

Advancing Together Faster: The Critical Six for 2026.

Understanding Lincolnshire's baseline: An initial stocktake of activity on the Critical Six priorities



Reduce Infant
Mortality



Increase Good Level
of Development
at Reception Age



Reduce Smoking
Prevalence



Reduce Preventable
Cardiovascular
Disease



Address the
Mental Health Needs
of Young People



Reduce
Tuberculosis
Incidence

Reduce Infant Mortality

Infant mortality rates remain high in several parts of the Midlands. There are marked inequalities affecting the most disadvantaged communities and minority ethnic groups, particularly those of Black ethnicity. Additionally, infant mortality is driven by factors including preterm birth, high maternal weight, smoking, unsafe living conditions, and structural barriers to accessing maternity services. Strengthening coordination across maternity, neonatal and preventative services offers an opportunity to improve outcomes and reduce these disparities.

REGIONAL RECOMMENDATIONS

- Strengthen the use of evidence-based insights
- Expand local maternity pathways
- Review and strengthen strategies to address barriers experienced by people from minority ethnic backgrounds
- Improve key maternity indicators

LOCAL PICTURE

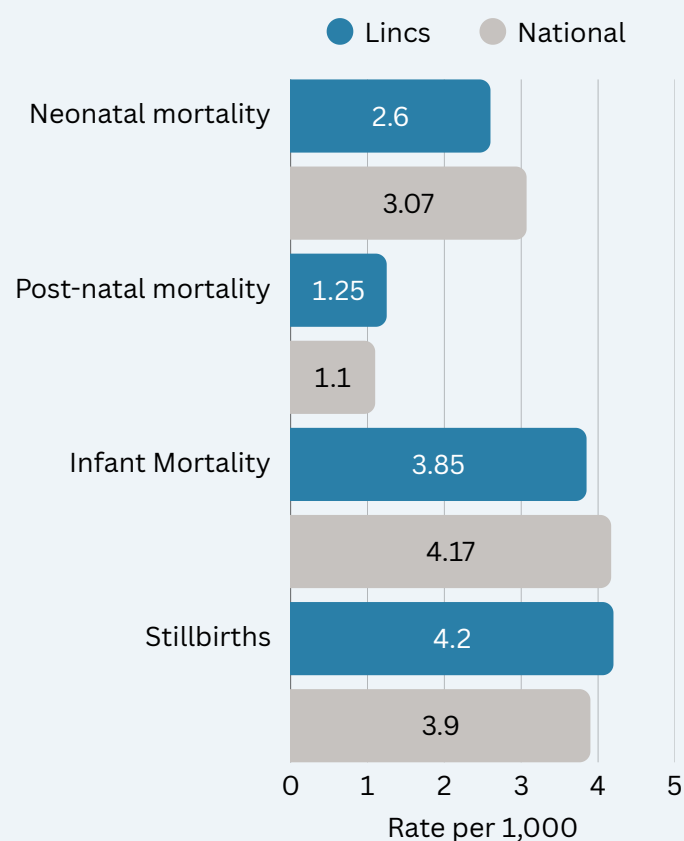
Birth Outcomes



7.67%
Low birth weight
(7.35% nationally)



75.9 per 1,000
Premature births
(77 nationally)



Maternal & Perinatal Factors



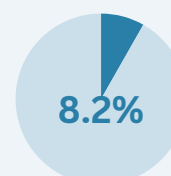
72.1%
Early access to maternity care
(63.5% nationally)



15.74%
Smoking in early pregnancy
(13.6% nationally)



30.84%
Obesity in early pregnancy
(26.2% nationally)



Deliveries to women from ethnic minority groups
(27.94% nationally)



8.4%
Smoking at time of delivery
(6.1% nationally)



67.1%
Babies 1st feed breastmilk
(71.9% nationally)



46.4%
Breastfeeding prevalence at 6-8 weeks
(55.6% nationally)

