

Better Lives Lincolnshire



Integrated Care Partnership Strategy

March 2024

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Introduction

Our Integrated Care Partnership Strategy for Lincolnshire has been developed with partners from across our Integrated Care System. This is the second iteration of the strategy, the first of which was developed in 2022 and published in January 2023 following the establishment of the new integrated arrangements, as set out in the Health and Care Act 2022.

It was acknowledged that the first year would be a transition period and during that time the system partners would take time to reflect on the strategy's contents and it would be refreshed in 2024. This period has provided time for system partners to refine our thinking on the 'How' - how we will work collectively to deliver improved health and care outcomes for our population.

The strategy brings together our system thinking to one place, ensuring we have stronger connectivity between statutory bodies and the Voluntary, Community, Faith and Social Enterprise (VCFSE) and independent sector. There are many organisations, large and small across our county that support the delivery of health, care and wellbeing services at a local level, and we need to maximise the capacity and capabilities available to the people of Lincolnshire.

Five strategic enablers have been identified. Each describes why it is important to our system and what we will do going forward to support us in achieving our collective ambition and aims.

As part of implementing this strategy, each of the strategic enablers will ensure engagement and co-production is embedded into the delivery arrangements as they develop.

The refreshed strategic enablers are:

- 1. Prevention and Health Inequalities**
- 2. Workforce and Skills in the Health and Care Sector**
- 3. Personalisation**
- 4. Digital and Technology**
- 5. Data and Intelligence**

As part of this refresh, we are reviewing our performance matrix to support this joint work.

Please visit [Appendix 1](#) to see our current Integrated Care System measures. These are under review as part of the refresh of this strategy.

Strategic enabler 1: Prevention and Health Inequalities

Why is this a strategic enabler for our system?

Prevention is the ‘golden thread’ that runs through the Better Lives Lincolnshire strategy and underpins its focus on improving health and wellbeing and tackling inequalities. A person’s physical and mental health and wellbeing are influenced throughout life by a diverse range of social, economic and environmental factors, collectively known as ‘the wider determinants of health’.

Across the Lincolnshire health and care system there is widespread commitment to ensuring prevention is at the heart of our work, and acknowledgement that all organisations regardless of size or sector have their part to play in supporting our population.

Addressing the wider determinants of health will help improve overall health by working to improve the conditions into which people are born, live and work. Addressing these determinants throughout the life course allows us to consider the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing. This life course approach underpins how we plan to deliver the priorities set out in the [Joint Health and Wellbeing Strategy \(JHWS\)](#).

We recognise that there are a wide range of protective and risk factors that interplay in health and wellbeing over the life course. By altering policies, environments, and societal norms, inequalities that affect health during the life course can be reduced – an approach shown to benefit the whole population, both now and in the future.

What will we do?

This means, taking action to protect and promote health promptly, especially during important transition periods, and appropriately across the life course.

By creating healthy environments and improving conditions of daily life together as a society, we will see a reduction in health inequalities throughout the life course.

Our delivery of this enabler will focus around four themes:

- **Theme 1: Preconception, infancy, and early years (0 to 5 years)**
- **Theme 2: Childhood and adolescence (5 to 19 years)**
- **Theme 3: Working age (16 to 64 years)**
- **Theme 4: Ageing well**

Theme 1:

Preconception, infancy and early years (0 to 5 years)

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

The preconception stage presents an opportunity for professionals to encourage women and men to adopt healthier behaviours in preparation for a successful pregnancy and positive health outcomes for both them and their child.

We will therefore focus on interventions such as:

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

The earliest years of life set the tone for the whole of the lifespan. There is strong evidence that intervening in the first 1,001 days of a child's life can make a difference over their whole lifetime. During this period, the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experiences are therefore vital to ensure children are ready to learn, ready for school, and have good life chances. A child's development is shaped by several factors such as sensitive attuned parenting, effects of socio-economic status, and the impact of high-quality early education and care. Improving children and young peoples' mental wellbeing has a positive effect on their cognitive development, learning, physical health, and their mental health, social and economic prospects in adulthood. It is known that poor social and emotional wellbeing in young children can lead to behavioural and developmental problems and, later in childhood, severe depression, anxiety, self-harm and other poor mental health outcomes.

