated with a physical or learning disability in North East Lincolnshire backed up by interviews and focus groups exploring particular issues in greater depth. In addition a service review has explored the perspectives of service providers about the difficulties and challenges of providing a high quality service that effectively meets the needs of people with disability.

To carry out the needs assessment we worked closely with the physical disability service and the learning disability service within the Care Trust Plus and with Children's Services in NELC who organise services for young people with disabilities up to the age of 25 who are in transition from children's services to adult based services.

In total, 950 questionnaires were sent out in February 2009. The number of returned questionnaires and the response rate for each cohort of people is illustrated in Table 2.1.

Table 2.1: Disability Needs Assessment Questionnaire Response Rates

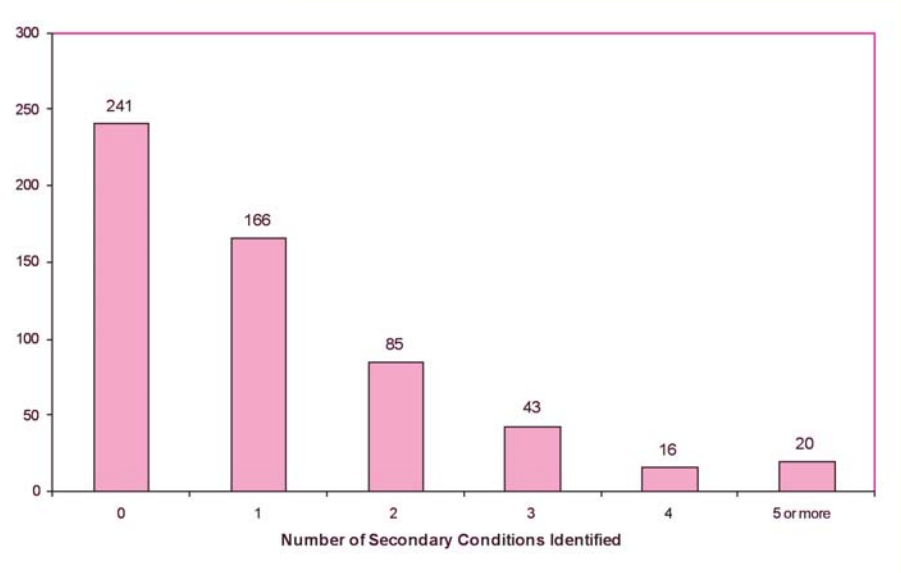
	Number returned	Number eligible	Response rate
Learning Disability	**297**	**430**	**69.1%**
Physical Disability	**234**	**398**	**58.8%**
Transition	**34**	**122**	**27.8%**
Total response rate	**565**	**950**	**59.5%**

Self reported health status is an important indicator of the general health of the population. The majority of people who responded to the survey reported that their health was excellent, very good or good. However this varied starkly between those with physical and learning difficulties. Whereas more than 80% of those with learning disability reported positive health, only 34% of those with physical disability did so. Similarly almost one in three physical disability respondents reported poor health compared with under 3% of learning disability respondents. The health status of people with physical disability declined with age with 36% of those over 40 reporting poor health compared with 22% of those under 40. Those with learning disability generally reported positive health at all ages.

Deprivation appears to have a small impact on self reported health status as respondents living in the most deprived quintile were less likely to report positive health than those living in all the other quintiles. This was true for people with learning and physical disabilities.

Respondents to the survey were asked about other illnesses that affected their health in addition to their primary disability. Overall 58% of respondents reported that they had at least one secondary condition in addition to their main disability. More than two-thirds of learning disability respondents identified secondary conditions compared with 43% of physical disability respondents. 14% of respondents identified three or more secondary conditions and 3.5% identified five or more.

Figure 2.1: Number of secondary conditions identified by questionnaire respondents



Epilepsy was the most commonly identified secondary condition affecting 27% of all learning disability respondents. The next most frequently identified secondary condition was diabetes which was mentioned by 8% of all respondents. Arthritis was the next most frequently identified secondary condition, especially amongst respondents with physical disabilities.

97% of all respondents had accessed health services in the three months prior to completing the questionnaire with over three quarters having visited their GP. 81% of respondents believed they were able to access all the health services that they required. However this varied between 91% of learning disability respondents who believed they received all the health services they needed and 72% of physical disability respondents. Physiotherapy was the most frequently identified health service need followed by a specialist consultant appointment.

Adopting a healthy lifestyle, especially not smoking, exercising regularly, eating a healthy diet and drinking less alcohol can reduce the prevalence of chronic diseases such as circulatory disease, cancer, respiratory disease and diabetes. People with disabilities face greater challenges in adopting a healthy lifestyle and almost 20% of respondents indicated that factors within their disability or general health prevented them from living a healthy lifestyle.

Mental Health

Respondents to the survey were asked how often they felt depressed. Overall 21% of respondents indicated that they always or often felt depressed. This applied to 35% of physical disability respondents and 10% of learning disability respondents. When depression ratings were crossed with social diversity network scores, it was apparent that those with the lowest diversity network scores, i.e. those with the least number of social contacts, reported feeling low or depressed more than those with a higher number of social contacts.

Respondents were also asked about feelings of anxiety and 27% replied that they always or often felt anxious. This applied to 34% of physical disability respondents and 24% of learning disability respondents. Being fearful of people was mentioned on several questionnaires. For some this fear was having a profound impact on their life.

"I don't go out because of the fear of the public causing me problems. I can get out when my mum or my support worker takes me. I can get out when supported by my brother or friends.

Dignity and Respect

A number of published studies in recent years have suggested that people with disabilities and especially those with severe learning disabilities have the highest levels of unmet need and receive less effective treatment. An independent inquiry into healthcare for people with learning disabilities found that this unmet need has led to unnecessary illness, disease and even death . The Disability Rights Commission found 'diagnostic overshadowing' to be a problem. Diagnostic overshadowing refers to negative bias affecting the accuracy of clinicians' judgments when assessing people with learning disability or mental illness. It was reported that those with communication difficulties found it difficult or impossible to get the support they needed .

Whilst the needs assessment was not able to look specifically at the treatment that had been provided to people with disability we were able to obtain their perspectives on how they had been treated by health and social services. Encouragingly, a large majority of the needs assessment survey respondents (87%) said that they are treated with dignity and respect by heath services, just 3.5% did not feel they are treated with dignity and respect by health services. There was little difference in the proportion of people with physical and learning disability who responded that they were treated with dignity and respect. However a slightly greater proportion of people with physical disability (5% compared with 1%) responded that they were not treated with dignity and respect. 13% of learning disability respondents answered 'don't know' to this question

Similar results were obtained when the same question was asked about whether the respondent was treated with dignity and respect by social services. This time 88% responded that they were treated with dignity and respect, 3% thought that they were not, and 9% replied 'don't know'.

Although these results can be considered positive, there were a number of comments which suggested there is room for improvement when it comes to providing health and social services for people with disability:

"More understanding of adults with a learning disability especially by health professionals."

"We would like [to be] treated with more respect and took notice of when you tell professionals there is something wrong."

Many of the additional comments in this section of the questionnaire were focused on the need for more respect within the wider community. Many felt they were not treated with respect and lacked the opportunity to participate in the normal daily activities of other people. Several also spoke of being abused by members of the public due to their disability.

"More understanding for people with mental health and learning difficulties. Because you can't see the illness people don't understand what it's like, whereas if you have a physical illness everybody helps"

"Disability awareness in schools to make the kids aware, kids are young they don't understand the effects it has shouting things at someone disabled. They pick on them because they seem different."

"I want to be happy and not get picked on cos I am different..."

"Integration into able-bodied groups instead of segregation."

Employment

Employment is vital to the economic and social wellbeing of many working age adults in modern Britain. Exclusion from employment, either on a temporary or permanent basis can have a major negative impact on the mental health and self esteem of people who are unable to work. Three quarters of respondents to the survey indicated that the nature of their disability left them totally unable to work. Of the remainder, 68 respondents (13%) indicated that their disability limited the nature of the work they could do or the length of time they could work for. Just 6% of respondents indicated that their disability did not affect their ability to do paid work.

Table 2.2: How has your disability affected your ability to do paid work?

