

# Better Lives Lincolnshire



## Integrated Care Partnership Strategy

---

January 2023

# Contents

---

3	Foreword
4	Introduction
6	Health and wellbeing in Lincolnshire
13	Our ambition and aims, and how we will deliver them
18	Priority enabler 1: Population health and prevention
24	Priority enabler 2: Workforce and skills
28	Priority enabler 3: Personalisation
33	Priority enabler 4: Community engagement and involvement
38	Priority enabler 5: Data and information systems
41	Delivering the strategy

## Appendices:

43	1. Joint Health and Wellbeing Strategy for Lincolnshire priorities
----	--

# Foreword

---

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 needed 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 chance 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.

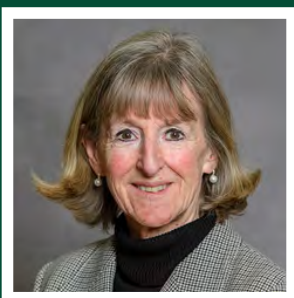
To help guide us in our work we have developed a shared ambition...

**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. These have been set out within this document, aligning with those defined nationally for Integrated Care Systems. However, they are specific to Lincolnshire as they were identified through the engagement process led by the Lincolnshire Health and Wellbeing Board to develop its Joint Health and Wellbeing Strategy.

In addition, this Integrated Care Partnership Strategy identifies the five priority enablers the Lincolnshire health and care system and its partners will focus their integration efforts on to deliver these aims and overarching ambition.

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



**Councillor Sue Woolley**

Chair of the Lincolnshire  
Integrated Care Partnership



**John Turner**

Vice Chair of the Lincolnshire  
Integrated Care Partnership

# Introduction

---

The Lincolnshire Integrated Care Partnership (ICP) is a joint committee of Lincolnshire County Council and NHS Lincolnshire Integrated Care Board (ICB), and includes representatives from the District Councils in Lincolnshire, NHS provider organisations, Healthwatch Lincolnshire, voluntary and community sector, higher education, Lincolnshire Police and Crime Commissioner, Greater Lincolnshire Local Enterprise Partnership (LEP), Lincolnshire Police and NHS England.

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.

Lincolnshire County Council is still required to maintain the duty to have a Health and Wellbeing Board (HWB) as a committee of the council, with responsibility for the Lincolnshire Joint Health and Wellbeing Strategy (JHWS). Therefore, as a health and care system with only one HWB and one ICS, the functions of the Lincolnshire ICP with the Lincolnshire HWB are aligned wherever practicable.

Together, the organisations of Better Lives Lincolnshire have developed Lincolnshire's first integrated care strategy, with an approach focused on 'connecting' it to the JHWS, avoiding duplication or gaps between the two. Each will maintain their own identity with:

- **The Joint Health and Wellbeing Strategy**

The JHWS for Lincolnshire continues to focus on 'the what' i.e. the priority areas the health and care system will focus on in light of the Joint Strategic Needs Assessment (JSNA); and

- **The Integrated Care Partnership Strategy**

The ICP 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.

The first two chapters of this document provide an overview of health and wellbeing in Lincolnshire together with an overview of Better Lives Lincolnshire's ambition and aims. The remainder of the document then focuses on the priority enablers which, together with the priorities set out in the JHWS, will underpin their delivery.

When reading this strategy, it should be acknowledged that 2022 to 2023 is a transition period for our ICP, and we expect that we will want to refresh and develop this strategy as our arrangements evolve. However, in order to influence the Lincolnshire NHS ICB's first 5-year forward plan (to be published before April 2023) we are required to publish an interim strategy.

The level of engagement for this interim strategy is therefore reflective of this timescale, and it is fully expected that engagement will increase as the Lincolnshire ICP matures and the strategy develops.





# Health and wellbeing in Lincolnshire

## Population overview



- Lincolnshire is the fourth largest county in England covering an area of 5,921 square kilometres.
- It is predominately rural, with no motorways, little dual carriageway and 80 kilometres of coastline.
- Residents are dispersed across the city, market towns, rural and coastal areas

## Population

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

The diversity of the population has increased in recent years as a result 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.

## Deprivation

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. Levels of deprivation vary across the county, which has an influence on health and wellbeing needs.

The general pattern in 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 the most deprived 10% of neighbourhoods in the country.





## Health

### [The Director of Public Health Annual Report 2019](#)

Ischemic heart disease (IHD) is by far the highest cause of death in Lincolnshire, followed by lung cancer, stroke, chronic obstructive pulmonary disorder (COPD) and Alzheimer's. The main conditions that result in death have remained largely unchanged in the last 30 years, with the exception of Alzheimer's disease, which has increased and been in the top five conditions from 2002 onwards.

The number of years people are living with a disability in Lincolnshire has increased over the last 30 years, and Lincolnshire's rate is increasing more quickly than regionally and nationally. The main causes of living with a disability in Lincolnshire are low back pain, headache disorders, depressive disorders, neck pain and age-related hearing loss. These top five conditions have remained unchanged since 1990.

Disability adjusted life years (DALYs) compare the overall burden of disease, viewing death and disability in equal measures. The greatest causes of these in Lincolnshire are IHD, low back pain, COPD, stroke and lung cancer. These top five causes have remained unchanged for the last 30 years; however there have been decreases in lung cancer, stroke and IHD. Increases have been seen in low back pain and COPD.

For the overall burden of disease, the majority of Lincolnshire's risk factor exposure and attributable 'risk' is classified as 'behavioural' at just over 50%. This is important in shaping prevention and intervention activities.

Whilst life expectancy has increased for the people of Lincolnshire, those extra years of life are not always spent in good health. An increasing proportion of people are living with multiple long term conditions, some for decades. The combination of an older and further ageing population, rural geography and areas of high deprivation defines the specific challenge of delivering high-quality and effective health and care across the county.

## Education, employment and skills

### Greater Lincolnshire Local Skills Report January 2022

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.

Lincolnshire's school level attainment is broadly in line with national figures, and above regional figures at GCSE level, and above both national and regional figures at 'A' level. 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.







## Housing

### Lincolnshire Homes for Independence

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.

## Overview of Health and Wellbeing in Lincolnshire 2022

The diagram below provides an overview of the Lincolnshire Joint Strategic Needs Assessment (JSNA), updated in 2022.



