

Joint Engagement Approach 2023

Joint Local Health & Wellbeing Strategy and Integrated Care Strategy

Analysis of Prioritisation Exercise and Recommendations

Report produced by Public Health May 2023

1. Background and Context

The Joint Local Health and Wellbeing Strategy (JLHWS) is a document that aims to inform and influence decisions about the commissioning and delivery of health and social 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 production of the JLHWS is a legal requirement under the Health and Social Care Act 2012, and the responsibility for producing it rests with the Lincolnshire Health and Wellbeing Board (HWB).

The HWB is also responsible for producing the [Joint Strategic Needs Assessment \(JSNA\)](#). The JSNA reports on the health and wellbeing needs of the people in Lincolnshire. It brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs. The JSNA forms the evidence base for the JLHWS.

Lincolnshire’s current JLHWS was agreed by the HWB in June 2018 following a year-long engagement and development process. A summary of the JLHWS showing the delivery arrangements is summarised in Figure 1 below.

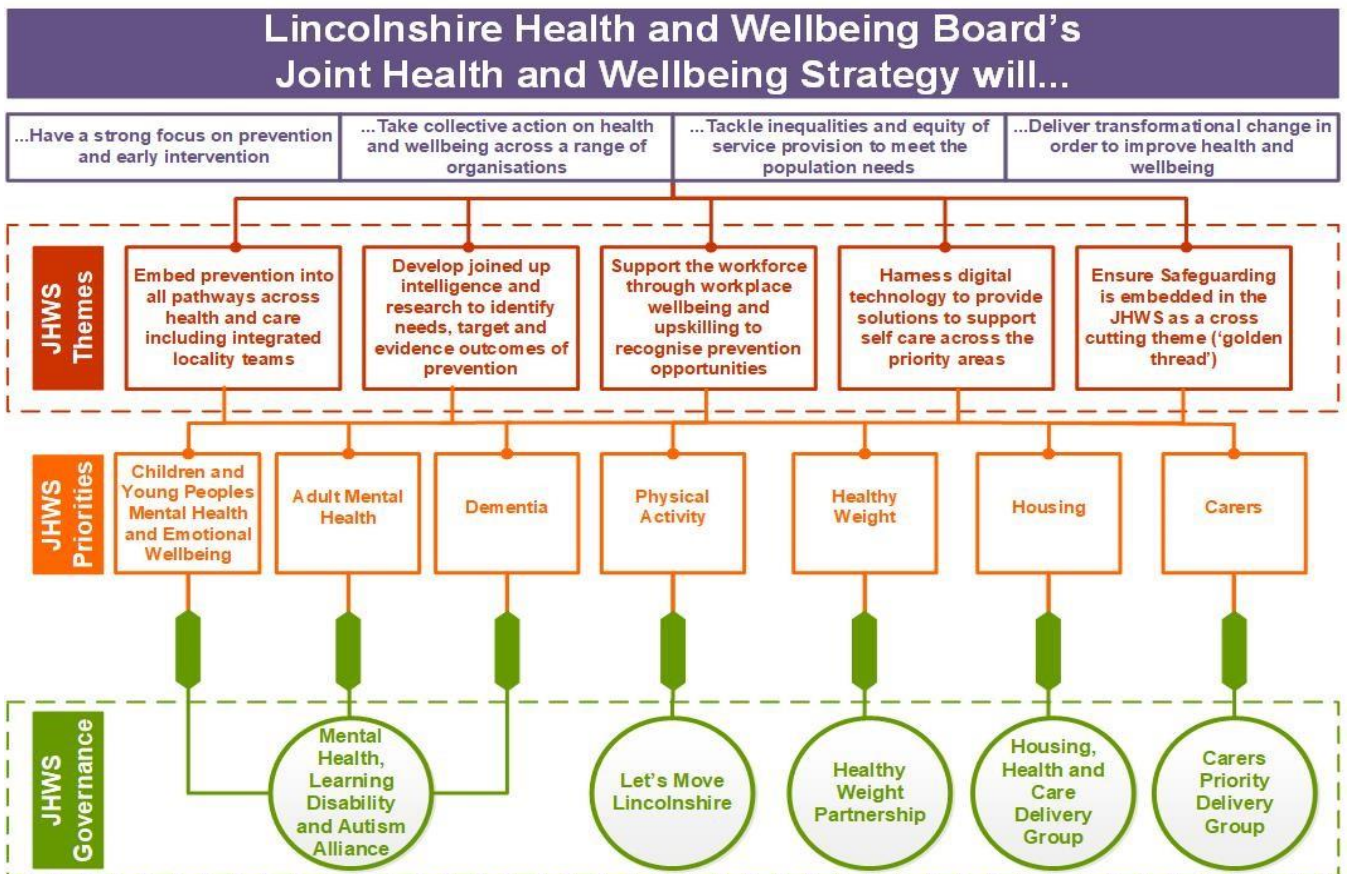


Figure 1: Joint Local Health and Wellbeing Strategy for Lincolnshire overview (updated Dec 2023)

It is important to note that the current strategy has no set end date. This was a conscious decision in 2018 to allow partners to focus on the long-term aspirational aims and objectives as well as short term actions. It was also to enable the HWB to respond to changing health and wellbeing needs as evidence is updated in the JSNA, so the strategy is a live document.

In December 2022, the JHWS was 'refreshed' to acknowledge the introduction of Integrated Care Systems (ICSs) from July 2022 and recognise the impact of Covid-19 had on the health and care system. These, predominantly cosmetic changes, were done on the understanding that a more fundamental review will take place during 2023 following the publication of the new JSNA in March 2023.

2. Joint Engagement Approach

The Health and Care Act 2022 introduced Integrated Care Systems (ICSs) from July 2022. As part of ICS arrangements, the Act requires that Lincolnshire Integrated Care Partnership (ICP) prepares and publishes an integrated care strategy setting out how assessed needs can be met by partners across the health and care system.

