

JOINT HEALTH AND WELLBEING STRATEGY 2024

Lincolnshire Health and Wellbeing Board

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



INTRODUCTION

The Joint Health and Wellbeing Strategy (JHWS) enables the Health and Wellbeing Board to champion the shared ambition and aims and sets out a direction of travel for health and wellbeing in Lincolnshire. The purpose of the JHWS is to:

- Provide a context, vision and overall focus for improving the health and wellbeing of local people and reducing health inequalities at every stage of people’s lives.
- Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities.
- Support effective partnership working that delivers health improvements.
- Provide a framework to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

Life Course Approach

Health and wellbeing are fundamental to a good life from pre-birth to old age. At a very early age our health can be affected by many factors, including socio-economic and environmental factors, maternal health, family and social networks therefore it is critical to promote and improve health at all ages. This includes the transition points such as becoming parents, children starting school, transitioning to young adulthood to adulthood, working, retirement. Evidence shows that the need and demand for health and social care services increases with age.

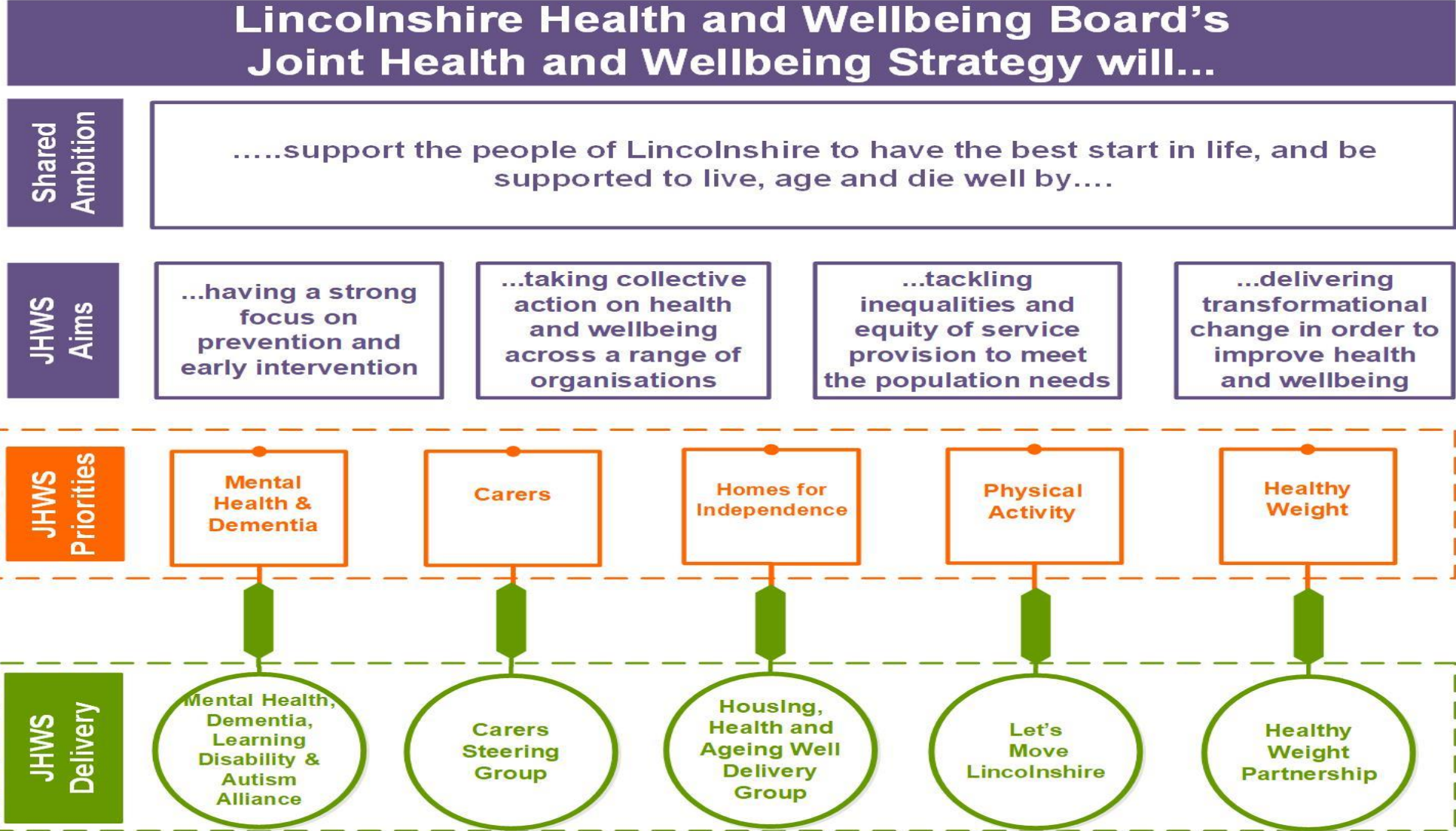
Our strategy takes a life-course approach, from pre-birth to old age and is structured using the following themes [Start Well](#); [Live Well](#); and [Age Well](#). For each of the priorities, objectives and outcomes have been identified setting out how the Board will work to improve health and wellbeing against the different age groups. The strategy highlights the need for age-appropriate health promotion and prevention work across the life course, and also recognises that some issues, for example housing, cut across all age groups.

