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North East Lincolnshire Health and Wellbeing Board

Joint Health and Wellbeing Strategy for North East Lincolnshire 2013-2016

“Healthy People in Healthy Places”

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BACKGROUND INFORMATION

| | | | |
|---|---|-----------------------------|------------------------------|
| Document Purpose | Health and Wellbeing Boards were established on a statutory footing in April 2013 and took over the statutory responsibility for undertaking the JSNA and the joint Health and Wellbeing Strategy for the area. The joint health and wellbeing strategy drives the collective actions of the NHS and local government, both commissioners and providers and engages communities in the improvement of their own health and wellbeing. Local authorities, CCGs and the NHS commissioning board need to have regard to local JSNAs and joint health and wellbeing strategies in their commissioning plans so that their plans are fully aligned with their jointly agreed priorities. | | |
| Author | Cate Carmichael (Director of Public Health) | | |
| Last Review and Publication Date | April 2013 | | |
| Target Audience | All local government, CCG and NHS services. Local residents, businesses and elected members in North East Lincolnshire. | | |
| Subject | Health and Wellbeing | | |
| Reference and Version | NELC/JHWBS/V1 | | |
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| Copyright | North East Lincolnshire council | | |
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| Corporate Priorities | Levels of Impact | | | |
|---------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| | High | Medium | Low | None |
| Stronger Economy | | | | |
| Skills and employability | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Business support and innovation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local employment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sustainable environment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stronger Communities | | | | |
| Independence | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sustainable housing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Active citizens | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Healthy lives | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Document History | | | |
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| Date | Amendments made | By Whom (name/job title) | Stakeholders Approval (Name, Job title / Organisation) |
| 14/10/13 | Approved by Cabinet | Cllr Wheatley | NELC Cabinet |
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Council Plan Priority Supported

The strategy will contribute to the council's emerging ambition to deliver, with partner organisations, a stronger economy and stronger communities. The Clinical Commissioning Group in North East Lincolnshire has also sought to align its commissioning priorities with those described in the health and wellbeing strategy.

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Foreword from the Chair of the North East Lincolnshire Health and Wellbeing Board, Councillor Peter Wheatley

I am delighted that our strategy is ready to be shared with our community. It has taken some time to develop as we wanted to include as many people as possible in its development. I hope we have captured what works, picked up on issues that need improving and that we have managed to set out a model and priorities that enable people to play a key part in their own health and wellbeing, which encourages the community to take a greater role in local health and which underpins a move to high quality, community focussed care.

As an area we have signed up to a vision of creating a stronger economy and stronger communities.

North East Lincolnshire is an area of enormous potential. We are on the brink of major job and business opportunities in local growth sectors such as renewables, ports and logistics and food. My aim as Chair of the Health and Wellbeing Board is to ensure that our local community is able to benefit from these opportunities. The board recognises the impact that low skills, poor housing, lack of employment choices and high crime and anti-social behaviour has on our community. Whilst it is not the role of the Health and Wellbeing Board to take on responsibility for addressing all these issues we want to operate in an integrated way with other partnerships in the area to address inequality in all forms, from social inequality through to health inequalities.

Firstly we aim to support the creation of opportunities for people to play an active part in society, taking up learning and skills opportunities that not only equip them for the world of work but also create personal confidence and resilience which will help them to stay well.

Our second strand builds on the strengths that confident and resilient members of our community can bring to support the delivery of improved outcomes. This will be a key element of moving from “cure” to prevention and early intervention. I expect this strand to link in to the work of the Development and Growth Board, encouraging new business start-ups in health and social care and generating opportunities for new social enterprises to support communities to do more for themselves.

Whilst our aim is to support people to stay well for as long as possible we recognise that there will always be times when people need a helping hand. The third element of our strategy is the prevention element of wellbeing, providing support, training, guidance and counselling to people at risk of becoming unwell. We will target support activity under this strand to areas of greatest need whether that be particular wards, age or demographic groups. Our aim here is to enable people to live well by making informed lifestyle choices.

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The final element of our strategy aims to provide the best possible care for those that need it. Whilst the initial focus here may be on the provision of institutional care (via GP's, hospitals etc.) we will also work to develop sustainable community based provision that will provide a more accessible support structure for people in need.

Our vision and objectives are purposefully ambitious. We recognise the challenges that we face in the world of ever decreasing resources and changing age profiles but we believe that the focus we are taking will have lasting benefits in terms of better health and wellbeing within our area.

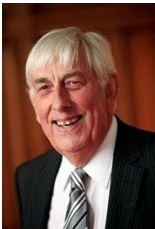
In summary our strategy aims to deliver improved health and wellbeing through a focus on:-

1. Transforming the provision of services
2. Integrating commissioning
3. Maintaining and enhancing standards
4. Engaging and empowering individuals and communities
5. Closing inequality gaps.

We have set out our priorities for the next 3 years within the strategy and I look forward to working with individuals, groups and organisations to ensure that we can all contribute to improving wellbeing across North East Lincolnshire.

P Wheatley

Chair of the North East Lincolnshire Health and Wellbeing Board, 2013



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Introduction and Context

The health and wellbeing strategy sets out the key priorities that the North East Lincolnshire health and wellbeing board will seek to deliver, with the residents and communities in the borough over the three year period to 2016. Its purpose is to improve health and wellbeing by guiding the commissioning intentions and service plans of all Board members.

The strategy is a statement of the board's vision, outcomes, priorities and principles for the period 2013-16, drawing heavily on the joint strategic needs assessment (JSNA) and other evidence to identify the health and wellbeing needs and assets within North East Lincolnshire.

All policies that are developed or reviewed by North East Lincolnshire Council have due regard to the aims of the Equality Duty including ensuring that no-one is treated in any way less favourably on the grounds of age, disability, gender reassignment, pregnancy & maternity, race, religion or belief, sex, sexual orientation or marriage & civil partnership.

Aims

Our vision is to build a healthier community together.

Our focus is to take action to foster healthy people living in healthy places, as by doing that we acknowledge the impact of place on people's lives and the inter-relationship between people and place in the creation of health and wellbeing. By working to address this we can more effectively support people to stay well and reduce health inequalities. This direction of travel also acknowledges that by working with individuals and communities to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life, our impact on health and wellbeing will be greater. The diagram below shows how, by improving employment prospects for local people we can ensure improved living standards leading to healthier lives and more vibrant communities. But to achieve this we need communities and individuals to be actively involved in developing this approach, working with organisations in North East Lincolnshire.

Overarching outcomes for Strategy:-

1. Increased life expectancy
2. Increased healthy life expectancy
3. Reduced differences in life expectancy and healthy life expectancy between communities

In summary the joint health and wellbeing strategy aims to deliver improved health and wellbeing through a focus on:-

1. Transforming the provision of services
2. Integrating commissioning

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- 3. Maintaining and enhancing standards
- 4. Engaging and empowering individuals and communities
- 5. Closing inequality gaps.

Objectives

From analysis from the JSNA and work with our partners and stakeholders, we have identified the actions that will have the greatest impact.

| Key drivers / outcomes | Key actions | Potential intermediate outcome indicators |
|---|--|---|
| <p>Healthy Lives: Lifestyles and behaviours: prevention and earlier detection</p> <p><i>“Increasing healthy life expectancy and quality of life”</i></p> | <ul style="list-style-type: none"> • Reduce prevalence of smoking in deprived areas • Tackle the health and wellbeing of women. • Ensure the best start in life • Improve screening and early detection of illness • Tackle the health problems arising from alcohol misuse • Develop models supporting mental health service users and other hard to reach groups to access lifestyle services • Ensure all partner organisations and commissioned services have consistent policies for healthier lifestyles and wellbeing across all our organisations, partners and those services we commission • Explore new ways of integrating | <ul style="list-style-type: none"> • People over 18 years smoking • Infant mortality rate • Breastfeeding initiation rates • Chlamydia diagnoses (15-24 year olds) • Smoking status at time of delivery • Premature deaths : cancer, CVD • Under 18s alcohol related admissions to hospital < 18 years per 100,000 population (3 years pooled) • Increase in GP referrals to lifestyle and behaviour change services |

