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| <b>PRCC.15 12/13</b>                        |
| <b>Prosperous Communities Committee</b>     |
| <b>Date: 18<sup>th</sup> September 2012</b> |

C

**Subject:** *post consultation* Health and Well-being Strategy for West Lindsey 2012 - 2015

|                    |   |
|--------------------|---|
| Report by:         | Director of Communities and Localism  |
| Contact Officer:   | Mr Chris Allen<br>Head of Public Protection Services<br>01427 675133<br><a href="mailto:chris.allen@west-lindsey.gov.uk">chris.allen@west-lindsey.gov.uk</a>  |
| Purpose / Summary: | Reducing health inequalities and improving the health and well-being of residents in our district is a priority theme within the Council's corporate plan – Active, Healthy and Safe communities.<br><br>The Health and Well-being Strategy for West Lindsey 2012 – 2015 will be the mechanism through which this priority will be delivered at local level.<br><br>This report seeks approval from members for the publication and launch of the final version of the Health and Well-being Strategy for West Lindsey 2012 – 2015. |

**RECOMMENDATION(S):**

- 1) That Members note the feedback received following consultation on the draft Health and Well-being Strategy for West Lindsey 2012 – 2015 (Appendix B and C).
- 2) That Members approve the publication and launch of the final version of the Health and Wellbeing Strategy for West Lindsey 2012-2015 (Appendix D), subject to any further changes deemed appropriate or necessary by the Head of Public Protection Services after consultation with the Chairman of the Prosperous Communities Committee, following receipt of an outstanding consultation response from the Lincolnshire Health Scrutiny Committee.

## IMPLICATIONS

**Legal:**

None.

**Financial:**

None.

**Staffing:**

None.

**Equality and Diversity including Human Rights:**

Not applicable.

**Risk Assessment:**

Not applicable.

**Climate Related Risks and Opportunities:**

None.

**Title and Location of any Background Papers used in the preparation of this report:**

1. Lincolnshire Joint Strategic Needs Assessment 2011
2. Draft Lincolnshire Joint Health and Wellbeing Strategy 2012
3. Public Health Outcomes Framework 2012
4. **Appendix A** – List of consultees
5. **Appendix B** – Consultation responses summary report – September 2012
6. **Appendix C** – Consultation feedback summary report
7. **Appendix D** - *Final version* Health and Wellbeing Strategy for West Lindsey 2012-2015

**Call in and Urgency:**

**Is the decision one which Rule 14 of the Scrutiny Procedure Rules apply?**

Yes  No

**Key Decision:**

Yes  No

**1 Introduction**

- 1.1 Reducing health inequalities and improving the health and well-being of residents in our district is a priority theme within the Council’s corporate plan – Active, Healthy and Safe communities. Health and well-being also cuts across many of the other themes within the corporate plan. Referred to as wider or social determinants of health, examples include access to leisure facilities, un/employment, housing standards, family income, educational attainment etc, each of which are vitally important to improving the health and well-being of our communities.
- 1.2 This Health and Well-being Strategy seeks to provide the overall direction that will shape the development and implementation of health related services, programmes, projects, our alliances with health stakeholders and county-wide commissioning plans so that we can achieve the very best outcomes for all of our communities but with a focus on priority areas where health in-equalities are most evident.
- 1.3 Delivery will be managed under the auspices of the Council’s Healthy District Programme Board established specifically to deliver the Council’s health and well-being commitments within the corporate plan and our county-wide commitments to the Lincolnshire (Shadow) Health and Well-being Board and the Lincolnshire Joint Health and Well-being Strategy.
- 1.3 At Prosperous Communities Committee on 6<sup>th</sup> June 2012 members approved a consultation draft of the Health and Well-being Strategy for West Lindsey and also approved an outline consultation plan via which we would gain the views of our communities and health stakeholders on the draft strategy document.
- 1.4 Following committee approval Officers have been working to deliver the community and stakeholder consultation plan. A programme of events and activities was launched on 16<sup>th</sup> July 2012 and closed on 24<sup>th</sup> August 2012 finishing our consultation process.
- 1.5 This report seeks to present members with feedback obtained from this consultation and to demonstrate how this feedback has shaped development of the final strategy document. We are also seeking approval from Members for the launch and publication of the final version of the Health and Well-being Strategy for West Lindsey 2012-2015.

## **2 Community and Stakeholder Consultation**

2.1 Consultation with our community and health stakeholders has been undertaken as follows:

- A link to the strategy document and an e-survey has been available on the front page of the West Lindsey website from 16<sup>th</sup> July until 24<sup>th</sup> August 2012 when the consultation closed.
- A press release launched the strategy consultation which resulted in the Lincolnshire Echo (West Lindsey Edition) running a front page article on 19<sup>th</sup> July 2012.
- A presentation was made to Lincolnshire Health Scrutiny Committee (May 2012) who determined to establish a Task and Finish Group to respond to the consultation.
- A presentation was made to the Lincolnshire (Shadow) Health and Wellbeing Board on 11<sup>th</sup> July 2012.
- A presentation was made to the Executive of Lincolnshire West Clinical Commissioning Group on 3<sup>rd</sup> July 2012.
- Seven locality road show / public consultation events have been held at Gainsborough, Market Rasen, Nettleham, Bardney, Scotter, Caistor and Saxilby. Each event was promoted through email invitations, local media and Facebook.
- Engagement of Citizens Panel representatives, currently 1,144 members, via email/letter inviting them to locality drop-in sessions and/or to access the strategy on-line and then complete a feedback questionnaire
- Direct engagement with approximately 171 individuals, organisations, elected members and Parish Council's, via email/letter, inviting them to locality drop-in sessions and/or to access the strategy on-line and then complete a feedback questionnaire.
- Engagement of Members on the Health Policy Development Panel to help develop the draft strategy and then to shape the final version of the strategy in response to the feedback received.

2.2 A full list of consultees is attached to this report at **appendix A**

## **3. Summary of consultation responses received**

3.1.1 The summary report at **Appendix B** includes all responses received via the website e-survey presented in a graphical and numerical format for easy reference. Explanatory notes below summarise the salient findings from the numerical data obtained from consultation responses.

3.1.2 To what extent do you agree with the Health and Wellbeing Strategy Vision for West Lindsey?

- **91%** of respondents answered agree or strongly agree.
- **9%** of respondents answered disagree or strongly disagree

3.1.3 To what extent do you like the presentation of the area outcomes?

- **90%** of respondents answered very much or average
- **10%** of respondents answered not sure or not at all

3.1.4 How far do you agree with the outcomes listed for your area?

- **90%** of respondents answered agree or strongly agree.
- **10%** of respondents answered disagree or strongly disagree

3.1.5 How important do you feel each of the priority health and wellbeing outcomes of the corporate plan are?

| Priority  | Very important | Important  | Not important | Not important at all |
|---|----------------|------------|---------------|----------------------|
| Reduced obesity in priority areas in Gainsborough           | <b>56%</b>     | <b>38%</b> | <b>7%</b>     | <b>0%</b>            |
| Improved facilities for those affected by dementia          | <b>62%</b>     | <b>34%</b> | <b>4%</b>     | <b>0%</b>            |
| Increased awareness and adoption of healthy lifestyles      | <b>65%</b>     | <b>33%</b> | <b>3%</b>     | <b>0%</b>            |
| Communities are self sufficient with regards to health      | <b>36%</b>     | <b>51%</b> | <b>12%</b>    | <b>1%</b>            |
| Improved health and wellbeing for children and young people | <b>72%</b>     | <b>27%</b> | <b>1%</b>     | <b>0%</b>            |

3.1.6 Are you answering this survey as:

- an individual **92%**
- on behalf of an organisation **8%**.

3.1.7 Which of the 6 neighbourhood areas do you live in:

- Caistor **13%**
- Market Rasen **26%**
- Trent **12%**
- Fosdyke **10%**
- Witham **22%**
- Gainsborough **17%**

3.1.8 Are you are a member of the West Lindsey Citizen Panel?

- **49** No. respondents.

#### **4. Summary of changes to approved consultation draft Strategy.**

4.1.1 The consultation feedback summary report at **Appendix C** contains the written comments submitted by respondents to the strategy consultation. The table illustrates how each of these comments has been used by the Health Policy Development Panel to shape the final version of the strategy document before committee today (**Appendix D**).

#### **5. Recommendation**

- 1) That Members note the feedback received following consultation on the draft Health and Well-being Strategy for West Lindsey 2012 – 2015 (**Appendix B and C**).
- 2) That Members approve the publication and launch of the final version of the Health and Wellbeing Strategy for West Lindsey 2012-2015 (Appendix D), subject to any further changes deemed appropriate or necessary by the Head of Public Protection Services after consultation with the Chairman of the Prosperous Communities Committee, following receipt of an outstanding consultation response from the Lincolnshire Health Scrutiny Committee.

**APPENDIX A – List of Consultees**  
**Health and Well Being Strategy for West Lindsey 2012 to 2015**

|   |   |    |
|---|---|----|
| Organisation  |   |    |
| Lincolnshire Community Health Services NHS Trust      |   | 1  |
| United Lincolnshire Hospital Trust                    | Clare White<br>Anna Temple  | 3  |
| Clinical Commissioning Group West Lincolnshire        |   | 4  |
| Clinical Commissioning Group East Lincolnshire        |   | 5  |
|   | Heather Emmerson  | 6  |
| Lincolnshire County Council Health Scrutiny Committee |   | 7  |
| LCC/NHS Public Health Directorate                     |   | 8  |
| LCC Shadow Health and Well Being Board                | Tony Hill   | 9  |
| Bassetlaw District Council                            | David Hunter  | 10 |
| North Lincolnshire Council                            | Simon Driver  | 11 |
| North East Lincolnshire Council                       | Tony Hunter   | 12 |
| South Kesteven District Council                       | Beverly Agass   | 13 |
| South Holland District Council                        | Terry Huggins   | 14 |
| North Kesteven District Council                       | Ian Fytche<br>Cllr Marion Brighton  | 16 |
| City of Lincoln Council                               | Andrew Taylor<br>Cllr Richard Metcalfe  | 18 |
| Lincolnshire County Council                           | Tony McArdle<br>Councillor M Hill   | 20 |
| East Lindsey District Council                         | Nigel Howells<br>Doreen Stephenson  | 22 |
| Boston Borough District Council                       | Richard Harbord<br>Peter Bedford  | 24 |
| West Lindsey District Council                         | Cllr Bardsley<br>Cllr Bierley<br>Cllr Bowler<br>Cllr Bridger<br>Cllr Brockway<br>Cllr Caine<br>Cllr Cotton<br>Cllr Curtis<br>Cllr Darcel<br>Cllr Dobbie<br>Cllr Doran<br>Cllr Howitt-Cowan<br>Cllr Fleetwood<br>Cllr Keimach<br>Cllr Kinch<br>Cllr Lawrence<br>Cllr Leaning<br>Cllr Milne | 60 |

|  |  |    |
|--|--|----|
|  | Cllr Parish<br>Cllr Parrott<br>Cllr Parry<br>Cllr Patterson<br>Cllr Rainsforth<br>Cllr Rawlins<br>Cllr Regis<br>Cllr Rodgers<br>Cllr Rollings<br>Cllr Shore<br>Cllr Starkey<br>Cllr Strange<br>Cllr Summers<br>Cllr Tinker<br>Cllr Underwood-Frost<br>Cllr Welburn<br>Cllr Wiseman<br>Cllr Young |    |
| Apley Parish Council<br>Bardney PC<br>Stainfield PC  | Mrs T Pacey  | 63 |
| Barlings PC<br>Greetwell PC<br>Langworth PC<br>Newball PC<br>Stainton by Langworth PC<br>Sudbrooke PC  | Mrs C Myers  | 69 |
| Bishop Norton PC   | Mrs V Hallam   | 70 |
| Blyton PC  | Miss J H Bates   | 71 |
| Brattleby PC   | Mr P M Spencer   | 72 |
| Brookenby Parish Council<br>Caistor Town Council<br>Claxby PC<br>Grasby PC<br>Nettleton PC<br>Rothwell PC<br>Swallow PC<br>Tealby PC<br>Walesby PC | Mrs H Pitman   | 81 |
| Burton Parish Council  | Mrs Lisa Naughton  | 82 |
| Cammeringham PC  | Mrs J Beattie  | 83 |
| Cherry Willingha PC  | Michelle Vail  | 84 |
| Corringham PC  | Mr Ralph Brazil  | 85 |
| Dunholme   | Mrs Laura Richardson   | 86 |
| East Stockwith PC<br>Scotton PC  | Mrs D Milward  | 88 |
| Faldingworth PC  | Mrs C Howard   | 89 |
| Fenton PC  | Mrs S Shaw   | 90 |
| Fiskerton PC   | Mrs M Smithson   | 91 |
| Gainsborough Town Council  | Mr P Leader  | 92 |
| Glentham PC  | Mr J Reynolds  | 93 |



|   |                        |     |
|---|------------------------|-----|
| Glentworth PC                                       | Ms W Annibal           | 94  |
| Great Limber PC                                     | Mrs M A Love           | 95  |
| Hackthorn and Cold Hanworth PC<br>Spridlington PC   | Mrs M Wass             | 97  |
| Hemswell PC<br>Hemswell Cliff PC                    | Mrs Sharon Gleave      | 99  |
| Ingham PC   | Mr G Monk              | 100 |
| Keelby PC   | Mr S Davis             | 101 |
| Kettlethorpe and Laughterton PC                     | Mr R Gee               | 102 |
| Kexby PC  | Mrs P Simpson          | 103 |
| Knaith PC   | Miss Jackie Hunt       | 104 |
| Laughton PC<br>Sturton by Stow PC                   | Mrs Y Clark            | 105 |
| Lea PC  | Mrs D Leslie           | 106 |
| Market Rasen Town Council                           | Mrs Faye Lambkin-Smith | 107 |
| Marion & Gate Burton PC                             | Mrs Gillian Martin     | 108 |
| Middle Rasen PC                                     | Mrs J Trotter          | 109 |
| Morton PC   | Mrs A Cater            | 110 |
| Nettleham PC  | Ms Julia Finn          | 111 |
| Newton on Trent Parish Council<br>Torksey PC        | Mr R Pilgrim           | 113 |
| Normanby by Spital PC                               | Mrs N Fox              | 114 |
| North Kelsey PC                                     | Mrs M Williams         | 115 |
| Northorpe PC  | Ms A Harrison          | 116 |
| Osgodby PC<br>Owmbly by Spital PC<br>Toft Newton PC | Mrs S Sanderson        | 119 |
| Owersby PC  | Mrs M E Wilkinson      | 120 |
| Reepham PC  | Mr B Wharton           | 121 |
| Riseholme PC  | Mrs Lyndsey Bull       | 122 |
| Saxilby PC  | Mrs L Gibbs            | 123 |
| Scampton PC   | Mrs B Coleman          | 124 |
| Scothern PC   | Mrs Joanne Dickinson   | 125 |
| Scotter PC  | Mrs N Altoft           | 126 |
| Snitterby PC  | Miss E O'Connor        | 127 |
| South Kelsey PC                                     | Mrs J A Stimson        | 128 |
| Stow PC   | Ms Sarah Mumby         | 129 |
| Upton PC  | Mrs A Rushton          | 130 |
| Waddingham PC                                       | Mr P L Wainwright      | 131 |
| Welton PC   | Mrs J Murray           | 132 |
| Wickenby PC   | Mrs J Heselwood        | 134 |
| Willingham  | Mrs E Mann             | 135 |
| Willoughton   | Mrs K Baldwin          | 136 |
| Adults Supporting Adults (WL)                       |                        | 137 |
| Acis  | Rachel cook            | 138 |
| Falls Prevention                                    | Beverley Manson        | 139 |
| Age UK Lindsey                                      |                        | 140 |
| Seed 2 Plate  |                        | 141 |
| Action for Young Carers                             |                        | 142 |
|   | Lisa Brooks            | 143 |

|  |                                |     |
|--|--------------------------------|-----|
|  | Chris Belshaw                  | 144 |
|  | Bonney Cottrell                | 145 |
|  | Kacl Wright                    | 146 |
|  | Janet Fleet                    | 147 |
| SW Ward  |                                | 148 |
| Traveller Initiative                             | Sam                            | 149 |
|  | Susan Lipscombe                | 150 |
| Mental Health Forums                             | Linda O                        | 151 |
| Lincs Chaplaincy Services                        | T Miller                       | 152 |
| Macmillan  | Caroline Boyer                 | 153 |
| Hospice Gainsborough                             | Mark Mumber                    | 154 |
| Women's Aid                                      |                                | 155 |
| Lincolnshire Sports Partnership                  |                                | 156 |
| Lincolnshire Police                              | Tracy Burnett<br>Chris Pearson | 158 |
| Probation Service                                | Tony Connel                    | 159 |
| Gainsborough Adventure<br>Playground Association |                                | 161 |
| Vitality   | Louise Thompson                | 162 |
| VSC  | Gill Taylor                    | 163 |
|  | Elizabeth Hillman              | 164 |
|  | Lori Softley                   | 165 |
|  | Anita Wood                     | 166 |
|  | Carol Cottingham               | 167 |
| Healthwatch Gainsborough                         |                                | 168 |
| Healthwatch Lincoln                              |                                | 169 |
| Healthwatch Louth                                |                                | 170 |
| Independent Complaints' Advocacy<br>Services     | Penny Black                    | 171 |

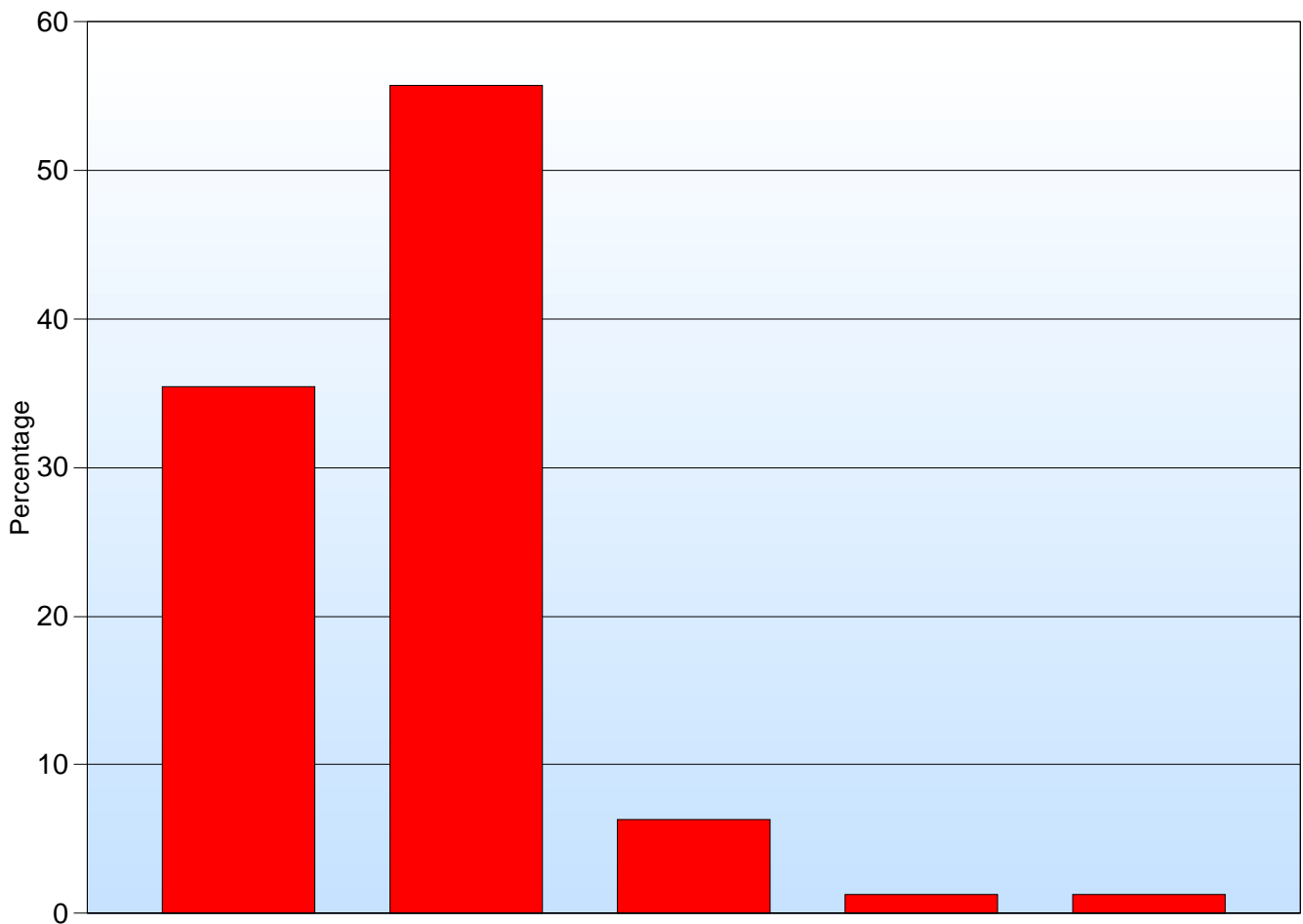
## Appendix B: Graphical and Numerical Consultation Responses Summary Report Health and Well-being Strategy for West Lindsey 2012 to 2015

A total of 80 responses were received through the website and from drop in sessions held throughout the district.

