



PRCC.03 12/13

Prosperous Communities  
Committee

Date: 6<sup>th</sup> June 2012

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**Subject: Health and Wellbeing Strategy for West Lindsey 2012 - 2015**

Report by:

Director of Communities and Localism

Contact Officer:

Mrs Joanna Riddell  
Regulatory and Community Health Team Leader  
01427 675113  
[joanna.riddell@west-lindsey.gov.uk](mailto:joanna.riddell@west-lindsey.gov.uk)

Purpose / Summary:

Health and Wellbeing is a key priority for the Council as detailed in the Corporate Plan.

This report presents the Draft Health and Wellbeing Strategy for West Lindsey 2012 - 2015.

**RECOMMENDATION(S):**

- 1) That Members approve the draft Health and Wellbeing Strategy for release for public consultation (Appendix A).**
- 2) That Members approve the public consultation plan contained in this report**
- 3) That the draft Health and Wellbeing Strategy is adjusted to reflect the comments received during public consultation and brought back before this Committee in September for consideration and formal adoption.**

**IMPLICATIONS**

**Legal:**

**None.**

**Financial:**

**None.**

**Staffing:**

**None.**

**Equality and Diversity including Human Rights:**

**Not applicable.**

**Risk Assessment:**

**Attached.**

**Climate Related Risks and Opportunities:**

**None.**

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

**Joint Strategy Needs Assessment 2011**

**Draft Lincolnshire Joint Health and Wellbeing Strategy 2012**

**Public Health Outcomes Framework 2012**

**Call in and Urgency:**

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

**Yes**

**No**

**x**

**Key Decision:**

**Yes**

**No**

**x**



## **1 Background**

- 1.1 As Community Leaders West Lindsey is committed to improving the health and wellbeing of our residents. This strategy refreshes the previous Health and Wellbeing Strategy adopted by Members in 2008.

## **2 National Context**

- 2.1 There have been fundamental changes with regard to health and social care over the last 18 months. The Health and Social Care Act 2012 introduces the concept of Health and Wellbeing Boards. It also requires that organisations take account of the evidence within the Joint Strategic Needs Assessment (JSNA) when they develop their Health and Wellbeing Strategy. The Strategy is the critical document in organising delivery of their local services.
- 2.2 There are also changes planned for GP's, who have been arranged into Clinical Commissioning Groups (CCG'S). They will be required to plan and arrange healthcare based on community need to ensure that effective health care is provided which also includes promotion of healthy lifestyles.

## **3 Local Context**

- 3.1 The Public Health Directorate have recently completed the draft Health and Wellbeing Strategy which is currently out to consultation. This was produced using the evidence base within the JSNA. The strategy is scheduled to be approved by the Lincolnshire Shadow Health and Wellbeing Board in September 2012, for full adoption in April 2013.
- 3.2 There are two CCG's covering West Lindsey. These are the West and the East. This includes 12 GP practices across the district.
- 3.3 The Health and Wellbeing Strategy for West Lindsey has been written having regard to the evidence produced in the JSNA, the draft County Joint Health and Wellbeing Strategy, CCG priorities and Local Health profiles.
- 3.4 In order to show our commitment to improving health and wellbeing of our community at County level, the draft strategy is to be considered at the County Health Scrutiny Committee and the Shadow Health and Wellbeing Board in May.

## **4 Area Health and Wellbeing Priorities**

- 4.1 The priority actions for each area have been produced having regard to the Localism agenda. The principle being that each of the 6 areas, including the priority neighbourhoods, have specific health information and actions relating to the specific 'place' rather than generic health information being provided across the whole district i.e. obesity levels, etc.

- 4.2 It is recognised that there are many cross cutting issues with regard to health and wellbeing e.g. housing, employment, income, etc. These themes have been identified within the strategy as the wider determinants of health. Links have been made to specific strategies to address these and have been identified within this strategy.

## **5 Engagement**

- 5.1 During the initial stages of the strategy development there has been a significant amount of engagement undertaken. This includes;

- Project scoping event in November 2011
- Stakeholder workshop 27<sup>th</sup> April 2012
- Gainsborough Health Watch Focus Group 18<sup>th</sup> January 2012
- Members - through the Health Policy Development Panel.

## **6 Governance**

- 6.1 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 Wellbeing Board and the Corporate Strategy and Governance arrangements at the authority.

## **7 Community Consultation**

- 7.1 We want everyone in West Lindsey to be given the opportunity to comment on the Health and Wellbeing Strategy. In order to achieve this the consultation period will commence on the 18<sup>th</sup> June and finish on the 31<sup>st</sup> August. The final Health and Wellbeing Strategy will be presented to this Committee in September.

- 7.2 Consultation will be carried out in the following ways;

- A survey will be made available online on West Lindsey website.
- Health Scrutiny Committee and Shadow Health and Wellbeing Board consultation.
- Citizens Panel using feedback questionnaire.
- Gainsborough Health Watch by formal presentation and feedback questionnaire.
- Elected Members using feedback questionnaire.
- Area Consultations. This will be in the form of road shows events which will take place in the 6 areas.
- Offer to attend groups to present the strategy in detail.

