NORTH LINCOLNSHIRE COUNCIL
HEALTH AND WELLBEING BOARD

2.00 pm on 6 March 2023.

Conference Room f01e, Church Square House,
30-40 High Street, Scunthorpe.

1. Welcome and Introductions

2. Substitutions

3. Declarations of Disclosable Pecuniary Interests and Personal or Personal and Prejudicial interests

4. To approve as a correct record the minutes of the meeting of the Health and Wellbeing Board held on 30 January 2023 and to authorise the Chairman to sign. (Pages 1 - 6)

5. Forward Plan and Actions from previous meetings

6. Questions from members of the public

PLEASE NOTE, ALL PAPERS WILL BE TAKEN 'AS READ' TO ENCOURAGE DISCUSSION

Integrated Working - Adults.

7. Adult Social Care Discharge Fund 2023/24 - Report by the Director: Adults and Health and the NHS Place Director. (Pages 7 - 10)

Integrated Working - Children.

8. North Lincolnshire Integrated Children's Trust and Children's Commissioning Strategy 2022 Refresh - Report by the Director: Children and Families. (Pages 11 - 14)

9. Stable Homes, Built on Love - Implementation and Consultation Strategy. Report by the Director: Children and Families. (Pages 15 - 26)

10. Neurodiversity Update on Pathway - Report by the NHS Place Director and the Children Care Group Director, RDaSH (Pages 27 - 32)

Any statutory documents, strategies etc. required to be considered or signed off by the Board

11. Director of Public Health Annual Report 2022- The Diverse Communities of Greater Lincolnshire. Report by the Director of Public Health (Pages 33 - 58)

Any non-statutory business from any partner

12. Population Health Management Approaches - Report by the Director of Public Health (Pages 59 - 62)

13. Date and time of next meeting.

14. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

NORTH LINCOLNSHIRE COUNCIL
HEALTH AND WELLBEING BOARD

30 January 2023

Cllr R Waltham MBE (Chairman), J Allen, P Cowling, H Davis S Green, Cllr R Hannigan, C Harvey, K Hornsby, A Matson, T McGinty, K Pavey, H Rose, A Seale, and P Thorpe,

The Council met at Conference Room, Church Square House, 30-40 High Street, Scunthorpe.

486 **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the meeting and invited all attendees to introduce themselves.

487 **SUBSTITUTIONS**

Tony McGinty substituted for Derek Ward.

488 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests.

489 **TO APPROVE AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 18 NOVEMBER 2022**

Resolved - That the minutes of the meeting of the Health and Wellbeing Board, held on 18 November 2022, be approved as a correct record.

490 **FORWARD PLAN AND ACTIONS FROM PREVIOUS MEETINGS**

The Director: Governance and Communities confirmed that the Forward Plan was up to date, and that all forthcoming actions were timetabled. Board members were asked to feed through any additional business for inclusion on the Forward Plan.

491 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

There were no questions from members of the public.

492 **NORTH LINCOLNSHIRE PLACE HEALTH AND CARE INTEGRATION PLAN - REPORT BY THE DIRECTOR: ADULTS AND HEALTH AND THE NORTH LINCOLNSHIRE NHS PLACE DIRECTOR**

The North Lincolnshire NHS Place Director and the Director: Adults and Health submitted a joint report on the Place Health and Care Integration Plan. The Place Director stated that the Health and Wellbeing Board had previously approved a Strategic Intent for North Lincolnshire (minute 476 refers) which outlined the local ambition for North Lincolnshire to be the best place for all our residents to be safe, well, prosperous and connected, and experiencing better health and wellbeing.

The North Lincolnshire Place Partnership had commenced work on a Plan for Integration to enable the delivery of this. Within this work it had identified three priority areas of focus to develop and implement:

- integrated neighbourhood teams,
- integrated commissioning and safeguarding and
- integrated urgent care.

The report provided an overview of progress so far and plans for the next stage of the plan development and asked for endorsement of the approach.

The Board discussed the report in some depth, querying how it was envisaged that the Integrated Neighbourhood Teams would operate and be resourced. It was confirmed that a broad approach was being developed, based on the needs and preferences of residents, communities and neighbourhoods. The preference for holistic services, which moved need from the acute sector to neighbourhood level was highlighted, which required an integrated approach. It was anticipated that this would free up resources to be reinvested.

A discussion took place regarding housing needs, where the Board agreed that housing was a key element to health and wellbeing, and should be built into the Integrated Neighbourhood approach.

Resolved – (a) That The Health and Wellbeing Board accept the report on progress with the development of the Place Plan for Integration, (b) that the Health and Wellbeing Board endorse the approach to development of the Plan, (c) that appropriate partnerships, with clear expectations, continue to be developed, and that roles and made clear and responsibilities delegated and delivered; and (d) that the Health and Wellbeing Board continue to receive future update reports as required to provide assurance of delivery.

493 **INTEGRATED CARE PARTNERSHIP HEALTH AND CARE STRATEGY - REPORT BY THE NORTH LINCOLNSHIRE NHS PLACE DIRECTOR**

The North Lincolnshire NHS Place Director submitted a report informing the Health and Wellbeing Board that, in accordance with the requirements of the

Health and Care Act 2022, the Integrated Care Partnership for Humber and North Yorkshire had been undertaking a process to develop an Integrated Health and Care Strategy.

The report set out the approach taken to develop the strategy, which had been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart. A copy of the final draft of the Integrated Health and Care Strategy had been circulated.

The Chairman led the Board on a discussion about the importance of this document, highlighting the success of ensuring that the place of North Lincolnshire had been given primacy and built into the regional Strategy, and that this allowed resources and freedoms to flow to North Lincolnshire and its residents.

The Board discussed the developing picture of how services and resources would be planned, funded and delivered in the future, but expressed optimism that the Health and Care Strategy provided an excellent starting point for continued discussions with the Health and Care Partnership.

Resolved – (a) That the Health and Wellbeing Board note the update, (b) that the Health and Wellbeing Board approve the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy and the next steps; and; (c) that a further report be submitted to the Board in twelve months, with regular oversight maintained at the North Lincolnshire place level.

494 **UPDATE ON CHILDREN'S COMMISSIONING STRATEGY - REPORT BY THE DIRECTOR: CHILDREN & FAMILIES**

The Director: Children & Families submitted a 2022 refresh document on the North Lincolnshire Children's Commissioning Strategy 2020-2024. The 2022 refresh rearticulated the local One Family Approach and the local ambition for children to be in their families, in their schools and in their communities. The Director confirmed that this document also reset the local integration priorities and commissioning intent across education, health and care for our children and families.

The Director placed the Commissioning Strategy, including the refresh, in the context of the local work to improve and implement integration.

Resolved - That the Health and Wellbeing Board note and endorse the 2022 refresh of the North Lincolnshire Children's Commissioning Strategy 2020/24.

495 **OUTCOME OF THE LOCAL AUTHORITY CHILDREN'S SERVICES INSPECTION - REPORT BY THE DIRECTOR: CHILDREN & FAMILIES**

The Director: Children and Families tabled a report noting the outcomes of the Inspection of Local Authority Children's Services, in which Ofsted judged North Lincolnshire to be outstanding across all areas, and with no identified areas for improvement.

The new Ofsted framework for inspecting local authority services was enacted in January 2018. In line with previous inspections, the framework focused on the effectiveness of local authority children's services and arrangements for:

- the help and protection of children,
- the experiences and progress of children in care wherever they live, including those children who return home,
- the arrangements for permanence for children who are looked after, including adoption,
- the experiences and progress of care leavers

The Inspection of North Lincolnshire's Local Authority Children's Services took place between 3 and 14 October 2022, with the final inspection report published on 25 November, in which the formal judgement grades were confirmed.

A discussion by the Board took place on how to sustain and continue to improve future results, and outcomes for local children and young people. It was confirmed that this work was already underway, in co-operation with a range of partner agencies and local families. The Chairman summarised that this was a success for North Lincolnshire as a whole.

Resolved – That the Health and Wellbeing Board note and welcome the outcomes of the Inspection of Children's Services undertaken in October 2022.

496 **NORTH LINCOLNSHIRE SAFEGUARDING ADULTS BOARD STRATEGIC PLAN AND ANNUAL REPORT 2021-2022 - REPORT BY THE DIRECTOR: ADULTS AND HEALTH**

The Local Safeguarding Adults Board (LSAB) submitted their Annual Report 2021-22 and their Strategic Plan for 2023-2025 for the Health and Wellbeing Board to receive and note. The Annual Report covered how the last set of priorities for the board had been met. The Strategic Plan for the next three years set out what the board aims to do to, and how it will work with partners to help protect adults who are at risk of abuse and neglect.

The Safeguarding Adults Board Manager gave an overview of both documents, highlighting successes, plans for future work, and areas that the Board wished to continue to improve. The Board Manager requested that both documents be considered in relation to future planning, commissioning and budget setting.

Resolved – (a) That the Health and Wellbeing Board note the publication of the LSAB Annual Report for 2021-2022 and the Strategic Plan for 2023 – 2025 which set out what the board aims to do to, and how it will work with partners to help protect adults who are at risk of abuse and neglect; and (b) that the Health and Wellbeing Board continue to utilise both documents in considering their respective planning, commissioning, and budget setting.

497 **JOINT HEALTH AND WELLBEING STRATEGY - UPDATE BY THE DIRECTOR OF PUBLIC HEALTH**

The Director of Public Health gave a verbal update on the Joint Health and Wellbeing Strategy, stating that the document was currently in year three of its five-year duration, and seeking the Board's early views on how the strategy might develop in the future. It was suggested that the document could be used more strategically, and utilised as a real driver of change on issues such as service integration.

The Board discussed the issue, asking how the local strategy compares to our peers, population health and local intelligence, and how the strategy could be used as a clear description of local need and how services and support could be better delivered within North Lincolnshire. The Board concluded that there were many successes already in place, and that the strategy should build upon these. As such, the Board's preference was for a 'bottom-up' approach, where solutions were found at neighbourhood level, rather than a 'top-down' model.

Resolved – That the Joint Health and Wellbeing Strategy continue to be refreshed and developed, with a further report presented to the Board in due course.

498 **ONGO UPDATE - PRESENTATION BY THE DIRECTOR OF CUSTOMER SERVICES, ONGO**

The Director of Customer Services, Ongo, gave an informative presentation on Ongo's contribution and approach to the Joint Health and Wellbeing Strategy. The presentation covered many of the workstreams that were planned or in place to support residents, including actions to improve health and wellbeing, employability, early years support, managing money, and keeping residents safe in their communities. Information was also provided on maintaining decent housing standards. Each of these elements was discussed in the context of the six key strategic themes within the Joint Health and Wellbeing Strategy.

The Chairman thanked the Director for the presentation and led a discussion on the content. The Board discussed funding and learning from the residents' voice, and many of the schemes that were in place. The Board welcomed all of the ongoing work with residents, and queried whether there may be options for maximising outcomes in the future by pooling resources,

and planning and working closer. The Director stated that they would always welcome this as a way to maximise the 'place pound', and that this would be an area to continue to focus on.

Resolved – (a) That the presentation by the Director of Customer Services be welcomed and noted; and (b) that work continue to seek opportunities to work closer in the future.

499 **ADULT SOCIAL CARE DISCHARGE FUND 2022/23 - REPORT BY THE DIRECTOR: ADULTS AND HEALTH AND THE NORTH LINCOLNSHIRE NHS PLACE DIRECTOR**

The Director: Adults and Health, and the North Lincolnshire NHS Place Director submitted a joint report, requesting that the Health and Wellbeing Board note the submission of the North Lincolnshire Adult Social Care Discharge Fund 2022-23, and continue to support and oversee the Adult Social Care Discharge Fund.

Further information, including funding, expenditure, and scheme types were included as an appendix.

Resolved – That the Health and Wellbeing Board note the submission of the Adult Social Care Discharge Fund Plan 2022/23, and continue to provide support and oversight.

500 **DATE AND TIME OF NEXT MEETING - 6 MARCH 2023, 2PM**

It was confirmed that the next meeting of the Board would be at 2pm on 6 March 2023.

501 **ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED.**

There were no additional or urgent items for discussion. The Chairman thanked everyone present for their attendance and contribution.

Report of the Director Adults and Health & NHS Director of Place

Agenda Item
Meeting - 6 March 2023

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

ADULT SOCIAL CARE DISCHARGE FUND 2023/24

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To request that the Health and Wellbeing Board formally agree and sign off the North Lincolnshire Adult Social Care Discharge Fund Plan 2023/24 prior to formal submission to the National Better Care Team

2. BACKGROUND INFORMATION

2.1 On 22 September 2022, the government announced its Plan for Patients. This plan committed £500 million for the remainder of 2022/23 with further funding in 2023/24 to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care.

2.2 The focus for the additional funding is a 'home first' approach and discharge to assess (D2A). The addendum to the 2022 to 2023 Better Care Fund (BCF) policy framework and planning requirements set out further detail for how this fund is distributed, as well as conditions governing its use. The aim of this funding is to prioritise those approaches that are most effective in freeing up the maximum number of hospital beds, and reducing the bed days lost within the funding available, to the most appropriate setting from hospital, including from mental health inpatient settings.

2.3 Each Place is currently required to submit fortnightly activity and spend reports and submit a final spend report to the Department alongside the wider end of year BCF report by 2 May 2023.

2.4 The funding must be pooled into the Better Care Fund (BCF). North Lincolnshire received the 2022/23 funding in two tranches and implemented the plans previously approved by the Health and Wellbeing Board in December 2022. Since then, reporting in line with national requirements has bene completed.

2.5 This report sets out the proposed plan for funding in 2023/24, which reflects the review of impact of schemes to date. The plan is based on indicative allocations at this stage.

2.5 The discharge fund is monitored using the following metrics:

- the number of care packages purchased for care homes, domiciliary care and intermediate care
- the number of people discharged to their usual place of residence
- the absolute number of people 'not meeting criteria to reside' in an acute hospital
- the number of 'bed days lost' to delayed discharge by trust
- the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust

2.6 The 2023/24 Adult Social Care Discharge Fund Plan is included as appendix 1. This will be submitted to the national team in line with national requirements once published.

2 OPTIONS FOR CONSIDERATION

2.6 Option 1 – To formally agree and sign off the Adult Social Care Discharge Fund Plan 2023/24

2.7 Option 2 – To seek additional information with regard to the Adult Social Care Discharge Fund Plan 2023/24

3 ANALYSIS OF OPTIONS

3.6 Formally agreeing and signing off the Adult Social Care Discharge Fund Plan 2023/24 means that delivery of the plan can continue in line with national requirements.

3.7 Seeking additional further information for the Adult Social Care Discharge Fund Plan 2023/24 will affect both delivery and assurance of the plan and could result in the plan not being submitted and funding not secured.

4 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

4.6 The indicative Adult Social Care Discharge Fund allocation for 2023/24 is as follows:

North Lincolnshire Council	£951,000
Integrated Care Board	£1,001,000
Total	£1,952,000

Confirmation of the allocation is awaited.

5 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

5.6 There are no implications associated with this report.

6 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

6.6 Not applicable at this stage. Integrated Impact Assessments are undertaken as appropriate in line with commissioning intentions.

7 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

7.6 The council and Integrated Care Board have collaborated on the development of the plan as per the conditions of the funding.

7.7 There are no perceived conflicts of interest associated with this report.

8 RECOMMENDATIONS

8.1 It is requested that the Health and Wellbeing Board formally agree and sign off the Adult Social Care Discharge Fund Plan 2023/24 prior to formal submission to the National Better Care Team.

