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

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

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

1. **Safeguard and protect** – people feel safe and are safe in their home and protected in their community

2. **Close the Gaps** – inequalities are reduced across all life stages and all communities

3. **Raise Aspirations** – people are empowered to make positive choices to help them be the best they can be

4. **Prevention of Early Deaths** – early detection, prevention and behaviour change linked to the big killers are addressed

5. **Enhance Mental Wellbeing** – good mental health and emotional wellbeing enable people to fulfil their potential

6. **Support Independent Living** – people are supported and enabled to live independently to improve quality of life.
The focus of this high level strategy is on what partners can do better together to add value and identify opportunities for working together differently, whilst delivering value for money. Partners have pledged that they will:

1. Work together for the benefit of the people of North Lincolnshire (across the private, public, voluntary and business sector including commissioned services)

2. Consult with local residents, including those who may be hard to reach or live in a community identified by the JSNA as vulnerable or in need, on the priorities for their organisations

3. Seek to model support and behaviour that promotes the health and wellbeing of their staff in line with the six strategic priority outcomes of the JHWS recognising that their staff are often residents of North Lincolnshire

4. Ensure their staff show commitment to work together

5. Ensure their staff are aware of their roles and how they contribute to the wider health and wellbeing agenda (Making Every Contact Count)

6. Be explicit about the actions they are committing to in order to reduce inequalities and increase wellbeing and provide evidence on performance and impact

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

Our strategic intention and commitment
Who this strategy is for

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

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

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

Why we have a strategy

The Health and Social Care Act 2012, provides the statutory basis for the development and responsibilities of Health and Wellbeing Boards.

A key role for the Health and Wellbeing Board is to assess local needs (via preparation of the JSNA) and to develop a JHWS to address identified need. This strategy is one of the ways that we will work together to make sure services meet the health and wellbeing needs of people in North Lincolnshire.

Our vision, values and principles

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

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

Principles for Service Delivery
We want to have quality services that:
- are acceptable, accessible, available and effective
There are a range of national and local drivers which impact on the work that we do and the way in which we work. As well as the legislative responsibilities to develop a JSNA and this JHWS, the Health and Social Care Act 2012 will have a significant impact on the commissioning of services and arrangements are in place in relation to managing the changes across 2013/14 and beyond.

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

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

National and local drivers

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

Tackling the Health and Wellbeing agenda – everybody’s responsibility

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

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

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

In order to reduce inequalities across the life stages and communities, ‘close the gap’, and tackle serious health and wellbeing issues, it is important that we understand our potential, as individuals, communities, services and organisations, to take a proactive role within health and wellbeing. For example, community volunteers ‘meals on wheels’ (with training and support) could provide information on local services or nutrition and exercise advice - ‘Making Every Contact Count’ (MECC).

It is recognised that there are significant work streams in place, within services and agencies and across partnerships, to address elements of the health and wellbeing agenda. We want to build on our strengths and assets to deliver improved outcomes. The intention of this strategy, however, is not...
North Lincolnshire residents, including children and young people are generally very happy living in this area. This is reflected in local surveys and public consultations, with residents highlighting many of North Lincolnshire’s attractive physical assets, including close access to the countryside, low cost of living, strong sense of community and neighbourliness of local people. Many residents recognise the value of the natural environment and strong local community assets and the opportunities they present for improving health.

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

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

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

It is difficult to report precisely how many people are currently living in North Lincolnshire. However, the latest 2011 Census data suggests that there are in the region of 167,400 people resident in the area. We know this is a relatively stable, middle-aged population and that it is growing faster than our peers and regional neighbours. We also know that the composition of our population has changed over time as younger qualified adults have left North Lincolnshire, the remaining middle-aged population have got older, our Black and Minority Ethnic population has grown. All of these factors will have an impact on the demand for and future shape of health and social care services in our area.

167,400 PEOPLE live in North Lincolnshire

Between 2001 and 2011 the resident population grew by 9.5% compared with 6.4% across the region and 7.9% nationally.

14% GROWTH

A further 14% growth in the population is expected between now and 2035.