Due to Lincolnshire's ICS area being coterminous with the HWB, the local ambition is to align, as far as possible, the integrated care strategy with the JLHWS. This agreed approach connects the strategies, avoiding duplication, or gaps, between the two. Each will maintain their own identity, the JLHWS focusing on "what" the identified needs are; and the integrated care strategy setting out "how" we collectively address identified needs, as a system.

In March 2023, the HWB and ICP agreed a joint engagement approach to inform the review of the JHWS and the next iteration of the integrated care strategy. The focus of the approach is to engage key stakeholders, partners, and the voluntary and community sector to gather their views and perspectives on the health and wellbeing priorities in Lincolnshire. The objectives are to:

- Use the evidence from the new Joint Strategic Needs Assessment (JSNA) to:
 - reaffirm the current priorities in the JLHWS.
 - identify any further areas of concern.
 - consider alterations to the priorities in JLHWS.
- Gather views on how partners in the health and care system can increase collaboration to address JHWS priorities and meet the ambition of the integrated care strategy.

The joint engagement timeframe:

Timeframe	Activity
Phase 1 – Prioritisation and engagement with partners and stakeholders	
28 March 2023	<ul style="list-style-type: none"> • JSNA signed off by HWB – the online resource will go live following the HWB. • Agreement of the overall engagement approach for the JHWS / ICP Strategy at the HWB / ICP meeting - this will ensure transparency, as well as raising awareness amongst key partners on the HWB / ICP
Early April 2023	Desktop exercise to map JSNA to feed into the prioritisation workshop(s)
Late April 2023	Prioritisation Workshop with representatives from the organisations on the HWB/ICP to shortlist the JNSA – using outcomes from the desktop mapping exercise
April 2023	Health Scrutiny Committee – present report on engagement approach during 2023
April – July 2023	Engagement with key stakeholders and partners – including Healthwatch, districts, voluntary & community organisations, JHWS priority delivery groups. Wherever possible, existing partnership meetings and engagement opportunities to be used
June 2023	<p>Report to HWB/ICP – update report on the outcome of the prioritisation workshops and feedback to date from partners and stakeholders</p> <p>Based on emerging outcomes from Phase 1, HWB/ICP to decide either:</p> <ul style="list-style-type: none"> a) public engagement (Phase 2) is required – <i>what things can the public influence and/or change?</i> Or b) communication and awareness raising exercise if required