[Lincolnshire Research Observatory - Joint Strategic Needs Assessment](#)

# Text version of the Overview of Health and Wellbeing in Lincolnshire 2022

The information below provides an overview of the Lincolnshire Joint Strategic Needs Assessment (JSNA), updated in 2022.

## Pre-birth

- Mothers smoking at birth: 15.8%

## Birth

- Babies born: 6,600
- Lincolnshire population: 766,333
- Babies breastfed at 6 to 8 weeks: 41.4%
- MMR vaccinations at 12 months: 90.5%

## Early Years

- Good level of development by end of Reception: 69.6%
- Children living in low-income families: 15.4%

## Primary School

- Reception children who are overweight or obese: 25.6%
- Young people with autism in schools: 1,908
- Year 6 children who are overweight or obese: 36.4%

## Secondary School

- First-time young offenders: 70
- Pupils achieving 9 to 4 in English and Maths: 71.3%
- Young people with SEN support at school: 16,469
- Looked After Children: 680
- Young people with social, emotional and mental health needs: 3,066
- 15 to 24s diagnosed with Chlamydia: 1,241
- Under 18 conceptions: 45

## Working age

- Households: 330,316
- Average female salary: £24,638
- Average male salary: £30,910
- Adults physically active: 26.5%
- Adults overweight or obese: 67.6%



- Adults registered with depression: 85,573
- Adults drinking 14 units of alcohol or more a week: 20.4%
- Adults killed or seriously injured on roads: 558
- Adults with autism: 4,299
- Adults with long-term MSK condition: 21.7%
- Adults registered with a learning disability: 5,131
- Homeless individuals or households: 2,625
- Adults smoking: 11.7%
- Adults with Chronic Obstructive Pulmonary Disease: 18,486
- Adults who are employed: 72.5%
- Adults with Coronary Heart Disease: 32,511
- Adults with long-term illness or disability: 145,422
- Deaths from cancer: 11,782
- Deaths from suicide: 79
- People living with a neurological condition: 7,381
- Domestic abuse related incidents and crimes: 22.4%
- Households in fuel poverty: 46,872
- Deaths from drug misuse: 83
- New sexually transmitted infections: 2,798
- Adults with diabetes: 52,193
- Unpaid carers: 88,000
- Adults who don't own a car: 18%
- Average male healthy life expectancy: 62.5 years
- Average female healthy life expectancy: 60.7 years

## Older People

- Uptake of flu vaccination in over 65s: 84.4%
- Hospital admissions due to falls: 3,075
- People who had a stroke in the past year: 1,380
- Adults registered with dementia: 7,192
- Average male life expectancy: 79 years
- Average female life expectancy: 82.8 years

## End of Life

Read more about the Lincolnshire Research Observatory Joint Strategic Needs Assessment here: [Lincolnshire Research Observatory - Joint Strategic Needs Assessment](https://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx) or at [www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx](https://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx)

# Our ambition and aims, and how we will deliver them

---

We want the people of Lincolnshire to enjoy the highest quality health and wellbeing for themselves, their families and their communities, and we are dedicated to working with them to achieve this. We are changing the ways we are working together and are committed to becoming one of the better health and care systems in the country.

The emerging shared ambition for Better Lives Lincolnshire, by 2030, is a simple one...

**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 up to 2025. For each of these aims a set of measures has been defined to demonstrate our progress against them.

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.





The approach to developing this ICP strategy for Lincolnshire has been to 'connect' it to the JHWS, but with each maintaining its own identity:

- The Joint Health and Wellbeing Strategy continuing to focus on the 'What'.
- The Integrated Care Partnership Strategy setting out the 'How'.

Together these two strategies set out the approach we will take to deliver the ambition across our system. This ICP strategy sets out the priority enablers the Lincolnshire health and care system and its partners will focus their integration efforts on to deliver these aims and overarching ambition.

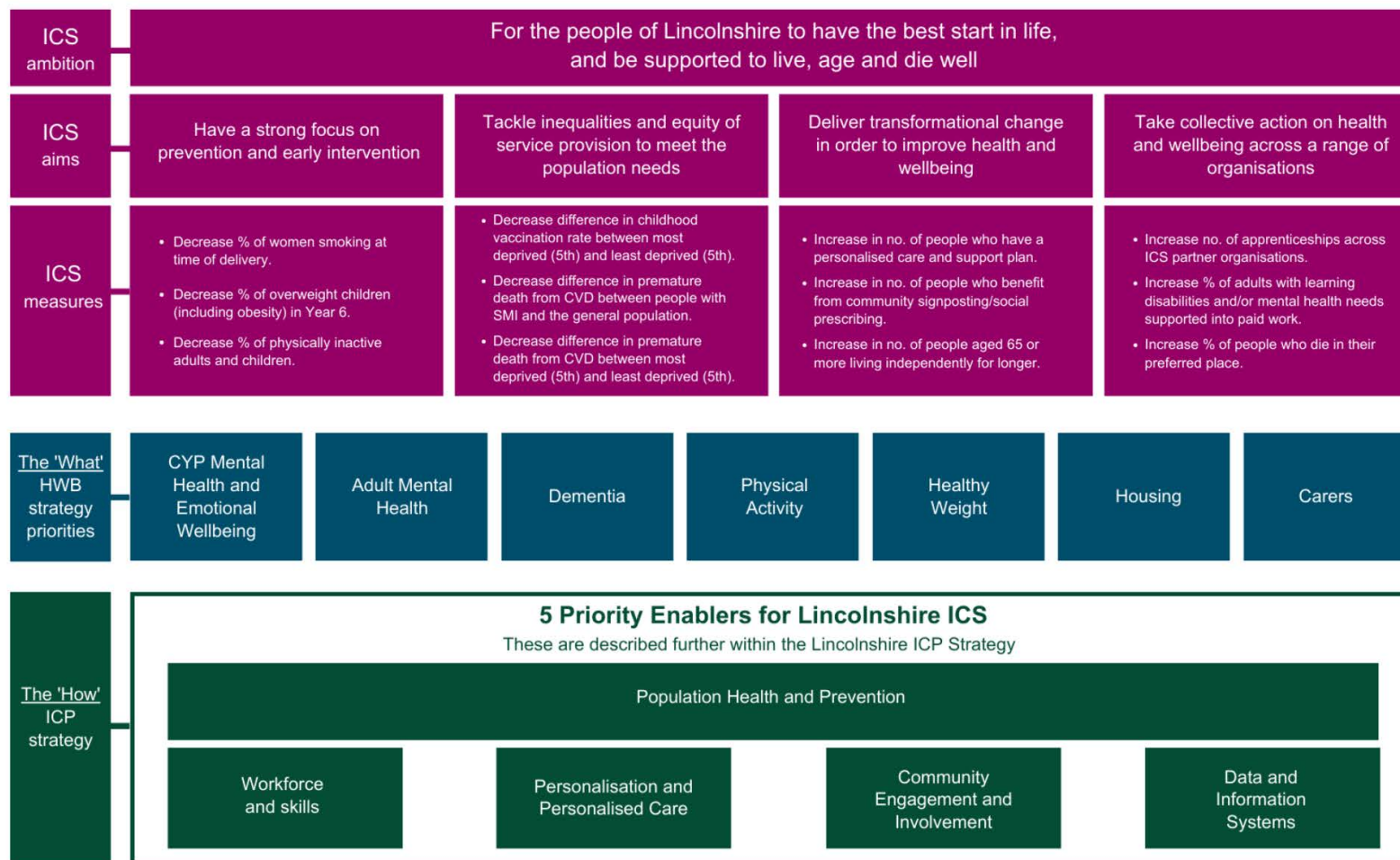
These priority enablers are:

- 1. Population health and prevention**
- 2. Workforce and skills**
- 3. Personalisation**
- 4. Community engagement and involvement**
- 5. Data and information systems**

The Better Lives Lincolnshire 'Strategy Map', which reflects this approach, is set out on the following page.



## Better Lives Lincolnshire 'Strategy Map'



# Text version of the Better Lives Lincolnshire Strategy Map

## ICS ambition

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

## ICS aims

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

## ICS measures

### Have a strong focus on prevention and early intervention:

- Decrease percentage of women smoking at time of delivery.
- Decrease percentage of overweight children (including obesity) in Year 6.
- Decrease percentage of physically inactive adults and children.

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

- Decrease difference in childhood vaccination rate between most deprived (5th) and least deprived (5th).
- Decrease difference in premature death from Cardiovascular Disease (CVD) between people with SMI and the general population.
- Decrease difference in premature death from CVD between most deprived (5th) and least deprived (5th).

### Deliver transformational change in order to improve health and wellbeing:

- Increase in number of people who have a personalised care and support plan.
- Increase in number of people who benefit from community signposting/social prescribing.
- Increase in number of people aged 65 or more living independently for longer.

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

- Increase number of apprenticeships across ICS partner organisations.
- Increase percentage of adults with learning disabilities and, or mental health needs supported into paid work.
- Increase percentage of people who die in their preferred place.

## **The 'What' - HWB Strategy Priorities:**

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

## **The 'How' – ICP Strategy**

Five Priority Enablers for Lincolnshire ICS – these are described further within the ICP Strategy.

- Population Health and Prevention
- Workforce and Skills
- Personalisation and Personalised Care
- Community Engagement and Involvement
- Data and Information Systems



# Priority enabler 1: Population health and prevention

---

Population health and prevention is the 'golden thread' that runs through the Better Lives Lincolnshire strategy and underpins its focus on improving health and wellbeing and tackling inequity.

A person's physical and mental health and wellbeing are influenced throughout life by a diverse range of social, economic and environmental factors, known as the wider determinants of health. Addressing the wider determinants of health will help improve overall health by helping to improve the conditions into which people are born, live and work. Addressing these determinants throughout the life course allows us to consider the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing.

This life course approach underpins how we plan to deliver the priorities set out in the JHWS, recognising that:

- There are a wide range of protective and risk factors that interplay in health and wellbeing over the life span.
- By altering policies, environments, and societal norms, inequalities affecting the life course trajectory can be reduced, which could benefit the whole population now and in the future.

This means taking action:

- To protect and promote health during important transition periods early and appropriately across the life course.
- To create healthy environments and improve conditions of daily life together as a society.
- To reduce health inequalities throughout the life course.

In line with the life course model, our delivery of this enabler will focus around four themes:

**Theme 1: Preconception, infancy and early years (0-5)**

**Theme 2: Childhood and adolescence (5-19)**

**Theme 3: Working age (16-64)**

**Theme 4: Ageing well**

## Theme 1: Preconception, infancy and early years (0 - 5)

What happens during pregnancy and the first few years of life influences physical, cognitive and emotional development in childhood and may influence health and wellbeing outcomes in later life. In addition to the critical events that shape an individual's health trajectory, the number and sequence of exposures to risk and periods of increased susceptibility, some of which occur before birth or are genetically inherited, are also crucial.

The preconception period presents an opportunity for professionals to encourage women and men to adopt healthier behaviours in preparation for a successful pregnancy and positive health outcomes for both themselves and their child. We will therefore focus on interventions such as:

- Being aware of screening before or during pregnancy.
- Being up to date with all vaccinations before and during pregnancy.
- Taking folic acid supplements.
- Eating a healthy diet and being physically active.
- Giving up smoking, and reducing or stopping alcohol consumption.
- Expanding oral health promotion activities.





The earliest years of life set the tone for the whole of the lifespan. There is strong evidence that intervening in the first 1,001 days of a child's life can make a difference over their whole lifetime. During this period the brain displays a remarkable capacity to absorb information and adapt to its surroundings.

Positive early experience is therefore vital to ensure children are ready to learn, ready for school and have good life chances. It is shaped by several factors such as sensitive attuned parenting, effects of socio economic status and the impact of high quality early education and care.

Improving children and young peoples' mental wellbeing will have a positive effect on their cognitive development, learning, physical health, and their mental health, social and economic prospects in adulthood. It is known that poor social and emotional well being in young children can lead to behaviour and developmental problems and, later in childhood, severe depression, anxiety, self harm and other poor mental health outcomes.

The areas we will focus interventions on include:

- Improve speech, language and communication skills in the under 5s.
- Prioritise early intervention through additional investment in children's centres and family hubs.
- Increase uptake of childhood vaccinations.



## Theme 2: Childhood and adolescence (5-19)

Children and young people face many new challenges and experiences as they grow and develop; part of growing up includes experimenting and trying new things, but adolescence can be a very difficult time for some. We know that approximately 1 in 7 young people experience at least one mental disorder, and emotional disorders – such as anxiety and depression – can be commonplace. If left unaddressed, these problems often persist into adulthood.