	Physical Disability	Learning Disability	Learning & Physical Disability	All
I'm unable to work	86.1%	57.7%	84.4%	75.3%
Limited the kind of work and/ or how long I can work	8.0%	23.3%	6.2%	13.1%
It hasn't affected it	`4.0%	10.6%	3.9%	6.4%
Don't know	2.0%	8.5%	5.5%	5.2%

34% of those with learning disability and 12% of those with physical disability believed they were able to do paid work. However in reality just 30 respondents were actually in paid work, 9 of whom had a physical disability, 18 had a learning disability and 3 had both learning and physical disabilities. 42% of people with a learning disability who were available for work said they had found it difficult to get a job because of their disability, as did 29% of people with a physical disability. Reasons included physical access, lack of skills and perceived discrimination.

62 respondents took part in volunteer work, most of whom were people with learning disabilities. Among those who did not currently take part in voluntary work, very few (29 of 298 who answered) stated that they wished to do so in the future.

Transport

Transport is a key enabler to participation in society and without the ability to travel disabled people are denied access to education, employment, social activities, healthcare and shopping. Disabled people travel a third less often than the general population and are less likely to drive or own a car. Disabled people are more likely to use public transport than the general public but despite this public transport is not always easily accessible to disabled people.

The local survey found that travel by car is the most common form of transport for people with a physical disability (62% in the local needs assessment usually travel by car). By contrast learning disability respondents identified bus and walking as their main forms of transport.

Overall a third of respondents reported difficulty getting to the places they wanted to go due to transport difficulties. This applied to almost 50% of physical disability respondents and just under 20% of learning disability respondents.

Accessing services, including health services was widely identified as problematic in the survey. 85% of respondents overall reported that they had experienced difficulties accessing health services. 90% of physical disability respondents reported difficulties compared to 80% of learning disability respondents. Almost a fifth of respondents said they found it difficult to get to their GP and 3.4% said they couldn't get there at all. Accessing the hospital for over a quarter of survey respondents was difficult or impossible. 34% with a physical disability found it difficult and 4% couldn't get there at all. The dentist was the most difficult service to access in the area with 31% of respondents saying they found it difficult including 50% of physical disability respondents.

The majority of those asked in the questionnaire stated that it was the need for someone to accompany them that made accessing local health services difficult. The next most common issue was lack of suitable transport to reach the service. Other issues included safety and cost.

Respondents were asked what would make getting about North East Lincolnshire easier for them and responses are displayed in Table 2.3. The most common response overall was free or cheaper transport for disabled people. The next most common response overall and the most common response amongst physical disability respondents was better quality roads and pavements.

Table 2.3: What would make it easier for you to get about?

	Physical Disability	Learning Disability	Learning & Physical Disability	All
Free/ cheaper transport for disabled people	44.0%	31.9%	45.2%	40.1%
Improved/ repair roads/pavements	55.0%	20.2%	32.2%	37.3%
Improved public transport in general	43.5%	30.1%	29.6%	35.4%
More car parking spaces	41.4%	16.0%	39.1%	32.0%
Improved disabled access to buses/ trains	37.7%	12.3%	27.8%	26.4%
Lower floor transport to meet pavement	36.6%	11.7%	27.0%	25.6%
Staff/drivers to be more helpful/understanding	32.5%	17.8%	25.2%	25.6%
Wheelchair access on buses/trains	36.6%	4.3%	23.5%	22.2%
More buses/ trains	21.5%	19.0%	24.3%	21.3%
Less traffic jams	15.2%	9.8%	7.8%	11.5%

Housing

Government publications such as Valuing People Now and Improving Life Chances for Disabled People underline the importance of informed choice about where disabled people live, who they live with and the support needed to allow people with disabilities to live independently. Without a settled home the most disadvantaged adults are at risk of exclusion from society . People with a disability should have the choice and freedom of independent living. For some this may be living independently in their own home and for others it may mean the right to choose and have access to suitable accommodation.

Respondents to the survey were asked who they lived with. Table 2.4 displays the responses. This clearly shows a substantial difference between the living arrangements of people with learning disability and those with physical disability. Whilst more than 40% of physical disability participants live on their own, this was true for under 10% of learning disability respondents. By contrast more than half the learning disability respondents lived with friends or others (most of whom are in residential care) compared with just 5% of physical disability respondents. Of those who live with their parents, 28% are over the age of 40 and although there is no data on the age of their parents, it can be assumed that the majority of parents with a child aged 40 or older will have reached retirement age. This raises concerns for their future care.

Table 2.4: Who do you live with?

	Physical Disability	Learning Disability	Learning & Physical Disability	All
On my own	41.9%	8.6%	8.1%	21.1%
With my child(ren)	6.2%	0.0%	0.7%	2.5%
With my husband/ wife/partner	29.5%	2.4%	5.2%	13.4%
With friends or others	5.2%	54.5%	33.3%	30.7%
With my parents	11.9%	34.4%	49.6%	29.6%
With husband/ wife/partner and child(ren)	4.3%	0.0%	1.5%	2.0%

Whilst 76% of people in North East Lincolnshire are believed to own their own home, the proportion of disabled people who do so is far lower. 46% of respondents with physical disability reported that they owned their own home compared with under 1% of those with learning disability. 32% of learning disability respondents replied that they rented their home from a landlord. The survey found that the majority of respondents felt that the place they live is suitable for their needs. 22% of physical disability respondents and 9% of learning disability respondents thought that their home was not suitable for their need. The most common reason was that their accommodation has stairs (36%) either to access the building or to access another level of their property such as their bedroom or bathroom. 18% said the bathroom was unsuitable and 12.5% felt their accommodation was too small for their needs.

Respondents were asked if they could afford to heat their home effectively. Overall 77% responded that they could. There was again considerable variation between physical and learning disability respondents with 89% of learning disability respondents answering that they could afford to heat their home effectively compared with 63% of physical disability respondents. This reflects the fact that far more physical disability respondents were living in their own accommodation.

Key Recommendations

That the information within the Disabilities Needs Assessment is used to develop or update strategies for people with physical and learning disabilities in North East Lincolnshire.

People with disabilities, especially those who live alone, are at high risk of becoming socially isolated and suffering mental health problems. Services need to be developed which increase the opportunity for disabled people to increase their social contacts.

A large proportion of respondents reported difficulty accessing a range of health services due to transport difficulties. We need a review of current transport arrangements for disabled people to ensure that they are able to access the full range of health services.

chapter 3

Worklessness

Worklessness covers both people who are unemployed (people of working age who are not in formal employment but who are looking for a job) and people of working age not formally employed nor looking for formal employment, i.e. economically inactive. People who are economically inactive may be so for a variety of reasons including caring responsibilities, parenting responsibilities, ill health or disability, etc, some of whom may want to work given support and opportunity.

Worklessness, particularly long-term worklessness, is generally associated with poorer health and well-being. Evidence shows links between unemployment and higher mortality, poorer physical and mental health, higher medical consultation and hospital admission rates . Work contributes to a person's concept of self, their identity and how others see them, and to their social status. It is associated with material wealth and the ability to participate more fully in society, i.e. with better economic circumstances and hence is generally good for health and well-being. It is not just work but the quality of the work that is important, from a work environment and safety perspective but also the degree of control and autonomy that the job role brings. Differences in people's socio-economic status are a major determinant of inequalities in physical and mental health.

People's economic and social circumstances are also strongly linked to the degree of advantage or disadvantage of the area they live in; not just the availability of jobs but the transport infrastructure of the area, the housing, childcare, education and training provision and so on. Providing jobs, particularly good quality jobs, and removing infrastructure barriers as well as personal barriers to help people to access those jobs is the most effective way of improving health and well-being and tackling health inequalities.

Worklessness in North East Lincolnshire

The 2008 Economic Wellbeing Needs Analysis for North East Lincolnshire (NEL) showed a worklessness figure of 16,770 (equating 17.5%), compared to a Yorkshire and the Humber (Y&H) rate of 15.2% and 14.6% nationally. The highest rates of benefit claimants in 2008 were for people living in South, East Marsh and West Marsh wards and the lowest for those living in Waltham, Wolds and Haverstoe wards. In 2008, 6.1% of the local population claimed Job Seekers Allowance (JSA) compared to 4.8% in Y&H and 4.1% across Great Britain. There was a 70% increase in the numbers of people claiming JSA locally between July 2008 and July 2009. In July 2009, 7,160 people in NEL were in receipt of Employment Support Allowance or Incapacity Benefit and 2,850 lone parents received Income Support. Average gross weekly pay is also lower in NEL than regionally or nationally. More people locally are not qualified to NVQ level 2, with fewer people being qualified to at least levels 2, 3 and 4 than in Y&H or in England as a whole. (Source: National Statistics, NOMIS and DWP©).