Phase 2 – Public Engagement and/or Communication – subject to outcome of phase 1	
June – Sept 2023	Engagement/communication exercise with the public
June – Sept 2023	Online survey
Phase 3 – Produce final documents and sign off	
September 2023	HWB / ICP – update report on activities/feedback to date
Sept - Oct 2023	Analyse feedback & produce engagement summary documentation
Oct 2023	HWB/ ICP workshop – to finalise the aims and priorities for JHWS and ICP Strategy
Oct / Nov 2023	Report to Health Scrutiny Committee – to ask the committee to comment on the draft strategies prior to final approval in December
Oct / Nov 2023	Report to LCC and ICB governance
Dec 2023	HWB / ICP sign off JHWS & ICP Strategy

3 PHASE 1 - Prioritisation and engagement with partners and stakeholders

3.1 Desktop Mapping and Prioritisation Exercise

A simplified evidence-based prioritisation methodology was agreed by the HWB and ICP in March 2023. The approach uses the matrix shown in Figure 2, to map the health and wellbeing issues identified in the JSNA according to their potential impact on Lincolnshire’s population and the recent direction of travel (improving or worsening).

HIGH BURDEN	Issues that have a large impact and trends indicate the impact on the Lincolnshire population is improving	Issues that have a large impact and trends indicate the impact on the Lincolnshire population is worsening
	Issues that have a relatively low impact and trends indicate the impact is improving	Issues that have a relatively low impact, but trends indicate the impact is worsening
LOW BURDEN	IMPROVING	WORSENING

Figure 2 – Prioritisation Matrix

The desk top mapping exercise was completed by the Public Health Intelligence team in early April 2023 using the following criteria:

- Disability Adjusted Life Years (DALYs)¹ – using the Global Burden of Disease Level 2 rates for Lincolnshire, each JSNA topic was reviewed and assigned cumulative DALYs. This then allowed the 36 topics be to be compared and ranked according to the level of burden or impact on the population.
- To measure the direction of travel, 379 OHID fingertips indicators, each with trend analysis, linked to the 36 JSNA topics were reviewed to give an overall positive, negative or zero change ranking for each factsheet.

¹ Disability Adjusted Life Year is measure of overall disease burden, expressed as the cumulative number of years lost due to ill-health, disability, or early death.

Using the combined rankings, each JSNA topics was then plotted on the matrix, see Appendix 1. This exercise highlighted:

- 12 JSNA topics are high burden and worsening.
- 6 JSNA topics are high burden but improving.
- 1 JSNA topic is high burden with no change.
- 7 JSNA topics are low burden and worsening.
- 8 JSNA topics are low burden and improving.
- 2 JSNA topics are low burden and no change.

The 12 high burden and worsening JSNA topics, in rank, are shown in Table 1. The top three topics are current priorities in the JLHWS, and Unsuitable Homes is part of the Housing and Health priority.

JSNA Topic	DALY RATE SUM	DALY RATE SUM RANK	FINGERTIPS FINAL RANK	OVERALL FINAL	Start Well	Live Well	Age Well
Healthy Weight	22,627.85	35	33	High Burden - Worsening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Physical Activity	21,229.66	34	28	High Burden - Worsening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental Health	17,670.77	33	24	High Burden - Worsening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Respiratory	15,711.94	32	19	High Burden - Worsening		<input checked="" type="checkbox"/>	
Environment	15,709.22	31	19	High Burden - Worsening		<input checked="" type="checkbox"/>	
Diabetes	12,321.94	28	25	High Burden - Worsening		<input checked="" type="checkbox"/>	
Neuro	12,038.76	27	24	High Burden - Worsening		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiovascular	11,387.39	26	21	High Burden - Worsening		<input checked="" type="checkbox"/>	
Oral Health	9,536.21	24	25	High Burden - Worsening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Drugs and Alcohol	7,886.87	22	36	High Burden - Worsening		<input checked="" type="checkbox"/>	
Unsuitable Homes	7,607.29	21	19	High Burden - Worsening		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Early Years	6,035.31	19	35	High Burden - Worsening	<input checked="" type="checkbox"/>		

Table 1 – High burden – worsening JSNA topics

3.2 Health and Wellbeing Prioritisation Workshop

Nominated lead officers from the member organisations (see Appendix 1) on the HWB attended a workshop on 27 April 2023, to review and discuss the outcome of the desktop mapping and prioritisation exercise. The session specifically focused on the topics ranked as high burden and worsening.

