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NHS England Midlands

Sent via email

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Dr Kathy McLean OBE
Chair of Lincolnshire Integrated Care Board

3 August 2026

Dear Kathy,

Annual assessment of Lincolnshire Integrated Care Board's performance in 2025/26

I am writing under section 14Z59 of the NHS Act 2006, as amended by the Health and Care Act 2022, which requires NHS England to conduct an annual performance assessment of each Integrated Care Board (ICB).

This has been a particularly challenging year for ICBs, marked by significant system-wide pressures and continued organisational change. In parallel, ICBs have been required to adapt to an evolving operating model, while maintaining a clear focus on statutory duties, system leadership and delivery for local populations.

Against this backdrop, we recognise the complexity of the task facing your organisation and the sustained effort required to balance immediate operational pressures with longer-term strategic priorities. We also acknowledge the additional burden created by structural changes, and the need to maintain stability and continuity across systems during a period of transition.

In reaching this assessment, we have considered evidence from the ICB's annual report and accounts, available performance and assurance data, feedback from partners and stakeholders, and discussions held with ICB colleagues over the course of the year.

While this annual assessment is a statutory requirement, we have sought to ensure that it is balanced and proportionate, recognising both the need to assess performance against statutory responsibilities and the realities of the organisational change that has taken place during the year.

We remain committed to working constructively with you, building on learning from the year, and supporting ICBs as roles, responsibilities and arrangements continue to evolve.

We would like to thank you, your Board and your wider team for your leadership and continued commitment during a demanding period of change. We look forward to continuing to work with you in the year ahead.

Yours sincerely

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Rebecca Farmer
Director of System Co-ordination and Oversight, Midlands, NHS England

Cc. Dale Bywater, Regional Director Midlands, NHS England
Amanda Sullivan, Chief Executive of the NHS Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire ICB cluster
Hayley Jackson, Deputy Director of System Co-ordination and Oversight, Midlands, NHS England

Section 1: ICB performance assessment

Lincolnshire ICB continued to operate effectively in a challenging context, working collaboratively with providers, the local authority and the Voluntary, Community and Social Enterprise sector across a large, diverse rural and coastal geography. Governance and delegated functions operated effectively.

The ICB has a well-developed approach to population health management supported by data-sharing arrangements, risk-stratification tools, linked datasets and strong partnership working. The data reflects the ICB in the highest quartile, with an overall improvement on last year. For example, seeing an improvement in the stroke admission deprivation gap at 12.21% in quarter 4. It demonstrates clear action on prevention, quality improvement, and health inequalities, with evidence of progress in areas including hypertension management, lipid-lowering therapy, early cancer diagnosis and Referral to Treatment performance. Vaccination uptake remains a challenge, and there has been no improvement in the quality of ethnicity data. The ICB demonstrates a clear strategic approach to reducing inequalities, with targeted action across prevention, inclusion health, digital inclusion, service redesign and Core20PLUS5. The feedback recognises that inequalities are being considered systematically in decision-making and resource allocation.

Overall delivery against the annual objectives was mixed. There was improved performance in elective recovery and primary care, but this was offset by weaker delivery in cancer, which was below national target at 61.52% in quarter 4 deteriorating on the previous year along with mixed performance against mental health and learning disability/autism metrics, and some evidence gaps across the wider operating plan. Severe Mental Illness Health checks saw a strong position being above target and continued improvement at 66%.

Performance in elective care improved during the year. United Lincolnshire Hospitals NHS Trust (ULTH) outperformed plan on 18-week performance, although the ICB is rated as below average in national data, but noting improvement to 61.16% in quarter 4, and exceeding the national ambition on 52-week waits, with comparative performance improving through the year. Year-end performance in cancer care remained materially below the national target against the Faster Diagnosis Standard and the 62-day standard at 61.52%, performance deteriorating compared with the previous year despite improvement support and recovery funding. Positive progress is recognised in urgent and emergency care (UEC), although the ICB is below average nationally and shows deterioration from the previous year. There has been positive work in embedding ambulance handover improvements, expanding Same Day Emergency Care and Hospital at Home, and strengthening system coordination. Rising attendance trends among older people mean further work is still needed, particularly on waits for those awaiting admission.