Adolescence, defined as the transitional phase between childhood and adulthood, is a time when young people begin developing habits that will carry over into adulthood. Healthy behaviours initiated in childhood, such as physical activity and healthy nutrition, should be maintained during adolescence.

In light of this we will focus our interventions in the following areas:

- Tackling vulnerabilities and adverse childhood events (ACEs) and safeguarding children.
- Supporting young people's mental health and emotional wellbeing.
- Improving educational attainment.
- Tackling tobacco, alcohol and drug use.
- Increase the motivation, confidence and physical competence in relation to physical activity.
- Reducing the number of teenage pregnancies and improving outcomes for young parents and their children.
- Increase uptake of school-age vaccination.



### Theme 3: Working age (16-64)

Emphasis on a good start in life does not mean that actions at later stages of the life course are not important. Adulthood is an important time for building assets, reducing risks and intervening early.

This stage is crucial as it is a time of significant opportunity to build resilience for later life, to reinforce the improvement in skills and individual empowerment provided by a good start but also to achieve greater health equity among the existing adult population. In particular, it is essential to reduce stress at work, reduce long term unemployment through active labour market programmes and address the causes of social isolation. Throughout this period, professionals can ensure that they make every contact count and use everyday interactions with people to support them in making positive changes to their physical and mental health and wellbeing, as well as promoting services such as the NHS Health Check.

The NHS Health Check offers an opportunity to assess the top 7 risk factors driving premature death and disability in England among 15 million people in midlife. This includes pulse rhythm, blood pressure and cholesterol. They are also supported to understand their risk of Cardiovascular Disease (CVD) and make positive behavioural changes that can prevent and delay the onset of CVD. For example, everyone having an NHS Health Check should benefit from personalised support and where appropriate access to services, such as stop smoking, weight management, physical activity, alcohol support and diabetes prevention.

We will therefore focus on interventions such as:

- Working with employers to grow a healthier, highly skilled workforce.
- Improving wellbeing and mental health.
- Preventing musculoskeletal (MSK) conditions by helping people stay fit, active and healthy.
- Improving uptake of screening 7.





## Theme 4: Ageing well

There has been a steady increase in average life expectancy in recent decades, albeit increases have slowed considerably since 2011. This is a public health success story. Longer lives are a benefit to society in many ways, including financially, socially and culturally, because older people have skills, knowledge and experience that benefit the wider population. There is an opportunity to utilise this increased longevity as a resource, whilst challenging ageism and the view that retirement is about 'sitting more and moving less'.

The older a person is, the more likely they are to experience chronic diseases and disabilities of both the body and brain. As life expectancy rises, we must promote the concept of productive healthy ageing; improved health and wellbeing, increased independence and resilience to adversity, the ability to be financially secure through work and building resources, engagement in social activities, being socially connected with enhanced friendships and support, enjoying life in good health.

The areas we will focus interventions on include:

- Improving access to good employment.
- Protecting health through improving housing and the built environment.
- Increasing awareness and uptake of vaccinations.
- Maintaining functional ability: brain and body health.
- Preventing falls.
- Preventing loneliness and social isolation.



# Priority enabler 2: Workforce and skills

---



Public sector employment, including health and care, underpins the local economy in Lincolnshire. The health and care sector is vital for employment locally, and we know through work led by the Greater Lincolnshire LEP there is an existing and growing demand for workforce and skills levels that cannot be met by the current working age population.

Occupations reporting the highest volume of vacancies in 2020 were nurses and care workers (5.9% and 5.7% of job postings respectively). Data for 2021 shows nursing and care occupations continuing to report the highest number of vacancies and a recent, but increasingly frequent issue reported by employers is the lack of care staff with the ability to drive. Data in January 2022 suggests caring occupations continue to be one of the toughest roles to fill.

Pre COVID, long term forecasts indicated that nationally health and social work will be an employment growth sector, with health and social care associates, health professionals, and caring personal service occupations the top three growth occupations. This presents future opportunities at a range of skill levels including occupations requiring degree level education. However, 'replacement' demand is likely to be the biggest challenge faced in the coming years.

An ageing and retiring population across Lincolnshire is projected to account for approximately 90% of replacement demand over the next decade, with the remainder being the result of new positions being created. Additionally, new technologies are shifting the demand for labour towards higher skilled occupations especially in terms of digital skills. In order to stay competitive in the labour market,

residents will need to retrain and upskill more often. Equally, working conditions and salaries will also need to be attractive to people to work in the health and care sector.

Our approach as an ICP to tackling these issues and delivering this priority is to integrate it with the work being led by the Greater Lincolnshire LEP Employment and Skills Advisory Panel, which identified two main skills themes:

**Theme 1: To inspire and support young people to stay and work in the area**

**Theme 2: To train and support people who are already working, or seeking jobs, so they gain the skills needed to take up future job vacancies.**

In addition to these themes the Lincolnshire health and care system People Board will also drive improvements specifically in health and care organisations, covering challenges such as recruitment and retention. This sits outside the direct scope of the ICP, however connections will be made as necessary to ensure work remains aligned, with particular consideration given to the Rural and Coastal Transformation Programme 'Developing health, care and communities through workforce, education and training'.



## **Theme 1: To inspire and support young people to stay and work in the area**

The challenge of graduate and young-people retention is driven, in part, by a perception that the health and care sector within Lincolnshire does not offer sufficient career growth opportunities. The health and care sector is currently not understood sufficiently to inspire younger people about the career opportunities available on their doorstep. This can also lead to long-term worklessness due to a lack of awareness about local opportunities.

To meet the high replacement demand by health and care services within Lincolnshire, younger people (starting with primary school age children) need to be informed about the occupations, careers, and growth opportunities Lincolnshire can offer. As part of this, the links between the sector and jobseekers need to be supported and strengthened.

To support the delivery of this, working with partners, we will:

- Continue the expansion of the Enterprise Adviser Network across Lincolnshire - this will include ensuring Enterprise Advisers fully understand the careers and opportunities in the health and care sector so they feed into schools' career programmes, as well as looking to increase the number of Enterprise Advisers from the health and care sector who are able to showcase these organisations and opportunities to the local community.
- Use the Greater Lincolnshire Careers Hub to promote opportunities and careers in the local health and care system – this will include careers fairs, facilitating links between schools and the sector, organising experiences such as visits to the Lincoln Medical School and improving information held about local jobs and careers so young people can access it and feel informed.

