LINCOLN INTERNATIONAL INSTITUTE FOR RURAL HEALTH SEMINAR SERIES

Professor Derek Ward

Director of Public Health for Greater Lincolnshire

Tuesday 28th June 2022 at 15:00 UK time.

UNIVERSITY OF LINCOLN

Public health challenges in Lincolnshire and opportunities to address them through partnerships

https://liirh.lincoln.ac.uk/

@LIIRH_UOL

Welcome to the session, we will begin shortly.

Please ensure your microphone & video are muted.

There will be an opportunity for Q&A at the end of the Seminar.

Rural health in a changing world

Vision

- We aim to be known as the preeminent rural health institution worldwide

Mission

- We will conduct world-class research that seeks to address the greatest health issues facing rural communities both locally, nationally and internationally

Public health challenges in Lincolnshire and opportunities to address them through partnerships

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Lincolnshire COUNTY COUNCIL
Working for a better future

Outline

- Pre-existing challenges in Lincolnshire
- Covid Challenges
  - Outline of Lincolnshire Covid experience
  - long COVID, mental health, resilience, new diseases
- Partnership working now and in the future
  - HWB Board
  - ICS / ICP / ICB
  - PCNs. Need for a fundamental rethink of community and primary care to meet these challenges?

ABOUT LINCOLNSHIRE

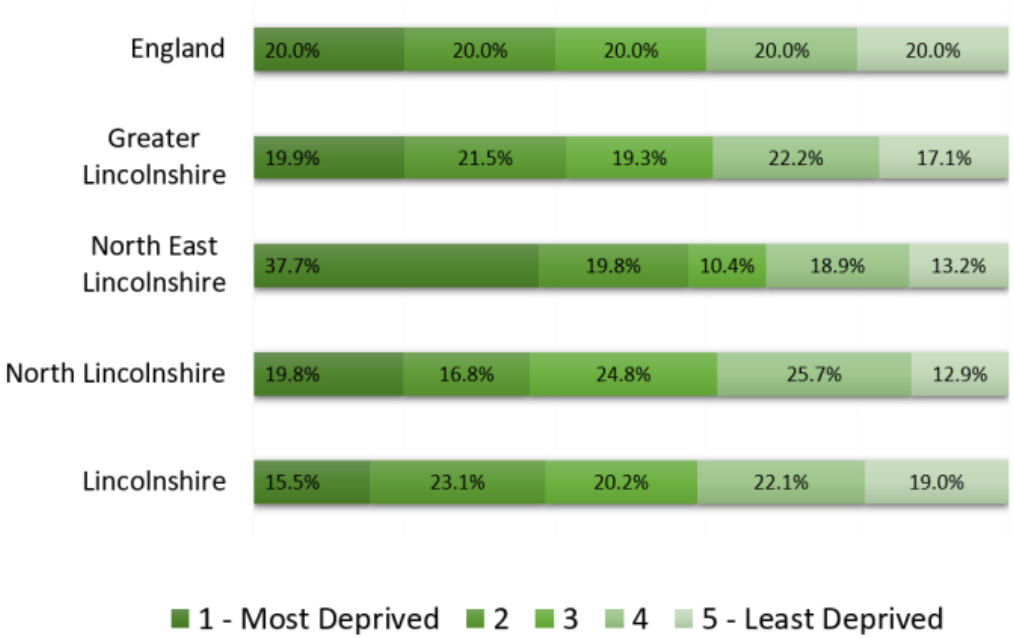
Population Projections

Source:
ONS - 2020 Mid Years Estimates
ONS – 2022 Population Projections

	2022	2025		2030		2035	
	Population	Population	% diff to 2022	Population	% diff to 2022	Population	% diff to 2022
Children & Young People	163,825	165,266	0.9%	162,240	-1.0%	157,104	-4.1%
Working Age	420,230	418,159	-0.5%	415,259	-1.2%	414,993	-1.2%
Older People	182,278	191,980	5.3%	213,987	17.4%	232,022	27.3%
Total	**766,333**	**775,405**	**1.2%**	**791,487**	**3.3%**	**804,120**	**4.9%**

Deprivation

Since the 1970s the Ministry of Housing, Communities and Local Government and its predecessors have calculated local measures of deprivation in England and publish statistics on relative deprivation in small areas in England.



How can the IoD2019 be used?

✓ comparing small areas across England	× quantifying how deprived a small area is
✓ identifying the most deprived small areas	× identifying deprived people
✓ exploring the domains (or types) of deprivation	× saying how affluent a place is
✓ comparing larger administrative areas e.g. local authorities	× comparing with small areas in other UK countries
✓ looking at changes in relative deprivation between iterations (i.e. changes in ranks)	× measuring absolute change in deprivation over time

