Healthy Living – District Council role in Health & Wellbeing

Roxanne Warrick, Healthy Living Strategic Lead

South Holland District Council

Boston Borough Council

East Lindsey District Council

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South & East Lincolnshire Councils Partnership

LGC Awards 2022 WINNER

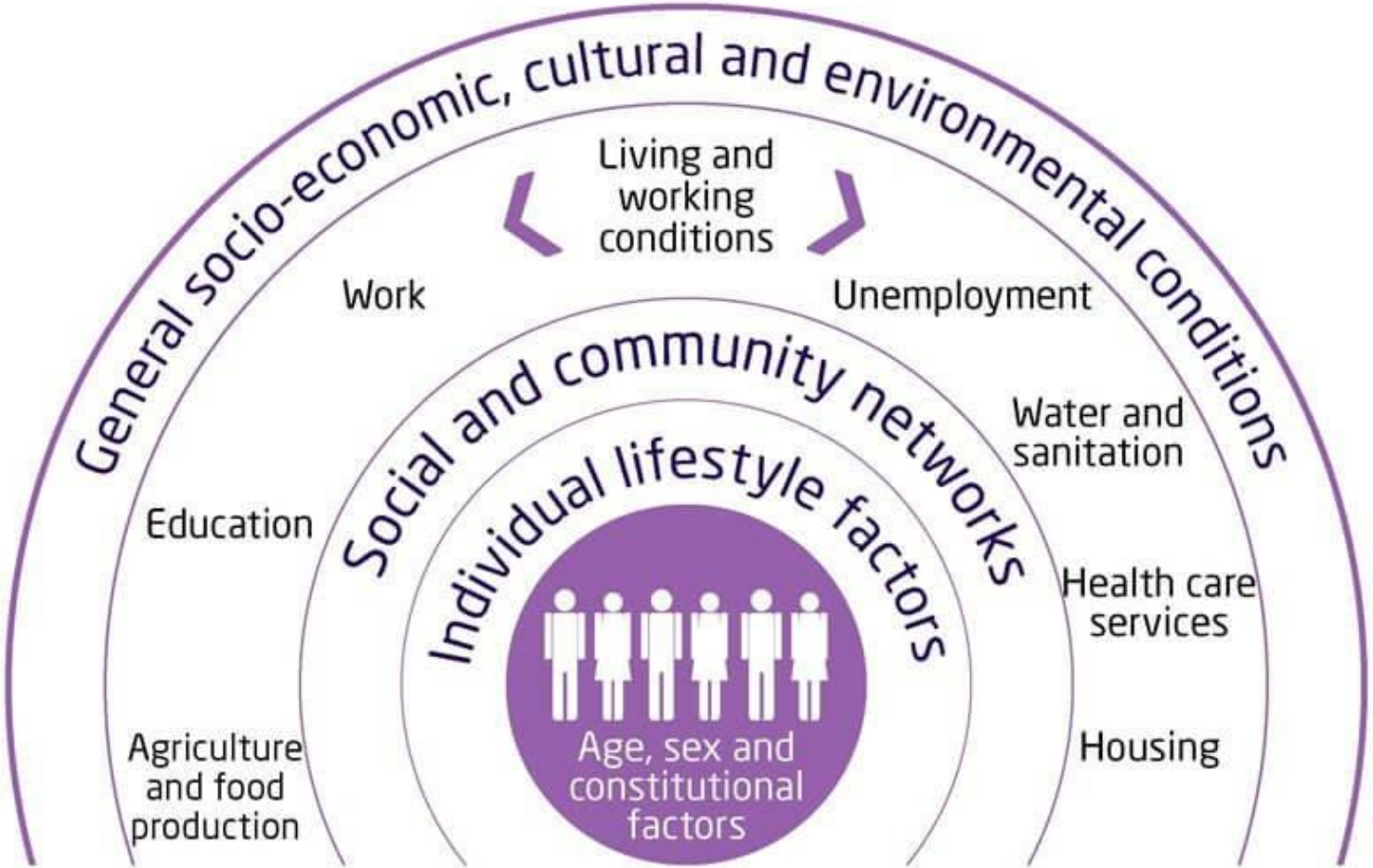
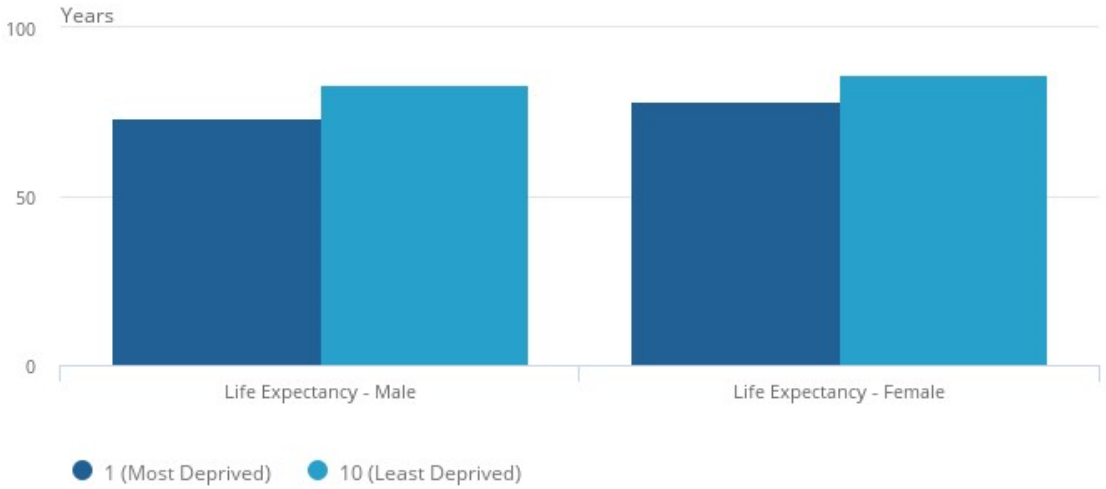

