

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

STRATEGIC HEALTH AND WELLBEING PLANNING

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The purpose of this report is threefold:

- Firstly to provide a final review of the Health and Wellbeing Strategy 2013-18
- Secondly to recommend to the board a 'health and wellbeing priorities framework' (appendix 1) which identifies a number of high-level priorities, outcomes and indicators which have been derived from the Integrated Strategic Assessment 2019.
- Thirdly to consider how a 'placed-based approach' using 'inclusive growth' can benefit all of North Lincolnshire's residents.

2. BACKGROUND INFORMATION

2.1 The Joint Health and Wellbeing Strategy (JHWS) articulates the priorities set out by the Health and Wellbeing Board (HWB) to achieve health improvement across North Lincolnshire. The five original priorities were set around: Best start, prosperity, improving literacy, improving the night time economy and people leading fulfilling and healthy lives. Since the original JHWS was agreed the five original priorities were reviewed by the HWB in the following two phases:

2.2.1 **March 2016:** The HWB received a review of the progress and impact of the current five priorities. As there had been significant progress against the priorities, it was agreed that the remaining duration of the strategy should focus on a new / refreshed set of priorities, which were agreed at the JHWS in December 2016.

2.2.2 **December 2016:** The HWB agreed new 'big ticket' priorities to focus activity for the remaining life of the JHWS 2016 to 2018. These priorities were:

- 1) Big Ticket priority 1: Reduce the harm caused by **tobacco** to the residents of North Lincolnshire
- 2) Big Ticket Priority 2: Adults and children having information, understanding and opportunities needed to achieve and maintain a **healthier weight**.

2.2.3 These 'Big Ticket items' are reviewed in section 4.1 and 4.2

2.3 As the current JHWBS has now ended, it is necessary to work on a new strategy for the next three years. To that end, a Health and Wellbeing partnership stakeholder group has been working collectively to produce a 'health and wellbeing priorities framework' (appendix 1) which identifies a number high level priorities, outcomes and indicators based on evidence from the Integrated Strategic Assessment 2019. The priorities framework is reviewed in section 4.3

2.4 Following on from work undertaken by the Health and Wellbeing partnership stakeholder group, it is recognised that for health inequalities to be reduced significantly and sustainably, consideration should be given to adopting a place-based approach focusing on 'inclusive growth' which would have a wider reach, and impact positively on more residents. A place-based approach to health and wellbeing is reviewed in section 4.4

3. OPTIONS FOR CONSIDERATION

3.1 **Big Ticket priority 1:** To review progress and impact on 'Big Ticket priority 1'; which is to reduce the harm caused by tobacco to the residents of North Lincolnshire

3.2 **Big Ticket Priority 2:** To review the progress and impact on adults and children having information, understanding and opportunities needed to achieve and maintain a healthier weight.

3.3 **New JHWBS Priorities Framework:** To consider the recommendation of the Health and Wellbeing partnership stakeholder group to adopt the new strategic priorities framework (see appendix 1)

3.4 **Inclusive Growth:** To consider how a 'place-based approach' focusing on 'inclusive growth' can benefit all residents of North Lincolnshire.

4. ANALYSIS OF OPTIONS

4.1 Update on Big Ticket Priority 1: tobacco

Progress has been made in reducing smoking prevalence across the North Lincolnshire population and currently around 81.5% of our population do not smoke tobacco; however adult smoking prevalence in North Lincolnshire remains above the England average.

4.1.1 **Reducing smoking at time of delivery (SATOD):**

- The most recently available data for Q1 2019/20, shows that 15.6% of women were SATOD, which is within target and represents a substantial reduction. This reduction will translate into reduced risk and improved health outcomes for pregnant women and their babies.

- Making every contact count (MECC) is undertaken with health visitors, midwives and children's centres to promote the benefits of not smoking and living in a smoke free home.
- A multi-agency Task and Finish group has recently been established to look at a system-wide approach to helping reduce the number of pregnant women smoking.