Tackling worklessness

The importance of addressing worklessness, to improve health and narrow the health inequalities gap between different socio-economic groups, has long been recognised in NEL. Over the last decade there have been a growing number of interventions to help people into work. More recently an economic well-being strategy has been developed and services and interventions to address worklessness are being more systematically commissioned and procured. Worklessness is identified as a top priority in the Joint Strategic Needs Assessment for North East Lincolnshire and is a Local Area Agreement priority. Strengthening the local economy is a key aim of North East Lincolnshire's Council Plan and the local NHS is contributing to tackling worklessness in a number of

NHS Employability - A local NHS Employability scheme was introduced in Northern Lincolnshire and Goole Hospitals NHS Trust in 2002. This client-centred programme provides up to 26 weeks placement opportunities in almost all Trust divisions in Grimsby hospital (also Scunthorpe and Goole hospitals) for those aged 18 and over who are not in employment, particularly those from deprived areas. It aims to equip people with transferable occupational skills to help them along the pathway to work, either within the NHS or with other employers. The scheme was subsequently extended to provide some placement opportunities to the over 16s not in employment, education or training. Placements last up to 26 weeks in duration, with some accessing the scheme via welfare to work programmes such as the New Deal and Pathways programmes. Also, some clients not on benefits but wishing to get back into work, self-refer to Employability.

This job 'taster' opportunity enables participants to work along side experienced NHS staff to develop skills, etc while providing access to training and qualifications. Throughout the placement, applicants are encouraged to apply for job vacancies as they arise. The programme is adaptable to suit clients' needs and the requirements of the welfare system. Benefits of the programme for clients include

- *confidence building, improved self-esteem, improved motivation, raised aspirations, taking personal responsibility, personal time management, etc*
- *qualifications, training, skills, experience*
- *references, CV preparation, job search*
- *access to job opportunities.*

Since 2002, of the 443 people referred to the scheme who attended a tour of Grimsby hospital, over 300 started an Employability placement. Of the 387 NEL residents for whom postcode data was available, 61% were from the two most deprived quintiles (40%) of population and 19% from the two most affluent quintiles of population. At least 141 of those on placement have since found a job within the hospital Trust and wider NHS locally (99), or outside the NHS (42). Indeed, job entries may be higher since figures do not include those who left the programme without having yet found a job. Again, available data (for 118 NEL residents) shows that 57% obtaining employment were from the two most deprived quintiles of population and 23% from the two most affluent quintiles. The most recent data, for August 2008 to August 2009, show that 148 people were referred to the programme and 25 people participating have found work (21 within the Trust and 4 outside the NHS). Employability now includes work experience and the Trust is in the process of developing an apprenticeship scheme, with plans to identify approximately 100 apprenticeship opportunities across the organisation by March 2010.

Tukes - Tukes was established in 2003 and replaced the traditional mental health day services, the aim being to help members prepare for and find employment. Tukes offers real work experience in catering, cleaning, grounds and building maintenance and administration activities. Tukes runs five cafes, a buffet service and conference facilities. Members learn a trade in a very "hands on" fashion which leads to increased confidence and motivation and ultimately better mental health and wellbeing. Tukes welcomes anyone who is unemployed and is willing to work to improve their own prospects and the reputation of Tukes. On average, 79 members actively participate each month and there are 7 new starters.

Between approximately 2,000 and 2,500 hours of work experience and training are provided monthly and around 2 people per month gain employment. Approximately 14 volunteers participate each month and around 30 people are in work placements. On average, 37 people with Learning Disability each month participate in horticultural activities. 69% of members are from the two most deprived quintiles of population in North East Lincolnshire and 86% of people on work placements are from the 40% most deprived locally.

Care Trust Plus (CTP) Employability - A similar programme to the Grimsby hospital NHS Employability was established in late September 2008 within the Care Trust Plus, with the first referral to the scheme in November 2008. To the end of August 2009 there had been 41 referrals (one from just over the border in Lincolnshire). 18 people who attended placements had already progressed to employment (9 in the Care Trust Plus and 9 other) and 18 people were currently in placements. While in placement each person works towards an NVQ level 2 in their chosen occupational area and attends in-house training courses. Each individual is supported throughout the duration of their placement and is also supported with all aspects of job search, including CV building, completing application forms and interview techniques. Of the 33 NEL residents who attended placements, 61% were from the two most deprived quintiles of population and 18% from the two most affluent quintiles. Of those gaining employment, 50% were from the two most deprived quintiles and 28% from the two most affluent.

An NHS Apprenticeship scheme, seeking to identify suitable posts for apprentices and providing the support infrastructure, is being developed. CTP Employability is committed to the 'Backing Young Britain' campaign which is bringing businesses, public and voluntary sectors together to ensure that the valuable skills and experience of our young people are not being wasted. The CTP is committed to all seven strands of the Backing Young Britain campaign, which are

- offering volunteer places or become a volunteer mentor for school or university leavers
- providing work experience opportunities
- offering internships to graduates, 18 year olds and non graduates
- considering young people for a job through a through a work trial
- providing apprenticeship opportunities for 16-19 year olds
- bidding for one of the 100,000 jobs for young people from the Future Jobs Fund
- engaging in the Local Employment Partnership.

Asguard young people's employment -This CTP programme aims to assist vulnerable young people who have no qualifications, have experienced difficulties in school and who come from 2nd / 3rd generation workless families, into work within the CTP. Each autumn, six young people are employed on a one year contract and receive in essence an apprenticeship into health and social care employment. Guides who support these young employees are trained in motivational interviewing and brief interventions. This scheme, like many of the other employability programmes also aims to 'grow your own workforce', ensuring people are matched to work opportunities.

On completion of their year in the CTP, the young people are supported by their guide into applying for mainstream posts in the health & social care field, preferably within the CTP, or entering mainstream further or higher education.

The scheme is being piloted with one school in Grimsby, The Havelock Academy, which has a significant proportion of students from the East Marsh ward, one of the most deprived wards in the area. In addition to the job and the support of role guides, the young people receive a support package to help them settle into employment, provided by the Project Co-ordinator (youth worker) who also supports the guides. This includes: accommodation, help with transport, driving lessons, etc. The first job entries were in January this year and of the 6, 3 young people are still in post, two having since obtained employment elsewhere, with interim vacancies filled by pre-A level students.

Supported Employment Team - The Care Directorate Supported Employment Team (SET) was initially set up to support individuals with learning disabilities in NEL to gain and sustain employment. This remit has evolved over time and the team also provides support for individuals with physical disabilities, sensory impairment, carers and older people.

This team is responsible for enabling the delivery of the Local Strategic Partnership adopted Local Area Agreement (LAA2) National Indicator 146 which measures the proportion of adults with learning disabilities in employment. At present the SET supports over 150 individuals with learning disabilities in the workplace of which 65 individuals are in paid employment.

Recently the team has been successful working in partnership with local charity Foresight in securing economic regeneration funding to enhance the work of the team through the "Stepping Forward to Work" pilot project. This project is supporting a cohort of 15 individuals through a rigorous initial assessment, through a programme of skills development and intensive work with employers to secure work placements and ultimately paid employment. The aspiration is to learn from this pilot and create a rolling programme of support with this partnership for some of the most marginalised individuals in NEL to gain and retain employment. The team also works closely in partnership with the Older Workers Employment Network (OWEN) project to provide employment support to individuals over the age of 45 in support of NEL's Older Peoples Strategy.

