Health and Wellbeing Board

Annual Report 2017/18

Lincolnshire COUNTY COUNCIL
Working for a better future

Foreword

This is our first Annual Report and provides an opportunity to celebrate all the hard work that has been achieved over the past year, as well as looking ahead to some of the opportunities for the coming year.

The health and care system in Lincolnshire continues to face a number of significant challenges with increasing demand, recruitment and financial difficulties. To address the issues we are continuing to work together to promote greater integration and build closer working relationships between health, care and wider partners to ensure services meet the needs of our residents and tackle the factors that affect everyone's health and wellbeing, both now and in the future.

2017/18 has been a busy year for the Board and following the relaunch of the Joint Strategic Needs Assessment (JSNA) in June 2017, top of the list has been the refresh of the Joint Health and Wellbeing Strategy. In developing the new strategy, we have undertaken extensive consultation so that we can be sure we have really listened to the views of people from across the county.

The Better Care Fund (BCF) continues to be an important area of interest for the Board. The two year BCF plan agreed with NHS partners is focused on ensuring we make a positive impact on reducing the number of Delayed Transfer of Care and Non-Elective Admissions. A significant step forward in this area has been the establishment of the Housing, Health and Care Delivery Group. As a sub group of the Health and Wellbeing Board, its aim is to provide strategic direction and governance to the wider Housing for Independence (HfI) agenda.

Looking forward to the coming year, we will continue to drive integration and closer partnership working in order to make a real difference to the health and wellbeing of the people in Lincolnshire.

Cllr Sue Woolley
Chairman of the Lincolnshire Health and Wellbeing Board

Introduction

The purpose of this report is to reflect on the past year for the Lincolnshire Health and Wellbeing Board and highlight the work that is being done to improve health and wellbeing. The report includes the following sections:

- an overview of some of the achievements during 2017/18
- a look ahead to the plans for 2018/19
- an overview of health and wellbeing in Lincolnshire based on the latest data updates in the JSNA.

1. Lincolnshire Health and Wellbeing Board Achievements 2017/18

1.1 Health and Wellbeing Board Membership Review

The Board agreed in June 2017 to review its membership to ensure it had the right representation around the table to provide strategic leadership across the health and care system and to drive forward the new Joint Health and Wellbeing Strategy. A working group was established to oversee the review and consider the views from existing Board representatives.

The working group recommended extending Board membership to the Police and Crime Commissioner and the Chairman of the Lincolnshire Coordination Board (LCB) to ensure a strategic link with Lincolnshire's Sustainability and Transformation Partnership. The recommendations were endorsed by the Board in December 2017 and formally approved by Council in February 2018 enabling the required changes to be made to the Constitution.

We are pleased to report Stewart Tweedale, Deputy Police and Crime Commissioner (attending on behalf of Marc Jones) and Elaine Baylis, Chairman of the LCB attended their first meeting in March 2018.

1.2 Relaunch of the Joint Strategic Needs Assessment

Following a year-long review, Lincolnshire's refreshed Joint Strategic Needs Assessment (JSNA) went live on the Lincolnshire Research Observatory (LRO) in June 2017. The JSNA is a shared online evidence resource made up of a series of commentaries and data sources which report on the health and wellbeing needs in Lincolnshire. Each of the 35 topic areas assesses the current picture in Lincolnshire and looks ahead at the potential future level of need to help support effective service planning and commissioning.

To help make the JSNA more accessible, 'topic on a page' sheets have been produced using infographics to summarise the key messages in each topic. These have proved a huge success and provided a useful tool to promote and engage stakeholders in the JSNA. The feedback we have received from stakeholders and wider partners has been very positive.

To maintain the enthusiasm in the JSNA, the Board has committed to making the JSNA a 'live' resource by having an annual programme of light touch reviews to update the data. This will be combined with a 3 year rolling programme of in depth reviews which will ensure each topic area has a more comprehensive revision.

At the time of writing this report, 23 of the 35 topics have been updated. An infographic summary of the health and wellbeing in Lincolnshire 2017/18 has been produced, based on the updated evidence in the JSNA. This can be found at the end of this report and will be published on the JSNA front page on the LRO.

1.3 Development of the new Joint Health and Wellbeing Strategy

Alongside the JSNA, a key function of the Board is to produce a Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire. The JHWS is a document that aims to inform and influence decisions about the commissioning and delivery of health and social care services in the county, 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.

Following the relaunch of the JSNA in June 2017, the Board began the process of reviewing Lincolnshire's JHWS. Over the summer we undertook a series of engagement events to gather the views and insights of key stakeholders, partners and members of the public. The work was phased, with four key stages:

- Phase 1: Initial work was 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.

- Phase 2: In order to engage wider stakeholders, seven public engagement events took place across the county from late June to July 2017. The workshops were attended by over 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.

- Phase 3: Review and feedback from the Health Scrutiny Committee for Lincolnshire

- Phase 4: Working with the People's Partnership, we held a focus (reference) group to obtain the views of seldom heard groups and those groups with protected characteristics that we identified within the Equality Impact Analysis (EIA), as potentially being affected by the new JHWS.

