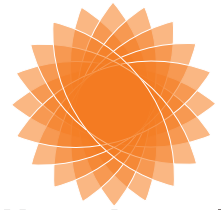


North Kesteven District Council



districtnk
North Kesteven District Council

Health and Wellbeing Strategy

Inspiring Health and Wellbeing in North Kesteven



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North Kesteven District Council is committed to health and wellbeing

We believe that improving health and wellbeing will help the council to achieve its vision and priorities for North Kesteven; a vision for flourishing communities, and priorities linked to health improvement, community and economic development.



In 2013, when the first Health and Wellbeing Strategy was published for North Kesteven, the key message from Public Health England was making health everybody's business. This marked the introduction of a new public health system with an integrated, whole system approach that included public health functions being integrated into local authorities, in Lincolnshire's case, the County Council.

The principle aim was to help people to live longer and healthier lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise and alcohol. Since then there has been an increasing realisation that to achieve that aim, there needs to be a far greater emphasis on coordinating efforts.

In September 2016, Professor Sir Bruce Keogh, Medical Director of the NHS said: "For the NHS to be sustainable, people need to become more active in managing their own health, wellbeing and care. They need to be supported to make good choices and more equal conversations, based on a strong partnership between clinician and patient, are vital for achieving this".

Preventing ill health is the new buzz phrase and relies on people to step up to the challenge of managing their own health, as Sir Keogh states. To encourage this, there are new, straight forward initiatives that are giving clinicians and residents the means to make realistic lifestyle changes. Initiatives like Health Coaching that encourages a better conversation with GPs and their patients, and Make Every Contact Count, a behaviour change mechanism using existing day to day interactions to support people to make positive changes to their physical and mental health and wellbeing. Both of these are designed to nurture a culture of change.

Today there is a much stronger lean towards physical and mental health and wellbeing and less of a focus on simply diet and exercise, in recognition of the need to nurture good mental health alongside the physical elements of health. This strategy aims to set out the ways in which North Kesteven District Council, with key partners from across the piece can play a lead role in providing practical and sustainable support to residents to enable them to live longer, healthier lives.



Ian Fytche
Chief Executive

Clr Marion Brighton OBE
Council Leader

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The purpose of this strategy is to:

Identify the key priorities for improving health and wellbeing

Identify existing arrangements that support residents to improve their health and wellbeing

Set out on a very practical level what we are able to achieve to support good health and wellbeing, and

To support the creation of a District wide action plan to support good health and wellbeing.

There are three principal aims which are:

To improve coordination of health and wellbeing activities across the District

To drive and influence the delivery of health care in our District

To reduce health inequalities and improve health and wellbeing for everyone



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Health and Wellbeing in North Kesteven (a snapshot)

North Kesteven is one of the 20% least deprived districts/unitary authorities in England. Life expectancy for both men and women is higher than the England average, at 81.5 years and 83.9 years respectively, and the District has retained the position of the safest place to live in the country for the last three years. Educational attainment is high, unemployment is low, and the area is recognised as being a good place to live.

In September 2016 the Office for National Statistics (ONS) annual Wellbeing Survey rated North Kesteven as the top District in the country in terms of life satisfaction, and second in the country for people feeling like life is worthwhile. The District was also in the top 10% for happiness and the top 20% for least anxiety.

Public Health England, District Health Profile

The 2016 Health Profile for the District published by Public Health England includes an assessment of whether a local authority’s performance is significantly better than the English average, not significantly different from the average, or significantly worse than the average. The 2016 profile indicates that the health of people in North Kesteven is on the whole significantly better than the England average. The profile provides a comparison of 31 indicators in five different categories (or domains), and these categories are:

1. **Our communities**
2. **Children’s and young people’s health**
3. **Adults’ health and lifestyle**
4. **Disease and poor health, and**
5. **Life expectancy and causes of death.**