How have we identified the priorities

In March 2024, [Lincolnshire’s Joint Strategic Needs Assessment](#) (JSNA) was republished. Using the evidence from the new JSNA the Board undertook a prioritisation exercise. Using a prioritisation matrix, the 36 health and wellbeing areas identified in the JSNA were mapped according to their potential impact on Lincolnshire’s population and the recent direction of travel (improving or worsening). Full details on the prioritisations process can be found in the [Joint Engagement Approach 2023 Report](#) presented to the Health and Wellbeing Board in June 2023.



The priorities for the strategy are summarised in the picture below:



CARERS

Why is this a priority?

An unpaid carer is anyone who provides unpaid help to a friend or family member needing support, perhaps due to illness, old age, disability, a mental health condition or an addiction. We have a legal obligation to support unpaid carers and therefore need to understand our local carer population and their needs to provide the right balance of support.

In Lincolnshire there are an estimated [70,391 \(Source: Census 2021\) unpaid carers](#) and given the county’s ageing population, this number is predicted to increase. Many carers do not recognise themselves as a carer, so numbers are likely to be an underestimate. This lack of realisation also makes it more likely that carers are not getting the support they need. Carers make a major contribution to society, with the value of labour provided by Lincolnshire’s unpaid carers of all ages estimated to be the equivalent of £1,677m each year – more than seven times the annual budget of Adult Social Care.

Being an unpaid carer places a significant strain on the individual and can impact their own health and wellbeing and quality of life. The NHS Long Term Plan recognises that 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. There can also be an adverse effect on education and employment, with many carers giving up work or foregoing education. These factors make it vital to ensure pathways and services are in place to support unpaid carers to be effective and prevent carer breakdown leading to escalation of formal care provision.

Further information – [JSNA Carers page](#)

Objectives

We Will...	
Start Well	<p>Work in partnership to Identify carers at the earliest possible opportunity.</p> <p>Work collaboratively with other professionals to develop working practices, including the ‘whole family approach’.</p> <p>Support all professionals working with Young Carers, including the transition from children to adult services.</p>
Live Well	<p>Raise awareness and increase the number of carers that receive support by providing good quality information, advice, and guidance.</p> <p>Engage with carers to identify their needs and improve their outcomes.</p> <p>Support working age unpaid carers to access voluntary and working opportunities.</p>



Improve and develop digital options that support unpaid carers.

Work to improve how we identify unpaid carers and strengthen support for them to manage their own health needs which can increase as they age.

Work with partners to co-produce the Carers Emergency Response Service so it is fit for purpose.

What Difference will we see?

- Carers are identified at the earliest opportunity.
- More carers supported to access or remain in employment.
- Carers are able to access information, advice, and guidance online.
- Carers have contingency conversations and plans in place should they be unable to care for an individual.

How we will deliver this

The Carers Steering Group oversees the delivery and ongoing development of the Carer's Strategy to meet the objectives of the Carers Priority. The Steering Group includes representatives from key partners, including Lincolnshire County Council, the Lincolnshire Integrated Care Board, Lincolnshire Community Health Services NHS Trust, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Carers First, Serco and the Lincolnshire Voluntary Engagement Team. The terms of reference and membership are reviewed annually to ensure membership supports the strategic aims and the delivery of actions.



