Lincolnshire COUNTY COUNCIL

NHS Lincolnshire

LINCOLNSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

Overview Report 2011

Report produced for the Lincolnshire Shadow Health and Well-being Board

LRO

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INTRODUCTION

In March 2007 the Department of Health published a "Commissioning Framework for Health and Well-being" which introduced the idea of a Joint Strategic Needs Assessment (JSNA) by which Primary Care Trusts and top tier Local Authorities would "describe the future health, care and well-being needs of local populations and strategic direction of service delivery to meet those needs". This would then help to provide personalised services, promote health and well-being, prevent ill health and reduce health inequalities.

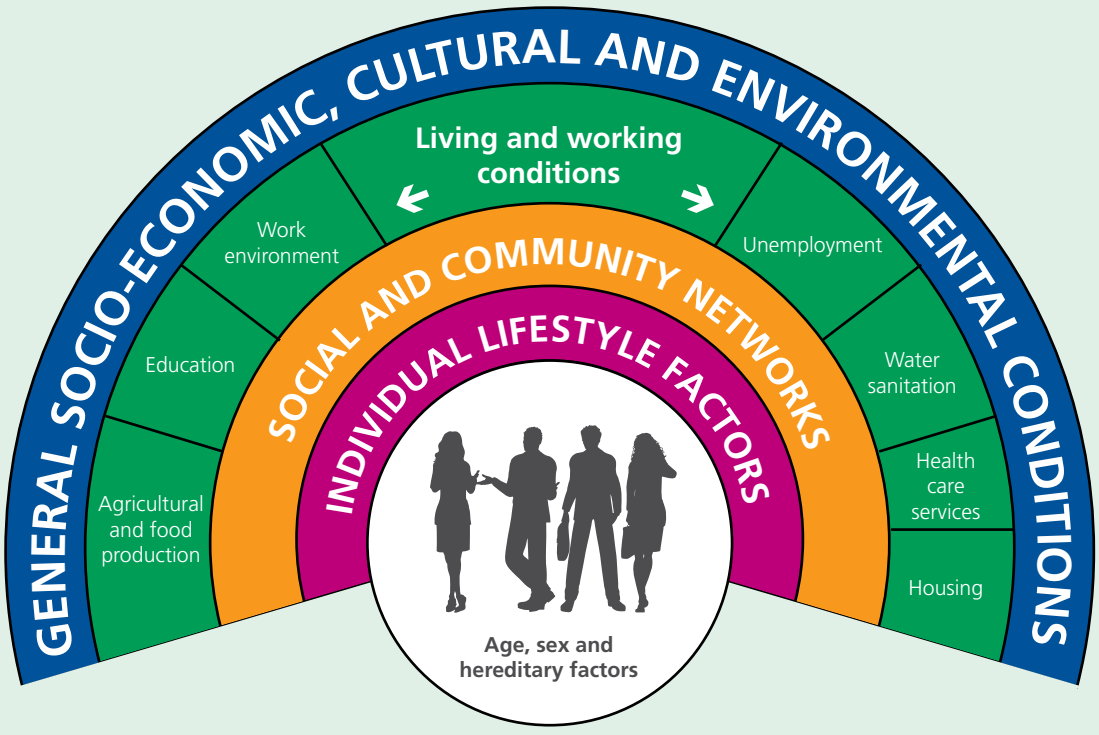
In November 2007 the Local Government and Public Involvement in Health Act required the Director of Public Health, the Director of Children's Services and the Director of Adult Services to work jointly to produce a JSNA and for Sustainable Community Strategies and Local Area Agreements to take account of the findings. These strategies and agreements are no longer required but the rationale for a JSNA continues to exist and the Health and Social Care Bill currently before Parliament re-emphasises the importance of the JSNA as the starting point for strategy development and commissioning decisions. The Bill proposes the new statutory Health and Well-being Boards will have three required functions as follows:

- To oversee the production of the Joint Strategic Needs Assessment.
- To develop a Joint Health and Well-being Strategy (JHWS).
- To develop joint commissioning intentions and ensure all commissioning intentions meet the needs identified by the JSNA and are in line with the JHWS.

This JSNA for Lincolnshire 2011 is an overarching needs assessment. A wide range of data and information have been reviewed to identify key issues for our population to be used in planning, commissioning and providing programmes and services to meet identified needs. It includes the recommended JSNA 'core data set' information and local health, social and other needs assessment which have been carried out over the past few years. In describing the needs of our population it must be considered alongside the Joint Strategic Intelligence Assessment and the Economic Assessment in order to give a more rounded view. This is particularly important as for health improvement and reducing health inequalities the wider determinants of health are so significant. This significance is demonstrated well in the diagram below.

