

HEALTH AND WELLBEING BOARD

DATE	8 th July 2024
REPORT OF	Councillor Stan Shreeve Deputy Leader and Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Diane Lee, Director of Public Health
SUBJECT	Director of Public Health Annual Report
STATUS	Open

CONTRIBUTION TO OUR AIMS

The Director of Public Health Annual Report will contribute to the five outcome areas set out in the adopted Council Plan:

Those are that our people should:

- Reach their full potential through skills and learning;
- Benefit from a green economy and a high-quality environment;
- Enjoy good health and wellbeing;
- Benefit from a strong local economy; and
- Live in a safe environment.

EXECUTIVE SUMMARY

The Director of Public Health Annual Report (2023) focusses on 'what makes us healthy' and the role all partners and stakeholders have in improving health and wellbeing and tackling health inequalities. The report focusses on the following themes which influence up to 80% of our positive health and wellbeing:

- Good work
- Money and Resources
- Education and Skills
- Transport
- Our Surroundings
- Housing
- The Food we Eat
- Family, Friends and Communities

Each theme contains a number of recommendations which will be delivered over the next 12 months.

RECOMMENDATIONS

It is recommended that the Board::

1. approves the recommendations made by the Director of Public Health within the report.
2. directs the Director of Public Health:
 - a. to formally publish the Director of Public Health's annual report

2023 on the Council's website.

- b. to widely electronically distribute and promote the Director of Public Health's annual report, with only a small number of hard copies produced.
3. refers the Director of Public Health Annual Report 2023 to the Joint Committee Meeting for consideration.
4. accepts that each theme forms part of the forward plan for 2024/25 and that the same themes underpin a revised Health & Wellbeing Board strategy.

REASONS FOR DECISION

It is a statutory requirement under the Health and Social Care Act 2012 s 31 (6) that the local authority publishes the Director of Public Health's annual report.

1. BACKGROUND AND ISSUES

- 1.1 The core purpose of the DPH is as independent advocate for the health of the population and system leadership for its improvement and protection. The independence is expressed through the DPH Annual Report – an important vehicle for providing advice and recommendations on population health to both professionals and public – providing added value over and above intelligence and information routinely available.
- 1.2 The DPH Annual Report sets out ambitions to improve health and tackle health inequalities across North East Lincolnshire through:
 - Weaving public health thinking and delivery throughout North East Lincolnshire;
 - Maximising opportunities through Humber & North Yorkshire Integrated Care System to improve the healthy life expectancy of residents whilst driving down health inequalities;
 - Ensuring inclusive opportunities through the proposed Greater Lincolnshire Devolution deal and aspirations for a Green Future; and
 - Creating public health leaders at every level and in every part of the community.
- 1.3 When we think about what makes us healthy, we often think about health care. Yet while estimates vary, it is generally accepted that access to health care only accounts for between 10% and 20% of our health, with the rest being shaped by socio-economic factors such as good work, our surroundings, money and resources, housing, the food we eat, transport, education and skills, and our family, friends, and communities all play their part in keeping us healthy.
- 1.4 To really understand what makes us healthy and what we need to do to improve healthy life expectancy and reduce health inequalities across North

East Lincolnshire, we need to look at the bigger picture and the circumstances in which our residents are born, grow, live, work and age.

2. RISKS AND OPPORTUNITIES

Life Expectancy and Healthy Life Expectancy remain stubbornly low in North East Lincolnshire and far too many residents are old before their time. The recommendations set out in the DPH Annual Report are an evidence based approach to improving health and wellbeing and tackling the health inequalities some residents are facing.

3. OTHER OPTIONS CONSIDERED

Members could decide not to actively promote the annual public health report; however, it is a statutory responsibility of the local authority to publish it.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are potential negative reputational implications for the Council resulting from the decision to publish the report which contains details about the health of the area. However, the report balances this with details of improvements and positive stories.

5. FINANCIAL CONSIDERATIONS

All costs associated with the DPH annual report will be met through the Public Health Grant. The report will be circulated electronically with hard copies only provided by exception.

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

Every child in North East Lincolnshire should be given the best possible start in life. Each theme within the DPH Annual Report is a contributing factor to this from the food our children and young people eat, through to the homes they live in, their travel across the borough and the education they receive to give them the skills they need for the future.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no direct Climate Change and Environmental implications contained within this report.

8. CONSULTATION WITH SCRUTINY

Key findings of the report, as well as the recommendations, will be presented to the Health and Adult Social Care scrutiny panel.

9. FINANCIAL IMPLICATIONS

Public Health expenditure in relation to the Director of Public Health Annual Report are fully met through the Public Health Grant and there are no implications for core council budgets.

10. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 obliges the Director of Public Health to

compile an annual report and that the Council appropriately publishes it. The recommendations sought are appropriate and demonstrate compliance with statutory requirements.

11. HUMAN RESOURCES IMPLICATIONS

There are no direct HR implications contained within this report.

12. WARD IMPLICATIONS

All wards will benefit from the recommendations in the DPH Annual Report, particularly those where Healthy Life Expectancy and health inequalities are lower than the borough average.

13. BACKGROUND PAPERS

The DPH Annual Report is attached.

14. CONTACT OFFICER(S)

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COUNCILLOR STAN SHREEVE

DEPUTY LEADER AND
PORTFOLIO HOLDER FOR HEALTH, WELLBEING AND ADULT SOCIAL
CARE

Northern
Lincolnshire
Director of
Public Health
Annual Report

2023

OUR HEALTH... OUR PLACE

**North
Lincolnshire
Council**





Normanby Hall in North Lincolnshire

Northern
Lincolnshire
Director of
Public Health
Annual Report

2023

CONTENTS

Foreword	4-7
Progress since last DPH Annual Report	8-9
Education and Skills	12-15
Transport	16-19
The food we eat	20-23
Friends, Family and Communities	24-27
Good Work	28-31
Our Surroundings	32-35
Money and Resources	36-39
Housing	40-43
Acknowledgements	46-47

FOREWORD

It is a privilege to be writing my first annual report as Director of Public Health (DPH) in Northern Lincolnshire. This is a fantastic opportunity for me to outline my ambitions to improve health and tackle inequalities through:

- Weaving public health thinking and delivery throughout Northern Lincolnshire, both Councils, both places and with all our partners;
- Maximising opportunities through Humber & North Yorkshire Integrated Care Board to improve the healthy life expectancy of our residents whilst driving down health inequalities;
- Ensuring inclusive opportunities through the proposed Greater Lincolnshire Devolution deal and aspirations for a Green Future;
- Creating public health leaders at every level and in every part of the community.

When we think about what makes us healthy, we often think about health care. Yet while estimates vary, it is generally accepted that access to health care only accounts for around 10% of our health, with the rest being shaped by socio-economic factors such as good work, our surroundings, money and resources, housing, the food we eat, transport, education and skills, and our family, friends and communities all play their part in keeping us healthy.

To really understand what makes us healthy and what we need to do to improve healthy life expectancy and reduce inequalities across Northern Lincolnshire, we need to look at the bigger picture and the circumstances in which our residents are born, grow, live, work and age.

The Health Foundation has explored the social determinants of health and how these factors shape the opportunities we have. My ambition is that across Northern Lincolnshire, we ensure our focus is on health as an asset rather than poor health being a burden.



Grimsby Docks in North East Lincolnshire



Scunthorpe in North Lincolnshire

2023 was the 10th anniversary of the transfer of public health into local government. I therefore thought it was timely to focus on the important role local government has in improving health in my first annual report as DPH in Northern Lincolnshire.

My report will analyse all the key levers to health in Northern Lincolnshire and those referenced by The Health Foundation including:

- Good Work
- Money and resources
- Education and skills
- Transport
- Our surroundings
- Housing
- The food we eat
- Friends, family and communities

Our ambition is to make public health everyone's business across Northern Lincolnshire and to enable and empower everyone to be a public health leader. We have therefore included a number of recommendations to be delivered and built upon over the coming year to create our public health leaders and our public health place.

My public health team will continue to provide expert knowledge, advice and recommendations based on what our Joint Strategic Needs Assessment (JSNA) is telling us and the best possible evidence of what works. We will get out into our communities and talk to those who live, work and study here to ensure everything we do is shaped by what our residents are telling us matters to them in terms of their health and wellbeing.

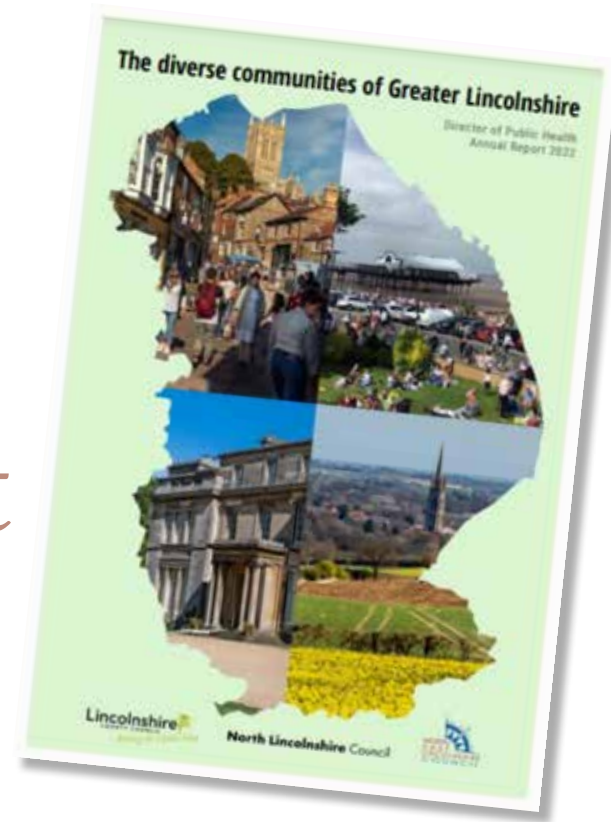
I want to express my sincere thanks to every member of my public health team who has supported me in the writing and production of my first DPH annual report. I am incredibly proud of what we have collectively created, and I hope you enjoy reading it. I welcome your feedback on the content and recommendations for the future.

Finally, I would like to thank everyone across Northern Lincolnshire for welcoming me into your communities with such warmth and generosity. Your passion and commitment to creating the best possible places for us to work, live and enjoy shines through and I am incredibly proud to be your Director of Public Health.

Diane Lee

Diane Lee
Director of Public Health, Northern Lincolnshire

Progress since the last DPH Annual Report



In his last DPH annual report, my colleague Professor Derek Ward described the different characteristics and opportunities that lead to different health outcomes across our varied communities; be those coastal communities, urban, rural or market towns. He developed a range of recommendations, and the following provides a summary of what has been achieved to date:

1. Improve awareness of the diversity of Greater Lincolnshire's communities

Through our JSNA refresh process and our public health reporting we continue to highlight the increasing diversity of our communities in Northern Lincolnshire and ensure that the needs of these different communities are fully understood by our partners across the place when developing their policies and interventions. In the last year this has included a comprehensive sexual health needs assessment which highlighted the shifting needs of our population and has helped to ensure that the recommissioning of sexual health services for the future has been based on the best possible needs assessment of the current situation and likely future trends.

2. Inform a more nuanced approach to service design and intervention delivery

We have utilised Humber and North Yorkshire (HNY) Health Inequalities Funding to invest in a community development programme in Scunthorpe North urban centre to build our understanding of the needs of the diverse communities and co-produce an offer which will improve the health and wellbeing of this population. Planning for 2024 includes consideration of public health champion roles in our communities experiencing the worst health inequalities and to work with the community to understand how we can better design our interventions to make a positive impact on health and wellbeing.