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| | <p>preventive services and improving access to lifestyle and prevention services: Healthy Living Centres, enhanced primary care models</p> | |
| <p>Healthy Services: Better access to high quality, sustainable and appropriate services.</p> <p><i>“Helping people who need care services live well longer and maintain independence”</i></p> | <ul style="list-style-type: none"> • Care integrated, aligned and co-located where possible to improve access and uptake. • Improve outcomes for those with LTCs • Improve positive mental health and wellbeing • Improve equitable access to services • Increase the number of people able to live safely in their own home • Joined up approaches to identifying, supporting and providing services for vulnerable people | <ul style="list-style-type: none"> • Mortality from all CVD (including heart disease & stroke) • Rate of admissions for care that could have been provided in community • Mortality from cancer, liver disease, respiratory disease • Mortality from causes considered preventable • Permanent admissions to residential & nursing homes per 1,000 population • Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare • Number of people who recover following use of psychological therapy |
| <p>Key Communities, networks and settings</p> | <p>There are particular groups or communities that require greater focus and with this in mind the Health and Wellbeing Board wants to see greater focus on:</p> <ul style="list-style-type: none"> • Securing better health and wellbeing outcomes for young people • Targeted action on more deprived wards to close the inequality gap | <p>Most of the indicators located above can help to ascertain progress; however these may be useful in addition:</p> <ul style="list-style-type: none"> • Employment for those with a long-term health condition including with a learning difficulty/disability or mental illness • Premature mortality in deprived wards |

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|--|---|---|
| | <ul style="list-style-type: none">• Support for healthy ageing• Promoting the independence of vulnerable groups• Women of child-bearing age | <ul style="list-style-type: none">• Referrals from more deprived wards to lifestyle and behaviour change services |
|--|---|---|

Using this analysis, our partners and stakeholders have agreed that over the next 3 years we wish to focus on:

1. Securing the Future for children and young people
2. Keeping People well so people can have healthier lives
3. Taking wider action on health and well-being by fostering healthy and sustainable communities and places
4. Improving access to high quality, integrated and equitable services
5. Maintaining and enhancing independence of vulnerable groups: with particular focus on healthy ageing, mental health

The draft action plans for these areas are included in appendix 4 of this strategy.

In the coming 12 months the Health and Wellbeing Board will have a strategic focus on 4 areas, which we believe will make the most difference to the lives of the communities of North East Lincolnshire and impact on most on our five priorities set out above. These strategic intentions are:

→ *Improve positive mental health and wellbeing*

→ *Develop clear plans on keeping well in hard times: focusing on those areas where health and wellbeing interventions can support those experiencing an income shortfall*

→ *Securing a better future for young people by addressing their health and wellbeing needs.*

→ *Taking effective action working with the more deprived wards and communities to close the inequality gap*

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We believe that the Health and Wellbeing Board strategic focus for next 12 months and our 3 year priorities are both complementary and serve as a response to the Theme Board Chair's group ²key ambitions and priorities (see Appendix 1). In addition, we believe these add value and support the stronger communities, stronger communities vision of the Council. Our clear intention is to demonstrate the contribution of health and wellbeing programmes and services to this important agenda.

²The Health and Wellbeing Board is the main strategic vehicle for achieving integration of action around health and wellbeing, however it seeks to move beyond a limited focus on health and social care integration to a greater emphasis on health and wellbeing in much broader terms, moving into areas such as transport, employment, planning and housing with an intent not just to improve services, but to work on building stronger, healthier and safer communities and places. To help achieve that, there have been some innovative thinking to integrate the work of the Board more closely with the work of other Boards leading on stronger and safer communities and planning and regeneration. A group now meets consisting of the Chairs with their lead officers to bring agendas together and integrate action.

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1.0 The Health and Wellbeing Board

1.1 What is the health and wellbeing board?

The health and wellbeing board is a council committee, which has responsibility to ensure that the health of the local population improves as well as ensure that health and social services are co-ordinated. These and other responsibilities of the board are set out in the Health and Social Care Act 2012.

The health and wellbeing board consists of:

- North East Lincolnshire council members and officers
- NHS colleagues, including members of the Clinical Commissioning Group
- NHS Commissioning Board
- Local Healthwatch
- Health and social care providers
- Voluntary sector and community representatives

1.2 What does the health and wellbeing board do?

The purpose of the board is to:-

- Take strategic decisions about health and wellbeing
- Lead the development of Joint Strategic needs assessment
- Develop the local Joint Health and Wellbeing strategy that addresses the issues and priorities of JSNA.
- Oversee aspects of the clinical commissioning group's work and ensure NHS service quality improves locally
- Promotes integration and partnership working
- Promotes joint commissioning and pooled budgets
- Ensure service user's views about local services are heard and acted upon
- Ensure that this is delivered through the network of partnerships and relationships locally
- Provide commentary to the NHS commissioning board about the performance of the clinical commissioning group
- Ensure the delivery of the s75 strategic agreement for the delivery of health and social care

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1.3 Working Together

The Board recognises that a wide range of partners across the statutory, voluntary and community and the private sectors significantly influence the health and wellbeing of people who live and work in North East Lincolnshire. Collaboration with local partners is essential especially in promoting integration across organisations and services. Actively involving these partners and local people in the work of the Board is essential to improve the health and wellbeing for all people in North East Lincolnshire.

To underpin partnership working and ensure its effective influence on organisational planning systems, the Board has agreed the following joint planning principles:

1. We should work co-productively – recognising our communities are partners in planning.
2. Our planning processes should be manageable and efficient –we need to limit the number of groups and meetings that people need to attend.
3. Wherever possible we should use forums or groups already in place to take key priorities for health and well-being forward.
4. The Health and Wellbeing Board recognises that influence and direction needs to be two way – and that the Health and Wellbeing needs to listen to messages from various joint planning forums and allow them to influence overall priority setting as well as working through them to realise the priorities of the Joint Health and Wellbeing strategy.

2.0 Our health and wellbeing strategy: “Healthy People in Healthy Places”

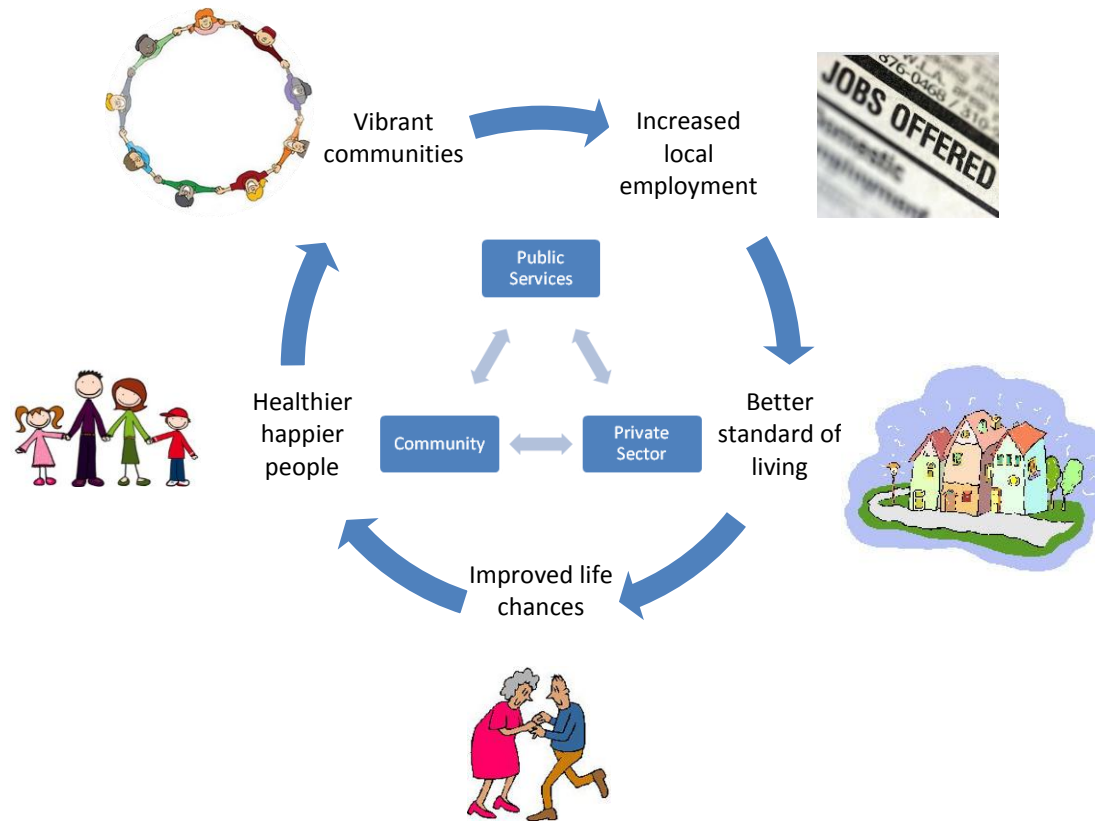
- 2.1 Our vision is to build a healthier community together.