There have been two previous JSNA Reports for Lincolnshire but for 2011 a fundamentally different approach has been taken. The core data sets are available on the Lincolnshire Research Observatory (LRO) website **http://www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx** and are accompanied by an expert commentary in a standardised format which aims to make the data accessible and understandable by anyone who wants to use the JSNA. The commentary directs people to data sources and to 'local voices', national and local strategies, associated targets, and evidence of effective interventions. It describes what is provided currently to meet the identified needs, what the gaps are and how they might be filled. The local needs assessment documents are also collected together on the LRO site. The site allows users to map and otherwise manipulate the data to meet their own requirements. This will be developed substantially in future.

In addition to the electronically available data and information, this overview document is published to highlight the main issues and priorities for decision makers in Lincolnshire. An overview report will be produced on an annual basis in future although the electronic data will be updated on a regular basis as new data becomes available.



Source: G Dahlgren and M Whitehead 1991

HOW HAS THE 2011 JSNA BEEN PRODUCED?

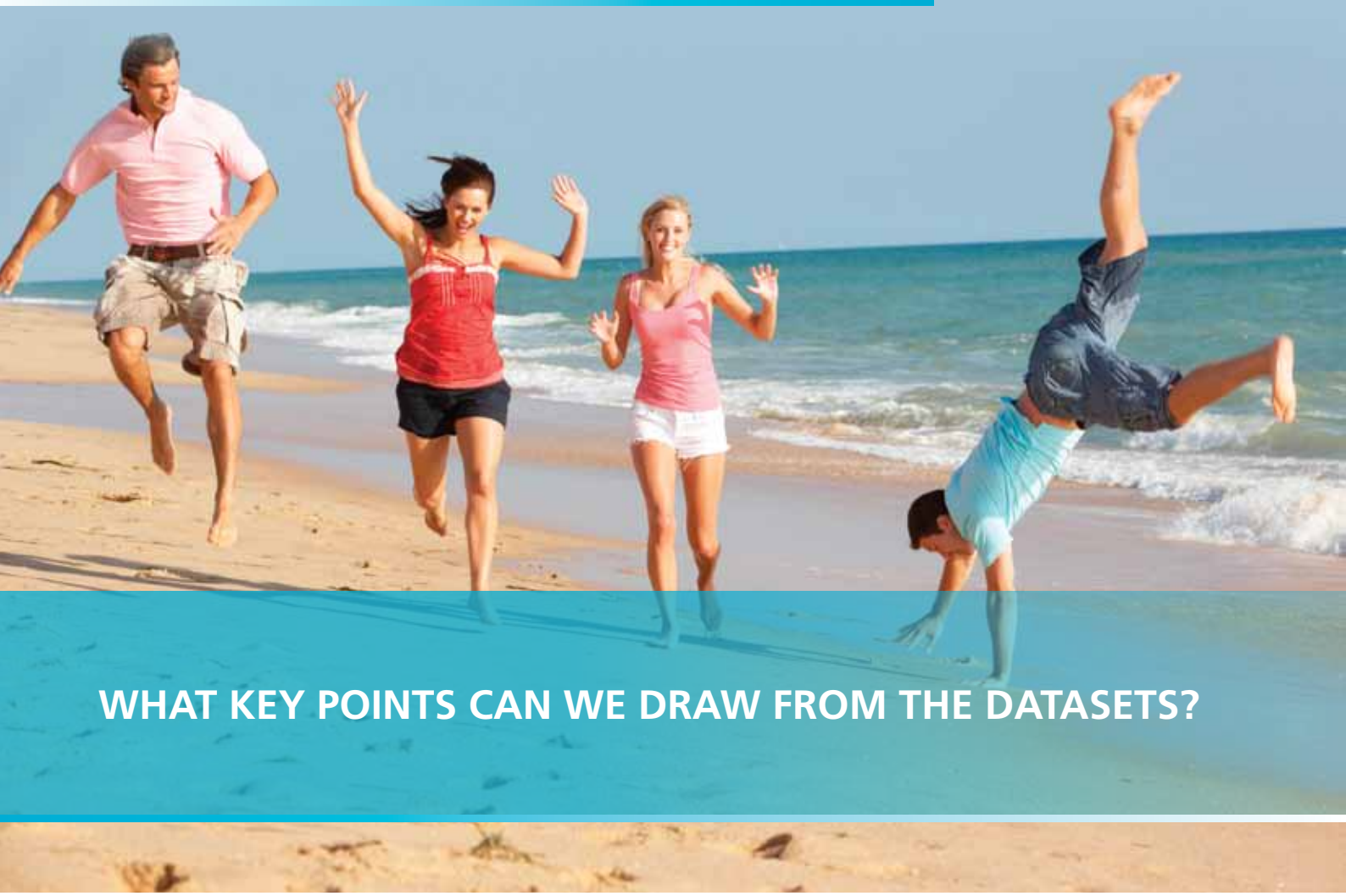
The approach adopted for the JSNA in Lincolnshire for 2011 and in the future is one of continuous evolution and improvement. In order to do this we have set ourselves four clear objectives for 2011 which aim to ensure that the JSNA:

- has an annual report produced which is succinct in converting the data set into intelligence upon which strategic priorities and commissioning intentions can be drawn;
- is a continuous process so that as data is released throughout the year the JSNA is updated and interested stakeholders are notified on an ongoing basis of updates;
- includes a process of engagement whereby the wider community is involved in the development of the JSNA to ensure communities have a voice in agreeing what the priorities are; and
- review how the JSNA is presented on the website including mapping the data set to the Marmot Review into health inequalities in England in order to embed the issue of tackling health inequalities firmly within the fabric of Lincolnshire's JSNA.

In order to do this a process has been established this year which consists of:

- Engagement with the wider community from an earlier point in the process of producing the JSNA;
- A review of partners perceptions of the JSNA leading to some clear recommendations and actions for improving how people regard the JSNA and use it;
- Allocation of specific topic areas to the most appropriate experts who are able to provide a more substantial and meaningful commentary on the issues and needs of the population related to that topic.

A two month period of consultation has also been undertaken which has included feedback on the JSNA website, the overview report as well as the priorities which have been included later on in this report. A full report of the consultation outcomes will be available on the JSNA website.



WHAT KEY POINTS CAN WE DRAW FROM THE DATASETS?

Summarised below are some of the key points which have come from the more detailed commentary which makes up the JSNA in Lincolnshire.

Population

- The population of Lincolnshire is currently estimated to be 697,900 (using local authority boundaries) and projected to rise to 838,200 by 2033. The GP registered population is 732,510.
- By 2033, all age groups are projected to grow with the largest increase in the group aged 75 and over. This age group is projected to more than double in size (109%) between 2008 and 2033.
- The increase in the overall population is expected to be greater in Lincolnshire than in either the East Midlands or England. The greatest increase in Lincolnshire is expected to be in the West Lindsey area with the lowest increase in Lincoln.
- Estimates of people from non white British backgrounds living in Lincolnshire show that the numbers have doubled from 3% in 2001 to 6% in 2007. Districts with the highest number of people who are from non white British backgrounds are Boston, Lincoln and South Kesteven.
- The live birth rate is currently 61.7 per 100 women age 15 to 44 years (2009 figure). This is higher than it has been for sometime.

Deprivation

- 12% of Lincolnshire's population (using IMD 2010) now live within the 20% most deprived areas of England compared with 11% in 2007.
- This figure is 29.8% for Lincoln, 22% for East Lindsey and 16.7% for Boston.
- The most deprived Lower Level Super Output Area (LLSOA) in Lincolnshire is in Lincoln. This is now the 132nd most deprived in England, out of 32482 LLSOAs.

Life Expectancy

Female life expectancy

- Female life expectancy is 82 years in Lincolnshire which is comparable to the average female life expectancy across England of 82.2 years.
- Female life expectancy varies across the county with Lincoln and Boston having the lowest female life expectancy of 81.1 years and North Kesteven having the highest of 83.1 years (a gap of 2 years).
- The gap is more pronounced when viewed at a lower geographical area. Park Ward in Lincoln records female life expectancy as 74.6 years where as North Hykeham Forum Ward in North Kesteven shows life expectancy as 92.3 years (a gap of 17.7 years).
- Whilst the two wards above are only a matter of 3 miles apart they are not similar in terms of deprivation and Park Ward has a far higher proportion of residents in medical or care establishments than North Hykeham Forum ward.
- Comparing more similar wards therefore we can see the gap in life expectancy is more comparable but gaps are still apparent, e.g. Abbey Ward in Lincoln has a female life expectancy of 80.1 years (a gap of 5.5 years compared to Park Ward).

Male life expectancy

- Male life expectancy is 78.3 years in Lincolnshire which is again comparable to the national average of 78.1 years.
- Male life expectancy varies across the county with Boston having the lowest male life expectancy of 76.6 years and North Kesteven having the highest of 79.3 years (a gap of 2.7 years).
- Once again the gap is more pronounced when viewed at a lower geographical area. Gainsborough South West Ward in West Lindsey records male life expectancy as 71.7 years where as North Hykeham Moor Ward in North Kesteven shows life expectancy as 84.2 years (a gap of 12.5 years).
- Once again the above wards are not similar with regard to levels of deprivation and so comparisons are more useful when Gainsborough South West Ward is viewed against more comparable areas, e.g. Abbey Ward in Lincoln has a male life expectancy of 73.8 years (a gap of 2.1 years).

