



CHALLENGES

&

OPPORTUNITIES

CREATING SPACE TO SHARE, DISCUSS & DEBATE

Where do we go from here?

10th March
2026



Voluntary
Engagement Team
Linking Differently to
Health and Care

Welcome

Where do we go from here?



The plan...

1. Where are we now?
2. Local Government
3. Health
4. Where do we go from here?



Introduction

Today provides some space in that world to think together, to be open and honest with each other and to think about what it all means for us.

The plan today is to have an open conversation about where we go from here... yes I do have a plan based on 3 conversations and a bit of a dump of some stuff that we think we 'know' about the current landscape.

The idea is to spend some time thinking about

- Some context in relation to LVET members – and acknowledging how we individually feel about things - Where we are now?
- How the geography of Lincolnshire is changing in terms of local government and How the structures priorities and reach of 'health' is changing
- And then bringing it all together to talk about where we want to go? As LVET? As Individual Organisations?
- To my mind there is one key question

Important also to acknowledge that much of this is emerging – it is not yet certain or fixed.

Conversation 1: Feelings, Hopes and Fears



Talk with each other. Introduce yourself and share...

- One word that sums up how you feel?
- One worry you have right now?
- One thing that gives you hope?



It is important to acknowledge where we all are now...

...some of us will be feeling more +ve and others less so... glass half full, glass half empty or glass smashed to bits on the floor...

Take 10 minutes

AND On your tables introduce yourselves if you haven't already done so and share:

- How do you feel?
- What are your fears?
- What do you hope to see?

Introduce yourselves and share with each other – please write it down on the sheets of paper you will find on your table

10 minutes

Rapid feedback from each table summing up, for each of the three things, in just one or two words how you Feel, the Hopes and the Fears

Where are we now ?



FIRSTLY: There are people out there fighting for and talking about things differently (and there have been for some time now)

- Talking about health differently, about health creation, about a wellbeing economy
- Talking about people power, community led action, 'citizenship' and about different ways of governance

SECONDLY: You are collectively a significant economic and social force in the county.

1. Collectively you have an **estimated annual income of over £40 million**,
2. You **employ over 4500** people
3. You provide **volunteering opportunities to over 4000** people
4. And MOST IMPORTANTLY you **support the health, social care and wellbeing of over 130,000** people

YOU are an essential part of the future of health and social care in Lincolnshire. I draw a great sense of HOPE and OPPORTUNITY from the numbers of community organisations across the county who already support people to live well... in many different ways

What do we know about priorities?



Central Government?

Local authority?

Mayoral?

Funder?

Community?

Our own?

On a page

**Bolder
Ambitions**

**Better
Connected**

**Brighter
Futures**

1. Devolution is used to make Greater Lincolnshire a better place to live, work and visit.
2. Support the creation of more and better-paid jobs to improve the living standards of all residents.
3. Position Greater Lincolnshire as a global leader in food security, energy security and digital innovation.
4. Increase levels of innovation for businesses of all sizes and sectors.
5. Overcome the infrastructure barriers that prevent our economic growth.
6. Make public transport easier and more attractive to use, and more accessible.
7. Enable a transport network that connects road, rail, cycling and walking.
8. Support more effective movement of goods and services.
9. Become a national leader in rural transport solutions.
10. Our residents have access to attainable and appropriate housing.
11. Create aspiration, inspiration and confidence to participate in learning and employment.
12. Support local training provision that meets business and employment needs.



Whose priorities do we respond to?

Mayoral Priorities?

County Council Priorities?

District Council Priorities?

Pride in Place Priorities?

Funders Priorities?

Community?