The areas we will focus interventions on include:

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



Theme 2: Childhood and adolescence (5 to 19 years)

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

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

Considering this, we will focus our interventions on:

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

Theme 3: Working age (16 to 64 years)

Emphasis on healthy behaviours does not end after a good start in life – it is equally important to make good choices and behaviours at later stages of the life too.

Adulthood is an important time for building assets, reducing risks, and for intervening early. Adult life is a time of significant opportunity to build resilience for older age, to reinforce the improvement in skills and individual empowerment provided by a good start, but also to achieve greater health equity among the existing adult population. In particular, it is essential to reduce stress at work, reduce long-term unemployment through active labour market programmes, and address the causes of social isolation.

Professionals can ensure that they **Make Every Contact Count (MECC)**¹, using everyday interactions to support people in making positive changes to their physical and mental health and wellbeing, as well as promoting services such as the NHS Health Check.

The NHS Health Check offers the opportunity to assess the top seven risk factors that drive premature death and disability in England for the 15 million people in midlife. Risk factors include pulse rhythm, blood pressure and cholesterol levels. Patients are supported to understand their risk of cardiovascular disease (CVD) and make positive behavioural changes that can prevent and delay the onset of CVD. For example, everyone having an NHS Health Check should benefit from personalised support and, where appropriate, access to services such as stop smoking, weight management, physical activity, alcohol support or diabetes prevention.

Our interventions will focus on:

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



1. [Make Every Contact Count \(MECC\)](#) is an approach to behaviour change that uses the day-to-day interactions that health and social care staff have with people to support them in making positive changes to their physical and mental health and wellbeing.



Theme 4: Ageing well

There has been a steady increase in average life expectancy in recent decades, a positive public health success story. However, increases have slowed considerably since 2011. Longer lives benefit society in many ways; financially, socially and culturally, because older people have skills, knowledge and experience that benefit the wider population.

There is an opportunity to better utilise increased longevity as a valuable resource, challenging ageism and the view that retirement is about 'sitting more and moving less'. The older a person is, the more likely they are to experience chronic disease and disability, of body and brain.

As life expectancy rises, we must promote the concept of productive healthy ageing; improved health and wellbeing, increased independence and resilience to adversity, the ability to be financially secure through work and accumulation of resources, engagement in social activities, being socially connected with enhanced friendships and support, and enjoying life in good health.

We will focus interventions on areas that include:

- Improving access to gainful employment.
- Protecting health by improving housing and the built environment.
- Increasing awareness and uptake of vaccinations.
- Maintaining functional ability for healthy brain and body.
- Preventing falls, preventing loneliness and social isolation.

Strategic Enabler 2: Workforce and skills in the health and care sector

Why is this a strategic enabler for our system?

The health and care sector is vital for local employment, and we know there is existing and growing demand for the workforce and skills that cannot be met by the current working age population. Data for 2021 shows nursing and care occupations continuing to report the highest number of vacancies. An increasingly frequent issue reported by employers is the lack of care staff with the ability to drive.

Data for January 2022 (see **Greater Lincolnshire LEP report below**) suggest caring occupations continue to be one of the toughest roles to fill. Adding to this is the challenge of an ageing and retiring population across Lincolnshire. It is predicted this older population will account for approximately 90% of replacement demand over the next decade, the remainder being the result of new positions being created.

[Greater Lincolnshire LEP Employment and Skills Advisory Panel Local Skills Report January 2022 – 2nd Edition](#)

New technologies are shifting the demand for labour toward higher-skilled occupations, especially in terms of digital skills. To stay competitive in the labour market, people will need to retrain and upskill more often. Equally, working conditions and salaries will need to be sufficient to attract people to work in the health and care sector.

What will we do?

