Report of the Director of Public Health

Agenda Item No: 7
Meeting: 14 June 2013

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

NORTH LINCOLNSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2013-2018

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 For the Health and Wellbeing Board to approve the Draft Document 1 - Joint Health and Wellbeing Strategy and Draft Document 2 – JHWS Reference/Technical Document.

1.2 For the HWB to agree timeframe for further development of Draft Document 3 – Priority Action Delivery Plans.

2. BACKGROUND INFORMATION

2.1 The Health and Social Care Bill 2012 amends section 116 of the Local Government and Public Involvement in Health Act 2007. Under the terms of the Bill each responsible local authority and each of its partner commissioning consortia must consider the needs identified by the joint strategic needs assessment, agree priorities for addressing those needs and set them out in a written strategy ("a joint health and wellbeing strategy").

2.2 Following two HWB / partnership consultation events, a HWB development session, on-going electronic HWB consultation and JHWS steering group input – the following represents some of the views/responses received in the format of key strategic Priority Outcomes and a set of five Priority Actions. To be included within the JHWS and its supporting documents (Doc 2 'Reference/Technical' and Doc 3 'Delivery Plans'). The fifth priority action is an addition from the draft strategy consultation period, post consultation events.

2.3 From a growing evidence base contained within the JSNA, the HWB previously identified the six Priority Outcomes as:

- **Safeguard and protect** – people feel safe and are safe in their home and protected in their community
- **Close the Gaps** – inequalities are reduced across all life stages and all communities
- **Raise Aspirations** – people are empowered to make positive choices to help them be the best they can be
- **Prevention of Early Deaths** – early detection, prevention and behaviour change linked to the big killers are addressed

- **Enhance Mental Wellbeing** – good mental health and emotional wellbeing enable people to fulfil their potential
- **Support Independent Living** – people are supported and enabled to live independently to improve quality of life

These strategic priority outcomes aim to focus partnership action and facilitate joined up working across the health and wellbeing agenda, in order to provide improvements and reduce inequalities (across the population of North Lincolnshire but with particular focus on specific life stages, localities and communities as appropriate).

In order to meet the outlined Priority Outcomes the focus of the strategy is very much on what partners, through the HWB and commissioning networks, need to do better together to add value and identify opportunities for working together differently, whilst delivering value for money.

The six priority outcomes reflect the potential in exploring targeted work across the life course following Sir Michael Marmot's policy objectives within 'Fair Society, Healthy Lives' to:

- Reduce inequalities in the early development of physical and emotional health (as well as cognitive, linguistic and social skills); ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient; build resilience and wellbeing of young children across the social gradient.
- Reduce social gradient in skills and qualifications; ensure that schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people; improve the access and use of quality lifelong learning across the social gradient.
- Improve access to good jobs, reducing long term unemployment across the social gradient; improving the chances for those who are disadvantaged in the labour market to obtain and keep work; improving the quality of jobs across the social gradient.
- Establish a minimum income for healthy living for people of all ages; reduce the social gradient in the standard of living via progressive taxation and other fiscal policies; reduce the cliff edges faced by people moving between benefits and work.
- Develop common policies to reduce the scale and impact of climate change and health inequalities; and improving community capital and reducing social isolation across the social gradient.
- Prioritise prevention and early detection of those conditions most strongly related to health inequalities; and increases the availability of long term and sustainable funding in ill health prevention across the social gradient.

2.4 The JSNA identifies multiple needs and challenges, but it is not appropriate for all of these to be treated as a priority action. These continue to be worked on in individual organisations or in partnership, and the JHWS provides the framework for them to continue to be priorities where evidence supports the need to do so.

By means of a clear consultation process to determine which of the many demands should be prioritised for partnership action under the auspices of this JHWS, the following five have been identified:

PRIORITY ACTION 1	Focusing on Best Start – from conception to age 2
PRIORITY ACTION 2	Addressing poverty and reducing the impact on people
PRIORITY ACTION 3	Improving literacy (including health literacy) and numeracy skills ('Making Every Contact Count')
PRIORITY ACTION 4	Improving the safety and vibrancy of the night time economy
PRIORITY ACTION 5	Advocating and modelling behaviour change (workplaces as exemplars)

The focus of the five priority actions is on 'adding value' and all actions have been agreed in partnership via the appropriate consultation processes with the exception of Priority Action 1 which is a late addition and based on feedback from members of the HWB during the Draft document consultation period.

All five Priority Actions have clear links to at least one of the Strategic Priority Outcomes.

3. OPTIONS FOR CONSIDERATION

3.1 HWB to agree the final Draft Strategy (tabled Document 1 and Document 2 – JHWS Reference/Technical document) and in doing so agree to the final Priority Outcomes and final Priority Actions.

3.2 HWB to reject the final Draft Strategy (Document 1 and Document 2 'Reference/Technical document) and in doing so reject the final Priority Outcomes and final Priority Actions.

3.3 HWB to recommend revisions to the final Draft Strategy, Priority Outcomes and Priority Actions.

4. ANALYSIS OF OPTIONS

4.1 Agreeing the final Draft Strategy, Priority Outcomes and Priority Actions would enable the Board to focus on addressing the identified key issues to improve local people's health and wellbeing and reduce the inequalities gap.

4.2 Agreeing the Outcomes and Priorities would enable the JHWS development group to progress the Priority Delivery Plans, following the identification of HWB strategic leads and Officers leads for each Priority area. Work has commenced to identify, agree and meet with proposed leads.

4.3 Rejecting the Draft Strategy, Priority Outcomes and Actions would mean the council has not fulfilled its requirements to adopt a JHWS.

4.4 Recommending further revisions to the Priority Outcomes and Actions would require further consultation with HWB members and stakeholders, delaying the implementation of Actions to improve health and wellbeing and reduce inequalities locally.

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

5.1 The production of this joint health and wellbeing strategy has required resources from partner organisations, and LA directorates, in terms of staff time and may also require financial resources.

Resources have not yet been fully identified.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.1 An IIA to inform the future review and development of the JHWS will be completed.

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.1 All outcomes of consultations have been included within the JHWS development.

7.2 A comprehensive list of all those who contributed to the JHWS consultation is appended – see Appendix A.

7.3 No conflicts of interest declared.

8. RECOMMENDATIONS

Health and Wellbeing Board are asked to:

8.1 Agree the Draft Strategy (including Document 2 – Reference/Technical document), Priority Outcomes and five Priority Actions and note that it will be complete and ready for wider distribution by the 30th June 2013.

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8.2 Agree that Delivery Plans (Document 3) be presented to the next HWB along with a completed Integrated Impact Assessment.

8.3 Agree that HWB members take responsibility for the engagement of lead commissioners and key decision makers within their organisation.

DIRECTOR OF PUBLIC HEALTH

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Author: Tracey Wartnaby

Date: 28 May 2013

Background Papers used in the preparation of this report:

Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies – Draft guidance. Proposals for consultation. Gateway Reference 17858. London: Department of Health, 31 July 2012
Draft North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018 – Document 1
Draft North Lincolnshire Joint Health and Wellbeing Strategy 2013-2018 – Document 2

Appendix A
Agenda Item: 6
Meeting: 14 June 2013

Joint Health and Wellbeing Strategy consultation contributors

Partnerships, Boards, Groups and individuals	Date for specific agenda item/discussion	Organisations and LA staff groups represented within delivery group and development session consultations included:
Shadow Health and Well Being Board	January 2013 April 2013	Citizens Advice Bureau Clinical Commissioning Group Commissioning Support Unit Healthwatch North Lincolnshire Humberside Fire & Rescue Service Humberside Police Humberside Probation Service Job Centre Plus John Leggott College NLC Adult Services Commissioning NLC Children in Care team NLC Health Improvement Team NLC Housing Advice Team NLC People Directorate NLC Performance Management Team NLC Places Directorate NLC Policy and Resources Directorate NLC Spatial Planning NLC Sport, Leisure and Culture NLC Strategic Housing NLC Technical and Environmental Services North Lincolnshire & Goole Hospitals NHS Trust (Acute and Community Services) North Lincolnshire Homes North Lincolnshire Schools (primary and secondary phase) North Lindsey College PH Community Facilitator team PH Intelligence RDaSH Safer Neighbourhoods Voluntary Action North Lincolnshire Who Cares
Cabinet	26 March 2013	
Integrated Working Partnership	8 March 2013	
Integrated Commissioning Board	29 February 2013	
JSNA Working Group	4 February 2013	
JHWS Development Group	21 March 2013	
Financial Inclusion Group	Via electronic distribution	
Children's Trust Board	7 March 2013	
Safer Neighbourhoods Board	15 March 2013	
Local Safeguarding Children Board	Via electronic distribution	
Safeguarding Adults Board	Via electronic distribution	
Primary Heads Consortium	Via electronic distribution	
Secondary Heads Consortium	Via electronic distribution	
Clinical Commissioning Group Committee and Council of Members	Via electronic distribution	
WHIP Executive Committee	27 February 2013	
Voluntary Action North Lincs / Who Cares	February 2013	
Strategic Housing Group	Ongoing from November 2012 – last group March 2013	
Police and Crime Commissioner via HWB	January 2013	
Scrutiny Committees (Health and Scrutiny)	26 February 2013	
JHWS Delivery Plan Development Session Members	Development sessions on 5 and 12 February	
Youth Council	February / March 2013	
Community Public Health Facilitators and represented community groups	January / February 2013	
Public Health Staff group	December 2012 May 2013	

NORTH LINCOLNSHIRE COUNCIL

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NHS

North Lincolnshire Clinical Commissioning Group

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NORTH LINCOLNSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2013-2018

Suite of Documents

DOCUMENT 1 – JOINT HEALTH AND WELLBEING STRATEGY

DOCUMENT 2 – JHWS REFERENCE/TECHNICAL DOCUMENT

DOCUMENT 3 – JHWS DELIVERY PLANS

Version	Date	Author
FINAL DRAFT	10 June 2013	Tracey Wartnaby/Julie Poole

CONTENTS

DOCUMENT 1 – JOINT HEALTH AND WELLBEING STRATEGY 1
1 Foreword 3
2 Our strategic intention and commitment 3
3 Who this strategy is for 5
4 Why we have a strategy 5
5 Our vision, values and principles 5
6 National and Local Drivers 6
7 Tackling the Health and Wellbeing agenda – everybody's responsibility 7
8 Painting a picture of North Lincolnshire Population and Place 8
9 Our strategic priority actions 11
9.1 PRIORITY ACTION 1 – Focusing on 'best start' from conception to age 2 13
9.2 PRIORITY ACTION 2 - Addressing poverty and reducing the impact on people 14
9.3 PRIORITY ACTION 3 – Improving literacy (including health literacy) and numeracy skills 15
9.4 PRIORITY ACTION 4 – Improving the safety and vibrancy of the night time economy 16
9.5 PRIORITY ACTION 5 – Advocating and modeling behaviour change 17
10 Monitoring and Review 18
11 Closing Statement and Key Messages 19
Appendix 1 - Glossary 20

1 Foreword

Welcome to our Joint Health and Wellbeing Strategy (JHWS) 2013 - 2018. North Lincolnshire has had a strategy for health and wellbeing in place since 2009 and over the last three years, by working together, we have made significant progress against our original priorities and together we have improved health and wellbeing outcomes for the people of North Lincolnshire.

Although much has been achieved, our Joint Strategic Needs Assessment (JSNA) indicates we still have much to do. Many of the aspirations from the original strategy continue as themes to address in this new strategy, though we start work on this strategy from a different place. We now have a better understanding of how we can work effectively together and we have a better knowledge of the needs of the people of North Lincolnshire and better information about the needs of our localities. We have a growing body of evidence of what works and feedback from service users to inform our planning and commissioning.

