

# Developing the Joint Health & Wellbeing Strategy (2018)

## Analysis of the Engagement Feedback



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## **Background Context**

The Joint Health and Wellbeing Strategy (JHWS) is a document that aims to inform and influence decisions about the commissioning and delivery of health and social care services in Lincolnshire, so that they are focused on the needs of the people who use them and tackle the factors that affect everyone's health and wellbeing.

The production of the Joint Health and Wellbeing Strategy is a legal requirement under the Health and Social Care Act 2012, and responsibility for producing it rests with the Lincolnshire Health and Wellbeing Board (HWB).

The Lincolnshire Health and Wellbeing Board also has responsibility for the production of the Joint Strategic Needs Assessment (JSNA). The JSNA reports on the health and wellbeing needs of the people of Lincolnshire. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs.

In 2012, Lincolnshire's Health and Wellbeing Board produced Lincolnshire's first Joint Health and Wellbeing Strategy. The five-year Strategy covers the period 2013-2018.

During 2017, the Health and Wellbeing Board agreed an engagement approach and action plan for developing a new Joint Health and Wellbeing Strategy, using the updated JSNA as the primary evidence base. As part of the process, a series of engagement events took place in summer 2017, to gather the views and insights of key stakeholders, partners and the public.

Engagement to develop the new JHWS was phased, with four key stages:

1. Phase 1 (May-June 2017): Initial work undertaken, by nominated lead officers from organisational members of the HWB, across six workshops to review all the JSNA evidence and participate in a prioritisation exercise, identifying their top ranking priorities for (possible) inclusion in the new strategy.
2. Phase 2 (late June to July 2017): In order to engage wider stakeholders, seven public engagement events took place across the county. The workshops were attended by 220 people, with representation from over 60 local partners, organisations and groups.  
  
A public online survey supported this wider engagement phase with 180 responses received.
3. Phase 3: Review and feedback from Lincolnshire Health Scrutiny Committee
4. Phase 4 (August 2017): A focus (reference) group was held to obtain the views of seldom heard and special interest groups that we have identified within the Equality Impact Assessment (EIA), as potentially being affected by the new Joint Health and Wellbeing Strategy.

Feedback from the engagement process has been collated and analysed and forms the basis of this report. A summary report is also available.

## **Analysis of the Engagement Feedback**

### **Phase 1: Health and Wellbeing Board (HWB) Board Prioritisation Workshops**

Initial work was undertaken in May-June 2017 by nominated lead officers from organisational members of the HWB, to review all the JSNA evidence and participate in a prioritisation exercise, identifying their top ranking priorities for (possible) inclusion in the new strategy.

Two facilitated table discussions resulted in the following 'top 10' rankings:

<b>JSNA Topic</b>	<b>Table 1 Weighted Score</b>	<b>Table 1 Weighted Rank</b>
Obesity	109.00	1
Carers	108.00	2
Mental Health & Emotional Wellbeing (C&YP)	108.00	2
Cancer	106.00	4
Housing	100.00	5
CHD	99.00	6
Educational Attainment – Key Stage 4	98.00	7
Stroke	98.00	7
Alcohol (Adults)	97.00	9
Physical Activity	94.00	10

<b>JSNA Topic</b>	<b>Table 2 Weighted Score</b>	<b>Table 2 Weighted Rank</b>
Alcohol (Adults)	99.00	1
Mental Health - Adults	97.00	2
Housing	94.00	3
Suicide	91.00	4
Excess Seasonal Deaths	91.00	4
Dementia	90.00	6
Smoking Reduction in Adults	89.00	7
Obesity	87.00	8
Carers	87.00	8
Physical Activity	87.00	8

The green shaded topics indicate an overlap between the two tables in terms of high ranking JSNA topics. These were:

- Obesity
- Carers
- Housing
- Alcohol (Adults)
- Physical Activity

If the scoring from the two tables is **combined** to show the overall (mean) score, the (top 10) highest ranking JSNA topics are:

JSNA Topic	Weighted Score (combined)	Weighted Rank (combined)
Obesity	98.00	1
Alcohol (Adults)	98.00	1
Carers	97.50	3
Housing	97.00	4
Mental Health & Emotional Wellbeing (C&YP)	95.50	5
Mental Health - Adults	94.00	6
Physical Activity	90.50	7
Cancer	90.00	8
Smoking Reduction in Adults	89.00	9
Dementia	89.00	9

A comparison between the highest ranking JSNA topics from the different phases of the engagement is detailed later in the report, drawing out the commonality between HWB ranking choices and those attending the wider public/stakeholder engagement workshops or completing the online survey.

Thematic analysis of the rationale for the HWB ranking choices has been undertaken and is summarised below.

### **Obesity**

There is very strong evidence that preventing obesity will significantly improve an individual's health and prevent, or reduce the need for future healthcare services.

Available evidence suggests obesity is prevalent, affecting more than 7% of the local population with a worsening trend in some geographical areas and for some demographic groups, including older people. Clear evidence exists in terms of improved health outcomes in both health and life expectancy if obesity is prevented and/or addressed.

Addressing obesity/healthy weight management is included in both the NHS & PH Outcome Frameworks and is a priority both locally and nationally for multiple partners.

### **Alcohol (Adults)**

Alcohol misuse and the associated risks to health are preventable. Evidence shows that 48 health conditions are linked to heavy alcohol use, with considerable risks to health outcomes as well as wider quality of life, relationship and monetary impacts.

There is a national Government Alcohol Strategy and in Lincolnshire, reduction of alcohol abuse is a Public Health priority and alcohol reduction features in the local Community Safety and Anti-social Behaviour strategies.

Costs attributed to alcohol misuse are significant, not just for those drinking but all others affected – including the immediate family, wider community and NHS and emergency services. .

Trend data suggests pockets of high risk – including alcohol related deaths and alcohol related liver disease.

## **Carers**

Supporting Carers is a national and local priority. The value for money of unpaid carers is clear with huge savings made on health and care service costs, but they are often a 'hidden army'.

Carers need to be better supported in their role; their quality of life often decreases when they become a carer with worsening physical and mental health. Receiving support, having networks and reducing isolation greatly improves the quality of life both for the carer and the cared-for.

## **Housing**

Improvements in peoples housing circumstances results in a significant improvement in their health and can delay or prevent use of healthcare services.

The topic area is broad and includes fuel poverty, vulnerable individuals and families, housing need, condition/housing stock and includes the unmet housing needs of various demographic groups.

Inequalities are evident, the population groups most affected include older people, low income families with children, those with disabilities/learning difficulties, those with mental health issues and the homeless or vulnerably housed.

