A photograph of a harbor filled with numerous boats, mostly white with red accents, docked in rows. The water is calm, and the background is slightly hazy.

# JOINT HEALTH AND WELLBEING STRATEGY FOR LINCOLNSHIRE 2013-2018



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## Introduction

**This is the first Joint Health and Wellbeing Strategy for Lincolnshire. It has been produced by the Lincolnshire Shadow Health and Wellbeing Board and is based on the five priorities identified in the Joint Strategic Needs Assessment. It has been approved by the Board, NHS Lincolnshire Board and Lincolnshire County Council Executive.**

The Health and Wellbeing Board has responsibilities to:

- Undertake a Joint Strategic Needs Assessment (JSNA) and agree shared priorities;
- Produce a Joint Health and Wellbeing Strategy (JHWS), using the evidence provided in the JSNA;
- Promote integrated working between NHS and local government (including approval of commissioning plans to ensure alignment to JSNA and JHWS).

## Consultation

**Extensive consultation and engagement has taken place during the preparation and formal consultation phase of this strategy.**



The overarching approach to the consultation was based on a number of core activities as follows:

1. An online survey made available on the Lincolnshire Shadow Health and Wellbeing website.

2. A number of consultation events across the county (in Boston, Gainsborough, Grantham, Lincoln, Louth, Skegness, Sleaford, Spalding and Stamford).

3. Facilitated discussions at council committees, Clinical Commissioning Group boards, district council partnership meetings and service user groups.

4. Targeted offer to attend other relevant groups to present the JHWS.

5. A resource pack was produced to allow groups and organisations the opportunity to discuss without the need to attend an event, complete a survey or require a presentation.

The comments and suggestions received have largely been incorporated. One major change resulting from consultation has been the extension of theme five to cover the wider determinants of health, specifically to include housing as well as worklessness. Other comments and suggestions made have largely been worked into the strategy as well. In particular, we have

redoubled our efforts to ensue mental health issues are reflected throughout all five themes; we have committed to including more on neurological conditions in the JSNA and to consider this within the priorities at a future date; placed a greater emphasis on carers; and included outcomes for each theme against which we can assess progress.

## Related partnerships and strategies

**This strategy seeks to be succinct and to the point. It does not seek to duplicate existing strategies, for example, relating to children and young people, housing or for specific health issues.**

Indeed in some of the theme sections, producing or updating strategies or action plans is a specific action. The JHWS does, however, seek to prioritise actions within other strategies.

There will also be links to other partnerships, both:

- Locally, such as the Community Safety Partnership and the Children and Young Peoples Strategic Partnership – these relationships are under discussion at present; and
- Wider, including the Local Education and Training Board (LETB) and Strategic Clinical Networks – all of which will cover the East Midlands but are currently under development. The LETB will be of significance as most JHWS actions will require changes to or development of the workforce and these will need to be included in their plans. The Strategic Clinical Networks will cover Cancer, Cardiovascular disease (incorporating cardiac,

stroke, diabetes and renal disease), Maternity and children, Mental Health, Dementia and Neurological conditions. These all map to the priority themes in this strategy.

## Strategy Themes

The five themes of the Strategy are:

- Promoting healthier lifestyles;
- Improve the health and wellbeing of older people in Lincolnshire;
- Delivering high quality systematic care for major causes of ill health and disability;
- Improving health and social outcomes and reducing inequalities for children;
- Tackling the social determinants of health.

From the beginning there have been a number of cross cutting issues. Reflected in all or most of the themes, these are:

1. Mental Health – the JSNA identified mental health issues as major cause for concern. It is intended to address this through inclusion in all of the themes to ensure that it is a consideration for all organisations.
2. Inequalities – inequalities in health are closely correlated with other inequalities and can arise because of gender, age, social circumstances, vulnerability, or pre-existing illness. This must be a

consideration of all decision makers and commissioners. The health inequalities framework described in the Annual Public Health Report for Lincolnshire 2011 will assist with this.

3. Carers – this strategy is not simply about the services provided by statutory agencies. For many people with disabilities, long term conditions or frailty, relatives or friends who act as carers are critical to our care system. The strategy recognises this and it is expected that commissioning plans will reflect their needs.

## Future action

This Strategy sets out the commissioning direction and priorities for the next five years for the population of Lincolnshire and is endorsed by the following organisations:

- Lincolnshire County Council
- Lincolnshire West Clinical Commissioning Group (CCG)
- Lincolnshire East CCG
- South West Lincolnshire CCG
- Lincolnshire South CCG
- District Councils in Lincolnshire
- Healthwatch Lincolnshire
- The Lincolnshire and Leicestershire Local Office of the NHS Commissioning Board

All these organisations are represented on the Lincolnshire Health and Wellbeing Board. They will now hold each other to account for ensuring that their commissioning and decommissioning decisions are in line with this strategy and deliver the outcomes which are included in each of the five thematic sections. This focus on outcomes is an important change from how we have planned health and social care and public health services in the past.