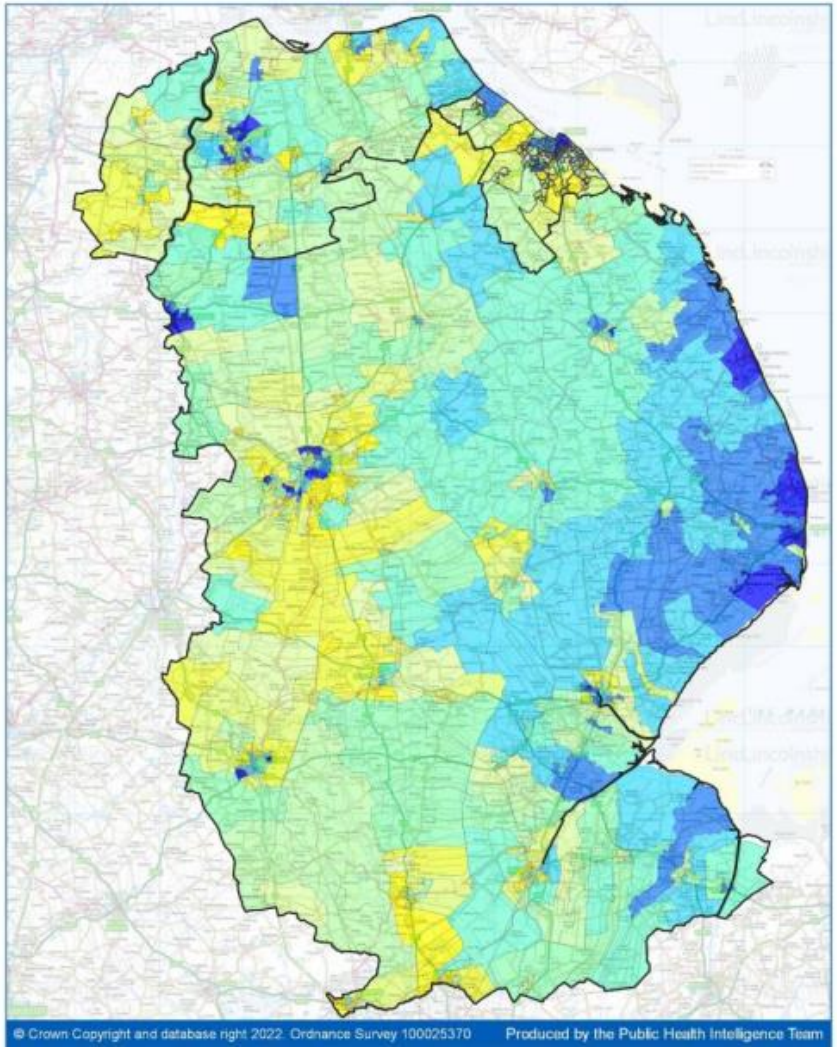
Source: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Comments

England's deprivation levels are defined as 20% for each of the 5 quintiles (see bar chart). Hence, 20% of England's population live in the most deprived geographic quintile.

North East Lincolnshire has 37.7% of residents living in the quintile classified as the *most deprived*.

The distribution of Greater Lincolnshire's deprivation broadly matches that of England, except for the *least deprived areas*. There are fewer geographic areas classed in the "least deprived" category in Greater Lincolnshire (17.1%) than in England (20%).



Local deprivation rank by LSOA (where 1 is highest)
Greater Lincolnshire

IMD 2019 rank
1
2
3
4
5
6
7
8
9
10

Public Health Intelligence

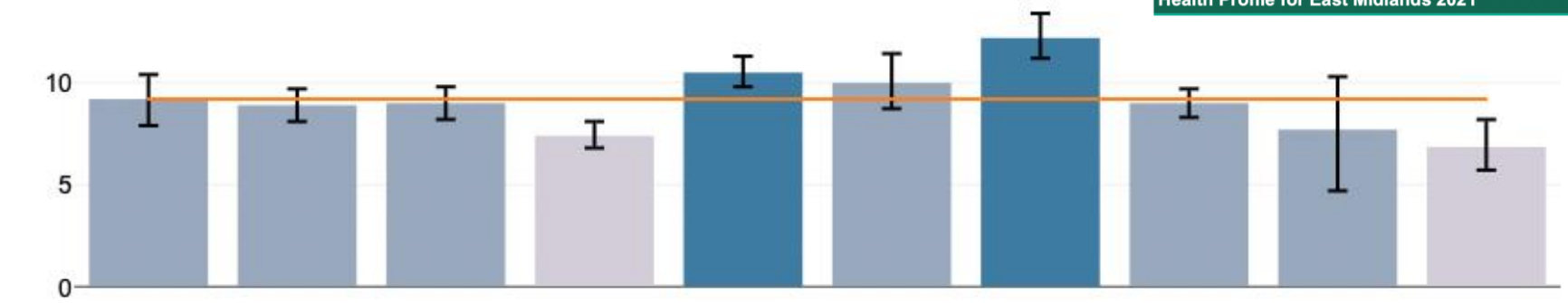
Lincolnshire

Prevalence of obesity in children aged 4 to 5 years (reception) and 10 to 11 years (Year 6) by local authority
East Midlands, academic year 2019/2020

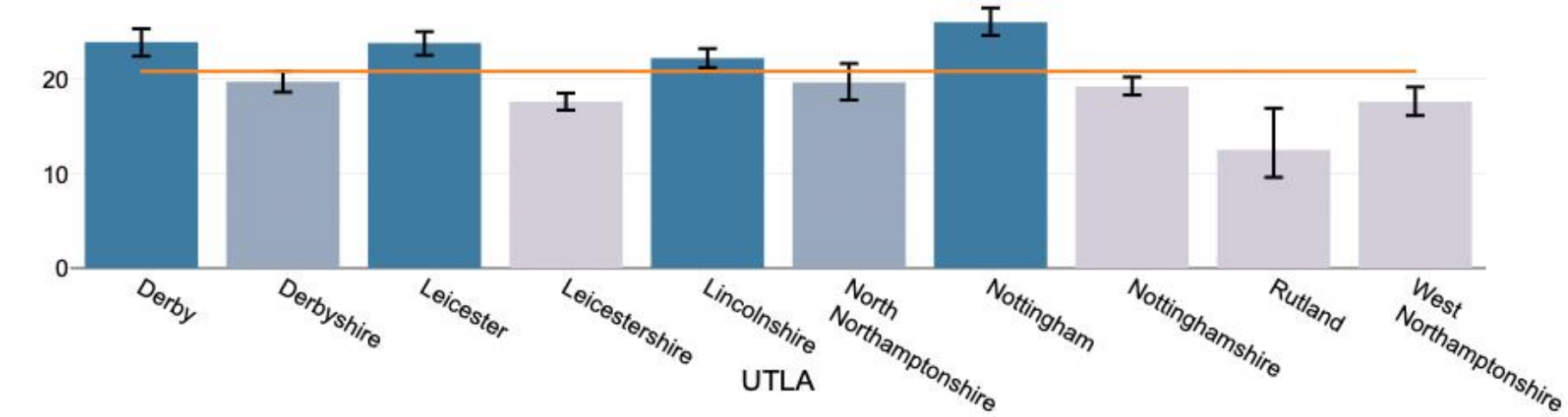
Office for Health Improvement & Disparities

