

## NORTH LINCOLNSHIRE COUNCIL

## HEALTH AND WELLBEING BOARD

Review of North Lincolnshire Joint Health and Wellbeing Strategy Priorities and Actions  
2013-18

## 1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 North Lincolnshire Health and Wellbeing Board (HWB) members are being asked to consider the content of this report and note the progress made on 2013/18 Joint Health and Wellbeing Strategy (JHWS) Priorities.
- 1.2 This report outlines the recommendations for 'Big Ticket' Priorities and Actions to focus activity for the remaining life of the JHWS 2016 to 2018.
- 1.3 The HWB is asked to agree that these become the focus of activity for a refreshed JHWS Action Plan.

## 2. BACKGROUND INFORMATION

- 2.1 Following publication of the second [health and wellbeing strategy](#) for North Lincolnshire in 2013/14, there has been significant progress against the priorities outlined in that document. The focus of the strategy was to work together, as a partnership, to improve health and wellbeing outcomes and reduce inequalities for the residents of North Lincolnshire.
- 2.2 Having agreed that there needed to be a review and refresh of the original six strategic priorities and associated actions or elements of those actions, for the remainder of the life of the Strategy. A summary of the review of the original six strategic priorities and an overview of work to continue to meet the current priorities and actions is contained within Section 1 of the accompanying report **Appendix 1**.
- 2.3 An overview of the process for refreshing the Priorities is included in Section 2 of **Appendix 1**.
- 2.4 It is important to point out that 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. Clearly, the original six strategic priority outcomes across the life stages still remain important issues and have building evidence within the Joint Strategic Assessment (JSA).
- 2.5 While much has been achieved towards the original priorities, as a result of increasing knowledge of local needs and a growing body of evidence of what works, the updated JSA indicates that there is still a lot to do in terms of realigning priority actions to local need.
- 2.6 In addition, an external health and wellbeing peer challenge in March 2015 identified that the partnership needed to effectively evaluate the impacts of the health and wellbeing strategy outcomes. With plans to refresh the JHWS already identified, the peer challenge team highly recommended this activity in order 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.
- 2.7 Furthermore, a NorthLincolnshire HWB development session in September 2015 agreed that the Board will focus on system design work for health and social care and a smaller number of significant issues to ensure collective action in achieving change.

- 2.8 Following review of JSA evidence, insight gathered from project leads and the HWB development session early in December 2015, recommendations for Big Ticket issues have been outlined as Priorities and Actions in Section 3 of **Appendix 1**.
- 2.9 An outline of what the HWB said they could do as a partnership, at the December development session, to support the remaining 'Big Ticket' priorities is outlined in Section 4 of **Appendix 1**.
- 2.10 Section 5 of **Appendix 1** makes reference to system and system changes taking place to support delivery of the refreshed Priorities and Action Plan.

### 3. **OPTIONS FOR CONSIDERATION**

- 3.1 For the partnership to note progress on JHWS previous Priorities.
- 3.2 For the partnership to consider and agree the identified Priorities contained within **Appendix 1** for inclusion in the refreshed JHWS Action Plan.

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

- 4.1 Any outstanding or continuation of actions to meet the original Priorities will be done so within the system of existing networks and operational groups.
- 4.2 It is important that the partnership consider and agree a set of new Priorities as part of the review of JSA evidence provided and to meet the peer challenge recommendation of "creating clarity of purpose through a rigorous focus on evidence based 'Big Ticket' issues".

### 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 No IIA required for this report.

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

- 7.2 No conflicts of interest declared.

### 8. **RECOMMENDATIONS**

- 8.1 HWB members are asked to consider this Paper and its accompanying Appendix 1 for the review of JHWS Priorities.
- 8.2 HWB members are asked to note progress made against current Priorities and a process identified for overseeing any remaining action for the remainder of the 2013-18 JHWS.
- 8.3 HWB members are asked to agree that the identified 'Big Ticket' Priorities and supporting actions can be included in the production of a refreshed JHWS Action Plan and brought to the next HWB.

