

**NORTH LINCOLNSHIRE COUNCIL****HEALTH AND WELLBEING BOARD****North Lincolnshire Joint Health and Wellbeing Strategy Update on Strategic Priorities****1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 To provide an update in respect of the strategic priority actions agreed by the Health and Wellbeing Board in July 2016.
- 1.2 To consider current national drivers and local context and agree to establish a task and finish group to revise the Joint Health and Wellbeing Strategy.

**2. BACKGROUND INFORMATION**

- 2.1 The Health and Wellbeing Board's core strategic functions include setting the vision for improving the health and wellbeing of North Lincolnshire residents and publish a Joint Health and Wellbeing Strategy. The strategy is informed by having an assessment of the populations' needs in order that the board, as system leaders can explore opportunities for improving health and care.
- 2.2 The first Joint Health and Wellbeing Strategy for North Lincolnshire was published in 2013, and the strategic priority actions updated to reflect the local Joint Strategic Assessment. The two strategic priority actions for focus during the remainder of the Strategy period (2016-18) were:
  - Reduce the harm caused by tobacco to the residents of North Lincolnshire
  - Adults and children have information, understanding and opportunities needed to achieve and maintain a healthier weight.
- 2.3 The Strategy Update agreed in July set out some high level actions required to achieve these two outcomes (Appendix 1) and two partnership groups have taken the lead for the strategic priorities – Tobacco Control partnership and Sustainable Food Cities Group.
- 2.4 An Outcomes Based Accountability methodology has been adopted to achieve the desired outcomes and the Turning the Curve summary sheets are shown in Appendix 2 and 3.
- 2.5 Since the review of the Joint Health and Wellbeing Strategy in 2015-16 which resulted in the new strategic priority actions, national drivers and local context is changing. The publication of the 'Burden of Disease' report, the NHS transformation requirements at a local level and recent publication of Public Health Outcomes data provide a timely opportunity for the Health and Wellbeing Board to reflect on the current strategy and consider preparation of a new strategy.

**3. OPTIONS FOR CONSIDERATION**

- 3.1 To note the progress being made in respect of the two strategic priority actions (Appendix 2 and 3).
- 3.2 To consider the current national policy drivers and local context and establish a task and finish group to prepare a new Joint Health and Wellbeing Strategy.

#### **4. ANALYSIS OF OPTIONS**

- 4.1 Progress is being made in respect of service delivery and health promotion activity in both areas and additional plans are being developed to add real value to the attainment of these priority outcomes supported by local intelligence, to include more of a focus on targeting those most in need in terms of delivery of our local Health Trainer service, weight management and tobacco control providers.
- 4.2 In addition to add value to our local 'MECC' (Making Every Contact Count) and 'Making Health Everybody's Business' agenda, the recruitment and training of a range of community champions is being planned, to act as local peer educators, supported by training such as MECC, Health Champion Training (in line with the Royal Society of Public Health, Level 2-Health Trainer training), and Mental Health First Aid. This is to encourage people to take more responsibility for their own health and wellbeing, supported by the right education and skills, and to share these concepts with their peer groups.
- 4.3 Clearer health and wellbeing service pathways are being created, ensuring seamless access to leisure activities provided by the council for people who have worked through the lifestyle related provider services, to ensure a menu of future support tailored to the needs of the individual, in order to facilitate active lifestyle adoption and better use of our existing facilities.
- 4.5 In the context of the NHS commissioning and planning frameworks and transformation requirements and the direction of travel in respect of integration and developing community resilience and wellbeing for residents of North Lincolnshire it is necessary to update the Joint Health and Wellbeing Strategy.
- 4.6 A task and finish group made up from HWB member organisations, would consider the latest JSA, the commissioning and planning requirements, the HWB vision to develop a new Joint Health and Wellbeing Strategy that clearer defines the outcomes and quality of life and experience that we want to achieve for the residents of North Lincolnshire.

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

- 5.1 None as a direct consequence of this report.

#### **6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 6.1 N/A.

#### **7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

- 7.1 N/A

#### **8. RECOMMENDATIONS**

- 8.1 The Board notes the progress being made in achieving the two new strategic priority actions.
- 8.2 The board supports a task and finish group to develop the new Joint Health and Wellbeing Strategy. A report will be brought to the next meeting of the HWB to update members.

**STEVE PINTUS: INTERIM DIRECTOR OF PUBLIC HEALTH**

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Date: 9 December 2016

## **North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018**

### **Update of our strategic priority actions ‘Big Tickets’ 2016-2018**

The focus of the joint [Health and Wellbeing Strategy](#) (JHWS) for North Lincolnshire is to work together, as a partnership, to improve health and wellbeing outcomes and reduce inequalities for the residents of North Lincolnshire. The strategic commitment of the HWB partnership highlighted in the 2013-18 JHWS remains. The vision, values and principles, also outlined in the JHWS, continue to be paramount to improving health and wellbeing outcomes and clearly, the original six strategic priority outcomes across the life stages still remain important issues and have building evidence within the JSA.