Our focus is to take action to foster healthy people living in healthy places, as by doing that we acknowledge the impact of place on people’s lives and the inter-relationship between people and place in the creation of health and wellbeing. By working to address this we can more effectively support people to stay well and reduce health inequalities. This direction of travel also acknowledges that by working with individuals and communities to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life, our impact on health and wellbeing will be greater. The diagram below shows how, by improving employment prospects for local people we can ensure improved living standards leading to

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healthier lives and more vibrant communities. But to achieve this we need communities and individuals to be actively involved in developing this approach, working with organisations in North East Lincolnshire.

Figure 1: Healthy People in Healthy Places



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2.2 Background to the health and wellbeing strategy and development of our priorities

2.21 The health of our community has been a focus for a number of years and our recently refreshed JSNA¹ has demonstrated that although health has improved overall the level of health inequalities and the gap between communities and wards remains an issue of concern. In this strategy we therefore propose to take a radical approach. We will focus on things that need to change and identify joint approaches to address these priority areas.

2.22 The new approach recognises that our resources have often been too focussed on addressing issues when they already become a problem. We want to change that. This strategy seeks to move from addressing symptoms to addressing the causes of the causes of ill-health. This means a greater focus on addressing the wider determinants and strengthening our communities – whether geographic or “of interest”. We wish to seek solutions for the problems caused by low aspiration, attainment, moving towards a model that seeks to work within and through communities to build resilience and community capacity to deliver sustained improvement. This Strategy wants us all to refocus and acknowledge that the key drivers that account for people’s poor health largely lie in the ‘**conditions in which people are born, grow, live, work, and age**’. We know that healthy places grow healthy people, and that factors such as fair employment, addressing income shortfalls and decent working conditions contribute greatly to health and well-being and we want to make them core to our Joint Health and wellbeing strategy.

2.23 The first step in this approach will be to actively involve and engage people in taking responsibility for their own health and wellbeing. This is a first step in creating stronger communities. We are aware that two principles should underpin this: prevention and the importance of helping communities to help themselves. We are aware we need to stop “doing things to people” and start to support communities to take action themselves and adopt new ways of living that have a positive impact on health and wellbeing. Our approach is built on the **think local act personal** principles, working actively with our citizens to improve health and wellbeing rather than providing services to “customers”.

2.24 The second key element of our approach will be to build and sustain **economic prosperity and build stronger places** for communities to flourish. We need to break the link between deprivation and ill health and more clearly act on the wider determinants of health. This new

¹ Joint Strategic Needs Assessment

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paradigm acknowledges the importance of “place” in shaping community health and wellbeing and to achieve that we need individuals and families to have access to income, buildings, environments and facilities that enable them to live a healthy lifestyle. This wider vision requires stronger and effective partnership working, not only across organisations, but also within organisations. We will therefore ensure our health and wellbeing priorities are integrated with our local planning priorities.

2.25 Councillors are vital in this new way of producing health and have a key role to play using their community leadership role to foster community dialogue and involvement, identify community assets (and how they could be best used) and representing clearly the issues that impact on the community’s health and wellbeing.

2.26 We have developed an emerging model and priorities for improved health and wellbeing which are shown below. These outline our initial areas of focus. We have tested this thinking with a range of organisations and this will now form the basis of an extensive engagement process with local people, communities and businesses.

2.27 To achieve sustainable improvements to health and wellbeing we will focus on improving the:

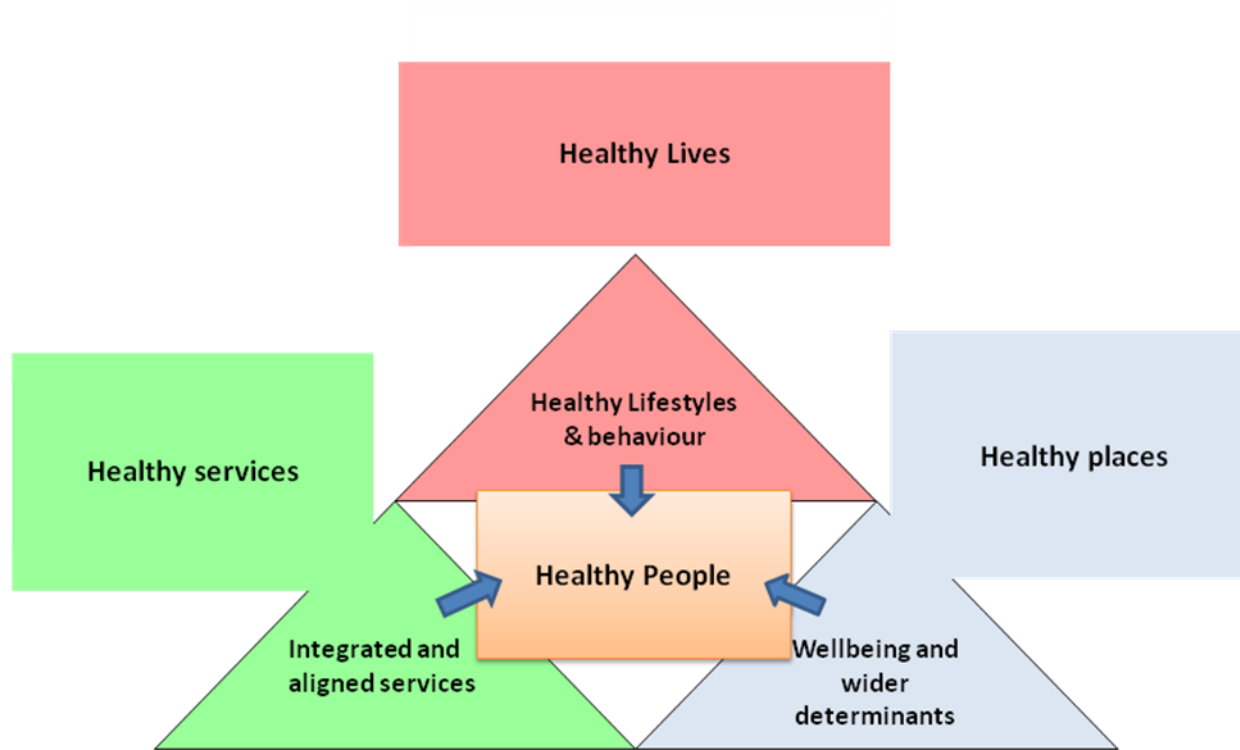
- Places people inhabit – by reducing poverty and impacting on wider determinants of health
- Services people access – by commissioning more “joined up” and aligned equitable services and solutions
- Lifestyles people live – so we can impact more effectively on life expectancy and healthy life expectancy through greater focus on prevention and earlier detection.

2.28 Underpinning these 3 drivers for change is the new paradigm of **working with and through communities**, to build stronger, sustainable communities. This is because to be successful in improving health and wellbeing we need people to feel engaged and involved, so they are able to take control and shape their own lives and so increase both individual and community resilience. In essence to fully achieve the JHWS vision, we need individuals and communities to take more responsibility in improving and protecting their own health, contribute positively to the wellbeing of their families and communities and be aware of the impact the choices they make have for themselves, families and others.

2.29 The rationale for this approach is that investment and individual involvement at the earliest opportunity will result in reduced costs in future years as we reduce the incidence of health issues caused by poor lifestyle or other choices and impact on improving the places people live. The following diagram summarises the approach we are taking, using evidence and tested via widespread community engagement to help us arrive at outcomes and priorities that will improve health and wellbeing in North East Lincolnshire.

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Figure 2: Key drivers for the Joint Health and Wellbeing Strategy



3.0 Delivering our priorities

3.1 It is virtually impossible to succeed in narrowing health and social inequalities simply by addressing the symptoms. The successful delivery of our vision requires all agencies to work together differently to bring about sustainable improvements. There are a range of projects

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and programmes in North East Lincolnshire which are already delivering improved health and wellbeing outcomes. These include the use of community based assets that are aiming to unlock community capacity such as children's centres, schools, community centres and health centres. A key benefit in this approach is that it allows community members to access support within the areas in which they live. Building on these physical assets through identifying, supporting and growing individual and community skills, passion and commitment is the main thrust of our strategy.

3.2 As partners we need to ensure we strive to:

- Transform the provision of services to meet the needs of the population
- Support integrated commissioning and aligned investment
- Maintain and enhance standards for services we commission or provide
- Engage and empower individuals and communities
- Close the inequality gap between individuals, groups and communities.

3.3 To deliver our vision we aim to co-produce the solutions in partnership with our communities. The term "co-production" challenges the assumption that service users are passive recipients of care and recognises their unique contribution in the successful creation and delivery of a service. At the same time, it requires front-line staff to be empowered and flexible in their everyday dealings with "customers". There is also a recognition that setting up co-productive relationships may have positive implications in social and health circumstances.