Director of Adults & Health
and NHS Director of Place

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL
Author: Jane Ellerton
Date: 17/02/23

Background Papers used in the preparation of this report:

Guidance - Addendum to the 2022/23 Better Care Fund policy framework and planning requirements

Appendix One:

DHSC Disch fund 23_24

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Report of the
Director of Children and Families

Agenda Item No:

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

NORTH LINCOLNSHIRE INTEGRATED CHILDREN'S TRUST AND CHILDREN'S COMMISSIONING STRATEGY 2022 REFRESH - UPDATE

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The purpose of this report is to update the Health and Wellbeing Board in relation to the Integrated Children's Trust and progress relating to the delivery of the Children's Commissioning Strategy 2022 Refresh

2. BACKGROUND INFORMATION

2.1 The North Lincolnshire Health and Care Integration Plan sets the strategic vision and principles for integrated working within North Lincolnshire. The integrated care partnership and governance arrangements established for the place of North Lincolnshire includes the Integrated Children's Trust (ICT) (among others), which is the singular vehicle for developing our integrated approach and commissioning intent across the children and families offer, for our children and families.

2.2 Following the publication of the inaugural Children's Commissioning Strategy 2020/24 in September 2020, a 2022 refresh has been endorsed through appropriate partnership and democratic governance arrangements, including the Health and Wellbeing Board. The 2022 refresh aligns with the refreshed Place Partnership strategic intent and the new iteration of the Health and Care Integration Plan.

2.3 The 2022 refresh rearticulates our One Family Approach and the local ambition for children to be in their families, in their schools and in their communities; and it resets our integration priorities and commissioning intent across education, health and care for our children and families. Key to this is the focus on integrating with schools as the primary partners, wider partners and the community to meet need at the earliest point, enabling sustainable change within families. The 2022 refresh also refines the 'shine a light' areas of focus, which are now focussed around:

- Emotional wellbeing and mental health
- Best start in life
- Adolescents and youth offer
- Outcomes for children and young people with vulnerabilities

3 OPTIONS FOR CONSIDERATION

3.1 The Health and Wellbeing Board is asked to note the update relating to the Integrated Children's Trust and the Children's Commissioning Strategy 2022 Refresh, key points as follows:

3.1.1 The ICT has continued to meet to oversee the development and development and implementation of the Children's Commissioning Strategy and there has been an amplified focus on reporting on progress through the Place Partnership governance arrangements

3.1.2 From a place based perspective, we have helped to shape and influence the development of the Humber and North Yorkshire Health and Care Partnership Integrated Care Strategy to ensure a focus on children and families within the contents of the health and care integration agenda

3.1.3 A Primary Life Survey/Children's Challenge session was held in November 2022, the outcomes of which were fed into the ICT and helped to shape and influence the Children's Commissioning Strategy. There was specific input at the Secondary Matters meeting in November to share the outcomes of the session, as part of an amplified focus on enhancing communications and engagement with schools and settings in the partnership arena

3.1.4 Through the Integrated Children's Trust, we have secured the ongoing support and commitment to build on and further develop our integrated children and families offer. This was supported through agenda items in relation to neighbourhoods, the Children's Commissioning Strategy, the interface with the Health and Care Integration Plan and the direction of travel relating to Family and Community Hubs

3.1.5 Following publication of Stable Homes, Built on Love Implementation Strategy and Consultation in February 2023, the ICT have taken account of the key messages and the initial implications for the local children's social care system, with a particular focus on family help as part of an integrated children and families offer

3.1.6 The ICT have supported the proposal to develop a risk and resilience framework as a preventative approach to supporting children and families to develop the knowledge, skills and confidence they need to improve resilience and stay well, safe and connected and make active choices about their health and wellbeing

3.1.7 The Thrive approach continues to be rolled out into schools, which is aimed at developing enhanced support around individual children's needs as well as whole school approaches to social emotional and mental health. Along with the With Me In Mind Mental Health Support Teams in schools, this further strengthens the emotional wellbeing and mental health offer to children within a school setting

3.1.8 Work is ongoing to clarify and articulate our strategic intent in relation to a trauma informed workforce, through the One Family Approach Practice Model and the Helping Children and Families in North Lincolnshire document, and to support the development of trauma informed practice

3.1.9 The Integrated Youth Offer Group has overseen the completion of the Youth Position Statement in relation to the sufficiency of provision in North Lincolnshire, which demonstrates that local providers have the capacity and skills to deliver effective services to young people; evidence of aspirational programmes; and ongoing support to grow the role of voluntary community and faith organisations.

There is an ongoing focus on further developing the integrated youth offer and the collective use of resources across the partnership, which will be underpinned by a self-assessment and youth strategy

3.1.10 Under the auspices of the shine a light area of focus on improving outcomes for vulnerable children, there continues to be a focus on children with specialist educational needs and disabilities (SEND). Examples of recent progress is that SEND reviews have been set up to support schools in identifying key strengths and areas for further development to improve outcomes for children with SEND; Specialist SEND teachers are further developing their practice to strengthen the rigour on children's lived experiences; and the early years triage is meeting to screen and accurately identify those children whose 2 year old integrated assessments indicate that further support may be required, which is followed up in the early years setting and a further meeting to agree next steps

4. ANALYSIS OF OPTIONS

4.1 Via the Integrated Children's Trust, there is a continued and amplified focus on developing the integrated children and families offer through the implementation of the Children's Commissioning Strategy 2022 Refresh, and to delivering against the identified shine a light areas of focus, to improve outcomes for our children and families.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 There are no specific resource implications associated with this report.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 There are no other relevant implications associated with this report.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Not applicable.

9. RECOMMENDATIONS

9.1 That the Health and Wellbeing Board notes the update in relation to the Integrated Children's Trust and the Children's Commissioning Strategy Refresh 2022.

DIRECTOR OF CHILDREN AND FAMILIES

Church Square House
Scunthorpe
DN15 6NL
Author: Julie Poole
Date: February 2023

Background Papers: None

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Report of the
Director of Children and Families

Agenda Item No:

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

STABLE HOMES BUILT ON LOVE IMPLEMENTATION AND CONSULTATION STRATEGY

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 To update the Health and Wellbeing Board regarding the publication of the Stable Homes, Built on Love Implementation Strategy and Consultation; and to consider the implications and our local response.

2. BACKGROUND INFORMATION

2.1 Stable Homes, Built on Love Implementation Strategy and Consultation was published on 13 February 2022 and is the Government's response and detailed plan to address the recommendations to reform Children's Social Care, as set out in the Independent review of children's social care: Final report; Child Protection in England; and the Children's Social Care market study.

2.2 The Government's response is a once in a generation opportunity to reset children's social care system to transform the lives of children and families. It sets the tone and purpose of children's social care and is built around six key pillars, as follows:

1. Family Help provides the right support at the right time so that children can thrive with their families
2. A decisive multi agency child protection system
3. Unlocking the potential of family networks
4. Putting love, relationships and a stable home at the heart of being a child in care
5. A valued, supported and highly skilled social worker for every child who needs one
6. A system that continuously learns and improves, and makes better use of evidence and data

A summary of the key strands associated with each of the six key pillars is outlined in appendix 1.

2.3 Stable Homes, Built on Love identifies 19 consultation questions and builds in additional consultation(s) in relation to Children's Social Care National Framework and the Child and Family Social Worker Workforce. A summary of the key strands associated with the additional consultations is outlined in appendix 2 and 3 respectively. The deadline for all consultation responses is 11 May 2023.

2.4 Stable Homes, Built on Love will be refreshed in two years and the Government will scale up new approaches that have been tested and developed, to be underpinned by new legislation.

3 OPTIONS FOR CONSIDERATION

3.1 The Health and Wellbeing Board is asked to note the publication of the Stable Homes, Built on Love Implementation Strategy and Consultation; and to support the local response to the consultations; and to contribute to further discussion regarding local implications and implementation, as part of our ongoing discussion regarding the development of the integrated children and families offer.

3.2 Specifically, we will need to:

- Consider any short, medium and long term financial implications in the context of our current financial envelope(s) and unknown LA allocations, and the implications for commissioning across our integrated children and families offer
- Communicate across the partnership(s) to share key messages and raise awareness
- Continue to work with respective local politicians and central Government
- Share with the children and families (and wider) workforce including workforce development sessions and creative conversations to co-produce local response and solutions, as part of wider integration agenda
- Consider how we utilise the consultation activity to further shape and influence the policy direction
- Ensure preparedness for next iterations of the Government response and associated legislation

4. ANALYSIS OF OPTIONS

4.1 Stable Homes, Built on Love sets out key milestones for delivery. Phase 1 (up to the end March 2025) will focus on addressing urgent issues, setting the national direction and laying the foundations for reform. Phase 2 will focus on embedding reform, subject to funding, parliamentary time and the outcomes of related consultations.

4.2 Overall, we welcome Stable Homes, Built on Love and the opportunities for reform. Through engaging in the consultation responses, North Lincolnshire will continue to take up opportunities to shape and influence the national policy direction. Through the Children's Commissioning Strategy, the integration agenda and the transformation governance arrangements, including the underpinning transformation plan, we are in a strong position to be able to respond to the anticipated policy direction, leading to better outcomes.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 There are no specific resource implications associated with this report, though it is acknowledged that there will be resource implications associated with the implementation of the strategy in due course. Further discussions will be had and decisions made through relevant partnership and governance arrangements as appropriate.

5.2 Stable Homes, Built on Love focusses on an initial two year plan, supported by an additional investment of £200 million. From a Government perspective, indicative financial commitments include:

- £45 million allocated to the (up to) 12 pathfinders
- £2 million to establish self sustaining kinship peer support groups

- £9 million in bespoke training offer for kinship carers
- £19.5 million allocated to RAA's
- £27 million for foster carer recruitment and retention programme (of which £3 million will be to deliver an initial programme in the North East)
- £30 million to increase practical interventions, befriending and mentoring programmes i.e. Lifelong Links

5.3 From a Local Authority perspective, there will be financial implications, including but not exhaustive:

- Increase of the leaving care allowance to £3000 (from April 2023)
- Increase of the rate of the apprenticeships care leavers bursary from £1000 to £3000 (autumn 2023)
- National minimum allowance for fostering to increase by 12.43%
- Financial allowances associated with kinship care (anticipate national strategy by end 2023)

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 Stable Homes, Built on Love sets out the high level ambition and intent to transform the children's social care system, which pending the outcomes of consultation, will impact on the underpinning statutory and regulatory framework(s) and associated legislation.

6.2 The principles of Stable Homes, Built on Love, which is built around family, love and a safe stable reliable place to call home, resonates and aligns with Council Plan and the partnership ambition for children to be in their homes, in their schools and in their communities, as outlined in the Children's Commissioning Strategy Refresh 2022.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 No integrated impact assessment has been undertaken at this stage.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Through the Local Design Area Review visit and associated consultation responses, North Lincolnshire have contributed to Independent review of children's social care, which was one of the key reviews to significantly contribute to Stable Homes, Built on Love Implementation Strategy and Consultation

8.2 There will be a local response to Stable Homes, Built on Love and the associated consultations in relation to the Children's Social Care National Framework; and the Child and Families Social Work Workforce. These will be submitted by the deadline of 11 May 2023.

9. RECOMMENDATIONS

9.1 That the Health and Wellbeing Board notes the publication of the Stable Homes, Built on Love Implementation Strategy and Consultation; supports the ongoing local response to the consultations; and contributes to further discussion regarding local implications and implementation.

Church Square House
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DN15 6NL
Author: Julie Poole
Date: 21 February 2023

Background Papers:

Stable Homes, Built on Love Implementation Strategy and Consultation

APPENDIX 1: STABLE HOMES, BUILT ON LOVE IMPLEMENTATION STRATEGY AND CONUSLTATION: SUMMARY OF THE SIX KEY PILLARS:

Pillar 1	Family Help provides the right support at the right time so that children can thrive in their families

- Up to 12 'Families First for Children' family help pathfinders (three in 2023 and up to nine in 2024), co-designing and delivering end-to-end service reform, with three elements:
- local, multi-disciplinary family help services
- child protection lead practitioners; and
- a focus on family networks and kinship care
- Development of knowledge and skills statements for family help workers
- Consult on enabling a broader range of practitioners to 'case hold' children in need cases
- Work to join up family help funding and strategy across government
- Law Commission to review CSC legislation for disabled children with a view to simplifying and streamlining
- Reference to building culturally competent practice and better responding to the needs of families facing material deprivation

Pillar 2	A decisive multi agency child protection system

- 'Families First for Children' pathfinders will test a new child protection lead practitioner role which will co-work with family help teams
- Consult on new National Multi-Agency Child Protection Standards in 2023 as part of the planned update to Working Together 2018
- Report to go to Parliament setting out ways to improve information sharing between safeguarding partners, including exploration of the use of a single consistent child identifier
- Strengthen leadership across multi-agency partnerships via amendments to Working Together 2018 guidance, improved accountability and an increased role for education in local safeguarding arrangements, consult on education's role as a safeguarding partner. Following a consultation, areas will be funded to implement the agreed reforms, with Pathfinder areas being early adopters
- Act on delays and improve parental engagement in the family courts

Pillar 3	Unlocking the potential of family networks

Create a culture of family first by:

- Using the 'Families First for Children' pathfinders, test how to implement family group decision making and Family Network Support Packages. Seven family help pilot areas to test Family Network Support Packages only
- Publish a national kinship care strategy by the end of 2023. This will include issues such as educational entitlements, training and LA practice plus related reforms e.g. financial allowances
- Training and support offer for all kinship carers (those with a legal order and informal arrangements) by the end of this Parliament
- Explore the case for mandating a financial allowance for all Special Guardianship Orders and Child Arrangement Orders

Pillar 4	Putting love, relationships and a stable home at the heart of being a child in care .

- Fostering recruitment and retention programme to be initially trialled in the North East region
- Continuing reforms to supported accommodation; registration in 2023, inspection in 2024
- Two Regional Care Co-operative pathfinders to plan, commission and deliver care places – the 'all' has been dropped and no figure on level of investment provided
- DfE to commission an external organisation to support LAs with forecasting, procurement and market shaping efforts
- Support improvements in the quality of leadership and management in the children's homes sector –leadership programme, knowledge and skills statement, focus on CPD, considering professional registration of the residential childcare workforce
- Implement an opt-out independent advocacy, this will not replace IROs or Regulation 44 visitors
- Introduce financial oversight regime for the largest providers thereby increasing transparency and reducing risks of sudden exit
- Expert group to review standards of care, regulation and guidance and consult on legislative changes
- Funding for well evidenced interventions in family finding, befriending and mentoring programmes
- Consult on strengthening and extending corporate parenting principles to a wider set of relevant bodies in Autumn 2023
- Create opportunities for children in care and care leavers to achieve their potential with a focus on education, training and employment via Virtual School Heads, Pupil Premium+, an uplift to the apprenticeship bursary and a refresh of the care leaver covenant
- Universal offer of wrap around support and accommodation for all care leavers via an uplift in the leaving care allowance and strengthening Staying Put / Staying Close, with entitlements up to age 23
- Focus on the mental and physical health of care leavers and addressing health disparities to increase life expectancy by building understanding and skills of social workers plus other professionals
- Update existing guidance on promoting the health and wellbeing of children in care and extend it to cover care leavers up to age 25
- Consult on extending the mandatory reporting of deaths or serious incidents involving children to include the deaths of care leavers

Pillar 5	A valued, supported and highly skilled social worker for every child who needs one .