CHIEF EXECUTIVE

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### Review of North Lincolnshire Joint Health and Wellbeing Strategy Priorities and Actions 2013-18

During the period from 2013 - 2015 North Lincolnshire Health and Wellbeing Board focussed on five priority actions. Good progress has been made against these actions and the Board needs to now focus on developing its actions for the period 2016 – 2018. This report provides an over view of the progress that has been made against the priority actions and makes recommendations for future priority actions.

#### 1 North Lincolnshire Health and Wellbeing Board Priorities 2013-15

The priority actions agreed and taken forward by the Board were as follows:

- **Babies get the best start in life** (Focusing on 'best start' from conception to age 2)
- **Address poverty and reduce the impact on people** (Addressing poverty and reducing the impact on people)
- **People in North Lincolnshire have the ability to lead a meaningful life** (Improving literacy (including health literacy) and numeracy skills)
- **People can have a good night in NL** (Improving the safety and vibrancy of the night time economy)
- **People in North Lincolnshire lead fulfilling and healthy lives** (Advocating and modelling behaviour change)

The initial focus of the review was to ensure that nothing within the existing priority actions was left behind or dropped, so the Leads for each priority (along with their supporting priority groups/networks) and two public health staff carried out a desk top review of the 2013-18 priorities. Leads identified potential actions that need to be carried forward for further activity / development. The review included identifying where priorities had got to with regard to their original actions; establishing if the priorities and actions were still the right ones in line with JSA evidence; whether the priorities/actions needed to change and how; and whether there was any outstanding activity on actions that required continuation.

Below is a summary of key further work /development on each of those existing priorities. It also identifies where those actions sit within existing networks and operational groups to ensure continued drive. It does not contain all the actions accomplished, these have previously been reported to the HWB through the OBA reporting process. A full overview of each priority and actions can be provided by priority leads.

##### 1.1 Priority 1 – Babies get the best start in life

Best Start as a priority of the HWB and the Early help Transformation group (EHTG) has led joint work on this including aligning this and the pathways, so all agencies understand these, their roles and the connectivity with one another. The single organisation model has provided a framework to understand where our approach to the Healthy Child Program (HCP), Emotional Well-Being and Statutory intervention sits locally.

There is an agreed Early Help assessment, plan and review which has been simplified. The essence of the joint work underpinning early help and commitment to integrated working with children and families has been built upon the following:

- the child and family telling their story once

- only a few dedicated staff been involved
- solution focused/strengths based support to families.

Work undertaken by the EHTG has begun to shape the commissioning and review of services to meet the agreed framework and commitment.

Work has been ongoing with regard to the early identification, assessment and what measurement we should use to demonstrate success.

The integrated health and development check at 2 to 2.5 years will provide a measure by which we can have an overview of a child's developmental needs and measure progress in relation to children achieving a good level of development on school entry.

***To continue: Work by this Priority Lead has identified that the outcomes relating to Best Start fit within the HCP/Single Organisational delivery model and that priorities will be met and continued by that operational network. The HCP is the key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes.***

***Issues relating to children who need to be safeguarded and or are at risk continue to be met and dealt with within the context of Working Together 2015 and expressed in the North Lincolnshire Early Help Strategy. The LSCB monitors quality and performance.***

***The developments as we move forward can be managed within core service and commissioning functions.***

## **1.2 Priority 2 – addressing poverty and reducing the impact on people**

Identified that good progress had been made on the Action to 'engage, support and up skill people in relation to the seven employability skills' and that this action needs to be carried forward.

Considerable progress had also been demonstrated on the Action to 'extend and target the offer of advice and guidance to enable people to manage their income and avoid debt'. It has been highlighted however, that there is need for this work to continue and work in partnership to explore how it is delivered once funding ceases.

The Action to 'promote credit unions as affordable credit suppliers and to increase savings and savers' will also continue with ongoing publicity for the now merged credit union as well as wider roll out of and promotion within other organisations/partners and the public.