4.0 Challenging times require innovative solutions: How the health and wellbeing board will work to deliver the strategy

4.1 Tackling local health and wellbeing inequalities as public sector funding decreases is a challenge. We are aware that the only way to effectively achieve this is by: working more effectively together, collaborating where it is beneficial to do so, using our different (and complementary) knowledge, skills and expertise to deliver good practice and workable solutions, and working to share resources and reduce duplication of effort.

4.2 In light of this, the Health and Well-being board aims to enhance joint working and fresh approaches by seeking:

- An increased role for individuals and communities in determining health and well-being needs and in creating solutions to those needs.
- To address all three levels of prevention: stopping issues starting, detecting and dealing with problems when they do and minimising consequences
- To realise the potential of joint commissioning and joint investment to bring about lasting change
- To integrate needs (and asset) assessments

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- To agree, rank and order priorities and align our priorities with other Key Boards and agencies
- A much clearer emphasis on achieving population outcomes, as opposed to service goals.

4.3 We know that by combining our efforts and focussing on the things that matter most to members of our community and by using the intelligence outlined in the JSNA data sets and research evidence, we can bring about substantial benefits despite the tough economic challenges that we are all facing.

5.0 Principles on how we will work together to address our priorities

5.1 Our model and new way of working is supported by a set of agreed principles which aim to ensure that our investment not only has the desired impact but also leads to greater individual and community engagement and empowerment in terms of improving their health, wellbeing and life choices. The principles we will work to are:

- Any priority chosen in the Health and Wellbeing Strategy requires all agencies to work together
- Any priority will be able to clearly evidence the highest achievable return in terms of improved health and wellbeing outcomes / targets over the next 1-5 years
- Any priority needs to clearly outline how action will support a move towards greater positive individual choice and control and will support individuals doing more for themselves and their communities.
- All priorities will have an evidence base that shows where there is a need for universal service provision and where provision can be targeted either by age group, geography, sector or interest. This principle will also underpin our commissioning activity
- Any priority will have undergone option appraisal and scenario planning to identify and demonstrate where we can deliver added value through innovation and a co-production approach to service design and delivery

5.2 Taking an evidence-based approach is crucial to delivery, as is having the right programmes/services that work together to have greatest impact on key outcomes. To do that we have to put in place the right balance of interventions and services, whilst working to ensure that more activity is focussed on prevention and early intervention. We need to have measurable targets, which are reviewed regularly with our community and we will be open to challenge in terms of delivery against them. The targets will be developed and agreed through active and ongoing community engagement.

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5.3 The health and wellbeing board will work through the network of existing partnerships and agencies operating within North East Lincolnshire to deliver the strategy. In this way we will aim to join up commissioning arrangements and priorities wherever possible, so we can make best use of resources and maximise outcome delivery.

6.0 What we will do next: Implementing the Joint Health & Wellbeing Strategy

6.1 The next stage for the Health and Wellbeing Board is to identify key systems and plans crucial to the success of the Joint Health and Wellbeing Strategy and where the strategy can help inform the thinking. This will help us to integrate the Joint Health and Wellbeing Strategy priorities into existing plans and strategies across North East Lincolnshire and ensure we all are focusing real effort and resources into the right things, which are services/interventions that are evidence based and will impact on the needs identified by the JSNA. Working together, in this integrated and purposeful way, will help us to strengthen collective action and planning and make sure there are no gaps. To help our strategic thinking we will be using a “Strategic Thinking Framework” to help groups assess their current plans (Appendix 2).

6.2 Key systems and plans crucial to success of JHWS include:

- Health & Social Care Specific plans
- CCG commissioning plans
- CCG Triangles Work programmes
- Young People’s Plans
- Safeguarding plans
- Safer, Stronger Board
- Tackling Poverty planning
- Investment strategies
- Tobacco Alliance Plans
- Neighbourhood Development Board
- Growth and Development Board
- Children’s Partnership Board
- Economic Inclusion Forum
- Theme Boards Chairs Group

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6.3 This process will also highlight action and plans already demonstrating the thinking, behaviours and values that demonstrate good practice in relation to health and wellbeing to both inspire and challenge others.

7.0 Measuring the impact of the Joint Health and Wellbeing Strategy

The success of the Joint Health and Wellbeing Strategy will be assessed by:

- Use of the proposed outcome indicator set, examples of which can be found in Appendix 3. Progress against this will be regularly reported to the Health and Wellbeing Board.
- To assess the impact of the joint health and wellbeing strategy on key plans, the work of key groups and plans will be prioritised for review using the strategic thinking framework in Appendix 2. Regular briefings will come to the Health and Wellbeing Board on work of key groups highlighting both how they are seeking to address the Health and Wellbeing priorities, any changes proposed to strengthen impact on health and wellbeing and any outstanding actions that might require partnership solutions. This will allow the Health and Wellbeing Board to gain reasonable assurance that work is being progressed.
- Topic specific needs assessment rolling programme will allow the Health and Wellbeing Board to explore key topics in greater detail to improve outcomes by seeking more effective solutions. Areas currently under consideration are domestic violence and mental health – both areas of concern shared by the Health and Wellbeing Board and the Stronger and Safer Board

8.0 Feedback from community consultation

8.1 The strategy highlights a commitment to working differently. As always words are easy and the challenge for the Health and Wellbeing board is to lead communities and frontline staff through a host of changes towards a new way of doing things. Whilst this is a major challenge there is already a clear commitment to both do things differently and to do them better. Feedback on the initial draft of this strategy from local organisations and service providers has highlighted the need for better inter-agency working and later dialogue highlighted some of the key problems and good work already being progressed. It is recognised that we are already supporting and enabling the delivery of good quality outcomes but we could do more through a more structured approach to designing projects with all relevant parties actively involved and engaged.

8.2 Community engagement is already undertaken by most partners signed up to the strategy but again we need to be more effective at sharing the knowledge and intelligence that comes from this activity. We need to move more towards active and ongoing dialogue with communities so that we develop a real feeling and commitment to delivering healthy people and healthy places. This will require new ways of

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working and approaches from a range of individuals and organisations but through engagement processes we can see some progress through a range of pilot approaches within the borough.

8.3 Our on-going dialogue needs to be shaped by what we already know. Conversations need to start with an open and honest assessment of what it feels like to live and work in North East Lincolnshire. Information from these ongoing discussions will shape our offer and people will start to see that not only are they listened to but something happens as a result. Through this approach we aim to get community leadership and ownership of the issues from the beginning by actively involving people in addressing and delivering health and wellbeing outcomes. In this way we will develop trust and enable key messages to be more easily communicated, received, understood and acted upon.

8.4 From this dialogue we will drive delivery frameworks and plans in all our organisations that outline how we will achieve our priority outcomes outlined within our model. Progress against the frameworks will be openly reported so that our progress can be measured, celebrated or challenged as required. Accountability for delivery will rest with nominated lead agencies in either the public, private, voluntary or community sector.

Related Documents

- The regulations relating to health and wellbeing boards are published as Statutory Instrument 2013 No. 218 entitled, The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
<http://www.legislation.gov.uk/ukSI/2013/218/contents/made>
- North East Lincolnshire JSNA and health profiles for North East Lincolnshire: <http://www.nelincsdata.net/JSNA>
- There are a range of NELC and NELCCG strategies that will impact on the Health and Wellbeing Strategy, which can be found at the following links:-
<https://www.nelincs.gov.uk/council-information-partnerships/policies-and-strategies/>
<http://www.northeastlincolnshireccg.nhs.uk/publications/>

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Appendix 1: North East Lincolnshire Joint Theme Board Chairs: Statement of ambitions and priorities in support of Stronger Economy, Stronger Communities agenda

North East Lincolnshire has enormous potential, including the potential of the business community to bring about lasting change in terms of both the development and growth of existing businesses and the potential for new industry associated with growth sectors that can benefit from the unique offer of the Humber estuary.

To fulfil this potential also requires removing the barriers to sustainable local employment, whether that is low skills, lack of ambition or confidence, poor health or families not getting the help they need early enough.

The three theme boards are committed to working in an integrated way to maximise the opportunities for local people and local businesses to tackle barriers to long term improvement.