Health Profile for East Midlands 2021

Reception: Prevalence of obesity (including severe obesity)
Percentage



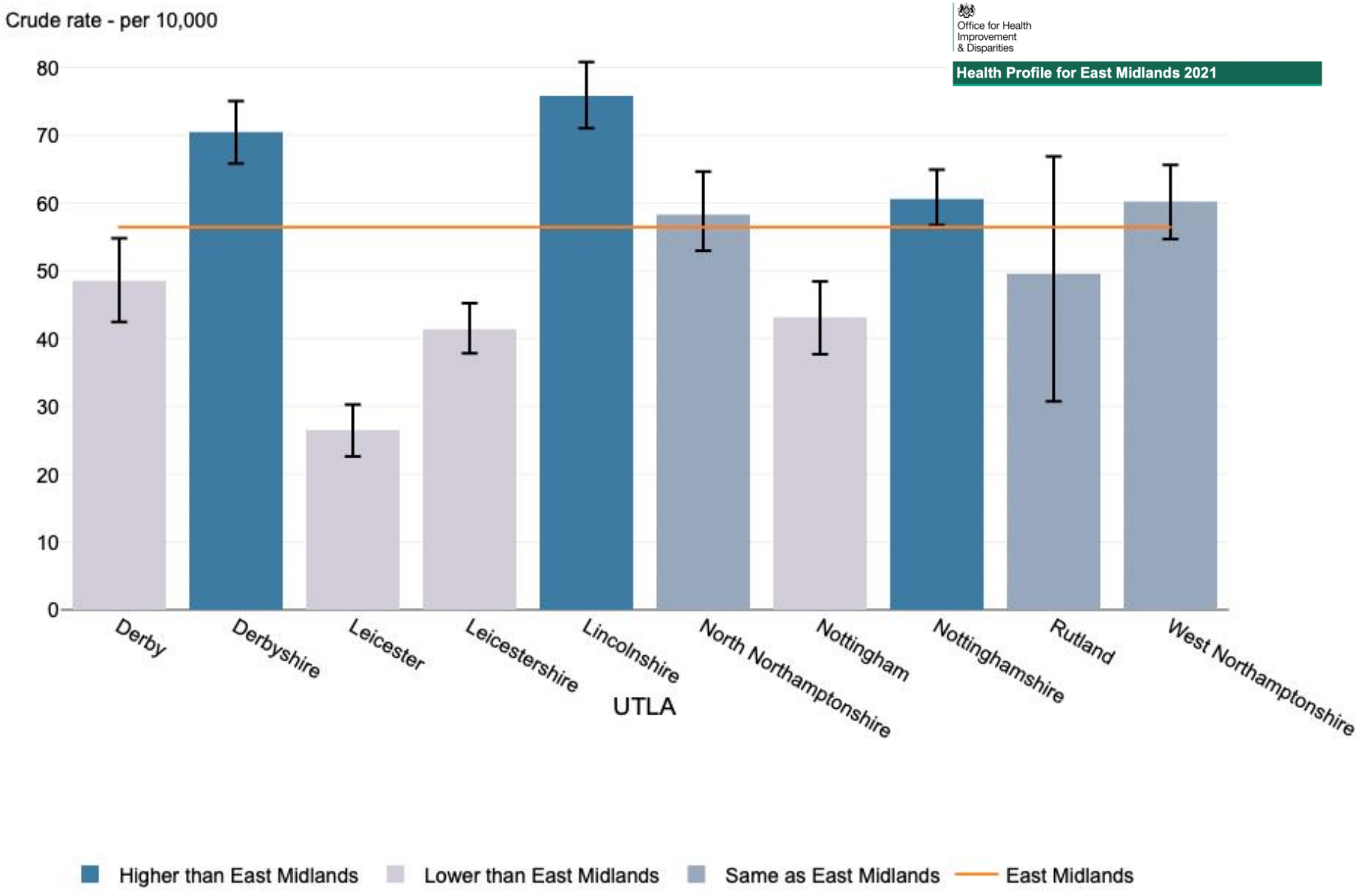
Year 6: Prevalence of obesity (including severe obesity)
Percentage



Higher than East Midlands | Lower than East Midlands | Same as East Midlands | East Midlands