Our approach as an ICP to tackling these issues and delivering this enabler is to progress in two key areas:

- **Theme 1: To inspire and support young people to stay, study and work in the Lincolnshire health and care sector**
- **Theme 2: Collectively take action to address the skills gap within the health and care sector**

The **Lincolnshire Health and Care System People Board** will be a vehicle to drive improvements specifically in health and care organisations, covering challenges such as recruitment and retention. Although this sits outside the direct scope of the ICP, the necessary connections will be made to ensure work remains aligned.



Theme 1: To inspire and support young people to stay and work in the Lincolnshire health and care sector

The challenge of retaining graduates and young people is, in part, exacerbated by a perception that the health and care sector does not offer sufficient career growth opportunities within Lincolnshire. Currently, the health and care sector does not sufficiently inspire younger people about the career opportunities available on their doorstep. A lack of awareness about local opportunities can contribute to an individual's long-term worklessness. To meet the high replacement demand for health and care services in Lincolnshire, we need to inform younger people (as young as primary school age children) about the occupations, careers, and growth opportunities Lincolnshire can offer.

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

- Continue the expansion of the **Enterprise Adviser Network** across Lincolnshire (see Page 2 of the [Greater Lincolnshire LEP Local Skills Report, 2022](#)). This will include ensuring Enterprise Advisers fully understand the careers and opportunities in the health and care sector, so they feed into schools' career programmes, as well as looking to increase the number of Enterprise Advisers from the health and care sector who are able to showcase organisations and opportunities to the local community.
- Use the Greater Lincolnshire Careers Hub to promote opportunities and careers in the local health and care system. This will include careers fairs, facilitating links between schools and the sector, organising experiences such as visits to the Lincoln Medical School, and improving information held about local jobs and careers so young people can access it and feel informed.

Theme 2:

Collectively take action to address the skills gap within the health and care sector

An increase in job vacancies and a shrinking workforce demands an immediate focus to support health and care sector employers to find new staff whilst retaining those already in the workforce. This is true of a wide range of occupations and at all levels.

Literacy and numeracy skills in Lincolnshire are below those recorded nationally. With fewer jobs available for people with only basic qualifications, upskilling will allow them to participate in the local health and care system labour market. Apprenticeships have broadened the route into skilled employment, and so it is vital that the local health and care system builds on the recent Apprenticeship Strategy. This will include maximising the impact of apprenticeship budgets, offering flexible apprenticeships, new levy transfer mechanisms, and incentives to increase apprenticeship opportunities for people of all ages.

Digital skills have long been seen as crucially important and the need for such skills to avoid social and labour market exclusion has been emphasised by the COVID pandemic. There has been an increased preference for working, learning, and engaging remotely on digital platforms. There is also an increasing need for the ability to use digital technology in the health and care of patients, a need that has impacts for staff with little or no digital skills.

Working with partners to address the skills gap, we will:

- Develop skills priority statements for the local health and care sector to maximise future opportunities for local people, and focus on upskilling and retraining workers.
- Raise awareness, and act on, the priorities put forward in the [Apprenticeship Strategy](#), in particular, those that are relevant to the health and care sector.
- Ensure a quality online offer to maximise the uptake and delivery of this approach.
- Encourage businesses to develop and implement workforce and skills strategies.
- Build on the recommendations of the Digital Skills Workshop to plan specifically for the health and care sector e.g., finding new ways to bring learning to people, targeting intergenerational groups, and creating a digital skills strategy for the health and care sector.

Strategic Enabler 3: Personalisation

Why is this a strategic enabler for our system?

People tell us that their voices are not always heard. They also feel that they are not educated or informed well enough, in a way that's meaningful to them, to enable them to make decisions about their care, health, wellbeing, situation and/or longer-term outcomes.

Personalisation and delivering personalised care helps to address some of these challenges and is rooted in the belief that individuals want to have a life and not a service.

This way of working changes the conversation from “what’s the matter with you?” to “what matters to you?”. This is a significant change in the way we work together and should be considered an integral approach to how we deliver services.

