



County Offices
Newland
Lincoln
LN1 1YL

28 November 2022

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 6 December 2022 at 2.00 pm in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

MEMBERS OF THE BOARD (Voting):

Lincolnshire County Council: Councillors: Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners) (Chairman), Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), W H Gray, R J Kendrick, C E H Marfleet and Mrs S Rawlins , 1 vacancy

Lincolnshire County Council Officers: Heather Sandy (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Richard Wright

Lincolnshire Integrated Care Board: Sir Andrew Cash and John Turner (Vice-Chairman)

Healthwatch Lincolnshire: Dean Odell

Police and Crime Commissioner: Philip Clark

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer and Sarah Connery

United Lincolnshire Hospitals NHS Trust: Elaine Baylis and Andrew Morgan

Lincolnshire Community Health Services NHS Trust: Elaine Baylis and Maz Fosh

Primary Care Network Alliance: Dr Sunil Hindocha

ASSOCIATE MEMBERS (Non-Voting):

Julia Debenham, Lincolnshire Police

Professor Neal Juster, Higher Education Sector

Adrian Perks, NHS E/I

Emma Tatlow, Voluntary and Community Sector

Pat Doody, Greater Lincolnshire Local Enterprise Partnership

**LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 6 DECEMBER 2022**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interest	
3	Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 27 September 2022	5 - 10
4	Action Updates	11 - 12
5	Chairman's Announcements	13 - 14
6	Decision Item	
6a	Adult Social Care - Discharge Fund an update on the Lincolnshire Better Care Fund <i>(To receive a report from Glen Garrod, Executive Director Adult Care and Community Wellbeing, which advises the Board of funding allocations from the Adult Social Care - Discharge Fund, announced by the Government on 21 November 2022; and provides an update on the Lincolnshire Better Care Fund)</i>	To Follow
7	Discussion Items	
7a	Lincolnshire's Joint Strategic Needs Assessment 2023 - update on review process <i>(To receive a report from Lucy Gavens, Consultant in Public Health, which provides the Board with an update on the review process for the Joint Strategic Needs Assessment 2023)</i>	15 - 26
7b	Refresh of the Joint Health and Wellbeing Strategy <i>(To receive a report from Alison Christie, Programme Manager, which informs the Board of the rationale and process for updating the Joint Health and Wellbeing Strategy and governance arrangements alongside the Integrated Care Strategy)</i>	27 - 56
7c	Lincolnshire Ageing Better Rural Strategic Partnership Update <i>(To receive a report from Semantha Neal, Assistant Director Prevention & Early Intervention and Navaz Sutton, Programme Manager, which provides the Board with an update on the progress to date of the Lincolnshire Ageing Better Rural Strategic Partnership)</i>	57 - 64

8 Information Items

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| 8a | Lincolnshire Drug and Alcohol Partnership
<i>(To receive a report from Lucy Gavens, Consultant in Public Health, which provides the Board with an update on the progress made by the Lincolnshire Drug and Alcohol Partnership)</i> | 65 - 74 |
| 8b | An Action Log of Previous Decisions
<i>(For the Board to note decisions taken since 14 June 2022)</i> | 75 - 76 |
| 8c | Lincolnshire Health and Wellbeing Board Forward Plan
<i>(This item provides the Board with a copy of the Lincolnshire Health and Wellbeing Board Forward Plan for the period 6 December 2022 to March 2024)</i> | 77 - 80 |

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Lincolnshire Health and Wellbeing Board on Tuesday, 6th December, 2022, 2.00 pm \(moderngov.co.uk\)](#)

All papers for council meetings are available on:
<https://www.lincolnshire.gov.uk/council-business/search-committee-records>



**LINCOLNSHIRE HEALTH AND WELLBEING
BOARD
27 SEPTEMBER 2022**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), W H Gray, R J Kendrick and C E H Marfleet.

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health).

District Council: Councillor Richard Wright.

Lincolnshire Integrated Care Board: Sir Andrew Cash and John Turner (Vice-Chairman).

Healthwatch Lincolnshire: Dean Odell.

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer and Sarah Connery.

Police and Crime Commissioner: Philip Clark.

United Lincolnshire Hospitals NHS Trust: Elaine Baylis and Andrew Morgan.

Lincolnshire Community Health Services NHS Trust: Elaine Baylis and Maz Fosh.

NHSE/I: Adrian Perks.

Associate Members (non-voting): Julia Debenham (Lincolnshire Police) and Professor Neal Juster (Higher Education Sector).

Officers In Attendance: Michelle Andrews (Assistant Director – ICS), Alison Christie (Programme Manager, Strategy and Development) and Katrina Cope (Senior Democratic Services Officer) (Democratic Services) and Nikita Lord (Programme Manager – Better Care Fund).

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs S Rawlins, Heather Sandy (Executive Director Children's Services), Dr Sunil Hindocha (Chair – Primary Care Network Alliance), Oliver Newbould (NHSE/I representative), Emma Tatlow (Voluntary and Community Sector) and Pat Doody (Greater Lincolnshire Local Enterprise Partnership).

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD
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It was noted that Adrian Perks (Assistant Director of Strategic Transformation – Central Midlands NHS England) had attended as replacement member for Oliver Newbould for this meeting only.

12 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this point in the meeting.

13 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 14 JUNE 2022

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 14 June 2022 be agreed and signed by the Chairman as a correct record.

14 ACTION UPDATES

RESOLVED

That the Action Updates presented be noted.

15 CHAIRMAN'S ANNOUNCEMENTS

RESOLVED

That the Chairman's announcements presented be noted.

16 DECISION ITEMS

16a Lincolnshire Pharmaceutical Needs Assessment 2022

The Board considered a report from Alison Christie, Programme Manager, on behalf of the Pharmaceutical Needs Assessment Steering Group, which invited the Board to approve the final Pharmaceutical Needs Assessment (PNA) 2022, prior to its publication by 1 October 2022.

The Board were advised of the background to the completion of a PNA, which was a statutory duty for Health and Wellbeing Boards every three years. It was highlighted that the PNA described the present and future needs for pharmaceutical services. It was also noted that the PNA was used to identify any gaps in current services or improvements that could be made for future pharmaceutical provision.

It was reported that following consultation, the document had been updated and the final PNA 2022 had been approved by the Steering Group on 16 August 2022.

The Board was invited to approve the PNA prior to it being published on 1 October 2022. Appendix A to the report provided the Board with a copy of the Lincolnshire PNA 2022; Appendix B provided a copy of the Lincolnshire PNA 2022 Appendices; and Appendix C provided a copy of the Lincolnshire PNA 2022 Statutory Consultation report for the Board to consider.

During consideration of this item, the Board raised the following comment:

- That at the time of doing the assessment there was no current need for the provision of additional access to community Pharmacy premises in Lincolnshire. Some concern was expressed to facilities currently provided in Keelby. The Board noted that the PNA was evidence based, and that there was provision for a supplementary statement should there be an issue. It was also highlighted that the PNA did not stop conversation happening going forward. Confirmation was given that the responsibilities for community pharmacies was being transferred from NHSE to ICB's on 1 April 2023. It was highlighted that the PNA was an excellent piece of work, based on a moment in time, and as such, community pharmacies would be an area which would be considered further.

RESOLVED

That approval be given to the final Pharmaceutical Needs Assessment 2022 and associated documents for publication by 1 October 2022.

16b Better Care Fund Report 2022/23

Consideration was given to a report from Glen Garrod, Executive Director Adult Care and Community Wellbeing, which invited the Board to approve the final Better Care Fund Plan 2022/23 in retrospect of the submission deadline of the 26 September 2022.

The Executive Director in his introduction extended his thanks to Nikita Lord, Programme Manager – Better Care Fund for all her hard work behind the scenes in bringing the report together for consideration by the Board.

Attached to the report as part of the Lincolnshire BCF submission were the following Appendices for the Board to consider:

- Appendix A – The draft BCF Planning Numerical Plan (BCF Planning Template);
- Appendix B – The draft BCF Narrative Plan template; and
- Appendix C – The draft BCF Capacity and Demand template for intermediate care.

It was highlighted that for the last 4 years the national BCF planning, and assurance framework had been 'rolled on' and that this had continued for 2023. Details of the Lincolnshire BCF proposed value of £279m income for 2022/23 was detailed on page 184 of

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
27 SEPTEMBER 2022

the report pack. It was highlighted that there were 47 individual schemes funded within the Lincolnshire BCF and these were grouped into themes which were detailed on page 185 of the report pack.

The Board noted that the Lincolnshire BCF was one of the largest pooled funds in the country, and that Lincolnshire had a well-established approach which relied to a greater extent on externally commissioned providers for service delivery and therefore much of the BCF was committed in existing contracts.

It was reported that the emerging insights into the future of BCF suggested that a larger scope, multi-year BCF policy framework would support the transformation agenda and transition to the place-based arrangements described within the integration white paper.

Councillor C E H Marfleet left the meeting at 14.26pm.

During consideration of this item, the Board raised the following:

- The involvement from district councils concerning the wider determinants of health i.e., Disabled Facility Grant (DFG). There was recognition that district councils needed to be engaged for extra care housing needs to be met. All districts were encouraged to participate; and
- With the newly formed Integrated Care System (ICS), the statutory changes and the government's ambitions, it was suggested that before the next BCF cycle, a development session would be arranged to allow for a more comprehensive look into the workings of the BCF, which would help members of the Board understand the funding better, and how it was spent in Lincolnshire. Members of the Board welcomed a more open conversation to see how much flexibility there was with the BCF, what the outcomes were, and whether it was providing good value for money. The Board was advised that a stock take was taking place over the winter, which would be able to answer to some of the questions raised.

RESOLVED

That the 2022/23 Lincolnshire Better Care Fund be approved in retrospect of the submission deadline of 26 September 2022.

17 INFORMATION ITEMS

17a An Action Log of Previous Decisions

RESOLVED

That the Action Log of Previous Decision as presented be noted.

17b Lincolnshire Health and Wellbeing Board Forward Plan

RESOLVED

That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.

The meeting closed at 2.50 pm

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Lincolnshire Health and Wellbeing Board - Actions from 22 June 2022

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
14 .06.22	8b	<p>Better Care Fund Final Report 2021/22 That a excel copy of the Spreadsheet would be circulated to members after the meeting</p>	<p>A copy of the excel spreadsheet was sent out to all members of the HWB on 20 June 2022.</p>
17.09.22	16b	<p>Better Care Fund report 2022/23 Before the next BCF cycle a development session should be arranged to allow for a more comprehensive look into the workings of the BCF.</p>	<p>A BCF briefing has been arranged for 6 December 2022, prior to the HWB meeting at 2pm.</p>

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Agenda Item 5

LINCOLNSHIRE HEALTH AND WELLBEING BOARD – 6 DECEMBER 2022

CHAIRMAN'S ANNOUNCEMENTS

Health and Wellbeing Board Guidance

On 22 November 2022, the Department of Health and Social Care, in conjunction with the Local Government Association, published [non statutory guidance](#) setting out the roles and duties of Health and Wellbeing Boards, and clarify their purpose within the new system architecture. The guidance emphasises the important statutory role HWBs will continue to play in; establishing joint working mechanisms across health and care organisations, and in setting the strategic direction of localised health and wellbeing improvement. The new guidance accompanies existing [statutory guidance](#) (2013), related to joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs).

The Health and Care Act (2022) amends section 116A of the Local Government and Public Involvement in Health Act (2007), renaming 'joint health and wellbeing strategies' as 'joint local health and wellbeing strategies (JLHWSs).' Statutory guidance on JSNAs and JLHWSs, currently, remains unchanged.

The guidance will support the functioning of Integrated Care Board and Integrated Care Partnership leaders, local authorities and HWBs, to understand how to effectively collaborate to ensure effective system, and place-based working.

The guidance acknowledges that within integrated care systems, there is wide diversity of geography, population size, and in the configuration of local authorities and NHS partners. It therefore acknowledges that effective approaches are required for each distinct population, or cohort, or geography; and that there are differing levels of maturity and development within each. The document includes illustrative examples of some different approaches.

Lincolnshire is featured in the document, as a case study on a coterminous area.

LGA Leadership Essentials – Digitalisation

On 19 November 2022, I co-presented at the Local Government Association (LGA) [Leadership Essentials](#) digitalisation training programme held in Birmingham. Covid-19 highlighted the essential role that local government, and our partners play, in championing the delivery of digital programmes, enabling us to achieve levelling-up objectives. The session focused on the twelve strategic outcomes of digitalisation development with local government, and was launched through a partnership between the LGA, Socitm and Solace. The strategic outcomes encompass; inclusion, connectivity, cyber security, data, effective service delivery, and achieving value for money.

Lincolnshire Pharmaceutical Needs Assessment

At our last meeting in September 2022, the Board formally approved the Pharmaceutical Needs Assessment for Lincolnshire. I can confirm that the PNA was published on 29 September, ahead of the statutory deadline of 1 October 2022. The PNA, along with details about the process and consultation findings, can be viewed on the [Lincolnshire Research Observatory](#).