Following publication of the JHWS in 2013/14, there has been significant progress against the Strategic Priority Outcomes and Priority Actions outlined in that document, however the Health and Wellbeing Board, following the 2015 Health and Wellbeing Peer Challenge, agreed that there needed to be a review and refresh of the original five priority actions for the remaining life of the JHWS.

Much has been achieved to meet the previous priority actions but as a result of increasing knowledge of local needs and a growing body of evidence of what works, the updated JSA indicated that there was still a lot to do to realign priority actions to local need.

In addition, North Lincolnshire participated in a health and wellbeing peer challenge in March 2015 which identified that as a partnership we needed to evaluate the impacts of the health and wellbeing strategy outcomes.

With plans to refresh the JHWS in 2017/18 already identified, the peer challenge team highly recommended that the HWB refresh its Priority Actions to help us “*create clarity of purpose through a rigorous focus on prioritised ‘Big Ticket’ issues that are evidence driven*” (derived via the JSA) with the focus of the Health and Wellbeing Board to drive them through.

Review of JSA evidence, insight gathered from project leads and a HWB development session in December 2015 identified a set of recommendations for ‘Big Ticket’ issues with a focus on the HWBs collective role in terms of what it can do to make a difference locally.

### **Focus on ‘Big Tickets’ for the remaining life of the JHWS 2016-18**

The Joint Strategic Assessment identifies many needs and areas of focus for health and wellbeing activity in North Lincolnshire. As was previously identified during the development of the JHWS and further work within the Health and Wellbeing Board, including the Health and Wellbeing Peer Challenge in 2015, it is not appropriate to treat everything as a priority action and there needs to be targeted focus by the Partnership on a very small number of priority actions.

The HWB agreed to a focus on actions that supported the strategic direction on a smaller number of significant issues, these being identified as Tobacco and Obesity to ensure collective action in achieving change.

The previously agreed strategic priority outcomes set the focus for partnership action and make certain that there is joined up working across the health and wellbeing agenda to provide improvements and reduce inequalities across the population of North Lincolnshire but with specific focus on life stages, localities and communities as appropriate.

# North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018

## Update of our strategic priority actions ‘Big Tickets’ 2016-2018

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Review of JSA evidence, insight gathered from project leads and a HWB development session in December 2015 identified a set of recommendations for ‘Big Ticket’ issues with a focus on the HWBs collective role in terms of what it can do to make a difference locally.

## Where we want to be with these ‘Big Tickets’:

<p><b>Desired outcome:</b> Reduce the harm caused by tobacco to the residents of North Lincolnshire</p>	
<p><b>What we know:</b></p> <p>Smoking prevalence among school age children has fallen consistently in North Lincolnshire for the past 10 years, however approximately 8% of all secondary school pupils are regular smokers. In year 7 the proportion is 1-2% but this rises throughout each year group to 10-12% in year 11. More girls than boys smoke.</p> <p>Key to reducing the proportion of young people who smoke is to discourage them from starting in the first place. Through education and health promotion this has been very successful but there is still a small number of pupils who do smoke who need support to quit. Public Health in North Lincolnshire has commissioned a unique project to support smoking secondary school age pupils to cut down and quit smoking. The project began in 2014 on a 12 month basis. Due to its success it has carried on and will continue to the end of the 2017 academic year. By working in partnership with secondary schools and taking a co-production approach over 750 pupils engaged with the project to discuss stopping smoking for themselves, friends or family. 300 used the support provided with 24 quitting and staying quit and another 21 significantly cutting down. Although the success rate is low in comparison to the experience of adult smokers who set out to quit, in the context of youth smoking this is a significant success. This project is reversing the effect of peer pressure and it is becoming the norm for smoking pupils to try to quit.</p> <p>Breathe2025 vision is to “Inspire a Smokefree Generation” so that children in primary schools grow up with not smoking being the norm.</p> <p>North Lincolnshire Council commissions a specialist stop smoking service provider: Smokefree Life North Lincolnshire. This service receives few referrals from primary and secondary care clinicians. Smokers who are encouraged to quit and referred to specialist support by their GPs and clinicians have the highest odds for successfully quitting.</p> <p>In 2013/14 75% of smokers who were referred by their GP to specialist stop smoking services in North Lincolnshire successfully quit, this compares with an average of 65% for all referral sources.</p> <p>Smoking during pregnancy increases the risks of miscarriage, still birth, premature delivery and a range of health problems in both mother and baby,</p>	<p><b>What we need to do:</b></p> <p><b>School senior leadership teams and Boards of Governors</b> should commit to the Breathe2025 vision to “Inspire a Smokefree Generation”.</p> <p><b>School senior teams and Boards of Governors</b> should formally acknowledge the proportion of pupils who are regular smokers at the school and develop a statement of intent to reduce this year on year.</p> <p><b>Ensure that every pupil</b> seen to be smoking is given appropriate encouragement and referred to support.</p> <p><b>Appoint a champion within the school</b> to take responsibility for reducing smoking prevalence among pupils and to work with North Lincolnshire Public Health Team to implement actions to reduce this.</p> <p><b>Recognise the benefits of providing smoking cessation support</b> to pupils within school by adopting the youth smoking cessation model developed by North Lincolnshire Council.</p> <p><b>Primary and secondary care clinicians</b> should routinely ascertain the smoking status of their patients.</p> <p><b>All smoking patients</b> should be advised to stop smoking by their healthcare provider.</p> <p><b>Healthcare professionals should talk about the benefits of and options for receiving support to quit</b> and principally recommend using the specialist stop smoking service - Smokefree Life North Lincolnshire. A target of 1000 referrals from primary care and 200 from secondary care clinicians for 2016/17 should be aimed for.</p> <p><b>Smoking cessation should be encouraged in older age groups</b> following the principle that it is never too late to stop; emphasised during clinics with older patients and during over 75 wellness checks.</p> <p><b>The CCG could review its contracts in respect of maternal care</b> and evaluate the benefits of introducing/ refreshing requirements and KPI targets on maternity services.</p> <p><b>Maternity Services should review own performance</b> and develop an action plan to address identified areas for improvement.</p> <p><b>North Lincolnshire Council could ensure that all staff</b> (who work with pregnant women and women of</p>