A multiple-choice poll was held with attendees to gauge their initial views (full results shown in Appendix B). The majority (72%) agreed with the prioritisation mapping (Appendix 2) and felt it reflected the current position in Lincolnshire. However, whilst 83% stated they would not expect to see any JSNA topics ranked lower, 88% said would they expected to see certain JSNA topics ranked higher. This feedback was explored further in small discussions groups. Attendees were asked to consider:

- Which current JLHWS priorities need to change – do any need to be removed?
- Which JSNA topics should be considered as a priority in the reviewed JLHWS?
- How much influence or impact, especially for those topics mapped as high burden and worsening, can partners have on making improvements – is it the sole responsibility of one organisation, or does it require a partnership approach?

Summary of Key Point from Group Discussions:

- Mental Health, Physical Activity and Healthy Weight should remain priorities to address the many of the longer-term impacts of Covid-19.

- Drugs and alcohol consumption increased during the pandemic, so should be considered as a potential new priority.
- Autism and Dementia should be ranked higher.
- Due to Lincolnshire' ageing population, frailty was identified as an increasing challenge for our health and care system. However, frailty is not a standalone JSNA topic, although aspects of this agenda are considered in topics such as Falls and Dementia. Frailty should be considered as part of the Integrated Care Strategy.
- Surprising to learn Musculoskeletal Conditions (MSK) did not rank higher given it was as an area of concern in the Director of Public Annual Report (2019) – the Burden of Disease in Lincolnshire. In the prioritisation exercise, MSK was ranked as 'low burden' and 'worsening' and therefore did not feature in the top 12 prioritised JSNA topics. Light of the concerns highlighted in the DPH Annual Report, the HWB could consider MSK as a potential priority. In which case, consideration would need to be given to the benefit of including MSK and how wider partners can contribute to the agenda.
- Housing is seen as an important topic with general support for focusing on Unsuitable Housing.
- Support for Carers is no longer a high priority for the JLHWS because there was a view that significant progress has been made since 2018 with more support and services now in place.
- Consensus view that the JLHWS should remain focused on prevention and the wider determinants of health across the whole life course.
- Prevention promotion and services should be targeted to areas with the greatest inequalities.
- The JLHWS should follow a life course approach, to reflect the new JSNA and consideration given to broaden the life course definitions to include 'Dying well'.
- Services need to 'empower' people to look after their own health and wellbeing.
- Community Assets – how do these fit in?

Following group discussions, attendees were asked to identify which three JSNA topics from the list of high burden and worsening topics, they thought were the greatest priority for the Lincolnshire System. 'Other' was also given as an option. The results are shown in Table 2.

1. Mental Health	85%
2. Healthy Weight	50%
3. Drugs and Alcohol	35%
4. Unsuitable Homes	35%
5. Other* - Dementia	30%
6. Physical Activity	25%
7. Early Years Development	20%
8. Environment	15%
9. Respiratory Conditions	10%
10. Diabetes	5%
11. Cardiovascular Disease	5%
12. Oral Health	5%
13. Neurological Conditions	0%

Table 2 – Results of poll asking for top 3 JSNA topics.

* There was support for Dementia to be considered as high priority.

The following points were also raised, but these are not specific JSNA topics:

- Frailty
- Personal responsibility/self help
- 'Dying well'

Attendees felt these were important issues which need an integrated approach across the health and care system; therefore, it is proposed this feedback is considered as part of developing the next iteration of the Integrated Care Strategy

The majority (85%) felt the number of priorities in the revised JLHWS should either remain the same (seven) or *be less*. Therefore, it is proposed that the JSNA topics identified as high burden and worsening but which received the lowest support should not be considered for inclusion in the revised JHWS. These are:

- Early Years Development
- Environment
- Respiratory Conditions
- Diabetes
- Cardiovascular Disease
- Oral Health
- Neurological Conditions

4 Conclusions and Recommendations

Recommendation 1 – The revised Joint Local Health and Wellbeing Strategy should have no more than seven priorities, therefore JSNA topics receiving the lowest support (numbered 8 to 13 in Table 2) should not be progressed as priorities.