### Section 1: About the Strategy

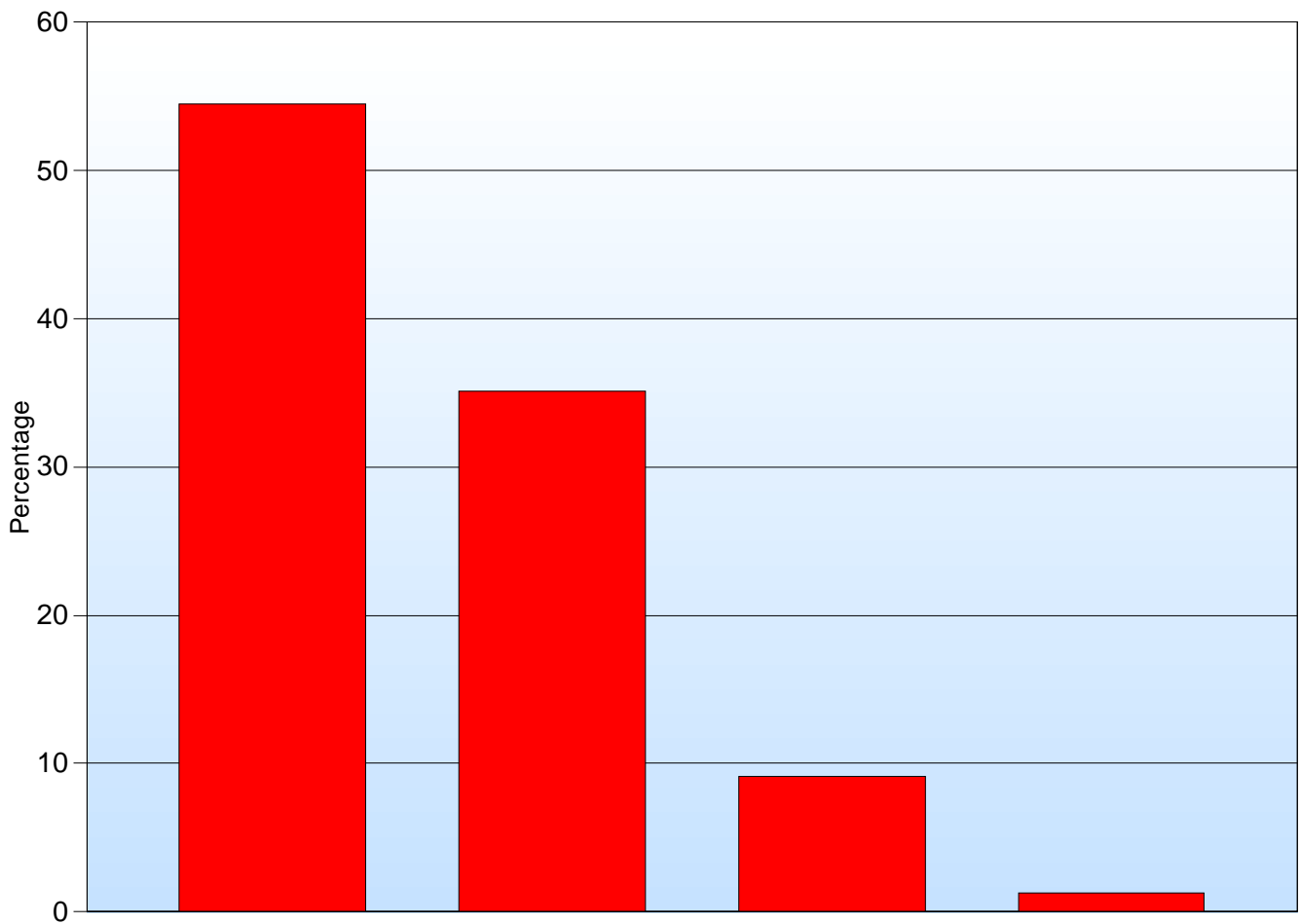
#### 1.1. To what extent do you agree with the Health and Wellbeing Strategy Vision for West Lindsey?

|                     |            |
|---------------------|------------|
| I strongly agree    | 28 (35.4%) |
| I agree             | 44 (55.7%) |
| I disagree          | 5 (6.3%)   |
| I strongly disagree | 1 (1.3%)   |
| Don't know          | 1 (1.3%)   |



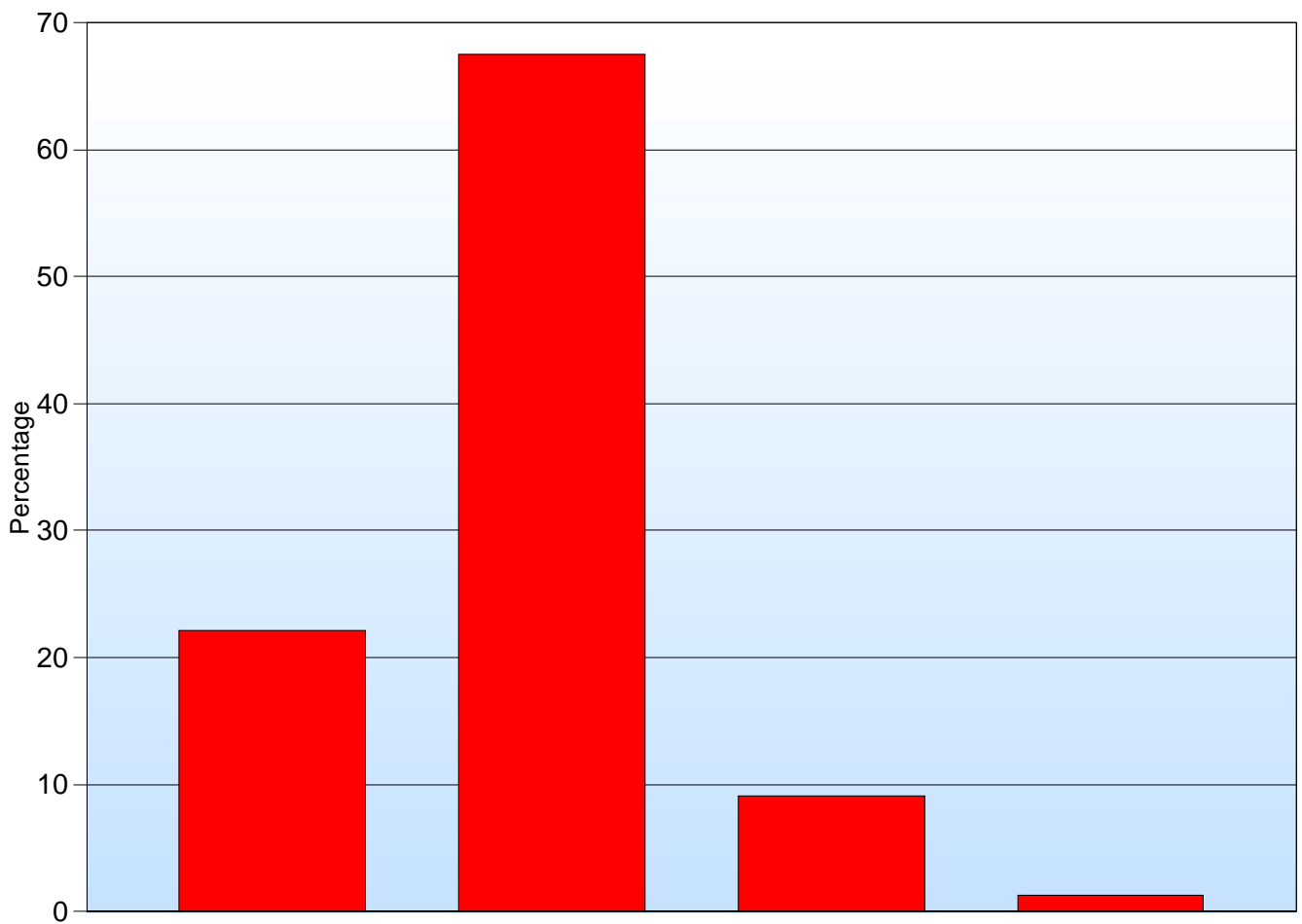
1.2. To what extent do you like the presentation of the area outcomes?

|            |            |
|------------|------------|
| Very much  | 42 (54.5%) |
| Average    | 27 (35.1%) |
| Not sure   | 7 (9.1%)   |
| Not at all | 1 (1.3%)   |



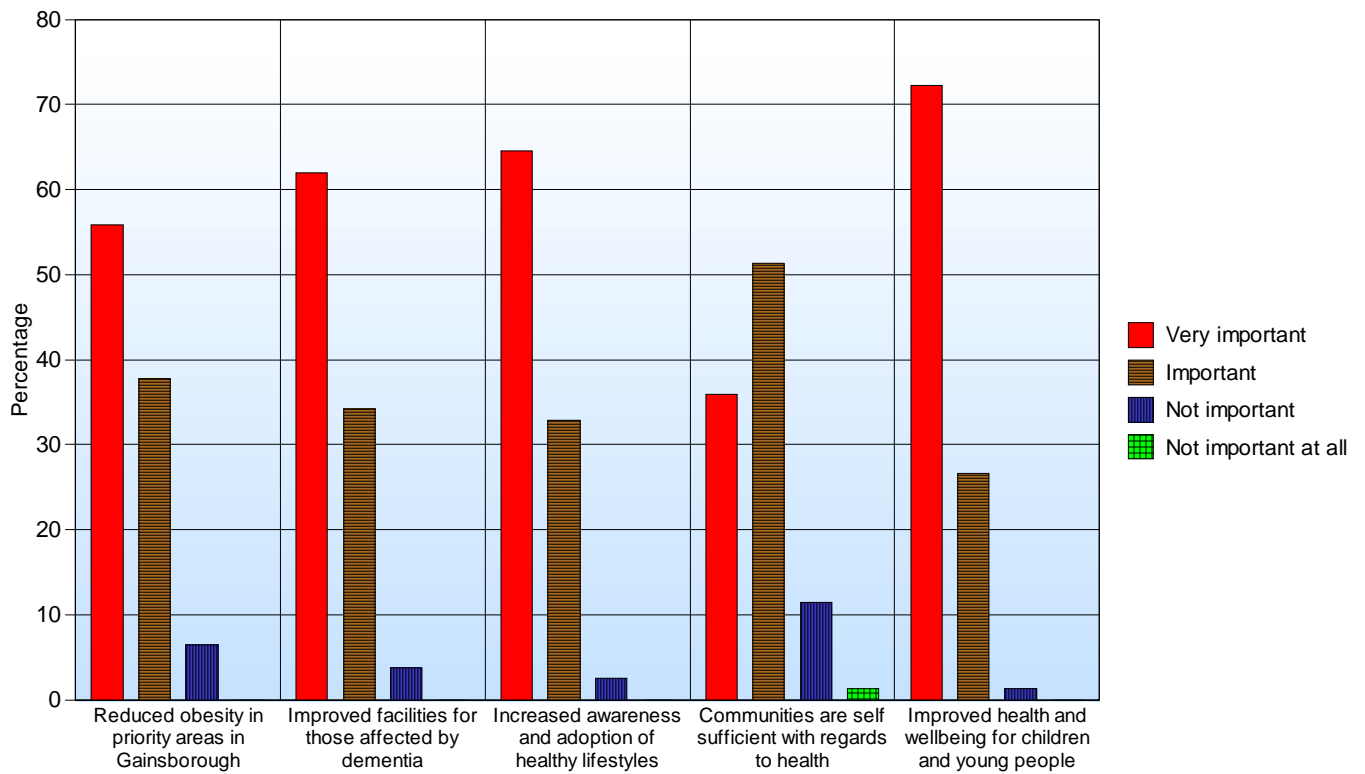
1.3. How far do you agree with the outcomes listed for your area?

|                     |            |
|---------------------|------------|
| I strongly agree    | 17 (22.1%) |
| I agree             | 52 (67.5%) |
| I disagree          | 7 (9.1%)   |
| I strongly disagree | 1 (1.3%)   |



1.4. How important do you feel each of the priority health and wellbeing outcomes of the corporate plan are?

|   | Very important | Important  | Not important | Not important at all |
|---|----------------|------------|---------------|----------------------|
| Reduced obesity in priority areas in Gainsborough           | 43 (55.8%)     | 29 (37.7%) | 5 (6.5%)      | 0 (0.0%)             |
| Improved facilities for those affected by dementia          | 49 (62.0%)     | 27 (34.2%) | 3 (3.8%)      | 0 (0.0%)             |
| Increased awareness and adoption of healthy lifestyles      | 51 (64.6%)     | 26 (32.9%) | 2 (2.5%)      | 0 (0.0%)             |
| Communities are self sufficient with regards to health      | 28 (35.9%)     | 40 (51.3%) | 9 (11.5%)     | 1 (1.3%)             |
| Improved health and wellbeing for children and young people | 57 (72.2%)     | 21 (26.6%) | 1 (1.3%)      | 0 (0.0%)             |



## Section 2: About you

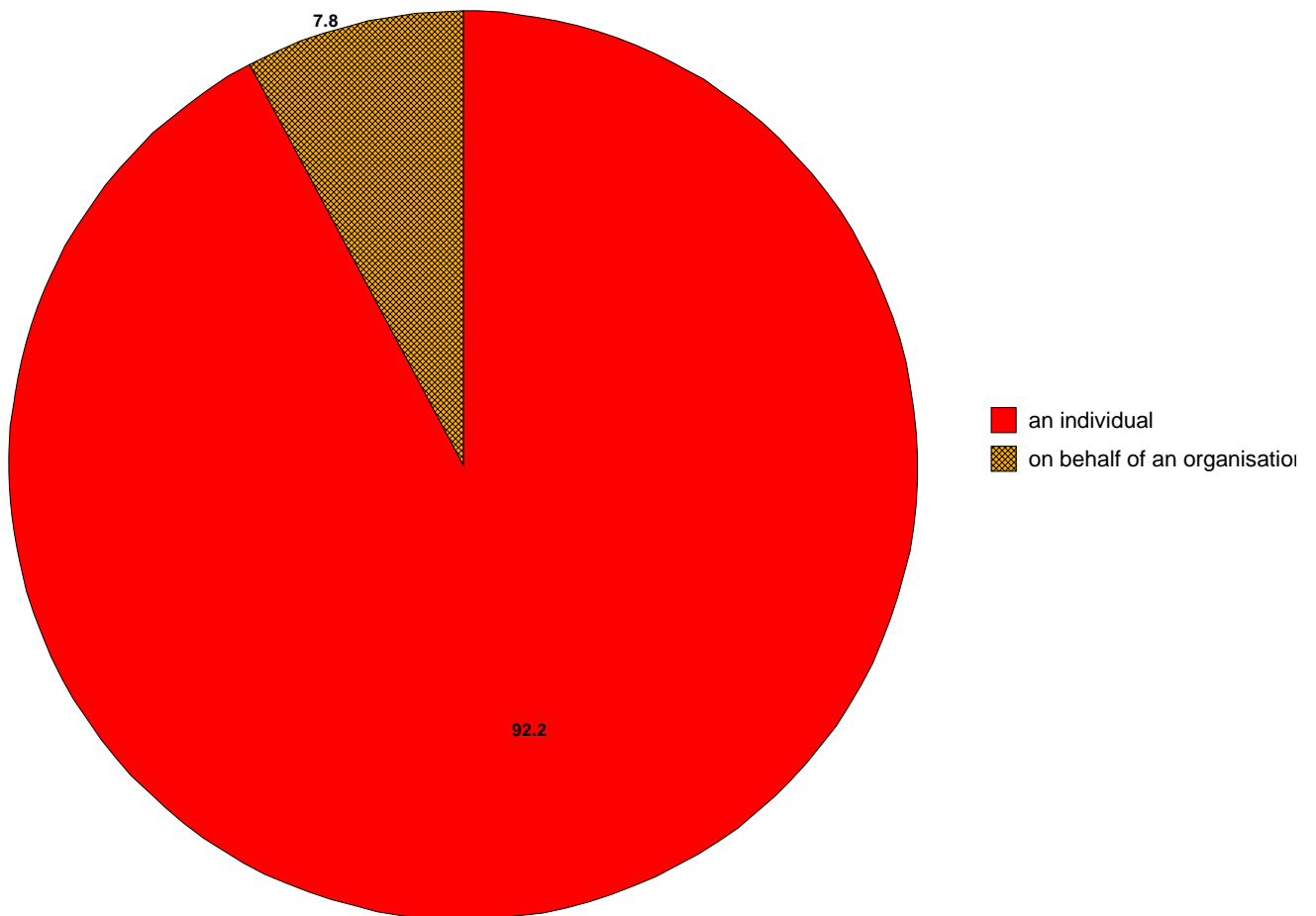
2.1. Name: Total of 72 names received

2.2. Are you answering this survey as:

|                              |            |
|------------------------------|------------|
| an individual                | 71 (92.2%) |
| on behalf of an organisation | 6 (7.8%)   |

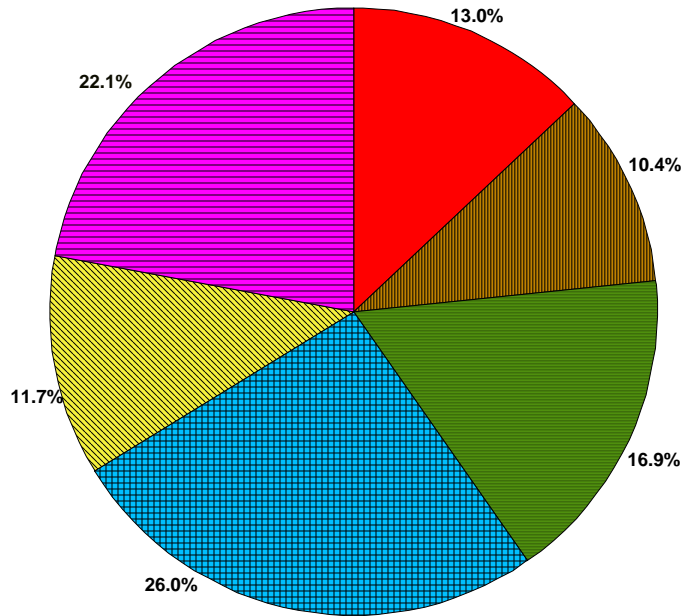
If an organisation please state which:

- GAPA
- Hackthorn & Cold Hanworth Parish Council
- Groundwork Lincolnshire
- Market Town Council
- Gainsborough Area Manager, WLDC
- SLM - EVERYONE ACTIVE, DE ASTON SPORTS CENTRE



2.3. Which of the 6 neighbourhood areas do you live in:

|  |            |
|--|------------|
| Caistor and surrounding villages   | 10 (13.0%) |
| Market Rasen and surrounding villages                                      | 20 (26.0%) |
| Trent (includes Scotter, Hemswell, Blyton and surrounding villages)        | 9 (11.7%)  |
| Fosdyke (includes Lea, Saxilby, Torksey, Sturton and surrounding villages) | 8 (10.4%)  |
| Witham (includes Bardney, Sudbrooke and surrounding villages)              | 17 (22.1%) |
| Gainsborough   | 13 (16.9%) |



2.4. If you are a member of the West Lindsey Citizen Panel please insert your panel number here:  
 Total of 49 numbers received.



