

NORTH LINCOLNSHIRE COUNCIL

HEALTH & WELLBEING BOARD

**JOINT HEALTH AND WELLBEING BOARD STRATEGY
DELIVERY AND PROGRESS**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To update the Health and Wellbeing Board Members on progress achieved to deliver the Joint Health and Wellbeing Board Strategy's themes and priorities.

2.0 BACKGROUND INFORMATION

- 2.1 The Joint Health and Wellbeing Board Strategy 2021-2026 (JHWBS) was approved on 19th November 2021, which set out 6 health and wellbeing themes to focus on over the next five years. These themes are:
1. Keeping North Lincolnshire safe and well.
 2. Babies and young people have the best start in life.
 3. People enjoy healthy lives.
 4. People experience equity of access to support their health and wellbeing.
 5. Communities are enabled to be healthy and resilient.
 6. To have the best systems and enablers to effect change.
- 2.2 In addition to these themes the HWB required a new approach to be developed based on population health management (PHM) principles. PHM is an approach that uses data and evidence to inform the design of interventions and services to improve health and make better use of public resources. The aim of PHM is about improving the health and wellbeing of all North Lincolnshire residents, with a specific focus on prevention, improving health equity and 'closing the gap'.

3.0 PROGRESS AGAINST THE JSHWB THEME AND PRIORITIES

3.1 Developing the Population Health Management and Preventative Partnership (PHMPP)

- 3.1.1 The partnership is seen as the 'engine room' for prioritising and sponsoring key workstreams. The partnership has senior representatives from key organisations including NLCCG, PCN directors, fire and rescue service, police, housing voluntary and community sector and council services.

We will use existing strategic partnerships to sponsor projects, develop task and finish workstreams and provide governance oversight. This will ensure duplication is eliminated and provides a 'readymade' infrastructure for the themes to be progress at the earliest opportunity. Appendix 1 shows how the PHMPP interacts with existing groups and the HWB.

3.1.2 The prevention partnership has met twice and is starting to develop a cohesive approach to using PHM. The following workstreams have been identified from, the first two meetings:

- a. Reducing the rates of teenage conceptions by increasing resilience of young people.
- b. Develop data packs for PCNs to help understand local populations' (unmet) needs and priorities.
- c. Targeted supported self-management: work on helping individuals to support themselves and delay the need for community, primary or acute services.
- d. Prioritise work on frailty and prevention.

Work has commenced on items a, b and c which are discussed below.

3.2 Reducing rates of teenage conception (relates to theme 2)

3.2.1 The governance and oversight for this theme is being provided by the Integrated Children's Trust (ICT). The ICT has recommended that a task and finish group be put in place to look at reducing the number of teenage conceptions in North Lincolnshire. Full years data for 2019 showed the rate of teenage conceptions per 1,000 was significantly worse than the England average, although rolling average data in for 2020 shows a decreasing trend. This work is important as teenage conceptions are associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of mental health problems than older mothers¹.

3.2.2 A multiagency task and finish group has been convened to look at:

- Upstream primary prevention to explore the actions that will make a difference to young people's resilience to unintended under 18yr conceptions.
- Identify whole system leadership for teenage pregnancy reduction.
- Link to personal, social, health and economic education (PHSE) leads in schools – how can we add value?
- A PHM approach that will identify our target cohort.
- Coproduce with young people and building on what good looks like, evidence and best practice.

3.3 Developing packs from PCNS (relates to themes 6)

3.3.1 A task and finish group has been convened to look at publishing data pack for PCNs which will provide information around health priorities, unmet need and wider determinants of health. Driven by CCG analytical support, an initial data-pack has been drafted for one NL PCN which provided a detailed picture of the PCN's population's health along with benchmarking information. The next stage is to:

- Develop a standardised template for other PCNs and populated.
- Deliver the data packs (eg presentation) in a way that suits PCN directors.
- Develop an 'analytics offer' to PCNs (eg support with data analysis, impact tools, case finding and online resources eg RAIDR).

3.4 Supported Self-Management: (related to theme 4)

3.4.1 A task and finish group has been convened to explore how we can best identify and support people experiencing the greatest disparities in not having the knowledge skills and confidence to manage their health, wellbeing and care and stay out of unplanned care. The objectives will be:

- To identify the cohort of people who experience the greatest risk of experiencing poor health and wellbeing and unplanned care.
- To identify the factors that impact on increasing the risk of unplanned care for this group
- To coproduce with this cohort of people what would have a positive impact on their knowledge skills and confidence to manage their health care and wellbeing to avoid unplanned care and stay out of services.
- Make recommendations, identify service quality improvements, identify resource to take action to improve health and wellbeing.

