

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)*