General socio-economic, cultural and environmental conditions
Living and working conditions
Work
Unemployment
Social and community networks
Water and sanitation
Education
Individual lifestyle factors
Health care services
Age, sex and constitutional factors
Agriculture and food production
Housing

Figure 1: Large differences in life expectancy at birth between the least and most deprived areas of England continue for both males and females

Life expectancy at birth, England, 2018 to 2020



Source: Office for National Statistics

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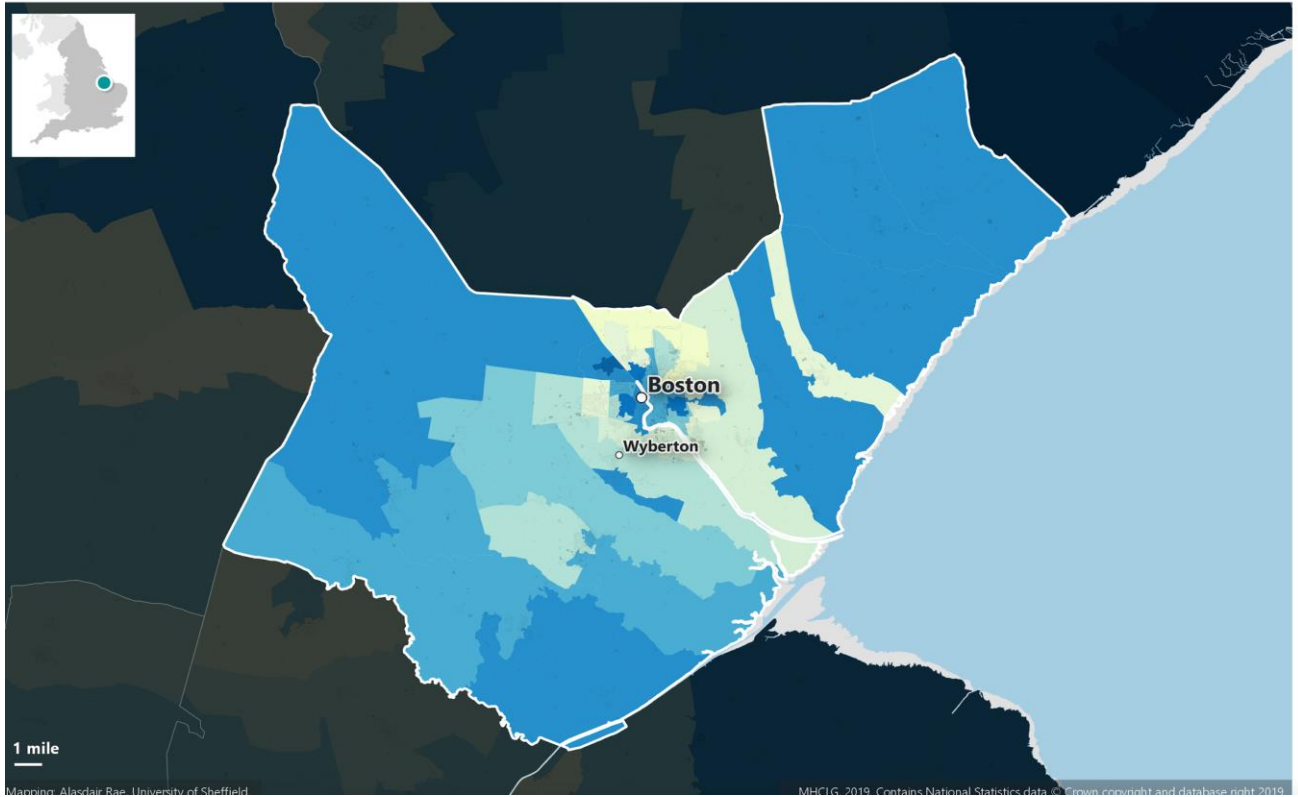
What is deprivation?