HEALTHY WEIGHT

Why is this a priority?

Having a healthy weight is one of the most important things we can do to protect and improve our overall health. Being overweight increases the risk of several health conditions and obesity is believed to be the third biggest risk factor contributing to premature death. Being active is also one of the most important ways to boost our health and wellbeing and helps us to stay at a healthy weight, making these priorities intrinsically linked.

In children, obesity has long-term effects on physical, social, educational, and mental health outcomes. Problems related to childhood excess weight are likely to persist into adulthood.

At the population level, overweight and obesity are thought to cost the NHS over £6 billion a year, and to contribute towards inequalities in life expectancy and disability-free life expectancy. The causes of the high levels of obesity in the UK are interlinked, complex & multifaceted. Importantly, these causes aren't equally distributed for all; it is easier for those with more resources to stay healthier which contributes to health inequalities.

At a local level, obesity levels will be affected by a wide range of circumstances such as opportunities for [physical activity](#) and active travel, the nature of the [employment](#) market, cultural attitudes towards weight and physical activity, and access to affordable healthy food. This highlights the importance of analysing population needs at small scale as well as large, district level, scale.

In Lincolnshire, over [two thirds of Lincolnshire's adult population is overweight](#), above England's average. A [quarter of children in Reception are overweight](#), and this rises to well over a [third of children by Year 6](#). Preventing the onset of unhealthy weight gain, and tackling unhealthy weight is fundamental to helping more people in Lincolnshire to benefit from long term good health and wellbeing.

Further information – [JSNA Healthy Weight page](#)



Objectives

	We Will...
Start Well	<p>Ensure that families have access to the right information & support to empower them to make healthy choices from birth.</p> <p>Provide services and support to help families with children identified as being overweight or obese as part of the National Child Measurement Programme.</p>
Live Well	<p>Ensure everyone who wants to lose weight can access services that can help.</p> <p>Reduce inequalities by working to lower barriers to accessing services in areas of higher need.</p> <p>Ensure equity of access to specialist weight management services.</p> <p>Develop a 'whole system approach' by working with partners to address the factors that make it easier to gain weight.</p>
Age Well	<p>Ensure support is available to older adults to lose weight and to stay healthy.</p> <p>Ensure support is proactively offered to those who could benefit, including adults with hypertension, musculoskeletal condition.</p>

What Difference will we see?

- Children and adults are supported to be happy, healthy & well.
- Adults, Children and families that want to lose weight are able to access high quality, effective support that gets them the help they need.
- We will help prevent diseases such as Type 2 Diabetes, cancers & heart disease, which will help people live healthier, longer lives.

How we will deliver this

The work programme will be overseen by the Healthy Weight Partnership, a delivery group of Lincolnshire's Health & Wellbeing Board.

All partners involved in Lincolnshire's Integrated Care System & Partnership have a role in building the 'whole system approach' to addressing the causes of overweight & obesity in Lincolnshire.



HOMES FOR INDEPENDENCE

Why is this a Priority?

Evidence shows that living in familiar, safe, accessible, warm accommodation that we call 'home' promotes mental and physical wellbeing and reduces 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 as they age. This priority addresses aspects of housing affecting those who may need extra help to maintain their wellbeing and independence at different stages of their lives, e.g., those with health and care needs, those moving from hospital inpatient or other facilities, and care leavers amongst others.

Ensuring homes are safe, warm, and dry reduces accidents such as falls and prevents illnesses, especially [respiratory conditions, including child and adult asthma and Chronic Obstructive Pulmonary Disease \(COPD\)](#). The home environment is important for children and young people in determining their life chances and future development. Having a good home throughout life is important because it can determine health outcomes, reduce levels of stress, and make people feel more confident. [Preventing homelessness and rough sleeping](#) by addressing the underlying causes leading to homelessness is, therefore, a priority. Ageing in a home that supports independence has multiple benefits including familiarity, comfort, cost-effectiveness, and enabling social engagement and personalised care.