## APPENDIX C: Consultation Feedback Summary Report

### Health and Well-being Strategy for West Lindsey 2012 – 2015

| Ref | Question number | Your Comments   | Changes Made due to response | Comments   |
|-----|-----------------|---|------------------------------|--|
| 1   | 1.1             | <p>Too much focus on children's obesity, self inflicted hotch potch, children are fat because of their parents lifestyle and their endless pandering to their children's wishes. Many parents do not know how to cook a wholesome meal at low cost unless it includes burgers and chips or pizza. Get a higher level of domestic science classes back in the schools.</p> <p>Because I walk miles as I don't have a car, eat healthy, don't drink or smoke and yet am a big woman. My sister went to her doctors 5 years ago in this district and was dismissed as a hypochondriac and now is fighting uterine cancer! I for one will not bother going to my doctors. Cancers are on the increase and I don't believe it's down to unhealthy lifestyles but environmental disasters! Stop nannying us and treat us with dignity and respect when we visit health clinics!</p> | None                         | <p>Linked to priorities 1 and 3. Needs to be balance of initiatives focused on both parents and children. This will involve engagement with schools and possibly interventions in schools.</p> <p>We are unable to comment on specific cases. We are aware that certain types of cancers are on the increase. We are seeking to address this through priority 3 – Healthy Lifestyles. Links with Health Clinics. Dignity and respect are issues that should be taken up with the individual NHS service.</p> |
| 2   | 1.1             | <p>Too much emphasis in the plan on alleviating purely physical problems such as obesity. Most physical health problems such as obesity, alcohol and drug abuse, lack of exercise etc, are actually the symptoms of underlying mental health &amp; psychological issues - the causes of which can be as simple as anxiety and stress. Improvements in physical well being would be better tackled by addressing the root causes: offering yoga, meditation, and basic counselling would help tackle those root causes. Yoga</p>   | None                         | <p>Agree, there is no health without mental health. Mental Health is a theme which underpins our strategy however, we will seek to make this more explicit within our document.</p> <p>We accept that data is dated in some cases however, this is the best available and will be reviewed as new data becomes available.</p>  |
| 3   | 1.1             | <p>It's all understandable stuff. However, the reliance of IMD data is not great. IMD 2010 relied on data primarily from mid-2008, and in some cases 2001 census. It is outdated. We also need to consider slowing down the birth rate in WLDC areas, reducing the number of caravans, mobile homes in Torksey. etc.</p>  | Yes                          |  |
| 4   | 1.1             |   | None                         |  |
| 5   | 1.1             |   | None                         | <p>We have noted the comment however this is a national policy area rather than local policy area.</p>   |

## APPENDIX C: Consultation Feedback Summary Report

### Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |  |      |   |
|----|-----|--|------|---|
| 6  | 1.1 | My perception is that we are introducing yet another layer of administration that is not essential with the potential to increase administration costs to a level not commensurate with the product delivered.   | None | There has always been a health and well-being strategy at district level and this refreshed strategy and does not add any additional administrative cost. The overriding aim is to work more effectively with partners, reducing costs, while improving services. |
| 7  | 1.1 | Want to see more emphasis on mental health at basic levels (Tier 1). Needs to recognise the problems of transport - public transport not available for un-waged etc.   | Yes  | Linked to response for comment 3. Social determinants of health are referred to under purpose on page 9 of the strategy, however we will make reference to public transport more explicit.  |
| 8  | 1.2 | They are not worded as outcomes, but as proposals (as I understand it)   | Yes  | Outcome to be changed to Aims   |
| 9  | 1.2 | haven't been able to attend one  | None | Noted, hence a variety of engagement methods have been employed.  |
| 10 | 1.2 | Very clear compared to others' efforts.  | None | Thank you   |
| 11 | 1.2 | Written by professionals for professionals, it's too heavy as a document to make sense to the man in the street.   | Yes  | We understand your point. In the pages relating to area priorities we have attempted to present the information in an easier to read format.  |
| 12 | 1.2 | The document is fairly well presented but there is far too much esoteric "management speak".   | Yes  | We will proof read the document to remove jargon.   |
| 13 | 1.2 | The information is in such a summarised form as to be difficult to assess its validity.  | No   | The strategy is based on validated evidence. See appendix 3.  |
| 14 | 1.2 | I like the presentation of area.   | None | Thank you   |
| 15 | 1.3 | Lincolnshire   | None | No comment  |
| 16 | 1.3 | If you added ed/d to the verb - I could agree!   | Yes  | Outcomes will be replaced with Aims.  |
| 17 | 1.3 | Older population higher cancer rates fairly obvious. Fat children obvious as it's a fairly affluent area and children get just what they want from doting parents. Fuel poverty disagree people have only been discussing this as its a means of bashing electricity companies, turn down the thermostat a little you don't have to have the house at 18 degrees its unhealthy | None | Comments noted  |

## APPENDIX C: Consultation Feedback Summary Report

### Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |  |      |  |
|----|-----|--|------|--|
| 18 | 1.3 | Because I walk miles as I don't have a car, eat healthy, don't drink or smoke and yet am a big woman. My sister went to her doctors 5 years ago in this district and was dismissed as a hypochondriac and now is fighting uterine cancer! I for one will not bother going to my doctors. Cancers are on the increase and I don't believe it's down to unhealthy lifestyles but environmental disasters! Stop nannying us and treat us with dignity and respect when we visit health clinics!                         | None | See Comment 2  |
| 19 | 1.3 | Too much emphasis in the plan on alleviating purely physical problems such as obesity. Most physical health problems such as obesity, alcohol and drug abuse, lack of exercise etc, are actually the symptoms of underlying mental health & psychological issues - the causes of which can be as simple as anxiety and stress. Improvements in physical well being would be better tackled by addressing the root causes: offering yoga, meditation, and basic counselling would help tackle those root causes. Yoga | Yes  | See Comment 3  |
| 20 | 1.3 | I live in the East ward and the issues facing the area are stark.  | None | We understand these comments and the Gainsborough area priority plan seek to address these locality issues.  |
| 21 | 1.3 | Lincolnshire   | None | No comment   |
| 22 | 1.3 | Lincolnshire   | None | No comment   |
| 23 | 1.3 | We need to equalise areas, not have an equal of housing, both private and social housing. We need to make people feel at home no matter what or where they live in W.L.D.C.  | None | We seek to address the inequalities in the social determinants of health such as housing through the strategy.<br>The strategy is driven by health and well-being evidence base. |
| 24 | 1.3 | This isn't the Market Rasen I know.  | None |  |
| 25 | 1.3 | I am unconvinced it is within the control/power of the local authority to have a significant impact on several of the health issues defined in the strategy document.  | None | We are working with health and well-being partners to deliver the aims of the strategy.  |
| 26 | 1.3 | I like the presentation area - need for local information on wants.  | None | Thank you  |

## APPENDIX C: Consultation Feedback Summary Report

### Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |   |      |   |
|----|-----|---|------|---|
| 27 | 1.3 | Missing the child obesity and fuel poverty. Footpaths etc. For a community to be self sufficient with regards to health must be nearly impossible in our rural district. Those communities with a wealth of facilities (clinics, hospitals etc) must expect to support other communities where these facilities are not available.              | None | The area priorities are driven by health and well-being evidence.   |
| 28 | 1.5 | I believe that obesity is important everywhere not just in Gainsborough   | None | We agree that communities should be supporting each other which is a core objective of this strategy.   |
| 29 | 1.5 | Repeated exhortations to live 'healthily' have a counter productive effect  | None | We agree. We have to prioritise areas according to evidence.  |
| 30 | 1.5 | facilities may be in short supply and you might find what is needed in another community; so self-sufficiency may be a false objective  | None | Comment noted.  |
| 31 | 1.5 | This hang up with obesity is such a smokescreen. Look around at other cultures where people have 'healthy lifestyles' yet weight increases with age.  | None | We realise that communities need support to become self-sufficient and this is a core objective of this strategy.   |
| 32 | 1.5 | While the principle of self sufficiency is generally commendable, the Strategy recognises the sparsity of population within West Lindsey. In this context it has to be recognised that in certain instances, better provision might come from pooling finite resources between two or more communities.   | None | Comment noted.  |
| 33 | 1.5 | There are limits on how self sufficient a community can be when it comes to health, it is more important that individuals can access healthcare and information rather than it necessarily being localised.   | None | We realise that communities need support to become self-sufficient and this is a core objective of this strategy. The pooling of resources is one option that we are exploring with partners. |
| 34 | 1.5 | For some thing out of the blue, instead of paying for all these extra treatments why not reduce the number of children families are allowed to have??? Surly we cannot keep extending life spans indefinitely, along with all the feeding of these people. We are going to have to take agric. land to build houses? Instead of feeding people. | None | We are in dialogue with clinical commissioning groups.  |
| 35 | 1.5 |   | None | We have noted the comment however this is a national policy area rather than local policy area.   |

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### Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |   |      |  |  |
|----|-----|---|------|--|--|
| 36 | 1.5 | 1. The goalposts for defining obesity seem to move regularly so until the definition can be clearly stated evidence based rather than zealotry it would seem pointless allocating resources to it when funds perhaps could be put to better use elsewhere. 2. How can a community be self sufficient with respect to health when decisions regarding most health issues are taken nationally & probably will continue to be so? |      |  | <ol style="list-style-type: none"> <li>1. The clinical definition of obesity has not changed and the evidence suggests this is a local priority.</li> <li>2. We will continue to work with partners locally to influence decisions for the benefit of our area.</li> </ol> |
| 37 | 1.5 | I cannot see how this could possibly be achieved. Surely this should be on a wider basis than individual communities or why do we have district councils at all?  | None |  | Comment noted.   |
| 38 | 1.5 | I am certain obesity in Gainsborough is important but not that important to people in Market Rasen.   | None |  | We have to prioritise health issues in areas according to evidence.  |
| 39 | 1.5 | With limited resources WDC must prioritise<br>You cannot force people to be fit - they have to be self motivated to ascertain results - i.e. giving up drugs or smoking (encouragement helps though)  | None |  | We have to prioritise areas according to evidence.   |
| 40 | 1.5 |   | None |  | We agree.  |
| 41 | 1.5 | I feel this would be an end result of increased awareness and adoption of healthy lifestyles therefore not as important.  | None |  | Comment noted.   |
| 42 | 1.5 | All priorities important but need to prioritise delivery effectively  | None |  | We have to prioritise areas according to evidence.   |
| 43 | 1.5 | Communities should be able to help each other out when one is lesser deprived than another, so the health of more deprived people is not compromised, otherwise the gap between healthy and lower health will be widened.   |      |  |  |
| 44 | 1.6 | Ensure appropriate/thorough engagement with the communities you want to improve. WLDC health priorities and outcomes are not necessarily important to your populations and individuals when they have 'other' priorities.   | None |  | We have engaged communities as widely as possible in consultation.   |

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### Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |  |      |   |
|----|-----|--|------|---|
| 45 | 1.6 | What is the scale of the future age-related mental-health conditions that need to be addressed and how will it be done - please see fuller comments in 'Any other comments' below. This is a general comment about all areas; my own area is Market Rasen.   | None | The scale of the age-related mental health is evidenced from the Joint Strategic Needs Assessment for Lincolnshire and hence this is a priority given the growth in the ageing population.  |
| 46 | 1.6 | If the population expands as rapidly as suggested then there needs to be some relationship with proposals for planning and house building.   | None | We agree  |
| 47 | 1.6 | More awareness on a local level.   | None | We agree, further promotion of the strategy will be carried out once approved.  |
| 48 | 1.6 | Better visibility at all levels, info and aims is very good but how will it be put into place and monitored?   | None | Comment noted. Governance arrangements to ensure delivery are shown on page 10 of the strategy.   |
| 49 | 1.6 | Case studies (even if not complete)? is the first % in breastfeeding (p43) an error - should it be 75%?  | Yes  | This was an error which has been changed.   |
| 50 | 1.6 | Concentrate on mental and ageing health problems and choices for people.   | None | Comment noted.  |
| 51 | 1.6 | Much more help and support for mental illness i.e access to counsellors at appropriate times especially if sufferers are managing to continue working  | None | Comment noted. Agree, there is no health without mental health. Mental Health is a theme which underpins our strategy however, we will seek to make this more explicit within our document. |
| 52 | 1.6 | More communication between health and social services which might prevent some health issues becoming acute. If people have reliable care at home many elderly residents would not have to access so many health services.   | None | We agree and this is core to the strategy objectives.   |
| 53 | 1.6 | Too much emphasis in the plan on alleviating purely physical problems such as obesity. Most physical health problems such as obesity, alcohol and drug abuse, lack of exercise etc, are actually the symptoms of underlying mental health & psychological issues - the causes of which can be as simple as anxiety and stress. Improvements in physical well being would be better tackled by addressing the root causes: offering yoga, meditation, and basic counselling would help tackle those root causes. Yoga, meditation etc are scientifically proven to improve physical well being, and | None | Comment noted. Agree, there is no health without mental health. Mental Health is a theme which underpins our strategy however, we will seek to make this more explicit within our document. |

## APPENDIX C: Consultation Feedback Summary Report Health and Well-being Strategy for West Lindsey 2012 – 2015

so facilities offering these should be made available in all localities - particularly in the evenings to enable employed people to attend.

|    |     |  |      |   |
|----|-----|--|------|---|
| 54 | 1.6 | Genuine local articulation of health needs<br>Improved leisure and fitness facilities with better access for all. Improved cycling facilities - this can be easily achieved in a simple way by liaising with Go Sky Ride for whom you already have qualified leaders in your area.       | None | Thank you   |
| 55 | 1.6 | Lots and lots, but i have run out of time, thank you.  | None | Thank you, this is a useful lead.   |
| 56 | 1.6 | Good access to medical care at local surgeries and John Coupland hospital.<br>Acknowledgement that people have to take responsibility for their health over the course of their lives. The seeds of some of our most cost consuming health issues are sown in our younger years.         | None | Thank you<br>This is unfortunately not relevant to this strategy but access to health care is currently being discussed with clinical commissioning groups.   |
| 57 | 1.6 | Less concentration on Gainsborough, which continues to eat far too high a percentage of the very limited resources available to the District.  | None | Comments noted.   |
| 58 | 1.6 | I am assuming that the vulnerable members of the community are identified for the Health teams but am not sure how this is done - e.g. dementia development and prevention of the onset, or cancer screening; if a member of the public is not already at risk, how is he/she picked up. | None | We hope that we have addressed this in the strategy through the area priority plans.  |
| 59 | 1.6 | Well people clinics are not publicised, to my knowledge.   | None | We are already working with Clinical Commissioning groups to improve the take up of health checks. Core to this strategy is developing communities to become more self sufficient in regards to health. |
| 60 | 1.6 | Make sure it is set up to deliver to the people and is not just used as a "we met our statutory obligations by having it" exercise.  | None | It is not a statutory duty to produce the Health and Well-being Strategy. It provides a mechanism to improve the health of our residents.   |
| 61 | 1.6 | I think healthy eating and exercise needs to develop at an early age from role models at home, breast feeding, school and from famous people who become role models for the  | None | Comments noted.   |
| 62 | 1.6 |  |      |   |

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### Health and Well-being Strategy for West Lindsey 2012 – 2015

teenager pop.

|    |     |  |      |   |
|----|-----|--|------|---|
| 63 | 1.6 | More facilities for sport for young and older people after school/working hours. Bardney is a long way from a sports hall or certainly none locally are advertised. Swimming pool at Wragby seems to be the only option. | None | We are working with Lincolnshire Sports Partnership to develop sports and social infrastructure in our communities.   |
| 64 | 1.6 | More action. Less talking  | None | Thank you, comment noted.<br>Thank you and comments noted. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment. We maintain a dialogue with Lincolnshire County Council.  |
| 65 | 1.6 | Transport issues for the towns - as well as villages.  | None |   |
| 66 | 1.6 | Well presented.  | None | Thank you<br>Agree, there is no health without mental health. Mental Health is a theme which underpins our strategy however, we will seek to make this more explicit within our document.   |
| 67 | 1.6 | To include something about other Mental Health issues such as depression. Its important to include emotional health as this is necessary for overall health and wellbeing.   | Yes  |   |
| 68 | 1.6 | More walks in local villages. At the moment we have to get in a car to join in walks in Market Rasen etc.  | None | We have an extensive program of walks although we appreciate these may not suit everybody.  |
| 69 | 1.6 | Recognise that 76% of West Lindsey Residents are outside Gainsborough  | None | We hope that we have addressed this in the strategy through the area priority plans.<br>Thank you and comments noted. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment. We maintain a dialogue with Lincolnshire County Council. |
| 70 | 1.6 | Public Footpaths   | None |   |
| 71 | 1.6 | Spread the word as wide as possible - talks at schools - WI - U3A etc. articles in newspapers.   | None | Thank you, comments will be taken on board for future events.   |
| 72 | 1.6 | Perhaps more publicity (we do not get free newspapers in Blyton)   | None | Thank you, comments will be taken on board for future events.   |
| 73 | 1.6 | More drop in clinics in all Lincs towns. No pressure for breast feeding - individual choice. Support for isolation - all   | None | This is unfortunately not relevant to this strategy but access to health care is currently being discussed with   |