LOCAL ACTIVITY

- Lincolnshire JSNA - [Pregnancy & Maternal Health](#) is a topic (Start Well).
- [Joint Health and Wellbeing Strategy for Lincolnshire](#) - Healthy Weight is a priority, overseen by the Healthy Weight Partnership, with a delivery plan.
- [ICB Cluster 5-Year Population Health Strategy](#) - includes a priority relating to 0-19 obesity (with a focus on pregnancy) and vaccinations & screening.
- The [Local Maternity & Neonatal System \(LMNS\)](#) brings partners together to ensure babies have the best possible start in life.
- The LMNS Maternity Equity & Equality Strategy 2024-2027 seeks to improve outcomes and reduce inequalities in maternity and neonatal care. A Black & Asian maternal health group has been established.
- The LMNS improvement plan focuses on strengthening key maternity indicators, including breastfeeding and smoking at the time of delivery rates.
- The Lincolnshire Child Death Overview Panel analyses key drivers of infant mortality and identifies modifiable risk factors to guide prevention efforts.
- Lincolnshire's [STAAR Team](#) provide bespoke stop smoking support to women and their families during pregnancy, with community follow on support available.
- Lincolnshire's [Start for Life](#) supports families from pregnancy through to child's early years.
- LCC's Health Visiting team support the delivery of the Healthy Child Programme (0-5 years).
- Preconception support is available for people with pre-existing conditions, via the Maternal Medicine Network.
- Inconsistent, fragmented data and limited capacity can hinder system-wide insight.

PUBLIC HEALTH SPEND

Public Health funded services, such as Health Visiting and the ILS, contribute to improved pregnancy and maternal health outcomes.



Improve the Proportion of Children Achieving a Good Level of Development

Achieving a GLD at Reception is one of the strongest early predictors of later educational attainment and lifelong mental and physical health. Poor school readiness is closely linked to factors such as poor maternal health, low income, parental employment insecurity, and speech, language and communication needs. Improving school readiness requires early identification of needs and timely, integrated support across maternity services, early child health, parenting support and high-quality childcare.

REGIONAL RECOMMENDATIONS

- Improve shared insight & data
- Establish strong system leadership & governance
- Continue to improve uptake & quality of the 2.5-year check
- Strengthen NHS contribution

LOCAL PICTURE

School Readiness (GLD)



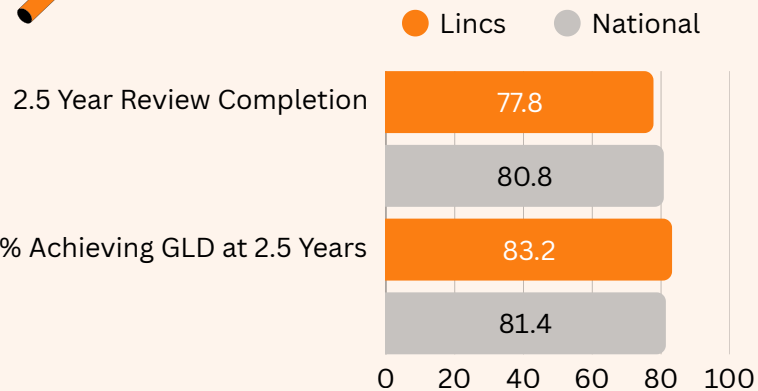
GLD at the end of reception
(68.3% nationally)



Children with FSM status achieving GLD
(51.3% nationally)