Private sector housing is a challenge as homeowners and landlords are responsible for their own repairs and improvements. There are around 29,000 low-income owner-occupied households that may struggle to maintain independence in the home due to [falling behind with mortgage repayments](#), bills, or making repairs. Tenants might also fall behind with rents. [47,114 \(13.9% of\) households were estimated to be living in fuel poverty in 2021](#). 18% of private sector houses are estimated to contain serious hazards, of which 9% are cold homes. In addition, a reported 6,600 people live in caravans on the Lincolnshire east coast, that were not intended for permanent occupation, for a large part or all year.

Maximising levels of independence for people with care and support needs of all ages (e.g., [children with disabilities](#), adults with [mental health issues](#), [dementia](#), [learning disabilities](#), and [autism](#) and [frail older people](#)). This includes providing appropriate small aids, equipment, and home adaptations to meet people's needs through streamlined mechanisms and processes.

Further information:

[JSNA Housing Conditions page](#)

[JSNA Insecure Homes and Homelessness page](#)

[JSNA Unsuitable Homes page](#)



Objectives

We Will...	
Start Well	<p>Enable pregnant women, babies, and children to live in a safe and warm home environment which is not overcrowded.</p> <p>Improve our understanding of the impact of poor housing on children’s health and effectively target low-income families.</p> <p>Support children and young people to find, manage and maintain a suitable home when leaving care.</p>
Live Well	<p>Facilitate quality, choice, and diversity of housing for people with care and support needs to achieve a proportional move towards maximising independence for working-age adults.</p> <p>Address the underlying causes leading to homelessness and provide appropriate support for those who need it.</p> <p>Ensure services to support people to remain living in their current home complement each other as a system-wide approach and are easy to access by all.</p>
Age Well	<p>Improve services to extend people's housing choices in preparation for later life, including making better use of digital technologies.</p> <p>Influence delivery of housing to provide greater choice of supported housing, including more extra care housing of different levels to meet demand.</p>

What Difference will we see?

- Children and young people will live in suitable housing that supports them to achieve their educational goals and enables them to maintain social connections.
- People of all ages will have fewer home accidents and improved health and wellbeing by being safe, warm and well at home, evident through self-reported satisfaction.
- Improved health outcomes such as lower levels of respiratory conditions associated with cold damp homes and reduced seasonal excess deaths.
- There will be a reduction in homelessness and rough sleeping and better access to support and healthcare services for those who need them.
- Older people will be supported to live independently in extra care housing, supported housing, or their own home as an alternative to care homes.



How we will deliver this

The Housing Health and Ageing Well Delivery Group (HHAWDG) continues to oversee the Lincolnshire Homes for Independence blueprint – a call to action for partners to work collaboratively towards a common aim. The HHAWDG maintains a Delivery Plan of actions to meet the above objectives for the Homes for Independence priority. Membership and terms of reference are routinely reviewed and updated, to ensure appropriate representation from all partners, effective communication, and focus.

The Lincolnshire Housing and Health Network (LHHN) is an officer group of senior housing leads that coordinates action to achieve the Delivery Plan for the HHAWDG with actions allocated to subgroups each with a named lead:

- Greater Lincolnshire Energy Efficiency Network
- Lincolnshire Healthy and Accessible Homes Network
- Lincolnshire Homelessness Strategy Group
- Lincolnshire Housing Standards Group

These groups share some people (strategic leads) and financial resources that have accelerated implementation of the HHAWDG Delivery Plan. It is recognised that additional resources may be needed to complete an ambitious programme of work.



Mental Health and Dementia

Why is this priority important?

Good mental health and wellbeing are fundamental for a happy and healthy life. Mental health problems can significantly affect any individual, their family, community, and wider society. In the UK, half of life-long mental health problems start before the age of 14, and three quarters before the age of 25. Children today have poorer mental health outcomes than previous generations. The Covid-19 pandemic has exacerbated this situation. [Demand modelling suggests 1.5 million children may need initial or additional mental health support because of the pandemic.](#)

For adults, one in four will experience a mental health problem in any year. Together with [substance misuse](#), mental illness accounts for 21.3% of the total morbidity burden in England. People living with diagnosable mental ill health, for example depression, bipolar disorder, or schizophrenia, can be living in good mental wellbeing despite their mental ill health diagnosis. The burden of physical ill health is higher in people with severe mental illness (SMI).