3. Explore opportunities to build understanding and intelligence around diverse communities into the Population Health Management approach

We have worked closely with the Integrated Care Board (ICB) and place based partners to take forward a Population Health Management approach that puts a strong emphasis on addressing health inequalities within the diverse communities that exist in Northern Lincolnshire. This has included targeted investment in voluntary sector organisations that are well placed to meet the needs of the communities that they operate in. We also worked alongside the ICB on a voluntary sector led workshop that will shape our Population Health Management priorities in the coming years.

4. Support local communities to know about and act upon the benefits that natural and person-made assets can bring to health and wellbeing

We have worked with partners across the council on the development and implementation of the North East Lincolnshire Natural Assets Plan. This has included highlighting opportunities for using the natural environment for active travel and we have worked closely with partners to access funding for new active travel initiatives, including off road cycle paths. We have implemented smokefree playgrounds and smokefree schools to ensure children are not exposed to smoke related air pollution when playing or attending school.



Brigg in North Lincolnshire

What contributes to our health and wellbeing in Northern Lincolnshire?

EDUCATION & SKILLS

TRANSPORT

THE FOOD WE EAT

FRIENDS, FAMILY &
COMMUNITIES

GOOD WORK

OUR SURROUNDINGS

MONEY & RESOURCES

HOUSING



EDUCATION & SKILLS

Children and young people spend a high proportion of every weekday within their school environment which has profound effects on their physical, emotional and mental health.

Schools are so much more than a place for learning. They are places to socialise, inspire, build hopes, dreams and build resilience, but also sometimes escape from difficult situations. The resilience and mental wellbeing of children and young people continues to be significant cause for concern and there are worrying indications of deteriorations and widening socioeconomic inequalities in mental wellbeing ¹. 'Our early education can shape the advantages and opportunities we do, or don't, encounter in our adult life, and why investing in education is widely seen as fundamental to building a flourishing society. A rounded education develops us as future citizens and equips us with the abilities and attributes that directly influence our long-term health outcomes ².

Schools and educational settings need to provide a safe and supportive environment for their pupils, staff and community for everyone to thrive, learn and be healthy. Children and young people with better health and wellbeing are likely to achieve better academically and have increased communication, social and emotional competencies which aid their readiness to learn and aid future employment opportunities.

Continuing education and learning into adulthood is also essential and 'research has found that adults with significantly lower educational attainment are more likely to suffer from poor health compared to other population groups, even in highly developed countries, due to the inequalities caused by education ³.

1. Health Equity in England_The Marmot Review 10 Years On_full report.pdf

2. Health Foundation 2017

3. The role of education in reducing health inequalities - Health Action Campaign (healthactionresearch.org.uk)

AMBITIONS

- Work with schools and other key agencies to enhance key prevention work for children and young people, including developing health literacy, improving oral health and building resilience.



Holme Valley Primary School in North Lincolnshire

EDUCATION & SKILLS

Education provides the equipment to lift people out of poverty and reduce inequalities. Increases in educational attainment correlates to longer healthy life expectancy ¹.

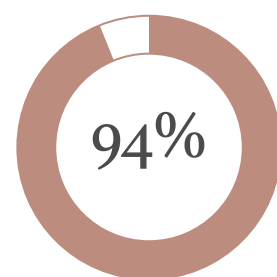
By the age of 30, those with the highest levels of education are expected to live 4 years longer than those with the lowest level. ²

Good education provides better access to good work and an improved quality of life, it can also improve a person's chances of navigating life challenges. In addition, improving education helps people assess their own health better and make more informed health choices.

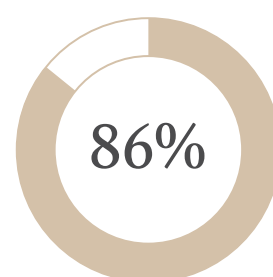
However, starting life in deprivation can affect the chances of achieving better outcomes in life, and education may not always provide additional benefit without equality of opportunity in attaining good employment ^{3, 4}.

Local inequalities exist in both child and adult education in Northern Lincolnshire, some of which are shown here.

SCHOOLS RATED GOOD OR OUTSTANDING



North East Lincolnshire



North Lincolnshire

Source: As at August 2023 - Ofsted



1. Education and wealth inequalities in healthy ageing in eight harmonised cohorts in the ATHLOS consortium: a population-based study (thelancet.com)

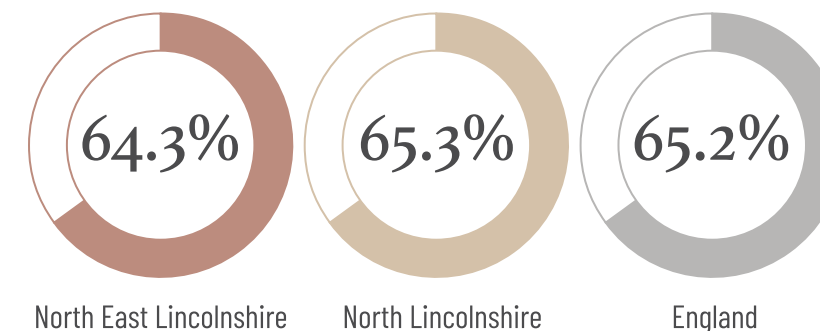
2. How do our education and skills influence our health?

3. Education in England: Annual Report 2020 - Education Policy Institute (epi.org.uk)

4. The long shadow of deprivation: differences in opportunities - GOV.UK (www.gov.uk)

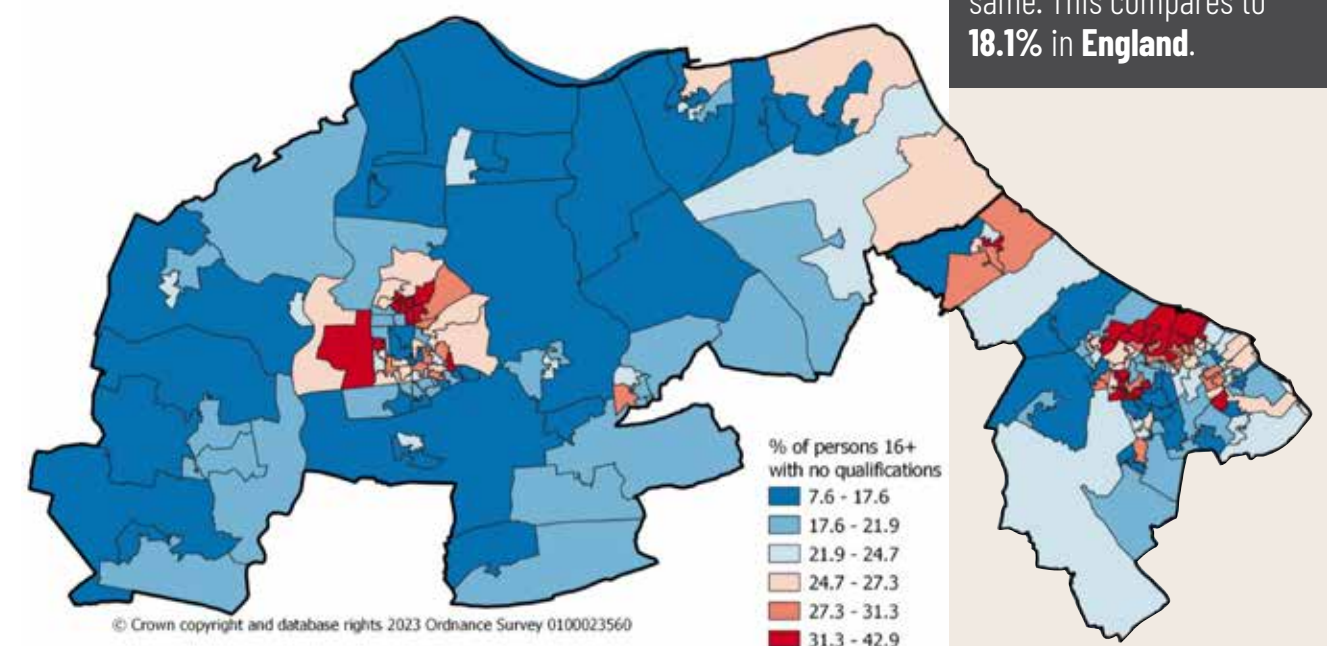
5. Public Health Outcomes Framework - Data - OHID (phe.org.uk)

PERCENTAGE OF CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION YEAR - 22/23



Source: Public Health Profiles - Data - OHID

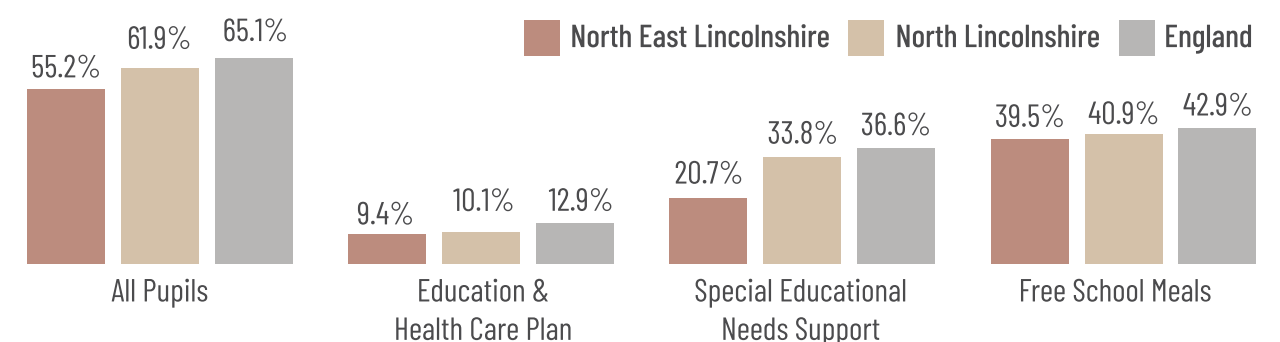
As shown on the map below, In the 2021 Census, **30,466** people or **21.8%** of **North Lincolnshire** residents over 15, said they had no qualifications. In **North East Lincolnshire**, **30,907** people or **24.2%** of residents said the same. This compares to **18.1%** in **England**.



Source: Census 2012 (NOMIS)

55.2% of pupils in **North East Lincolnshire**, and **61.9%** of pupils in **North Lincolnshire** achieved grade 4 or above in Maths and English in 2022/23 ⁵. Compared to **65.1%** in **England**. For pupils on free school meals, or with special educational needs, the percentage achieving level 4 was much lower.

% ACHIEVING GRADE 4 OR ABOVE IN ENGLISH & MATHS GCSE 2022/23



Source: DFE 2023

TRANSPORT

A well-designed and considered transport system is essential for maintaining and improving the health and wellbeing of our residents and plays a fundamental role in enabling our local communities to flourish, thrive and prosper ¹.

Healthy and sustainable transport systems seek to support safe and well-designed streets, roads and public spaces, enable optimal efficiency of transport services to encourage use and accessibility for all, offer strategies to minimise the harmful impacts transport can have on the environment and individuals in terms of air and noise pollution, and assist ease of take-up and choice for active modes of transport.

Encouraging and facilitating active modes of transport in cycling, wheeling, walking, particularly for short journeys in urban environments, not only offers improvements to individuals' health and wellbeing, but offers opportunity to reduce carbon emissions, improve air quality, reduce traffic noise and congestion in highly populated areas, and in-turn can reduce potential for collisions / road traffic accidents ^{1, 2, 3, 4}.