Disability-free life expectancy

- Disability-free life expectancy at age 65 varies across the county, with a large difference shown within the City of Lincoln. The number of years people are expected to live disability-free beyond 65 years varies between 21.5 years in the northern edge of the city compared to 14.8 years in the area to the east of the city centre (a gap of 6.7 years).
- The smallest gap within a district council area is Boston which ranges from 16.7 to 19.3 years of disability-free life expectancy (a gap of 2.6 years).
- Disability-free life expectancy at birth also varies within districts with the largest gap being seen within South Kesteven (a gap of 7.3 years across the district) compared to South Holland with a gap of 4 years.

Infant mortality

- The infant mortality rate in Lincolnshire is 4.3 deaths per 1000 live births. This is a lower rate than both the East Midlands and England averages. Some areas in Lincolnshire exhibit higher rates however (Boston having a rate of 8.1 deaths per 1000).
- The figures represent very small numbers of deaths and in depth investigations are carried out on all infant deaths in order to ascertain the cause (which may be, for example, due to babies born very premature or with congenital conditions).
- Babies born in the most deprived areas of England can be up to 6 times more likely to die than those from more affluent areas. This trend is reflected in Lincolnshire where infant mortality rates are greater within our more deprived populations.

Major diseases

Heart Disease

- There has been a 40% reduction in the number of deaths from coronary heart disease in Lincolnshire in the last 12 years.
- Despite this heart disease continues to be a key cause of premature death in the county with prevalence of the condition most noticeable in the East Lindsey area of the county.
- Premature death from heart disease can in many cases be preventable in terms of lifestyle issues such as smoking and poor diet and healthcare support to control high blood pressure and cholesterol.

Stroke

- Approximately 2% of the population in Lincolnshire live with the consequences of stroke.
- The risk of stroke increases with age which may in part explain why East Lindsey has a higher prevalence and mortality from stroke in the county given the high proportion of people aged 65 and over in that area.
- Lifestyle can play a significant part in reducing the risk of stroke including issues such as smoking, excessive alcohol consumption, poor diet and low levels of physical activity. Association between these factors and deprivation lead to potential increases in health inequalities.

Cancer

- Cancer accounts for approximately one in four deaths in the county with two thirds of cancers being potentially preventable.
- Incidence of cancer along with deaths from all cancers is highest in Lincoln and lowest in the East Lindsey area of the county.
- Higher rates of cancer diagnosis can be observed in those areas which are more deprived with patients from higher socio-economic groups more likely to take up screening programmes. Smoking and diet are also lifestyle risk factors associated with developing some cancers.

Diabetes

- Estimated prevalence of Diabetes in Lincolnshire remains higher than actual recorded prevalence. The greatest difference is in North and South Kesteven however some areas have lower levels of estimated prevalence than actual meaning the comparison needs to be treated with caution.
- Lincoln has the highest rate of emergency admissions for diabetes patients with South Kesteven having the lowest.
- Age is a key factor in diabetes prevalence and is also closely associated with deprivation. People with diabetes are also at an increased risk of having a stroke and dying from heart disease.

Chronic Obstructive Pulmonary Disease (COPD)

- Estimated prevalence of COPD in Lincolnshire is significantly higher than actual recorded prevalence. The greatest difference is in North and South Kesteven.
- Despite having the second highest estimated prevalence of COPD, South Kesteven has the lowest rate of deaths related to COPD in the county. Lincoln has the highest rate of deaths in the county.
- Lifestyle factors are closely associated with COPD and this is demonstrated by the fact that prevalence of COPD is higher in areas of deprivation which also have the highest rates of adults reported smoking. In Lincolnshire this includes Lincoln, Boston and East Lindsey.

Mental Health

- Adults with mental health needs who accessed adult social care services in 2009/10 represented approximately 2.5% of the population estimated to have a mental health condition.
- Projected prevalence of dementia suggests that the numbers of people with the disease are likely to double over the next 20 years in Lincolnshire. The greatest increase is projected in West Lindsey and North Kesteven with East Lindsey having the largest number of older people with the disease.
- Poor mental health and well-being can have an impact on every area of a person's life including physical health, education, employment, family, relationships, criminality, and productivity. Figures reported by the World Health Organisation in 2008 show that nearly 23% of the 'burden of disease' in the UK is due to mental disorders and self reported injury.

Children and Young People

Breastfeeding

- Initiation rates of breastfeeding at birth and rates of breastfeeding at 6 to 8 weeks are both lower in Lincolnshire than in the East Midlands or across England.
- Projections however reflect a steady rise in the rate of breastfeeding at 6 to 8 weeks over the next 3 years.
- In Lincolnshire rates of breastfeeding at 6 to 8 weeks are lower in more deprived areas than in those which suffer less deprivation.