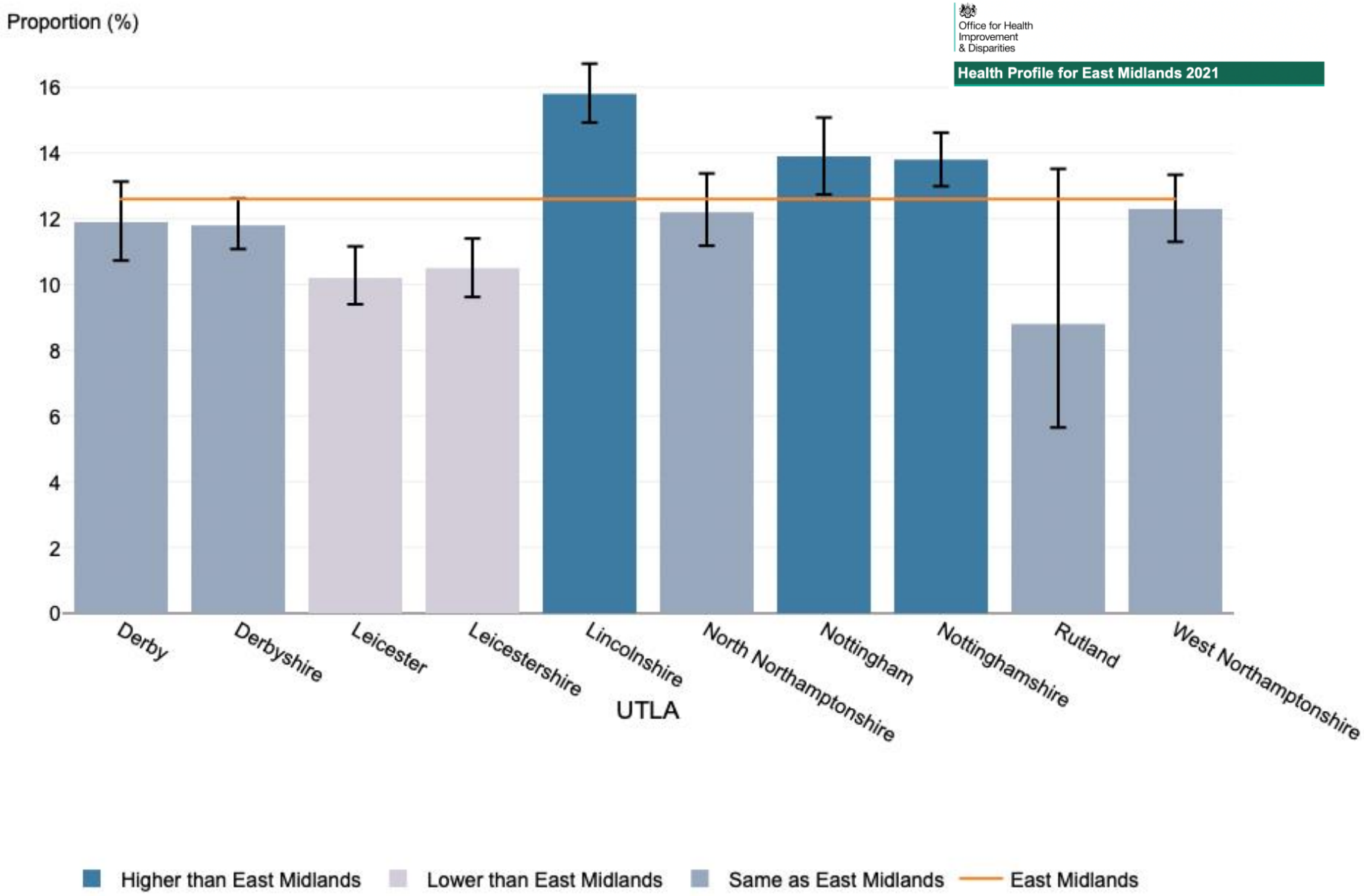
Source: OHID Child and Maternal Health Profile **Date accessed:** 31/03/2022 **Download data**

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
East Midlands,2020/21



Source: OHID Public health profiles **Date accessed:** 31/03/2022 **Download data**

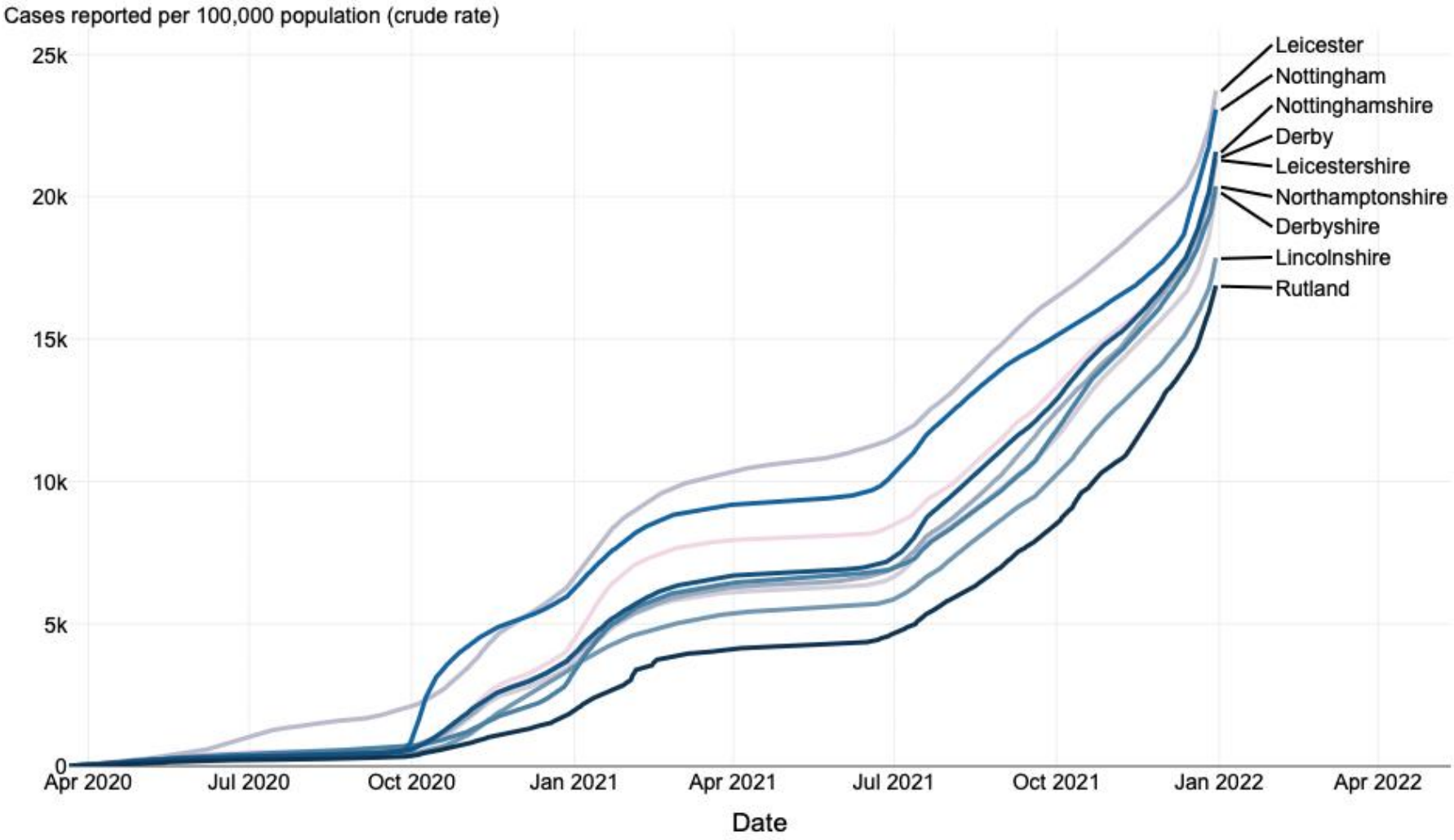
Smoking status at time of delivery by local authority, East Midlands, 2020/21