Transport and the infra-structure surrounding it has the capacity to help people maintain connection to the support networks, resources and amenities that help to keep us safe and well, such as; social connection with family, friends, work colleagues and the wider community.

1. The Health Foundation. (2023). *Transport - Explore how transport can play a role in improving health and addressing health inequalities*.

2. Department for Transport. (2022). *Guidance - Active travel: local authority toolkit*.

3. The Health Foundation. (2021). *How transport offers a route to better health*.

4. Department for Transport. (2020). *Gear Change - A bold vision for cycling and walking*.

AMBITIONS

- Be champions of Active Travel, reducing car journeys and improving air quality.



TRANSPORT



Transport keeps us connected, with access to people and places that are important to us, such as family, workplaces, and key facilities such as pharmacies, GPs and places to socialise. Sustainable transport that is affordable and well connected can be key to helping people access better opportunities. Using physical means to move, often called 'Active Travel' can help keep people healthy and provide the potential to improve physical and mental wellbeing. However, particulate transport pollution also contributes to the burden of ill health.

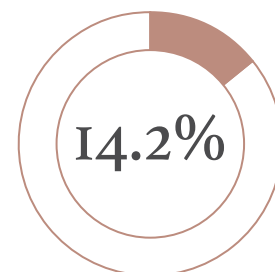
The annual burden of air pollution in the UK has been estimated to be equivalent to approximately 328,000-416,000 life years lost.³



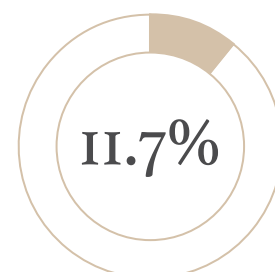
Images Shutterstock

ACTIVE TRAVEL

Cycling / walking to work



North East Lincolnshire



North Lincolnshire

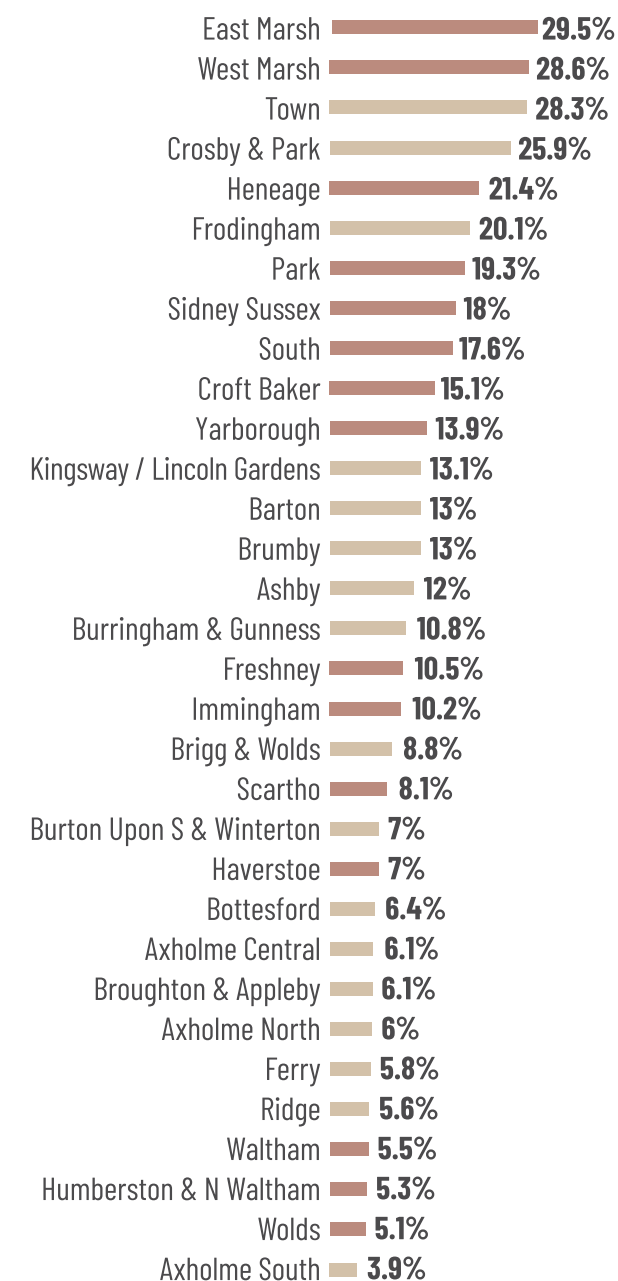
Source: Census 2021, ONS

The percentage of residents who use an active travel method, (cycling, walking) to get to work was higher in urban areas close to town centres, such as East and West Marsh and Town / Crosby and Park wards. Unsurprisingly the majority of those who said they travelled to work using active travel had less than 10km to travel to get to their workplace.



ACTIVE TRAVEL BY WARD 2021

Cycling / walking to work



North East Lincolnshire North Lincolnshire

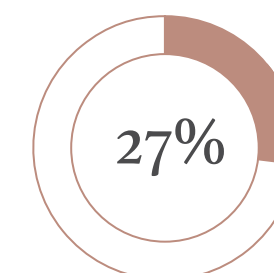
Source: Census 2021, ONS

In North Lincolnshire, Levelling-up investment will be used to connect key facilities in Scunthorpe with new cycling and walk ways, adding to the popular Ridgeway route ¹.

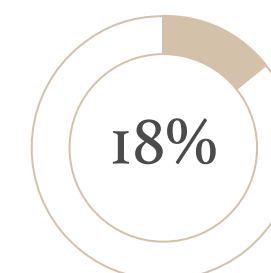
In North East Lincolnshire, several investment projects aim to aid active travel, including a 3.8km cycleway between Immingham and Grimsby ².

VEHICLE AVAILABILITY

Households that do not have availability to a car or van



North East Lincolnshire



North Lincolnshire

Car or van availability is lowest for single person households and lone parent households.

Source: Census 2021, ONS



1.9% of North Lincolnshire and 4.4% of North East Lincolnshire working residents usually used public transport to get to work

The rate of children killed and seriously injured on England's roads is significantly higher than England's rate (15.9 per 100,000) in both North and North East Lincolnshire. (NL – 30.3 per 100,000, NEL – 35.5 per 100,000) (2018-20) ⁴.

¹ New Scunthorpe cycle path to connect landmarks in latest active travel boost - North Lincolnshire Council (northlincs.gov.uk)

² Business cases and funding bids | NELC (nelincs.gov.uk)

³ Nitrogen dioxide: effects on mortality - GOV.UK (www.gov.uk)

⁴ Public health profiles - OHID (phe.org.uk)



THE FOOD WE EAT

We often hear the phrase ‘You are what you eat!’ But what does that actually mean?

As described by the Health Foundation, poor diet is now the biggest risk factor to preventable ill health in England, yet we can’t live without food! ¹

Food and drink are essential energy sources to keep us healthy, well and thriving. However, the impact of eating too much food or food with little nutritious value can have a very negative effect on our health. **But how can we ensure that the healthy choices are those that are the easiest?**

There are many demands on peoples’ lives which means that choices around their food is often out of their control. As the pace of life increases, the amount we reach for convenience also grows. This can influence the quality and quantity of the food that we eat and has the potential to de-skill us in being able to create healthy meals ourselves.

Additionally, where we live can influence our food choices, we are surrounded by food outlets and evidence shows that those who live in our more deprived communities, have fewer options to buy healthy options ². The cost of living can also impact on the choices we are able to make. Healthy food is often seen as more expensive to buy, energy costs can also make preparing meals from ‘scratch’ expensive and hence limit the choices we make.

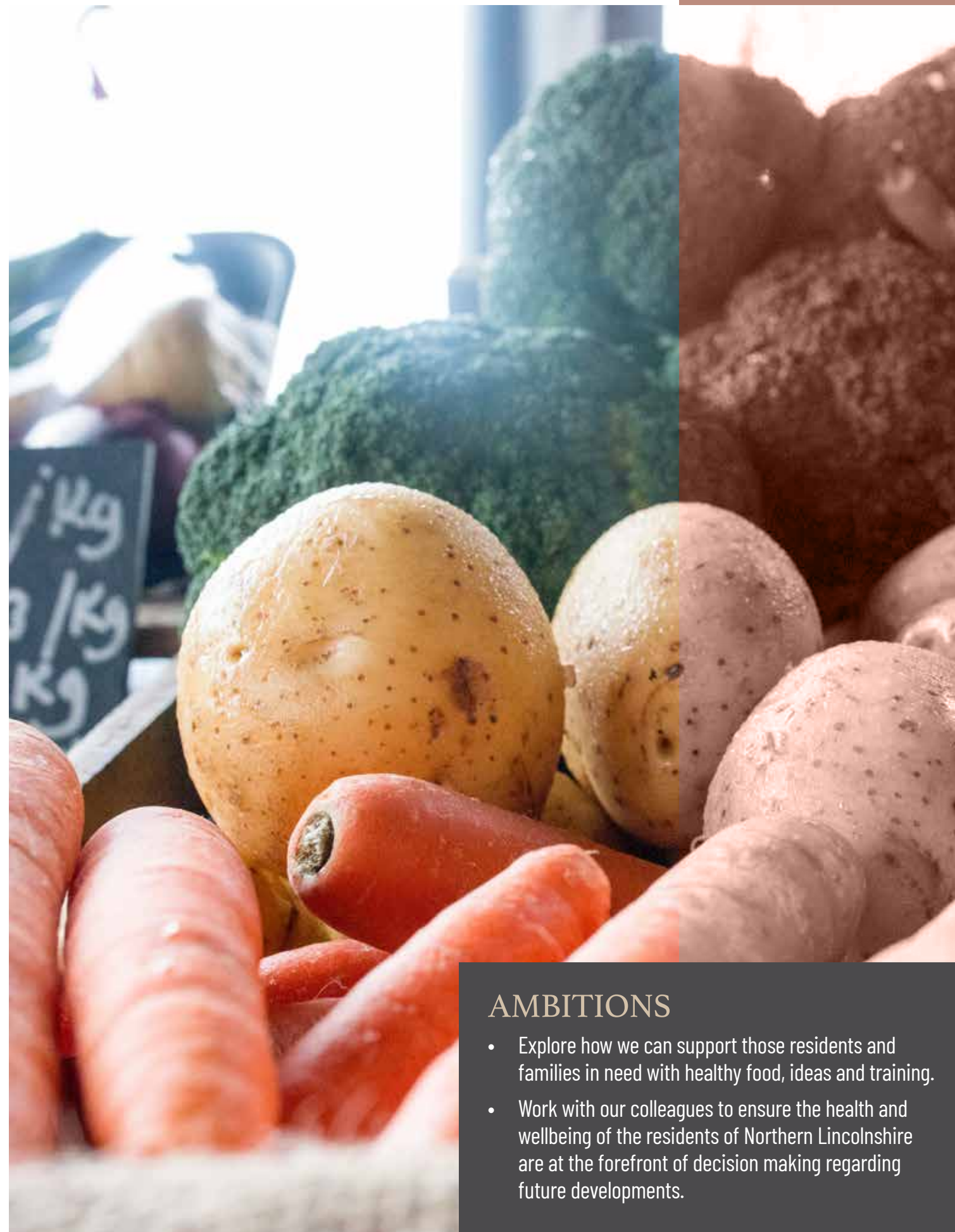
Food also impacts on the environment around us

What we eat, and how that food is produced, affects our health but also the environment. Food needs to be grown and processed, transported, distributed, prepared, consumed, and sometimes disposed of. Each of these steps creates greenhouse gases that trap the sun’s heat and contribute to climate change. About a third of all human-caused greenhouse gas emissions is linked to food ³.