What will we do?

Delivering this enabler will focus on four key themes:

- **Theme 1: A new relationship with the public**
- **Theme 2: Making decisions together and ‘What matters to you?’ conversations.**
- **Theme 3: Supported self-care and self-management**
- **Theme 4: Community development**

Working with people, the aim is to evolve the relationship and conversations between the people of Lincolnshire, professionals and the health and care system to one which focuses on people’s strengths and assets and what matters to them. This will provide a positive shift in the balance of power and decision making to enable individuals to have more choice and control in order to live their best life.

Theme 1:

A new relationship with the public

Together with the people of Lincolnshire we are developing [Our Shared Agreement](#), a shared view on what the best wellbeing, care, and health looks and feels like for individuals and collectively as a community.

At its core, Our Shared Agreement describes the foundations of the evolving relationship between health, care, communities, and the people of Lincolnshire that is rooted in partnership, education, personalised care and in making decisions together.

Our Shared Agreement, and the five foundations listed below, have been co-produced with Lincolnshire people and have been shaped by what people and staff have told us is important to them.

- 1. Being prepared to do things differently**
- 2. Understanding what matters to ourselves and each other**
- 3. Working together for the wellbeing of everyone**
- 4. Conversation with and not about people**
- 5. Making the most of what we have available to us**

It is important that we then use this way of working to develop and co-produce services together, continue to develop stronger relationships with the public, users of services, carers, volunteers, staff and community groups, and work alongside them to improve the development, delivery, and accessibility of health, care and wellbeing services. This will be achieved by applying the principles of enduring education, co-production, and engagement.

For examples of how we're bringing Our Shared Agreement to life, or information about how you can get involved, visit the [Our Shared Agreement](#) page on the It's All About People website.

For more information about co-production and how you can get involved, visit [Co-producing services together](#) on the It's All About People website.

Theme 2:

Making decisions together and ‘What matters to you?’ conversations

As the complexity and uniqueness of the needs of people and carers continue to change, and expectations towards health, care and wellbeing evolve, we need to work together to ensure people have information that is relevant, meaningful, and accessible to enable informed and timely shared decision making.

Making decisions together

Making decisions together ensures that people are supported to make decisions that are right for them, ensuring their values, beliefs and culture are understood. Co-production is a collaborative process where people and professionals work together to reach a decision about their support, care, or treatment.

The conversation brings together:

- What the person knows best; their experience, knowledge, preferences, personal circumstances, strengths, and goals.
- Professional expertise and knowledge of available care or treatment options, including timescales of delivery, evidence of success, and the risks, benefits, and expected outcomes of each option.

‘What matters to you?’ conversations

‘What matters to you?’ conversations aim to discover what’s important to the person, their carers, and those who are important to them, exploring their strengths, wants, wishes and goals to live their best life.

Making decisions together, and ‘What matters to you?’ conversations provide a much better understanding of people’s strengths, wishes and potential, which can be realised by collectively agreeing realistic outcomes and goals. This ensures the right support goes to the right people at the right time, reducing a reliance on statutory services and enabling people to live the life they want to.



Visit [Shared Decision Making](#) and [Personalised Care and Support Planning - What Matters to You?](#) on the Its All About People website for examples of good practice and personal stories and experiences of making decisions together and ‘What matters to you?’ conversations.

Theme 3: Supported self-care and self-management

We will work with people, their carers, and those who are important to them, to encourage, educate, support, and empower them to manage their own physical and mental health conditions, making positive changes to their lifestyles where feasible, and remaining as independent for as long as possible within their local communities.

Supported self-care and self-management is a way of working together to understand the knowledge, skills and confidence of people, their carers, and those important to them, to look after their own health and wellbeing.

This can be achieved through strength-based conversations, coaching, structured education, and positive risk taking, tailoring the response and/or intervention accordingly.

This supports people and carers to grow and enhance their expertise and confidence to be able to look after themselves.

Visit [Strengths Based Approaches](#) and [Patient Activation Measure \(PAM\)](#) on the Its All About People website for more information and examples of these approaches in practice.