<p>but too few women take up the offer of support and current success rates are lower than average.</p> <p>Despite the proportion of pregnant women who are smokers at the time of delivery falling over the past decade there has been a recent increase. In 2009/10 26% of pregnant women were smokers at the time of delivery; this fell consistently to 16.4% in 2013/14 but rose again in 2014/15 to 19.2% where it has remained.</p> <p>There is a need to encourage more women to choose to stop smoking during pregnancy and to assist more to take up the offer of specialist support and to improve the odds of success for those that do.</p>	<p>childbearing age in Children and Family Centres, Health and Wellbeing Hubs, and social care teams) have the training and confidence to ask about smoking status and encourage smoking cessation.</p> <p><b>Smokefree Life North Lincolnshire</b> should review its performance and develop an action plan for continuous service improvement, ensuring it has the capacity to provide support to all pregnant smokers who seek it.</p>
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<p><b>Desired outcome:</b> Adults and children have information, understanding and opportunities needed to achieve and maintain a healthier weight.</p>	
<p><b>What we know:</b></p> <p>Obesity is a leading cause of preventable illness, disability and premature death in the UK. Individuals who are overweight or obese are at greater risk of experiencing a wide range of health conditions including cardiovascular disease, type two diabetes and some cancers. Furthermore being overweight or obese reduces both healthy life expectancy and overall life expectancy.</p> <p>Obesity in North Lincolnshire poses a significant challenge, with prevalence of overweight and obesity in adults and children being broadly higher than regional and national averages. In North Lincolnshire, 70% of Adults (16yrs+), 23% of children (aged 4-5yrs) and 33% of children (aged 10-11yrs) are overweight or obese. Overweight and obesity both locally and nationally are more common in people from deprived communities, people with disabilities, older age groups and in some black and minority ethnic groups.</p> <p>Obesity is a complex public health issue, caused on a simplistic level by unhealthy diets and inactivity. The decisions people make related to their diet and activity, however, are influenced by multiple and complicated factors at an individual, environmental and social level.</p> <p>A clear obesity pathway in North Lincolnshire will ensure adults, children and pregnant women are able to access appropriate and effective support for preventing and managing obesity.</p> <p>There are four tiers to the obesity pathway, with services in each tier commissioned and provided by different organisations. It is important that all tiers of the pathway work together and that a clear</p>	<p><b>What we need to do:</b></p> <p><b>Support North Lincolnshire becoming a member of the nationally recognised approach – ‘Sustainable Food Cities’.</b></p> <p>The Sustainable Food Cities approach and associated awards (levels of Bronze, Silver and Gold) are designed to recognise and celebrate the success of local authorities taking a joined up, holistic approach to improving local diets and addressing the wider food agenda. This includes building on current work in the food environment such as improving and sustaining local independent food producers, independent food shops and traders to help make our high streets, local shopping centres and markets vibrant and diverse.</p> <p><b>Commit to the development of the North Lincolnshire Food Pledge</b>, a programme based on the Sustainable Food Cities approach which will address six key local food issues:</p> <ul style="list-style-type: none"> <li>- promoting healthy and sustainable food to the public;</li> <li>- tackling food poverty, diet-related ill health and access to affordable healthy food;</li> <li>- building community food knowledge, skills, resources and projects;</li> <li>- promoting a vibrant and diverse sustainable food economy;</li> <li>- transforming catering and food procurement;</li> <li>- reducing waste and the ecological footprint of the food system.</li> </ul> <p><b>Endorse the application for the Bronze Sustainable Food Cities award</b> (upon successful development and commencement of the North Lincolnshire Food Pledge).</p> <p><b>HWB partnership to promote the use of the obesity</b></p>

