

# **Health and Wellbeing Board Annual Report 2018/19**

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**Date: May 2019**

## Foreword

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I would like to take this opportunity to formally thank Dr Sunil Hindocha for all the support and guidance he has provided to the Lincolnshire Health and Wellbeing Board (HWB). Sunil has been Vice Chairman since 2013 when the Board was formally established and he stepped down from the role following the March 2019 meeting. He has been a great advocate of the Board and has helped to strengthen relationships across the health and care system.

Lincolnshire continues to face a number of significant challenges including an ageing population with multiple complex needs; increasing demand; staff shortages and financial pressures. Despite these challenges, staff from across all partner organisations are working hard to deliver a range of services to reduce inequalities and improve the health and wellbeing in the county.

After a challenging year, it is important to look back and 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. In particular, I would highlight:

- The publication of the Joint Health and Wellbeing Strategy (JHWS) in June 2018 which focuses on the areas that were highlighted in the prioritisation and engagement work as being the most important health and wellbeing issues facing Lincolnshire.
- The rolling review programme for the Joint Strategic Needs Assessment (JSNA) and the publication of three new JSNA topics.
- The publication of a new Dementia Strategy which takes a joint approach across health and care, and with wider partners to improve dementia diagnosis and the lives of people with dementia.
- 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. Progress reports on the BCF are presented to the Board at each meeting.

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

- an update on each of the priority areas in the JHWS;
- an overview of health and wellbeing needs based on the latest data in the JSNA; and
- a review of other achievements during 2018/19.

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

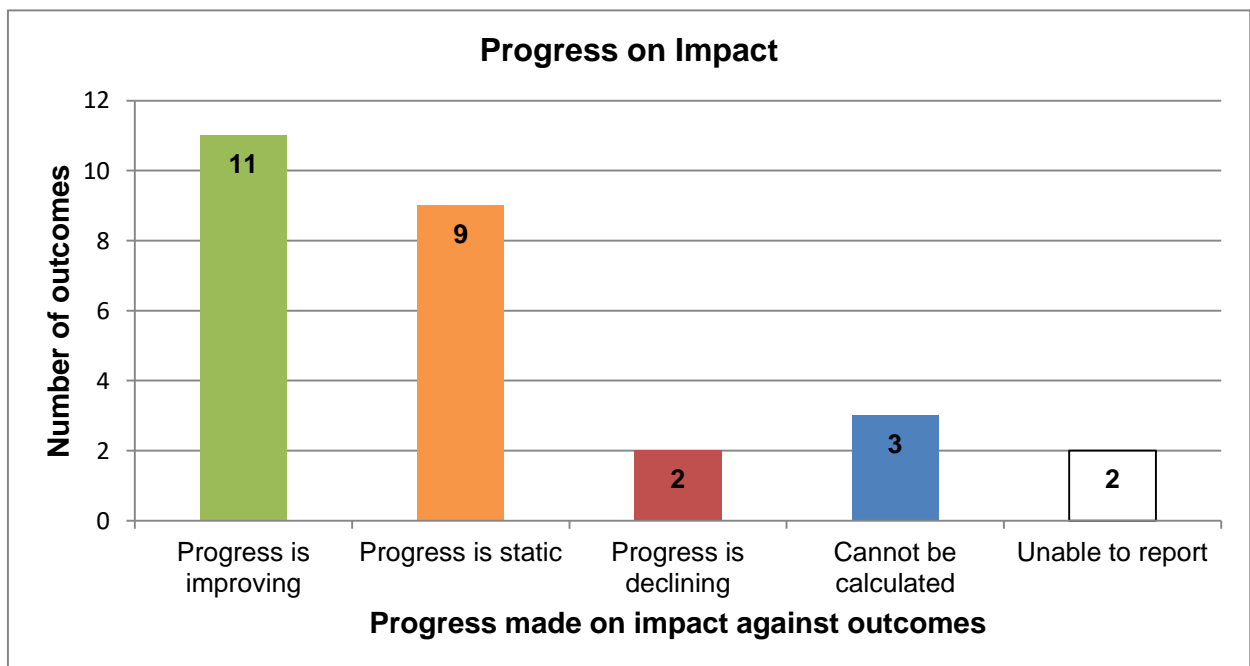
# 1. Joint Health and Wellbeing Strategy Progress Report June 18 to March 19

## 1.1 Background

As part of reviewing progress in delivering the Joint Health and Wellbeing Strategy (JHWS) each delivery group has been asked to provide information relating to three key areas of progress. These are:

- **Progress on Impact** to identify, measure and communicate the impact of the work of the delivery group against the objectives set out in their respective delivery plans for the JHWS, as well as consider and capture your impact against the strategic 'overarching' outcomes of the JHWS
- **Progress on Delivery** which measures and records key achievements over the past 12 months, details future area of focus, including where joined up approaches across priority areas will help to further the delivery of the JHWS and notes any key risks to delivery.
- **Progress on Engagement** which documents the engagement actions and activities over the preceding 12 months and the impact this engagement has had on the work of the delivery group.