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	6 December 2022
Subject:	Lincolnshire's Joint Strategic Needs Assessment 2023 – update on review process

Summary:

The Lincolnshire Health and Wellbeing Board (HWB) has a statutory responsibility to produce and publish a Joint Strategic Needs Assessment (JSNA) of the current and future health and wellbeing needs of Lincolnshire's population. The Health and Care Act (2022) does not alter this statutory requirement but does amend [section 116A of the Local Government and Public Involvement in Health Act 2007](#) replacing references to, 'clinical commissioning groups' with, 'integrated care boards.'

On 22 June 2021, the Board agreed proposals to redesign the format of the JSNA and agreed to a fundamental review of the JSNA with a view to republishing Lincolnshire's JSNA by April 2023. This report provides an update on the review process and the next steps.

Actions Required:

The HWB is asked to:

- note the progress of the JSNA review
- note the next stages of the process
- agree to receive a further report and presentation, at the meeting in March, to sign off the new JSNA ahead of the online resource going live.

1. Background

1.1 Context

The Health and Care Act (2012) (as amended by the Health and Care Act 2022) places a joint responsibility on upper tier local authorities and Integrated Care Board (ICB) to prepare and publish a JSNA through the Health and Wellbeing Board, and to use the JSNA to inform decision making, commissioning, and the development of the Joint Health and Wellbeing Strategy (JHWS). The JSNA provides the evidence base for the health and wellbeing needs of the local population. The JHWS sets out agreed priorities and joint actions for partners to address the health and wellbeing needs

identified in the JSNA. Together, the JSNA and JHWS are the vehicles for ensuring the needs, and local determinants of health of the local population, are identified and agreed.

Local authorities and ICBs must have regard to the JSNA and JHWS so far as it is relevant when exercising their functions. The Lincolnshire Integrated Care Partnership must also have regard to the JSNA when developing the Integrated Care Strategy. The strategy should include the key strategic priorities for system level action required to address the needs identified in the JSNA and that complement what is already being done through the JHWS.

Lincolnshire's current JSNA was last fully updated in 2019/20 and is available on the [Lincolnshire Research Observatory](#).

1.2 JSNA Review

In June 2021, the Board agreed proposals to move away from the current JSNA topic-based structure to a life course approach based on the following chapter headings:

- **Start Well** – information about the health and wellbeing of children and young people, aged 0 -19 years.
- **Live Well** – information about the health and wellbeing of working age adults, including the wider determinants of health
- **Age Well** – information about the health and wellbeing of older adults

This new approach aims to keep the JSNA strategically focused on key factors important for health and wellbeing. Underpinning the overview narratives of each chapter are a series of factsheets on the specific needs, conditions or risk factors to provide the reader with key information, analysis, and resources for where further information can be found. Wherever possible, wider needs assessments, and intelligence gathering exercises, will be plugged into the JSNA. For example, the DPH Annual reports, Population Health Management, and the work already underway on health inequalities. This will ensure the JSNA becomes a comprehensive, evidence-based resource, for all partners in Lincolnshire to use.

The formal review process to create the 36 factsheets began in September 2021 and at the time of writing this report all but two of the factsheets have been signed off.

The draft Life Course chapter narratives are provided in Appendices A. These provide a summary of the key themes and information in the JSNA and will provide links to further sources of information. On the new JSNA portal, that will be developed as part of this work, this information will be presented alongside automated data sources relevant to each factsheet.

1.3 New JSNA Portal

The new JSNA web portal will pave the way for improved dissemination of public health intelligence across different organisations and the public, by providing an up-to-date picture of local data on health and wellbeing outcomes. The portal will have interactive, self-serve, accessible reporting.

The biggest advancements in the redeveloped JSNA will be the integration of an automatically updated back-end 'data lake' which will feed the interactive reporting visible to the public. This will ensure the most up-to-date information is always available as part of the Lincolnshire JSNA. It will save considerable officer time in refreshing and processing datasets. The data lake is being created by an external supplier and will be available for the PHI team to develop the 'front end' of the JSNA by the end of 2022. Work will continue until February 2023 to enable the portal to be tested before going live in March 2023.

The new JSNA platform will pave the way for future public health intelligence provision across the ICS. It will enable us to create insights to support evidence-informed decision making at a scale beyond that which is currently possible.

A presentation on the new JSNA will be given at the Board meeting in March 2023.

1.4 JSNA Review and Relaunch Communication and Engagement Plan

The communication and engagement plan, presented in Appendix C, sets out the actions and steps that will be taken to promote and raise awareness of the new JSNA. This will include a series of short videos showing users how to access the information and other resources.

2. Conclusion

The HWB has a statutory responsibility to develop and publish a JSNA for its area. This report provides an update on the review process to enable a new JSNA to be in place by March 2023.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board, and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

The publication of the new JSNA in March 2023 will inform the review of the JHWS and the development of the Integrated Care Strategy during 2023.

4. Consultation

As part of the JSNA review process, JSNA lead officers have been encouraged to engage with relevant partners and stakeholders to develop the factsheets. This has meant, where possible, engaging with relevant groups and partnerships to gather a broad range of evidence and intelligence.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	The Life Course Approach
Appendix B	JSNA Review and Relaunch Communication and Engagement Plan

6. Background Papers

Name of Report	Where it can be accessed
Lincolnshire's Joint Strategic Needs Assessment - report to the Lincolnshire Health and Wellbeing Board on 22 June 2021	Available on the Lincolnshire County Council website

This report was written by Alison Christie, Programme Manager, who can be contacted on alison.christie@lincolnshire.gov.uk

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What is the JSNA

The Joint Strategic Needs Assessment, or JSNA, provides a picture of current and future health needs of the local population, by collating a range of evidence in one place. It tells us about lifestyle behaviours, health conditions, the needs of vulnerable groups and the wider factors that impact on health and wellbeing, like transport, housing and employment.

Information comes from a range of sources including national data sets, registrations of births and deaths, NHS and council services and local surveys or consultation events.

Reflecting the [Marmot](#) approach, the Lincolnshire JSNA addresses health inequalities across all ages and stages of life. Inequalities are often caused by an accumulation of disadvantages throughout life, rather than a single point in time, therefore tackling them requires a life course approach.

Start Well

Information about the health & wellbeing of children and young people, aged 0-19 years

Children and young people (CYP) are at the centre of Lincolnshire's future sustainability. We want children in Lincolnshire to have the best start in life and the opportunities to grow, live and thrive. The research and analysis in this section is provided to help local organisations improve outcomes for children and young people in the county, and includes information relating to maternity, lifestyle behaviours and improving life chances.

According to the [Census 2021](#), CYP aged 0-19 years represent around 21% of Lincolnshire's population; a lower proportion than regionally (23%) and nationally (23%). [ONS projections](#) show that this cohort is likely to increase by less than 2% by 2040.

Not all children in Lincolnshire get an equal start in life. There is a direct link between deprivation, health inequalities, and poor life outcomes (Source: [ONS](#)). Whilst several indicators have improved or remain better than the national average, key factors that still need to be addressed in Lincolnshire include vaccination coverage, excess weight amongst pregnant women and children, smoking in pregnancy, dental decay, school readiness and educational attainment.

The top causes of years lived with disability (YLD) for CYP in Lincolnshire are dermatitis, headache disorder, anxiety, asthma, depressive disorders, lower-back pain, conduct disorder, acne, neonatal disorders and congenital birth defects. The main causes of morbidity amongst CYP in Lincolnshire are dominated by mental health and behavioural problems rather than physical health issues. The causes of mortality in younger children (birth related, genetic and infectious disease) differ from those in teenagers (injury, self-harm and cancer) (Source: [GBD](#)).

CYP have been less directly affected by Covid-19 than other age groups, however, have been disproportionately impacted by the social, educational, and economic impacts, causing widening of health inequalities. They have endured separation from family and friends, altered access to health and dental care, and disruptions to learning and development. Lincolnshire's [Director of Public Health Annual Report 2021](#) details the impact of Covid-19 on CYP in Lincolnshire, including affects upon communication skills, personal, social and emotional development, independence, access to services, support and immunisation programmes, and childcare placements. The pandemic has impacted the mental health of CYP; increasing stress, anxiety, low mood, difficulties sleeping, eating disorders and Emotionally Based School Avoidance. Parental low mood and anxiety also affected bonding,

attachment and safety at home. Certain CYP, such as Children in Care, those with SEND and those with pre-existing mental health needs have been especially affected.

The sub sections and fact sheets in the Start Well chapter are:

Sub Section	Fact Sheet
Maternity – preconception, ante natal and post-natal	Breastfeeding Pregnancy and maternal health Immunisation* Tobacco Use*
Lifestyle Behaviours	Healthy Weight* Physical Activity*
Improving Life Chances	Children and Young People in the Criminal Justice System Children in Care Early Years Development Mental Health and Suicide* Pregnancy and maternal health Schools and Achievement Special Educational Needs and Disability Young Carers

(*Factsheet covers more than one life course chapter)

Live Well

Information about the health & wellbeing of working age adults, including the wider determinants of health

The vision in Lincolnshire is to enable people to grow, live and thrive; safely and well. The research and analysis in this section is provided to help local organisations improve outcomes for adults in the county, and includes information relating to lifestyle behaviours, health conditions, disabilities, mental health, wider determinants, and housing.

Adulthood is a crucial time for building assets, resilience, and skills, whilst reducing risks and intervening early. Primary transition points during adulthood include, for example, starting work, becoming a parent, or becoming a carer. At these times, a person may adopt healthy lifestyles and build supportive social networks. Sometimes the life course trajectory is 'interrupted' and is less positive, for example through ill health, unhealthy lifestyles or encountering the criminal justice system. The [Marmot Curve](#) shows that more than three quarters of working age adults are likely to be living in poor health or with a disability, particularly in the most deprived communities. For Lincolnshire to have a healthy population this social gradient needs to be flattened.

According to the [Census 2021](#), adults aged 20-64 years represent around 56% of Lincolnshire's population; a lower proportion than regionally (58%) and nationally (58%). [ONS projections](#) show that this cohort is likely to decrease by around 1% by 2040.

Whilst several indicators have improved or remain better than the national average, key factors that still need to be addressed in Lincolnshire include excess weight, physical activity, smoking, musculoskeletal conditions, suicide rates and deprivation. The top ten causes of years lived with disability (YLD) are low back pain, depressive disorders, headache disorders, diabetes, neck pain, gynaecological diseases, other musculoskeletal disorders, anxiety disorders, falls, endocrine, metabolic, blood, and immune disorders.

Covid-19 has inevitably impacted Lincolnshire residents, although the burden has not been felt evenly across our communities and has exacerbated longstanding inequalities, as explained in Lincolnshire's [Director of Public](#)

[Health Annual Report 2020](#). Deprived neighbourhoods, black, Asian and minority ethnic communities, older people, men and those who are obese or have a long-term condition were particularly affected. Disruption to health and care services triggered a subsequent influx of urgent non-covid conditions, exacerbation of chronic diseases, increase in undiagnosed conditions and increased waiting lists. This is likely to cause a future surge in morbidity. Following the restrictions and control measures that were imposed, many individuals may experience mental health issues, isolation and loneliness and financial hardship. Demand for mental health services is expected to rise, due to deterioration of existing patients and new demand because of self-isolation, increases in substance misuse and domestic abuse, and essential worker burnout. Wider societal impacts include provider burnout, post-traumatic stress disorder and economic injury.

The sub sections and fact sheets in the Live Well chapter are:

Sub Section	Fact Sheet
Lifestyle Behaviours	Alcohol and Substance Misuse Healthy Weight* Oral Health Physical Activity* Sexual Health Tobacco Use*
Health Conditions	Cancer Cardiovascular Disease (CVD) Diabetes Musculoskeletal Conditions (MSK) Neurological Conditions Respiratory Conditions
Disabilities	Autism Learning Disabilities Physical and Sensory Impairment
Mental health	Mental Health and Suicide*
Wider Determinants of Health	Access to Transport Community Safety Employment Environment Financial Inclusion
Housing	Housing Standards Insecure Homes Unsuitable Homes

(*Factsheet covers more than one life course chapter)

Age Well

Information about the health & wellbeing of older adults

Ageing well is the process of optimising opportunities for health, participation and security to enhance quality of life as people get older. Healthy ageing involves good health and wellbeing, independence and resilience to adversity, financial security and social connection. The research and analysis in this section is provided to help local organisations improve outcomes for older adults in the county, and includes information relating to falls, dementia and unpaid carers.

Longer lives are beneficial to society because older people have accrued skills, knowledge and experience. The increasing longevity should be utilised as a resource, and ageism challenged, but this requires older adults to be active community and economic participants. Having the right support, housing, transport, and easily accessible information are just some things to help older people live happy, healthy lives.

According to the [Census 2021](#), adults aged 65+ represent around 23% of Lincolnshire's population; a higher proportion than regionally (20%) and nationally (18%). [ONS projections](#) show that this cohort is likely to increase 40% by 2040. This is important to highlight for effective planning and provision of health and social care services, particularly in districts where older adults tend to reside. As people live longer, the likelihood of developing more than one long term condition rises, therefore those aged 65+ are the main users of health services. At any one time in the UK older people occupy around two-thirds of hospital beds. The top five causes of years lived with disability (YLD) are low back pain, diabetes, age related hearing loss, COPD and osteoarthritis.