## APPENDIX C: Consultation Feedback Summary Report Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |   |      |   |
|----|-----|---|------|---|
|    |     | age groups. Better access to GPs - weekend surgeries.   |      | clinical commissioning groups.  |
| 74 | 1.6 | Identifying how delivery will be funded and how health partners will contribute to outcomes   | None | As part of the Governance process to deliver the strategy individual project plans will be developed which will include a financial appraisal. This is unfortunately not relevant to this strategy but access to health care is currently being discussed with clinical commissioning groups.                       |
| 75 | 1.6 | Improved access to local doctors  | None |   |
| 76 | 1.6 | Co-ordinating delivery will be a challenge. Is there a small number of lead organisations? Schools are obvious but who deals with 18-24 yr olds?  | None | We are engaged with partners to ensure that this age group are included.  |
| 77 | 1.6 | I like the Health Walks and feel we should do more to encourage participation   | None | Thank you   |
| 78 | 1.6 | Making school groups available during the summer/half term to allow children to play/organised events, which could promote health for young children.   | None | We are working with Lincolnshire Sports Partnership in relation to this.  |
| 79 | 1.6 | Using the facilities in the local leisure centre more<br>Are the current levels of longevity related mental-health conditions (e.g. dementia), what are the forecast levels for those conditions given longevity will increase, what action is being taken now and will need to be taken in the future to reduce the incidence of age-related mental-health conditions and how is it proposed to meet and provide the increasing care and treatment requirements in the future when there will be more of the population in our areas suffering from age-related mental-health conditions? Therefore it isn't clear to what extent those problems have been recognised and to what extent they are planned for. My own area is Market Rasen, in the Outcomes the lines are 'Improve awareness and mental health wellbeing' and 'Develop facilities and support for those affected by dementia'. Tackling obesity dominates the 'What we need to do now' section, nothing seems to be included in it specifically regarding age-related mental-health conditions such as dementia. |      |   |
| 80 | 1.7 |   | None | Thank you and your comments are noted. The evidence base is drawn from the Joint Strategic Needs assessment. As part of the Governance process to deliver the strategy individual project plans will be developed. There is no health without mental health. Mental Health is a theme which underpins our strategy. |

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|    |     |   |      |  |
|----|-----|---|------|--|
| 81 | 1.7 | Page 43 '7.5% of mothers start to breastfeed - dropping to 8.94% at 8 weeks.' Does not make sense<br>Very helpful background data and the proposals for implementation look thorough. How often will there be a review and report on progress.  | Yes  | This was an error which has been changed.  |
| 82 | 1.7 |   | None | Thank you. A review will be undertaken in 2015.  |
| 83 | 1.7 | Due to holiday commitments, I can't attend a session<br>1. With reduced public funds, co-operation within public service organisations will be very important. Is there sufficient communication and sharing at present between WLDC, LCC (all directorates) and other public services?<br>2. For best long term benefits, target the young (especially schoolchildren), but be aware this might not deliver beneficial outcomes early<br>3. Welton and Dunholme are in different Areas - why? Surely they<br>4. For greatest success, you will have to challenge powerful vested interests and the inflexibility of choice often associated with poverty share a lot of resources.   | None | Comment noted.   |
| 84 | 1.7 | I think it is important to catch people at birth and to get across the message of eating and exercising properly.   | None | <ol style="list-style-type: none"> <li>1. We are working with partners, which include LCC to deliver the aims of the strategy.</li> <li>2. We agree, thank you.</li> <li>3. As part of the strategy we hope that communities will support each other to become self sufficient in respect to health.</li> <li>4. Comment noted.</li> </ol> |
| 85 | 1.7 |   | None | Comment noted.   |
| 86 | 1.7 | i assume a costed action plan for the district is to follow in due course<br>well presented but really almost all of the divisions are a copy of each other, conclusion being it is really a National issue that is affecting the whole country. Child obesity is not new its been around now for almost two generations and probably 90% could be cured by eating less and eating more of the right foods which are not an income issue, most good healthy foods can be purchased at a lower cost than junk food, its just the lazy who cannot be bothered or are untrained in basic cookery that are failing the next generation. Fuel poverty most people don't use their heating appropriately, they have their homes too hot and do not consider the cost until the bill drops through the door. | None | As part of the Governance process to deliver the strategy individual project plans with be developed which will include a financial appraisal.   |
| 87 | 1.7 |   | None | Comments noted.  |

## APPENDIX C: Consultation Feedback Summary Report Health and Well-being Strategy for West Lindsey 2012 – 2015

|    |     |  |      |  |
|----|-----|--|------|--|
|    |     | <p>Electricity companies make far lower profits than say Tesco per person, and their costs are not as easily controlled as Tesco as they are driven by World fuel prices. They make less than 5% profit per annum as part of their overall budgets and that has to cover reinvestment costs, do people really expect these companies to run at no profit. Electricity bashing is like a national sport now, why not smoke one packet of cigarettes a week less that would pay for extra heating. Fuel poverty nonsense really, 50 years ago virtually no-one had central heating and they were just as healthy as the winging masses who are constantly moaning about being cold and not able to afford to keep the heating on. Try telling people the truth sometime and not wrapping them up in this "Nanny State" where the Government is responsible for their fat children and being cold, absolute nonsense.</p> <p>Improved health care for residents of Cherry Willingham, which frankly are appalling. Majority of the services are offered at Nettleham but there is not a direct public transport system to Nettleham and taxi costs are prohibitive. Cherry has an ageing population and sub standard health service</p> |      |  |
| 88 | 1.7 | <p>As a cycle coach I understand the needs to get folks active and fit, and to assist with getting folks into competitive sport and the benefits than can bring at any level and age group. West Lindsey is sadly many miles behind North Lincolnshire where I spend my coaching time in this respect. There is no where in West Lindsey where I can use my skills.</p>  | None | This is unfortunately not relevant to this strategy but access to health care is currently being discussed with clinical commissioning groups. |
| 89 | 1.7 |  | None | Comment noted.   |
| 90 | 1.7 | <p>Only sorry i could not attend one of your drop in centres. Please could you reply to my survey??</p>  | None | Individual comments to be found within this document.  |
| 91 | 1.7 | <p>Make the Gainsborough old courthouse a drop in medical centre.</p>  | None | Comment noted.   |
| 92 | 1.7 | <p>Educating people to make them more self aware of their health and encouraging them to actively take steps to improve their health and life style</p>  | None | Thank you and this is core to this Health and Well-being strategy.   |

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|    |     |   |      |   |
|----|-----|---|------|---|
| 93 | 1.7 | <p>Poor lifestyle choices often result in life limiting medical conditions. What is the opposite of anti social behaviour? A social community which looks after itself with support from outside rather than sitting there expecting support by right.</p> <p>Would that make it "inter social behaviour"?</p> <p>I see very little reference to the very poor library facilities available outside Gainsborough, Caistor and Market Rasen. Libraries are an important part of wellbeing, both for young people and for older people, but library services outside towns continue to get worse. Nettleham Library, for example, is open for just 16 hours a week - what a waste of a resource. Very little reference, either, to public transport outside Gainsborough. Services to the villages continue to deteriorate, to the great disadvantage of younger and older people without access to a car - these services are also essential to wellbeing.</p> | None | <p>Comment noted.</p>   |
| 94 | 1.7 | <p>I feel that there may be a tendency to treat the symptoms rather than the disease. Example 1; Fuel Poverty in part can be alleviated by Central Government by not paying a winter fuel allowance to the likes of me without providing me with a suitable mechanism by which it may be given to someone who really needs it. It seems ridiculous that a local authority will then be required to spend further funds on another layer of administration to alleviate that which could in part be stopped at source.</p>   | None | <p>Thank you and comments noted. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment.</p> |
| 95 | 1.7 | <p>Sadly I cannot see the general public adhering to any Health and Wellbeing Strategy even when its for the good of their own health and wellbeing. Good luck!!!</p>   | None | <p>We have noted the comment however this is a national policy area rather than local policy area.</p>  |
| 96 | 1.7 | <p>Some typographical errors need correcting in the final version. E.g. in Appendix 7. 7.5% of mothers start to breast feed but this falls to 8.94% by 8 weeks of age. 6.80% of babies are of low birth weight i.e. less than 2500kg.</p>   | None | <p>Comment noted.</p>   |
| 97 | 1.7 |   | Yes  | <p>This was an error which has been changed.</p>  |

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### Health and Well-being Strategy for West Lindsey 2012 – 2015

|     |     |   |      |   |
|-----|-----|---|------|---|
| 98  | 1.7 | <p>All the problems identified in the plan are and will continue to be difficult to solve. As well as the funding constraints with more people falling into the vulnerable groups identified, I feel it is education from an early age re. healthy eating practices that must be increased, with much more food and nutrition taught in schools to include hands on practice of basic cookery and budgeting. Facilities for dementia suffers again link to the need for good training of the carers and a better wage being offered.</p> <p>Would like to have seen the strategy written in simple English without the use of corporate jargon. We might have a better chance of understanding it properly if that could have been achieved! Does the word Worklessness mean unemployment? Did Consultation Invite mean an invitation?! Availability of local facilities - gym etc. People can not easily travel to Gainsborough etc. Sports Centre needs to be open longer to public - and proactive in the community. Need to get out of the buildings. Mental Health support in the local area is a need for all ages.</p> | None | <p>Comment noted.</p>   |
| 99  | 1.7 | <p>Would like to have seen the strategy written in simple English without the use of corporate jargon. We might have a better chance of understanding it properly if that could have been achieved! Does the word Worklessness mean unemployment? Did Consultation Invite mean an invitation?! Availability of local facilities - gym etc. People can not easily travel to Gainsborough etc. Sports Centre needs to be open longer to public - and proactive in the community. Need to get out of the buildings. Mental Health support in the local area is a need for all ages.</p>  | Yes  | <p>We will proof read the document to remove jargon and a glossary will be added.</p>   |
| 100 | 1.7 | <p>Availability of local facilities - gym etc. People can not easily travel to Gainsborough etc. Sports Centre needs to be open longer to public - and proactive in the community. Need to get out of the buildings. Mental Health support in the local area is a need for all ages.</p>  | None | <p>Comment noted.</p>   |
| 101 | 1.7 | <p>Well presented and easy to understand</p>  | None | <p>Thank you</p>  |
| 102 | 1.7 | <p>More consideration given to housing in some villages. Many retired people may want to move smaller houses, but to stay in their own village.</p>   | None | <p>Thank you and comments noted. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment.</p>   |
| 103 | 1.7 | <p>Clarify death rate in Bardney - Cancer or heart obesity levels calculated on schools but no account taken of catchment areas. Fuel Poverty in Bardney and Fiskerton - need work in Bardney - loss of sugar factory. Need to develop footpaths and cycleway for health both of minds and body.</p>  | None | <p>Thank you and comments noted. The evidence base is drawn from the Joint Strategic Needs assessment. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment.</p> |
| 104 | 1.7 | <p>A good idea that has to stimulate all types of people - I sincerely hope this project succeeds, with the obese shadow hovering over the NHS and all of us.</p>   | None | <p>Thank you</p>  |

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### Health and Well-being Strategy for West Lindsey 2012 – 2015

|     |     |  |      |  |
|-----|-----|--|------|--|
| 105 | 1.7 | Making people aware by word of mouth, advertising to spread the word about the good services available hopefully the funding will always be there in these straitened times. I like the document, but how can we break this down and get it out there in a much easier format and bring it to people's attention, GP surgeries, schools - healthy schools, youth clubs, how do we engage with young people about their life style choices? Social media, case studies for young people on the website. | None | Comment noted. This is an overarching strategy and individual communication plans will be developed for each project.  |
| 106 | 1.7 | the council should subsidise the Gainsborough leisure centre gym membership as many don't go due to price.   | None | Comment noted. This is an overarching strategy and individual communication plans will be developed for each project.  |
| 107 | 1.7 |  | None | Comment noted.   |
| 108 | 1.7 | More cycle lane routing plans for the West Lindsey district - those in use now and future routes   | None | Thank you and comments noted. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment. |
| 109 | 1.7 | On behalf of numerous individuals - to clarify position of weekend use of MR/CT scanners in Lincs hospitals. No money/staff not a good enough reason. Patients in hospital at weekends waiting for Monday - waste of beds etc.   | None | This is unfortunately not relevant to this strategy but access to health care is currently being discussed with clinical commissioning groups.   |
| 110 | 1.7 | Although I think the strategy for my area (fiskerton)is great but I find it difficult to understand how in the present economic climate how these plans can be achieved. I would love to see footpaths for walking safely, where I live we have no footpaths a very infrequent bus service so unless you have a car it is difficult to get around .Walking is very good exercise and is cheap  | None | Thank you and comments noted. This strategy will link with the emerging core strategy which seeks to deliver infrastructure improvements that will improve health and protect our environment. |
| 111 | 1.7 | Make sure the outcomes are measureable! e.g. Witham increased access to healthy lifestyle activities. Tricky to measure other than by attendance.  | None | Governance arrangements are in place which recognise this and national guidance is available.  |
| 112 | 1.7 | A Health trail in our park would help all age groups   | None | Comment noted.   |
| 113 | 1.7 | Were availability of amenities of aspects of infrastructure - public transport taken into account before increase in housing stock was approved. Why are people of medical dependency/high depend moved to outlying villages. Access to paths and tracks need to be better indicated.  | None | Thank you for raising these points. This strategy will link with the emerging core strategy which seeks to address the issues you have raised.   |

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114

1.7

why are people with specific needs moved out to places such as south/north kelsey where there is no public transport and little employment opportunity. Additional housing has been built in these areas with apparently little thought to amenities and infrastructure. If people are to be encouraged to exercise/walking then paths need to be well identified and accessible, the same for cycle routes, as a high number are overgrown and overhung by vegetation.

# Draft Health and Well-being Strategy 2012 - 2015





# Health and Well-being Strategy for West Lindsey District Council 2012-2015



## **Our vision**

To improve the health and well-being of people in West Lindsey working with statutory/voluntary agencies, families, individuals and communities to ensure that people look after themselves and each other so that they are safe and healthy and that there is improved health in the district, increased life expectancy and reduced health inequalities.

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## **Foreword**

We believe that everyone has an equal right to enjoy good health and well-being and it is our vision to provide the support and opportunities to enable this to happen. However, many of our residents do not have this opportunity and there are continuing health inequalities across the district.

Residents in the most deprived parts of West Lindsey are not only more likely to die prematurely, but they will also spend a greater proportion of their shorter lives suffering from ill health. We understand that to reduce these health inequalities we need to focus not only on health but upon the wider determinants which affect health and well-being in order to make a difference.

We are committed to working in partnership with Lincolnshire County Council (LCC), Public Health Directorate, NHS trusts and other public, private and voluntary sector organisations. Importantly within these evolving partnerships we will also pro actively engage with parish councils, local communities and individuals to enable us to act more effectively to improve the health and well-being outcomes of our residents.

Tony Hill  
Joint Director of Public Health

Manjeet Gill  
Chief Executive West Lindsey District Council

Councillor Burt Keimach  
Leader West Lindsey District Council

## Introduction

The Health and Well-being Strategy (HWBS) for West Lindsey District Council (WLDC) 2012 – 2015 will introduce the evidence based priorities for improving the health and well-being of all people living in West Lindsey. Health inequalities continue to exist and narrowing this gap between groups within our communities and neighbourhoods is therefore a top priority. It is hoped that new evolving partnerships will facilitate and support a significant future shift towards measurable local health and well-being improvements.

The WLDC Corporate Plan supports an innovative ‘whole council’ approach to tackling this challenge and this Strategy is set within the context of the current health reforms and the localism agenda. It outlines the five themes of the corporate plan (2011) and how they interlink with:

- The wider determinants of health and well-being (specifically worklessness, poor housing and low educational attainment).
- NHS Stakeholders including Lincolnshire Community Health Services (LCHS), Lincolnshire Partnership NHS Foundation Trust (LPFT)
- The Joint Strategic needs Assessment (JSNA)
- The LCC Draft Health and Well-being Strategy (JHWS)
- The Public Health Outcomes Framework (PHOF)
- The Marmot Review indicators (MR)
- Clinical Commissioning Group West and Clinical Commissioning East (CCG)
- Life Course approach

For further information see Appendix 1

Already, significant commitment has been made to the development of localism by WLDC. The Localism Act sets out a series of measures with the potential to achieve a substantial and lasting shift in power away from central government and towards local people. It contains a number of proposals to give local authorities new freedom and flexibility particularly around housing, public transport, environmental issues and increasing community and individual rights. All of this is relevant to improving health and well-being. WLDC’s commitment to the localism agenda through its entrepreneurial/ area working is clear as demonstrated with the robust re structure which has been positively acknowledged recently by a visit to the area of Mrs Carolyn Downs, Chief Executive of the Local Government Association.

Chief Executive of WLDC, Manjeet Gill said:

” It was an honour that one of the most influential figures in local government wanted to see firsthand how we avoided redundancies and service cuts with our Entrepreneurial council model.”

Tony McGinty, Joint Assistant Director of Public Health added:

”We know we are doing some innovative work with West Lindsey District Council across a range of issues that are important to local people and therefore our two organisations. It was a really positive experience to be able to test out our thinking with Carolyn and have the innovation recognised and encouraged.”