- '**Deprivation**' refers to unmet needs, whereas '**poverty**' refers to the lack of resources required to meet those needs
- Indices of Deprivation - a unique measure of *relative* deprivation for neighbourhoods across England, based on seven domains:
    - Income Deprivation
    - Employment Deprivation
    - Education, Skills and Training Deprivation
    - Health Deprivation and Disability
    - Crime
    - Barriers to Housing and Services
    - Living Environment Deprivation

English Indices of Deprivation 2019

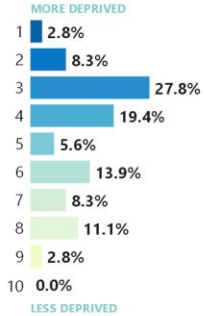
Ministry of Housing, Communities & Local Government

BOSTON



Local deprivation profile

% of LSOAs in each national deprivation decile



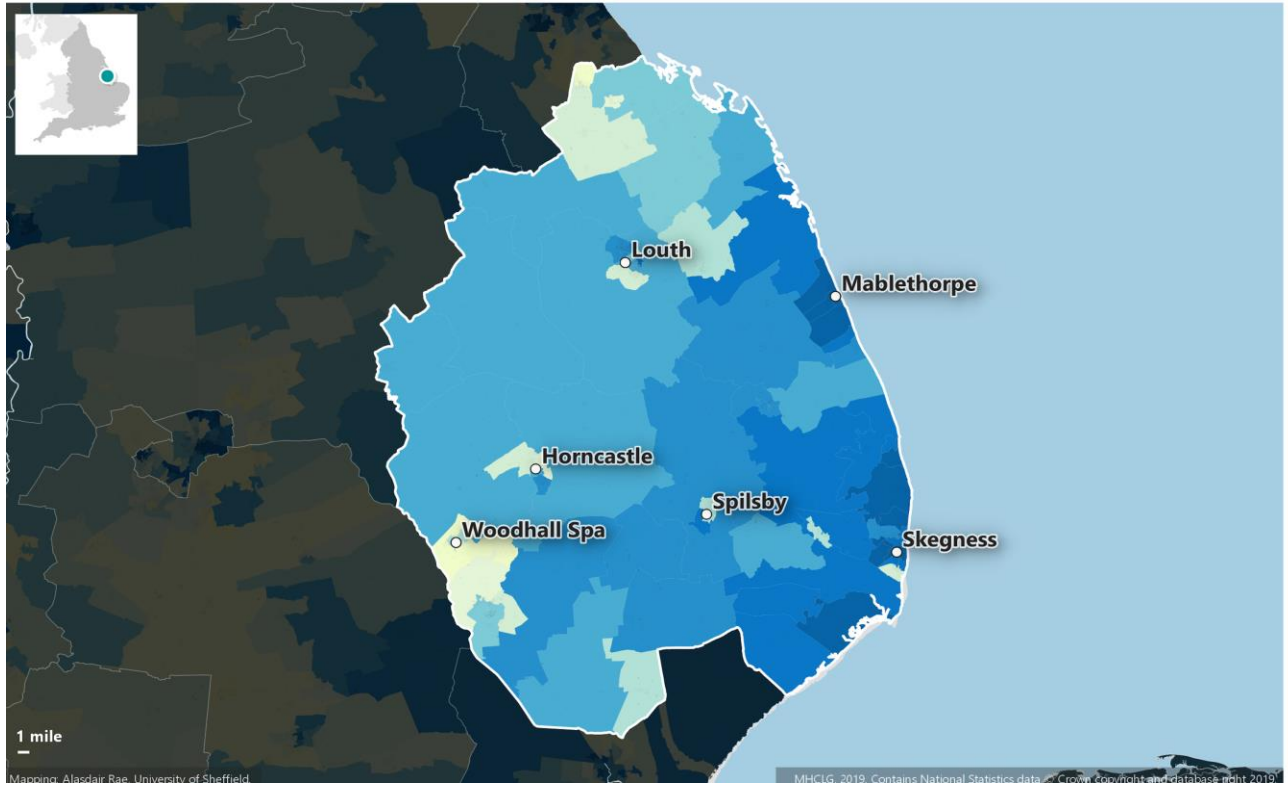
What this map shows

This is a map of Indices of Deprivation 2019 data for **Boston**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

English Indices of Deprivation 2019

EAST LINDSEY

Ministry of Housing, Communities & Local Government



Local deprivation profile

% of LSOAs in each national deprivation decile

MORE DEPRIVED

1	16.0%
2	19.8%
3	16.0%
4	17.3%
5	6.2%
6	6.2%
7	9.9%
8	3.7%
9	4.9%
10	0.0%

LESS DEPRIVED

What this map shows

This is a map of Indices of Deprivation 2019 data for **East Lindsey**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