Childhood Immunisation

- Vaccination coverage has improved in Lincolnshire across the majority of childhood immunisations.
- Coverage falls short of the national target of 95% however this is improving and reporting has also improved giving rise to greater confidence in the rate of uptake.
- In more deprived areas the vaccination programme is more readily accepted than in areas which are less deprived.

"The increase in the overall population is expected to be greater in Lincolnshire than in either the East Midlands or England."

Weight

- Numbers of children who are overweight or obese in Lincolnshire are continuing to rise. Whilst the national levels have stabilised the rates in Lincolnshire have increased so that they now exceed the national rate as well as continuing to exceed the East Midlands rate.
- Children measured as underweight at year 6 has seen a slight increase however overall rates of underweight children are lower than both the East Midlands and the England rate.
- The largest numbers of obese children at ages 4/5 years of age are found within the most deprived populations however the numbers of obese children measured in year 6 in this group reduces. More affluent groups all have lower levels of deprivation in reception year, however only very affluent groups show a decrease in obesity levels in year 6.

Physical activity

- The Physical Education (PE) and Sport Survey shows us that Lincolnshire children in years 1 to 13 at school participating in curriculum PE each week is consistent with the England rate.
- The level of participation across all year groups has improved between 2008/09 and 2009/10 by 32% with participation moving from 62% in 2008/09 to 82% in 2009/10.
- There are links between deprivation and physical inactivity and this can also be linked to diseases such as heart disease and diabetes in later life.

Educational achievement

- Outcomes for pupils at the end of Foundation and Key Stage 4 at school in Lincolnshire exceed the national and regional levels.
- Outcomes for pupils eligible for Free School Meals (economic deprivation), and those with Special Educational Needs are lower than the national average at Foundation Stage. The gap in achievement between "key vulnerable groups" and their peers at Key Stage 4 is wider in Lincolnshire than the National average.
- However the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest has narrowed, and is now comparable with Regional and National figures.

Looked after children (LAC)

- Whilst the national trend has seen increases in the number of LAC Lincolnshire has managed to safely manage down inherent demand and has reduced numbers of LAC significantly.
- Lincolnshire performs well with regard to rates of looked after children when compared to the East Midlands and England as well as other Local Authorities in England which are similar to Lincolnshire.
- LAC are known to be a particularly vulnerable group and are at high risk of social exclusion, health inequalities, inequalities in educational attainment and wider negative outcomes.

Teenage Pregnancy

- Teenage pregnancy rates in Lincolnshire have continued to drop in line with National and Regional rates. Nevertheless, we continue to have areas within the county where the levels of teenage pregnancy remain significantly higher: East Lindsey, Boston and Lincoln City.
- The latest figures indicate Lincolnshire has 37.5 conceptions per 1000 15 – 17 year olds. These levels of teenage pregnancy are below both the English national average of 38.2 / 1000 and the East Midlands rate of 37.7 / 1000. (This most recent data is for 2009)
- Teenage parents and their children are at an increased risk of living in poverty, low educational attainment, poor housing and health and have lower rates of economic activity in later life.

Chlamydia Screening

- The total numbers of chlamydia screens continue to increase across Lincolnshire. This has identified high levels of positive screens in some areas of the county. This knowledge has allowed targeted diagnosis and treatment services to be developed.
- Positivity rates across Lincolnshire in 2010/11 show that higher numbers of positive samples are found in West Lindsey, Skegness and Coast, Boston and Lincoln City. Positivity rates across Lincolnshire are expected to fall over the next 5 years.
- Areas with higher levels of deprivation tend to have higher rates of sexually transmitted infection (STI). Within Lincolnshire, this is reflected in the high numbers of positive screens identified within the areas of highest deprivation across the county: Skegness and Coast, Boston, West Lindsey and Lincoln City.

Adult Health and Well-being

Smoking

- The prevalence of smoking is falling in Lincolnshire, which mirrors what is happening across England. People attending stop smoking services who are still not smoking after 4 weeks remains higher in Lincolnshire than across England but the rate is slightly lower than across the East Midlands.
- Lincoln shows the highest levels of people registered with the GP who are recorded as smoking with North Kesteven having the lowest rate.
- There are geographical differences in prevalence of smoking which mirror inequalities and deprivation and smoking rates are higher in lower income groups. Nationally smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups.

"Teenage pregnancy rates in Lincolnshire have continued to drop in line with National and Regional rates."

Alcohol

- Rates of admission to hospital for alcohol related harm remains lower in Lincolnshire than in England and the East Midlands however Lincoln has significantly higher rates of admission than anywhere else in the county.
- Alcohol difficulties largely follow deprivation patterns, although this is in no way a simple pattern. Women's difficulties with alcohol are rapidly catching up with those of men, especially in younger age groups.
- Ethnic and cultural divides exist around alcohol risk e.g. eastern european men and men from Romany and Irish traveller populations are significant Lincolnshire minorities with alcohol risk.