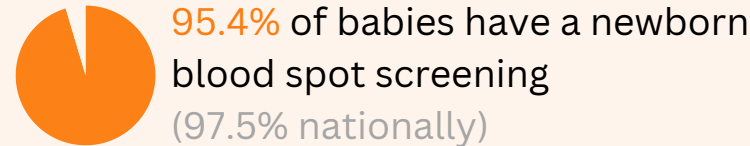
Early Identification



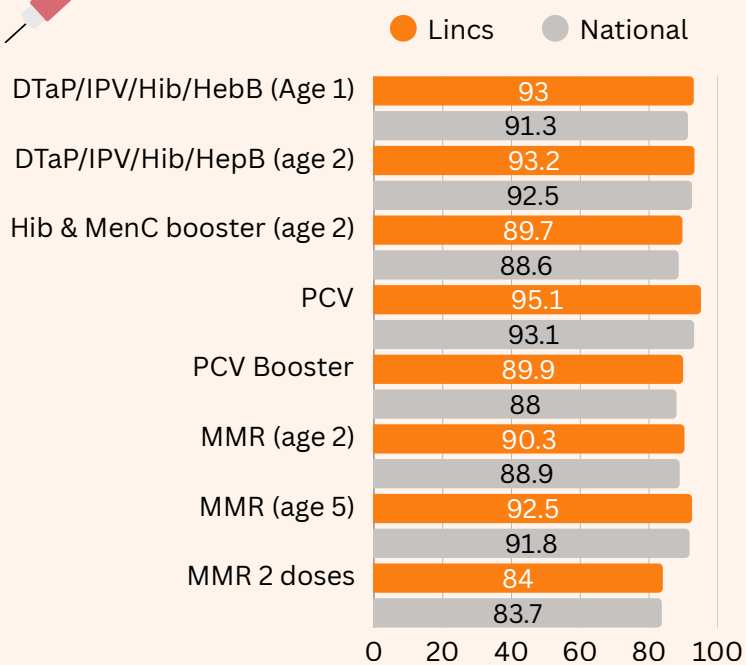
Vulnerable Groups

- 51 per 10,000 are Children in Care (70 nationally)
- 24% of children are from low income families (22% nationally)

Newborn Screening



Vaccination Coverage

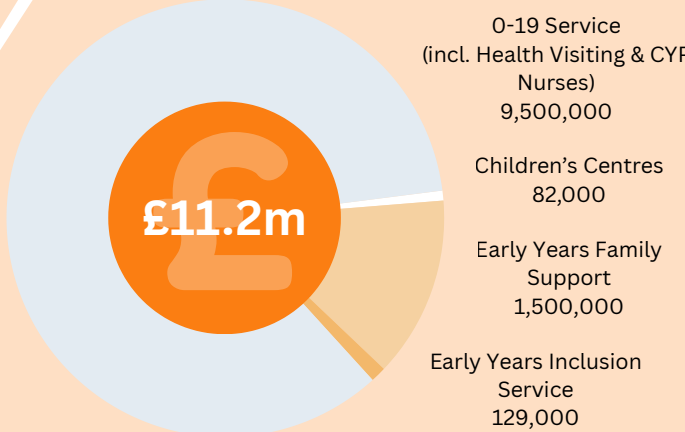


LOCAL ACTIVITY

- Lincolnshire JSNA - Early Years Development is a topic (Start Well).
- ICB Cluster 5-Year Population Health Strategy - includes vaccination and screening as a priority.
- Best Start in Life (BSiL) Strategy analysis identified cohorts at risk of not achieving GLD: males, summer-born children, children with low reception attendance and missing ASQ-3 reviews.
- Health Visiting 2.5-year reviews & Children’s Centre/Family Hub attendance help identify at-risk children early.
- The forthcoming BSiL Strategy and Local Plan (2026–31) aims for 76.7% GLD overall and 61.2% for FSM-eligible children by 2028. It aligns with national priorities: better support for families, accessible early years education and childcare, and improving early years and reception quality.
- Lincolnshire County Council has 47 Children’s Centres (including 10 Family Hubs) with outreach and strong links with early years settings.
- The Health Visiting Service is working to improve completion of 2.5 year checks and ASQ-3 questionnaire returns.
- Screening programmes are under review to identify and address inequalities.
- Vaccs & Imms programmes are overseen by the Lincolnshire Immunisation Board (move to ICB cluster governance during 2026), including local strategy.
- There is a Public Health led steering group to address inequalities and access barriers for childhood immunisation.

PUBLIC HEALTH SPEND

£11.2m Public Health Grant investment supports children and young people, with £9.5m spent on the 0–19 service, predominantly Health Visiting.



Unless otherwise stated, all data has been sourced from OHID Public Health Profiles as of April 2026

