

Health Inequalities Legal Duties Performance Report

NHS

Lincolnshire
Integrated Care Board

Version 0.5 24th April 2024



Revision History

Revision Date	Version	Summary of Changes	Changes Marked
15/02/2024	V0.1	Document created	CC
23/02/2024	V0.2	Order of slides changed to align with order presented in NHSE statement on information on Health Inequalities document from November 2023	CC
07/03/2024	V0.3	<p>Corrections made on following slides:</p> <p>11 and 12: 4.1% changed to 1.3% because of a mistype.</p> <p>13: Added the overall Lincolnshire average rate (6,998 per 100,000).</p> <p>14: Added the overall male and female rates (6,702 and 7,227 per 100,000 respectively).</p> <p>16: Added the overall Lincolnshire average rate (6,433 per 100,000).</p> <p>17: Added the overall male and female rates (5,971 and 6,861 per 100,000 respectively).</p> <p>19: Added the overall Lincolnshire average rate (8,521 per 100,000).</p> <p>20: Added the overall male and female rates (7,514 and 9,171 per 100,000 respectively).</p> <p>22: Added the overall Lincolnshire average rate (1,050 per 100,000).</p> <p>23: Added the overall male and female rates (979 and 1,094 per 100,000 respectively).</p> <p>30: Added the Lincolnshire average (78.2%).</p> <p>31: Added the Lincolnshire average (75.1%).</p> <p>32: Added the Lincolnshire average (28.0%).</p> <p>33: Added the Lincolnshire average (84.8%).</p> <p>50 and 51: 70.2% changed to 70.0% because of a mistype.</p> <p>59: Added the overall Lincolnshire average (94.1% of patients who smoke are offered smoking cessation services in acute inpatient settings).</p> <p>60: Added the overall Lincolnshire average (29.4% of patients who smoke are offered smoking cessation services in maternity settings).</p>	CC
14/03/2024	V0.4	Changed from deprivation decile to deprivation quintile for selected indicators.	CC
24/04/2024	V0.5	Added slides for restrictive interventions and CYP mental health access.	CC

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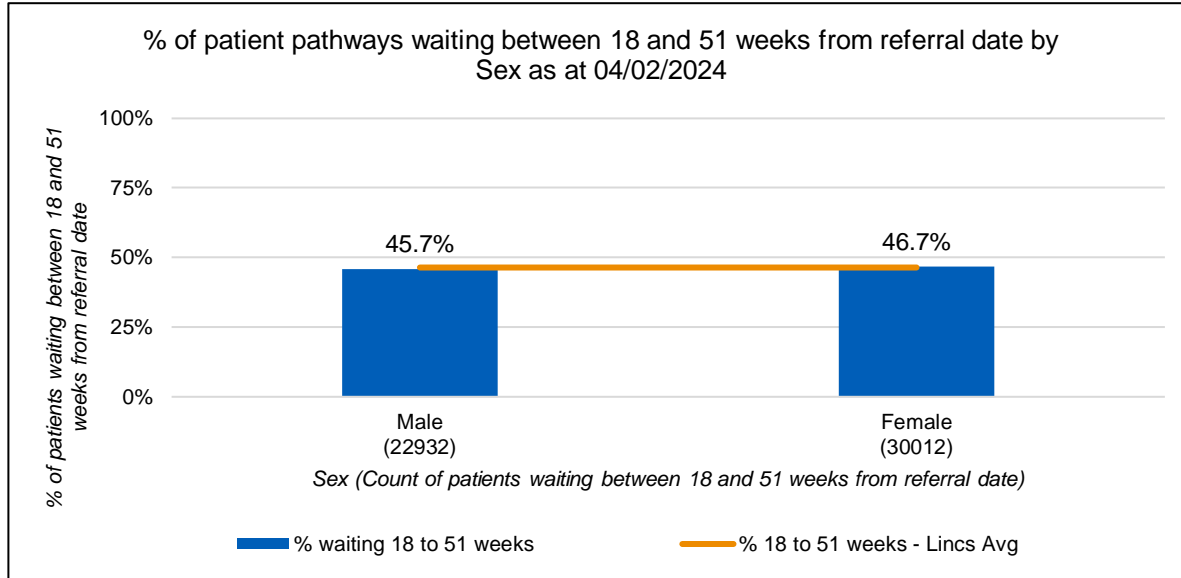
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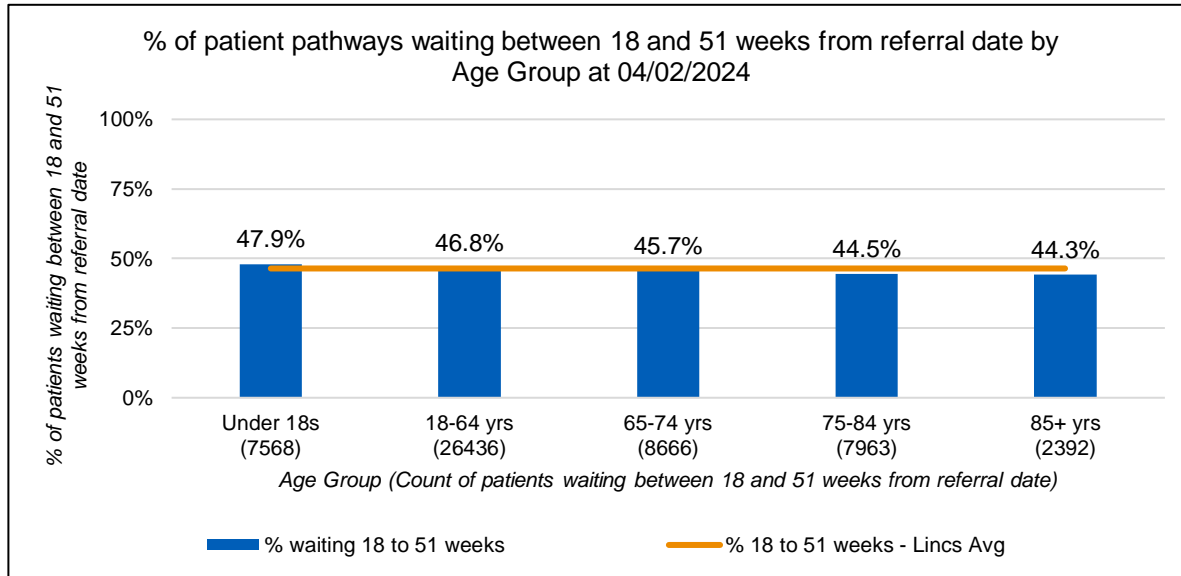
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Elective Recovery – Waiting Lists (18 to 51 week waits)