- SWE to inspect all initial education routes by July 2025, commission research on the role of practice educators and take a greater role in overseeing them
- Development of a five-year Early Career Framework for social workers, starting with early adopters in Spring 2023 to design, develop and test ECF delivery mechanisms
- Boosting social worker recruitment and retention, including an additional 500 child and family social work apprentices, reviewing student social work bursaries and education support grants, and exploring international recruitment
- National Workload Action Group to identify unnecessary workload drivers
- Reduce the cost and reliance on agency social workers (separate consultation)

Pillar 6	A system that continuously learns and improves and makes better use of evidence and data

- Introduce a Children's Social Care National Framework, supported by a data dashboard by the end of 2023 with implementation by the end of 2024 (separate consultation)
- Publish a data strategy by the end of 2023 setting out plans for transforming data in CSC and establish a Data and Digital Expert Forum
- Align inspection with the National Framework. Ofsted to rebalance how it looks at practice so it acts as a lever for improvement
- Development of a suite of practice guides, this work will be overseen by the National Practice Group
- Enhancing the DfE's intervention role and offer via a clearer interventions policy and escalation pathway, new focus on 'getting to good' in LAs rated as requires improvement
- Before the next Spending Review DfE, in consultation with Department of Levelling Up, Housing and Communities, will aim to update, publish and consult on a new formula for children's services funding

APPENDIX 2: CHILDREN'S SOCIAL CARE NATIONAL FRAMEWORK: SUMMARY

What is the framework?

The framework includes:

- The purpose of CSC
- Principles underpinning leadership
- Outcomes to be achieved plus enablers and how leaders and practitioners should hear the voices of children, young people and the families they support
- The indicators that will form the CSC dashboard

Principles underpinning the framework

A series of principles underpin the framework drawn from legislation, guidance and the UN Convention on the Rights of the Child:

- Children's welfare is paramount, and their wishes and feelings are sought, heard and responded to
- CSC works in partnership with families
- Children are raised by their families, in family networks, or in family environments wherever possible
- Practice engages with partner agencies at every stage of support to identify and meet the needs of children, young people and families
- Practice and services are poverty aware and anti-discriminatory

Outcomes and enablers

There are four outcomes which lay the foundations that enable children to thrive:

1. Children, young people and families stay together and get the help they need
2. Children and young people are supported by their family network
3. Children and young people are safe in and outside of their homes
4. Children in care and care leavers have stable, loving homes

There are two system level enablers that help CSC to achieve these outcomes:

1. The workforce is equipped and effective
2. Leaders drive conditions for effective practice.

Plus there are wider outcomes that public services should aspire to e.g. good education and good mental and physical health

The children's social care dashboard

The dashboard brings together a set of LA level indicators via a publicly accessible, interactive form with the aim of increasing transparency and supporting learning. It is not intended to measure the performance of LAs and does not set performance targets

One page summary of the National Framework and Dashboard

Children's Social Care National Framework - one page summary						
Why does the CSC system exist?	**Purpose**					
	To help children and families, to protect children by intervening decisively when they are at risk of harm and to provide care for those who need it so that children, young people and care leavers grow up and thrive with safety, stability and love.					
How should CSC practice?	**Principles of practice**					
	Children's welfare is paramount and their feelings are sought, heard and responded to	Children's social care work in partnership with families	Children are raised by their families, in family networks or in family environments wherever possible	Practice engages partner agencies at every stage of support to identify and meet the needs of children, young people and families	Practice and services are demonstrably poverty-aware and anti-discriminatory	
What should CSC achieve?	**Outcomes for children and families**				**System enablers**	
	Children, young people and families stay together and get the help they need	Children and young people are supported by their family network	Children and young people are safe in and outside their homes	Children in care and care leavers have stable, loving homes	The workforce is equipped and effective	Leaders drive conditions for effective practice
	Practice guides					
How will CSC understand progress?	**Proposed dashboard indicators**					
	▪ % of referrals which are repeat referrals ▪ School attendance of children in need ▪ Rate of new entrants to care ▪ Rate of assessments completed ▪ Rate of children in care	▪ % of section 31 proceedings that end with the child living with parents, and the age of the children in the proceedings ▪ % of children in care living with their family networks	▪ Rate and number of section 47 investigations ▪ Rate of section 47 investigations which result in an initial child protection conference ▪ Rate of new child protection plans ▪ % of children whose plan was de-escalated and did not present again with unmet needs in 2 years	▪ % of children in care living in foster care ▪ % of children in care living in residential care ▪ Distance of placements from home ▪ Stability of placements of children in care ▪ Strengths and difficulties questionnaire scores for children in care ▪ Progress and attainment in Key Stage results of children in care ▪ % of care leavers in education, employment or training ▪ % of care leavers in higher education ▪ % of care leavers in apprenticeships ▪ % of care leavers in unsuitable accommodation	▪ Social worker turnover ▪ Agency social worker rates ▪ Social worker caseloads	▪ Share of children's social care spend on children in care ▪ Turnover of Directors of Children's Services and practice leaders
Outcomes that help children, young people and families to thrive	**Long-term outcomes, achieved with partner agencies**					
	Good child development	Good education attendance, attainment, training, and progress	Good physical and mental health	Family stability, including housing and financial stability	Family functioning, including strong family relationships and support networks	Preventing and tackling crime

APPENDIX 3: CHILD AND FAMILY SOCIAL WORKER WORKFORCE: SUMMARY

What is the focus of the consultation?

National rules on the engagement of agency social work resource in CSC

Rationale

- Following recommendations made in the Independent review of children's social care: final report, DfE is consulting on proposals to improve quality and reduce costs associated with the use of agency social workers
- The consultation builds upon existing regional Memoranda of Understanding/Cooperation to create a set of national rules
- Subject to consultation responses, DfE intends to set out the national rules in September 2023
- By spring 2024, LAs and all procurement routes used by LAs to engage agency social workers should comply with the national rules
- DfE expects that social workers who are currently working for a local authority via an agency should be offered the opportunity to transition to permanent or fixed-term employment
- They will work with the sector to ensure "simple and effective means to complete transition" subject to the outcome of the consultation

National rules

- Engage agency workers only via commercial compliant procurement routes
- Only engage agency workers within national price caps
- Minimum of five years post-qualified experience in LA CSC and completion of ASYE to qualify for agency role
- Not engage project teams for social work
- Standard references for all candidates that relates to standard of practice for any agency worker
- Three month wait for workers leaving substantive roles before taking agency role in same region
- Minimum six week notice period for agency social workers
- Quarterly data return

Procurement of social workers

- By spring 2024, all procurement routes used by LAs to engage agency workers should comply with the national rules
- Compliance will be monitored via regular data collection and local and regional spot checks
- Agencies that circumvent national rules would be restricted by LAs from accessing new vacancies

Price caps

- Cap on the rate LAs can pay for an agency social worker
- Bring agency worker pay in line with substantive worker pay. This will take into account contract differences e.g. holiday pay
- Create greater national consistency around pay for social workers (substantive and agency) who are carrying out the same role in different LAs or regions
- Ban on bonuses which take amount of pay a worker earns over the cap

Post-qualified experience

- Social workers who graduated in or after April 2024 must have a minimum of five years post qualified experience working within LA CSC and have completed their ASYE before being employed as an agency social worker
- DfE funding cannot be used to support agency social workers in the attainment of their ASYE
- International social workers –should this also apply to them?

Project teams

- Project teams no longer engaged for child and family social work
- Multiple agency workers can be employed but each one contracted individually

Data and monitoring

- The following data to be collected and shared quarterly:
    - agency worker job type and pay rate
    - substantive worker job type and pay rate
    - vacancies by job type
    - use of market and other supplements
    - substantive worker full time equivalent (FTE)
    - leavers FTE
    - agency worker FTE

- Data sharing agreement for data to be shared with DfE and between LA's and regions

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Report of the Senior Commissioning Manager,
North Lincolnshire Health and Care Partnership
& Children Care Group
Director, RDaSH

Meeting – 6 March 2023

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

Neurodiversity Update on Pathway

1. OBJECT AND KEY POINTS IN THIS REPORT

This report provides an update to the Health and Wellbeing Board on progress and developments relating to children's neurodiversity in North Lincolnshire. The paper explains current diagnostic demands and describes the actions being taken to address this, whilst highlighting how the increase in children being diagnosed as neurodiverse requires a whole-system response, to ensure children and families needs are met.

2. BACKGROUND INFORMATION

Neurodiversity has been identified as a priority area for North Lincolnshire's Integrated Children's Trust (ICT) and the Special Education Needs Disability (SEND) standards board, due to the increased number of requests to assess North Lincolnshire children, over recent years. Children who are neurodiverse receive support from a wide range of education, social, health and voluntary services, to meet their identified needs.

2.1 Neurodiversity as a Concept of Celebrating Differences.

"Neurodiversity describes the idea that people experience and interact with the world around them in many different ways; there is no "right" way of thinking, learning and behaving, and differences are not viewed as 'deficits'".

Over recent years, in North Lincolnshire, there has been a push to move away from the concept of viewing neurodiversity as deficit model/ concept, to one which celebrates differences. This fundamental shift in vision has been a guiding principle for all partners work with children who are neurodiverse. Complimenting this is the vision that all services and agencies should be supporting a children's needs, according to their presenting needs, irrespective of a diagnosis. As such, in North Lincolnshire, all services and support should be accessed based on need and not diagnosis, enabling children and young people to receive the support they need regardless of whether they have received a diagnosis.

2.2 Children Aged Under 5 Years Old

For children aged under 5, Autism assessments are currently delivered through a multi-agency model of Speech and Language Therapists (NLaG) and Clinical Psychology (RDaSH). An additional senior Clinical Psychologist has been appointed (although not yet commenced in post), providing additional capacity and enhanced clinical leadership to the under 5's pathway. Referrals for the pathway are received through an Early Years Triage panel, whereby there is a joint multi-agency decision to assess. This process also enables all agencies to explore how local services are meeting the child and families identified needs and mobilise any additional support the child, family or education setting, may require.

Currently 53 children, aged under 5, are waiting for a full Autism assessment, with the longest wait being 15 months. All children on the pathway are receiving support services, including active Speech and Language involvement, and being supported by the co-ordinator of the service. With the additional capacity into the pathway, and improvements that have already been made in productivity, it is anticipated that waiting times will be significantly improved when the role starts.

2.3 Children and Young People Aged over 5 Years.

For children aged over 5 years, in North Lincolnshire, RDaSH is commissioned to provide the diagnosis assessment pathway.

In 2020 a more integrated assessment pathway was implemented, with greater emphasis on joint working between Children and Adolescent Mental Health Service (CAMHS) and local authority children support services, including Autism Spectrum Education Team (ASET), Behavioural Support Services and Education Psychology. This co-ordinated approach enables a thorough triage of a child/ young person's presenting needs and allows key service areas to offer the required interventions / support, whilst waiting for a diagnosis. Subsequently a revised referral system for assessments was launched, placing schools at the heart of the referral process - however also creating the flexibility for other services to refer (for example GP's and Paediatricians), if required. This process has gone well and with an average diagnosis rate of 90%, indicates that the current referral process is identifying the correct children and young people requiring an assessment.

Following this initial triage stage of the assessment process - where partners, schools and parents are consulted, a plan of support is recommended for each child or young person, based on need. This initial element of the assessment is prioritised by the CAMHS service, with 60% of families receiving the initial triage assessment in 2 weeks and 90% in 18 weeks – please note that any longer waits are normally due to families not wanting to engage or consent being difficult to obtain from the family or young person.

To support all families waiting for a full assessment, the CAMHS service provide open telephone access to parents for any required support and schools benefit from a weekly virtual clinic from the Psychology team, whereby they can book an appointment to gain advice on supporting any of their pupils – including how to support children waiting for a full assessment. To further support families both pre- and post-diagnosis, a Neurodiversity Support Worker is currently being advertised to work within CAMHS.

2.4 Waiting List Numbers

Following the initial triage assessments, a full Neurodevelopmental assessment is completed by CAMHS, which comprises of an in-depth differential diagnosis assessment, in line with the National Institute of Clinical Excellence (NICE) guidelines and involving a multicomponent assessment process including, but not exhaustive to: family meetings, one-to-assessments/clinic appointments, engagement with schools, observations in the schools environment, psychometric tests etc. Unfortunately, due to the increase demand for the service and the impact of COVID, there is a wait for these assessments, with the latest data indicating that 287 children between the ages of 5-18 years are currently waiting for a full assessment, with data from January 2023 indicating that the average waiting time from initial referral to the start of a full assessment was 46 weeks (please note all these children have had an initial assessment) with longest wait being 87 weeks.

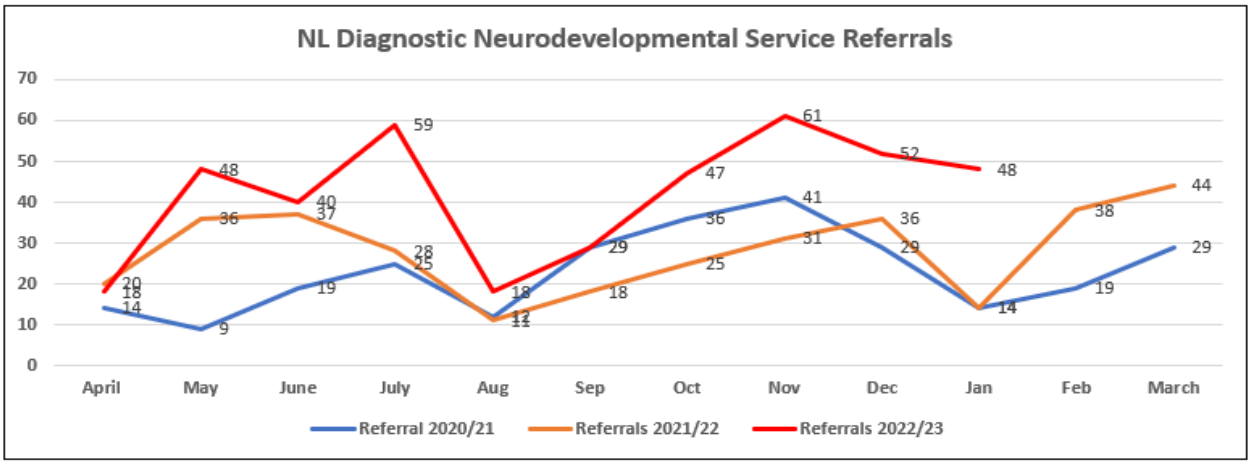
To support a reduction in waiting times a variety of waiting list initiatives have, or are being implemented, including:

- The commissioning of additional capacity within CAMHS
- The subcontracting of the company, Healios to provide 142 additional assessments in 2022 – with a further 114 assessments commissioned from December 2022, to be completed over the next 6-months.
- Plans to commission another 139 assessments from an external company, with the aim start to commence these assessments in March 2023.

With these two additional subcontracts, 281 assessments aim to be achieved over the next 6 months, in addition to the assessments being conducted by RDaSH. With these two sub-contracts and the work of RDaSH, it is anticipated that in the majority of the 287 children waiting for a full assessment, will have had their assessment commenced and the waiting list reduced significantly, in line with the 18-week ambition.

2.5 Demand for Neurodiversity Assessments – 5 – 18 years

Referrals numbers are monitored weekly and reported back the Integrated Care Board (ICB) monthly. The below graph provides a pictorial representation of referral trends since 2020 identifying an increase in referral numbers, with 224 referrals being made in 2020/21, 375 referrals in 2021/22 and 383 in 2022/23, between the months of April 2022- Jan 2023. Unfortunately, there are no regional or national comparative figures to accurately compare these against, however comparison with other trusts across the ICB identified a similar increase in referrals.



The above chart demonstrates the significant variation in monthly referral numbers in which monthly monitoring is starting to identify trends in children being identifying as requiring an assessment, each year. Based on an average diagnostic rate is 90.3 % (calculated on diagnostic rates between April 2022 and January 2023). These figures illustrate an increase in children being identified as being Neurodiverse in North Lincolnshire, and in turn a predicted increase in prevalence which will require all services across health, education and social care, to be responsive to this increased level of need.

2.6 CAMHS Service Inclusion Project / Evaluation

To support the ongoing development and review of the assessment and support pathway, CAMHS have embarked on a Service Inclusion Project, which aims to understnd children, young peoples, parents and professionals experience of the local diagnosis process, including the support they received post-diagnosis. Interviews are currently underway and the project outcomes are expected by the end of April. Initial feedback is that the project has been received extremely positively by children, young people, and their families, with SENCO's also showing keen engagement in the project too. The findings of this work will inform the further development of the diagnostic pathway and help to inform what support families feel they need from all agencies before, during and after the diagnosis pathway.