There is a considerable impact on the quality of life for people experiencing issues such as overcrowding, housing that is unsuitable for people's needs e.g. disability/illness related, homelessness, cold homes/fuel poverty and housing shortages. The health outcomes of living in poor or unsuitable housing, or being homeless, is well evidenced and makes this topic area a priority for the HWB.

## **Mental Health & Emotional Wellbeing (Children and Young People)**

Given the statistic that 1/10 children & young people are affected by emotional/mental health issues, as well as the effects on the wider family/population at large, this topic scored highly in the prioritisation exercise. .

The risk of not prioritising this need is high as the data and evidence presented shows a worsening trend when compared to regional and national data, which has been recognised in Lincolnshire with the securing of £1.4 million of Transformation Funds.

Comprehensive evidence exists showing the benefits of a preventative approach to supporting the Mental Health and Emotional Wellbeing of children and young people. It includes both benefits on an individual level (positive health outcomes of early/preventative action) and in terms of service savings/reduced costs of early intervention.

### **Mental Health – Adults**

A significantly high number of adults are affected by poor mental health, ranging from anxiety through to more severe forms of mental illness. Data demonstrates need is worse in some areas when compared to regional & national data (depression rates, self-reported wellbeing) and where it is lower than national data (e.g. hospital admission rates) they aren't significantly lower. There is a worsening trend with a high level of need - with recognition that under-reporting may be a factor that needs consideration.

There is strong evidence of the impact of preventative action in terms of improvement in health outcomes (wider determinants, homelessness, substance abuse, etc.) and/or delaying or preventing the need for other services. Treatment & recovery outcomes improve with early intervention.

It is a priority area both locally and nationally for multiple partners and is included in the NHS, Adult Social Care and Public Health Outcome Frameworks.

### **Physical Activity**

A strong evidence base exists to demonstrate the importance of physical activity in maintaining and improving health and preventing and/or reducing the use of healthcare services. Physical inactivity is the fourth greatest risk factor for premature mortality so preventative measures are needed.

The JSNA presents significant evidence of geographic and population-based inequalities, affecting multiple groups of individuals. This includes disabled people, those with learning difficulties, gender differences, low levels of physical activity in areas of deprivation and age-related differences. There are noted geographical variations too.

Given that Lincolnshire has lower than average physical activity participation rates relative to national rates, and/or a gradual worsening trend in all districts apart from West Lindsey, prioritising physical activity is seen as a priority for the HWB.

### **Cancer**

Evidence suggests that diagnosis of cancers is rising and whilst mortality rates are reducing for many cancers, there are significant geographical variations that need to be addressed. Cancer prevalence and hence the need for treatment (& post-treatment care) is increasing - preventative work (including early detection) is a priority and needs to be ongoing given the 'indisputable' evidence that lifestyle changes affect cancer rates.

Early detection of cancer is included in both the NHS and Public Health Outcome Frameworks and is a priority both locally and nationally for multiple partners.

## **Smoking Reduction in Adults**

Strong evidence exists to demonstrate that preventative action improves overall health & reduces the risk of a huge number of serious health issues/conditions. Smoking is the biggest cause of premature death in the country and is preventable.

Smoking reduction addressing a number of national requirements and indicators, as well as being a local policy priority across several partners (with a local plan and strategy in place).

There is significant evidence of geographic & population-based inequalities amongst those who smoke, affecting multiple groups of individuals. Marginalised individuals/groups are significantly & disproportionately affected including prisoners, those with mental health problems, travelling communities, low-income families and those in manual/low-paid work.

Data suggests that needs are stable and largely in-line when compared to other areas, although smoking prevalence in Lincolnshire is higher than national figures. However, there are geographical variations and higher than national average rates of smoking in pregnancy.

## **Dementia**

Evidence shows that the early detection and management of dementia reduces the escalation of health and care needs. Whilst there is no evidence that preventative action can be taken to stop dementia from developing, risks can be identified and action taken (e.g. exercise and reducing alcohol intake) so that onset is delayed.

There are improvements in terms of quality of life if dementia diagnosis and management is at an early stage. Support for carers is crucial and the benefits of it are well evidenced in the JSNA commentary. This includes identifying resources and support networks and support provided from employers for those with caring responsibilities.

Dementia is a strategic priority locally and nationally, trend data suggests that it is a growing problem and with an ageing population in Lincolnshire, dementia diagnosis, management and support is a clear priority for the HWB given that age is the main determining factor for dementia.

## **Phase 2: Wider Engagement Workshops and Online Survey**



During late June to July 2017, seven public engagement workshops were held across the county, attended by 220 people. In addition, a public online survey was developed which received 180 responses. The total numbers of those engaged at this stage was 400 people, with over 60 organisations and groups represented.

A full list of the organisations and groups represented is detailed in Appendix 1.

Taking each of the engagement methods separately:

#### Public Engagement Prioritisation Workshops

The table below details the collated scores across all seven wider engagement workshops, it presents people's first choice and then their re-ranked choices.

<b>JSNA Topic</b>	<b>Total First Scores</b>	<b>Weighted Rank</b>
Mental Health - Adults	145.00	1
Mental Health & Emotional Wellbeing (C&YP)	127.00	2
Dementia	89.00	3
Housing	77.00	4
Obesity	67.00	5
Carers	64.00	6
Financial Inclusion	57.00	7
Physical Activity	42.00	8
Cancer	42.00	8
Food & Nutrition	38.00	10

<b>JSNA Topic</b>	<b>Total Re-ranked scores</b>	<b>Weighted Rank</b>
Mental Health - Adults	146.00	1
Mental Health & Emotional Wellbeing (C&YP)	142.00	2
Dementia	89.00	3
Housing	89.00	3
Carers	86.00	5
Financial Inclusion	70.00	6
Obesity	52.00	7
Physical Activity	48.00	8
Food & Nutrition	43.00	9
Cancer	32.00	10
Maternal Health, Pregnancy & first few weeks of life	32.00	10

As can be seen, the JSNA priority topics themselves remain exactly the same in both ranking exercises, the only difference is a slight variation in scores with some topics e.g. obesity scoring lower in the re-ranking whilst others e.g. housing, scored higher following group discussion and feedback.

In addition, in the re-ranking exercise, 'Maternal Health, Pregnancy and first few weeks of life' entered as one of the 'top 10' ranking choices for participants.