Recommendation 2 – Mental Health & Emotional Wellbeing², Healthy Weight and Physical Activity remain priorities in Lincolnshire’s Joint Local Health and Wellbeing Strategy.

The desktop mapping exercise ranked [Mental Health](#), [Healthy Weight](#), and [Physical Activity](#) as the top three for high burden and worsening. The stakeholder workshop supported this view, ranking all three of these JSNA topics in the top six.

Good mental health and wellbeing are fundamental for a happy and healthy life. Mental health problems can significantly affect any individual, their family, the community and wider society. The number of new referrals to specialist mental health services in Lincolnshire was higher than the national average in all age groups for 2019/20 (the most recent year for which data is available). We know rates of referrals have been impacted by the Covid-19 pandemic. Lincolnshire has seen significant increases in the number of referrals in the last two years.

Being overweight or obese is a major public health concern directly associated with serious illnesses including type 2 diabetes, heart disease and some cancers. Obesity and overweight are also linked to musculoskeletal and mental health problems. Prevalence of excess weight and obesity amongst adults and children in Lincolnshire tends to be above the England average, although there is considerable variation across the county.

Physical activity has been described as ‘the miracle cure’. Being active has enormous health and wellbeing benefits. Regular exercise can prevent dementia, type 2 diabetes, some cancers, depression, heart disease and other common serious conditions – reducing the risk of each by at least 30%. Physical activity lowers risk of depression by up to 30% and can boost self-esteem and mood. Lack of physical activity is an important factor related to obesity. In Lincolnshire, 42% of adults fail to meet the Chief Medical

² This will mean the current Mental Health and Emotional Wellbeing (Children and Young People) and Mental Health (Adults) priorities will be combined into a single priority.

Officers physical activity guidelines (150 minutes of moderate intensity physical activity per week), with many adults being completely inactive (doing less than 30 minutes a week). This has remained relatively consistent and is worse than the national and regional averages.

Recommendation 3 – Dementia remains a priority in Lincolnshire’s Joint Local Health and Wellbeing Strategy either as a stand-alone priority or as part of the Mental Health priority, if the decision is to follow a life course approach.

Although [Dementia](#) was ranked low burden and unchanged, the stakeholder workshop felt dementia remains an important issue given Lincolnshire’s ageing population profile. Dementia profoundly affects individuals with their family feeling pressure and anxiety to provide vital care and support. The prevalence of dementia makes it one of the most pressing challenges for health and care services in the UK and Lincolnshire. Currently 6.8% of people aged 65 or over in Lincolnshire are living with dementia and projections suggest this figure is likely to double by 2040.

Recommendation 4 – The HWB is asked to consider the options for drugs and alcohol and provide a steer on its preferred option for the next stage of strategy development.

The desktop mapping exercise ranked [Drugs and Alcohol](#) tenth for high burden and worsening, but stakeholders ranked it third in the workshop. Drug and alcohol harm is multi-faceted, and every drug (including alcohol) has a different harm profile. During the pandemic depression, anxiety, and social isolation were all related to increases in alcohol consumption and substance misuse. Lincolnshire’s treatment services have seen levels of dependency increase since Covid-19, and more users present with complex issues. Impacts of drug and alcohol use include dependence, a range of physical and psychological health impacts (cancer, cirrhosis, heart disease, psychosis, paranoia, self-esteem issues). Drug and alcohol use is linked to the loss of relationships, and tangibles such as housing and employment. For a drug user’s family and friends, there is increased risk of injury through mechanisms such as foetal harm, transmission of blood borne viruses, domestic violence, and road crashes. For wider society there is harm from crime, economic costs, and disruption to community cohesion.