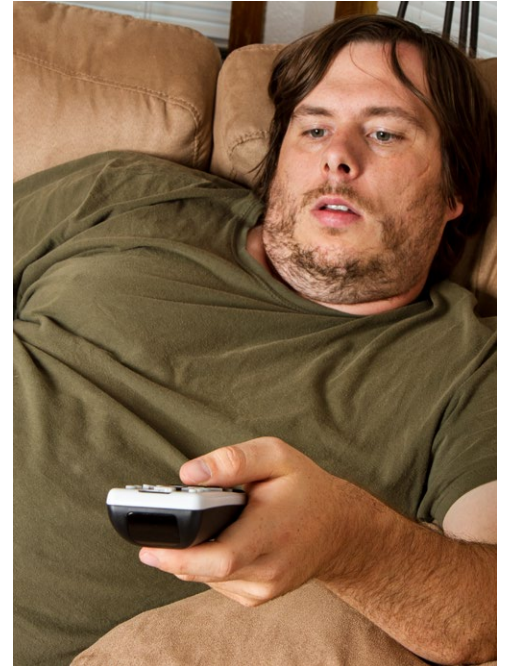
North Kesteven rated significantly better in 18 indicators, there was no significant difference in three indicators, and no comparable data for six indicators. However, the District was rated as being significantly worse than the England average for the following four indicators:

Indicator	District Health Profile 2016	
	England Value	NK Value
Excess weight in adults	64.6%	69.2%
Recorded diabetes	6.4%	7.0%
Hip fractures in over 65s (Rate per 100,000 population)	571	698
Killed and seriously injured on roads (Rate per 100,000 population)	39.3	50.4

Excess weight and obesity in adults

Data extracted from the Active People Survey 2012 and 2013, and recorded in the District Health Profile, indicates that excess weight in adults is continuing to increase, from 65.5% to 69.2%. It is not possible to provide more than a two year data comparison for adult excess weight as the data collection methods are not consistent.

Sedentary lifestyles, lack of time and subsequently an increasing reliance on quick-fix, convenience foods means that sadly, the percentage of adults who are obese or carry excess weight will continue to rise. Added to this, obese adults are seven times more likely to become a type 2 diabetic than adults of a healthy weight, and excess weight can lead to the onset of other physical health conditions including heart disease, reduced mobility, isolation and depression.



The economic costs are great, too. The nation spends more each year on the treatment of obesity and diabetes than we do on the police, fire service and judicial system combined. It was estimated that in 2014/15 the NHS in England spent £5.1 billion on overweight and obesity-related ill-health.

Excess weight and obesity in young people

Today nearly a third of children aged 2 to 15 are overweight or obese, and younger generations are becoming obese at earlier ages and staying obese for longer. In North Kesteven, the level of obesity in children is less than the England average but is still considered to be an area of concern.

In January 2016 North Kesteven made headline news as the results of the Government's National Child Measurement Programme (NCMP) identified that nearly a quarter of year six (11 year olds) were leaving primary school overweight or obese. The NCMP analyses the prevalence of underweight, healthy weight, overweight and obese children in state school reception and year six classes across the country. The data from the NCMP for the last three years is as follows:



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Specific impacts on health and wellbeing

Indicator – Reception		2012/13	2013/14	2014/15
Prevalence of	Underweight	0.2%	0.5%	*
	Healthy weight	76.8%	78.2%	*
	Overweight (Inc. obese)	23.6%	21.2%	19.0%
	Overweight	15.6%	13.5%	12.8%
	Obesity	8.0%	7.7%	6.2%
Indicator – Year Six				
Prevalence of	Under weight	1.0%	0.8%	1.02%
	Healthy weight	68.7%	68.7%	74.3%
	Overweight (Inc. obese)	30.3%	30.3%	24.7%
	Overweight	14.5%	15.3%	11.6%
	Obesity	15.8%	15.5%	13.0%

* Insufficient value for chart

In comparing year on year data collected, it is encouraging to see that the prevalence of children who are overweight is slowly declining. This can be demonstrated further by reviewing data from the Public Health England, District Health Profiles over a six year period that shows the percentage of obese children in year six, at the point they leave primary school:

Indicator	Health Profile	Data Year	Value
% of obese children in year 6	2011	2009/10	13%
	2012	2010/11	16.5%
	2013	2011/12	17.3%
	2014	2012/13	15.8%
	2015	2013/14	15.3%
	2016	2014/15	13%

Whilst this downward trend is promising, and the 2015 figure puts us in the best 10% in England, national statistics generally indicate that children are eating more saturated fat and sugar than is recommended, and not enough fruit and vegetables. Carrying weight into adulthood increases the risk of developing heart disease in later life. Therefore reducing excess weight and obesity in all ages must be a priority for North Kesteven.