1. What makes us healthy? | Health Foundation

2. Deprivation and healthy food access, cost and availability Human Nutrition and Dietetics.

3. Sustainable Food Systems for a Healthier UK - Faculty of Public Health and The Soil Association



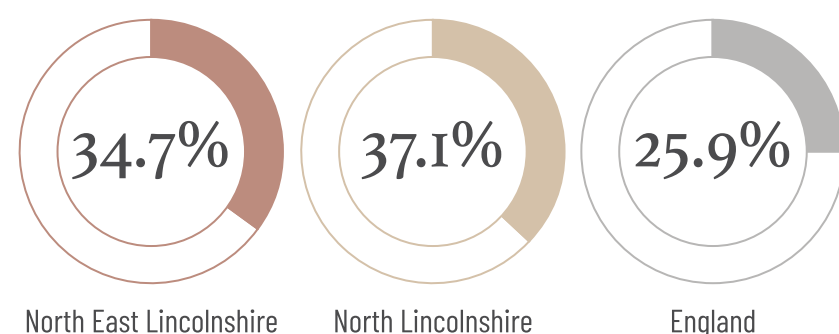
AMBITIONS

- Explore how we can support those residents and families in need with healthy food, ideas and training.
- Work with our colleagues to ensure the health and wellbeing of the residents of Northern Lincolnshire are at the forefront of decision making regarding future developments.

THE FOOD WE EAT

The food we eat is a direct contributor to our health, this can be both negatively and positively. A poor diet is a major risk factor for ill health.

ADULT OBESITY RATE 2021/22



This percentage has been largely increasing in recent years

Source: Obesity Profile - Data - OHID (phe.org.uk)

Conversely, access to good food due to low affordability has become an increasing issue:

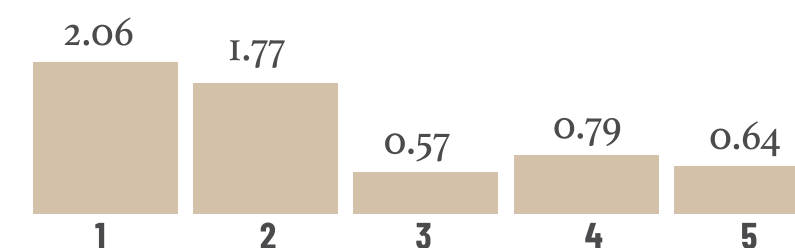
In 2021/22, 7% of UK residents were in food insecure households, according to the Department for Work and Pensions (DWP)'s Household Below Average Income publication. This included 12% of children, 7% of working-age adults, and 1% of pensioners. In the same year, 2.1 million people in the UK, lived in a household which had used a food bank in the previous 12 months, a rate of 3%¹. Applied to North and North East Lincolnshire's populations, 3% would represent just over 4,700 persons in North East Lincolnshire, and 5,100 in North Lincolnshire.

The local area has strong connections to food, especially with the historic fishing industry in Grimsby and more recent food processing sector in both areas. The Greater Grimsby area having a particularly large concentration of food companies.²

1. Food poverty: Households, food banks and free school meals - House of Commons Library (parliament.uk)
2. Europarc III Food Enterprise Zone | Greater Lincolnshire LEP

FAST FOOD & TAKEAWAY OUTLETS (FFO)

by deprivation quintile per 1,000 persons in Northern Lincolnshire 2023



Deprivation quintile, where 1 is most deprived (National IMD 2019)

Source: Method from Food environment assessment tool (Feat) 2023, MRC Epidemiology Unit, University of Cambridge, www.feat-tool.org.uk.

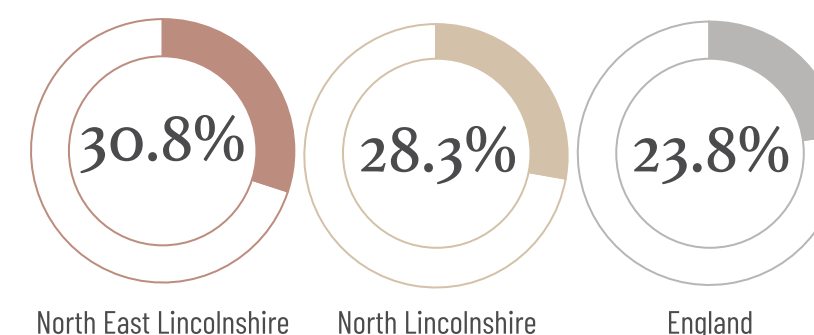
As of December 2023, there were 196 fast food outlets in North Lincolnshire, and 227 in North East Lincolnshire. This gives an overall rate of 1.13 per 1,000 people in North Lincolnshire, and 1.42 per 1,000 in North East Lincolnshire, both of which are higher than the England average of 1.05 per 1,000. There are variations within the Local Authority areas, and the rate, when applied to deprivation quintiles shows disparity between more deprived areas and less deprived areas within both areas.



30.0% of North East Lincolnshire residents aged 16 and over and 27.2% of similar North Lincolnshire residents met their '5 a day' recommended fruit and vegetable consumption in 2021/22.

FREE SCHOOL MEALS ELIGIBILITY 2022/23

Both North East Lincolnshire and North Lincolnshire have above average eligibility to free school meals



Source: Schools, pupils and their characteristics, Academic year 2022/23 - Explore education statistics - GOV.UK (explore-education-statistics.service.gov.uk)



Town ward in North Lincolnshire had the highest concentration of FFO per 1000 population, (47 - 4.9 per 1,000). The highest area in North East Lincolnshire being West Marsh ward (26 - 3.31 per 1,000)

Within the 2022/23 North Lincolnshire secondary school survey, 19% of pupils on free school meals worried a lot about being able to afford food, compared to 9% of other pupils. In North East Lincolnshire's 2021 school survey, 2.8% of children who said they never ate breakfast (27.1% of those surveyed) said it's because there is no food at home.

Images Shutterstock

FRIENDS, FAMILY & COMMUNITIES

People who are more socially connected to family, friends or their communities are happier, and live longer healthier lives with fewer physical and mental health problems than people who are less connected. Research shows that nearly 1 in 4 adults aged 65 and older are socially isolated and that social isolation and loneliness are associated with an increased risk of heart disease and stroke.

Social isolation increases your risk of:

- Dementia by 50%
- Heart disease by 29%
- Stroke by 32%

A positive family life provides a child with opportunities for a healthy life by creating the early life foundations for them to feel loved and valued; build supportive relationships; develop intellectual, social and emotional skills and develop lifelong healthy habits.

During adulthood, a positive family life, including strong relationships at home, can have positive impacts on a person's health and provide them with opportunities to develop healthy habits. On the other hand, being lonely can have the opposite effect, such as by reducing the likelihood of exercise. Taking part in community life – such as youth clubs – can be empowering and create a sense of purpose, whilst also protecting health and wellbeing.

Social connection with others can help:

- Improve your ability to recover from stress, anxiety, and depression.
- Promote healthy eating, physical activity, and weight.
- Improve sleep, well-being, and quality of life.
- Reduce your risk of violent and suicidal behaviours.
- Prevent death from chronic diseases.

AMBITIONS

- Explore localised approaches that allows families and friends to connect and support each other to make healthy choices.
- Continue to support community spaces and Voluntary Community Sector (VCS) enabled networks, across North Lincolnshire, to counter isolation.

BACKGROUND PAPERS

Social relationships and mortality risk: a meta-analytic review. PLoS Med.

Social connection as a public health issue: Annu Rev Public Health.

Social relationships and health. Science.

Connectedness & health: the science of social connection. Stanford University.

Social isolation and risk of heart disease and stroke: Lancet Public Health.

Lonely hearts don't get checked: on the role of social support in screening for cardiovascular risk. Preventive Medicine.

COVID-19, loneliness, social isolation and risk of dementia in older people: a systematic review and meta-analysis of the relevant literature. Int J Psychiatry Clin Pract. Loneliness and the onset of new mental health problems in the general population. Soc Psychiatry

Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): Lancet Public Health.

Social and emotional support as a protective factor against current depression among individuals with adverse childhood experiences. Prev Med Rep.

Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. The National Academies Press; 2020.



Care Home in North East Lincolnshire

FRIENDS, FAMILY & COMMUNITIES

A support network of friends and family allows people to face life and develop the skills and resilience they need. Feeling part of a community promotes feelings of inclusion and a sense of value in the local area or a shared purpose or identity.

Feelings of loneliness or lacking the support of friends and family can have a two-way relationship with poor mental health ¹.

Young people, and people with life limiting illnesses or disabilities are more likely to say they felt lonely often or always ³ and in older adults, loneliness can be a risk factor for increased frailty ⁴.



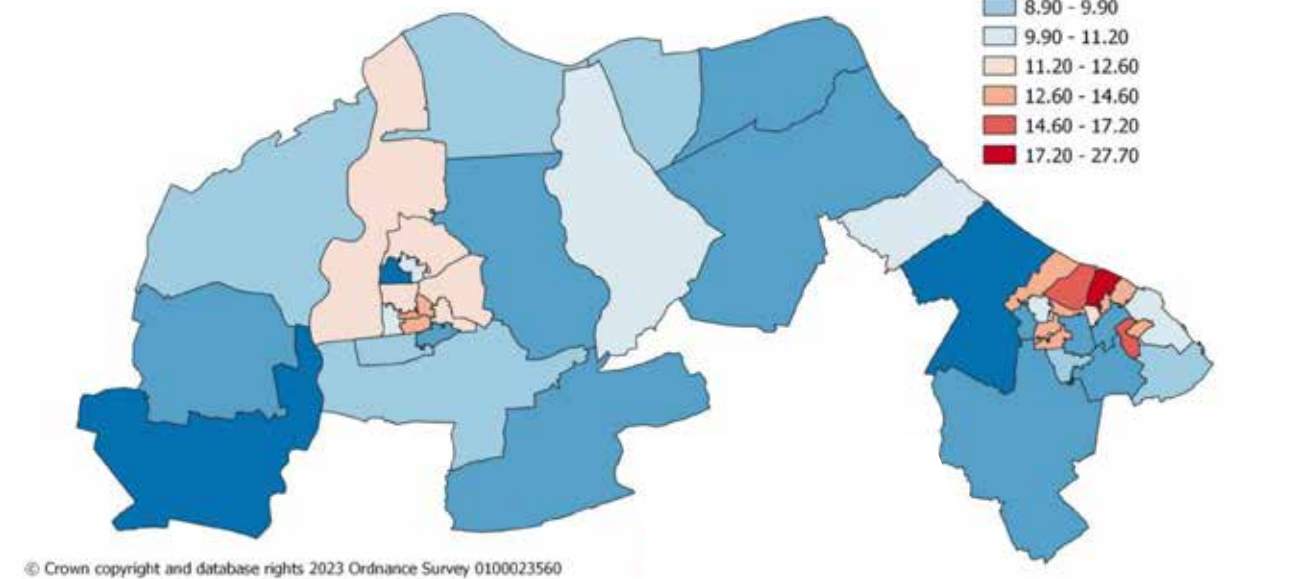
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In the 2022/23 secondary school survey, pupils were asked if they thought North Lincolnshire was a good place to grow up, **75%** of years 7 and 8 said yes. This declined to **59%** of years 9-11.