The ICB delivered well against primary care expectations, including full or near-full achievement on Advice and Guidance, GP Connect, online consultation, You and Your GP

uptake and urgent dental access, with several patient insight metrics above the national average. Online GP registration remained slightly below target, and no dentists were recruited against the target, although this reflected a wider national challenge.

Delivery against the mental health operating plan was variable. The ICB achieved several measures, including Individual Placement and Support, length of stay, perinatal access, and Talking Therapies improvement and recovery metrics, and there was good practice in prevention, partnership working and Physical Health Checks for People with Severe Mental Illness support. However, underperformance remained in Children and Young People (CYP) contacts, completed Talking Therapies treatments and Out of Area Placements, requiring sustained focus during 2026/27. Similarly, learning disability and autism delivery was mixed. Positives included achieving the CYP inpatient plan and annual health check coverage, but adult inpatient performance was significantly off plan, and Lincolnshire remained in the highest-rate group for adult inpatients.

The ICB met all statutory financial duties in 2025/26, delivering a £3.7m surplus (on plan) and keeping both ICB and system spend within income limits; key controls were met, with running costs £17.1m vs £26.0m allowance. The ICB delivered £63.2m against its planned efficiency target of £72.4m. The system delivered £146.9m of efficiencies which was £16.3m below plan. The ICB and the wider system improved productivity by 7.8%, which exceeded the regional average of 2.4%.

Despite pressures (acute activity, prescribing growth, out-of-area Mental Health placements), the position was mitigated via efficiency/recovery programmes, tighter in-year controls, phased investment prioritisation and NHS England risk-share. Productivity is evidenced through maintaining balance despite rising demand/expanded commissioning, growth in Community Diagnostic Centre tests, and low corporate running costs; capital was managed collaboratively with partners. System working included joint financial management/cluster alignment while retaining statutory accountability. Forward intent for 2026/27 is set via 5-year population health and strategic commissioning plans plus continued management-cost reductions. Good practice was noted in the consistent statutory compliance, low running costs, strong assurance ratings and system collaboration. Challenges were evident in the ongoing demand/cost pressures and reliance on efficiencies/risk-share; support needed on sustained productivity, specialist/prescribing cost growth and maintaining financial grip during cluster transition.

Progress on capital-backed discharge support has been slower than intended. Continued focus will be required on reducing adult inpatient numbers, reducing longest stays, maintaining ambition on annual health checks, and delivering capital schemes in a timely way. Special Educational Needs and Disabilities (SEND) remains challenged, with Lincolnshire subject to statutory intervention following an inspection outcome of inconsistent experiences and outcomes. Proactive ICB oversight was acknowledged, alongside partnership governance and some service improvements. The importance of the SEND reform plan and mobilisation of Experts at Hand is clear.

The ICB is commissioning services effectively, including delegated functions. It is proactive and engaged in joint decision-making arrangements for specialised services, with full assurance reported across medical, dental, pharmacy and optometry delegated functions. Further work is planned in 2026/27 to strengthen strategic commissioning capability.

Section 2: ICB capability assessment

During 2025/26, Lincolnshire ICB entered formal partnership arrangements with Nottingham and Nottinghamshire ICB and Derby and Derbyshire ICB. These are known as ICB 'cluster' arrangements, which aim to support a more consistent and sustainable approach to strategic commissioning, while ensuring that each ICB remains focused on meeting the needs of its local population. The ICB cluster Board has provided strong system leadership during a challenging year, in which there have been significant financial, operational and quality issues to address, as well as ensuring that staff are well supported through organisational change.