The Developing the JHWS 2018 – Analysis of Engagement report sets out the detailed analysis of the findings from each stage of the engagement. Based on the engagement findings, the key priority areas agreed by the HWB in September 2017 are:

- Adult Mental Health
- Mental Health and Emotional Wellbeing (Children & Young People)
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

In addition to the priorities, the engagement also identified a number of common themes which need to underpin the JHWS. These are:

- Need for better integration with STP plans/priorities including **embed prevention in Integrated Locality Teams across all priority areas.**
- **Build prevention into all pathways** across health, care and education, particularly focusing on inequalities through co-commissioning across partners.
- **Development of joined up intelligence and research** to identify needs and target prevention activity where it is most needed.
- **Support the workforce** through workplace wellbeing and upskilling to recognise opportunities for taking prevention action to improve health (such as through MECC and self-care).
- **Harness digital technology** to provide solutions to support self-care across the priority areas.
- **Ensuring Safeguarding is embedded** into the JHWS as a cross cutting theme ('golden thread') that runs throughout all the priorities.

The Board looks forward to approving the final version of the JHWS and associated priority delivery plans at its meeting in June 2018.

1.4 Pharmaceutical Needs Assessment

The Board has a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA) for Lincolnshire and to publish it every three years. The PNA reports on the present and future needs for pharmaceutical services in Lincolnshire and is used to:

- identify any gaps in current services or improvements that could be made in to future pharmaceutical provision;
- inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people within the resources available;
- inform decision making in respect of new applications made to NHS England by pharmacists and dispensing doctors to provide new pharmacy services.

In line with the regulations, a 60 day consultation exercise on the draft PNA ran between 11 December 2017 and 11 February 2018. The draft PNA was hosted on the County Council's website and invitations to review the assessment and comment were sent to a wide range of stakeholders including all community pharmacies, Clinical Commissioning Groups, Healthwatch, District Councils, the local Medical Committee and the local Pharmaceutical Committee. A number of members of the public also expressed an interest in the PNA and were invited to participate in the consultation, as were a range of public engagement groups. Responses to the consultation were gathered via an online survey.

There were a total of 18 responses and these were analysed and where appropriate, changes made to the PNA document. A consultation summary report has been produced detailing the feedback and actions taken.

The final PNA document was formally approved by the Board on 27 March 2018. The full document, along with details about the process and consultation findings, can be viewed on the LRO.

1.5 Better Care Fund

The Lincolnshire 2017/18 Better Care Fund (BCF) pooled budget is £226m and remains one of the largest budgets in the country. It includes pooled budgets for Learning Disabilities, Child and Adolescent Mental Health Services (CAMHS) and Community Equipment plus 'aligned' mental health funds from the county council and the four Clinical Commissioning Groups (CCGs).

In addition to the continuation of existing pooled funds, a number of additional funding streams have been allocated as part of the overall £226m total. These increases resulted from:

- inflationary increases in CCG funding, and as a result in the CCG funding for the protection of adult care services;
- the addition of the 'Improved' Better Care Fund (iBCF) funding that was announced in the Chancellor's November 2015 budget, totalling £2.105m in 2017/18;
- the announcement of 'iBCF supplementary' funding in the Chancellor's March 2017 budget. This provides an additional £15.265m in 2017/18.

The requirement to ensure that the funding has a positive impact on performance in the areas of Delayed Transfer of Care (DTOC) and Non-Elective Admissions (NEA) continues to increase. This has been reflected in our thinking and the two year BCF plan agreed with NHS partners.

The BCF Narrative Plan and related planning template for the years 2017-2019 were submitted to NHS England (NHSE) on 11 September 2017 and on 30 October 2017 our plans were formally approved without conditions meaning that:

- our plans have met all national conditions;
- there is an agreed spending plan for the iBCF grant;
- that we have a vision on how we are going to progress to fuller integration of health and care by 2020;
- our plans have been judged as a robust approach to managing risk, including adequate financial risk management arrangements, proportionate to the level of risk in the system.

The Board continues to receive updates on the BCF at each of its formal meetings which includes performance against the agreed targets. Board reports are available on the council's website.

1.6 Housing, Health and Care Delivery Group

One of the statutory functions of the Board is to promote closer joint working and to encourage integrated commissioning. To this end, the Board identified the need for an integrated, strategic approach to housing, health and care, and agreed to establish a dedicated forum, as a sub group of the Board, to progress this important topic. The aim of the Housing, Health and Care Delivery Group (HHCDG) is to provide strategic direction and governance to the wider Housing for Independence (HfI) agenda for Lincolnshire in an integrated and collaborative way.

At the meeting in June 2017, the Board approved proposals on the governance arrangements for the HHCDG. This included appointing Cllr Wendy Bowkett, portfolio holder with responsibility for housing at East Lindsey District Council (ELDC) and a county councillor representative on the Board, as Chairman of the HHCDG. Key areas of work for the HHCDG have included:

a) Moving Forward with Disability Facility Grants (DFGs) Group

The aim of the group is to modernise the DFG process for the benefit of the end user whilst developing and encouraging a more consistent timely response. During 2017 proactive work has seen the development of a single procurement framework agreed by all seven district councils.