In 2021, North East Lincolnshire secondary age pupils were asked if they felt their local area was a good place to live. **53%** felt it was, with more boys (58%) thinking the local area was a good place for young people than girls (49%).



PERCENTAGE OF NORTHERN LINCOLNSHIRE HOUSEHOLDS WHERE A PERSON WITH A DISABILITY LIVES ALONE BY MSOA

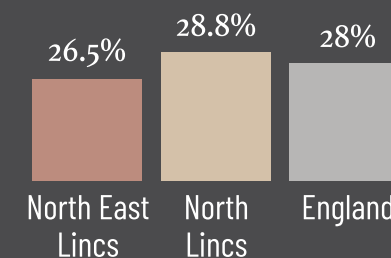


In the ONS Community Life survey ², long term-conditions and disability, as well as single, separated or widowed marital status were associated with higher risk of expressing feelings of loneliness. In the above map, data from the Census 2021 on households where someone is living alone with a disability has been used as a proxy to highlight distribution of these combined risks. **15,858** households across Northern Lincolnshire consist of a person with a disability living alone. **10.2%** of **North Lincolnshire** households and **12%** of households in **North East Lincolnshire**.

In East Marsh and Port over 25% of households are a person living alone with a disability.

Carers may have increased risk of isolation and loneliness ⁵.

North Lincolnshire and North East Lincolnshire have proportions of carers who had 'as much social contact as they liked' which are statistically similar to England ⁶.



1. Mental health and loneliness: the relationship across life stages - GOV.UK (www.gov.uk)
2. Loneliness - What characteristics and circumstances are associated with feeling lonely? - Office for National Statistics (ons.gov.uk)
3. Wellbeing and Loneliness - Community Life Survey 2020/21 - GOV.UK (www.gov.uk)
4. The longitudinal relationship between loneliness, social isolation, and frailty in older adults in England: a prospective analysis - The Lancet Healthy Longevity
5. Carers UK (2019) Facts About Carers
6. ASCOF - people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need



GOOD WORK

Good work is a gateway for everyone to be able to afford basic living standards¹; participate in community and social life; support lifelong healthy habits²; and feel a sense of identity, self-esteem, purpose, and reward³. Additionally, offering protection against the harmful effects of unemployment and insecure jobs, which can damage long-term health and well-being⁴.

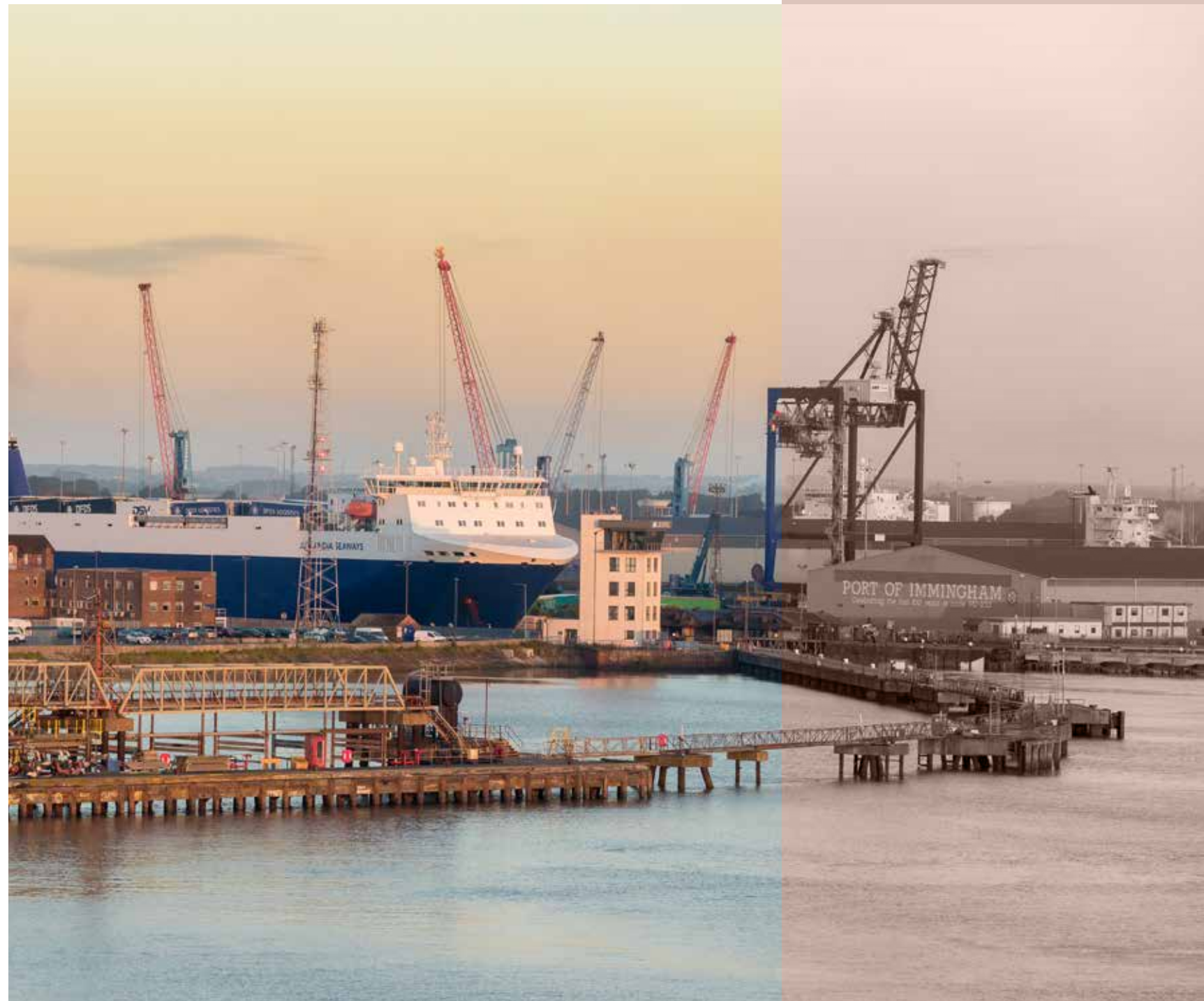
A good work environment provides stability, security, and a regular income. It presents good working conditions, including a safe working environment, good wages and practices that protect employees' wellbeing. Furthermore, providing an environment in which employees are supported, and can achieve personal development opportunities, as well as having a degree of control and autonomy over their work⁵.

The potential economic benefits of ensuring the best possible health of the population are huge. A healthy population can be good for the economy because:

- Healthier children have better educational outcomes, which positively impact productivity in adulthood⁶.
- A healthy working-age population can lead to economic prosperity by being more engaged and productive⁶.
- A healthy person is enabled to continue to work as they get older, whereas poor health can lead to forced early retirement⁷.

Having a job is good for our health. What makes it different is the quality of the workplace. If the work environment can ensure employees have a safe, encouraging, and supportive environment, it indicates that the workspace is good for employees' mental and physical health. Thus, a positive workplace can give positive outcomes. That's how good work should be.

Port of Immingham in North East Lincolnshire



AMBITIONS

- Continue to support workplaces to reward their efforts and achievements in building a healthy workforce, a healthy workplace and a healthy organisation.
- Work with services supporting those who are unemployed with key training and support in mental health and suicide prevention.

1. A healthier life for all: the case for cross-government action. The Health Foundation and the All-Party Parliamentary Health Group.

2. Health inequalities among British civil servants: the Whitehall II study. The Lancet.

3. Psychosocial work environment and mental health. Scand J Work Environ Health.

4. Is an insecure job better for health than having no job at all? BMC Public Health.

5. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. World Health Organization.

6. The lasting impact of childhood health and circumstance. Journal of Health Economics.

7. Ill health and retirement in Britain: a panel data-based analysis. Journal of Health Economics.

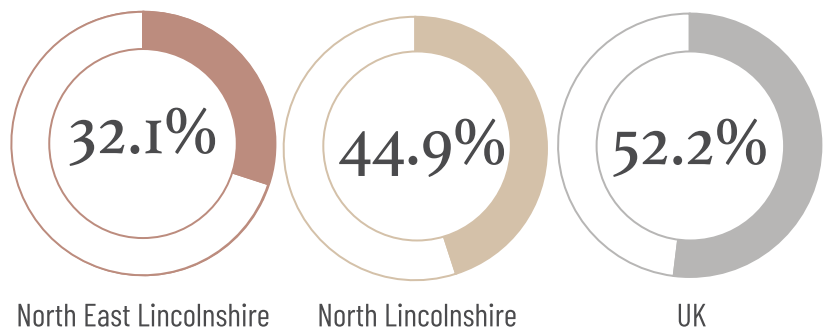
GOOD WORK

Types of work - North East Lincolnshire has fewer people in managerial and professional occupations and a higher proportion in process plant and elementary occupations.

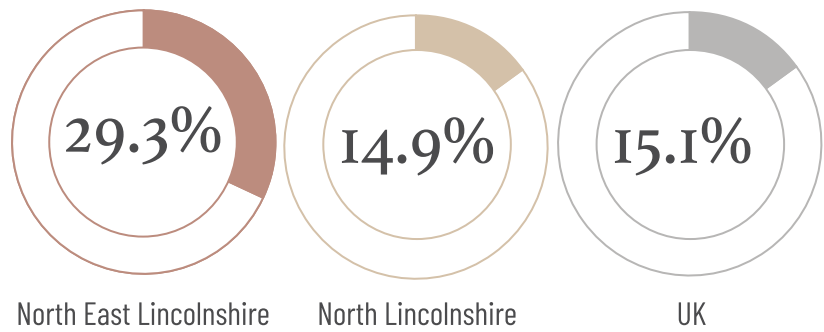
North Lincolnshire has a higher proportion of workers in skilled trade occupations, although the largest employment type is managerial and professional occupations.

TYPES OF WORK

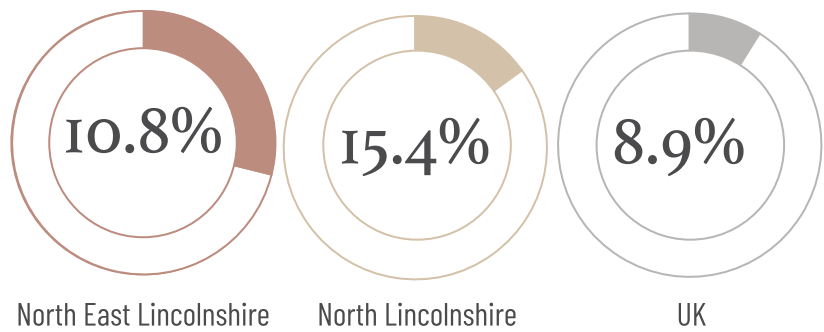
Managerial & professional occupations



Process plant and elementary occupations



Skilled trade occupations



Source: NOMIS

INVESTMENTS & OPPORTUNITIES

Northern Lincolnshire has significant economic opportunities since it is uniquely positioned to be at the centre of the growth in offshore wind and green energy industries due to factors such as its existing port infrastructure and its strategic location on the Humber estuary. Many businesses are already based in the area from a wide range of sectors including oil refineries and renewable energy, providing employment across Northern Lincolnshire.