POPULATION INCREASE IN ASHYB

All areas of North Lincolnshire have enjoyed growth. The greatest population increase was in Ashby ward which grew by 30% between 2001 and 2011 following significant housing development in the area.

More than half of our population (52%) live in North Lincolnshire’s 6 market towns and 80+ villages and hamlets.

ETHNIC PROFILE

The Black and Minority Ethnic (BME) population of North Lincolnshire is relatively small, 7.2% in 2011 (including White Other), compared with 18.9% nationally.

The largest BME communities in North Lincolnshire are people of ‘Other White’, including Polish and Lithuanian residents, as well as people of Indian, Pakistani and Bangladeshi heritage.

6.5% BORN OUTSIDE UK

In 2011, 6.5% of North Lincolnshire residents (6,634) said they were born outside the UK, compared with 13.8% across England as a whole, including 2,624 people born in Poland, 1,915 from Southern Asia, 759 from Africa.

For 2.5% of households in North Lincolnshire, English is not the main language spoken at home.

19% INCREASE

Between 2001 and 2011 the number of people aged 55 years and older grew by 19%.

Compared with a 13.5% rise amongst this age group nationally.

14.2% GROWTH 34.5% GROWTH

More than half of our population aged 55 and older grew by 14.2% and 34.5%, respectively.

So, in relation to population and place, did you know:
**Place** of North Lincolnshire

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

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

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**22.6% WORK IN MANUFACTURING**

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

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**URBAN/RURAL LIFE**

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

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**LOW HOUSE PRICES**

The average house price is £107,543 compared with a national average of £160,372. (March 2012)

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**HIGHER THAN AVERAGE EARNINGS**

Male full time earnings are £535 a week compared with a regional average of £465, and a national average of £541.

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**HOMES OWNERSHIP FALLING**

69.8% households are owner occupied in North Lincolnshire. Down from 73% in 2001, compared with 64.2% nationally.

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Other ‘infographics’ and more detailed information pertaining the JSNA can be accessed via the North Lincolnshire Data Observatory: http://nldo.northlincs.gov.uk/IAS_Live/
Our strategic priority actions

The JSNA identifies multiple needs and challenges, but it is not appropriate for all of these to be treated as a priority action. We have identified an agreed set of strategic priority outcomes which focuses our partnership action and makes certain that there is joined up working across the health and wellbeing agenda in order to provide improvements and reduce inequalities (across the population of North Lincolnshire but with particular focus on specific life stages, localities and communities as appropriate). There has been a clear consultation process to determine which of the many demands have been prioritised for partnership action under the auspices of this JHWS, with the focus being on ‘adding value’. These have been agreed in partnership and have the clear commitment of the Health and Wellbeing Board and related stakeholders. Our priority actions are:

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<th>Priority Action</th>
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<td>PRIORITY ACTION 2</td>
<td>Addressing poverty and reducing the impact on people – to tackle inequalities between the most and least well off</td>
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<tr>
<td>PRIORITY ACTION 3</td>
<td>Improving literacy (including health literacy) and numeracy skills – to increase people’s understanding leading to better access to services and life chances</td>
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<tr>
<td>PRIORITY ACTION 4</td>
<td>Improving the safety and vibrancy of the night time economy – to encourage and support positive behaviours leading to community resilience</td>
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<tr>
<td>PRIORITY ACTION 5</td>
<td>Advocating and modelling behaviour change – to change the behaviour of individuals and organisations to improve their health and wellbeing</td>
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A diagram outlining our overarching strategic priority outcomes and priority actions is detailed opposite:
### What you said (community voice)

- Those residents who took part in the JSNA consultation were concerned about inequalities in maternal and child health. Many recognised the importance of having good family support in the early years and felt that Mums who had themselves experienced a poor start in life needed additional support to prevent them from passing on poor parenting skills to the next generation.

### What our JSNA told us

- Local evidence shows significant and continuing inequalities in healthy child development and wellbeing, which are reflected right across the life course, from early pregnancy, and early years to adolescence.

- This includes, later than average presentation to maternity services for low income pregnant women, higher rates of smoking in pregnancy, lower rates of breastfeeding, higher rates of infant A&E attendances and emergency hospital admissions, lower uptake of infant immunisations, and vaccinations, and lower social and wellbeing scores on the early years foundation stage profile.