The rationale for ranking choices can be briefly summarised:

### **Mental Health – Adults**

- Poor mental health affects everything; quality of life, employment opportunities, physical health (can lead to inactivity, alcohol/drug misuse), confidence/self-esteem, relationships and family life - it impacts widely and detrimentally.
- Service provision is generally poor – little preventative/early intervention services or support, other than community or VCS provision (such as groups, self-help, diversionary activities) but this isn't specialist.
- Affects large numbers of people
- Poor mental health results in inequalities.
- The cost to the national economy of poor mental health is £105 billion a year, so it needs to be a priority.
- Services available if in crisis, but little early intervention other than online (Cognitive Behavioural Therapy) which doesn't suit all, including those lacking IT skills.
- Long waiting times to access services – 12 months+ is too long
- Many locally based support groups/self-help groups are struggling to survive with funding cuts. Impacts negatively on people when local support groups are no longer available.
- Early support is vital – it's cost-effective and prevents the escalation of (more costly) interventions.
- Other services are impacted – including the Police, Fire Brigade, Housing Associations/staff and other front-line workers who have to deal with people in mental health crisis, because the support available isn't adequate and people are '*left to struggle*'.
- Transition from Children's mental health services (CAMHS) to Adult services is disjointed and fragmented causing more stress and anxiety.
- Poor mental health interlinks with and affects many of the other JSNA topics – financial inclusion, alcohol/drug misuse, physical activity, cancer, suicide, smoking, etc.
- Unmet mental health needs exist for certain demographics (including ex-military personnel, those diagnosed with dementia, children with special educational needs and those with poor maternal mental health).
- Underfunded services – no parity with physical health despite the rhetoric.

### **Mental Health & Emotional Wellbeing (Children and Young People)**

- Should focus on prevention to maintain positive mental wellbeing, this will prevent or reduce the strain on adult mental health services.
- More needs to be done in schools to help staff recognise signs of poor mental health in pupils and support them/signpost effectively.

- **All** children benefit from mental health awareness and support; holistic educational environments that focus on creating positive mental wellbeing benefit everyone.
- Young carers can be vulnerable and require support.
- Importance of early detection and support for children and young people requiring it.
- Seen to be a lack of local services for those requiring them, with long waiting lists.
- Social media bullying can be a problem
- Transition from Children's mental health services (CAMHS) to Adult services is disjointed and fragmented causing more stress and anxiety. Support needs to be person-centred and people cannot just 'fall off the radar' because of the different eligibility criteria for accessing Children's and Adult's Mental Health services.
- Poor Mental Health & Emotional Wellbeing in young people can be a contributory factor in drug and alcohol misuse. Obesity can have a similar connection to mental ill-health through lack of self-esteem, confidence and bullying. Proactive preventative action is required.
- Self-harming, suicides and eating disorders are a problem in this age-group.
- One in ten young people have a mental health problem, if it is not addressed it can cause them to miss school and fail their education – this can lead to unemployment or low earnings as an adult.
- There are mental health issues linked to SEND such as Autism and ADHD.

## **Dementia**

- Growing numbers in Lincolnshire due to the ageing population. Is an increasing problem but can also be a hidden problem.
- Diagnosis process needs improving – early support is vital both for the person with dementia and their family.
- More awareness is resulting in greater diagnosis but there is a lack of support available once diagnosed.
- Cannot be prevented, but quality of life can be improved with the right support and networks.
- More people with dementia seem to go into residential accommodation – there is a lack of housing choices.
- Agencies and partners can help – Trading Standards for example are trained as 'Dementia Friends' to better support people they come into contact with. Wider awareness is growing (due in part to national coverage) and schemes to train people to be dementia-aware are to be encouraged.
- Statistics for vascular dementia show a decrease, improved lifestyle choices have improved rates.
- Support from employers needed for those with caring responsibilities for family members with dementia.

## **Housing**

- Poor housing is the 'root cause' of many health and wellbeing issues – safe, secure and suitable housing is the basic 'building block' in having good physical and mental health.
- Housing has a broader impact - on social isolation, financial inclusion and on people's mental and physical health.

- Poor or unsuitable housing for those with physical/mobility issues can increase the risk of falls, which in turn could cause serious health problems at a later date
- Damp housing (causing mould and mildew) significantly impacts on physical health especially for the most vulnerable groups such as the elderly, frail, babies/children and those with poor physical health including respiratory/breathing problems.
- Fuel poverty is a local issue – rising fuel costs and those living in rural areas 'off the grid' and having to buy fuel in bulk are contributory factors.
- Housing affordability is an issue.
- The demand for social housing outstrips availability meaning many rely on private sector housing which can be expensive – e.g. Boston is a low wage area with a high rent economy, causing financial hardship for many in the 'rent trap'.
- This is a broad topic which includes homelessness.

## **Carers**

- More care, support, and recognition are seen as needed for carers.
- Unpaid carers are a 'hidden army' – nationally, in the UK last year they provided 1,677 million unpaid hours of care, worth £132 billion.
- Carers' physical and mental health is affected by caring role and 69% report a significant impact on their personal wellbeing. Carers sometimes neglect their own health in order to look after other people.
- Someone needing care impacts on the whole family.
- If a carer were to fall ill, this creates a chain reaction of other issues including financial implications and sometimes a need for the cared-for to move into residential accommodation.
- Risk of isolation for carers.
- Young carers have different needs and require support to support them in their caring responsibilities. If not, their mental wellbeing can be adversely affected.
- Many carers' are not registered or known to services – they don't identify themselves as a 'carer'. This can make them isolated and unaware of the support they might be able to access. .
- Parent carers are important as they reduce the number of children who are in the care of society, which has a large financial cost. It was mentioned that many parent carers of those with a learning disability 'drop through the net'.
- GP's are often unaware of the number of patients with caring responsibilities – the number is underreported.

## **Financial Inclusion**

- A lack of money negatively impacts on both physical and mental health; it causes stress, anxiety, isolation and can lead to serious mental health issues.
- Financial stability is a preventative measure to combat some mental health issues. It also links to the likelihood of living in stable and affordable housing.
- Loan sharks prey on vulnerable people, compounding debt problems and illegal lenders may use intimidation and violence to collect their debts.
- A lack of money impacts and influences choices – consuming less healthy foods which are often more filling, easily available and cheaper than healthier options.
- Poverty make result in harmful choices – such as alcohol and drug misuse

- Financial instability can pass from generation to generation.
- It can happen to anyone e.g. becoming ill with cancer can affect a person's ability to work, reducing their income, making housing payments difficult and getting them into debt. Access to timely benefit support is vital.
- There is a need for timely benefits advice, especially given the benefit reforms and the move to Universal Credit. People need support to understand the process.
- Inequalities are widespread, financial inclusion needs to be tackled and addressed in a multi-agency way – *'the poverty gap is far too big'*.
- There are geographical disparities and inequalities in Lincolnshire. An elected member, taking part in the table discussion, cited LRO figures that show the Earlesfield Estate is within the top 10% most deprived areas in the country. Comparing figures for educational attainment and fuel poverty there is a vast gap between this area and the Allington and Sedgebrook area, all of which are in the same constituency.
- Poverty impacts massively on a range of other topic areas including housing, health conditions, obesity, mental health, learning and life chances and criminal justice. The consensus was that it is really important to provide good support and advice for people to improve financial literacy, raise income levels and create financial stability, improving their life chances.