[Suicide](#) is a significant cause of death amongst people with mental illness. It devastates families and communities. Suicide, and injury or poisoning of undetermined intent, is the second biggest killer of males aged 35 to 49 years (after accidental poisoning). It is also the leading cause of death for males and females aged 20 to 34 years in the UK (ONS, 2020). Certain groups of people are significantly more likely to die by suicide, including autistic people, people who misuse drugs and/or alcohol, and people living in more deprived communities.

[Dementia](#) was the leading cause of death in England and Wales in 2022. Dementia has a profound impact on an individual's life, their family, friends, and the communities in which they live. Although age is the strongest known risk factor for dementia, it does not exclusively affect older people. Young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Even though there is no cure for dementia the most recent review of evidence on dementia prevention found that around 40% of dementia cases worldwide might be attributable to 12 potentially modifiable risk factors (Lancet, 2020). This means that almost a half of predicted dementia could be prevented by tackling risk factors such as [smoking](#), [diet](#), [physical activity](#), and social isolation. Early detection, diagnosis and intervention can delay the onset of complex needs that make it more difficult to support and care for an individual with dementia in their home environment.

Further information:

[JSNA Mental Health and Emotional Wellbeing page](#)

[JSNA Dementia page](#)



Objectives

	We Will...
Start Well	<p>Provide support for perinatal mental health and developing good parent-infant relationships during early years.</p> <p>Support children and young people to have good mental health and wellbeing through a focus on mental health promotion.</p> <p>Increase access to timely and effective advice and in schools and communities.</p> <p>Ensure all children and young people suffering from mental illness can access a high quality, timely mental health assessment, with support and treatment in their community.</p>
Live Well	<p>Embed seamless pathways between children and young people and adult mental health services to ensure smooth transitions between them.</p> <p>Improve the range of community-based provision for adult mental health and wellbeing services and ensure care is provided as close to home as possible.</p> <p>Improve the uptake of Health Checks for people with Severe Mental Illness, ensuring timely follow up and intervention.</p> <p>Reduce the stigma surrounding suicide and ensure a range of support is available to prevent suicide and support people who are feeling suicidal.</p> <p>Support people to understand how to lower their risk of dementia in later life.</p>
Age Well	<p>Embed seamless pathways between adult and older adult mental health services, ensuring timely identification, referral, diagnosis, post-diagnosis support through to end-of-life care.</p> <p>Ensure appropriate peri-diagnostic support and care planning is available for all those with dementia.</p> <p>Promote care planning whilst people can communicate their needs and wishes.</p>

What Difference will we see?

- Children and young people, and their families, will feel supported to access the help they need to stay healthy.
- Mental health needs are identified early so that children and young people who need help can access timely support.
- People will know how to access help and support that matters to them, and they will feel that their needs, assets, wishes and goals are respected.
- People will be supported to transition between services, with 'no wrong door'.



- There will be fewer unnecessary specialist and crisis hospital admissions, particularly for people with a learning disability and autistic people.
- Professionals and patients (with their families and carers people are unable to make their own decisions) will work together to make decisions about care and treatment – no decisions about you without you.
- There will be fewer deaths from suicide in Lincolnshire, and people will feel able to speak openly about suicide and receive the support they need.
- Fewer people with Serious Mental Illness or a Learning Disability will die prematurely.
- More people will be aware of how to reduce their risk of dementia and fewer people will develop dementia.
- People with dementia will feel supported to live well and get the right care when they need it.

How we will deliver this

Lincolnshire has established a Mental Health, Dementia, Learning Disabilities and Autism (MHDLDA) Alliance that works together as an integrated system to address our key priorities. Our vision is that together, we will value people of all ages with mental ill health, a learning disability and/or autistic people, enabling them to live independent, safe, well and fulfilled lives in their local communities. To support with this work, the Alliance has drawn on the [“No Wrong Door: a vision for mental health, autism and learning disability services in 2032”](#).