## **Theme 2: To train and support people who are already working, or seeking jobs, so they gain the skills needed to take up future job vacancies**

With job vacancies increasing locally and a shrinking workforce there is an immediate focus to support the health and care sector employers find new staff and retain those already in the workforce, in a wide range of occupations and at different levels.

Literacy and numeracy skills in Lincolnshire are below those seen nationally. With fewer jobs available for people with fewer basic qualifications, upskilling these people will allow them to participate more fully in the local health and care system labour market.

Apprenticeships provide an important route into skilled employment for young people, and so it's vital the local health and care system builds on the recent Apprenticeship Strategy and address the decline in numbers. This includes maximising the impact of apprenticeship budgets, including flexible apprenticeships, new levy transfer mechanisms, and incentives to increase apprenticeship opportunities for people of all ages.



Although digital skills have long been seen as crucially important, the need for such skills to avoid social and labour market exclusion has been emphasised by the COVID pandemic. There has been an increased preference for working, learning and engaging remotely on digital platforms.

To support the delivery of this working with partners we will:

- Develop skills priority statements for the local health and care sector that maximise future opportunities for local people and focus on upskilling and retraining workers.
- Raise awareness locally and nationally of the priorities from the recently published Apprenticeship Strategy, that are particularly relevant to the health and care sector, and take the actions forward.
- Ensure a quality online offer is available to maximise the uptake and delivery of this approach.
- Encourage businesses to develop workforce and skills strategies and implement them.
- Build on the recommendations of the Digital Skills Workshop to develop a plan specifically for the health and care sector e.g., finding new ways to bring learning to people and target intergenerational groups and create a digital skills strategy for the health and care sector.



# Priority enabler 3: Personalisation

---



Personalisation is rooted in the belief that individuals want to have a life, not a service. It's a way of working that changes the conversation from 'what's the matter with you?' to 'what matters to you?'

There are three key messages that shape why Personalisation is so important and should be seen as a key foundation of our ICP:

- Our relationships - the balance of power between people and health and care professionals.
- Empowerment - respecting a person's right to lead their own health and wellbeing.
- Mindset - a way of working that changes the conversations and focuses on what matters to you.

Our aim is to shift the relationship and conversations between people, professionals and the health and care system to one which focuses on people's strengths and assets and 'what matters to them', providing a positive shift in power and decision making that enables people and those who are important to them to have more choice and control to be able to live their best, and healthiest life - the life that is important to them and their loved ones.

Central to this aim is working with people to co-produce a 'Shared Agreement' that describes an evolved relationship between our health and care system and the people of Lincolnshire that is rooted in partnership, personalised care and shared decision-making.

Our approach to delivering this priority is focused around three key themes:

**Theme 1: Shared decision-making and 'What matters to you?' conversations**

**Theme 2: Supported self-care and self-management**

**Theme 3: Wellbeing, social prescribing, and community-based support**

## Theme 1: Shared decision making and ‘What matters to you?’ conversations

As the complexity and uniqueness of the needs of individuals and carers have changed, and expectations towards health, care and wellbeing have evolved, we need to work together to ensure people have relevant information that’s meaningful to them and they are supported to make informed decisions.

Shared decision making ensures that individuals are supported to make decisions that are right for them. It is a collaborative process through which a professional supports a person to reach a decision about their care.

The conversation brings together:

- The professional expertise such as care options, evidence, risks and benefits; and
- What the person knows best: their preferences, personal circumstances, goals, values and beliefs.

We need to work together to understand people’s strengths, their assets and their potential and support them to realise this by collectively working together to set realistic outcomes and goals, reducing a reliance on services and ensuring the right support goes to the right people at the right time.

To support this way of working, we are extending our approach to Personalised Care and Support Planning across the ICS. It is an umbrella term that covers the planning approaches that we use to have ‘What matters to you?’ conversations with people.

We must also ensure the rights of the people we support are respected, and their wishes should always be at the forefront of our thinking. Intervention to safeguard and protect should be proportionate to the risk presented and sensitive to the need, where appropriate, for people to make their own decisions, even when that involves some risk.





'What matters to you?' conversations are a series of proportionate discussions that explore a person's whole life and family situation at any relevant point in time. Asking 'What matters to you?' aims to discover what's important to the person and their carers and to explore their strengths, wants, wishes and goals to live their best life.

Together, shared decision-making and 'What matters to you?' conversations can create a new relationship between people and professionals based on partnership and enable people to be central in making decisions about their own health, care and wellbeing.

To achieve this we will:

- Drive a change in the current culture and systems across the ICP towards shared decision-making and 'What matters to you?' conversations, working with people to make this happen.
- Prepare and support the people of Lincolnshire to feel confident in embedding personalised care and shared decision-making.
- Ensure strong professional and executive leadership, and that all relevant organisations ensure strength-based personalised care is an integral part of their recruitment, induction and training.
- Ensure a sustainable workforce programme in strength-based personalised care approaches that is accessible and tailored to the range of health, care and Voluntary, Community and Social Enterprise (VCSE) professionals across the system.
- Include personalised care and shared decision-making in local incentives, delivery and improvement plans, pathway redesign and assurance.
- Ensure everybody who wants a personalised care and support plan has one that they can view and that they can contribute to their own plans digitally.

## **Theme 2: Supported self-care and self-management**

We will work with people to encourage, support, and empower them to manage their own physical and mental health conditions themselves.

Our vision is for everyone in Lincolnshire with an ongoing physical or mental health condition or conditions to be empowered to live their best lives.

Supported self-management is a way of working with people that uses approaches and tools to proactively identify the knowledge, skills and confidence people have to manage their own health, care and wellbeing, and to help them grow their expertise and confidence to be more independent.

We will do this through:

- A range of staff such as Health and Wellbeing Coaches, establishing one-to-one partnerships with individuals in their care and wellbeing. They will take a supportive and non-judgemental approach

to help people to become advocates for their own care so that they can achieve their health and wellbeing goals.

- Care Coordinators who work with people and their carers to ensure what's important to and for them and their personal goals are addressed, and that appropriate support is identified by creating a single personalised care and support plan. Care Coordinators bring additional skills, expertise and capacity into Primary Care settings, enabling the person to have more time to explore what really matters to them.
- Peer support, provided through a range of approaches, through which people with similar health and care experiences can support each other to better understand their recovery or self management.
- Working with people to educate or train them to help develop the knowledge, skills and confidence they need to manage their own health and wellbeing effectively. This may be done independently or in partnership with the health and care system.
- Use of range of tools to have a better understanding of the individual's level of skills, knowledge and confidence to be able to better look after their own health and wellbeing.