The ICB continued to mature organisationally while delivering against the Triple Aim and its statutory duties, with robust governance, a clear committee structure and collaborative working with system partners. There is robust quality oversight, mature governance and a strong triangulated assurance model. There is positive assurance on maternity safety, patient experience and oversight of complaints, alongside evidence that concerns in provider organisations have been actively managed and escalated where required. Quality governance supports learning from feedback. Positive examples include co-production through maternity voices and service developments such as virtual wards and the care coordination centre. However, system-wide performance remains variable, especially in diagnostics, cancer, mortality oversight and demand-pressured pathways.

Good progress is being made in shifting care closer to home through stronger primary care, community pharmacy, community diagnostics, care coordination, virtual wards and hospital-at-home models. The overall direction of travel is positive and the core foundations for this shift are in place. Continued emphasis is needed on reducing hospital reliance, improving outcomes and demonstrating value for money. Support is being provided to the Lincolnshire Community and Hospital Group in pursuit of this objective.

There is clear management responsibility for assessing and managing climate-related matters which sits within established executive and operational arrangements. This supports delivery of the ICB's Green Plan. This and the infrastructure strategy support this work, alongside broader partnership arrangements across the system.

The ICB clearly outlines its work on supporting local economic development and contributing to the Health and Work priority. It evidences the "Get Lincolnshire Working Plan," led by the Greater Lincolnshire Combined County Authority, which aligns with the national Get Britain Working priorities, and six guiding principles.

The ICB has discharged its responsibilities through direct, delegated and collaborative commissioning arrangements. In 2026/27, the ICB should further develop its strategic

commissioning capability by showing more clearly how commissioning choices respond to local need, improve access and quality, and deliver measurable outcomes for Lincolnshire residents. This could be supported by specific examples of commissioning decisions in primary care, specialised commissioning or delegated services, and the impact those decisions had.

The ICB has obtained appropriate advice in carrying out its functions, with clinical input embedded through Board and committee arrangements. Primary care, nursing, medical, provider and wider professional leadership inform discussions on quality, safety, access and service change, and quality reports show that clinical risks and patient safety issues are discussed with actions agreed to manage or mitigate risks. This supports confidence that decisions are informed by clinical expertise.

Progress has been made in digital transformation, particularly the full migration of eligible GP practices to cloud-based telephony and continued integration of practice systems with the NHS App. In addition, major investment has been secured to support frontline digitisation of electronic patient records at ULTH. However, some NHS App core functionality expectations remain close to, but not yet fully at, compliance.

The ICB's local government partners felt that the working relationship is effective, describing the ICB as a regular, visible and willing partner. They cited positive examples of involvement in engagement exercises and policy consultations, with several examples demonstrating the ICB's effectiveness in this area. They also noted strong relationships with providers. Local government partners remain keen to work more closely with the ICB, particularly to support a more forward-planning approach and clearer responses to recommendations, so they are aware of what has been accepted and the next steps.

Section 3: Support and intervention

There were no formal legal enforcement actions or undertakings in place for Lincolnshire ICB from NHS England during 2025/26. Equally, none of the local providers were subject to enforcement action or undertakings.

No formal support was in place for the ICB, although ULTH received Tier support for elective and cancer services. Lincolnshire ICB has been a participant in the Regional (Tier 2) oversight arrangements that NHS England has put in place over the year to ensure that ULTH and the wider Lincolnshire system deliver the required improvements in UEC, elective and cancer services respectively.

Conclusion

In forming this assessment, we have sought to take a balanced and proportionate view of your performance, recognising both what has been delivered and the complexity of the operating environment in which ICBs continue to function. We are encouraged by progress towards a more mature system of integrated care, with decision-making increasingly informed by, and responsive to, the needs of local people and communities.

We recognise that, for some systems, this assessment relates to an ICB that has since merged or transitioned into a new organisational form. This letter therefore reflects performance for the statutory body in place during the period assessed. NHS England acknowledges the pace of change across systems and is committed to working with you in your current configuration, supporting continuity, learning from predecessor organisations, and continued improvement as the new ICB develops and embeds its responsibilities.

I ask that you share this assessment with your board and senior leadership team and consider publishing it alongside your annual report at a public meeting. In line with our statutory responsibilities, NHS England will also publish a summary of the outcomes of all ICB annual performance assessments.