# Health and Wellbeing 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.



## **Contents**

Foreword

Introduction

Section One:

- Demographic/Deprivation
- Context and Evidence
- Consultation
- Definition of health and wellbeing
- Purpose

Section Two - Area Health and Wellbeing Priority Action plans:

- Caistor Area Health and Wellbeing Priorities
- Fosdyke Area Health and Wellbeing Priorities
- Gainsborough Area Health and Wellbeing Priorities
- Market Rasen Area Health and Wellbeing Priorities
- Trent Area Health and Wellbeing Priorities
- Witham Area Health and Wellbeing Priorities
- Priority Neighbourhood Areas Health and Wellbeing Priorities

Section Three:

- Mapping Health Strategy for West Lindsey 2012-2015 showing alignment to evidence
- Health and Wellbeing Strategy for West Lindsey 2012-2015 Consultation Plan
- Governance

Appendix 1

Appendix 2

Appendix 3

Appendix 4

Appendix 5

Appendix 6

References

## **Foreword**

We believe that everyone has an equal right to enjoy good health and wellbeing 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 wellbeing 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 wellbeing 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 Wellbeing Strategy (HWBS) for West Lindsey District Council (WLDC) 2012 – 2015 will introduce the evidence based priorities for improving the health and wellbeing 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 wellbeing 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 wellbeing (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 Wellbeing Strategy (JHWS)
- The Public Health Framework Outcomes (PHFO)
- The Marmot Review indicators (MR)
- Clinical Commissioning Group (CCG)

Significantly, if we are to make an impact on the health of the people of West Lindsey then the engagement of other partner organisations and the voluntary sector is essential. The Marmot review suggests that prioritising investment in ill health prevention across government departments to reduce the social gradient should be a key objective. 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 WL Corporate plan objectives.

For further information see appendix 1

Already, significant commitment has been made to the development of localism by WLDC. The Localism Act (<http://services.parliament.uk/Acts/2010-11/localism.html>) 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 freedoms and flexibility particularly around housing, public transport, environmental issues and increasing community and individual rights. All of this is relevant to improving health and wellbeing. 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:

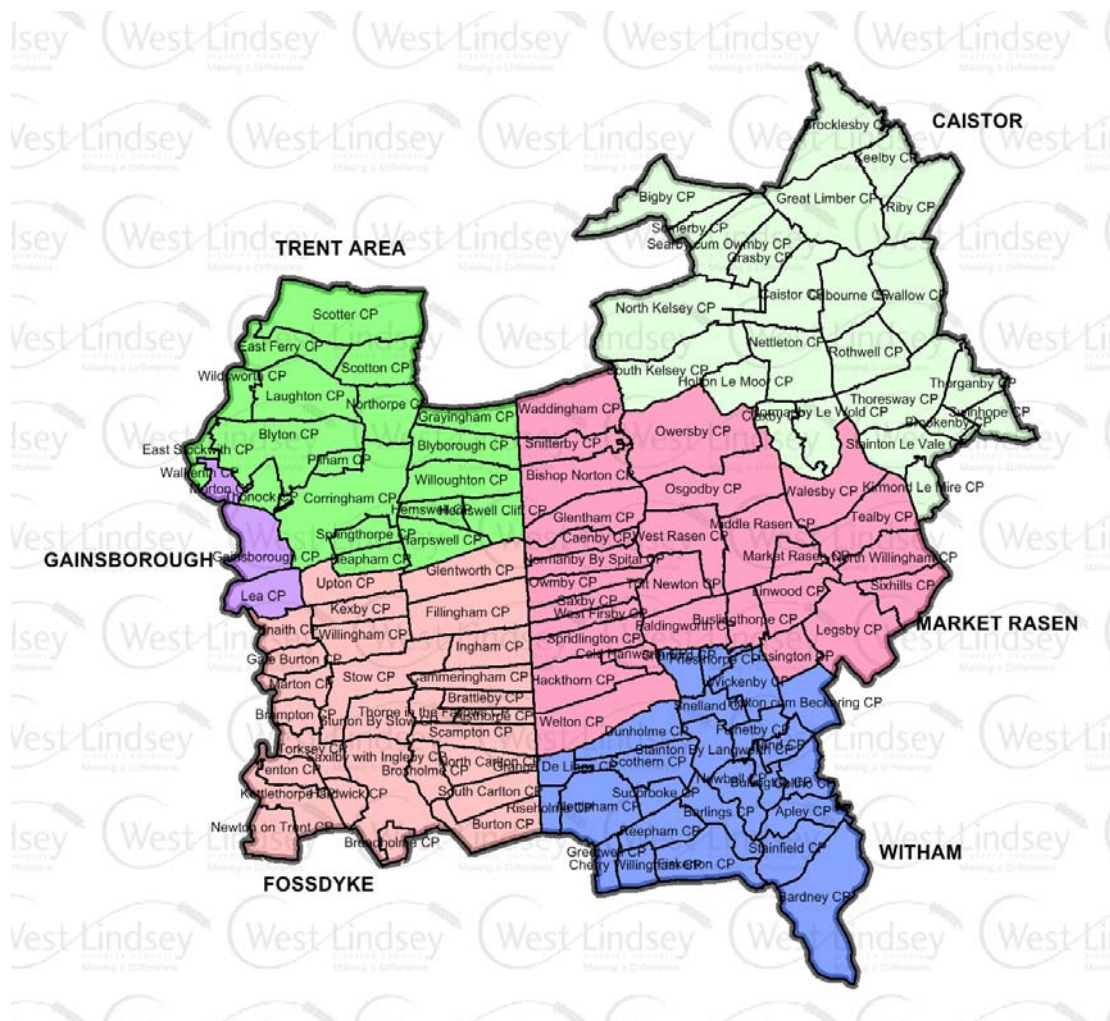
*"We know we are doing some innovative work with West Lindsey District Council across a range of issues that are important to local people and therefore our two organisations. It was a really positive experience to be able to test out our thinking with Carolyn and have the innovation recognised and encouraged."*

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 wellbeing outcomes for the residents of West Lindsey.