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Specific impacts on health and wellbeing

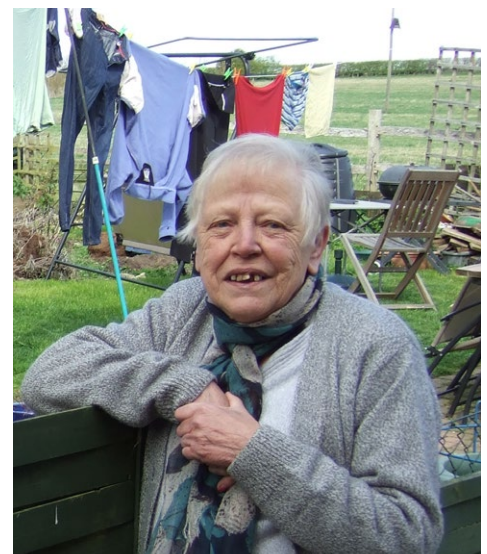
A growing and ageing population

North Kesteven has a growing population. By 2038 the population is estimated to be around 127,000. North Kesteven is a prime location for retirement, and people moving into the District is the key driver for the population increase.

North Kesteven has an ageing population. The number of people over the age of 80 is predicated to increase by 100% over the next 15 years, and the number of people over 90 by 200%. The Projecting Older People Population Information System (POPPI) developed by the Institute of Public Care (IPC) provides a useful insight into projected data for the over 65s in North Kesteven, as does the data from the Office for National Statistics (ONS):

Data Description	2014	2030	% Change
Projected no. of people living alone (ONS)	8,968	13,387	+49.3
Predicted prevalence of depression age 65 and over (POPPI)	2,148	3,046	+41.8
Predicted prevalence of older people suffering from severe depression age 65 and over (POPPI)	681	997	+46
Projected prevalence of Dementia, age 65 and over (POPPI)	1,650	2,919	+76.9
Projected number of people providing unpaid care age 65 and over (ONS)	2,857	3,663	+29.2

A growing, ageing population will put increasing pressure on an already stretched national health service.



Mental health and wellbeing

Poor mental health and well-being can have an impact on every area of a person's life; physical health, education, employment, family, relationships, criminality, and productivity. At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time.

The prevalence of mental health and illness collected at a local level by the two Clinical Commissioning Groups in North Kesteven in 2016 is as follows:

Public Health England		
Community Mental Health Profile Indicator	Lincolnshire West CCG	South West Lincolnshire CCG
Recorded prevalence of depression	9%	7.5%
Depression incidence (new)	1.4%	1.2%
Depression and anxiety prevalence	12.4%	11%
Mental health problems	0.9%	0.62%
Reporting of a long term mental health problem	5%	4.5%

These figures indicate that the prevalence of both depression and anxiety is relatively low, which is positive. However these figures would not reflect the number of people with depression who are not being treated by a clinician. The prevalence could be much higher.

Wellbeing is about people feeling good and getting the most out of life. In North Kesteven the term flourishing is often used as a descriptor for wellbeing as the District Council's vision is to create flourishing communities.

In its simplest sense, an individual who is flourishing is often described as experiencing higher levels of wellbeing. As well as feeling satisfied and happy, wellbeing also means developing as a person, being fulfilled and importantly, making a contribution to the community. The District Council is in the process of defining a flourishing scale which will also be a useful tool in future for contributing to an assessment of health and wellbeing.



Social isolation and loneliness

Social isolation is characterised by an absence of social interactions, social support structures and engagement with wider community activities or structures. Loneliness describes an individual's personal, subjective sense of lacking connection and contact with social interactions to the extent that they are wanted or needed.

