

# Draft for discussion

Proposed North Lincs Place Population Health, Prevention  
and Reducing Health Inequalities Strategic Approach/  
Framework

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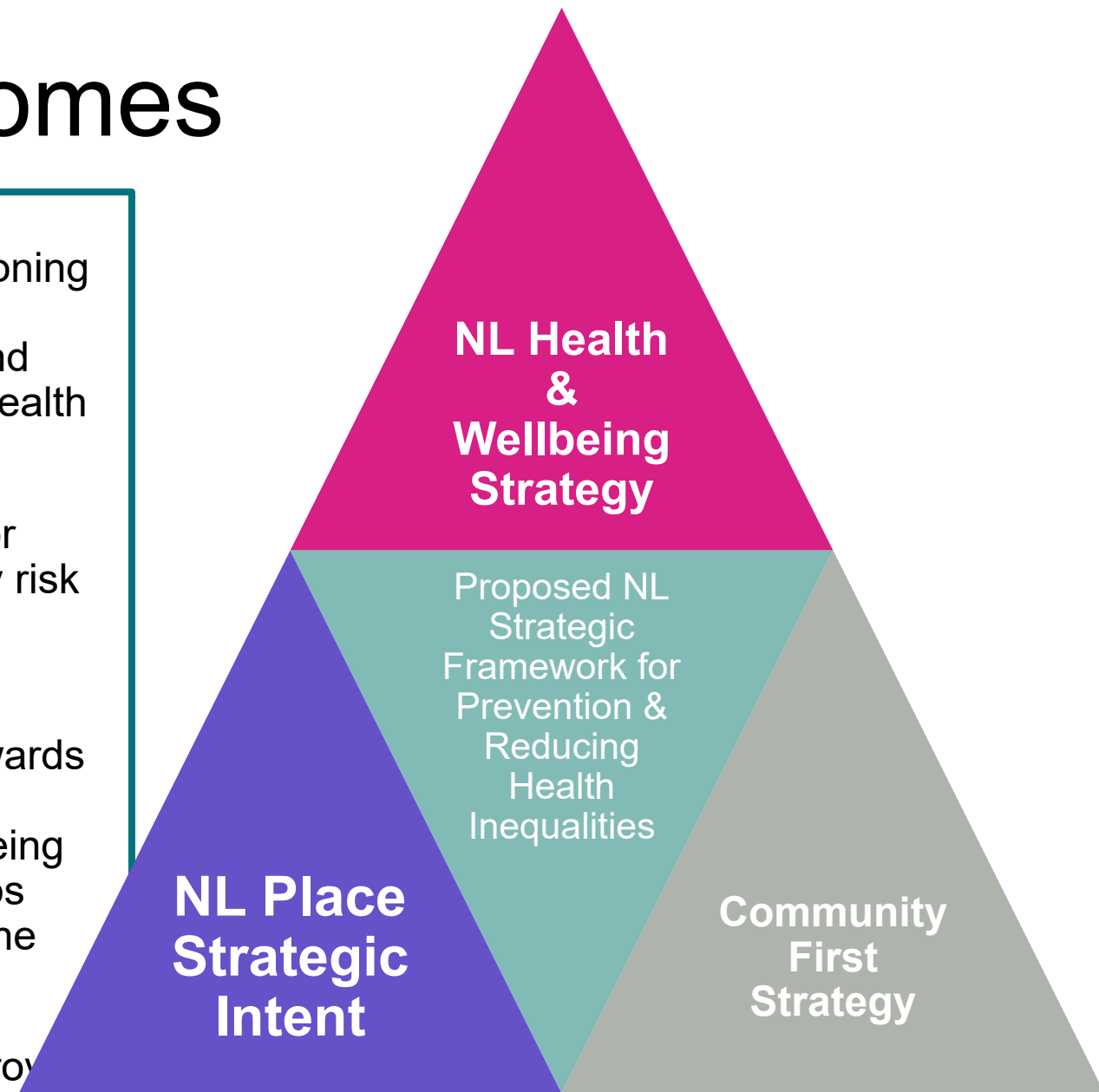
**North  
Lincolnshire  
Council**