4.1.2 **Reducing smoking prevalence - children and young people:**

- The Adolescent Lifestyle Survey is a locally conducted survey carried out at three yearly intervals in schools. These surveys show a continued decrease in the number of regular and occasional smokers in the school age population. The decrease in the number of children and young people who smoke has been pronounced and continuous across boys and girls of all age groups. As an example of this success, smoking prevalence among year 10 girls was 22% in 2004 and had fallen to 2% in 2016.
- Work is being undertaken to address social norms, providing education in schools, delivery of MECC training to youth leaders and creating smokefree spaces.

4.1.3 **Reducing smoking prevalence – Adults**

- The provision of targeted, high-quality stop smoking services support smokers to quit. These services play a key role in improving health and wellbeing and reducing population health inequalities. For those people who are not ready, willing, or able to stop in one step, harm reduction interventions can support them in moving closer to becoming smokefree
- The Healthy Lifestyle Service (HLS) has contributed to a reduction in the number of quits. An initiative will commence in the autumn / winter 2019 to have a 'three month blitz to achieve 300 quits'
- The Council is working with communities to create smokefree spaces (children's play parks, school entrances)
- MECC and health champion training is being used to raise awareness of the harm associated with tobacco smoking and methods of quitting (400 MECC and 100 health champion were trained last year). The workplace health scheme offers support and advice for smoking cessation
- Work is being undertaken in partnership with NLaG to support the smokefree agenda at the hospital - this will see all admitted patients screened for smoking and offered stop smoking support whilst in hospital and a referral to the HLS on discharge. Staff will also be offered support to quit

4.2 **Update on Big Ticket Priority 2: Healthy Weight**

The proportion of children overweight and obese in North Lincolnshire has been above the national average for several years, both for children in Reception (age 4 and 5 years) and Year 6 (10-11 years), with the prevalence in 2017/18 being significantly above average for both measures.

As obesity is a complex multi-causal issue, a diverse range of interventions have developed to help target and improve healthy weight. A summary of these activities that have taken place over the last two years include:

4.2.1 Children and Young People

- **Get Going** - The local children's weight management service provided by Get Ahead works with children aged 4-16 years to complete a 10-week weight management programme. Over the 2018/19 period 74.4% of children reduced their BMI Z score and over 90% increased levels of physical activity. The service has also trained 47 professionals working with children in Obesity Chat training and supported a further 8 primary schools (16 in total since 2018) to develop Let's Get Healthy Plans. Get Going has also developed an ambassador programme for young people and families who have been through the Get Going Programme.
- **Let's Get Stepping** - An inter-school competitive steps challenge launched in January and underway with 26 primary schools participating in the challenge. The total step count for the first two phases of the project is 24.5 million steps. The initiative is proving extremely popular with both pupils and staff members.
- **Ethnographic Study** – This study is led by six young people who are using an observational methodology to help understand their 'lived experience' about what makes a healthy / unhealthy environment. The data captured will create a rich picture of the key drivers, from the young person's perspective, that make it either easier or harder for them to eat well and keep active.
- **HENRY** is an intervention to promote a healthy start in life and lay the foundations for a healthier future by focusing on babies and children aged 0-4 and their families. This programme works with families with children aged 0-4 years and views 'a healthy start' in its broadest possible sense. This includes supporting breastfeeding, improving nutrition, emotional wellbeing, parenting skills, healthy nutrition, oral health and a more active lifestyle. The programme is delivered through our 0-19 commissioned service.

4.2.2 Adults

- **Tier 1 and Tier 2 support:** The North Lincolnshire Healthy Lifestyle Service provides both tier 1 support around healthy eating, physical activity and information and advice to achieve a healthy weight and tier 2 support in the form of a structured 12 week Adult Weight Management Courses for those who need to lose weight.
- **Cook4Life:** Clients can work with their allocated healthy lifestyle facilitator on Cook4life which helps individuals to gain knowledge and confidence to cook healthy meals from scratch.