#### Six Neighbourhood Areas



## 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 (using IMD 2010) now live within the 20% most deprived areas of England compared with 11% in 2007. The level of deprivation in WL for 2011 is 8.85% (Lincs 10.70%). The Indices of Multiple Deprivation (2007) measure the deprivation of areas by bringing together seven domains of deprivation to form an overall multiple deprivation score and rank. 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 Wellbeing 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. A key role for district Council's and their partners is therefore to assist communities by giving them the tools to make the move to healthier lifestyle choices easier and this is the aim of WLDC. The Lincolnshire Shadow Health and Wellbeing 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 Wellbeing 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 & wellbeing strategy' (McGinty 2011).*

In line with this draft guidance WLDC has considered a wide range of information and data from a number of sources including the Area profiles, JSNA,CCG priorities to inform the priorities included in the Corporate Plan and Sustainable Community Strategy. For more information see

<http://shared.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx> and [www.west-lindsey.gov.uk](http://www.west-lindsey.gov.uk).

The resulting area profiles can be seen in Appendix 3

## **Consultation**

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 ( HealthWatch) workshop took place on 18<sup>th</sup> January 2012
- Health policy development panel members
- LCHS and LPFT members
- Prosperous communities chair's brief
- Core management team

The resulting information was mapped to the Corporate plan themes and priorities and used to inform this Strategy.

More details in appendix 4

## **Definition of Health and Wellbeing**

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 wellbeing.

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 impact of available lifestyle services in WLDC should not be underestimated and include among others:

- Healthy Walks Programme
- Exercise on referral
- Health trainer service
- Phoenix Smoking cessation
- Phoenix weight management
- Fit kids
- First Contact

- Community gardens and cooking skill courses

The above are offered in partnership and the available evidence indicates they are increasingly successful. All the programmes are externally evaluated. Further information is available at appendix 5 and

### **Purpose**

The West Lindsey Health and Wellbeing 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 wellbeing.
- Ensure all service areas consider their impact upon improving health and wellbeing 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 wellbeing 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 Wellbeing Strategy for West Lindsey 2012-2015 are:

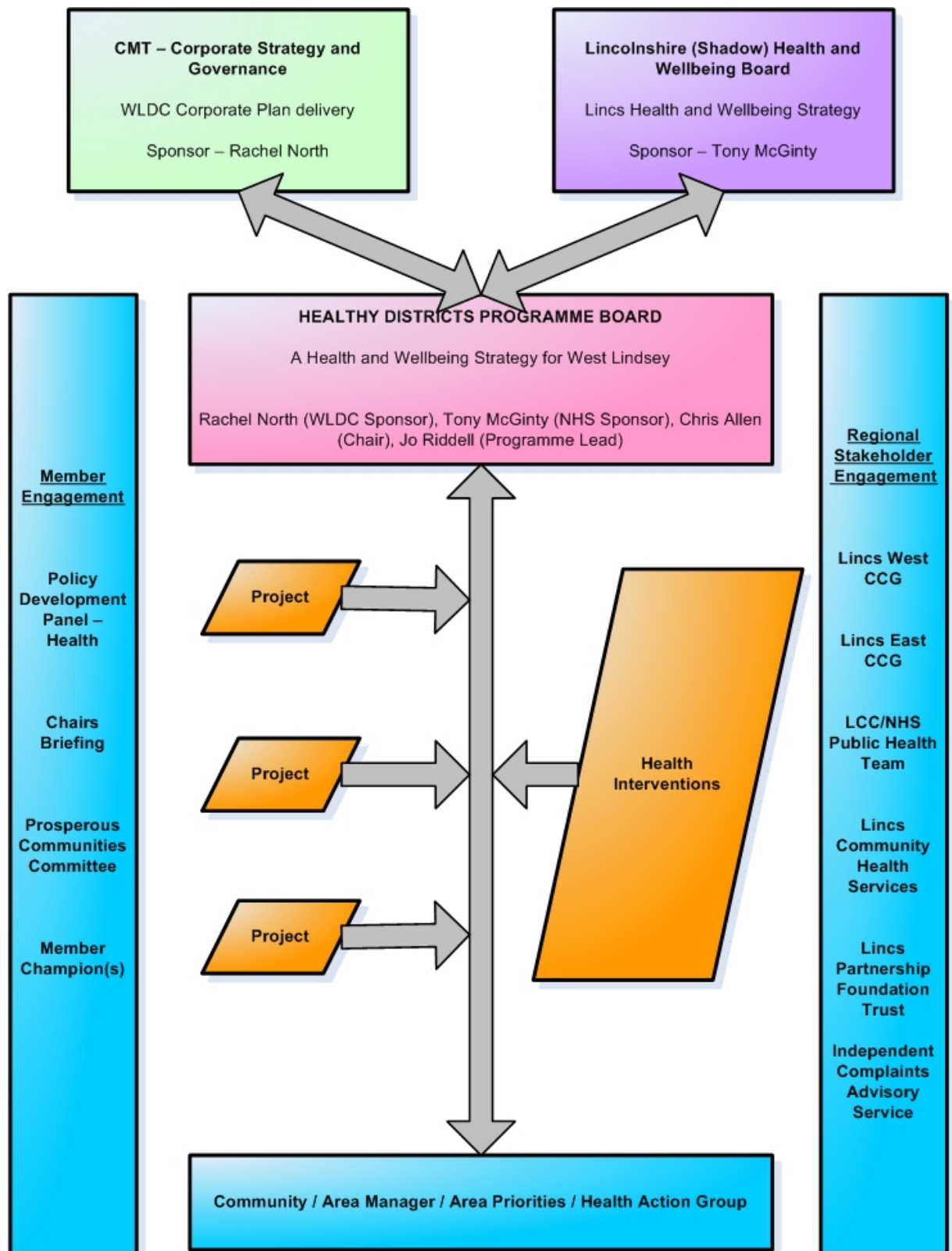
- Localism Act
- Health and Social Care Act 2012
- Housing Strategy/West Lindsey Homelessness Action plan 2008-2012(updated)
- Economic Development Strategy/West Lindsey Economic profile
- Green Strategy
- Enforcement/Antisocial Behaviour/Environment and Street Scene Strategies
- Sustainable communities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

Appendix 6 –‘The health and wellbeing of West Lindsey at a Glance 2011’

The evidence available through the previous pages has enabled the design of Area Health and Wellbeing Priority Action Plans (AHWAP) which will focus on the health and wellbeing priorities as listed in Theme 4.1 – 4.35 of the Corporate plan. 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 wellbeing.