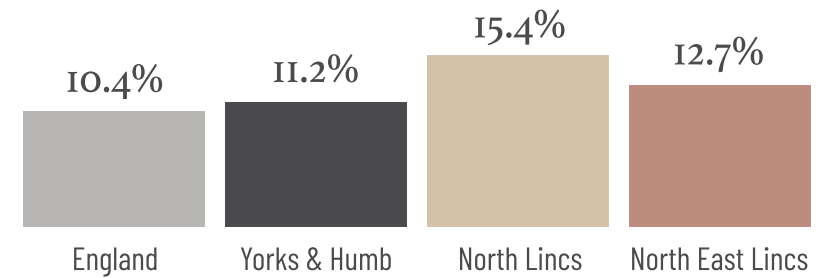
Wind Farm in North East Lincolnshire

Economically Inactive - In 2022/23 25.9% of adults in North East Lincolnshire were economically inactive, 20.8% in North Lincolnshire were economically inactive and the Great Britain average was 21.6%.

The main reason for being economically inactive in Northern Lincolnshire was due to long term illness and both North Lincolnshire (30.6%) and North East Lincolnshire (33.7%) had a higher proportion on long term illness than the UK average of 26.5%.

GAP IN EMPLOYMENT RATE

Gap in the employment rate between those with a physical or mental long term health condition (aged 16-64) and the overall employment rate, 2022/23



Both North and North East Lincolnshire had a larger gap in the employment rate between those with a long term health condition and the overall employment rate compared to the national and regional rates. North Lincolnshire had the largest gap in the region whilst North East Lincolnshire ranked 4th (worst).

Source: Wider Determinants of Health - Data - OHID (phe.org.uk)

Healthy Workplace Awards 2023



HEALTHY WORKPLACE AWARDS SCHEME

TAKE CARE OF YOUR MOST VALUABLE ASSET IN THE WORKPLACE YOUR EMPLOYEES

North Lincolnshire

Top: Lindsey Lodge Hospice. Left: British Steel, Scunthorpe.

OUR SURROUNDINGS

The area that we live in shapes the resources that are readily available, and in turn, the choices that we make. Whether it's determining the food we eat, the quality of air we breathe or how easily we can access basic services and infrastructure, our surroundings can have a massive impact on our health.

There are a number of factors in our surroundings that can have an effect on our health. These include (but aren't limited to) access to:

- green spaces
- clean air
- affordable, healthy food
- safe public spaces
- facilities and services

Evidence suggests that easy access to each of these can have a positive effect on our health, whilst lack of access can have a detrimental effect and result in poor health outcomes.

£2.1bn per year could be saved in health costs if everyone in England had good access to greenspace

Local access to greenspaces is key to people living a more active lifestyle. Data shows that two-thirds of visits to greenspace are within 2 miles of home ¹ so ensuring, particularly those who live in more deprived areas, have good access to greenspaces is key to improve the health outcomes of the people in those areas. Natural England has estimated that £2.1 billion per year could be saved in health costs if everyone in England had good access to greenspace, due to increased physical activity in those spaces ². Access to greenspaces is associated with numerous positive health outcomes, including improved physical and mental health and reduced risk of cardiovascular disease, mortality and other chronic conditions. Greenspaces can also have a positive effect on the wider environment, with it being measured in 2017, that urban green and blue space in Great Britain removed 27,900 tonnes of 5 key air pollutants with estimated avoided health costs of £162.6 million ³.

Investing in infrastructure to support walking can increase physical activity levels and improve mobility among children, adults and older adults ⁴.

By focusing planning and interventions around access to these key themes, it's possible to create healthier communities and improve health inequalities.

Ensuring that all public spaces are clean and well maintained can influence neighbourhood satisfaction, perceptions of safety and how people use their neighbourhood. Making improvements to infrastructure such as provision of street lighting in residential areas can also prevent road traffic collisions.



Central Park in North Lincolnshire

AMBITIONS

- Work with our colleagues to ensure the health and wellbeing of the residents of Northern Lincolnshire are at the forefront of decision making regarding future developments.
- Explore innovative public health programmes to continue to make our neighbourhoods healthy, safe, fun and active.

1. Monitor of Engagement with the Natural Environment: The national survey on people and the natural environment- Natural England.
2. An estimate of the value and cost effectiveness of the expanded Walking the Way to Health Initiative scheme - Natural England.
3. UK natural capital: Ecosystems accounts for urban areas. Office for National Statistics.
4. Pride in Place: Tackling Incivilities Carnegie Trust UK.

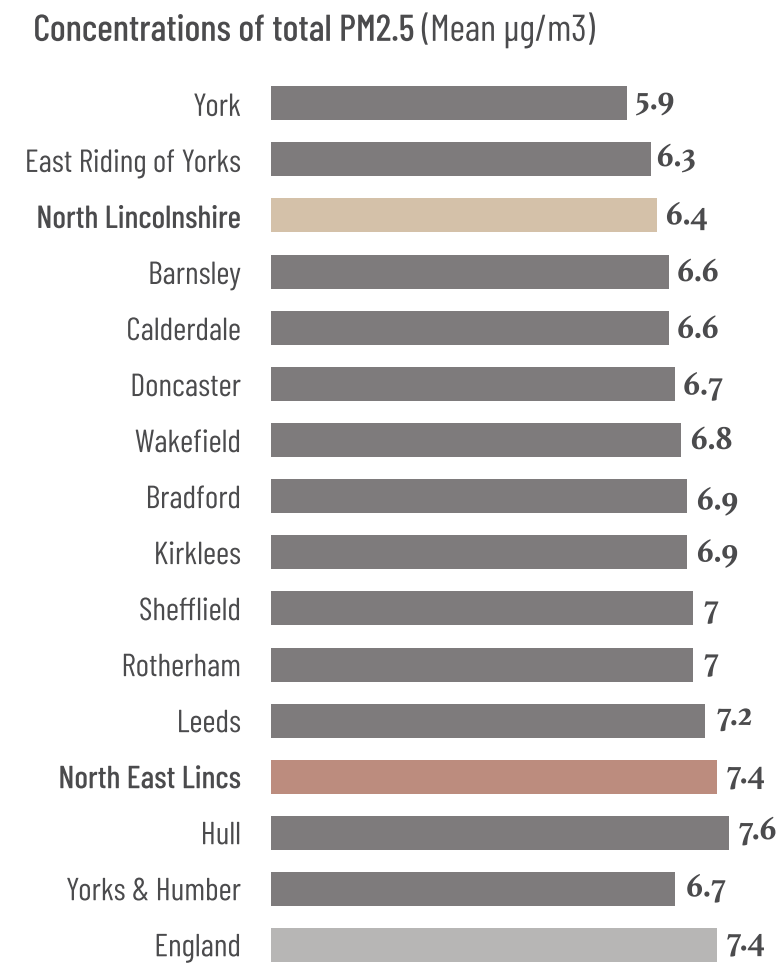
OUR SURROUNDINGS

AIR POLLUTION – North East Lincolnshire has the second highest concentration (mean $\mu\text{g}/\text{m}^3$) of fine particulate matter in Yorkshire and Humber with $7.4\mu\text{g}/\text{m}^3$, which is the same as the England average. North Lincolnshire has a lower mean with $6.4\mu\text{g}/\text{m}^3$.

There is evidence linking air pollution to many health conditions including coronary heart disease, stroke and respiratory disease.

An indicator which estimates mortality attributable to air pollution attributes **5.6% of deaths in North East Lincolnshire and 4.8% of deaths in North Lincolnshire to particulate air pollution.**

AIR POLLUTION FINE PARTICULATE MATTER 2021



Source: Public health profiles - OHID (phe.org.uk)



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WHAT DO YOUNG PEOPLE THINK ABOUT THEIR LOCAL AREA?

Primary school children in North Lincolnshire

90% said they had a local park or green space and over half of these said they use it at least weekly.

65% always feel safe in their local green space.

72% enjoy going there (18% said sometimes and 6% said never, 4% didn't answer).

Source: North Lincolnshire Children & Young People's Lives - Primary Survey

Adolescents in North East Lincolnshire

46% said green spaces/ outdoor areas are very good or good.

50%+ said that North East Lincolnshire is a good place to live.

Some of the best things about living in North East Lincolnshire are the parks, the friendly people and that it is quiet and peaceful.

Source: North East Lincolnshire Adolescent Lifestyle Survey

What about the inequalities for adolescents in Northern Lincolnshire?

Young people who are in minority groups are less likely to say their local area is a good place to live.

Those on free school meals, young people who identify as transgender, those whose sexuality is lesbian, gay or bisexual and those from minority ethnic groups were all less likely to say their local area is a good place to live/ grow up.

Source: North Lincolnshire Children & Young People's Lives - Secondary Survey, North East Lincolnshire Adolescent Lifestyle Survey

MONEY & RESOURCES



Money is an essential part of our daily lives, and its importance cannot be overstated.

Money is important because it allows people to live a better life by giving people options and putting people in charge. Having money and being financially secure also provides people the freedom and options to choose how they want to live and support the things that are most important to them in life such as access to educational resources, buying things that are both necessities and desirables¹.

As reported by the Health Foundation, money really matters for health and wellbeing. People need a certain level of income to be able to afford the basics for a healthy life, such as food and have warm and quality housing. Money can enable people to access the support and services they need to participate fully in society¹.

The amount of money that people have and have relative to other people is related to both mental and physical health.

Earning a higher income enables people to have more choice and as a result access to healthier options. However, beyond a basic level of income, stresses still exist, and these can eventually harm physical health. This means that a high income does not guarantee good health outcomes¹.

Money and resources can affect health in several ways. Not having enough income can:

- cause poor health e.g. due to fuel poverty
- make healthy behaviours feel unattainable
- make it more difficult to feel supported by a financial safety net. A financial safety net enables people to invest in their future and have more resources for the future and a “rainy day”².