## Further Information

For further information on the progress of the Joint Health and Wellbeing Strategy, including the Equality Impact Analysis and detailed evaluation reports on the consultation, please visit:  
[www.lincolnshire.gov.uk/JHWS](http://www.lincolnshire.gov.uk/JHWS)



## Theme

### Promoting Healthier Lifestyles

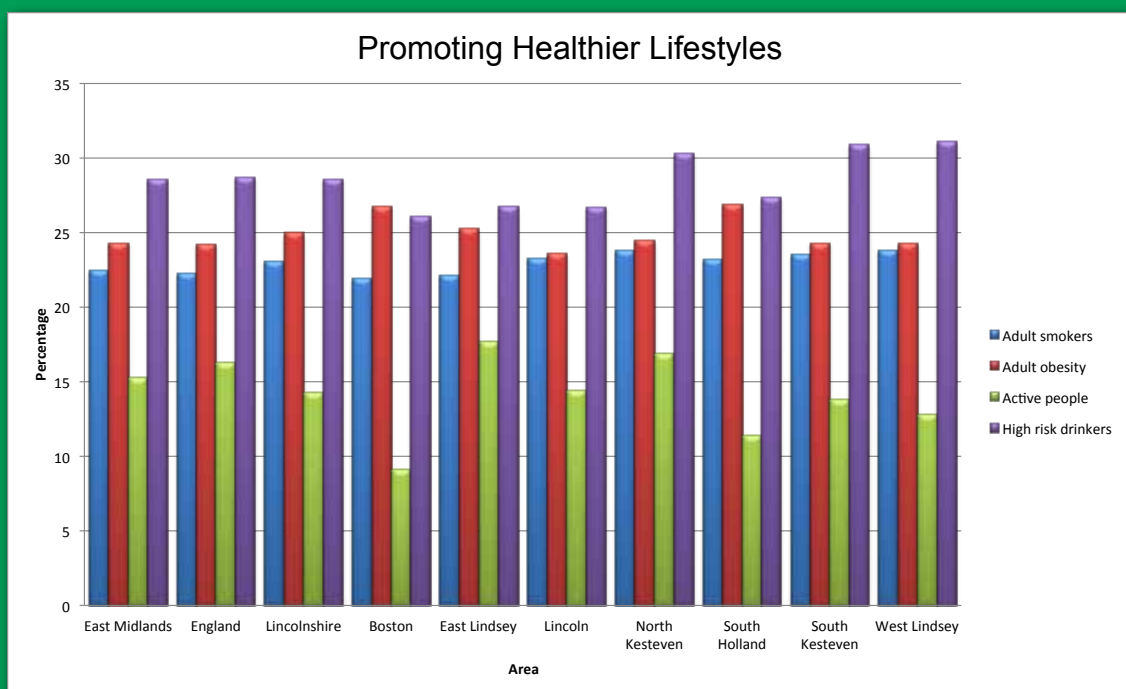
## Outcome

### People are supported to lead healthier lives

## Why this is important

### Our Joint Strategic Needs Assessment for Lincolnshire tells us:

- It is estimated that a higher percentage of adults in Lincolnshire smoke than in the East Midlands and England. However, the percentage of people quitting smoking is higher in Lincolnshire than in England.
- Approximately one third of adults in Lincolnshire are registered with their GP as obese but in some parts of the county it is more than this. Estimated levels of obesity are higher in Lincolnshire than in England and the East Midlands.
- Adults in Lincolnshire tend to be less physically active than those in the rest of the East Midlands and across England.
- Whilst hospital admissions related to alcohol remain lower in Lincolnshire than across England and the East Midlands the rate is increasing faster in Lincolnshire than elsewhere. The estimated percentage of high risk drinkers in Lincolnshire is similar to England and regional levels.



Source: <http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx>

## Priorities

**We want to make sure people have all the information and support they need to make healthier choices. We think the most important things to do are:**

- Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments.
- Reduce the number of adults who are overweight or obese.
- Support people to be more active more often.
- Support people to drink alcohol sensibly.
- Improve people's sense of mental wellbeing.

## What we will do about this

Examples of the actions which we feel should be taken include:

- Develop and deliver a 5 year Tobacco Control Plan which incorporates a broad partnership approach to tackle Tobacco Control issues.
- Continue to work with partners to address adult obesity including the commissioning of effective weight management services for those that need additional support.

- Continue to commission evidence based life style services and review existing healthy life style services in order to address any gaps in provision.
- Develop and deliver a multi-agency Mental Health Promotion Strategy for Lincolnshire.
- Develop a Community Health Champion programme for Lincolnshire building on current good practice that will enable people to volunteer to offer help and support to other members of their community in leading healthier lives.
- Identify someone with lead responsibility for reducing the harmful effects of alcohol consumption through the development and delivery of an Alcohol Plan as part of a review of substance misuse in Lincolnshire.