Obesity

- People registered with their GP as being obese has remained relatively static in the county however there is a clear division between the east of the county and the west with higher percentages of people registered as obese in the east of county.
- Model based estimates show that Lincolnshire has lower levels of obesity than England and the East Midlands but with a similar divide between the east and west of the county.
- Obesity is directly associated with deprivation, older age, low income (particularly lower income for women), urbanisation, ethnicity, marital status, diabetes and hypertension. Obesity is also inversely associated with physical activity and healthy eating. The distribution of obesity across Lincolnshire correlates with age, deprivation and disease trends.

Adults with disabilities supported by Social Care

- Lincolnshire has more people receiving their care via self directed support than England but performs less well in regard to the number of people supported to live independently in the community overall.
- Prevalence data would suggest that there are more people with physical and learning disabilities than are currently known to adult social care services. In Learning Disability services a greater proportion of people not known to adult social care would appear to be within the population aged 65 and over.
- Relatively high levels of unemployment for people with disabilities also link to deprivation and social exclusion. Additionally to this people with learning disabilities are likely to be at higher risk of developing certain health conditions such as diabetes and early onset dementia.

"Tackling worklessness is not just about employment but it is about 'good' employment. Jobs need to be sustainable as well as be of good quality."

Carers

- Geographical distribution of carers assessed in Lincolnshire 2009/10 indicates that the largest number of carers live in East Lindsey and the lowest number of carers live in Boston. These figures are consistent with the overall population figures.
- Locally the largest caring group is those caring for their spouse or partner at 65.5% followed by 15.5% caring for a parent and 12.7% caring for a child with a disability
- Data from the Census in 2001 found that carers are a third more likely to be in poor health than non carers. The combined effects of poverty and ill-health can lead to isolation and social exclusion for carers, and leave them ill-equipped to return to work when caring comes to an end

Food and Nutrition

- The diets of people in Lincolnshire are generally good compared to those of people in the rest of England and the East Midlands. This relatively good diet seems to be holding obesity in adults at around the national rates.
- The area with the highest estimated percentage of adults eating healthily is in West Lindsey (33.6%). The areas with the lowest percentage are East Lindsey (28.5%) and Lincoln (28.7%). However, all areas of the county have improved over the last year.
- Poor diet tends to be related to deprivation as well as being linked to conditions such as diabetes and heart disease.

Housing

- Lincolnshire in general offers a good standard of housing to its population which is affordable in relation to household incomes, however our housing tends to be older and less fuel efficient, especially in rural areas
- We are developing new housing at a reasonable rate and have met development targets in recent years although rural affordable housing development is lagging somewhat behind.
- Housing is fundamental for good health and well-being and inequalities in a range of health issues can be tracked to the quality of housing. The effects can range from people dying unnecessarily during periods of poor weather due to poorly heated and insulated houses to people sleeping rough when their housing needs are not met at all.

Road Traffic Collisions

- Between 2008 - 2010 and 2005 - 2007 there has been a reduction in people killed or seriously injured on Lincolnshire's roads. This includes a reduction in the number of children killed or seriously injured as well as child pedestrians killed or seriously injured.
- However the proportion of collisions in Lincolnshire which result in death are higher than other areas, which may be due to the type of roads in the county, i.e. predominately single carriageway.
- National research indicates a higher rate of casualties in areas of higher deprivation however research in Lincolnshire did not establish a strong link. Concerns around young drivers and mature drivers being at higher risk has led to training being provided to mitigate these risks.

Drug Misuse

- The number of estimated problem drug users who are engaged in effective drug treatment services in Lincolnshire is good and for the next 2 - 5 years it is anticipated that this will continue to improve.
- Estimates of drug misuse in Lincolnshire are lower than both the East Midlands and England estimated levels. However this masks wide variations across the districts with West Lindsey estimated to have 3.5 problem drug users per 1000 people in the population to Boston where the estimate is 12.6 per 1000.
- Drug misuse tends to follow patterns of deprivation and can lead to a wide variety of physical and mental health conditions.

Worklessness

- Whilst unemployment levels have remained below regional and national averages throughout 2010 the pattern of the employment market has changed with increasingly more part-time and temporary posts.
- Overall levels of worklessness, as measured by the proportion of the population on out of work benefits, have increased in Lincolnshire with Lincoln (15.4%) and East Lindsey (14.7%) having the highest proportions of people on out of work benefits. Only North Kesteven has remained unchanged and has the lowest level of worklessness at 7.9% of the population on out of work benefits.
- Tackling worklessness is not just about employment but it is about 'good' employment. Jobs need to be sustainable as well as be of good quality with regard to fair levels of pay, opportunities for development and be flexible to accommodate work and family life balance. Rates of unemployment tend to be highest amongst people with few qualifications, people with disabilities, carers, lone parents, older workers and ethnic minority groups. When in work these groups are likely to be further disadvantaged by being in low paid, poor quality jobs.