Work has continued on the Action to 'develop a training package for members of the workforce in the wider community to recognise the signs, symptoms and impacts of poverty on individuals and as part of their role to signpost those individuals accordingly' and whilst successful and the PWG has agreed to discontinue work on this Action – work will continue to establish its use in other organisations who have demonstrated an interest in it. It has been highlighted that work will also continue on the Action to 'support parents into work by improving work readiness through access to volunteering, training and work placements by ensuring access to sufficient and affordable childcare.

Investigative work and work with service providers has led the Poverty Working Group to consider additional areas for further study, scrutiny and work including the working poor and continuation of work to implement 'Action Station' a new apprenticeship programme.

***To continue: This Priority has no outstanding actions that are not being picked up by the PWG.***

### **1.3 Priority 3 – People in North Lincolnshire have the ability to lead a meaningful life**

This group identified that the actions relevant to Priority 3 remain pertinent for the JSA and wider health and wellbeing outcomes, however the overlap between this priority and the one focusing on poverty is significant because low levels of literacy and numeracy are so closely associated with poor outcomes and are a determinant of wider crime, health, employment and wellbeing inequalities there it is suggested that it would be appropriate to combine the literacy/numeracy and poverty work streams in to one coherent strategy.

In addition, there have been discussions with the Humber LEP regarding a Humber wide project to increase literacy as part of the skills agenda and ongoing regeneration of the sub regional economy.

***To continue: The majority of actions and work outlined have been achieved within the resources of the council; benefit would be seen from further human resource commitment from partners, via the operational group, while providing stronger emphasis on older residents and working age. A number of actions have been picked up during work relating to 'Action Station' and apprenticeship programmes and the Healthy Child Programme.***

### **1.4 Priority 4 – People can have a good night out in North Lincolnshire**

The work to address the actions within this priority continues in line with other work streams however activity has identified that a vision and strategy is needed for the development of the night time economy in North Lincolnshire to ensure this approach and actions are effective.

***To continue: As a 'big ticket' issue elements of this priority particularly relating to a more holistic approach to public health issues, but including operational activity, in regard to alcohol will most definitely require continuation and is supported by considerable evidence within the JSA.***

***A priority for taking forward is the development of a multiagency group oversee development and provide commitment to preventative work, working better and smarter within a partnership towards shared public health and criminal justice outcomes.***

### **1.5 Priority 5 – People in North Lincolnshire lead fulfilling and healthy lives**

All of the Actions within Priority 5 were substantially focused on asking the HWB member organisations to work to ensure they were doing as much as they could to improve the health and wellbeing of their employees and therefore residents of North Lincolnshire.

***To continue: It is acknowledged that the focus now needs to shift to how elements of these priorities are taken out across North Lincolnshire within the framework of the partnership approach.***

***Elements of some of the actions will continue as part of a wider approach via other organisations and mechanisms whilst elements of others will continue in line with a focus on ‘big ticket’ issues and wider community involvement as outlined by the peer challenge. For instance, breastfeeding friendly buildings is to be added to the Healthy Workplace award scheme; more accountability to the HWB in regard to the Active Together Programme will be sought; and a Food Charter is to be explored in relation to the Action around healthy eating; and as part of the Healthy Workplace Award Scheme health champions based within organisations will take forward ‘Healthy Chat’.***

## **2 Refreshing the Joint Health and Wellbeing Strategy for 2016-18**

Given the progress made against the original actions within the Strategy, there is now a need to focus on the actions for 2016-18. In March 2015 an external health and wellbeing peer challenge team highly recommended a review of priorities in order to help North Lincolnshire HWB “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.

In line with that, JSA evidence and insight gathered from project leads, a HWB development session in December 2015 explored, through a series of table top discussions, the 5 key topics identified as potential ‘Big Tickets’.