Theme 4:

Community development

Recognising that the health and wellbeing of people is significantly influenced by a range of social, economic, cultural, and environmental factors, it is essential that Lincolnshire has strong and vibrant local community networks and services that are accessible and available when required.

Local community networks bring together voluntary, community and faith organisations as well as social enterprises to respond to local need. However, we know that coverage across the county is not equitable and further development of these networks is needed, especially in some rural parts of the county.

We know there are examples of where the local community and statutory health and care services work well together to offer alternatives to statutory services, and we want to build on this to increase coverage across the county.

We will:

- Continue to enable health and care professionals to link the people they support with someone who will take the time to explore what matters to them and support them to access community-based services. This includes the diverse range of groups and support provided by the local VCFSE sector.
- Develop, agree, and utilise a clear framework for engaging with community networks that represent adults, young people, and children and the places in which they live, work, go to school, and play.



- Use learning from these approaches to further shape the way we develop, deliver, and evaluate services to improve our offer to local communities.
- Continue to develop our connections with, learn from, and understand local communities so we have a shared understanding of available support and how to access it.
- Continue to develop clear engagement plans so that people know what we are working on, how co-production can be utilised, and how people can get involved.

We will work with communities to understand where our help and support can be best directed and what we jointly want to achieve.

We will work with our partners and community groups to co-produce improved education, prevention, health and care delivery, and evaluation pathways. This will further strengthen relationships and support our desire for innovative and modern delivery methods that are inclusive of all in Lincolnshire.

For further information visit:

[Social Prescribing and Community Based Support](#) on the It's All About People website.

[Lincolnshire Voluntary Engagement Team \(LVET\) - About Us](#)

[LVET: Membership - What does it mean to be a member of LVET?](#)

Strategic Enabler 4: Digital and Technology

Why is this a strategic enabler for our system?

The use of technology and digital capabilities will be fundamental to delivery of an effective health and care system for the population of Lincolnshire. These technologies will assist in maximising the use of available system resources.

There is significant potential for the transformation of health and social care services through more effective and widespread use of digital technologies, which help staff to work more efficiently and effectively, improving health and care outcomes for people. These new and integrated ways of providing care will require local health and care professionals to change the way they care for people. For example, providing information to enable the population to help themselves, and a growing role for technology in supporting people to monitor and manage their own health and wellbeing. Technology can also enhance people's experience of accessing services.

What will we do?

To ensure we digitally enable our staff and empower Lincolnshire's population we will:

- Provide public-facing digital services.
- Ensure strong foundations for technology-enabled care.
- Drive digital readiness and digital inclusion.

Our approach is covered by the themes below:

- **Theme 1: Provide information and advice to support ease of access and promote self-help and self-management**
- **Theme 2: Increase use of technology to deliver effective health and care services across the community**
- **Theme 3: Maximize uptake and use of digital shared care records**

Reliable, secure, fit-for-purpose infrastructure is required for digital health solutions to deliver benefits for patients, service users, and staff. As a large rural and coastal county, connectivity and access to digital provision is a challenge. However, as a system, we need to collectively address this.



Theme 1:

Provide information and advice to support ease of access and promote self-help and self-management

We recognise that people need to be able to receive and find information easily and quickly if we want them to keep well, to help them access services, and to use digital tools that support their health and care needs.

- **Access to information online:** To support people to manage their health and wellbeing, we will provide guidance online that is easily accessible and meaningful to them. The way we produce and make available information is an important part of supporting our population to maintain their own health and wellbeing. The focus will be on providing support and advice on conditions of ill health alongside information on how and when to access services, events or activities, as and when it is appropriate.
- There is a vast amount of information available online. However, as a system we need to improve the quality of the information to ensure it is up to date and easily accessible. We need to collectively ensure we signpost people to the relevant information quickly and effectively, reducing the risk of duplication or confusion which has the potential to increase unnecessary accessing of services.
- **Self-management:** Digital tools provide the ability to offer a personalised approach to self-help and self-management. Online tools can guide people to find the right support at the right time. Technology can have a role in patients, or their carers, taking a more active role in the management of long-term conditions and anticipating interventions to support health and wellbeing.