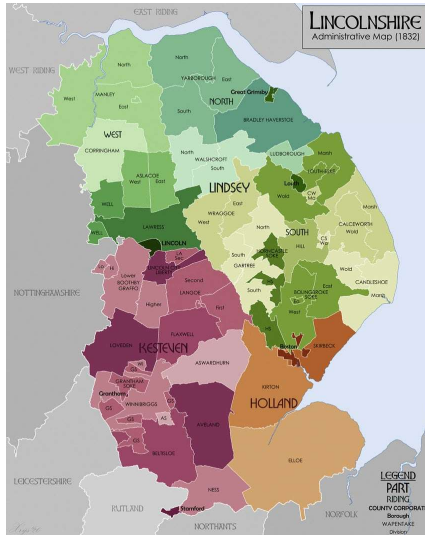
Our own?

Let's not forget that we, as VCFSE organisations are a real social and economic force...

NAVCA data – around 3000 VCFSE organisations PLUS 2000 under the radar organisations...

Themes? Economy, Ageing well, Mental wellbeing (esp C&YP), inequality & inequity

What do we know about the future shape of Lincolnshire?



- **Local Government Reorganisation**
- **Greater Lincolnshire Combined County Authority**
- **A focus on ‘Place’**
- **Neighbourhood representation**



10 minutes – Presentation of what we know, priorities, timescales

So we know that local government in Lincolnshire will look different – by May next year we would expect elections to the new LA and for there to be a shadow structure.

We know we have a Mayor and a GLCCA

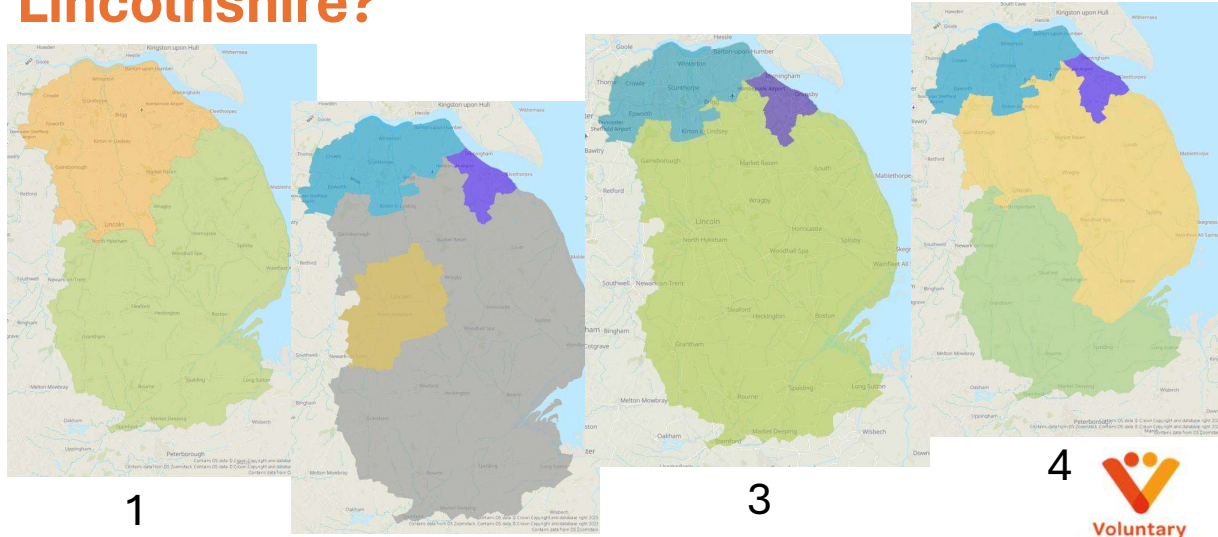
We know that there is a focus on ‘place’ – the places where data tells us there is greater inequality

Some of this is ‘Pride in Place’ driven activity, some of it is Sport England driven activity led by Active Lincolnshire – East Lindsey, Boston, South Holland, parts of Lincoln, Gainsborough

Also worth noting that the ICB cluster has also identified 9 PCNs/ neighbourhoods that are priority places

Not yet set how local areas will be represented – Local Area Committees?

