

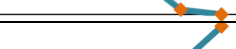


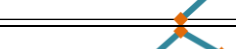

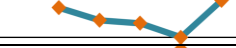
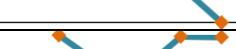


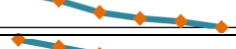

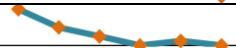
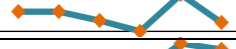
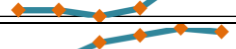















Joint Health and Wellbeing Score Care (Key Indicators)

Appendix A

Lincs CC (CC32) has 19 improving Indicators, 15 declining Indicators, and 0 static Indicators in this Report.

Theme	Primary Indicator	Latest Date	Latest Result	National Average	Regional Average	Lincs Average	Polarity	Change since 2012/13 baseline	Actual Change	% Change
1	% of physically inactive adults	Dec-15	30.2	29.214	28.854	29.09	Lower is Better		1.2	4.14
1	% of physically active adults	Dec-15	55.71	56.593	57.292	56.033	Higher is Better		-0.02	-0.04
1	Total quit smoking plans	Dec-16	49.01	49.9	55.752	53.479	Higher is Better		-5.977	-10.87
1	Excess weight in adults	Jan-13	70.07	64.39	65.882	69.12	Lower is Better		1.9	2.79
1	Smoking prevalence	Dec-15	17.1	17.335	17.92	19.156	Lower is Better		-2.509	-12.8
1	Smoking status at time of delivery	Mar-14	14.884	12.55	14.363	16.259	Lower is Better		-3.391	-18.56
2	Older people still at home 91 days after discharge from hospital	Mar-16	960	285.101	332.222	805	Higher is Better		310	47.69
2	Permanent admissions to residential and nursing care (18-64)	Mar-15	14.6	14.386	14.422	14.7	Lower is Better		0.4	2.82
2	Permanent admissions to residential and nursing care (65+)	Mar-15	585.1	683.552	676.7	674.533	Lower is Better		-199.5	-25.43
2	Health related quality of life for people with long term conditions	Mar-16	49.4	44.085	46.571	45.86	Higher is Better		1.5	3.13
2	Social Isolation: % of adult carers who have as much social contact as they would like	Mar-15	36.5	37.725	35.922	36.8	Higher is Better		-0.6	-1.62
2	Social Isolation: % of adult social care users who have as much social contact as they would like	Mar-15	44.8	44.605	42.089	42.28	Higher is Better		-0.4	-0.88
3	Excess under 75 mortality rate in adults with serious mental illness	Dec-13	264.1	358.648	358.922	255.4	Lower is Better		-5.3	-1.97
3	Recorded diabetes (against expected prevalence)	Mar-15	7.47	6.328	6.742	6.906	Lower is Better		1.124	17.71
3	Under 75 mortality from cardiovascular disease	Dec-14	78.74	72.921	74.101	85.122	Lower is Better		-14.385	-15.45
3	Under 75 mortality rate from cancer	Dec-14	137.93	138.613	139.219	145.671	Lower is Better		-14.811	-9.7
3	Under 75 mortality rate from cancer considered preventable	Dec-14	77.57	80.657	80.342	81.733	Lower is Better		-8.517	-9.89
3	Under 75 mortality from cardiovascular disease considered preventable	Dec-14	54.32	47.187	49.92	56.864	Lower is Better		-7.218	-11.73
3	Under 75 mortality rate from respiratory disease	Dec-14	31.55	30.952	31.311	31.892	Lower is Better		-0.55	-1.71
3	Under 75 mortality rate from respiratory disease considered preventable	Dec-14	16.37	17.437	17.054	15.675	Lower is Better		1.088	7.12
4	The proportion of young people Lincolnshire looked after by the local authority per 100,000	Mar-16	44	65.18	58.444	40.667	Lower is Better		9	25.71
4	Hospital admissions caused by unintentional and deliberate injuries (0-14)	Mar-15	114.65	109.455	94.953	119.32	Lower is Better		-7.54	-6.17
4	Hospital admissions caused by unintentional and deliberate injuries (0-4)	Mar-15	135.88	138.868	115.715	149.546	Lower is Better		-28.16	-17.17
4	Key Stage 1 Achievement gap between pupils eligible for free school meals and their peers	Aug-13	76	77.92	78.556	68.5	Higher is Better		11	16.92
4	KS2 Achievement gap between pupils eligible for free school meals and their peers	Jan-16	54	57.067	54.889	56	Higher is Better		4	8
4	Percentage of children classified as Obese - Reception	Aug-16	9	8.867	8.887	9.116	Lower is Better		-0.831	-8.45
4	Percentage of children classified as Overweight - Reception	Aug-16	12.6	12.957	12.938	13.496	Lower is Better		-1.567	-11.06
5	Employment for those with a long term health condition	Dec-16	17.4	12.424	13.078	12.717	Lower is Better		9.3	114.81

Theme	Primary Indicator	Latest Date	Latest Result	National Average	Regional Average	Lincs Average	Polarity	Change since 2012/13 baseline	Actual Change	% Change
5	Fuel poverty and fuel poverty gap	Dec-13	9.567	9.832	9.757	11.569	Lower is Better		-3.353	-25.95
5	ii - Gap in employment rate- learning disability	Mar-16	68.6	66.916	68.778	68.06	Lower is Better		1.8	2.69
5	i - Gap in employment rate- Long term health condition	Mar-15	6.8	8.805	5.767	8.4	Lower is Better		-3.2	-32
5	iii - Gap in employment rate- secondary mental health services	Mar-15	71.6	65.603	68.222	69.433	Lower is Better		2.7	3.92
5	Sickness absence - % of employees who had at least one day off in the previous week	Dec-13	2.48	2.43	2.588	2.41	Lower is Better		0.27	12.22
5	Sickness absence - % of working days lost due to sickness absence	Dec-13	1.73	1.523	1.713	1.673	Lower is Better		0.03	1.76



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Theme: Promoting Healthier Lifestyles
Outcome: People are supported to lead healthier lives

Theme Position Statement

Generally, the adult-based lifestyles indicators run similar to, but more often, worse than the England average. Smoking, obesity and sedentary lifestyles are poorer than the England average and continue to impact upon the health and wellbeing of communities in Lincolnshire.

This report compares Lincolnshire with the national average, county and district comparators. It also uses local prevalence information captured from within the NHS Health Checks, a cardio-vascular screening programme for adults 40-74 years; 24,821 adults screened in 2015/16 and 29,171 in 2016/17.

Smoking Prevalence

The consistent decline in the national smoking prevalence is demonstrated in the Table 1 below. The prevalence of adults in Lincolnshire who smoke tobacco is 17.7% (2016), which is 0.6% higher than in 2015. Since 2013, there has been a decline in smoking prevalence in the county, however in 2016 Lincolnshire departed from this trend. Lincolnshire remains worse than the national average.








Table 1: Smoking Prevalence by Percentage




Year	England	Lincolnshire
2012	19.3%	19.3%
2013	18.4%	20.0%
2014	17.8%	16.4%
2015	16.9%	17.1%
2016	15.5%	17.7%

The NHS Health Checks screen identified a 16.8% smoking prevalence amongst mid-life adults (2015/16) and 17% (2016/17).

The variation of the smoking prevalence by district council geographies is detailed below in Table 2, with North Kesteven having the lowest smoking prevalence and Boston the highest. Tobacco use is a major health inequality contributor for disease and premature death and the distribution of smoking prevalence across the districts reflects the health inequalities / deprivation spread throughout the county.

Table 2: Smoking Prevalence, by Council Area (2016)

Area	Value	
North Kesteven	11.1%	
South Kesteven	16%	
West Lindsey	18%	
East Lindsey	18.4%	
South Holland	19%	
Lincoln	21%	
Boston	24.9%	

Key: Benchmark against England value  Better  Similar  Worse

Smoking Quit Rates

The total quit smoking plan indicator relates to a smoking cessation service quit rate that is reported to Public Health England on a quarterly basis. In recent years the annual quit rate in Lincolnshire has typically spanned 52% - 55% (2007-15). The quarterly figures for the two periods to the end of 2016 are 49.97% and 49.01% respectively. This represents a decline in quality within the service.

Smoking in Pregnancy

The Smoking at the Time of Delivery (SaToD) indicator reflects a level of smoking in pregnancy at birth. The current dataset records a decline in the percentage of pregnant women smoking from 18% in 2011 to 14.8% in 2013/14; compared to the national value of 12.5%. The reduction in smoking in pregnancy at that time was consistent with a national decline, yet remains worse than the national average.

Theme: Promoting Healthier Lifestyles
Outcome: People are supported to lead healthier lives

Table 3: Smoking at Time of Delivery: Percentage Smoking

Year	England	Lincolnshire
2010/11	13.5%	18.3%
2011/12	13.2%	18.1%
2012/13	12.7%	13.8%
2013/14	12.0%	14.8%
2014/15	11.4%	*
2015/16	10.6%	*

Key: * denotes not formally published

A note of caution must be applied to this dataset post 2013/14, as the quality of the dataset beyond that time is questionable. Quarterly data submissions to the Department of Health digital services for all of Lincolnshire CCGs have a scale of 'Unknown' results (16%-24%) for Lincolnshire residents; this is outside a national quality threshold (<5%). United Lincolnshire Hospital NHS Trust Maternity Services are currently working to improve the quality of the data. They are auditing the level smoking of pregnant women at booking and at delivery. Over an eight month period the percentage of pregnant women smoking at booking was 17%; at delivery 12.4% (unpublished data).