4.2.3 Systems and Policy Approach

- **Whole System Approach (WHS)** – A whole system approach works with communities and stakeholders to understand the 'causes of the causes' of problems and seek solutions. We have adopted the Leeds Beckett University Whole System Approach. To date we have mapped factors that contribute to healthy / unhealthy weight, looked at the levers that can 'disrupt' the negative

elements of the system, and we are now using behavioural change methodology and community engagement to develop action plans.

- **Food in North Lincolnshire Partnership** - Food in North Lincolnshire Partnership successfully achieved membership of the Sustainable Food Cities Network joining only 50 local authorities nationally.
- **Health in all policies** – We are using a ‘health in all policies’ approach as a way to influence healthy behaviours. To date this has resulted in the development on a proposed new policy in the next Local Plan that will require developers to conduct a Health Impact Assessment for proposals above a threshold; and the collation of an evidence base to support the introduction of a policy restricting food takeaways within a 400m exclusion zone around local schools and colleges.
- **Wellbeing at Work - Healthy workplace scheme** - Currently over 23 workplaces (30,000 people) are engaged and active as partners in the scheme and leading a range of healthy eating, physical activity initiatives across their workplaces. The first school received their bronze award at our awards ceremony in May 2019 and 3 more schools are have now signing up.
- **Physical Activity Partnership** – This multi-agency partnership has been established with a vision to ensure people of North Lincolnshire have the ability, opportunity and motivation to lead a physically active lifestyle.

4.3 **Developing a Health and Wellbeing Priorities Framework:**

- 4.3.1 Health and Wellbeing Boards must set priorities based on the needs of the local population. The principal sources of evidence used in North Lincolnshire for assessing priorities are the Joint Strategic Needs Assessment (JSNA) and the Integrated Strategic Assessment (ISA).
- 4.3.2 The JSNA was thoroughly revised and approved by the Health & Wellbeing Board in October 2018. The JSNA fed into the development of a revised ISA; this process was undertaken in partnership with system partners, and structured around the four outcomes of safe, well, prosperous and connected. The ISA was approved by the June 2019.
- 4.3.3 To help guide the HWB on high-level priorities which they may wish to consider in their future strategy, a series of three workshops were held to develop a draft Health and Wellbeing Priorities Framework
- 4.3.4 The ISA was used to identify issues which require further development. In total over 60 areas were identified for further development, which needed short-listing to a manageable number of ‘high level’ priorities. In order to achieve this, three workshop were held with invitees from 14 different organisations / departments. Workshops included discussion on health economics, the role of the HWB, prioritisation methodologies, wider determinants of health, place planning, and healthy places.
- 4.3.5 **Short-listing prioritisation methodology:** In order to prioritise the key areas for development, participants had to determine which issues would (a) have a significant impact on people’s health and (b) were so complex that the HWB’s support would be

required. Once the key areas for development were selected, they were thematised into 'strategic priorities' which were agreed by partners as:

- Best start
- Healthy & resilient communities
- Equity of opportunities for people's health & wellbeing
- Healthy lives for all

The strategic priorities were then used to group the key areas for development into 'high level outcomes' and consider appropriate 'indicators' (see appendix 1). In addition, the groups identified five key enablers which they considered necessary to achieve the outcomes. These enablers were:

- Intelligence-led joint commissioning
- Place partners work together – shared resources, shared information, seamless pathways
- Integrated health & social care provision
- Integrated workforce development
- Community engagement led service development
- Maximising digital and innovative solutions for improving health & wellbeing

4.4 Inclusive growth and health – A place-based approach to health and wellbeing

4.4.1 The workshops described above, provided opportunity to consider how a place-based approach and a focus on the wider determinants of health can help reduce health inequalities and improve health for all. It was widely acknowledged through the interactive sessions, that economic inequalities leads to health inequalities. Therefore, conversely, prosperity may lead to better health and wellbeing. Inclusive growth is an approach that ensures that the local economy benefits everyone.