- Roll out the 'Making Every Contact Count' programme across Lincolnshire to ensure frontline staff (starting with staff in the NHS) are able to support people who want to develop a healthier life style.

## How we will ensure that things are improving

There are lots of new ways in which the Government is planning to measure how the nation's health is improving. We have looked at these in detail and believe that if we monitor and aim to improve on the following key measures it will help us to demonstrate that we have met the outcome and priorities for this theme of our strategy.

Priority	Measure	Ref *	
Reduce the number of people who smoke	Smoking prevalence	PH	2.9
	Smoking status at time of delivery	PH	2.3
	Mortality from respiratory diseases	PH/NHS	4.7/ 1.2
Reduce the number of adults who are overweight or obese	Diet	PH	2.11
	Excess weight in adults	PH	2.12
	Mortality from all cardiovascular diseases	PH/NHS	4.4/ 1.1
Support people to be more active more often	Utilisation of green space for exercise/health reasons	PH	1.16
	Proportion of physically active and inactive adults	PH	2.13
Support people to drink alcohol sensibly	Alcohol-related admissions to hospital	PH	2.18
	Mortality from liver disease	PH/NHS	4.6/ 1.3
Improve people's sense of mental wellbeing	Self-reported wellbeing	PH	2.23
	Carer reported quality of life	ASC	1D
	People who use services who have control over their daily life	ASC	1B

\* PH = Public Health, NHS = National Health Service and ASC = Adult Social Care



## Theme

Improve the health and wellbeing of older people

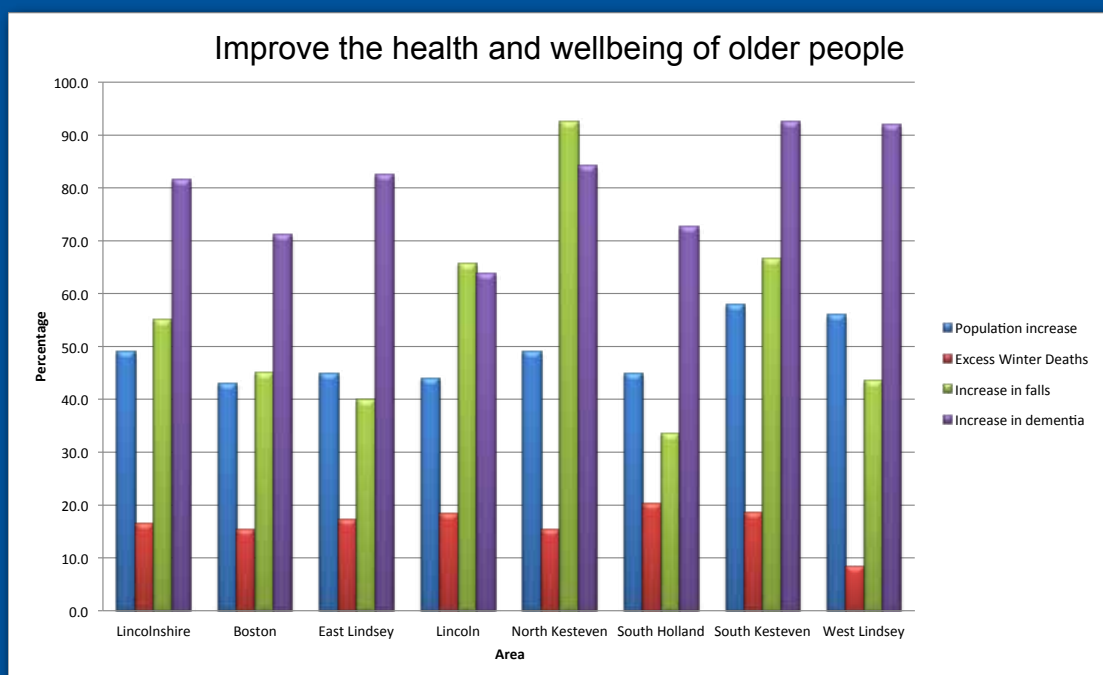
## Outcome

Older people are able to live life to the full and feel part of their community

## Why this is important

Our Joint Strategic Needs Assessment for Lincolnshire tells us:

- The estimated population increase between 2012 and 2030 for people aged 65 and over in Lincolnshire is 50%. However South Kesteven and West Lindsey have a greater estimated increase than other areas.
- Vulnerable people, such as people with long term health conditions and older people, are at greater risk during periods of extreme hot or cold weather. Excess winter deaths between 2007 and 2010 were higher in Lincoln, South Holland and South Kesteven than in other areas in the county.
- Falls not only have a great impact on health and care services but, more importantly, can have a major impact on older people in terms of both their physical and mental health. In Lincolnshire between 2008/09 and 2010/11 there was a 55% increase in admissions to hospital relating to a fall, with North Kesteven seeing a 93% increase.
- Dementia has a major impact on individuals and their families who very often, provide care for their loved ones who suffer from dementia. The estimated increase in people suffering from Dementia in Lincolnshire between 2012 and 2030 is 80% with South Kesteven and West Lindsey both estimated at over 90%.