The SaToD data is published by CCG. Back in 2013/14 the respective quarterly SaToD data for CCGs is in Table 4:

Table 4: Smoking at Time of Delivery: Percentage Smoking by NHS Area (2013/14)

NHS Area	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
LECCG	19.5%	20.8%	20.9%	23.6%
LCWCCG	6.3%	10.7%	11.2%	12.9%
LSCCG	15.4%	14.6%	12.2%	13%
LSWCCG	7.8%	12.6%	12.0%	13.5%

There is a considerable east:west variation in the local prevalence of smoking in pregnancy across the county

Obesity

The measure of excess weight in adults is a relatively new indicator utilised in a refresh of the Active Peoples Survey. The indicator has been measured since January 2012 and is reported in three-year bands. This indicator incorporates both the overweight and obese indicators typically used within NHS systems. Lincolnshire has 70% of adults with excess weight and this compares less favourably with a national figure of 64.8%. Compared with the county's comparator local authorities, Lincolnshire has the highest levels of excess weight.

The NHS Health Checks record the screened adults' BMI producing overweight and obese statistics. For 2016/17, 65.2% of the adults screened were overweight and within that 26.4% were obese. This compares less favourably against last year's data when there were 64.5% overweight and within that 25.9% obese. There is variation in this indicator across district areas with Boston at 73% and Lincoln at 66%.

Table 5: Excess Weight by Council Area

Area	Value	
Lincoln	66.1%	
West Lindsey	68.1%	
South Kesteven	69.8%	
South Holland	70.0%	
East Lindsey	70.7%	
North Kesteven	71.5%	
Boston	73.8%	

Key: Benchmark against England value

● Better ● Similar ● Worse

Physical Activity

Theme: Promoting Healthier Lifestyles

Outcome: People are supported to lead healthier lives

The Active People Survey provides information on the England population's physical activity and inactivity levels. The percentage of the county's population surveyed to be inactive was 30.2% (December 2015); the percentage of the county's population determined to be active was 55.7%.

The NHS Health Checks have screened adults 40-74 years. Within a mid-life population of adults the levels of inactivity and activity recorded are 16.7% and 68% respectively (2016/17). This compares less favourably with last year's figure of 13% inactivity and 70% activity.

At a district level there is variation with South Holland recording a most inactive value of 35% compared with South Kesteven recording a least inactive value 26.3%. Similarly, South Holland has the least physically active value of 49.2% compared with South Kesteven of 59.1%.

Table 6: Percentage of People Physically Inactive and Physical Activity, by District Council Area

Physical Inactivity			Physical Activity		
Area	Value		Area	Value	
South Kesteven	26.3%		South Kesteven	59.1%	
North Kesteven	26.7%		West Lindsey	58.1%	
West Lindsey	28.2%		North Kesteven	58.0%	
Lincoln	30.5%		East Lindsey	55.5%	
Boston	31.5%		Lincoln	54.0%	
East Lindsey	33.9%		Boston	53.4%	
South Holland	35.0%		South Holland	49.2%	

The Active People Survey results reported a national reduction in percentage of physical inactivity adults from 2005 to a peak in 2012, followed by a plateau. The improvements in physical activity levels nationally have been small increments, yet consistent.

Over the last ten years there has been a local plan to reduce the number of inactive adults and move them to partial or active participants – "more active, more often". In Lincolnshire, there had been in excess of 26,000 adults moving from inactive to more active between 2005 and 2012, but with a decrease subsequently (2015). For district council areas, Boston, East Lindsey (partial) and North Kesteven have had reductions in physical inactivity values over the time period 2012-2015. The remaining districts record a deteriorating set of values over time.

Table 7: Percentage of Physically Inactive Adults, by Council Area (2012-2015)

District Area	2012		2013		2014		2015	
Boston	34.1%		34.9%		29.4%		31.5%	
City of Lincoln	28.3%		28.1%		34.6%		30.5%	
East Lindsey	36.2%		29.2%		29.4%		33.9%	
North Kesteven	25.1%		22.2%		22.0%		22.9%	
South Holland	29.5%		33.2%		31.2%		35.0%	
South Kesteven	23.9%		26.9%		24.0%		26.3%	
West Lindsey	26.5%		27.9%		24.9%		28.2%	
Lincolnshire	29.0%		29.0%		28.2%		30.2%	

Key: Benchmark against England value

● Better ● Similar ● Worse

Table 8: Percentage of Physically Active Adults, By Council Area (2012-2015)

District Area	2012		2013		2014		2015	
Boston	49.6%		50.2%		54.6%		53.4%	
City of Lincoln	57.1%		56.3%		53.7%		54.0%	
East Lindsey	49.7%		55.2%		57.4%		55.5%	
North Kesteven	59.6%		62.1%		59.4%		58.0%	
South Holland	55.7%		51.2%		54.1%		49.2%	
South Kesteven	59.9%		58.4%		60.7%		59.1%	
West Lindsey	57.5%		53.3%		55.3%		58.1%	
Lincolnshire	55.7%		55.8%		56.9%		55.7%	

Key: Benchmark against England value

● Better ● Similar ● Worse

What's working well – examples of key achievements 2016/17

Theme: Promoting Healthier Lifestyles

Outcome: People are supported to lead healthier lives

Health improvement interventions have engaged with thousands of adults in the year 2015/16:

- Smoking cessation – 4,960 adults have set a quit date; 2,622 had a 4-week quit success (55% quit rate)
- Exercise referral – 3,988 adults engaged; 2,539 completed (64%) and 60% of completers go on to remain active
- Walking for Health – 74 weekly walks; 2,761 regular walkers; surveys completed report 81% walk more often and not take car, 65% able to walk greater distances 35% walk regularly, 29% had lowered their BP since walking, 24% had lost weight.
- Vitality - 43 classes supporting 574 adults per week.
- Weight Watchers – 2,707 adults engaged; 1,214 complete (64%). Across BMI ranges 25 ->40 82-90% lose weight, 64% lose greater than 3% weight loss and 48% lose greater than 5% weight loss
- Health Trainers – 4,510 adults engaged; 1,579 set personal health plans and 75% achieved their behavioural goals of increasing physical activity, improved dietary habits and reduce BMI.

The NHS Health Checks continue to effectively engage with primary care to select, invite and screen adults for cardio vascular risks. The programme performs above the national and regional targets.

The delivery of the Lincolnshire Tobacco Control Plan (2013-18) continues. Examples of collaboration and cross sector working include:

- work with Trading Standards, Police and Crown Prosecution Service: intelligence gathering, inspections and prosecutions for illegal or illicit alcohol / tobacco supply;
- the Lincolnshire Partnership Foundation NHS Trust adopting smoke-free places for their venues;
- district councils engaging with communities for smoke-free places
- young people's work to educate and support cessation, e.g. the BIIA Awards in Smoking Awareness.

The procurement of both treatment and recovery services for substance misuse and alcohol problems.

The continuation for the Walking for Health programme, with dedicated support from Lincolnshire Co-Op and three district councils (Boston, North Kesteven and South Holland)..

The maintenance of Vitality's 40 weekly exercise classes <http://www.vitalitylincs.co.uk/>

The new substance misuse recovery service is developing very quickly, this service links in with existing mutual aid services and gives anyone in recovery following issues with alcohol misuse a safe place to get support access mutual aid and get training to increase employability, it is currently Lincoln based but should be available across the county before the end of 2017.

Future Challenges

The Global Burden of Disease (2013) highlights the fact that the non-communicable disease risk factors for disease and premature death include: dietary risk, tobacco smoke, high BMI, high BP, low physical activity, diabetes risk, alcohol and drug use. With an ageing population and worsening lifestyle risk factors the burden of disease will continue and substantially fall upon the NHS and particularly primary care to manage.

The Mid Term Review of the Joint Health & Wellbeing Strategy alluded to a substantial shift in the landscape for health improvement post 2015. This change came about during 2015/16.

Lifestyle programmes that support the NHS have closed. Where programmes have moved to a self-funded basis there has been a substantial fall off in engagement, up to 90% reduction in one scheme, yet beneficial outcomes for successful completions. A minority of programmes have continued.

Less capacity for partnership working is being reported by partner organisations that now have little resilience to contribute beyond core business.

Theme: Promoting Healthier Lifestyles**Outcome: People are supported to lead healthier lives**

The substance misuse treatment service is settling down following re-commissioning during 2016, the challenge now is to bring up performance to previous standards or higher with the reduced capacity, to achieve this new working practices need to be fully embedded and partnership working needs to be central to all elements of the service. This will take time but early indications are that this is starting to have some effect; the challenge will be to make sure it continues to improve and become best practice.

Future Opportunities

Grant opportunities from Sport England across seven key themes: Tackling Inactivity; Children and Young People; Volunteering; Taking sport and activity into the mass market; Supporting sport's core markets; Local; Creating welcoming sports facilities.

The procurement of a stop smoking service and the continued support for tobacco control by Lincolnshire County Council.

The refresh of the NHS health Checks in 2018.

An exciting time with new initiatives commencing with rough sleepers, offenders and wellbeing; it is vital that alcohol services take this opportunity to improve partnership working, engage with these agendas and become a core resource for other service to address alcohol issues across all agendas. The recovery service also needs to use their developing network to turn recovery from something that gets hidden to something that can be celebrated.