Reduce the Prevalence of Smoking

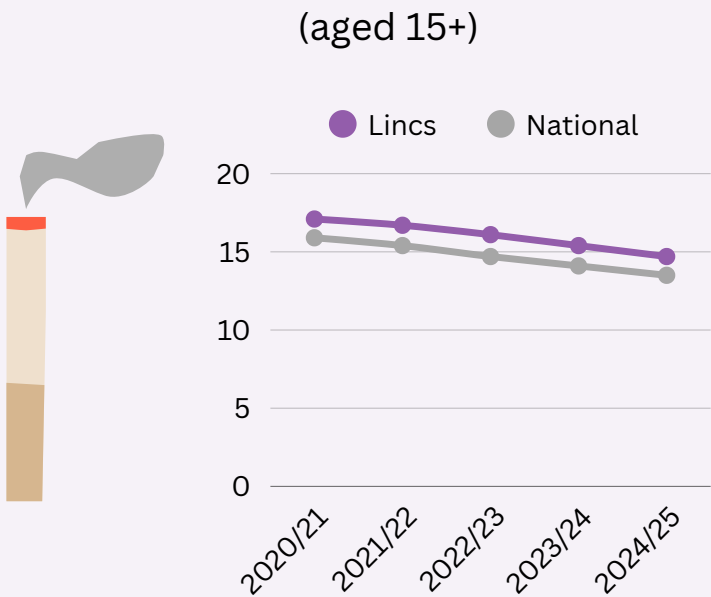
Smoking is the leading cause of preventable illness and death and a major contributor to health inequalities. Prevalence is particularly high in routine/manual occupations and among pregnant women in several areas of the Midlands. Reducing smoking requires a coordinated system-wide approach and while progress is being made, more work is needed.

REGIONAL RECOMMENDATIONS

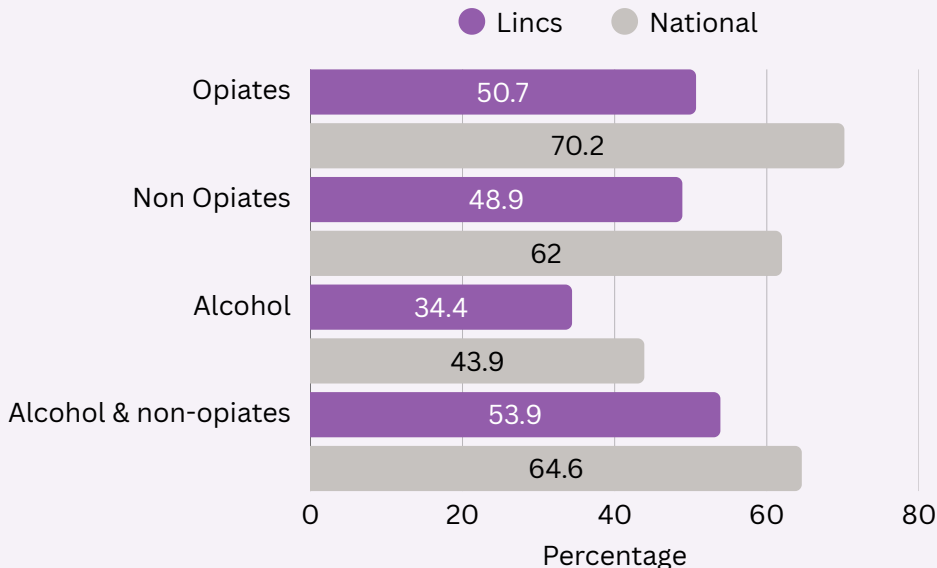
- Strengthen & integrate cessation pathways across NHS, Local Authority and VCSE partners, including for priority groups
- Implement & scale up opt-out tobacco dependence treatment across all relevant NHS care settings
- ICBs & Trusts should ensure they have adequate tobacco dependency advisor capacity & reach to identify and support smokers to access treatment, including full pharmacological support

LOCAL PICTURE

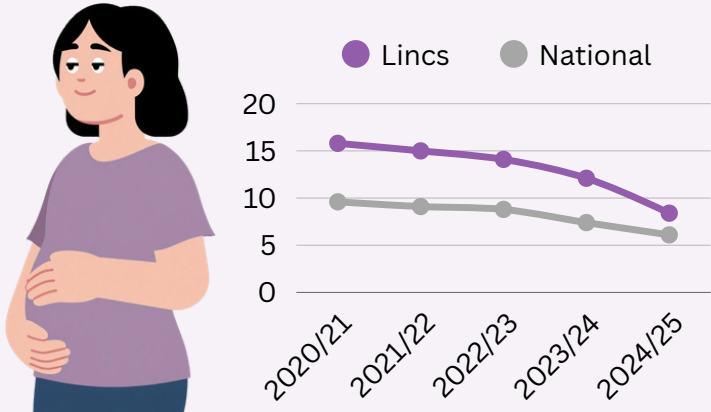
Smoking Prevalence in Adults (aged 15+)