Source: <http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx>

## Priorities

**We want to make sure older people have more choice and control, receive the help they need and are valued and respected within their communities. We think the most important things to do to achieve this are to:**

- Spend a greater proportion of our money on helping older people to stay safe and well at home
- Develop a network of services to help older people lead a more healthy and active life and cope with frailty
- Increase respect and support for older people within their communities

## What we will do about this

Continuing to work through the 'Excellent Ageing' programme some examples of the actions which the board feels should be taken include:

- Move £1 of every £100 we spend on adult health and social care, every year for the next 5 years, to deliver 'wellbeing' support and community health services for older people in Lincolnshire.
- Develop a network of 'wellbeing' services aimed at supporting older people to live healthier, happier and independent lives and feel a part of their community.
- Ensure services for older people (including those who are frail or suffering from dementia) are locally based, cost-effective and sustainable.
- Work across public, private and voluntary and community organisations and groups to provide co-ordinated low level preventive services.



## How we will ensure that things are improving

There are lots of new ways in which the Government is planning to measure how the nation's health is improving. We have looked at these in detail and believe that if we monitor and aim to improve on the following key measures it will help us to demonstrate that we have met the outcome and priorities for this theme of our strategy.

Priority	Measure	Ref *	
Spend more of our money on helping older people to stay safe and well at home	Falls and falls injuries in the over 65s	PH	2.24
	Permanent admissions to residential and nursing care	ASC	2A
	Older people still at home 91 days after discharge from hospital	ASC/NHS	2B/ 3.6i
Develop a network of services to help older people lead a more healthy and active life and cope with frailty	Effectiveness of prevention/preventative services	ASC	TBC
	Health related quality of life for older people	PH	4.13
	Enhancing quality of life for people with dementia	NHS	2.6
Increase respect and support for older people within their communities	Social Connectedness	PH	1.18
	Older peoples perception of community safety	PH	1.19
	People who use services who say those services make them feel safe and secure	ASC	4B

\*PH = Public Health, NHS = National Health Service and ASC = Adult Social Care



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## Theme

**Delivering high quality systematic care for major causes of ill health and disability.**

## Outcome

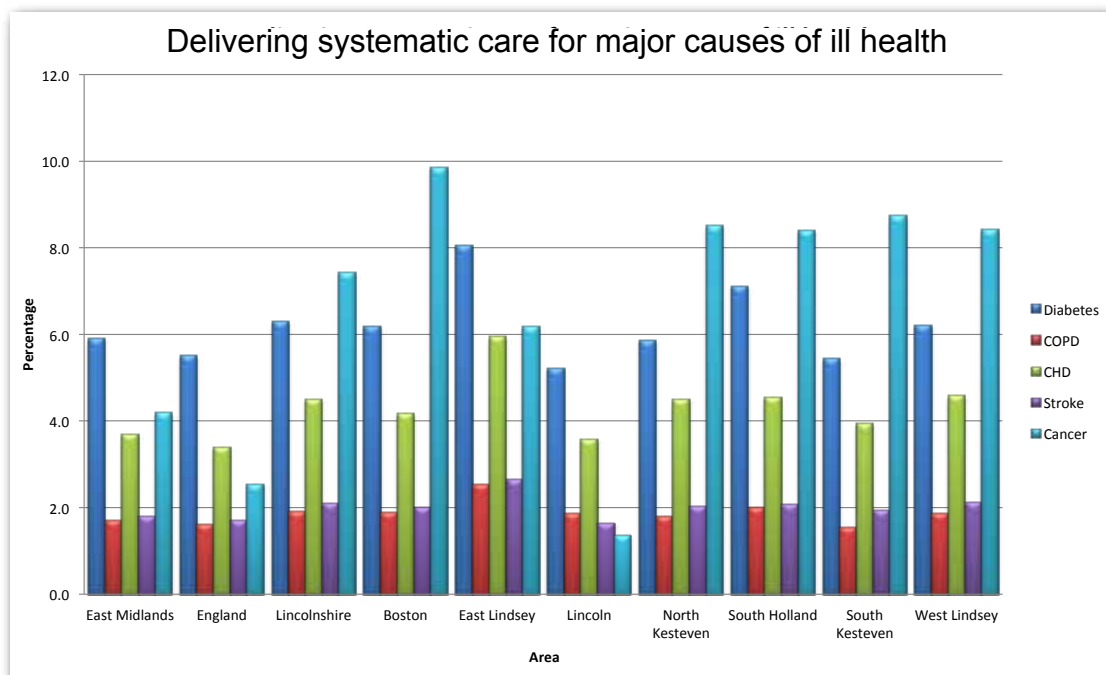
**People are prevented from developing long term health conditions, have them identified early if they do develop them and are supported effectively to manage them.**