Theme: Improve the health and wellbeing of older people

Outcome: Older people are able to live to the full and feel part of the their community

Theme Position Statement

Lincolnshire faces the challenges of an ageing population with increasingly complex needs plus on-going demanding budgetary pressures across the health and care system. The latest Joint Strategic Needs Assessment for Lincolnshire (2017) evidences these challenges as:

- The number of people aged 65 to 74 years is projected to increase by 23% from 91,700 in 2014 to 112,700 in 2039. More significantly, people aged 75 years+ are expected to rise from 72,400 in 2014 to 141,000 (95% rise)
- By 2039, the number of people aged 65 years+ is predicted to total 254,400 which represents over 30% of Lincolnshire's population. Of this 24,400, over 89,800 people will be aged 80 years+ (35% of all older people)
- Over half of the county's residents aged 65 years+ live in rural areas

Primary Indicators update

- In Lincolnshire there has been an increase in the number of people staying 91 days at home after being discharged from hospital, which is positive. At March 2016, 960 people stayed 91 days at home after discharge compared to 650 in 2014, a rise of 47.6%. Lincolnshire is outperforming both the national and regional trend.
- Updated data continues to show a reduction in rate of people being admitted to residential and nursing care in Lincolnshire, which exceeds what has been achieved across the East Midlands and the rest of England.
- In Lincolnshire, health related quality of life for people with long-term conditions has also seen an increase. At March 2016, 49.4% of people with a long-term condition reported positive health related quality of life compared to 41.8% in 2015. Lincolnshire is outperforming both national and regional figures when comparing the average figures.
- In Lincolnshire the percentage of adult carers who have as much social contact as they would like has decreased slightly. At March 2013 there were 37.1% of adult carers that felt they had as much social contact as they would like and 36.5% at March 2015. Lincolnshire is outperforming regional figures when comparing the average figures, but not nationally.
- In Lincolnshire the percentage of adult social care users who have as much social contact as they would like has decreased slightly. At March 2013 there were 44.9% of adult carers that felt they had as much social contact as they would like and 44.8% at March 2015. Lincolnshire is outperforming regional figures when comparing the average figures, but not nationally.

Spend a greater proportion of our money on helping Older People to stay safe and well at home

Through the Lincolnshire Health and Care (LHAC) programme and Better Care Fund (BCF) initiatives (£196.5m in 2016/17), various services have been commissioned and projects established to address the health, care and well-being of Lincolnshire's older people. In terms of jointly commissioned services, this includes the Community Equipment Service (recommissioned contract commenced in 2016) and other Pooled Budget arrangements involving LCC and Lincolnshire Community Health NHS Trust (LCHS) for residential and nursing beds (£2.7m in 2016/17). Coupled with this, a proportion of the wider BCF allocation continues to be used to protect existing Adult Care services in Lincolnshire, including various provisions supporting older people across the county.

Develop a network of services to helping older people lead a more healthy and active life and cope with frailty

The Wellbeing Service continues to support people to live independently with support and/or technology in their own home, by providing more proactive, integrated, high quality support delivered through multi-disciplinary working. This includes the joining up information and advice services and making equipment, minor adaptations and assistive technology available quickly on a low level preventive basis

Theme: Improve the health and wellbeing of older people
Outcome: Older people are able to live to the full and feel part of the their community

The Wellbeing Service is also being linked into the roll out Neighbourhood Teams as part of the Sustainability and Transformation Plan (STP); it has also sought to increase its links with the wider self-care agenda. During the last 12 months the service has worked with the STP in the development of the Self-care Strategic Plan, the vision of which is to ensure that "people and communities have the confidence and motivation to improve and maintain their health and wellbeing".

Increase respect and support for older people within their community.

The number of adult social care users who told us that they have as much social contact as they would like continues to improve as shown in the table below. Lincolnshire continues to outperform both England and East Midlands levels however the difference is not significant.

Adult Social Care users who have as much social contact as they would like (increasing figures indicate better outcomes)

	2012/13	2013/14	2014/15	2015/16	2016/17
Lincs.	37.4	44.9	44.8	46.8	48.3
East Midlands	39.7	43.1	42.1	43.4	Figures awaited
England	43.2	44.5	44.6	45.4	Figures awaited

(Source: Adult Social Care Survey)

Every year Adult Care asked people who receive services if they feel safe and secure. In Lincolnshire people that feel safe and secure has decreased. During 2015/16, 93% of people felt safe and secure, compared to 86% during 2016/17.

What's working well – examples of key achievements 2016/17

Engagement and consultation with people who use services is critical to the development of strategies and plans across the Health and Social Care arenas. Various engagement mechanisms have been adopted over recent years to obtain feedback from Lincolnshire's older residents including (but not limited to) identifying their priorities for a good quality of life, which are outlined below:

I want to be active:

- Over 50's participation in physical activity programmes, such as healthy walks, outdoor gyms, 50+ classes and Vitality, continued to increase in 2016/17. Lincolnshire Sport has developed an online activity finder to allow people to search for activities to get involved with.

I want to be healthy:

- A review of the Falls JSNA topic page was completed in March 2017. There has been a continued trend of reductions in falls over the last 12 months.
- Age UK Lincoln & Kesteven has been running a Hospital Admissions Responds Team (HART) service since 2015 that have helped reduced the delayed transfer of care from hospitals and have been nationally recognised by the Better Care Fund National Network and further funding has been received to expand the service. Age UK Lincoln & Kesteven and LCC will be presenting in London at the High Intensity Care Model Event in September 2017. Within HART Age UK Lincoln & Kesteven have started a Falls Pathway pilot.
- A multi-agency dementia officers group continues to meet monthly to coordinate the Dementia Strategy Action Plan and the Dementia Strategy Refresh for 2018.
- Lincolnshire's Joint Strategy for Dementia 2014-2017 is currently being reviewed and updated. The Action Plan accompanying this strategy notes a number of achievements to date including, but not limited to, the following:
 - Dementia related information and advice available through various sources i.e. Lincolnshire Care Directory, Good Life Guide, Dementia Carers' Handbook and books on Prescription for Dementia (available through GP surgeries)
 - Eight Dementia Action Alliance established across Lincolnshire as part of the Dementia Friendly Communities initiative
 - A range of dementia awareness and education courses are available to carers across the county

Theme: Improve the health and wellbeing of older people

Outcome: Older people are able to live to the full and feel part of the their community

- On an annual basis, Dementia Awareness events take place each May across the county
- The Dementia Family Support Service has made a notable contribution to improving the health and wellbeing of people with dementia. Since October 2015, the DFSS has provided information, guidance and care navigation to over 2,300 people with dementia or to their family members.

I want to put something back into the community:

- Members from the Lincolnshire Senior Forums attend quarterly meetings of the East Midlands Later Life Forum to share experiences and good practice.
- In September 2016 representatives from Lincolnshire County Council Public Health Division, the University of Lincoln, Lincoln Elders Forum, St Barnabas, and TED (Talk Eat Drink) went on a research trip to Germany to learn more about work being undertaken by the University of Osnabruck called 'Living well in older age'. The group spent six days traveling around the areas of Osnabruck and Lingen meeting health and social care students and professors, a community group providing support in the community, and a day service who are developing purpose built accommodation for individuals with care needs in a residential area. The group visited a specialist Dementia Friendly and End of Life Care home and also a company that provides specialist equipment to people. The trip ended with a conference in Lingen which focused on life cycle of being well as a child and into older adults. The group gave a presentation on older people services in Lincolnshire, which was well received by German professionals and tutors. A report has been produced following the trip outlining the scope and findings of the visit, with recommendations.

I want to be able to afford my life and understand my options:

- Trading Standards and Lincolnshire Police continue to raise awareness of scams, in order to protect vulnerable adults

I want to feel safe:

- Make Every Contact Count training has been delivered to various organisations in Lincolnshire to enable them to deliver lifestyle messages to the public, including older people.
- Adult Care continues to work to support people subject to the Deprivation of Liberty Safeguards (DoLS) and their families, providing advice and guidance. This has also included working with hospitals and care homes to address priority cases.
- The Lincolnshire Safeguarding Adults Board (LSAB) continues to fulfil multi-agency responsibilities in relation to the protection of adults at risk from abuse and neglect in line with the requirements made in the Care Act 2014.

I want to have relationships and not be lonely:

- Talk, Eat, Drink (TED) in East Lindsey, funded by the Big Lottery, went live in April 2015. The project is being managed by Community Lincs and aims to reduce rural isolation and loneliness amongst older people.
- Loneliness can affect anyone at any stage of their life. Lincolnshire County Council is looking at the best ways of helping residents to overcome loneliness at different stages of life, and which areas of the county may need additional support. An evidence-based report has been produced to identify the interventions that can help to combat loneliness and social isolation and this report will form the basis of the work that will be undertaken to help residents in Lincolnshire.

I want to be able to get around easily:

- Community Transport schemes continue to support older people across the county.

I want the right help when I need it from people I trust:

- Dementia Reading Well material launched in Lincolnshire Libraries as part of the Reading Well campaign and books on prescription scheme.
- Community Pharmacies have run advice and information campaigns targeted at older people, including dementia awareness, obesity and cancer.

Theme: Improve the health and wellbeing of older people

Outcome: Older people are able to live to the full and feel part of the their community

- Development of Neighbourhood Teams has supported the more vulnerable elderly across all CCGs

I want to live at home for longer:

- Following the publication of the Joint Carers Strategy 2014-18 and the Care Act 2014, carers are now supported by the Care & Wellbeing Hub (located in the LCC Customer Service Centre), Carers First or by one of the Trusted Assessors for Carers based around the County, the majority of contacts are offered support to meet their particular needs as a carer.
- In 2016, over 11,500 people aged 65 years+ received community equipment, the value of which exceeded £5m.
- Adult Care is working with health colleagues, Age UK, and a range of organisations and providers across the county to focus everyone on: Home First. The guiding principles are Think Home first and Think Home fast. The intention is that patients are given the right care and services swiftly which are closer to home rather than in an acute hospital setting.
- Lincolnshire South Clinical Commissioning Group is funding additional beds within Holbeach Hospital that can provide interim care and avoid admission.
- Lincolnshire South Clinical Commissioning Group have commissioned transitional care beds to reduce Delay Transfer Of Care

I want to end my life with dignity:

- 'All About Me' document has been shared with all partners and encouraged to complete.