What do we know about the future shape of Lincolnshire?



Source: www.greaterlincolnshirelgrhub.org/proposals

1. Boston Borough Council, East Lindsey District and South Holland District Council proposed 2 unitary councils. These would comprise the current areas of:

Northern Lincolnshire: Lincoln, North-East Lincolnshire, North Lincolnshire and West Lindsey

Southern Lincolnshire: Boston, East Lindsey, South Holland, North Kesteven and South Kesteven

2. City of Lincoln Council proposed 4 unitary councils. This includes a request to split existing district council areas between the proposed new councils. These would comprise the current areas of:

Lincoln City: Lincoln, plus 12 wards from North Kesteven and 7 wards from West Lindsey

Rural Lincolnshire: Boston, East Lindsey, South Kesteven, South Holland, plus North Kesteven minus 12 wards and West Lindsey minus 7 wards

North East Lincolnshire to remain unchanged

North Lincolnshire to remain unchanged

3. Lincolnshire County Council (supported by North East Lincolnshire and North Lincolnshire) proposed 3 unitary councils. These would comprise the current areas of:

North East Lincolnshire to remain unchanged

North Lincolnshire to remain unchanged

Lincolnshire: Boston, City of Lincoln, East Lindsey, North Kesteven, South Holland, South Kesteven, and West Lindsey

4. North Kesteven District Council and South Kesteven District Council proposed 4 unitary councils. These would comprise the current areas of:

Unitary Authority 1: North Kesteven, South Holland, South Kesteven

Unitary Authority 2: Boston, City of Lincoln, East Lindsey, West Lindsey

North East Lincolnshire to remain unchanged

North Lincolnshire to remain unchanged

What do we know about the future shape of Lincolnshire?



Timeline

What do we know about the future of health, social care and wellbeing in Lincolnshire?



- **Derbyshire, Lincolnshire, Nottinghamshire Cluster**
- **The 10 Year Health Plan**
- **Neighbourhood Health Plans**
- **Director of Public Health Reports**
- **Refreshed Joint Strategic Needs Assessment**
- **Better Care Fund > Integrated Care Funding Framework**



So, **firstly**, we know that there is a 10 Year Plan for Health in England with 3 key shifts that it wants to see...

- 1) A shift from hospital to community – ‘acute hospitals’ to ‘community-based services’
- 2) A shift from analogue to digital – systems, data use, AI and ‘patient-controlled care’
- 3) A shift from treatment to prevention – reducing strain, being proactive

Secondly, we know that local authorities are leading the development of Neighbourhood Health Plans (an expectation set out in the 10 Year Health Plan) – as yet without central government guidance – so it is in development though a cautiousness to commit to anything.

Thirdly we know this is going on in an environment of redundancies, restructures and savings – not least the clustering of the three Integrated Care Boards and new Strategies, Plans and Priorities – set out in weighty documents – eg a 85 page Strategy and Appendices and a 100 page 5 Year Strategic Commissioning Plan

We also know that data sets are being refreshed and revised eg the info that goes into JSNA and the Population Health Joint Data Set and that the **Annual Director of Public Health Report** also sets out priorities. As we speak the H&WB board is meeting.

NEW JSNA topics are proposed **Neurological Conditions and Financial inclusion & housing standards** – so now 35 topics monitored in the JSNA

The Better Care Fund will be reformed from financial year 2026 to 2027 with the potential name change to the Integrated Care Funding Framework, but what that looks like – we don’t know

What good Neighbourhood Health will look and feel like to people

A system that starts with me and my community – people will feel that services are designed with them, and not for them

Proactive, preventative support that keeps me well – people will experience a system that doesn't wait for problems to escalate

Whole-person care that reflects the realities of life – good neighbourhood health will recognise the full picture, social connections and wider determinants

Care that is coordinated and easy to navigate – people feel the difference as services communicate better, share information and work together.