Smoking amongst adults admitted to treatment for substance misuse



Smoking at Time of Delivery



Mental Health



1 in 4 (25.4%) of adults with a long-term mental health condition smoke (24% nationally)

LOCAL ACTIVITY

- Lincolnshire JSNA - Tackling Tobacco Use is a topic (Start Well and Live Well).
- ICB Cluster 5-Year Population Health Strategy - includes a priority on early multimorbidity (ages 40-64).
- A Tobacco Control Board is well established, with a delivery plan and a completed CLEAR self-assessment (2025).
- The Stop Smoking Service is currently through the ILS, with a standalone service to be commissioned from April 2027.
- NHS Tobacco Dependency Service provide support across maternity, inpatient mental health and acute & community inpatient pathways; however there are no NHS treatment pathways for high risk outpatients (incl. Mental Health).
- The acute trust lacks a published smoke-free policy.
- Funded plans exist to implement the COSTED model in A&E and Outpatients via the local stop smoking service, however implementation is delayed due to data protection issues.

PUBLIC HEALTH SPEND

For 2026/27 the Public Health Grant will spend £2,860,246 on smoking reduction, with the majority of this on the smoking component of the ILS.



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Reduce Preventable Cardiovascular Disease

Cardiovascular disease (CVD) remains one of the biggest drivers of premature mortality in the Midlands. To meet the national ambition of a 25% reduction in CVD-related premature mortality, systems should strengthen both primary prevention (tackling smoking, obesity, diet and physical inactivity) and secondary prevention (improving detection and management of hypertension, raised cholesterol, atrial fibrillation, and chronic kidney disease).

REGIONAL RECOMMENDATIONS

- Use PHM to identify those at greatest risk, and to improve the detection & treatment of hypertension, raised cholesterol, atrial fibrillation, and chronic kidney disease
- Systems should take a partnership approach to ensure impact from NHS Health Checks is captured
- Use & act on the regional CVD toolkit
- Implement whole-system healthy weight approaches
- All systems should have visibility of plans to increase uptake of physical activity

LOCAL PICTURE

Cardiovascular Risk



18.9%

Hypertension Prevalence
(15.2% nationally)



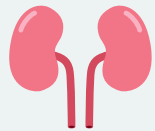
9.1%

Prevalence of undiagnosed hypertension
(8.6% nationally)



3%

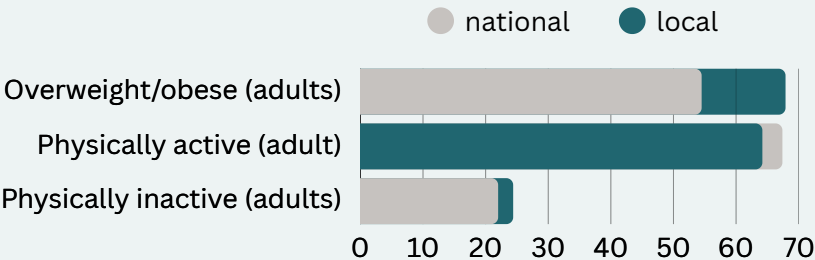
Atrial Fibrillation prevalence
(2.2% nationally)



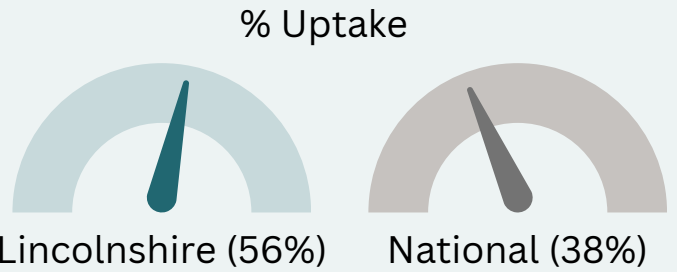
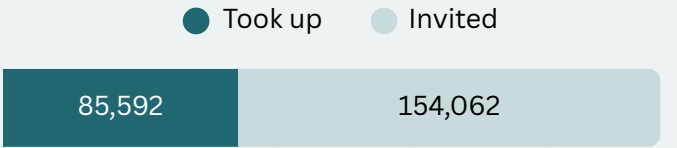
7.9%