At the 4th February 2024, 46.3% of Lincolnshire patient pathways had been waiting between 18 and 51 weeks for treatment from time of referral.

There is a 1.0% variation by gender (45.7% vs. 46.7%), with a slightly higher proportion of female patients compared to male patients waiting between 18 and 51 weeks

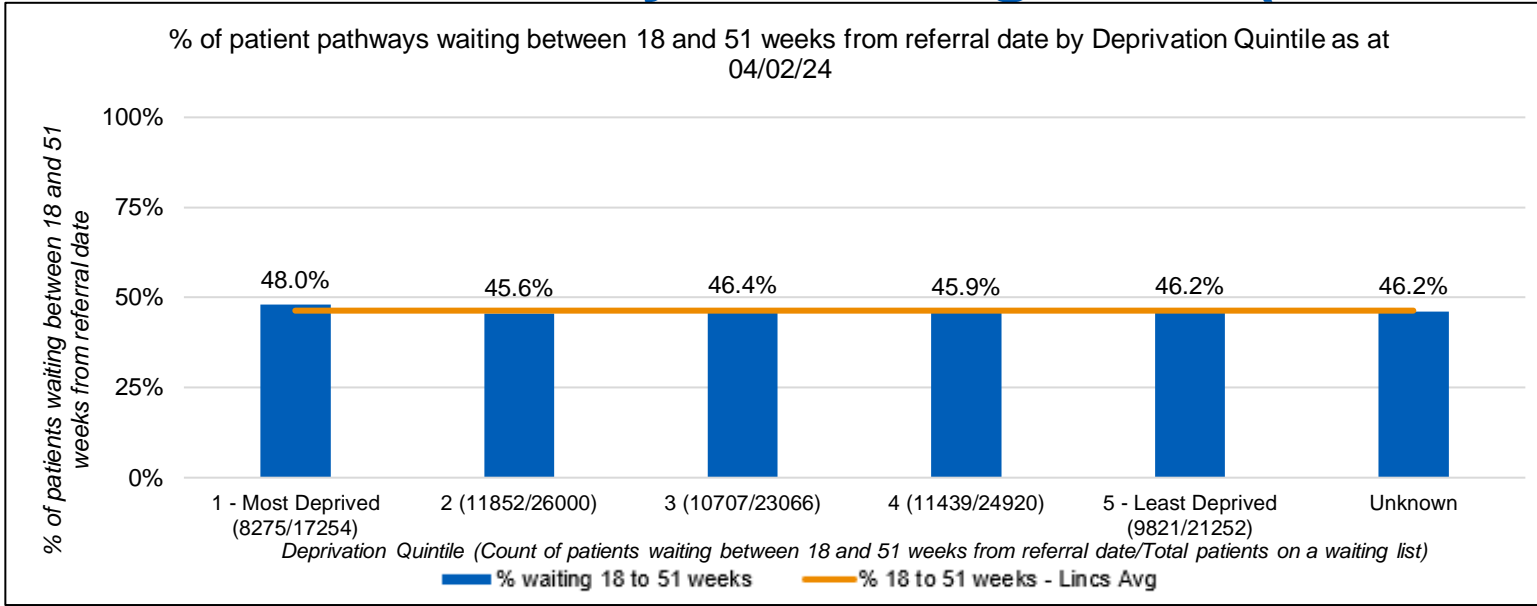


At the 4th February 2024, 46.3% of Lincolnshire patient pathways had been waiting between 18 and 51 weeks for treatment from time of referral.