In April 2018, we shall go live with a MOSAIC workflow, where all DFG activity (under the BCF) will be captured in one place. This is a significant step forward in understanding the level of demand for DFGs across the whole of Lincolnshire, and is a clear demonstration of the hard work and commitment from the group. Once DFG MOSAIC is live and data is captured it will enable further improvements to be made to the process.

b) Hospital Housing Link Worker

In 2017, the number of DTOC attributed to 'housing', appeared to increase. In order to understand the housing issues affecting residents of East Lindsey and Boston, who are patients at Boston Pilgrim, Skegness and Louth Hospitals, the county council has funded a Hospital Housing Link Worker (HHLW) employed by ELDC. The HHLW took up the post in October 2017.

By the end of February 2018, the HHLW had responded to 18 complex cases. In over half of the cases the patient was homeless on admission or not able to return to their last address because they had no legal right to do so or could pose a risk to others. The HHLW has also highlighted issues regarding communication and accuracy of information. Initial findings suggest that:

- the new Wellbeing Service may be able to support many of the cases seen;
- homelessness is a significant issue requiring more multi-agency case management to assess needs and secure appropriate solutions;
- hospital and housing teams need to work closer together to better understand each other's systems and processes. The Wellbeing Service hospital in-reach work should help with this;
- there is a continued need for the HHLW role to provide capacity to understand needs and signpost them in the appropriate direction.

c) Hoarding

The number of hoarding cases is increasing in Lincolnshire, and in extreme circumstances can potentially lead to someone remaining in hospital longer than they need to. Currently, there is no common countywide approach to hoarding. A hoarding summit was held in December 2017 to gain a better understanding on the scale of the problem in Lincolnshire. The event was attended by a range of key stakeholders

including Lincolnshire Fire and Rescue, safeguarding teams, Adult Care and Community Wellbeing staff and district councils. The event garnered a lot of interest and there is a strong appetite for a countywide approach to hoarding. A task and finish Group will be set up shortly to consider this.

d) ACTion Lincs – Social Impact Bond to Tackle Entrenched Rough Sleeping across Lincolnshire

Lincolnshire has been awarded one of eight social impact bond projects funded through the Government's Homelessness Prevention Programme. ACTion Lincs is the result of collaboration between the seven district councils in partnership with the county council, Lincolnshire Partnership Foundation Trust (LPFT) and charity P3, and supported by a number of other key stakeholders including the Clinical Commissioning Groups, Police and Crime Commissioner, Healthwatch Lincolnshire and the Lincolnshire Credit Union.

The ACTion Lincs project was launched in September 2017 and will support 120 of the most entrenched and vulnerable homeless individuals intensively for a three and a half year period. The model adopts a housing first approach, and will be delivered through genuine collaboration and partnership. A team of specialists including a seconded drug and alcohol recovery worker (Addaction) and a seconded mental health practitioner (LPfT), ACTion Lincs will provide life changing support to the most entrenched rough sleepers across the county.

Crucially, once someone is accepted onto the program, unlike traditional service models they will remain part of the program and support will be provided in any setting; whether that be the street, hospital, prison or home. By offering support over a prolonged period of time, and by being flexible to meet the needs of the people that we are working with, we hope that it will give them the best opportunity of bringing about lasting change.

2. Plans for 2018/19

2.1 Joint Strategic Needs Assessment

The programme of annual reviews will continue in 2018/19 to ensure the data and information within each topic commentary is as up to date as possible. As required, to inform key commissioning activities, more fundamental reviews will be undertaken. These reviews will engage wider partners (expert panels) and seek to gather a range of qualitative and quantitative data and intelligence to inform the review.

Two new topic areas are currently being developed and will be published in the summer, these are:

- **Access to Transport –** the availability and accessibility to transport is an important determinant of health and wellbeing, as transport is fundamentally an enabler of access to services and social opportunities. This topic will focus on factors that may mean an individual, household or community are particularly vulnerable to barriers associated with accessing and using transport – often described as 'transport disadvantaged'.

- **Musculoskeletal (MSK)** – this topic will focus on the leading and most common causes of MSK morbidity and mortality, lower back and neck pain as well as osteoarthritis. The topic will not include osteoporosis, fractures and bone health.

2.2 Joint Health and Wellbeing Strategy

We look forward to formally signing off the final Joint Health and Wellbeing Strategy (JHWS) and accompanying delivery plans in June 2018. Alongside the JHWS we will also put in place a governance and accountability framework which sets out the key principles and approaches to drive forward the ongoing development and delivery of the JHWS. This includes:

- each JHWS priority area will have an identified delivery group which will be accountable to the HWB for delivery against the agreed plans;
- the JHWS will be aligned to the JSNA as a continuous process with periodic review so that the HWB is not restricted to focusing only on priorities which require delivery within a short timescale;
- wider stakeholder engagement will be aligned to the continuous review process for the JSNA and JHWS to ensure the latest evidence is considered through effective engagement with residents and key stakeholders.