2.7 Adults aged 18-25 years

All adults aged 18-25 have access to adult support and diagnostic services and pathway.

Young adults with ADHD are transitioned from the NLAG Paediatric pathway to the RDASH ADHD service if they require ongoing support and medication management. Any young adults requiring ADHD assessment, are referred to the Adult ADHD service. To help with long waits, NAVIGO have recently been commissioned to provide assessments for adults with the longest waits. Latest performance figures from RDASH identify that all adults currently on an internal waiting list for ADHD have been waiting under 12 months. Unfortunately, we are unable to identify from the data how many of these adults are aged under 25.

Matthews' Hub is a voluntary sector organisation and has been commissioned by North Lincolnshire Health and Care Partnership to provide support and information to all adults and young people aged over 14, around Autism, irrespective as to whether a diagnosis has been received. To date, the service has been able to support over 200 people. Care Plus Group has recently been commissioned to assess 34 adults for Autism, in which there was a 67% diagnostic rate. Of these adults who were assessed none wished to engage in the post-

diagnostic support offered by Care Plus Group. Under the NHS 'Right to Choose' policy, adults can choose where they would like an Autism assessment and we have seen an increase in adults accessing assessment from a number of different providers.

2.8 Partnership Working and Support for Children and Families on The Pathway

When the pathway was first launched, partnership working practises were identified as key to the success of the pathway. As previously described the current pathway operates a multi-disciplinary decision-making forum including CAMHS, ASSET, Behavioural Support and Education Psychology. In 2021/2022 the local partners developed an ambition for how they would work together, setting a number of priorities both. In January 2023, partners agreed integration ambitions and joint planning aspirations. Acknowledging that the increase in number of children being diagnosed requires a whole system response across health, education and social care, senior leads are now looking to initiate a dedicated project, with the appropriate project capacity, to develop a whole system response to ensuring the needs of our children and young people are being met.

3. OPTIONS FOR CONSIDERATION

N/A

4. ANALYSIS OF OPTIONS

N/A

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

N/A

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

N/A

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

N/A

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

N/A

9. RECOMMENDATIONS

The Health and Wellbeing Board is recommended to accept and note this report.

Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Author: Helena Dent (NL HCP) and Christina Harrison (RDASH)
Date: 23nd February 2023.

Report of the Director of Public Health

Agenda Item
Meeting 6th March 2023

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022- THE DIVERSE COMMUNITIES OF GREATER LINCOLNSHIRE

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 The objective of this report is to present a copy of the Director of Public Health's (DPH) independent report on the state of people's health in Greater Lincolnshire, with a particular focus on the communities of North Lincolnshire.

2. BACKGROUND INFORMATION

2.1 Directors of Public Health in England have a statutory duty to produce an independent annual report on the state of health of the people they serve. Local authorities have a statutory duty to publish the report and the report should be as accessible as possible to the wider public. The annual DPH report is provided as appendix A.

2.2 As part of an innovative public health pilot, the DPH report covers three local authority areas being: Lincolnshire County Council (LCC), North Lincolnshire Council (NLC) and North East Lincolnshire Council (NELC) – collectively referred to as Greater Lincolnshire. To reflect this inter-authority partnership, a single DPH report was written which encompassed the diverse communities of all three local authorities.

2.3 Analysing health data on a Greater Lincolnshire footprint provides a better understand of common themes across each authority and, therefore, provides increased scope to consider collective solutions at both county and community levels.

2.4 The DPH report was initially inspired by the Chief Medical Officer's (CMO) 2021 annual report which highlighted challenges of coastal communities and included case studies on coastal communities in Lincolnshire and North-East Lincolnshire. The CMO's report identified some of the reasons for inequalities and set out a range of recommendations to improve outcomes.

2.5 The DPH report addresses some of the deficiencies noted in the CMO 2021 annual report, especially relating to the lack of available data published at a geographical level small enough to capture coastal communities' outcomes.

2.6 The Annual Report highlights how Greater Lincolnshire has utilised the public health grant monies received to enhance the outcomes of the population and further understand people's needs and future direction.

2.7 The report will provide a strong evidence base for identifying opportunities for health and wellbeing improvement. It provides a focus to engage agencies and communities about identifying collaborative solutions.

3. OPTIONS FOR CONSIDERATION

3.1 That the Health and Wellbeing Board notes and welcomes the DPH's Annual Report.

4. ANALYSIS

4.1 The DPH's Annual Report is a statutory document so there are no options for consideration. However, feedback from the Health and Wellbeing Board is always welcomed.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 Implementing recommendations as outlined within the Annual Report will be undertaken utilising existing resources.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 The analysis in the report identifies areas of inequalities and one of its key recommendations is to improve awareness of the diversity of Greater Lincolnshire's communities, and specifically what this means for health and wellbeing, across the workforce and volunteer community.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 Not applicable.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 Whilst there is no statutory requirement to consult on production of the DPH's Annual Report, a comprehensive programme of activities is in place to ensure the findings and recommendations of the report are shared widely with relevant interest groups.

8.2 No conflicts of interests declared.

9. RECOMMENDATIONS

9.1 It is recommended that the Health and Wellbeing Board welcomes the report and offers feedback on its content.

DIRECTOR OF PUBLIC HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
Post Code
Author: Andrea Ball & Steve Piper
Date: 8th February 2023

Background Papers used in the preparation of this report –

See References section within the Director of Public Health's Annual Report 2022 (attached)

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THE DIVERSE COMMUNITIES OF GREATER LINCOLNSHIRE

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022

Lincolnshire COUNTY COUNCIL
Working for a better future

North Lincolnshire Council

NORTH EAST LINCOLNSHIRE COUNCIL

CONTENTS

1.0 FOREWORD

Welcome to my fourth annual report as Director of Public Health, but my first for the whole of Greater Lincolnshire. Lincolnshire and neighbouring authorities of North and North East Lincolnshire have faced huge public health challenges over the past few years in steering residents through the Covid-19 pandemic as safely as possible.

As we have emerged more fully from the restrictions that the pandemic brought to us all, we have faced new challenges, not least the mental wellbeing and other health related issues arising from periods of lockdown. And new concerns have arisen such as the cost of living challenge brought about by the economic crisis.

Over recent years, previous annual reports have centred on themes such as the burden of disease, response to the pandemic and the impact of Covid-19 on children and young peoples' health and wellbeing. The Chief Medical Officer's annual report for 2021 highlighted coastal communities as having some of the worst health outcomes in England and the lack of data and understanding of the different communities in areas which would help plan local strategies and improve outcomes for health. Both Lincolnshire and North East Lincolnshire were "coastal case studies" in Professor Whitty's report.

Greater Lincolnshire typically has large areas of rural land and urban centres of differing sizes. So having analysed local data, this report identifies the four types of community we have – urban centre, urban industrial, coastal community and rural and market town – and the differences and opportunities for health and wellbeing.

There are significant challenges for preventing ill health and improving life expectancy across Greater Lincolnshire. Each community has different characteristics and opportunities that lead to different health outcomes. But the challenges can also have common themes across the region. Poor housing and fuel poverty require different solutions in urban and rural areas but is a consistent problem. The lack of a teaching hospital means recruitment and retainment of a health and care workforce is a challenge over all of Greater Lincolnshire, although it is felt more acutely in coastal strips. Poor air quality not only affects urban areas but agricultural air pollution is also a growing concern.

The report sets out how different health needs in the four types of community need different approaches. The local environment and its assets also need to be harnessed to improve health and wellbeing in our communities. We live in a beautiful, green and blue county and we should maximise the health and wellbeing benefits of being outdoors in the countryside and along our coastline and rivers.

There are also ways in which we can maximise training opportunities and recruitment to health and care, flexing the workforce to improve health and wellbeing and the support available. By developing a better understanding of the complexity of our local communities we can target and tailor our approach to prevention and treatment which meets the needs of local people.

Finally, I'd like to acknowledge and thank all of those who have supported the writing and production of this year's Director of Public Health Annual Report.

Derek Ward
Director of Public Health for
Greater Lincolnshire

2.0 INTRODUCTION

In this Annual Report, we have analysed local data and identified four types of community across Greater Lincolnshire. In the following pages we will describe the four types of community and highlight key challenges and opportunities for health and wellbeing, which vary across the different places. We hope this fresh perspective will add value to the work of those supporting health and wellbeing, and delivering health and care services, across Greater Lincolnshire.

Coastal communities have some of the worst health outcomes in England, including low life expectancy and high rates of major diseases. In 2021, the Chief Medical Officer (CMO) highlighted the challenges of coastal communities in his Annual Report, including case studies on coastal communities in Lincolnshire and North East Lincolnshire. The report identified some of the reasons for inequalities and set out a range of recommendations to improve outcomes (DHSC, CMO Annual Report, 2021).

An important challenge noted by the CMO is the lack of data and understanding at this geography to help plan national and local strategies to improve outcomes. The Coastal Communities All Party Parliamentary Group (APPG) agreed in June 2022 that a coastal strategy is needed to address inequalities in education, health, and housing in coastal areas.

In addition to 50 miles of coastline, Greater Lincolnshire has large expanses of rural land and urban centres of different size and make-up. There are some obvious geographic distinctions between these places and each has different challenges and opportunities when it comes to health and wellbeing. Some are subtle differences, for example proximity to neighbouring service centres, which if better understood will help us to promote health, reduce inequalities and provide services to those who need them. Until now, there has been limited work to explore the main characteristics of these different communities and what those characteristics mean for health and wellbeing, and service delivery.

2.1 THE FOUR COMMUNITY TYPES IN GREATER LINCOLNSHIRE

To classify communities, we used small geographies (known as Lower Super Output Areas or LSOAs) to segment areas according to key characteristics. Those key characteristics included features such as building density, industrial make-up, and proximity to the coastline. We have distilled this complex landscape into four "summary-type" models as we describe below. Clearly the geography of the county is far more complex, but to help planning and service delivery we think it is important to simplify whilst still highlighting the key differences.

The four types of community identified across Greater Lincolnshire are:

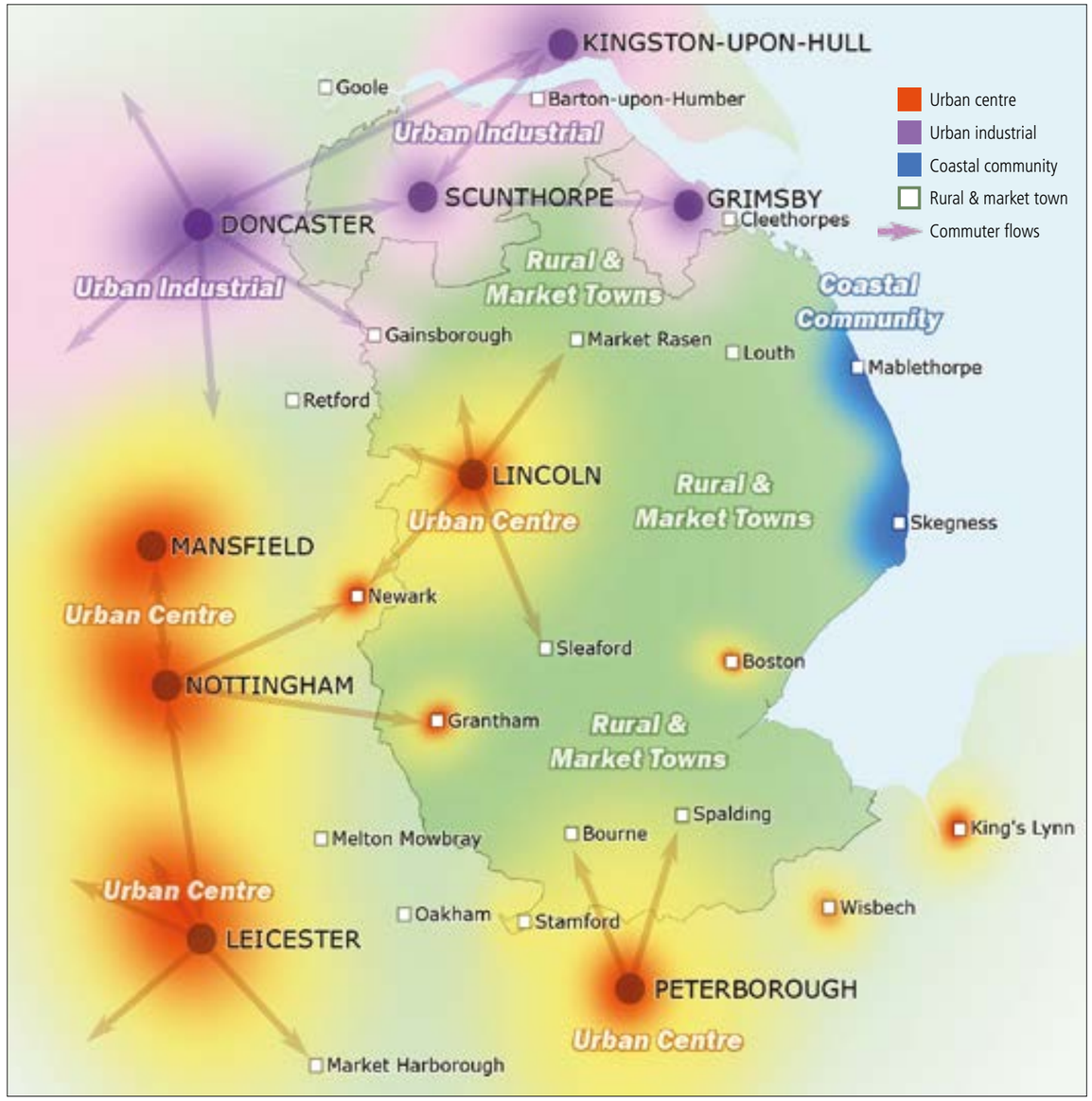
- Urban centre
- Urban industrial
- Coastal community
- Rural and market town

Each type, and the challenges and opportunities for health and wellbeing, are described in more detail in the chapters that follow.

In summary, urban centre communities can be categorised as those where building density is highest. Urban industrial communities also have a high building density but, in addition are characterised by their links to heavy industry such as electricity generation, gas, steel, mining, and quarrying, with a low amount of agricultural work, financial, professional, and scientific services. Coastal communities are those directly situated on the coast, with local business dominated by accommodation, leisure, and food services. The remaining areas are classified as rural and market town communities. See Figure 1 below for a map showing the different communities.