The role of the Joint Theme Board Chairs' group is to support the Theme Boards to deliver improved local outcomes. We are still developing our working relationships and how we can add value to each other's areas of focus, but we have agreed that our initial focus should be on the following areas:

1. Skills and Employability with a Particular Focus on Young People

The number of jobs in the area is forecast to rise over the next few years as the renewables market and other sectors develop locally. We want to ensure that our community is in the best possible place to benefit from these new jobs. We will work with schools, colleges and businesses to raise awareness of the skills that are likely to be in demand and look to develop an integrated programme of activity that matches people with skills or potential to businesses that recognise the value of local labour.

2. Growing our Own – Locally Based Employment/Social Enterprise Opportunities

Whilst we have a successful track record of business start-ups we have traditionally not targeted support and development on growth sectors or areas where there is a gap in the market. Possible areas of focus here will for example include the health & care sector where the potential for new business opportunities is expected to be high, and also to supply chain opportunities associated with local growth sectors, such as food, renewables, and processing.

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We will also look to further strengthen the single support and advice approach to individuals looking to start up new a new business in the area, building on recognised good practice in the area and through integrating activity such as training, work tasters, business advice and access to start up and move on finance.

3. Schools – Focussed Activity in both Primary Schools and Pre-GCSE Secondary on Aspirations and Behaviours

We recognise that working with young people when they are about to leave school can be too late to influence behaviours and so will seek new relationships with schools that take a shared responsibility for developing our future citizens.

This will include a range of activity including support around health and wellbeing, including mental health, early advice on jobs and skills and practical examples of the roles that individuals can access now and in the future and business to school partnerships. These will look at “twinning” schools with businesses so that the world of work and the opportunities that work opens up to individuals is made clear from an early age.

4. Mitigating the Effects of Welfare Reform

We want to create resilient communities, communities that are able to support themselves to address the challenges they face. Over recent years many parts of this area have had high levels of benefit dependency. We recognise the potential impacts that could arise from the current (2011-2015) changes to the welfare system and the possible negative community impacts that these could have locally.

We want to link people in to the economic opportunities outlined above but recognise that not having enough money to put food on the table is more important to a family than learning a new skill. We will therefore provide a structured support network in terms of enabling the community to cope with the welfare reforms. This will include: Support in terms of access to affordable finance; support in access to daily essentials; and support in terms of access to affordable energy.

We will achieve the delivery of these objectives through co-ordinating the activity of the three theme Boards and add value by:

a. Exploring the model of Integrated Offender Management as a potential approach to effective delivery and early interventions in other themes

We aim to target our resources better by moving away from sorting things out for people when things go wrong to enabling people to resolve their own issues through targeted early intervention and prevention activity. We will provide the right support to the families that most need it – when they most need it.

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Timely support to strengthen those families that need it will help them to play a fuller and more rewarding role in the community.

Using lessons from Integrated Offender Management and the Troubled Families programme we aim to give everyone the best possible start in life, improve community safety and resilience and improve long term wellbeing.

b. Geographic Targeting of Interventions based on Good Intelligence about Deprivation & Disadvantage:

We recognise that some of more entrenched challenges are based on long-term factors within certain areas of the borough. Traditional approaches to these issues have not always had sufficient impact in terms of reducing long term inequalities. We will therefore take a new approach where we focus more effort and resources on working with these communities to identify community solutions. This approach will use asset-based community development techniques and will be aligned to all other activities to ensure we have a long term impact on our most challenging issues.

c. Adopting a “Purple Flag” Style of Approach to our Social Offer:

We see a vibrant economy as essential in creating the conditions for growth and confidence locally. Our night time economy is thriving, but is mainly related to drinking and related activity. We want to broaden this and create a mixed night time economy with safe transport routes, a cultural mix and a warm and welcoming public realm.

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Appendix 2: Suggested Strategic Thinking Tool to help strategic and planning groups think about health and wellbeing in developing plans

To ensure implementation of Joint Health and Wellbeing Strategy, we need to review our current ways of thinking, identify gaps in what we are doing and ensure any plans are meeting the vision of the Joint Health and Wellbeing Strategy. It is impossible for the Health and Wellbeing Board to develop action plans to address the priorities, but it would also be helpful as the aim of any Joint Health and Wellbeing Strategy is to influence and steer the direction of other plans and groups and enter into dialogue as to how working together we might improve the health and wellbeing outcomes in North East Lincolnshire.

The strategic thinking tool set out below is a simple way for key groups to review what they are doing using the Joint Health and Wellbeing Strategy and JSNA as starting points.

Using this framework should also help organisations fulfil their statutory equality duties.

This framework should be used to:

- Embed the Joint Health and Wellbeing Strategy and JSNA priorities into individual groups planning process
- Embed the actions from Public Health Panel Review into planning, where appropriate
- Plan actions for key strategic intentions of the Health and Wellbeing Board
- Identify gaps, pull out interdependencies, and provide insights into current practice
- Inform the continuing development of plans over time

| Key Areas | Think about... |
|--|---|
| <p>Outcomes What difference are you trying to make? What can be changed locally? Which groups are you focusing on? What groups should you be focusing on? What evidence have you used to identify outcomes</p> | <ul style="list-style-type: none"> • Focus on causes, prevention and early detection • Use the JSNA as an important tool to understand needs • What are the JHWS outcomes |
| <p>Engagement and involvement How are communities, users, individuals involved in the creation and delivery of solutions? Are there any community assets being used, identified, and</p> | <p>Interdependencies How can services get in touch with those they serve? Who are your key partners in achieving outcomes? What are the professional/organisational barriers that may stop</p> |

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| <p>developed?³</p> | <p>you achieving key outcomes? How can you improve joint working?</p> |
| <p>Actions What actions will be effective in achieving the outcomes? What evidence do you have for the actions? Is it robust? Which are the most important actions to do now? To do later? Which of the key health and well issues from the JSNA and JHWS do these actions tackle? Do they reflect the vision of the JHWS?</p> | <p>How you can integrate and align key services and associated services to improve equitable access and uptake? How can you improve access by target groups? What might be the cultural/organisational changes you could make that would help hard to reach groups access services that could improve their health and wellbeing? Where can you get relevant evidence for both need and actions?</p> |
| <p>Resources How will resources be used to reflect the differing levels of need and outcomes achieved between groups, individuals, communities? How can you use available resources to support prevention and early detection? What are you going to stop doing in order to release resources? Do you need new resources? Why? How do these actions maximise (social) return on investment?</p> | <p>How can you make best use of resources available? How can you mobilise resources across the system? Can you re-direct resources into prevention? Can you re-direct resources into community interventions? Target resources according to need, but should it just be greatest need? Can you use resources creatively across partners? Develop integrated teams? Aligned services? Living transport solutions to improve access? Can you shift care closer to home? How can the money follow the individual?</p> |

³ A community asset is anything that can be used to improve the quality of community life

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Appendix 3: Framework to measure success of the Joint Health and Wellbeing Strategy

Overarching outcomes for Strategy

- Increased life expectancy
- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