Older People's Health and Well-being

Falls

- Admissions to hospital involving a fall continue to rise across Lincolnshire with a significant increase between 2008/09 and 2009/10. Boston continues to have the lowest numbers of admissions with East Lindsey having the highest.
- Whilst Boston and East Lindsey have seen relatively static levels of admissions, other areas have all seen marked increases in the numbers of admissions to hospital involving a fall between 2008/09 and 2009/10.
- Physical inactivity as well as age related health conditions all increase peoples risk of falling. As physical activity decreases with age so the risk of falling increases. Housing condition can also have a significant impact on the risk of falling.

Older people supported by social care services

- Admissions to residential and nursing care for older people in Lincolnshire are falling however demand for care services is increasing and due to an increasing ageing population this trend is likely to continue.
- The current focus of services is on attempting to dampen demand for care services by focusing on prevention for people at risk of needing help in the future and reablement for those who have suffered a crisis such as a fall in order to support them to remain living independently for as long as possible.
- Poor levels of income coupled with heightened risks of disability and poor health as people age mean that older people are likely to suffer significant inequalities. With the risk of depression being reduced by having in place good social relationships the issue of mobility and access to transport and services becomes increasingly important for older people.

Seasonal Excess Deaths

- In the winter period (December to March) of 2009/10 there were an estimated 25,400 more deaths in England and Wales, compared with the average for the non-winter period (see definition above). This is a 30% decrease (36,700 deaths in 2008/09) but is slightly higher than the level seen in 2007/08.
- The highest numbers of Excess Winter Deaths in Lincolnshire in 2009/10 were seen in South Holland (18.98%) and Lincoln City (18.52%). These are all higher than the East Midlands (14.54%) and England (15.60%) figures.
- For every degree Celsius in temperature below the winter average there are an extra 8,000 deaths across the UK. Diseases related to circulation and/or respiration increases the risk for people during winter.

WHAT ARE THE PRIORITIES?

This section provides priorities for future strategy development and commissioning in Lincolnshire based on the substantial review of healthcare, social care and health improvement needs of our population. These are not currently recommendations for realigned, additional or new investment. Those recommendations will follow the Joint Health and Well-being strategy and commissioning plan developments. These priorities are indicating a limited number of areas which the new Joint Health and Well-being Strategy will concentrate on and which Lincolnshire County Council, NHS Lincolnshire and Clinical Commissioning Groups should include in future commissioning plans. A case could be made for a much longer list of priorities but limited budgets suggest a concentration of effort on a small number of major priorities.

We have all along emphasised the need to link these priorities to the Marmot Review of Inequalities **http://www.marmotreview.org/** which produced a number of guiding principles. These are:

A. Give every child the best start in life

B. Enable all children, young people and adults to maximise their capabilities and have control over their lives

C. Create fair employment and good work for all

D. Ensure healthy standard of living for all

E. Create and develop healthy and sustainable places and communities

F. Strengthen the role and impact of ill health prevention

G. Promoting Healthy lifestyles

Promoting healthy lifestyles

It is clear from many of the data sets reviewed that Lincolnshire people need considerable support in changing to a healthy lifestyle. The evidence in the JSNA indicates that smoking is currently the most significant behaviour contributing to poor health and well-being. Most smokers wish to stop and there are interventions which are proven to be effective. The JSNA evidence also indicates that obesity, and its two major components – food and physical activity, is also a major problem. Unlike smoking this is increasing as a risk factor and requires urgent attention. This applies to both children and young people and to adults. The JSNA evidence clearly shows that there are some places, communities and groups of people where this is a greater priority and the strategy needs to address how any interventions reduce inequalities in need, access and outcome.

Links to Marmot principles a, b, d, e and f.

Improving health and well-being for older people

The data illustrates once again the high proportion of older people aged 50 and over living in Lincolnshire and the projections for this proportion to increase over the next decades. This affects not just the obvious issues of health and social care, benefits and pensions, housing and transport, but also prevention of ill-health, promotion of well-being and quality of life, and work and volunteering opportunities. We have already recognised this inevitable change and through the Excellent Ageing programme are seeking to embrace this change rather than just respond to it.

Links to Marmot principles b, c, d, e and f.