Whilst this work has identified distinct geographies with different characteristics, it is important to note that many places have features of more than one type of area. The types are intended to provide greater understanding of the challenges involved in improving health and delivering services across an area as diverse as Greater Lincolnshire. Areas may fall between two types and have

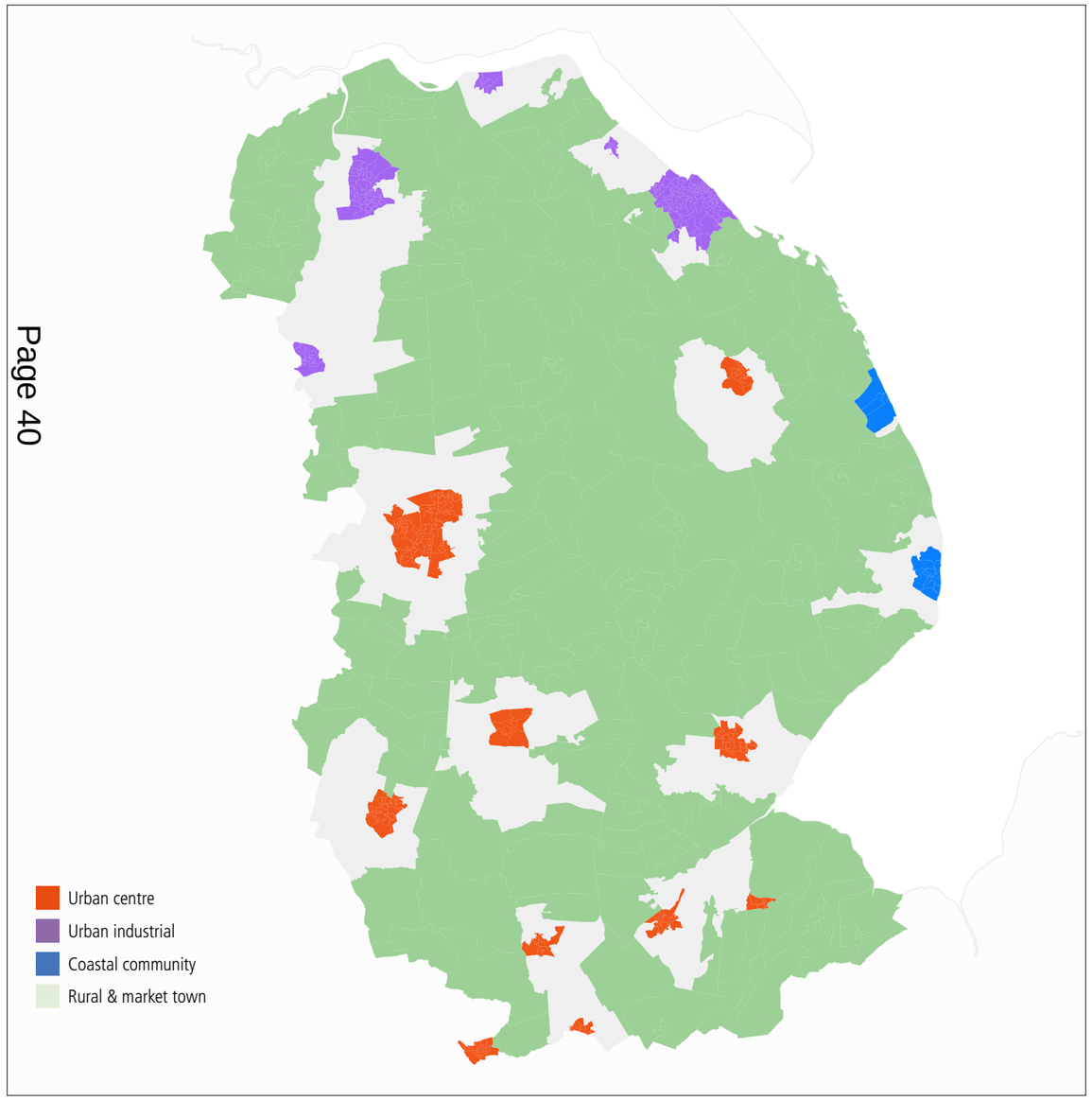
Figure 1: The four types of community in Greater Lincolnshire and where they are found



characteristics of either, or both, depending on their connections. In some instances, an area may have strong linkages with a neighbouring category which changes the challenges and opportunities in that community. A judgement should be made of the most important factors when considering each community, to apply the findings to strategy development and the planning of services.

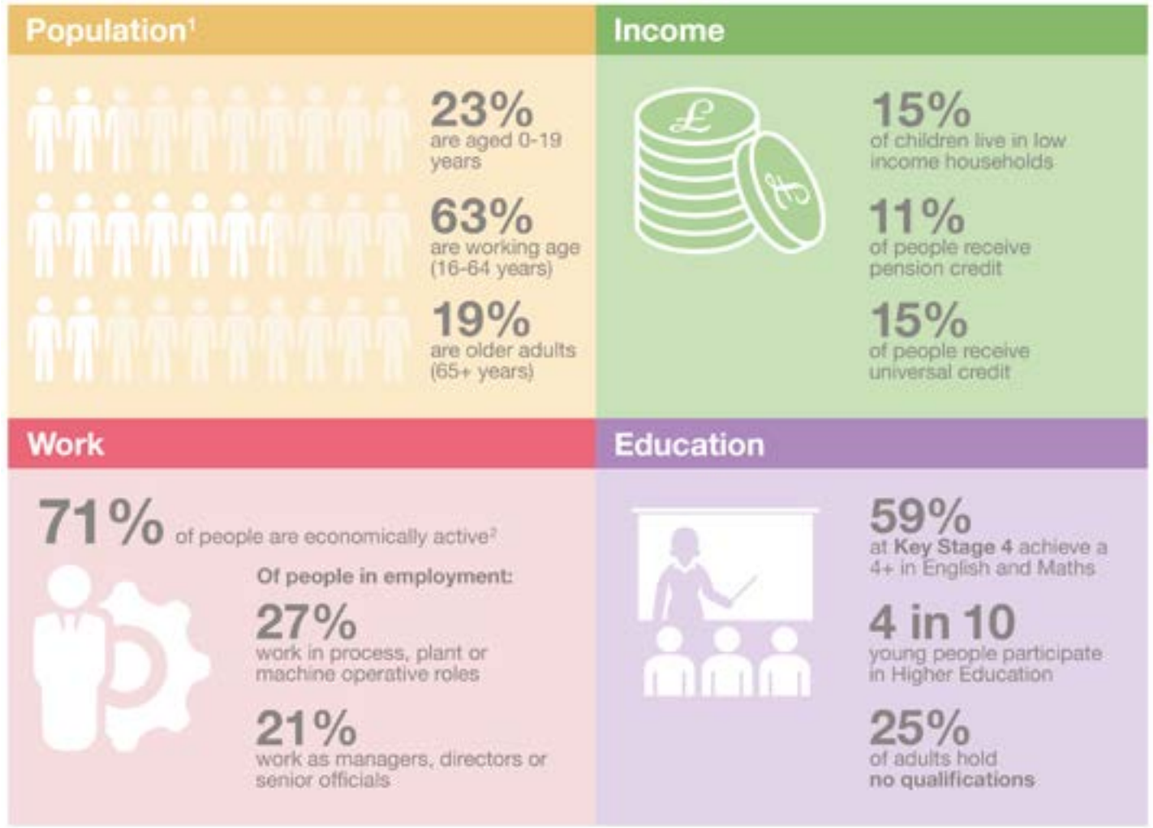
To understand the main differences between, and typical natures of, each type of community, only the most central LSOAs for each category were used in statistical analyses. The LSOAs used in analyses are shown in Figure 2.

Figure 2: Lower Super Output Areas utilised in category analyses



3.0 URBAN CENTRES

Urban centres in Greater Lincolnshire – places such as Lincoln, Grantham, and Boston – provide a range of services to surrounding communities as well as significant employment opportunities and transport linkages. Out of a total population in Greater Lincolnshire of around 1.1 million people, an estimated 325,000 live in urban centres. They are often attractive places to live and work because of the cultural, heritage and economic benefits, which mean large numbers of people choose to live in these communities. There are pockets of strong employment, coupled with low social mobility in places. Urban centre communities are younger than average, made up of an economically active population with lower-than-average levels of deprivation and living in good housing. These communities have good access to community and health services.



1. There is an overlap between those who are aged 0-19 and 16-64.
2. People not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

Boston town centre

Lincoln is a regional service sector hub, with dominant employment opportunities in public services across local government and the NHS. The retail, heritage and cultural offer in the city is also strong, bucking the trend of high street decline in similarly sized towns and cities in the East Midlands. The city has a particularly young demographic due to development and investment in the University of Lincoln, and together, the University of Lincoln and Bishop Grosseteste University attract approximately 16,000 students.

Grantham has a strong manufacturing base, although employment is dominated by public services, food, and logistics. The town is well connected to national infrastructure, intersected by both the A1 and the East Coast mainline. The strategic location of Grantham has led to recent investments to help grow the town, such as the Grantham Southern Relief Road, which will connect the A52 to the A1, bypassing the town centre and creating significant opportunity for development space.

Boston serves as a hub to the nationally important food sector, and therefore food production, haulage and logistics are the key employment sectors in the town. A large proportion of the population is employed in agency activities, servicing the food and land-based sector. Boston also has a large population of first and second generation migrant workers, particularly from Eastern Europe. As a result, Boston's population has grown more quickly than other towns in Lincolnshire.

With a lower-than-average skills level, employment and wages pose significant risks to the town. Boston Borough is ranked as the most deprived of all local authorities in England in the 'Skills' domain of the 2019 Index of Multiple Deprivation (Department for Levelling Up, Housing and Communities & Ministry of Housing, Communities and Local Government, 2021). It has a more limited sectoral make up compared to Lincoln and Grantham. Levels of entrepreneurialism are low resulting in a relatively 'static' economy. The town centre is attractive, with significant cultural assets; however, infrastructure is a major challenge, particularly given the large flows of goods movement from the food sector and the Port of Boston into the national network.

Urban centre communities have good access

3. The Index of Multiple Deprivation (IMD) is a measure of small area deprivation in England. IMD divides England into 32,844 small areas (average population 1,500 people/650 households) and ranks them from 1 (most deprived) to 32,844 (least deprived). For each of the areas of life presented here (e.g. income, crime, etc), the % represents the number of small areas in this type of community that fall into the 20% most deprived nationally. A higher percentage than 20% means there is more deprivation than the average for England.

to health services. In Greater Lincolnshire, urban centres have above average access to general practice, pharmacy and hospitals using public or private transport and walking. However, health problems like obesity, respiratory problems, cancer, and diabetes are made worse by unhealthy living and working conditions, inadequate green space, and noise and air pollution (e.g. from traffic congestion and industry). Safe space for walking, cycling and active living can be more limited in urban centres, discouraging healthy behaviours such as active travel.

Overall, urban centres have lower than average rates of elective and emergency hospital admissions. However, hospital admissions due to some specific causes such as cancer and emergency admissions due to falls are higher in urban centres (NHS Digital, Hospital Episode Statistics, 2022). Mortality rates are higher than average in urban centres than across Greater Lincolnshire. The highest all-age disease specific mortality rates are cancer (282 deaths per 100,000 population) and cardiovascular disease (CVD) (272.4 deaths per 100,000 population). Additionally, the all-age suicide rate is also higher than average, although this difference is not statistically significant (NHS Digital, Civil Registration Mortality data, 2022).

KEY CHALLENGES FOR URBAN CENTRE COMMUNITIES

Within urban centre communities, key challenges include:

- *Clustering of people from vulnerable groups, usually in the most deprived areas where there are fewer opportunities and more challenges around access to services, work, and health literacy. Areas of deprivation and affluence often sit closely alongside each other and so the geographical scale of analysis matters when targeting support and initiatives.*
- *Over recent years Boston has seen an influx of Eastern European migrant workers, and the agri-food industry in the surrounding rural area is reliant on this workforce. There have been some issues with community cohesion, as well as instances of exploitation of migrant workers defined as modern day slavery.*
- *In some areas, overcrowding can be an issue with concentrations of houses of multiple occupation (HMOs) in the private rented sector. Boston and Lincoln also have the highest number of homeless people and rough sleepers in Lincolnshire. Rough sleeping is known to lead to a significant reduction in life expectancy. The homeless problem is exacerbated where people have no recourse to public funds due to not having settled status in the United Kingdom.*
- *The risk of outbreaks of infectious diseases is higher in urban, overcrowded environments; for example, as observed through the Covid-19 pandemic. Health conditions such as Tuberculosis are more common in urban centres and the spread of such infectious diseases is likely to be exacerbated by overcrowded living conditions and rough sleeper congregations on the streets.*
- *Urbanisation is linked to high rates of depression, anxiety, and mental ill health, and is a growing concern. People living in urban areas can suffer from social isolation even though they live near other people. Students, young professionals, and migrant workers who have re-located to urban centres are often distanced from their families and usual support networks, and so are at increased risk.*
- *Urban populations are among the most vulnerable to climate change, experiencing higher temperatures due to the effect of large concrete expanses and lack of green cover (known as urban heat islands). This is something made more acutely obvious during the heatwaves of summer 2022. Parts of Lincoln and Boston are also at risk from fluvial flooding (where rivers, lakes, and streams overflow).*

KEY OPPORTUNITIES FOR URBAN CENTRES

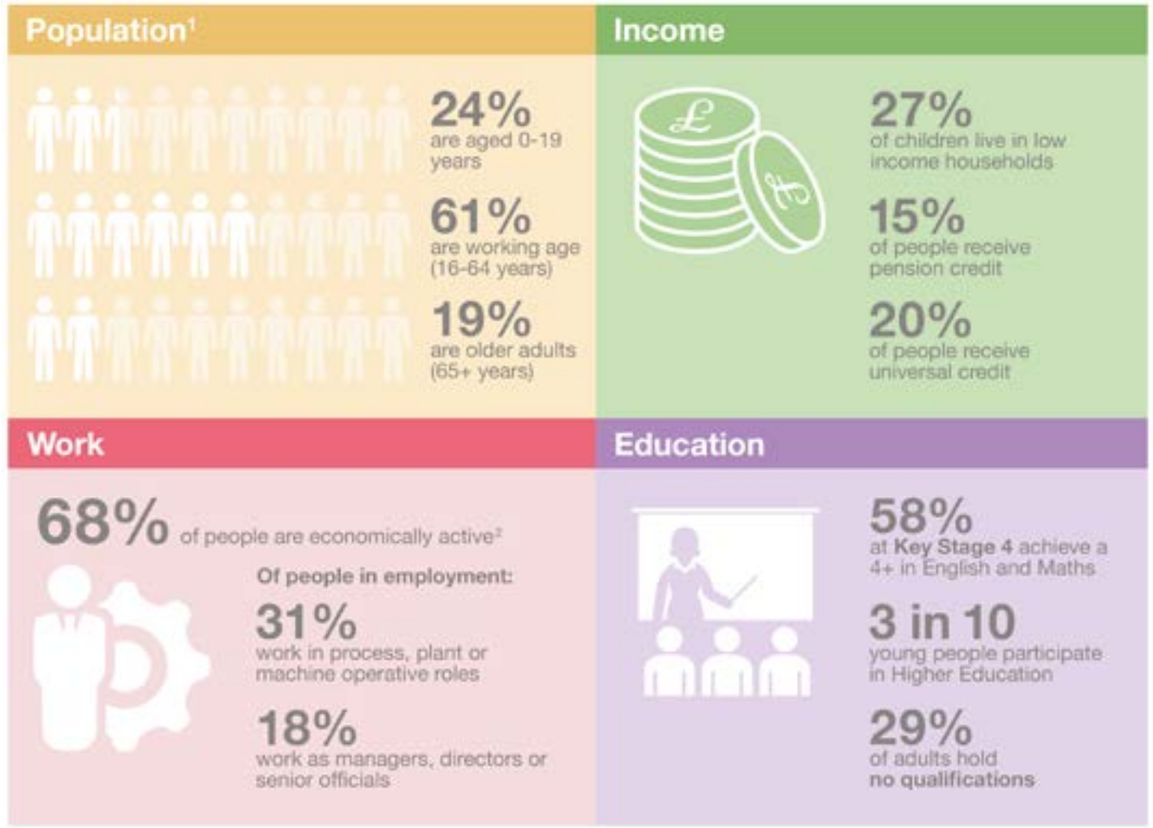
- *Training opportunities at undergraduate and postgraduate level are limited due to the lack of teaching hospitals in Greater Lincolnshire. Further opportunities could be explored to help seek further investment in a teaching hospital that could help to overcome the challenges presented in the recruitment and retention of a health and care workforce, such as The Campus for Future Living planned in Mablethorpe.*
- *Increase awareness of opportunities for people to connect and create meaningful community relations and interactions to reduce isolation and increase the feeling of belonging to benefit people's mental health and wellbeing. Continued promotion and development of the Connect to Support Lincolnshire directory of services and community assets would support this.*
- *Expanding accessible green space and active travel routes would improve health and wellbeing through the reduction of vehicle traffic and would also increase healthy behaviours such as physical activity.*
- *Traffic congestion in urban areas can lead to longer journey times and contribute to air and noise pollution. Three of the air quality management areas across Greater Lincolnshire are in Lincoln, Boston, and Grantham. There is an opportunity to support more research into air pollution, particularly how to monitor and tackle particulate air pollution from industries and traffic.*
- *There should be consistent and concerted use of health impact assessments for new developments (urban extensions) and regeneration schemes. These should consider the potential to exacerbate inequalities between these and unimproved communities.*

SUMMARY

Urban centre communities are younger than average, made up of an economically active population with lower-than-average levels of deprivation usually living in good housing. These communities have good access to community and health services. However, health outcomes in some domains are worse, particularly cancer, cardiovascular disease, and suicide. Reducing environmental challenges such as air pollution, poorer access to green space and the high density of fast-food outlets would have a significant impact on the health and wellbeing of urban centre communities.