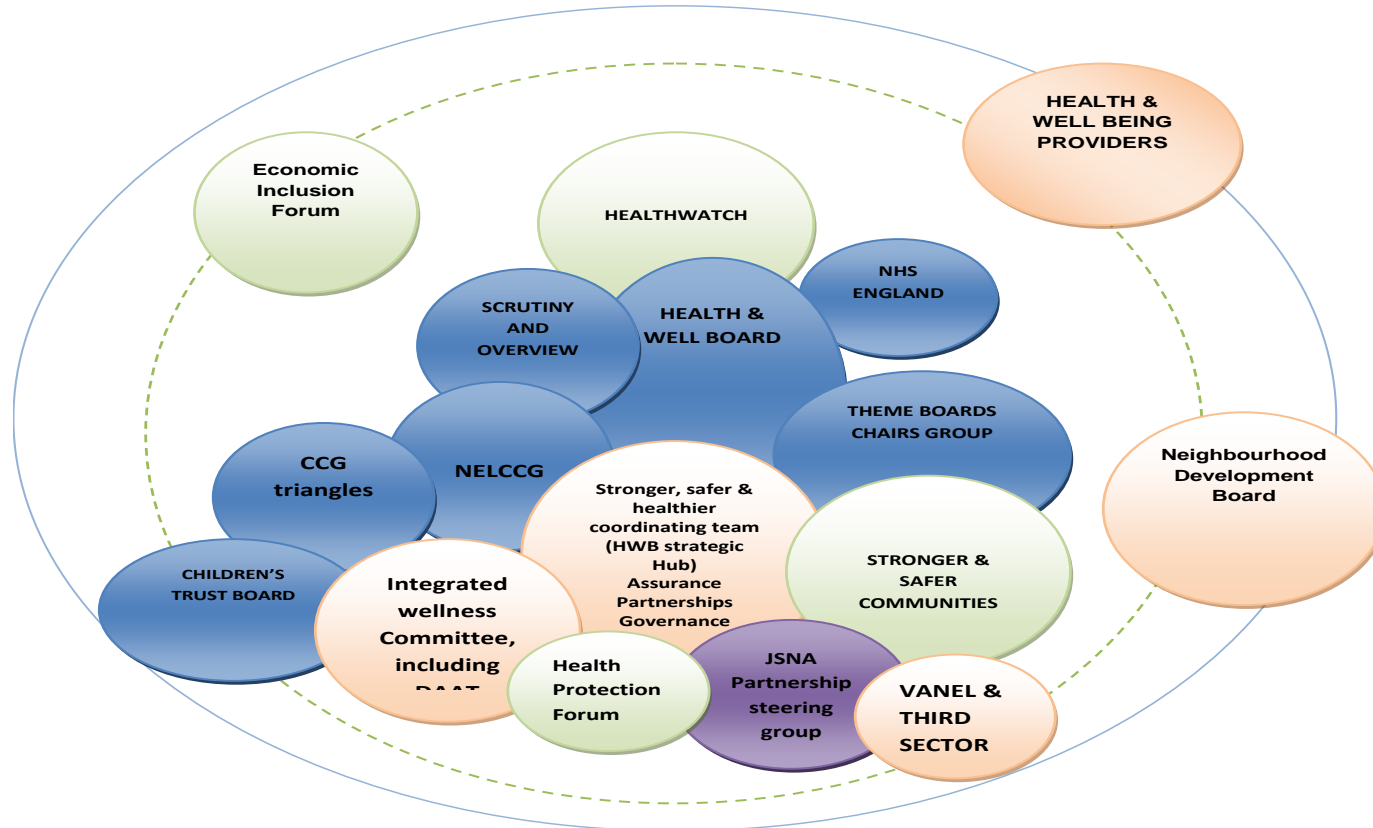
| Thematic Drivers of Strategy | Potential intermediate outcome indicators |
|---|--|
| <p>Healthier lifestyles and behaviours:</p> <ul style="list-style-type: none"> • Encourage adoption of healthier lifestyles • Reduce prevalence of smoking in deprived areas • Improving the health of women and children • Improve screening and early detection of illness • Prevent and tackle the health problems arising from alcohol misuse | <ul style="list-style-type: none"> • People over 18 years smoking • Infant mortality rate • Breastfeeding initiation rates • Chlamydia diagnoses (15-24 year olds) • Smoking status at time of delivery • Premature deaths : cancer, CVD • Under 18s alcohol related admissions to hospital < 18 years per 100,000 population)3 years pooled) |
| <p>Healthier Places:</p> <ul style="list-style-type: none"> • Positive action on impact of drug and alcohol misuse within our communities • Improve positive mental health and wellbeing • Increase number of young people achieving their potential • Increase participation by communities and individuals – volunteering, • Tackling income shortfalls • Reduction of child poverty in deprived areas • Improve access to environments that support health & wellbeing | <ul style="list-style-type: none"> • Number of households in fuel poverty • Out of work claimants • Alcohol related admissions to hospital • % children gaining 5 good GCSEs including maths & English • 16-18 year olds NEETs • Employment for those with a long-term health condition including with a learning difficulty/disability or mental illness • Differences in life expectancy between communities • Child poverty |
| <p>Healthier Services:</p> <ul style="list-style-type: none"> • Improve outcomes for those with LTCs • Prevent, delay reduce need for long term care & support • Improve integration of services | <ul style="list-style-type: none"> • Mortality from all CVD (including heart disease & stroke) • Rate of admissions for care that could have been provided in community • Mortality from cancer, liver disease, respiratory disease |

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| <ul style="list-style-type: none">• Equitable access to high quality health & wellbeing services | <ul style="list-style-type: none">• Mortality from causes considered preventable• Permanent admissions to residential & nursing homes per 1,000 population• Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare |
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Appendix 3: Key HWBB Relationships, including suggested HWB coordination and assurance



| KEY | | | |
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|  | Stakeholder and Reference Groups |  | Key Boards/ Partnerships/ Agencies – relationship with HWBB |
|  | |  | Local arrangements and reporting arrangements to support the co-ordination of the HWBB and delivery of JHWS |

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Appendix 4 – Health and Wellbeing Action Plans

4.1 Securing the future for Children and Young People Action Plan

DRAFT Children and Young People Health and Wellbeing Strategy Action Plan 2015/16

Securing the future for children and young people

This plan aims to only highlight and address what are considered by the Children & Young People's Health & Well-Being group to be the top 8 priority outcomes in respect of the 3 points below:

1. areas where partnership working is key and will achieve a higher impact;
2. outcomes related to Prevention and Early Intervention – and should focus on PEI in respect of key priorities for children.
3. children's outcomes identified within the Public Health Outcomes Framework 2013-16, NHS Outcomes Framework 2015/16, NEL Children & Young Peoples Plan, NELC council Plan.

It is considered that the 8 priorities identified in this plan will have the most impact upon improving outcomes for children and young people, and by only identifying 8, will make the work achievable for action in 2105/16. It is acknowledged that there will be other working and delivery plans that focus on service development and improvement and this plan does not wish to repeat these.

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| This plan will be monitored and driven by the Children’s Partnership Board with task and finish groups created to lead each of the priorities as required. | | | | | |
|--|-----------------------------|------|------|----------------------------------|---|
| Purpose and benefits (outcomes sought) | Targets or major milestones | | | Persons accountable for delivery | What are we doing to improve the outcome?- project or programme and actions |
| | 2015 | 2016 | 2017 | | |
| <p>Priority 1. Improving access to Information, Advice and Guidance/IAG</p> <p>Key indicator: % of parents and young people reporting that it is easy to find information to help them</p> <p>Covered as part of the Prevention and Early Intervention Working Groups “business as usual”</p> | | | | | |
| <p>Priority 2. Develop and implement a multi-agency prevention & early intervention practice delivery plan improves children’s outcomes by making children more resilient</p> <p>Key indicator: improved attachment, improved resilience, improved social skills, improved communication skills, improved self-esteem amongst children and young people – reduced teenage pregnancy, reduced CSE, reduced mental and emotional difficulties.</p> | | | | | |
| Improving early Primary Attachment in children 0-5 yrs. | Project lead identified | | | | Produce a strategy for resilience |
| | Strategy and | | | | Midwives, Health Visitors |

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| | | <p>action plan in place</p> | | | | <p>and Children’s Centres provide information in the ante-natal period to improve attachment.</p> <p>Health Visitors assess for poor attachment and provide support/work with others to improve attachment.</p> <p>Early Years settings and Reception teachers are offered training to improve primary attachment.</p> |
| | <p>Resilience in children is strengthened through a model of prevention and early intervention measures – e.g. Wakefield Resilience Framework.</p> | <p>EYFS indicator - social and emotional indicator <i>(Marie Smith/ Cathy Dixon for baseline)</i></p> | | | | <p>Multi-agency group is created to agree and develop a plan to implement the Wakefield Resilience Framework or equivalent.</p> <p>Define roles of the multi-agency team eg.</p> |

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| | | | | | | Schools, Early Years providers, health providers, social care, YPSS, voluntary sector. |
| Children’s speech and communication at age X is improved. | ? <i>speech assessment 2-4 years? (Marie smith/ Cathy Dixon for baseline)</i> | | | | Michelle Barnard/ Cathy Dixon and Janet Burrows | Health Visiting service, Children’s Centres and Early Years settings work closely with parents to advice how parents and families can develop the child’s communication skills. (Family Hubs to include in SEF) |

Priority 3. Increasing a child’s chances of developing healthily

Key indicator: % specifically measured at age 4/5 years, 10/11 years, and maternity booking

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| Children and young people have good oral health. | PHOF 4.2- (tooth decay in children aged 5 years) % registered with dentist at age 2 | PHOF 4.2 % registered with dentist at age 2 | PHOF 4.2 % registered with dentist at age 2 | Bev Compton | Review and Implement NICE 55 guidance – to include consideration of fluoridation. Develop Oral Health strategy to include children/young people, and set up a partnership group. Oral health promotion |
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| | | An oral health promotion programme is in place. | Oral health promotion programme uptake. | | | programmes are reviewed. (Link up action plan with working group) |
| | Children and young people who smoke or use substances have direct access to advice and support services. | | | | | Tbc – improve access/uptake |
| | Children and young people can access support and information early when they are experiencing short-term emotional difficulties. POG PRIORITY 2 2015 | | | | Jan Haxby | A programme of multi-agency support is developed for children and young people who are not mentally ill but have short-term emotional difficulties caused by a range of identified issues, for access across Universal and Level 1/Universal Plus. |
| Priority 4. Reducing teenage pregnancy | | | | | | |
| Key indicator: % reduction in girls under 18 yrs becoming pregnant. | | | | | | |
| | Refer to the “Relationships and resilience” Action Plan | | | | | |

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Priority 5. Improving life chances of children living in poverty

Key indicator: % children achieving “ready for school” status in most deprived wards (East Marsh, West Marsh, South Ward, Sydney Susses & Immingham) is equal to children in other NEL wards.