<p>pathway exists so that all health and social care providers and members of the public can easily identify which service is relevant.</p> <p>In North Lincolnshire, there are a range of activities and services commissioned which are designed to support adults and children to achieve and maintain a healthier weight:</p> <ul style="list-style-type: none"> <li>- 261 adults have accessed the LivingWise weight management service between December 2015 and end of May 2016.</li> <li>- From 1 April 2015 to March 2016 111 adults have accessed the Health Trainer service for weight management support with a further 149 accessing the service for healthy eating advice.</li> <li>- In 2015/16 to date 97 families have completed the Get Going childhood weight management programme</li> <li>- From June 2015 to date 187 individuals have attended Cook4Life activities.</li> <li>- Since the start of the service in August 2014 to the 31 May 2016 1,401 adults have accessed Active Together.</li> </ul>	<p><b>pathway</b> within member organisations and monitor the use of services within each of the tiers.</p> <p><b>HWB partnership to influence key partners in primary and secondary care</b> to increase the number and quality of referrals to local programmes and services across all four tiers, as per the locally developed obesity pathway.</p> <p><b>Commit to the delivery of key obesity related public health training</b> across HWB member organisations (for example childhood obesity awareness training, MECC/healthy chat training, healthier food and special diets).</p>
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**Desired outcome:** Reduce the harm caused by tobacco to the residents of North Lincolnshire

**Target population:** All people who live, work and study in North Lincolnshire

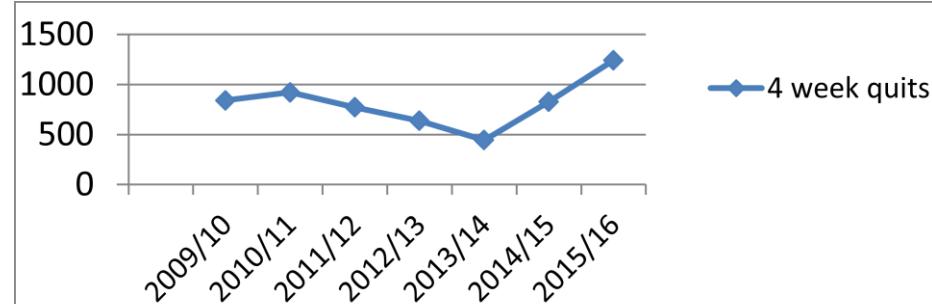
**Outcome indicators:**

- Prevent premature mortality.
- Reduce long term disability and ill health caused by smoking.
- Reduce the proportion of low birth weight babies.
- Improve the health of pregnant women who smoke and their babies.
- Reduce the number of children recruited as smokers.
- Inspire a Smokefree generation.

**Data development / development agenda:**

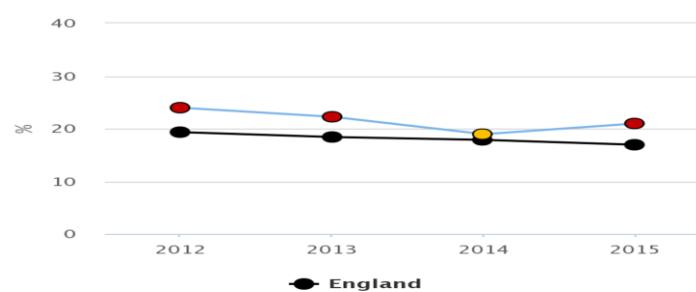
- More accurate insight regarding referrals to stop smoking service from GPs and hospital clinicians is required.
- Clarity required regarding the collection of robust, accurate numbers of pregnant smokers at time of delivery.