- Both the Marmot review and the White Paper on Public Health identified improvement in maternal health and wellbeing and healthy development in the early years, and the reduction of inequalities as key priorities for national and local action on health improvement.

- The greatest risk to healthy outcomes in the early years is child and family poverty and low income.

- Supporting families to give children and young people the best start in life is identified as a key national Public Health priority for 2013/14.
PRIORITY ACTION 1 – Focusing on ‘best start’ from conception to age 2

Contributory Partners:
Local Authority (inc. Regeneration, Public Health, Strategic Housing, Children’s Centres), North Lincolnshire Homes, Health, Voluntary Sector, local businesses, Schools, Colleges, residents and consumers

Partnership Delivery Mechanisms:
Best Start Group, Maternity Matters, Children’s Trust Board, Health and Wellbeing Board, Troubled Families Executive Group

PEOPLE AND PLACE
(including lifestages, localities and areawide)

Direct impacts
- Improved health chances (particularly for the vulnerable)
- Improved life chances
- Improved maternal health interventions
- Increased investment in early years development
- Improved physical and mental wellbeing
- Improved educational attainment
- Improved learning opportunities for children and young people
- Improved social and emotional wellbeing
- Improved child wellbeing

Indirect impacts
- Commitment to long-term initiatives to support, influence, and improve the lives of children and families living in poverty
- Builds resilience and wellbeing of young people across the social gradient
- Supports the transition to school
- Improved quality of early years workforce
- Improved quality of early years education and childcare
- Improved evidenced based parenting support programmes, children’s centres, advice and assistance
- Provides holistic support to parents and families
- Healthier behaviours
- Support Independent Living
- Enhance Mental Wellbeing
- Infrastructure
- Marmot and wider determinants

Support Independent Living
- Reduced morbidity eg health conditions (circulatory disease, respiratory disease and reduced mental health impacts)
- Improved health behaviours

Enhance Mental Wellbeing
- Improved wellbeing
- Builds resilience and wellbeing of young people across the social gradient
- Provides holistic support to parents and families
- Healthier behaviours

Infrastructures
- Marmot and wider determinants

Prevention of Early Deaths
- Builds resilience and wellbeing of young people across the social gradient
- Provides holistic support to parents and families
- Healthier behaviours

Close the Gaps
- Reduced health inequalities
- Improved maternal health
- Improved evidenced based parenting support programmes, children’s centres, advice and assistance
- Improved quality of early years workforce
- Improved quality of early years education and childcare
- Improved evidenced based parenting support programmes, children’s centres, advice and assistance
- Provides holistic support to parents and families
- Healthier behaviours

Safeguard and Protect
- Reduced morbidity eg health conditions (circulatory disease, respiratory disease and reduced mental health impacts)
- Improved health behaviours

Raise Aspirations
- Improved health chances (particularly for the vulnerable)
- Improved life chances
- Improved maternal health interventions
- Increased investment in early years development
- Improved physical and mental wellbeing
- Improved educational attainment
- Improved learning opportunities for children and young people
- Improved social and emotional wellbeing
- Improved child wellbeing

STRICT PRIORITY OUTCOMES
PRIORITY ACTION 2 – Addressing poverty and reducing the impact on people

What you said (community voice)

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

What our JSNA told us

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

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/
PRIORITy ACTION 2 – Addressing poverty and reducing the impact on people

**Infrastructure**

Marmot and wider determinants

**Mental Wellbeing**

Enhance Mental Wellbeing

**Direct impacts**

PEOPLE AND PLACE (including lifestages, localities and areawide)

**Indirect impacts**

- Improved life chances (particularly for the vulnerable)
- Improved health inequalities
- Improved learning opportunities for children and young people
- Improved educational attainment
- Maximisation of regeneration opportunities
- Reduced fuel poverty
- Improved household budgets/family income/inclusion
- Reduced morbidity eg health conditions (circulatory disease, respiratory disease and reduced mental health impacts)
- Increased in employment
- Improved community engagement and empowerment
- Improved health behaviours
- Healthier communities
- Improved skills and aspirations
- Reduced mortality eg excess winter deaths
- Increased in volunteering
- Improved access to employment / employability
- Improved social cohesion / experience
- Improved child wellbeing
- Improved physical and mental wellbeing
- Safer housing
- Safer communities