Delivering high quality systematic care for major causes of ill health and disability

All the reviews of major illnesses illustrate the benefits of prevention, early diagnosis and good management of risk factors and the condition itself. There is clear evidence that systematic care with defined care pathways and protocols which utilise effective interventions will produce better outcomes. The JSNA gives us evidence that this systematic prevention and care is not universally available in Lincolnshire. We must ensure we have in place systematic* programmes of risk identification and management, long-term condition management and management of major diseases such as heart disease, stroke, cancer and diabetes. Our Joint Health and Well-being Strategy is a mechanism to achieve this.

Links to Marmot principles d and f.

* Systematic: technical term which means ensuring that everyone who needs it gets evidence based management according to a standard protocol delivered to a specific quality.

Improving health and reducing health inequalities for children

Whilst the educational achievements and the health of children in Lincolnshire are generally good, the commentaries point to significant inequalities in these areas which we have to address to give all children the best start in life. The evidence in the JSNA points to deprivation and poverty being major drivers of health inequalities in children and to obesity, smoking, and teenage pregnancy as the main health issues to be addressed.

Links to Marmot principles a, b, c, d, e and f.

Reduce worklessness

Worklessness is a highly significant determinant of people's health. Work improves mental health, reduces the likelihood of poverty, and increases self esteem. It is linked closely to both education achievement and skill base, but is very dependent on economic development. There are clearly links between health and the quality of work too, hence the emphasis from Marmot on fair employment and good work. The evidence in the JSNA, taken originally from the Economic Assessment, indicates that in certain parts of Lincolnshire this is a major issue for health and well-being.

Links to Marmot principles c, d, e and f

The consultation exercise provided us with a number of other suggested priorities. Whilst we have not increased the number of priorities as a result of the consultation we will ask groups producing the Joint Health and Well-being Strategy to ensure they give due consideration to these issues, particularly mental health and health inequalities as these issues cut across all the priorities set out above

The table overleaf shows the links between these priorities for Lincolnshire and the Marmot principles.

Priorities linked to Marmot policy objectives:

	Give every child the best start in life	Enable all children young people and adults to maximise their capabilities and have control over their lives	Create fair employment and good work for all	Ensure healthy standard of living for all	Create and develop healthy and sustainable places and communities	Strengthen the role and impact of ill health prevention
Priority 1 Promoting healthy lifestyles	✓	✓		✓	✓	✓
Priority 2 Improving health and well-being for older people		✓	✓	✓	✓	✓
Priority 3 Delivering high quality systematic care for major causes of ill health and disability				✓		✓
Priority 4 Improving health and reducing health inequalities for children	✓	✓	✓	✓	✓	✓
Priority 5 Reduce worklessness			✓	✓	✓	✓

Future plans for the JSNA

It is clear that the need to produce a JSNA will continue to be a requirement placed upon the council and its partners. It will become an increasingly important tool used to support closer working across health, social care, community and voluntary services.

Increasing the level and quality of engagement with the community will support the development and improvement of the JSNA. Crucially, by allowing a range of partners to both support and challenge the way the JSNA is produced, what it tells us about our community and how it influences commissioning of services in the future, will only serve to enhance the quality of the JSNA over the coming years.

With that in mind the JSNA will continue to be a process of continuous development and improvement. In the engagement carried out to date there are already a number of areas where improvements have been suggested and whilst these have not been agreed or prioritised yet they include the following suggestions:

- Increasing the level and quality of engagement with the community will support the development and improvement of the JSNA. Crucially, by allowing a range of partners to both support and challenge the way the JSNA is produced, what it tells us about our community and how it influences commissioning of services in the future, will only serve to enhance the quality of the JSNA over the coming years.
- With that in mind the JSNA will continue to be a process of continuous development and improvement. In the engagement carried out to date there are already a number of areas where improvements have been suggested and whilst these have not been agreed or prioritised yet they include the following suggestions:
- Inclusion of qualitative data sets such as data from surveys;
- Introduction of community asset mapping as part of JSNA approach (asset mapping finds out the value of what works well in an area and seeks to promote that activity further by focusing on what it seeks to achieve not what the problems are);
- Implementation of a Strategic Development Group to oversee ongoing improvement and report progress to the shadow Health and Well-being Board;
- Alignment of JSNA with other needs assessments, e.g. Economic Assessment for Lincolnshire, Local Development Plans, Clinical Commissioning Group Profiles, Child Poverty Needs Assessment, Health Needs Assessments, etc;
- Improvement to data quality including a more formally agreed process of initial data analysis focussing on inequalities;
- Development of the presentation of the JSNA, including further development of local profiles such as GP area profiles and district profiles.

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If you would like to request a copy of our **Joint Strategic Needs Assessment - Overview Report 2011** in an alternative format please call 01522 782060

Lincolnshire COUNTY COUNCIL

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NHS Lincolnshire