Future Challenges

- A growing ageing population with increasingly complex needs.
- Increasing financial pressures and budget reductions from central government affecting both the health and social care sectors, resulting in reductions of delivered services
- Increased reliance on the Third Sector and Faith communities. Reduced funding and increased difficulty in accessing wider grant funding has implications for future delivery from these sectors
- Increased reliance on volunteers with the need to continue to support communities and individuals in volunteering roles.
- Behavioural and cultural change is needed to support the development of community based self-care

A fundamental and far reaching challenge for Adult Care over the coming years arises from the Dilnot Review. This document proposes new arrangements for the funding of social care services either through the self-funded route or via the local authority, depending on the person's means tested asset threshold and cap on individuals' social care costs.

Future Opportunities

Proactive care in the community and an increased focus on prevention to reduce demand on acute services.

Further opportunities for health and social care integration including the pooling of resources.

Promoting the role of the Voluntary and Community sector, and making better use of community assets.

Increased partnership working across all sectors, in order to use reduced resources more effectively

Lincolnshire County Council intends to use the following principles when commissioning Adult Care services in future:

- Enhance quality of life for people with care and support needs
- Delay and reduce the need for care and support
- Ensure that people have a positive experience of care and support

Lincolnshire South Clinical Commissioning Group will be looking at the following opportunities:

Theme: Improve the health and wellbeing of older people**Outcome: Older people are able to live to the full and feel part of the their community**

- Introducing the Dementia Tool kit to promote early identification of patients with Dementia
- Reviewing Johnson Hospital to promote Care Closer to Home
- Funding received to support the management of patients with Diabetes
- Funding received for clinical pharmacy which will help ensure the medication reviews take place
- Considering a scheme to reduce medicines waste which will help with populations risk with medicines management
- Evaluating the GP in Care Home pilot
- Reviewing Continuing Healthcare (CHC) provision

Healthwatch Lincolnshire will be looking at the following opportunities:

- A commissioned piece of work to access all known service users of social care to gather appropriate feedback
- A commissioned piece of work to investigate the need of fall service provision and how best to deal with issues
- Self-care and social prescribing

Adult Care's Making It Real Action Plan sets out a number of opportunities that are being taken forward in partnership including:

- Working with neighbourhood teams and clinical leads to develop delivery options for the extension of Personal Health Budgets. The aim is for Integrated Personal Commissioning to be made available to those people who feel they may benefit from a pooled personal health and / or social care budget
- Exploring how we can further develop 'enhanced' support services for people who use services with a Direct Payment but are unable to take on the employment role
- Exploring how and if providers could improve choice of services for individuals, for outcome based delivery of services that supports providers to work in more flexible ways that enables people who use services and their carers to have choice and control
- Identifying opportunities to develop the Personal Assistant market

Theme: Delivering high quality systematic care for major causes of ill health & disability
Outcome: People are prevented from developing long-term health conditions, have them identified early if they develop them, and are supported to manage them effectively

Theme Position Statement

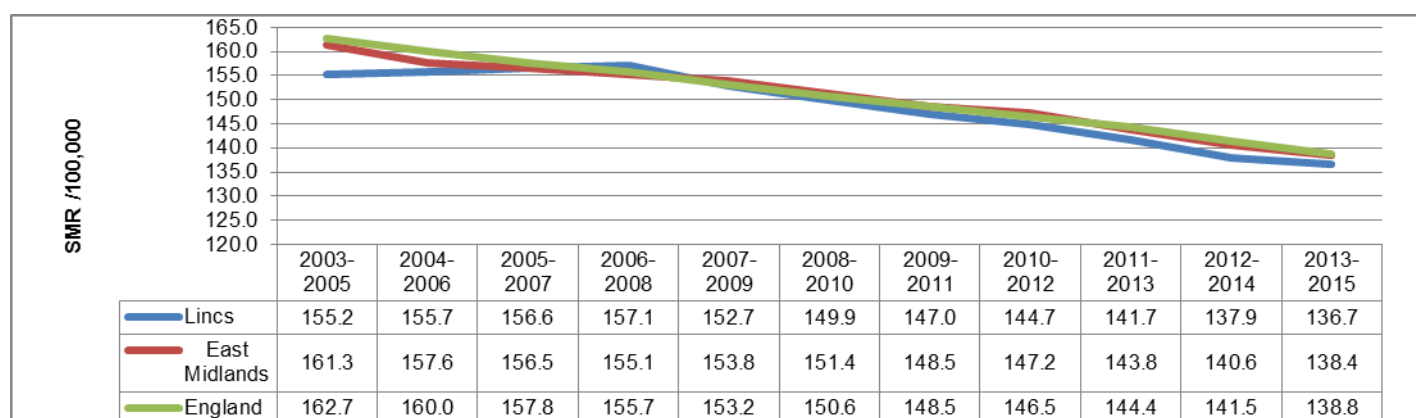
The prevention and management of long-term conditions (LTCs) is a significant challenge for health and social care. Overall 70% of the total expenditure on health and care in England is associated with the treatment of the 30% of the population with LTCs. There are an increasing number of people with more than one LTC¹. Most LTCs are more prevalent in older age groups, for example, diabetes.

It is essential that people who have LTCs are provided with health and social care services and support to help them manage their care. Effective prevention, management and treatment interventions are essential. Theme 1 of the JHWS provides information on some of the public health interventions, for example, smoking cessation, that contribute to the prevention of the priority areas in Theme 3. Many of the key areas in the CCG Operational Plans support the delivery of the Theme 3 priorities and the Lincolnshire Sustainability and Transformation Partnership (STP) will significantly contribute to this Theme.

Cancer

- Cancer mortality rates (under 75 years) have decreased over the last decade; however, cancer remains one of the main causes of premature mortality. In Lincolnshire, the standardised mortality rate (SMR) from cancer (<75years) in 2003-2005 was 155.2/100,000, compared to 136.7/100,000 in 2013-2015.
- In Lincolnshire during 2013-2015, 3029 people died prematurely (<75years) from cancer, of which 1701 were considered preventable through public health interventions.
- East Lindsey and Lincoln have 'worse' premature mortality rates than England (2013-2015).

Figure 1: Under 75 Mortality from Cancer. SMR/100,000



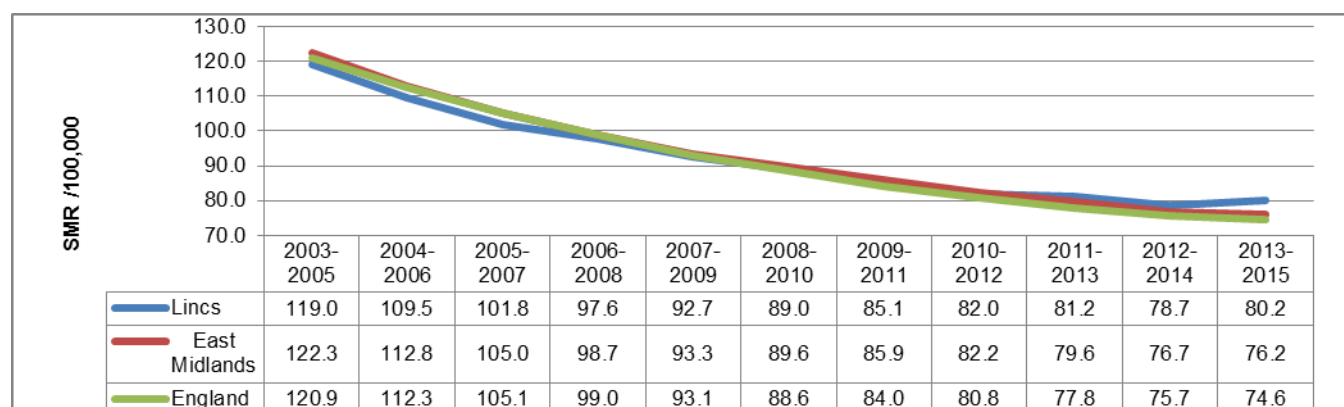
Cardiovascular Disease (CVD)

- CVD is one of the major causes of death in under 75s. It includes all cardiovascular diseases, including heart disease and stroke.
- In Lincolnshire, the SMR from CVD (<75years) in 2003-2005 was 119/100,000, compared to 80.2/100,000 in 2013-2015.
- In Lincolnshire, during 2013-2015, 1761 people died prematurely (<75years) from CVD, of which 1207 were considered preventable through public health interventions. The rates for both of these indicators are 'worse' than the England benchmark.
- East Lindsey, Lincoln and South Holland have 'worse' premature mortality rates than England (2013-2015).

¹ Managing the care of people with long-term conditions; www.publications.parliament.uk/

Theme: Delivering high quality systematic care for major causes of ill health & disability
Outcome: People are prevented from developing long-term health conditions, have them identified early if they develop them, and are supported to manage them effectively

Figure 2: Under 75 Mortality from CVD. SMR/100,000



Respiratory Disease

- In Lincolnshire, during 2013-2015, 706 people died prematurely from respiratory disease of which 380 were considered preventable through public health interventions.
- In Lincolnshire, the SMR from respiratory disease (<75years) in 2003- 2005 was 35.3/100,000, compared to 31.8 in 2013-15.