### **Obesity**

- This subject links through to other topics as a contributory factor in other lifestyle issues such as Physical Activity, Diabetes, Cancer, and Healthy Eating. Therefore it was seen that prioritising this topic area could influence many more issues; preventative measures are key.
- Obesity in children - it relies on educating both parents and children on healthy eating and often requires changing behaviours and attitudes, including the need for regular exercise.
- Rate of obesity in children and adults is growing – the resulting health impact puts pressure on services and budgets.
- Preventative actions are cost-effectiveness, as is identifying and intervening early for those children who are becoming obese. Targeted intervention prevents other conditions developing and improves life chances.
- The role of awareness raising and healthy eating education is important; for children, schools play an important role in this.
- Investment is needed to provide support/resources to encourage people to make simple lifestyle changes.
- Obesity can be linked to underlying mental health problems, causing a lack of motivation, isolation and low confidence/mood.
- A family approach, starting with the child, has been found to be effective in preventing/tackling obesity.

### **Physical Activity**

- Prevention through healthy lifestyle is key – supporting people to make better lifestyle choices, including regular exercise, improves a wide range of health outcomes.

- Cost effective as a service intervention – reducing or preventing the need for other health services.
- Links to many other JSNA topics including Obesity, Mental Health, Diabetes, Cancer, Food and Nutrition and Coronary Heart Disease.
- The evidence suggests that having access to open spaces will encourage people to be active. Investing here will help prevent poor social and health outcomes later on.
- Lack of money can be a barrier, some activities cost but others are free (walking, gardening).
- Geographical barriers to accessing facilities can be a problem in rural areas (lack of transport, lack of local provision, etc.)

## **Food & Nutrition**

- Good food and nutrition is a preventative measure, promoting good physical and mental health. It reduces the metabolic syndrome conditions (i.e. increased blood pressure, high blood sugar, abnormal cholesterol, heart disease, stroke and diabetes) and can therefore prevent health problems such as Obesity, Diabetes, Coronary Heart Disease and Cancer,
- Along with physical activity, the importance of good food and nutrition should be introduced at an early age both at home and in an educational setting.
- Poor diet is a risk factor for many diseases and the main cause of obesity.
- Health inequalities exist – healthier food generally costs more on a calorie by calorie basis – cheaper foods are often healthier but are more filling and easily available, meaning that those on low incomes often chose them.
- Initiatives such as GEM – 'Grow, Eat, Move' provide positive example of interventions that can make a positive difference.
- Food labelling can be an issue; it can be confusing to people looking to make healthy choices.

## **Cancer**

- For some cancers, preventative measures such as eating a healthy diet, moderate alcohol, not smoking, exercising, etc. play an important part. However, not all cancers are preventable.
- The needs of people living with and beyond cancer, including aftercare and dealing with the side effect of treatments, needs better support and recognition.
- There is a need to ensure that GP's and health professionals are kept up to date with symptom diagnosis. Early diagnosis saves lives.
- Cancer is seen as a growing problem that has a huge financial impact on both the patient and the NHS.
- Better cancer research is needed to prevent it.
- Needs to be prioritised to reduce the waiting lists for treatment.
- Postcode lottery in terms of treatment options/treatment location, depending on where you live. Some are treated out of county which can impact heavily on patients including additional costs, anxiety and affect family/caring responsibilities.
- More accessible information required regarding the causes, signs and symptoms of cancer. There is a need to educate young people in terms of spotting the signs of cancer and acting on them. Early detection is important.

- Some felt there was a lot of resources and support available for those with cancer, so they didn't prioritise it, but for many it was a priority topic given its prevalence and survival rates.

### **Maternal Health, Pregnancy & first few weeks of life**

- Good ante-natal and post-natal care and nutrition is essential for both the health of the baby and mother. Good maternal health is preventative, reducing infant mortality rates but also providing protective long-lasting health benefits for both mother and baby.
- This topics links to other JSNA topics including Breastfeeding, Immunisation and Mental Health.
- New mothers need support and advice from professionals including safe sleeping, immunisations and breastfeeding.
- Ante-natal clinics should be local, ideally situated in local health hubs or Children's Centres to make them accessible.
- Service integration between maternity services and Ante-Natal care/Children's Centres could be improved.
- Pregnancy is often a 'trigger point' where parents are receptive to health information and behaviour change; this opportunity should be used by professionals to provide timely information, advice and support.

#### Public online survey

As detailed earlier, there were 180 responses to the online survey with 20+ local Voluntary and Community Organisations (VCSO) represented 3 private sector organisations and 11 public sector responses (excluding LCC colleagues).

Of those responding, 76% did so as an individual and 24% responded on behalf of an organisation.

When asked to select their 'top 5' priorities from the full list of JSNA topics, the following topics were selected:

<b>JSNA Topic</b>	<b>Total</b>	<b>Weighted Rank</b>
Mental Health - Adults	95 (53%)	1
Mental Health & Emotional Wellbeing (C&YP)	83 (46%)	2
Housing	60 (33%)	3
Physical Activity	59 (33%)	4
Dementia	57 (32%)	5

In terms of the 'top ten' highest scoring JSNA priorities, we can show this diagrammatically:



Comparing the ranking choices at phase 1 and phase 2, it can be seen that 'Financial Inclusion' and 'Food and Nutrition' are the only JSNA topic areas that are prioritised in the wider engagement workshops **that are not** prioritised by the HWB representatives.

Conversely, 'Smoking Reduction in Adults' and 'Alcohol (Adults)' are priority areas for the HWB representatives, but are not reflected in the wider public/stakeholder engagement workshops.

Analysis of the online survey responses, shows again there is commonality in ranking choices between the two phases, with all 'top 5' ranking choices from survey respondents matching those of both the HWB representatives and wider public workshop participants.

Taking into account the 'top 10' ranking choices of survey respondents, only the 'Learning Disabilities' JSNA topic is not prioritised **by either** the HWB representatives or the public workshop attendees.

In short, at phase 1 and 2, it can be clearly seen that there is considerable alignment and agreement over which JSNA topics are to be prioritised in the new JHWS.

### **Phase 3: Review and feedback from Health Scrutiny Committee**

A prioritisation workshop took place in July 2017 with members of the Health Scrutiny Committee for Lincolnshire.