Taking account of the JSNA, our six strategic priority outcomes across the life stages are:

1. **Safeguard and protect** – people feel safe and are safe in their home and protected in their community
2. **Close the Gaps** – inequalities are reduced across all life stages and all communities
3. **Raise Aspirations** – people are empowered to make positive choices to help them be the best they can be
4. **Prevention of Early Deaths** – early detection, prevention and behaviour change linked to the big killers are addressed
5. **Enhance Mental Wellbeing** – good mental health and emotional wellbeing enable people to fulfil their potential
6. **Support Independent Living** – people are supported and enabled to live independently to improve quality of life

2 Our strategic intention and commitment

The focus of this high level strategy is on what partners can do better together to add value and identify opportunities for working together differently, whilst delivering value for money.

Partners have pledged that they will:

1. work together for the benefit of the people of North Lincolnshire (across the private, public, voluntary and business sector including commissioned services)
2. consult with local residents including those who may be hard to reach or live in a community identified by the JSNA as vulnerable or in need on the local priorities
3. seek to model support and behaviour that promotes the health and wellbeing of their staff in line with the six strategic priority outcomes of the JHWS recognising that their staff are often residents of North Lincolnshire
4. ensure their staff show commitment to work together
5. ensure their staff are aware of their roles and how they contribute to the wider health and wellbeing agenda (Making Every Contact Count)
6. be explicit about the actions they are committing to in order to reduce inequalities and increase wellbeing and provide evidence on performance and impact

We are committed to working in partnership and together we intend to improve health and wellbeing and reduce inequalities in North Lincolnshire.

Pictures and Signatures of each Board Member

To be inserted

3 Who this strategy is for

Public – to provide clarity on what agencies and services are doing together to add value and improve your health and wellbeing

Workforce – to provide clarity and direction to the workforce as to what needs to be done together and how each agency and service can contribute to adding value and delivering better health and wellbeing outcomes for the people of North Lincolnshire.

Health and Wellbeing Board (HWB) – to ensure statutory compliance, to orientate the collaborative work of agencies and services and prioritise the added value of working together and in partnership with young people and adult representatives to improve health and wellbeing outcomes for the people of North Lincolnshire.

4 Why we have a strategy

The Health and Social Care Act 2012, provides the statutory basis for the development and responsibilities of HWBs. A key role for the HWB is to assess local needs (via preparation of the JSNA) and to develop a JHWS to address identified need. This strategy is one of the ways that we will work together to make sure services meet the health and wellbeing needs of people in North Lincolnshire.

5 Our vision, values and principles

Vision

That "North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced"

As a partnership, we have adopted the following VALUES:

The people of North Lincolnshire:

- have the right to live and work in a safe and friendly environment
- should have equality of life chances and life expectancy
- should be empowered and have the opportunity to discover their strengths and achieve their potential
- should have a quality of life and be able to contribute positively
- should be empowered to make their own choices and be independent
- are unique and each person has the right to have their individual needs met
- are different and their circumstances, background and culture should be recognised, respected and valued
- should be celebrated and promoted
- have the right to be involved in plans, interventions and services that affect them

Principles for Service Delivery

We want to have quality services that:

- are acceptable, accessible, available and effective
- set priorities based on evidence of greatest need
- deliver value for money

- deliver outcomes based priorities
- maximise resources to achieve the greatest outcome
- are delivered in partnership by public, private and voluntary services
- support communities and individuals to have increased choice and control
- consider and address health and wellbeing and the wider determinants of health through all policies, plans and service developments

6 National and Local Drivers

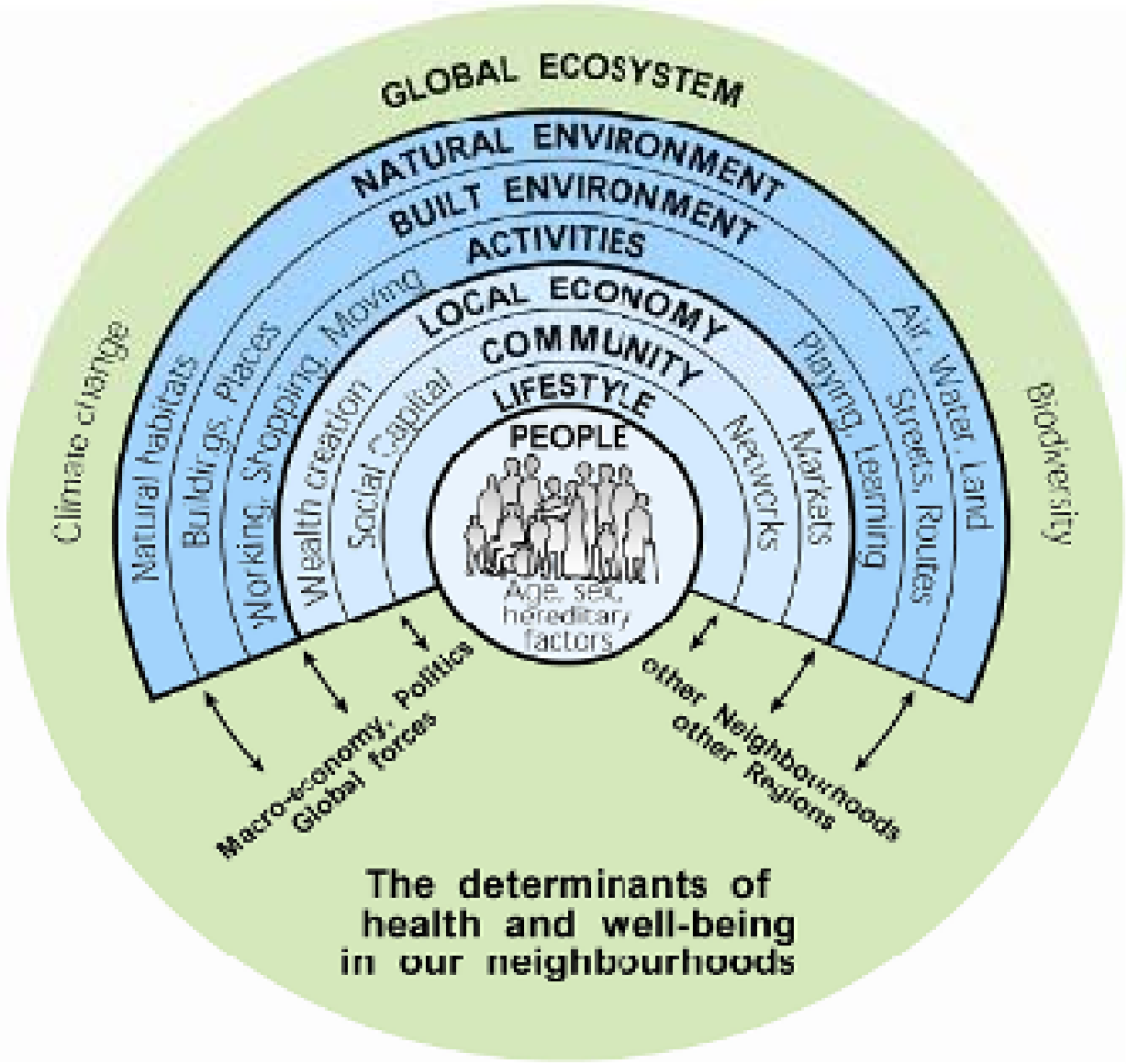
There are a range of national and local drivers which impact on the work that we do and the way in which we work. As well as the legislative responsibilities to develop a JSNA and this JHWS, the Health and Social Care Act 2012 will have a significant impact on the commissioning of services and arrangements are in place in relation to managing the changes across 2013/14 and beyond.

Agencies have worked together to develop robust arrangements to implement the transition of Public Health to the Local Authority and as part of this, the HWB will work in partnership to make the most of the opportunities that this presents. Partnership working with providers and engagement with all people living in North Lincolnshire will be central to developing and implementing the local plans. Supporting housing development where there is evidence of need is a local priority so that we meet the growing and diverse needs of all of our communities in North Lincolnshire. This includes major schemes such as Lincolnshire Lakes but also individual projects to meet the specific needs of vulnerable people.

Appendix 1 in the JHWS Reference/Technical Document (document 2) provides detail regarding key national drivers and further clarity and detail as to how we are addressing these key national drivers from a local perspective through established plans, strategies and programmes. It also highlights the lead agency and responsible board or partnership.

7 Tackling the Health and Wellbeing agenda – everybody's responsibility

Tackling the wider determinants that affect health and wellbeing is a responsibility for everyone and if we want to make a positive impact and achieve our vision, all partners and the local community need to understand how they contribute and how to work together for better outcomes for the population of North Lincolnshire (across the life stages, the whole area and individual localities and communities).



Source: The Health Map, Barton & Grant 2006 – based on a public health concept by Whitehead and Dahlgren, The Lancet 1991

- The above health map describes how we all, as participants within society, have a contribution to make towards our own health and wellbeing and to that of others.

- The health map does not, however, identify all the key individuals and services that sit within the influences highlighted in the outer rings. For instance, the 'Built Environment' may include: environmental health, architects, spatial planners and builders; while 'Activities' may include: transport planners, teachers, business owners, etc. It's important that all services identify where they sit and how they contribute to the health and wellbeing agenda.

- Sir Michael Marmot in his review 'Fair Society Healthy Lives' (2010) explains further that to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities, we require evidence based strategies to ensure that there is proportionate action across the social gradient to improve health for all and reduce inequalities.

- In order to reduce inequalities across the life stages and communities, 'close the gap', and tackle serious health and wellbeing issues, it is important that we understand our potential, as individuals, communities, services and organisations, to take a proactive role within health and wellbeing. For example, *"The Rotherham, Doncaster and South Humber Health Options Team, support people with severe & enduring mental health conditions to improve their health and wellbeing through group support and individual work to engage them and access health promoting activities such as health walks, leisure centres and advice on nutrition in their communities. Emphasis is on realistic and sustainable healthier lifestyle choices enabling them to maximise their potential for full recovery" (MECC*).

- It is recognised that there are significant work streams in place, within services and agencies and across partnerships, to address elements of the health and wellbeing agenda. We want to build on our strengths and assets to deliver improved outcomes. The intention of this strategy, however, is not about capturing elements associated with health and wellbeing that are already being done and monitored through other strategies and plans.

- The intention of this strategy is to identify the added value of working together to improve outcomes and reduce inequalities as well as confirming the small number of priorities that we will focus on, and set out what each organisation's contribution will be to make the changes happen.