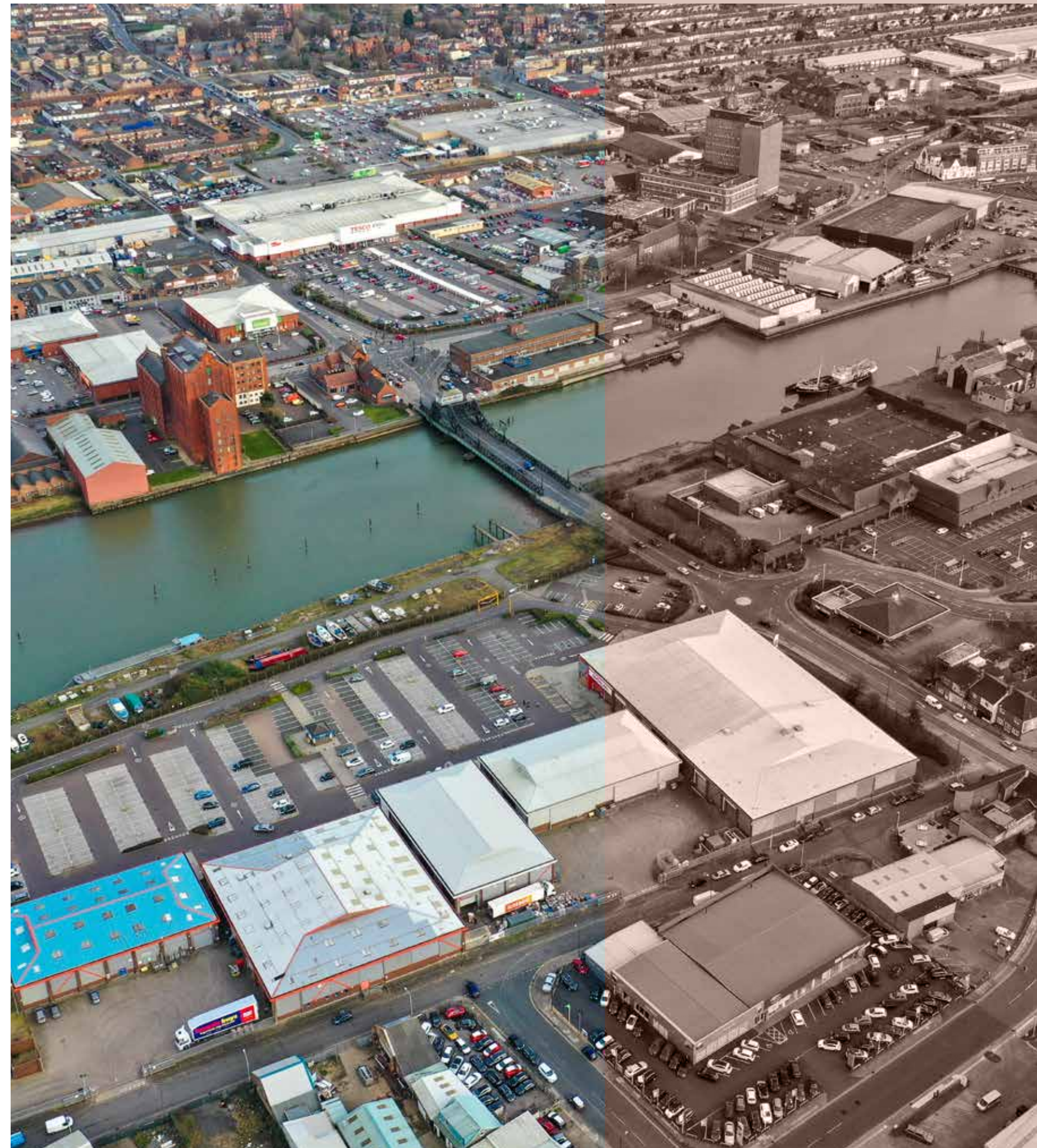
1. The Health Foundation: Relationship between income and health

2. A debt effect? How is unmanageable debt related to other problems in people's lives? Citizens Advice



AMBITIONS

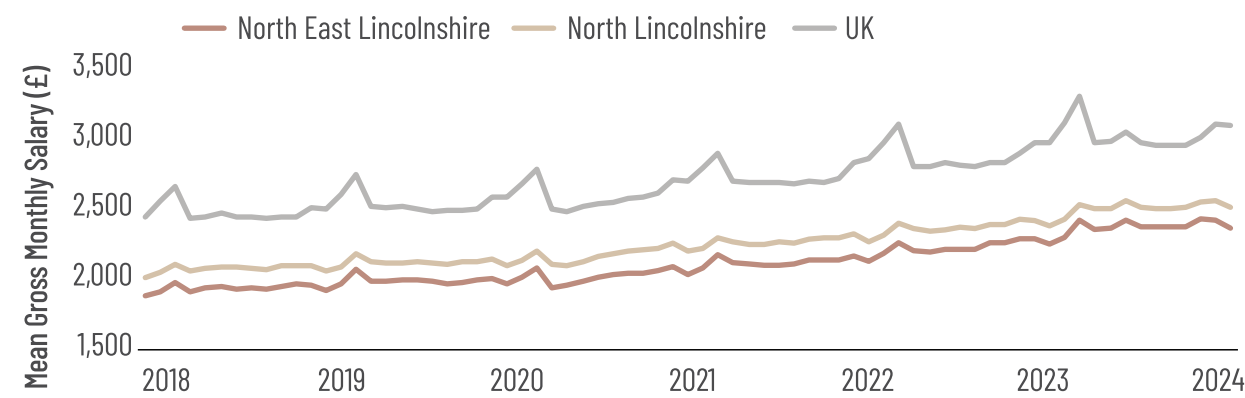
- Ensure those families who are eligible to access Free School Meals are automatically enrolled, meaning no family misses out.
- Explore how we can support those families in need with healthy food, ideas and training.
- Promote breastfeeding as a healthy and cost-effective choice.



Grimsby in North East Lincolnshire

MONEY & RESOURCES

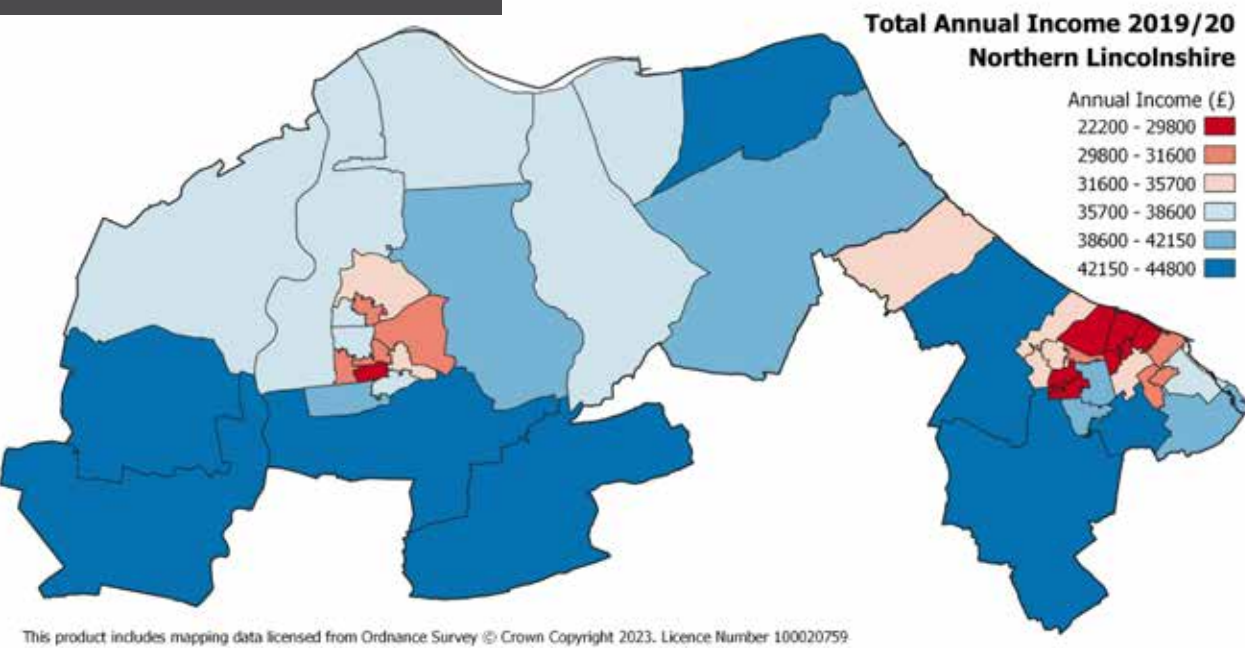
TRENDS IN EARNINGS AND EMPLOYMENT 2018-2024



The trend chart shows that overall, there has been a gradual increase in earnings in North and North East Lincolnshire, similar to that of the UK trend. The average gross monthly salary for PAYE employees for North East Lincolnshire is £2,406 and £2,514 for North Lincolnshire, below the UK average of £3,142. (January 2024, ONS).

Source: Earnings and employment statistics from Pay As You Earn (PAYE) Real Time Information (RTI). Office for National Statistics

TOTAL HOUSEHOLD AVERAGE INCOME



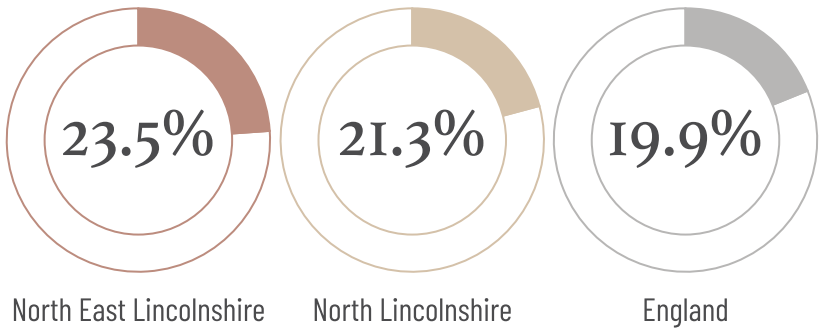
More granular data is based on household income from 2019/20. In North East Lincolnshire, household income ranged from £22,200 in the East Marsh to £44,700 in the villages of Laceby, Aylesby, Healing and Stallingborough.

In North Lincolnshire household income ranged from £29,700 in Ashby to £44,800 in Messingham.

Source: Income estimates for small areas, England and Wales - Office for National Statistics (ons.gov.uk)

LOW INCOME HOUSEHOLDS

Children under 16 living in low income families



Source: Wider Determinants of Health - Data - OHID (phe.org.uk)

FOOD INSECURITY

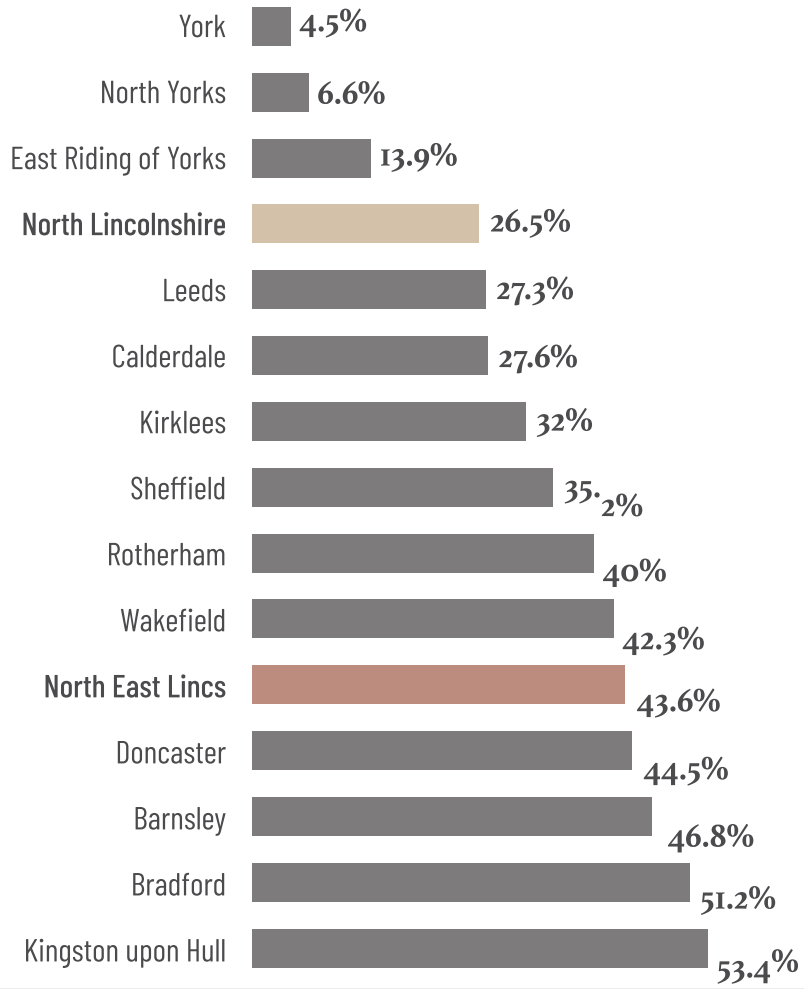
It is estimated that 43.6% of North East Lincolnshire's population and 26.5% of North Lincolnshire's population are living with 'food insecurity'. This means they don't have access at all times to enough food that is both varied and culturally appropriate to sustain an active and healthy lifestyle. Single parents with multiple children are at particularly high risk.

