

Health and Adult Social Care Scrutiny Panel

DATE	1 st October 2025
REPORT OF	Diane Lee – Director of Public Health
SUBJECT	Addressing Health Inequalities: screening and Immunisation, teenage conception, smoking in pregnancy, and healthy life expectancy
STATUS	Open

CONTRIBUTION TO OUR AIMS

This report directly supports the Council's strategic aims by addressing health inequalities through four key public health priorities: screening and immunisation, teenage conception, smoking in pregnancy, and healthy life expectancy.

- **Stronger Economy:** Reducing health inequalities enables more residents to live longer, healthier lives, increasing workforce participation and productivity. Improved health outcomes reduce sickness absence and support young people to achieve their potential, contributing to economic growth and prosperity.
- **Stronger Communities:** Tackling the root causes of poor health, such as deprivation, low educational attainment, and social isolation, helps build resilient, inclusive communities. By focusing on prevention and early intervention, especially in areas with the greatest need, we empower residents to take control of their health and wellbeing.
- **Greener Future:** Public health initiatives, such as reducing smoking rates, contribute to environmental sustainability by decreasing litter and pollution from tobacco waste. Promoting active lifestyles and healthy environments also supports climate and nature recovery ambitions.
- **Engaging and Effective Council:** The report demonstrates a commitment to partnership working, co-production, and evidence-based decision-making. By engaging with communities, partners, and service users, we ensure that interventions are relevant, accessible, and effective, and that resources are targeted where they will have the greatest impact.

Across all four themes, the report highlights how reducing health inequalities is fundamental to achieving the Council's vision for a fairer, healthier, and more prosperous North East Lincolnshire.

EXECUTIVE SUMMARY

This report brings together four key areas of public health that are central to improving health and reducing health inequalities in North East Lincolnshire: screening and immunisation, teenage conception, smoking in pregnancy, and healthy life expectancy. It outlines current activity, emerging priorities, and partnership work across public health and local systems, providing a foundation for scrutiny and challenge as we work collectively to close the gap. The report highlights significant variation in outcomes influenced by socioeconomic status, geography, and access to services, and identifies

opportunities to improve population health and reduce disparities.

MATTERS FOR CONSIDERATION

Note the progress made to date in each of the areas.

1. BACKGROUND AND ISSUES

This report brings together four key areas of public health that are central to improving health and reducing health inequalities in North East Lincolnshire: screening and immunisation, teenage conception, smoking in pregnancy, and healthy life expectancy.

Health inequalities continue to impact the lives of residents across our communities, with significant variation in outcomes influenced by socioeconomic status, geography, and access to services. The Health and Adult Social Care Scrutiny Panel has identified these four domains as priority areas for review, each offering unique opportunities to improve population health and reduce disparities.

- **Screening and Immunisation:** Increasing uptake among underserved groups remains a priority, with efforts focused on improving accessibility, awareness, and system coordination.
- **Teenage Conception:** Rates of teenage pregnancy reflect broader social determinants and require multi-agency approaches involving education, youth services, and targeted outreach.
- **Smoking in Pregnancy:** A key modifiable risk factor for poor maternal and infant outcomes, smoking in pregnancy demands integrated support through maternity services, smoking cessation programmes, and behavioural interventions.
- **Healthy Life Expectancy:** As a composite measure of wellbeing and longevity, healthy life expectancy encapsulates the cumulative impact of health behaviours, service access, and wider determinants. It serves as a strategic lens through which progress on health equity can be assessed.

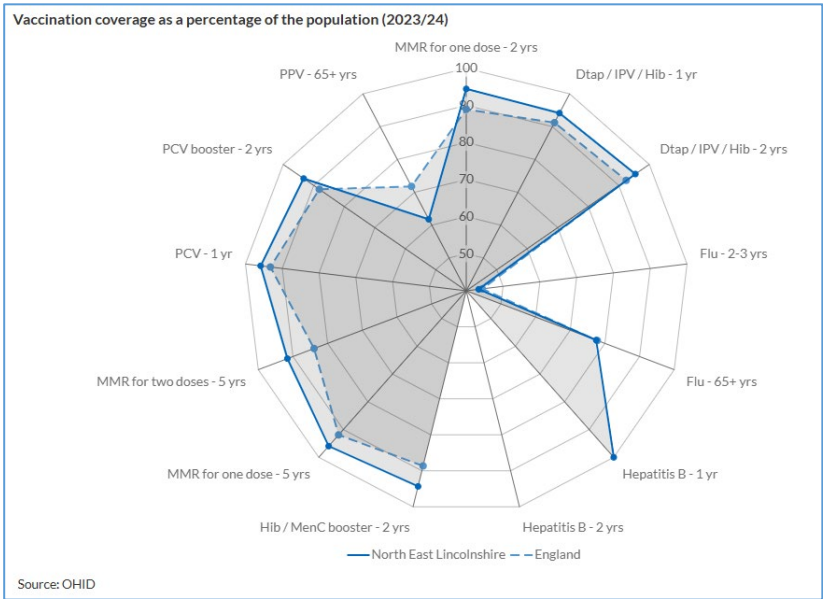
The report outlines current activity, emerging priorities, and partnership work across public health and local systems, providing a foundation for scrutiny and challenge as we work collectively to close the gap.

Screening and Immunisation

North East Lincolnshire Health Protection team works closely with partner agencies to address health inequalities in screening, vaccination and immunisation.

Vaccination uptake

Recent data has shown that for the majority of childhood vaccinations, North East Lincolnshire has higher uptake than that for England, but lower than England averages for adult vaccinations.