Theme 2:

Increase use of technology to deliver effective health and care services across the community

To drive digital readiness and inclusion we will need to improve the digital literacy of our staff. We will have to foster a 'digital mindset' and a culture that helps us to design the right solutions to support effective service provision. This will ensure our staff have the skills and confidence to use digital technologies; it will create capacity allowing services the ability to cope with rising demand; and provide the public with a wider range of digital and non-digital ways to access services.

- **Communication and engagement with professionals:** Digital technologies can expand the ability of the workforce to cope with the rising demand on services. We will provide digital tools for wellbeing, such as apps, or wearable technologies, and increase the public awareness of our digital offer. Individuals will be able to take greater ownership of their care and rely less on care professionals. It is also helpful for users to have an efficient way to communicate remotely with care professionals, particularly their Care Coordinator. While such interactions could happen via telephone, more sophisticated online approaches can bring additional benefits and support an improved end-user experience.
- **Remote monitoring:** Remote monitoring tools can help people manage their own health and care needs whilst also providing information on wellbeing for friends, family, and health and care professionals. This provides assurances to friends and family as well as alerting professionals when a person's needs change. This means that support can be provided when needed, making better use of human resources.
- **Digital skills:** We will support our workforce to have the skills and confidence to use digital tools in their work. They will also require support in their confidence to be able to promote the use of technology with the people they work with.
- **Digital inclusion:** We will support people who access health and care services to use digital methods, championing the benefits and providing support where needed, because people who are able to use technology to stay well improve their recovery and make informed decisions about their use of health and care services.

Theme 3:

Maximize uptake and use of digital shared care records

The introduction of digital health and care solutions can be utilised to better deliver services, and the health benefits, in a way that is evidence led, improves quality outcomes, and can deliver savings. We will expand pilot digital initiatives where they have proved to be successful, working with system partners from both the public and VCFSE sector as appropriate to effectively embed them.

- **Migration of paper systems to digital solutions** will mean people's health and care records and plans can be joined up and made instantly accessible. This will improve the speed of pathways and the accuracy and availability of information. Improved interoperability will ensure that staff who need information have it, where and when they need it, to improve decision making, improve patient experience, and reduce risk.
- **Access to own care record and care plan:** To truly be empowered, people will require access to their own care record and care plan, containing a summary of their care information from their care coordinator and service providers. Individuals themselves might contribute to their care record and care plan with additional information. This will require working with local people, carers, and families so they are empowered to set their own care goals and manage their own wellbeing, being a part of a multi-disciplinary team and delivering responsive and proactive care. This all supports the 'What matters to you?' theme, which is a core part of Strategic Enabler 3 of this strategy.



Strategic Enabler 5: Data and Intelligence

Why is this a strategic enabler for our system?

Effective use of data and intelligence across the health and care system can empower decision making and improve patient outcomes. The safe, appropriate, and proportionate sharing of data is essential in order to provide direct patient care and in enabling intelligence provision for effective service planning and delivery. Effective use of data and intelligence improves timeliness and relevance of information in clinical and professional systems, helping to keep staff, patients, and service users safe.

What will we do?

To support the system in this area we have developed two themes for the purpose of this strategy:

- **Theme 1: Further develop the joint data and information systems and analytical capability across the Lincolnshire health and care sector to effectively deliver services**
- **Theme 2: Use our shared data analytical capabilities to improve how we plan, develop, and transform services to improve health outcomes for our population**

In Lincolnshire, we have an advanced, person-level, linked dataset, bringing together information from a range of partner organisations delivering health and care services.

We will continue to improve data sources and provide intelligence that helps us focus on people in our communities most in need of health and care support, to understand what works, what does not, for whom, and what we might do to improve services.