Support that strengthens independence, capability and resilience – people will feel seen as partners in their own health and care

A more resilient, active and supported community – people will be able to access more activities and support that help them stay well

Local access to the right support, at the right time – services will feel closer and more responsive so people will see easier access, more care available locally and clear, simple routes for urgent help.



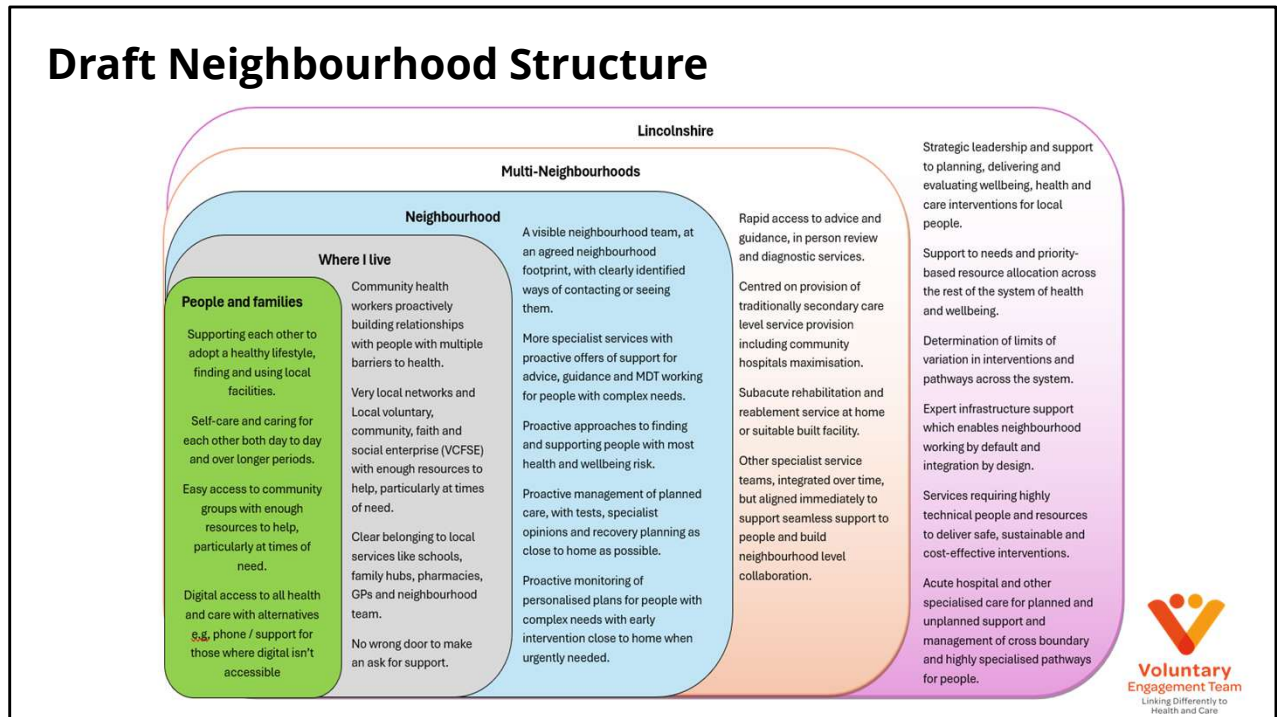
... the slides that follow are from a set of slides shared by LCC around the DRAFT NHP – nothing is agreed, it is all fluid and there has still been NO CENTRAL GOVT GUIDANCE

**PLEASE NOTE THIS SLIDE IS NOT 'SIGNED OFF' BY THE GROUP DEVELOPING THE NEIGHBOURHOOD HEALTH PLAN OR THE HEALTH AND WELLBEING BOARD
WE ASK THAT YOU DO NOT SHARE THE SLIDE**

Good Neighbourhood Health will feel personal, local and intuitive, a way of delivering care that genuinely reflects the realities, strengths and needs of Lincolnshire's communities. For residents, this means being surrounded by a system and community that understands them, works with them, and supports them to live well for longer.