Source: OHID Public health profiles **Date accessed:** 31/03/2022 **Download data**

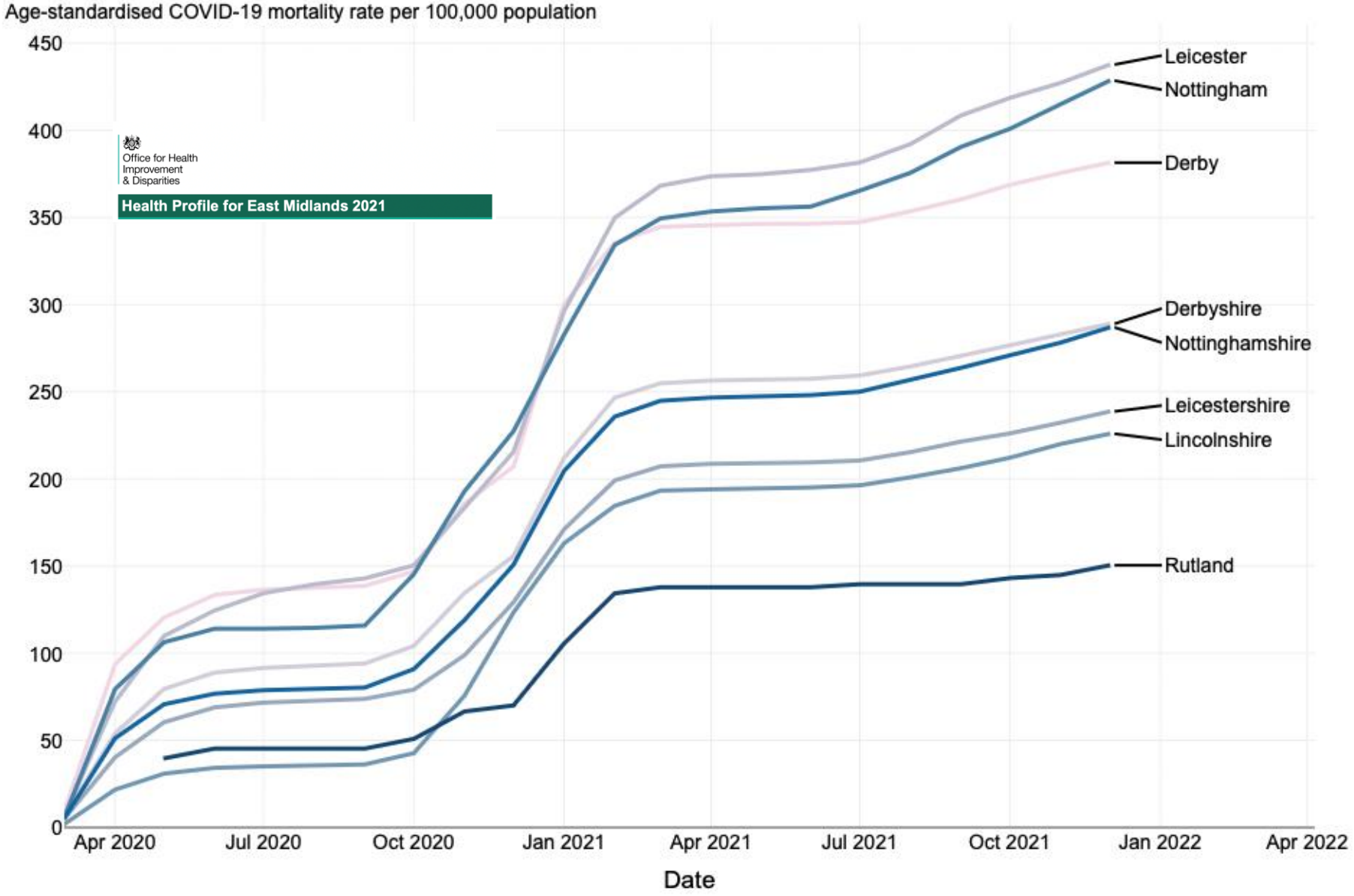
COVID

Cumulative COVID-19 case rates, per 100,000 population, UTLA comparisons, East Midlands, March 2020 to December 2021