**How are we doing?**  
**North Lincolnshire 4 week quits** (higher is better)

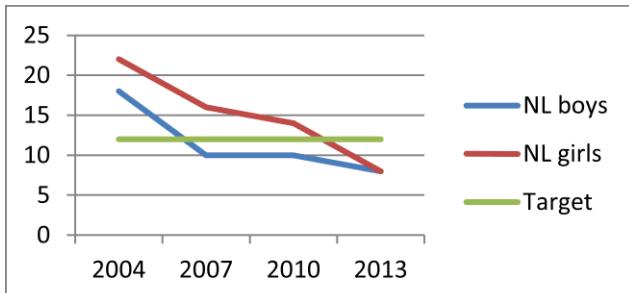


Source: Health and Social Care information Centre

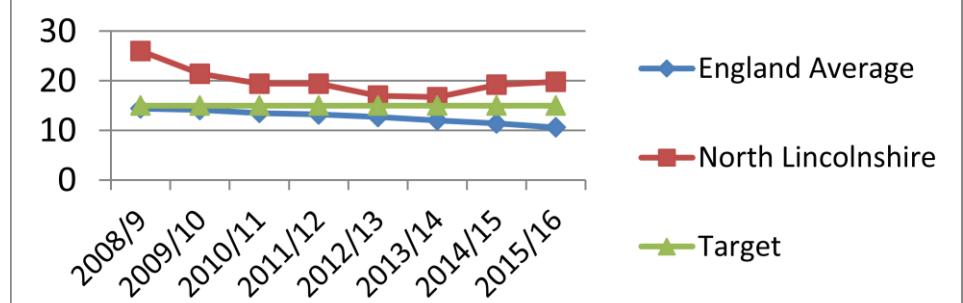
**How are we doing?**  
**North Lincolnshire Adult Smoking Prevalence – Current Smokers**



Source: Annual Population Survey (APS). Public Health outcomes Framework

**How are we doing?****PH Indicator 2.9 Smoking Prevalence – 14-15 year olds (lower is better)**

Source: North Lincolnshire Adolescent Lifestyle Survey

**How are we doing?****PH Indicator 2.3 Smoking Status at time of Delivery (lower is better)**

Source: Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)

**Partners:**

HWB, school senior teams, boards of governors, primary care clinicians, secondary care clinicians, CCG, NLaG, 3<sup>rd</sup> Sector organisations, North Lincolnshire Homes, key North Lincolnshire employers

**Story behind the baseline:**

Smoking prevalence among school age children has fallen consistently in North Lincolnshire for the past 10 years. Approximately 8% of all secondary school pupils are regular smokers.

In year 7 the proportion is 1-2% but this rises throughout each year group to 10-12% in year 11. More girls than boys smoke.

The key action in reducing the proportion of young people who smoke is to discourage them from starting in the first place. Through education and health promotion this has been very successful but there is still a small number of pupils who do smoke who need support to quit. Public Health in North Lincolnshire has commissioned a unique project to support smoking secondary school age pupils to cut down and quit smoking.

The project began in 2014 on a 12 month basis and due to its success has carried on and will continue to the end of the 2017 academic year. Many similar youth cessation projects run in the UK have not achieved notable success but by working in partnership with secondary schools and taking a co-production approach over 750 pupils engaged with the project to discuss stopping smoking for themselves, friends or family. 300 used the support provided with 24 quitting and staying quit and another 21 significantly cutting down. Although the success rate is low in comparison to the experience of adult smokers who set out to quit, in the context of youth smoking this is a significant success. This project is reversing the effect of peer pressure and it is becoming the norm for smoking pupils to try to quit. Four secondary schools participated in this scheme in 2014/15, growing to six in 2015/16 and it is intended to increase to eight in the coming year.

Breathe2025 vision is to "Inspire a Smokefree Generation" children in primary schools grow up with not smoking being the norm.

**Progress against actions:**

North Lincolnshire Council Commissions a specialist stop smoking service provider: Smokefree Life North Lincolnshire. This service receives few referrals from primary and secondary care clinicians.

Smokers who are encouraged to quit and referred to specialist support by their GPs and clinicians have the highest odds for successfully quitting,

In 2013/14 75% of smokers who were referred by their GP to specialist stop smoking services in North Lincolnshire successfully quit, this compares with an average of 65% for all referral sources.

Smoking during pregnancy increases the risks of miscarriage, still birth, premature delivery and a range of health problems in both mother and baby.

Too few women take up offer of support and current success rates are lower than average.

**Story behind the baseline continued:**

Despite the proportion of pregnant women, who are smokers at the time of delivery, falling over the past decade there has been a recent increase. In 2009/10 26% of pregnant women were smokers at the time of delivery; this fell consistently to 16.4% in 2013/14 but rose again to 19.8% in 2015/16.

There is a need to encourage more women to choose to stop smoking during pregnancy, to assist more to take up the offer of specialist support and to improve the odds of success for those that do.

**Summary of actions:**

School senior leadership teams and Boards of Governors commit to the Breathe2025 vision to "Inspire a Smokefree Generation".

School senior teams and Boards of Governors formally acknowledge the proportion of pupils who are regular smokers at the school and develop a statement of intent to reduce this year on year.  
Progress November 2016

Ensure that every pupil seen to be smoking is given appropriate encouragement and referred to support. Appointing champions within the school to take responsibility for reducing smoking prevalence among pupils and to work with North Lincolnshire Public Health Team to implement actions to reduce this.