Members highlighted the need for the JHWS to target resources where they are most needed within Lincolnshire, in order to address the significant inequalities that exist between and within communities. This includes making services readily accessible, particularly for the most vulnerable members of the community. A number of other themes emerged from the workshop, namely:

- The JHWS should have a **strong preventive focus** which targets early intervention and education, noting the cost-effectiveness of this approach.
- The JHWS must be used as an important **evidence base** for the NHS in shaping their Sustainability and Transformation Plan (STP).
- **Inequalities** must be addressed with targeted service provision

- Concern that delivering the JHWS whilst **resources are already stretched** across the county will represent a significant challenge to the Lincolnshire Health and Wellbeing Board - how this will be addressed needs to be highlighted in the JHWS.
- Many of the JSNA topics are **inter-linked and inter-dependent**; prioritising one topic creates a 'knock on effect' in a number of other areas.

When asked to select their priorities from the full list of JSNA topics, the following topics were selected:

- **Mental Health**

Mental Health links to many other areas of need including suicide, drug and alcohol misuse, domestic abuse and smoking. Poor access to services for those with mental health needs, particularly children and young people, was emphasised.

- **Dementia and Falls**

Increasing needs linked to both issues because of an ageing population and the significant costs to the health and care economy as a result.

- **Carers**

Prioritised due to the number of unpaid Carers in the county and the level of support they provide, which would otherwise have to be met from health and care services budgets.

- **Financial Inclusion**

Affects a large portion of the community and not just those on low incomes or living in poverty. It also affects older people who might be asset rich (i.e. own their own homes) but are cash poor and, therefore, struggling to make ends meet. Tackling this priority also has an impact on addressing others areas of need such as Housing.

- **Road Traffic Collisions**

Due to the high number of deaths and serious injuries on Lincolnshire's roads, which is considerably higher in Lincolnshire than other areas, and the rural nature of much of the road network in the county, this was prioritised.

- **Learning Disabilities, Special Educational Needs and Autism**

Increasing demand for support services due to greater awareness and improved diagnosis (although challenges remain). The issue is seen to be interlinked with a number of other areas of need such as Financial Inclusion (through employment opportunities for people with learning disabilities) and Carers (as many of these individuals have their needs met through unpaid, informal family Carers).

#### **Phase 4: Focus (reference) group feedback**

A focus group of seven representatives was held in mid-August, to gather feedback from seldom heard groups. Those attending were primarily Peoples Partnership 'Strand Leads', who represented a diverse range of special interest groups. A mapping exercise demonstrated connections and links with over 40 local, regional and national groups in total. Appendix 2 provides further details.

This reach and insight provides valuable feedback to the process and strengthens the inclusiveness and diversity of our engagement approach.

When asked to select their 'top 5' priorities from the full list of JSNA topics, the following topics were selected:

JSNA Topic	Total - First Scores	Weighted Rank
Mental Health - Adults	6	1
Mental Health & Emotional Wellbeing (C&YP)	4	2
Falls	3	3
Carers	3	3
Physical Activity	3	3

JSNA Topic	Total - Re-ranked scores	Weighted Rank
Mental Health - Adults	7	1
Falls	4	2
Mental Health & Emotional Wellbeing (C&YP)	3	3
Carers	3	3
Physical Activity	3	3
Housing	3	3

As can be seen, the JSNA priority topics themselves remain exactly the same in both ranking exercises, the only difference is some slight variation in scores and the inclusion of 'Housing' in the re-ranking exercise (sharing the third highest ranking slot with three other JSNA topics).

It is interesting to note that **all** participants selected Adults Mental Health as one of their 'top 5' priorities, echoing wider engagement feedback from other sources.

Taking the prioritised JSNA topics in turn, participants made a number of key points in sharing the rationale behind their ranking choices:

**Mental Health** (The JSNA topics of 'Adult Mental Health' and 'Emotional Wellbeing of Children and Young People' were considered together):

- Mental Health (MH) must be prioritised - early intervention and support is vital to prevent/reduce problems from escalating.
- Inequalities and inequities exist both in terms of geographical variations (rurality, East Coast deprivation) as well as awareness, stigma and a lack of understanding amongst certain demographic and cultural groups.
- Poor MH affects the whole family/ wider unit as well as those experiencing it themselves.
- Impact on employment is notable (both for those working and those not in employment due to MH issues)
- A particular challenge and issue for carers – better support needed.
- Transition from childhood to adulthood is difficult with little support being seen to be available. A lack of clear responsibility regarding which service area should intervene compounds this with services for 16 – 19 year olds with MH issues, seen to be 'non-existent'

- Mental Health of those with Learning Disabilities – the transition from childhood to adulthood can present significant mental health challenges (increased anxiety, uncertainty, etc.) which require recognition, support and timely service intervention.
- Unacceptably long waiting lists (8.5 months) to access CAMHS (children's mental health services) and little preventative provision – more of a crisis response.
- Early intervention is key – but there is a lack of services to support this approach
- Suggestion that Children's and Adult's MH JSNA topics should be grouped together – to ensure no-one 'falls through the gap' during the transition from one team to another.
- Community networks are important – but they need support/resources to signpost effectively and it cannot be the preferred option as a means of cutting costs.
- Negative impact of (NHS) funding cuts to self-help and VCS organisations and group's - needs will go unmet.
- Role of neighbourhood teams – seen as '*not working*'

## Falls

- Sight loss needs assessment and support straight away to prevent the escalation of problems. Early support is cost-effective.
- Falls are one of the biggest worries for some people due to a fear of losing independence and/or being hospitalised.

## Carers

- Specialist advice is needed regarding carer's entitlement to benefits. Benefit advisors can support eligible people to claim significant amounts of money that would otherwise go unclaimed.
- Transitioning between benefits e.g. DLA to PIP and having to go through assessments/tribunal processes is difficult and "*sends [people] into meltdown*".
- Financial and MH concerns are prevalent – both require support.

## Physical Activity

- It's not just about competitive sports; it's about inclusive play for children and family activities
- The environment and activities need to be friendly, accessible and motivating
- Physical Activity can improve mental health. Social Prescribing (gym membership) is seen as a positive intervention.
- Physical activity is important to older people as it improves their physical and MH, confidence and prevents falls through improving co-ordination/agility.
- Leisure Centres/facilities need to accommodate specific people's needs (like appropriate changing rooms)
- Targeted work needs to happen to ensure geographical coverage. There is little provision on the East Coast.
- Cost of activities can act as a barrier to participating for those on low incomes
- Free activities e.g. walking, running are available
- Introducing and encouraging activities like gardening, 'walk & talk' activities to support people's health. Anyone can organise these at little or no cost.

- Community groups find it hard to get funding – it is hard to evidence prevention and the cost effectiveness of funding such initiatives. Advice and funding support is needed for local groups, so they can better support the physical activity agenda.

## Housing

- Living in poor housing negatively impacts on children's health
- Disapproval of the housing policy that removes carpets from Housing Association/ Council housing when it is re-let. Sometimes people can't afford to buy carpets and this adversely impacts on their MH. Cost effectiveness of purchasing carpets versus the service cost of people going into crisis – *"It is about the small things that can have a massive impact"*.
- People on low income often live in poor housing e.g. families of people in prison. They can experience multiple inequalities.