**Strategic Priority Outcomes**

- Collabroative service provision to tackle low income neighbourhoods
- Commitment to long-term initiatives to support, influence, and improve the lives of children and families living in poverty
- Improved social cohesion / experience
- Improved public health
- Improved life chances (particularly for the vulnerable)
- Improve access to employment / employability
- Improved health behaviours
- Improved community engagement and empowerment
- Improved health inequalities
- Improved learning opportunities for children and young people
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**Contributory Partners:**

Local Authority (inc. Regeneration, Public Health, Strategic Housing, Children's Centres), North Lincolnshire Homes, Health, Voluntary Sector, local businesses, Schools, Colleges, residents and consumers

**Partnership Delivery Mechanisms:**

Strategic Poverty Partnership, Financial Inclusion Group, Best Start Group
What you said (community voice)

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

What our JSNA told us

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

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/
PRIORITy ACTION 3 – Improving literacy (including health literacy) and numeracy skills

**Infrastructure**

**Marmot and wider determinants**

**Enhance Mental Wellbeing**

**Support Independent Living**

**Prevention of Early Deaths**

**Close the Gaps**

**Raise Aspirations**

**Indirect impacts**

**Direct impacts**

**PEOPLE AND PLACE**

(including lifestages, localities and areawide)

- Improved health literacy for population and front line workforce
- Reduced health inequalities
- Increase in employment
- Increase in volunteering
- More people with level 2 qualifications
- Reduced burden of preventable disease
- Improved early diagnosis
- Change in behaviours – i.e. reduced smoking, more take up of physical exercise, less alcohol intake
- Increase in screening uptake
- People accessing services appropriately and timely
- People staying independent and healthier into old age
- Reduced health inequalities
- People staying independent and healthier into old age

**Contributory Partners:**

 Colleges, Voluntary Sector, Schools, Local Authority (inc. Adult Learning, Public Health, School Improvement), residents and consumers

**Partnership Delivery Mechanisms:**

 Children's Trust Board, Education and Economic Engagement Partnership, Best Start Group, Social Marketing Consortium, Early Years Matters Partnership
## PRIORITY ACTION 4 – Improving the safety and vibrancy of the night time economy

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

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

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This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/
PRIORIT AMEO ACTION 4 – Improving the safety and vibrancy of the night time economy

Contributory Partners:
Probation, Health (inc. EMAS, St John Ambulance, NLAG A&E), Police Authority, Office of PCC, Chambers of Commerce, Local Authority (inc. licensing, transport, hospitality and entertainment, planning and development, regeneration), local businesses, Voluntary Sector, residents and consumers

Partnership Delivery Mechanisms:
Safer Neighbourhoods Partnership, Domestic Violence Strategy, Alcohol Partnership, Safer Neighbourhood Operational Group

PEOPLE AND PLACE
(including lifestages, localities and areawide)

Direct impacts

- Lower crime and anti social behaviour
- Improved perceptions i.e. via Purple Flag award
- Reduced health inequalities
- More successful mixed use economy
- Increased expenditure
- Increase in visitors
- Raised profile and improved public image
- Behaviour change i.e. fewer domestic abuse/domestic incidents
- More accessible night time economy
- Safer streets and safer communities
- Reduced alcohol intake
- Fewer alcohol / violence related hospital admissions

Indirect impacts

- Reduced in alcohol related illnesses
- Safer Neighbourhoods Partnership
- Domestic Violence Strategy
- Alcohol Partnership
- Safer Neighbourhood Operational Group

STRATEGIC PRIORITY OUTCOMES

- Infrastructure
- Marmot and wider determinants
- Enhance Mental Wellbeing
- Support Independent Living
- Prevent Early Deaths
- Safeguard and Protect
- Close the Gaps
- Raise Aspirations
PRIORITY ACTION 5 – Advocating and modelling behaviour change