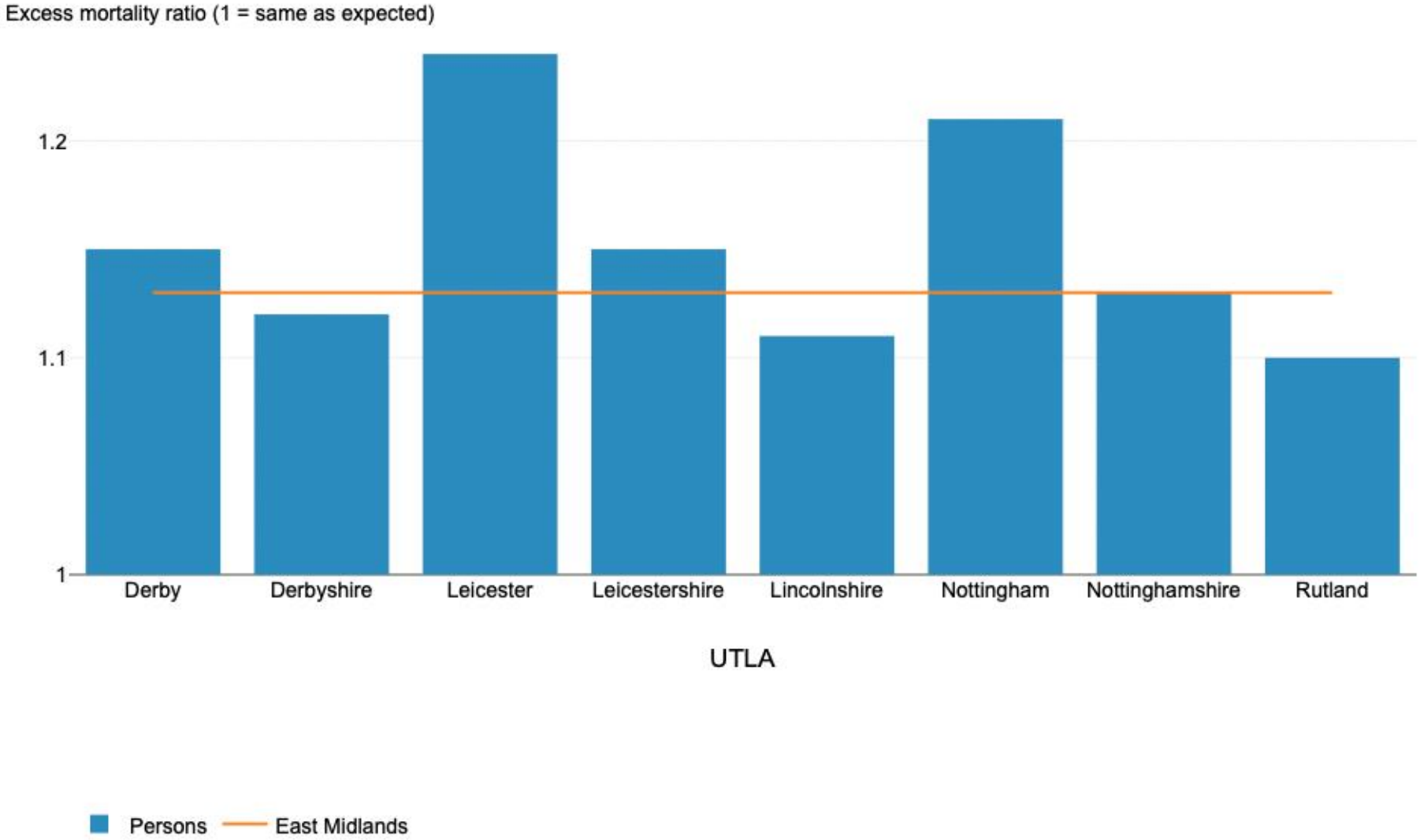
Source: UKHSA COVID-19 dashboard **Date accessed:** 23/02/2022 **Note:** Source data are updated daily and historic data may be revised. **Download data**

Cumulative COVID-19 mortality rate per 100,000 population, East Midlands, UTLA comparisons, March 2020 to December 2021



Source: OHID COVID-19 Health Inequalities Monitoring for England (CHIME) tool **Date accessed:** 23/02/2022 **Note:** Source data are updated monthly and historic data may be revised. **Download data**

Cumulative excess mortality ratio, by UTLA, East Midlands, week ending 27 March 2020 to 31 December 2021



Source: OHID Excess mortality in English regions dashboard **Date accessed:** 07/02/2022 **Download data**

Covid recovery

- Next wave / vaccination uptake
- Long Covid
- Reduction in physical activity
- Increase in risk taking behaviours – diet; sexual health etc?
- Mental health impacts
- Other infectious disease – TB / Monkeypox / Polio

Burden of Disease in Lincolnshire

Years lived with disability (YLDs) are defined as years of life lived with any short-term or long-term health loss.

\+

Years of life lost (YLLs) are defined as years lost due to premature mortality.

=

Disability adjusted life years (DALYs) equal the sum of years of life lost (YLLs) and years lived with disability (YLDs). One DALY equals one lost year of healthy life

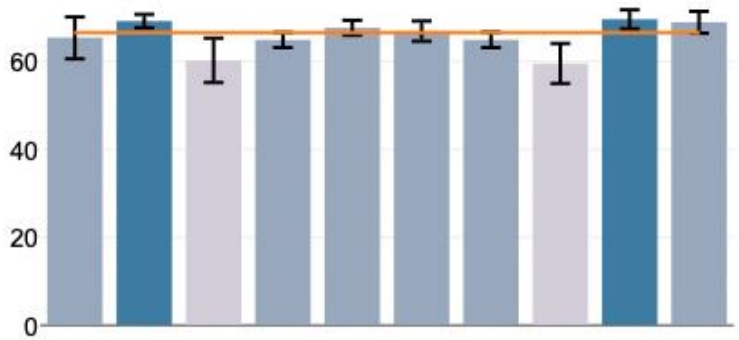
Top 10 YLD	Top 10 YLL	Top 10 DALY
1. Low Back Pain	1. Ischemic Heart Disease	1. Ischemic Heart Disease
2. Diabetes	2. Lung Cancer	2. COPD
3. Depressive Disorders	3. Stroke	3. Low Back Pain
4. Headache Disorders	4. COPD	4. Lung Cancer
5. Age-Related Hearing Loss	5. Lower Respiratory Infection	5. Stroke
6. Falls	6. Colorectal Cancer	6. Diabetes
7. Neck Pain	7. Alzheimer's Disease	7. Depressive Disorders
8 . Osteoarthritis	8. Breast Cancer	8. Colorectal Cancer
9. COPD	9. Prostate Cancer	9. Alzheimer's Disease
10. Other Musculoskeletal	10. Pancreatic Cancer	10. Lower Respiratory Infection