The Covid-19 pandemic inevitably affected Lincolnshire's older population, as discussed in Lincolnshire's [Director of Public Health Annual Report 2020](#). Nationally, most deaths involving Covid-19 were among people aged 65 years and over (Source: [ONS](#)) and the majority had a pre-existing condition such as dementia, heart disease, diabetes or a respiratory condition. Shielding measures for the most clinically vulnerable have contributed to reduced physical activity, loneliness and isolation, and increased mental health issues. Loneliness and isolation are serious public health concerns leading to high rates of premature mortality, comparable to those associated with smoking and alcohol consumption. Some residents may have had difficulty transitioning to [digital tools](#), particularly those less competent with modern technology, and respite opportunities for unpaid carers were inhibited.

The fact sheets in the Age Well chapter are:

- Falls
- Dementia
- Carers
- Immunisation*

*(*Factsheet covers more than one life course chapter)*

Joint Strategic Needs Assessment Review and Relaunch **Communication and Engagement Plan**

1. Introduction and Background

The Health and Care Act (2012) (as amended by the Health and Care Act 2022) places a joint responsibility on upper tier local authorities and Integrated Care Boards (ICB) to prepare and publish a JSNA through the Health and Wellbeing Board (HWB), and to use the JSNA to inform decision making, commissioning, and the development of the Joint Local Health and Wellbeing Strategy (JLHWS). The JSNA provides the evidence base for the health and wellbeing needs of the local population. The JLHWS sets out the agreed priorities and joint actions for partners to address the health and wellbeing needs identified by the JSNA. Together, the JSNA and JLHWS are the vehicles for ensuring that the needs, and local determinants of health of the local population, are identified and agreed.

The County Council and the Lincolnshire ICB must have regard to the JSNA and JLHWS, so far as it is relevant, when exercising their functions. The Lincolnshire Integrated Care Partnership must also have regard to the JSNA when developing the Integrated Care Strategy. The strategy should include the key strategic priorities for system level actions required to address the needs identified in the JSNA and which complement work already being done through the JLHWS.

[Statutory guidance \(updated 2022\)](#) recommends HWB should consider the following in developing the JSNA:

- Demographics of the area, and the needs of people at all ages of the life course, including how needs vary for people at different ages;
- How needs may be harder to meet for those in disadvantaged areas or for vulnerable groups who experience inequalities;
- Wider social, environmental and economic factors that impact on health and wellbeing;
- What health and social care information the local community needs, including how they access it and what support they may need to understand it.

The importance of the JSNA lies in how partners use the resource locally. The ICB, NHS Commissioners and local authority plans for commissioning services are expected to be informed by the JSNA. Where plans are not in line with the JSNA, this will need to be explained. The policy intention is that local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs so that services - and the way they are delivered - meet local needs.

2. Engagement Approach

The statutory guidance states that the HWB must work in partnership with a range of organisations to produce the JSNA. These include:

- District councils - districts can bring expertise on community engagement, gathering and using useful evidence for input to the JSNA
- Healthwatch and the voice of the local community – the process should enable the views and experiences of patients and public to be considered as part of developing the JSNA
- Other partners, to work closely with, will include (not an exhaustive list) the Police and Crime Commissioner, criminal justice agencies, local professional representative committees, and voluntary sector organisations.

The JSNA process combines work from partners across the system so that the JSNA is more collaborative and avoids duplication. Wherever possible, wider needs assessments and intelligence gathering exercises are ‘plugged in’ to the JSNA. Examples include, the DPH Annual report, Population Health Management information and the work already underway on health inequalities and the intelligence arising from the ICS system improvement and transformation programmes. Adopting this approach will add breadth to the JSNA as well as instilling collaboration as a way of working. This will ensure Lincolnshire has a robust evidence-base for all partners to use, and contribute to, on an ongoing basis.

The Public Health Division is responsible for facilitating the JSNA review, the lead officer for each of the factsheets has overall responsibility for collaboratively developing their topic area by working with relevant partners and stakeholders from the outset. This includes engaging with existing partnerships, groups or boards wherever possible.

3. Communication Stakeholders List

Who	Purpose / Key Message	Methods of engagement	Why	When
Health and Wellbeing Board	Progress updates	As part of chairman’s announcements	Statutory duty	As required
	Sign off & launch - Demo - Next steps - Invite feedback	Report Powerpoint/online demonstration		Dec 22 – March 2023
Health Scrutiny Committee	Progress updates	Reports	Assurance	As required
JSNA Steering Group (PHSLT)	Progress updates	Monthly SRO update Reports to PHSLT	DPH oversight	As required
JSNA Project team	Progress updates	Team meetings Emails Project documentation Sharepoint	JSNA Review management	Monthly
JSNA Authors/ Leads /SRO	Factsheet development & progress	Email / TEAMS meetings	To agree deadlines & provide support	Sept 22 – Sept 23
	Platform testing and thank you for involvement	Email including weblink	Final assurance & test new platform	Dec 22 – Feb 23
	Launch of product	Email	Raise awareness	March 23
Wider Stakeholders	Encourage involvement	Email / partnership meetings	Partner engagement	March-Sept 22
	Reminder/introduction to the JSNA and awareness that it is being updated	Glen’s ACCW Roadshows Public Health drop-in sessions	Raise awareness	Oct-Dec

Who	Purpose / Key Message	Methods of engagement	Why	When
	Launch of product - What is the JSNA - Demo - How it could be used JSNA contact details if they wish to provide further input	Emails Powerpoint – partnership meetings / network events Briefing for PH colleagues (written or via MTs PH update) Internal / partner comms Short videos and infographics	Raise awareness	March 23
	Overview of the JSNA	Video on homepage	Raise awareness	Jan 23
	Introduction to life course sections	Animations on landing pages	Raise awareness	Jan 23
Elected Members	Launch of the product	Briefing paper Cllr Statement	Promote & raise awareness	March 23
Public	Launch of the product - What is the JSNA - Introducing the 'New look'	Social Media County News	Information	March 23 onwards

4. Communications management

What outcome do we want to achieve?	<ul style="list-style-type: none"> To promote the new JSNA so a broad range of partners and stakeholders are aware of the portal. To help users to use the new portal and search for information To provide a range of useful tools and products To inform the development of Joint Local Health and Wellbeing Strategy, the Integrated Care Strategy and commissioning plans across the health and care system.
Who are the audiences we need to communicate with?	<ul style="list-style-type: none"> The groups listed in section 3: Using channels of engagement used by the council. Partners will be encouraged to disseminate details within their organisation
When should communication take place to maximise the chances of the outcome being achieved and minimise risks?	<ul style="list-style-type: none"> Communications to be issued in line with the expected timescales detailed in the table in section 3.
How will communications be coordinated?	<ul style="list-style-type: none"> Communications will be coordinated by the JSNA Project Team in conjunction with the LCC Communications team, ICB communication and Comms leads of partner organisations. Emails will be drafted and approved by the JSNA SRO and/or Chair of the HWB and will be issued from JSNA@lincolnshire.gov.uk.

What outcome do we want to achieve?	<ul style="list-style-type: none"> • To promote the new JSNA so a broad range of partners and stakeholders are aware of the portal. • To help users to use the new portal and search for information • To provide a range of useful tools and products • To inform the development of Joint Local Health and Wellbeing Strategy, the Integrated Care Strategy and commissioning plans across the health and care system.
What are our key messages?	<ul style="list-style-type: none"> • What the JSNA <u>is</u>. • Why the JSNA has been refreshed. • The life course approach – and how to navigate the resource. • Promote the launch
Which channels of communication should we use?	<ul style="list-style-type: none"> • As listed in section 3
What are the risks associated with the issue?	<ul style="list-style-type: none"> • Lack of engagement and lack of awareness meaning the JSNA is not used to inform planning or commissioning of services
How will we know if we've been successful or not?	<ul style="list-style-type: none"> • Key stakeholders have been involved in reviewing and developing the new JSNA • Renewed awareness of the JSNA • JSNA used to inform the refresh of the JLHWS and the Integrated Care Strategy • Statistics on the number of people visiting the JSNA webpages

5. Feedback consideration

Feedback will be collated by the JSNA project team and will be used to inform future improvements and reviews of the JSNA.

6 Timeline

Sept 21 – Oct 22	Engage JSNA Leads, partners & any relevant strategic groups/partnerships to develop new factsheets
November 21 – Jan 23	Develop new web platform
Jan 23 – Feb 23	Test new web platform
March 23 onwards	Launch and promotion

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	6 December 2022
Subject:	Refresh of the Joint Health and Wellbeing Strategy

Summary:

The purpose of this report is to ensure that the Lincolnshire Health and Wellbeing Board (HWB), as part of delivering its statutory duties, has a Joint Health and Wellbeing Strategy (JHWS) in place with robust delivery and governance arrangements aimed at improving health and wellbeing in Lincolnshire.

Actions Required:

The Lincolnshire Health and Wellbeing Board is asked to:

1. Note the refreshed Joint Health and Wellbeing Strategy;
2. Note the proposal to undertake a more fundamental review of the Joint Health and Wellbeing Strategy following the publication of the Joint Strategic Needs Assessment and alongside the development of the Integrated Care Strategy;
3. Note and comment on the proposals to reinvigorate the governance and delivery arrangements set out in section 1.3.

1. Background

1.1 Context

A statutory duty under the Health and Social Care Act 2012 (as amended by the Health and Care Act 2022) requires the Local Authority and the Integrated Care Board (ICB) through the Health and Wellbeing Board (HWB) to produce a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA).

The JHWS sets out the strategic commissioning for all organisations that commission services to improve the health and wellbeing of the population and reduce inequalities.

Lincolnshire's current JHWS was agreed by the HWB in June 2018 following a year-long engagement and development process. The seven priorities identified in the JHWS are:

- Mental Health and Emotional Wellbeing (Children and Young People)
- Mental Health (Adults)
- Carers
- Dementia
- Physical Activity
- Healthy Weight
- Housing

1.2 Review and Refresh

It is crucial to note that the strategy has no set timescale. This was a conscious decision in 2018 as it allowed us to focus on long term aspirational aims and objectives as well as short term actions. It allowed the board to be able to react swiftly to the changing health and wellbeing needs and priorities facing people living and working in Lincolnshire. It keeps this strategy as current and up to date as is possible.

Since publishing the JHWS the landscape has changed significantly. Firstly, the challenge of responding to the Covid-19 pandemic has placed extreme pressure on the health and care system, meaning some areas of work were stopped, or put on hold. The pandemic exposed widening inequalities in our communities and had a disproportionate impact on certain sections of our population. This upheaval was followed by the introduction of Integrated Care Systems (ICS) which includes the requirement for ICS to establish an Integrated Care Partnership (ICP) with the responsibility for producing an integrated care strategy.

As previously reported to the Board, the local ambition is to connect the JHWS and the integrated care strategy, avoiding duplication, or gaps, between the two. Each will maintain their own identity with the JHWS focusing on the 'what', and the integrated care strategy setting out the 'how', as a system, we will collectively prioritise and address identified needs.

Therefore, alongside developing the integrated care strategy, the JHWS has been 'refreshed' to reflect the wider system changes and to acknowledge the pandemic. The updated JHWS is attached in Appendix A. Once the JSNA is republished in March 2023, further engagement and development will take place to inform a comprehensive review. A fully refreshed strategy will be produced by December 2023.

1.3 Governance and Delivery Arrangements

As part of ongoing development work, the JHWS governance arrangements are also being reinvigorated and strengthened to ensure appropriate mechanisms are in place providing assurance to the HWB and ICP. The diagram in Appendix B shows the proposed updated governance and delivery arrangements for the JHWS going forward. Meetings have been held with the priority leads to restart the drive which was put on hold due to Covid-19. This includes ensuring each of the priority delivery groups has appropriate terms of reference and delivery plans in place.

Prior to Covid-19, the HWB was in the process of implementing themed meetings to ensure the Board receives assurance on the progress being made to improve health and wellbeing in Lincolnshire. We propose to revisit this approach by:

- Developing a 12-18 month rolling Forward Plan to ensure, well in advance, the business of the HWB and ICP avoids duplication;

- Working with priority leads to put in place themed HWB meetings so each priority reports to the HWB once a year (as a minimum)
- Producing an annual report covering all the JHWS priorities (look back/look forward) to be presented to HWB AGM in June

2. Conclusion

The HWB has a statutory responsibility to develop and publish a JHWS based on population needs identified in the JSNA. This paper summarises the work undertaken to refresh the strategy and, following the publication of the new JSNA, the plans for a more fundamental review of the JHWS alongside the integrated care strategy during 2023.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board, and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

This report details proposals to review and refresh the JHWS alongside the development of the integrated care strategy and publication of the new JSNA in March 2023.