North East Lincolnshire Council – "Grow With Us"

Prospects - North East Lincolnshire Council (NELC) has a corporate responsibility to support a number of Care Leavers who receive services from the 16+ (Leaving Care) Team. These young people have previously been looked after by the authority and receive services under the Children (Leaving Care) Act 2000. Many, although not all, live independently and have a history of transient lifestyles and difficulties with finding, managing and maintaining work and educational placements. Prospects aims to give them a route to sustainable work and training in an environment that is both supportive and empathic to their individual needs. The scheme takes into account poor social skills, low confidence, low aspirations and limited employment experience, providing a tailored approach for each individual. NELC offers work based placements for a minimum of 12 weeks across all services (over 600 careers available). Where a suitable placement cannot be found internally to the Council; placements are sourced externally within the private sector, third sector and other public sector organisations.

All care leavers on placement have full access to internal training programmes A pre-placement programme covers: money management, professional conduct, employability skills, time keeping and relationship building.

NELC placement opportunities – NELC's Graduate Scheme typically runs over an 8 to 12 week period during the June–September holidays and offers graduates a unique opportunity by providing specific projects for them to complete during their time with Council. Placement opportunities are available for 14-19 year olds and aim to provide an interesting and positive work experience. Placements opportunities are also available for people with learning disability. NELC is also developing an apprenticeship scheme.

Between April 2008 to August 2009, 238 people participated in employability schemes with NELC (see table).

Category	Numbers	Weeks on Placement
16+	12	12
Schools	86	2
6th Form	2	2
Under Graduates	56	2
Graduates	34	12
Apprentices	30	1/2/3 years
NVQ	1	26 weeks
NEETS*	12	Ongoing
Disability	5	Ongoing, term time
Total	185	

*young people not in education, employment or training

Shoreline Housing Partnership - NELC transferred its entire housing stock to a new registered social landlord, Shoreline Housing Partnership, in 2005. Shoreline started Project Horizon in 2007 with 19 trainees being paid an Intermediate Labour Market (ILM) wage subsidy to refurbish 21 properties on the Grimsby's Grange Estate. Following the success of this programme, the Grange Improvements Scheme began in 2008 during which 35 trainees on an ILM wage subsidy built over 1800 linear metres of boundary walls. A 6 month pilot project (via Working Neighbourhoods Fund) has engaged 10 trainees on an ILM w age subsidy to refurbish a property in the Guildford Street regeneration area.

To build on these successes, Shoreline has developed a Community Interest Company, Contract Lincs, which will be able to employ local people on temporary contracts to complete regeneration contracts in their own communities. Contract Lincs has already been awarded a Working Neighbourhood Fund (WNF) pilot project to provide people with voluntary and work placement opportunities within the East Marsh regeneration area. These include creating floral schemes and hanging baskets, improving gardens and clearing alley ways, plus repairing brick walls.

Change Programme - NEL's Local Strategic Partnership launched a 10 year strategy to address inequalities in economic well-being across the borough in January 2009. Branded 'Change', the strategy focuses on creating jobs and strengthening opportunities for all in the borough to access employment. Change aims to effectively address the needs of individuals who face barriers to work and who are most disadvantaged in the labour market. The catalyst for the development of this programme was the allocation of £13 million of the Government's WNF for the purposes of tackling barriers to employment faced by individuals who are long term unemployed in our most deprived neighbourhoods.

The Change Programme contributes towards 80% of the Local Area Agreement Indicator NI153, *"Number of individuals in the worst performing neighbourhoods claiming benefit into employment".* The programme has a challenging target of assisting 1,624 residents from our unemployment hotspots off benefits and into employment over its first four years.

In order to meet European procurement regulations, NELC commenced the establishment of a Framework Agreement in February 2009. Alongside the establishment of the framework, the Change Board allocated a £1.8 million grant fund targeted at piloting new delivery arrangements, ways of engaging, increasing skills and enhancing existing activities supporting workless and creating jobs in the area. By August 2009, six projects have been approved, receiving over £200k of investment from the programme.

The programme has 3 key infrastructure elements; the Community Investment Team, the Key Worker Programme and the Worklessness Collaborative.

Community Investment Team - The Community Investment Team work within the NELC Regeneration Directorate and are responsible for establishing, implementing and monitoring programmes to address worklessness and grow enterprise in the borough. This includes the development and implementation of the framework for Change, management of the Enterprise Loan Fund and monitoring of the Local Enterprise Growth Initiative.

Growing Enterprise

Locally, E-Factor, a social enterprise, is delivering intensive support to grow enterprise in our borough. The three main aims are:

- *to increase entrepreneurial activity among people living in deprived areas*
- *to support sustainable growth and reduce the failure rate of businesses*
- *to attract inward investment and franchising into deprived areas*

The E-Factor company was established by a local consortium, involving Grimsby Institute of Further and Higher Education and The Enterprise Agency, as the managing agent for the Local Enterprise Growth Initiative (LEGI) funding, to enable sustainability from the investment over the longer term. LEGI is a nationally funded programme via which NELC and partners secured £18.7 million. NEL is one of only 20 areas nationally that currently has LEGI funding. E-Factor is the sole contractor within NEL to manage the LEGI programme. From commencement of their contract, achievements include;

- *330 businesses starts since October 2007 which have not failed within 12 months of trading*
- *570 businesses have received assistance through E-factor advisors*
- *403 jobs have been created*
- *13 business have been VAT registered*
- *154 people have been able to come off benefits.*
- *224 people have attended confidence building programmes and 122 people have attended 'finance matters' programmes, both of these aimed to help people in their working lives.*

Loan Fund

This element of the LEGI programme, representing £4.7 million, is the responsibility of NELC. The loan fund is available to individuals who would like to set up a business but who are unable to access credit through high street banking. To be eligible, the individual must live in NEL or the business must be set up in NEL. To August 2009, 161 loans have been approved and issued by the Loan Panel. The largest proportion of loans granted (30%) are to the "wholesale, retail and motor trade", 13% are to construction businesses and 12% are to "other services".

Employment Support Key Worker Project - This new and innovative project consists of a team of six community-based key workers who provide mentoring and support to service users who have been long-term unemployed. The level and nature of support that each service user requires is assessed and a package of help is devised to support the participant to move along the pathway to sustaining future employment.

The key worker teams have researched the services available in NEL in order to have an extensive knowledge of what is available to support service users. This along with their individual areas of expertise and knowledge of service user's vision, needs and abilities puts them in a unique position to co-ordinate services in order to maximise the outcomes for the service user. Over a two week period during August 2009, the key worker team visited nearly one hundred community venues across the wards of NEL in a bid to establish and develop those all important community links. Activity for the team will commence in autumn 2009 when the first wave of commissioning commences.

Worklessness Collaborative - The Change Board commissioned an innovative approach, for the first time globally, using the successful health Collaborative model but moving the focus to addressing causation factors of worklessness. The Collaborative will be utilising the successful Healthy Happy Communities Programme© to address the issues of benefits dependency and unemployment in NEL. Work in the pilot phase has begun in the South and East Marsh Wards. The programme will centre on the development of community teams which will progress through a capacity building programme then use their new skills to help people to reduce reliance on benefits and enter employment or become self-employed.

Future Jobs - NELC and sub-regional partners were successful in a bid for Future Jobs Funding. In NEL this resource will be used within the Change Programme to intensify outcomes, targeting support at 18 to 24 year olds who have been out of work for more than a year or are in danger of becoming long-term unemployed. The jobs will be for a minimum of 25 hours a week and will last for at least six months and aim to provide young people with skills and experience to help them secure permanent employment. By integrating this within the Change Programme partners are able to make the most of this opportunity by maximising funds in support of this. Activity will commence towards the end of 2009.

North East Lincolnshire-wide Employability – future plans

Organisations involved in Employability programmes in NEL work together to overcome barriers and to promote successes. An NEL-wide approach aims to engage other public sector organisations, third sector organisations and private sector organisations in setting up Employability programmes, thus expanding the placement opportunities available to people who are currently workless, while facilitating organisations to 'grow their own' labour force, developing skills to match the jobs available. Partner organisations working together in this way will enable opportunities that become available via regeneration programmes or via service redesign (such as that for adult social care) to be identified and used to support the tackling of worklessness in NEL.

chapter 4

Screening

Introduction

National Screening Programmes are population health programmes offering to help individuals make better informed choices about their health. Screening Programmes have important ethical differences from clinical practice because they target apparently healthy people with the possibility of detecting a serious disease at a stage before any other symptoms are apparent. A screening programme offers a screening test to a defined population known to be at risk from the disease. The aim is to offer treatment at an early stage when it is likely to be more effective and less invasive. The frequency of testing depends on the natural progression of the disease.