4.0 URBAN INDUSTRIAL CENTRES

Characterised by heavier industry and industrial heritage, including oil, gas, chemicals, steel and mining, urban industrial centres are another 'type' of community identified in Greater Lincolnshire. The urban industrial area of Greater Lincolnshire centres around the three towns of Scunthorpe, Grimsby and Gainsborough. An estimated 253,000 people live in urban industrial communities. The heavier industrial base (as well as the industrial heritage) influences the local culture, the types of employment available and the skills needed to take up those jobs, and this is reflected in the health challenges faced. As in other urban centres, there are pockets of strong employment growth, but in urban industrial centres higher levels of economic inactivity and low social mobility are more pronounced. These areas have a younger than average age profile, with over 60% of the population aged under 50 years and almost a quarter under 19.



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Although their expansion was driven by different industrial drivers – steel for Scunthorpe, port trade and engineering for Gainsborough, and fishing, as well as imported and exported goods, for Grimsby – in modern times all three towns face deep seated socio-economic challenges following rapid de-industrialisation. In many communities, unemployment and economic inactivity is high with low aspiration amongst communities. The Humber bank is the single most polluting cluster in the whole of the UK, connected to 25% of the UK's energy generation. This means that the area has a major role to play in reaching net zero and big economic opportunities around decarbonisation. Significant levels of investment in the area are anticipated over the coming years making the Humber a major hub for renewables in the UK.

Urban industrial areas are dominated by single people renting low-cost homes in the short-term, families with limited resources, and elderly people. Levels of deprivation are high, much higher than in urban centre communities and rural and market towns. Educational outcomes are worse than average for Greater Lincolnshire, with fewer children achieving a Level 4 in English and Maths at Key Stage 4 and a lower-than-average proportion of young people participating in further education. Grimsby and the surrounding areas have among of the lowest levels of qualifications in the country. Almost a third of the population is employed in process, plant, and machine operative occupations – the highest across Greater Lincolnshire (ONS, 2011 Census, 2022).

Overall, inequalities in healthy life expectancy are stark, affecting many of the communities living closest to the docks in Grimsby and Scunthorpe, and Gainsborough's most urban areas. Within Scunthorpe and Grimsby, there are general hospitals supporting the local and surrounding populations with acute care. These hospitals also serve some residents from neighbouring rural areas of Lincolnshire. They are also well served by GP surgeries, and pharmacy provision, however the need for specialist care can result in referral to nearby cities such as Hull, or Sheffield. In comparison, residents of Gainsborough will typically travel to Lincoln for acute hospital care.

Urban industrial centres typically present higher rates of both elective and emergency

3. The Index of Multiple Deprivation (IMD) is a measure of small area deprivation in England. IMD divides England into 32,844 small areas (average population 1,500 people/650 households) and ranks them from 1 (most deprived) to 32,844 (least deprived). For each of the areas of life presented here (e.g. income, crime, etc), the % represents the number of small areas in this type of community that fall into the 20% most deprived nationally. A higher percentage than 20% means there is more deprivation than the average for England.

hospital admissions compared to the wider Greater Lincolnshire population. Hospital admissions due to liver disease are highest here, and admissions due to respiratory disease, cardiovascular disease, and substance misuse are all also higher than average. Rates of admissions due to cancer are lower-than-average, but cancer mortality rates are significantly higher, which may suggest issues around late diagnosis. Beside cancer, urban industrial areas also have higher mortality rates from cardiovascular, liver, and respiratory disease, as well as above average all-cause mortality rates (NHS Digital, Civil Registration Mortality Data, 2022).

KEY CHALLENGES FOR URBAN INDUSTRIAL COMMUNITIES

Within urban industrial communities, key challenges include:

- *Older terraced houses in these towns are more likely than housing in other areas to be poorly maintained, resulting in damp or mould. Often also poorly insulated, these properties can be difficult to heat in winter and vulnerable to extremes of heat in summer (Tunstall, 2013). Increasingly available to residents as short-term private lets, such properties and the associated 'churn' of residents moving in and out of the area, can generate instability in the local population (e.g. affecting personal support networks) and pose a challenge for continuity of services for residents with health or care needs (USCREATES, 2017).*
- *Urban industrial communities are exposed to higher levels of air pollution from traffic or adjacent industry (Environment Agency, 2021). Two Air Quality Management Areas (AQMAs) are currently in action, one within central Grimsby and the other within Scunthorpe, for Nitrogen Dioxide (NO2) and particulate air pollution respectively (Defra, 2022).*
- *The environment is vital in supporting healthy living; however, urban industrial areas have a higher concentration of amenities such as betting shops and fast-food restaurants, as well as poorer access to green open spaces. Rates of anti-social behaviour are higher and litter is much more common, which can affect physical activity levels and reduce mental wellbeing and social connectivity (Glasgow Centre for Population Health, 2013).*
- *Although physical access to healthcare services is better than in other communities across Greater Lincolnshire, potential barriers remain, such as the ability to attend appointments during the working day due to working long hours or zero hours contracts, as well as educational barriers. These potential barriers are interrelated with the social determinants of health, as well as a lack of system knowledge, and these factors are likely to influence a person's ability to access healthcare in a timely way (Ensor, et al. 2004).*
- *Geographic isolation combined with poor transport connectivity can make access to employment opportunities in other areas more challenging. Many younger adults move away from home to university or for work and never return to the area. There are enormous challenges within health and social care, in particular the recruitment of professional staff in healthcare with numerous long-term vacancies and considerable agency dependence at the local hospitals.*

The Port of Immingham

KEY OPPORTUNITIES FOR URBAN INDUSTRIAL COMMUNITIES

There are also important advantages and opportunities for our urban industrial areas:

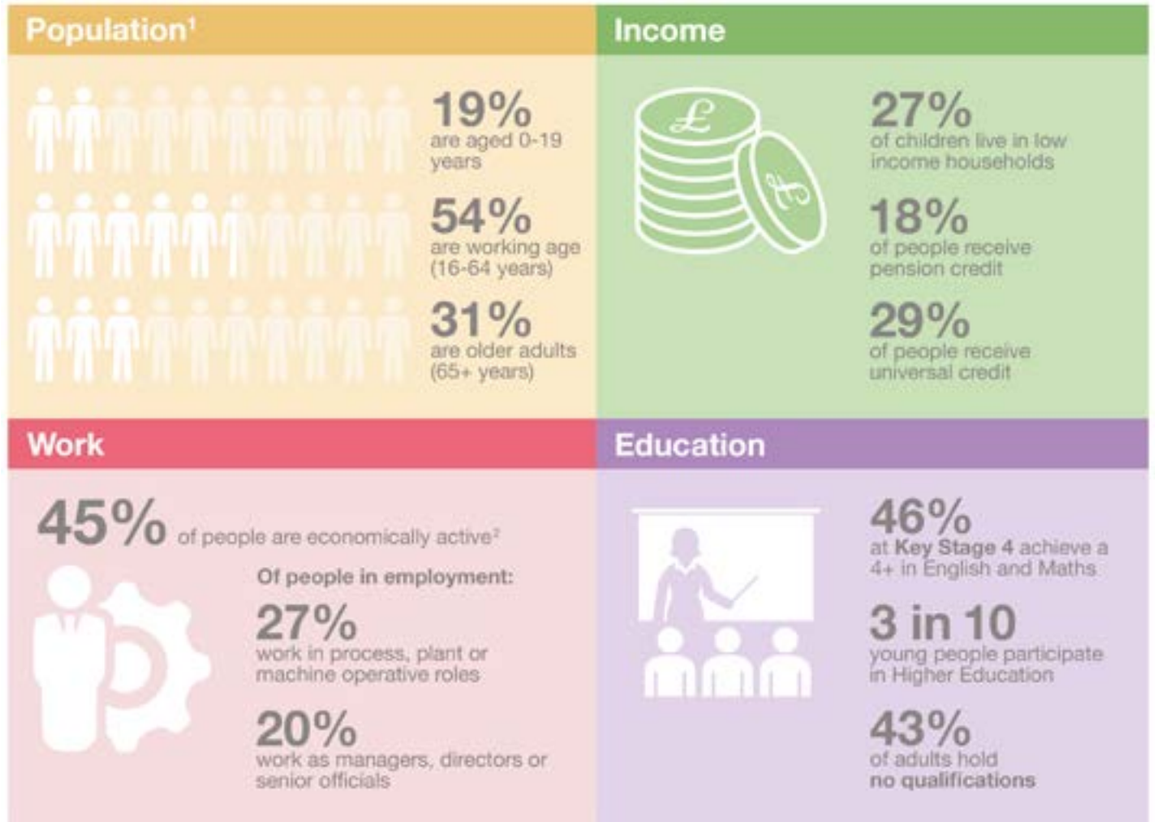
- *Northern Lincolnshire is uniquely positioned to be at the centre of growth in offshore wind and green energy industries. The ports of Grimsby, Immingham and Killingholme are collectively amongst the biggest ports by tonnage in the UK. The Humber has been made a Freeport which should facilitate the attraction of inward investment to build new facilities (such as manufacturing or research and development), with the likely accompaniment of jobs in the area. The local economy needs stronger foundations and the right support to fully exploit these growth industries and integrate them into the wider economy and community (ultimately translating into better living standards for people in the most deprived neighbourhoods).*
- *Levelling Up funding has the potential to dramatically improve currently under-utilised, and in parts run down, town centres. In Grimsby major plans are underway to reconnect the "Top Town" area, which includes the Freshney Place shopping centre, to the waterfront areas of the town. This development will include a new cinema, leisure facilities and revitalised indoor market. The potential for developing new healthcare facilities within existing empty town centre buildings are also being explored. The transformation of Scunthorpe town centre as part of the Scunthorpe Town Deal will seek to reduce the number of larger unoccupied shops to create a positive future for many more independent businesses and add jobs in the town centre. There are also plans to revolutionise transport and travel across Barton and Brigg.*

SUMMARY

Urban industrial communities, like urban centres, are younger than average and have good access to services and support infrastructure. However, urban industrial communities are particularly challenged by historically embedded, extensive deprivation. There are fewer opportunities for higher education in urban industrial centres and the economy is predominantly focused on heavy industry and plant/process operation occupations. This contributes to preventable ill health and early mortality. However, there are some important opportunities on the horizon for our urban industrial communities and it is vital that we work together across sectors to make the most of these inward investment opportunities.

5.0 COASTAL COMMUNITIES

From the Humber Estuary to the north and the Wash in the south, Greater Lincolnshire has more than 50 miles of coastline. The coastline is diverse, with coastal resort towns that attract tourists and day trippers (such as Skegness and Mablethorpe) alongside rural coastal communities such as Ingoldmells and Anderby Creek. In Greater Lincolnshire, an estimated 29,000 people live in coastal communities. Coastal communities have a strong local identity and clear patterns of seasonality in business and leisure activity, as well as population.



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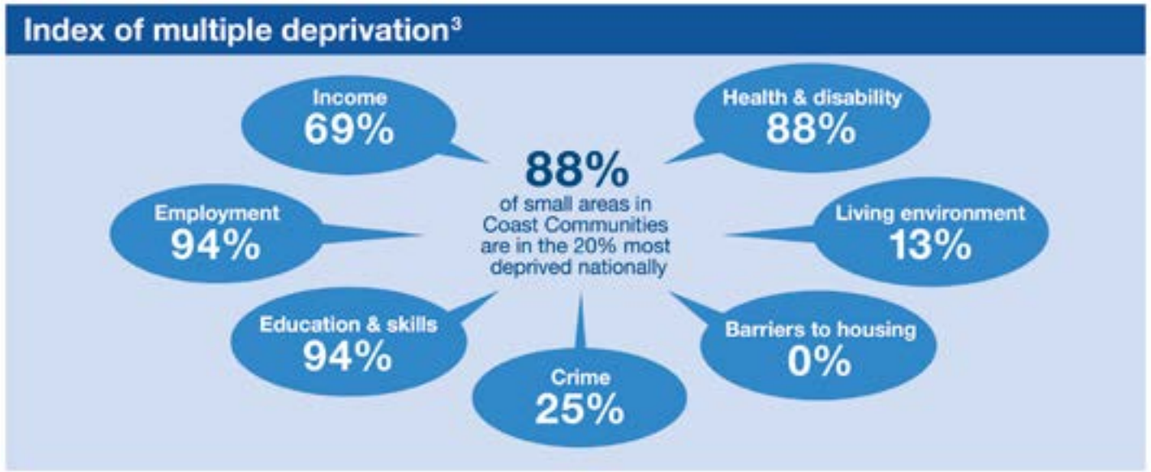
Skegness town and beach

Coastal communities such as Skegness and Mablethorpe all developed in the 19th Century when improving transport routes facilitated the development of these modern-day coastal resorts. Transport routes to coastal areas are limited and so the coast is relatively remote, especially as Lincolnshire's coastal communities are surrounded by large rural areas. All of Greater Lincolnshire's coastal communities have a large number of retired people who often live in residential or holiday parks, which means Greater Lincolnshire's coastal communities have an older than average age profile.

Coastal communities experience significant challenge. They are characterised by high levels of deprivation, with nearly 9 out of 10 coastal community areas in the 20% most deprived areas of England, and over a quarter of children living in low-income households (Ministry of Housing, Communities & Local Government, English Indices of Multiple Deprivation, 2019). Educational attainment is much lower than in other communities, both among children at Key Stage 4 and in adults (Nexus, 2022). Coastal communities also have significantly higher rates of reported crime when compared to other areas, with the exception of urban industrial communities. This may be a result of the large seasonal influx of people to tourist destinations. Local employment is dominated by low skill and low wage jobs with significant seasonality (East Lindsey District Council and Connected Coast, 2021). Given the heavy reliance of coastal communities on the visitor economy, towns such as Mablethorpe and Skegness were heavily economically impacted during Covid-19 (Centre for Towns, 2020). Flood risk continues to be a major constraint on development, particularly housing, whilst connectivity remains a significant challenge. There are high levels of fuel poverty and poor-quality housing.

The Greater Lincolnshire coastline is beautiful. This blue space includes wild coast, extensive dune-backed salt marsh, internationally recognised Special Protected Areas (SPAs), Sites of Specific Scientific Interest (SSSIs), Special Areas of Conservation (SAC), and national nature reserves fronting the Humber Estuary and the Wash. Residents on the coast can benefit from this extensive green and blue space, which brings benefits for health and wellbeing. Evidence suggests that it is important to regularly visit such sites to enjoy the health benefits, which include a positive association with mental



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Mablethorpe

wellbeing and negative association with mental distress (White et al. 2021).

Caravan parks are a particular feature of coastal communities, with upwards of 24,000 static caravans along the Greater Lincolnshire coastline (East Lindsey Core Strategy, 2018). Caravan parks bring challenges, including a seasonal influx of temporary residents who often have higher health and care needs.

Coastal communities have good access to both GP surgeries and pharmacies; however, access to more specialised services (such as acute hospitals) is poor. As an example, the journey from Mablethorpe or Skegness to Lincoln Hospital is a 77-mile round trip.