4. Consultation

Engagement with partners and stakeholders will be a fundamental part of the programme of work, taking place during 2023, to develop the updated JHWS and integrated care strategy.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Updated Joint Health and Wellbeing Strategy – refreshed October 2022
Appendix B	Updated Joint Local Health and Wellbeing Strategy governance diagram

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

This report was written by Alison Christie, Programme Manager, who can be contacted on alison.christie@lincolnshire.gov.uk

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Joint Health and Wellbeing Strategy for Lincolnshire

Refreshed November 2022

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FOREWORD

The Health and Wellbeing Board is a formal committee of the county council and I am very proud to be the Chairman of this committee. Board members and I collaborate to understand the needs of Lincolnshire communities, agree priorities and encourage the people who make decisions about local health and care services to work in a more joined up way.

Since the original publication date in June 2018 of this second Joint Health and Wellbeing Strategy for Lincolnshire, the landscape has significantly changed. Firstly, the challenge of responding to Covid-19, the largest international public health emergency in a generation. Followed by the much anticipated, however no less significant, introduction of Integrated Care Systems which require the NHS, local authorities and other community and voluntary sector partners to collaborate in a greater way than ever before. The Health and Care Act 2022 introduced the new statutory arrangements from July 2022. In order to ensure this strategy remains relevant there is a need to reflect these changes. However, it is important to note that the content of this strategy continues to be important, not least in that it represents a clear direction for all organisations that are tasked with and interested in, the health and wellbeing of people who live and work in the county.

It is also crucial to note that we did not set a timescale for this strategy. This was a conscious decision in 2018 as it allowed us to focus on longer term aspirational aims and objectives as well as short term actions. It also allowed the board to be able to react swiftly to the changing health and wellbeing needs and priorities facing people living and working in Lincolnshire and keeps this strategy as current and up to date as possible.

Extensive consultation was undertaken in developing this strategy so that we could be sure we really listened to the views of people across the county, not just those who work in health and care. This consultation was firmly based on the evidence included in the Board's Joint Strategic Needs Assessment which can be accessed on the Lincolnshire Research Observatory website at www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx

Our JSNA will be republished in March 2023 and this strategy will be revised as necessary to reflect any new or emerging priorities that come to light as part of that process.

Lincolnshire's Health and Wellbeing Board brings together key people from the health and care system to work together to reduce inequalities and improve the health and wellbeing of the people of Lincolnshire. The next step on our journey is to embrace the opportunities the ICS will bring and address the challenges that we face with system partners to gain the greatest benefits joining up where needed and driving forward change which makes a real difference to the health and wellbeing of people in our county.

I would encourage you to use this strategy in whatever way you can to further improve the health and wellbeing of people and communities in Lincolnshire.



Cllr Sue Woolley, Chairman of the Lincolnshire Health and Wellbeing Board



INTRODUCTION

Under the Health and Social Care Act 2012, the Health and Wellbeing Board for Lincolnshire was established to act as a forum in which those who are responsible for improving and protecting the health and wellbeing of local populations and communities, can do so in a joined up effective way.

As a formal committee of the county council, the Health and Wellbeing Board for Lincolnshire includes representatives from Lincolnshire County Council, NHS Lincolnshire Integrated Care Board (ICB), local NHS Providers, Police and Crime Commissioner, District Councils, Healthwatch Lincolnshire and NHS England. More recently, this has been expanded to include representation from high education and the Local Enterprise Partnership.

The functions of the Health and Wellbeing Board for Lincolnshire are:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA);
- to prepare and publish a Joint Health and Wellbeing Strategy.

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

The Health and Care Act 2022 formally established Integrated Care Systems (ICSs) from July 2022 comprising two statutory bodies exercising statutory functions:

- An Integrated Care Board bringing the NHS together locally
- An Integrated Care Partnership (ICP) as a joint committee of the county council and the ICB with a specific responsibility for preparing an integrated care strategy which takes account of the JSNA and this strategy.

Over the next 12 months, the Health and Wellbeing Board for Lincolnshire will be reviewing this strategy to ensure we align our priorities and thinking to that of the wider system.

DEVELOPMENT AND ENGAGEMENT

Development of the Joint Health and Wellbeing Strategy

In developing this strategy, the Health and Wellbeing Board adopted the following principles:

- Inclusive engagement** that builds public and patient confidence in the process.
- A rational and transparent process** ensuring that competing needs are given a fair hearing.
- Careful information management** ensuring decisions are based on robust information.
- Decisions are based on **clear value choices** that are ethical and underpinned by a sound evidence base.
- Selection of an **agreed prioritisation methodology** that takes into account the ranking/scoring of a range of factors, or 'criteria'.

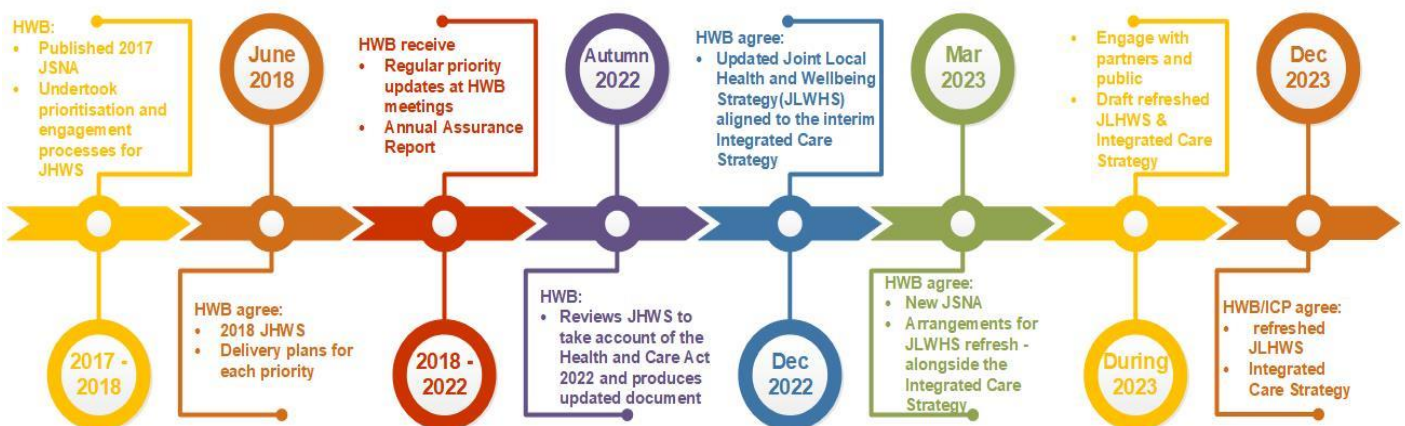
During 2017, the Health and Wellbeing Board for Lincolnshire used the evidence from the JSNA to inform the prioritisation process to identify the areas of focus for this strategy.

Engagement

Alongside the prioritisation process, a series of engagement events and an online survey with partners and the public took place in the summer of 2017 to gather views and insights. The engagement was extensive and diverse with more than 400 people directly involved, representing over 100 groups and organisations. More details about the development and engagement process is available on the [council's website](#).

With the introduction of ICSs, there is a need to align this strategy with the purpose of the system and the benefits it aims to bring through better system working to be set out in the Integrated Care Strategy. The role of the Health and Wellbeing Board for Lincolnshire and the Lincolnshire Integrated Care Partnership will be to bring everything together into one collective ambition for the system. This work will begin in winter 2022 and will continue during 2023 to inform future publications of both strategies by December 2023.

Joint Health and Wellbeing Strategy for Lincolnshire | Development and Evolution Timeline



AIMS, THEMES AND PRIORITIES

The prioritisation and engagement work identified some consistent and constant priorities based on the evidence in the JSNA. There were also some clear aims and themes which emerged throughout the engagement process which the Health and Wellbeing Board has also captured within this strategy.

Aims

Common aims include the need for the Joint Health and Wellbeing Strategy to:

- have a strong focus on prevention and early intervention;
- ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver;
- deliver transformational change through shifting the health and care system towards preventing rather than treating ill health and disability;
- focus on tackling inequalities and equitable provision of services that support and promote health and wellbeing.

These form the basis of the overarching aspirations and aims for the Joint Health and Wellbeing Strategy for Lincolnshire.

Themes

The Health and Wellbeing Board has also identified the following overarching themes for the Joint Health and Wellbeing Strategy.

These are to:

- embed prevention across all health and care services;
- develop joined up intelligence and research opportunities to improve health and wellbeing;
- support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;
- harness digital technology to provide people with tools that will support prevention and self-care;
- ensure safeguarding is embedded throughout the Joint Health and Wellbeing Strategy.

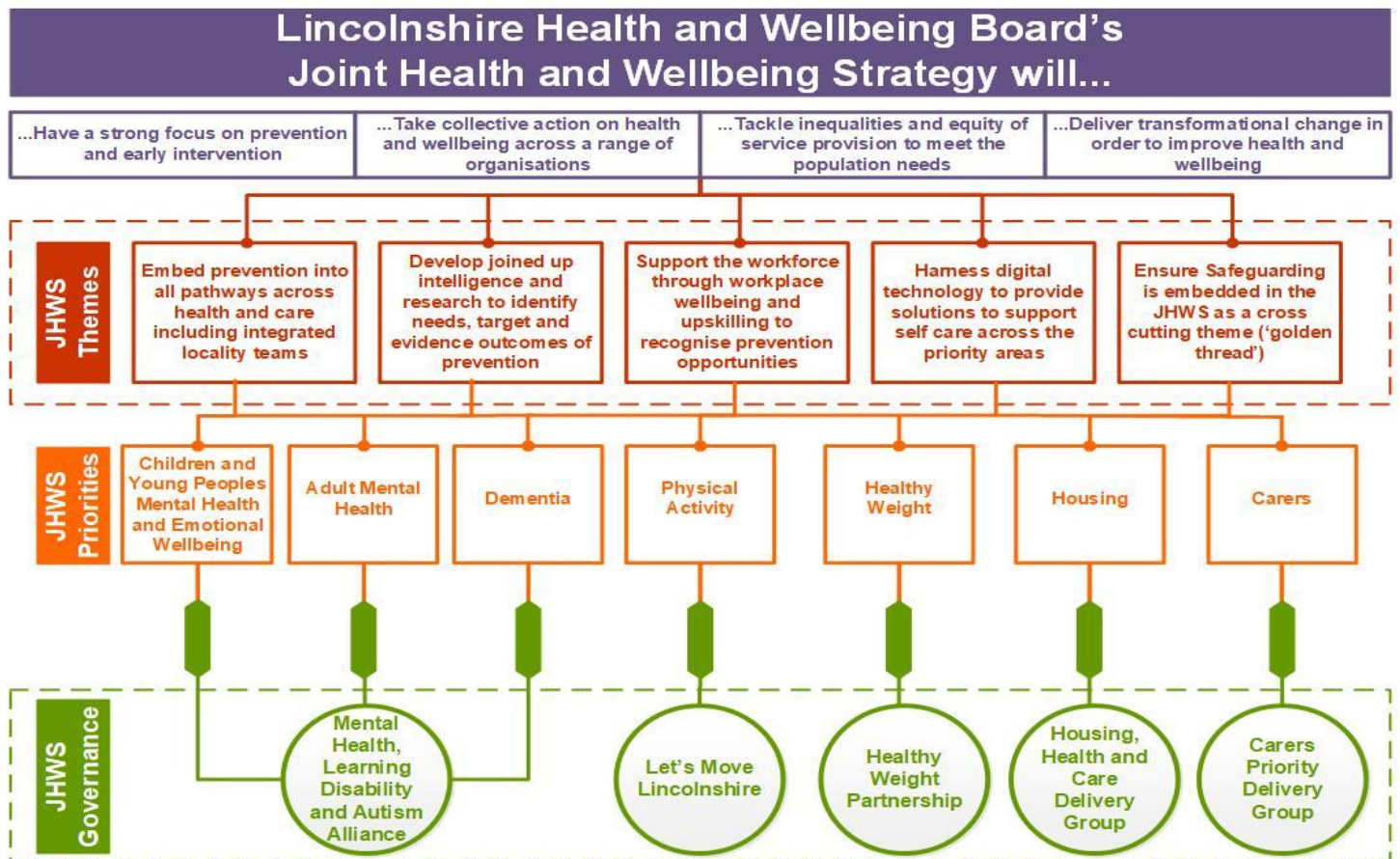
Priorities for Joint Health and Wellbeing Strategy

The priorities in this Joint Health and Wellbeing Strategy focus on the areas included in the JSNA which the prioritisation and engagement work highlighted as being the most important health and wellbeing issues facing the county.

These are as follows:

- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)
- Carers
- Physical Activity
- Housing and Health
- Healthy Weight
- Dementia

In 2018 a number of relevant boards and groups were identified to lead each of the priority areas and were tasked with ensuring the objectives of the Joint Health and Wellbeing Strategy are being delivered. The introduction of ICSs provides us with an opportunity to revisit these arrangements to ensure they continue to be effective delivery mechanisms. It is important that as a system we avoid duplication, so wherever possible, our approach is to connect and create synergies which provide clear lines of accountability and gives assurance to the Lincolnshire Health and Wellbeing Board and the Lincolnshire Integrated Care Partnership that health and wellbeing outcomes in Lincolnshire are improving. On this basis we have revisited the delivery and governance structure and an updated diagram is shown below.