Through a process of ranking those discussions it has been established that priority focus for the period of 2016-18 should be on tobacco and obesity. The three remaining priorities of alcohol, mental health and healthy ageing should be incorporated within actions on tobacco and obesity where possible, and should feature within the Strategy.

## **3 Proposed Health and Wellbeing Board Priorities and Actions 2016-18**

### **3.1 Priority: Tobacco**

#### **3.1.1 Youth smoking**

**Aim:** to reduce smoking among secondary school age children by reducing the uptake of smoking, and providing support to quit to those who are already smokers.

Smoking prevalence among school age children has fallen consistently in North Lincolnshire across all year groups for the past 10 years and is now at its lowest point. Approximately 8% of all secondary school age 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 Breathe2025 vision is to “Inspire a Smokefree Generation” so that children in primary schools today will grow up with smoking being an unusual and uncommon behaviour.

**Actions:** The HWB should seek to influence schools’ senior leadership teams and Boards of Governors to:

- Commit to the Breathe2025 vision to “Inspire a Smokefree Generation” and to make appropriate declarations on behalf of their schools to support this aim [WWW.Breathe2025.co.uk](http://WWW.Breathe2025.co.uk).
- 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 towards the vision of the year group starting in 2016 to remain smokefree as it passes through the school.
- To ensure that every pupil who is seen to be smoking by a member of staff is routinely given appropriate encouragement and referred to support to stop smoking.

- Appoint a champion within the school to take responsibility for reducing smoking prevalence among pupils and who will 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 who smoke. The youth smoking cessation model developed by North Lincolnshire Council and Voluntary Action North Lincolnshire provides an example of good practice that individual schools could adopt and implement

### **3.1.2 GP and secondary care referral**

**Aim:** to influence primary and secondary care clinicians to increase the number and quality of referrals of smoking patients to the specialist stop smoking service.

North Lincolnshire Council Commissions a specialist stop smoking service provider: Smokefree Life North Lincolnshire. This service receives few referrals from primary and secondary care; those that it does receive originate from a few individuals.

Smokers who are encouraged to quit and referred to specialist support by their GPs and clinicians have the highest odds for successfully quitting than those from any other referral source. 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.

**Actions:** The HWB can use its influence with primary care and the CCG to achieve this aim:

- Primary and secondary care clinicians should routinely ascertain the smoking status of their patients, particularly if this is a contributory/exacerbating factor of their illness.
- All smoking patients should be advised to stop smoking by their healthcare provider. Reference to the health benefits of quitting should be made; reference could also be made to other advantages of quitting including the financial benefits (brief intervention training, offered by NLC Health improvement Team would provide the necessary background information to enable health professional to carry this out).
- The healthcare professional 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.
- Where the patient consents, an online referral can be made directly by the healthcare professional. 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. This can be emphasised during clinics with older patients and during over 75 wellness checks.

### **3.1.3 Holding local organisations to account for their work to reduce the proportion of women who smoke during pregnancy**

**Aim:** To encourage key organisations in North Lincolnshire that have a role in reducing maternal smoking to commit to influencing a significant and sustained reduction in the number of women who are smokers at the time their baby is born.

Smoking during pregnancy increases the risks of miscarriage, still birth, premature delivery and a range of health problems in both mother and baby. There is no safe level of smoking and all pregnant women are encouraged to stop smoking as early in their pregnancy as possible. All pregnant women are asked if they smoke by their midwife at their first appointment, those that do are given advice to stop smoking and referred to the specialist stop smoking service (a service commissioned by NLC).

Too few women take up this offer of support and current success rates are lower than average. Despite the proportion of women who are smokers at the time of birth 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.

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.

**Actions:** The HWB can influence key organisations to commit to doing more to reduce the proportion of women who smoke during pregnancy and hold them to account for their actions and performance. Specifically the HWB can influence the following.