Each priority delivery group will be responsible for ensuring appropriate arrangements are in place to enable it to monitor and report progress against the agreed objectives and outcomes in the delivery plans. The monitoring and reporting cycle will be aligned to the JSNA annual review programme and each priority delivery group will be required to report annually to the HWB at the Annual General Meeting in June (starting from June 2019).

Throughout the year, priority delivery groups will have the opportunity to bring strategic matters to the HWB for debate and consideration as part of themed discussions. Networking and engagement events are also planned for 2018/19 to bring together each of the priority delivery groups and to help foster cross working and integration.

2.3 Health and Wellbeing Board Development

A key function of the HWB is to promote and encourage integration across the health and care system, and as a result HWBs are increasingly adopting a more placed based leadership role. The development of the new JHWS and the recent expansion of Board membership provide an opportunity for the HWB to consider its future role in the health and care system in Lincolnshire. To this end, the HWB has invited the Local Government Association to work with the Board as part of their Health and Wellbeing Improvement Programme. A half day facilitated workshop is planned for September 2018 to look at a specific area of improvement for the Board

2.4 Housing, Health and Care Delivery Group

Two immediate areas of focus for the HHCDG in 2018/19 will be:

- **Memorandum of Understanding (MOU) for Housing –** work will continue through the HHCDG to develop a MOU for housing in Lincolnshire. Based on the principles set out in the national MOU (published December 2014), the aim is to develop a shared understanding on the joint action needed to improve health through the home.

- **Task & Finish Group on Hoarding –** working with the Lincolnshire Adults Safeguarding Board, this time limited piece of work will look to develop and adopt a single countywide process to tackling the issue of hoarding.

2.5 Better Care Fund

The requirement to ensure that the funding has a positive impact on performance in such areas as DTOC, reablement and NEA continues therefore during 2018/19. The Board will continue to receive regular monitoring reports against the agreed targets in Lincolnshire's BCF.

Lincolnshire's status within the national context of the BCF continues with its involvement with the NHSE Strategy Team, along with other areas that are advanced in the practice of integrating health and care services. Part of this currently involves a project that looks to produce applicable products which can be used by other areas across the country as part of a wider national development towards integrated systems of care.

2.6 Loneliness and Social Isolation project.

Loneliness and social isolation is a growing problem in Lincolnshire. With changing family and community structures; increasing numbers of people, especially older adults, are becoming socially isolated and lonely. Loneliness and social isolation has been shown to reduce life expectancy and to impact on health and wellbeing for example; leading to greater risk of developing depression, dementia or physical conditions such as high blood pressure.

The Loneliness and Social Isolation project aims to raise awareness of the negative health impacts of social isolation and loneliness among the public (via a robust communication and engagement plan), ensuring we promote our campaign as something that can affect anyone, not just older people.

Working in partnership with the University of Lincoln the project aims to understand:

- How many people in Lincolnshire experience loneliness and social isolation and what this means to them.
- Understand what can work to tackle the issue especially for people aged 65 and under, either in employment or not.
- Provide recommendations on how best to work at a local population level.
- Identify service provision gaps and co-produce services, ensuring they are linked to health infrastructures such as Neighbourhood Teams and the Wellbeing Service.
- Develop in partnership with various size Lincolnshire based organisations, a Wellbeing Toolkit for employers to better understand and support their workforce, especially around loneliness and isolation.