Coastal communities have the highest rates of many unhealthy behaviours (e.g. physical inactivity, smoking, poor diet) and there is a seasonal influx of people with specific needs linked to homelessness and drug or alcohol misuse that creates a challenge for local service delivery. Coastal community residents have the highest rates of both elective and emergency hospital admissions. Admissions for a range of long-term conditions such as cancer, chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD) and intentional self-harm are significantly higher in coastal communities compared to Greater Lincolnshire as a whole (NHS Digital, Hospital Episode Statistics, 2022). In addition, coastal communities have the highest all-cause mortality rates (both for all ages and for under 75s). The highest disease specific mortality rates in coastal communities are cardiovascular disease and cancer.

KEY CHALLENGES FOR COASTAL COMMUNITIES

Coastal communities across Greater Lincolnshire experience the most entrenched issues. Key challenges include:

- *High inward migration of older adults, the economically inactive and people in poorer health, coupled with outward migration of young adults, many of whom leave the area to go to college, university, or for work, and do not return.*
- *The employment market is dominated by low paid, low skilled, seasonal work, leading to low income and poor long-term career prospects and progression. This contributes to a vicious cycle with educational attainment, leading to significantly lower levels of qualifications, impacting opportunities for higher skilled employment.*
- *Lower educational attainment also affects health literacy, meaning people may have less understanding about how behaviours affect their health and wellbeing, and around how to make changes to their behaviour.*
- *Coastal areas often have higher concentrations of fast-food takeaway and gambling outlets, increasing the opportunities for unhealthy behaviours. These structural and environmental factors can impact on the success of individuals and families who are seeking to change health behaviours.*
- *Coastal communities present a unique challenge in relation to housing. Houses of multiple occupation and temporary accommodation (e.g. static caravans) are common. Whilst more affordable, these units are usually the worst type of accommodation for energy efficiency, contributing to fuel poverty. As static caravans are not meant for permanent living, they are exempt from regulations to control their condition meaning many older, vulnerable people are living in substandard shelter. Additionally, the popularity of coastal areas among retirees has driven up local house prices and newbuild locations are limited due to the coastal flood risk (with some areas, such as the Humberston Fitties, having previously experienced substantial coastal flooding).*
- *Recruiting and retaining skilled and experienced workers across health and social care (e.g. GPs, experienced practice nurses, dentists and health visitors) is a significant challenge. Delivery of health services is becoming ever-more challenging in coastal areas where they struggle to reach the critical mass needed to be sustainable.*
- *The health services infrastructure, pharmacies, hospitals, and GPs are put under extra strain during peak holiday season, due to the influx of tourists. Holiday periods, and especially the 'summer swell', cause a lot of demand on Urgent Care Services (Out of Hours) and temporary GP registrations increase across all coastal practices. This is a particular problem as it generates a large volume of work at weekends and bank holidays on an already fragile system.*

KEY OPPORTUNITIES FOR COASTAL COMMUNITIES

Greater Lincolnshire's coastal communities have some exciting opportunities ahead:

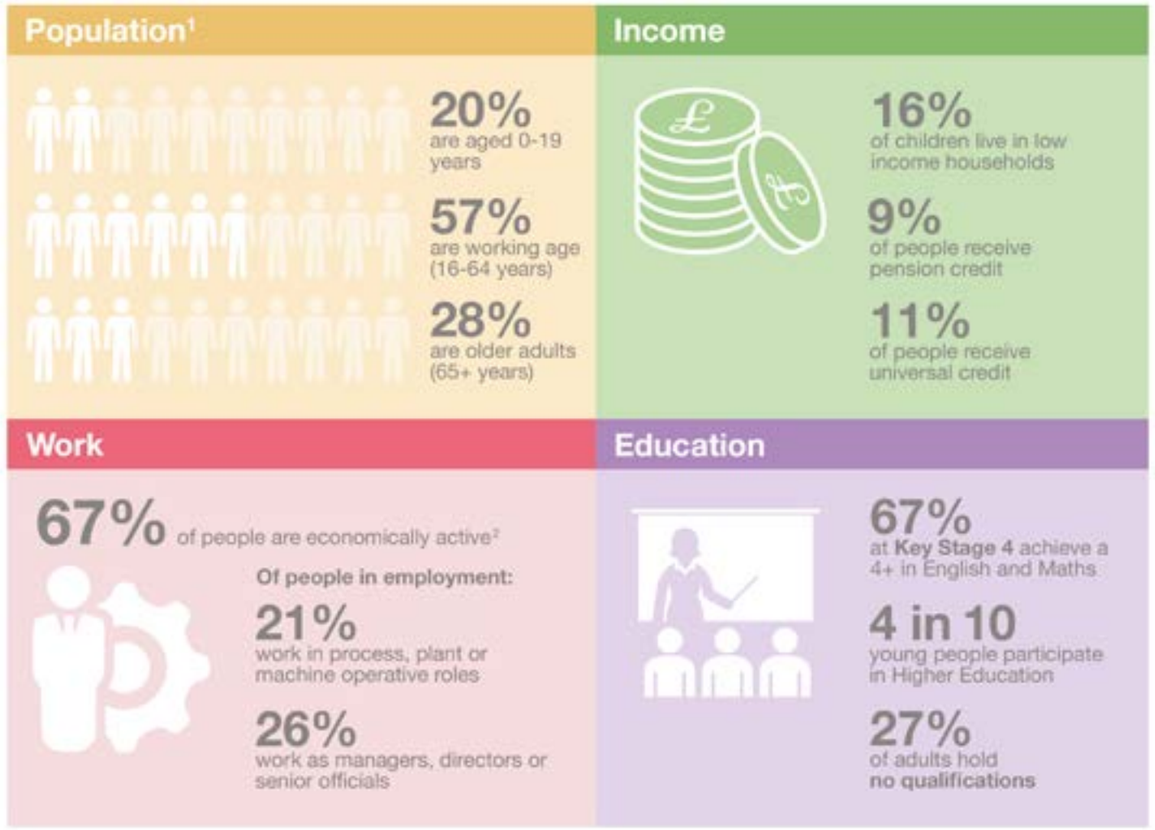
- *The high, and increasing, number of older people provides an opportunity to develop more localised coastal health and care provision, such as the proposed Campus for Future Living in Mablethorpe. This is a medical and innovation hub of national significance, focusing on attracting and developing healthcare professionals, research, and providing intergenerational future living (Connected Coast, 2022).*
- *The coastal towns of Mablethorpe and Skegness could benefit from a combination of Towns Regeneration Funding or Levelling-Up and UK Renewal Investment to help develop infrastructure in local areas that can support vibrant social networks. Good transport links, community facilities and design that considers how people live and interact are all vitally important to help people to access work, stay healthy and remain linked into their communities.*
- *The Government's Levelling-up White Paper discusses prosperity across the nation, investing in the poorest communities, giving everyone access to good schools and the opportunity to receive excellent education and training. It identifies good health as being just as important in "spreading opportunity, contributing not only to the economy but also ensuring that everyone, wherever they live, can enjoy fulfilling, happy and productive lives". To achieve this, we need "strong public services not only to support positive health and educational outcomes but also attract new talent and investment to an area, boosting local economies." (Department for Levelling Up, Housing and Communities, 2022). Greater Lincolnshire coast communities must benefit from this agenda.*
- *Create more opportunities to utilise blue space in coastal regions, for example, by promoting the benefits for both physical and mental health and wellbeing through regular visits to the sea.*

SUMMARY

Coastal communities are challenged by an ageing population and pockets of considerable deprivation. As a result, on average local people have more complex health and care needs than the wider Greater Lincolnshire population. Meeting those more complex needs is challenged by the geographical isolation of coastal communities. Many of the factors contributing to health risks in coastal communities relate to the wider social determinants of health as well as access to health and care services, so working together with partners across all sectors is especially important. Additionally, there are specific opportunities in our coastal communities (e.g. The Campus for Future Living in Mablethorpe) that, if we work together to deliver, should bring significant benefits to the socioeconomic circumstances and health and wellbeing of coastal community residents.

6.0 RURAL AND MARKET TOWNS

Greater Lincolnshire has large areas of open countryside and farmland, dotted with market towns, villages, and hamlets. In these rural and market town communities, the local population density is low, on average 30 times lower than the national average. That said, an estimated 311,000 people live in rural and market town communities across Greater Lincolnshire. Most people live a long way from urban areas, and this means that many towns and villages have remained self-contained. They often have shops, pubs, post offices, local halls, chapels, and churches, which offer a variety of social activities for residents.



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Holbeach

Rural and market town communities are characterised by lower levels of deprivation, apart from barriers to housing and services. Fuel poverty is a challenge for some, with many houses not connected to the gas network and so reliant upon oil or solid fuel for heating. The housing stock is often older and less energy efficient. Both transport and digital connectivity is poorer; the road network is made up of extensive single-track roads which can be a challenge for modern traffic volumes, and digital infrastructure often trails behind urban areas. This can impact on social isolation and limit access to employment and further education.

Greater Lincolnshire's rural and market town communities have good access to green space, with well-evidenced benefits for physical and mental health. Access to formal leisure facilities and events is likely to require access to a car or public transport, so interventions which make the most of abundant open space, such as health walks, are beneficial. Rates of recorded crime are lowest across Greater Lincolnshire in rural communities. Many people living in rural areas are asset rich in terms of property ownership,

but they can be cash limited which may bring additional challenges as the cost of living continues to rise.

The dispersed nature of rural and market towns impacts on access to services, with provision usually more limited than in urban areas. Health outcomes such as life expectancy, infant mortality and premature mortality are better; however, average outcomes can mask small pockets of significant deprivation and

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poor health (Local Government Association, 2017). Additionally, whilst premature mortality from cardiovascular and respiratory disease is significantly lower than average, hospital admissions for cancer and mental health are above average. This might suggest a lower awareness of certain types of support (e.g. cancer screening and mental health services) and/or that such services are more difficult to access.

To improve health and wellbeing outcomes in rural and market town communities, we must make outreach – physically or digitally enabled – a priority for service development. This is because evidence tells us that the further an individual must travel to health services, the less likely they are to use those services (LGA, 2017). Patients in rural areas under-use health care services (Asthana et al., 2003) and tend to be in worsening health when they do present (Campbell et al., 2001), requiring a more intensive response (Rural England, 2016).

North East Lincolnshire and Lincolnshire's district councils are key to reducing health inequalities, influencing planning and housing policy, managing developments, homelessness prevention, energy efficiency promotion and Disabled Facilities Grants. Town and parish councils can also help develop an understanding of the local health profile and proactively promote health in their communities (LGA, 2017).

KEY CHALLENGES FOR RURAL AND MARKET TOWN COMMUNITIES

Within rural and market town communities, key challenges include:

- *Outward migration of younger people and inward migration of older people. Older adults are likely to have comparatively more complex health and social care needs and experience greater levels of frailty than the healthier working age individuals moving out of the area, increasing pressure on health and care services.*
- *Increasing demand for rural living and migration from high income urban households is contributing to an acute housing crisis in rural areas and driving out low-income households. Only 8% of the housing stock in rural areas is affordable housing, compared to 20% in urban areas. This 8% is insufficient to meet demand (Institute for Public Policy Research (IPPR), 2018).*
- *Pastoral and arable farming are both common, affecting air quality on farms and in surrounding communities. Farm workers are particularly vulnerable to respiratory conditions, dizziness, nausea and even death, from direct and prolonged exposure to emissions. With limited regulations other than Environmental Permitting in place to protect them, nearby communities may experience dirt and dust exposure and excessive plant and algal growth (eutrophication) of fresh water. This is an area of limited understanding but an important issue for the health of our rural communities.*
- *Farmers work with potentially dangerous machinery, chemicals, livestock, at height or near pits and are exposed to harsh weather, vibration, noise, and dust. The nature of the work is physically demanding and repetitive. As a result, the number of fatalities, serious injuries, illness, or disabilities directly caused by agricultural work is significantly higher than other sectors (HSE, 2010). The personal and societal costs of this can be devastating and the true levels of ill health are unclear because often individuals in this sector do not consult their doctor or report incidents.*
- *International migration, particularly around Boston and South Holland, where many Eastern European migrants have travelled to for employment opportunities. They often live in private rented accommodation, accepting poor and overcrowded conditions, which can contribute to the spread of communicable diseases.*
- *Much of the employment in rural and market town communities is precarious, low paid and seasonal in nature, contributing to poverty. Further, the transient nature of the workforce affects our understanding of population health needs. Lincolnshire continues to work with the National Centre for Rural Health and Care to develop this evidence base.*
- *Recruiting and retaining an appropriately sized and skilled health and care workforce is challenging and a priority for the Lincolnshire Integrated Care System. Challenges include the social (e.g. housing availability and lack of leisure opportunities), the professional (e.g. limited specialist roles and the risk of professional isolation) and the demographic (e.g. age means that many professionals are leaving the workforce).*
- *Rural health and care services face additional costs due to diseconomies of scale, local markets for land, building and labour, longer travel times and high staff turnover. One of the biggest challenges in rural Greater Lincolnshire is the provision of community support (home care) to speed up hospital discharge. The ageing and geographically dispersed population makes care provision costly, contributing to higher charges for social care.*
- *Rising costs are threatening the viability of residential care homes and there is an under-representation of sheltered housing in rural areas (Rural England, 2017). Increasing the provision of housing with care, with a range of tenure options including shared ownership and private purchase is necessary.*

KEY OPPORTUNITIES FOR RURAL AND MARKET TOWN COMMUNITIES

There are also important advantages and opportunities for our rural communities, including:

- *Rural neighbourhoods tend to have a strong community identity. This can lead to good community assets such as Good Neighbour Schemes and Men's Shed projects. Involvement with the voluntary sector such as the Humber and Wolds Rural Action, YMCA and branches of Age UK provides support for local communities and helps reduce isolation.*
- *Lincolnshire's rural strategic partnership with the Centre for Ageing Better is supporting our ageing population. East Lindsey has recently become the UK's first age-friendly district.*
- *Environmental Land Management Scheme funding could be used to better support rural Lincolnshire areas. Farmers and other land managers enter into financial agreements to deliver clean and plentiful water, clean air, thriving plants and wildlife, protection from environmental hazards, reduction of and adaptation to climate change and beauty, heritage, and engagement with the environment.*
- *There are specific opportunities to enhance rural connectivity and access to services through enhancing provision of JustGo, Call Connect and voluntary car schemes (providing on-demand travel services), using public estates to develop rural multi-use centres and community hubs, and delivering services more rurally by using outreach, mobile services, and technology.*
- *Exploring use of the government's Rural Gigabit Voucher Scheme and Project Gigabit to improve broadband in rural Lincolnshire by 2026. This would enhance employment opportunities and reduce wider digital exclusion currently experienced in some rural areas.*

SUMMARY

Rural and market town communities are made up of an older middle age and ageing population, which is highly dispersed across large spaces. Communities are more affluent (with small pockets of significant rural deprivation), but there are specific challenges, for example, energy inefficient properties. Access to health and community services is poorer than average; however, the health of the population is generally better than average. There are specific opportunities to improve the health and wellbeing of the local population, for example through government schemes around land management and digital infrastructure, and through adapting services to increase outreach into local, often isolated communities.

Louth town centre

7.0 CONCLUSION AND RECOMMENDATIONS

We have identified four dominant 'types' of community in Greater Lincolnshire:

- Urban centre
- Urban industrial
- Coastal community
- Rural and market town

Whilst each community faces a set of opportunities and challenges that lead to different health outcomes, there are also commonalities in the challenges facing communities in Greater Lincolnshire. For example:

- Poor housing and fuel poverty are issues in pockets across the whole region but for different reasons, that require different solutions, in our urban versus rural areas.
- The lack of a teaching hospital makes it more difficult to recruit and retain a health and care workforce across the entire county, but the problem gets worse closer to the coast.
- Poor air quality is known to be a challenge in urban areas, but the impact of agricultural air pollution and its effect on farmers and farm workers is poorly understood.