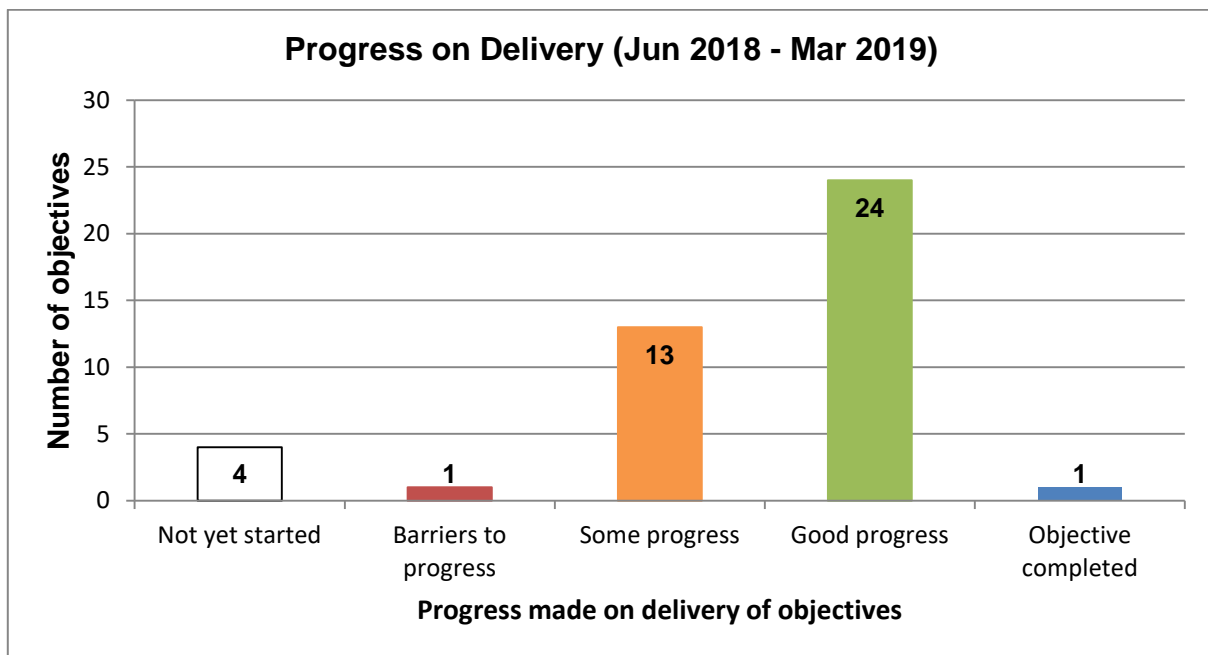
## 1.2 Summary Progress on Impact



Impact has been assessed by reviewing general direction of travel in performance against identified outcome measures for each priority. Information (through data and commentary) has been provided on the overall trend over time but for most outcomes this trend pre-dates the JHWS. As a result this years report presents progress on impact as a baseline rather than necessarily representing improvement due to the delivery of the JHWS. Progress on impact was assessed using the following classification:

Progress/Impact	
↑	Progress is improving
→	Progress is static
↓	Progress is declining
—	Cannot be calculated
?	Unable to report

### 1.3 Summary Progress on Delivery



- Of the 43 objectives across the 7 priorities in the JHWS good progress is being made with 56% of them.
- Some progress is also being made in 36% of objectives.
- Objectives '*not yet started*' relate to the obesity priority but a Whole System Healthy Weight Partnership has now been established to address this priority area.
- Where there are barriers to progress this is due to external factors, i.e. NHSE decision not to fund £30m capital bid to undertake acute mental health in-patient reconfiguration and the other objective relates to improving knowledge and capability for vulnerable people in accessing and maintaining appropriate housing.
- The objective which is completed relates to development of better analytical data to identify needs and target service provision more effectively for adults with mental health needs. This has been achieved through the delivery group establishing regular reporting against the national Mental Health Investment Standard.

### 1.4 Interdependencies

A workshop was held in November 2018 which included representatives from each of the delivery groups to consider areas of overlap and interdependencies between delivery groups plans. In order to build on this further delivery groups were asked to identify areas of overlap within their progress reporting. Summary areas of work are identified below which represent

opportunities for joined up work over the coming 12 months across and between delivery groups.

Priority/Delivery Group	Priority/Delivery Group	Area of joint work
Mental Health (Children & Young People)	Mental Health (Adults)	Transition from CYP to adult mental health services
Carers	Mental Health (Children & Young People)	Support for young carers at higher risk of having mental health issues
Carers	Dementia	Joint work on early identification, referral, diagnosis and post-diagnostic support (including short breaks for carers)
Obesity	Physical Activity	Joint work on development of Whole System Obesity approach
Mental Health (Adults)	Housing and Health	Role of housing in supporting reductions to in-patient mental health support Concerted action to tackle homelessness has a high degree of overlap with adult mental health
Physical Activity	Mental Health (Children & Young People)	Work to support increases in activity for children and young people for protective and therapeutic benefit to their mental health and wellbeing
Physical Activity	Mental Health (Adults)	Mutual digital technology programme shared across the adult mental health group, the STP and L-PAT is under development.
Housing and Health	Physical Activity	Creation of healthy indoor and outdoor environments through a cross priority working group
Housing and Health	Obesity	Review opportunities to develop joined up work with obesity and lifestyle change i.e. prevention of obesity rather than just a DFG





## 1.5 Summary Progress on Engagement

Throughout the development of the JHWS people spoke about wanting engagement to be an on-going discussion and not a one off process as part of developing the strategy. All Delivery Groups have taken on the function of the JSNA Expert Panel for their respective topic areas and built into this is a requirement to engage and seek the views of local people when assessing the needs of the population.

Alongside this, engagement will also be crucial for delivery groups to demonstrate how they have involved people in the on-going planning and delivery of the priorities in the JHWS. To this end each delivery group has provided a summary of their engagement activities over the past 12 months.

## 1.6 Mental Health & Emotional Wellbeing (Children & Young People)

### Progress on Impact

Outcome	Progress/Impact
CYP feel more confident to raise and discuss mental health with their peers parents, carers and professionals	
Maternal mental health is supported during pregnancy and for the first few weeks after birth to ensure that babies physical and emotional needs are met	
Reduction in A&E attendances and hospital admissions for children and young people with mental health conditions	
CYP and their families get the right help in the right place at the right time	

### Commentary:

- Good take up of online counselling support via Kooth; 2,618 logins between April and December 2018.
- High take up for Healthy Minds Lincolnshire (HML) interventions; 1,915 CYP accepted for interventions between April and December 2018.
- 90% of CYP who reported their experience with CAMHS said they had been listened to and 85% said views/worries were taken seriously.
- 94% of CYP who reported their experience with HML said they had been listened to and 96% said views/worries were taken seriously.
- 91% of CYP who reported their experience with HML said it was easy to talk to the person that saw them.
- 77% of Kooth online counselling registrations said they were signposted by a peer, parent/carer or professional.
- Referrals for HML coming predominately from schools and professionals but also self-referral or parent/carer referrals.
- 98.5% of mothers received a new birth visit by a health visitor with 42% of those receiving an antenatal visit at 28 weeks. Transformation funding has been provided to LPFT to deliver perinatal maternal mental health support.
- Since the Crisis and Home Treatment Service (CHTS) started in April 2016 hospital admissions to ULHT have reduced by 65.5% for CYP with mental health conditions.
- Improved timeliness of Attention Deficit Hyperactivity Disorder (ADHD) assessments/diagnosis but CYP still waiting too long for Autistic Spectrum Disorder (ASD) assessments/diagnosis with a lack of follow-on support.
- Lincolnshire was recently commended in a joint Ofsted/CQC inspection for the quality of its integrated approach to meeting the needs of children and young people with special educational needs and disabilities.

## Progress on Delivery

Objective	Progress
Build emotional resilience and positive mental health	Some progress
Action on the wider determinants and their impact on mental health and emotional wellbeing	Good progress
Better understanding of self-harm/suicidal intent in young people	Good progress
Greater parity between Mental Health and Emotional Wellbeing as experienced for Adults and that of Children and Young People and between mental health and physical health	Good progress
Ensure that young people have timely access to appropriate crisis services	Good progress
Families of young people with mental health needs are supported	Good progress
Ensure appropriate support services are in place for pupils with special educational need and/or a disability	Good progress

### Key Activities:

- A recent report by the Children's Commissioner shows Lincolnshire is in the top 25% of LAs in terms of spend on low-level emotional wellbeing support.
- Good partnership working has been established to support referrals to the WellFamily pilot. Referrals have increased month on month, meaning access is increasing and support is being offered to more families.
- Healthy Minds Lincolnshire has developed leaflets to promote the service and increase awareness, as well as a detailed Emotional Wellbeing Toolkit as a resource for schools and other professionals. The service has rolled-out a countywide training offer to Lincolnshire schools' workforce to improve their confidence and capability in supporting CYP with emotional wellbeing concerns.
- A new children's centre 'community hub' model pilot has brought together maternity and children's centre services in key areas of the county.
- An emotional wellbeing online pathway has been developed to support CYP, parents/carers and professionals understand key emotional wellbeing concerns and identify appropriate support.