3.5 Keeping North Lincolnshire safe and well (relates to theme 1)

3.5.1 This theme focuses on enabling residents to remain safe and minimize their risk of harm from COVID-19. The work is being undertaken by the Health Protection and Outbreak Management Group (HPOM). Clearly the group has prioritised protecting the most vulnerable people and has maximised opportunity for vaccine uptake. As COVID infections rates have started to fall, the work of infection prevention controls teams has been geared towards helping business and settings become self-sufficient in dealing with smaller numbers of cases.

3.5.2 Since the JHWB strategy was approved, North Lincolnshire Public Health has now become part of the Greater Lincolnshire Public Health. This has now presented opportunities which are being explored about how health protection and resilience can be improved by utilising skills and capacity from across the three local authorities.

4.0 OPTIONS FOR CONSIDERATION

- 4.1 The Health and Wellbeing Board is asked to consider this report and note the work undertaken on the JHWBS priority themes.

5.0 ANALYSIS OF OPTIONS

- 5.1 Successful completion of the work streams will have a positive impact of the quality of people's health, wellbeing, quality of life and life chances. Using PHM and prevention principles will benefit resident in two ways: Firstly, it can keep people healthier for longer and delay the need for health and/or social care and secondary it can reduce the demand for services meaning greater efficiency and improved opportunities for those most in need of health and social care services.

6.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

- 6.1 None

7.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

- 7.1 None

8.1 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 8.1 Not relevant at this stage. Relevant policy or service changes proposed as a result of JHWBS work will be subject impact assessments

9.0 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

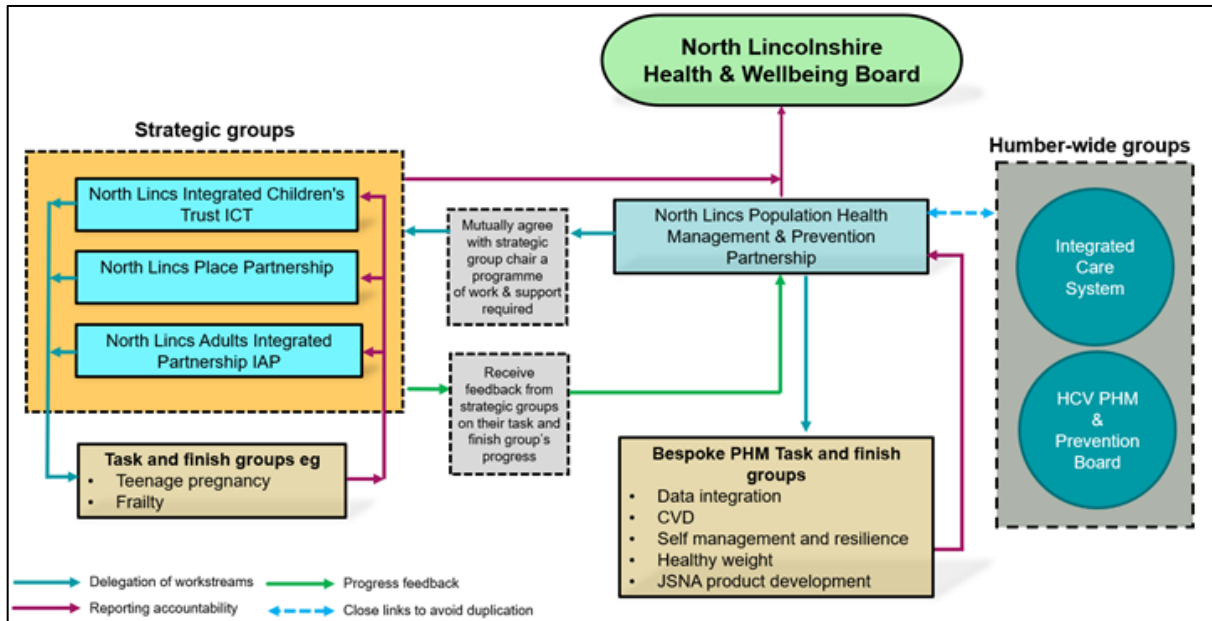
- 9.1 Not relevant for this report

10.0 RECOMMENDATIONS

- 10.1 That the Health and Wellbeing Board notes the work undertaken in delivering the themes set out in the JHWBS

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Appendix 1

Accountability and Linkages Population Health Management and Preventative Partnership