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

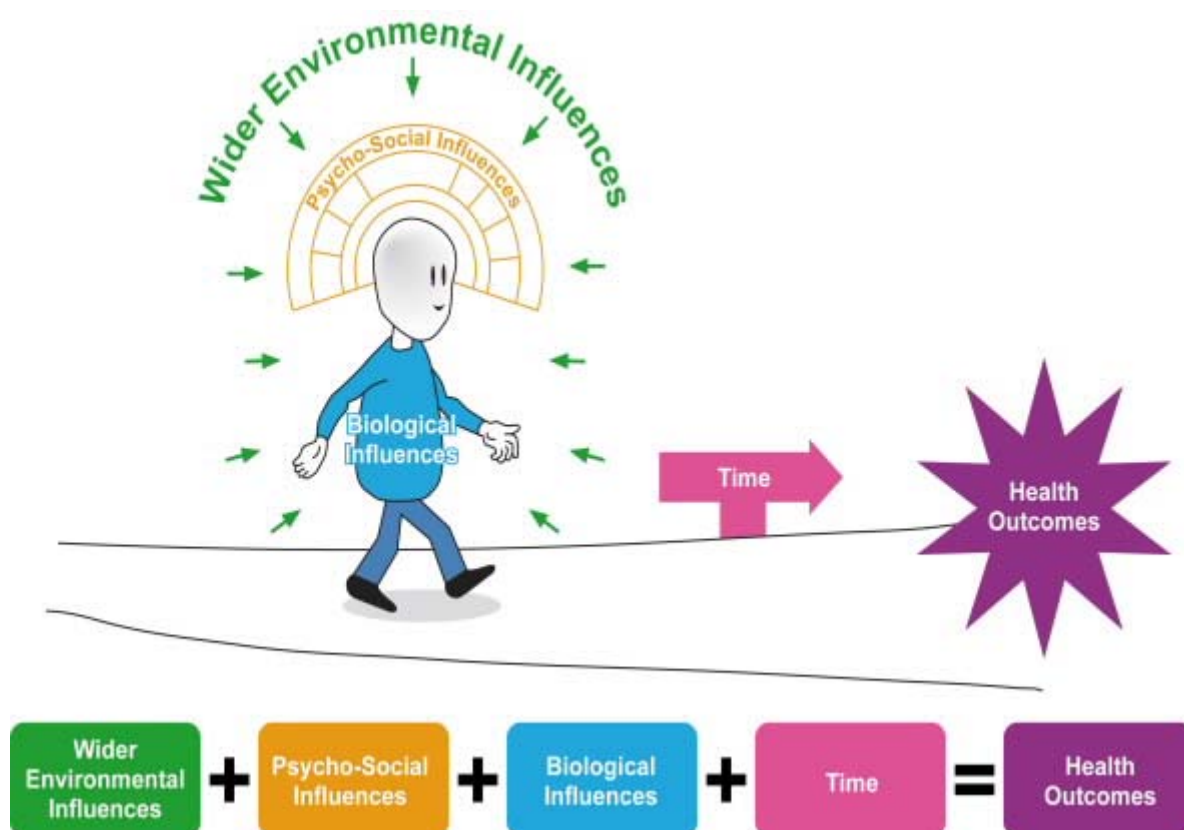
By adopting this Strategy the Council is acknowledging its support to the Area profiles JSNA, JHWS, Public Health Framework outcomes, Marmot principles and CCG goals (Appendix 1). The following chart shows the infrastructure in place to support WLDC to achieve health and wellbeing outcomes.



(Chris Allen WLDC)

## Section Two Area Health and Wellbeing Priority Action Plans

These plans are also intended to be 'stand alone' summaries of the health and wellbeing actions for each neighbourhood area.



### Caistor Area Health & Wellbeing Priority Action 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 and services and the living environment
- GP accessibility is low in all wards except for Caistor

#### Actions



- 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 EPOC 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 wellbeing
- Link to the LCC Mental Health Promotion Plan
- Ensure all children have access to good quality education throughout their life course
- Implementation of MECC

#### 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 EPOC
- 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.
- 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 EPOC
- Reduced mortality rates from cancer
- Reduced demand for secondary care services

### **Fosdyke Area Health & Wellbeing Priority Action 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.

#### Actions

- 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 EPOC 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 wellbeing
- Implementation of MECC
- Encourage access to available breast feeding support

#### What we need to do now

- Adapt the environment to make healthier choices easier
- Support and encourage access to EPOC
- 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, Weight watchers referral scheme, Phoenix smoking cessation, health trainer referral, exercise on referral, healthy walks scheme
- Develop Community support networks for older people

#### How will we 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

## **Gainsborough Area Health & Wellbeing Priority Action 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 (SW)
- 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 SW
- Fuel poverty high in Gains SW
- All of Gainsborough wards have high levels of deprivation (E &SW)
- 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

### Actions

- 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 EPOC programme
- Address issues related to fuel poverty
- Develop facilities and support for those affected by dementia
- Improve awareness of mental health and wellbeing
- Support implementation of 5 year Alcohol plan for Lincolnshire
- Implementation of MECC
- Develop Seed 2 plate project (Growing, cooking)
- Encourage access to available breast feeding support. Baby café.
- Adapt the environment to make healthier choices easier

### 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
- 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 EPOC
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity
- Reduced demand for secondary care services

### **Market Rasen Area Health & Wellbeing Priority Action Plan**

Facts

- Child obesity is higher than the WL 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