Health and Wellbeing in Lincolnshire 2017/18

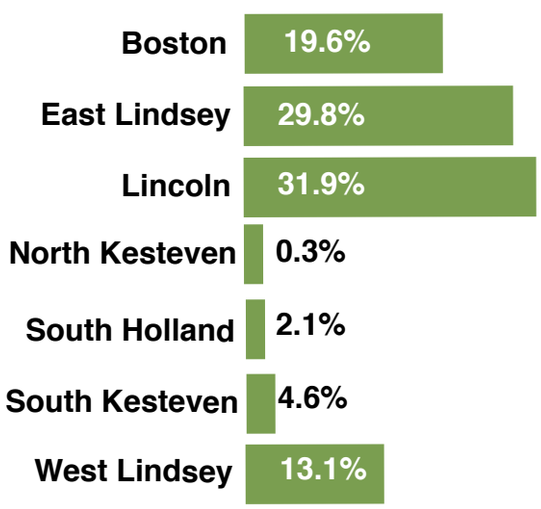
Population and Demographics

Population and Deprivation

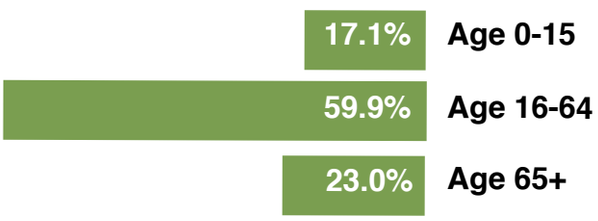
743,413

People are **resident** in Lincolnshire as of **2016**

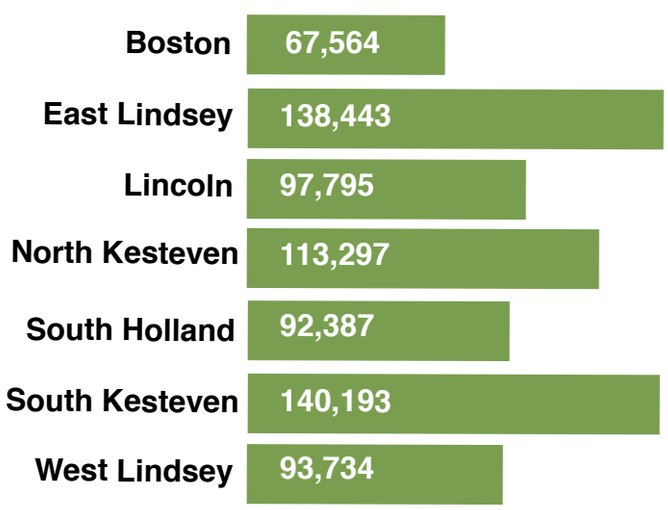
Percentage of residents living in the most **deprived areas** of Lincolnshire, by District authority, **2015**



Resident population in Lincolnshire, by age group as of **2016**

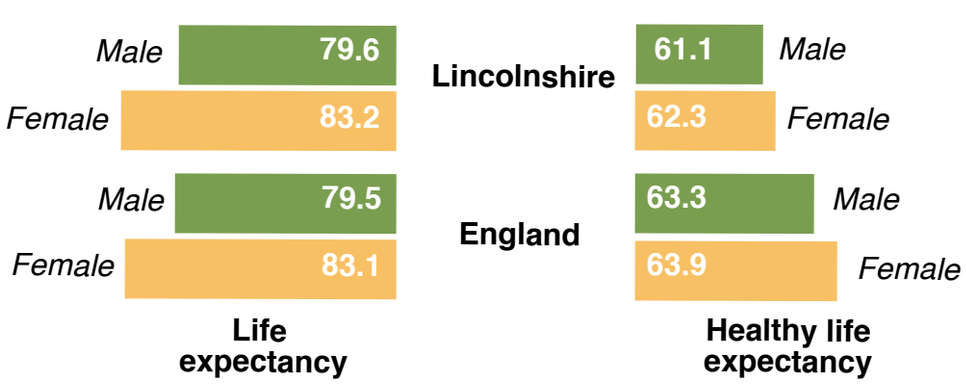


Resident population in Lincolnshire, by District authority as of **2016**



Health statistics

Expected years of life for men and women born between **2014** and **2016**



Life expectancy from birth for Lincolnshire residents is comparable to national estimates and has remained static since 2010

Healthy life expectancy from birth in Lincolnshire is slightly lower than national estimates and has decreased since 2010

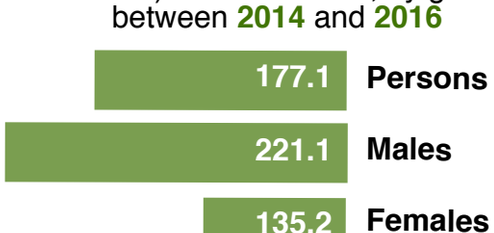
7.2

Difference in years of **male life expectancy** at birth between the **most and least deprived** areas of Lincolnshire

5.5

Difference in years of **female life expectancy** at birth between the **most and least deprived** areas of Lincolnshire

Deaths from causes considered preventable (rate per 100,000 residents) in Lincolnshire, by gender between **2014** and **2016**



Preventable mortality In Lincolnshire is higher on average for men than women. Lincolnshire rates are comparably lower than the regional and national estimates

Children and Young People

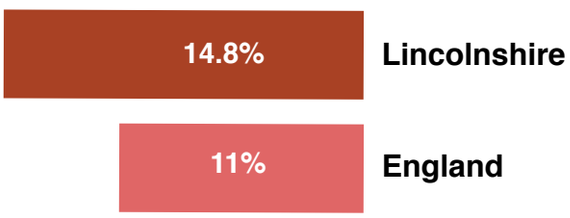
Maternal health

7,771
babies were born in Lincolnshire in **2015**

95
or **1%** of babies were born to mothers aged 15-17

260
or **3%** of babies were born to mothers aged over 40

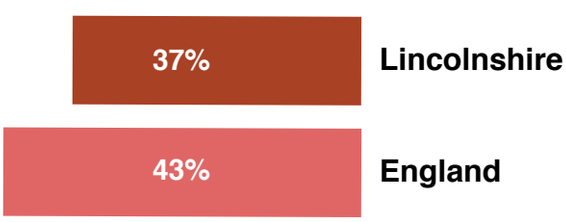
In **2015/16**, **14.8%** of mothers were **smokers at the time of delivery**. Lincolnshire figures have been above the national average since **2010/11**