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## Why this is important

**Our Joint Strategic Needs Assessment for Lincolnshire tells us:**

- Actual recorded prevalence of Diabetes for 2010/11 shows that Lincolnshire has higher levels of diabetes than the East Midlands and England. Lincoln has the lowest prevalence (5.2%) and East Lindsey has the highest (8.1%). The gap may be due to diabetes not being diagnosed.
  - Lincolnshire has higher recorded prevalence of Chronic Obstructive Pulmonary Disease (COPD) across the East Midlands and England. East Lindsey has the highest prevalence (2.5%) and South Kesteven has the lowest (1.6%).
  - Prevalence of Coronary Heart Disease (CHD) is higher in Lincolnshire than the East Midlands and England. Within Lincolnshire, East Lindsey has the highest prevalence (5.9%) and Lincoln has the lowest (3.6%).
  - Prevalence of Stroke is higher in Lincolnshire than the East Midlands and England with East Lindsey having the highest prevalence (2.7%) and Lincoln the lowest (1.6%).
  - Between 2005 and 2009 the percentage increase in the rate of incidence of all Cancers in Lincolnshire has increased at a greater pace than the East Midlands and England. The actual incidence rate itself has also remained higher in Lincolnshire over the same period. Boston has shown the greatest increase of nearly 10%. Lincoln has had the overall lowest increase, however over the same period it has had the highest rates of cancer incidence of any area in Lincolnshire.
  - Dementia has a major impact on individuals and their families who very often, provide care for their loved ones who suffer from dementia. The estimated increase in people suffering from Dementia in Lincolnshire between 2012 and 2030 is 80% with South Kesteven and West Lindsey both estimated at over 90%.
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Source: <http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx>



## Priorities

**We want to make sure people stay as healthy as possible but when they do develop health conditions they are supported to manage these conditions as effectively as possible. We think the most important things to do are to:**

- Improve the diagnosis and care for people with Diabetes.
- Reduce unplanned hospital admissions and mortality for people with Chronic Obstructive Pulmonary Disease.
- Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack.
- Improve the speed and effectiveness of care provided to people who suffer a Stroke.
- Reduce mortality rates from Cancer and improve take up of screening programmes.
- Minimise the impact of long term health conditions on peoples mental health.



## What we will do about this

Examples of the actions which we feel should be taken include:

- Assess Lincolnshire's performance on Diabetes against quality standards.
- Review the performance of each general practice in the county against relevant indicators within the Quality and Outcomes Framework and agree with Clinical Commissioning Groups plans to improve performance.
- Develop a Cancer Strategy for Lincolnshire and extend the Early Presentation of Cancer initiative.
- Develop and implement a plan for delivering improvements in the contribution of primary care to the management of long term health conditions.
- Ensure, through working with the 'Promoting Healthier Lifestyles' theme, that effective evidence-based preventive measures are commissioned to reduce the prevalence of major causes of ill health and to minimise the impacts of long term health conditions on peoples mental health.
- Review the evidence in relation to long term neurological conditions as part of the Joint Strategic Needs Assessment for Lincolnshire.



## How we will ensure that things are improving

There are lots of new ways in which the Government is planning to measure how the nation's health is improving. We have looked at these in detail and believe that if we monitor and aim to improve on the following key measures it will help us to demonstrate that we have met the outcome and priorities for this theme of our strategy.

Priority	Measure	Ref *	
Improve the diagnosis and care for people with Diabetes	Proportion of people feeling supported to manage their condition	NHS	2.1
	Recorded Diabetes	PH	2.17
Reduce unplanned hospital admissions for people with Chronic Obstructive Pulmonary Disease	Unplanned hospitalisation	NHS	2.3
	Mortality from respiratory diseases	PH/ NHS	4.7/ 1.2
	Chronic Obstructive Pulmonary Disease	NHS (QOF)	Various
Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack	Mortality from all cardiovascular diseases (including heart disease and stroke)	PH	4.4
	Take up of NHS Health Check programme	PH	2.22
	Coronary Heart Disease/Heart Failure	NHS (QOF)	Various
Improve the speed and effectiveness of care provided to people who suffer a Stroke	Improving recovery from stroke	NHS	3.4
	Stroke and Transient Ischaemic Attack (TIA)	NHS (QOF)	Various
Reduce mortality rates from Cancer and improve take up of screening programmes	Survival from Cancer	NHS	1.4
	Mortality from Cancer	PH	4.5
	Cancer diagnosed at stage 1 and 2	PH	2.19
	Cancer screening coverage	PH	2.20
	Cancer	NHS (QOF)	Various
Minimise the impact of long term health conditions on peoples mental health	See the "Promoting healthier lifestyles" theme for the measures which are shared with this theme on mental health and wellbeing		

\*PH = Public Health, NHS = National Health Service, QOF = Quality Outcomes Framework and ASC = Adult Social Care

Some of the measures detailed above apply to more than one of the priorities.