The Safer Lincolnshire Partnership (SLP) has identified drugs and alcohol misuse as a strategic priority, and the SLP Priority Group is operating as Lincolnshire’s Combating Drugs Partnership (known locally as the Drugs and Alcohol Partnership). The SLP arrangements are well established with clear governance and strong working relationships across all strategic partners including health, the Police, and local authorities. This is a high-profile cross cutting agenda, which is broader than commissioned treatment services and requires a partnership approach. It has significant impact and relevance to both the health and care system and the crime and safety arena. Therefore, proposals for consideration are:

- a) Option 1 – Include Drugs and Alcohol as a priority in the JLHWS and engage with the SLP Priority Group to understand the areas of focus for the JLHWS.
- b) Option 2 – Not to include Drugs and Alcohol as a priority in the JLHWS and confirm appropriate partnership governance and reporting mechanisms are in place to provide assurance for this agenda.

Recommendation 5 - Considering aspects of the JSNA factsheets on Homelessness, Housing Standards and Unsuitable Homes and the importance to the health inequalities agenda, it is recommended that Housing and Health remains a priority theme but re-named Homes for Independence.

[Unsuitable Homes](#) was ranked eleventh for high burden and worsening, but fourth in the stakeholder workshop. Housing and Health is currently a priority in the JLHWS and is being progressed by the Housing, Health and Care Delivery Group, a partnership forum specifically established by the HWB. Evidence shows

that living in familiar, safe, accessible, warm accommodation that we call 'home' is more likely to promote mental and physical wellbeing, and to reduce hospital admissions, social isolation, and loneliness. Our vision is for people to live independently, stay connected and have greater choice in where and how they live.

The proposed refocused priority will not address all aspects of housing but identifies those who may need extra help to maintain their wellbeing and independence e.g., those with health and care needs, those moving from a hospital inpatient or other facilities, and care leavers amongst others. There are three main areas of focus:

- a) Ensuring homes are safe, warm, and dry to reduce accidents such as falls and to prevent illness, especially respiratory conditions, for people of all ages.
- b) Maximising levels of independence for people with care and support needs (e.g., frail older people and people with mental health issues, dementia, learning disabilities, and autism). This includes providing appropriate small aids, equipment, and adaptations to meet people's needs through streamlined mechanisms and processes.
- c) Preventing homelessness and rough sleeping by addressing the underlying causes leading to homelessness.

Recommendation 6 – the HWB is asked to give a steer on whether Carers should remain a priority in the JLHWS.

[Carers](#) is currently a priority in the JLHWS but did not feature in the top 12 high burden and worsening topics. In the desktop mapping exercise carers was identified as high burden and improving, and [young carers](#) as low burden improving. There are currently an estimated 79,262 unpaid family carers in Lincolnshire. Given the county's aging population, this number is predicated to increase. There is a significant impact on the health and wellbeing of a person in a caring role. Carers are twice as likely to suffer poor health compared to the general population, primarily due to a lack of information and support, financial concerns, stress, and social isolation. Evidence shows that two thirds of unpaid carers are female providing on average 50 hours of care per week. The risk of carer failure represents a potentially significant pressure on health and care services.

The Carers Delivery Group met on 11 May 2023 and were asked to discuss the outcome of the prioritisation exercise. Based on feedback from carers, the general census was the mapping exercise does not accurately reflect the current experience and position for carers. Many carers report the Covid-19 pandemic has had a considerable impact on their health and wellbeing, with the burden of caring getting worse. People are waiting longer to get support and finding it difficult to access paid packages. This situation is being further exacerbated by the cost of living crisis which is placing additional pressures on carers. The view of the Delivery Group is carers should remain a priority to ensure, as a system, the needs and support to carers are addressed.

Recommendation 7 – The revised Joint Local Health and Wellbeing Strategy is developed using a life course approach to reflect the new Joint Strategic Needs Assessment.

There was overwhelming support (90%) from the participants at the workshop for the revised JLWHS to follow a life course approach to reflect the JSNA.

JSNA PRIORITISATION WORKSHOP – 27 APRIL 2023

Representatives from the following organisations and services attended.