Priority 6. Prevention of/early intervention for Child Sexual Exploitation/CSE.

Refer to the CSE Working Group and Action Plan

Priority 7. A Building Community Capacity Charter & delivery plan is agreed by all partners to develop stronger community & peer support networks for children and young people to reduce their reliance on public services and use their strengths to support the development and positive aspirations of the community.

Key indicator: all Health & Well-Being Board agencies sign up to the Building Community Capacity Charter.

(Refer to the Prevention and Early Intervention Strategy)

Priority 8. Transforming the workforce - CYP and families workforce delivers effective prevention and early intervention.

Key indicator: Staff who work with children and young people have received appropriate training/development of skills.

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4.2 Keeping People Well Action Plan

| Outcome/area of focus from the health and wellbeing strategy: | | | | | |
|---|---|------------------------------------|------------------|------------------|--|
| Keeping people well so that they can have healthier lives | | | | | |
| Programmes of work deigned to positively influence lifestyles and behaviours which will support healthier lives | | | | | |
| Project or programme and actions | Purpose and benefits (outcomes sought) | Targets or major milestones | | | Person accountable for delivery |
| | | 2015-2016 | 2016-2017 | 2017-2018 | |
| Healthy weight management | Preventative action to reduce incidence of diabetes and cardiovascular diseases and improve mental health and wellbeing in adults and children; | | | | |
| Weight management-implementation of a tier 2 weight management service to complement existing tier 1 service | Locally developed outcomes measure for services PHOF Excess weight in 4-5 year olds/10-11 year olds PHOF Excess weight in adults Maternal Obesity at Booking (Gap least and most deprived) | Being developed | | | Lauren King |
| | | Baseline tbc | | | |
| | | Baseline tbc | | | |

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| <p>Active lives – increase community participation in sport and leisure by the development of programmes which reach people who currently have low rates of physical activity, e.g. unemployed men, middle aged people living in top 5 wards, disabled people</p> | <p>2.13- Percentage of physically active and inactive adults</p> <p>Increase the percentage of adults participating in 3 x 30 minutes of sport and active recreation per week in identified priority groups</p> <p>Increase the proportion of adults achieving 150 minutes of physical activity weekly.</p> | <p>(Baseline 24%)</p> <p>25%</p> <p>Baseline</p> | <p>26%</p> | <p>27%</p> | <p>Drew Hughes</p> |
| <p>Extend the reach and impact of the exercise on referral programme</p> | <p>Number of children and adults referred to an exercise on referral programme; STEPS, 5IVE Active</p> <p>Number of children and adults who successfully completed ‘targeted’ activity programmes; STEPS, 5active</p> | <p>Baseline 14/15</p> <p>Establish baseline</p> | | | <p>Drew Hughes</p> |
| <p>Deliver Grow it , Cook it, Eat it programmes within targeted areas:</p> <ul style="list-style-type: none"> • Growing clubs (schools and community groups) • Family Cookery Courses | <p>Increase in proportion of children, young people and adults who have a healthier relationship with food (Health At Every Size HAES programme)</p> | <p>1Pilot programme delivered and evaluated</p> | | | <p>Deb Simpson</p> |

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| | Families cook and eat together more Children and adults understand the key messages on healthier eating | No of courses/p articipants TBC | | | |
| Smoking Reduction | Targeted action to tackle health inequalities and reduce the incidence of deaths from preventable causes such as cancers, chronic obstructive pulmonary disease, cardio vascular diseases | | | | |
| Deliver co-ordinated action to reduce overall smoking prevalence within the borough, and in particular to tackle the health inequalities between wards | 2.14 - Smoking Prevalence Reduced gap in smoking prevalence rate between most and least deprived wards | 27% Establish baseline | 25% Baseline -2 | 23% Baseline -4 | Trevor Parkin |
| Deliver targeted smoking cessation programmes for manual workers and people residing in the 5 wards with the highest smoking prevalence rates | Follow-up 4 week and 12 month quit Reduction in smoking prevalence rate in | TBC | | | David Hardy |

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| | the top 5 wards | | | | |
| Work with midwives to reduce smoking in pregnancy, in particular extend reach of the Baby Clear initiative, to provide training to midwives on approaches to increasing motivation to pregnant smokers to quit | <p>2.03 - Smoking status at time of delivery</p> <p>Reduced gap in smoking in pregnancy rate between most and least deprived wards</p> <p>Increase the number of women who quit smoking during pregnancy (4 week quit & 36 week follow up)</p> | <p>23%</p> <p>Baseline</p> <p>22% (13/14) baseline</p> <p>15% (14/15 target)</p> | 15% | | Trevor Parkin |
| Sexual health | Improving sexual and reproductive health across the lifespan | | | | Caroline Barley |

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| <p>Delivery of preventative sexual health services with a focus on; reduction of teenage conceptions and repeat abortions</p> <p>Reduction in the number of people presenting with HIV at a late stage of infection</p> | <p>2.04 - Under 18 conceptions</p> <p>3.02 - Chlamydia screening detection rate (15-24 year olds)</p> <p>3.4 People presenting with HIV at a late stage</p> <p>Repeat abortion rate</p> | <p>Baseline tbc</p> | | | <p>Caroline Barley</p> |
| <p>Public health workforce</p> | <p>Extending the reach, consistency and effectiveness of health messages</p> | | | | <p>Deb Simpson</p> |
| <p>Making Every Contact Count</p> | <p>Roll out MECC programme (levels 1, 2, 3) to public, private and voluntary sector workforce</p> <p>Increase in timely and appropriate access to services</p> | <p>No of participants trained at different levels.</p> <p>?e-</p> | | | <p>Deb Simpson</p> |

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| | | learning pack for level 1 developed | | | |
| Healthy Places Award Scheme | Improving access to health and well-being information, advice and support where people live, work and learn | 40% of schools engaged, 10% achieve Bronze Award 14 workplaces engaging in HPA with 10% achieving Bronze Award 8 communit | | | Dan Pyrah |

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| | | y settings engaged in HPA with 10% achieving Bronze Award | | | |
| Public Mental health | Improve mental health and emotional resilience in key priority areas | | | | Deb Simpson |
| Implement the 5 Ways to Well-being programme in the top 5 wards | Implement 5 Ways to Well-being mental health literacy programme across NEL with a focus on high need wards | Active in 5 wards with highest needs | | | Deb Simpson |
| Extend the reach of the Mental Health First Aid and Youth Mental Health First Aid programmes in NE Lincolnshire | Mental Health First Aid training available to adults across NEL (statutory, non-statutory and general public) Youth Mental Health First Aid training available to those who work with/care for young people | 4 additional MHFA instructors trained 8 courses delivered | | | Deb Simpson |

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| <p>Introduce community based Personal Resilience programmes across NE Lincolnshire</p> | <p>Personal resilience programmes implemented in areas of high need/targeted groups. Programmes include:</p> <ul style="list-style-type: none"> • Positive Steps • STEPS (Pacific Institute) • New Directions • Wolfpack • Praise Pups | <p>Programmes offered through community settings within areas of high need</p> | | | <p>Deb Simpson</p> |
| <p>Cancer screening and early identification</p> | <p>Improve the uptake of screening services to ensure the early identification of illness can lead to effective treatment and reduce premature mortality</p> | | | | <p>Geoff Barnes</p> |
| <p>Undertake public health programmes to increase the uptake of cancer screening, especially in areas of deprivation where uptake is currently lower</p> | <p>2.20i - Cancer screening coverage - breast cancer, cervical cancer</p> <p>Uptake of cancer screening programmes for breast, cervical and bowel cancer in five targeted wards</p> | <p>Baselines tbc</p> | | | <p>Geoff Barnes</p> |