The rural nature of North Kesteven coupled with the ageing demographic and infrequency of public transport means that the propensity for residents to experience social isolation and loneliness is much greater.

Whilst in the past, loneliness was sometimes viewed as a trivial matter, it is increasingly understood to be a serious condition which can affect a person's mental and physical health detrimentally. There is very strong evidence that loneliness can increase the pressure on a wide range of council and health services. It can be the tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP surgeries. Loneliness can increase the risk of premature death by 30%. Local authorities are being urged to consider "addressing loneliness" as an outcome measure in local strategies, and work with partners to define the local issue of loneliness, and to create practical solutions to overcome it.



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Specific impacts on health and wellbeing

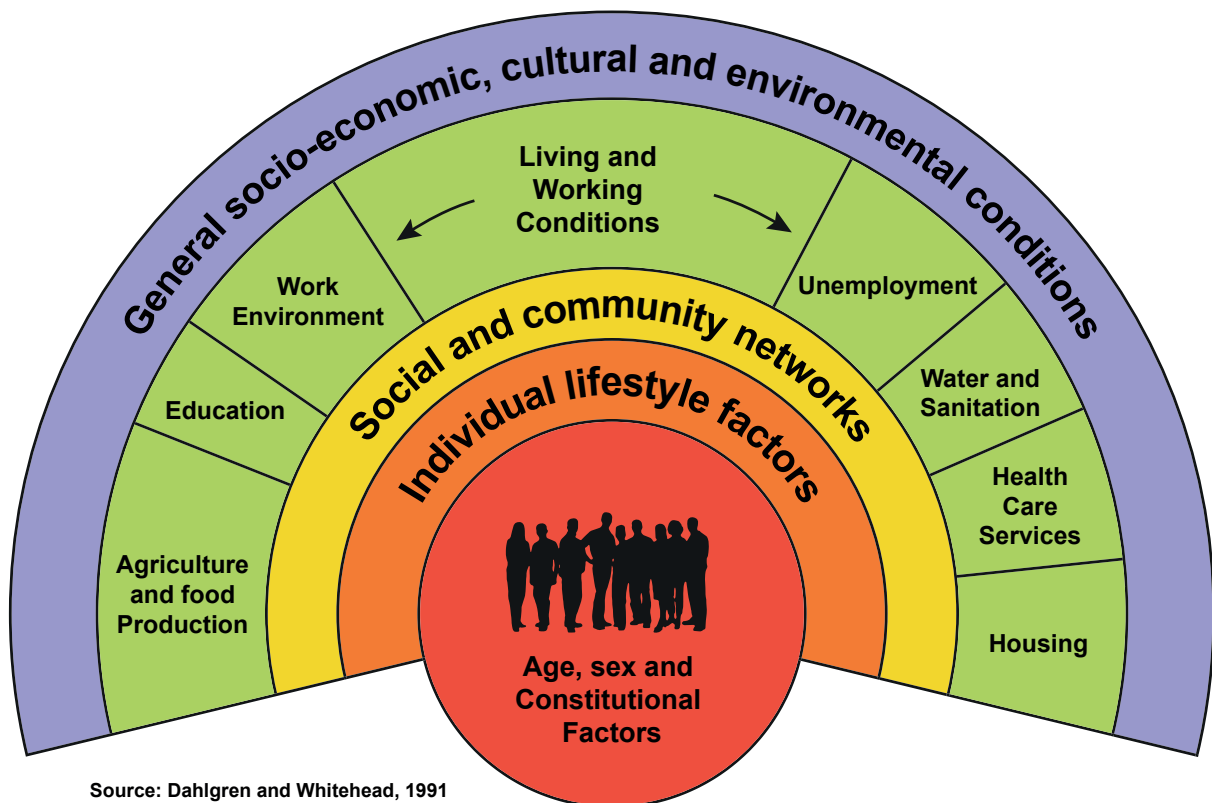
Social determinants of health

There are many different factors that combine together to affect health and wellbeing. Whether people are healthy or not is to a greater extent determined by their circumstances and environment. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

The social health factors have been explored by researchers using several models, but the most widely used is the Dahlgren-Whitehead 'rainbow model'.