### Engagement:

- A monthly average of 938 children and young people engaged with CAMHS interventions between April and December 2018 (Open Cases).
- CAMHS Involvement Network engaged users in service design and improvement.
- During the CAMHS service review focus groups were held with children and young people from primary school and secondary school ages, to young people at school or college aged between 16 and 18.
- A partnership group has been established consisting of LCC, CCGs and NHS Providers to develop an improved ASD/ADHD pathway.
- Face to face meetings with two Young Ambassadors (Kooth online counselling) provided feedback that will be used to shape future events and roadshows around the county. This feedback is consistently used to ensure interventions meet the need of the CYP.
- Online Counselling Service gathers feedback on the support provided to young people. They can also access online forums and are encouraged to provide feedback to identify the value of the forum and any gaps in forum topics. 97% of YP would recommend the service to a

friend. Additional online forums added, such as anti-bullying: supporting friends; dealing with family changes; helping others after a traumatic event at the end of their online counselling session. This is an anonymous service and YP are encouraged to provide feedback.

Some examples of service feedback are:

- *“Can I just say a huge thankyou. I don’t know where I would be if you hadn’t of stayed by my side. To be fair I don’t think I would be here. You made me realise that my past does not define me.”* (Kooth Online Counselling)
- *“Basically I became a lot happier and confident, I started making a lot of new friends and they all like me for who I am. I want to learn more and be at school all the time. I can get out and say hi to people I see outside of school. I have started making a lot of jokes to make other people around me smile as well.”* (Early Help Review, CYP IAPT)
- *“I don’t have as many worries, I think now that there is no point getting in a mood and I feel a lot happier.”* (Healthy Minds Lincolnshire)
- *“Thank you for everything you have done for me. You have shown me that it is OK to mess up as long as I know I have messed up. You have made my life a lot better. I honestly don’t know what I would’ve done without your help.”* (Behaviour Outreach Support Service)
- *“I felt understood and did not feel pressurised into doing anything I did not want to. It feels amazing to know I am not alone and that my feelings are validated.”* (Child and Adolescent Mental Health Service)



## 1.7 Carers

### Progress on Impact

Outcome	Progress/Impact
Improved, pro-active early identification of carers in Health settings, from the point of diagnosis onwards.	↑
Work with health and care professionals to ensure carers are listened to from the outset, and involved in the care of the person they support.	↑
More young carers identified and supported within mainstream schools	↑
Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms (Early Help and Support)	→
Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment. (Early Help and Support)	?

### Commentary:

- 50% of Lincolnshire's pharmacies now trained in Carers Awareness, and offering information to carers with 42 Co-op pharmacies trained to identify and signpost carers of all ages.
- 50% of Lincolnshire's GPs now have a Carers Register and signpost carers to Carer Services.
- 93 schools have engaged with the Children's Society Young Carers in Schools Programme with 13 having achieved the Bronze Award for the programme and a further 38 working towards it.
- Carers health and wellbeing needs are routinely identified in the Carer Assessment and Review.

### Progress on Delivery

Objective	Progress
Work with strategic partners to ensure early identification of carers from the point of diagnosis and signpost to appropriate support. (Collaboration)	Good progress
Work with health and care professionals to ensure carers are listened to from the outset, and involved in the care of the person they support. (Collaboration)	Good progress
Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment. (Collaboration)	Good progress
Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms (Early Help and Support)	Good progress
Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment. (Early Help and Support)	Good progress
Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers (Assurance)	Good progress

## **Key Activities:**

- Carers FIRST In-Reach service in all ULHT acute hospitals was finalist for three national awards (HSJ and LGC Health and Care, and Public/ Private Partnerships).
- The creation of Carer Friendly Pharmacies as part of the Public Health 'Healthy Living Pharmacy' programme. 118 pharmacies engaged and 57 trained (at Oct 2018).
- Carers FIRST are now core members of all 13 Neighbourhood Teams.
- 37 Health Champions trained to proactively identify carers and signpost them to support.
- 50% of GP surgeries and 3 CCG's awarded or working towards the Carers Quality Award.

## **Engagement:**

- A Carers Forum is already established providing an opportunity for carers to engage with each other as well as with providers and commissioners to share experiences and knowledge.
- The following engagement has taken place:
  - 93 schools engaged face to face to raise young carer awareness, offer training, support, information and advice
  - Carer Awareness engagement and training face to face with employers, schools, health providers and pharmacies
  - Targeted engagement of carers on a variety of topics ranging from council led to carer led. e.g. Short Breaks survey
  - Young Carers Day (Jan 2019) – University of Lincoln. Focus on young carers raising educational aspirations. A large scale face to face event with young carers and university staff
  - Carers Week (June 2018) – high volume range of small face to face events countywide
  - Carers FIRST newsletter (informative; invitation to engage in national and local consultations).

## 1.8 Obesity (Healthy Weight)

### Progress on Impact

Outcome	Progress/Impact
Percentage of adults (aged 18+) classified as overweight or obese	—
Excess weight in children aged 4-5 years	→
Excess weight in children aged 10-11 years	→
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) of fruit and vegetables	—

### Commentary:

- Percentage of adults who are overweight or obese is currently higher in Lincolnshire than in the rest of the East Midlands or England
- Analysis of data from the NCMP shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation. Obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%.
- 58.1% of people aged 16 and over in Lincolnshire meet the '5 a day' target, slightly better than the national average. According to Health Survey data from 2017, 18% of children aged 5 to 15 ate five standard portions. However this is a national level data and not available at a local authority level.

### Progress on Delivery

Objective	Progress
Deliver the Healthy Weight in Children Strategic Actions to reduce childhood obesity.	Not yet started
Improve information and support for people of working age to achieve and maintain healthy weight.	Not yet started
Support healthy weight in older age.	Not yet started
Engage with spatial planning and design to develop places that support healthy individuals and communities.	Not yet started
Establish a Whole System Approach to Obesity.	Good progress

### Key Activities:

- A Multi Agency Whole System Partnership has been established to lead on this area of the JHWS. The Partnership is chaired by Cllr Sue Woolley.
- The partnership is comprised of County and District Councillors and senior managers, senior clinicians within CCG and 0-19 services, education and schools (including two primary school headteachers) and the University of Lincoln. Additionally we are seeking representation from our Greater Lincolnshire Enterprise Partnership specifically relating to the agri-food sector and environment and planning.
- It has been agreed by the partnership that it's focus will be on Healthy Weight rather than Obesity in order to promote a more positive and asset based approach to the issue.
- In order to kick start the work of the partnership a workshop is, at the time of writing, due to be held on 5<sup>th</sup> June 2019. The workshop will follow the national guidance on Whole System Obesity approaches and include presentations from Leeds Beckett University, NKDC


and Hertfordshire County Council alongside workshops to explore; why the issue is important to Lincolnshire, understand the scale of the issue based on evidence in the JSNA, explain whole systems thinking and what the approach means and to identify and map positive effects of healthy weight as well as causes and actions to tackle obesity.