8 Painting a picture of North Lincolnshire Population and Place

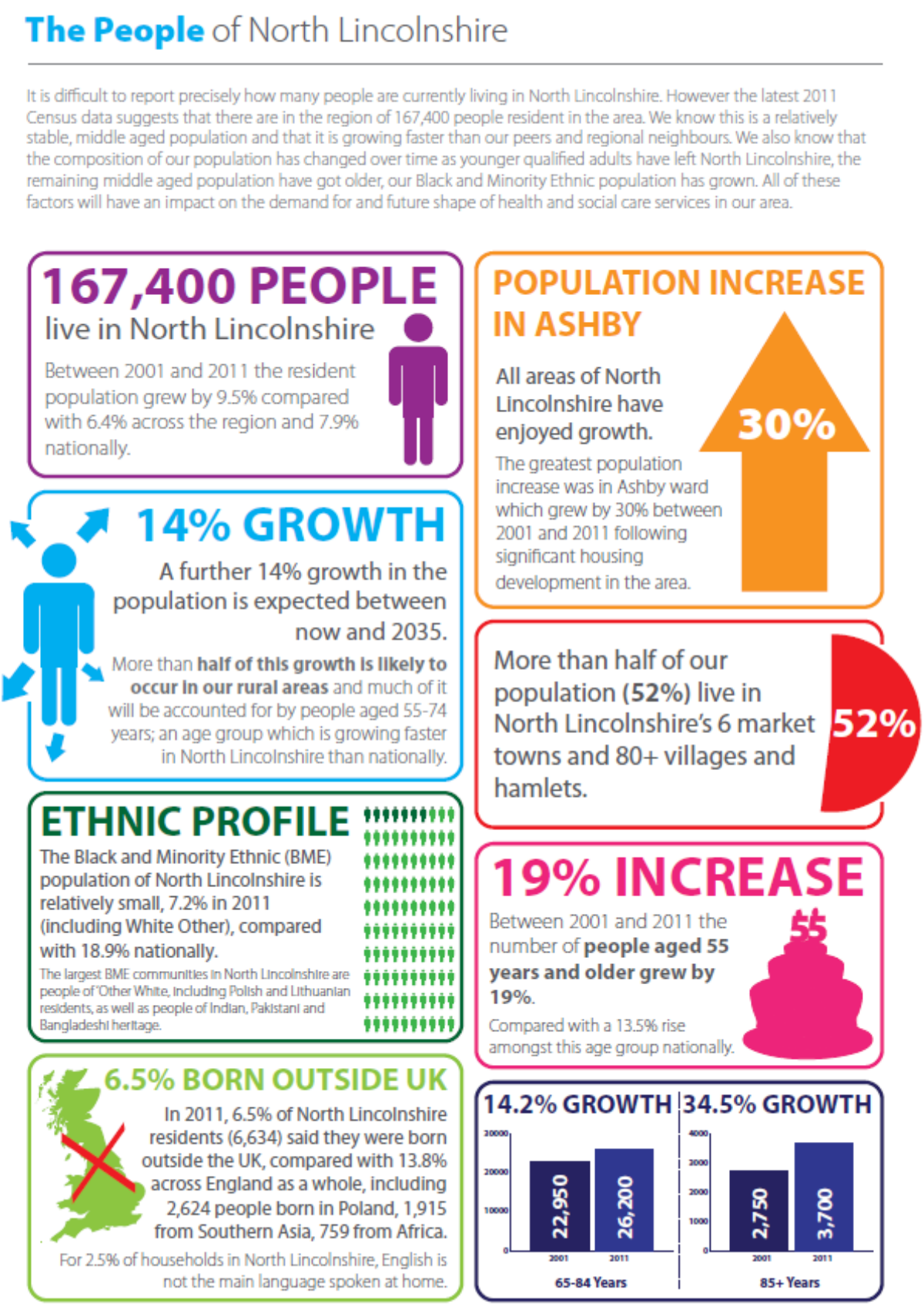
North Lincolnshire residents, including children and young people are generally very happy living in this area. This is reflected in local surveys and public consultations, with residents highlighting many of North Lincolnshire's attractive physical assets, including close access to the countryside, low cost of living, strong sense of community and neighbourliness of local people. Many residents recognise the value of the natural environment and strong local community assets and the opportunities they present for improving health.

The JSNA brings together an analysis of health and social care trends in North Lincolnshire as well as comparisons with other local authorities, Clinical Commissioning Groups across the region and sub region. It also takes into account the community voice of North Lincolnshire. The 2012 refresh of the JSNA draws upon information, data analysis from a range of other needs assessment processes i.e. *Child Poverty Needs Assessment, 2011; Joint Strategic Intelligence Assessment, 2011; Strategic Economic Assessment, 2012; The Local Development Framework; Strategic Housing Market Assessment, 2011; Pharmaceutical Needs Assessment, 2010; Adult Substance Misuse Needs Assessment, 2010/11; Children and Young People's Substance Misuse Needs Assessment, 2011;* and *LSCB Children's Safeguarding Needs Assessment, 2011.*

Clearly represented within North Lincolnshire JSNA is the concept that health and wellbeing is the result of a complex interaction of economic, social, cultural, environmental and personal factors, including age, sex, lifestyle behaviours, and hereditary factors, as well as access to effective healthcare (NL JSNA 2012) as reflected in figure 1 above ' Health Map Diagram'.

As part of the JSNA, a suite of documents has been developed including 'infographics' which pull out some key facts and messages in relation to population, place, vulnerabilities and across the life stages which include starting well, growing well, living and working well, ageing and retiring well and end of life.

So, in relation to population and place, DID YOU KNOW.....



Place of North Lincolnshire

At 328 square miles, North Lincolnshire is relatively large, although its population is small compared with some neighbouring authorities at 167,400. North Lincolnshire has a distinct settlement pattern, with more than half of the population living outside the main urban area of Scunthorpe. The nature of North Lincolnshire as a place has been shaped by the local economy over the last few centuries, including agriculture and steel manufacture.

The quality of life in North Lincolnshire is relatively good. The majority of residents are very happy living here and highlight many of North Lincolnshire's attractive physical assets, including close access to the countryside, low cost of living, strong sense of community and neighbourliness of local people.

22.6% WORK IN MANUFACTURING

More than twice the national average of 10.2%.

Future growth sectors include high value, high skill jobs in alternative energy technology, engineering and logistics, as well as supporting industries in leisure and tourism, including the North Lincolnshire Lakes.

14% DECREASE

Crime rates in North Lincolnshire have fallen by 14% in the last year.

80% SATISFIED WITH NORTH LINCOLNSHIRE AS A PLACE TO LIVE

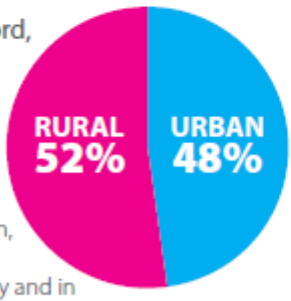
More than 8 out of 10 residents said they were satisfied with North Lincolnshire as a place to live, (Place Survey 2009), compared with 79% nationally.

These averages mask significant inequalities in North Lincolnshire. Satisfaction ranged from 88% of Axholme residents to 66% of Scunthorpe North residents.

URBAN/RURAL LIFE

The large urban area of Scunthorpe and Bottesford, is the main population settlement and is home to (48%) of North Lincolnshire residents.

The remaining 52% live in the 6 market towns of Barton, Brigg, Crowle, Epworth, Winterton and Kirton Lindsey and in the 80 surrounding villages.



LOW HOUSE PRICES

The average house price is £107,543

compared with a national average of £160,372. (March 2012)

HIGHER THAN AVERAGE EARNINGS

Male full time earnings are £535 a week

compared with a regional average of £465, and a national average of £541.

HOUSING QUALITY

80% of private sector housing in North Lincolnshire meet decency standards.

Compared with 65% nationally, as do almost 100% of all social rented housing.

The poorest quality housing in North Lincolnshire tends to be concentrated in the private rented sector, principally in the urban areas of Crosby, Frodingham and Town.

HOME OWNERSHIP FALLING

69.8% households are owner occupied in North Lincolnshire.

Down from 73% in 2001, compared with 64.2% nationally.

Other 'infographics' and more detailed information pertaining to the JSNA can be accessed via the North Lincolnshire Data Observatory: http://nldo.northlincs.gov.uk/IAS_Live/

9 Our strategic priority actions

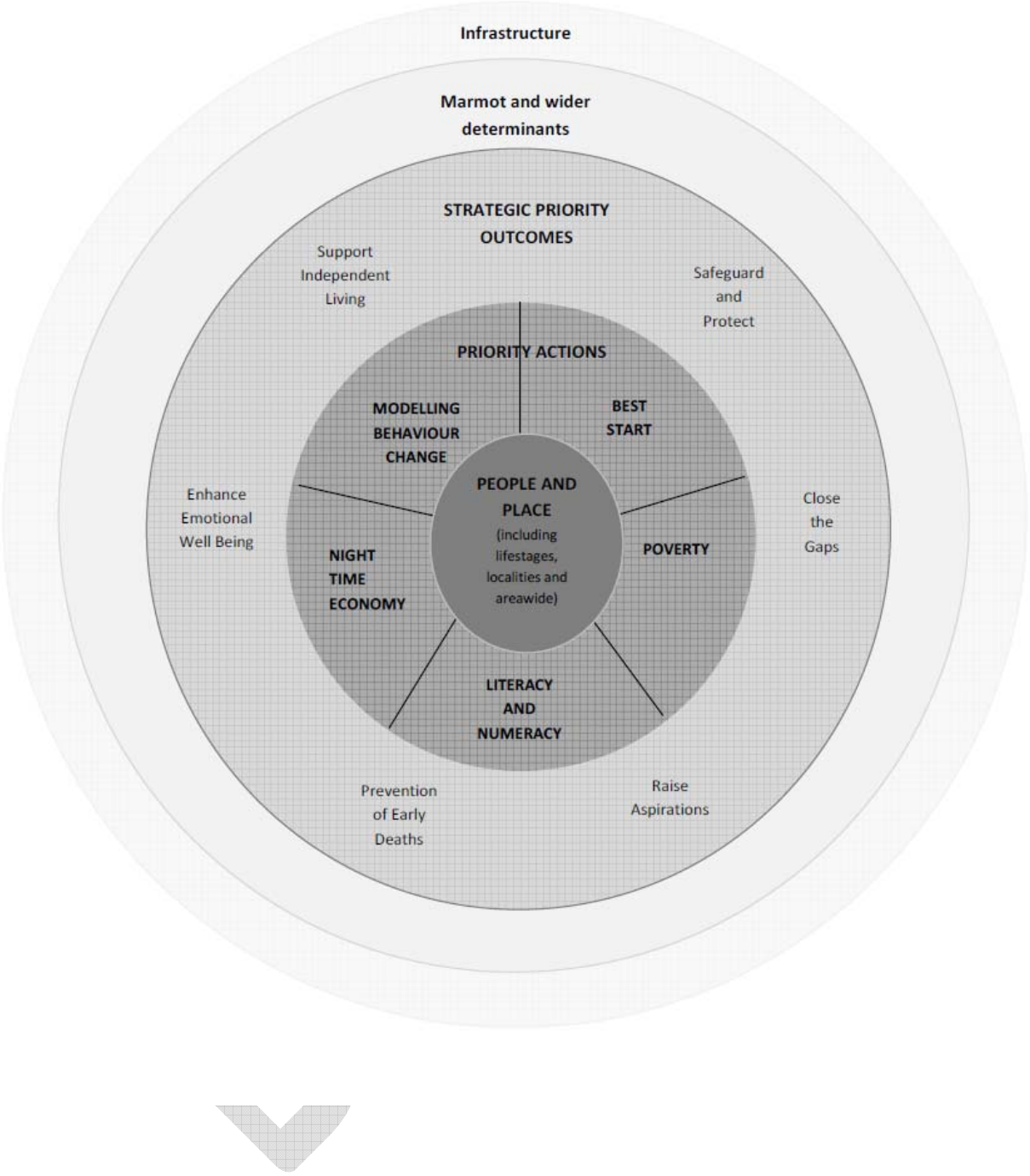
The JSNA identifies multiple needs and challenges, but it is not appropriate for all of these to be treated as a priority action.

We have identified an agreed set of strategic priority outcomes which focuses our partnership action and makes certain that there is joined up working across the health and wellbeing agenda in order to provide improvements and reduce inequalities (across the population of North Lincolnshire but with particular focus on specific life stages, localities and communities as appropriate).