## Lowest scoring JSNA topic areas

In Phase 1, analysis shows that the lowest scoring JSNA topic areas from the HWB Board Prioritisation Workshops (collated analysis) are:

<b>BOTTOM FIVE - AVERAGE WEIGHTED SCORES</b>		
<b>JSNA Topic</b>	<b>Average Weighted Score</b>	<b>Average Weighted Rank</b>
Learning Disability	70.00	31
Physical Disability & Sensory Impairment	65.00	32
Falls	65.00	33
Educational Attainment – Foundation Stage	61.00	34
Young People in the Criminal Justice System	59.00	35

The results at Phase 2 are very different.

In Phase 2, the lowest scoring JSNA topics from the public engagement events (collated analysis) are:

<b>BOTTOM FIVE - AVERAGE WEIGHTED SCORES</b>		
<b>JSNA Topic</b>	<b>Total – First scores</b>	<b>Average Weighted Rank</b>
Suicide	7	32
Road Traffic Collisions	6	33
COPD	6	33
Teenage Pregnancy	5	34
Sexual Health	0	35

<b>JSNA Topic</b>	<b>Total – Re-scores</b>	<b>Weighted Rank</b>
Breastfeeding	4	33
Road Traffic Collisions	4	33
COPD	2	34

Teenage Pregnancy	2	34
Sexual Health	0	35

As can be seen, between the two ranking exercises there is agreement regarding 4 of the 5 lowest scoring JSNA topics – with Road Traffic Collisions, COPD, Teenage Pregnancy and Sexual Health all scoring low. However, there is no agreement between the wider public and HWB representatives as to the lowest JSNA priority topics – both groups have selected entirely different topics.

Keeping with the analysis at Phase 2, the lowest scoring JSNA topics (collated analysis) from the online survey are:

JSNA Topic	Total	Weighted Rank
Smoking Reduction in Adults	36 (20%)	35
Breastfeeding	34 (19%)	34
Road Traffic Collisions	16 (9%)	33
Falls	10 (6%)	32
Teenage Pregnancy	8 (4%)	31
Financial Inclusion	8 (4%)	31

It is not fruitful to do a similar exercise for those attending the Focus (Reference) group workshop as the small number of those attending would make the list of non-prioritised JSNA topics too lengthy, and would add nothing to our understanding.

In terms of drawing out the common low-scoring ('least important') JSNA topics, as the Matrix in Figure 1 below illustrates, there is some common agreement when comparing analysis of the online responses, with both the wider public engagement workshops, and the HWB Board workshops.

**Figure 1: Collated list of 'least important' (lowest scoring) JSNA topics from the varying engagement methods**

JSNA Topic	HWB Board Prioritisation Workshops	Wider Engagement Workshops	JHWS Online Survey
Road Traffic Collisions		x	x
COPD		x	
Teenage Pregnancy		x	x
Sexual Health		x	
Breastfeeding		x	x
Suicide		x	
Learning Disability	x		
Physical Disability & Sensory Impairment	x		
Falls	x		x
Educational Attainment – Foundation Stage	x		
Young People in the Criminal Justice System	x		
Smoking Reduction in Adults			x
Financial Inclusion			x

As can be seen, none of the JSNA topics have ranked 'least important' across all three of the engagement methods, but there is shared agreement across two of the methods for:

- Road Traffic Collisions
- Teenage Pregnancy
- Breastfeeding
- Falls

Interestingly, Falls is included as one of the 'top 5' priorities, for those attending the Focus (reference) group, largely due to the preventable nature of this issue.

### **Principles emerging from the engagement feedback**

There are several 'stand out' priority areas for (possible) inclusion in the new JHWS and that cut across the varied methods of engagement. These are:

- Mental Health – both Adults & Children/Young People
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

In addition, a number of **principles** or **themes** can be drawn out from the engagement undertaken. Specifically, these can be noted as:

### **Preventative/Early Intervention**

There is a strong focus on the need for preventative action. Those JSNA topic areas which prevent, reduce or minimise the escalation of health and care needs in future were often prioritised. These include prioritising the Mental Health & Emotional Wellbeing of Children and Young People; Falls, Physical Activity - the need for both preventative action and early intervention ran throughout many discussions. The cost-effectiveness of preventative action was also frequently cited.

An example of this is the Children and Young Peoples Mental Health and Emotional Wellbeing topic. It was strongly felt that positive mental well-being could be nurtured and supported in childhood and in early years, building resilience and coping techniques as the child progresses into teenage years and early adulthood.

Early support and treatment for young people presenting with mental health issues, including anxiety, depression or self-harm, was seen as vital, preventing or reducing the need for adult mental health interventions, at a later date.

### **Use of trend data**

Trend data was an important consideration in ranking decisions – many peoples rationale included weighing up evidence regarding the severity of need, comparator data, etc. included in the topics infographic and commentary. The data often chimed with professional and personal experiences shared during the engagement process, many for example related to the data showing the high numbers of people experiencing mental health problems, and

the impact of this not just on the person but the impact this has on the wider family, service delivery (e.g. Housing officers, Fire and Rescue, Police) and the community at large.

Trend data relating to both Obesity and Dementia prevalence (current and future) informed ranking decisions across the different stakeholder groups.

### **Role of partner organisations**

The role of partner organisations in addressing needs was often emphasised – including both statutory and non-statutory partners. Many professionals engaged in the process shared both the challenges and the opportunities to work in partnership to address some of the issues discussed. A wide range of partners was represented in the engagement process with over 60 organisations and group contributing. Many expressed an interest in continuing to be informed and involved in the development and implementation of the JHWS, as well as the wider work of the HWB.

### **Service considerations**

Service considerations featured strongly – including identified service gaps, lack of services, underfunding, sustainability and equity in the provision of services across the county.

One reoccurring theme was the transition from Children's services (including Mental Health, SEND) to Adult services. Many expressed the frustration and challenges of being lost between two different systems, with different eligibility criteria and a lack of person-centred service provision meaning for some they felt they had 'fell off the radar'. Joined-up integrated services for 18-25 year olds was felt to be vital, with better service planning to ensure seamless service transitions.

### **Interdependencies of the JSNA topics**

The interdependencies of the JSNA was frequently commented on – for some it made it difficult to choose 'just 5' topics. Many chose those topic areas that leant towards prevention, the rationale being that this would prevent, reduce or minimise the need for more interventionist and costly services at a later date.