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

| Purpose of the strategic framework  | why this is important   |
|---|---|
| <p>To agree a set of principles and ways of working that Place Partners could sign up to as a joint whole systems approach to driving prevention and reducing health inequalities across our whole population in North Lincolnshire.</p>    | <p>A set of unified principles will ensure that all place partners are in agreement about the need to prioritise prevention and reducing health inequalities at all levels within health and social care.</p> <p>To better understand the prevention activity all partners deliver for primary, secondary and tertiary prevention in key areas (e.g. preventing obesity and promoting a healthy weight)</p> |
| <p>To Identify Where there may be gaps in the offer in primary/secondary or tertiary prevention and gaps in reducing key risk factors that contribute to long term conditions (Health diet, high BMI, high blood pressure and smoking.)</p> | <p>Early identification is the most effective way to improve health outcomes and reduce downstream costs.</p>   |
| <p>To support a whole systems approach, consistent approach to strategy, terminology and narrative to drive prevention and reduce inequalities in health.</p>   | <p>The benefits of a whole systems approach is that it can prevent duplication, improve economies of scale and tackle the wider determinants of health.</p> <p>So that our offer is as effective as it can be supporting fewest best interventions and a 'One Council, One Family One Place approach'. This can also form part of the refreshed Health &amp; Wellbeing Strategy for North Lincs.</p>        |
| <p>To identify where actions on creating / improving an accessible and healthy environment and the wider determinant of health will have a positive impact.</p>   | <p>Targeting evidence based interventions will improve impactability through a universal proportionalism approach. This will help ensure resources can be allocated to meet the greatest need (To better enable people to access a healthier life.</p>  |

# Draft Expected Outcomes

1. NL Place partners agree and implement a set of principles and ambitions that will drive commissioning and transformation activity that will enhance our collective action to prevent avoidable ill health and long-term conditions and reduce inequalities in health and wellbeing, across the NL population.
2. The integration of Place partners interventions for primary, secondary and tertiary prevention of key risk factors for poor health and wellbeing, will be strengthened and any gaps filled.
3. Health Inequalities are reduced between those wards and population groups where we see the highest inequalities in health and worst health and wellbeing outcomes and those wards and population groups where we see the least inequality in health and the best health and wellbeing outcomes.
4. All our outcomes and offers are designed to improve health and wellbeing and reduce health inequalities



# Primary Prevention

Taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

For example, health promotion – people do not start smoking – preventing things happening in the first place

NL Health & Wellbeing Strategy  
[LINK](#)

# Secondary Prevention

Systematically detecting the early stages of disease and intervening before full symptoms develop

For example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.  
Early detection and treatment of disease-screening, raising awareness

NL Community First Strategy People are enabled to keep well. We have committed to prioritise prevention and early help

# Tertiary Prevention

Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

For example, strength based exercise for people with frailty, PHBs for people with complex health and care needs or life limiting conditions.

NL Community First Strategy : a single Integrated Strategic Commissioning and Safeguarding approach that maximises Place resources to best effect to meet need and achieve the best quality of provision for residents and that focuses on those who are most vulnerable.



# North Lincolnshire Strategic Intent

## Our Ambition

Our ambition is for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected; experiencing better health and wellbeing

## Priorities for Collective Investment

The integrated practise model will be person centred

Mental health and wellbeing will thread through all that we do across all age

There will be a single workforce strategy covering; leadership and management, recruitment and retention, reward and recognition, career pathways, and talent development



Asset based community development will identify and work with the strengths of communities to level up North Lincolnshire

People with long term conditions such as lung and heart disease, will improve experience proportionately good health

Healthy life expectancy will improve for our population

Access to health and care will take account of rural challenges

The health inequalities gap will reduce across our wards

Innovation will be supported including digital tools that enable individuals to maximise their health and wellbeing

# Defining the Terms: *Prevention, Population Health, Population Health Management and Health Inequalities*

## Public Health

Public health is the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society. The public health workforce delivers a range of work to protect and improve the health of populations at local, regional, national, and global level.