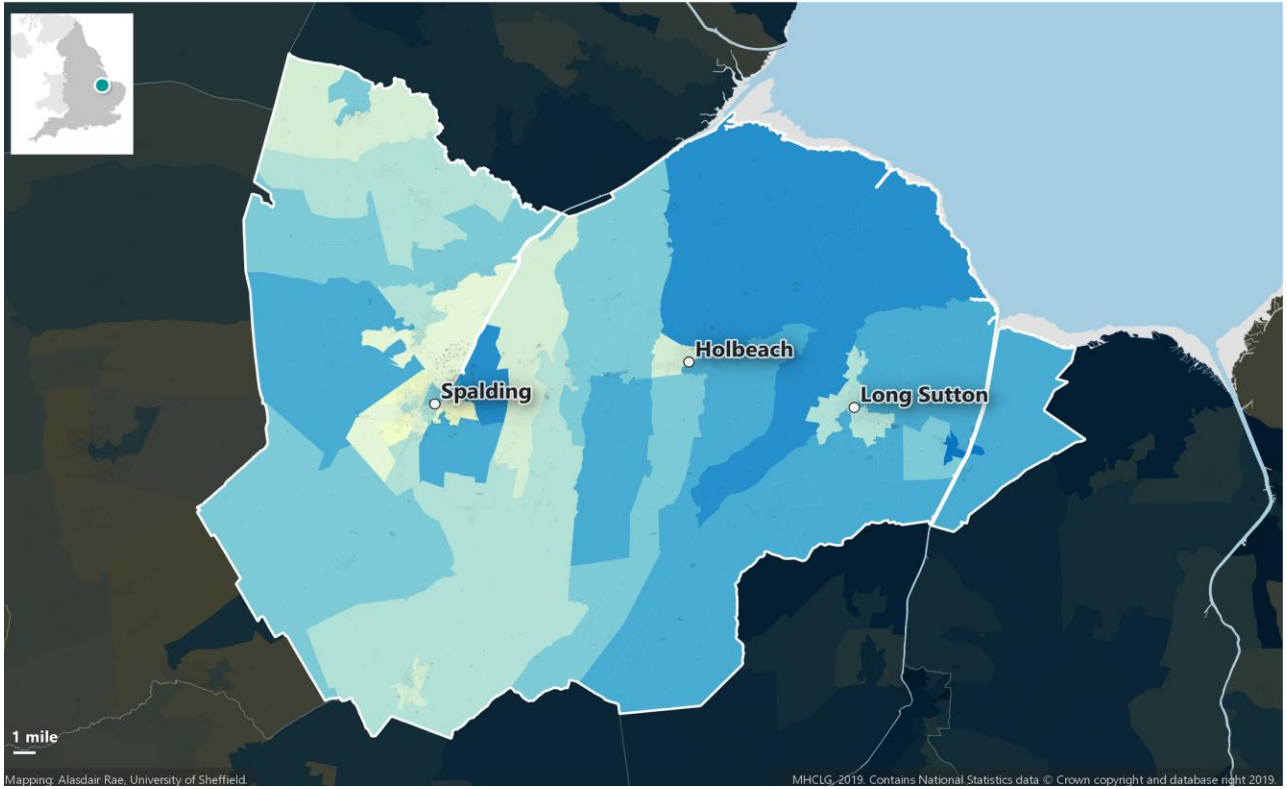
More deprived — Less deprived

Relative level of deprivation

English Indices of Deprivation 2019

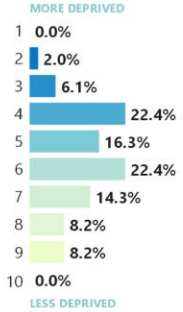
Ministry of Housing, Communities & Local Government

SOUTH HOLLAND



Local deprivation profile

% of LSOAs in each national deprivation decile



What this map shows

This is a map of Indices of Deprivation 2019 data for **South Holland**. The colours on the map indicate the deprivation decile of each Lower Layer Super Output Area (LSOA) for England as a whole, and the coloured bars above indicate the proportion of LSOAs in each national deprivation decile. The most deprived areas (decile 1) are shown in blue. It is important to keep in mind that the Indices of Deprivation relate to small areas and do not tell us how deprived, or wealthy, individual people are. LSOAs have an average population of just under 1,700 (as of 2017).