People with serious mental illness (SMI) are at some of the greatest risk of poor health and premature mortality, dying on average 20 years earlier than the general population due to preventable physical problems. This is due to a combination of factors including the side effects of anti-psychotic medication, lifestyle and difficulty in accessing mainstream health services². Therefore, prevention, early diagnosis and early intervention are essential to reduce mortality rates for people with a SMI. Addressing excess mortality amongst people with a SMI is an indicator in the Public Health Outcome Framework.

Identification and Management of Long-Term Conditions (LTCs)

A range of interventions are commissioned and provided to identify people with LTCs, for example, the NHS Health Check Programme. In Lincolnshire, during 2016/17, 68.1% of people who were invited for a NHS Health Check were assessed. During 2016/17, Lincolnshire performed better than both England and East Midlands on both eligible people invited and assessed for a NHS Health Check.

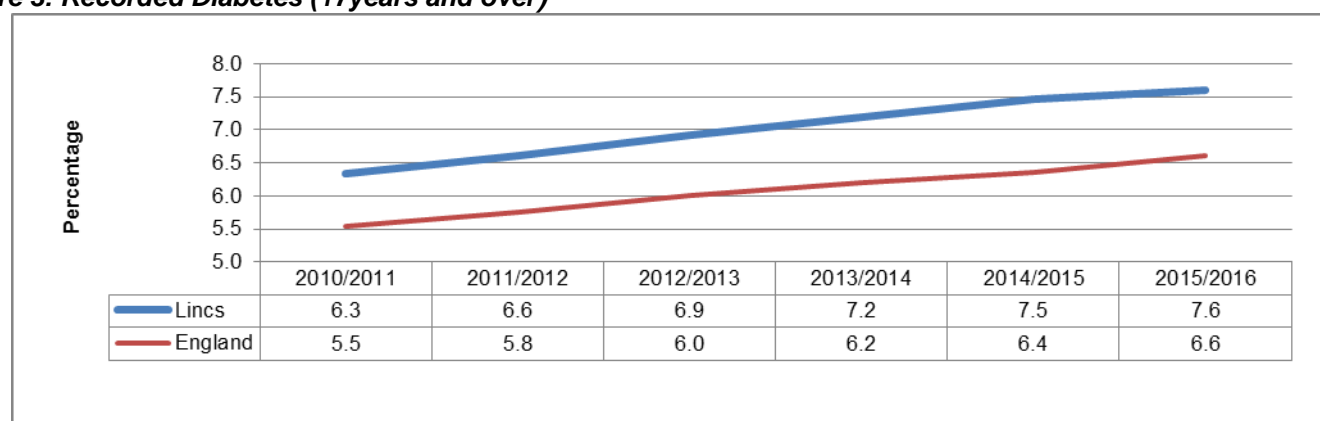
The Quality and Outcomes Framework (QOF) requires general practices to maintain a register of people with certain LTCs. For example, during 2015/16, the recorded prevalence of diabetes amongst the Lincolnshire adult population was 7.59% (48413 people), with Lincolnshire East CCG having the highest prevalence (8.76%) amongst the four Lincolnshire CCGs. The number and percentage of people with diabetes is increasing year on year (Figure 3).

General practices, using the ongoing management QOF indicators, provide interventions for people on the disease registers, for example, effective control and monitoring (e.g. blood pressure, cholesterol and HbA1c) of diabetics.

² <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/05/serious-mental-hlth-toolkit-may16.pdf>

Theme: Delivering high quality systematic care for major causes of ill health & disability
Outcome: People are prevented from developing long-term health conditions, have them identified early if they develop them, and are supported to manage them effectively

Figure 3: Recorded Diabetes (17years and over)



The RightCare Commissioning for Value programme³ provides data on a range of pathways that address Theme 3 priorities, for example, diabetes, heart disease and stroke. This programme identifies where CCGs are performing better or worse than similar CCGs on a range of indicators across a number of pathways, for example, patients receiving the National Diabetes Audit (NDA) eight key processes. The programme identifies many care and treatment opportunities.

CCGs commission a range of service to support the delivery of Theme 3 and a range of national standards are used to deliver these services, for example, cancer treatment times.

Cancer Screening

NHS England has an objective to ensure effective commissioning of cancer screening programmes, for example, cervical and breast. Local Authority Public Health has a role in encouraging participation in screening programmes. In Lincolnshire, in 2016, both the breast and cervical screening programmes had coverage just below 80% (79% and 76.5% respectively). Overall in Lincolnshire both of these programmes have a better coverage than the England benchmark, however, in Boston and Lincoln, the cervical screening coverage is lower than in England (70% and 71.9% respectively).

What's working well – examples of key achievements 2016/17

- CCGs commission a range of programmes/services that are part of their operational plans that contribute to the achievement of Theme 3's outcomes, for example, cancer and stroke services.
- The Health System Cancer Programme Board for Lincolnshire is overseeing the redesign and improvement of cancer pathways. The programme of work aims to improve prevention activity, increase uptake of screening, facilitate early referral and reduce inappropriate referral, improve resilience within the system and provide a holistic approach to living with and beyond cancer. The *Be Clear on Cancer* awareness campaign has been supported locally with integrated local support from national charities such as Macmillan and Cancer Research UK.
- CCGs are continuing to develop Neighbourhood Teams as part of the Lincolnshire STP work stream. There is currently one pilot area for fully integrated neighbourhood working in Lincolnshire. There are a number of CCG areas following a multi-disciplinary team approach. CCGs have been allocated funding to develop integrated neighbourhood networking, and there will be a further five integrated teams operational during 2017. Each integrated team incorporates developments from the GP Five Year Forward View.
- The implementation of the Lincolnshire Self-Care Strategic Plan identified three key areas for development: information, health literacy and social prescribing. The Self-Care Implementation Plan supports the delivery of self-care across a spectrum, ranging from acute health and social care

³ <http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

Theme: Delivering high quality systematic care for major causes of ill health & disability

Outcome: People are prevented from developing long-term health conditions, have them identified early if they develop them, and are supported to manage them effectively

services to self-motivated behaviour change. Funding has been secured for a Library of Information, and a health literacy training programme has been developed. A social prescribing programme has been initiated at the Integrated Team Pilot site and a model has been developed for delivery at other sites (delivery is dependent on further funding).

- Lincolnshire CCGs are developing interventions across the NHS RightCare Diabetes Pathway⁴. Lincolnshire is part of the first wave of the National Diabetes Prevention Programme; a diabetes education programme has been developed using Lincolnshire Health and Wellbeing Board Funds; and national Diabetes Transformation Funds have been secured to develop work on the three diabetes treatment targets.
- The current CCG QIPP (Quality, Innovation, Productivity and Prevention) programme has a large focus on the RightCare Programme with the aim of improving outcomes and quality across a number of areas, for example, cancer and CVD.
- A range of public health programmes are commissioned and provided to address the Theme's outcomes, for example, NHS Health Check, smoking cessation services, Lincolnshire Wellbeing Service and Making Every Contact Count (MECC). (See Theme 1 for further information).

Future Challenges

- Despite the overall decline in mortality from the priority areas in this Theme (e.g. cancer and CVD), these conditions continue to cause significant premature mortality in Lincolnshire, with specific communities being particularly affected.
- The continued increase in the prevalence of long-term conditions, for example diabetes, is likely to continue given the age profile of the population and the lifestyles that contribute to this. People need to be provided with support and interventions to be able to manage these conditions.
- With the current financial challenges there is a concern regarding how funding decisions may impact on the prevalence and management of long-term conditions and the longer term mortality.

Future Opportunities

- Reducing premature mortality is an aim that is shared between the NHS Outcomes Framework and the Public Health Outcomes Framework. CCGs and local authorities have a significant impact on reducing premature mortality by determining which contributory factors have the greatest effect on their local population and commissioning and providing interventions accordingly. This includes prevention, population screening, risk identification/management and effective treatment.
- The delivery of the Lincolnshire STP will significantly contribute to the priorities and actions in Theme 3.
- The RightCare Commissioning for Value Programme and the resources that have been produced provide many opportunities to drive local action to reduce health inequalities and improve health outcomes.

⁴ <https://www.england.nhs.uk/rightcare/products/pathways/diabetes-pathway/>

Theme: Improve health and social outcomes for children & reduce inequalities

Outcome: Ensure all children get the best possible start in life & achieve their potential

Theme Position Statement

Ensure all Children have the best start in life by

- Improving education attainment
- Improving Parenting confidence and ability to support their child's healthy development through access to a defined early help offer
- Reduce Childhood obesity
- Ensure children and young people feel happy, stay safe from harm and make good choices about their lives particularly children who are vulnerable or disadvantaged

Best start in life

The links between health and wellbeing and educational attainment have been recently documented; pupils with better health and wellbeing are likely to achieve better academically.

The children's health 0-19 team are supporting the public health priorities and the actions led through the Women and Children's Joint Commissioning Board (WCJCB) working across the Children's Health 0-19 agenda with a specific focus on:

- Integration of the 0-19 Children's Health Service to work alongside the Local Authority's Early Help Offer to ensure that appropriate levels of support are available to all families throughout Lincolnshire and develops further integration of service delivery models for children and young people.
- Prevention of unintended injury
- Oral Health
- Childhood obesity

Early Years Foundation Stage Profile (EYFSP) Attainment Gap

The attainment gap between the EYFSP Free School Meal (FSM) cohort and those not eligible for FSM has widened from 14% to 19% in Lincolnshire, through a combination of higher attainment by the non-FSM cohort and lower attainment by the FSM cohort. The attainment gap between the FSM cohort and those not eligible for FSM nationally has remained stable at 18%. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

KS2 Attainment

With the introduction of the new assessment framework in 2016, attainment results are not directly comparable with historic measures. The new measure of pupils achieving the Expected Standard in RWM in Lincolnshire is 51% compared to 53% nationally. In 2015 under the old L4+ in RWM measure the attainment gap between Lincolnshire and national was 1% this has now widened to 2% with Lincolnshire performing worse than national. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

KS2 Attainment Gaps –Disadvantaged Pupils and Pupils eligible for Free School Meals

The 2016 attainment gap between disadvantaged pupils (disadvantaged pupils are defined as those who are eligible for FSM or who have been in Looked After Care in the last 6 months) and their non-disadvantaged peers achieving the Expected Standard in RWM is 22% in Lincolnshire, which is the same as the gap nationally. This gap has widened in Lincolnshire by 5% from 17% when compared to the disadvantaged gap in L4+ in RWM measure in 2015.