The model maps the relationship between the individual, their environment and health. Individuals are placed at the centre, and surrounding them are the various layers of influences on health – such as individual lifestyle factors, community influences, living and working conditions, and more general social conditions.

The Dahlgren-Whitehead Rainbow



The role the District Council plays in influencing the social determinants of health ranges greatly, from providing decent homes, to supporting the local economy, providing access to leisure, sport and cultural activities, determining planning applications and collecting waste.

5 Key priorities

When the first health and wellbeing strategy was published in 2013, the principal areas of concern for North Kesteven were: smoking in pregnancy, childhood obesity, adult obesity, diabetes and road injuries and deaths.

In 2016, the principal areas of concern are still adult obesity, diabetes and road injuries and deaths, but as we take more of a lean towards wellbeing, should also include the impact on mental health and wellbeing of isolation and the risks associated with loneliness. Smoking during pregnancy is no longer a great concern as significant progress has been made thanks to an effective smoking cessation programme.

It is not possible to track the direction of travel on the indicators that are used in the District Health Profile more than three or so years at a time as the way in which data is collected changes frequently. However, the one indicator that can be compared is the one for recorded diabetes as this has been collected consistently from GP registers.

Taking into account the variability of data to support every likely priority and subsequently the need to rely on anecdotal evidence, the following priorities have been identified:



1

Promoting healthier lifestyles



2

Improving the health and wellbeing of older people



3

The social determinants of health

The first and third priorities are purposefully not age specific as each is relevant - in different measures - to every age group.

6

Existing arrangements and architecture that supports health and wellbeing

There are plans, strategies, boards, groups and partnerships on a local, county and national level that play a part in guiding the commissioning of services that have an impact on health and wellbeing.

The plans and strategies include:

The NHS Five year Forward View, 2014 - 2019

The Sport England Strategy 2016 - 2021: Towards an Active Nation

Lincolnshire's Joint Health and Wellbeing Strategy, 2013 - 2018

Lincolnshire's Sustainability and Transformation Plan, 2016

Clinical Commissioning Group Operating Plans, 2016

North Kesteven's Corporate Plan, 2016

North Kesteven's Community Plan, 2016 - 2021

North Kesteven's Sport and Physical Activity Strategy, 2016 - 2021

Lincolnshire Financial Inclusion Strategy, 2013 - 2016

Central Lincolnshire Local Plan, 2016 - 2036

Central Lincolnshire Housing Growth Strategy, 2016

Greater Lincolnshire Local Enterprise Partnership, Strategic Economic Plan, 2016

The boards, groups, partnerships and other initiatives include:

The Lincolnshire Health and Wellbeing Board (HWBB) is a forum which brings together key leaders from the health, public health and care systems to work together to improve the health and wellbeing of the people of Lincolnshire and reduce health inequalities. The HWBB is responsible for producing the Joint Strategic Needs Assessment, the Pharmaceutical Needs Assessment and the Joint Health and Wellbeing Strategy.

The Lincolnshire Health and Care Programme (LHAC) promises a fundamental restructure of health and social care in Lincolnshire. Focused on reducing costs and improving services, LHAC

includes establishing neighbourhood teams, with a focus on self-care and the prevention of ill health. The work undertaken through LHAC has provided the foundations for Lincolnshire's NHS Sustainability and Transformation Plan (STP) which will be key to taking health care services forward over the next few years. The aim of the STP is: to achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within the financial allocation.

Whole Systems Obesity Pilot: North Kesteven District Council is a Pilot Local Authority in the Public Health England Whole Systems Obesity three year programme. The key aim of the programme is to co-produce and pilot a framework of practical innovative tools to support and sustain whole system approaches to tackle obesity at a local level looking forward to a five, 10 and 15 year horizon; drawing on national and international evidence, learning and practise.