Chronic Kidney Disease prevalence
(4.6% nationally)

Lifestyle Risk



NHS Health Checks



LOCAL ACTIVITY

- Lincolnshire JSNA - [CVD](#) is a topic (Live Well).
- [Joint Health and Wellbeing Strategy for Lincolnshire](#) - Healthy Weight and Physical Activity are priorities, both with delivery plans. The Healthy Weight Partnership oversees the Healthy Weight priority and Active Lincolnshire physical activity.
- [ICB Cluster 5-Year Population Health Strategy](#) - prioritises CYP's obesity and strong general practice, and emphasises 'identification, clinical risk management & long term condition optimisation', including early detection, risk factor treatment and LTC management.
- Lincolnshire County Council commissions general practices to deliver NHS Health Checks, including invitations, checks, and follow-up referrals (e.g., stop smoking support).
- Lincolnshire County Council commissions drug and alcohol services and an Integrated Lifestyle Service.
- Lincolnshire ICB annually risk stratifies key QOF indicators, and seeks improvement plans from off-target general practices.
- The NHS commission preventative services such as digital weight management, Diabetes Prevention Programme and Type 2 Diabetes Path to Remission.

PUBLIC HEALTH SPEND

£590,269 of the Public Health Grant is used to fund NHS Health Checks. The ILS is funded by the Public Health Grant, with some support from the ICB. Drug and alcohol services are also funded by the Grant.



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Address the Mental Health Needs of Young People

Mental health strongly shapes children and young people’s life chances, influencing educational attainment, employment and long-term health. Demand for children and young people’s mental health support continues to rise, with variation in access to early intervention and community-based services, yet we know that early intervention is critical

REGIONAL RECOMMENDATIONS

- Undertake a regional HNA to support local HNAs and system strategies
- ICBs should analyse waiting times by demographic to understand if there is inequity in access and ensure the model of care is appropriate for all CYP
- Local Authorities should undertake self-assessment using a validated tool to review mental health support pathways and capacity