PRIORITY - MENTAL HEALTH AND EMOTIONAL WELLBEING (CHILDREN AND YOUNG PEOPLE)



Why is this priority important?

- One in ten young people have a mental health problem: the equivalent of three in every classroom
- Young people with emotional disorders are more likely to smoke, drink and misuse drugs, miss school and fail in their education. As adults they are more likely to earn less money and experience unemployment.
- Young people attending A&E due to a psychiatric condition has more than doubled nationally since 2010.

A summary of the evidence can be found in the [JSNA Mental Health and Emotional Wellbeing \(CYP\) topic on a page](#)





Objectives

- Build emotional resilience and positive mental health.
- Action on the wider determinants and their impact on mental health and emotional wellbeing.
- Better understanding of self-harm/suicidal intent in young people.
- 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.
- Ensure that young people have timely access to appropriate crisis services.
- Families of young people with mental health needs are supported.
- Ensure appropriate support services are in place for pupils with special educational need and a disability.

PRIORITY - MENTAL HEALTH (ADULTS)



Why is this priority important?

- At any one time, one in six adults has a mental health condition, and those with a long term physical condition or learning disability are most at risk.
- Mental health accounts for almost a quarter of NHS activity but only around 11% of the total expenditure.
- Half of mental health issues are established by the age of fourteen, rising to three quarters by the age of twenty four.

A summary of the evidence can be found in the [JSNA Mental Health \(Adults\) topic on a page](#).





Objectives

- Improved preventative services for adults who have mental health needs and their families through closer integration with neighbourhood teams.
- NHS Health Checks – targeting uptake of those with mental health conditions.
- Reducing in-patient numbers (both in and out of county).
- Development of an all-age crisis service going forward.
- 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.
- Ensure appropriate transport arrangements are available for people with mental health needs, including at times of crisis and/or mental health assessment.
- Development of a new patient-held digital information platform for mental health (including families caring for people with dementia).



Why is this priority important?

- Dementia is a progressive, terminal disease caused when brain tissue is damaged. Symptoms include: loss of memory, mood changes, and communication and reasoning difficulties.
- Dementia is one of the top five underlying causes of death
- Dementia is the leading cause of death for men and women over 80 years old.

A summary of the evidence can be found in the [JSNA Dementia topic on a page](#).





Objectives

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



Why is this priority important?

- Physical inactivity is the fourth greatest risk factor for premature death. It has a bigger impact than obesity. It is responsible for one in six UK deaths.
- Meeting recommended physical activity levels can cut the risks of Type 2 diabetes, colon cancer, CHD, stroke, falls and hypertension by at least 30%. Being active reduces the risk of Alzheimer's, osteoarthritis, hip fractures and depression by between 20% and 80%.

A summary of the evidence can be found in the [JSNA Physical Activity topic on a page](#)





Objectives

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



Why is this priority important?

- Childhood obesity presents immediate and long term negative effects on a child's physical and social wellbeing, educational attainment and mental health.
- Obese children and adolescents are more likely to be obese in adulthood, consequently at greater risk of adult health problems such as heart disease and Type 2 diabetes, stroke and cancers.
- Being overweight or obese is a major public health crisis through its link with serious long term conditions including; Type 2 diabetes, heart disease, stroke, liver disease and cancer.
- Obesity is estimated as the third largest risk factor for premature death.
- The risk of poor health and wellbeing outcomes increases sharply with increasing Body Mass Index (BMI).

A summary of the evidence can be found in the [JSNA Healthy Weight topic](#).



Objectives

The Health and Wellbeing Board agreed to look in more detail at this priority area to ensure that a suitable group of stakeholders and partners are brought together to tackle the issue of healthy weight across ages and communities in Lincolnshire. Develop a whole system approach to obesity.

- Improved information and support for people to live healthier lives.
- Develop Making Every Contact Count (MECC).
- Deliver the healthy weight in children strategic actions to reduce childhood obesity.

PRIORITY - HOUSING AND HEALTH



Why is this priority important?

- Good quality, safe housing and housing related support has a major part to play in improving and maintaining health and wellbeing.
- Lincolnshire has 333,600 households (Census 2021).
- 21% of private housing stock is estimated to have a serious hazard likely to cause illness or harm.

A summary of the evidence can be found in the [JSNA Housing Standards & Unsuitable Homes topic on a page.](#)





Objectives

- Adopt a whole family approach to tackling housing needs.
- Understand and address housing related delayed transfers of care.
- Ensure supported housing arrangements, across partners, fully support vulnerable people with complex presenting needs.
- Commitment to joint action on a housing Memorandum of Understanding across partners.
- Address poor standards of housing and the level of appropriate housing required.
- Concerted action across partners to tackling homelessness.
- Ensure people have the financial capability to access and maintain secure housing.



Why is this priority important?

- In the UK three out of five people will become a carer in their lifetime.
- Carers provide unpaid support for people living with a range of long term health conditions.
- Lincolnshire has about 88,000 unpaid family carers aged from 5 to 100, who may care for a few hours a week on top of work or education or care full time.

A summary of the evidence can be found in the [JSNA Carers topic on a page](#).



Objectives

- Early identification of carers from the point of diagnosis and signpost to appropriate support.
- Whole family approach to support an integrated and seamless carers journey.
- Ensure carers are listened to from the outset and involved in the care of the person they support.
- Ensure young carers are identified in the education sector with supportive learning environments that are sensitive to their needs and promotes educational attainment.
- Carers are supported to look after their own physical and mental wellbeing, including developing coping mechanisms.
- Carers are supported to plan for the future, including emergencies, to make choices about their lives, such as combining care and employment.
- Improved understanding of the local intelligence to influence and shape preventative measures and support services for carers.



DELIVERY OF THE JOINT HEALTH AND WELLBEING STRATEGY

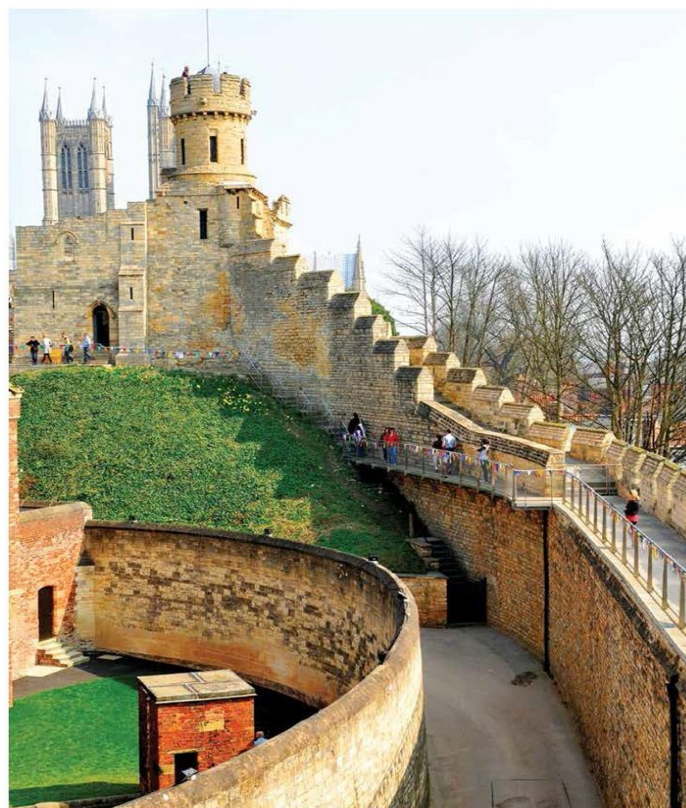
In order to ensure the strategy delivers the objectives identified for each of the priorities, the Health and Wellbeing Board agreed to hold specific groups accountable for the delivery of the strategy.

These groups each developed a delivery plan for their respective priority areas. The plans detail the actions, outcomes, timescales and responsibilities for delivering the objectives. They also highlight where specific objectives and actions support the themes for the Joint Health and Wellbeing Strategy as set out earlier in this document.

All of these plans will be available through the Health and Wellbeing Board web pages www.lincolnshire.gov.uk/health-wellbeing/health-wellbeing-board

The Health and Wellbeing Board will keep this strategy under review ensure it reflects the evidence in Joint Strategic Needs Assessment and remains focused on the most important priorities for people who live and work in Lincolnshire.

The decision not to set a timescale for this strategy was consciously taken by the Health and Wellbeing Board to enable the strategy to be aspirational and transformational. It also allows the Board to be able to react swiftly to any changing health and wellbeing needs and priorities and keep this strategy as current and up to date as possible.



For more information about Lincolnshire's Health and Wellbeing Board and the Joint Health and Wellbeing Strategy, please visit www.lincolnshire.gov.uk/health-wellbeing/health-wellbeing-board

If you would like to request a copy of the Joint Health and Wellbeing Strategy for Lincolnshire in an alternative format please call: 01522 552222

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Information taken from the published JSNA.
For the most up to date JSNA information
please visit <http://www.research-lincs.org.uk>



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Lincolnshire Health and Wellbeing Board's Joint Health and Wellbeing Strategy will...

...Have a strong focus on prevention and early intervention

...Take collective action on health and wellbeing across a range of organisations

...Tackle inequalities and equity of service provision to meet the population needs

...Deliver transformational change in order to improve health and wellbeing

JHWS Themes

Embed prevention into all pathways across health and care including integrated locality teams

Develop joined up intelligence and research to identify needs, target and evidence outcomes of prevention

Support the workforce through workplace wellbeing and upskilling to recognise prevention opportunities

Harness digital technology to provide solutions to support self care across the priority areas

Ensure Safeguarding is embedded in the JHWS as a cross cutting theme ('golden thread')

JHWS Priorities

Children and Young Peoples Mental Health and Emotional Wellbeing

Adult Mental Health

Dementia

Physical Activity

Healthy Weight

Housing

Carers

JHWS Governance

Mental Health, Learning Disability and Autism Alliance

Let's Move Lincolnshire

Healthy Weight Partnership

Housing, Health and Care Delivery Group

Carers Priority Delivery Group

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director Adult Care & Community Wellbeing

Report to	Lincolnshire Health and Wellbeing Board
Date:	6 December 2022
Subject:	Lincolnshire Ageing Better Rural Strategic Partnership Update

Summary

The Centre for Ageing Better (Ageing Better) selected Lincolnshire, following a competitive application, as its rural and coastal partner, one of three strategic partners nationally. An MoU was signed in August 2020 for a five-year period, with Lincolnshire County Council (LCC), East Lindsey District Council (ELDC) and the Greater Lincolnshire Local Enterprise Partnership (GLLEP) as signatories representing a countywide commitment. The partnership aims to coordinate a strategic response to the opportunities and challenges of an ageing population, raising ageing as a strategic priority, and taking joint action to improve later lives for those in the county and beyond.

Partnership activities were initially delayed due to the pandemic and personnel changes in the first year. Even so, progress was made in several areas during this time. Progress with the partnership and priorities was reviewed in November 2021, following the recruitment of a new Strategic Partnership Manager in October 2021. This paper provides an update on progress to date and expected outcomes by October 2023, ahead of this year's annual review, which is due to be undertaken in November / December 2022.

Extending engagement across all local authorities and with health and the community and voluntary sector is now a key focus to maximise the potential for creating an Age Friendly County. This paper also invites agencies not currently engaged with the Partnership and its work to consider how they wish to contribute to and support ongoing developments.

Actions Required:

- Note the work in hand and the progress to date.
- Consider opportunities to engage with the Steering Group and its work programme.
- Consider how to promote the LABSG within the wider health and care system, identifying appropriate colleagues to connect with the Strategic Partnership Manager as appropriate.

1. Background

The Centre for Ageing Better (Ageing Better) selected Lincolnshire, following a competitive application, as its rural and coastal partner, one of three strategic partners nationally. An MoU was signed in August 2020 for a five-year

period, with Lincolnshire County Council (LCC), East Lindsey District Council (ELDC) and the Greater Lincolnshire Local Enterprise Partnership (GLLEP) as signatories representing a countywide commitment. The partnership aims to coordinate a strategic response to the opportunities and challenges of an ageing population, raising ageing as a strategic priority, and taking joint action to improve later lives for those in the county and beyond.

Ageing Better is a charitable foundation, funded by The National Lottery Community Fund, and part of the government’s What Works Network. Its purpose is to find ways to make ageing better a reality for everyone, in relation to good health, financial security, and equity and respect. To achieve this, they work to create change in behaviours, attitudes, policy and practice by campaigning and influencing, developing new ideas for policy and practice, and testing these out, identifying effective practice and innovation and supporting widespread uptake of initiatives.

The key partnership activities in Lincolnshire are around homes and housing, work and employment, tackling ageism, and driving engagement with the World Health Organisation (WHO) Age-friendly Communities approach. Work is underpinned by Ageing Better’s national influencing role with central government, and access to expertise, piloting test and learn projects, and developing best practice.

To support Lincolnshire’s commitment to advocate for change and create an age friendly county, Ageing Better funds a full time Strategic Partnership Manager to connect Ageing Better’s resources with Lincolnshire, and to elevate learning and innovation from Lincolnshire to Ageing Better and its national work. This role is based in Lincolnshire, hosted in LCC’s Public Health Division.