Risks and Limitations of Screening

The aim of any screening programme is to do more good than harm, however there maybe disadvantages to screening as well as benefits. The balance for any particular individual is a personal one. Risks may be psychological, in terms of increased anxiety around developing the disease, physical (for example investigations or treatment of suspected disease that prove to be unnecessary) or social (for example, stigma associated with testing).

Whilst screening has the potential to save lives or improve quality of life through early diagnosis of serious conditions, it is not a fool-proof process. Screening can reduce the risk of developing a condition or its complications but it cannot offer a guarantee of protection. In any screening programme, there is a minimum of false positive results (wrongly reported as having the condition) and false negative results (wrongly reported as not having the condition).

Antenatal Screening

The aim of antenatal screening is to detect a health problem in the mother or fetus. This is mainly done to prevent the problem affecting the child, but there may also be an effect on the mother's health. These screening tests include the following blood tests:

- *Immunity to rubella*
- *Syphilis*
- *HIV*
- *Hepatitis B*
- *Sickle Cell and Thalassaemia Trait*
- *Screening for Down Syndrome*

Table 4.1 below shows the uptake rate for antenatal screening tests within North East Lincolnshire (NEL) over the last 2 years.

Table 4.1: Antenatal screening uptake a two year comparison

Year	2007	2008/09
Total Bookings	2648*	2690
Rubella	2591 (98%) tested 163 (6%) negative/low level for antibodies	2622 (97.4%) tested 143 (5%) negative
Syphilis	2578 (97%) tested 3 positive tests	2622 (97.4%) tested 3 positive tests
Hepatitis B	2572 (97%) tested 5 positive results	2609 (97%) 2 positive results
HIV	2513 (95%) tested 0 positive results	2602 (96.8%) tested 0 positive results 10 carriers status identified 0 significant disease identified
Down's Syndrome Screening Current Test – Second Trimester Triple Serum Screen	07/08 2714 bookings 1256 (46.2%) 46 screen positive	1170 (43.4%) screened 34 high risk 3 case's diagnosed following Amnio 3.5% Screen Positive Rate

Screening for fetal anomalies is offered to all mothers using ultra sound scanning at 18 to 21 weeks gestation. Due to limitations with the data source for this screening programme there is no meaningful data, but there does not appear to be an issue with the uptake.

Newborn Screening

Newborn Screening Programmes offers screening to all newborns for:

- *Phenylketonuria (PKU)*
- *Cystic Fibrosis (CF)*
- *Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)*
- *Congenital Hypothyroidism (CHT)*
- *Sickle Cell and Thalassaemia*
- *Hearing Defects*

The aim of these programmes is to identify babies with these conditions as early in life as possible and offer ongoing treatment and support to manage the condition and to produce the best health outcome.

Table 4.2 below shows the outcomes for the Neonatal Bloodspot Screening Programme in North East Lincolnshire, which is undertaken by maternity services of the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust this data covers all deliveries at Grimsby and will include some Lincolnshire babies.

Table 4.2: Results of Neonatal Blood Spot Screening 2008/09

No. of newborn bloodspot tests taken	No. of Tests Declined	Total No. of Repeats	% of Repeats
2033 (99.4%)	1	62	3%

Source: Sheffield Newborn Screening Lab

The figures for NELCTP demonstrate a consistently high uptake of the Neonatal Bloodspot screening Programme.

The Newborn Hearing Screening Programme (NHSP) in NELCTP is delivered within the maternity hospital by a team of newborn hearing screeners with community based follow up. The test is a simple otoacoustic test. If no clear response is obtained in one or both ears the baby will undergo diagnostic assessment to identify if hearing loss is present. Table 4.3 shows the uptake of the NHSP North East Lincolnshire.

Table 4.3: Newborn Hearing Screening Programme uptake 2008/09

No. Babies screened	No. screens declined well babies	Screens completed by 4 weeks (target >95%)	No. of for well babies	No. Referrals	No. of SCBU screens completed
2013	0	1947 (96.7%)	1890	123	120 (3 deaths)

Source: NHSP QA standards Headline Report A by NELCTP 08/09

The uptake figures show that all parents are consenting to have hearing screening for their babies and that the screening test is being carried out in a timely manner in line with the national programme targets.

Chlamydia Screening Programme

The aim of the Chlamydia Screening Programme is to offer opportunistic Chlamydia testing to the target population of young people aged 15-24 years. This is done via a simple urine test. Chlamydia Screening is a Vital Signs Indicator target which means it is a target for both the Care Trust Plus and the Local Authority.

COAST (Chlamydia Outreach Advice Screening & Treatment), the local Chlamydia screening service, is responsible for driving forward publicity to encourage uptake of screening, to communicate negative results, manage the care pathways from testing through to treatment of those testing positive and providing a structured partner notification programme to contact and follow up sexual partners of index cases. The programme is also responsible for data collection and submission to the Department of Health so that the Vital Signs Indicator (VSI) target can be measured.

There are over 100 screening sites across North East Lincolnshire in a wide variety of settings with a remit to initiate screening.

The VSI target for 2008/09 was to screen 17% of 15-25 year olds. In NEL, COAST achieved 17.8% coverage of the eligible cohort which was a fantastic achievement. The positivity rate for NEL was 10.1% which was slightly above the national average. The ethos of Social Marketing has been the central focus in all aspects of the design and development of COAST. Young people have been involved at all stages and in all aspects of the development of COAST. The advertising artwork is striking and the use of logos that appeal to the target age group has proved very popular. COAST has received national recognition from the DOH National Social Marketing Centre for its user involvement and marketing strategy. COAST is the first Chlamydia screening programme to use Systm1 as the programme database again this has received national recognition from the DOH.

There are some significant challenges for the Chlamydia screening programme for the year 2009/10 as the VSI target has increased to 25% and will further increase in 2010/11 to 35%.

This will require all core primary care services to adopt an 'opt out' rather than an 'opt in' approach to this screening programme. This process needs to be managed by robust commissioning and service level agreements with all core primary care services. North East Lincolnshire Council should also be engaged in identifying key organisations that can undertake work or provide opportunities to promote screening and initiate screening tests, the main ones being the Children's Trust and Education.

Cervical Screening

The aim of the NHS Cervical Screening Programme (NHSCSP) is to reduce the number of women who develop invasive cervical cancer (incidence) and the number of women who die from it (mortality). Cervical screening is currently the most effective way of protecting women against cervical cancer, by regularly screening all women at risk so those pre cancerous conditions, which might otherwise develop into invasive cancer, can be identified and treated.

Cervical Screening is available to all women, who have a cervix and who are between the age of 25 -65 years and the interval between invitations is as follows:

25 - 49 years cervical screening every 3 years

50 – 65 years cervical screening every 5 years

Cervical screening tests are mainly taken in GP practices predominantly by practice nurses. Table 4.4 below shows the cervical screening uptake for NELCTP comparing the last 3 years the NHSCSP target is 80%.

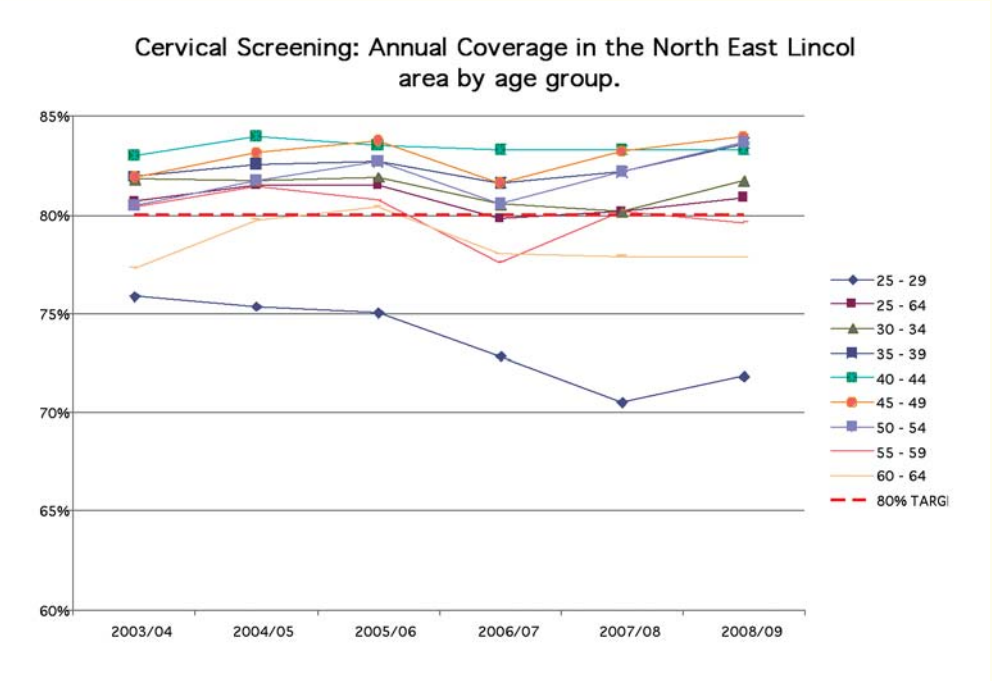
Table 4.4 : NELCTP Cervical screening coverage a three year comparison