LOCAL PICTURE

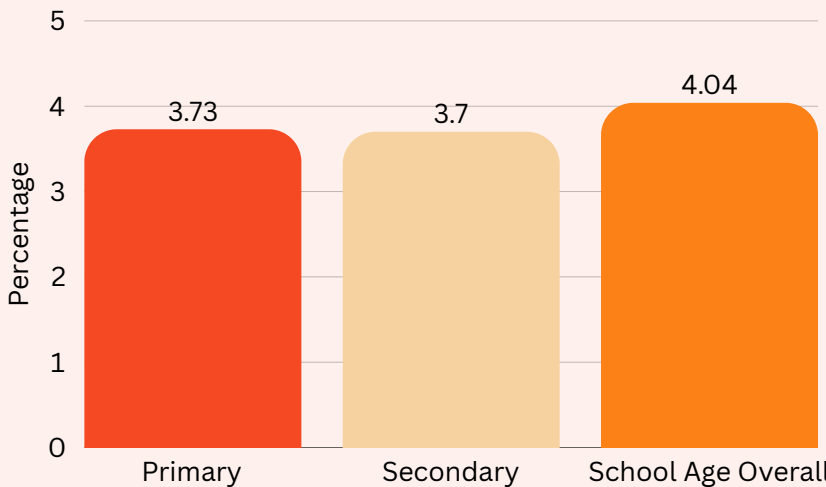


Prevalence
12,757 CYP aged 5-17 with a mental disorder

Vulnerable groups

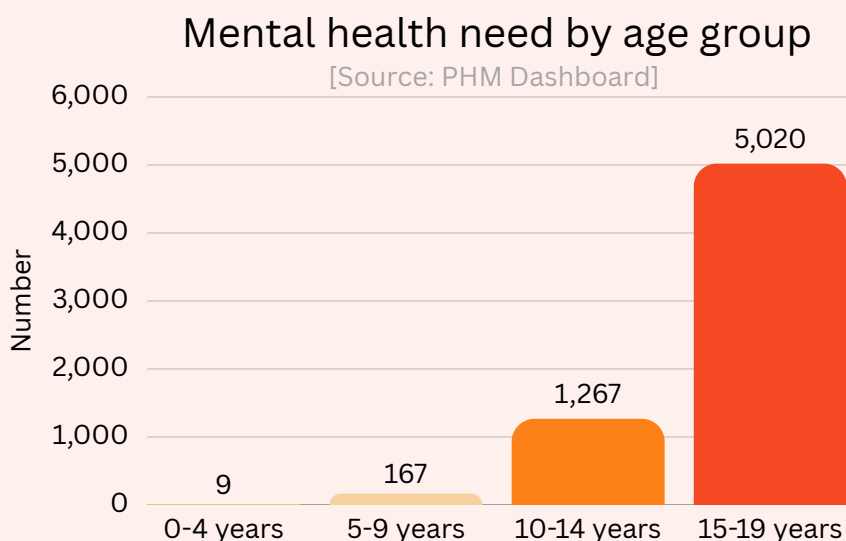
- 48% of looked after children have emotional wellbeing concerns (41% nationally)
- 8.8% of 16-17 year olds are NEET (5.4% nationally)

Social, emotional and mental health needs in schools



Acute need & hospital admission

74.7 per 100,000 (80.2 nationally)
Mental health hospital admissions (<18 years)
252.24 per 100,000 (266.62 nationally)
Self harm admissions (10-24 years)



Access to support

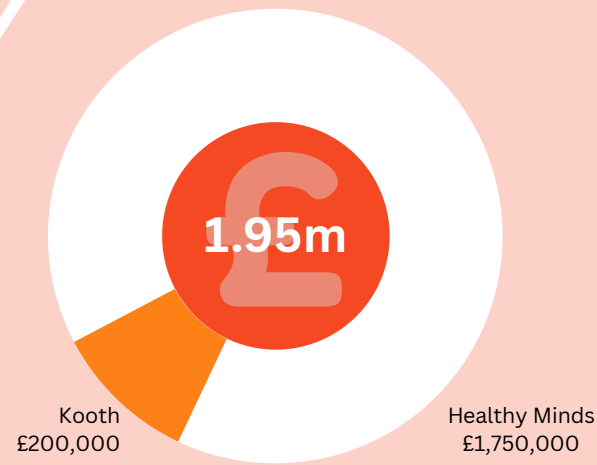
Mental Health Support Teams
50% pupils reached (37% of schools covered)
Stay Safe Days
22,863 students reached (100% mainstream secondary coverage)
[Source: DfE]

LOCAL ACTIVITY

- Lincolnshire JSNA - Mental Health and Emotional Wellbeing is a topic (Live Well).
- Joint Health and Wellbeing Strategy for Lincolnshire - Mental Health and dementia is a priority, overseen by the Mental Health, Learning Disability and Autism Alliance.
- ICB Cluster 5-Year Population Health Strategy - includes children and young peoples mental health as a priority.
- Public Health is developing a report for the MHDLDA inequalities board, due June 2026, examining inequalities in prevalence and service uptake by gender, deprivation and other characteristics.
- Mental Health Support Teams (MHST) currently operate in selected Lincolnshire schools, with full countywide coverage planned by 2029/30. Schools not yet supported can access the Healthy Minds service. Healthy Minds and MHST will be integrated into a single offer by 2030.
- Stay Safe Days support pupils’ mental wellbeing through sessions on substance use, healthy relationships and online safety.
- A consultation on Kooth (online counselling support service) took place in 2026.

PUBLIC HEALTH SPEND

Children’s Services receive £1.95m Public Health Grant funding for Healthy Minds and Kooth (online counselling service).



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Reduce the Incidence of Tuberculosis

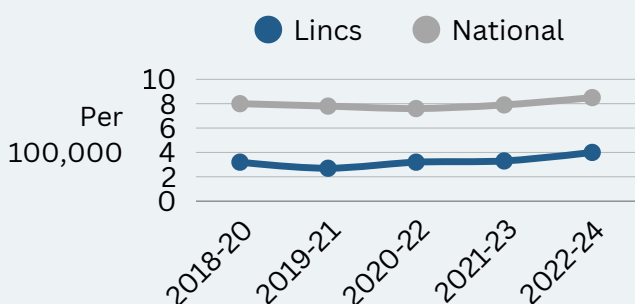
TB incidence remains higher in parts of the Midlands compared to national averages. The majority of cases in the Midlands are born outside of the UK. Those experiencing social risk factors face higher risk, delayed diagnosis and difficulties completing treatment. TB is also strongly associated with deprivation. TB is preventable and treatable but controlling it requires coordinated system-wide action. Variation in local pathways has led to inconsistent access to outreach, case management and treatment support increasing the risk of onward transmission and outbreaks.