Homes and Housing

Lincolnshire’s Housing, Health and Care Delivery Group (HHCDG) was set up to deliver the Joint Health and Wellbeing Strategy Housing priority. The HHCDG had identified the need to review and transform existing policies and practices to be more person-centred, offer more preventative solutions, wherever possible combining resources to best effect. The Homes for Independence Blueprint and its Delivery Plan identified several actions, and in parallel, LCC’s corporate plan identified an ambition to develop a One Stop Shop for Aids, Adaptations and Equipment.

The strategic partnership enabled Lincolnshire to contribute to Ageing Better’s national Good Homes Inquiry and, through an Ageing Better funded mapping exercise, to explore local service pathways and customer journeys, providing valuable insight for the Good Home Inquiry (GHI) and Lincolnshire Blueprint.

Following this, Ageing Better and Lincolnshire agreed to explore the possibilities for achieving the recommendation that local areas would benefit from having a Good Homes Agency. This is the Lincolnshire Good Homes Alliance project, which aims to provide a framework and potential operating models for more efficient, accessible and clearer support services for residents needing help. Ageing Better has invested £100k to recruit a service design agency to support Lincolnshire to develop and test models of practice to be implemented locally and to inform national support and roll out of this GHI recommendation. This supports and extends the work to develop a One Stop Shop, bringing in resident voice and wider sector engagement for recommendations and models to be developed.

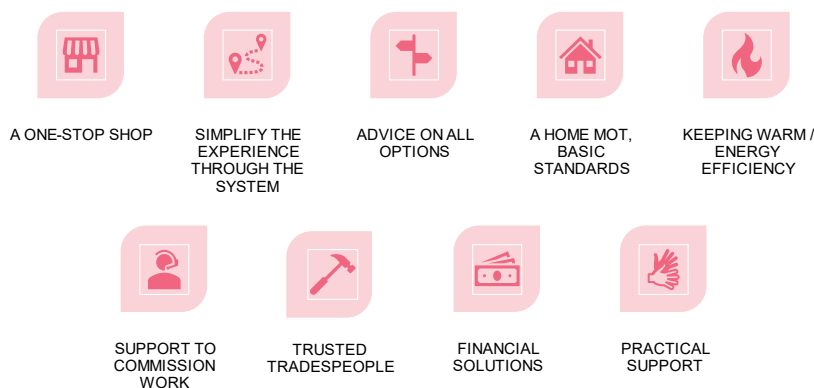
A steering group of senior staff across Ageing Better, LCC and District Councils and a working group focussing on the operational elements of this work has been established. There is senior officer and programme support from Ageing Better, alongside programme delivery through Public Health Officers working on housing, specifically those looking at the One Stop Shop element of services. The work is also supported by a Healthy and Accessible Homes Officer, a post co-funded by all seven District Councils and employed by Boston Borough Council. This work and governance structure directly delivers against action area four of the HHCDG Delivery Plan.

The service design agency is working through four phases:



During the ‘discover’ phase, previous mapping and plans were reviewed, alongside a programme of community engagement with residents and service providers across Lincolnshire. The emerging themes were explored during

the engagement, in the form of a professional / staff survey and a resident survey, run through the Let's Talk Lincolnshire platform. This generated over 60 staff / practitioner responses and over 500 resident responses. Between the working group members, over 100 further individuals have been engaged in more in-depth discussion, through community groups and activities. The 'discover' phase report is complete, with the themes being:



The 'define' phase is coming to an end in November, with workshops seeking to prioritise these key themes, agree the scope, aims, objectives and measures of success of the Good Homes Alliance, to shape the 'develop' phase. Ongoing resident and practitioner engagement is clarifying the issues, identifying gaps, and exploring solutions. The 'develop' phase will consider possible operating models.

The 'deliver' phase will, by the end of March 2023, provide recommendations and enable the HHCDG to test operating models to create more efficient processes / services for Lincolnshire residents. This final phase will also include recommendations and a framework for the operating models to share nationally. Ageing Better has set up a national learning network running in parallel with the work in Lincolnshire, enabling learning to be shared at each stage and to draw in thinking from other local authority areas seeking to follow a similar route in due course.

Following a brief recent discussion with the Deputy Director of the Department for Business, Energy, and Industrial Strategy, we are convening a discussion between him and his equivalents in the Department of Levelling Up, Homes and Communities (DLUHC), and Department of Health and Social Care (DHSC) and the Centre for Ageing Better (CfAB) about the potential to bring together different Government funding streams. This will seek to consider decarbonisation of housing at the same time as resolving other issues with the home (i.e., repairs, improvements, and adaptations). The discussion will also include how to assess when it is not economically viable to bring a home up to standard and what other options are available. This will provide a valuable addition to the GHA development. Further updates will be brought forward as the project continues.

Work and Employment

The Ageing Better Age-friendly Employer guide has 5 principles, as follows:



Representatives from Public Health, LCC HR and Ageing Better have been exploring current approaches to identify age-friendly practices, pockets of good practice that can be replicated, and gaps where the principles can be used to embed further age-friendly elements. The information collated from across the council has informed the review of sections of the People Plan, identified as a key vehicle to embed this work and the good practice identified. Policies including the flexible working policy, guidance and training, the flexible and inclusive recruitment policy and practices, the employee wellbeing strategy, pension workshops, carers guidance and support, and the councils' terms and conditions of employment all support effective practice. Case studies are being collated to profile the excellent work taking place. The next step is to highlight this to achieve consistency across the council. Identified gaps will be developed into recommendations for embedding or introducing new approaches with more

engagement from those residents in Lincolnshire aged 50+ who may apply for roles, and a more age-inclusive work environment to support employees to stay in work for longer where desired and required. The recommendations will be available to be taken forward from April 2023. In the meantime, existing projects and activities have been identified where an additional focus on the 50+ population will be mutually beneficial.

The process and templates created during this work will be promoted as part of setting the standard nationally to support a more age-inclusive approach by all local authorities. LCC, as a large employer, will be advocating this approach by other large employers across the county. Ageing Better is launching a nationwide Age-friendly Employer Pledge in November, for employers who recognise the importance and value workers in their 50s and 60s. Through the Partnership LCC have been asked to be one of the pre-launch signatory organisations.

Ageing Better and LCC, through Justin Brown, Assistance Director – Growth, have been exploring the support that SMEs in Lincolnshire might need to become more age friendly as a solution to ongoing recruitment and retention challenges. Following conversations with Lincolnshire stakeholders a project will begin between January – March 2023, to engage SMEs in workshops to understand their needs and explore support required. Ageing Better will support this by recruiting a post to work through a four-phase project with organisations, starting in Lincolnshire. The four phases are:

- Understand – gathering local labour market intelligence and finding out what local SMEs need.
- Support – offer practical support to employers (e.g. advice, guidance, resources, brokering).
- Learn – collate learning to inform wider local engagement and refine interventions.
- Elevate – take the learning from Lincolnshire into more places across England.

Lincolnshire is also sharing local expertise and views at national level through opportunities at Ageing Better. Justin Brown has a place at the 50+ Employment Taskforce which comprises influential stakeholders, including Department of Work and Pensions (DWP), Institute for Employment Studies, ACAS, West Midlands Combined Authority and the Learning and Work Institute.

Lincolnshire Co-op is part of a national group, advising on and shaping Good Recruitment for Older Workers (GROW) resources to support large and small employers to recruit more age positively. The existing guides have been presented at Lincolnshire Care Association events to support the care sector's thinking around recruitment and retention of older workers who are more likely to have lived experience of being in a caring role. The GROW guide was also embedded within the Community Renewal Fund (CRF) feasibility study, which saw HW Lincs (Healthwatch) work with care homes to test innovative models of recruitment, targeting the over 50's. The report and independent evaluation of effectiveness are due to complete by the end of December 2022.

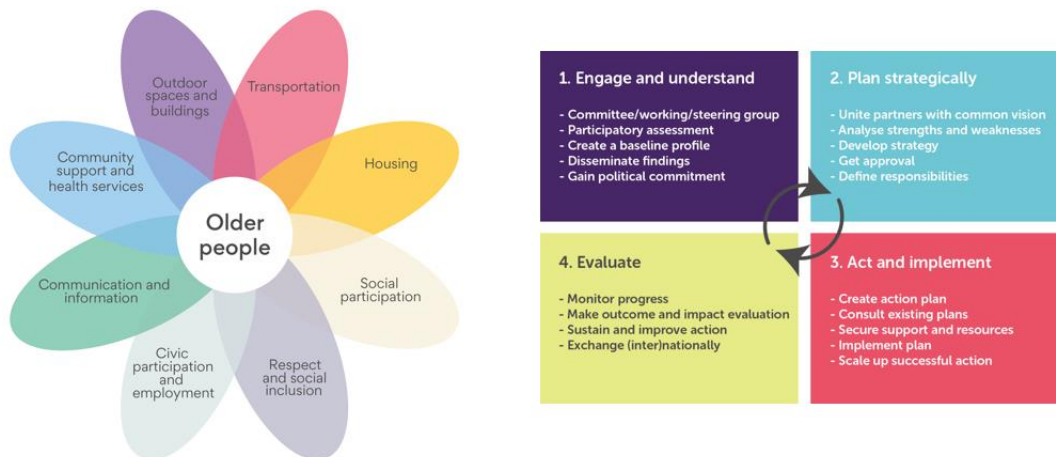
Age Friendly County and Tackling Ageism

The Lincolnshire Ageing Better Steering Group (LABSG), chaired by Cllr Bowkett, reports to the Health and Wellbeing Board. Extending engagement across all local authorities and developing connections into health and the community and voluntary sector is now a key focus to maximise the potential for creating an Age Friendly County, an aspiration of the LABSG from the outset. A stakeholder conference in September 2022 hosted over 80 individuals from a wide range of organisations and sectors. The conference objectives were to provide an opportunity to give project updates to a new audience, gain input into these from new and existing stakeholders, and to explore how stakeholders can collaborate, seeking commitment from the delegates and their organisations to act in implementing change to support Lincolnshire's 50+ population. Delegates identified countywide and district level challenges which will inform learning across all work areas and generate District level solutions-focused conversations.

The LABSG is committed to creating a Lincolnshire State of Ageing report, based on the annual national report produced by Ageing Better. The Public Health Intelligence Team and a member of the LABSG tested and advised on national tools and resources for local areas to create their own versions. This was received positively as an aspiration at the conference and would underpin future plans with resident voice and intelligence into what it means to age in Lincolnshire. As a starting point, Ageing Better funded the creation of a short film that captured voices and pictures of residents across the county and their thoughts on ageing in Lincolnshire. The film and overview transcript are now available for use to promote the work.

Creating an age friendly county aligns with the WHO Age-friendly Communities framework. This approach is being followed by East Lindsey District Council (ELDC) and is gaining interest across other local authorities, along with joining the UK Network of Age-friendly Communities, a national peer support network managed by Ageing Better. Having completed the baseline assessment of the framework, ELDC has committed funds to recruit a post to review their baseline assessment, update the resulting action plan and deliver on that plan.

WHO Age-friendly Communities framework and programme cycle:



Commitment will now be sought from senior officers and councillors to co-fund a shared post to support the baseline assessment and action plan development for the other 6 District Councils. Each District will be encouraged to sign up to the UK Network of Age-friendly Communities, with resources, templates and advice available to support them on this journey.

The development of partnerships and connections across the county and across different sectors is a focus going forward. Partners with an interest in the health of the 50+ age group are being engaged and are reflecting on their offer and ensuring this age group are considered in developing plans. One of the partners, One You Lincolnshire, has piloted a physical activity intervention targeted at people aged 50+ considering social inclusion, physical activity and health education, in Moulton, Grantham and Boston. Partners referred 26 individuals ranging from 55 to 86 years old to the initial programme. This intervention is now shelf-ready to deliver more, dependant on contract requirements and capacity. This is being explored further.

Lincolnshire’s Strategic Partnership with the Centre for Ageing Better

Lincolnshire brings a rural and coastal perspective to Ageing Better, helping to shape work, develop projects and gather insight. This is mainly achieved through the Strategic Partnership Manager being the conduit between Ageing Better and Lincolnshire, with residents lived experience being fed into national pieces of research and work.

Examples include:

- An RSA research piece into people’s lived experience of engaging with community-centred approaches to health and wellbeing. Lincolnshire and Birmingham were selected as the two focus areas to provide public voice. This also led to profiling interventions Lincolnshire implemented during the pandemic around digital connectivity.
- A Lincolnshire resident now sits on an Ageing Better lived experience advisory group, helping to shape the way Ageing Better develops projects, collates insight and captures peoples’ views.
- During a national councillor’s session on age friendly approaches and the WHO framework, Cllr William Gray, LCC and ELDC, profiled the age friendly work in Lincolnshire and his role as an age-friendly champion.

Over the next 12 months the expected outcomes for the Partnership include:

Homes and housing

- Recommendations produced for an operating model for a Lincolnshire Good Homes Alliance to achieve a more efficient, customer friendly offer.