There has been a clear consultation process to determine which of the many demands have been prioritised for partnership action under the auspices of this JHWS, with the focus being on 'adding value'. These have been agreed in partnership and have the clear commitment of the HWB and related stakeholders. Our priority actions are:

PRIORITY ACTION 1	**Focussing on 'best start' from conception to age 2** – to promote children's development and helps all aspects of family life
PRIORITY ACTION 2	**Addressing poverty and reducing the impact on people** – to tackle inequalities between the most and least well off
PRIORITY ACTION 3	**Improving literacy (including health literacy) and numeracy skills** – to increase people's understanding leading to better access to services and life chances
PRIORITY ACTION 4	**Improving the safety and vibrancy of the night time economy –** to encourage and support positive behaviours leading to community resilience
PRIORITY ACTION 5	**Advocating and modelling behaviour change –** to change the behaviour of individuals and organisations to improve their health and wellbeing

A diagram outlining our overarching strategic priority outcomes and priority actions is detailed below:



9.1 PRIORITY ACTION 1 – Focusing on 'best start' from conception to age 2

Why is priority action 1, one of our priority actions?
What you said (community voice) • Those residents who took part in the JSNA consultation were concerned about inequalities in maternal and child health. Many recognised the importance of having good family support in the early years and felt that Mums had themselves experienced a poor start in life needed additional support to prevent them from passing on poor parenting skills to the next generation.
What our JSNA told us • Local evidence shows significant and continuing inequalities in healthy child development and wellbeing, which are reflected right across the life course, from early pregnancy, and early years to adolescence. • This includes, later than average presentation to maternity services for low income pregnant women, higher rates of smoking in pregnancy, lower rates of breastfeeding, higher rates of infant A&E attendances and emergency hospital admissions, lower uptake of infant immunisations, and vaccinations, and lower social and wellbeing scores on the early years foundation stage profile • Both the Marmot review and the White Paper on Public Health identified improvement in maternal health and wellbeing and healthy development in the early years, and the reduction of inequalities as key priorities for national and local action on health improvement. • The greatest risk to healthy outcomes in the early years is child and family poverty and low income. • Supporting families to give children and young people the best start in life is identified as a key national Public Health priority for 2013/14.
This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/

Direct impacts:	Improved life chances (particularly for the vulnerable) Improved child wellbeing Improved social and emotional wellbeing Improved physical and mental wellbeing Improved educational attainment Improved learning opportunities for children and young people Reduced health inequalities Increased investment in early years development Improved maternal health interventions Improved evidenced based parenting support programmes, children's centres, advice and assistance Improved quality of early years education and childcare Improved quality of early years workforce Supports the transition to school Builds resilience and wellbeing of young people across the social gradient
Indirect impacts:	Commitment to long-term initiatives to support, influence, and improve the lives of children and families living in poverty Reduced morbidity eg health conditions (circulatory disease, respiratory disease and reduced mental health impacts) Better child development Healthier behaviours Provides holistic support to parents and families
Contributory Partners:	Local Authority (including Public Health and People Directorate), Northern Lincolnshire and Goole Hospitals NHS Trust, Clinical Commissioning Group, Early Years Providers eg childminders, pre schools, nurseries; Voluntary Sector, residents and consumers
Partnership Delivery Mechanisms:	Best Start Group Maternity Matters Children's Trust Board Health and Wellbeing Board Troubled Families Executive Group
Strategic Priority Outcomes:	Safeguard and Protect; Close the Gaps; Raise Aspirations; Prevention of Early Deaths; Enhance Mental Wellbeing;

9.2 PRIORITY ACTION 2 - Addressing poverty and reducing the impact on people

Why is priority action 2, one of our priority actions?

What you said (community voice)

- All of the residents and community groups who were consulted expressed a concern about rising unemployment and the impact this was having on the younger generation.
- Many of the residents consulted recognised the link between low income, unemployment and poor health, especially poor mental health. They identified worklessness and debt as major contributors to family stress and to risky health behaviours, such as smoking, alcohol misuse, poor weight management and general poor self-care (p.22).
- While there have been some signs of recovery in the last 12 to 18 months, the economic situation remains fragile and people working in both the private and public sectors continue to feel worried about the future (p.30).

What our JSNA told us

- The greatest risk to healthy outcomes in the early years is child and family poverty and low income.
- Although on average, health and wellbeing outcomes for children and families in North Lincolnshire are improving and compare well with the national and peer average, there are significant inequalities between the most and least well off , which begin early in life and which left unaddressed continue throughout the school years and early adulthood.
- Furthermore birth rates are rising fastest amongst the poorest 20% for whom health literacy and maternal and infant health outcomes are poorest. (JSNA :13)
- There are a number of actions required to maximise family income, education and employment and reduce health inequalities. This will need to be monitored closely to ensure that the impact of the current recession does not fall disproportionately on disadvantaged children and that the progress made so far to close the inequalities gap in the early years is maintained (p.28).
- In spite of lower than average house prices in North Lincolnshire, housing affordability is worsening amongst newly forming households.
- The rising costs of fuel, transport, food and rent have placed additional pressure on household budgets.
- The Welfare reforms which were introduced in April 2013 could have a negative impact on some of our most vulnerable residents, as they will be expected to manage their finances for longer periods of time than previously.
- In the short term, these factors could place more North Lincolnshire residents at risk of unemployment and debt, fuel poverty and potential homelessness (p.30).

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/

Direct impacts:	Improved life chances (particularly for the vulnerable) Improved child wellbeing Improved physical and mental wellbeing Safer housing Improved access to employment / employability Increase in employment Increase in volunteering Maximised household budgets/family income/inclusion Reduced fuel poverty Maximisation of regeneration opportunities Improved educational attainment Improved learning opportunities for children and young people Reduced health inequalities
Indirect impacts:	Improved community engagement and empowerment Improved social cohesion / experience Safer communities Commitment to long-term initiatives to support, influence, and improve the lives of children and families living in poverty Collaborative service provision to tackle low income neighbourhoods Reduced mortality eg excess winter deaths Reduced morbidity eg health conditions (circulatory disease, respiratory disease and reduced mental health impacts) Improved housing availability and condition Improved green spaces and physical environment Better child development Healthier behaviours
Contributory Partners:	Local Authority (inc. Regeneration, Public Health, Strategic Housing, Children's Centres), North Lincolnshire Homes, Health providers, Voluntary Sector, local businesses, Schools, Colleges, residents and consumers
Partnership Delivery Mechanisms:	Strategic Poverty Partnership Financial Inclusion Group Best Start Group
Strategic Priority Outcomes:	Safeguard and Protect; Close the Gaps; Raise Aspirations; Prevention of Early Deaths; Enhance Mental Wellbeing; Support Independent Living

9.3 PRIORITY ACTION 3 – Improving literacy (including health literacy) and numeracy skills

Why is priority action 3, one of our priority actions?

What you said (community voice)

- Consultation exercises suggest a need to strengthen and develop health literacy (JSNA, p.20) across the whole population, but particularly amongst high risk groups
- For example, whilst the Adolescent Lifestyle Survey confirms a continuing decline in smoking and drug misuse amongst secondary school aged children since 2004, many young people continue to believe that such behaviours are the norm amongst their peer groups (JSNA : 19)
- Some residents blamed high rates of smoking on counterfeit cigarettes/tobacco. Others found it difficult to acknowledge the link between smoking and cancer, and obesity and heart disease, and blamed the industrial environment for high rates of lung cancer and emphysema in North Lincolnshire. Others linked alcohol use, obesity and smoking to parental and societal influence, with unhealthy lifestyles being passed from generation to generation.
- Several of those consulted underlined the challenges that some of our most disadvantaged communities face in giving up smoking and reducing alcohol consumption, given the stress and anxiety of living day to day on low incomes.
- Many people welcomed the idea of Health Trainers and locality based Public Health Facilitators in supporting and enabling people to make healthy lifestyle choices, and asked for more information about how these could be accessed.
- The JSNA consultation also highlighted communication problems for some BME communities when accessing health and social care services. This issue was also highlighted in a recent survey of BME residents about access to mental health services. Some older people said they found negotiating access to services by phone quite difficult and time consuming.
- People with learning disabilities continue to experience difficulties in accessing some services. The main issues of concern are appointment letters from the hospital and GP practices that are not in easy to read format, long waiting times in hospital outpatients, and lack of capacity within the learning disability nursing team to support their attendance at routine health appointments.

What our JSNA told us

- In spite of recent improvements in educational attainments at 15 and 19 years and beyond, skills' levels continue to lag behind the national average, making our young people more vulnerable to long term worklessness, low income and poor mental health and wellbeing (p.30).
- Those at particular risk of worklessness are people under the age of 25 years, especially those with few qualifications, older adults with no formal qualifications or skills, lone parents with young children, people with poor mental health or physical health or with disabilities and people with caring responsibilities (p.30)
- There are likely to be significant employment opportunities over the next 5-10 years in North Lincolnshire in a number of trades and sectors, as industries in the South Humber Gateway development grow. Securing these jobs for local people and maintaining long term growth in the economy will mean aligning our local skills profile to the job market and developing education, training and apprenticeship opportunities in key growth areas such as engineering sciences and allied services (p.30).
- Rates of smoking, unhealthy weight and physical inactivity amongst working age adults are all above the national average in North Lincolnshire, threatening the future health and economic wellbeing of our population]
- A common theme emerging from the data and from recent community consultations is the continued need to strengthen health literacy in the population, especially amongst high risk groups. This includes giving people access to information about how to stay independent and healthy in older age as well as signposting those in need to effective public health interventions, and services. (JSNA : 33) This is particularly important given the rising costs of providing health and social care services and local efforts to manage the rise in unplanned hospital admissions. (JSNA : 33)
- Whilst many people welcome increased control and choice over their care in later life, some vulnerable people lack confidence and skills to manage and negotiate access to health and social care services (JSNA, p.31).

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/

Direct impacts:	Improved health literacy for population and front line workforce People accessing services appropriately and timely Improved early diagnosis Increase in screening uptake Change in behaviours – i.e. reduced smoking, more take up of physical exercise, less alcohol intake More people with level 2 qualifications Increase in employment Reduced health inequalities
Indirect impacts:	Reduced burden of preventable disease People staying independent and healthier into old age Increase in volunteering
Contributory Partners:	Colleges, Voluntary Sector, Schools, Local Authority (inc. Adult Learning, Public Health, School Improvement), residents and consumers
Partnership Delivery Mechanisms:	Children's Trust Board Education and Economic Engagement Partnership Best Start Group Social Marketing Consortium
Strategic Priority Outcomes:	Safeguard and Protect; Close the Gaps; Raise Aspirations; Prevention of Early Deaths; Enhance Mental Wellbeing; Support Independent Living

9.4 PRIORITY ACTION 4 – Improving the safety and vibrancy of the night time economy

Why is priority action 4, one of our priority actions?

What you said (community voice)

- Whilst most residents are very satisfied with North Lincolnshire as a place to live and feel safe in their immediate neighbourhood, more than 1 in 4 North Lincolnshire residents, (28%) said that drunk or rowdy behaviour on the streets was either a fairly or very big problem in their area. Complaints are highest in those urban and rural areas with a high density of licensed premises.
- Future housing and economic developments in North Lincolnshire could have a significant impact on the night time economy in the town centre of Scunthorpe, as well as for strengthening social and voluntary assets in our communities (p.27).
- One of the key issues raised by social care service users in a recent consultation exercise was the importance of maintaining social networks and the impact of loneliness and social isolation on health and wellbeing.
- Many residents of North Lincolnshire's rural and urban areas identified informal opportunities for strengthening community involvement, improving the local streetscene and reducing social isolation amongst vulnerable residents.