- 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 regarding:
  - initial identification of smoking status, giving encouragement to stop smoking and making referrals to the specialist stop smoking service at the first appointment with a pregnant smoker;
  - giving advice to stop smoking and offering a referral at all subsequent appointments with a pregnant smoker by all health care staff in the maternal care pathway (i.e. Obstetricians, sonographers and midwives);
  - ensuring robust recording of smoking status at all appointments including time of delivery;
  - adopting training standards for all staff in the maternal care pathway in respect of giving brief advice to pregnant smokers.
- Maternity Services could be asked to review its own performance against the points outlined above and develop an action plan to address identified areas for improvement.
- North Lincolnshire Council could ensure that all staff in its employment 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 routinely encourage smoking cessation with all pregnant smokers and women of a child bearing age who smoke, where appropriate referring them to the stop smoking service for support.
- Smokefree Life North Lincolnshire, the commissioned stop smoking service provider, could review its performance and develop an action plan for continuous service improvement to ensure it has the capacity to provide support to all pregnant smokers who seek it, and to improve the odds of successfully quitting for this priority group.

## 3.2 Priority: Obesity

### 3.2.1 Develop a cross sector partnership of local public, private and voluntary/ community sector organisations to address the food environment

**Aim:** Developing a cross-sector partnership of local public, private and voluntary/community sector organisations, who are collectively committed to ensuring healthy and sustainable food is a major characteristic of North Lincolnshire.

Obesity is a leading cause of preventable illness, disability and premature death in the UK. An individual who is overweight or obese is at greater risk of developing a wide range of health conditions and the risk proportionately elevates as a person's Body Mass Index (BMI) increases.

In addition, research indicates that life expectancy is reduced on average by three years for a person who has a BMI of 30-35 kg/m<sup>2</sup>, while a BMI of 40-50 kg/m<sup>2</sup> reduces a person's life expectancy by 8-10 years. This substantial reduction in life expectancy is comparable to the effects of lifelong smoking (Wang et al, 2011).

Our local ambition for North Lincolnshire is to prevent and reduce the levels of overweight and obese adults and children in North Lincolnshire; empowering individuals and communities to achieve and sustain a healthy weight. This matters because being overweight and obese places a significant health and financial burden on individuals and society as a whole.

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

**3.2.1 Promote the use of a locally established obesity pathway**

**Aim:** Establish a clear obesity pathway in North Lincolnshire, where adults, children and pregnant women are able to access appropriate and effective support for preventing and managing obesity.

There are four tiers of the obesity pathway, with services in each tier commissioned and provided by different organisations. Locally partners have come together to ensure that all tiers of the pathway are working 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.

**Actions:**

The HWB should promote the use of the obesity pathway within member organisations and monitor the use of services within each of the tiers.

- 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.
- Commit to the delivery of key obesity related public health training across HWBB member organisations (for example childhood obesity awareness training, MECC healthy chat training, Healthier food and special diets).

## 4 The remaining three Priorities

### 4.1 Alcohol

#### **What is the HWBs collective role in Alcohol and what can the HWB do to make a difference locally?**

The HWB should focus on:

Ensuring local bodies work together to take on joint responsibility for alcohol, giving clear prioritisation for both treatment and prevention services.

The evidence base suggests the following principles are used when developing plans for an integrated system:

- Effective population-level actions are in place to reduce alcohol-related harms - this will reduce the aggregate level of alcohol consumed and therefore lower the whole population risk of alcohol related harm.
- There is large scale delivery of targeted brief advice - early identification and brief advice (IBA) interventions aimed at individuals in at-risk groups, in a range of settings, can help make people aware of the harm they may be doing and can prevent extensive damage to health and wellbeing.
- There are specialist alcohol care services for people in hospital - Specialist alcohol teams in hospitals reduce alcohol-related hospital admissions and improve quality of care, thereby saving costs for the NHS.
- There is prompt access to effective alcohol treatment - Packages of psychosocial, pharmacotherapeutic and recovery interventions that are accessed by the target populations and deliver sustained recovery from alcohol dependency.
- Local authority public health commissioners work closely with all relevant partners to commission high-quality, evidence-led alcohol and drug interventions based on outcomes - Effective integrated policies and commissioning of services that achieve positive outcomes for individuals, families and communities

### 4.2 Mental Health

#### **What is the HWBs collective role in Mental Health and what can the HWB do to make a difference locally?**

The Health and Wellbeing Board should have an overview of the Suicide Prevention Strategy and CAMHS Transformation Plan and be accountable for the delivery of actions within these Strategies.