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

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

This is indicative (not exhaustive) community voice and needs assessment data that provides some explanation as to how we came to this priority action. More detailed information can be found via the North Lincolnshire Data Observatory http://nldo.northlincs.gov.uk/IAS_Live/
PRIORIT Y ACTION 5 – Advocating and modelling behaviour change

**Infrastru cture**

Marmot and wider determinants

**Enhanced Mental Wellbeing**

**Direct impacts**

- Met new public health responsibilities
- Supports lifestyle behaviour change ‘Making Every Contact Count’
- Improved work environments
- Improved population health
- Improvement in social approval for health enhancing behaviours
- Boost local economy and cut costs to local public services
- Improved employee resilience
- Improved management of workplace illness and overall culture towards illness
- Advocates for health
- Supports workplace and community cohesion
- Improved physical work environments
- Changes in knowledge, attitudes and behaviour towards illness by employers
- Positive effects on climate change

**Indirect impacts**

- Improved employee resilience
- Improved management of workplace illness and overall culture towards illness
- Crusades for health
- Supports workplace and community cohesion
- Improved physical work environments

**PEOPLE AND PLACE**

(including lifestages, localities and areawide)

**Close the Gaps**

**Support Independent Living**

**Safeguard and Protect**

**Preventio n of Early Deaths**

**STRATEGIC PRIORITY OUTCOMES**

**Contributory Partners:**

Police Authority, Office of PCC, Health, Local Authority, Probation, North Lincolnshire Homes, Schools, Colleges, Voluntary Sector, Fire Authority, Job Centre Plus, Healthwatch, residents and consumers

**Partnership Delivery Mechanisms:**

Council Management Team
Clinical Commissioning Group Committee
Integrated Working Partnership
Monitoring and Review

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

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

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

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

(See document 3 for the detailed delivery plans)

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

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

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

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

Closing Statement and Key Messages

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

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

By working together, it is our intention that:

“North Lincolnshire is a healthy place to live where everyone enjoys improved wellbeing and where inequalities are significantly reduced”
## Appendix 1 - Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>ALS – Adolescent Lifestyle Survey</td>
<td>Survey undertaken in secondary phase schools as a consultation exercise to elicit the views and perceptions of young people in relation to their health and wellbeing (and that of their peers). The outcomes are extensively used to information planning and commissioning.</td>
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<tr>
<td>CCG – Clinical Commissioning Group</td>
<td>Clinical Commissioning Groups are statutory NHS organisations that represent GP practices and are responsible for designing local health services in England. They do this by commissioning (buying) healthcare services including elective hospital care, rehabilitation care, urgent and emergency care, most community health services and mental health and learning disability services.</td>
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<td>CYP – Children and Young People</td>
<td>Refers to children and young people within the population.</td>
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<td>HWB - Health and Wellbeing Board</td>
<td>The Heath and Social Care Act 2012 establishes the Health and Wellbeing Board as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board is required to prepare and publish a Joint Strategic Needs Assessment, prepare and publish a Joint Health and Wellbeing Strategy and encourage integrated working.</td>
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<td>ICP - Integrated Commissioning Partnership</td>
<td>The ICP is a working group that is accountable to the Health and Wellbeing Board.</td>
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<td>Inequalities</td>
<td>The gap between disadvantaged groups, communities and the better off.</td>
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<tr>
<td>IWP – Integrated Working Partnership</td>
<td>The IWP is a working group that is accountable to the Health and Wellbeing Board.</td>
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<td>JHWS – Joint Health and Wellbeing Strategy</td>
<td>Statutory strategy under the auspices of the Health and Social Care Act 2012 to focus partnership action to address identified need to improve the health and wellbeing of people in North Lincolnshire and reduce inequalities.</td>
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<td>JSNA – Joint Strategic Needs Assessment</td>
<td>The JSNA brings together an analysis of health and social care trends in North Lincolnshire as well as comparisons with other local authorities and Clinical Commissioning Groups across the region and sub region. It also takes into account the community voice of North Lincolnshire.</td>
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<tr>
<td>LA - Local Authority</td>
<td>Locally the LA is North Lincolnshire Council.</td>
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<tr>
<td>LAC (DH) – Local Authority Circular (Department of Health)</td>
<td>Refers to information briefings which advise and guide Local Authorities to help achieve consistent standards.</td>
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<td>LSCB – Local Safeguarding Children Board</td>
<td>The LSCB is responsible for ensuring partners fulfil their safeguarding responsibilities.</td>
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<td>MECC – Making Every Contact Count</td>
<td>A long-term strategy that aims to help create a healthier population and reduce NHS costs, with a focus on doing ‘more with less’ to use resources more efficiently to deliver the best patient care.</td>
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<tr>
<td>Sir Michael Marmot (Fair Society Healthy Lives)</td>
<td>The Marmot Review into health inequalities in England was published on 11 February 2010. It proposes an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities. It draws further attention to the evidence that most people in England aren’t living as long as the best off in society and spend longer in ill-health. The strategic outcomes have been aligned to a life course approach (starting well, growing well, living and working well, ageing and retiring well and end of life) while identifying what the Marmot recommended priorities are in order to work towards reducing inequalities within our neighbourhoods. The key messages from Sir Michael Marmot’s ‘Fair Society Healthy Lives’ review suggest that: • Reducing health inequalities is a matter of fairness and social justice, and that those dying prematurely in England as result of health inequalities could have enjoyed between 1.3 and 2.5 million extra years of life; • There is a social gradient in health – the lower a person’s social position – the worse his/her health and actions should focus on reducing this gradient; • Health inequalities result from social inequalities – tackling this requires action across the social determinants of health; • The focus should not be solely on the most disadvantaged which will not reduce health inequalities sufficiently – the steepness of the social gradient in health should be reduced by action that is universal and within a scale and intensity that is proportionate to the level of disadvantage; • Action taken to reduce health inequalities will benefit society in many ways, having economic benefits in as much as reducing losses from illness associated with health inequalities eg productivity, reduced tax revenue, higher welfare payments, increasing treatment costs; • Fair distribution of health, wellbeing and sustainability are most important social goals as well as economic growth; • Tackling social inequalities in health and climate change must go together; • Reducing health inequalities requires action on 6 policy objectives: give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure healthy standard of living for all; create and develop healthy and sustainable places and communities; and strengthen the role and impact of ill-health prevention;</td>
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### Appendix 1 - Glossary, continued

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| Sir Michael Marmot (Fair Society Healthy Lives)     | • Delivering these policy objectives requires action by central and local government, the NHS, third and private sectors and community groups; delivering on national policies requires effective local delivery systems focused on health equity in all policies;  
• Effective local delivery requires participatory decision making at a local level by empowering individuals and local communities. (Sir Michael Marmot 2010) |
| NLC – North Lincolnshire Council                    | Under the auspices of the Health and Social Care Act 2012, North Lincolnshire Council (the LA – Local Authority) is responsible for improving the health of its population.                                             |
| Partners                                            | HWB and commissioning organisations involved in delivery of JHWS and JSNA review and development.                                                                                                              |
| Public Health Outcomes Framework                    | This framework sets out the vision for public health, desired outcomes and indicators that will help us understand how well public health is being improved and protected.                                      |
| Purple Flag                                         | The accreditation scheme that recognises excellence in the management of town and city centres at night. It aims to raise standards and improve the quality of our towns and cities at night. |
| SEN – Special Educational Needs                     | Refers to people (across all the life stages) with special educational needs.                                                                                                                                |
| Third Sector                                        | Services, agencies and organisations within the voluntary and community sector.                                                                                                                             |
| TCS – Transforming Community Services                | TCS is a work programme to improve community services so they can provide modern, personalised and responsive care of a consistently high quality that is accessible to all.                                      |
| WHIP – Wellbeing and Health Improvement Partnership  | The WHIP was a sub group of the now obsolete Local Strategic Partnership.                                                                                                                                    |
| Wider determinants of health                        | Also known as the social determinants of health, these have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. Included in those 'causes of the causes' are the 'conditions of daily life' as well as structural influences. Those conditions and influences determine the extent to which a person has the right physical, social and personal resources to meet their needs, deal with changes to their circumstances and achieve their goals. |