The attainment gap between pupils eligible for FSM and those that are not is 21% for both Lincolnshire pupils and pupils nationally for 2016. This shows a widening of the gap nationally up 4% on 2015 data and a reduction of 1% across Lincolnshire over the same period. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT)).

KS4 Attainment

Theme: Improve health and social outcomes for children & reduce inequalities

Outcome: Ensure all children get the best possible start in life & achieve their potential

In 2016, Lincolnshire performed better than the national average in the A*-C English and Maths measure achieving 62.3% compared to 59.3% nationally, a gap of 3%. The percentage of Lincolnshire pupils achieving the English Baccalaureate (EBACC) in 2016 has increased by 0.9% since 2015 to 28.1%. Lincolnshire outperforms national and statistical neighbour consistently in the EBACC with the attainment gap over national increasing from 4.3% in 2015 to 5% in 2016. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

KS4 Attainment Gaps - Disadvantaged Pupils and Pupils eligible for Free School Meals

The gap between pupils eligible for FSM and those that are not under the GCSE A* - C in English and Maths measure for 2016 is 32.5% this compares to a gap of 27.8% nationally. For the same measure the disadvantaged attainment gap in Lincolnshire is 31.8% compared to 27.8 nationally. Due to education framework changes these measures are not reported historically and therefore historical trends and comparisons are not included. (Data Source: Figures from DfE Local Authority Interactive Tool (LAIT))

Early Help

The Children's Health Service 0-19 (25 SEND) will be integrated with Lincolnshire County Council's locality teams to ensure that children, young people and families have swift access to a range of professionals in their local community that can help them at the earliest sign of any concerns.

The Service will provide strong universal support during the antenatal period through the delivery of health checks and an antenatal education programme. There will be a strong focus providing more support during the first year of a child's life with a key focus on providing all families with a consistent Health Visitor with whom they can build a trusting relationship

As children and families thrive they will require less support from the Service but will still have fast access to support should any concerns arise. Lincolnshire's Early Help Offer identifies the need for help for children and families as soon as problems start to emerge, or when there is a strong likelihood that problems will emerge in the future. The Early Help Offer includes universal and targeted services designed to reduce or prevent specific problems from escalating or becoming entrenched.

Throughout the work carried out with children and young people, the Council's aim is to ensure that children and young people are listened to, taken seriously, responded to appropriately, and where they have provided feedback on a service that they are provided with evidence that this has been acted upon and how it has made a difference.

Mental Health

Good mental health for children in Lincolnshire is a priority and work is ongoing to provide support for children, young people and families. As well as the children and adolescent mental health service a new Emotional Health and Wellbeing Service will be implemented in October 2017 as part of the 0-19 Children's Health Service re-design therefor promoting a whole school approach to mental wellbeing.

Support for CYP with events such as children's takeover day to seek from them what the emerging themes are and harness their creativity to provide us with solutions.

Support for schools to improve emotional wellbeing through promoting access to online service and advice such as Kooth.

Take a Making Every Contact Counts approach to use every opportunity to strengthen attachment and positive parenting universally through 0-19 services, children's centres and early help teams.

Childhood Obesity

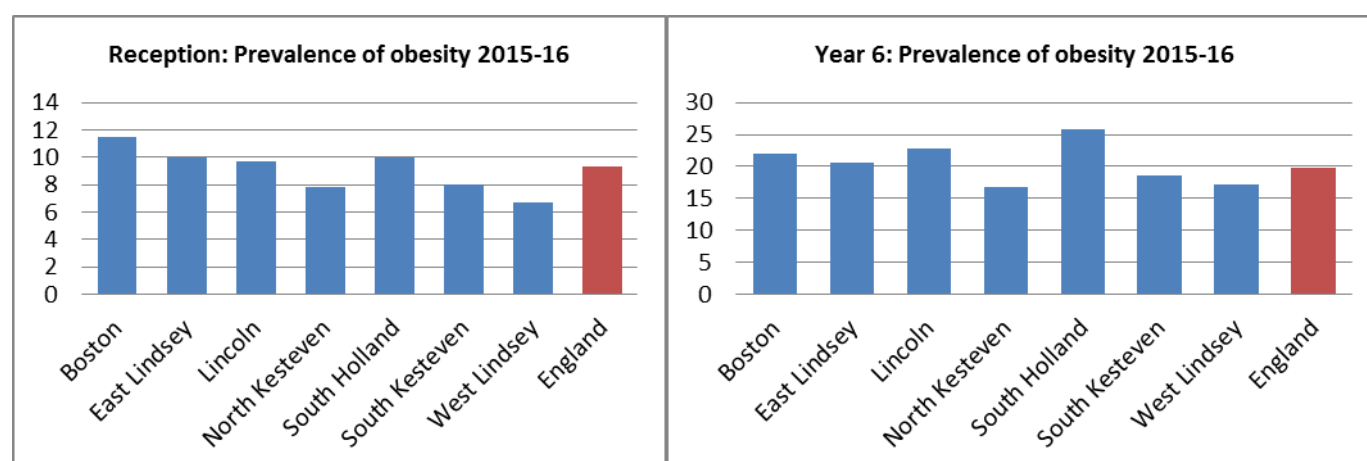
The National Child Measurement Programme (NCMP) measures the height and weight of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight and obesity levels in children within primary schools. This data can be used at a national level to support local public health initiatives and inform the local planning and delivery of services for children.

Theme: Improve health and social outcomes for children & reduce inequalities

Outcome: Ensure all children get the best possible start in life & achieve their potential

Children in Lincolnshire have similar levels of obesity to the England average at both 4-5 and 10-11 years. However, when rates are compared across Districts within the County, marked variation is seen. Rates in some Districts such as Boston and East Lindsey are currently significantly higher than the England average, and some (North Kesteven), significantly lower.

Given that the causes of childhood obesity are complex, including eating behaviour, parental obesity, the environment we live in, social norms and changing nutritional patterns, designing effective interventions is also complex. Combination lifestyle interventions have demonstrated some effectiveness in preventing and treating obesity in children, although there is uncertainty about how long the effects may last. There is also some evidence that healthy eating, including exclusive breastfeeding for the first six months of life and physical activity is more likely to lead to healthy weight children at two years. A recent in-depth review of the evidence to inform the best approach in Lincolnshire has shown that there is no single intervention that is likely to have a lasting positive effect. The preschool years (ages 2–5) are a key time for shaping lifelong attitudes and behaviours. Taking a whole school approach can create opportunities for children to be active and develop healthy eating habits.

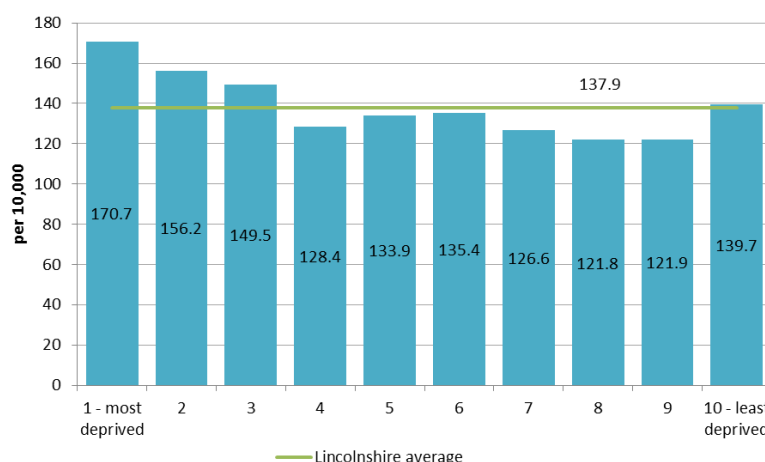


Unintentional Injuries

Unintentional injury is the single major avoidable cause of death in childhood in England and the social class gradient in child injury is steeper than for any other cause of childhood death or long-term disability. In Lincolnshire, children aged 0-4 coming from areas classed as the 10% most deprived in England were 25% more likely to be admitted to hospital as a result of injury than the Lincolnshire average (see table A); this increases to 40% for children aged 5-11. Lincolnshire rates of hospital admissions for 0-14s caused by unintentional and deliberate injury (Public Health indicator 2.07i) are higher than the England average and the highest in the East Midlands region (see table B). There are areas of Lincoln, Boston and the east coast with rates up to 55% higher than the national level.

Table A: Hospital admissions caused by accidental injury, children aged 0-4, Lincolnshire residents, 2013/14 – 2015/16, by decile of deprivation based on patient address and 2015 IMD.