### **Theme 3: Wellbeing, social prescribing and community-based support**

Recognising that people's health and wellbeing are significantly influenced by a range of social, economic and environmental factors, through social prescribing and community-based support we will work with people in a holistic way and aim to support them to take greater control of these wider determinants of health and wellbeing.

We will enable health and care professionals to link the people they see with someone who will take the time to explore 'what matters to them'. Social Prescribing Link Workers are employed to support people to access non-medical services, including the diverse range of groups and support provided by the local community, voluntary and social enterprise sector.

We will ensure Lincolnshire has a sustainable and resilient social prescribing offer through jointly commissioning and supporting our voluntary and community sector. We will do this through Social Prescribing Lincolnshire, which is a group of social prescribing service providers that includes Voluntary Centre Services (VCS), Lincolnshire Community and Voluntary Service (LCVS) and Primary Care Networks (PCNs) that employ Social Prescribing Link Workers, with support from Lincolnshire Voluntary Engagement Team CIC (LVET). We will involve people with lived experience at every stage of development to co-design services and information.

We will work in an integrated way alongside other commissioned services such as healthy lifestyle support, carers service and Lincolnshire's Wellbeing Service. We will identify opportunities and take action to enhance community-based provision, digital development and support a diverse VCSE sector to thrive and flourish.



# Priority enabler 4: Community engagement and involvement

---

Delivering the priorities set out in the JHWS cannot be done by the individual member organisations of the Lincolnshire ICP on their own.

Community support networks can play a vital role in enabling communities to flourish and play a vital role in ensuring that our residents are able to be healthy and live well.

Communities are usually best placed to solve the specific challenges they face. We can help to ensure that the right support and facilitation is in place. We want to see our communities being better able to bring about the changes they want to see.

This means we need to be clear how we will work with communities to:

- Remove unnecessary obstacles and bureaucracy; and
- Direct limited resources where they can have the biggest impact.

Our approach to delivering this priority enabler mirrors that set out in Lincolnshire County Council's 'Stronger Communities: Lincolnshire's Community Strategy', which consists of five themes. These are:

**Theme 1: Consultation, engagement and collaboration**

**Theme 2: Community networks**

**Theme 3: Volunteering**

**Theme 4: Funding for our communities**

**Theme 5: Tools and data**



## Theme 1: Consultation, engagement and collaboration

We want to develop new ways of engaging and collaborating with our residents, communities and their representative groups. We want to make sure they have a strong voice at the table, the independence to act and solve problems and the ability to thrive. We will enhance our approach to engagement and involvement to make it even easier for people to share their views to ensure we can be more confident that what we are doing has the backing of our communities and taken into account a broad range of needs. To achieve this we will:

- Have more commonality around the way we work with our communities to hear their views and keep them up to date with the improvements that we are making.
- Have more community based conversations. This will enable people to become more empowered and closer to the decisions that have the biggest impact on them.
- Be clear where we do not need to play an active role in decision making. We appreciate that some decisions sit better with our communities and representative groups, but we will be able to provide expertise where necessary.
- Develop our relationships with community groups to influence our decisions and enhance the community voice in all that we do.
- Ensure our decision makers have access to more current and meaningful data about our communities and their wishes and aspirations.

## Theme 2: Community networks

Enabling everyone to enjoy life to the full requires strong community networks. We know there are examples of where the local community and health and care system work really well together. We will:

- Set out and utilise a clear framework for engaging with community networks that represent adults, children and the places in which we live, work and play.
- Use these examples to shape the way we deliver services and improve the offer to communities.
- Do even more to develop our connections with, learn from and understand communities so that we have a shared understanding across the system.
- Develop clear engagement plans so that people know what we are working on and how they can get involved.

We will also work with communities to understand where our help and support can be best directed and what we jointly want to achieve. We will work with our partners and community groups to develop solutions in relation to prevention and health and care, and develop strong relationships to modernise the way our services are delivered.

Throughout the pandemic, we have seen amazing examples of communities working together to support each other, both in person and through innovative digital solutions. We want to build on this to:

- Help communities become even stronger and more self sufficient.
- Develop a better understanding of where communities are well placed to meet needs.
- Understand where gaps in provision exist.
- Be able to access community level expertise to help us to make informed decisions and better design our services.

We want people to know what is available and to be able to access it when they need it, irrespective of who the provider is. By working with communities we will be better able to develop solutions together that will improve the quality of life for our residents.



### Theme 3: Volunteering

Volunteering has never been more valuable to Lincolnshire and our way of life. Nationally, in 2019, 19.4 million people engaged in volunteering activities through groups, clubs or other organisations. In 2019 and 2020, volunteer centres in Lincolnshire were able to attract over £1.5m of funding with 2,787 people supported to access volunteering. Through increasing the level of community participation we can help communities to become more self sufficient and sustainable. We want to work with others to promote opportunities to volunteer and the benefits that volunteering brings.

We recognise people will volunteer for lots of different reasons, whether to gain new skills or simply to give something back. We want to work with those closest to communities to improve opportunities for skills development through volunteering.



This is often a really effective way of helping somebody to:

- Take the first steps into employment.
- Gain the confidence and experience that they need to thrive.

We will develop more robust arrangements by working across sectors to support training, personal development, and volunteering opportunities to help our communities to thrive.

We also know that those working within Lincolnshire's health and care system often volunteer within their local communities. They utilise their time, skills and expertise to help others. We want to celebrate and support this amazing contribution and encourage more to come forward. As part of this we will encourage our partners to get involved and support community initiatives.

## **Theme 4: Funding for our communities**

One of the ways that we invest in communities is through grants to groups and organisations. These often provide valuable support to our residents at a time of need or crisis. Recently we've seen an increased need for these services due to the impact of the pandemic on people's health and wellbeing.

We will work collectively to review the effectiveness of our current approach by looking at how funding to voluntary sector infrastructure bodies is used to identify opportunities to learn from best practice, deliver better outcomes for our communities, and get the best use of the Lincolnshire pound.