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What does that deprivation data tell us?

East Lindsey

Overall IMD ranking 30/317
16% LSOAs in 10% most overall deprived
Highest domain: Employment (25/317)

Boston

Overall IMD ranking 85/317
2.8% LSOAs in 10% most overall deprived
Highest domain: Education & Skills (1/317)

South Holland

Overall IMD ranking 144/317
0% LSOAs in 10% most overall deprived
Highest domain: Education, Skills and Training (9/317)

Other Health indicators / data sources:

South & East Lincolnshire Councils Partnership

- Public Health ‘Fingertips’
https://fingertips.phe.org.uk/profile/health-profiles

- Lincolnshire Health Intelligence Hub
https://lhih.org.uk/

- Digital Exclusion ‘Digital Health’
https://lhih.org.uk/lincolnshire-digital-health-toolkit/

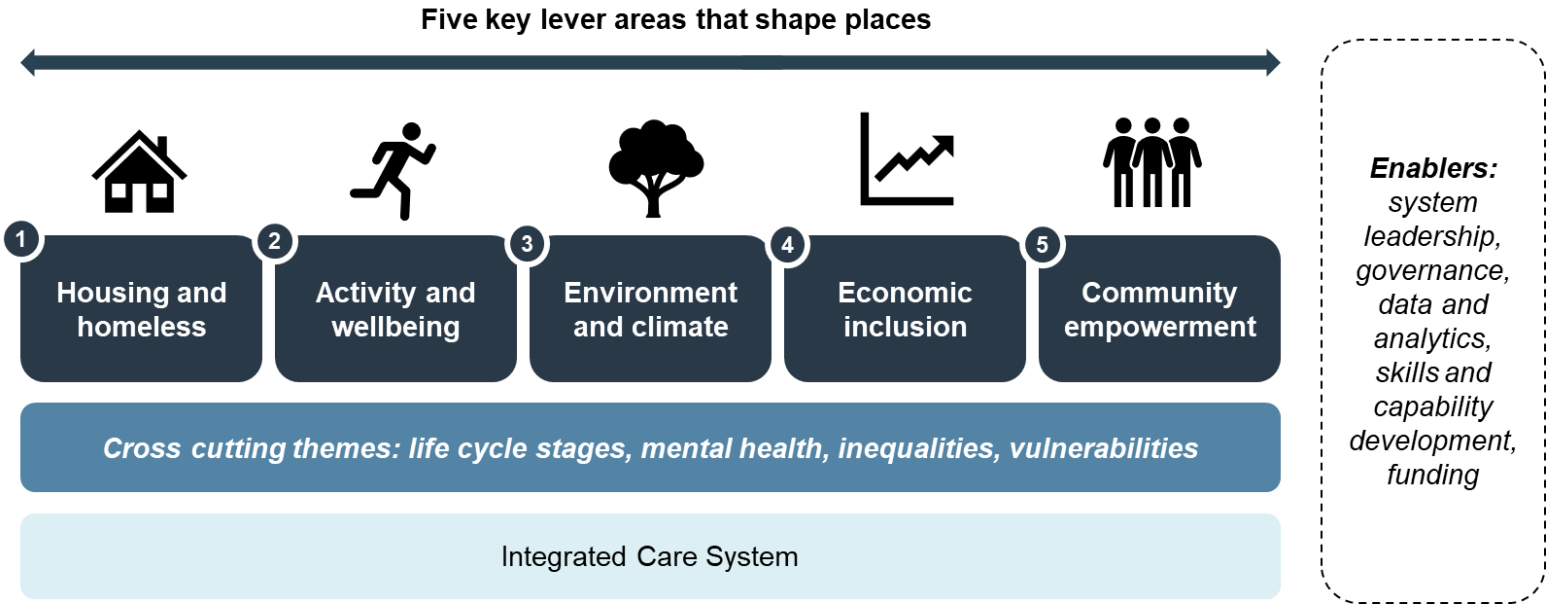
- Office of National Statistics Health Index
https://www.ons.gov.uk/releases/healthindexforengland2015to2021