There is a 3.6% variation between the youngest and oldest age cohorts (47.9% vs. 44.3%), with the youngest having a higher proportion waiting between 18 and 51 weeks.

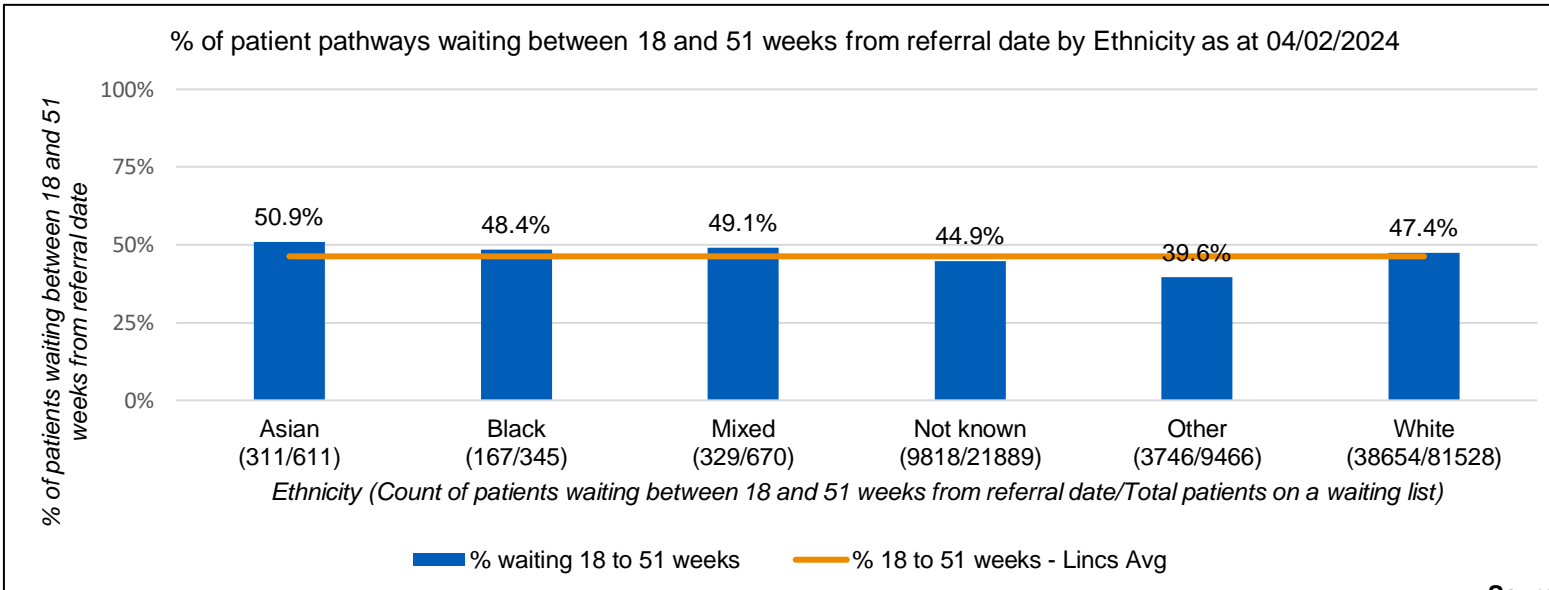
Source: Waiting Lists Minimum Data Set (WLMDS), as at 04/02/2024

Elective Recovery – Waiting Lists (18 to 51 week waits)



At the 4th February 2024, 46.3% of Lincolnshire patient pathways had been waiting between 18 and 51 weeks for treatment from time of referral.

There is a 1.8% variation between the most and least deprived patient cohorts (48.0% vs. 46.1%), with the most deprived having a higher proportion waiting between 18 and 51 weeks.