Recognise the benefits of providing smoking cessation support to pupils within school by adopting the youth smoking cessation model developed by North Lincolnshire Council.

**Progress November 2016:**

-We are proactively working with 7 secondary schools to provide stop smoking support to pupils and smoking prevention training. Actions are virtually complete in these schools. In 2017/18 all remaining schools will be offered guidance to provide this support in house.

**Challenges/barriers: (to be taken forward in the next 6 months)**

-It is requested that the chair of the HWB write to all Heads and Chairs of Governors to further encourage them to undertake the actions above – the ideal time to do this would be upon publication of the latest Adolescent Lifestyle Survey (ALS) data (expected early 2017) so we could present an evidence based case to each school. If the chair agrees to this letters will be prepared for signing in early January.

-Primary and secondary care clinicians should routinely ascertain the smoking status of their patients. All smoking patients should be advised to stop smoking by their healthcare provider.

-Healthcare professionals should talk about the benefits of and options for receiving support to quit and principally recommend using the specialist stop smoking service - Smokefree Life North Lincolnshire. A target of 1000 referrals from primary care and 200 from secondary care clinicians for 2016/17 should be aimed for.

-Smoking cessation should be encouraged in older age groups following the principle that it is never too late to stop; emphasised during clinics with older patients and during over 75 wellness checks.

-The CCG could review its contracts in respect of maternal care and evaluate the benefits of introducing/ refreshing requirements and KPI targets on maternity services.

**Progress November 2016:**

-GPs and secondary clinicians have been approached regarding this through several forums including the CCG Engine Room and through contributions made through professional development training.

-A further meeting with CCG and public health leads and provider services to take place in Dec to identify further channels for progression.

**Challenges/barriers: (to be taken forward in the next 6 months)**

-Maternity Services should review own performance and develop an action plan to address identified areas for improvement.

-North Lincolnshire Council could ensure that all staff (who work with pregnant women and women of childbearing age in Children and Family Centres, Health and Wellbeing Hubs, and social care teams) have the training and confidence to ask about smoking status and encourage smoking cessation.

**Smokefree Life North Lincolnshire should review its performance and develop an action plan for continuous service improvement, ensuring it has the capacity to provide support to all pregnant smokers who seek it.**

**Progress Nov16:**

-Smoke Free Life North Lincolnshire has completed this action and developed the continual service improvement plan.

-In addition it has introduced the 'MeTime' club as a model of providing support to pregnant smokers, this has improved performance to a level that exceeds target and is a significant improvement on previous performance. A short video summary of this model of service delivery is available for play at a future HWB meeting if required.

**Desired outcome:** Adults and children have information, understanding and opportunities needed to achieve and maintain a healthier weight.

**Target population:** All adults and children in North Lincolnshire

#### Outcome indicators:

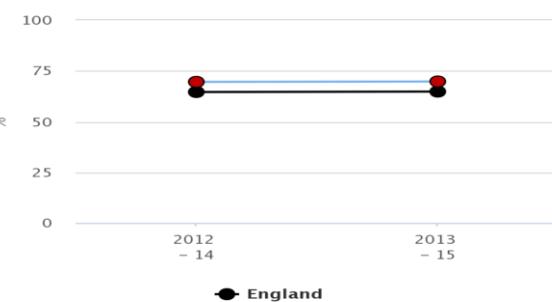
- Increased access to healthier and affordable food
- Increased opportunities for physical activity
- Increased uptake of weight management support
- Reduction in the number of adults and children above a healthy weight
- Reduction in preventable long term ill health and disability caused by overweight and obesity
- Prevention of premature mortality caused by overweight and obesity

#### Data development / development agenda:

- Insight into the numbers of bariatric surgery and requests in North Lincolnshire
- Robust and accurate maternal overweight/obesity prevalence
- Robust and accurate overweight/obesity prevalence adolescence
- More systematic collection of GP – QOF data

#### How are we doing?

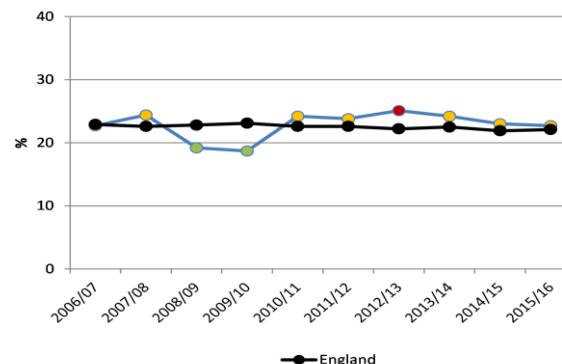
**PH Indicator 2.12 – Percentage of excess weight in adults aged 16yrs+ in North Lincolnshire** (lower is better)