### **Wider determinants**

The wider determinants agenda was seen as important, especially needs relating to housing and financial inclusion. It was expressed several times that without the 'basics' such as enough money to live on and a suitable, affordable and warm home, physical and mental health outcomes were compromised. Maslow's 'Hierarchy of Needs' was referenced several times in the engagement process; with many commenting that they welcomed the broad approach to improving health and wellbeing that the HWB has adopted.

### **Health inequalities and health inequity**

Health inequalities and inequity was a key consideration for many involved in the engagement process. These included inequalities in access, opportunities and outcomes. This was a particularly strong theme echoed in Health Scrutiny member's feedback and their chosen JSNA priorities.

## **Educative role**

The need for educating and raising awareness of how to improve health and wellbeing was a theme; not just in terms of parents, the wider public and amongst different socio-economic groups (all of which were mentioned), but a wider understanding of needs, and how to address them, amongst clinicians, including GP's. This included improved Mental Health awareness, Autism, Cancer awareness (including spotting and acting upon the early warning signs).

## **Style of delivery considerations**

Feedback included the importance of a certain style of delivery when addressing local health and wellbeing needs – 'self-help' and an enabling and 'person-centred' approach were all seen as important.

The transition points in peoples life can cause problems, not just in terms of a lack of joined up services, but also people can be confused by different eligibility criteria and variations in the services offered. This wasn't just in regards to age transitions from 'young person' to 'adult' but wider, including changes in health or employment status, as a person transitions through life.

## **Strategy**

It was expressed that the strategy is reflecting a 'vision'. It ought to be a 5-year plan that is ambitious, reflecting multi-agency partnership working with integrated services that look beyond simple needs. The need to pool budgets and co-commission services was mentioned, along with the adoption of an innovative and visionary approach.

It is also notable that many of those involved in the engagement process expressed a strong desire to stay included in the process and contribute to the development and implementation of the new strategy.

An interest in the wider work of the Health and Wellbeing Board for Lincolnshire was expressed too, with 243 people signing up to the HWB e-newsletter as a direct result of their involvement in the JHWS engagement process.

## **Review of JSNA Topics**

A number of additional JSNA topics were proposed during the engagement process. In addition, several points were made about the organisation/compilation of current topics.

Suggestions for **new** JSNA topics:

- Social Isolation and Loneliness
- Fragility (suggestion to have Fragility as a main topic not Falls/Dementia in isolation)  
It should include continence issues and not be targeted at the older demographic.
- Air Pollution and Air Quality (to include congestion, damp)
- Neurological Conditions
- Paid Carers (current JSNA topic covers unpaid Carers)
- End of Life /Palliative Care

- A JSNA evidencing the transition points in people's lives and how their needs alter accordingly (including whether services reflect and take account of these transition points).
- Liver Disease
- Transport – including 'transport poverty' (seen as affecting employability and isolation).
- Social Inclusion
- Employment
- Service Integration (across all services and including communication needs, referral routes, needs of vulnerable individuals).

Proposed changes regarding the content or organisation of **current** JSNA topics:

- A single JSNA Mental Health topic that includes Adult and Children and Young People, rather than two separate JSNA's. It was suggested that this might support more joined up mental health service delivery from child to young person through to adult.
- Physical Disability, Sight Loss & Hearing Loss seen as 'distinctly different' and therefore should not be grouped together in the same JSNA topic.
- Diabetes, Stroke & Brain Injury – all are seen to 'have a massive impact' on sight loss figures – not hearing loss. The JSNA commentary is not seen to reflect this.

### **Evaluation Feedback**

At each of the engagement workshops, a simple evaluation form captured attendee's comments and suggestions.

In short, 203 completed evaluation forms have been completed, with 177 of those answering 'yes' to the question of whether the purpose of the workshop was met, 26 people answering 'unsure' and no attendees answering 'no'. Evaluation feedback was generally very positive.

Feedback from the early public engagement workshops was used to improve future workshop delivery with several changes made based on feedback received. These included small changes to the timings of the group exercises; name cards at the table and adding a group feedback slot to include feedback from each of the tables.

In addition, 243 people signed up to the HWB e-newsletter as a direct result of their involvement in the engagement process. An option to 'sign up' to receive communications was incorporated into our registration processes.

Salient comments have been captured in an 'Issue Log' for the project team to use in future planning processes, including ensuring that timely feedback is provided to participants following this stage of the engagement process. It is important to ensure that as the strategy develops, those involved in its development are kept informed as regards its progress, which includes identifying and sharing how their feedback has impacted on the new strategy. Once the strategy has been written, a simple 'You Said, We did' infographic can be created to simply, and visually, illustrate the impact of peoples involvement.

Other feedback methods will be ongoing including the developing of regular updates via the HWB Board e-newsletter, updated webpages and targeted communications via the engagement database created for this engagement process.

### **Continuing Engagement with stakeholders**

Engagement with stakeholders has been extensive and inclusive, with an engagement database created for the purpose of this process detailing 900+ contacts. Over 400+ people have actively participated in the engagement process.

Whilst the purpose of the engagement was to share the evidence base regarding local needs, with the aim of gathering peoples opinion on what they consider to be the key priorities in the new JHWS, it is hoped that we can continue to engage wider stakeholders in the development and implementation of the new strategy. Many comments have been made during the engagement regarding peoples continued involvement in the process, with it not being seen as 'one-off' time limited engagement.

It is hoped that through good communication and effective methodologies, we can build on people's enthusiasm and engagement to date. A benefit of this will be the support that it will provide to the HWB Board in implementing the strategy, given it is a multi-agency, partnership strategy that impacts widely on many of the stakeholders and delivery partners that have been involved.

### **Going Forward (Recommendations for future action)**

- There is a significant number of people, organisations and groups keen to remain involved and updated as the strategy gets developed as well keeping updated with the wider work of the Health and Wellbeing Board. 243 people signed up to the HWB e-newsletter as a direct result of their involvement in the JHWS engagement process. An option to 'sign up' to receive communications was incorporated into our registration processes.
- There is a strong need for people to see how feedback provided in the engagement process is used in the development of the new strategy. One workshop participant commented on their evaluation form "*[I'm] not sure if the workshop has met its purpose until the final strategy is produced*". This sentiment is echoed in many of the comments captured on evaluation forms – including those from the Focus Group attendees and those completing the online survey.
- There was involvement from academics (Bishop Grosseteste University) in the engagement process – seeing themselves as part of an ongoing discussion around health & wellbeing agenda-setting and policy shaping. These links can be built on.
- Make post-workshop feedback accessible (and available on the website).
- The development of a 'FAQ' document to explain common queries and questions raised during this engagement process, including for example how the JSNA topics are selected, as well as explaining the process in place for adding/removing JSNA topics. We need to emphasise that the JSNA is a continuous process, not an end product.
- Develop a realistic and meaningful process for involving stakeholders in the next steps of developing the new JHWS. Consider the role and contribution that they can make in supporting the implementation of the new JHWS.