Behavioural risk factors

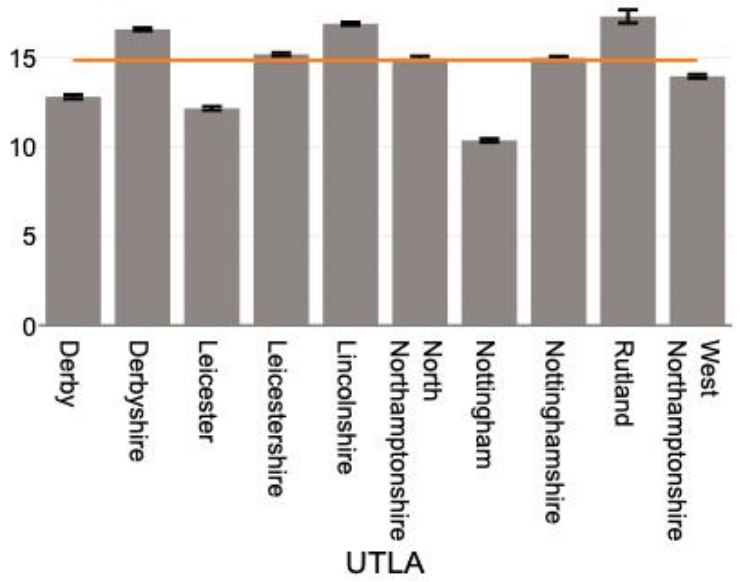
Indicator	Period	England	Lincolnshire nearest neighbours	Lincolnshire	1 - Norfolk	2 - Suffolk	3 - Derbyshire	4 - Cumbria	5 - Nottinghamshire	6 - Worcestershire	7 - Somerset	8 - Staffordshire	9 - Gloucestershire	10 - Warwickshire	11 - Lancashire	12 - North Yorkshire	13 - Devon	14 - Leicestershire	15 - Essex
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	29.3	-	22.8	26.2	31.6	35.7	37.9	25.9	32.3	61.5	29.4	34.9	41.1	33.8	36.9	52.2	18.8	19.1
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	664	-	609	677	585	755	658	702	651	711	814	674	675	664	679	547	588	618
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	13.9	-	15.3	14.5	16.1	12.6	15.3	14.4	10.8	14.4	13.9	13.0	13.3	13.8	11.9	13.5	12.0	13.2
Percentage of physically active adults	2020/21	65.9	-	62.9	66.0	65.2	67.9	70.1	67.3	67.2	69.3	65.9	70.2	67.4	65.9	70.0	71.8	66.6	65.2
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	63.5	-	67.6	64.1	62.9	69.2	63.4	64.9	64.2	62.2	68.7	64.9	65.6	66.6	61.4	62.0	64.9	65.9

Prevalence of risk factors by local authority, East Midlands, most recent period

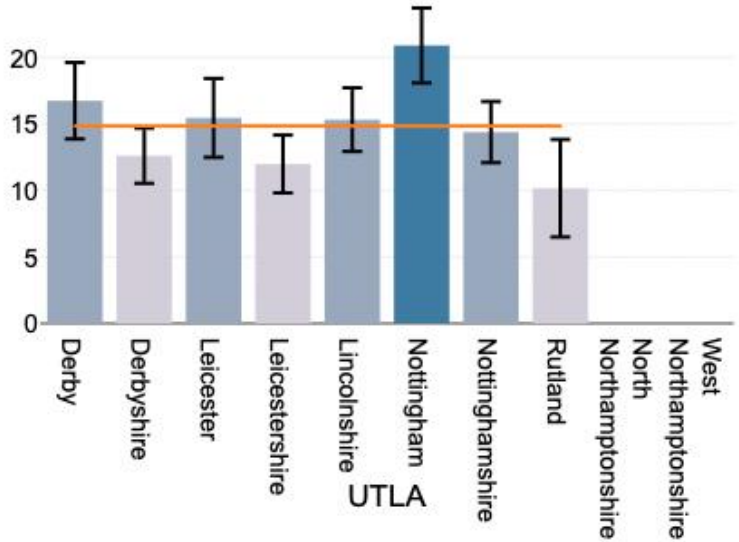
Adults (aged 18+) classified as overweight or obese 2020/21
Percentage



Hypertension: QOF prevalence (all ages) 2020/21
Percentage



Smoking Prevalence in adults (18+) 2019
Percentage



Higher than East Midlands | Lower than East Midlands | Same as East Midlands | No comparable East Midlands value | East Midlands

Source: Wider Impacts of COVID-19 on Health: Wellbeing and behavioural risk factors , Wider Impacts of COVID-19 on Health: Hypertension QOF **Date accessed:** 31/03/2022 **Download data**

LINCOLNSHIRE HEALTH AND WELLBEING BOARD (HWB)

HWB Strategy Background

- **Health and Social Care Act 2012** requires the Local Authority and each of its partner CCGs to produce a Joint Health and Wellbeing Strategy (JHWS) in order to meet the needs identified in the Joint Strategic Needs Assessment (JSNA).

- **Purpose of the JHWS** is to set out the strategic commissioning direction for the next five years for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

Joint Health and Wellbeing Strategy - Aims

- A strong focus on prevention and early intervention;
- Ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver;
- Deliver transformational change through shifting the health and care system towards preventing rather than treating ill health and disability;
- Focus on tackling inequalities and equitable provision of services that support and promote health and wellbeing.

Lincolnshire's Joint Strategic Needs Assessment (JSNA)

Lincolnshire's JSNA provides the health and wellbeing evidence base used to identify the priorities for the Joint Health and Wellbeing Strategy. Lincolnshire's Health and Wellbeing Board has agreed to move the JSNA towards a structure based on a life course model with development over the next year and publishing of a new JSNA by March 2023.
Lincolnshire JSNA

Start Well	Live Well	Age Well
• Giving every child the best start in life is crucial to reducing health inequalities across the life course. The Start Well chapter focuses on the key factor and wider determinants of health that impact on children and young people	• This chapter will provide information on the key factors and wider determinants of health that affect Lincolnshire's adult population, and it also examines the main causes of morbidity and preventable mortality	• This chapter focuses on the key factors and wider determinants of heath that impact on older people in Lincolnshire (+65)

INTEGRATED CARE SYSTEMS (ICS)

Legislation Roadmap

- NHSEI aspirations and recommendations set out in the Long Term Plan - September 2019
- NHSEI legislative proposals for Integrated Care - November 2020
- White Paper – Integration Innovation: working together to improve health and social care for all – February 2021
- Health and Care Bill – July 2021
- Health and Care Act given Royal Assent on 28 April 2022
- ICS Statutory bodies – from July 2022

Integrated Care Systems

What is integrated care?

- Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners including social care providers, voluntary and community enterprise sector and charities.
- Integrated care involves partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area, improving population health and reducing inequalities.

What are Integrated Care Systems?

- Integrated Care Systems are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area. They will be responsible for how health and care is planned, paid for and delivered.

Integrated Care Systems

Partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area

Working together for better health and care

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Partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area

Working together for better health and care

What are the benefits?