Source: Active People Survey, Sport England

#### How are we doing?

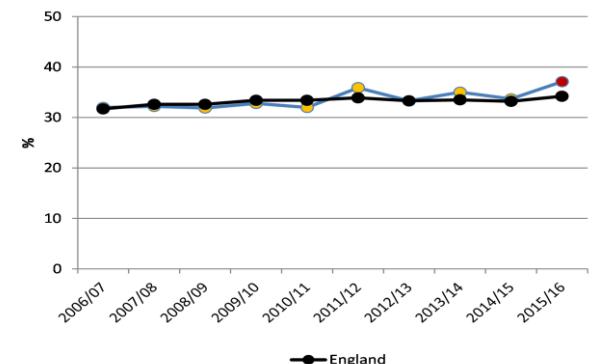
**PH Indicator 2.06i – Percentage of excess weight in children aged 4-5yrs in North Lincolnshire** (lower is better)



Source: Health and Social Care Information Centre, National Child Measurement Programme 2015/16

#### How are we doing?

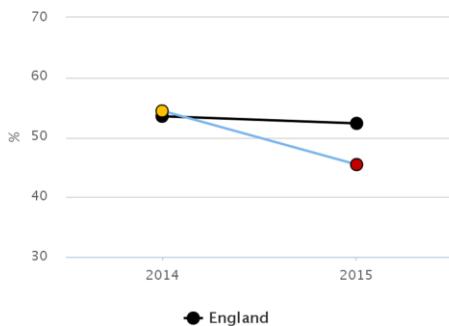
**PH Indicator 2.06ii – Percentage of excess weight in children aged 10-11yrs in North Lincolnshire** (lower is better)



Source: Health and Social Care Information Centre, National Child Measurement Programme 2015/16

**How are we doing?**

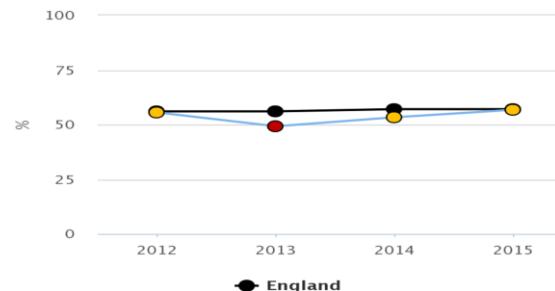
**PH Indicator 2.11 – Proportion of population in North Lincolnshire meeting the recommended ‘5 a day’ (higher is better)**



Source: Active People Survey, Sport England

**How are we doing?**

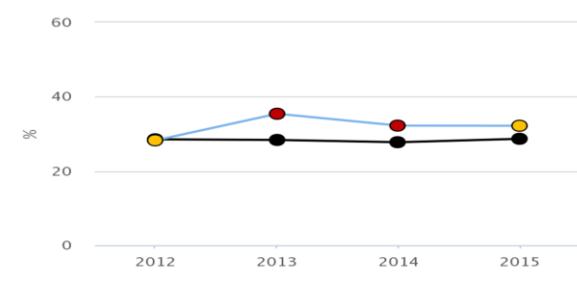
**PH Indicator 2.13i – Percentage of physically active adults aged 16yrs+ in North Lincolnshire (higher is better)**



Source: Active People Survey, Sport England

**How are we doing?**

**PH Indicator 2.13ii – Percentage of inactive adults aged 16yrs+ in North Lincolnshire (higher is better)**



Source: Active People Survey, Sport England

**Partners:** HWB, North Lincolnshire Council – all directorates, private business, 3<sup>rd</sup> sector organisations, Health Trainers, NLaG Dietetics Service, Get Going, CCG, commissioned Tier 3 and 4 services, GPs, school nurses, health visitors

**Story behind the baseline:**

Obesity is a leading cause of preventable illness, disability and premature death in the UK. Individuals who are overweight or obese are at greater risk of experiencing a wide range of health conditions including cardiovascular disease, type two diabetes and some cancers. Furthermore being overweight or obese reduces both healthy life expectancy and overall life expectancy.

Obesity in North Lincolnshire poses a significant challenge, with prevalence of overweight and obesity both in adults and children being higher than regional and national averages. In North Lincolnshire, 70% of Adults (16yrs+) (2013-15), 23% of children (aged 4-5yrs) and 37% of children (aged 10-11yrs) (2015/16) are overweight or obese. Overweight and obesity both locally and nationally are more common in people from deprived communities, people with disabilities, older age groups and in some black and minority ethnic groups. Locally, obesity is similar to the national average at 9.3% for children aged 4-5 years but significantly higher than the national average for children aged 10-11 years at 22.4% and for adults at 27.7%.