Questions Lincolnshire Districts are seeking to address

1	Employment & jobs	2	Place shaping	3	Active & creative places	4	Homelessness	5	Participation
	How do we shape our economic development activity to create fair employment and good jobs for all ?		How do we shape housing strategy, planning policy and environment and regeneration plans to develop healthy sustainable places and communities?		How do we focus our leisure, arts and culture services to support healthy living?		How do we address homelessness, inequality and disadvantage to strengthen prevention?		How do we enhance democracy and civic engagement to enable people and empower communities?

District Council “Levers” in tackling inequalities

- District Councils are committed to supporting the objectives of the Integrated Care System
- Key role in wider social and economic determinants of health and health of the population
- Identified five key “lever” areas of District Council have unique influence



Lever area 1: Housing and homelessness

Overall objective: Improve the supply, quality and coordination of services to meet housing needs and demands

Address the underlying causes of homelessness so that it becomes rare, brief and non recurring	1. Coordinate the effective delivery of homelessness services through a partnership driven and evidence based homelessness strategy
Improving the supply of housing needs and demands	2. Establish future investment strategies to meet current and emerging needs for care and support 3. Bring more empty homes into use in order to improve the supply of properties available within the county 4. Deliver new housing to meet housing needs and demands, meeting zero carbon targets and levels of affordability
Improving the quality of existing accommodation to improve the health and wellbeing of residents	5. Improve the quality of existing properties across all tenures to reduce the cost of poor housing to health, care and society 6. Reduce levels of overcrowding as means of reducing health risks
Coordination of partnership activity to provide improved housing choices	

Lever area 2: Activity and wellbeing

Overall objective: To address inactivity across the county – improving access and opportunity for all residents to be active and participate

Active place *Creating environments for people, of all ages, to have access to equitable access to safe places and spaces, in which to take part in regular physical activity.*	**Active people** *Providing opportunities across the county for residents to participate in activity on a regular basis*	**Active system** *Working across the system in a co-ordinated way to tackle health inequalities, address long term health conditions and improve opportunities for prevention*
1. Develop a plan to be able to positively influence the planning system / external decision making in the local area 2. Make better use of green spaces across Lincolnshire and maximise opportunities for residents and visitors to be active in Lincolnshire 3. Widen the focus from commercial leisure offer and asset-based physical activity to activity outside, in the home and in the workplace	4. Provide opportunities and programmes across communities to enable all residents to take part in regular activity	5. Creating leadership, governance and partnerships, and workforce capabilities across sectors to use resources in a more coordinated way to reduce inactivity 6. Each district council to develop opportunities to positively influence internal / corporate decision making in their local area and embed in governance processes 7. Proactive and inclusive approach to sharing learning, best practice and opportunities for collaboration 8. Proactively engage across the NHS to encourage innovation and creativity to enable health, wellbeing and physical activity within planning consultations