We will use data, analytics, and evidence to inform the planning and delivery of health and care services with a population health management approach and, in addition, explore how we can adapt these techniques to suit service needs, acting sooner to intervene, prevent poor health outcomes and reduce inequalities.



Theme 1:

Further develop the joint data and information systems and analytical capability across the Lincolnshire health and care sector to effectively deliver services.

As a system we are committed to adopting evidence-based decision making into the way we plan and deliver our health and care services. By investing in the technical infrastructure and capability we have available, we will ensure effective processes are in place to automate manual time-consuming processes safely and securely, where it is feasible and cost effective to do so. This will increase performance and release capacity for analytical staff so they can add value to wider system models by focusing on improving the quality and understanding of data sources to help improve the health of the population. The way to do this will be to develop a shared vision for the role of intelligence in decision making, to agree the skills required to improve decision quality, and to support workforce development to upskill analysts and others on this topic.

This will support all partners across the system to:

- Target our collective, finite resources to best effect and, where possible, release analytical capacity through infrastructure improvements.
- Apply robust information governance to keep our information assets safe and secure.
- Maximise the 'information' and 'intelligence' we achieve from our datasets by exploring the use of data science principles, including artificial intelligence.
- Ensure that we maximise the value of the intelligence we produce by sharing this in readily available ways with those who need it, including through our publicly accessible Joint Strategic Needs Assessment and the Lincolnshire Health Intelligence Hub website.
- Provide information to front line staff in a more timely and effective way to support them to make good quality decisions in the care and support they provide.
- Produce actionable insights to inform Population Health Management, Health Inequalities and Personalisation and support partners (e.g. Primary Care Networks) to use the linked dataset to understand needs and disparities across cohorts of the population so we know where, and how, to focus our efforts.
- Continue to improve the quality, understanding and sources of our data to increase our analytical capabilities and better inform decision making.

Theme 2:

Use our shared data analytical capabilities to improve how we plan, develop, and transform services to improve health outcomes for our population

We will utilise a population health management methodology to support us in enabling people to improve their health and wellbeing whilst reducing pressure on services, ensuring the system embeds an ongoing cycle of intelligence generation through facilitated discussion with Multi-Disciplinary Teams. This will enable opportunity identification, population understanding, cohort selection, intervention development and the evaluation of outcomes.

This will support all partners across the system to:

- Understand population needs and future demands to inform service planning, commissioning, and workforce strategies.
- Evaluate the effectiveness of treatments, pathways and prevention activities for the population, and for certain population groups, informing provision and allowing better targeting of services and interventions.
- Design appropriate models for new services to target the right conditions and risks in the right way and at the right time.
- Identify those whose needs are not being met and those at rising risk of ill health so that we can intervene earlier, provide services to prevent illness, avoid escalation of conditions, reduce costs, and improve patient outcomes.
- Understand the value of prevention and the role of the wider determinants of health to inform our actions to address these factors and reduce health inequalities.
- Evaluate services and pilot initiatives, expanding those proven to be successful, to enable improved health and care delivery and outcomes.
- Ensure our data is further enhanced by broader intelligence and insights from published evidence, expert opinion, communities, and people. This will provide a holistic evidence base to inform strategic plans and decision making.

Delivering the strategy

This strategy is the second iteration of the Lincolnshire Integrated Care Partnership Strategy. It is closely aligned to the Joint Health and Wellbeing Strategy (JHWS). While the JHWS sets out the priorities for the system, this strategy sets out the 'How' - how we are going to work together and what we will do to enable our population to have the best start in life and be supported to live, age and die well.

We have carefully selected five strategic enablers to ensure, as a system, all organisations can play their part in delivering our joint collective ambition, regardless of their size or the health or care services they provide. Our strategy has taken a life course approach to capture each stage of life and described why it is important in our system, and what we will do to ensure we deliver on the four aims of our ICS.

Each enabler will have a System Responsible Officer (SRO) and a delivery lead for the system. Their role will be to support and challenge the system to embed this thinking into all we do and take action in line with the 'What will we do?' as set out in each section above.