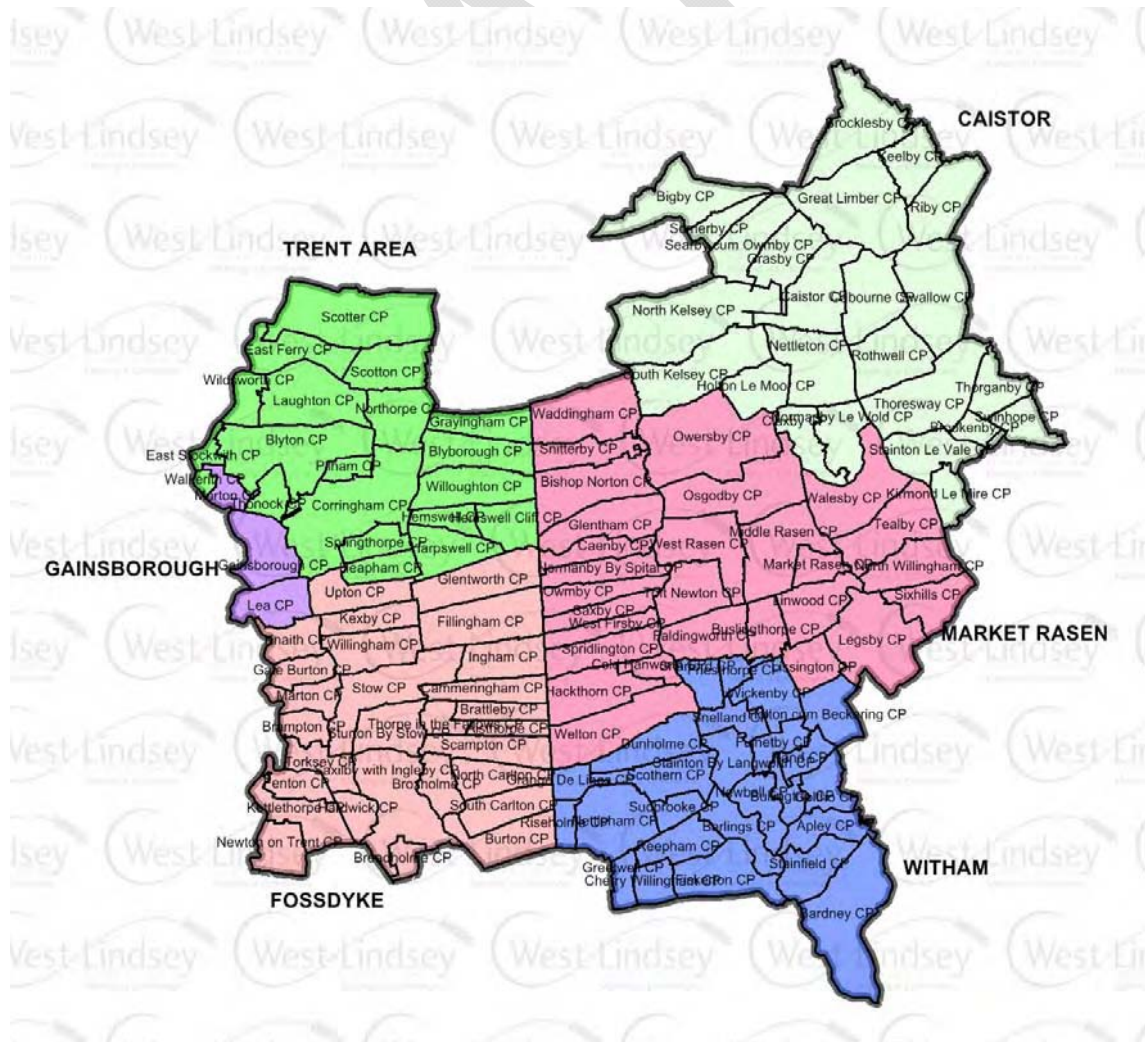
The HWBS should enable WLDC to build on this existing confidence and capacity to address local health inequalities:

“Local government has a fundamental role to play in the promotion of health and the prevention of disease. In Britain, public health originated in local government. The actions of local government can ameliorate the impact of the wider determinants of health, promote good health and prevent disease. Whether it is housing, education, environment, planning or regulation, the local authority has a contribution to make.” (I&DeA; The social determinants of health; 2010)

This strategy supports the strategic leadership and members in consideration of this public health role. It takes a public health perspective to inform key partners in order to effectively use available resources; thus local health economies will be supported to consider how best to achieve sustainable health and well-being outcomes for the residents of West Lindsey.

The emphasis in all the above is on ensuring that resources are targeted proportionately according to need and this clearly links with the wider localism agenda and WLDC Corporate plan objectives. Lincolnshire West and East Clinical Commissioning Groups are within the WLDC boundary.

### The Six Neighbourhood Areas



## Section One

### Demographic/Deprivation

WLDC covers an area of 447 square miles (1,158 square kilometres). It is the 17<sup>th</sup> most sparsely populated area in England and the most sparsely populated district within Lincolnshire and the East Midlands Region. Currently, Lincolnshire's population is estimated to be 703,000 projected to rise to 911,300 by 2035 (LRO mid-2010). A significant proportion of people will be elderly and will require care and support to cope with long term medical conditions.

Patterns of deprivation show the extent of diversity and disparity between wards within the district. 12% of Lincolnshire's population now live within the 20% most deprived areas of England compared with 11% in 2007 (Indices of Multiple Deprivation 2010). The level of deprivation in WL for 2011 is 8.85% (Lincs 10.70%). The measure combines data on income, employment, health, education, crime, housing and access to services, and living environment.

### Context and Evidence

The Government document 'Healthy Lives, Healthy People' A Strategy for Public Health in England (2010) is clear that it is not possible to promote healthier lifestyles by policy change alone. It suggests an approach that empowers local people to make healthy lifestyle choices.

To support this new vision the Health and Social Care Act (2012) proposed the establishment of Health and Well-being Boards and Lincolnshire is an 'early implementer' for this proposal. Recent statutory draft guidance issued by Department of Health (DH 2011) also sets out the requirements on various organisations to take account of the evidence within the JSNA and JHWS in organising delivery of their local services.

The Lincolnshire Shadow Health and Well-being Board (SHWB) completed a review of the Joint Strategic Needs Assessment (JSNA 2011) and the identified priorities are shaping the development of the Draft Lincolnshire Joint Health and Well-being Strategy (JHWS). The JSNA is an evidence tool developed in partnership with a number of stakeholders and organisations since 2007. A new approach was taken by the director of Public Health in 2011 and the JSNA is now viewed as a 'living document' with the validity of data qualified by a number of measures and reviewed yearly.

'Lincolnshire has taken new strides forward in understanding its population through a new and exciting approach to joint strategic needs assessment; emerging new partnership arrangements to drive joint commissioning and the need to develop a joint health & well-being strategy' (McGinty 2011).

The resulting area profiles can be seen in Appendix 3

### Consultation

WLDC has considered a wide range of information and data from a number of sources to inform the H & WB Strategy for West Lindsey including the Area profiles, JSNA, JHWS, CCG goals Corporate Plan, Sustainable Community Strategy.

During the initial stages of development there has been a significant amount of consultation undertaken:

- A project scoping event took place in November 2011 and the area profiles were completed and give an evidence base to this Strategy.
- A stakeholder workshop event (Health Action Group) took place with participants from a wide service base. Gainsborough Health Focus Group workshop took place on 18 January 2012
- Health policy development panel members
- LCHS and LPFT members
- Prosperous communities chair's brief
- Core management team

The resulting information was then mapped to the Corporate plan themes and priorities.

More details in Appendix 1 & 4

## **Definition of Health and Well-being**

The World Health Organisation (WHO) defines health as:

“A state of social, physical and mental well-being and not merely the absence of disease.”

Government policy as seen above is now focusing on health in this wider, more holistic way, making it clear that improving health is everyone's responsibility. The emphasis is on the prevention of illness rather than just the treatment of disease and for people to take more responsibility for their own health and well-being.

The concept of health is inextricably linked to the way people live their lives (behaviour) and the opportunities available for them to make healthy lifestyle choices.

The importance of 'no health without mental health' a cross-government mental health outcomes strategy for people of all ages (DH 2011) is implicit within the strategy. The interconnections between mental health and the wider determinants of health should be considered as implicit when reading the area priority plans

The impact of available lifestyle services in WLDC should not be under estimated and include among others:

- Healthy walks programme
- Exercise on referral
- Health trainer service
- Phoenix smoking cessation
- Phoenix weight management
- Fit kids
- First Contact
- Seed 2 Plate - community gardens and cooking skill courses

The above are offered in partnership and all the programmes are externally evaluated. The available evidence indicates they are increasingly successful and effective in improving health and well-being. There is also a developing evidence base supporting the effectiveness of lifestyle behaviour change approaches such as Making Every Contact Count (MECC). This approach seeks to radically extend the delivery of health and well-being advice to the public by training

non specialist staff from a wide range of service organisations in the basic skills of health promotion and prevention.

Further information is available at Appendix 6 and Appendix 7 –'The Health and Well-being of West Lindsey at a Glance 2011'

## **Purpose**

The West Lindsey Health and Well-being Strategy 2008 – 2011 has been a vital tool in shaping the approach of the council and our health partners in addressing health inequalities of our communities. However in light of the current health reforms being implemented nationally it is necessary to reshape the strategy.

Its purpose is therefore to:

- Provide a shared framework for supporting the people of West Lindsey to improve their health and well-being.
- Ensure all service areas consider their impact upon improving health and well-being outcomes.
- Effectively address the social determinants of health and strengthen existing partnerships to reduce health inequalities
- Translate the ambitions and priorities for the health and well-being of our communities articulated in our corporate plan into actions that will address public health and health inequalities locally.
- Identify how we will tackle issues such as obesity, alcohol, dementia, unhealthy lifestyles and an ageing population, actions to support communities to help themselves as well as actions to address the wider determinants of health such as worklessness, poor housing and low educational attainment.

Key cross cutting acts and documents aligned to the Health and Well-being Strategy for West Lindsey 2012-2015 are:

- Localism Act
- Health and Social Care Act 2012
- Housing Strategy/West Lindsey Homelessness Action plan 2008-2012 (updated)
- Economic Development Strategy/West Lindsey Economic profile
- Green Strategy
- Enforcement/Antisocial Behaviour/Environment and Street Scene Strategies
- Sustainable communities Strategy 2006-2016
- Corporate Equality Scheme
- Health and Safety
- Child poverty Strategy

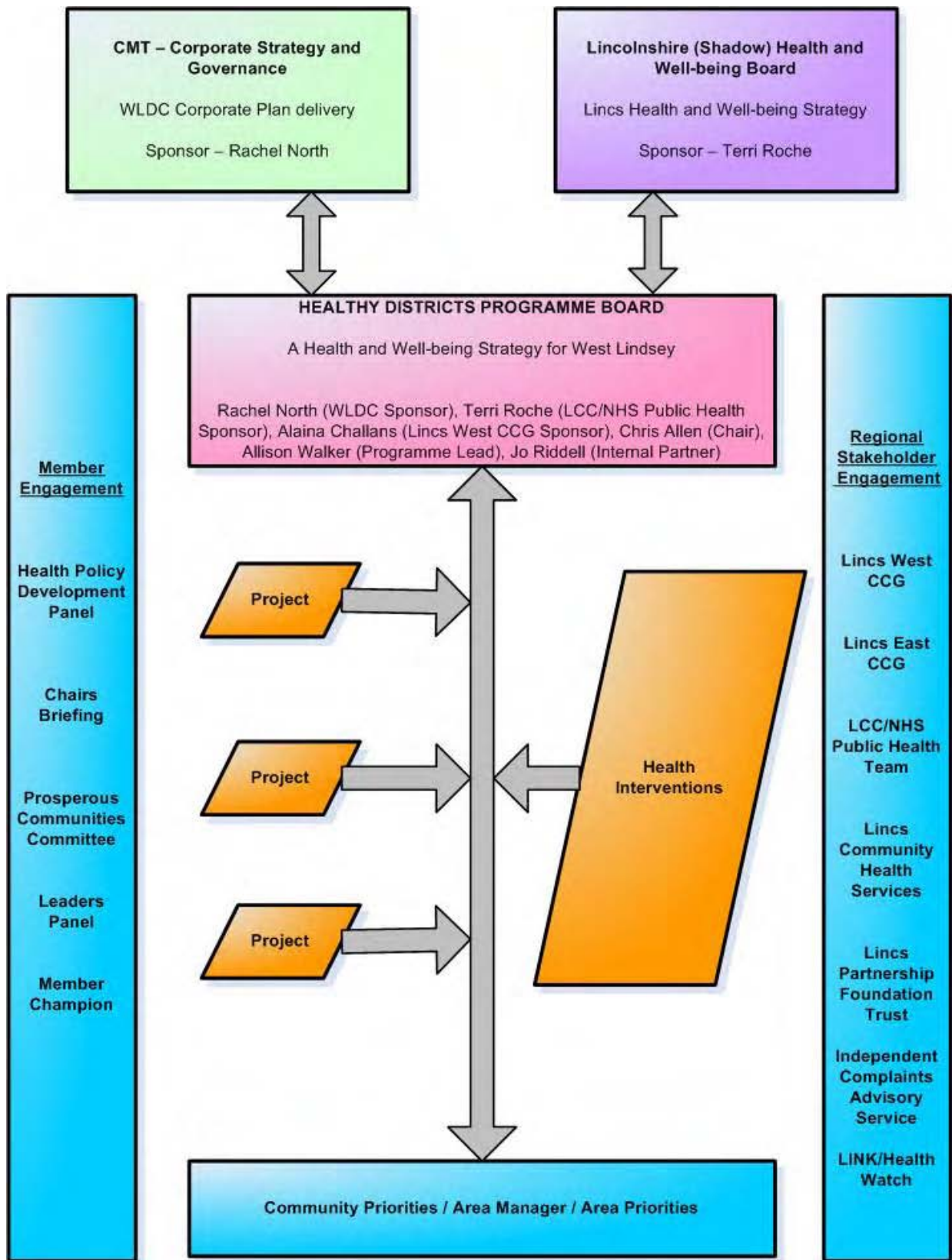
The evidence available through the previous pages has enabled the design of Area Health and Well-being Priority Plans (AHWPP) which will focus on the health and well-being priorities as listed in theme 4.1 – 4.35 of the corporate plan each area. They should be considered in conjunction with all other areas of work as a key element to success is to demonstrate where partnership working will result in improved lifestyle choices related to health and well-being.



It is hoped that this new way of presenting the AHWPP's will enable all theme leads to develop similar plans which acknowledge their links to public health and health and well-being outcomes. The AHWPP's should be seen as interchangeable between other West Lindsey Strategies to consistently highlight the public health work and related health and well-being priorities within all areas. Section two and the AHWPP's are also intended to be 'stand alone' summaries of the health and well-being priorities for each area.

By adopting this strategy the council is acknowledging its support to the area profiles JSNA, JHWS, public health framework outcomes, Marmot principles and CCG goals. The following chart shows the infrastructure in place to support WLDC to achieve improved health and well-being outcomes for its residents.

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## **Section Two**

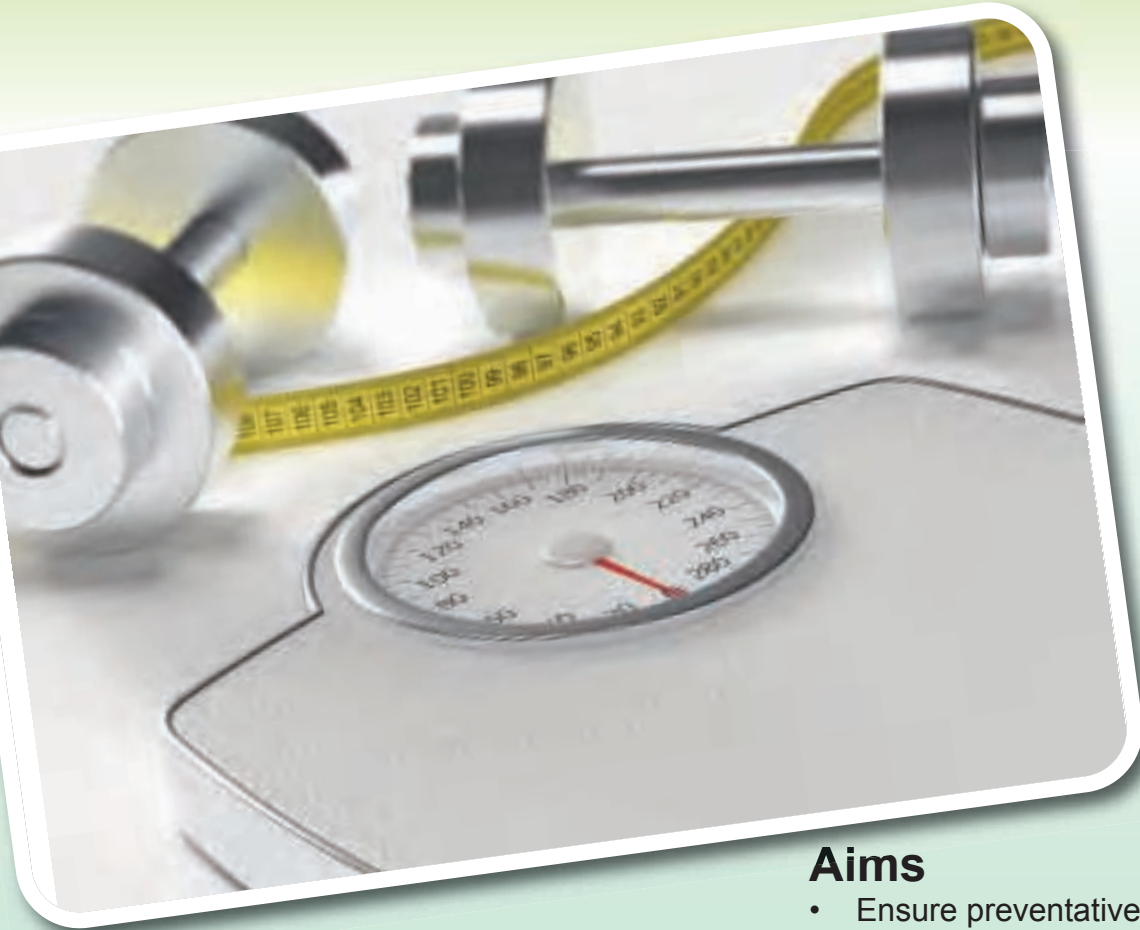
### **Area Health and Well-being Priority Plans**

#### **(AHWPP)**

The Health and Well-being Priority Plans are also intended to be 'stand alone' summaries of the health and well-being outcomes for each neighbourhood area. They represent the high level outcomes. The detailed delivery plans and measures for performance will be within the individual project plans in line with the WL corporate plan priorities.