Lever area 3: Environment and climate

Overall objective: Improve understanding of the links between environment and health and maximise opportunities to deliver on both

Tackle climate change

Improve air quality

1. Improve air quality, particularly in designated management areas
2. Accelerate transition towards active travel
3. Promote and increase uptake of electric vehicles
4. Mobility: provision and uptake of public transport services

Reduce carbon emissions

5. Improve domestic energy efficiency, reduce fuel poverty, and reduce carbon emissions
6. Joint work to reduce carbon emissions across Councils
7. Reduce carbon emissions across all services to meet national carbon reduction targets

Awareness and education

8. Understand the local impacts of a changing climate to improve community resilience
9. Education and behaviour change around sustainability and climate change
10. Reduce waste output across the county and tackle key issues

Green spaces Local Plans

11. Improved open space provision that recognises the role of improved biodiversity, carbon sequestration and health and wellbeing benefits
12. Maximise potential of Local Plan reviews

Licensing and provision of healthy, sustainable food options

13. Influence provision of healthy and sustainable food options

Lever area 4: Economic inclusion

Overall objective: Reduce economic inequality and alleviate poverty as a driver for improving mental and physical health and wellbeing

1. Embed strong strategic narrative to promote the links between economic inclusion and health inequality to deliver better outcomes

People in employment	Support for those most susceptible to economic change and transition	Digital skills programme	Eliminate poor health from being a barrier to employment	Support development of the health and care sector to improve service provision
2. Work with Lincolnshire employers to improve working conditions particularly within low paid and insecure employment, to improve wellbeing, prevent health issues and improve business productivity 3. Improve skills for those in work, enabling career progression, greater wage levels, better job security, productivity - part of tackling in-work poverty 4. Increase volunteering to support the community and increase well-being for the volunteers	5. Increase core sector resilience in Lincolnshire by supporting employers to adapt and respond to economic transitions caused by the pandemic, through addressing skills gaps with employees 6. Employee upskilling and retraining programmes for those in industries exposed to long-term change and decline	7. Residents have the digital skills to access health services, everyday services and employment opportunities 8. Fully enabled digital FFTP (fixed fibre to premises) infrastructure across the county using place appropriate technologies.	9. Create an intervention programme that supports residents with ill-health into employment	10. Creating an environment to support development of the health and care sector to improve health related service provision

Lever area 5: Working with Communities

Overall objective: Leverage unique links at place level to engage with communities

1	**Capture and build on district community engagement, knowledge and expertise**	Combine the District's knowledge and approach to community engagement, building on success and experience gained during the pandemic
2	**Expand district participation in current sector discussions / forums**	Bring together current discussions and approaches around community development with regard to the pandemic response and future collaboration
3	**Strengthen sector oversight and assurance**	Work with partners (sector representative groups and County) to develop an agreed approach to sector oversight and assurance, harnessing community potential in a safe, effective way
4	**Enhance and sustain voluntary sector engagement and contribution.**	Building on success during the pandemic, develop and formalise mechanisms to draw on volunteer capacity quickly and efficiently in response to emerging community needs
5	**A strategic commissioning approach in Lincolnshire**	To maximise impact and reach of commissioned services across the Lincolnshire system
6	**Wellbeing Lincs as a proven and trusted mechanism for collaboration and innovation**	Review opportunities to further develop districts preventative approach, engaging Wellbeing Lincs as a vehicle for co-production, collaboration and innovation

Update on progress

District Council Officer Working Group working together on agreed priorities

Strategic Framework and Principles adopted by all Lincolnshire District Councils	Develop place-based actions, partnership and delivery plans	Sharing best practice and reducing duplication
• Boston Bourgh Council – Feb. 2023 • City of Lincoln Council – April 2023 • East Lindsey – February 2023 • North Kesteven – March 2023 • South Kesteven – March 2023 • South Holland – March 2023 • West Lindsey – June 2023	• Establishing local board and cross service working groups • Align to 'reducing inequality' and existing strategies • Identifying shared local ambitions to inform delivery	• District Council officer representation on countywide Boards and Partnerships • Participating in research on District role in prevention and health systems • Collate District Councils actions to help partners identify opportunities

Questions, thoughts or comments – please do get in touch!

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South & East Lincolnshire Councils Partnership

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