Obesity is a complex public health issue, caused on a simplistic level by unhealthy diets and inactivity. However the decisions people make related to their diet and activity are influenced by multiple and complicated factors at an individual, environmental and social level.

A clear obesity pathway in North Lincolnshire will ensure adults, children and pregnant women are able to access appropriate and effective support for preventing and managing obesity.

There are four tiers to the obesity pathway, with services in each tier commissioned and provided by different organisations. It is important that all tiers of the pathway work together and that a clear pathway exists so that all health and social care providers and members of the public can easily identify which service is relevant.

In North Lincolnshire, there are a range of activities and services commissioned which are designed to support adults and children to achieve and maintain a healthier weight

- 261 adults have accessed the LivingWise weight management service between December 2015 and end of May 2016.
- From 1 April 2015 to March 2016 111 adults have accessed the Health Trainer service for weight management support with a further 149 accessing the service for healthy eating advice.
- In 2015/16 to date 97 families have completed the Get Going childhood weight management programme.
- From June 2015 to date 187 individuals have attended Cook4Life activities.
- Since the start of the service in August 2014 to the 31 May 2016 1,401 adults have accessed Active Together.

**Summary of actions: Support North Lincolnshire becoming a member of the nationally recognised approach – ‘Sustainable Food Cities’.**

The Sustainable Food Cities approach and associated awards (levels of Bronze, Silver and Gold) are designed to recognise and celebrate the success of local authorities taking a joined up, holistic approach to improving local diets and addressing the wider food agenda. This includes building on current work in the food environment such as improving and sustaining local independent food producers, independent food shops and traders to help make our high streets, local shopping centres and markets vibrant and diverse.

**Commit to the development of the North Lincolnshire Food Pledge**, a programme based on the Sustainable Food Cities approach which will address six key local food issues: promoting healthy and sustainable food to the public;

- tackling food poverty, diet-related ill health and access to affordable healthy food;
- building community food knowledge, skills, resources and projects;
- promoting a vibrant and diverse sustainable food economy;
- transforming catering and food procurement;
- reducing waste and the ecological footprint of the food system.

## **Update on actions Nov 2016**

**Endorse the application for the Bronze Sustainable Food Cities award** (upon successful development and commencement of the North Lincolnshire Food Pledge).

Progress Nov 16:

Sustainable Food Cities (SFC) Partnership established with terms of reference and chaired by Cllr. Carl Sherwood. Membership agreed (see below).

- Commitment received from SFC Partnership.
- Consultation underway with local people and stakeholders from September to November 2016.

Food Pledge to be branded as 'Food in North Lincolnshire' and due to be ratified by partnership in January 2017.

No challenges to this currently identified.

### **Challenges/barriers:**

-Representation required from large supermarkets.

-Continued commitment from partnership members. (last meeting not widely represented)

**HWB partnership to promote the use of the obesity pathway** within member organisations and monitor the use of services within each of the tiers.

- Working groups established and due to meet in December to bring together evidence to address the six key issues required to achieve the bronze award. The key issues are:
  - promoting healthy and sustainable food to the public
  - tackling food poverty, diet-related ill health and access to affordable healthy food
  - building community food knowledge, skills, resources and projects
  - promoting a vibrant and diverse sustainable food economy
  - transforming catering and food procurement
  - reducing waste and the ecological footprint of the food system.

**HWB partnership to influence key partners in primary and secondary care** to increase the number and quality of referrals to local programmes and services across all four tiers, as per the locally developed obesity pathway.

- Referrals steadily increasing to Tier 1 & 2
- Pathway working well for referrals to some of the tier 2 provision such as Health Trainers and Get Going.
- Referrals by health professionals to LivingWise have reduced the last quarter.

### **Figures:**

**LivingWise** Nov 2015 to Oct 2016 797 referrals with 313 engaged.

Maintained weight = 17%

0-2.9% loss =37%

3-4.9% loss =17%

>=5% loss =29%

**Get Going** April 2016 to Oct 2016 97 referrals with 77 engaged (over 400 engaged since April 2013).

Barriers to achieving this: GP engagement required to increase referrals to LivingWise.

**Commit to the delivery of key obesity related public health training** across HWB member organisations (for example childhood obesity awareness training, MECC-Healthy Chat training, healthier food and special diets, Health Trainer, etc ).

- 645 people trained in Healthy Chat in North Lincolnshire Council.
- 140 people trained in Healthy Chat in NLAG.
- Train the trainers Healthy Chat being developed by current trainers to increase capacity.
- Commitment by local workplaces to MECC monitored through the Healthy Workplace Scheme
- Obesity Chat training delivered to a number of different organisations including school nurses, health visitors, local schools.

Accredited Training available on special diet and healthy food