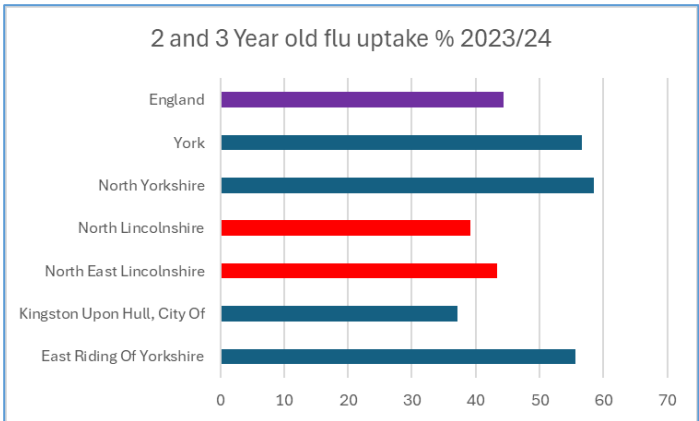


[Health - UTLA | North East Lincolnshire | Report Builder for ArcGIS](#)

However, it is known that trends reveal discrepancies in vaccine uptake according to deprivation levels, and that this is increasing in England¹ . Therefore, whilst childhood vaccination rates in North East Lincolnshire are good, pockets of low uptake are likely to exist in geographical areas of high deprivation, particularly in areas of ethnic diversity. To address this, key vaccination information leaflets were translated into 14 different languages and supplied to partner agencies for distribution. Distribution included events such as community groups, faith groups and other social events, with a healthcare professional present to answer any questions and provide more detailed information where needed.

Addressing Low Uptake in Vaccines

The only early childhood vaccination where rates in North East Lincolnshire are below the national average is flu vaccination. NELC Health Protection team commissioned a piece of research regarding the uptake of the flu vaccination in 2 and 3 year olds as a response to low uptake in this specific cohort in the 2023/24 data:



[Fingertips | Department of Health and Social Care](#)

Although specific data is not available regarding uptake and deprivation level, it can

¹ [Inequalities in uptake of childhood vaccination in England, 2019-23: longitudinal study | The BMJ](#)

be reasonably assumed that socioeconomic inequalities in flu vaccine uptake in the general population, can also be seen in that for 2 and 3 year olds².

The project sought to identify key themes in parents and caregivers who did not have their 2 and/or 3 year old vaccinated in the 2024/25 season. The survey revealed that many respondents were unaware or misinformed about the flu vaccine and produced the following recommendations:

- 1) Examine who, when and what conversations are taking place between healthcare professionals and parents and caregivers
- 2) Review the current call/recall system for 2 and 3 year old flu vaccine invites
- 3) Review online booking systems for flu clinics
- 4) Review promotion and marketing materials to ensure key information is accessible to all
- 5) Investigate opportunities for different models of vaccine delivery.

The implementation of these recommendations will be a tangible contribution to reducing health inequalities in this patient cohort.

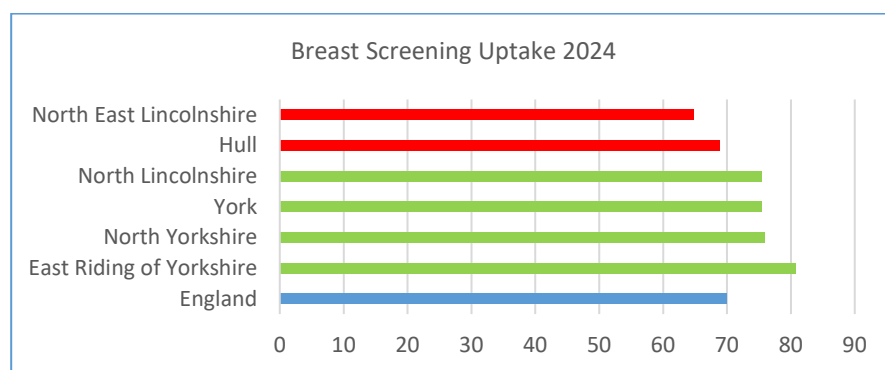
Nationally and locally, work to date has included the inclusion of pharmacy-led flu vaccine delivery, vaccination in nurseries attached to schools and an increased number of catch-up clinics for all eligible children, including those that are homeschooled.

North East Lincolnshire has also been successful in a pilot project to provide additional childhood vaccinations by health visitors. The project is expected to commence in November and will initially target those children in the most deprived wards of North East Lincolnshire.

North East Lincolnshire Council Public Health Team are also leading on the development of a series of peer-led videos for social media to encourage school aged immunisation uptake. This will include targeting specific low uptake cohorts and tailoring videos accordingly.

Screening uptake – Breast Screening

The latest available data has revealed that North East Lincolnshire has particularly low uptake in breast screening, particularly in the 50 to 53 year cohort, and in those patients in areas of greater deprivation.



² [Evaluating socioeconomic inequalities in influenza vaccine uptake during the COVID-19 pandemic: A cohort study in Greater Manchester, England - PMC](#)

[Fingertips | Department of Health and Social Care](#)

To address this, North East Lincolnshire are commissioning a research project to understand the barriers to uptake. The work will focus on identifying barriers in areas of higher deprivation and in those patients with complex social needs, such as substance misuse and alcohol addictions, secure housing issues etc. The second part of the project is investigating the current model of delivery for breast screening to reveal potential barriers and solutions, such as a potential drop in service etc.