Due to a close association there is significant overlap between the measures and priorities expressed in the 'Promoting Healthier Lifestyles' theme and those expressed here.

## Theme

Improve health and social outcomes for children and reduce inequalities.

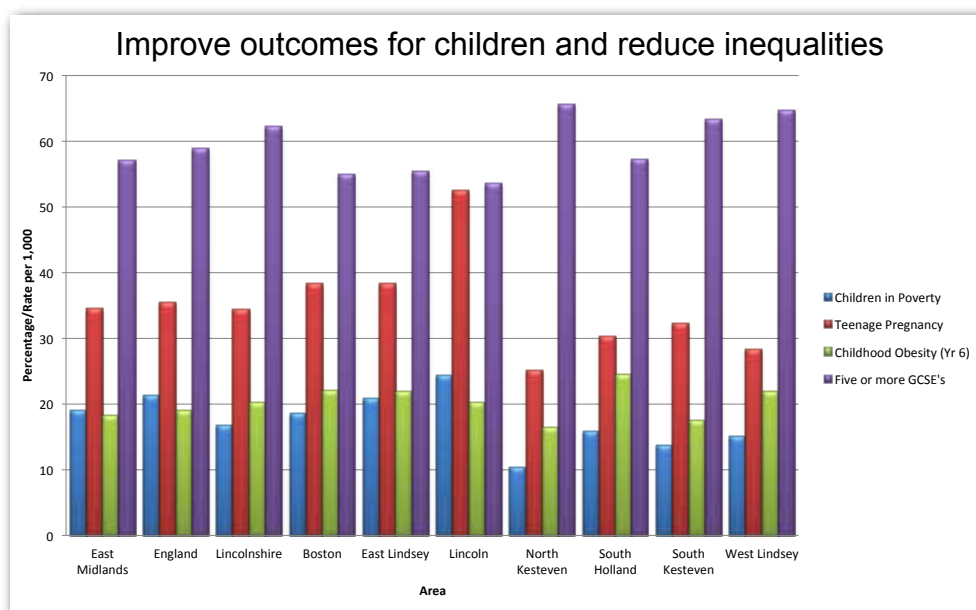
## Outcome

Ensure all children get the best possible start in life and achieve their potential.

## Why this is important

Our Joint Strategic Needs Assessment for Lincolnshire tells us:

- Child poverty is lower in Lincolnshire than in the East Midlands and England. However this masks differences within Lincolnshire where the percentage of children living in poverty ranges from 10% (North Kesteven) to 24% (Lincoln).
- Breastfeeding initiation in Lincolnshire continues to rise. The percentage of women breastfeeding at 6-8 weeks is relatively stable, with early indications that this is improving. However further improvement is still required to reach the same level as the East Midlands and England.
- The gap between the lowest achieving 20% in the Early Years Foundation Stage (EYFS) profile and the rest has narrowed. However outcomes for pupils eligible for Free School Meals (FSM) (economic deprivation), and those with Special Educational Needs (SEN) are lower than the national average.
- Childhood obesity at Year 6 (aged 10 to 11) in Lincolnshire is increasing by 1% year on year. This mirrors the trend across the East Midlands and England.
- Teenage pregnancy rates in Lincolnshire are comparable with the East Midlands and England.
- However, within Lincolnshire these rates range from 25 per 1,000 females aged 15-17 (North Kesteven) to 53 per 1,000 (Lincoln). Teenage pregnancy rates are reducing in Lincolnshire except in South Kesteven where it has increased between 2008 and 2010.
- Overall achievement of 5 or more GCSE's (including English and Maths) for pupils in Lincolnshire exceeds the national and regional averages. However the gap in achievement between children from "key vulnerable groups" and their peers is wider in Lincolnshire than the National average.



Source: <http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx>



## Priorities

**We want all children in Lincolnshire to have the best start in life and realise their full potential. This begins before birth and continues through the early years of life and throughout school years. We think the most important things to do to achieve this are to:**

- Ensure all children have the best start in life by:
  - ▲ Improving educational attainment for all children
  - ▲ Improving parenting confidence and ability to support their child's healthy development through access to a defined early help offer
- Reduce childhood obesity.
- Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged.

## What we will do about this

Examples of the actions which we feel should be taken include:

- Agencies will demonstrate how they will work together to deliver the Child Poverty Strategy for Lincolnshire.
- Ensure services are available to provide families with advice and support about the benefits of immunisation, antenatal and newborn screening and lifestyle or social influences (e.g. stop smoking services, benefits maximisation and housing) on their health and that of their children.
- Ensure more young people have access to appropriate sex and relationship information and to contraception and genitourinary medicine services.
- Through the Lincolnshire Childhood Obesity Partnership Group, develop and implement a Childhood Obesity Strategy for Lincolnshire.
- Strengthen the existing joint commissioning board on Emotional and Mental Health Wellbeing to support the recommendations from the National Mental Health Strategy.
- Develop and analyse a robust dataset (quantitative and qualitative data) utilising data from a range of different areas and agencies to impact on the Emotional and Mental Health Wellbeing of children and young people in Lincolnshire.
- Target specific vulnerable groups to ensure appropriate support is available to narrow the gap in terms of social, education and health outcomes for looked after children, travellers, young carers, children with disabilities and special education needs, teenage parents or children whose parents have mental health conditions including post natal depression
- Continue to invest in an integrated early help offer, delivered through Children's Centres so families have access to the support they need in their locality.
- Build strong partnerships with and across schools to enable all children to have access to high quality teaching to enable them to thrive.