What our JSNA told us

- Rates of alcohol related hospital admissions and alcohol related crime are higher than average in North Lincolnshire and are projected to increase over the next 5 years
- Whilst recorded crimes have declined in North Lincolnshire by 14% over the last year, crime and anti social behaviour is becoming increasingly concentrated in the centre of Scunthorpe neighbourhoods where many of our poorest and most vulnerable residents live (p.17).
- In Scunthorpe North, 72% of recorded crimes of violence are related to alcohol. (SEE JSIA, 2012)
- Limited and expensive public transport links to future employment and leisure opportunities in North Lincolnshire continues to be a problem for some of our rural residents (p.17).
- Older people have a disproportionate fear of crime and anti social behaviour

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/

Direct impacts:	Lower crime and anti social behaviour Fewer alcohol / violence related hospital admissions Reduced alcohol intake Safer streets and safer communities More accessible night time economy Behaviour change i.e. less domestic abuse/domestic incidents Raised profile and improved public image Increase in visitors Increased expenditure More varied and succesful local economy Reduced health inequalities Improved perceptions i.e. via Purple Flag award
Indirect impacts:	Reduction in alcohol related illnesses Increased volunteering
Contributory Partners:	Probation, Health (inc. East Midlands Ambulance Service, St John Ambulance, NLAG A&E), Police Authority, Office of Police and Crime Commissioner, Chambers of Commerce, Local Authority (inc.licensing, transport, hospitality and entertainment, planning and development, regeneration), local businesses, Voluntary Sector, residents and consumers
Partnership Delivery Mechanisms:	Safer Neighbourhoods Partnership Domestic Violence Strategy Alcohol Partnership
Strategic Priority Outcomes:	Safeguard and Protect; Close the Gaps; Raise Aspirations; Prevention of Early Deaths; Enhance Mental Wellbeing; Support Independent Living

9.5 PRIORITY ACTION 5 – Advocating and modeling behaviour change

Why is priority action 5, one of our priority actions?

What you said (community voice)

- The JSNA consultation highlighted the public's need for better access to information about healthy living as well as signposts to public health services, such as health checks, health trainers smoking cessation and weight management services.
- Some residents felt that unhealthy behaviours were linked to parental and social influences and felt that education including in the workplace had a key role to play in helping people to manage their life styles better.
- Local insight work with local residents about bowel cancer screening suggests some initial reluctance amongst the target population to discuss the test or the disease with relatives or friends. Older men and men and women from BME communities were particularly reluctant to take up the offer of a bowel cancer screen.
- Compared with other parts of the Humber, awareness of the higher incidence of prostate cancer amongst older men is low in North Lincolnshire, suggesting a need for further marketing of early signs and symptoms of this disease amongst men and their partners.

What our JSNA told us

- The greatest number of years of life lost in North Lincolnshire is due to heart disease, lung cancer, and chronic lung disease.
- Death rates from these diseases are higher than average in North Lincolnshire and contribute most to the 10 year gap in life expectancy between our richest and poorest residents.
- These killer diseases are to a degree preventable and are associated with a number of lifestyle behaviours including smoking, unhealthy weight, poor diet, physical inactivity and excessive alcohol consumption. Some of these risk factors are already above national rates in North Lincolnshire, whilst others are rising, for example lung cancer deaths amongst women.
- Reducing these risk factors in the population will be critical to maintaining health and wellbeing in older age, reducing the future burden of preventable diseases on individuals, families, and communities and reducing avoidable inequalities in health.
- Yet awareness of public sector health prevention services is relatively low in our communities.
- Improving the early detection, treatment and management of these conditions amongst high risk groups is also critical. For example, men are at much greater risk of developing heart disease and cancer than women, (of those cancers that affect both sexes). Men are also far more likely to die prematurely from heart disease and cancers, both locally and nationally. Yet they are less likely than women to recognise the early symptoms of these killer diseases or to take up the offer of cancer screening.
- Hence, the need to raise awareness of early signs and symptoms of all cancers amongst men and to promote the take up of health checks and the bowel screening programme amongst men in high risk groups.

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/

Direct impacts:	Creates supportive environments/strengthens community action Meet new public health responsibilities Supports lifestyle behaviour change 'Making Every Contact Count' Improved work environments Improved population health Improvement in social approval for health enhancing behaviours Boost local economy and cut costs to local public services Improved employee resilience Improved management of workplace illness and overall culture towards illness; Improved physical work environments Reduced numbers of days lost to absenteeism and presenteeism; More people enabled to return to work Facilitates communication on health related behaviours 'Making Every Contact Count' Contributes to strategies to improve the health of organisations Builds workplace and community capacity Empowers employers to be able to apply skills to address health priorities and needs Reduced health inequalities
Indirect impacts:	Change in knowledge, attitudes and behaviour towards illness by employers Improved mortality Provides cost benefits to employers Promotes wellbeing as opposed to illness culture Develops skills and knowledge Advocates for health Supports workplace and community cohesion Supports wellbeing and satisfaction Supports health awareness in individuals and employers Supports the potential to change attitudes/behaviours/lifestyle Reinforces environmental/societal change Positive effects on climate change
Contributory Partners:	Police Authority, Office of PCC, Health, Local Authority, Probation, North Lincolnshire Homes, Schools, Colleges, Voluntary Sector, Fire Authority, Job Centre Plus, Healthwatch, residents and consumers
Partnership Delivery Mechanisms:	Council Management Team Clinical Commissioning Group Committee Integrated Working Partnership Social Marketing Consortium
Strategic Priority Outcomes:	Safeguard and Protect; Close the Gaps; Raise Aspirations; Prevention of Early Deaths; Enhance Mental Wellbeing; Support Independent Living

10 Monitoring and Review

We have made a commitment to take a phased approach over the life of this five year strategy to effectively manage our partnership action and ensure added value. We have developed timely actions to deliver against our strategic outcomes to achieve our strategic objectives.

We have agreed our priority actions and we are committed to these areas of focus, though priority actions will be shaped and informed by the ongoing refresh of the JSNA and the review of progress at the end of each year. As part of this it is accepted that some areas of action will be carried forward, while other new areas of action might emerge.

Each priority action will have a more detailed in year underpinning delivery plan which will identify:

- What we are going to do
- Who will do it
- What are the milestones
- What are the timescales
- What are the measures
- What will success look like

(See document 3 for the detailed delivery plans)

The overall framework for the JHWS comes from three key national outcomes directives in the form of Public Health Outcomes Framework, NHS, Children's and Adult Social Care outcomes frameworks.

As part of the delivery plans, specific leads and linked indicators have been identified as a means of measuring progress against the priority actions and outcomes.

The Health and Wellbeing Strategy Development Group will monitor the delivery and efficacy of the strategy, reporting to the HWB which will take on the responsibility and accountability for the priority actions and which in turn will hold statutory partners to account (and non statutory where appropriate).

This JHWS will be the subject of quarterly performance reporting to the HWB and will be reviewed on an annual basis in line with the JSNA refresh. (The JHWS will be 'housed' on the NLC Performance Management System and it will be reported on as part of the corporate performance reporting arrangements).

11 Closing Statement and Key Messages

This JWHS is a living document and concentrates our collective efforts to develop innovative approaches to improve health and wellbeing outcomes for the people for North Lincolnshire. Partnership action will change over time and will be captured within review processes and in line with demographic and other changes.

JHWS priorities are about statutory and voluntary sector organisations coming together to plan and provide for the health and wellbeing of North Lincolnshire communities. It is about delivering better services by working together and sharing resources for the greater benefit of the community. It is also about ensuring that people are able to influence the decisions of the organisations that serve them.

By working together, it is our intention that:

“North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced”

Appendix 1 - Glossary

ALS – Adolescent Lifestyle Survey	Survey undertaken in secondary phase schools as a consultation exercise to illicit the views and perceptions of young people in relation to their health and wellbeing (and that of their peers). The outcomes are extensively used to information planning and commissioning.
CCG – Clinical Commissioning Group	Clinical Commissioning Groups are statutory NHS organisations that represent GP practices and are responsible for designing local health services in England. They do this by commissioning (buying) healthcare services including elective hospital care, rehabilitation care, urgent and emergency care, most community health services and mental health and learning disability services.
CYP – Children and Young People	Refers to children and young people within the population.
HWB – Health and Wellbeing Board	The Heath and Social Care Act 2012 establishes the HWB a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board is required to prepare and publish a JSNA prepare and publish a JHWS and encourage integrated working.
ICP - Integrated Commissioning Partnership	The ICP is a working group that is accountable to the HWB.
Inequalities	The gap between disadvantaged groups, communities and the better off.
IWP – Integrated Working Partnership	The IWP is a working group that is accountable to the HWB.
JHWS – Joint Health and Wellbeing Strategy	Statutory strategy under the auspices of the Health and Social Care Act 2012 to focus partnership action to address identified need to improve the health and wellbeing of people in North Lincolnshire and reduce inequalities.
JSNA – Joint Strategic Needs Assessment	The JSNA brings together an analysis of health and social care trends in North Lincolnshire as well as comparisons with other local authorities and Clinical Commissioning Groups across the region and sub region. It also takes into account the community voice of North Lincolnshire.
LA - Local Authority	Locally the LA is North Lincolnshire Council.
LAC (DH) – Local Authority Circular (Department of Health)	Refers to information briefings which advise and guide Local Authorities to help achieve consistent standards.
LSCB – Local Safeguarding Children Board	The LSCB is responsible for ensuring partners fulfil their safeguarding responsibilities.
MECC – Making Every Contact Count	MECC is a long-term strategy that aims to help create a healthier population and reduce NHS costs, with a focus on doing 'more with less' to use resources more efficiently to deliver the best patient care.
Sir Michael Marmot (Fair Society Healthy Lives)	The Marmot Review into health inequalities in England was published on 11 February 2010. It proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. It draws further attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health. Premature illness and death affects everyone below the top. The strategic outcomes have been aligned to a life course approach (starting well, growing well, living and working well, ageing and retiring well and end of life) while identifying what the Marmot recommended priorities are in order to work towards reducing inequalities within our neighbourhoods. The key messages from Sir Michael Marmot's 'Fair Society Healthy Lives' review suggest that: • Reducing health inequalities is a matter of fairness and social justice, and that those dying prematurely in England as result of health inequalities could have enjoyed between 1.3 and 2.5 million extra years of life;

	• There is a social gradient in health – the lower a person's social position – the worse his/her health and actions should focus on reducing this gradient; • Health inequalities result from social inequalities – tackling this requires action across the social determinants of health; • The focus should not be solely on the most disadvantaged which will not reduce health inequalities sufficiently – the steepness of the social gradient in health should be reduced by action that is universal and within a scale and intensity that is proportionate to the level of disadvantage; • Action taken to reduce health inequalities will benefit society in many ways, having economic benefits in as much as reducing losses from illness associated with health inequalities eg productivity, reduced tax revenue, higher welfare payments, increasing treatment costs; • Fair distribution of health, wellbeing and sustainability are most important social goals as well as economic growth; • Tackling social inequalities in health and climate change must go together; • Reducing health inequalities requires action on 6 policy objectives: give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure healthy standard of living for all; create and develop healthy and sustainable places and communities; and strengthen the role and impact of ill-health prevention; • Delivering these policy objectives requires action by central and local government, the NHS, third and private sectors and community groups; delivering on national policies requires effective local delivery systems focused on health equity in all policies; • Effective local delivery requires participatory decision making at a local level by empowering individuals and local communities. (Sir Michael Marmot 2010)
NLC – North Lincolnshire Council	Under the auspices of the Health and Social Care Act 2012, North Lincolnshire Council (the LA – Local Authority) is responsible for improving the health of its population.
Partners	HWB and commissioning organisations involved in delivery of JHWS and JSNA review and development.
Public Health Outcomes Framework	This framework sets out the vision for public health, desired outcomes and indicators that will help us understand how well public health is being improved and protected.
Purple Flag	The Purple Flag is the accreditation scheme that recognises excellence in the management of town and city centres at night. It aims to raise standards and improve the quality of our towns and cities at night
SEN – Special Educational Needs	Refers to people (across all the life stages) with special educational needs.
Third Sector	Services, agencies and organisations within the voluntary and community sector.
TCS – Transforming Community Services	TCS is a work programme to improve community services so they can provide modern, personalised and responsive care of a consistently high quality that is accessible to all.
WHIP – Wellbeing and Health Improvement Partnership	The WHIP was a sub group of the now obsolete Local Strategic Partnership.
Wider determinants of health	Wider determinants of health, also known as the social determinants of health, have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. Included in those 'causes of the causes' are the 'conditions of daily life' as well as structural influences. Those conditions and influences determine the extent to which a person has the right physical, social and personal resources to meet their needs, deal with changes to their circumstances and achieve their goals.