Actions

- 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 EPOC 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 wellbeing
- Implementation of MECC
- Develop facilities and support for those affected by dementia

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 will we know we have 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 EPOC
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity

### **Trent Area Health & Wellbeing Priority Action Plan**

Facts

- Premature death from Coronary heart disease is high
- Death rate for under 75years higher in Hemswell and Thonock Wards
- High Child obesity in year 6 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

Actions

- Improve awareness of mental health and wellbeing
- Implementation of MECC
- 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 EPOC 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

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 will we know we have 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 EPOC
- Reduced levels of adult and child obesity
- Reduced demand for secondary care services

### **Witham Area Health & Wellbeing Priority Action 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

Actions

- Raise awareness of Early presentation of cancer (EPOC)
- Raise awareness of healthy lifestyle activities
- Improve awareness of mental health and wellbeing
- Develop facilities and support for those affected by dementia

#### What we need to do now

- Support schools to achieve enhanced healthy schools status
- Support and encourage access to EPOC
- 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 wellbeing
- Implementation of MECC
- 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 75years
- 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

## **Priority Neighbourhoods Health & Wellbeing Action Plan**

#### Facts

- Premature death from Coronary heart disease is high Hemswell.
- Premature mortality is 41% higher than the district rate
- 23.6% of the adult residents of Hemswell ward are smokers.
- 27.2% of the adult residents of Wold View ward are smokers

- Hemswell ward has the 12th highest prevalence of adult obesity.
- Adult binge drinking is 16.1%.
- Just under 21% eat the recommended daily amounts of fruit and vegetables.
- 4.62% of births have been low weight babies compared with 8.58% in the district.
- Life expectancy is 67.8 for males and 77.7 for females,
- Wold View ward has the 7th highest prevalence of adult obesity
- The main cause of premature deaths in Wold View ward is cancer, followed by cardiovascular disease and coronary heart disease.
- Adult binge drinking is 15.9%
- Just over 20% eat the recommended daily amounts of fruit and vegetables
- Life expectancy is 72.9 for males and 77.7 for females, lower than the district average.
- The mortality rate is 17% Premature mortality is 16%
- 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 (District just under 20%)
- 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

#### Actions

- 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 EPOC 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 wellbeing
- Link to the LCC Mental Health Promotion Plan
- Ensure all children have access to good quality education throughout their life course
- Implementation of MECC
- Introduce seed 2 plate project

#### 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 EPOC
- 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 EPOC
- Decreased hospital admissions for alcohol related illness
- Reduced levels of adult and child obesity

### Section Three

#### Mapping of WL Health and Wellbeing Strategy showing alignment to the evidence

	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5
WL Corporate plan Themes	An Accessible & Connected district where all have the best opportunities in life to help themselves & others	A Green District Where people want to work, live and visit	A Prosperous & Enterprising District	Active, Healthy & Safe citizens & Communities	The entrepreneurial Council

Joint Strategic Needs Assessment	X		X	X	X
Theme 1 - promoting healthy lifestyles					
Theme 2 – improve the health & wellbeing 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
Theme 4 – Improving health & social outcomes & reducing inequalities for children	X		X	X	X
Theme 5 – Reduce worklessness	X	X	X	X	X
Joint Health & Wellbeing Strategy (Lincolnshire)	X		X	X	X
Priority 1 - promoting healthy lifestyles					
Priority 2 - improve the health & wellbeing of older people in Lincolnshire	X			X	X
Priority 3 - Deliver high quality systematic care for major causes of ill health and	X			X	X

disability					
Priority 4 - Improving health & social outcomes & reducing inequalities for children	X		X	X	X
Priority 5 - Reduce worklessness	X	X	X	X	X
Public Health Frameworks	X	X	X	X	X
Outcomes					
Domain 1- Improving the wider determinants of health against factors that affect health & wellbeing & health inequalities					
Domain 2 – Health improvement. People are helped to live healthy lifestyles, make healthy choices & reduce health inequalities	X	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	X	
Domain 4 – Healthcare, Public Health & preventing premature			X		

mortality.  
Reduce the number of people living with preventable ill health & people dying prematurely, while reducing the gap between communities

Marmot Review	X				X	
A – Give every child the best start in life						
B – Enable all children, young people & adults to maximise their capabilities & have control over their lives	X	X			X	
C – Create fair employment & good work for all			X		X	X
D - Ensure a healthy standard of living for all	X	X	X		X	X
E – Create & develop healthy & sustainable places & communities	X	X			X	X
F – Strengthen the role & impact of ill health prevention	X	X	X		X	X
Clinical Commissioning Group (West)	X				X	
Goal 1- Continually improve the health of those						

living within Lincolnshire					
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
Goal 4 – Work together to develop healthcare designed for the needs of our patients, their families & carers	X		X	X	X
Goal 5 – Ensure we have effective, value for money services that improve patient experience & safety	X	X	X	X	X

The above shows how each theme 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

## 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 Wellbeing Board and the Corporate Strategy and governance arrangements at the authority.

The social determinants of health refer to the full set of social conditions in which people live and work. Underlying mechanisms that contribute to differential health outcomes like the influence of power, wealth and risks can in turn influence differential exposure to health damaging conditions and differential vulnerability to deal with them. For example, an episode of illness like having a stroke, is likely to have different consequences to the life of someone at the lower end of the socio economic scale than for someone higher up the scale who has easier access to material resources and support options. (Oxford Textbook of Public Health 2009).

**Lincolnshire Community Health Services(LCHS)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

For more information:

**Lincolnshire Partnership NHS Foundation Trust (LPFT) 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:

\*Subject to change following Health & social care Act 2012

**JSNA :**

**Draft LCC Joint health and Wellbeing Strategy:**

**Marmot's Conceptual Framework** <http://www.marmotreview.org>

## Demographic and deprivation

West Lindsey District (WL) 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). 55,100 WL residents were reported to be of working age in mid 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.