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4.3 Healthy and Sustainable Places Action Plan

| Outcome/area of focus from the health and wellbeing strategy: | | | | | |
|--|--|---|------------------|------------------|--|
| Creating healthy and sustainable communities | | | | | |
| Project or programme and actions | Purpose and benefits (outcomes sought) | Targets or major milestones | | | Person accountable for delivery |
| | | 2014-2015 | 2015-2016 | 2016-2017 | |
| Healthy and supportive environment | Work across the council and key partnerships to change and challenge the built environment (Planning, green and open spaces) | Planning policies are changed to support healthier communities objectives | | | David Moore/Tony Neul |
| Improving on the number of children, young people killed or seriously injured on the roads | Implement 20mph speed limits where 30mph ones have usually been in place | PH 1.10 | | | David Moore |

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| | Killed or seriously injured casualties on England's roads | | | | |
| Develop a network of Community Hubs across North East Lincolnshire | Accessible hubs for the delivery of public and voluntary sector services and provides social , leisure and cultural activities | 2 hubs in operation | 4 hubs in operation | | Debbie Fagan/Steve Kaye |
| Deliver appropriate housing to meet local needs | Maximise the delivery of specialist housing through S106 affordable housing agreements | X Specialist units delivered | | | Debbie Fagan Amanda Waldron |
| | Planning process requires new developments to be designed to meet the needs of older residents and those with mobility issues Older and vulnerable people can live independently and are able to exercise choice and control. | X schemes with measure dropped kerbs , public transport etc Demonstrate range | | | Debbie Fagan (S106) Angie Blake |

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| | <p>Good housing in safe, friendly neighbourhoods;</p> <p>Reduced number of families experiencing fuel poverty</p> | <p>eg X</p> <p>Extra Care</p> | | | |
| Night time economy – purple flag | An environment where responsible retailing is encouraged and towns are safe to enjoy in the evening | Purple flag status achieved | | | Tony Neul |

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4.4 Improving access to high quality, sustainable services Action Plan

| Outcome/area of focus from the health and wellbeing strategy: | | | | | |
|--|--|--|----------------------------|----------------------------|--|
| Improving access to high quality and integrated and equitable services | | | | | |
| Project or programme and actions | Purpose and benefits (outcomes sought) | Targets or major milestones | | | Person accountable for delivery |
| | | 2015-2016 | 2016-2017 | 2017-2018 | |
| Healthy lives, healthy futures programme | A review of all health services in Northern Lincolnshire to meet the financial and quality challenges within the NHS | Implementation planning | Delivery of key milestones | Delivery of key milestones | Peter Melton (CCG) |
| Development of a partnership wide approach to integrated information advice and guidance | <p>People within the community will be supported to help themselves by accessing clear advice and information</p> <p>Efficient and effective delivery of advice and information will enable services to manage demand, focus their resources on complex and more specialised needs</p> | Formal scoping exercise to be completed – focus on debt advice | - | - | Helen Isaacs (council) |
| Health, equalities and sustainability | Health and wellbeing partners will commit to ensuring that due consideration will be given to the needs of particular groups | | | | Health and wellbeing |

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| impact assessment | (protected characteristics under equalities law – age, gender, religion, sexual orientation, race) in the design of new services or in developing new policies through the use of health, equalities and sustainability impact tools. | board |
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4.5 Maintaining and enhancing independence of vulnerable and older people action plan

| Maintaining and enhancing independence of vulnerable groups | | | | | |
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| Project or programme and actions | Purpose and benefits (outcomes sought) | Targets or major milestones | | | Person accountable for delivery |
| | | 2015-2016 | 2016 2017 | 2017-2018 | |
| Tackling loneliness and isolation: | | | | | |
| <p>Using available local information resources encourage and enable people to take part in community based activities which enables them to reduce their loneliness and isolation</p> <p>Supporting people to build / maintain social networks (need to ensure effort is targeted at appropriate groups – impact of services on increasing / reducing loneliness / isolation)</p> | <p>People feel less lonely and isolated. Vulnerable and older people know where to look for information, advice and what is available in their area.</p> <p>Opportunities exist for people to access a variety of activities and opportunities for social interaction.</p> | <p>Baseline of community resources, groups and activities and gaps identified - Asset map in place</p> <p>Activity on services 4 me – organisations signed</p> | <p>Increased network of resources;</p> <p>Public</p> | <p>Sustainable network of support being accessed by community</p> <p>% reduction in loneliness /</p> | <p>Caroline Barley</p> <p>(working with focus social work practice, Releasing Community Capacity and Good Neighbours programme Boards)</p> |

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| | | <p>up and user hits</p> <p>Groups provide details of people participating in activities</p> <p>Baseline level of loneliness / isolation</p> | <p>perception survey on feelings of loneliness / isolation (change from ageing well baseline)</p> <p>% increase in participants</p> <p>% reduction</p> | <p>isolation</p> | |
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| | | | in loneliness / isolation | | |
| Increasing community capacity, promoting self-care and independent living | | | | | |
| Social Prescribing | <p>Design, commission and implement a model of social prescribing which will:</p> <ul style="list-style-type: none"> • Reduce dependency on primary care medical interventions • Enable people to access community based activities which promote health and wellbeing • Enable people to engage constructively in their community | <p>Complete bid to BLF CBO programme</p> <p>Design model in partnership with VCS Forum</p> <p>Number of GP's signed up</p> | <p>Deliver Social prescribing activities from identified community based venues</p> <p>Increase in number of GP's</p> | TBA | Lisa Hilder / Stephen Pintus |

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| | | to SP | signed up | | |
| | | Baseline number of people (worried well) referred via SP | % reduction in unnecessary presentations to GP / hospital? | | |
| Housing to support people living independently | | | | | |
| Develop a co-ordinated approach to matching people with suitable properties(adapted housing) | Adaptations at the right time - Improved management of adapted housing stock..... Ensure higher quality provision that can meet emerging needs, support to people live at home, provides alternatives to residential care. Existing adapted housing is more effectively matched with people | Adapted property register developed (including private rented properties) Scoring criteria reviewed | Reduced pressure on waiting list Fewer voids and fewer adaptation required | TBA | Jacqui Wells (Cofely) and Sam England (Home Options) |

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| | <p>in need of adapted housing (appropriate letting to meet long term needs of the client)</p> <p>Letting policies are adapted to reflect and promote new approach including a review of priority levels and 'scoring' criteria</p> <p>To encourage a socially supportive community through policies that promote citizenship and wellbeing – creating small pockets of community that support each other to improve overall quality of life (measure through loneliness survey above)</p> | <p>and launched as a shared / agreed approach</p> <p>Future needs assessment undertaken to shape future adaptation (pooled funding to deliver)</p> | <p>More effective use of resources</p> | | |
| <p>Economic wellbeing</p> | | | | | |
| <p>Vulnerable people are supported to play an active part in local life through activities that optimise their finances. Projects to include:</p> | <p>Residents can participate in energy schemes which achieve benefits by offering 'bulk buying' potential resulting in the offer of</p> | <p>Reduced energy bills</p> | <p>TBD</p> | <p>TBD</p> | <p>Jacqui Wells / Debra Fox</p> |

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| <p>Community Energy schemes Individual / Personal budgets Benefit maximisation Budgeting / jam jar accounts</p> | <p>lower tariffs. Approaches are used that generate community savings that can be reinvested in the community through participatory budgeting. People have real choice in the use of personal budgets</p> | <p>Increase access to bank accounts Survey of loneliness? Number of non public services established through personal budgets?</p> | | | |
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| Creating dementia friendly communities | | | | | |
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| <p>Delivery of commitment to national Dementia Action Alliance (DAA)</p> <p>Create a dementia friendly borough</p> | <p>Increased awareness of early signs of dementia; Supportive local environment improves the wellbeing of those with dementia and help them to live as independently and safely as possible whilst still playing an active part in their community.</p> <p>(Link to adaptations policy review above)</p> | <p>Work towards the DAA becoming fully independent and an active local voice regarding dementia by 31.03.2016</p> <p>Work towards increasing the membership of the DAA and raising the DAA profile via</p> | <p>XXX number of volunteers and XXX business actively engaged and involved in the DAA</p> | <p>XXX number of volunteers and XXX business actively engaged and involved in the DAA</p> | <p>Nicola Pullman/Dementia Alliance</p> <p>[please note: confirmation from Alzheimer’s Society and also Julie Rigby as DAA chair via the Dementia Steering Group being requested to support and agree targets]</p> |

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| | | Social Media, websites and other promotional materials. | | | |
| Delivery of programme of work to provide “Dementia Friends” network within NEL | Increased awareness and support for people living with dementia; People with dementia feel safe and supported in the community | The AS will provide a minimum of 40 Dementia Friend Session in 2015/16 | The AS will provide a minimum of 40 Dementia Friend Session in 2016/17 | The AS will provide a minimum of 40 Dementia Friend Session in 2017/18 | Nicola Pullman |