**Engagement:**

- The starting point for engagement is the workshop above and from this it is expected that a fuller engagement plan will be developed by the partnership.
- This engagement plan will cover the ongoing dialogue related to whole system approaches to tackling obesity and promoting healthy weight as well as engagement on the ongoing review of the JSNA evidence base.

## 1.9 Mental Health (Adults)

### Progress on Impact

Outcome	Progress/Impact
Eliminate the number of mental health out of area placements by 2021 for acute and Psychiatric Intensive Care Units	

### Commentary:

- Number of out of area bed days for acute and Psychiatric Intensive Care Units halved in 2018/19 versus the previous year.
- Total number of admissions to Mental Health in-patient facility reduced; 70% of admissions avoided since Psychiatric Clinical Decisions Unit opened

### Progress on Delivery

Objective	Progress
Improved preventative services for adults who have mental health needs and their families through closer integration with neighbourhood teams.	Some progress
NHS Health Checks – targeting uptake of those with mental health conditions.	Good progress
Reducing in-patient numbers (both in and out of county).	Good progress
Development of an all-age crisis service going forward.	Some progress
Development of better analytical data to identify needs and target service provision more effectively, including improved understanding of the Mental Health Investment Standard and where resources are being targeted.	Objective completed
Ensure appropriate transport arrangements are available for people with mental health needs, including at times of crisis and/or mental health assessment.	Good progress
Development of a new patient-held digital information platform for mental health (including families caring for people with dementia).	Some progress

### Key Activities:

- Opened Psychiatric Clinical Decisions Unit, expanded crisis resolution home treatment team, and increased bed occupancy in crisis houses. All of which have contributed to a reduction in the number of admissions into a mental health in-patient setting.
- Secured £640K capital to create a mental health hub in Lincoln, opening April 2020.
- NHSE transformation funds secured in 2018/19 to expand LPFT perinatal services, service launched February 2019.
- Secured funds to expand Individual Placement Support in LPFT – thereby improving employment opportunities for those with serious mental illness
- Reduced Delayed Transfers of care in LPFT
- Funds secured to implement new patient-held digital information platform for Mental Health in 2019/20 to increase the number of people who can self-manage low level needs. This will be first of its kind nationally.

- LPFT acute in-patient reconfiguration to improve sub-standard estate from dormitories to single occupancy rooms has been impacted by NHSE decision not to fund £30m capital bid. The delivery group continue to explore options to seek a system solution to identify capital funding.
- The delivery group regularly reports against the national Mental Health Investment Standard and all Lincolnshire CCG's achieved this for 18/19.

### **Engagement:**

- In May 2018 the 'Lincolnshire Multiagency Review of Crisis Services' was published. This was jointly commissioned by LCC and CCG's and its recommendations will be delivered through STP MH, LD and ASD Group. Various methods were used to identify and target stakeholders, including patients, service users, carers and the public. Engagement was carried out via questionnaires and interviews
- Engagement is carried out in partnership with the LPFT engagement team. Varied tools and engagement methods are used including questionnaires, interviews and service specific workshops
- The Mental Health Partnership Group meet bi-monthly and feed into Mental Health Crisis Concordat.

## 1.10 Dementia

### Progress on Impact

Outcome	Progress/Impact
Increase Dementia Diagnosis Rates (DDR)	↑
Improve post diagnostic support	↑

### Commentary:

- Significant improvement in Dementia Diagnosis Rate in 2018 - 2019. SWLCCG has seen highest increase in the care home population, due to improved screening.
- Increased referrals to the Alzheimer's Society National helpline and the Dementia Family Support Service
- Increased the number of people participating in clinical trials: registration to Join Dementia Research in the East Midlands is 522, of which 290 in Lincolnshire.

### Progress on Delivery

Objective	Progress
Comprehensive, integrated pathways for timely identification, referral, diagnosis and post-diagnosis support. <i>f</i>	Good progress
Focused prevention programme for vascular dementia. <i>f</i>	Some progress
Ensure appropriate support is available for those with dementia under 65 years of age. <i>f</i>	Some progress
Address the sustainability of future support provision. <i>f</i>	Good progress
Greater integration and awareness-raising within neighbourhood teams. <i>f</i>	Good progress
Wider public and professional awareness of dementia to support services in all parts of the community to be dementia friendly.	Good progress

### Key Activities:

- Lincolnshire Dementia Strategy 2018- 2021 launched at local Dementia Conference
- Admiral Nurse Service two year pilot starting in June 2019
- Lincolnshire now has 23,376 Dementia Friends and 89 registered Champions
- Standardising a county wide pathway which aligns to NICE guidance (published June 2018)
- LPFT upgrading in-patient facility to ensure single e-suite rooms (completion due Aug 2019)
- Implement electronic referral forms to Dementia Family Support Service from Primary Care, LCHS and LPFT
- Dementia publicity campaign funded to raise public awareness about dementia including countywide plans to promote Dementia Action Week 24th May 2019.

### Engagement:

- An engagement plan is being developed. The Dementia Officers Group will aim to have this in place by June 2021
- The following engagement has taken place:
  - Engagement with key stakeholders on the refresh of the Lincolnshire Dementia Strategy to agree achievements for the last three years and the key aims for 2019 –

2021. Key stakeholders included health partners, community sector organisations, user groups that have key responsibilities for delivering the Dementia Action Plan and individuals that are directly impacted or who have lived experience

- Lincolnshire Dementia Strategy Launch conference
- LPFT Older Adult Services engagement events
- Social media campaign launched Oct 2018
- HealthWatch provider event held July 2018 with the engagement feedback used to inform services
- Introduced dementia information boards for GP practices including slides to be used in GP waiting room screens



## 1.11 Physical Activity

### Progress on Impact

Outcome	Progress/Impact
Inactive Adults (doing fewer than 30 minutes a week of moderate to vigorous activity)	↓
Fairly Active Adults (doing 30-149 minutes a week of moderate to vigorous activity)	↓
Active Adults (doing at least 150 minutes a week moderate to vigorous activity)	—
Children and Young People - Less Active (less than an average of 30 minutes a day)	—
Children and Young People - Fairly Active (an average of 30-59 minutes a day)	—
Children and Young People – Active Across the Week (an average of 60 minutes a day, but not every day)	—
Children and Young People – Active (at least 60 minutes every day)	—