The District Council Health and Wellbeing Network: was established in 2013 to enable the flow of information from all seven district councils to the Health and Wellbeing Board through the sole district council representative. The group is also a conduit for information that supports theme five of the county, Joint Health and Wellbeing Strategy and Tackling The Social Determinants of Health.

Partnership NK: North Kesteven has a well-established partnership framework that encourages collaboration on projects across the District. This partnership plays a principal role in guiding, delivering and overseeing projects that meet health and wellbeing objectives through its Our Communities action group.

Lincolnshire Health Improvement Partnership: a new partnership headed up by the public health team that aims to join up activity, share best practise and influence the future commissioning of services.

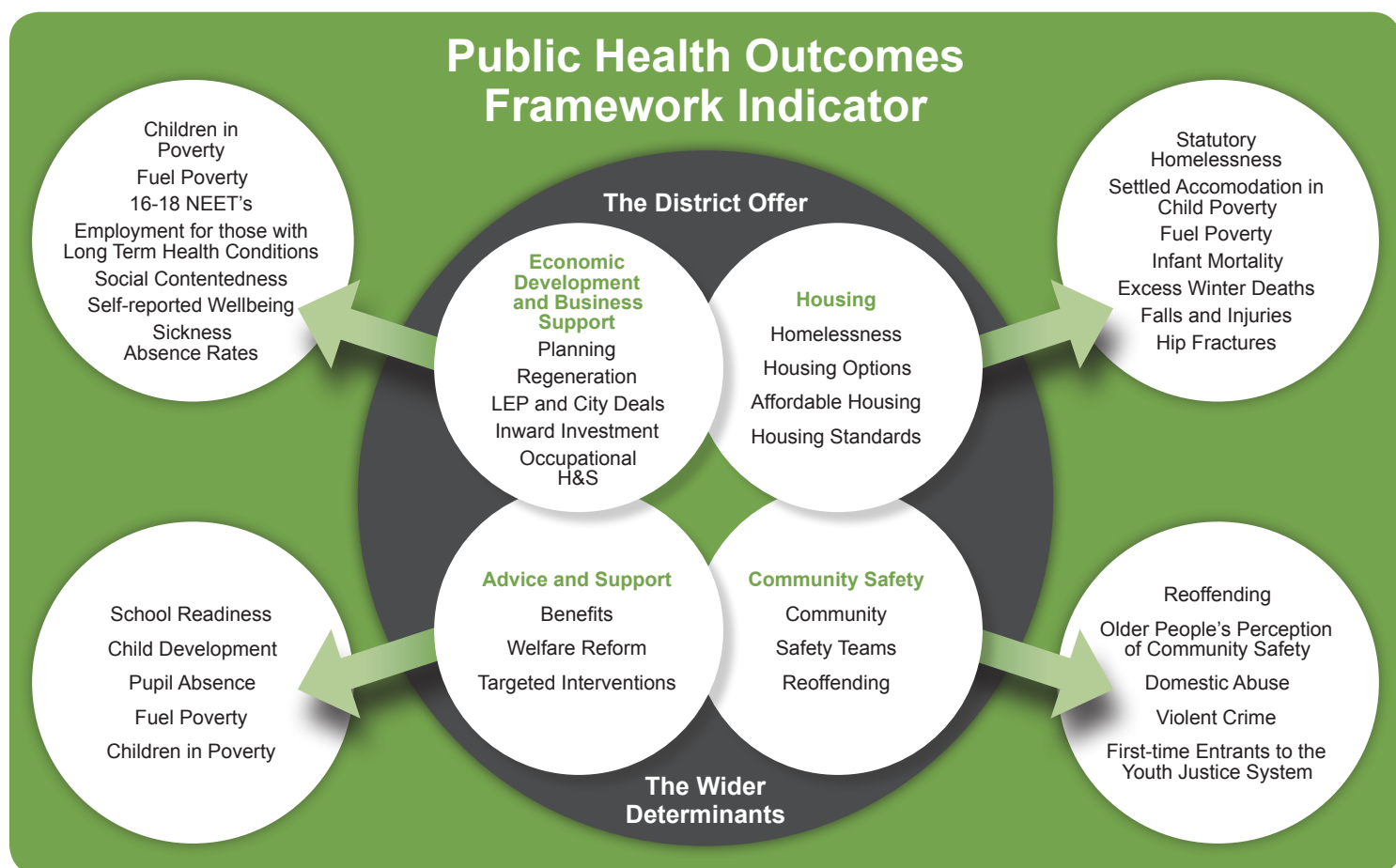
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District Council's influence on health and wellbeing