We will engage nationally and aim to attract more money into Lincolnshire, and look for opportunities to target funds to those most in need and achieve the maximum impact. We will enhance the content of the Lincolnshire funding portal and work with groups to ensure they:

- Are aware of the funding that is available to them from others.
- Can access the help that is available on how to secure additional financial support.
- Can evidence the social value that grant funded activities deliver within Lincolnshire.
- Are able to demonstrate scalable solutions that tackle the challenges faced in different parts of the county.



## Theme 5: Tools and data

We know communities increasingly want more open dialogue with us through a range of mechanisms. To achieve the ambitions set out above, we need to invest in our teams so they have the right tools to support high quality engagement and are able to capture data and analyse it to share meaningful insights. We will continue to train and develop our teams so that they can apply best practice techniques and advise others on how to gain the maximum benefit from engagement activities.

This, together with the new technologies, will enable us to:

- Embed new approaches to engagement.
- Improve information sharing practices to ensure improved insight and shared understanding of needs or views.
- Standardise our approach and increase the number of people to participate in dialogue with us.
- Support us to develop policies and practices that have the voice of communities at their heart.



# Priority enabler 5: Data and Information Systems

---

The plans and actions of the Lincolnshire ICP will bring about significant changes in the way individuals receive care. Service users together with those organisations involved in the provision and delivery of health, care and wellbeing will all need to behave differently to achieve the improvements to which we aspire.

Data and Information Systems will be key in supporting behaviour change by informing and supporting the delivery of care, decision-making, and enabling better outcomes for people.

Our focus on information and information sharing falls into two themes:

## **Theme 1: Supporting people**

## **Theme 2: Supporting health and care professionals**

A comprehensive integrated data set, which pulls together information from partners across the Lincolnshire ICS, is required to underpin both of these themes.

## **Theme 1: Supporting people**

There is significant potential for the transformation of health and social care through better widespread use of digital technologies. This includes a growing role for technology in supporting people to monitor and manage their own health and wellbeing and also enhancing people's experience of accessing services.

### **Access to own care record and care plan**

To truly be empowered, people will require access to their own care record and care plan, containing a summary of their care information from their care coordinator and the providers they have come in contact with. The individuals themselves might also contribute to their care record and care plan by adding information.

### **Self-management**

Digital health provides the ability to offer a personalised approach to self-management via digital tools that support people to live well in their communities and enable access to the right support and services tailored to the individual's needs. Teams supporting people can also interact with patients through the same digital service, allowing them to deliver new care pathways and better meet people's needs.





### **Communication and engagement with professionals**

To help individuals take more ownership in their care and rely less on in person interactions with care professionals it is useful to send them reminders and updates via e mail, text message or mail at appropriate times. It is also helpful for users to have an effective way to communicate remotely with care professionals, particularly their Care Coordinator. While such interactions could happen via telephone, more sophisticated online approaches need to be considered.

### **Access to information online**

People might need to get information on topics such as information and advice, services available and activities and events.

## **Theme 2: Supporting health and care professionals**

New and more integrated ways of providing care will require local health and care professionals to act and behave in different ways. This will include working with local people, carers and their families so they are more empowered to set their own care goals and manage their own wellbeing, being part of a multi disciplinary team and delivering more responsive and proactive care.

### **Population analytics**

To be as effective as possible in their role, health and care professionals require a thorough understanding of the needs and activity of their population as well as the costs associated with it.

### **Population segmentation**

A core part of having a good understanding of the population is to have an effective approach to group the population, to support care for specific groups. We will therefore ensure health and care professionals are able to segment the Lincolnshire population and understand health, care and wellbeing needs, activity, outcomes and costs for each group defined.

### **Performance analytics**

We will establish approaches to enable health and care professionals to monitor the performance of the local health, care and wellbeing providers (and associated networks, collaborations and alliances) that care for the local population in an integrated way, in particular monitoring the outcomes delivered as well as other agreed indicators and parameters.

### **Service user identification**

Local care teams will be required to support specific population groups and we will support them to employ a granular approach, such as risk stratification, to identify specific service users that they will need to focus more attention on.

### **Service user registry**

To support an effective and truly integrated delivery of care, we will make sure local care teams have access to an accurate summary of information for each individual in their care, with input from all providers of health and care services, as well as service users themselves.

### **Care planning**

We will make sure local Care Coordinators have the ability to create a care plan and review progress and results. This care plan will shape the integrated care that the individual will receive, ensuring its appropriateness and timeliness. As part of the care planning process, access to a library of care protocols will be made available to support decision-making and ensure that the care plan being created is in line with relevant guidelines and best practices.

### **Intervention management capability**

We will ensure local care teams are alerted to relevant events so they can respond to the specific needs of individuals in a timely fashion. This could include alerts issued when an individual requires an intervention (e.g. vaccination reminders), based on recent events (e.g. discharge from hospital) or on a “care gap analysis”.

### **Delivery analytics**

We will make sure local care teams are able to regularly monitor and review the care they are delivering multiple times a week so the progress and impact of the care delivered to specific individuals and groups is fully understood. These types of reviews will need to be informed by ad hoc analytics that track metrics tied to specific care plans and models and are therefore different from the higher level outcome and service standard indicators determined by commissioners or the provider organisation.

### **Remote monitoring capability**

In line with our objectives to support user empowerment and the ability of individuals to receive appropriate care in their home and, where appropriate, to self-manage, we will ensure local care teams have the ability to monitor certain service users remotely.

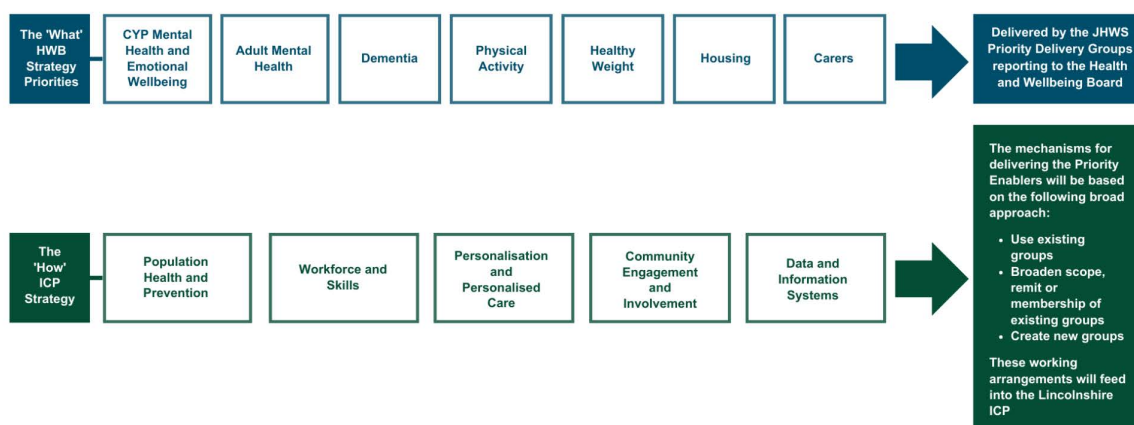
# Delivering the strategy

This strategy is not intended to serve as an action plan. The Lincolnshire ICP will have oversight for the delivery of this strategy as a whole including establishing next steps, objectives and targets, results analysis and the appropriate governance arrangements to assure upon the delivery.