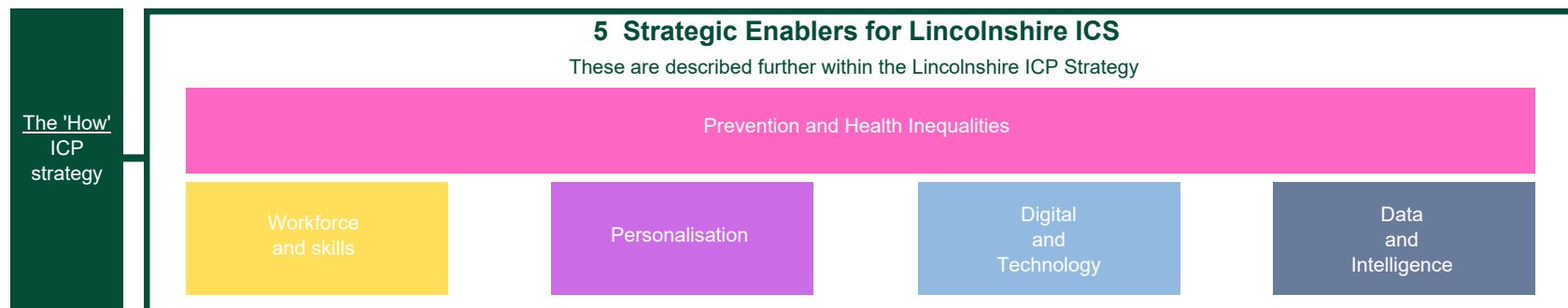
The SRO and the delivery lead for each strategic enabler will be tasked with ensuring:

- Delivery arrangements are in place.
- Appropriate engagement and co-production with the communities we serve is undertaken.
- Barriers and challenges are addressed.
- Success measures are developed to track progress.
- Evidence is provided to demonstrate that our ambitions are being delivered.

Appendix 1: Better Lives Lincolnshire 'Strategy Map' Text version

A text version of this diagram can be found in Appendix 2 on page 26 of this document.

ICS ambition	For the people of Lincolnshire to have the best start in life, and be supported to live, age and die well			
ICS aims	Have a strong focus on prevention and early intervention	Tackle inequalities and equity of service provision to meet the population needs	Deliver transformational change in order to improve health and wellbeing	Take collective action on health and wellbeing across a range of organisations
ICS measures	<ul style="list-style-type: none"> Decrease % of women smoking at time of delivery. Decrease % of overweight children (including obesity) in Year 6. Decrease % of physically inactive adults and children. 	<ul style="list-style-type: none"> Decrease difference in childhood vaccination rate between most deprived (5th) and least deprived (5th). Decrease difference in premature death from CVD between people with SMI and the general population. Decrease difference in premature death from CVD between most deprived (5th) and least deprived (5th). 	<ul style="list-style-type: none"> Increase in no. of people who have a personalised care and support plan. Increase in no. of people who benefit from community signposting/social prescribing. Increase in no. of people aged 65 or more living independently for longer. 	<ul style="list-style-type: none"> Increase no. of apprenticeships across ICS partner organisations. Increase % of adults with learning disabilities and/or mental health needs supported into paid work. Increase % of people who die in their preferred place.



Appendix 2:

Better Lives Lincolnshire Strategy Map

Text version

ICS ambition

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

ICS aims

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

ICS measures

Have a strong focus on prevention and early intervention:

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

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

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

Deliver transformational change in order to improve health and wellbeing:

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

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

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

Appendix 2:

Better Lives Lincolnshire Strategy Map

Text version

The 'What' - HWB Strategy Priorities:

- Mental Health and Dementia
- Homes for Independence
- Healthy Weight
- Carers
- Physical Activity

The 'How' – ICP Strategy

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

- Prevention and Health Inequalities
- Workforce and Skills
- Personalisation
- Digital and Technology
- Data and Intelligence

Better Lives Lincolnshire



Integrated Care Partnership Strategy

March 2024