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NORTH LINCOLNSHIRE JOINT HEALTH AND WELLBEING STRATEGY 2013-2018

Suite of Documents

DOCUMENT 1 – JOINT HEALTH AND WELLBEING STRATEGY

DOCUMENT 2 – JHWS REFERENCE/TECHNICAL DOCUMENT

DOCUMENT 3 – JHWS DELIVERY PLANS

Version	Date	Author
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CONTENTS

DOCUMENT 2 – JHWS REFERENCE/TECHNICAL DOCUMENT 1
1 Health and Wellbeing Strategy 2009/2012 Priorities and Progress 3
2 National Context 4
3 Local Context 4
4 Developing the JHWS 2013/18 7
5 Strategic Linkages 8
6 'Making it happen' 10
6.1 Communication, participation and public engagement 10
6.2 Commissioning and investment (value for money) 10
6.3 Integrated Working 12
Appendix 1 – Associated Strategies, Plans, Programmes and Partnerships 13

1 Health and Wellbeing Strategy 2009/2012 Priorities and Progress

North Lincolnshire has had a strategy for health and wellbeing in place since 2009, which was based on the needs of the population and agreed in partnership as part of the then Local Strategic Partnership. Launched at a North Lincolnshire health summit it aimed to address health inequalities via 10 priority areas. In 2010 a second North Lincolnshire wide health summit took place to revisit the process to inform the Health and Wellbeing Strategy (HWBS). The Wellbeing and Health Improvement Partnership (WHIP) Executive then evolved to continue the work of review, taking into account the findings of Sir Michael Marmot's review Fair Society Healthy Lives and an update of our Joint Strategic Needs Assessment (2010) leading to a refresh of the strategy.

The WHIP summarised the revised outcomes in the form of a one page driver diagram which demonstrated the direction for development and it identified three key priorities to address our health and wellbeing:

- Best Start in Life
- Healthy Ageing
- Healthier Communities

Between 2009 and 2012,, by working together, we have made significant progress against these original priorities and jointly have improved health and wellbeing outcomes for the people of North Lincolnshire. For example:

- Steady but rising initaition and continuation rates of breastfeeding as well as continued activity to raise awareness and all it's benefits
- Improvements in children's readiness for school
- Fewer children and young people engaging in risky behaviours including smoking, drinking, drug misuse and underage sex
- Significant and sustained drop in young people entering the youth justice system
- Significant improvement in the number of young people achieving 5+ GCSE's at A* to C (including English and Maths)
- A fall in the number of young people who are not engaged in education, employment or training at 16/17 years
- Increasing number of adults taking up public health interventions including NHS cancer and Abdominal Aortic Aneurysm (AAA) screening, support with weight management and NHS health checks
- Adult smoking prevalence has fallen as has smoking at time of delivery (pregnancy) and youth smoking (under 16s)
- Extended access to psychological therapies for adults with common mental health conditions and long term conditions
- More older people and people with disabilities helped to live independently in their own homes and helped to regain independence post hospital discharge
- More affordable homes built in North Lincolnshire
- Increasing numbers of people prevented from becoming homeless
- Increased number of residents receiving help to improve home energy efficiency and reduce fuel poverty
- Integrated health and social care centre and commitment to develop health and social care hubs

2 National Context

This places Health and Wellbeing Boards at the heart of plans to transform health and care and achieve better population health and wellbeing.

A memorandum of understanding has been developed to underpin the statutory basis for the Health and Wellbeing Board and our commitment in North Lincolnshire to working together to fulfil our key obligations to improve health and wellbeing outcomes for people in our area.

Our JSNA informs the HWB so the board members can identify the overarching strategic priorities to be addressed via the Joint Health and Wellbeing Strategy (JHWS). The JHWS then sets out the agreed priority actions that partners will commit to delivering through collaborative working. These documents sit at the heart of local commissioning decisions, providing the foundation for improving health, social care and public health outcomes for the whole community.

"Joint health and wellbeing strategies should prioritise the issues requiring the greatest attention, avoiding the pitfalls of trying to take action on everything all at once. They will not be a long list of everything that might be done; they will focus instead on key issues that make the biggest difference." (DH Guidance Jan 2012)

3 Local Context

North Lincolnshire now has its third JSNA (insert hyperlink to JSNA web pages), a process that began in 2008/9. The JSNA brings together an analysis of health and social care trends in North Lincolnshire as well as comparisons with other local authorities and Clinical Commissioning Groups across the region and sub region. It also takes into account the community voice of North Lincolnshire.

Painting a picture of the North Lincolnshire

At 328 square miles, North Lincolnshire is a relatively large area, although its population is smaller than some neighbouring authorities.

North Lincolnshire has a distinct settlement pattern. The large urban area of Scunthorpe and Bottesford, is the main population settlement, employment and shopping centre, and is home to just under half, (48%) of North Lincolnshire residents. The remaining 52% live in the 6 market towns of Barton, Brigg, Crowle, Epworth, Winterton and Kirton Lindsey and in the 80 surrounding villages.

The nature of North Lincolnshire as a place has been shaped by the local economy over the last few centuries, including agriculture and steel manufacture. A much higher proportion of jobs are in manufacturing compared with IT finance and business services, with future growth projected in alternative energy technology, engineering and logistics within the South Humber Bank development.

In terms of average disposable income, housing quality, and the natural and social environment, North Lincolnshire is an attractive place to live. Average wages for those in full time work are higher than they are regionally, and with lower house prices, falling crime rates, and access to a rich and diverse natural landscape, the quality of life for many of North Lincolnshire residents is very good compared with regional neighbours. This fact is reflected in local surveys, with the vast majority of residents expressing satisfaction with the area, highlighting many of North Lincolnshire's attractive physical assets, including close access to the countryside and the coast, low cost of living, strong sense of community and neighbourliness of local people.

The latest 2011 census data suggests that there are in the region of 167,400 people resident in North Lincolnshire, an increase of 9.5% since 2001. This is a faster rate of growth than experienced by our local authority neighbours and compares with a national growth of 7.9% over the same 10 year period, accounted for largely by a growth amongst those aged 55+ years. Currently people aged 55 years and older represent almost 1 in 3, (31%), of the resident population, compared with 28% nationally. We know this is a relatively stable population and that it is growing faster than our peers and regional neighbours. We also know that the composition of our population has changed over time as

- Young adults have left North Lincolnshire to take up higher education and graduate employment opportunities,
- More middle aged people have migrated here from other parts of the country attracted by low housing costs and higher quality of life
- Young economic migrants have settled in the Scunthorpe area from Eastern Europe
- The Black and Minority Ethnic population has grown (from 2.5% in 2001 to 7.1% in 2011, compared with 16.1% nationally)
- The number of people with disabilities including complex or chronic long term conditions has grown
- The size of our rural communities has risen

The demographic mix of the population, including the rural/urban balance of young and old, could change again in the next couple of decades, as new employment and training opportunities, housing and leisure developments make the urban area of Scunthorpe more attractive and affordable to younger people.

However, securing these jobs for local people and maintaining long term growth in the economy will mean aligning local skills to key growth areas such as engineering, construction and allied services, and improving the competitiveness of our local labour force. Whilst skills levels are improving year on year, educational attainment still lags behind the national average for 15 and 19 year olds, with a wider than average gap between children from low income families and the rest. These factors make our young people more vulnerable to worklessness, homelessness, poverty and poor mental health and wellbeing than their peers elsewhere. Home ownership and private rented housing is already unaffordable for many young people in North Lincolnshire, with under 25s making the largest population group on the social housing waiting list.

Looking at the health and wellbeing of North Lincolnshire's population as a whole, it is improving year on year, and in terms of longer years of life, it has never been so good. Life expectancy at birth and at 75 years is improving year on year and is now much closer to the national average, after lagging behind for many years. However, healthy life expectancy has not improved quite as fast, which means that for many people these extended years of life are likely to be spent in relatively poor physical and/or mental health.

We also know that these averages mask significant inequalities in North Lincolnshire, including at least a 10 year gap in average life expectancy at birth between the richest and poorest 10% residents. These inequalities begin early in life and are reflected right across the life course, from maternal and infant health, to quality of life at retirement age, as well as experience of care at the end of life.

Some of these inequalities are narrowing, others are widening, whilst some have not changed over the last decade. The main drivers are inequalities in:

- The wider social determinants of health, including exposure to family poverty, access to education, housing and employment
- The lifestyles that people lead, including differences in smoking, diet, and physical activity alcohol and substance misuse
- Take up of prevention, early detection and disease management services

Many of these inequalities are concentrated in the same neighbourhoods, with some population groups, including families (and particularly families with a disabled person the household) and young people, at multiple risk of persistent poverty, low attainment, unemployment, unhealthy behaviours and poor mental health.

On the face of it North Lincolnshire should be a relatively easy place to lead a healthy life, with large areas of green space per head of population, relatively easy access to open countryside, above average income and improving educational attainment. However, the number of people at risk of lifestyle related diseases, remains above the national average in North Lincolnshire, including:

- Higher adult smoking prevalence and higher rates of early deaths from lung cancer and chronic lung disease
- Higher rates of high blood pressure and prevalence of adult obesity and physical inactivity
- Higher rates of Type 2 diabetes and coronary heart disease
- Inequalities in take up cancer screening and other public health interventions between socio economic groups

Reducing risk factors and improving the wider determinants of health for high risk groups will be critical to:

- Reducing health and wellbeing inequalities for children and families
- maintaining a healthy workforce as the pensionable age increases,
- reducing preventable disease and inequalities across the life course
- securing physical and mental health and wellbeing in older age.

Whilst the vast majority of people continue to enjoy relatively good physical and mental health well into their 70s and 80s, the risk of poor health and particularly poor mental health tends to increase incrementally post 75 years of age, including an increased risk of heart disease, cancer, depression and dementia. Indeed, much of the projected increase in mental health expenditure expected in the next 20 years is likely to come from a rise in the number of older people living in the community. Older people's mental health is therefore a major public health issue and is likely to become more important as our population ages.

Compared with other parts of the country, the proportion of working age adults and older people with disabilities helped to live at home is relatively high, with satisfaction with the quality and outcomes of social care services above national rates.

As more and more older people choose to remain living in their own homes for longer, the demand for informal community and home based independent living services, including transport, smaller, adapted housing, befriending, leisure and social activities is likely to grow. One of the key issues raised by social care service users in a recent consultation exercise was the importance of maintaining social networks and the impact of loneliness and social isolation on health and wellbeing.

We should also expect a rise in the number of the very old living at home. Whilst this group is relatively small in number they are likely to require significant support to help them maintain their independence and quality of life for as long as possible in their own homes. This will include an increasing number of older people with learning disabilities and mental health needs. There is also a growing need for community and institutional end of life care, and for an increasingly older population, who are likely to have multiple and complex co morbidities, including dementia. Hence the importance of standardising best practice in end of life care, increasing community capacity and raising the skills of the care home workforce in providing quality care at the end of life.

4 Developing the JHWS 2013/18

Taking account the information within the JSNA, there has been a robust period of consultation to determine which of the many demands were to be prioritised for partnership action under the auspices of this JHWS, with the focus being on 'adding value' and working better together to make a difference.

The strategic priority outcomes, priority actions and success factors have been agreed in partnership and have the clear commitment of the Health and Wellbeing Board and related stakeholders and the development of the JHWS has been co-ordinated through a multi agency development group.

Throughout the development of the JHWS, the working document was distributed via a range of partnership boards and partnerships (which include cyp and lay representation) and through individual agencies and feedback was included as appropriate.