4.4.2 It cannot be assumed that economic growth in an area will automatically benefit the whole population or improve the health and wellbeing of everyone: strategies are needed to ensure that people across the whole of the 'health gradient' have opportunities to prosper.

4.4.3 Economic deprivation has a detrimental impact on health, and conversely a healthy population is good for the local economy. We also know that there is not a simple cut-off point below which people in less affluent areas have worse health and lower life expectancy. The interconnectedness of health and the structural and economic conditions in which people grow up and live means that a virtuous circle exists: an inclusive economy contributes to better health, and good health boosts economic prosperity.

4.4.4 An inclusive approach to growth aims to develop the local economy to be more sustainable and productive. Where health, wellbeing and economic objectives are explicitly aligned as part of a strategic approach to the local economy, then the opportunities for improving the health of the whole population are maximised.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 None

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 The ISA considered the impact of crime, environment and inequalities. The draft Health and Wellbeing Priorities Framework is based on key issues identified in the ISA

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 Not applicable at this stage

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 The draft Health and Wellbeing Priorities Framework was compiled using stakeholder engagement workshops

9. **RECOMMENDATIONS**

9.1 That the HWB note the progress made to achieve good outcomes in respect of:

- Big ticket priority 1: To Reduce the harm caused by tobacco to the residents of North Lincolnshire and
- Big ticket Priority 2: To review the progress and impact on adults and children having information, understanding and opportunities needed to achieve and maintain a healthier weight.

9.2 To consider the recommendation of the Health and Wellbeing partnership stakeholder group to adopt the new strategic priorities framework (see appendix 1)

9.3 To consider whether a 'placed-based approach' focusing on 'inclusive growth' should be adopted by the HWB in the development of future strategic directions.

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Date: 1st October 2019

Background Papers used in the preparation of this report

<https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report>

Draft Health and Wellbeing Priorities Framework

Strategic Priorities	Best Start	Healthy and resilient communities	Equity of opportunities for people's health & wellbeing	Healthy lives for all
High level outcomes	<ul style="list-style-type: none"> • Healthy pregnancies • Healthy, thriving babies and children • Safe and stable family relationships 	<ul style="list-style-type: none"> • Systems are organised to enable people to flourish, and where possible meet their own needs • People feel connected to, and supported by, their community • People have pride and belonging in where they live • People can easily get where they need to go; and those that can are enabled to walk, cycle or use public transport 	<ul style="list-style-type: none"> • More families prospering • Reduced inequalities in life expectancy, and healthy life expectancy • Reduced inequalities in child health outcomes 	<ul style="list-style-type: none"> • People are empowered to take control of their own health & wellbeing • The environment is designed to help people keep and stay healthy • More people make healthy choices • More people feel good and function well • Older people live healthier and more independent lives, feel supported and have a good quality of life
Indicators	<ul style="list-style-type: none"> • Improve breastfeeding rates • Reduce smoking rates before, during and after pregnancy • Improve perinatal mental health • Prevent maternal and childhood obesity 	<ul style="list-style-type: none"> ▲ Increase social connectedness • Increase community engagement • Create healthy places • Promote sustainable and active travel 	<ul style="list-style-type: none"> • Narrow the gaps in educational attainment and emotional wellbeing • Support people into good quality work • Quality housing that meets people's current and future needs • Reduce the risk of developing long term conditions • Equitable access to quality health care 	<ul style="list-style-type: none"> • Improve mental health & wellbeing • Increase levels of physical activity • Reduce harm from tobacco, alcohol & other harmful addictions • Increase the proportion of people of a healthy weight • Improve health literacy • Increase health related quality of life for older people
Systems & enablers	<ul style="list-style-type: none"> • Intelligence-led joint commissioning • Place partners work together – shared resources, shared information, seamless pathways • Integrated health & social care provision • Integrated workforce development • Community engagement led service development • Maximising digital and innovative solutions for improving health & wellbeing 			