### Commentary:

- All data is prior to the publication of the JHWS and so represents a baseline position only.
- Adult Outcomes are based on overall trend 2015/16 to 2017/18 (i.e. baseline trend prior to JHWS) as per the Active Lives Survey
- Lincolnshire at baseline is worse than national average based on Public Health Outcome Framework measures
- Public Health England Outcome Framework indicator for physical activity includes gardening as an activity (unlike Sport England's Active Lives indicator). The inclusion of gardening generates a 5-8% improvement in the county's figures; reflecting the difference in the respective indicators and a valuable context of a rural county
- Children and Young People outcomes based on Active Lives Survey (2017/18 is baseline year) hence there being no trend
- Less Active CYP is similar to national average, Fairly Active and Active Across the Week are below national average and Active is above national average

### Progress on Delivery

Objective	Progress
Integrating physical activity into pathways and strategic planning (e.g. clinical pathways, neighbourhood integrated teams, locality teams, district council networks, planning and transport services and GLEP)	Some progress
Undertaking robust local insight analysis (including population need and service provision). Use the insight to drive developments and service improvements.	Some progress
Supporting workforce wellbeing through physical activity and workforce strategy.	Good progress
Explore innovation and technology to increase physical activity levels across the county.	Some progress
Ensure safeguarding is embedded and considered across physical activity within the county.	Good progress

## Key Activities:

- Over 40 partner organisations and many staff now engaged with the Lincolnshire Physical Activity Taskforce (LPAT) work
- Numerous advocates for physical activity recruited to embed physical activity into policies and plans across the public sector
- A series of workshops undertaken to review and develop the World Health Organisation Framework goals and objectives
- Leisure services contracts changing to include a stronger emphasis on engaging the inactive
- Related programmes contribute to the plans, e.g.
  - 1,500 adults engaged with the NHS England Diabetes Prevention programme for health gains
  - 25,000 NHS Health Checks, with adults screened for CVD risk, including physical activity
  - Wellbeing Service and the Social Prescribing programme support adults to be more active
  - Integrated Lifestyle Service (commissioned by LCC and supported by NHS CCGs re: weight loss before surgery) to go live on 1 July 2019

## Engagement:

- Engagement activities in the set up phase of the L-PAT Taskforce have primarily been with partners and politicians who will influence the components of the future work, including using their own mechanisms for engagement of service users, communities and the public. This will be developed further in 2019 - 2020
- Local partners are sharing results from national and local surveys (postal and e-surveys) relating to physical activity and wellbeing with the L-PAT Steering Group
- A series of organisational meetings have generated partners' interest and connections with the strategy work, e.g. Boston, East Lindsey, South Holland, North Kesteven and West Lindsey councils and H&WB partnerships
- A series of workshops have taken place to explore thematic issues with partners and mutual objectives. It is the intention to reconvene such workshops every six months.
- Involving Lincs and Healthwatch are members of the L-PAT Steering Group.

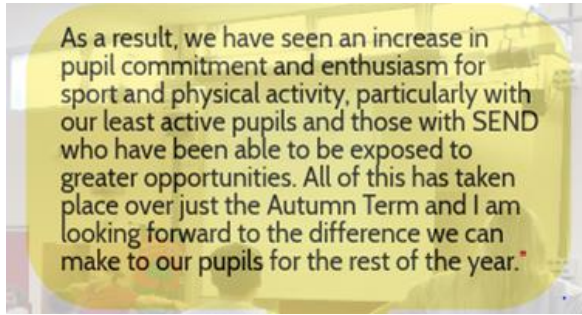
## Case Studies:

### ***Case Study 1: PE and sport apprentices look to an active future***

Lincolnshire young people are being offered the chance to make a career out of being active. Across Lincoln College, Boston College and Stamford College over 146 apprentices are studying for a Sport NVQ Level 3.

In the south of the county Inspire+, a school sports charity, operates the programme where apprentices spend four days each week in their schools and one day learning with an inspire+ tutor. The course is designed to help those who are considering sports coaching, teaching, or studying sports science at university. In the first cohort the apprentices qualified and went on to sports coaching, teaching assistant posts, teaching degree courses or a sports career.

The contribution of the apprentices within the school has been substantial with thousands of primary school pupils in receipt of dedicated PE and after school activities.



Headteacher

"Doing this apprenticeship has been the best decision of my life. This has given me a great opportunity to further my career path while working in an area I love." **JF – Apprentice**

### **Case Study 2: Social prescribing is just the tonic**

Lincolnshire people are finding a healthy alternative to medicine that is just the tonic they need. Social Prescribing aims to tackle social isolation, depression and other mental health problems by supporting people to become more involved in community life. Many Lincolnshire people are now benefiting from taking part in physical activity with the support of the social prescribing service.

A resident, MY, had completely lost her confidence since being hospitalized following a fall;

*"My physical strength was poor and I was struggling with everyday tasks. My mood was low. I had not been outside because I was scared of falling again. I was relying on friends and neighbours to get my shopping for me."*

The community occupational therapist referred MY to the Social Prescribing Team as she recognised that lack of confidence was delaying her recovery. MY said;

*"The link worker has been invaluable in helping me see that I didn't have to accept my current situation as final. She has supported me and at the same time challenged me to think and act differently. I would not have had the confidence without this support and would have probably been unable to leave the house and become more frail and socially isolated. My link worker took me out for a drive and then for a coffee. We also went to a seated exercise class for three weeks to help me to build my physical strength further."*

The outcome for MY:

*"I have had small successes along the way such as being able to use my Hoover and start cooking again. My physical strength and mood have improved significantly. I am regularly practising exercises at home and have been motivated to do so because I can see the difference it has made."*

## 1.12 Housing

### Progress on Impact

Outcome	Progress/Impact
Strengthen multi-agency partnership working across the local system, including local government, health, social care and housing sectors in Lincolnshire, to support joint action on tackling housing need, including homelessness.	↑
Improve housing standards (availability, condition, appropriateness) within Lincolnshire	↑
Strengthening housing support and advice to enable people to more easily access and maintain suitable housing (including those with complex needs).	?
Reduce housing related delayed transfers of care	—

### Commentary:

- Modernising the Disabled Facilities Grants process, including agreeing a single county wide schedule of rates for DFGs and moving the application process onto Mosaic
- On-going work to ensure that all organisations, partners and agencies adopt a more holistic 'whole family' approach to tackling housing needs
- Working with wider partners/programmes to identify opportunities for providing housing related support/advice –includes the (new) Wellbeing Service, integrated neighbourhood teams, carers services.