## How we will ensure that things are improving

There are lots of new ways in which the Government is planning to measure how the nation's health is improving. We have looked at these in detail and believe that if we monitor and aim to improve on the following key measures it will help us to demonstrate that we have met the outcome and priorities for this theme of our strategy.

Priority	Measure	Ref *	
Ensure all children have the best start in life	Children in poverty	PH	1.1
	Breastfeeding	PH	2.2
	Smoking status at time of delivery (this measure also appears in the "Promoting Healthy Lifestyles" theme)	PH	2.3
	Low birth weight of term babies	PH	2.1
	Women's experience of maternity services	NHS	4.5
	Access to non-cancer screening programmes	PH	2.21
	Infant mortality	PH/NHS	4.1/ 1.6i
	Achievement gap between pupils eligible for free school meals and/or with special educational needs and their peers (Foundation, Key Stage 2 and Key Stage 4)	CYPP	Priority 5
Reduce childhood obesity	Excess weight in 4-5 and 10-11 year olds	PH	2.6
Ensure children and young people feel happy, stay safe from harm and make good choices about their lives, particularly children who are vulnerable or disadvantaged	School readiness	PH	1.2
	Emotional wellbeing of children looked after	PH	2.8
	Chlamydia diagnosis 15-24 year olds	PH	3.2
	Hospital admissions caused by unintentional and deliberate injuries in under 18s	PH	2.7
	Under 18 conceptions	PH	2.4
	Population vaccination coverage (various)	PH	3.3

\*PH = Public Health, NHS = National Health Service, ASC = Adult Social Care and CYPP = Children and Young People's Plan

These measures will be kept under review specifically with reference to the development, at a national level, of a Children and Young People's Health Outcomes Strategy.

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## Theme

**Tackling the social determinants of health.**

## Outcome

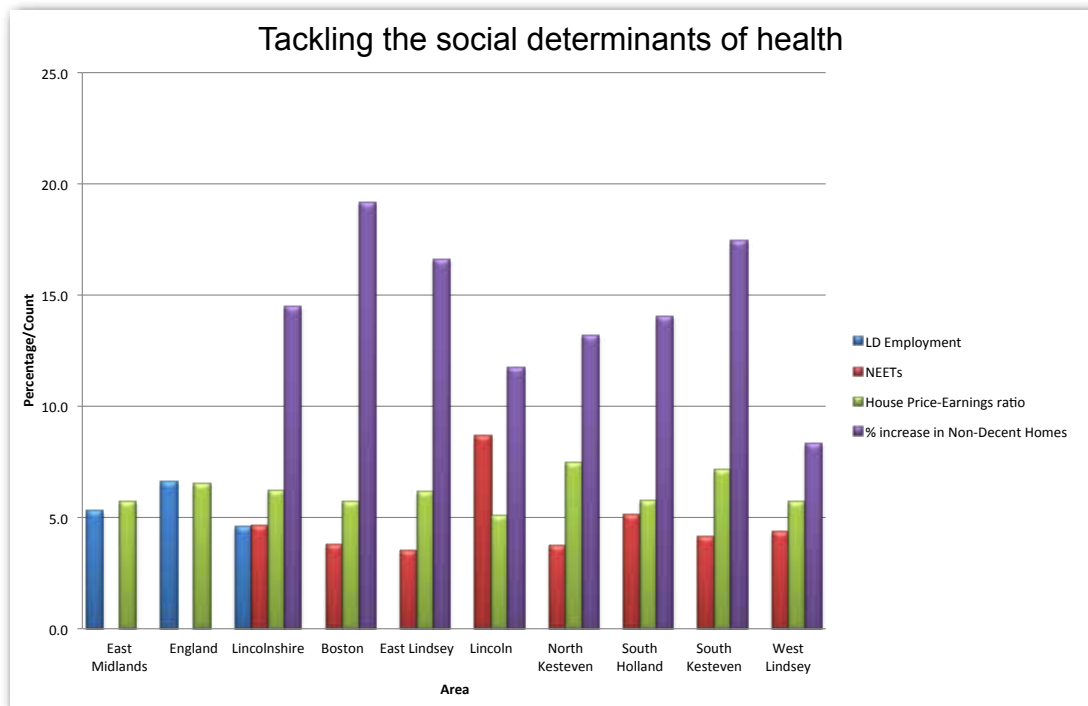
**Peoples health and well-being is improved through addressing wider determining factors of health that affect the whole community.**