Three broad approaches will be used to initially establish the priority enabler working groups to deliver this interim strategy:

- Use existing groups.
- Broaden the scope and/or remit and/or membership of existing groups.
- Create new groups.

An overview of the governance and delivery arrangements for the JHWS and ICP Strategy are set out below.



Given 2022 to 2023 is a transition period for our ICP, we expect that we will want to refresh and develop this strategy and its delivery arrangements as our plans and thinking evolve.

Once the JSNA is republished in March 2023, further engagement and development will take place to refresh the JHWS for Lincolnshire and inform further development of the Integrated Care Strategy. Both strategies will be produced by December 2023.



# Text version of An Overview of the Governance and Delivery Arrangements for the JHWS and ICP Strategy

## The 'What' - HWB Strategy Priorities:

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

These strategy priorities are delivered by the JHWS Priority Delivery Groups reporting to the Health and Wellbeing Board.

## The 'How' – ICP Strategy:

- Population Health and Prevention
- Workforce and Skills
- Personalisation and Personalised Care
- Community Engagement and Involvement
- Data and Information Systems

## The mechanisms for delivering the Priority Enablers will be based on the following broad approach:

- Use existing groups
- Broaden scope, remit or membership of existing groups
- Create new groups

These working arrangements will feed into the Lincolnshire ICP.

# Appendix 1

## Joint Health and Wellbeing Strategy for Lincolnshire priorities

---

### Mental Health - Adults

A significantly high number of adults are affected by poor mental health, ranging from anxiety through to more severe forms of mental illness. Data demonstrates need is worse in some areas when compared to regional and national data (depression rates, self reported wellbeing). There is a worsening trend, exacerbated by the pandemic, with a high level of need making mental health a priority both locally and nationally. There is strong evidence of the impact of preventative action in terms of improvement in health outcomes (wider determinants, homelessness, substance abuse, etc.) and/or delaying or preventing the need for other services. Treatment and recovery outcomes improve with early intervention.

### Mental Health and Emotional Wellbeing - Children and Young People

Prior to the pandemic, 1 in 10 children and young people were affected by emotional/mental health issues, as well as the effects on the wider family/population at large. The pandemic was challenging for children and young people and has increased needs (Source: Director of Public Health Report 2021). Comprehensive evidence exists showing the benefits of a preventative approach to supporting the Mental Health and Emotional Wellbeing of children and young people. It includes both benefits on an individual level (positive health outcomes of early/preventative action) and in terms of service savings/reduced costs of early intervention.

### Dementia

Evidence shows that the early detection and management of dementia reduces the escalation of health and care needs. Whilst there is no evidence that preventative action can stop dementia from developing, risks can be identified, and action taken (e.g. exercise and reducing alcohol intake) so that onset is delayed. There are improvements in terms of quality of life if dementia diagnosis and management is at an early stage. Dementia is a strategic priority locally and nationally. Trend data suggests that it is a growing problem and with an ageing population in Lincolnshire, dementia diagnosis, management and support is a clear priority for the HWB given that age is the main determining factor for dementia.

### Healthy Weight

Being overweight or obese is associated with increased disability, reduced quality of life and chronic diseases such as type 2 diabetes, heart disease, stroke, liver disease and some cancers. Childhood

obesity presents immediate and long term effects on a child's physical, social, educational and mental wellbeing. Poor diet and excess calorie intake are the main cause of adult and childhood obesity. There is very strong evidence that preventing obesity will significantly improve an individual's health and prevent or reduce the need for future healthcare services. Estimates value the annual national cost of obesity at £27 billion, including £13.3 billion for obesity medication and £6.1 billion in NHS costs. This cost is expected to rise to £50 billion by 2050 (Source; NICE). Obesity rates in Lincolnshire for both children and adults are higher than the national rates.

## **Physical Activity**

A strong evidence base exists that demonstrates the importance of physical activity in maintaining and improving health and preventing and/or reducing the use of healthcare services. Physical inactivity is the fourth greatest risk factor for premature mortality so preventative measures are needed. The JSNA presents significant evidence of geographic and population based inequalities, affecting multiple groups of individuals. This includes disabled people, those with learning difficulties, gender differences, low levels of physical activity in areas of deprivation and age related differences. There are noted geographical variations, too. Given that Lincolnshire has lower than average physical activity participation rates relative to national rates, with a gradual worsening trend in all districts, apart from West Lindsey, prioritising physical activity is a key priority for the HWB.

## **Carers**

In Lincolnshire it is estimated there are 88,000 unpaid family carers and, given the county's ageing population, this number is predicted to increase further and at a faster rate. The value of the labour of Lincolnshire's unpaid carers is estimated to be worth £1,766 million but they exist mostly unnoticed as a 'hidden army'. The impact of a caring role on a carer's own health and wellbeing can be significant, therefore supporting carers is both a national and local priority. Carers need support; their quality of life often decreases when they become a carer with worsening physical and mental health. Receiving support, having a social network, and reducing isolation greatly improves the quality of life for the carer and the cared for.

## **Housing**

Living in poor conditions or in an unsuitable home can have a negative effect on mental and physical health. Therefore, improving people's housing circumstances can improve health and wellbeing, and delay or prevent the use of some healthcare services. This priority area is broad and includes fuel poverty, vulnerable individuals and families, housing need, condition/housing stock, and includes the unmet housing needs of various demographic groups. Inequalities are evident, with the population groups most affected including: older people, low income families with children, those with disabilities/learning difficulties, those with mental health issues, and the homeless or vulnerably housed.