City of Lincoln Council

Healthwatch Lincolnshire

Lincolnshire County Council – Adult Care

Lincolnshire County Council – Children’s Services

Lincolnshire County Council – Public Health

Lincolnshire Foundation NHS Partnership Trust

Lincolnshire Police

NHS Lincolnshire Integrated Care Board

North Kesteven District Council

Primary Care Network Alliance

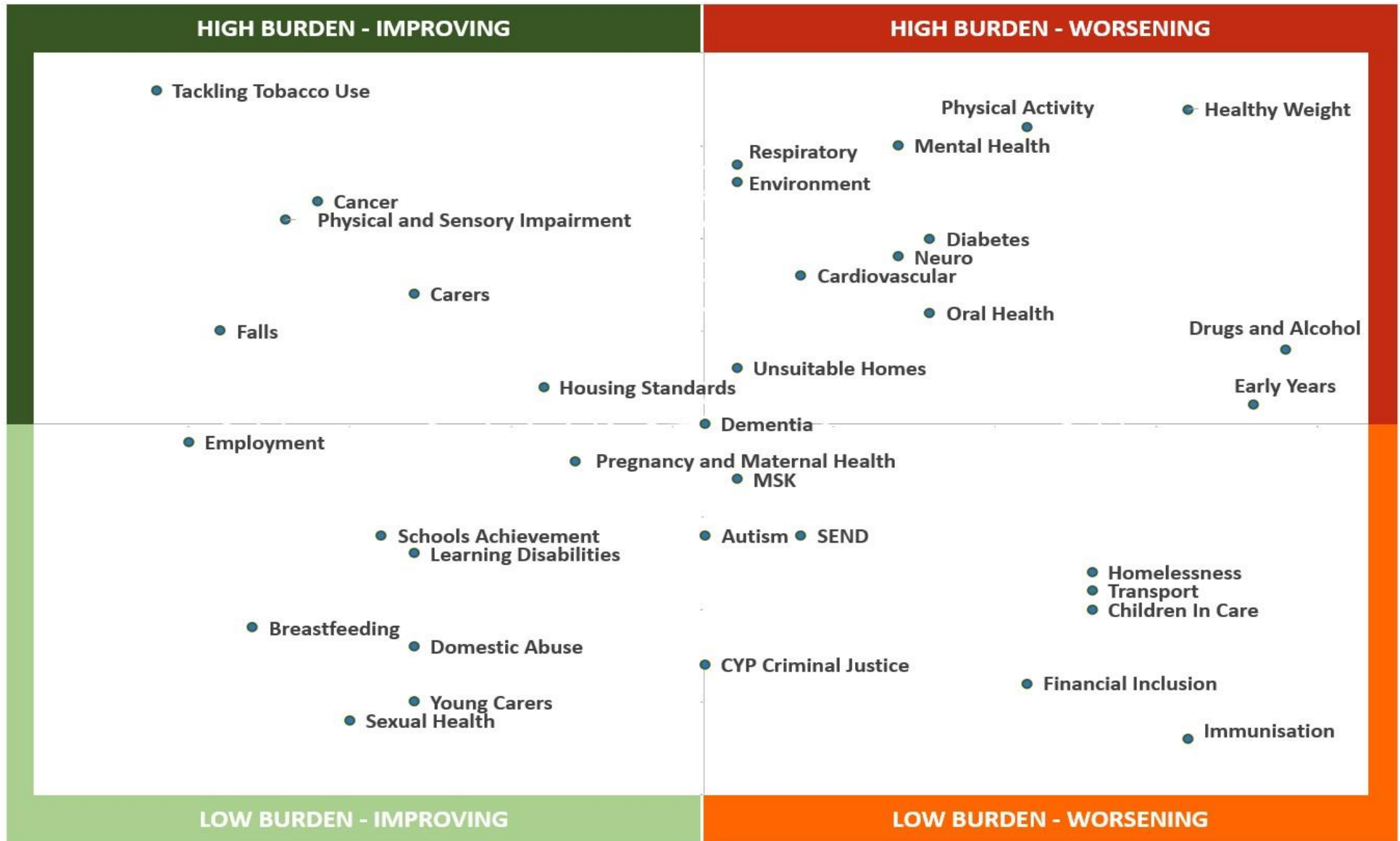
South and East Lincolnshire Councils Partnership

United Lincolnshire Hospitals NHS Trust

University of Lincoln

Voluntary and Community Sector

West Lindsey District Council



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