- Ensure that a needs-led approach to identifying needs is complimented by an understanding and appreciation of the role that assets play in communities. Ensure that existing networks, community-based support and action is harnessed and nurtured. One participant commented that *"we must see the ageing population as a contributor to well-being, and not just a burden"*.
- Ensure that the feedback and insight provided through this engagement process is shared with the STP engagement team.
- Explore the options offered through the engagement process to share feedback with interested partners, including CCG Patient Council and VCS infrastructure partners.
- Consider the impact that the current JHWS has had on improving health outcomes, engaging partners and reducing inequalities; to inform the development and implementation of the new JHWS.

## **Appendix A:**

### **List of organisations and groups directly involved in the JHWS Engagement process**

1 Life (Lincolnshire) (Health & wellbeing, sport, activity & learning provision)

Action for Children - Lincolnshire Short Breaks

Action on Hearing Loss

Active Lincolnshire

Addaction (inc. Young Addaction)

Affordable Therapy Concepts

Age UK

Alzheimer UK

Barnardo's

Bishop Grosseteste University

Boston Borough Council

Boston College

Boston Mayflower Housing Association

Bourne Town Council

British Red Cross

Butterfly Hospice

Carers First

Citizens Advice Lincoln (CAB)

City of Lincoln District Council

Co-op Chemist (Lincoln)

Community Lincs

CWCS Lincs

Deaf Blind UK

Diabetes UK

Disability Network (Lincolnshire)

Doncaster CCG

DWP (Dept. for Work & Pensions)

East Lindsey District Council

East Midlands Ambulance Service (EMAS)

English Federation of Disability Sport

Environmental Agency (gov.uk)

Fighting for Grantham Hospital (campaign group)

Framework Housing Association

GLNP

Healthwatch Lincolnshire

Hill Holt Wood

Homecare Direct

Homestart

JUST Lincolnshire

Kesteven & Sleaford High School

Learning Communities

Lincolnshire Association of Local Councils (LALC)

Lincolnshire Care Association (LinCA)

Lincolnshire CCG's

Lincoln College

Lincolnshire Community Health Services (LCHS)

Lincolnshire Community Foundation

Lincolnshire Community Land Trust

Lincolnshire County Council (various directorates)

Lincolnshire CVS

Lincolnshire Fire and Rescue

Lincolnshire Neurological Alliance (LNA)

Lincolnshire One Venues (a group of 9 arts venues across Lincolnshire)

Lincolnshire Partnership Foundation Trust (LPFT)

Lincolnshire Parent Carer Forum (LPCF)

Lincolnshire Police

Lincolnshire Rural Housing Association (LRHA)

Lincolnshire Safeguarding Adults Board

Lincolnshire Showroom

Longhurst Group Housing Association

Louth Seniors and Quality of Life Group

Macmillan Cancer support

Magna Vitae (provides leisure, health and swimming facilities in Lincolnshire)

Methodist Church (Louth)

Moulton Medical Centre (Spalding)

MS Society (Multiple Sclerosis)

New Life Church

North Kesteven District Council

PECT (Peterborough Environment City Trust)

Polio Survivors Network (Lincolnshire)

Positive Health (Lincolnshire)

Quit 51 (smoking cessation)

Riseholme College, Lincolnshire

Riverside training (training provider)

Royal British Legion

Royal Voluntary Service (Lincolnshire)

Shine Lincolnshire (Mental Health network)

Skills for Care (Lincolnshire) (adult social care workforce resources/training)

Sortified (Social Enterprise)

South Holland District Council

South Kesteven District Council

South Lincolnshire Blind Society

Sports England

St Barnabas Hospice

Thera Trust East Midlands (provides support to adults with a learning disability)

The Princes Trust

Tonic Health (community-based health and wellbeing hub)

Total Voice Advocacy

University of Lincoln

United Lincolnshire Hospital Trust (ULHT)

Vitality (Lincolnshire based programme of exercise classes)

Voiceability Lincolnshire

Voluntary Centre services (Lincolnshire)

Walnut Care (Home Health Care service)

West Lindsey District Council

Woodland Trust

YMCA (Lincolnshire)

Your Day-Your Say Ltd

## **Appendix B:**

### **Details of the networks/organisations that the Focus Group (Strand Leads) are involved in <sup>1</sup>**

Addaction

Adult Care – Lincolnshire County Council

Adult Social Care – Carers First

Alzheimer's Association

BACP – Member – Counsellor

BBO Projects Building Better Opportunities

Befriending Service (Age UK)

BME community networks (including Polish, Lithuanian, Mandarin, Bangladesh women, Tamil, Afghan & Cantonese men and women) – representing a total of 24 ethnic backgrounds

Carers Connect

CCGs (Lincolnshire)

Children with special needs (mainly in North Lincs)

Children's Centre Parents and Early Years

Chinese Church

CLINKS (works with prisoners and families)

Co-op Pharmacy

Co-production peer network

County Carers group – over 600 members, 4 groups across the county

CYPVSF (Children and Young People's Voluntary Sector Forum)

Disability Networks

East Lindsey Business networks

Education and supplementary schools

'Every-one' – Board member

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<sup>1</sup> Demonstrated in a mapping exercise undertaken as part of the Focus (Reference) Group workshop held on 15.08.17.

Strand Leads included Older People; Sensory Impairment; Children & Young People; BME; Carers and Learning Disabilities strand leads.

Family Network of Carers and Children with Learning Disabilities

GPs and United Lincolnshire Hospitals

Healthwatch Lincolnshire

Housing Associations (East Lindsey)

Learning Disability Partnership Board

LILP (Lincs Independent Living Partnership)

Lincoln University (Wellbeing Services and student nurses)

Lincolnshire Health and Care Managers Network

Lincolnshire Partnership Foundation Trust (Governor)

Lived in experience of being a carer for a 13 year old son with Learning Disability and Autism

Mental health Crisis Care Concordant member

National Network for Eye Clinic Liaison Officers

NCVO – Member

Neighbourhood teams

NHS – eye clinics

NHS – Ophthalmist network

NHS AIS group

NHS England – Integrated Commissioning

NHS Managed Care Network

Older Carers project (LCC)

Park Street Activity Centre/Services (Age UK Lincoln - activity centre for older people)

Peer groups

Prisons and probation service

Public Health

Shine – Mental Health Network & Hub

Sortified

South Holland Health and Wellbeing Network

Suicide prevention group

Toy library parents

Training Providers network

UK Vision Strategy Member

University of Lincoln – Autism Projects

VINCE - National Network for Counsellors of people with sight loss

Vision 20/20 - National Organisation supporting sight loss

Visionary - National Network for sight loss