Theme: Improve health and social outcomes for children & reduce inequalities
Outcome: Ensure all children get the best possible start in life & achieve their potential



Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

Table B

2.071 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

2015/16

Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	102,036	104.2	103.6	104.8
East Midlands region	↓	7,049	87.1	85.1	89.2
Lincolnshire	↓	1,250	106.7	100.9	112.8
Northamptonshire	→	1,403	102.5	97.2	108.0
Derbyshire	→	1,146	91.0	85.8	96.4
Nottingham	↓	496	88.4	80.8	96.5
Nottinghamshire	↓	1,093	80.6	75.9	85.5
Leicestershire	↓	876	78.2	73.1	83.5
Rutland	→	41	69.7	50.0	94.6
Derby	↓	316	63.3	56.5	70.7
Leicester	↓	428	61.4	55.7	67.5

Source: Hospital Episode Statistics (HES)

Breastfeeding

The World Health Organisation recommends babies should only be fed breast milk from birth to age six months. There is a large body of well-established evidence that breastfeeding offers benefits to both mother and baby. Breastfeeding has some of the most wide- reaching and long lasting effects on a child's health and development.

The latest breastfeeding figures (2013/14) indicate the lowest breastfeeding start rates were in Lincoln (67%) and West Lindsey (69.7%) and the highest were in Boston (84.5%). In 2014/15 the lowest numbers still breastfeeding at 6-8 weeks were in East Lindsey (33%) and West Lindsey (35%) and the highest were in North and South Kesteven (both 41%). Breastfeeding at 6-8 weeks may be linked to areas of deprivation, with women in less deprived areas like North and South Kesteven more likely to continue breastfeeding than in the Boston and Lincoln areas.

Teenage Conceptions

The under 18 conception rate in England in 2015 was 21.0 conceptions per thousand women aged 15 to 17; this is the lowest rate recorded since comparable statistics were first produced in 1969. All areas in Lincolnshire have shown a significant reduction since the baseline year but Boston, Lincoln City and East Lindsey are still significantly higher than the national and East Midlands rate (20.2).

What's working well – examples of key achievements 2016/17

Lincolnshire Safeguarding Children's Board (LSCB) Public Health actions will be included in the LSCB agenda to support emotional health and wellbeing agenda. A strong partnership with the LSCB has

Theme: Improve health and social outcomes for children & reduce inequalities**Outcome: Ensure all children get the best possible start in life & achieve their potential**

been built and Public Health provided evidence for the LSCB around positive relationships in young people contributing to a joint media campaign.

The Lincolnshire Oral Health Alliance Programme has been maintained and continues to be quality assured by the Oral Health Alliance Group. The Lincolnshire Smiles programme delivers a daily supervised tooth brushing programme in targeted early year's settings. This along with other targeted interventions aim to improve oral health education and reduce dental decay, decreasing the number of children referred for dental extractions under general anaesthetic.

A multi-agency strategic action plan for the prevention on unintentional injuries is in the process of being signed off by the LSCB. This commits agencies to delivering on a range of evidence-based actions that will contribute to a reduction in children suffering serious injuries. Child Home Injury Prevention (CHIP) Visits, in partnership with Lincolnshire Fire and Rescue, are being piloted in the Boston and South Holland area.

Under the scheme, households at greatest risk of injury are risk assessed and fitted with appropriate safety equipment to reduce risks of child injury.

Future Challenges

The transfer of the Children's Health Service 0-19 (the Service) into local authority to work, alongside others, will support the delivery of the Healthy Child Programme (HCP) across Lincolnshire for children, young people and their families (aged 0 – 19 years) and up to the age of 25 years for young people with Special Educational Needs and/or Disabilities (SEND). The programme will support families to ensure that their children grow up to be healthy, safe and able to achieve their potential.

Reviewing the effectiveness of the local area in assessing and meeting the health needs of children and young people with special educational needs and/or disabilities eligible for an Education, Health and Care Plan.

Stalling the rate of increase in children who are overweight or obese at reception age and increasing the number of children taking part in regular physical activity. Obesity is a complex issue and requires action at every level, from the individual to society, and across all sectors. They cannot be effectively tackled by one discipline alone and local authorities, led by public health colleagues, are ideally placed to develop coordinated action to tackle obesity across its various departments, services and partner organisations.

Promoting good mental health to more children and young people than ever before to meet the needs of vulnerable and excluded children and young people. The work will attempt to capture the voices of young people and parents to influence mental health policy and practice.

Future Opportunities

Closer working across CCGs and other partners by utilising the Public Health Children's team to support priorities and actions led through the Lincolnshire Women and Children's Joint Commissioning Board (WCJCB) working across the Children's Health 0-19 agenda.

To work in partnership with the Designated Clinical Officer and inform local priorities around SEND

The development of a local strategic action plan for Lincolnshire is being developed to promote healthy weight in childhood including a portfolio of interventions based upon the life course approach to tackling obesity:

Improve the oral health knowledge and behaviour of those children at high risk of poor oral health through targeted interventions for example, targeted provision of toothbrushes and paste by health visitors.

Theme: Improve health and social outcomes for children & reduce inequalities

Outcome: Ensure all children get the best possible start in life & achieve their potential

Following a successful pilot of CHIP Visits in Boston and South Holland, it is hoped that a countywide service can be commissioned to provide households at greatest risk of child injuries across Lincolnshire with appropriate safety equipment and advice.

The Better Births report identified community hubs as a way to help every women access the services she needs, with Obstetric units providing care if she needs more specialised services. Four pilot sites across Lincolnshire in Boston, Lincoln (Birchwood), Grantham and Skegness are currently in place to ensure the best start for Lincolnshire.

Theme: Tackling the social determinants of health

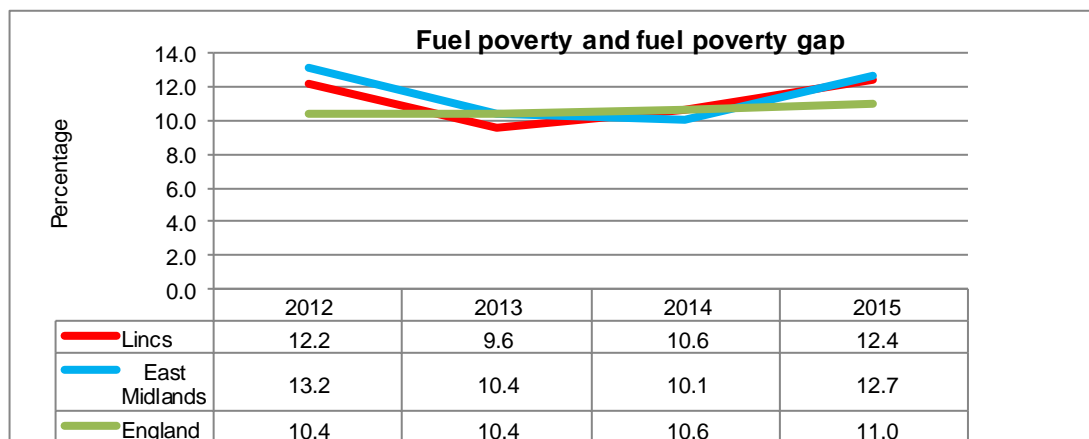
Outcome: People's health and wellbeing is improved through addressing wider determining factors

Theme Position Statement

Housing – ensure that people have access to good quality, energy efficient and affordable housing.

Overall, provision of new homes, including affordable housing remains low in comparison to estimated demand but more are in the pipeline. Housing completions in 2015/16 totalled 2,220 (similar to most years since 2011/12) however, lower than the average of approximately 3,800 in the previous decade. Local housing authorities with housing stock continue to build some new council houses, having established new housing companies. In addition affordable housing development programmes with registered providers continue to contribute to new affordable homes.

The Lincolnshire Homelessness Strategy deals with homelessness prevention, with a focus on the needs of people with complex and mental health needs - and is currently being refreshed. Following a decline in recent years the number of households accepted as being homeless and in priority need numbers rose again to 646 in 2016/17 (528 in 2015/16) – the same as in 2014/15 and more than the 593 in 2012/13. The largest numbers remained in South Kesteven (197) and Lincoln (164). Main reasons for homelessness were: ending of assured shorthold private rented tenancies; violence and domestic abuse; and families no longer willing to house relatives.



Following an apparent significant fall between 2012 and 2013, fuel poverty rates in Lincolnshire rose again each subsequent year and are now above the England average but a little lower than the East Midlands average.

Fifty years on from 'Cathy Come Home' in 1966, homelessness acceptances and fuel poverty rates in Lincolnshire have risen again in 2016. Efforts to ensure people have access to good quality, energy efficient and affordable housing suitable that meets their needs remain necessary.

Work - support more vulnerable people into good quality work

Overall employment rates have risen from 70.9% in 2013 to 75.6% at the end of 2016. However, following a drop in 2015 the gap for those in employment with a health condition had increased significantly by the end of 2016 – against the regional and national trend of a decrease. Caution should be exercised over measures that involve 'gaps' as, if the denominator on unemployment increases, this could have the effect of narrowing the gap. Claimants on health related benefits represent over 60% of the entire claimant base, of which 46% cite mental health conditions as the primary reason for their claim.