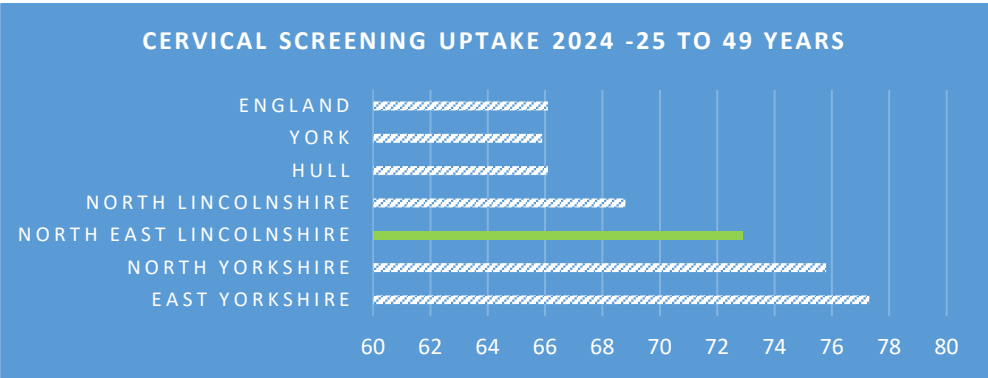
Whilst local screening data is not currently available according to ethnic origin, national trends have identified inequalities in uptake, particularly in South Asian females³. Work in other areas has included the development of education packages, aimed at men, to educate and inform them regarding female screening to encourage and support female partners and family members to attend screening. Methods for adopting this in North East Lincolnshire is currently being considered.

Lung Cancer screening (LCS)

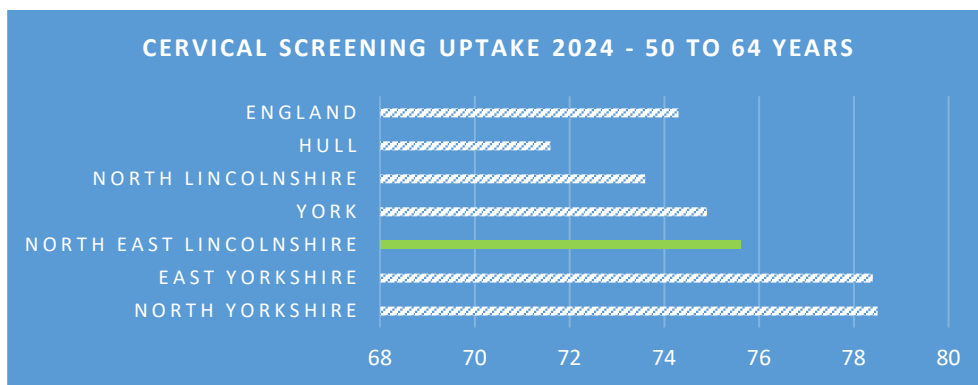
The lung cancer screening programme pilot was extended in 2023/24 to include North East Lincolnshire. This included the publication of a health inequalities plan for the LCS programme to increase uptake in populations with reduced access to healthcare, including people with learning disabilities, Gypsy, Roma and Traveller communities, prison populations and those with no fixed abode. The plan will continue to be developed through the identification of opportunities to engage seldom-heard groups into the LCS programme.

Cervical screening

All practices in North East Lincolnshire continue to offer routine cervical screening, and additionally via enhanced/extended hours, providing screening during evenings and on weekends to increase uptake. The graphs below demonstrate cervical screening uptake in 2024 in 25 to 49 year olds and 50 to 64 year olds for North East Lincolnshire, benchmarked against the England average and our surrounding neighbours. Uptake is statistically higher than that of England in both cohorts.



³ [Breast screening: identifying inequalities - GOV.UK](#)



[Fingertips | Department of Health and Social Care](#)

HPV self-sampling for under screened populations is being considered as an option for non-engagers (currently under scrutiny with UK National Screening Committee) which is expected to increase awareness and uptake of HPV screening.

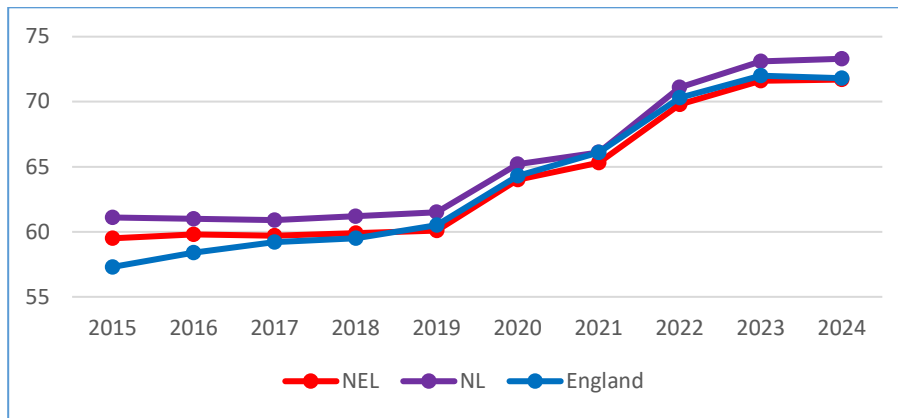
The Cervical Screening Administration Services (CSAS) began a phased transition to a fully digital system in May 2025, improving the digital capabilities of all aspects of the patient journey, from recall to results. The roll-out of digital invitations began on the 1st May using NHS App messaging and SMS texting in an effort to make screening invitations quicker, more convenient and more cost-effective.

Local progress includes a number of initiatives and development which contribute to the national elimination plan:

- Northern Lincolnshire Integrated sexual health services are continuing to develop service offers for marginalised groups in low uptake areas, including walk in and wait cervical screening appointments.
- The 'Let's Talk' cervical screening media campaign ran throughout January 2025 as part of cervical cancer awareness month. This was a partnership campaign between the Cancer Alliance, ICB and NHSE, with focus on increasing awareness in geographical areas of lower uptake. Promotional campaign materials included posters, leaflets and digital assets which include YouTube videos on what to expect at the screening appointment.
- Cancer Alliance and NHSE have also supported Northern Lincolnshire GPs in a call script initiative to contact patients who have not taken up the offer of cervical screening.
- Cervical screening awareness week ran from 16th June to 24th June 2025 which focused on the education of the population as to the importance of regular screening in women.