### Progress on Delivery

Objective	Progress
Our shared commitment to joint action across local government, health, social care and housing sectors, in Lincolnshire through an agreed Memorandum of Understanding	Some progress
Adopt a whole family approach to tackling housing needs. <i>f</i>	Some progress
Understand and address housing related delayed transfers of care. <i>f</i>	Good progress
Ensure supported housing arrangements, across partners, fully support vulnerable people with complex presenting needs. <i>f</i>	Good progress
Address poor standards of housing and the level of appropriate housing required. <i>f</i>	Some progress
Concerted action across partners to tackling homelessness. <i>f</i>	Some progress
Ensure people have the knowledge and capability to access and maintain appropriate housing.	Barriers to progress

### Key Activities:

- Development of a Memorandum of Understanding to support joint action on improving health and wellbeing through the home
- Secured homelessness funding from Ministry of Housing, Communities and Local Government

- Lincolnshire Housing, Health and Care Delivery Group has been held up as best practice and used as an example in the national review of Disabled Facilities Grants for how a system should work
- A County wide Homelessness Strategy has been created and officially launched
- A Hoarding Policy has been developed and launched
- Where there is a barrier to progress relating to improving knowledge and capability for vulnerable people in accessing and maintaining appropriate housing this is related to risk associated with multi-agency (including NHS) support for tackling this issue.

### **Engagement:**

- A targeted workshop was held with members of the Housing Health and Care Delivery Group to jointly develop the Memorandum of Understanding. The MoU was created and formally reported back via partners' governance process in order to raise awareness and ensure it is embedded in each organisation
- Healthwatch have been invited to the HHCDG in order to strengthen the connection with the voluntary sector
- Housing Needs: A multi-agency meeting was held in March to explore opportunities to further develop links
- Homelessness: A collaborative Communication Strategy is being developed
- A formal engagement plan is being created. All the groups connected to housing have been reviewed and a Housing Architecture document that maps all meeting and groups within the housing arena has been created. This has added value in terms of engagement as it has enabled us to see who we need to engage with
- Planning for engagement with service users is on-going and stakeholders' views will be sought based on experience of working with service users and customers.

## 2. Joint Strategic Needs Assessment

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### 2.1 Background

The local authority and CCGs have equal and joint statutory responsibility to prepare a JSNA for Lincolnshire, through the Health and Wellbeing Board. The JSNA is a continuous process of review which reports on the health and wellbeing needs of the people of Lincolnshire. It is a shared evidence base made up of commentaries, data and published evidence. Each of the 36 topic areas assesses the current picture in Lincolnshire, existing services, inequalities, potential risks and challenges, and projected levels of future need. The JSNA is published as an interactive web based resource on the [Lincolnshire Research Observatory](#) (LRO).

The governing principles for Lincolnshire's JSNA are:

- **Current** – the JSNA will be a continuous process with a rolling programme of review to ensure each topic area is refreshed on an annual basis.
- **Accessible** – the JSNA will be publically available to partners, stakeholders and the public, and we will listen to feedback to improve the way people access information.
- **Relevant** – steps will be taken to fill gaps in knowledge by identifying new topic areas or undertaking calls for evidence.
- **Partner Driven** – the JSNA is a shared evidence base and not the sole responsibility of one organisation therefore partnership working is crucial.
- **Embedded** – for the JSNA to be effective it needs to be embedded within organisational processes and there needs to be a clear link between the evidence in the JSNA and commissioning decisions.

### 2.2 JSNA Review 2017/18

The JSNA review programme ensures that all of the topics areas are reviewed on an annual basis. For most of the topic areas, this meant only a 'light touch' review requiring minor changes to data and statistical information. However, several topic areas did undergo a more fundamental review prompted by new evidence or a change in the topic scope. As a result a number of changes have been made:

- [Substance Misuse](#) (replacing the separate topics of Drug Misuse and Alcohol)
- [Sexual and Reproductive Health](#) (merger of the Sexual Health and Teenage Pregnancy topics)

In addition, three new topic areas have been developed during 2018:

- [Neurological Conditions](#)
- [Access to Transport](#)
- [Musculoskeletal Conditions](#)

We are continuing to use JSNA infographics to provide a 'topic on a page' summary for each of the topic areas. These are available for all colleagues, partners and members of the public to view and download on the LRO. Updates on the status of JSNA chapters are regular promoted in the council's internal communications mechanism and updates are given to CCGs as part of

the monthly updates provided by the Public Health Consultants. Wider partners and stakeholders are kept informed every quarter through the HWB newsletter.

A summary of Health and Wellbeing in Lincolnshire 2019, based on the evidence in the JSNA can be found in Appendix A.

### **2.3 Plans for 2019/20**

- Deliver the [JSNA Review Programme 2019](#)
- We are currently developing a new JSNA topic area on Oral Health. An expert panel workshop is scheduled for July 2019, with the intention of publishing the topic by October 2019.
- The Educational Attainment (Foundation) topic is being renamed Early Years and the scope is being widened to look at the health and wellbeing needs of children aged 0 to 5 years.



### **3. Other Board Achievements**

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#### **3.1 Pharmaceutical Needs Assessment**

The Board has a statutory duty to prepare a [Pharmaceutical Needs Assessment](#) (PNA) for Lincolnshire (every three years) which was published in March 2018 on the LRO. The PNA identifies the pharmaceutical services currently available in the county and assesses the level need and demand for services in the future. The document is used by NHSE to help inform the planning and commissioning of pharmacy service.

The PNA concludes that the residents of Lincolnshire are adequately served by providers of pharmaceutical services in both urban and rural areas, and no gaps have been identified in the provision of essential and advanced services during and outside normal working hours across Lincolnshire. Any changes linked to population growth in districts and therefore pharmaceutical provision will be subject to assessment of local need, patient demand, clear evidence of benefit, value for money and improved health outcomes.

The PNA Steering Group, made up of representatives from Public Health, the Lincolnshire Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), CCGs and Healthwatch Lincolnshire will continue to monitor the PNA on behalf of the HWB to ensure there are no significant changes that warrant a further review. Supplementary statements on the PNA are published as required on the LRO.

#### **3.2 Strengthening the links with community safety**

In March 2018, the Police and Crime Commissioner joined the Board as a core member to strengthen the links between the health and wellbeing and community safety agendas. In September 2018, the Board received a report on the Policing and Mental Health Development Plan which considers developing a partnership approach to tackle the mental health challenges in Lincolnshire. The report, commissioned by the Office of the Police and Crime Commissioner identifies the need to look differently at our approach to community safety and wellbeing by focusing on opportunities and sharing learning. The report sets out a number of joint actions which are now being considered alongside the JHWS Mental Health (Adults) Delivery Plan.

#### **3.3 Protocol between the Lincolnshire Health and Wellbeing Board, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire**

The protocol, which sets out the working relationship between the HWB, Healthwatch Lincolnshire and the Health Scrutiny Committee for Lincolnshire was updated. The document acknowledges the respective roles and responsibilities of each body and is intended to be a formal agreement to ensure transparency and accountability in order to help deliver the shared vision to improve health and wellbeing in Lincolnshire. As part of the agreement quarterly liaison meetings have been established to enable the joint working arrangements.