Patterns of deprivation show the extent of diversity and disparity between wards within the District. 12% of Lincolnshire's population (using IMD 2010) now live within the 20% most deprived areas of England compared with 11% in 2007.

The level of deprivation in WL for 2011 is 8.85% (Lincs 10.70%).

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 (ODPM 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. \*LRO



### Community Profile – Market Rasen Area



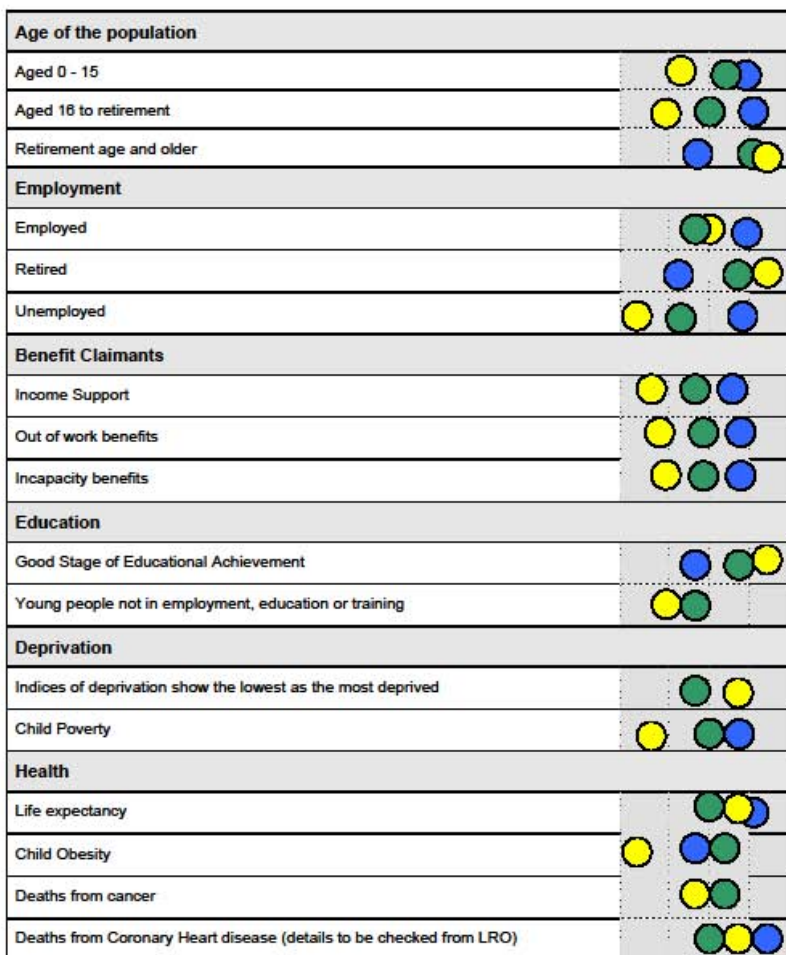
Market Rasen Area West Lindsey England lower Higher

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 – Witham Area



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



## 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 – Caistor Area



Caistor 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  $\longleftrightarrow$  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 – FosSDyke Area



FosSDyke 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.

## Appendix 4

### 1. 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
- Newlinx 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 Gainsborough Health & Wellbeing 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 Wellbeing**

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 wellbeing.

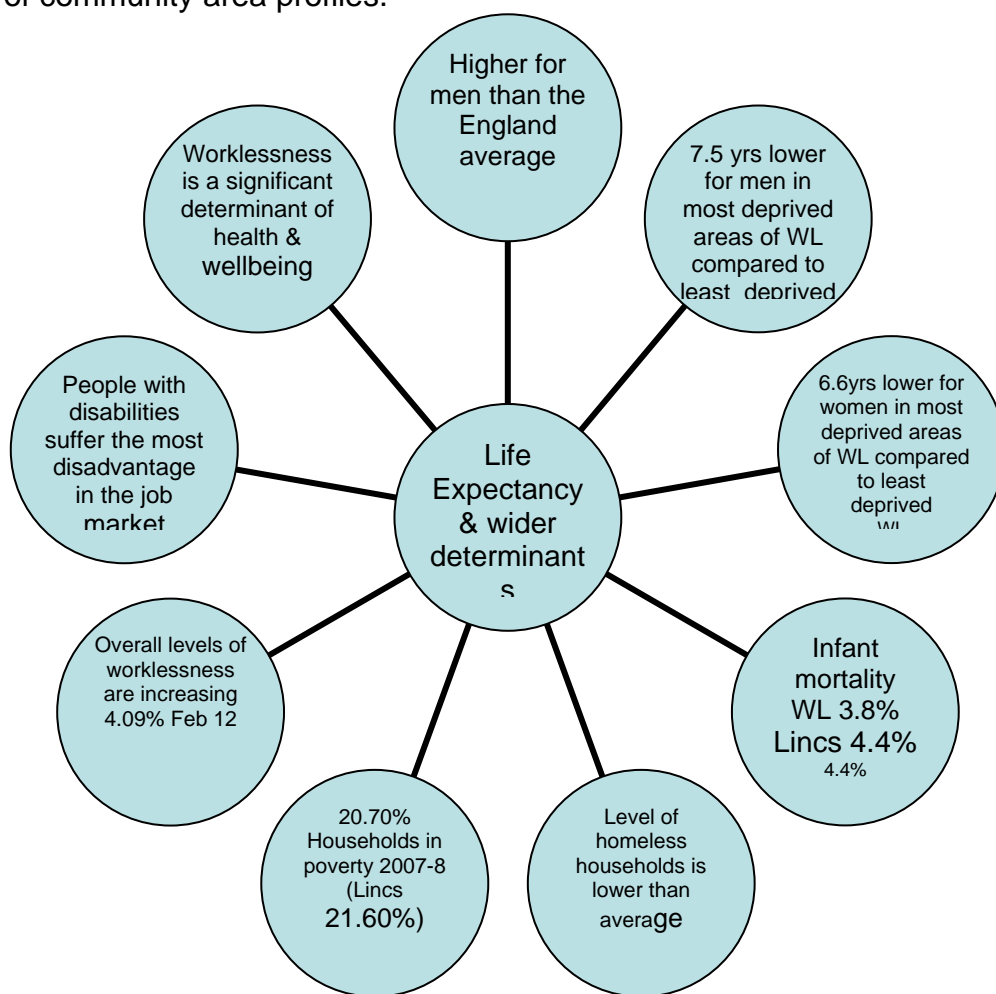
The concept of health is inextricably linked to the way people live their lives and the opportunities available to choose healthy lifestyle choices:

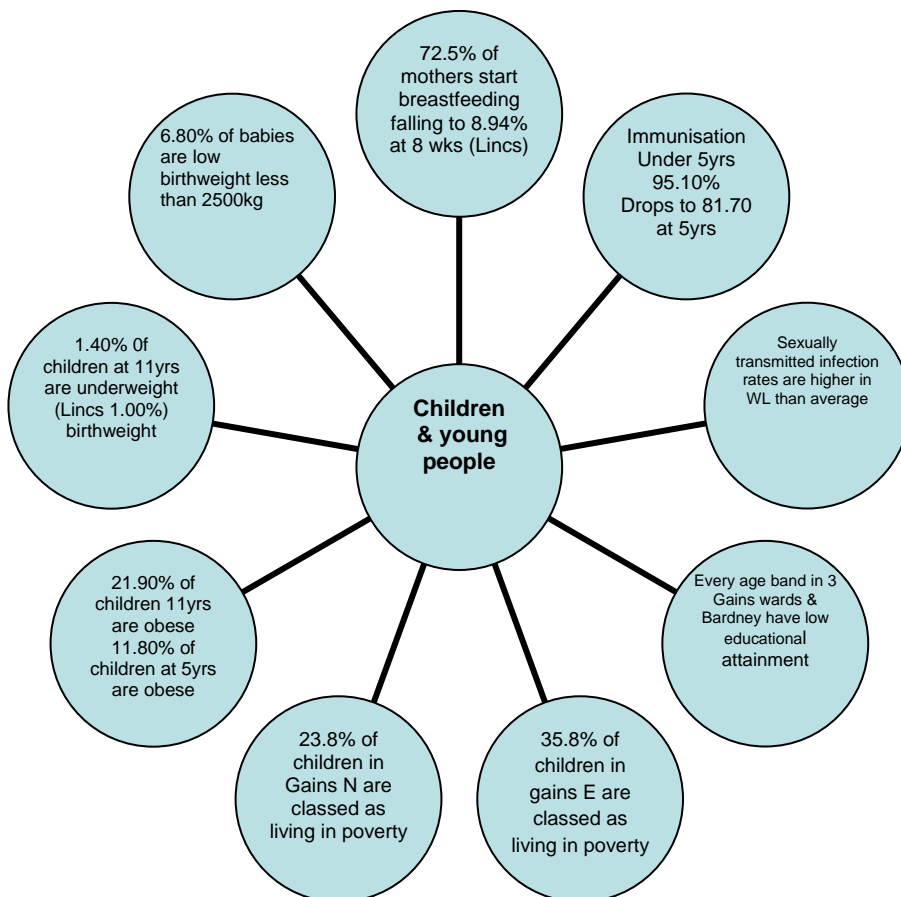
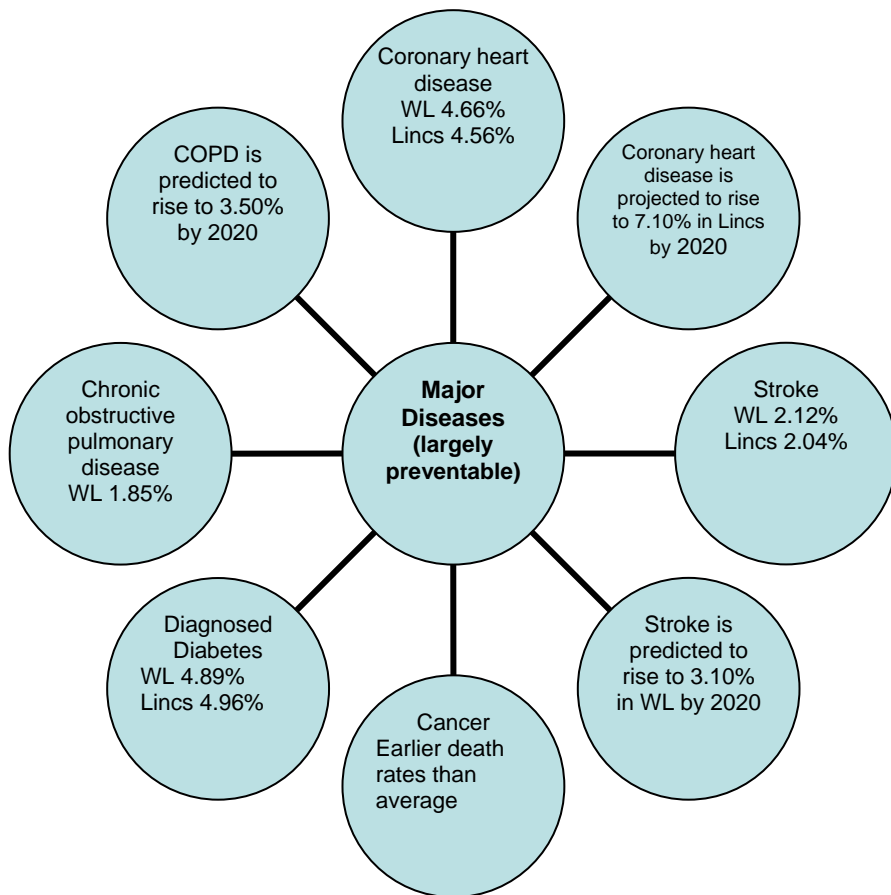
- Health is often described as a positive mental and social state and more than just the absence of disease.
- Wellbeing is defined as a subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life.
- Health inequalities refer to the difference in health status 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 and Whitehead 2006/2009).