Bowel screening

The graph below demonstrates the trends in bowel screening uptake % since 2015. It can be seen that uptake remains statistically similar to the England average since 2022 in North East Lincolnshire.



[Fingertips | Department of Health and Social Care](#)

Across the Yorkshire and Humber region, a number of initiatives by the ICB and Cancer Alliance are taking place to promote bowel screening in target populations, however none are taking place in Northern Lincolnshire at present. It is hoped that any lessons learnt with regards to the level of success at these events can be applied locally at alternative venues, such as event venues, leisure centres and public meeting areas across Northern Lincolnshire.

A health equity audit for BCSP was undertaken and has identified geographical areas with lowest uptake. Resources are being focused on these areas. Areas within North East Lincolnshire have been identified as particularly low uptake and work continues with populations with no fixed abode and/or substance use issues and learning disabilities by engagement with GP Practices.

Sexual Health screening

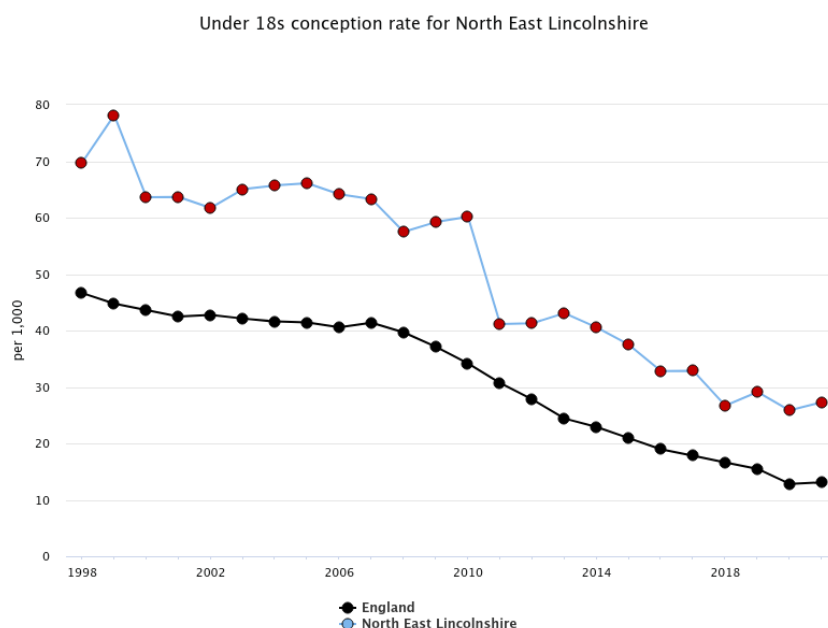
Sexual health screening to identify and treat sexually transmitted infections is also being considered in North East Lincolnshire, particularly in the over 40s. Health inequalities exist in this cohort, due to stigma, access to services and often symptomless infections, as well as poorer sexual education. To address this, a campaign is being developed with provider partners to increase awareness in the over 40s cohort and reduce barriers to screening through the promotion of self-testing kits. The campaign will be designed to normalise sexual health screening in the over 40s in an attempt to increase screening, early diagnosis and treatment.

Cancer Incentive Scheme

A cancer incentive scheme has been developed for Primary Care by the Humber and North Yorkshire Cancer Alliance to improve early detection, speed up referrals and enhance patient outcomes. The offer includes the support of a GP and non-clinical cancer lead for each PCN. The offer will support key activities that support early diagnosis such as cancer case audits, case-finding protocols and the development of safety netting protocols. The scheme also includes key activities to improve cancer screening uptake such as improving record-keeping with regards to smoking status and implementing new patient communications about screening. The scheme is funded for a 12 month period from October 2025. All PCNs in North East Lincolnshire has expressed initial interest in being part of the scheme.

Teenage Conception

Teenage conception remains a significant public health challenge in North East Lincolnshire, with rates consistently above the national average. The most recent data shows that the under-18 conception rate for North East Lincolnshire was 27.3 per 1,000 in 2021, up from 25.8 per 1,000 in 2020, and more than double the England average of 13.1 per 1,000. North East Lincolnshire ranks among the highest for teenage conceptions compared to its statistical neighbours. Rates have though fallen considerably (more than 50%) over the last 20 years as shown in the chart below.



The trend over the past two decades shows a marked decline, but with some peaks and troughs in recent years. After a steady decrease from 1998 to 2018, the rate has remained fairly stable in the last few years. However, a notable issue is the growing inequality gap between NEL and England, with NEL's rate remaining more than double the national average (NEL: 27.3 per 1,000; England: 13.1 per 1,000 in 2021). North East Lincolnshire has a lower rate of terminations of pregnancy in this age group, at 26% of pregnancies compared to a national average of 53%.

Drivers and Impact

Teenage pregnancy is closely linked to deprivation, lower health literacy, and poorer educational outcomes. Many conceptions are unplanned, and teenage mothers are more likely to experience poor mental health, smoke during pregnancy, and have children with low birth weight or developmental delays. Children born to teenage mothers are also at higher risk of experiencing Adverse Childhood Experiences (ACE's), living in poverty and experiencing poorer health and educational outcomes.