# Health and Wellbeing in Lincolnshire 2019



# Health and Wellbeing in Lincolnshire - summary of key data from Lincolnshire's JSNA

 No-Significant-Change  
 Increase,- getting- worse  
 Increase,- getting- better  
 Decreasing,- getting- worse  
 Decreasing,- getting- better

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Mothers smoking at time of birth	16.7%	2017/18	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/4/gid/1938132993/pat/6/par/E12000004/ati/102/are/E10000019/iid/20301/age/1/sex/2">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/4/gid/1938132993/pat/6/par/E12000004/ati/102/are/E10000019/iid/20301/age/1/sex/2</a>		Significantly worse	Significantly worse
Number of births	7,485	2016	Birth data	-	-	-
Population	751,171	2017	ONS Mid year population figures	-	-	-
Breastfeeding at 6-8 weeks	35.2%	2017/18	<a href="https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/3/gid/1938133035/pat/6/par/E12000004/ati/102/are/E10000019/iid/20202/age/170/sex/4">https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-pregnancy/data#page/3/gid/1938133035/pat/6/par/E12000004/ati/102/are/E10000019/iid/20202/age/170/sex/4</a>	-	Significantly worse	Significantly worse
Baby vaccinations - Dtap/IPV/Hib	93.5%	2017/18	<a href="https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30303/age/30/sex/4">https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30303/age/30/sex/4</a>		Significantly worse	Similar
Baby vaccinations - MenC	96.8%	2017/18	<a href="https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30305/age/30/sex/4">https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30305/age/30/sex/4</a>	-	-	Significantly better
Baby vaccinations - Hep B	100%	2017/18	<a href="https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30301/age/30/sex/4">https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30301/age/30/sex/4</a>	-	-	-
Baby vaccinations - MMR (2 years)	91.2%	2017/18	<a href="https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30309/age/31/sex/4">https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30309/age/31/sex/4</a>		Significantly worse	Similar
School readiness	69.1%	2017/18	<a href="https://fingertips.phe.org.uk/search/school%20readiness#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90631/age/34/sex/4">https://fingertips.phe.org.uk/search/school%20readiness#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90631/age/34/sex/4</a>		Similar	Significantly better
Children living in low income families	16.3%	2016	<a href="https://fingertips.phe.org.uk/search/low%20income#page/4/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/10101/age/169/sex/4">https://fingertips.phe.org.uk/search/low%20income#page/4/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/10101/age/169/sex/4</a>		Similar	Significantly better
Overweight or obese children (Reception)	24.6%	2017/18	<a href="https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000004/ati/102/are/E10000019">https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000004/ati/102/are/E10000019</a>		Similar	Significantly worse
Overweight or obese children (Year 6)	34.5%	2017/18	<a href="https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000004/ati/102/are/E10000019">https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/0/gid/8000011/pat/6/par/E12000004/ati/102/are/E10000019</a>		Similar	Similar
Children living with autism	15.5% (1,705)	2018	<a href="https://fingertips.phe.org.uk/search/autism#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/92133/age/217/sex/4">https://fingertips.phe.org.uk/search/autism#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/92133/age/217/sex/4</a>	-	Higher than	Higher than
First time young offenders	209	2017	<a href="https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000004/ati/102/are/E10000019/iid/10401/age/211/sex/4">https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/4/gid/1938133228/pat/6/par/E12000004/ati/102/are/E10000019/iid/10401/age/211/sex/4</a>		Similar	Similar
Percentage of pupils achieving 9 - 4 in English and Maths (at KS4)	64%	2018	<a href="https://www.gov.uk/government/collections/statistics-gcses-key-stage-4">https://www.gov.uk/government/collections/statistics-gcses-key-stage-4</a>		Similar	Similar
Number of looked after children	630	2018	<a href="http://www.research-lincs.org.uk/CBP-further-info-measure-23.aspx">http://www.research-lincs.org.uk/CBP-further-info-measure-23.aspx</a>	-	-	-
School pupils with social, emotional and mental needs	861	2018	<a href="https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000004/ati/102/are/E10000019/iid/91871/age/216/sex/4">https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/4/gid/1938133090/pat/6/par/E12000004/ati/102/are/E10000019/iid/91871/age/216/sex/4</a>	-	Significantly worse	Similar

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Number of pupils with SEN support	13,923	2018	<a href="https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018">https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2018</a>	-	-	-
15-24 year olds diagnosed with chlamydia	1,735	2017	<a href="https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/90776/age/156/sex/4">https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/90776/age/156/sex/4</a>	➔	Higher than	Similar
Number of STIs diagnosed excluding chlamydia in under 25s	445	2017	<a href="https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/91306/age/182/sex/4">https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/91306/age/182/sex/4</a>	➔	Lower than	Lower than
Under 18 conceptions	251	2016	<a href="https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/20401/age/173/sex/2">https://fingertips.phe.org.uk/profile/sexualhealth/data#page/3/gid/8000057/pat/6/par/E12000004/ati/102/are/E10000019/iid/20401/age/173/sex/2</a>	⬆	Similar	Similar
Number of households	320,528	2016	<a href="https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10720&amp;mod-area=E10000019&amp;mod-group=AllDistrictsInCountry_England&amp;mod-type=namedComparisonGroup">https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10720&amp;mod-area=E10000019&amp;mod-group=AllDistrictsInCountry_England&amp;mod-type=namedComparisonGroup</a>	-	-	-
Average male full time salary	£33,390	2018	NOMIS - ONS Annual Survey of Hours and Earnings (ASHE)	-	-	-
Average female full time salary	£24,830	2018	NOMIS - ONS Annual Survey of Hours and Earnings (ASHE)	-	-	-
Physically active adults	63.8%	2017/18	<a href="https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000004/ati/102/are/E10000019/iid/93014/age/298/sex/4">https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000004/ati/102/are/E10000019/iid/93014/age/298/sex/4</a>	-	Similar	Significantly worse
Physically inactive adults	25.2%	2017/18	<a href="https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000004/ati/102/are/E10000019/iid/93015/age/298/sex/4">https://fingertips.phe.org.uk/profile/physical-activity/data#page/3/gid/1938132899/pat/6/par/E12000004/ati/102/are/E10000019/iid/93015/age/298/sex/4</a>	-	Similar	Significantly worse
Percentage of adults who are overweight or obese	65.2%	2017/18	<a href="https://fingertips.phe.org.uk/search/excess%20weight#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/93088/age/168/sex/4">https://fingertips.phe.org.uk/search/excess%20weight#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/93088/age/168/sex/4</a>	-	Similar	Significantly worse
Percentage of adults eating their 5 a day	54.6%	2016/17	<a href="https://fingertips.phe.org.uk/search/5%20a%20day#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/93077/age/164/sex/4">https://fingertips.phe.org.uk/search/5%20a%20day#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/93077/age/164/sex/4</a>	-	Similar	Similar
Number of adults with mental ill health (mental illness)	6,459	2017/18	QOF	-	-	-
Number of adults with mental ill health (depression)	68,402	2017/18	QOF	-	-	-
Percentage of smokers	16.3%	2016/17	<a href="https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000004/ati/102/are/E10000019/iid/92443/age/168/sex/4">https://fingertips.phe.org.uk/profile/tobacco-control/data#page/3/gid/1938132885/pat/6/par/E12000004/ati/102/are/E10000019/iid/92443/age/168/sex/4</a>	-	Similar	Similar
Percentage of adults drinking over 14 units a week	22.1%	2011-14	<a href="https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938133118/pat/6/par/E12000004/ati/102/are/E10000019/iid/92778/age/168/sex/4">https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938133118/pat/6/par/E12000004/ati/102/are/E10000019/iid/92778/age/168/sex/4</a>	-	Similar	Similar
Number of new STIs	3,794	2017	<a href="https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000004/ati/102/are/E10000019/iid/91523/age/1/sex/4">https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000004/ati/102/are/E10000019/iid/91523/age/1/sex/4</a>	➔	Significantly lower	Significantly lower
Number of people killed or seriously injured on the road	1,325	2015-17	<a href="https://fingertips.phe.org.uk/search/KSI#page/4/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/11001/age/1/sex/4">https://fingertips.phe.org.uk/search/KSI#page/4/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/11001/age/1/sex/4</a>	-	Significantly worse	Significantly worse
Number of people killed or seriously injured on the road	511	2018	Lincolnshire Road Safety Partnership	-	-	-
Percentage of people who don't own a car	18.0%	2011	Census data	-	Lower than	Lower than
Number of passenger journeys on local bus services in Lincolnshire (millions)	13.6	2016/17	<a href="https://www.gov.uk/government/statistical-data-sets/bus01-local-bus-passenger-journeys#table-bus0101">https://www.gov.uk/government/statistical-data-sets/bus01-local-bus-passenger-journeys#table-bus0101</a>	-	-	-



Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Number of adults with autism	4,258	2019	<a href="https://www.pansi.org.uk/index.php?pageNo=392&amp;areaID=8640&amp;loc=8640">https://www.pansi.org.uk/index.php?pageNo=392&amp;areaID=8640&amp;loc=8640</a>	-	-	-
Number of people with learning difficulties	4,822	2017/18	QOF	-	-	-
Gap in the employment rate between those with a learning disability and the overall employment rate	71.3%	2017	<a href="https://fingertips.phe.org.uk/search/learning%20disability#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90283/age/183/sex/4">https://fingertips.phe.org.uk/search/learning%20disability#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90283/age/183/sex/4</a>	-	Similar	Similar
Number of statutory homelessness	742	2017/18	<a href="https://fingertips.phe.org.uk/search/homelessness#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/11501/age/-1/sex/-1">https://fingertips.phe.org.uk/search/homelessness#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/11501/age/-1/sex/-1</a>	↑	-	-
Percentage of adults employed	75.9%	2017/18	<a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000041/pat/6/par/E12000004/ati/102/are/E10000019/iid/92313/age/204/sex/4">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000041/pat/6/par/E12000004/ati/102/are/E10000019/iid/92313/age/204/sex/4</a>	↑	Similar	Similar
Number of people with COPD	17,876	2017/18	QOF	-	-	-
Number of people with CHD	33,299	2017/18	QOF	-	-	-
Number of people with diabetes	50,489	2017/18	QOF	-	-	-
Number of people with dementia	7,135	2017/18	QOF	-	-	-
Number of people who have had a stroke	17,993	2017/18	QOF	-	-	-
Number of households in fuel poverty	37,916	2016	<a href="https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90356/age/1/sex/4">https://fingertips.phe.org.uk/search/fuel%20poverty#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/90356/age/1/sex/4</a>	↑	-	-
Number of unpaid carers	84,000	2011	Census data	-	-	-
Number of adults with long term illness or disability	60,000	2011	Census data	-	-	-
Estimated number of people living in Lincolnshire with certain neurological conditions	5,999	2018	A Health Needs Assessment for people living with neurological conditions in Lincolnshire	-	-	-
Percentage of adults reporting a long term Musculoskeletal (MSK) condition	20.0%	2017/18	<a href="https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133186/pat/6/par/E12000004/ati/102/are/E10000019/iid/93377/age/168/sex/4">https://fingertips.phe.org.uk/profile/msk/data#page/3/gid/1938133186/pat/6/par/E12000004/ati/102/are/E10000019/iid/93377/age/168/sex/4</a>	-	Significantly worse	Significantly worse
Percentage of people who experience at least one domestic abuse incident	7.0%	2013 - 16	<a href="https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool">https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool</a>	-	-	Significantly worse
Number of admissions due to falls in over 65s	2,994	2017/18	<a href="https://fingertips.phe.org.uk/search/falls#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/22401/age/27/sex/4">https://fingertips.phe.org.uk/search/falls#page/3/gid/1/pat/6/par/E12000004/ati/102/are/E10000019/iid/22401/age/27/sex/4</a>	-	Significantly lower	Significantly lower
Percentage of flu uptake vaccinations	72.3%	2017/18	<a href="https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30314/age/27/sex/4">https://fingertips.phe.org.uk/profile/health-protection/data#page/3/gid/1938132804/pat/6/par/E12000004/ati/102/are/E10000019/iid/30314/age/27/sex/4</a>	↓	Lower than	Lower than
Number of deaths from cancer	6,774	2015-17	HES	-	-	-
Number of deaths from drug misuse	60	2015-17	<a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E10000019/iid/92432/age/1/sex/4">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000042/pat/6/par/E12000004/ati/102/are/E10000019/iid/92432/age/1/sex/4</a>	-	Similar	Significantly lower
Number of deaths from suicide	63	2017	Suicide Audit 2018	-	-	-

Indicator	Value	Year	Source	Recent Trend	Regional Benchmark	National Benchmark
Life expectancy - female	82.9	2015-17	<a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90366/age/1/sex/2">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90366/age/1/sex/2</a>	-	Similar	Similar
Life expectancy - male	79.4	2015-17	<a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90366/age/1/sex/1">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90366/age/1/sex/1</a>	-	Similar	Similar
Health life expectancy - female	62.4	2015-17	<a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90362/age/1/sex/2">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90362/age/1/sex/2</a>	-	Similar	Similar
Health life expectancy - male	61.7	2015-17	<a href="https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90362/age/1/sex/1">https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000004/ati/102/are/E10000019/iid/90362/age/1/sex/1</a>	-	Similar	Significantly worse
Number of DALYs	233,716.14	2017	Global Burden of disease 2017	-	-	-
Number of YLLs	121,207.79	2017	Global Burden of disease 2017	-	-	-
Number of YLDS	112,508.61	2017	Global Burden of disease 2017	-	-	-