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- Improving the health of children and young people
- Supporting people to stay well and independent
- Acting sooner to help those with preventable conditions
- Supporting those with long-term conditions or mental health issues
- Caring for those with multiple needs as populations age
- Getting the best from collective resources so people get care as quickly as possible

Provider Collaboratives

Benefits of working together at scale include addressing **key immediate priorities to support pandemic response and recovery and Long Term Plan goals.**

Benefits of scale

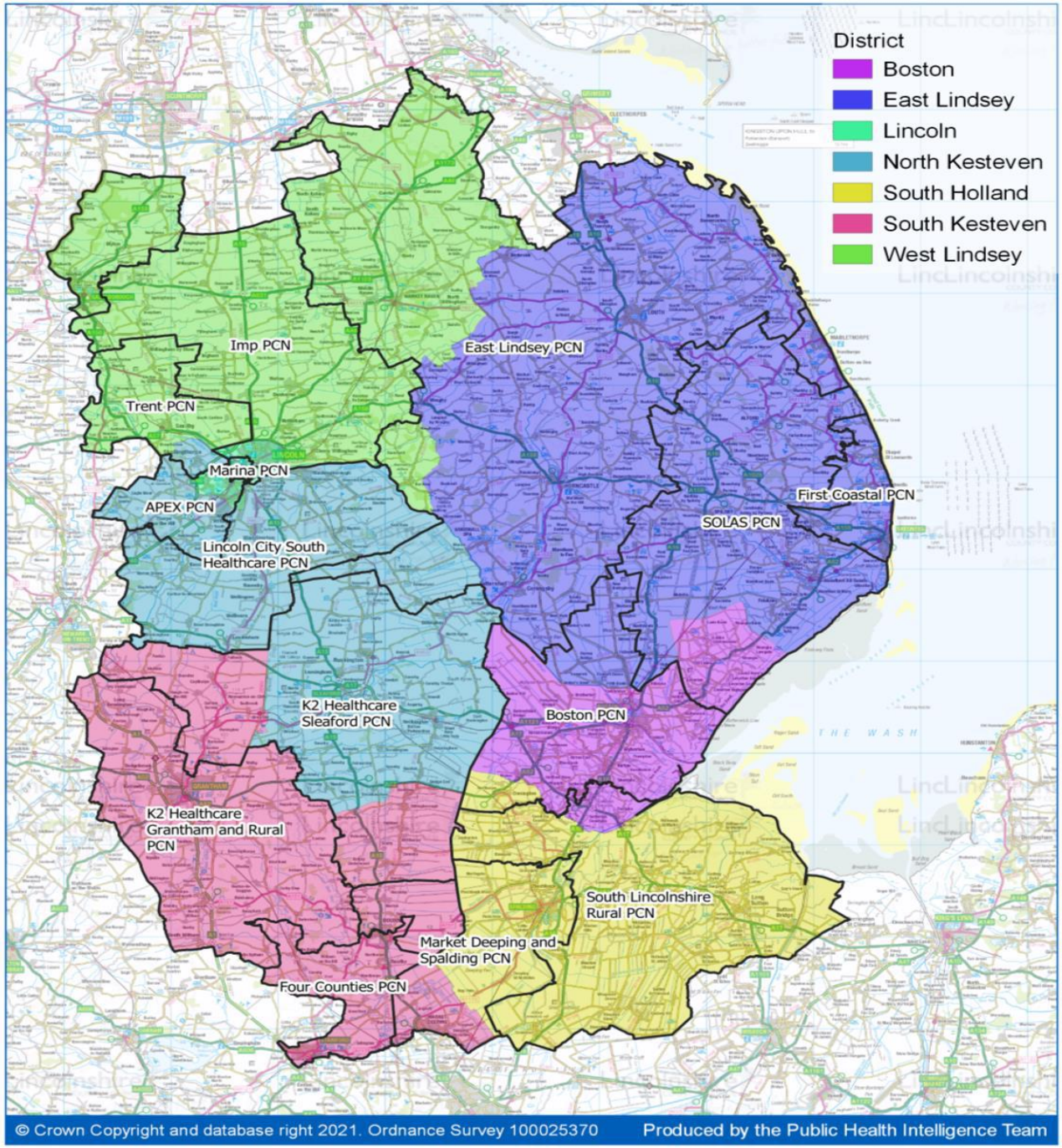
- **Reduction in unwarranted variation** in outcomes and access to services
- **Reductions in health inequalities**, including fairer and more equitable access to services across the footprint
- **Greater resilience across systems**, including mutual aid, better management of system-wide capacity and alleviation of workforce pressures
- **Better recruitment, retention, and development of staff and leadership talent**, enabling providers to collectively support national and local people plans
- **More efficient and effective corporate and clinical support services** providing better services and better able to manage demand and capacity
- **Rapid spread of successful innovation** across care pathways
- **Consolidating low-volume or specialised services** where this makes sense for populations to achieve better outcomes

Key immediate priorities

- The immediate response to the COVID-19 pandemic most clearly demonstrated how providers can work together effectively at scale and pace to achieve common objectives.
- We now face the substantial challenge of continuing to respond to the pandemic and meeting the needs of patients whose care was disrupted or delayed, alongside our work to meet NHS Long Term Plan commitments.
- No provider will be able to meet the challenges of recovering from the pandemic alone. Providers will need to build on the successful collaboration that they established in response to COVID-19.
- Provider collaboratives can help systems meet these challenges by working together to, for example:
  - get a better picture of patient needs across a system
  - share capacity where possible
  - redesign pathways where this will help address pressures
  - provide mutual aid where this is needed to improve services, and
  - share best practice.
- This work should be aligned with system priorities and programmes and the ambitions of partners at Place.

Primary Care Networks

- Build on existing primary care services, bringing together GP practices, community, mental health, social care, pharmacy and voluntary services
- Are clinically led and are a key vehicle for delivering a wide range of services to the communities they serve
- Are focused on service delivery rather than on the planning and funding of services
- Will be the mechanism through which primary care representation is made stronger in Integrated Care Systems, with the accountable clinician being the link between general practice and the wider system



Lincolnshire Primary Care Network and District Boundaries