Local Response and Strategic Framework

A whole-systems approach underpins our Northern Lincolnshire Teen Pregnancy Strategy (Appendix 1). This aligns with the national Teenage Pregnancy Prevention Framework (10-point plan) and feeds into the wider Northern Lincolnshire Sexual Health, Reproductive Health and HIV Strategic Framework. Key elements include:

- **Integrated Sexual Health Services:** Commissioned providers deliver holistic sexual health care, including contraception, STI screening, and targeted outreach for young people. Access to long acting reversible contraception (LARC) has been increased through additional trained nurses, which is the most effective way to address high-risk teenagers and repeat conceptions.
- **Young Person-Friendly Campaigns:** The “Check Me Out” campaign and website, launched during freshers’ events, provides accessible information and advice for 15–24-year-olds, including how to access free condoms and emergency contraception.
- **Flexible Access:** The new integrated sexual health provider (LCHS) is prioritising flexible opening hours and young people’s clinics, including drop-in sessions at the Haven Centre in Grimsby.
- **School Nursing:** School nurse provision has increased to include clinics in all secondary schools in the borough.
- **Adolescent Lifestyle Survey:** 9% of students in years 9-11 report having had sex. Of those who have had sex, half used a condom, 38% used nothing and 23% used the pill. Smaller proportions used long-acting methods. 6% said they used emergency contraception. Just under half (47%) of students in Y9-11 know where to get free condoms and 13% have heard of the c-card scheme. Young people who have had sex are more likely to have heard of the c-card scheme and 38% said they have one.

Barriers

Despite these efforts, several barriers remain:

- **Access and Stigma:** Some young people still face barriers to accessing services, including stigma and lack of awareness.
- **Support for Teen Parents:** This is a key area for development locally to ensure that support is available not just for prevention, but also for those who become young parents.
- **Raising Aspirations:** Addressing the underlying drivers of teenage pregnancy requires a focus on raising aspirations, particularly for the most vulnerable young people. This links directly to the Marmot principles and the need to tackle the wider determinants of health.

Opportunities and Next Steps

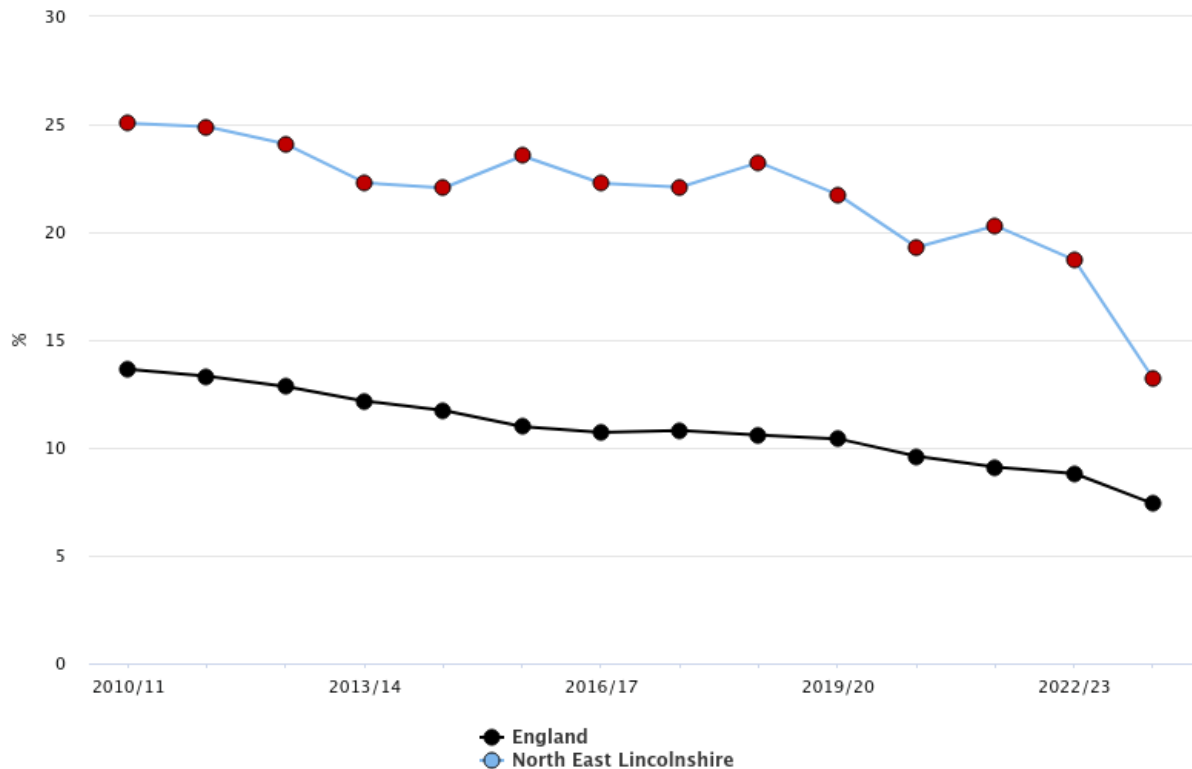
- **Strengthen Targeted Interventions:** Develop and implement targeted interventions for at-risk groups, to change life trajectories and raise aspirations.
- **Enhance Support for Teen Parents:** Review and strengthen the support offer for teenage parents, ensuring that both midwifery and health visiting services can provide the additional help needed.
- **Monitor and Evaluate:** Continue to monitor trends and evaluate the impact of new campaigns and service models, using data to inform future action.
- **Partnership and Co-Production:** Engage young people, parents, and community partners in the design and delivery of services to ensure they are accessible, relevant, and effective.

Smoking in Pregnancy

Smoking during pregnancy poses significant risks, including miscarriage, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). National and international bodies such as NHS England, WHO, and NHS UK have published extensive guidance and support mechanisms to reduce smoking rates among pregnant women. These include behavioural support, nicotine replacement therapies, and incentive schemes.

Locally, North East Lincolnshire has made notable progress. Smoking rates at time of delivery (SATOD) have **decreased to 11%** in 2024–25*, down from 13.2% the previous year. This equates to 36 fewer women smoking at delivery. However, disparities persist, especially among disadvantaged groups. [NHS UK](#) provides detailed guidance on quitting smoking during pregnancy, including the use of nicotine replacement therapy and e-cigarettes as safer alternatives.