	Eligible Pop. 2008/09 No. Screened within 5	No. Screened within 5 years	Coverage (%) 08/09	Coverage (%) 07/08	Coverage (%) 06/07
NELCTP	39,187	31,702	80.9%	80.17%	79.81%

Source: Department of Health Statistical Bulletin 2007/08 and QARC data 08/09

NELCTP coverage rate has gradually increased over the last 3 years, in 2006/07 the rate was below the national 80% target but for the last two years the target has been achieved.

Chart 4.1 below shows a breakdown of cervical screening in NELCTP by age range over the last 6 years.



Source Quality Assurance Reference Centre data

When cervical screening coverage is looked at by age range it clearly shows that young women in the 25-29 year age group are the least likely to attend to have screening. However the data for 2008/09 is showing an increase in uptake for women in this age group .

The NELCTP Early Detection of Cancer Symptoms collaborative volunteers have used social marketing techniques to develop resources and they have worked very hard promoting the importance of cervical screening to women in the area.

The Department of Health (DH) Cancer Reform Strategy has set a major challenge for the NHSCSP to ensure that women receive the results of their screening test within 14 days. Work towards achieving this is already underway within North East Lincolnshire with the Path Links laboratory network adopting LEAN working methodology.

At present commissioning input into the cervical screening programme is sporadic and the current service level agreement needs to be reviewed to reflect recent changes in the programme.

Breast Cancer Screening

The NHS Breast Screening Programme (NHSBSP) provides free breast screening every three years for all women between the age of 50 and 70 years. Women should expect their first invitation for breast screening between their 50th and 53rd birthdays. Further invitations will be sent out at three yearly intervals until a woman reaches the age of 70 when routine invitations will cease. Women over the age of 70 are entitled to request screening every three years but they must initiate the appointment by contacting the breast screening service. In NEL this service is delivered by Humberside Breast Screening Service (HBSS) which is part of Hull Hospitals NHS Foundation trust.

The uptake of the breast screening programme is the proportion of eligible women invited for screening with a screening test result recorded. The NHSBSP minimum standard for this is 70% with the ultimate target of 80%. The uptake rates are currently only available by Breast Screening Unit, therefore no separate figures for the eligible women of NEL are available, the uptake for Humberside are shown below in Table 4.5.

Table 4.5: Breast screening uptake rate 2002 – 2003

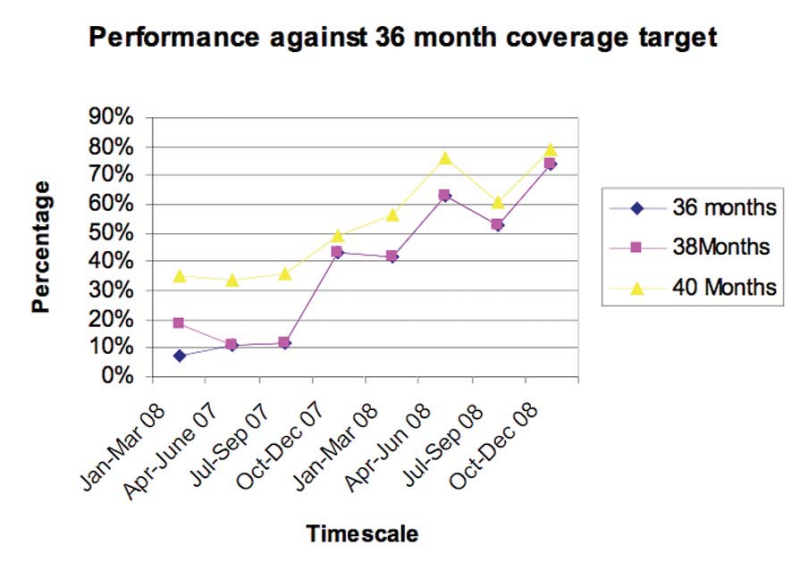
	2007/08	2006/07	2005/06
Breast Screening Uptake	75%	75%	75%

Source: Department of Health Statistical Bulletin 2007/08

HBSS uptake rate has remained constant at 75% for the last 3 years this is exactly midway between the minimum and ideal target outlined by the national programme. However this information is not very helpful in relation to identifying areas locally that may have poor uptake. Requests have been made to the Quality Assurance Reference Centre to have the uptake information by GP practice and postcode level to give a demographic view of uptake and enable a targeted approach to be taken in relation to promoting the breast screening programme, it is hoped that this information will be available in the near future.

NHSBSP guidelines for the coverage rate of a programme; state that as a minimum standard, 90% of eligible women should have a screening appointment within 36 months of their previous screen, the ultimate target is 100%. This is because increasing the length of the screening cycle over 36 months decreases the effectiveness of the screening programme, leading to a rise in interval cancer rates.

Chart 4.2: Breast screening coverage rates for Humberside Breast Screening Service 2007-08.



Source: Quality Assurance reference Centre data 2007/08

Chart 4.2 shows that HBSS have struggled to achieve the coverage target. A managed action plan was undertaken and as a result performance against this target improved significantly. The latest data from the Regional Quality Assurance Reference Centre shows that 95% of women are being screened within 3 years which is an excellent achievement.

The Department of Health Cancer Reform Strategy has set some significant challenges for the NHSBSP:

- *Extend the screening age range to 47-73 years*
- *Introduction of digital mammography*
- *Inclusion of family history screening into the NHSBSP*

Commissioners need to work closely at a local and regional level to plan with the service how these challenges are going to be implemented.

Bowel Cancer Screening

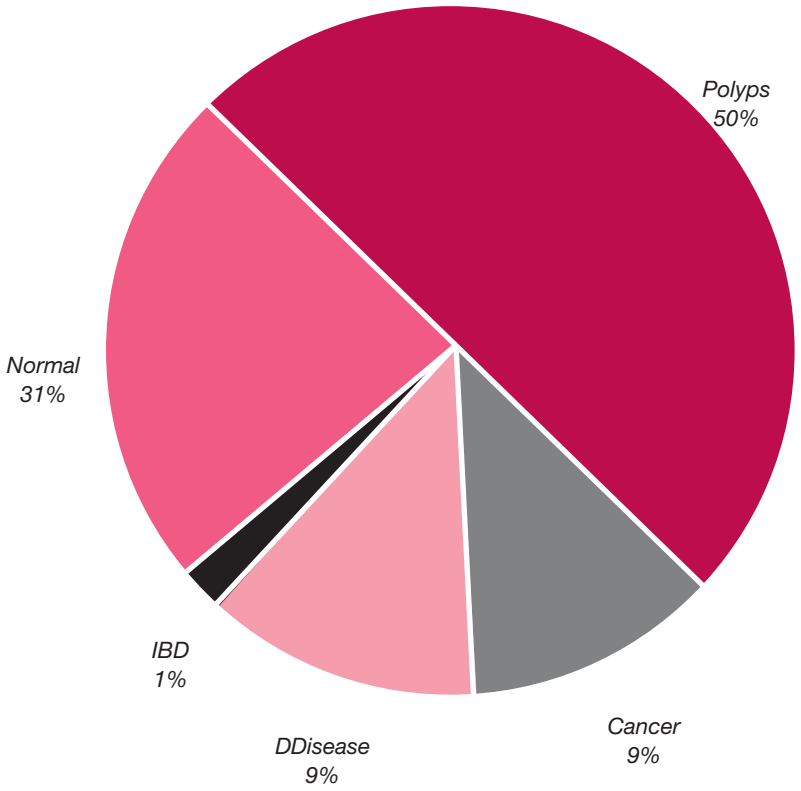
The National Bowel Cancer Screening Programme (NBCSP) aims to reduce mortality from bowel cancer. The NBCSP is a 'two-test' screening programme aiming to detect bowel cancer either at a pre-cancerous stage (polyp) or early stage cancer before symptoms occurs. The eligible population are men and women aged 60-69 years. Clients are invited to be screened by letter every two years followed by a testing kit which the client uses at home and posts to the laboratory for testing.