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# Caistor Area Health and Well-being Priority Plan



## Facts

- Higher under 75 death rate in Caistor
- Higher child poverty figures in Wold View
- Higher cancer deaths in Wold View and Yarborough Wards
- High fuel poverty in Kelsey and Wold View Wards
- Wold View has the highest level of deprivation in the area – particularly for education and skills, housing, services and the living environment
- GP accessibility is low in all wards except for Caistor

## Aims

- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure preventative advice and support is available to limit affects of long term conditions
- Ensure advice and support is available to reduce child poverty
- Raise awareness of the Early Presentation of Cancer programme
- Address issues related to fuel poverty
- Work with CCG's regarding GP access and appropriate use of services
- Develop facilities and support for those affected by dementia
- Improve awareness of mental health and well-being
- Link to the LCC Mental Health Promotion Plan
- Ensure all children have access to good quality education throughout their life course
- Implementation of Making Every Contact Count



# Caistor Area Health and Well-being Priority Plan



## What we need to do now

- Adapt the environment to make healthier choices easier
- Support activities to strengthen self esteem
- Encourage uptake of healthy lifestyle activities
- Support and encourage access to Early Presentation of Cancer programme
- Develop seed 2 plate project (growing, cooking)
- Support and encourage access and referral to Phoenix weight management, Weight watchers referral scheme, Phoenix smoking cessation, health trainer referral, exercise on referral, healthy walks scheme, Fit Kids
- Work together with all agencies to action the Child Poverty Strategy

## How we will know we made a difference

- The number of young people in employment will rise
- The premature death rate will decrease
- We will be able to monitor the number of children living in poverty
- Increased referral rate from GP's to lifestyle services
- Increased referral rates to lifestyle services.
- Increased access to Early Presentation of Cancer
- Reduced mortality rates from cancer
- Reduced demand for secondary care services

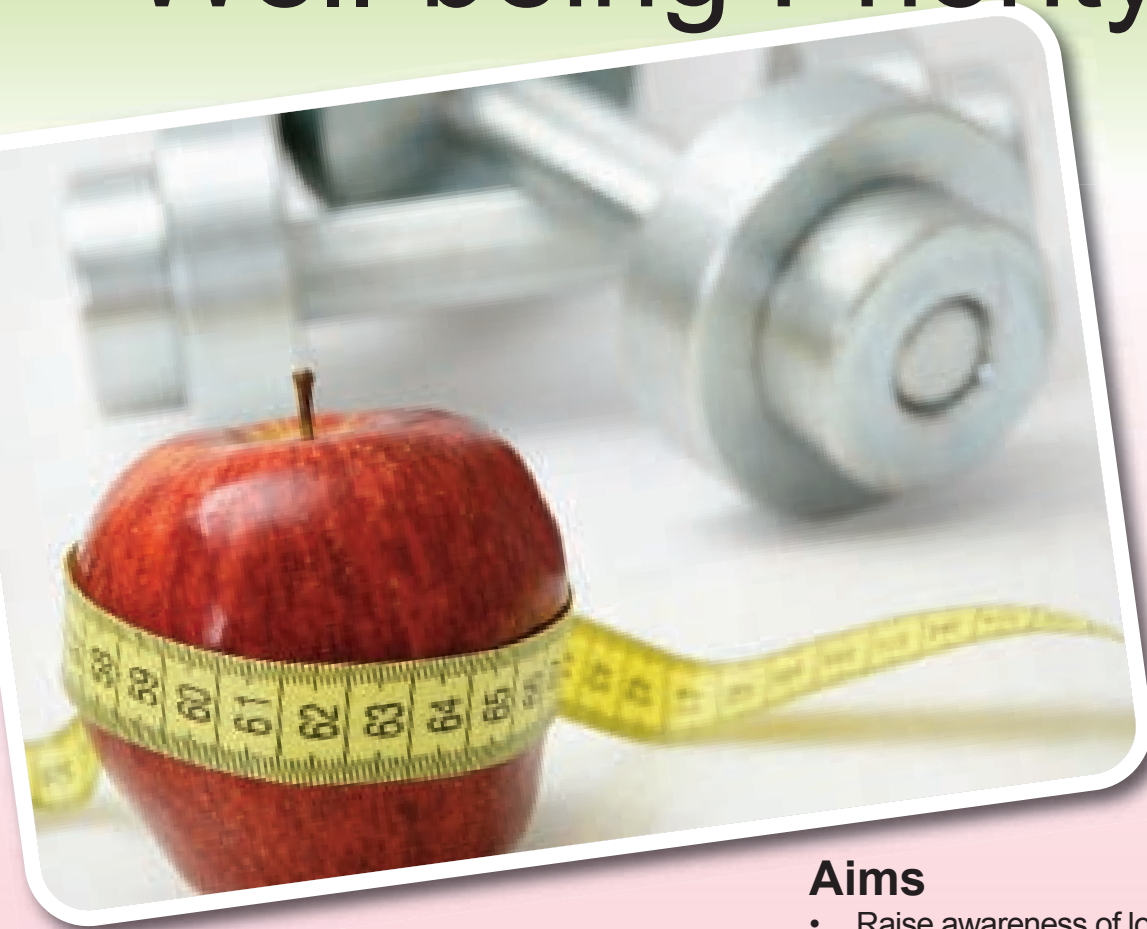


To keep up to date with information follow Caistor, Kelsey, Wolds and Yarborough Area Residents at [www.facebook.com/CaistorAreaResidents](http://www.facebook.com/CaistorAreaResidents)





# Fosdyke Area Health and Well-being Priority Plan



## Facts

- Higher population of retirement age
- Higher child obesity in Saxilby
- Higher than average level of incapacity benefit claimants
- Higher than average cancer deaths
- High fuel poverty
- Higher levels of Chronic heart disease deaths in Saxilby Ward
- High fuel poverty in Torksey and Stow Wards
- Torksey has the highest level of deprivation in the area – particularly for housing and services. Stow is also deprived in the housing and services category.

## Aims

- Raise awareness of local healthy lifestyle activities
- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure preventative advice and support is available to limit affects of long term conditions
- Ensure advice and support is available to reduce child poverty
- Raise awareness of the Early Presentation of Cancer programme
- Address issues related to fuel poverty
- Work with CCG's regarding GP access and appropriate use of services
- Develop facilities and support for those affected by dementia
- Improve awareness of mental health and well-being
- Implementation of Making Every Contact Count
- Encourage access to available breast feeding support

# Fosseydyke Area Health and Well-being Priority Plan



## What we need to do now

- Adapt the environment to make healthier choices easier
- Support and encourage access to Early Presentation of Cancer
- Encourage uptake of healthy lifestyle activities
- Encourage access to available breast feeding support
- Encourage access to Fit kids programme
- Support and encourage access and referral to Phoenix weight management, Weightwatchers referral scheme, Phoenix smoking cessation, health trainer referral, exercise on referral, healthy walks scheme, First Contact
- Develop Community support networks for older people

## How we will know we made a difference

- The premature death rate will decrease
- Chronic heart disease levels will decrease
- Uptake of healthy lifestyle programmes will increase
- Referral rates from GP's to healthy lifestyles services will increase
- Reduced demand for secondary care services

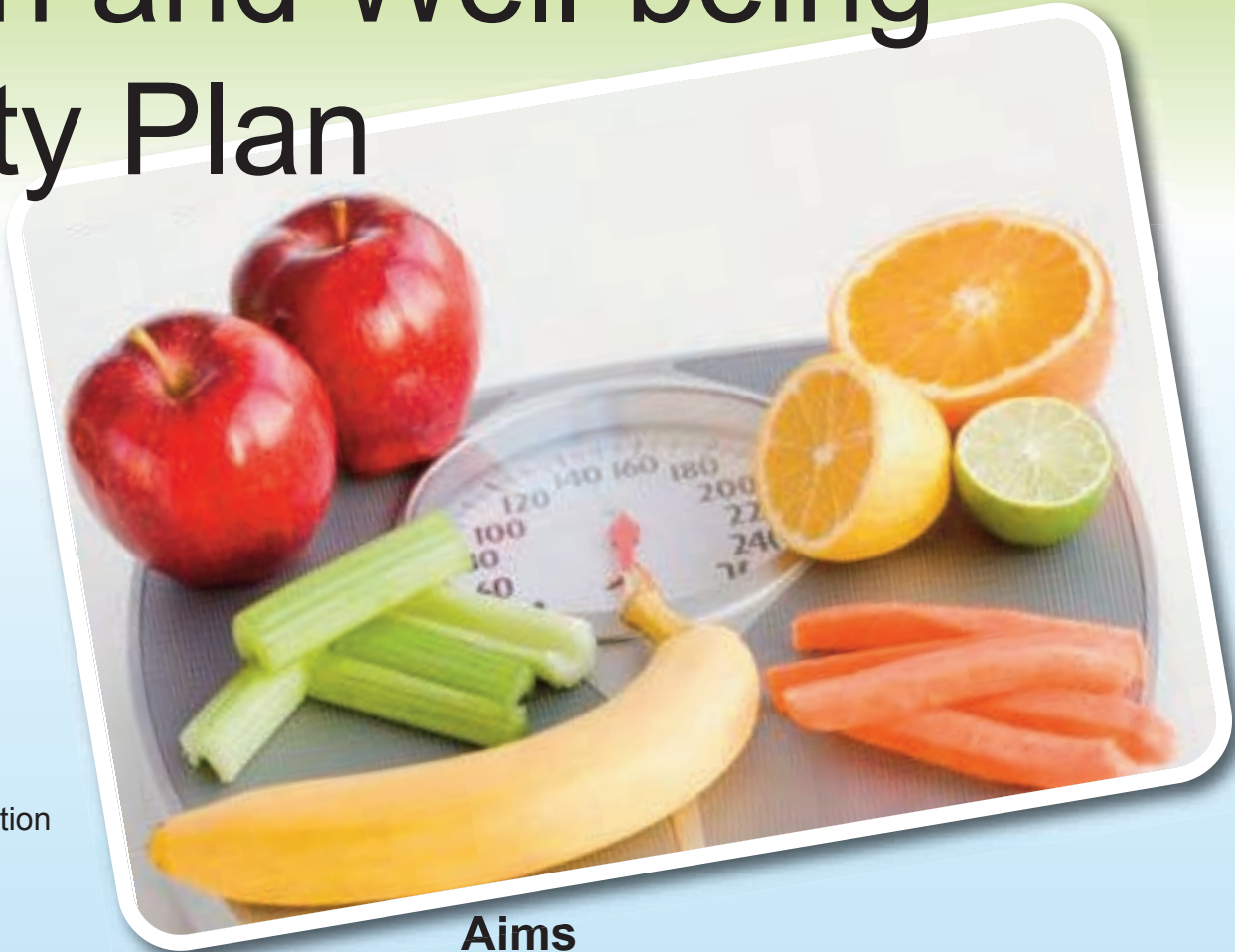


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# Gainsborough Area Health and Well-being Priority Plan



## Facts

- Youngest population make up
- Highest level of unemployment
- Low level of full time education
- High levels of young people not in education, employment or training (South West ward)
- High levels of DWP benefits and incapacity benefits
- Lowest life expectancy in East and South West wards
- High death rate under 75yrs
- Gainsborough has the highest level of adult obesity in the district
- High child obesity in all wards
- High child poverty in Gainsborough wards
- Deaths from cancer higher in all wards
- Deaths from chronic heart disease high in Gainsborough East and South West ward
- Fuel poverty high in Gains South West ward
- All of Gainsborough wards have high levels of deprivation (East and South West wards)
- 33.5% of the adult residents of Gainsborough North ward are smokers
- Adult binge drinking in North ward is 18.5%.
- Premature death from coronary heart disease is high

## Aims

- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure preventative advice and support is available to limit affects of long term conditions
- Ensure advice and support is available to reduce child poverty
- Raise awareness of the Early Presentation of Cancer programme
- Address issues related to fuel poverty
- Develop facilities and support for those affected by dementia
- Improve awareness of mental health and well-being
- Support implementation of 5 year alcohol plan for Lincolnshire
- Implementation of Making Every Contact Count
- Develop seed 2 plate project (growing, cooking)
- Encourage access to available breast feeding support, baby café.
- Adapt the environment to make healthier choices easier



# Gainsborough Area Health and Well-being Priority Plan



## What we need to do now

- Work with CCG's regarding GP access and appropriate use of services
- Support delivery of seed 2 plate project (growing, cooking)
- Increase awareness of healthy lifestyle activities
- Support and encourage access and referral to Phoenix weight management, Weight watchers referral scheme, Phoenix smoking cessation, health trainer referral, exercise on referral, healthy walks scheme,
- Encourage access to available breast feeding support
- Encourage access to Fit Kids programme
- Support activities to strengthen self esteem

## How we will know we made a difference

- The number of young people in employment will rise
- The premature death rate will decrease
- We will be able to monitor the number of children living in poverty
- Increased referral rate from GP's to lifestyle services
- Overall increased referral rates to lifestyle services
- Increased access to Early Presentation of Cancer programme
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity
- Reduced demand for secondary care services



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# Market Rasen Area Health and Well-being Priority Plan



## Facts

- Child obesity is higher than the West Lindsey average of 16.3%
- Child Obesity is high in Middle Rasen and Waddingham wards
- Higher cancer deaths in Welton
- Higher level of deaths from chronic heart disease in Welton ward
- High fuel poverty in all but Welton ward
- Market Rasen has the highest level of deprivation in the area – particularly for employment
- Waddingham has high levels of deprivation for housing and services

## Aims

- To reduce the % of children classed as obese
- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure advice and support is available to limit affects of long term conditions such as chronic heart disease
- Ensure advice and support is available to reduce child poverty
- Raise awareness of the Early Presentation of Cancer programme
- Address issues related to fuel poverty
- Work with CCG's regarding GP access and appropriate use of services
- Improve awareness of mental health and well-being
- Implementation of Making Every Contact Count
- Develop facilities and support for those affected by dementia



# Market Rasen Area Health and Well-being Priority Plan



## What we need to do now

- Support delivery of seed 2 plate project (growing, cooking)
- Increase awareness of healthy lifestyle activities
- Support and encourage access and referral to Phoenix weight management, Weight watchers referral scheme, Phoenix smoking cessation, health trainer referral, exercise on referral, healthy walks scheme
- Encourage access to available breast feeding support
- Encourage access to Fit kids programme
- Adapt the environment to make healthier choices easier

## How we will know we made a difference

- Reduced demand for secondary care services
- The number of people in employment will rise
- The premature death rate will decrease
- We will be able to monitor the number of children living in poverty
- Increased referral rate from GP's to lifestyle services
- Overall increased referral rates to lifestyle services
- Increased access to Early Presentation of Cancer
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity



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# Trent Area Health and Well-being Priority Plan



## Facts

- Premature death from coronary heart disease is high
- Death rate for under 75 years higher in Hemswell and Thonock wards
- High child obesity in year six in Thonock ward
- Deaths from cancer are higher than average in Scotter and Thonock wards deaths from chronic heart disease are higher in Hemswell ward
- Fuel poverty is higher in Hemswell ward
- Lower than average “good stage of development” for education in all wards
- Hemswell has the highest level of deprivation in the area, particularly for housing and services and living environment

## Aims

- Improve awareness of mental health and well-being
- Implementation of Making Every Contact Count
- Raise awareness of local healthy lifestyle activities
- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure preventative advice and support is available to limit affects of long term conditions
- Ensure advice and support is available to reduce child poverty
- Raise awareness of the Early Presentation of Cancer programme
- Address issues related to fuel poverty
- Work with CCG’s regarding GP access and appropriate use of services
- Encourage access to available breast feeding support
- Develop facilities and support for those affected by dementia

# Trent Area Health and Well-being Priority Plan



## What we need to do now

- Work with CCG's regarding GP access and appropriate use of services
- Increase awareness of healthy lifestyle activities
- Support and encourage access and referral to Phoenix weight management, Weight watchers referral scheme, Phoenix smoking cessation, health trainer referral, exercise on referral, healthy walks scheme.
- Encourage access to available breast feeding support
- Support activities to strengthen self esteem
- Adapt the environment to make healthier choices easier

## How we will know we made a difference

- The number of young people in employment will rise
- The premature death rate will decrease
- We will be able to monitor the number of children living in poverty
- Increased referral rate from GP's to lifestyle services
- Overall increased referral rates to lifestyle services
- Increased access to Early Presentation of Cancer programme
- Reduced levels of adult and child obesity
- Reduced demand for secondary care services



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# Witham Area Health and Well-being Priority Plan



## Facts

- Higher under 75 death rate in Bardney
- The highest level of child obesity is in Cherry Willingham
- Higher cancer deaths in Dunholme and Bardney
- Higher deaths due to chronic heart disease in Bardney
- High fuel poverty in Fiskerton and Bardney
- Bardney has the highest level of deprivation in the area

## Aims

- Raise awareness of early presentation of cancer
- Raise awareness of healthy lifestyle activities
- Improve awareness of mental health and well-being
- Develop facilities and support for those affected by dementia



# Witham Area Health and Well-being Priority Plan



## What we need to do now

- Support schools to achieve enhanced healthy schools status
- Support and encourage access to early presentation of cancer
- Support healthy lifestyle referral schemes
- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure preventative advice and support is available to limit affects of long term conditions
- Address issues related to fuel poverty
- Improve awareness of mental health and well-being
- Implementation of Making Every Contact Count
- Encourage access to available breast feeding support.
- Adapt the environment to make healthier choices easier

## How we will know we made a difference

- Reduced rate of early deaths under 75 years
- Reduced death rates from cancer
- Reduced rates of childhood obesity
- Reduced rates of smokers
- Increased access to healthy lifestyle activities
- Ensure all children have access to good quality education throughout their life course



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# Priority Neighbourhoods Health and Well-being Plan



## Facts

- Premature death from coronary heart disease and cancer is high in Hemswell and Wold View wards
- Premature mortality is higher
- Between 20 and 28% of adults in Hemswell and Wold View ward are smokers.
- Hemswell and Wold View ward has a high level of adult obesity
- Adult binge drinking is 16.1%
- Life expectancy is 72.9 for males and 77.7 for females
- Hemswell has a high proportion of 16-34 year olds with no qualifications
- Children under 16 account for 29.3% of Toft Newton parish population
- 22% of the families with dependent children in Toft Newton are headed by a lone parent
- Hemswell Cliff just over 28% of the population are children under 16
- Children under 16 account for just under 32% of the Brookenby population

## Aims

- Ensure preventative advice and support is available to reduce the premature death rate
- Ensure preventative advice and support is available to limit affects of long term conditions
- Ensure advice and support is available to reduce child poverty
- Raise awareness of the Early Presentation of Cancer programme
- Address issues related to fuel poverty
- Work with CCG's regarding GP access and appropriate use of services
- Develop facilities and support for those affected by dementia
- Improve awareness of mental health and well-being
- Link to the LCC Mental Health Promotion Plan
- Ensure all children have access to good quality education throughout their life course
- Implementation of Making Every Contact Count
- Introduce seed 2 plate project (growing & cooking)



# Priority Neighbourhoods Health and Well-being Plan



## What we need to do now

- Support the implementation of the multi agency alcohol plan
- The number of young people in employment will rise
- The premature death rate will decrease
- We will be able to monitor the number of children living in poverty
- Increased referral rate from GP's to lifestyle services
- Overall increased referral rates to lifestyle services
- Increased access to Early Presentation of Cancer programme
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity
- Reduced demand for secondary care services

## How we will know we made a difference

- Reduced demand for secondary care services
- The number of people in employment will rise
- The premature death rate will decrease
- We will be able to monitor the number of children living in poverty
- Increased referral rate from GP's to lifestyle services
- Overall increased referral rates to lifestyle services
- Increased access to Early Presentation of Cancer Programme
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity



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## Section Three

### Mapping of Health and Well-being Strategy for West Lindsey showing alignment to the corporate plan priorities 4.1-4.5 and wider health & well-being outcomes

| WL Corporate plan  | Reduced obesity in priority areas in Gainsborough | Improved facilities for those affected by dementia | Increased awareness and adoption of healthy lifestyles | Communities are self sufficient with regards to health | Improved health and well-being for children and young people |
|--|---|--|--|--|--|
| <b>Joint Strategic Needs Assessment</b><br>Theme 1 - promoting healthy lifestyles  | X   |  | X  | X  | X  |
| Theme 2 – improve the health & well-being of older people in Lincolnshire  |   | X  | X  | X  |  |
| Theme 3 – Deliver high quality systematic care for major causes of ill health and disability   | X   | X  | X  | X  |  |
| Theme 4 – Improving health & social outcomes & reducing inequalities for children  | X   |  | X  | X  | X  |
| Theme 5 – Reduce worklessness  |   |  | X  | X  |  |
| <b>Joint Health &amp; Well-being Strategy (Lincolnshire)</b><br>Priority 1 - promoting healthy lifestyles  | X   |  | X  | X  | X  |
| Priority 2 - improve the health & well-being of older people in Lincolnshire   |   | X  | X  | X  |  |
| Priority 3 - Deliver high quality systematic care for major causes of ill health and disability  | X   | X  | X  | X  | X  |
| Priority 4 - Improving health & social outcomes & reducing inequalities for children   | X   |  | X  | X  | X  |
| Priority 5 - Reduce worklessness   |   |  | X  | X  |  |
| <b>Public Health Outcomes Framework</b><br>Domain 1- Improving the wider determinants of health against factors that affect H & WB, health inequalities  | X   |  | X  | X  | X  |
| Domain 2 – Health improvement. People are helped to live healthy lifestyles, make healthy choices & reduce health inequalities   |   | X  | X  | X  | X  |
| Domain 3 – Health protection. The population's health is protected from major incidents & other threats, while reducing health inequalities  |   |  | X  | X  |  |
| Domain 4 – Healthcare, Public Health & preventing premature mortality. Reduce the number of people living with preventable ill health & people dying prematurely, while reducing the gap between communities | X   |  | X  | X  | X  |
| <b>Marmot Review</b><br>A- Give every child the best start in life   | X   |  | X  | X  | X  |
| B - Enable all children, young people and adults to maximise their capabilities and have control over their  | X   |  | X  |  | X  |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| lives  |   |   |   |   |   |
| C – Create fair employment & good work for all   |   |   |   | X | X |
| D - Ensure a healthy standard of living for all  |   | X |   | X |   |
| E – Create & develop healthy & sustainable places & communities  |   |   |   | X |   |
| F – Strengthen the role & impact of ill health prevention  | X |   | X | X | X |
| <b>Clinical Commissioning Group (West)</b>   |   |   |   |   |   |
| Goal 1- Continually improve the health of those living within Lincolnshire                                   | X | X | X | X | X |
| Goal 2 – Reduce health inequalities & improve the quality of life for all                                    | X |   |   | X |   |
| Goal 3 – Help patients access high quality, responsive healthcare of their choice                            | X |   | X | X | X |
| Goal 4 – Work together to develop healthcare designed for the needs of our patients, their families & carers |   |   | X | X | X |
| Goal 5 – Ensure we have effective, value for money services that improve patient experience & safety         |   | X | X | X | X |

The above shows how each outcome of the Corporate plan has a role to play in public health and reducing health inequalities. The Localism Programme will eventually lead to a ‘place’ focus across the whole council with all staff more attuned to the diversity of our many communities. The programme is a long term one of significant cultural change. This will result in a more focused spatial approach to all the Council’s Strategies – Housing, Regeneration, Health and Green.

See Appendix 1

## Governance

The Healthy Districts Programme Board will have a fundamental role to play in ensuring that the priority actions detailed for each area, including priority neighbourhoods are achieved. This will feed into the Shadow Health and Well-being Board, the Corporate Strategy and governance arrangements of the authority.

## Appendices

DRAFT



## Appendix 1 - Glossary

### **LCHS Lincolnshire Community Health Services currently\* provides:**

- Children's health services
- Community GP practices
- Community nursing
- Community physiotherapy and occupational services
- Health visiting and school nursing
- Healthy lifestyle services
- Hospitals
- Lincoln walk in centre
- Minor injuries units
- NHS dentists
- Out of hours services
- Safeguarding
- Specialist services
- Speech and language services

### **LPFT Lincolnshire Partnership NHS Foundation Trust currently\* provides:**

- General adult mental Health services
- Psychological therapies and primary care
- Child and adolescent mental health services
- Specialist services
- Occupational therapy services

For more information:

\*Possibly subject to change following Health & Social care Act 2012

### **JSNA Joint Strategic Needs Assessment:**

- The JSNA process aims to provide a comprehensive analysis of current and future local needs across a range of issues, utilising a wide range of quantitative and qualitative data, including user, patient and community views.
- The requirement to produce a JSNA has been a statutory duty on county wide local authorities and local NHS since 2007. This duty has been further enhanced by the current Health and Social Care Bill.
- The Coalition Government has placed the Joint Strategic Needs Assessment at the heart of its proposals with regard to the future of local health improvement.
- The JSNA has identified that mental health is an important cross cutting issue and as such will be embedded throughout the WL Health and Well-being Strategy.

<http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx>

### **JHWS Draft LCC Joint Health and Well-being Strategy:**

- The Joint Health and Well-being Strategy (JHWS) is a document that aims to inform and influence decisions about health and social care services in Lincolnshire so that they are focused on the needs of the people who use them and tackle the factors that affect everyone's health and well-being.

## **MR Marmot Review:**

- In 2010 the Marmot Review argued that prevention of ill health is intrinsic to a social determinants approach and the responsibility for prevention should be shared across the NHS, Local Authorities, communities and individuals. Lifestyle behaviours are known to be implicated in a large number of technically preventable illnesses and contribute to patterns of health inequalities. If we are to make an impact on the health and well-being of the people of West Lindsey, effective engagement of other partner organisations and the voluntary sector is essential.

<http://www.marmotreview.org>

## **PHOF Public Health Outcomes Framework:**

The Public Health Outcomes Framework sets out the desired outcomes for public health and how these will be measured. The framework concentrates on two high-level outcomes to be achieved across the public health system. These are:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. Using a measure of both life expectancy and healthy life expectancy will clarify the nature of health inequalities both within areas and between areas.

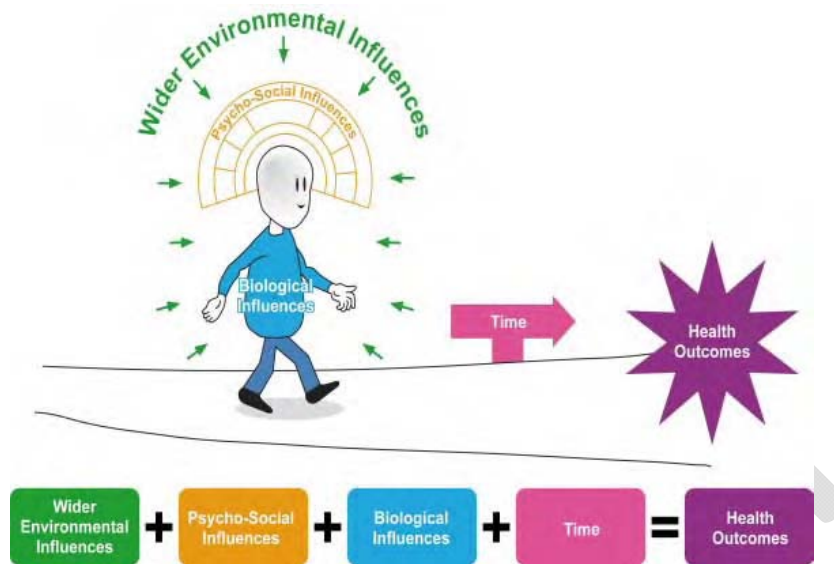
<http://www.dh.gov.uk/health/2012/01/public-health-outcomes>

## **CCG Clinical Commissioning Group:**

- The NHS White Paper “Equity and Excellence: Liberating the NHS” published in July 2010 outlined an ambition for the NHS that puts patients first and continually improves the quality and outcomes of health care for everyone. Part of these proposed changes involve devolving power to professionals, patients and carers in the form of Clinical Commissioning Groups (CCGs). By early 2013 CCGs will be statutory bodies with clear powers and duties.
- Lincolnshire West CCG - [www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk)
- Lincolnshire East CCG - The 30 practices that make up Lincolnshire East CCG are working together to improve the quality and delivery of services for their patients, and reduce health inequalities across the area. Two of these practices are within the WLDC boundary. The Lincolnshire East CCG aims to develop better solutions for its local population, providing patients better access to the healthcare services they need. The three localities - East Lindsey, Skegness and Coast, and Boston - cover an extensive part of Lincolnshire, which presents many different health challenges, including areas of socio-economic deprivation and an ageing population with higher than average levels of obesity and long-term conditions, such as Diabetes and COPD. [www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk)

## Life course Approach

- Life course Approach - Health and illness are experienced throughout the life-course, and an individual's experience of them is the result of the interplay of biological, psychological, social and economic factors. Key life changes and transition points render individuals, communities or populations particularly vulnerable to negative health outcomes' (Nice 2012).



This considers the opportunities, impacts and consequences of preventive interventions at transition points in life course, for individuals, communities and populations, and can help to identify points in life where behaviour change interventions are more likely to result in positive change with regard to health and well-being choices.

Examples of life transition points include pregnancy and first-time parenthood, educational milestones, becoming sexually active, starting paid employment, mid-life, end of dependent parenting, divorce/relationship breakdown, redundancy/unemployment, early onset of chronic disease, retirement, (55+) engagement in caring for older dependents, dying and death.

[www.nice.org.uk](http://www.nice.org.uk)

**Self sufficient with regards to health:** the council facilitating, through development of infrastructure and the provision of appropriate standards of training and support, individuals who wish to volunteer their time to champion initiatives seeking to prevent or reduce the impact of ill health in our communities.

## Appendix 2- Demographic

### Demographic/ deprivation

WLDC covers an area of 447 square miles (1,158 square kilometres). It is the 17<sup>th</sup> most sparsely populated area in England and the most sparsely populated District within Lincolnshire and the East Midlands Region. The sparse nature of our area and diminishing resources mean that agencies will need to support communities to help themselves.

Currently, Lincolnshire's population is estimated to be 703,000 projected to rise to 911,300 by 2035 (LRO mid-2010). Currently West Lindsey's population is 89,400 projected to rise to 112,700 by 2035 (LRO 2010). 55,100 WL residents were reported to be of working age in (2010). The GP registered population for WL is 91,076 (April 2011):

- 0 -24yrs – 24,779
- 25- 54yrs – 34,166
- Over 55yrs - 32,131

The population in Lincolnshire is forecast to grow significantly over the next decade, a significant proportion of people will be elderly and will require care and support to cope with long term medical conditions.

The most deprived ward in WL is Gainsborough East which ranks in the bottom 20% in England, followed by Gainsborough South West, parts of which also are in the bottom 20%. In contrast, parts of Cherry Willingham, Nettleham, Saxilby, Scotter, Welton and Yarborough Wards are all within the top 20% least deprived areas (Index of Deprivation 2004) The overall crime rate 2010-11 is 31.15% (Lincs 34.13%.) Investment is needed in housing and supporting people towards healthy lifestyle choices to break the health inequalities cycle in families and protect our younger generation especially in the most deprived wards in the District.

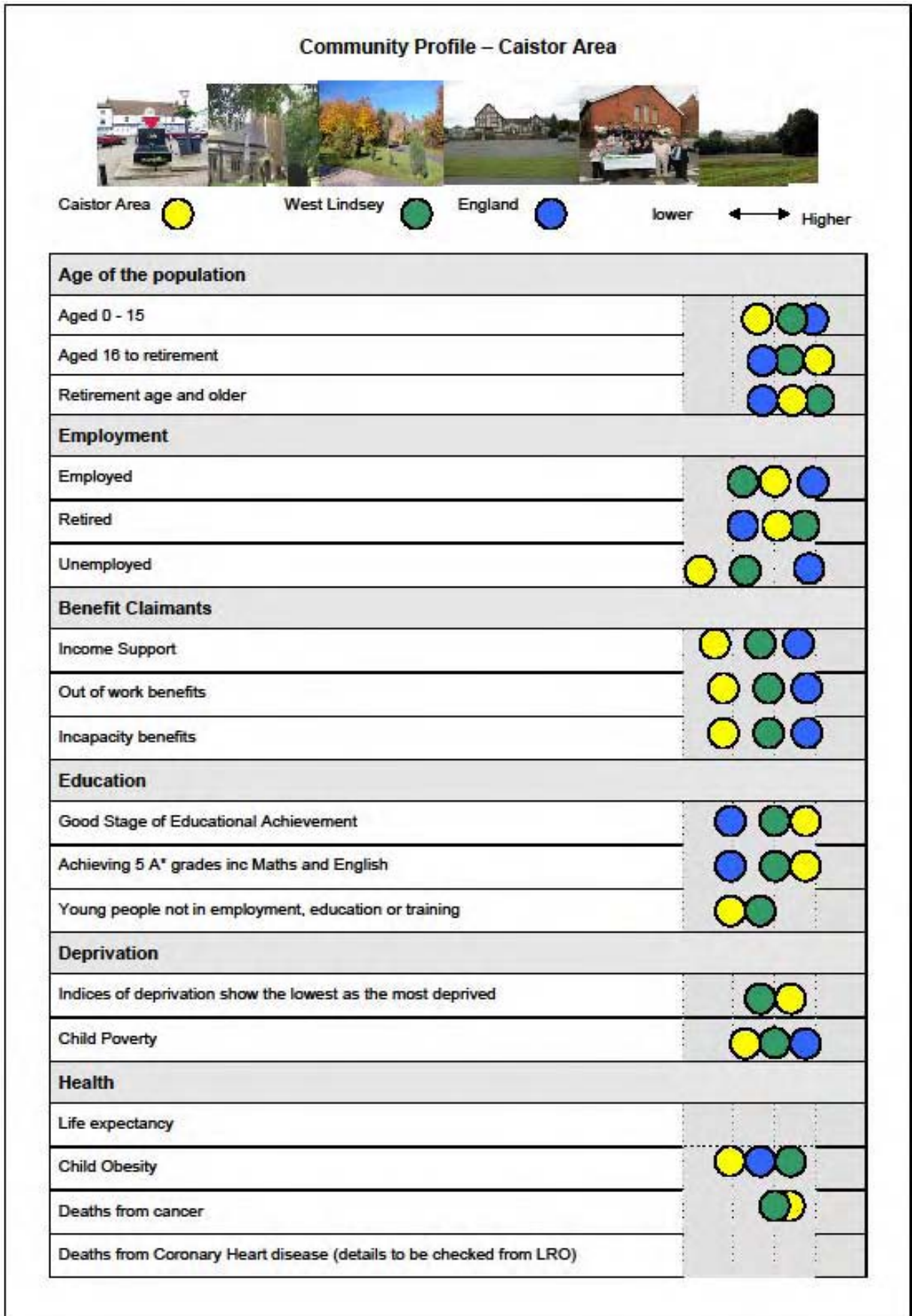
[www.lincolnshire.gov.uk](http://www.lincolnshire.gov.uk)

[www.research.lincs.org.uk](http://www.research.lincs.org.uk)

[www.communities.idea.gov.uk](http://www.communities.idea.gov.uk)



# Appendix 3- Community Profiles



### Community Profile – Fossdike Area



Fossdike Area West Lindsey England lower Higher

| Age of the population   |  |
|---|--|
| Aged 0 - 15   |  |
| Aged 16 to retirement   |  |
| Retirement age and older  |  |
| Employment  |  |
| Employed  |  |
| Retired   |  |
| Unemployed  |  |
| Benefit Claimants   |  |
| Income Support  |  |
| Out of work benefits  |  |
| Incapacity benefits   |  |
| Education   |  |
| Good Stage of Educational Achievement                               |  |
| Young people not in employment, education or training               |  |
| Deprivation   |  |
| Indices of deprivation show the lowest as the most deprived         |  |
| Child Poverty *   |  |
| Health  |  |
| Life expectancy   |  |
| Child Obesity   |  |
| Deaths from cancer  |  |
| Deaths from Coronary Heart disease (details to be checked from LRO) |  |

The figures for comparison in the chart have been taken as an average for the area which includes Saxilby, Scampton, Stow and Torksey.