REGIONAL RECOMMENDATIONS

- Local Authorities, ICBs & partner organisations should strengthen and formalise pathways between TB services and key settings
- All systems should have clear, resourced TB pathways that need to be maintained & protected

LOCAL PICTURE

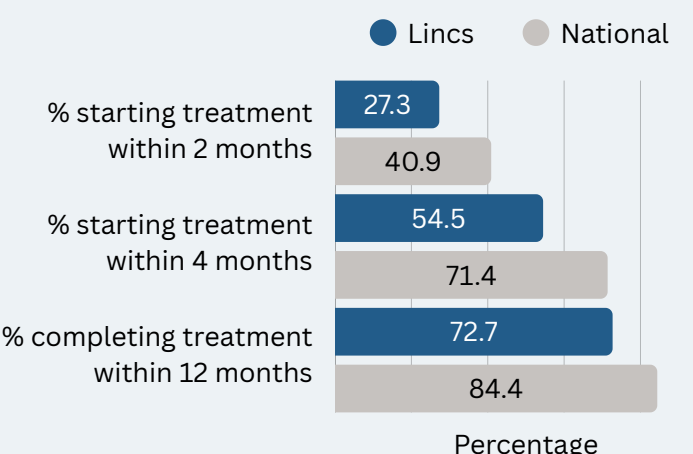
TB Incidence



Risk Factors

Smoking was the most common social risk factor reported in 2025

Treatment



Trends & Epidemiology

[Source: Provisional data from TB RSOG System Dashboard]



Rising cases amongst UK-born (largest group affected in Lincs). Fewer cases are non-UK born than nationally.



In 2025, 65+ were the most affected age group, compared to 30-39 years previously



More cases in Lincs require enhanced management compared to regionally, highlighting complexity of cases



Highest incidence per population = Boston (2022-24) Lincoln is now the highest area of burden (2025)

LOCAL ACTIVITY

- Lincolnshire JSNA - Immunisation is a topic (Age Well) and TB vaccination is delivered via a selective programme for defined risk groups.
- ICB Cluster 5-Year Population Health Strategy - prioritises vaccination & screening.
- National TB awareness campaigns are promoted locally.
- A Lincolnshire TB Steering Group reports to the Lincolnshire Health Protection Board. Public Health is also part of the East Midlands TB Group.
- A nurse-led TB service is provided by LCHS.
- The GIRFT priorities focus on proactive screening and nurse-led clinics to improve early diagnosis and reduce treatment delays
- There is an integrated approach with District Councils to reach inclusion groups, including NRPF procedures.
- Lincolnshire is not included in the national Latent TB Infection (LTBI) programme.
- Occupational health TB screening requires review to ensure appropriate provision beyond the TB service.

PUBLIC HEALTH SPEND

Public Health influence this agenda, predominantly via the Health Protection Team and wider determinants work programme.



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Recommendations

Following the initial review of the Critical Six recommendations, it is recommended that we:

- Continue to focus on the priorities in the Joint Health and Wellbeing Strategy for Lincolnshire which support the delivery of the RDPH recommendations
- Continue to work with other parts of the Council, such as Children's Health, to support delivery of RDPH recommendations
- Continue to commission public health services that support delivery of RDPH recommendations and develop mitigation plans to address the impact of decommissioning elements of the ILS, particularly in relation to CVD prevention
- Work in partnership with the ICB Cluster to deliver its 'Five Year Population Health Strategy' priorities which support delivery of the RDPH recommendations
- Work with system partners to map the CVD pathway to understand the full prevention pathway, from reducing CVD risk to improving outcomes for those living with CVD, to inform future investments and service improvements.
- Develop specific recommendations for each of the six priorities