In NEL the NBCSP began in July 2008 and has been running for just over a year. The programme has gradually been phased in and to date half of the eligible population have been offered screening. The first screening round will be completed in July 2010.

The invitations, test kits, laboratory function and results are undertaken by the programme hub in Gateshead. The centre for the local programme is the Humber and Yorkshire Coast Bowel Cancer Screening Programme (H&YCBCSP) at Castle Hill Hospital, Hull. However, local clients with a positive result are assessed by a specialist screening practitioner in Grimsby and colonoscopies are performed at Grimsby hospital.

Data on the performance of the programme is very rudimentary because the programme is still in its infancy. Data from the Humber and Yorkshire Coast Bowel Cancer Screening Programme for NEL shows that the uptake rate from July 2008 to February 2009 is 55% compared with the NBCSP target of 60%. This shows a really positive start for this screening programme. Chart 4.3 below shows the outcomes of the NBCSP across Northern Lincolnshire area (separate PCT figures are not available at present).

Chart 4.3: North & North East Lincolnshire, Findings at Colonoscopy July 2008- February 2009



This shows that the NBCSP is finding asymptomatic bowel disease in 69% of colonoscopies. Clients diagnosed with polyps have them removed at the time of colonoscopy and will go on to have annual colonoscopy to monitor this condition. Eight clients diagnosed with cancer have undergone surgery.

Methods should be developed to extract more meaningful data in relation to coverage by postcode and gender to enable targeted work to be undertaken to promote this screening programme.

The NELCTP Cancer Collaborative have also developed innovative resources both to promote the early presentation of Bowel cancer symptoms and the NBCSP.

The DOH Cancer Reform Strategy directives want the NBCSP to extend the age range for screening to 75 years from 2010. H&YCBCSP are a pilot site for the expansion of the age range and it is planned that from July 2010 when the local programme has completed one round of screenng the programme will expand to include people up to the age of 75 years.

Screening for Diabetic Retinopathy

This screening programme is offered to everyone above the age of 12 years with a diagnosis of diabetes on an annual basis. It involves systematic screening using digital photography of the retina followed by an image grading process to identify the changes of sight threatening diabetic retinopathy. In NELCTP this programme is provided by Hull and Lincolnshire Diabetic Retinal Screening Service which is hosted by Hull Hospitals Trust. The programme uses mobile screening vans that visit GP practices and Primary Care Centres, the image capture is done using digital photography. The grading and ophthalmology services are provided by NLAG.

Diabetic retinopathy is a complication of diabetes that affects the blood vessels of the retina. There are two elements to this condition:

- *The growth of new blood vessels, which may lead to blindness through haemorrhage and scarring*
- *The deterioration of the blood vessels causing loss of blood vessels and leakage into the retina this may also lead to visual impairment and blindness.*

Early detection of diabetic retinopathy and treatment by laser therapy has been shown to be effective in preventing the onset of visual impairment. With appropriate medical and ophthalmological care, blindness may be prevented.

In NEL the prevalence of diagnosed diabetes among people aged 17 years and above is 4.3% compared to 3.8% in all PCT with similar risk factors. Hospital stays for people with diabetes are worse than for the England average.

At present data is only available for the Northern Lincolnshire area. This data shows that people with diabetes who were screened 46.67% show retinopathy of which 2.25% is referable.

In 2009 a Quality Assurance visit of the Diabetic Retinopathy Service was undertaken with recommendations made around:

- *Improving the quality and timeliness of data provided to Public Health by the service.*
- *Develop agreed commissioning responsibilities and the development of service specifications and service level agreements.*
- *GP practices should be more engaged with the programme and provide regular timely up to date information to the programme to enable the maintenance of a single collated list and the operation of a robust call/recall system.*

Key Points

- *National Directives that outline changes and expansions to the screening programmes outlined in this chapter will have financial, clinical and organisational implications for the health community of North East Lincolnshire. NELCTP commissioners need to be aware of the implications of these changes.*
- *In NEL engagement and input from commissioners is not adequate and this needs to be reviewed as a matter of urgency.*
- *GP practices should be more engaged with ensuring that they provide timely and up to date information to the diabetic retinopathy screening programme.*
- *GP practices, core primary care services, maternity services and the local Authority need to be much more proactive with promoting and initiating Chlamydia screening tests to young people aged 15-25 years if we are to achieve the 25% VSI target.*

chapter 5

Health Protection

Health protection is about the prevention and control of communicable diseases, dealing with environmental hazards, and includes aspects of emergency planning and response. The health protection function cannot be provided by any one agency, although the Health Protection Agency leads on this area. The Health Protection Partnership Board ensures the collaborative working of organisations with a health protection role and the implementation of the Health Protection Partnership Plan for Northern Lincolnshire.

Communicable Diseases

A summary of the main surveillance information for notifiable diseases and gastrointestinal illnesses for 2008 is shown in tables 5.1 and 5.2 respectively.

Table 5.1. Notifiable Diseases, North East Lincolnshire, 2008

Disease		Notified	Laboratory confirmed
Diphtheria		0	0
Dysentery		1	1
Leptospirosis		0	0
Malaria		1	1
Measles		4	0
Meningitis	Meningococcal	3	2
	Pneumococcal	3	3
	Viral	0	0
	Haemophilus influenzae	0	0
Meningococcal septicaemia		1	1
Mumps		7	1
Ophthalmia neonatorum		0	0
Rubella		0	0
Scarlet Fever		11	na
Tuberculosis		8	6
Typhoid Fever		0	0
Viral Hepatitis	Hepatitis A	0	0
	Hepatitis B – acute	0	0
	Hepatitis B – chronic/unknown	4	4
	Hepatitis C antibody positive	34	34
Whooping cough		0	0

Source: N Yorkshire & Humber Health Protection Unit

Please note data is provisional.

There have been no confirmed cases of measles or rubella in the area this year although (as discussed in the Immunisation section below) it is of concern that there are appreciable numbers of susceptible children and young adults in the area, with cases and outbreaks remaining a possibility. Although there was only one laboratory confirmed case of mumps during 2008, in 2009 there have been 158 notifications, mostly in May and June, largely affecting 15-24 year olds. The cases were from across the community and not linked to a particular school, college, workplace or other setting; this picture is in keeping with what is happening in other parts of the country, probably reflecting susceptibility of cohorts who did not receive a second MMR vaccination in early childhood. We need to take every opportunity to ensure that MMR is offered to those in the affected age groups (ie 15-24 years) who have not had two documented doses before.

There were 34 positive laboratory reports for hepatitis C antibodies reported during 2008, but it is not known how many of these represent current infection. Most hepatitis C cases (both locally and nationally) are associated with current or former injecting drug use, the virus being transmitted by sharing contaminated injecting equipment. There were no cases of acute hepatitis B reported but 4 chronic hepatitis B infections were identified. As in 2007, there were no Hepatitis A infections confirmed during the year.

There were just 3 laboratory confirmed cases of meningococcal infection (meningitis or septicaemia) during 2008. There were 8 notifications for tuberculosis during the year including 6 laboratory confirmed cases, the same as for 2007

Food Poisoning and Gastrointestinal Infections

The commonest gastrointestinal organism was *Campylobacter*, with 160 cases, a marked reduction from the 208 cases confirmed last year. Less commonly identified gastrointestinal organisms included *Salmonella* (34 – similar to last year), *Cryptosporidium* (20) and *Giardia* (10). There were three cases of the potentially *serious E.* Coli O157 infection.