- Learning and operating models created as a framework to support other areas nationally to work towards the Good Homes Agency recommendation from the GHI.
- Lincolnshire learning feeds into the GHA national learning network.
- A delivery plan for implementing a GHA in Lincolnshire with Ageing Better support for evaluating outcomes.
- National conference March / April 2023 – to promote the outcomes from Lincs GHA work.

Work and employment

- Establish the needs of SMEs in Lincolnshire and create a portfolio of support to help SMEs to engage with workers and potential workers in their 50's and 60's.
- Agree and deliver a plan for LCC to become an age-friendly employer (embedded within the LCC People Plan).

Age friendly county and ageism

- Continue to raise the profile of the partnership and the ageing agenda, connecting with a wider range of organisations, in particular the health and community sectors.
- Increase the number of districts signed up to the UK Network of age-friendly communities.
- An established Live Longer Better Alliance promoting and using Ageing Better's age positive image library.
- All local authority Communications teams following the age positive communications principles.
- Recruitment of a countywide post to support the drive for an age friendly county.

2. Conclusion

This is the end of the second year of a five-year partnership. The governance structure links the partnership directly into the Health and Wellbeing Board, through representation and linked work priorities, and the LABSG meets quarterly, with good attendance. Work to date has involved establishing the LABSG, initiating relationships and commencing initial tasks for the Housing workstream. Despite interruptions for covid and staffing changes, there is growing awareness of the relationship with Ageing Better and the opportunities this affords. Many conversations and early plans are starting to become reality, supported by financial and capacity investments from Ageing Better into Lincolnshire.

The next 12 months will see more projects come to fruition. The partnership and priority projects are putting Lincolnshire in a position where it can be seen as a place of excellence for ageing, with the GHA helping to shape national frameworks and roll out, the age-friendly employer work setting the standard for other councils and employers, and the age friendly county generating a joint vision and action on creating a place where people can age well and enjoy later life. Wider stakeholder engagement will support and further strengthen links into the community and build on the importance of the health and care sectors in this agenda, as well as the need to gain commitment from all local authorities to make this agenda a priority, recognising Lincolnshire's changing demographics.

There is great potential for Lincolnshire to contribute and shape national thinking, supporting partners outside the county, whilst bringing learning back into the county for the benefit of residents. Expertise and resource are easily accessible through Ageing Better's staff and connections with other organisations and government agencies.

3. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The ageing better work cross cuts many of the topics in the JSNA and of the JHWS themes, including Housing, Carers, Physical Activity and Mental Health. Many of the objectives relate into the work based on bringing an ageing lens to plans and actions.

The programmes of work detailed in this report align to the preventative and collective action approach of the JHWS, whilst the focussed work around tackling ageism will draw out the focus around inequalities.

4. Consultation

No formal consultation has taken place in writing this report, but the work programmes and especially the Housing work strand involve extensive consultation and engagement with older people, frontline staff and strategic partners.

5. Appendices

None

6. Background Papers

These are listed below and attached at the back of the report	
These links provide access to items shared at September's Lincolnshire Ageing Better Conference.	<p><i>Slides:</i></p> <ul style="list-style-type: none">• Access available here <p><i>Films and videos:</i></p> <ul style="list-style-type: none">• Living Longer Infographics• Ageing in Lincolnshire film• Ageing Better film• Age-friendly Communities Video• Nottingham "Take a Seat" Campaign Video• Isle of Wight Age-friendly Training Video• East Lindsey 'TED and I' Poem Video <p><i>Resources and links:</i></p> <ul style="list-style-type: none">• State of Ageing Report (summary report also available)• Ageism Video• Image Library• Communications Principles (summary video also available)• Centre for Ageing Better Website

This report was written by Navaz Sutton, who can be contacted on navaz.sutton@lincolnshire.gov.uk and navaz.sutton@ageing-better.org.uk

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	6 December 2022
Subject:	Lincolnshire Drug and Alcohol Partnership

Summary:

This paper provides an overview of the National Drug Strategy Guidance that was released in June 2022. It presents the agreed local delivery option for Lincolnshire and outlines current progress against key milestones set out in the guidance.

Actions Required:

The HWB is asked to:

- note the establishment of the Lincolnshire Drug and Alcohol Partnership, and the progress made by the Partnership to date
- agree to receive annual updates on the progress of the Partnership

1. Background

1.1 Context

The Government released a 10-year Drugs Strategy (From Harm to Hope) in December 2021 and announced significant extra funding in February 2022 to deliver improved outcomes.

On 15 June 2022, [Drugs strategy guidance for local delivery partners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/drugs-strategy-guidance-for-local-delivery-partners) was published, setting out how the 10-year Drugs Strategy should be implemented at a local level. This included establishing a local Combating Drugs Partnership (known in Lincolnshire as the 'Drug and Alcohol Partnership') as a strategic group to guide local delivery.

The guidance sets out a National Combating Drugs Outcomes Framework, which will provide a single mechanism for monitoring progress across central government, and in local areas, towards delivery of the commitments and ambitions of the 10-year Drugs Strategy to level up the country. The outcomes and metrics included in the framework aim to provide a link between action and the impact experienced by individuals, families and neighbourhoods across the country.

1.2 Progress to Date

The guidance sets out key milestones that the Lincolnshire Drug and Alcohol Partnership must achieve by April 2023, set out in the table below alongside a progress update.

Milestone	Timeframe	Current Position
Form the local Combating Drugs Partnership, including agreeing the geographical footprint and Senior Responsible Owner	By 1 st August	Complete: the Lincolnshire Drug and Alcohol Partnership has a Lincolnshire footprint and Derek Ward is the Senior Responsible Owner
Agree terms of reference for the partnership and governance structure	By end September	Complete: the Lincolnshire Drug and Alcohol Partnership is the Drug and Alcohol Core Priority Group of the Safer Lincolnshire Partnership. ToR (see Appendix A) were agreed at the inaugural Partnership meeting in September 2022.
Conduct a joint needs assessment	By end November	Ongoing (at the time of writing): the Drug and Alcohol JSNA was recently refreshed and is being used alongside other intelligence (e.g. the 2021 Drug Market Profile) to produce this summary needs assessment for Lincolnshire.
Agree a local drug strategy delivery plan	By end December	Ongoing: work is ongoing within the Drug and Alcohol Partnership to understand current areas of activity, and gaps, to inform the 2023 delivery plan. This will be advanced in the next Partnership on 29 th November and a verbal updated will be shared with HWB Board Members on the 6 th December. The plan will include prevention and treatment for both drugs and alcohol.
Agree a local performance framework	By end December	Ongoing: work is underway and a framework will be finalised once the local delivery plan is agreed.
Report on progress	By end April	Ongoing.

2. Conclusion

This report provides an update on the establishment and progress to date of the Lincolnshire Drug and Alcohol Partnership. The Partnership met for the first time in September 2022 and will meet again in November 2022 to ensure timely progress towards the milestones set out by central Government.

3. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board, and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The work of the Lincolnshire Drug and Alcohol Partnership is informed by the Joint Strategic Needs Assessment. The Partnership has also contributed to the development of the new JSNA factsheet that will be published in spring 2023.

4. Consultation

We have engaged with a range of key stakeholders in developing the Lincolnshire Drug and Alcohol Partnership, including the Integrated Care Board, the Police and Crime Commissioner, Lincolnshire Police, Probation, and Senior Officers and Elected Members at Lincolnshire County Council.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Drug and Alcohol Partnership Terms of Reference

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Lucy Gavens, Consultant in Public Health, who can be contacted at lucy.gavens@lincolnshire.gov.uk.

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Drug and Alcohol Core Priority Group (CPG) (Lincolnshire's Drug and Alcohol Partnership)

Terms of Reference

Accountability

The Drug and Alcohol CPG is accountable to the Safer Lincolnshire Partnership Strategy Board. The Safer Lincolnshire Partnership reports to the Lincolnshire County Council Public Protection Board (see Appendix 1). In its dual-role as a Combating Drugs Partnership, the Drug and Alcohol CPG also has a Senior Responsible Owner (SRO) who will report progress in delivering the national strategy at a local level to the National Joint Combating Drugs Unit.

Responsibilities

The Lincolnshire Drug and Alcohol CPG will:

- Work in partnership to develop and then deliver an evidence-informed drug and alcohol strategy aligned to the 2021 National Strategy from Harm to Hope.
- Develop an accurate understanding of drug and alcohol misuse and incidents arising from this misuse within Lincolnshire and establish appropriate intelligence gathering and sharing arrangements to do this.
- Raise the awareness of drug and alcohol misuse in Lincolnshire, to support Partners to be able to identify how this affects their work and how they can contribute to reducing drug and alcohol related harm.
- Identify places and groups that are most vulnerable to drug and alcohol misuse and its effects and target them holistically for both prevention and treatment.
- Develop a robust prevention programme for drug and alcohol related harm in Lincolnshire, with a focus on the most vulnerable in society and reducing inequalities in outcomes.
- Manage and monitor multi-agency working to maximise access to treatment for drug and alcohol issues and ensure that treatment and recovery systems are operating effectively within the wider system (e.g. health, housing, employment).
- Develop and share best practice locally, regionally and nationally, applying continuous learning to inform future CPG activity.
- Identify the risks and barriers that the CPG encounters whilst carrying out actions. If these cannot be resolved by the CPG they should be added to the SLP Risk Register.
- Identify emerging and cross cutting issues requiring partnership attention to be presented to the SB.

The Role of Representatives

During Drug and Alcohol CPG meetings representatives are responsible for:

- Contributing to the management of the Safer Lincolnshire Partnership Delivery Plan as it relates to substance misuse.

- Contributing to the development and delivery of a local drugs and alcohol plan with a whole-system approach addressing the priorities set out in from ‘Harm to Hope’.
- Contributing to reporting progress towards delivering the local drugs and alcohol plan in line with the National Combating Drugs Outcomes Framework.
- Informing the CPG of any relevant information from their agency regarding commissioning activity, gaps and opportunities.
- Informing the CPG of any cross-cutting or emerging issues identified by their agency.
- Informing the CPG of any changes or developments to their agency that may have implications for the CPG or the SLP as a whole.

Outside of CPG meetings representative are responsible for:

- Undertaking relevant tasks arising from attendance at CPG meetings.
- Informing their agency of implications resulting from decisions made by the CPG or the SLP as a whole.
- Communicating important CPG and SLP information to colleagues as necessary.
- Championing the Safer Lincolnshire Partnership in their day-to-day business.
- Contributing to unblocking issues across the system do improve outcomes related to drug and alcohol misuse.

Membership

- The Strategic Board and SRO (or their delegate) are responsible for ensuring all the appropriate agencies are represented at each CPG.
- Agency representatives from statutory partners and other appropriate agencies will be invited to attend meetings as necessary according to each meeting's agenda.
- Any issues relating to CPG attendance will be reported to the Strategic Board and to the SRO.
- The SRO should be confident that the membership provides representation from key stakeholders, with appropriate individuals involved who are able to make decisions and hold each other to account.

Senior Responsible Owner	Derek Ward	
Chair	Lucy Gavens (Delegate of the SRO)	
Vice Chair	Andrew McWatt	
Coordinator	Jemma Clarke	
Business Support	To Be Confirmed	
Partner Agency	Representative	Email
Lincolnshire ICB	Andy Rix	Andy.Rix@nhs.net
Future 4 Me	Ann Beck	Ann.Beck@lincolnshire.gov.uk
LPFT	Chris Higgins	Christopher.Higgins3@nhs.net
Lincolnshire County Council Elected Member	Cllr P Bradwell	Cllrp.Bradwell@lincolnshire.gov.uk
District Council Elected Member	To Be Confirmed	
Lincolnshire Fire & Rescue	Danny Moss	Danny.Moss@lincoln.fire-uk.org

North Kesteven District Council	Jemma Munton	Jemma_Munton@n-kesteven.gov.uk
OPCC	Joanne Davison	Joanne.Davison@lincs.police.uk
We Are With You – Community/VCSE Representative	Karen Ratcliff	Karen.Ratcliff@wearewithyou.org.uk
We Are With You – Prisons & Contracts	Louise Scherdel	Louise.Scherdel@wearewithyou.org.uk
University of Lincoln	Rachael Mason	RMason@lincoln.ac.uk
The Probation Service	Rachel Crook	Rachel.Crook@justice.gov.uk
Framework Housing Association	Sandra Blow	Sandra.Blow@frameworkha.org.uk
Lincolnshire County Council – Public Health	Simon Gladwin	Simon.Gladwin@lincolnshire.gov.uk
Job Centre Plus	To Be Confirmed	
Double Impact	Steve Youdell	StephenYoudell@doubleimpact.org.uk
HMP Lincoln	Terry Pagram	Terry.Pagram01@justice.gov.uk
OHID	Tracy Carr	Tracy.Carr@dhsc.gov.uk

Additional members may be co-opted to the Drugs and Alcohol CPG as necessarily to deliver the strategic priorities identified by the group.

