

JOINT HEALTH AND WELLBEING STRATEGY & BETTER LIVES LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY INTRODUCTION

ABOUT LINCOLNSHIRE



Our Shared Ambitions and Aims

There is a long history of joint working in Lincolnshire between the Local Authority, the NHS, and wider partners. We have worked hard to build the relationships need to support the people of Lincolnshire to enjoy the highest quality health and wellbeing for themselves, their families, and their communities. We are pleased with the progress we have made and are confident we have developed the right principles and values to guide us.

However, we know that more needs to be done to give everyone the very best start and every possible opportunity to live a long and healthy life. We also know that to have the best chance of achieving this we need to think and work differently with each other and with our communities.

To help guide us in our work we have developed a shared ambition...

For the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well...

Underpinning our ambition, we have defined four aims that set our strategic direction for the health and care system in Lincolnshire. These aims are:

- Have a focus on prevention and early intervention.
- Tackle inequalities and equity of service provision to meet population needs.
- Deliver transformational change in order to improve health and wellbeing.
- Take collective action on health and wellbeing across a range of organisations.

In Lincolnshire, the County Council shares the same geographical boundary as our integrated care board this area is the basis for our integrated care system and as such we are required to have both a Health and Wellbeing Board and Integrated Care Partnership. Each are required to publish its own strategy and our approach is to connect the Joint Health and Wellbeing Strategy and Integrated Care Strategy to avoid duplication or gaps. Each will maintain its own identity with:

The Joint Health and Wellbeing Strategy continues to set out on ‘the what’ i.e. the population health and wellbeing priority areas the health and care system will focus on based on the evidence in the [Joint Strategic Needs Assessment \(JSNA\)](#); and

The Integrated Care Partnership Strategy sets out ‘the how’ i.e. the key enablers the health and care system will focus integration efforts on to support delivery of the JHWS and its priorities, and the system’s overarching ambition and aims.

We encourage you to adopt and use both strategies in whatever way you can to further improve the health and wellbeing of the people of Lincolnshire.

Clr Sue Woolley

Chair of the Lincolnshire Health & Wellbeing Board and Integrated Care Partnership

John Turner

Vice Chair of the Lincolnshire Health & Wellbeing Board and Integrated Care Partnership



Overview of the Health and Care System in Lincolnshire

Lincolnshire Health and Wellbeing Board

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, Higher Education, Local Enterprise Partnership, Care Sector and NHS England.

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, it highlights the factors that need a multi-agency system response in order to ensure the greatest impact on those segments of the population who will benefit most from support and interventions within the priorities identified. By taking this approach as a system we are collectively focusing on the needs of the people who require additional support. In addition, we aim to tackle the factors that affect everyone's longer term health and wellbeing. To do this we have adopted a life course approach.

Lincolnshire Integrated Care Partnership

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

- Integrated Care Board
- An Integrated Care Partnership (ICP)

The Lincolnshire Integrated Care Partnership (ICP) is a joint committee of Lincolnshire County Council and NHS Lincolnshire Integrated Care Board (ICB), our wider membership reflects that of our Health and Wellbeing board.

The Lincolnshire ICP is the forum for the organisations that make up the Lincolnshire Integrated Care System (ICS), known as 'Better Lives Lincolnshire', to come together as equal partners to plan actions in support of the delivery of integrated health and care, and overall ambition and aims of the system. Underpinning the work of the ICP are the five system enablers set out within the integrated care partnership strategy this aims to be the vehicle to drive system change and bring together our collective ambition.



Health and Wellbeing in Lincolnshire

About Lincolnshire

As a large rural and coastal county, the geography of Lincolnshire and its population demographics present specific challenges with regard to the health and wellbeing of our population, and this contributes to some of the health inequalities identified within the [Lincolnshire JSNA](#). The inequalities seen in older age groups, people who live in more deprived areas and people who live in rural areas coalesce in many coastal areas. Few areas in the UK combine all these factors in the way that Lincolnshire does.

In 2019, the Index of Multiple Deprivation (IMD), which shows overall deprivation, ranked Lincolnshire 91st out of 151 upper tier local authorities in England, where 1st is the most deprived. The general pattern of deprivation across Lincolnshire is in line with the national trend, in so much that the urban centres and coastal strip show higher levels of deprivation than other parts of the county. The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe, are amongst the most deprived 10% of neighbourhoods in the country.

For more information [click here](#)

Our Population

Lincolnshire has a resident population of 768,400 (Census 2021), with a 49% male and 51% female. We have an older population than a lot of other authorities (27th out of 174 upper tier local authorities), with 23% of residents over the age of 65. As a result, Lincolnshire has the highest level of care homes in England (293).

The diversity of the population has increased in recent years because of new and emerging communities. In the 2021 Census, 89% of residents identified themselves as White British and a further 6.7% as White Other this is primarily made up of Eastern European communities.

For more information [click here](#)

Health and Wellbeing in Lincolnshire

The [Lincolnshire JSNA](#) provides an overview of the health and wellbeing of Lincolnshire's population.

Education, Employment and Skills

[Education, employment and skills](#) levels are key determinants of social-economic outcomes and can play a pivotal role in a person's health and wellbeing. They can influence social mobility, economic independence, housing and income levels.

In Lincolnshire, although standards have risen over time, our children have performed less well on average than their peers nationally at every key stage. [Raising attainment](#) for all pupils is crucial to maintain and improve socio-economic cohesion and the productivity of communities in Lincolnshire. School leaver and



graduate retention locally is known to be a challenge with the perception of more opportunities in larger cities within easy reach of the local area such as Peterborough, Nottingham, Sheffield and Hull.

Within certain groups (aged under 25 and over 50) in Lincolnshire unemployment rates remain high and despite progress, skills gaps still persist. Rurality and access to employment opportunities are barriers in some parts of Lincolnshire. The proportion of residents aged 16-64 who have no qualification is slightly above the national average, with areas with the highest proportion of residents with no or low qualifications being concentrated to the East.

More than 30% of residents in Skegness and Mablethorpe have either no qualification or are qualified to NVQ level 1. Some of these patterns are observed hyper locally within small pockets across the county. The proportion of residents of working age qualified at NVQ Level 4+ is around 10% lower than that nationally, however the proportion of residents aged 25-39 with a level 4 qualification or above is around 20% lower than that nationally.

For more information:

[JSNA Schools & Achievement](#)

[JSNA Employment](#)

Housing

Lincolnshire has 333,600 households. It is estimated that of the private housing stock 18% have a serious hazard likely to cause illness or harm, 17% are low-income households, 10% have fuel poverty, 9% have falls hazards and 9% have excess cold.

Lincolnshire has high rates of fuel poverty, particularly in deprived areas where the quality of the housing tends to be poorer and in rural areas where properties are often not connected to mains gas. Poor quality, cold or overly hot housing can cause or exacerbate acute and chronic health issues leading to increased visits to GPs, hospital admissions or reliance on medications. There is a shortage of housing for older people, and a significant shortage of housing for sale or shared ownership compared to those for rent.

There is also a shortage of housing with care, both for rent and for sale, including extra care / 'assisted living' schemes with 24/7 care available on-site and housing schemes that offer bespoke care services, even if these are not full on-site 24/7 care.

There are also around 200 caravan sites, and nearly 25,000 static caravans on the Lincolnshire coast (the largest concentration in Europe) with a permanent population of over 6,000 people. It is estimated c.30% of local caravan residents live with long-standing illness, disability or infirmity and nearly a quarter have health issues affecting mobility.

For more information:

[JSNA Homelessness](#)

[JSNA Housing Standards](#)

[JSNA Unsuitable Homes](#)



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