Table 5.2. Gastrointestinal organisms reported from laboratories 2008

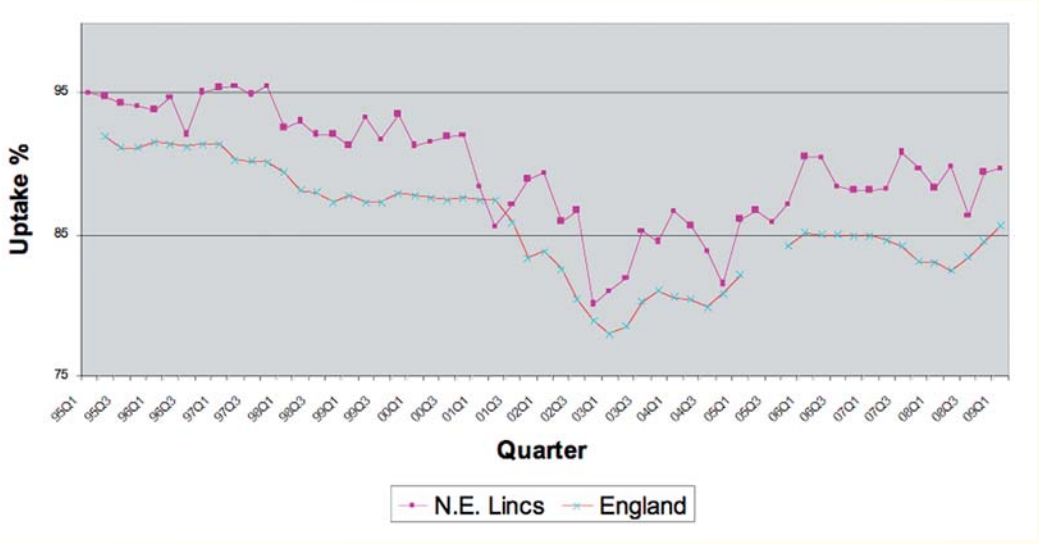
Organism	
Salmonella	34
Campylobacter	160
E.coli 0157	3
Shigella	1
Giardia Lamblia	10
Cryptosporidiosis	9

Source: N Yorkshire & Humber Health Protection Unit
Please note that this is provisional data.

Immunisation

Figure 5.1 shows that the uptake of the first dose of MMR by 24 months has remained fairly stable over the last few years after showing a steady improvement earlier in the decade. Although the uptake is no lower than in many other areas, sub-optimal uptake over several years means that we continue to run the risk of cases and outbreaks of measles, mumps and rubella in the local population. Indeed, as discussed earlier in the report, there was a large cluster of mumps cases in the area during May/June 2009.

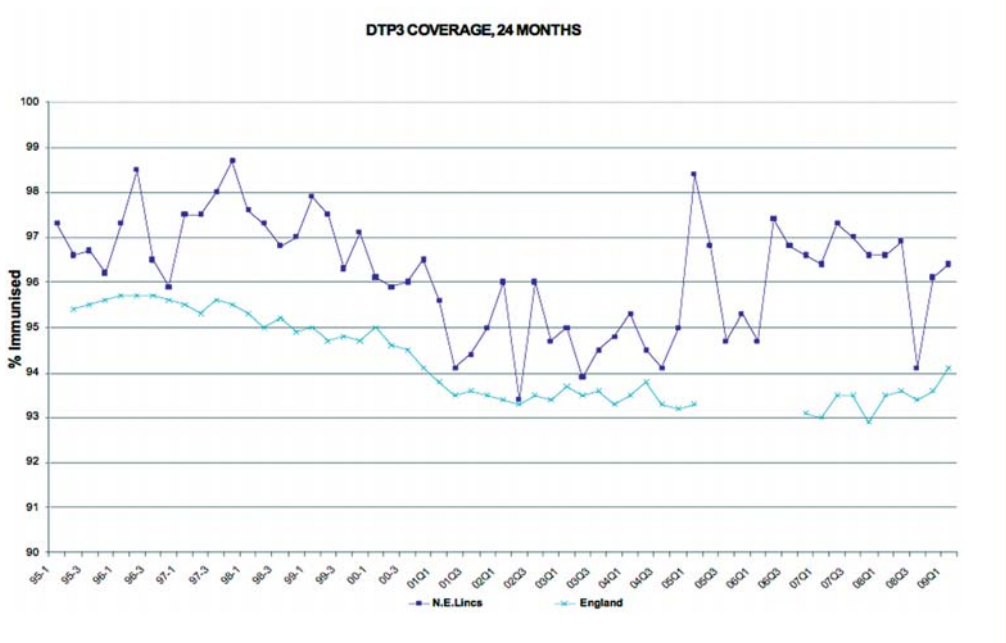
Figure 5.1. Quarterly uptake of first dose of MMR vaccine (MMR1) in North East Lincolnshire and England at 24 months, 1995-2009



(Data for England incomplete owing to problems with Child Health systems in some areas)

Figure 5.2 shows national and local uptake of completed primary courses of diphtheria vaccine (D3) at age 24 months, thus providing an indication of the uptake of the infant primary schedule. Overall uptake has remained relatively stable over recent years.

Figure 5.2. Quarterly uptake of completed primary courses of diphtheria vaccine (D3) in North East Lincolnshire and England at 24 months, 1995-2009



(Data for England incomplete owing to problems with Child Health systems in some areas)

Source: NYCRIS

The human papillomavirus (HPV) vaccine programme for adolescent girls, aimed at preventing cervical cancer, started in September 2008. Uptake of the full course of three doses in school year 8 (12-13 year olds) was very high at 90%, exceeding national and regional averages. However uptake has been lower (xx % as of 31 July 2009) in older girls in the catch up cohort, as expected, as many of these are no longer in educational settings.

Uptake of the seasonal flu vaccine during the winter of 2008-9 was again good in the 65+ age group, with 74.9% uptake, although as in previous years and as is the case generally, uptake in younger people in clinical at risk groups was less good (at 44.3%).

Following the appearance of a new Swine flu A/H1N1 virus in Mexico in April 2009, the local health community rapidly made preparations to deal with what was later declared a pandemic by the WHO. The response over the summer of 2009 involved the CTP and local NHS working closely with the Health Protection Agency in the early containment phase and then taking over responsibility during the treatment phase when widespread community transmission was established in the country. This included setting up antiviral distribution centres within North East Lincolnshire. The challenge now facing us is to implement a two dose immunisation programme for identified priority groups this autumn whilst preparing local health and social care services for an expected second wave of swine flu.

HIV and AIDS

During 2008, a total of 41 people from North East Lincolnshire accessed treatment and care services for HIV/ AIDS (five more than last year), 12 female and 29 male. 26 patients are known to be receiving various combinations of anti-retroviral drugs, ranging from dual to quadruple therapy; this is the same number as last year. There were no deaths recorded in this group during the year.

11 of the 12 female cases and 12 of the 29 male cases were acquired heterosexually. 16 of the male cases were acquired through sex between men. In terms of ethnic group, overall 29 are white and 10 of black African origin.

Key Points

- *The appearance of Swine flu has challenged health and social care services locally*
- *Uptake of the new human papillomavirus (HPV) vaccine has been high in 12-13 year olds although, as expected, it has been more difficult to ensure high uptake in the older catch-up cohort.*
- *Further information is available in the North Yorkshire and Humber Health Protection Unit Annual Report*

chapter 6

conclusions and recommendations

This report has aimed to give a broad overview of the work on public health in North East Lincolnshire. In doing so, some opportunities for contributing to better health and wellbeing and narrower gaps in health have been identified. As a result of which, my recommendations for this year are:

1. *I recommend that the Integrated Impact Assessment of East Marsh Neighbourhood Renewal Area is carefully used to ensure that the community as well as the physical environment are regenerated as part of this project.*
2. *I recommend that the Disability Needs Assessment is used to produce a revised strategy and action plan to improve the comprehensiveness and quality of services for disabled people.*
3. *I recommend interventions to help with worklessness should continue to be given priority and should be expanded where possible.*
4. *I recommend screening programmes are subject to greater commissioning rigour.*
5. *I recommend that ways are found to help GP practices to be more involved with diabetic retinopathy and Chlamydia screening and that other services with opportunities to screen for Chlamydia make strenuous efforts to do so.*

Dr Tony Hill
Joint Executive Director of Public Health