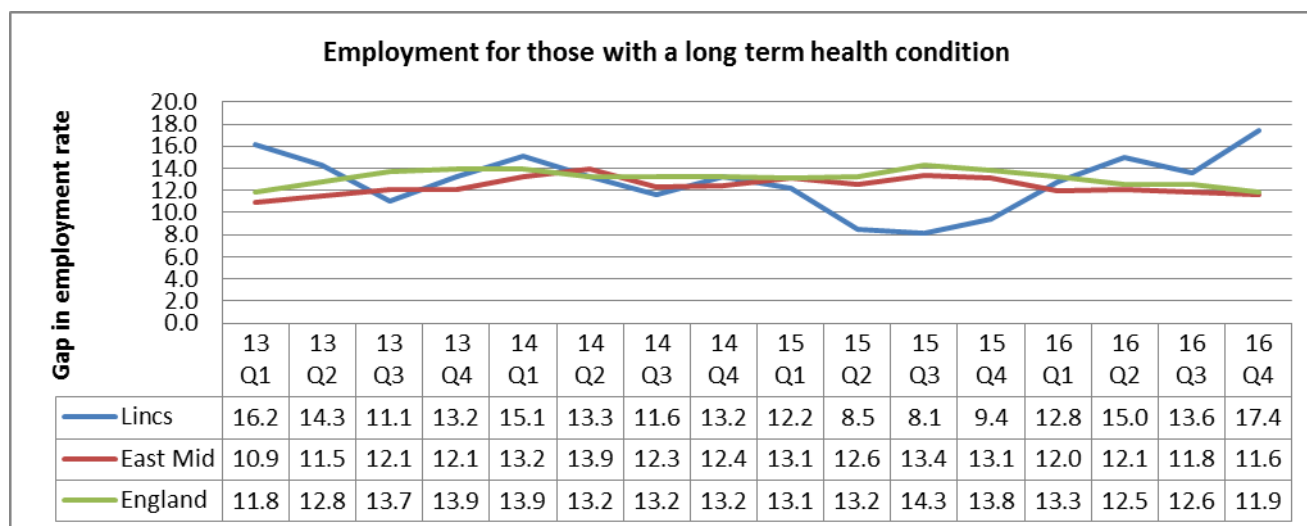
Department for Work and Pensions (DWP) maintains partnership links into Lincolnshire Partnership Foundation Trust (LPFT), particularly the Individual Placement and Support service, providing employment advocacy in secondary care services.

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Other projects targeting disadvantaged adults and young people were supported through the health and wellbeing fund, enabling skills and experience to be gained to enhance employment opportunities. As these are coming to an end and impact on numbers can be evaluated:

- Assisting low income households in to work, led by City of Lincoln Council and Lincoln College;
- Step Forward, led by Adult Specialist Services through contracted providers.



Sickness absence rates suggest the need to improve employee wellbeing in Lincolnshire. Opportunities to link into workforce health and wellbeing work and programmes such as One You need to be exploited.

General work around improving the social determinants of health and reducing poverty also relates strongly to supporting individuals and families into work, but there is a need to ensure that this includes adequate hours, with decent conditions and pay. The national living wage is helping to achieve this.

Social impact - Ensure public sector procurement includes local social impact.

The social impact priority is about a way of working, and an opportunity for public sector bodies to lead in good practice, maximising social value for the local population wherever possible. No indicators were identified to monitor the number of social impact clauses in public sector contracts. However, the opportunity of commissioning organisations to set a good example within the public sector and maximise benefits to local populations, balancing this with good management of public monies; needs to be exploited. Developing procurement processes to maximise health and wellbeing by including local social impact within any judgment criteria that are used has, however, not been progressed but remains an aspiration.

What's working well

Increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard through local housing and planning authorities.

New Local Plans with ambitious but realistic housing growth targets, including for the provision of affordable housing have been prepared across Lincolnshire. The Central Lincolnshire Local Plan has been adopted and those for East Lindsey and South East Lincolnshire have been submitted to the Planning Inspectorate.

District Council housing standards enforcement teams have increased efforts to address poor housing conditions in the private rented sector. Boston Borough Council and City of Lincoln Council ran targeted, multi-agency schemes to tackle rogue landlords in 2015/16 and this is being extended in

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Lincoln. During this period some 580 inspections were carried out in Lincoln (11% of which had Category 1 hazards) and 97 in Boston – leading to the serving of emergency prohibition and improvement notices and the prosecution of landlords. Other councils have run promotional campaigns such as Safe as Houses in North Kesteven.

Following a successful bid for the Government Central Heating Fund, a scheme providing first-time installation of central heating in 60 fuel poor homes has been run. The Lincolnshire Energy Switch scheme continues to support people to switch to lower gas and electricity tariffs.

Support people to get into meaningful, sustainable work, and stay in work through education, developing financial skills and employment support programmes, particularly where health has been a barrier.

The Financial Inclusion Partnership (FIP) is fulfilling the role of an alliance between commissioners and deliverers of employment support and financial inclusion services to provide strategic direction. Financial Inclusion is now a topic in the JSNA. Partnership working in the third sector takes advantage of the Big Lottery, Building Better Opportunities funded projects:

- Money and debt advice strand led by the Lincolnshire Community Foundation
- Considering Employment Options project led by Voluntary Centre Services (Urban Challenge Ltd)
- Engagement into Learning Project led by Grantham College
- Support for the Economically Inactive

Step Forward project providers (and Jobcentre Plus) suggest that its strength is that it is not solely based on job outcomes and is flexible enough to allow individuals to take their time through the programme and go at their own pace. This might include deviating from the programme temporarily to access other services that might complement Step Forward and help them on their way to employment, e.g. weight management, pre-entry learning. There is also good work done by a project called Wellbeing through Work.

Future Challenges

The major issue partners identify continues to be the availability of funding to be able to provide adequate housing and work related support projects. Cuts in public sector funding reduce service provision and increase demand on existing services.

Homelessness and work support programmes and projects such as tackling rogue landlords or specialist advocacy support would benefit from joint funding opportunities. The increasing complexity of homelessness cases with mental ill health and financial exclusion is of increasing concern. People with complex needs find it difficult to secure any form of accommodation, including County commissioned services.

There is uncertainty over future Government policy changes due to parliamentary time being taken for Britain to leave the European Union, making future planning difficult. The loss of the government's overall majority at the general election in May 2017 has led to the shelving of many policies including several relating to housing. Funding is still available for new affordable housing but the focus has shifted toward home ownership rather than rented.

Local Plans set out a strategic plan for housing and economic growth; however, this is reliant on private investment (developers wishing to build), which in uncertain times cannot be guaranteed. Local authorities' ability to secure affordable housing through the planning process may be restricted depending on the government's final direction on starter homes, alongside general viability issues around securing units through developer (section 106) contributions. Funding new infrastructure

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needed to sustain housing growth will also give rise to a potential reduction in the proportion of new affordable housing provided through the planning system.

The impact of welfare reform – including continued rollout of Universal Credit (UC) means support to the most vulnerable clients will remain essential. Those on UC are more likely to be in rent areas and face eviction. Welfare reforms are making it more difficult for certain groups to find and sustain affordable accommodation (e.g. housing benefit restrictions for under 35s who risk being excluded from housing altogether). The overall benefit cap and caps on Local Housing Allowance present a challenge, especially around supported housing. Social Housing providers are becoming stricter on who they will accommodate due to their own financial pressures, exacerbated through rent reductions.

Future Opportunities

Measures in the Housing and Planning Act 2016 are to be implemented, the Homelessness Reduction Act will be enacted in April 2018 and the government has announced a new series of Housing White Papers to streamline the planning process and muted changes to House in Multiple Occupation (HMO) licensing. Specific activities are designed to make the case for additional affordable housing and other forms of specialist properties to meet certain needs, e.g. extra care with a £9million fund to be allocated by the County. This work is supported by the One Public Estate programme including a 'challenge' theme designed to establish whether the existing public sector estate can provide increased opportunities for housing. The Homes and Communities Agency (HCA) has numerous programmes to assist with housing development.

There was a need for an integrated, strategic approach to delivering housing, health and care that supports a person to live independently in a home of their own or in extra care housing, so a project looking at housing for independence has commenced. County and district councils are working together to see how a holistic approach, including disabled facilities grants, could improve outcomes by redesigning services. The Lincolnshire Health and Wellbeing Board has established a Delivery Group as sub group of the Board to oversee this important area of work. The aim of the Housing, Health and Care Delivery Group (HHCDG) is to provide strategic direction and governance to the wider housing for independence agenda for Lincolnshire in an integrated, collaborative manner.

New JSNA topics on housing and health, excess seasonal death and fuel poverty and financial inclusion provide the potential to include the actions in them in the next iteration of the Joint Health and Wellbeing Strategy for Lincolnshire 2018. Increased analysis of housing conditions through new work commissioned to increase intelligence on energy efficiency and refresh housing stock models, followed by a potential health impact assessment of poor condition housing will enable new joint strategic plans to be made. The potential for new joint initiatives with Health bodies is supported through the Sustainability and Transformation Plan and its supporting prevention strategy. This should include a focus on housing standards, housing options advice, work and finance through social prescribing. Particular emphasis will be on supporting those with mental health needs and improving hospital discharge processes.

The refresh of the Lincolnshire Homelessness Strategy and Lincolnshire Affordable Warmth Strategy and district Housing Strategies present opportunities to capitalise on emerging Government policies and funding opportunities, such as the new £150million Warm Homes Fund. New policy development including allocations policies will strengthen homelessness prevention. Increased joint working with other statutory and voluntary organisations and development of new initiatives and interventions will focus delivery where most needed. The ACTion Lincs' project - tackling entrenched rough sleeping in Lincolnshire has been established using Social Impact Bond (SIB) funding.

The Financial Inclusion Partnership (FIP) membership should be increased to develop its role in gathering evidence, mapping services and strategic developments. Strengthening links with the Greater Lincolnshire Local Enterprise Partnership (GLLEP) would offer a strong opportunity to address a range

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of issues related to health related unemployment due to impacting on the employability status of the Employment and Support Allowance claimants through a health and wellbeing focused approach, to contribute to a reduction in demand on public services. There have also been some projects launched utilising the European Social Fund. These projects have a specific focus on those out of work and people who are most at risk of social exclusion (e.g. people with health problems (including mental health) and people who are homeless or at risk of homelessness).

Social impact criteria in public sector procurement processes still need to be developed. HACT (Housing Associations' Charitable Trust) produced a toolkit for the housing sector to help housing providers and contractors better manage, increase and evaluate social value in procurement that could be used.

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