There are many different ways that North Kesteven District Council can contribute to its residents' health and wellbeing, including to:

- Promote and support sustainable economic growth and employment,
- Facilitate collaborative partnership work to support communities,
- Increase the supply of decent affordable homes,
- Prevent homelessness wherever possible,
- Encourage safer communities and reduce the fear of crime, and
- Provide access to excellent cultural and leisure services.

The Public Health Outcomes Framework Indicator diagram – taken from the District Council Network's publication 'District Action on Public Health' - sets out how these concepts interlink and impact on health and wellbeing in general. The inner circles set out the priority services provided by District Councils and how they may impact on public health outcomes.



In two-tier areas, like Lincolnshire, districts are the key stakeholders in improving the wider determinants. From economic development to housing and occupational health and safety, districts have a fundamental impact on shaping communities and enabling residents to lead fulfilling, healthy lives.

In order to achieve the aims of this strategy, a series of objectives have been identified for each of the priorities. Each of these objectives can only be achieved by working in collaboration with other service deliverers from across the District.

Priority: Promoting healthier lifestyles

Objectives:

- To improve coordination of health and wellbeing activities across the District and link to national campaigns to encourage healthier lifestyles
- To reduce the number of adults and young people who are overweight or obese
- To reduce the number of adults developing Type 2 Diabetes
- To support people to eat well and be more active, more often
- To increase the use of green space for exercise and leisure
- To embed Make Every Contact Count and One You, the lifestyle support programme.

Priority: Improving the health and wellbeing of older people

Objectives:

- To improve coordination of functions and services that support older people
- To enable older people to remain independent for as long as possible
- To tackle social isolation for older people in rural communities
- To tackle loneliness experienced by disengaged older people
- To work together better to meet the needs of our ageing population
- To encourage age friendly and Dementia friendly towns and villages

Priority: The social determinants of health

Objectives:

- To drive and influence the delivery of improved health care services in the District
- To reduce the number of people in fuel poverty
- To support the development of homes to meet need
- To work in partnership to create opportunities for young people to gain employment
- To provide support to communities to enable them to flourish

The objectives listed in this action plan give an indication of the activities that will be carried out for each of the three priorities. Further details will be included in the Our Communities Partnership Action Plan which is updated annually.

The following documents and online resources have been used to write this strategy:

- Association of Public Health Observatories, North Kesteven Health Profile (2008 - 2016)
- Department of Health, Healthy Lives, Healthy People: A call to action on obesity in England, (2011)
- Department of Health, No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages, (2011)
- District Councils' Network, District Action on Public Health, (2012)
- Lincolnshire NHS, Lincolnshire County Council, Joint Health and Wellbeing Strategy for Lincolnshire 2013-2018, (2012)
- Lincolnshire Research Observatory, Lincolnshire Joint Strategic Needs Assessment
- Public Health England: <https://fingertips.phe.org.uk>
- Local Government Association, National Child Measurement Programme, (2013, 2015)
- Office for National Statistics, 2011 Census: Data for North Kesteven, (2012)
- Professor Sir Michael Marmot, the Strategic Review of Health Inequalities in England post-2010, 'Fair Society Healthy Lives' (The Marmot Review), (2010)
- The Kings Fund, Transforming the delivery of health and social care, (2012)
- Making health everybody's business, Professor Kevin Fenton, National Director Public Health England, (2013)
- Better conversation, better health, health coaching, The Health Coaching Coalition, (2016)
- Bid to improve health care through 'better conversation', Yorkshire and Humber Academic Health Science Network, (2016)
- NHS Five Year Forward View, 2014 – 2019 (2014)
- Lincolnshire Health and Care, Case for Change (2016)



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