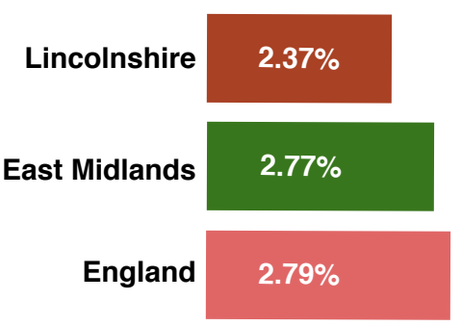
over 50%

Rates of **under 18 conceptions** have more than halved across the county between **1998** and **2016**

In **2015/16**, **37%** of babies were **breastfed** at 6-8 weeks



In **2016**, **2.37%** of full term babies were of **low birth weight** (less than 2,500g)



Education

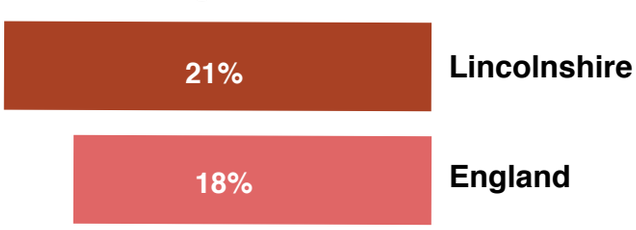
In **2017**

69%
of children achieved a good level of development at the end of the **Early Years Foundation Stage (EYFS)** in **2015/16**

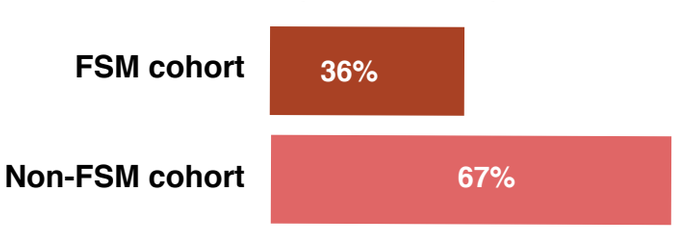
67%
of **girls** achieved grade 9-4 GCSEs in English and Maths

60%
of **boys** achieved grade 9-4 GCSEs in English and Maths

In **2017**, **21%** of **Looked After Children** (LAC) achieved grades 9-4 GCSEs in English and Maths



In **2017**, **36%** of children on **Free School Meals** (FSM) achieved grades 9-4 GCSEs in English and Maths compared to their peers



Mental health & additional needs

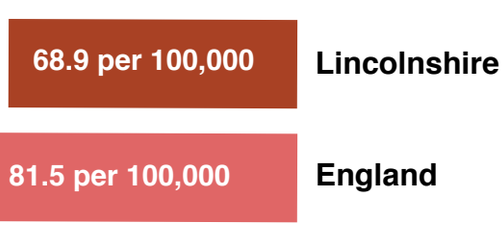
48 in 10,000
children aged 0-18 in Lincolnshire were **Looked After Children** in **2017**

During **2016/17**

4,808
referrals were made to Lincolnshire CAMHS service

In **2017** **15.9%** of Lincolnshire pupils have some form of **SEND**

Hospital admissions for **Mental Health** conditions for children aged 0-17 years in **2016/17**



Adult Health and Wellbeing

Risky lifestyle factors

17.7%

of adults in Lincolnshire were regular **smokers** in **2016**

£30.7m

Each year, **smoking** in Lincolnshire is estimated to cost the NHS £30.7 million

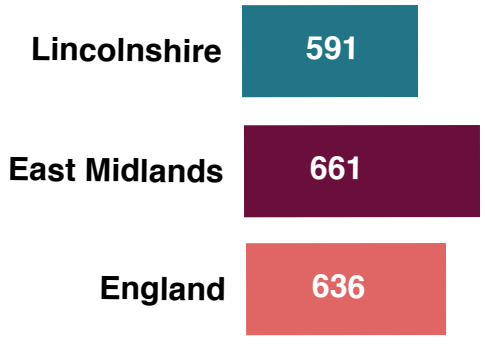
2,935

adults were in treatment for **substance misuse** in **2016/17**

223

young people (under 18) were in treatment for **substance misuse** in **2016/17**

Alcohol related hospital admission rates (per 100,000 population) in **2016/17**



Most common **substances** being treated in **2016/17**

Opiates 33% **Alcohol** 29% **Cannabis** 12%

Mental health and wellbeing

103,947

number of adults in Lincolnshire estimated to have a **Common Mental Disorder**, based on national rates

6,194

0.79% of registered patients were on the **Mental Health** register in **2016/17**

3,450

requests for social care support from adults presenting with **Mental Health** needs in **2015/16**

During **2014-16** there were **199** deaths due to **Suicide**

Between **2014** and **2016**

10.1 per 100,000

Suicide rates were highest in the **20% most deprived** areas of Lincolnshire

7.9 per 100,000

compared to the **20% least deprived** areas, indicating a clear **inequality gap**

Vulnerable adults and older people

84,045

Estimated number of **unpaid family carers** in Lincolnshire in **2016**, of which **48%** were aged 65 and over