So what does this mean for improving health and wellbeing across Greater Lincolnshire?

DIFFERENT HEALTH NEEDS NECESSITATE DIFFERENT APPROACHES

Differences in health outcomes, as well as access to primary and secondary care services across Greater Lincolnshire, are stark. The inverse care law states that those who most need medical care are least likely to receive it. There are several reasons for this, that vary by place, and which is why the Integrated Care Partnership must work together to understand local need and tailor services accordingly. For example, services in our coastal communities are challenged by the wicked combination of geographical isolation and low levels of local skilled workforce. Coastal and urban industrial communities are challenged by low levels of education which impact on health literacy and a person's ability to navigate our complex health system. And so on... There is significant analysis underpinning this Annual Report that can be used, alongside Population Health Management, to develop a more nuanced approach to health improvement and healthcare delivery across Greater Lincolnshire.

FLEXING THE WORKFORCE IS KEY TO IMPROVING HEALTH AND WELLBEING

There are health and care workforce challenges across Lincolnshire, and many of the shortages faced locally are also national challenges that are well rehearsed. Additionally in Greater Lincolnshire, as there is no teaching hospital, there are limited training opportunities at undergraduate and postgraduate level, which adds to challenges around recruitment and

retention of the workforce. As a health and care system, Greater Lincolnshire needs to maximise the impact of developments such as the Medical School at the University of Lincoln and The Campus for Future Living planned in Mablethorpe on the workforce, for example through creating opportunities for training and recruiting health and care professionals. Lincolnshire's coastal and rural communities also have an aging population and supporting older working age adults to participate in the health and care workforce could be another important way to expand the workforce, reduce dependency on agencies and improve health and care outcomes. The Centre for Ageing Better are working across Lincolnshire to explore how best to support older adults in the workforce (e.g. their GROW programme), and collaborating around health and care roles specifically could be a good way to tackle some of the workforce challenges across the county.

HARNESS THE LOCAL ENVIRONMENT & ASSETS

The local environment is an important enabler for health and wellbeing, but we do not always make the best use of the environment in supporting our local communities. For example, there is a growing evidence base on the benefits of blue space (both coastal and inland) for health and wellbeing, but it is not enough to have the blue space nearby to reap the benefits. Regular visits – i.e. twice a week – bring the most health benefits. We need to make sure that our health and care workforce knows about, and knows how to support, local people to make the most of evidence-based opportunities to strengthen health and wellbeing that are on the doorstep of our different communities.

St John's Church and Visual Arts Centre, Scunthorpe

There are significant challenges for preventing ill health and improving life expectancy across Greater Lincolnshire. With the areas of greatest need also those literally the hardest to reach, there are significant challenges ahead for improving health and wellbeing and reducing health inequalities. By developing a better understanding of the complexity of our local communities, we can begin to tailor our approaches to prevention and treatment in a way that better meets the needs of local people.

RECOMMENDATIONS

1. ***Improve awareness of the diversity of Greater Lincolnshire's communities,*** *and specifically what this means for health and wellbeing, across the workforce and volunteer community.*
2. *Embed recognition of, and a requirement to respond to, Greater Lincolnshire's diverse communities within practice across the Integrated Care Systems,* ***to inform a more nuanced approach to service design and intervention delivery.***
3. ***Explore opportunities to build understanding and intelligence around diverse communities into the Population Health Management approach*** *across Greater Lincolnshire's Integrated Care Systems.*
4. ***Support local communities to know about and act upon the benefits that natural and man-made assets,*** *which vary across Greater Lincolnshire's diverse communities,* ***can bring to health and wellbeing.***
5. ***Raise awareness,*** *across the health and social care system,* ***of significant inward investment that has the potential to improve health and wellbeing, and how we can shape and influence these developments*** *(e.g. around workforce development).*
6. ***Be innovative in designing and delivering a health and care workforce*** *to meet the needs of Greater Lincolnshire, including working with communities who may be looking for increased flexibility.*

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9.0 REFLECTIONS ON 2021 ANNUAL REPORTS

LINCOLNSHIRE

The 2021 DPH Annual Report for Lincolnshire focused on the impact of Covid-19 on the children and young people (CYP) of Lincolnshire. During the pandemic, the support needs of CYP and their parents and carers increased. For example, there was an increased demand for services to support parental mental health and behavioural support for pre-school children. Lincolnshire also saw an increase in support needs for school-aged children; for example, to support children returning to school or who were missing school because of anxiety. Emotional and mental well-being has been a growing concern since the start of the pandemic, with children's mental health services under growing pressure.

A set of priorities were identified that have formed the core focus of much of the work in Lincolnshire as we moved into a period of recovery from the pandemic. Key developments against those priorities since the publication of the report include:

Work towards full restoration of the Healthy Child Programme to pre-covid levels.

Recommissioning Best Start Lincolnshire Services from 2023 to provide early learning activities for all children in their early years and their parents/ carers, supporting the development of children from age 0-5 to give them the best start in life and be ready for school.

Additional central government investment into Lincolnshire that will help us, and our partners, to build on the strong provision of children's centres and early help for families in Lincolnshire through the creation of Family Hubs.

The continued focus on trauma-informed training for teachers to support pupils returning to school and a focus in the school improvement commission on 'Recover Lincolnshire' with bespoke sessions for school leaders supporting them in dealing with the pandemic.

The establishment of a Children in Care Transformation Programme, which aims to ensure that when children do need to be in the care of the local authority, outcomes for Lincolnshire CYP are improved by providing care locally within Lincolnshire.

The start of a Children's Mental Health Transformation Programme that aims to create a seamless service for children and their families.

Supporting partners in Lincolnshire to develop and launch a new ten year all age strategy for physical activity and commissioning a new child and family weight management service.

Through the Integrated Care Board Health Inequalities programme, ensuring preventative and health care services reach and prioritise those most in need, such as Lincolnshire's most deprived communities.

A full update on developments since the 2021 report can be requested.

NORTH LINCOLNSHIRE

The previous DPH Annual Report for North Lincolnshire was released in 2020. This report focussed on the three key themes of supporting positive mental health and wellbeing, encouraging people to be more physically active and taking a whole-system approach to creating healthy environments.

Within North Lincolnshire, partnerships and strategies have been refreshed to help improve mental wellbeing and resilience across communities and work continues to expand across Greater Lincolnshire. Progress has included:

- Promotion of the Five Ways to Wellbeing.
- Development and delivery of Make Every Contact Count (MECC) for Mental Health and Safe Talk and Assist suicide prevention training programmes.
- Collaboration with colleagues across the Humber region to introduce real-time surveillance and postvention (an intervention conducted after a suicide) support to reduce the impacts of suicide.
- Introduction of Qwell, a free, anonymous online counselling and emotional wellbeing service for men.
- Development of the Social Prescribing Model for North Lincolnshire, which enables GPs and practice nurses to provide non-clinical services, like supporting uptake of physical activity.

Exercise can benefit both physical and mental health and a variety of schemes to increase uptake of physical activity have been implemented. In 2019, the North Lincolnshire Physical Activity Partnership was established. The partnership has improved physical activity via a range of initiatives, providing better information around ways to be active, promoting active travel and working with schools.

Key achievements have included expanding the Walking the Way to Health scheme and providing funding to satellite clubs, which support community/after school offers aimed at CYP who would not usually participate in after school sports. A partnership approach to support hospital discharge patients and prevent deconditioning has been adopted.

Unhealthy weight is another key priority for North Lincolnshire, the causes of which are complex and can be influenced by the environment in which we live, work and play. To help to understand the range and diversity of factors that may influence people's weight, a systems approach which involved a wide range of partners to identify solutions was adopted. One of the main outcomes was a research project led by young people, which explored and documented issues in their local environment that they felt contributed to unhealthy weight (such as prevalence of fast-food establishments). Many other outcomes have been achieved, such as:

- Working with leisure facilities to improve their range of healthier food options.
- Developing key health policies within the Local Plan (subject to approval) to include a 400m hot food takeaway exclusion zone around schools and colleges.
- Introducing health impacts assessments for future housing developments with more than 50 dwellings.
- Working with our partners to increase Active Travel for school pupils and people travelling to work.

NORTH EAST LINCOLNSHIRE

The key priority of the 2021 DPH Annual Report for North East Lincolnshire was mental health, particularly in relation to the impacts of the Covid-19 pandemic. The pandemic had negative impacts on the mental health of a considerable number of people and mitigating these effects will be a key priority for public health policy over the coming years.

The 2021 DPH annual report highlighted many examples of ways in which the pandemic disrupted lives, impacted mental health, and undermined coping mechanisms. People in all stages of life experienced challenging circumstances, including missing education, enduring social isolation, and becoming unemployed. The range of effects suggests that recovery will be prolonged and complex for many.

Another focus of the report was the ability of mental health services to respond to these issues. Many traditional mental health services in North East Lincolnshire are under considerable strain with long waiting times, especially adolescent mental health services. Therefore, the report highlighted opportunities for other organisations to support mental health and wellbeing, such as schools, workplaces, and the voluntary sector. The report also emphasised the critical importance new and emerging NHS structures should attach to improving these services.

However, there have been positive aspects of mental health practice which can be built on to enhance mental wellbeing across all ages. For instance, the first national lockdown coincided with abnormally fine spring weather and reduced traffic levels. This led to a large, though short term, surge in people adopting healthier lifestyle behaviours, such as enhanced walking or cycling. There has also been an increase in the number of volunteers providing support to people in more difficult circumstances. For many, voluntary activities have provided a sense of purpose to help them through these challenging times.

The report produced 11 recommendations for a range of organisations in North East Lincolnshire. These were strongly backed by the Place (Health and Wellbeing) Board at its meeting in July 2022 and all organisations have been asked to come back to the Board to identify how the recommendations are being implemented within their organisations and services.

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Report of the Director of Public Health

Agenda Item
Meeting of 6th March 2023

NORTH LINCOLNSHIRE COUNCIL

Health and Wellbeing Board

A briefing on Population Health Management Approaches

1. OBJECT AND KEY POINTS IN THIS REPORT

1.1 This paper provides a short briefing to provide insight into some of the core principles and objectives of population health management, as it features in the strategic integration intentions of the NHS and local partnerships.

1.2 It briefly describes the priorities for population health management development in North Lincolnshire and outlines progress to date.

1.3 Developing approaches to population health management is a key responsibility of Integrated Care Systems (ICSs) and there is a great deal of work underway in national service and academic circles to define and operationalise it.

1.4 As this would suggest, there are a range of definitions and models in place or under development. There is therefore some leeway for the local ICS and its places to design and develop approaches which support local aspiration, within some clear parameters.

2. BACKGROUND INFORMATION

2.1 The accepted parameters which need to be in place for a local approach to population health management to be effective could be summarised as:

- Population Health Management (PHM) needs to be applied to a clearly defined population, by place or other common characteristics.
- It is dependent on deep insights into the defined population selected for the approach.
- These insights should drive actions, singly or in partnership, by service commissioners; providers, and people within the target populations to improve health outcomes.

- The actions should affect health outcomes in the immediate term by improving interventions and in the longer term by improving determinants of health.

2.2 Population Health Management is an approach to using data insights to improve health and wellbeing now and in the future and not a structure.

2.3 Its effectiveness does require structures which facilitate shared data and insights, including information from the defined population.

2.4 It needs resources aimed at health outcome improvement to be deployable in evidence based, flexible and person rather than service centred ways.

2.5 The Board has seen proposals, endorsed by the North Lincolnshire Place Partnership, which begin to set some of the conditions for PHM to become an established approach.

2.6 Amongst these are the intention to move to models of neighbourhood working for primary and community services. A step towards this will be the organising of communities into 'neighbourhoods', providing the defined populations required for PHM.

2.7 The prioritisation of Integrated Neighbourhood Team (INT) development will begin to develop different ways of orientating appropriate resources towards these neighbourhoods. The initial priorities for these being the 'now' time frame, building outwards to longer term determinants of their future health state.

2.8 Further development work is being/needs to be scoped to ensure the richness of insights from shared data and the experiences of local people are available to inform both timelines.

2.9 Following the publication of the NL Health & Wellbeing Strategy in 2021, the Public Health team in NLC was tasked with setting up a PHM partnership group to engage partners in developing North Lincolnshire's approach to Population Health Management. The NL Population Health & Prevention Partnership has identified priority areas to explore a PHM approach utilising data, intelligence and insight to identify those groups and individuals who are at the greatest risk of the worst health and wellbeing outcomes and proposals to reduce risk. Current areas being explored are teenage pregnancy, respiratory disease, housing and health and Scunthorpe North.

3. OPTIONS FOR CONSIDERATION

3.1 Population Health Management (PHM) is a generic term, which requires some conditions to be in place to increase its likelihood of success. It's implementation by ICSs is current NHS policy, but in implementing it some options should be considered.

3.1.1 Option One would be maintenance of the status quo, leaving current systems of management in place. This option would see the maintenance of systems

which do not lend themselves to meeting the strategic integration goals of North Lincolnshire.

3.1.2 Option Two would be the implementation of a single system or approach to population health management for all populations, however defined, bringing a uniformity of approach across North Lincolnshire.

3.1.3 Option Three would be implementation of a framework for PHM, which all place partners would adopt, and would allow flexibility in approach to meet local needs and operating arrangements.

4. ANALYSIS OF OPTIONS

4.1 Option One would put North Lincolnshire partners at odd with national health and care policy. If pursued it would need to be justified on the basis that existing systems were capable of delivering national and local strategies for prevention and service integration. Analysis of the performance of local systems, whilst benchmarking well with other systems indicates there are gains to be made from further integration. It is unlikely therefore that there is an evidence-based case to be made to pursue Option One.

4.2 The needs of different populations in North Lincolnshire have significant variation and the organisation of support to some defined populations is already evidencing success. It is unlikely therefore that the implementation of a single system of PHM for all defined populations, as described in Option Two, would be acceptable or effective. For example, the organisation of PHM for older adults is on track to be organised in defined 'neighbourhoods' whilst the organisation of PHM for children may be better organised on existing networks, based on hubs.

4.3 Option Three enables the development of some of the conditions for the implementation of PHM, such as integrated data systems, once for North Lincolnshire, enabling efficiencies. The products and tools can then be utilised to inform the work of integrated teams and services organised differently to fit the target population and existing footprints of delivery. This option is the most appropriate for North Lincolnshire, as well as enabling some economies across Northern Lincolnshire without hindering place sensitive delivery solutions.

5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)

5.1 Detailed organisational development work is needed to implement some of the conditions for PHM to be effectively implemented. They will need to cover the whole range of due diligence duties of the partners in each of the elements. These will include, not exclusively: data sharing and integration; engagement with key staff and stakeholders to agree organisational and operating models.

5.2 A set of organisational development frameworks have been in development by the relevant Place groups and are now nearing completion. Leaders of the main areas of activity will begin the detailed work required once agreed.

5.3 Developing the data integration and analytical tools which will provide the 'deep insights' requirement will require investment in analytical capacity across the North Lincolnshire partners.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 These issues will be addressed in the decision making, in due course, of the model of PHM to be delivered and the arrangements to enable its implementation.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

7.1 These issues will be addressed in the decision making, in due course, of the model of PHM to be delivered and the arrangements to enable its implementation.

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

8.1 These issues will be addressed in the decision making, in due course, of the model of PHM to be delivered and the arrangements to enable its implementation.

9. RECOMMENDATIONS

9.1 The Board should note this briefing and the initial steps being taken in local strategic frameworks and partnerships to create the ambition and conditions for PHM to be successful in improving health in North Lincolnshire

9. The Board should endorse the recommendation to develop PHM capability in North Lincolnshire using the approach described in Option Three.

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Background Papers used in the preparation of this report:

None.