The Board should also champion parity of esteem between physical and mental Health. To achieve this all board members need to agree to their workforce all having awareness training and for a proportion to have Mental health champion status. This could link into the

Healthy Workplace Award Scheme and mirrors commitments to Dementia Friendly, and commitments in the Suicide Prevention Strategy due to be launched on 1st March 2016.

Commitment to the key action would result in:

- improved identification and prevention of mental needs,
- reduced absenteeism at work,
- increased productivity.

### **4.3 Healthy Ageing**

#### **What is the HWBs collective role in Healthy Ageing and what can the HWB do to make a difference locally?**

From discussions focused on promoting active healthy ageing the development session discussions reviewed by the healthy ageing lead identified that the:

HWBs role in promoting active healthy ageing should focus on championing opportunities for older people to be physically active in their own and wider community.

Commitment to this work in promoting positive, physically active ageing will improve muscular skeletal condition, chronic pain and reduce risks of falling and unplanned hospital admissions, and increased dependency.

The improvement in chronic pain will have positive impacts on mental health and wellbeing.

## **5 Other aspects to support the refreshed Priorities and Action Plan**

In a previous paper submitted to the HWB Development Session in December 2015 there was an outline included of what should remain in sight with regard to the JHWS 2013-18.

This included the strategic commitment of the HWB partnership in addition to the current vision, values and principles.

It also outlined the importance of the original six strategic priority outcomes (safeguard and protect, close the gaps, raise aspirations, prevent early deaths, enhance mental wellbeing and support independent living) across the life stages as being key in terms of strategic direction.

The development session paper also acknowledged that the overall ethos and vision of the 2013-18 strategy remains the same in that the partnership needs to continue to ensure that *“North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced”*, via a system of values and principles for service delivery.

The previous report also recognised the important of the commitment to Outcomes Based Accountability (OBA), providing a tool for planning effective services as well as a process for ‘securing strategic and cultural change by focusing on making better outcomes our primary purpose’. OBA also enables an approach that facilitates the use of simple and clear language; the collection and use of relevant data; and the involvement of stakeholders, services users and wider community groups in achieving better outcomes through a ‘turning the curve’ methodology. Turning the Curve methodology enabled a reporting process to the HWB that thoroughly demonstrated what group the Priority was covering; what outcomes had been identified; potential other impacts; sets of appropriate indicators for each outcome; baselines and trends; stories behind the baselines;

evidence and understanding those stories; key partners and stakeholders; and the actions 'what works' needed to succeed.

The development session paper referenced system changes. In particular the redesigning of the system within which the HWB sits and operates. The NL HWB development session in September 2015 agreed that the Board will focus on system design work for health and social care and a smaller number of significant issues to ensure collective action in achieving change and to clarify what the peer challenge identified as 'complex delivery mechanisms'; how as a Board it can make a difference; and build on and demonstrate a model of shared system leadership.

As part of this the Board will also seek through its new model to ensure it communicates with North Lincolnshire communities its collective activity to achieve ambitions so that everyone is clear about and is engaged in what the HWB aspires to accomplish.

The HWB have also committed to a communication and engagement strategy (regarding the work of the Board) to enable NL HWB in their strategic aim of achieving relevant outcomes to improve health and wellbeing and reducing inequalities for the people of North Lincolnshire and meet relevant outcomes.

NL HWB will ensure through its Priority actions that locally we maintain a strong and focused process to address the health and wellbeing issues faced by our communities through integration. It will ensure that focus is included on working to support and progress development of an improved health and care system.