The consultation draft, which included the strategy document and a technical/reference document was distributed through the same routes.

A further programme of multi agency sessions was co-ordinated to populate the delivery plans as well as two Health and Wellbeing Board development sessions (one externally facilitated). The full suite of documents (strategy document, technical/reference document and delivery plans) were submitted to the Health and Wellbeing Board in June for final endorsement.

An Integrated Impact Assessment has been undertaken alongside the development of the JHWS suite of documents. As part of this, consideration has been given to a range of factors including environmental, community safety, health, geographical, economic and social inclusion, diversity and human rights, statutory legal processes, risk, procurement and child poverty, all of which take account of the wider determinants of health and inequalities.

5 Strategic Linkages

The JHWS is the overarching strategy and as such does not tackle all the specific issues which face North Lincolnshire. The detail underpinning the JHWS is the responsibility of other strategies and delivery plans which are better placed to tackle the specific issues that affect health and wellbeing like employment, educational attainment, housing, transport and crime and disorder. This places more emphasis on the relationships between the Health and Wellbeing Board and other key partnerships i.e. Safer Neighbourhoods Partnership.

Underpinning agency/service delivery plans (and workforce strategies and transformation programmes) will need to take account of their individual responsibilities which contribute to the implementation of this JHWS and the wider health and wellbeing agenda, for example the Council Strategy, CCG Commissioning Plan, Healthwatch and Voluntary and Community Sector workstreams.

The Council's vision is that it be 'a dynamic, high performing, customer focussed council, giving the best possible value for money and changing outcomes for all people living and working in the area'. One of the key principles within the council's strategy is to improve the health and wellbeing of the residents of North Lincolnshire. Additionally, the council's priorities provide a solid basis on which the council and its individual directorates can contribute to the delivery of the JHWS:

- Make our communities safer and stronger
- Regenerate our area and increase prosperity
- Provide value for taxpayers money
- Excellence in customer service

In addition, while the NHS Outcomes Framework and NHS Constitution set out the aims and responsibilities for local healthcare provision, local commissioners will provide the methodologies for local delivery, with success being assessed by the quality of outcomes. The NHS Commissioning Board has specified five offers to NHS commissioners to provide them with insight and evidence to generate improved local health outcomes.

Those 'offers' include:

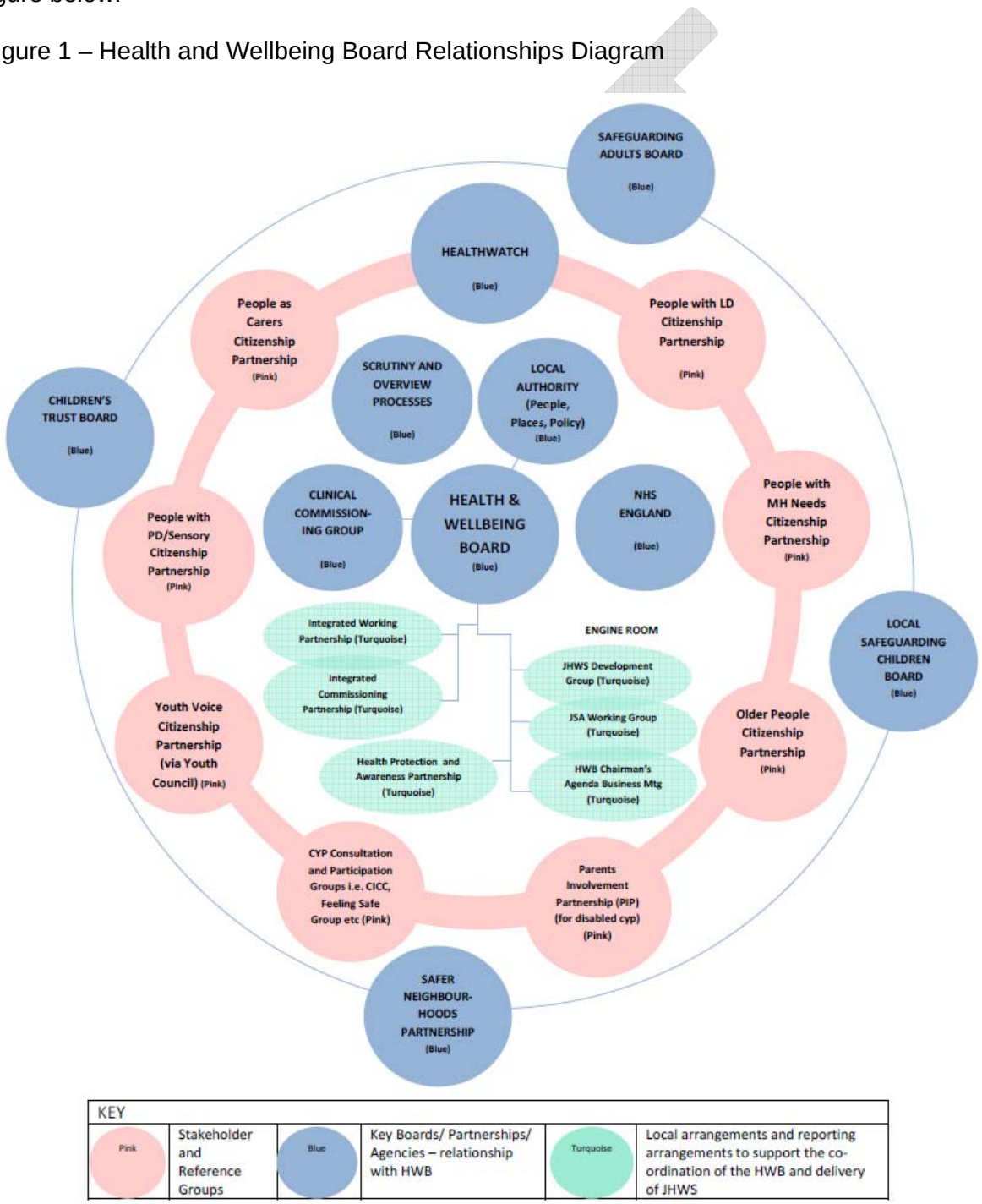
- a move to routine services being available seven days a week;
- more transparency, more choice – to enable better understanding about the quality of services being delivered;
- listening to patients and increasing their participation;
- better data and informed commissioning driving improved outcomes;
- and transforming care – higher standards and safer care.

The local CCG plan will bring together these frameworks with the JHWS and identify local priorities for consultation with the HWB based on the NHS outcomes framework domains of:

- preventing people from dying prematurely;
- enhancing quality of life for people with long term conditions;
- helping people to recover from episodes of ill health or following injury;
- ensuring people have a positive experience of care;
- and treating and caring for people in a safe environment and protecting them from avoidable harm.

The relationships between key partnerships, boards and agencies will be paramount in the successful delivery of the JHWS. The Health and Wellbeing Board relationships are outlined in the figure below:

Figure 1 – Health and Wellbeing Board Relationships Diagram



This diagram represents the statutory relationships and local accountability arrangements for the Health and Wellbeing Board, though there is a plethora of key partnerships and groups with key responsibilities for the health and Wellbeing agenda. Appendix 1 highlights the lead agency and responsible board or partnership for delivering established plans, strategies and programmes.

As part of the scrutiny and overview processes, the recommendations of Health and People Scrutiny Reports will be taken into account and responded to as appropriate through the relevant governance and accountability routes.

6 'Making it happen'

6.1 Communication, participation and public engagement

Partners are committed to working together for the benefit of the people of North Lincolnshire and as part of this, the Health and Wellbeing Board will engage with the local population to understand what is important to them and use that information where necessary, together with evidence from the JSNA, to transform what is delivered to meet their needs better. As part of this, the medium for communication and engagement will be considered to facilitate the best outcomes (including e-channels).

Local Healthwatch, as the new consumer champion, plays a significant role in gathering views and understanding experiences of patients and the public as well as making people's views known. Healthwatch promotes and supports the involvement of people in the commissioning and influence of local health and care services and how they are scrutinised. (Local Authority Overview and Scrutiny processes will also provide a robust quality assurance of local processes and products).

Identified citizenship groups provide a sound basis on which to build community voice and Local Healthwatch will link to these groups to develop champion and support community voice in the area and to represent their views at the Health and Wellbeing Board.

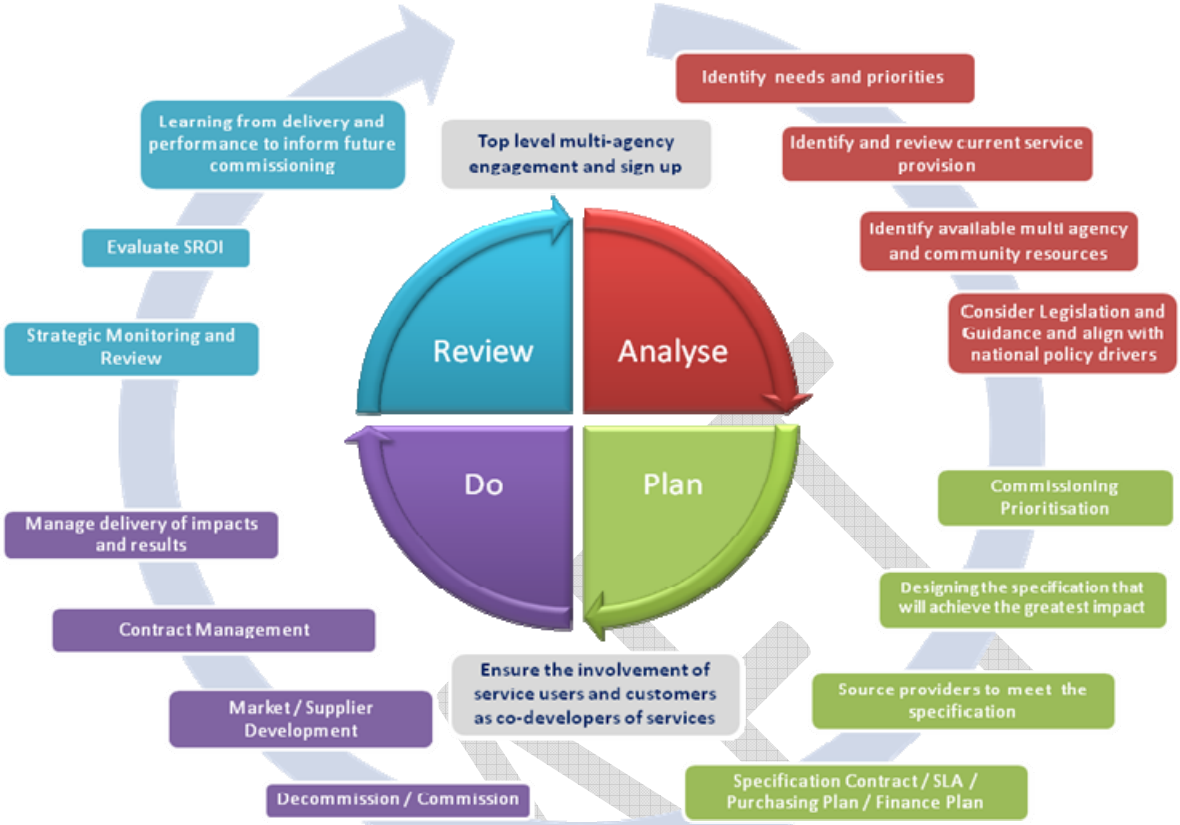
Individual services/agencies retain responsibility for ensuring that people remain at the centre of all that they do and to ensure effective communication, participation and engagement at an individual, service and strategic level.

6.2 Commissioning and investment (value for money)

This JHWS uses evidence and insight from community voice and the JSNA to make decisions about what our commissioning/decommissioning priorities should be to ensure that services and support are acceptable, accessible and appropriate for the people of North Lincolnshire at the present time and into the future.