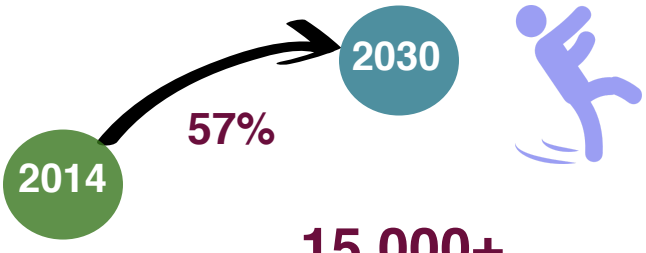
There are around 7,500 people with **Autism** in Lincolnshire. Around **5%** of autistic adults receive support from Adult Care

5%

11,688

Estimated number of people aged 65 and over with **dementia** living in Lincolnshire, in **2017**. This accounts for **6.7%** of all adults aged 65 and over

Numbers of people aged 65+ admitted to hospital as a result of **falls** is projected to increase from **3,309** in **2014** to **5,188** in **2030**



15,000+

estimated number of individuals in Lincolnshire with a **learning disability**

1,800

adults with a **learning disability** that receive support through Adult Care and Continuing Health Care

Healthy Lifestyles

Obesity and healthy living

Prevalence of children who were **overweight or obese** in **2016/17**

	Reception year (4-5 year olds)	Year 6 (10-11 year olds)
Lincolnshire	24.6%	34.0%
East Midlands	22.7%	33.5%
England	22.6%	34.2%

In **2016/17** almost two thirds of adults in Lincolnshire were **overweight or obese**, which is higher than the national average of **61.3%** and the highest in the East Midlands

63.7%

The percentage of adults who were **overweight or obese** has reduced from **66.5%** in **2015/16** to **63.7%** in **2016/17**

63.1%

of adults (aged 16 and over) in Lincolnshire meet the recommendations for **physical activity** in **2016/17**

In **2016/17**, Lincolnshire had fewer **physically active** adults compared to the regional and national averages

Lincolnshire	63.1%
East Midlands	65.0%
England	66.0%

In **2016/17** **58.1%** of adults reported that they had eaten the recommended **5 portions of fruit and vegetables** on a usual day

58.1%

Health protection

95.1%

In **2016/17**, uptake of the routine **5-in-1 vaccination** for children at 12 months was **95.1%** in Lincolnshire. This is higher than the national average of **93.4%**

Population **vaccination coverage of flu** for adults aged 65 and over in **2016/17**

Lincolnshire	70.7%
East Midlands	71.9%
England	70.5%

In **2016/17** there were **3,652** new diagnoses of **sexually transmitted infections** (STIs) in Lincolnshire

- Chlamydia 63%
- Genital warts 17%
- Genital herpes 7%
- Gonorrhoea 5%
- Syphilis >1%

Lincolnshire	0.72
East Midlands	1.49
England	2.31

In **2016**, **HIV diagnosed prevalence rate** (per 1,000 residents aged 15-59) was significantly lower in Lincolnshire than regionally and nationally

Proportion of **men who have sex with men (MSM)** amongst new STI diagnoses in men in **2016**

Syphilis	73%
Gonorrhoea	40%

Major Diseases

Cancer

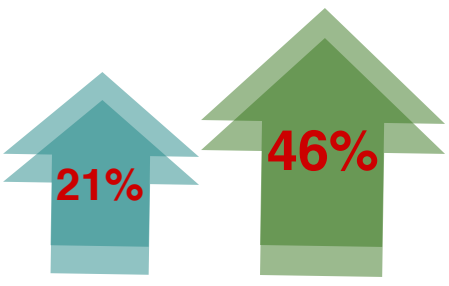
4,767

new cases of all **cancers** in Lincolnshire in **2015**. This is equivalent to **593** cases per 100,000 of the resident population

53.6%

In **2016**, **53.6%** of **cancer** patients in Lincolnshire were **diagnosed at stage 1 & 2**, which is comparable to the national average of **53.7%**

Between **2000** and **2015**, **one year survival rates** in Lincolnshire have improved by **21%** for all cancers and by **46%** for lung cancer



Between **2014** and **2016**

3,017

people aged under 75 in Lincolnshire died from all **cancers**

1,677

of these deaths, **55.6%** were **considered preventable**

Heart diseases

In **2016/17** there were **32,874** people in Lincolnshire on the **coronary heart disease** (CHD) register

Between **2014** and **2016**

1,775

people aged under 75 in Lincolnshire died from **cardiovascular diseases**

1,192

of these deaths, **67.1%** were **considered preventable**

In **2016/17** there were **17,363** people in Lincolnshire on the **stroke** disease register

Between **2014** and **2016**

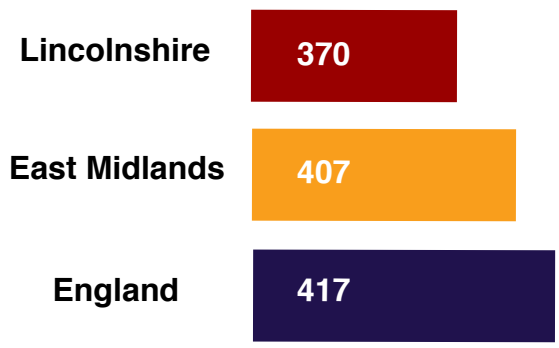
12.6 per 100,000 people aged under 75 in Lincolnshire died from **stroke**