Attendance

- All members are expected to attend every meeting.
- In the event a member cannot attend a Drug and Alcohol CPG meeting, they should forward their apologies and identify an appropriate replacement to attend the meeting as their delegate.
- Attendance will be monitored and reviewed at regular intervals by the CPG Chair.

Chair

The Chair of the Drug and Alcohol CPG is required to:

- Chair CPG meetings
- Ensure meeting actions that have a purpose, deadline and an owner
- Be the point of escalation for actions that are not completed by stated deadline
- Attend SLP-SB meetings as required
- Attend SLP Chairs and Coordinators meetings
- Champion the SLP in their day-to-day business
- Engage with CPG members outside of meetings
- Support the SRO in report to the Joint Combating Drugs Unit and other central government departments as required.

The Vice Chair will perform the duties of the Chair in the event of the Chair's absence.

Normally the Chair may serve for a maximum of 3 years and will be reviewed annually.

Administration

Secretariat support will be provided by the Lincolnshire County Council Safer Communities Service, including:

- CPG meetings will be attended by members of the Lincolnshire County Council Safer Communities Service (SLP Board Manager, Safer Communities Manager, Coordinators and Analysts) to support the CPG when required.
- Every member has an equal right to place items on the CPG meeting's agenda. Agenda items should be sent to the CPG Coordinator at least 10 days prior to the next meeting. Urgent items which fall outside of this timescale should be addressed under AOB.
- The agenda and meeting papers will be circulated to all representatives a week before the meeting.
- Minutes and the action log will be distributed within two weeks of each meeting.
- On the agenda for the following meeting any amendments from previous minutes can be made and a revised version circulated if required.

Coordination

Coordination for each CPG will be provided by the Lincolnshire County Council Safer Communities Service. The coordinator will:

- Lead the development and implementation of strategies and plans and work to ensure objectives are being met
- Co-ordinate the delivery of meetings and support the CPG Chair and members
- Work with other co-ordinators, SLP members and other boards to avoid duplication of effort and identify and develop synergies in strategies and work programmes
- Work closely with other lead professionals outside of CPG meetings
- Ensure emerging research, evaluation of relevant projects, inspection findings and best practice is shared across partners, to ensure continual practice development and performance improvement.

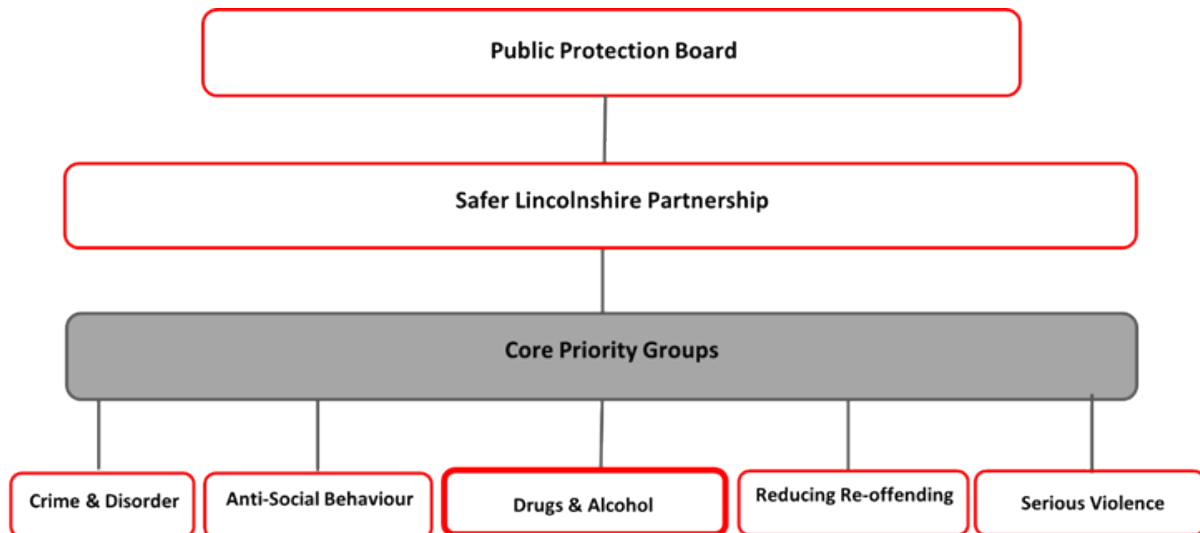
Meeting Dates

- This group will meet 4 times a year.
- Extra meetings may be arranged if necessary.
- The venue for CPG meetings may rotate around suitable partner sites, or meetings may be hosted virtually.

These Terms of Reference will be reviewed annually.

Appendix 1

Figure 1: Drug and Alcohol Core Priority Group Governance



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Agenda Item 8b

Health and Wellbeing Board – Decisions from 14 June 2022

14 June 2022	1	<p>Election of Chairman</p> <p>That Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2022/23.</p>
	2	<p>Election of Vice-Chairman</p> <p>That John Turner (Chief Executive of NHS Lincolnshire Clinical Commissioning Group) be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2022/23.</p>
	5	<p>Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022</p> <p>That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022 be agreed and signed by the Chairman as a correct record.</p>
	6	<p>Action Updates</p> <p>That the Action Updates presented be noted.</p>
	7	<p>Chairman's Announcements</p> <p>That the Chairman's Announcements presented be noted.</p>
	8a	<p>Proposed changes to the Health and Wellbeing Terms of Reference</p> <ol style="list-style-type: none"> 1. That the changes to the Terms of reference, Procedural Rules and Board Member's Roles and Responsibilities as detailed in Appendix A to the report be endorsed. 2. That the changes be recommended to full Council on 16 September 2022, to enable the relevant changes to be made to the Council's Constitution. 3. That the update on the development of Lincolnshire's Integrated Care Partnership be noted. 4. That the recommendation to extend Associate Membership to a representative from Higher Education and the Greater Lincolnshire Enterprise Partnership be endorsed.
	8b	<p>Better Care Fund Final Report 2021/22</p> <p>That the 2021/22 end of year Better Care Fund return be approved.</p>
	9a	<p>Integrated Care System Update</p> <p>That the current position in relation to the ICS legislation be noted.</p>
	9b	<p>Let's Move Lincolnshire – Physical Activity Strategy</p> <p>That the direction of the Let's Move Lincolnshire – Physical Activity Strategy refresh and specifically the health and wellbeing outcome be received.</p>
	9c	<p>Childhood Obesity</p> <p>That the Childhood Obesity report presented be noted.</p>
	10a	<p>An Action Log of Previous Decisions</p> <p>That the Action Log of Previous Decisions as presented be noted.</p>
	10b	<p>Lincolnshire Health and Wellbeing Board Forward Plan</p> <p>That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.</p>

27 September 2022	13	Minutes of the Lincolnshire Health and wellbeing Board Meeting held on 14 June 2022 That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 14 June 2022 be agreed and signed by the Chairman as a correct record.
	14	Action Updates That the Action Updates presented be noted.
	15	Chairman's Announcements That the Chairman's announcements presented be noted.
	16a	Lincolnshire Pharmaceutical Needs Assessment 2022 That approval be given to the final Pharmaceutical Needs Assessment 2022 and associated documents for publication by 1 October 2022.
	16b	Better Care Fund 2022/23 That the 2022/23 Lincolnshire Better Care Fund be approved in retrospect of the submission deadline of 26 September 2022.
	17a	An Action log of Previous Decision That the Action Log of Previous Decision as presented be noted.
	17b	Lincolnshire Health and Wellbeing Board Forward Plan That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.

Lincolnshire Health and Wellbeing Board Forward Plan December 2022 to March 2024

Items for the Lincolnshire Health and Wellbeing Board are shown below:

6 December 2022, 2pm, Council Chamber		
Item & Rationale	Presenter/Contributor	Purpose
Adult Social Care – Discharge Fund and update on the Lincolnshire Better Care Fund To receive a report regarding the funding allocations from the Adult Social Care Discharge Fund, and an update on the Lincolnshire Better Care Fund	Glen Garrod, Executive Director Adult Care and Community Wellbeing	Decision
Joint Strategic Needs Assessment – initial outcome of review and next steps To receive an update on the review of the Joint Strategic Needs Assessment.	Lucy Gavens, Consultant Public Health	Discussion
Joint Health and Wellbeing Strategy for Lincolnshire To receive a report informing the Board on the rationale and process for updating the Joint Health and Wellbeing Strategy and governance arrangements alongside the Integrated Care Strategy.	Michelle Andrews, Assistant Director & Alison Christie, Programme Manager	Discussion
Lincolnshire Ageing Better Rural Strategic Partnership update To receive an update report on the progress to date and expected outcomes by October 2023, ahead of this year's annual in December 2022.	Sem Neal, Assistant Director & Navaz Sutton, Programme Manager	Discussion
Update on Combating Drugs Partnership and Substance Misuse Funding To receive a report on behalf of the Director of Public Health on the establishment of a Combating Drugs Partnership in response to local guidance in support of the Government's 2021 Drug Strategy.	Lucy Gavens, Consultant Public Health	Information

Planned items for future Lincolnshire Health and Wellbeing Board are shown below:

28 March 2023, 2pm, TBC		
Item & Rationale	Presenter/Contributor	Purpose
Joint Strategic Needs Assessment (2023) To receive a presentation on the new Joint Strategic Needs Assessment asking the Board to approve the JSNA prior to publication.	Lucy Gavens, Consultant Public Health	Decision
Approach to refreshing the Joint Health and Wellbeing Strategy for Lincolnshire To receive a report asking the Board to agree the process and engagement approach, using the 2023 JSNA, to refresh the Joint Health and Wellbeing Strategy for Lincolnshire.	Michelle Andrews, Assistant Director & Alison Christie, Programme Manager	Decision

Lincolnshire Health and Wellbeing Board Forward Plan December 2022 to March 2024

28 March 2023, 2pm, TBC		
Item & Rationale	Presenter/Contributor	Purpose
Healthy Weight Partnership update To receive a report from the Healthy Weight Partnership on the progress in delivering the Healthy Weight priority	Andy Fox, Consultant Public Health	Discussion
Let's Move Lincolnshire update To receive a report from Let's Move Lincolnshire on the progress in delivering the Physical Activity priority	Emma Tatlow, Active Lincolnshire	Discussion
Director of Public Health Annual Report 2022 To receive a report and presentation on the Director of Public Health Annual Report 2022.	Derek Ward, Director of Public Health	Information
Better Care Fund Update – <i>this is a standing information agenda item</i>	Glen Garrod, Executive Director for ACCW	Information

27 June 2023, 2pm, TBC		
Item & Rationale	Presenter/Contributor	Purpose
AGM - Election of Chair and Vice Chair		Decision
Review of Terms of Reference and Board Membership To receive a report which asks the Board to review and endorse the Terms of Reference and Procedural Rules, and changes to the Board Membership.	Michelle Andrews, Assistant Director and Alison Christie, Programme Manager	Decision
Joint Health and Wellbeing Strategy for Lincolnshire – Annual Assurance Report To receive the annual assurance report on the delivery of the Joint Health and Wellbeing Strategy for Lincolnshire	Alison Christie, Programme Manager and Priority Leads	Discussion
Better Care Fund Update – <i>this is a standing information agenda item</i>	Glen Garrod, Executive Director for ACCW	Information

Lincolnshire Health and Wellbeing Board Forward Plan December 2022 to March 2024

26 September 2023, 2pm, TBC		
Item & Rationale	Presenter/Contributor	Purpose
Update on the refresh of the Joint Health and Wellbeing Strategy for Lincolnshire To receive an update report on the work to refresh the Joint Health and Wellbeing Strategy for Lincolnshire.	Michelle Andrews, Assistant Director and Alison Christie, Programme Manager	Decision
Carers Delivery Group update To receive a report from the Carers Delivery Group on the progress in delivering the Carers priority	Chair and lead officer (tbc)	Discussion
Housing Health and Care Delivery Group update To receive an update report on the progress in delivering the Homes of Independence Strategy	ClIr W Gray, Chair HHCDG & Senior Officer (tbc)	Discussion
Better Care Fund Update – <i>this is a standing information agenda item</i>	Glen Garrod, Executive Director for ACCW	Information

5 December 2023, 2pm, TBC		
Item & Rationale	Presenter/Contributor	Purpose
Refreshed Joint Health and Wellbeing Strategy for Lincolnshire To receive a report presenting the refreshed Joint Health and Wellbeing Strategy for Lincolnshire	Michelle Andrews, Assistant Director	Decision
Lincolnshire Ageing Better Rural Strategic Partnership update To receive an update report on the progress to date	TBC	Discussion
Better Care Fund Update – <i>this is a standing information agenda item</i>	Glen Garrod, Executive Director for ACCW	Information

TBC March 2024, 2pm, TBC		
Item & Rationale	Presenter/Contributor	Purpose
Healthy Weight Partnership update To receive a report from the Healthy Weight Partnership on the progress in delivering the Healthy Weight priority	TBC	Discussion
Let's Move Lincolnshire update To receive a report from Let's Move Lincolnshire on the progress in delivering the Physical Activity priority	TBC	Discussion
Better Care Fund Update – <i>this is a standing information agenda item</i>	Glen Garrod, Executive Director for ACCW	Information