Smoking status at time of delivery for North East Lincolnshire



*Note most recent data has not been updated on fingertips, and as such does not show in the above chart.

Local Actions and Innovations

- **Referral Pathways:** A new pathway has been developed between the Tobacco Dependency Team (TDT) and the Wellbeing Service, supported by Maternal Wellbeing Workers, to ensure more pregnant smokers are identified and referred for support.
- **Digital Support:** A digital app is now live, and a financial incentive scheme (voucher-based) is being rolled out to encourage and sustain quit attempts.
- **Stakeholder Engagement:** Ongoing work includes building relationships with

maternity services, recruiting a project officer, and increasing the visibility of data to track progress against targets.

- **Training:** Over 94% of the midwifery workforce is now trained in very brief advice (VBA) and carbon monoxide (CO) monitoring, with 100% coverage of stop smoking advisors in maternity services.
- **Community and Partner Engagement:** Plans are in place to develop resources for community partners and health visitors, and to launch a new scheme encouraging household members to quit alongside pregnant women.

Key Performance Indicators (KPIs)

- **CO Monitoring Compliance:** 96% of pregnant women receive CO screening at booking (target $\geq 95\%$).
- **Referral to Stop Smoking Services:** 92% of identified smokers are referred (target $\geq 90\%$).
- **Incentive Scheme Uptake:** Target $\geq 80\%$ of eligible pregnant smokers enrolled.
- **Verified Smokefree Status:** Target $\geq 70\%$ maintain CO < 4 ppm throughout pregnancy.
- **Partner/Household Engagement:** New scheme launching, target $\geq 50\%$ uptake.

Risks and Challenges

- **Relapse after Birth:** Postpartum relapse remains a concern, with plans to develop robust relapse prevention with health visitors.
- **Capacity and Data:** The incentive scheme's capacity and data lags are being monitored, and efforts are ongoing to ensure midwife re-referrals and adherence to NICE, NCSCT, and national guidance.
- **Social Norms:** Addressing the normalisation of smoking in some communities is complex and requires a system-wide approach, challenging social norms and engaging all professionals in every contact.

Opportunities and Wider Impact

- **Improved Outcomes:** Smokefree pregnancies contribute to healthier births, reducing risks of respiratory illnesses, developmental delays, and Sudden Infant Death Syndrome (SIDS). Children of non-smoking parents are less likely to become smokers themselves, improving long-term health outcomes.
- **Reducing Inequalities:** Equality issues must be considered to ensure support reaches high-risk groups, including teenagers and low-income families.
- **Environmental Benefits:** Reducing tobacco use also contributes to environmental sustainability by decreasing litter and pollution from cigarette waste.
- **Alignment with National Goals:** Continued progress supports national public health goals and reduces healthcare costs.

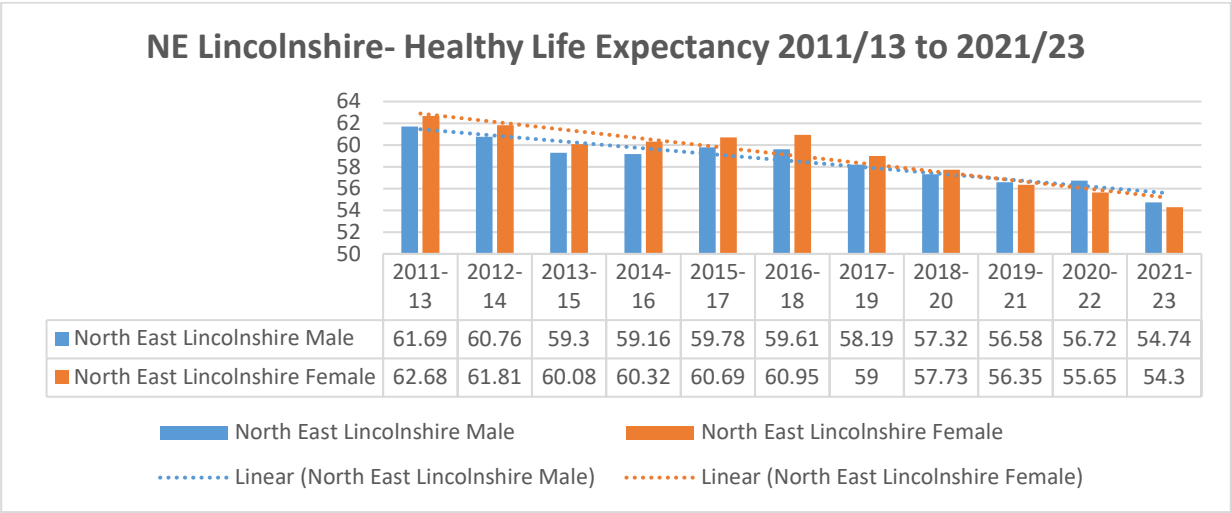
Next Steps

- Build relationships with new ICB contacts to accelerate progress.
- Develop a robust action/delivery plan for smoking in pregnancy, building on the existing plan on a page.
- Monitor data quarterly and act accordingly.
- Promote services through upcoming roadshows and community resources.

Healthy Life Expectancy

Healthy Life Expectancy (HLE) is a measure of the average number of years a person can expect to live in good health, free from disabling conditions or chronic illness. It combines life expectancy data with self-reported health status, typically gathered through national surveys. In practical terms, HLE reflects not just how long people live, but how long they live well. A lower HLE means more years spent in poor health, often with reduced independence, quality of life, and increased demand on health and care services. It is a key indicator of health inequalities, as it highlights the impact of social and economic conditions on people’s ability to live healthy, fulfilling lives.