562.6 per 100,000 people aged over 75 in Lincolnshire died from **stroke**

Chronic diseases

In **2016/17** there were **17,478** people in Lincolnshire on the **chronic obstructive pulmonary disease** (COPD) register

Emergency hospital admission rates (per 100,000) for **COPD** in **2016/17**



In **2016/17** there were **47,386** people aged 17 and over in Lincolnshire on the **diabetes** register

12.4%

of the population of Lincolnshire (16+) have **non-diabetic hyperglycaemia (pre-diabetes)** and are at risk of developing type-2 diabetes as well as cardiovascular diseases

Wider Determinants of Health

Environmental factors

335,450

Households in Lincolnshire, as of **March 2016**

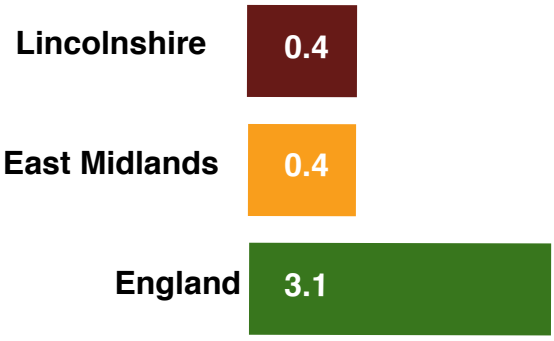
1,158

Individuals **killed or seriously injured** on Lincolnshire roads between **2014** and **2016**. This is equivalent to **54.4 in 100,000 residents**

Estimated percentage of **private sector housing** stock to have a serious hazard that is likely to cause illness or harm

21%

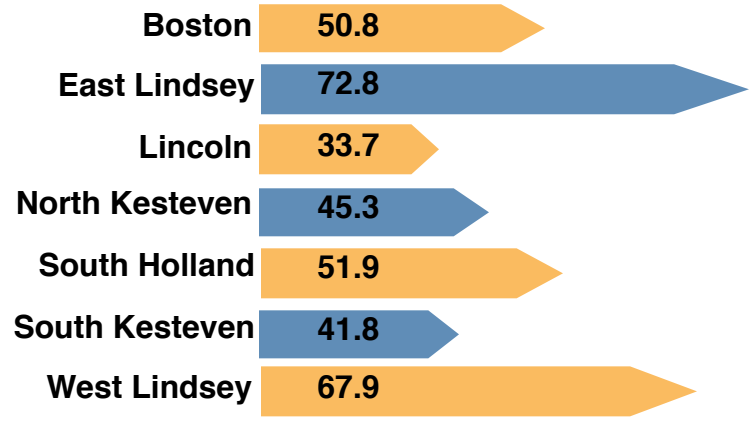
Statutory homeless households in temporary accommodation (per 1,000 households) in **2015/16**



30%

of all **fatal collisions** on Lincolnshire roads were motorcyclists, despite only making up **1%** of all road traffic

Individuals **killed or seriously injured** on roads (per 100,000 residents) during **2014-16**



Seasonal factors

1,296

Excess winter deaths occurred during December to March over a 3-year period from **August 2013 - July 2016**

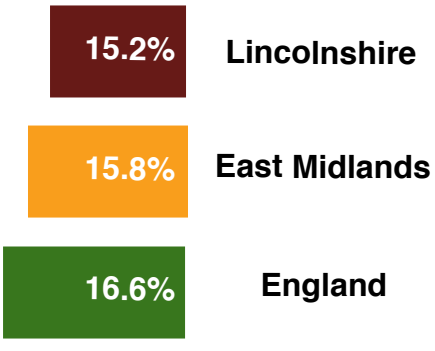
30%

of **excess winter deaths** are estimated to be as a result of **fuel poverty**

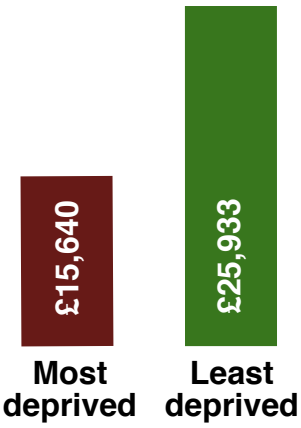
38,964

households in Lincolnshire are estimated to be living in **fuel poverty** in **2015**. This equates to **12.4%** of all households

Financial factors



Proportion of children aged under 20 years who live in **low income families** in **2015**. This equates to **22,320** children in Lincolnshire



There is a significant gap in **annual earnings** of £10,000 in Lincolnshire between the **most and least deprived** areas

http://www.research-lincs.org.uk/JSNA-Topics.aspx

Icons by Freepik
www.flaticon.com

For more information about Lincolnshire's Health and Wellbeing Board and Joint Health and Wellbeing Strategy, please visit www.lincolnshire.gov.uk/hwb

To view Lincolnshire's Joint Strategic Needs Assessment please visit http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx

Produced May 2018