## Community Profile – Gainsborough Area



Gainsborough Area West Lindsey England lower Higher

| Age of the population                                       |  |
|---|--|
| Aged 0 - 15   |  |
| Aged 16 to retirement                                       |  |
| Retirement age and older                                    |  |
| Employment  |  |
| Employed  |  |
| Retired   |  |
| Unemployed  |  |
| Benefit Claimants   |  |
| Income Support  |  |
| Out of work benefits  |  |
| Incapacity benefits   |  |
| Education   |  |
| Good Stage of Educational Achievement                       |  |
| Young people not in employment, education or training       |  |
| Deprivation   |  |
| Indices of deprivation show the lowest as the most deprived |  |
| Child Poverty*  |  |
| Health  |  |
| Life expectancy   |  |
| Child Obesity   |  |
| Deaths from cancer  |  |
| Deaths from Coronary Heart disease                          |  |



## Community Profile – Market Rasen Area



Market Rasen Area West Lindsey England lower Higher

| Age of the population   |  |
|---|--|
| Aged 0 - 15   |  |
| Aged 16 to retirement   |  |
| Retirement age and older  |  |
| Employment  |  |
| Employed  |  |
| Retired   |  |
| Unemployed  |  |
| Benefit Claimants   |  |
| Income Support  |  |
| Out of work benefits  |  |
| Incapacity benefits   |  |
| Education   |  |
| Good Stage of Educational Achievement                               |  |
| Achieving 5 A* grades inc Maths and English                         |  |
| Young people not in employment, education or training               |  |
| Deprivation   |  |
| Indices of deprivation show the lowest as the most deprived         |  |
| Child Poverty   |  |
| Health  |  |
| Life expectancy   |  |
| Child Obesity   |  |
| Deaths from cancer  |  |
| Deaths from Coronary Heart disease (details to be checked from LRO) |  |

## Community Profile – Trent Area



Trent Area



West Lindsey



England



lower



Higher

| Age of the population   |  |
|---|--|
| Aged 0 - 15   |  |
| Aged 16 to retirement   |  |
| Retirement age and older  |  |
| Employment  |  |
| Employed  |  |
| Retired   |  |
| Unemployed  |  |
| Benefit Claimants   |  |
| Income Support  |  |
| Out of work benefits  |  |
| Incapacity benefits   |  |
| Education   |  |
| Good Stage of Educational Achievement                               |  |
| Young people not in employment, education or training               |  |
| Deprivation   |  |
| Indices of deprivation show the lowest as the most deprived         |  |
| Child Poverty   |  |
| Health  |  |
| Life expectancy   |  |
| Child Obesity   |  |
| Deaths from cancer  |  |
| Deaths from Coronary Heart disease (details to be checked from LRO) |  |

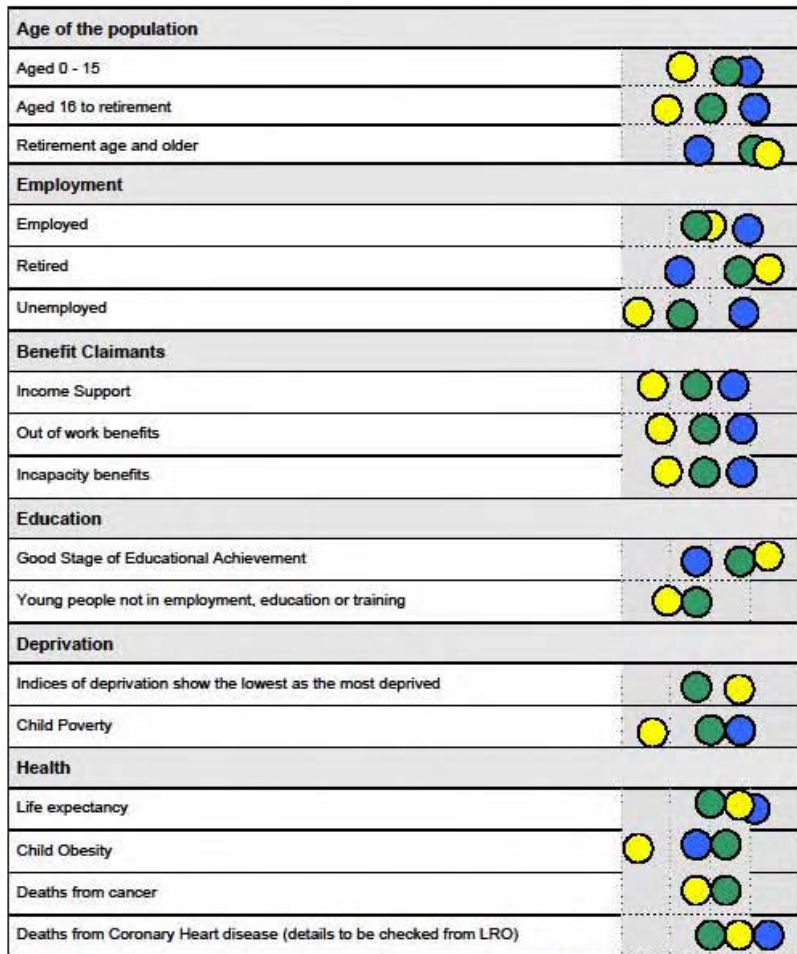
The figures for comparison in the chart have been taken as an average for the area which includes Hemswell, Scotter and Thonock Wards.

These can mask significant differences between the wards as shown below.

Community Profile – Witham Area



Witham Area ● West Lindsey ● England ● lower ← Higher



The figures for comparison in the chart have been taken as an average for the area which includes Cherry Willingham, Fiskerton, Bardney, Nettleham, Sudbrooke and Dunholme Wards. These can mask significant differences between the wards as shown below.

| Issue  | Implications  |
|--|---|
| <b>Bardney, Dunholme and Cherry Willingham</b> – high level of young people not in education, employment or training | <ul style="list-style-type: none"> <li>➢ Facilities for young people</li> <li>➢ Anti-social behaviour</li> <li>➢ Employability</li> <li>➢ Worklessness</li> </ul>               |
| High level of out of work benefits including incapacity benefits in <b>Bardney</b>                                   | <ul style="list-style-type: none"> <li>➢ Income levels</li> <li>➢ Poverty</li> <li>➢ Deprivation</li> </ul>   |
| Higher rate of births in <b>Fiskerton</b>  | <ul style="list-style-type: none"> <li>➢ Facilities for children and young people</li> <li>➢ Impact on schools</li> <li>➢ Increased pressure on accessibility issues</li> </ul> |
| Higher under 75 death rate in <b>Bardney</b>   | <ul style="list-style-type: none"> <li>➢ Health issues</li> <li>➢ Further analysis</li> </ul>   |
| The highest level of child obesity is in <b>Cherry Willingham</b>  | <ul style="list-style-type: none"> <li>➢ Health Issues</li> <li>➢ Healthy Eating</li> <li>➢ Physical activity</li> </ul>  |
| Higher cancer deaths in <b>Dunholme and Bardney</b>  | <ul style="list-style-type: none"> <li>➢ Lifestyles</li> <li>➢ Education and health</li> </ul>  |
| Higher deaths due to Chronic Heart Disease in <b>Bardney</b>   | <ul style="list-style-type: none"> <li>➢ Lifestyles</li> <li>➢ Healthy Eating</li> <li>➢ Physical activity</li> </ul>   |
| High fuel poverty in <b>Fiskerton and Bardney</b>  | <ul style="list-style-type: none"> <li>➢ Energy Efficiency</li> <li>➢ Affect on household economy</li> <li>➢ Health issues</li> <li>➢ Quality of life</li> </ul>                |
| Lower level of job vacancies in <b>Cherry Willingham</b>   | ➢ Employment opportunities  |
| High level of business productivity in <b>Cherry Willingham</b>  | ➢ Effect on local economy   |

Further information available at [www.west-lindsey.gov.uk](http://www.west-lindsey.gov.uk)

## Appendix 4 Health Action Group/Health Focus Group feedback

### Health Action Group: Representative organisations

- Acis Group
- Addaction
- Age UK
- Community Links
- Derwent Living
- Gainsborough Traveller Initiative
- GBT Foundation
- Groundwork
- Healthy Hub
- HealthWatch
- Homestart
- Lincolnshire Sports partnership
- Lincolnshire police
- LCHS
- LPFT
- Longhurst – Group
- Macmillan
- National Probation Service
- New Linx Housing Trust
- Princes Trust
- Public Health Directorate
- Red Cross
- Sanctuary Housing
- Shaw Trust
- Social care
- Tobacco Control
- Volunteer centre Gainsborough
- YMCA
- West Lindsey Citizen's Advice
- WLDC Staff
- WLDC Councillors

### Feedback from attendees of Gainsborough Health & Well-being Focus Group 18<sup>th</sup> January 2012

It was acknowledged that the themes interlink.

#### **Theme 1: An accessible and connected district where all have the best opportunities in life to help themselves and others.**

- Gainsborough Railway station – Access for disabled difficult – need to get to hospital in Sheffield etc
- Access to public toilets limited – difficult for disabled in Marshall's Yard – negotiate access to pubs/restaurants etc
- Accessibility – easy only in town centre – village residents feel isolated

#### **Theme 2: A Green district where people want to work, live and visit.**

#### **Theme 3: A prosperous and enterprising district**

- Lower business rents during bad times to encourage start up for new firms

#### **Theme 4: Active, healthy and safe citizens and communities**

- More access direct to leisure centre via bus route
- Certain surgery's accessibility to appointments particularly with children on same day
- Aqua natal classes provided in Retford, but not locally



- Life skills course ie cooking/budgeting-----not just Surestart for parents with pre school
- LCHS – pool of volunteers. ie local car/transport scheme, Reduce inappropriate emergency ambulance requests
- Parentcraft/antenatal classes ie ? weekends/evenings
- No bus route direct from Hemswell to Gainsborough & other local villages
- Minor house repairs ie reliable / organise volunteer help
- Lack of knowledge of learning disabilities within health service. More specialist training
- Involving individuals in their own health care & support
- Lack of befriending to support isolation
- Access to police at police station very limited eg to report minor crime
- One stop shop for all organisations that would assist me to have an active life
- SHINE – for mental health networks
- Lack of Public transport especially Sunday & evenings x 2
- Limited information on playgroups, mother & toddler groups. Where, when etc?
- GP accessibility. Live in Gainsborough SW very difficult to get to, 2 bus rides
- Help to bring community together & to increase pride in the community
- Dog fouling a real problem
- Lack of travel facilities for disabled who are unable to get themselves on & off transport
- Many active older people (I am one of them) injure bad wrists/hands trying to open endless packs, boxes, jars etc because of modern packaging. We actually have to have scissors round our necks – speak to manufacturers please

### **Theme 5: The Entrepreneurial Council**

- Vote by local experience rather than by political party

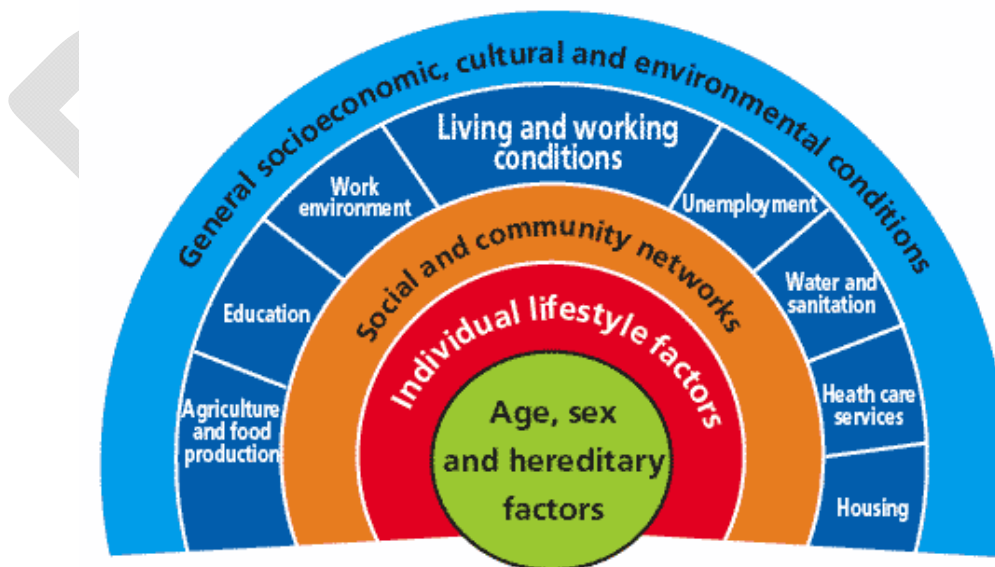


## Appendix 5- Definition of Health and Well-being

The World Health Organisation (WHO) defines health as “a state of social, physical and mental well being and not merely the absence of disease.” Government policy as seen above is now focusing on health in this wider, more holistic way, making it clear that improving health is everyone’s responsibility. The emphasis is on the prevention of illness rather than just the treatment of disease and for people to take more responsibility for their own health and well-being.

The concept of health is inextricably linked to the way people live their lives and the opportunities available to choose healthy lifestyle choices:

- Health is often described as a positive mental and social state and more than just the absence of disease.
- Well-being is defined as a subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life.
- Health inequalities refer to the difference in health status and death rates between different population groups. Health inequalities can be defined as a difference in health experience / health outcomes between different geographical areas, genders, ethnic communities, and different social and economic groups.
- The social determinants of health refer to the full set of social conditions in which people live and work.
- Health inequities are health differences which are socially produced, systematic in their distribution across the population and unfair.



Dahlgren & Whitehead 2007

## Appendix 6- Healthy Lifestyle Services

### Healthy Walks Programme

- West Lindsey Health Walks is a partnership between West Lindsey District Council, Lincolnshire NHS Teaching Primary Care Trust ' Lincolnshire Sports Partnership. We offer many led walks which are free of charge, led by a qualified volunteer walk leader. The majority of our walks are circular, start and finish at the same point. We offer very easy short walks which are suitable for anyone who is new to exercise or recovering from illness.
- Easy walks are between 2 and 3 miles which take 1 hour to complete and may include some stiles and inclines.
- Moderate walks which are longer more challenging walks of up to 4 miles and are likely to include stiles and ascents

### Exercise on referral

- The Sport and Physical Activity Service in partnership with Lincolnshire NHS Teaching Primary Care Trust, Natural England and Lincolnshire Sports Partnership are committed to improving the health of the residents of West Lindsey. The partnership currently operates three schemes to encourage people to improve their health through activity.

### Health trainer service

- In 2004, 'Choosing Health' the public health white paper gave a commitment that from 2006 NHS Health Trainers would be providing advice, motivation and practical support to individuals within their local communities.

#### What are Health Trainers?

- Health Trainers reach out to people who are in circumstances that put them at a greater risk of poor health. They work with people to assess their health and lifestyle risks, helping them to build their motivation to change. They facilitate behavioural change and provide motivation and practical support to individuals.

#### What are the aims of Health Trainers?

- Health Trainers are trained to City and Guilds accreditation; their key aim is to reduce health inequalities. They also enable people to access sources of help and support. The service is free and they can take self referrals; referrals from other agencies and primary care.

### Phoenix Smoking cessation

- Phoenix provides a free service as part of the NHS to anyone who would like to stop smoking within Lincolnshire.

#### What's offered:

- Free, specialist stop smoking advice that is tailored to meet the needs of the individual
- One-to-one support, and group sessions if there is demand
- Stop Smoking Advisors based around the county in several health service locations

including most GP practices, Pharmacies, RAF Stations, Prisons, Probation sites.

- Dedicated Phoenix Health Shop Gainsborough where the public can have one-to-one sessions with our advisors, pop in to self refer or to simply stop by and grab a leaflet or ask advice.
- The Service is mainly available during normal weekday business hours. Depending on demand and geographical location, support may also be available during normal weekday evenings and Saturdays.
- Stop Smoking sessions in workplaces to help groups of employees to quit smoking are available.

### **Phoenix weight management**

- For information please see

[www.lincolnshire.nhs.uk/your-health/keep.../Weight-Management](http://www.lincolnshire.nhs.uk/your-health/keep.../Weight-Management)

### **Fit kids programme**

- Fit Kids is a weight management programme for children aged 8 -- 11 years and their families ...

[www.lincolnshiresports.com](http://www.lincolnshiresports.com)

### **First Contact**

- Helping people aged 60 and over to access information and advice to stay safe in their home.

- [www.lincolnshire.gov.uk](http://www.lincolnshire.gov.uk)

- [www.firstcontact.org.uk](http://www.firstcontact.org.uk)

### **Seed 2 Plate Community gardens and cooking skill courses**

- We are working with the Lincolnshire Master Gardener and Seed 2 Plate programmes to promote community gardening in various locations
- Community healthy eating courses

[www.mastergardeners.org.uk](http://www.mastergardeners.org.uk)

[www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk)

[www.west-lindsey.gov.uk](http://www.west-lindsey.gov.uk)

## Appendix 7 - The Health and Well-being of West Lindsey at a Glance 2011

Overall, the indicators of health for people living in West Lindsey show a mixed picture when compared with Lincolnshire. However it is clear that inequalities in health persist across West Lindsey both geographically due to socio economic deprivation and by different population groups. See appendix 3 JSNA interactive area on LRO website <http://www.research-lincs.org.uk/jsna-topics.aspx>.

### The Health and Well-being of West Lindsey at a Glance 2011

| Life expectancy & wider determinants of Health & well-being                                  | Major Diseases – largely preventable                                  | Children & Young people  | Adult Health & Well-being including mental health                                      | Older people's Health   |
|--|---|--|--|---|
| Higher for men than the national average   | Coronary heart disease<br>WL 4.66%<br>Lincs 4.56%                     | 75 % of mothers start to breast feed, but this falls by 8 weeks of age                                   | It is estimated 1.5 adults smoke in WL, but smoking still leads to 151 deaths per year | Hospital admissions following falls continue to rise                                |
| 7.5 years lower for men in the most deprived areas of WL compared to the least deprived area | Coronary heart disease is projected to rise to 7.10% in Lincs by 2020 | 6.80% of babies are of low birth weight i.e. less than 2500kg  | Alcohol related hospital admissions have risen by 244 in WL since 2010                 | 21% of Lincolnshire people over 85yrs live in care homes                            |
| 6.6 years lower for women in the most deprived areas of WL compared to the least deprived    | Stroke<br>WL 2.12%<br>Lincs 2.04%                                     | The 3 Gainsborough wards and Bardney have lower educational attainment than the Lincs average            | Substance misuse affects 6.56% of WL population  | Demand for care services is increasing due to the aging population                  |
| Infant mortality   | Stroke is predicted to rise to 3.10% in WL by 2020                    | Sexual health infection rates are higher in WL than the Lincs average                                    | Adult obesity rates are higher than the Lincs average in all Gainsborough wards        | The number of people in WL with dementia is projected to increase by 124.8% by 2030 |
| Level of homeless households is lower than the national average                              | Earlier death rates for cancer in WL than national average            | Immunisation rates for children under 5yrs is 95.10%   | Around 82 people are seriously injured or die on WL roads each year                    | 8.3% of 75 – 84yrs suffer dementia  |
| 20.7% of households in WL live in poverty (2007-8 figures).                                  | Diagnosed diabetes<br>WL 4.89%<br>Lincs 4.96%                         | dropping to 81.70% for uptake after 5 yrs  |  | 23.4% over 85yrs suffer from dementia   |
| Overall levels of worklessness are increasing 4.09% Feb 2012                                 | Chronic obstructive pulmonary disease<br>WL 1.85%                     | 35.8% of children living in Gainsborough East are classed as living in poverty                           |  | Fuel poverty is a real risk   |
| Worklessness is a significant determinant of health & well-being                             | COPD is predicted to rise to 3.50% by 2020                            | 23.8% of children in Gainsborough North are classed as living in poverty                                 |  |   |
|  |   | 21.9% of children 11yrs are obese<br>11.8% of children 5 yrs are obese<br>1.40% at 11yrs are underweight |  |   |

## References

Dahlgren G, Whitehead M. (2007) European strategies for tackling social inequities in health: levelling up, Part 2. Copenhagen: WHO Regional Office for Europe.

Department of Health (2011) No health without mental health: a cross government mental health outcomes strategy for people of all ages

Department of Health (2010) Healthy lives, healthy people: Our strategy for public health in England.

Department of Health (2010) Equity and Excellence: Liberating the NHS.

Department of Health (2004) The Wanless Report/Securing Good Health for the Whole Population.

Health & Social care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

NHS Yorkshire and the Humber (2010) Delivering Healthy Ambitions Better for Less.

NHS Yorkshire and the Humber (2010) Prevention and Lifestyle Behaviour Change Competence Framework. NHS Yorkshire and the Humber.

NHS White Paper "Equity and Excellence: Liberating the NHS" (2010)

[www.dh.gov.uk](http://www.dh.gov.uk)

NHS White Paper "Choosing health: Making healthy choices easier (2004)

[www.dh.gov.uk](http://www.dh.gov.uk)

Indices of Multiple Deprivation 2010

<http://www.communities.gov.uk/publications/corporate/statistics/indices2010>

The Marmot Review (2010) Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010.

WHO Definition of Health <http://www.who.int>

[www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk)

[www.west-lindsey.gov.uk](http://www.west-lindsey.gov.uk)

[www.lincolnshire.gov.uk](http://www.lincolnshire.gov.uk)

[www.nice.org.uk](http://www.nice.org.uk)

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