The MHDLDA Alliance Executive Group is a partnership comprised of senior representatives in the health and care system in Lincolnshire. As a partnership we work closely together to understand challenges and opportunities in the system, to drive positive change, to continuously improve/transform what we do and to improve outcomes for the people we serve. All our work is underpinned by a strategic focus on all age prevention and early intervention (including wellbeing). We work closely with groups of people with lived experience, and over the coming years we will afford these groups greater opportunity to contribute and ensure that their voices are placed much closer to the centre of our work. Our strategic priorities were coproduced by people with lived experience and are:

- Prevention and early intervention
- Maximising independence
- Improving quality and experience
- Reducing inequalities in access, experience, and outcomes
- Improving on outcomes that matter to people



Physical Activity

Why is this a priority?

Physical activity has been described as ‘the miracle cure’, physical inactivity is highly correlated with health inequality. There is overwhelming evidence for the positive impact and life changing benefits being active has physically, socially, and mentally, to individuals and society.

Physical activity has health benefits across the life course; it is cumulative and helps prevent disease and early death. It helps prevent and manage over 20 chronic health conditions, from cancer to [cardiovascular disease](#), [obesity](#) to [osteoporosis](#), [dementia](#) to [diabetes](#), and reduces the risk of [depression](#) by 30%. There is a proven link between physical inactivity and increased rates of multiple long term health conditions especially in adults over 50. In 2018 physical inactivity placed a £257m burden on Lincolnshire’s health and care system. Tackling the challenge of inactivity requires a systems-based approach.

Physical activity is more than just structured and facility-led activity, it is all movement found in all the places and spaces we live and influenced by the systems, environments and structures that exist. Many sectors have a part to play in system change to tackle the challenge of inactivity. Having a relevant, accessible, and affordable physical activity, sport, and leisure offer that meets local need both reduces pressures on the health system and supports job creation and economic contribution. Every £1 spent on community sport and activity generates nearly £4 for the economy. There is a proven link between physical activity levels and the economic prosperity of a place, [educational attainment](#), and improved [job opportunities](#).

Inactivity is more prevalent in lower socio-economic groups, people with long term health conditions, those with disabilities, women and girls, minority ethnic communities, LGBTQ+ people, and adults over the age of 55. More resource and focus must be targeted at those who face greater challenges to participation. The greatest health benefits come from inactive people being moderately active.

Further information – [JSNA Physical Activity Page](#)



Objectives

We Will...	
Start Well	<p>Develop positive experiences for children and young people to be active, working with the sport and physical activity sector, community organisations, families, and education.</p> <p>Support excellence in welfare, safeguarding, safety, and an inclusive offer for participants.</p> <p>Work together with system partners to reduce barriers and the inequalities that exist in the provision of activities for children.</p>
Live Well	<p>Embed physical activity options into health and care pathways and touch points, in workplace environments and in environmental policies and planning.</p> <p>Develop the sport and physical activity workforce to respond to and reflect the characteristics and needs of the people it serves.</p> <p>Advocate for a whole system approach by working with partners to address the barriers to enabling people to be more active in their daily lives.</p>
Age Well	<p>Focus on those experiencing the greatest inequalities, protected characteristics, and deprivation.</p> <p>Advocate for social change that seeks to reduce ageism and recognises a personalised and strengths-based approach.</p> <p>Support the sport and physical activity workforce with skills and innovation to meet the needs of older adults.</p>

What Difference will we see?

- Increased opportunities for everyone in Lincolnshire to be physically active every day.
- More people are being active, taking part in activities tailored to their needs.
- More people are aware of the benefits of being active every day.
- More accessible, relevant activities.

How we will deliver this

The work programme will be overseen by the Let’s Move Lincolnshire Taskforce that has strategic oversight of the Let’s Move Lincolnshire physical activity strategy. Active Lincolnshire are the umbrella organisation supporting and enabling the sport, physical activity and community voluntary sector. Public Health including commissioned services and the ICB have key roles as system partners to embed physical activity in their systems. District Authorities have a lead role in community and public leisure provision working together through the District Health and Wellbeing strategy.



How we will report our progress

Each priority has specified several outcome measures related to their “we will” statements.

These proposed outcomes will be reviewed at regular intervals and progress for each priority reported to the Health and Wellbeing Board. In addition, an Annual Assurance Report will be presented to the Board every June.

Internal peer review will be conducted, and any issues identified will be escalated through the Health and Wellbeing Board.

Glossary

A glossary of terms is available on the Lincolnshire Health Intelligence Hub [here](#).





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