People will feel that their area 'works better' not because of more services, but because services are more connected, proactive and aligned with what their communities needs.

Draft Neighbourhood Structure



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This diagram outlines Lincolnshire's neighbourhood model which is built as a series of connected tiers moving from:

- Place (countywide strategy and specialist services)
- Multi Neighbourhoods (broader hubs for diagnostics, reablement and resilience)
- Neighbourhoods (the local 30 – 70k footprints) where people live, work and access most day-to-day support.

This stepped structure shows how strategic oversight scales down into personalised, community led delivery, with Neighbourhood Teams coordinating care around local needs.

Where possible this model will align with existing service geographies, ensuring coherence without reorganisation.

ARGUABLY THE BIT THAT REALLY MATTERS gets the LEAST ATTENTION – People and Families and Where I Live

Draft High Level System Outcomes

- **Better self management of health and wellbeing** – people will feel more able to take control of their health and communities will have increased capacity and leadership to enable more local and community-led health initiatives.
- **More preventative and proactive activity** – services will shift resources toward better targeting and improved access to proven preventative interventions. This will enable more people to benefit and will reduce avoidable illness and poor health and wellbeing outcomes.
- **A reduction in health inequalities** – people who face multiple barriers to good health will experience improved acceptability, access and outcomes. There will be proactive engagement with the most challenged groups to ensure no one is left behind.
- **Greater sustainability through efficient resource use** – we will implement integrated service delivery at scale across estates, information management and technology, and workforce activity to reduce duplication, unwarranted hand offs and unwarranted hospital activity in both planned and urgent care.
- **More people reporting seamless integrated care** – people will no longer notice the joins between services commissioned or provided by the many partners involved in neighbourhood health. They will feel that their needs were at the centre of their experience, regardless of where or how they accessed support.



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The strategic plan sets out a level of transformation to the way wellbeing, health and care will be organised for local people which will be costly and effort intensive to deliver. As such, the Board would wish to be clear on the 'macro' outcomes being pursued for local people in return for this significant investment.

The draft High Level Outcomes are....

These will continue to be developed and refined with involvement from people and communities to understand the 'real life' outcomes important to people.

Conversation 2: What do the changes mean for you?



Talk with each other.

- What does all this change mean for you?
- What are your Worries & Challenges?
- Where are the Opportunities?
- How do these changes impact on your organisation's priorities? Your delivery?



Time to talk on your tables

- What do these changes mean for you?
- What are your Worries & Challenges?
- What Opportunities might they bring?
- Do these possible changes impact on your priorities? How?
- Do these possible changes impact on the way you deliver your work?

TRY NOT to think about the WHAT NEXT or to jump to what you need to do? Focus on the impact of these changes on you, your organisation, your community.

The 'what next' comes next

Capture these thoughts on the flipchart - Bulleted list, pictures, poems or whatever way works for you

feedback and conversation

Conversation 3: Where do we go from here?



- What needs to happen to make the most of the opportunities?
- What can we do to minimise the challenges?
- Who needs to do what?
- What is your ONE priority action?



Conversation

Where do we go from here?

What needs to happen to make the most of the opportunities and to minimise the challenges?

What is in our power to control?

Who needs to do what?

Capture these thoughts on the flipchart

ONE priority action

Feedback – ONE priority action

Where do we go from here? Maybe we prepare ourselves and create our own future.



Thank you for your

- **Time**
- **Deep thinking**
- **Honesty**
- **Openness**
- **Trust**

Get in touch hello@lvet.org.uk



Closing

Thanks

What we commit to...

Anything you would like LVET to commit to or that you want to commit to...personally or organisationally

- Write it on a post-it and stick it on the 'We can...' sheet OR
- share with me via email