This whole process is set within a commissioning cycle framework – see figure below:

Figure 2 – Commissioning Cycle



As a means of putting people at the heart of our commissioning cycle, we are committed to Experience Led Commissioning which provides an evidence based approach, access to a bank of evidence in relation to experiences as well as giving us a way of engaging with service users, carers and front line staff. Work is ongoing to implement and embed this systematic approach throughout the health and social care system.

The Health and Wellbeing Board has concluded that effective commissioning and robust provision will contribute to the successful delivery of this JHWS. Under the auspices of the Health and Wellbeing Board, and to ensure it fulfils its statutory responsibility to increase the use of joint commissioning and pooled budgets, the Integrated Commissioning Partnership (ICP) will develop existing joint commissioning arrangements (where they remain fit for purpose) and identify further opportunities for joint commissioning, where they will deliver added value. This will be done by:

- ensuring that the commissioning of health and Wellbeing services for North Lincolnshire is managed across all partners to meet the JHWS vision and the needs of local people
- seeking opportunities to align commissioning
- ensuring effective use of resources
- exploring joint contracting between CCG and LA
- reviewing existing agreements and making recommendations to Health and Wellbeing Board for improvements
- developing, implementing and monitoring the ICP workplan to aid the implementation of appropriate joint commissioning

Partners are committed to working together to ensure there is appropriate system leadership to ensure that resources and investment are focussed on improving health and wellbeing and tackling inequalities. As part of this, partners will work together to ensure that resources are deployed appropriately and investment is made where it will address the priorities and deliver improved outcomes. Budget setting processes across agencies will be crucial in ensuring the appropriate allocation of funding and there will need to be a pragmatic approach which may require additional investment in some areas and a reduced allocation in others.

6.3 Integrated Working

There is a commitment to deliver identified work programmes to address our priorities and deliver improved outcomes. The Health and Wellbeing Board has concluded that the workforce, and how it is deployed, is their most important resource to enable the effective delivery of this JHWS. Under the auspices of the Health and Wellbeing Board, and to ensure it fulfils its statutory responsibility to promote and encourage integrated working, the Integrated Working Partnership (IWP) will identify changes to the workforce and identify opportunities for integration, where it will deliver added value. This will be done by:

- overseeing the transformation programme across the health and wellbeing agenda with particular focus on local delivery
- championing integration to achieve health and wellbeing priorities
- reflecting and ensuring active learning, creativity, innovation and horizon scanning
- developing, implementing and monitoring the IWP workplan to implement appropriate integration

Appendix 1 – Associated Strategies, Plans, Programmes and Partnerships

Ref.	Local Plan, Strategy, Programme	Identified lead/ responsible partnership	Link to key strategic priority outcome(s)	Associated National Driver(s) – not exhaustive
1	CCG Commissioning Plan	CCG	ALL	Vision for Adult Social Care: Capable Communities and Active Citizens (LAC(DH)2010 (7)) Healthy lives, healthy people: our strategy for public health in England (DH 2010) Equity and Excellence - Liberating the NHS (2010) Transforming Community Services (TCS) (2010) Transforming Social Care Local Authority Circular (LAC DH 2008) and Putting People First (2007) NHS Next Stage Review: Our Vision for Primary and Community Care (DH July 2008) Our Health, Our Care, Our Say (2006) Choosing health: Making healthy choices easier (2004) The 'Wanless reports' (DH, 2002, and 2004, Kings Fund, 2006) Living well with dementia - a National Dementia Strategy' (Department of Health, January 2009). The National Stroke Strategy (Department of Health December 2007). No health without mental health: a cross-government mental health outcomes strategy for people of all ages (Department of Health, February 2011). The Operating Framework for NHS in England 2011/12. North Lincolnshire Armed Forces Covenant 19-09-2012 Care and Support White Paper 2012 – The Nations Commitment: Cross Government support to our Armed Forces, their families and veterans Armed Forces Covenant – Fighting Fit 2010
2	Breastfeeding: A Framework for Action: Tackling Health Inequalities in North Lincolnshire	Maternity Matters Board	ALL	Every Child Matters (2004) NICE Clinical Postnatal Care Guideline (2006) Infant Mortality Review (2007) Healthy Child Programme (2008) Health Weight, Healthy Lives (2008) NICE Improving the Nutrician of Pregnancy and Breasteeding Mothers and Children in Low Income Households (2008) Health Inequalities: Progress and Next Steps (2008)
3	Child Poverty Strategy	Children's Trust Board	ALL	Child Poverty Act 2010 Welfare Reform Act 2012
4	Children and Young People in Care Strategy	Children in Care Strategy Group	ALL	Every Child Matters (2004)

Ref.	Local Plan, Strategy, Programme	Identified lead/ responsible partnership	Link to key strategic priority outcome(s)	Associated National Driver(s) – not exhaustive
5	Communication Strategy 0 to 19 Communication for Language Learning and Life	Children's Trust Board	ALL	Every Child Matters (2004)
6	Disabled CYP/SEN Strategy	Disabled CYP/SEN Partnership	ALL	SEN Green Paper 2012
7	Early Help Strategy	Best Start Group	ALL	Conception to age 2 – the age of opportunity – addendum to the Government's vision fo the Foundation Years: 'Supporting Families in the Foundation Years' Fair society, healthy lives (Marmot Review Team 2010). Healthy child programme: pregnancy and the first five years of life' (DH 2009). Healthy lives, healthy people: our strategy for public health in England (DH 2010a). Healthy lives, healthy people: update and way forward (DH 2011). No health without mental health: a cross-government mental health outcomes strategy for people of all ages (HM Government 2011). Support and aspiration: a new approach to special educational needs (Department for Education 2011a). The early years: foundations for life, health and learning (Tickell 2011). The importance of teaching (Department for Education 2010).
8	Emergency Planning Plan – Severe Weather Incidents	Emergency Planning and Business Continuity Steering Group	Safeguard and Protect	Climate Change Act 2008 UK Climate Projections 2009 National Adaptation Programme
9	Financial Inclusion Strategy	Financial Inclusion Group	Close the Gaps Support Independent Living Enhance Mental Well Being	Child Poverty Act 2010 Welfare Reform Act 2012
10	Healthwatch North Lincolnshire Plan	Healthwatch Board	ALL	Health and Social Care Act 2012

Ref.	Local Plan, Strategy, Programme	Identified lead/ responsible partnership	Link to key strategic priority outcome(s)	Associated National Driver(s) – not exhaustive
11	Housing Strategy	Housing Strategy Group	ALL	Housing Act 2004 Localism Act 2011 Laying the Foundations: A Housing Strategy for England (November 2011)
12	Integrated Locality Teams Locality Plans	Integrated Working Partnership	ALL	Localism Act 2011
13	Local Safeguarding Board Business Plan	LSCB	Safeguard and Protect	Professor Munro Review of Child Protection and Governments Response to the Munro Recommendations 2011 Safeguarding Children and Young People from Sexual Exploitation Action Plan 2012 Working Together to Safeguard Children 2010
14	NLC Communication Plan	CMT	ALL	
15	NLC Corporate Flooding Plan	CMT	Safeguard and Protect	Climate Change Act 2008 UK Climate Projections 2009 National Adaptation Programme
16	NLC Diversity Plan	CMT	ALL	Equality Act 2010 – Public Sector Duty (general and specific- requirement to publish information and equality objectives)
17	NLC Engagement Plan	CMT	ALL	
18	NLC Strategy	CMT	ALL	
19	North Lincolnshire Homes Need Risk Assessment and Support Planning Policy	Strategic Housing Group	ALL	
20	North Lincolnshire Tobacco Control Plan	North Lincolnshire Smokefree Alliance	Prevention of Early Deaths Closing the Gap	Healthy Lives, Healthy People: A Tobacco Control Plan for England
21	Obesity Strategy	Health and Wellbeing Board	Prevention of Early Deaths	NICE guidance – Obesity – working with local communities November 2012 NICE guidance – Preventing type 2 diabetes – population and community interventions May 2011 NICE guidance – Weight management before, during and after pregnancy July 2010 NICE guidance – Prevention of cardiovascular disease June 2010

Ref.	Local Plan, Strategy, Programme	Identified lead/ responsible partnership	Link to key strategic priority outcome(s)	Associated National Driver(s) – not exhaustive
				National Obesity Observatory Standard Evaluation Framework - April 2009 Healthy Weight, Healthy Lives: One Year On - April 2009 Be Active, Stay Healthy National Physical Activity Strategy - February 2009 NICE guidance - Promoting physical activity for children and young people Physical Activity - January 2000 "Healthy Weight, Healthy Lives: Commissioning weight management services for children and young people" - November 2008 "Healthy Weight, Healthy Lives: A toolkit for developing local strategies" - October 2008 NICE guidance - Promoting physical activity in the workplace - May 2008 "Healthy Weight, Healthy Lives: Guidance for Local Areas" - March 2008 NICE guidance - Maternal and child nutrition - March 2008 "Healthy Weight, Healthy Lives: a cross governmental strategy for England" - January 2008 "Statistics on Obesity, Physical Activity and Diet: England" - January 2008 NICE guidance - Physical activity and the environment - January 2008 "Tackling Obesities: Future Choices" - October 2007 NICE guidance - Behaviour change - October 2007 "Why Mothers Die" - CEMACH Maternal Deaths Enquiry - December 2007 "Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children" - December 2006 NICE guidance - Four commonly used methods to increase physical activity - March 2006 "Tackling Child Obesity – First Steps" - February 2006 "Health Survey for England: Obesity among children under 11" - April 2005 "Delivering choosing health: making healthier choices easier" - March 2005 "Choosing a Better Diet: a food and health action plan" - March 2005 "Choosing Activity: a physical activity action plan" - March 2005 "Choosing Health: Making healthy choices easier" - November 2004 "Securing Good Health for the Whole Population" Derek Wanless - February 2004
22	Police and Crime Plan	Safer Neighbourhoods Partnership	Safeguard and Protect	Police and Crime Commissioners Plan Humberside Strategic Policing Plan
23	Safeguarding Adults Board Business Plan	Safeguarding Adults Board	Safeguard and Protect	Department of Health (2011) Statement of Government Policy on Safeguarding Adults. Association of Directors of Adult Social Services (2011) Standards for Adult Safeguarding
24	Safer Communities Plan	Safer Neighbourhoods Board	ALL	Police and Crime Commissioners Plan Humberside Strategic Policing Plan

Ref.	Local Plan, Strategy, Programme	Identified lead/ responsible partnership	Link to key strategic priority outcome(s)	Associated National Driver(s) – not exhaustive
25	Substance Misuse Strategy	Safer Neighbourhoods Partnership	Safeguard and Protect Prevention of Early Deaths	NTA [National Treatment Agency] *Models of Care . Local Implementation* NTA (2002) *Models of Care for the Treatment of Drug Misusers. Part 2: Full Reference Report*, London, National Treatment Agency. Prime Minister.s Strategy Unit (2004) *Alcohol Harm Reduction Strategy for England.*
26	Troubled Families Initiative	Children's Trust Board Safer Neighbourhoods Partnership Troubled Families Executive Group	ALL	Every Child Matters (2004)
27	Vulnerable Young People Strategy	Risky Behaviours Partnership	ALL	Every Child Matters (2004) Fair society, healthy lives (Marmot Review Team 2010).
28	Young Voice Action Plan	Children's Trust Partnership Health and Wellbeing Board	ALL	Positive for Youth 2011
29	Youth Justice Plan	Youth Offending Management Board	ALL	Every Child Matters (2004)
30	Youth Service Transformation	Children's Trust Partnership Health and Wellbeing Board	ALL	Positive for Youth 2011

These local plans, strategies and programmes will have underpinning delivery/action plans which will contribute to improving health and wellbeing outcomes for the population of North Lincolnshire over and above the strategic priorities.