Those worried about food affordability are more likely to practice 'risky' food behaviours such as eating out of date food, reducing cooking time and turning off a fridge/ freezer. Those in more deprived areas are the most likely to worry about food affordability.

Source: Consumer Insights Tracker November 2023 | Food Standards Agency

AREAS AT HIGHEST RISK OF FOOD INSECURITY

% of population, 2021



Source: Wider Determinants of Health - Data - OHID (phe.org.uk)



HOUSING

A healthy home is affordable, warm, safe, comfortable, and stable ¹.

When people can't afford to heat their home or meet basic energy requirements (known as 'fuel poverty') poor health often results from cold indoor temperatures, mould, damp, and poor air quality.

Fuel poverty can lead to excess winter deaths, respiratory disease, circulatory illness, poor mental health, falls and injury, and exacerbation of existing medical conditions such as diabetes, musculoskeletal, and rheumatological conditions ². The Institute of Health Equity report that the risk of respiratory problems is doubled among children living in cold homes compared to those living in warm homes ².

House affordability and insecurity are also harmful to both mental and physical health. Being unable to afford decent housing, falling into payment arrears, and the risk of being evicted or refused housing, can all create significant stress; increasing the risk of anxiety, depression and high blood pressure. Losing a private tenancy is a major cause of homelessness, and rough sleepers have a life expectancy 30 years lower than the general population ³.

Overcrowded housing is another risk to health, associated with increased rates of communicable disease transmission, and mental health risks due to sleep disturbance and lack of space. Children living in overcrowded homes have increased risk of poor mental and physical health, low school attainment, and behavioural problems ³.

Investing in housing is cost effective - The Health Foundation report that for every £1 invested in housing support for vulnerable people, £2 is saved in terms of health, care, and crime costs ¹.

1. The Health Foundation (2018). *What makes us healthy?*

2. Institute of Health Equity (2022). *Fuel poverty, cold homes and health inequalities in the UK*. London: Institute of Health Equity.

3. Institute of Health Equity (2020). *Health Equity in England: The Marmot Review 10 years on*.

AMBITIONS

- Work in partnership with key council departments and housing partners to ensure support and training to Make Every Contact Count available to those working with residents with the greatest health inequalities.



Epworth in North Lincolnshire

HOUSING



FUEL POVERTY

18.4% of households in **North East Lincolnshire** and **15.7%** of households in **North Lincolnshire** are living in fuel poverty, both higher than the national average of 13.1%.



ENERGY EFFICIENCY

34.1% of dwellings in **North East Lincolnshire** and **40.2%** of dwellings in **North Lincolnshire** have an EPC rating of C or above, lower than the England average of 46.6%.



CENTRAL HEATING

Most homes have central heating. In North Lincolnshire 0.7% of homes don't have central heating and in North East Lincolnshire 1.5% of homes don't have central heating, the same as the England average.



SINGLE PERSON HOUSEHOLDS

Almost a third of households in North East Lincolnshire are occupied by a single person (32.5%), this is above the England average of 30.1% and North Lincolnshire is just under with 29.2%.



PRIVATE RENTED

22.5% of households in North East Lincolnshire privately rent, this is higher than North Lincolnshire with 17.2%. The England average is 20.6%.



Build a custom area profile - Census 2021, ONS
Public Health Outcomes Framework - Data - OHID (phe.org.uk)
Wider Determinants of Health - Data - OHID (phe.org.uk)

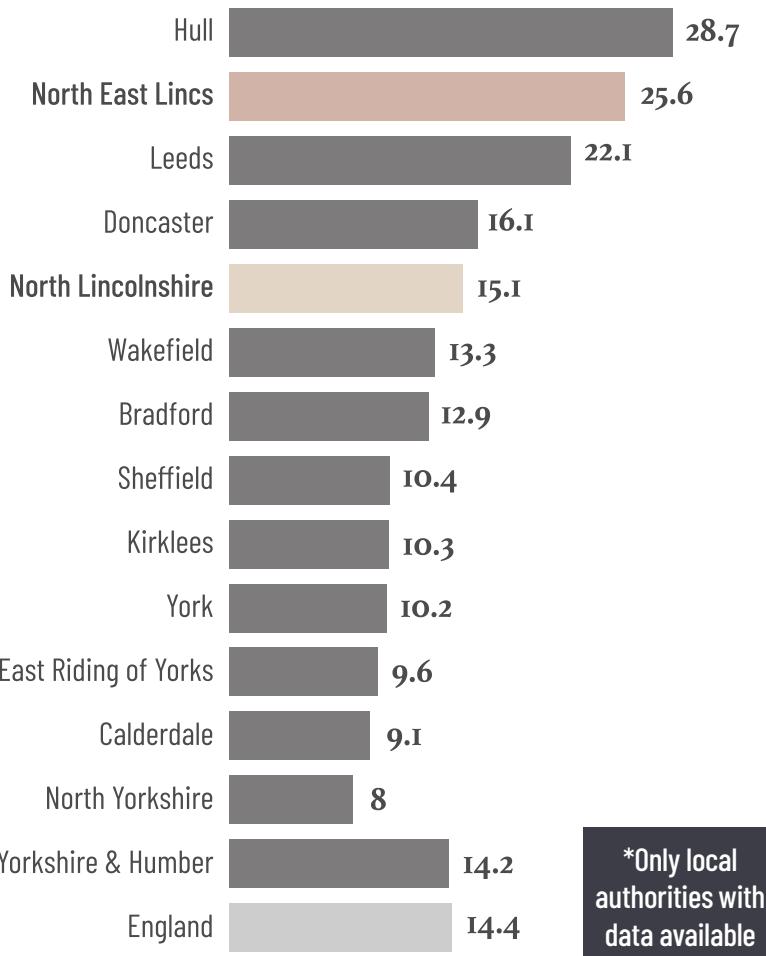
HOMELESSNESS

The legal definition of homelessness is a household who have no home that is available and reasonable to occupy. A person does not have to be sleeping rough to be homeless, it can include those with only a temporary place to sleep, those fleeing domestic abuse and those living in inadequate housing.

For more information see Shelter Legal England - Legal definition of homelessness and threatened homelessness - england.shelter.org.uk

HOMELESS FAMILIES

Households with dependent children owed a duty under the Homeless Reduction Act, 2021/22 (crude rate per 1,000)



Source: Wider Determinants of Health - Data - OHID (phe.org.uk)

With a rate of **25.6/1,000**, **North East Lincolnshire** has the second highest rate of homeless families in the Yorkshire and Humber and a rate significantly higher than England.

North Lincolnshire's rate is **15.1/1,000**, higher than England but not significantly so.



WHAT ARE SOME OF THE ISSUES?

- The number of homeless households are increasing.
- There has been an increase in private landlords selling properties and ending tenancies because of increasing mortgages.
- There's an increase in families on the housing wait register who can't access social housing due to rent arrears.
- Additionally, there has been an increase in the number of families in high priority need of housing, including those who are in need for medical reasons.

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Humber Bridge heading into North Lincolnshire

ACKNOWLEDGEMENTS

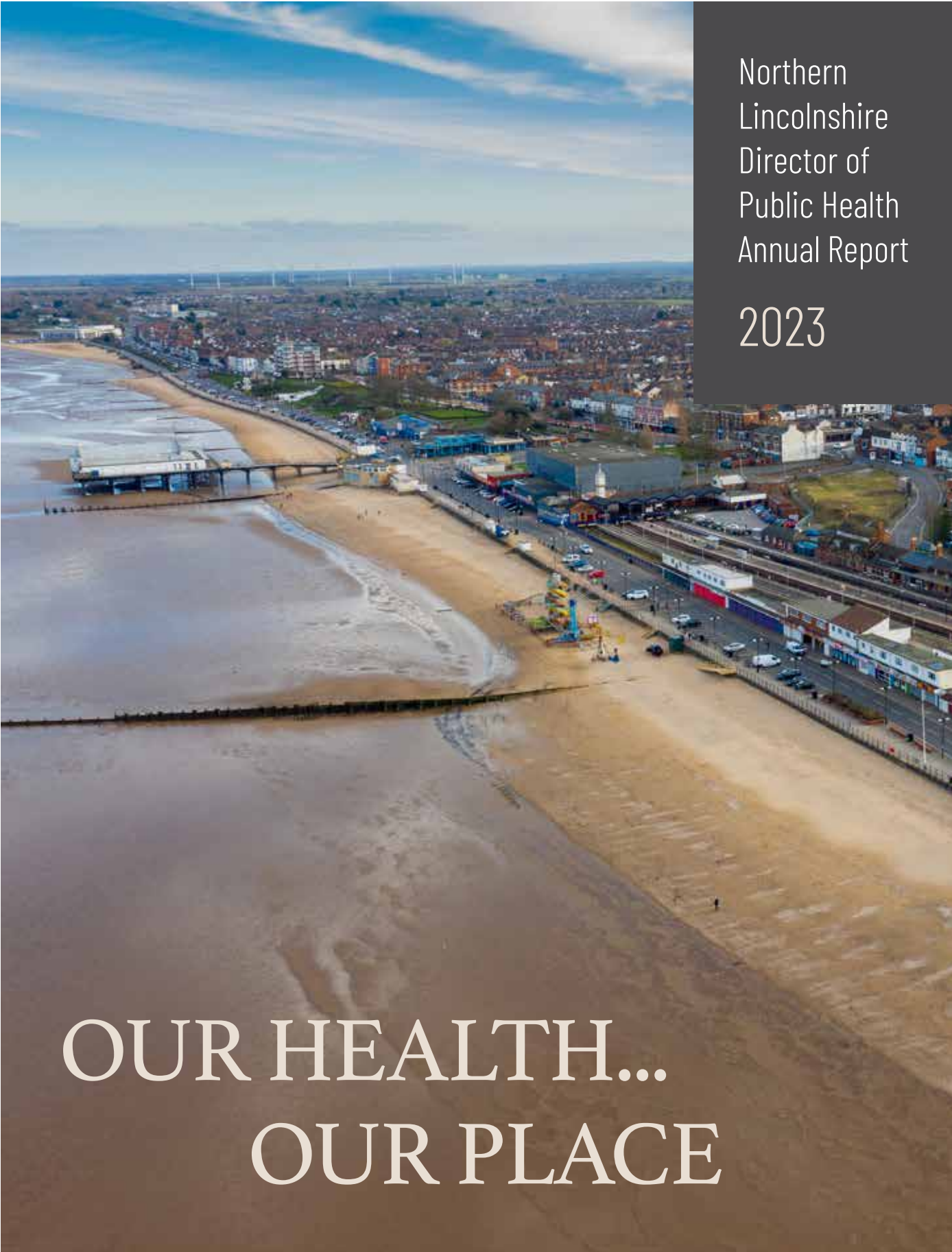
This annual report was created and coordinated by a fantastic project team, I would like to thank the Public Health Teams in North and North East Lincolnshire with particular thanks to the following people who provided support in its development.

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Public Health Coordinator, North Lincolnshire Council

Design by Craig Holmes, Marketing and Communications, North Lincolnshire Council



Humberside Airport in North Lincolnshire



Northern
Lincolnshire
Director of
Public Health
Annual Report

2023

OUR HEALTH... OUR PLACE

**North
Lincolnshire
Council**