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## Why this is important

Our Joint Strategic Needs Assessment for Lincolnshire tells us:

- The percentage of people with a learning disability in employment is lower in Lincolnshire than in the East Midlands and England. However the gap between the East Midlands and Lincolnshire is reducing.
- The percentage of people aged 16-18 who are not in employment, education or training (NEETs) is fairly stable in Lincolnshire (between 2009 and 2012 the percentage was between 4.5% and 5%). Lincoln has the highest percentage and, whilst this is reducing, it remains over 85% above the Lincolnshire average.
- The ratio of house prices to earnings is an indication of how affordable it is for people to buy their own home. The higher the ratio the less affordable it is for people to get onto the property ladder. In Lincolnshire the ratio is higher than the East Midlands, with North Kesteven having the highest ratio of 7.5 and Lincoln having the lowest at 5.1.
- A home is defined as 'decent' if it meets certain standards, including a reasonable degree of thermal comfort, a reasonable state of repair and has reasonably modern facilities. The percentage of private rented and owner occupied homes in Lincolnshire estimated to be considered as "non-decent" has increased between 2007 and 2009 by 15%. The increase ranges from 19% in Boston to 8% in West Lindsey. The highest percentage of homes estimated as non-decent in 2009 was in East Lindsey (52%).



Source: <http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx>



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## Priorities

**We want to ensure that people in Lincolnshire have access to good quality housing and work and have adequate income in order to improve their health and wellbeing. We think the most important things to do are to:**

- Support more vulnerable people into good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions)
- Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact, with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing
- Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.



## What we will do about this

**Worklessness as a social determinant of health:** Examples of the actions which we feel should be taken include:

- Develop a Lincolnshire Alliance for Employment Support made up of all the commissioners and deliverers of support into employment.
- Develop a Memorandum of Understanding between agencies to improve targeting of resources to support vulnerable people into meaningful, sustainable work and other work related activities.
- Ensure public procurement policies include explicit reference to local procurement and 'social gain' criteria in public sector procurement.

**Housing as a social determinant of health:** Examples of the actions which we feel could be undertaken include:

- Work with local housing and planning authorities to ensure that due consideration is given in Strategic Housing Market Assessments, Local Development Frameworks and Local Housing Strategies to address the underlying housing conditions that contribute to health inequalities.
- Work with local housing authorities to increase access to affordable housing and reduce the proportion of homes in the county that fail to meet the Government's Decent Homes Standard.
- Work with local housing authorities to deliver the countywide Homelessness Strategy with a particular focus on preventing homelessness and addressing the needs of homeless people with complex health related needs, particularly mental health.
- Review the countywide Supported Housing Strategy to ensure that the housing related support needs of vulnerable people and vulnerable groups are addressed.
- Work with the 'Home Energy Lincs Partnership' to deliver an affordable warmth strategy to address fuel poverty.
- Review the Lincolnshire Housing Strategy to reflect the new national strategy for housing ("Laying the Foundations: A Housing Strategy for England") and to identify local area actions required by district councils and their partners to respond to the housing needs of their communities.

Following consultation on the Joint Health and Wellbeing Strategy the Health and Wellbeing Board has recognised the importance of housing and the need to include this in the strategy. The board will, therefore, fully support district councils and their partners in further developing the actions and measures required to deliver this aspect of the revised priority within the strategy.

## How we will ensure that things are improving

There are lots of new ways in which the Government is planning to measure how the nation's health is improving. We have looked at these in detail and believe that if we monitor and aim to improve on the following key measures it will help us to demonstrate that we have met the outcome and priorities for this theme of our strategy.

Priority	Measure	Ref *	
Support more vulnerable people into good quality work	16 - 18 year olds not in education, employment or training	PH	1.5
	Employment for those with a long term health condition	PH/ NHS	1.8/ 2.2
	Proportion of working age adults in contact with social services in paid employment	ASC	TBC
	Employment of people with mental illness	NHS	2.5
Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact	Sickness absence rate	PH	1.9
Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs	Statutory homelessness	PH	1.15
	Fuel poverty	PH	1.17
	People with mental illness or disability in settled accommodation	PH	1.6
	Proportion of adults with learning disabilities who live in their own home or with their family	ASC	1G
	Proportion of adults in contact with secondary mental health services living independently, with or without support	ASC	1H

\*PH = Public Health, NHS = National Health Service and ASC = Adult Social Care

Other measures may be required to demonstrate progress on the access to affordable housing and housing meeting the Decent Homes Standard but these will follow on from the further development of the housing aspect of this theme.



**For more information about the Joint Health and Wellbeing Strategy for Lincolnshire please visit the website at [www.lincolnshire.gov.uk/JHWS](http://www.lincolnshire.gov.uk/JHWS)**

If you would like to request a copy of our **Joint Health and Wellbeing Strategy for Lincolnshire 2013-2018**  
in an alternative format please call: 01522 782060

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