## Prevention

### Primary Prevention

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### Secondary Prevention

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### Tertiary Prevention

Softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

## Population Health

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies. [Buck et al 2018, p 18](#)

## Population Health Management

Population health management (PHM) is an approach that uses data (intelligence, insights and co-production) to help health and care systems to improve population health and wellbeing and reduce inequalities in health by identifying and targeting resources at the cohorts of people who are experiencing the greatest health disparities. Population health management requires a system wide approach. Organisations working in health and wellbeing and in fields related to the wider determinants of health, as well as with the broader community, will need to work together to tackle the root causes of ill health and deliver services tailored to the needs of the local population.

## Health Inequalities

“Health inequalities are **unfair and avoidable** differences in health across the population, and between different groups within society”. [NHS England » What are healthcare inequalities?](#)

Health Inequalities  
A cross cutting theme to target avoidable differences in health  
across population groups



*‘how should our approach to health and care delivery evolve to improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity?’*

## Our strategic framework focuses on:

**Primary prevention:**  
acting across the population to reduce risk of disease

**Secondary prevention:**  
halting progression of conditions or risk factors for an individual

**Early diagnosis:**  
so we can identify health conditions early, to make treatment quicker and easier

**Prompt and urgent care:**  
treating conditions before they become crises

**Long-term care and treatment:**  
in both NHS and social care settings

## To have the greatest impact, we will prioritise change in five areas:

1



Rebalancing the health and care system towards proactive prevention by **managing personalised risk factors**

2



Embedding early diagnosis and treatment **in the community**

3



Managing multiple conditions effectively – including through **aligning generalism and specialism**

4



Better connection and **integration between physical and mental health services**

5



Shaping services and support around people, giving them **more choice and control over their care**

# Ambitions

## Leadership

- All partners take a lead role in prevention and reducing health inequalities as a foundation of everything we do.
- Partners working together with a shared vision.



## Whole Systems Approach

- Understanding all partners interventions on prevention and reducing health inequalities, where the gaps are and where we can join up better.
- A common language.
- Data sharing agreements
- Acting together as Place Partners to drive prevention for our



## Embedding a Population Health and preventing approach across the system

- Improving health reducing costs.
- A better shared understanding of all partners role in prevention and reducing health inequalities and explore where we could better integrate our interventions and workforce.



## Healthy resilient places

- A healthy place supporting a thriving economy with a healthy working age population.

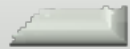


## Targeting –to match the need

- Targeting those groups and individuals who are experiencing the worst health and wellbeing outcomes.
- Invest where we can make the biggest gain and impact on peoples health and driving a healthy economy.



# Draft Principles



Invest resources in a way that is fair, equitable, and aligned to the evidence base on need and propensity for impact.

Address the root causes of health inequalities, not just the symptoms. Invest in what makes us healthy [Infographic: What makes us healthy?](#)



Build sustainable solutions that will have a long-term impact.



Prioritise health equity and targeting interventions, so that resources match need and we aim for an equity of opportunity rather than an equity of input / intervention.



Rebalance the health and care system towards proactive prevention by managing personalised risk factors



Develop and invest in Community Assets and add social value.



Work in partnership as a whole system to invest in prevention activity that will have the greatest positive impact on population health.

# How can we make this happen

Agree principles that drive how we invest in prevention and reducing inequalities in health

Map out the whole systems primary secondary and tertiary prevention activity across system partners for each priority

Data sharing agreements  
Providing the data, intelligence and insight for prioritising investment in prevention and reducing inequalities in health

Whole systems approaches to drive prevention and reducing inequalities.

Agree a common language and consistent narrative for prevention and reducing health inequalities among Place partners