In North East Lincolnshire, this indicator has shown a worrying downward trend over the past decade, with the most recent figures revealing that women now have a lower healthy life expectancy than men, a reversal of historical patterns. Separate analysis undertaken by our public health intelligence team suggests that average healthy life expectancy in our five most deprived wards is just 51 years.



- Data from the Office for National Statistics and local public health analysis shows that:
- **Female HLE in North East Lincolnshire has declined** from 62.7 years (2011–13) to 54.3 years (2021–23).
 - **Male HLE has also declined**, but at a slower rate, from 61.7 years to 54.7 years over the same period.
 - This means that **women now spend a greater proportion of their lives in poor health**, despite having a longer overall life expectancy.

This reversal is particularly concerning given that women in the North East are also more likely to experience multiple health conditions, functional impairments, and socioeconomic disadvantages. The recent Woman of the North report highlights how women in the region face compounded inequalities, including, lower wages, higher unpaid care burdens, and increased exposure to domestic abuse and mental health challenges.

Life Expectancy

In North East Lincolnshire, life expectancy at birth varies dramatically by geography

and gender. For men, those born in East Marsh can expect to live around 70.0–70.7 years, compared to 81.0–81.9 years in Haverstoe a gap of up to 12 years. For women, the disparity is similarly stark, with life expectancy ranging from 75.9 years in East Marsh to 86.3 years in Haverstoe a gap of 10.4 years. These figures highlight the profound impact of social and economic conditions on health outcomes, and reinforce the need for targeted, place-based public health interventions to reduce inequalities and improve healthy life expectancy across the borough

Reason for Decline

The decline in HLE is driven by a complex interplay of factors:

- Rising rates of **chronic disease** in middle age, including cardiovascular disease, respiratory conditions, musculoskeletal disorders, and poor mental health.
- **Lifestyle factors** such as smoking, poor diet, and physical inactivity, which are more prevalent in deprived communities.
- **Structural determinants** including housing quality, transport access, employment opportunities, and educational attainment.

Strategic Response

North East Lincolnshire Council has committed to becoming a **Marmot Place**, embedding the Marmot principles into all strategic planning and governance. This includes:

- A long-term action plan co-produced with communities and partners.
- Partnering with UCL Institute of Health Equity
- A formal launch and conference with Professor Michael Marmot planned for May next year.

The Draft North East Lincolnshire Joint Health and Wellbeing Strategy 2025-2035 prioritises reducing health inequalities and improving HLE through prevention, place-based working, and system-wide collaboration, and the Health and Wellbeing Board is committed to driving this work forward to improve the health and wellbeing of our residents.

Next Steps

Becoming a Marmot Place will help North East Lincolnshire improve healthy life expectancy by embedding evidence-based principles for reducing health inequalities into all strategic planning and decision-making. The Marmot approach focuses on tackling the wider determinants of health, such as education, employment, housing, and environment, through prevention, partnership, and place-based working. By co-producing long-term action plans with communities and partners, and integrating health equity into every policy and programme, the Council will address the root causes of poor health, narrow the gap in outcomes, and support residents to live longer, healthier lives.

In Summary

Health inequalities in North East Lincolnshire remain a significant challenge, with persistent gaps evident across screening and immunisation, teenage conception, smoking in pregnancy, and healthy life expectancy. A common thread running through all four areas is the disproportionate impact on women, particularly those living in deprived communities. The decline in healthy life expectancy for women, higher rates of teenage conception, lower uptake of key screenings, and the ongoing challenge of smoking in pregnancy all point to the need for a more focused and coordinated approach to women's health.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

- 2.1 There are both risks and opportunities associated with the proposed actions to address health inequalities in North East Lincolnshire. Key risks include the potential for persistent or widening inequalities if interventions do not reach the most disadvantaged groups, or if resources are insufficient to sustain progress. Low healthy life expectancy means that many of our population spend a significant proportion of their working age lives in poor health and out of the workforce which will negatively impact on our ability to grow the economy and increase health and care costs. There is also a reputational risk if improvements are not realised or if engagement with communities is perceived as inadequate. However, there are significant opportunities to improve health outcomes, reduce long-term demand on health and care services, and demonstrate leadership in tackling inequalities.
- 2.2 A strong focus on equality is embedded throughout the report, with targeted actions for groups most affected by poor health outcomes, particularly women, young people, and those living in deprived areas. Proposed measures will help narrow gaps in screening uptake, reduce teenage conception rates, support smokefree pregnancies, and improve healthy life expectancy, especially for women. By prioritising prevention, partnership working, and community engagement, the Council can maximise the positive impact of these initiatives and ensure that all residents benefit from improved health and wellbeing.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

- 3.1 There are potential positive reputational implications for the Council resulting from the decision to prioritise action on health inequalities, particularly through a focus on women's health. Demonstrating leadership in tackling persistent local health challenges, engaging with communities, and aligning with national strategies will enhance the Council's reputation as a proactive and evidence-led authority. However, there may be negative reputational risks if progress is not sustained, if inequalities persist, or if community engagement is perceived as insufficient.
- 3.2 This will be included within the 'Marmot Place' action plan which is in development with the Council's communications service, covering

communications requirements, consultation with key stakeholders, and clear information for the public on the aims and benefits of the proposed actions. Communication channels to be utilised will include the Council website, press releases, social media, community newsletters, and direct engagement with local partners and service users. This approach will ensure transparency, manage expectations, and promote positive outcomes associated with the Council's commitment to reducing health inequalities.

4. FINANCIAL CONSIDERATIONS

No financial implications – delivered within existing budgets.

5. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

The four areas addressed in this report, have significant implications for children and young people in North East Lincolnshire. Improving uptake of childhood vaccinations and screening helps protect children from preventable diseases and supports early identification of health issues. Reducing teenage conception rates is closely linked to better educational attainment, improved life chances, and breaking cycles of deprivation for young parents and their children. Efforts to reduce smoking in pregnancy directly improve birth outcomes and long-term health for infants. Finally, actions to improve healthy life expectancy, particularly for women, will have a positive impact on children's wellbeing, as healthier parents are better able to support their children's development and aspirations. Addressing these areas collectively will help narrow health inequalities from the earliest stages and ensure every child has the best start in life.

6. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

The actions outlined in this report contribute positively to environmental sustainability and nature recovery in North East Lincolnshire. Public health initiatives such as reducing smoking rates help decrease litter and pollution from tobacco waste, supporting cleaner local environments. Efforts to address health inequalities, particularly through improved access to green spaces, healthy housing, and sustainable transport, align with the Council's ambitions for climate resilience and nature recovery.

7. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

8. WARD IMPLICATIONS

North East Lincolnshire as a whole.

9. BACKGROUND PAPERS

[8.-Marmot-Town-Cabinet-Report.pdf](#)

See Appendix 1 for the Northern Lincolnshire Teen Pregnancy Strategy Overview 2025/28

10. CONTACT OFFICER(S)

Geoff Barnes – Deputy Director of Public Health Geoffrey.Barnes@nelincs.gov.uk

Diane Lee – Director of Public Health

Appendix 1: Northern Lincolnshire Teen Pregnancy Strategy Overview 2025/28

Northern Lincolnshire Teen Pregnancy Strategy Overview 2025/28

To reduce the number of teenage pregnancies, and associated risks, and to support teenage parents and their children.

Strategic context:	Teenage Pregnancy Prevention Framework (publishing.service.gov.uk)	Overview Contraceptive services for under 25s Guidance NICE	Overview Sexually transmitted infections: condom distribution schemes Guidance NICE	'You're Welcome': establishing youth-friendly health and care services - GOV.UK (www.gov.uk)	Recommendations Sexually transmitted infections: condom distribution schemes Guidance NICE	https://www.gov.uk/government/publications/teenage-mothers-and-young-fathers-support-framework	Your parents' support framework (publishing.service.gov.uk)
Our overarching priorities	1. Improving Access to Contraception and Advice Improve knowledge of and access to contraception for young people. Ensure that barriers are reduced, and access is across the widest possible range of settings and particularly in areas where conception rates are high.		2. Improving Education that the local education offer is robust and coordinated. Providing access to high quality and up to date CPD sessions across the children's workforce and supporting schools and other young people's settings with their policies, procedures and communications.		3. Young People's Voice ing the voice of those experiencing teen pregnancy and parenthood, develop a deeper understanding of the factors in NE Lincs that impact conception rates to improve our preventative and supportive processes.		4. Support for Teenage Parents ate robust pathways for those teenagers who do experience pregnancy/parenthood, ensuring that everyone in this cohort is offered support in parenting, maintaining their health, wellbeing and aspirations, and including post-birth contraception provision
Key actions <i>(For more detailed actions see associated action plan)</i>	<u>Access</u> 1.1. Ensure that free contraception and sexual health advice is available in range of settings, including pharmacies, secondary schools and youth focussed settings.. 1.2. Use communication strategies to promote a youth friendly digital platform 'Check me Out' encompassing all aspects of sexual health advice and information on local services. 1.3. Brief partners across the children's workforce on the local offer and strategy and build this into staff on-boarding.		<u>Knowledge</u> 2.1. Provide quality support and CPD opportunities for schools and young people's settings in their policies and curriculums for Relationships and Sex Education (RSE), including updates on national policy and offers from accredited organisations that can enhance local delivery. 2.2 Create a Local RSE Network in which partners and stakeholders delivering on this topic can coordinate and co-produce, ensuring efficiency and an agreed local practice standard. 2.3 Provide support to schools and other relevant settings in ensuring RSE considers the diverse needs of our local communities including appropriate adaptation where there may be objections on moral or religious grounds.		<u>Consultation</u> 3.1. We will continue to routinely monitor our local teen populations knowledge and attitudes towards sexual health and conception through the Adolescent Lifestyle Survey in North East Lincolnshire, and the Schools Survey in North Lincolnshire. 3.2. Through focus groups, surveys and service evaluations we will engage young people experiencing teen conception and parenthood, to understand their lived experiences, challenges and successes. This feedback will enable us to consider where interventions may have had impact, and ensure we target our resources effectively.		<u>Starting Well</u> 4.1. We will develop a pathway offer to all young people that includes: <ul style="list-style-type: none">Advice on options available at identification of pregnancy, including termination services.Support with education options with the goal of maintaining study whilst meeting baby's needs through pregnancy and parenthood.Advice for young fathers, and for the wider family around young parents who often take on substantive caring roles.Immediate access to contraception advice and provision post-birth.Encouragement for young parents to engage fully with the Start for Life offer in the Family Hubs, including tailoring sessions and events where necessary to meet the specific needs of young parents.Engagement with employers to support their policies around teen parenthood and kinship care
Long-term objectives	To have the voice of the young people to help shape policy and practice and influence the agenda from a needs lead, evidence-based approach.	For all children and young people to receive high-quality evidence-based sex and relationship education at home, at school and in the community.	To have a successful youth sexual health delivery model, that is well used in prevention and early identification of STIs.	To build capacity within the system with a fully trained workforce.	To achieve a reduction in teenage pregnancy rates, STIs and repeat terminations up to age 25.	To reduce costs associated with issues related to early conception, including the hidden costs of missed education.	
Enablers	Intelligence, including a strong evidence based on what works to shape policy.			Successful stakeholders' engagement.		Workforce capacity and organisational development.	