## Appendix 6

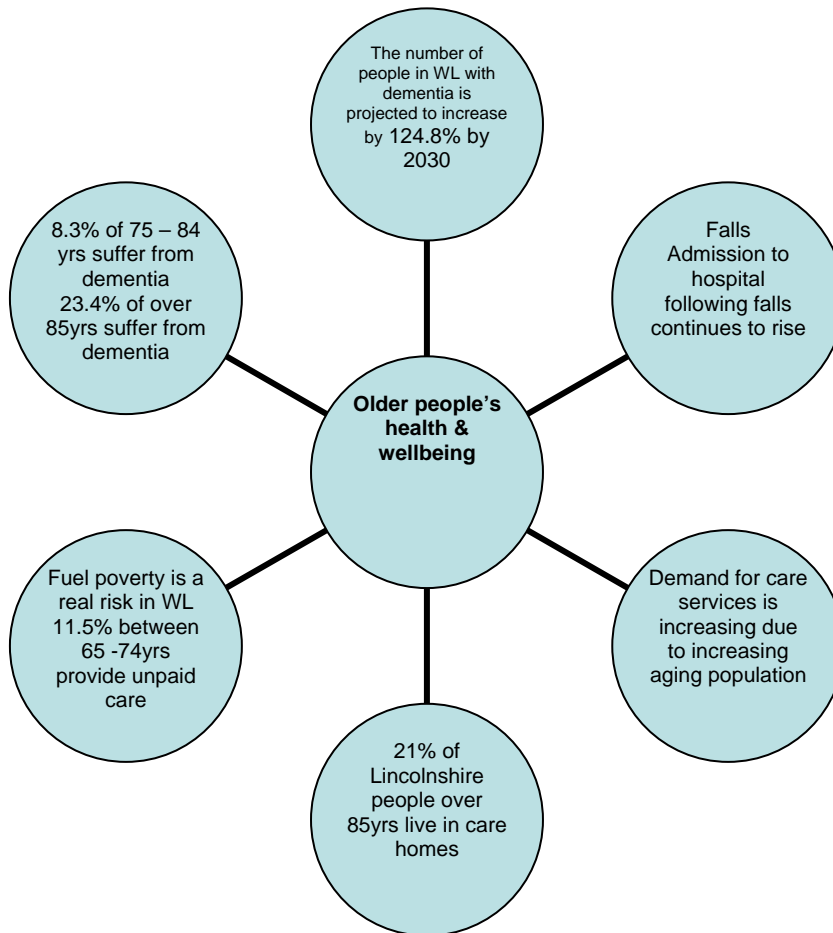
### The Health and Wellbeing of West Lindsey at a Glance 2011

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 of community area profiles.







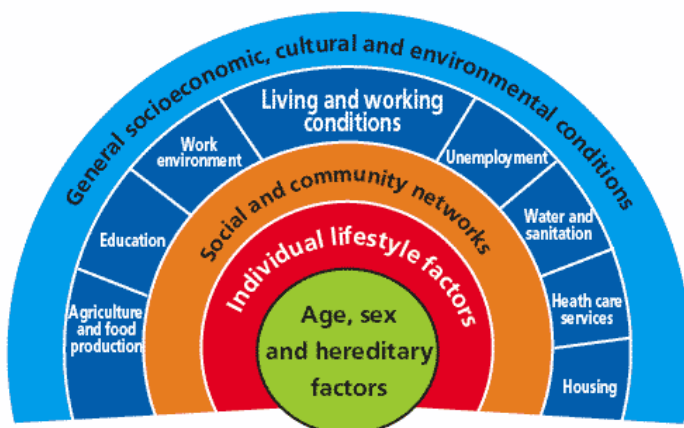


For more information see [www.lincolnshire.nhs.uk](http://www.lincolnshire.nhs.uk) and for a more detailed health summary for West Lindsey see [www.healthprofiles.info](http://www.healthprofiles.info) and for more information on individual topics please visit the interactive JSNA area on Lincolnshire Research Observatory's website (<http://www.research-lincs.org.uk/jsna-topics.aspx>).

- **Mental health** The JSNA has identified that mental health is an important cross cutting issue and as such will be embedded throughout the WL Health and Wellbeing Strategy.
- The level of statutorily **homeless** households and the rate of reported violent crime are both lower than average. Homelessness 2011 0.97% in WL compared to 1.17% in Lincolnshire. Households in poverty 2007-08 is 20.70%/Lincs 21.60%.

### Worklessness

- Overall levels of worklessness have increased in Lincolnshire WL District has an unemployment rate of 4.09% (Feb2012)/ Lincs at 3.78%.
- People with disabilities are one of the groups suffering most disadvantage in the job market often working in lower paid jobs when in employment
- **Worklessness** is a highly significant determinant of people's health. Work improves mental health, reduces the likelihood of poverty, and increases self esteem. It is linked closely to both education achievement and skill base, but is very dependent on economic development. In West Lindsey this is a major issue for health and well-being. Links to Marmot principles c, d, e and f (JSNA 2011)
- **Healthy eating adults** 2011 per GP population is recorded as 31.10%/Lincs 28.60%.



## References