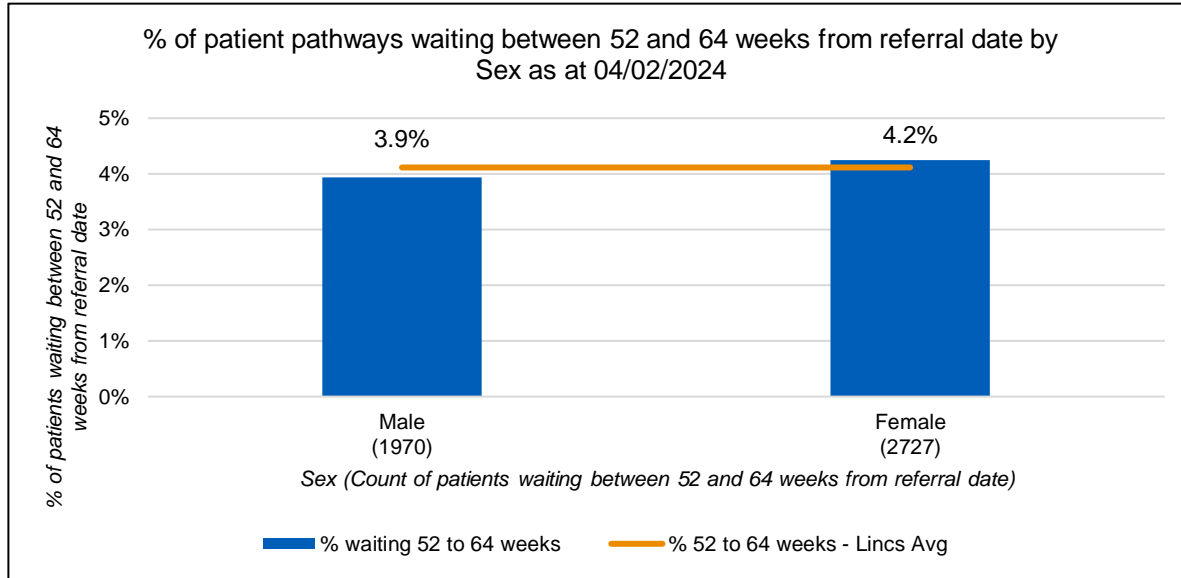


At the 4th February 2024, 46.3% of Lincolnshire patient pathways had been waiting between 18 and 51 weeks for treatment from time of referral.

There is a 11.3% variation between Asian and Other patient ethnicity cohorts (50.9% vs. 39.6%), with the Asian population having a higher proportion waiting between 18 and 51 weeks.

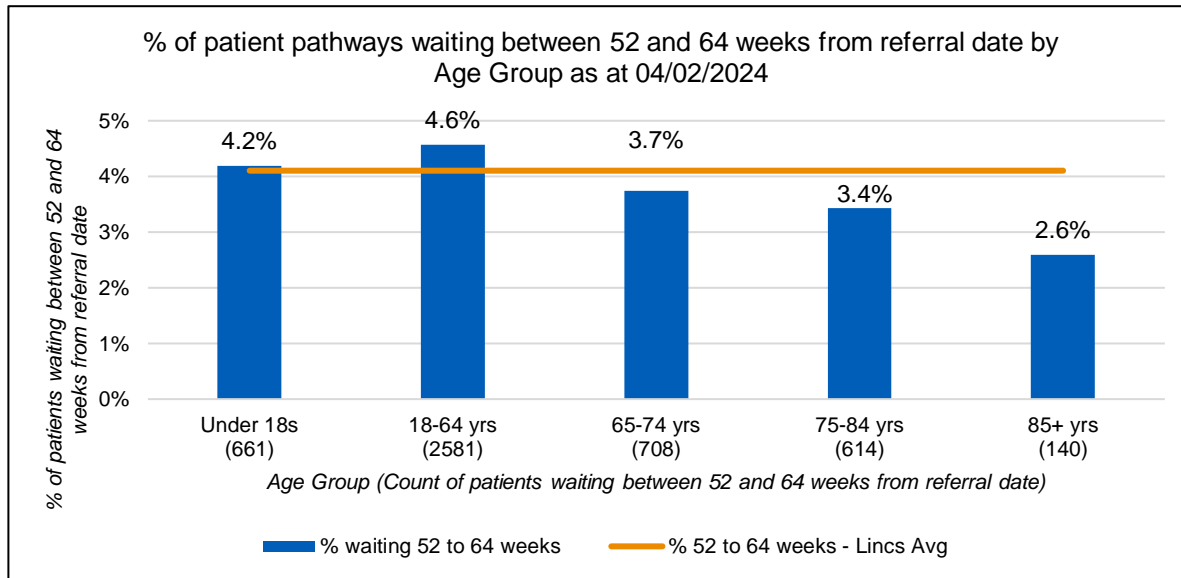
Source: Waiting Lists Minimum Data Set (WLMDs), as at 04/02/2024.

Elective Recovery – Waiting Lists (52 to 64 week waits)



At the 4th February 2024, 4.1% of Lincolnshire patient pathways had been waiting between 52 and 64 weeks for treatment from time of referral.

There is a 0.3% variation by gender (3.9% vs. 4.2%), with a slightly higher proportion of female patients compared to male patients waiting between 52 and 64 weeks.

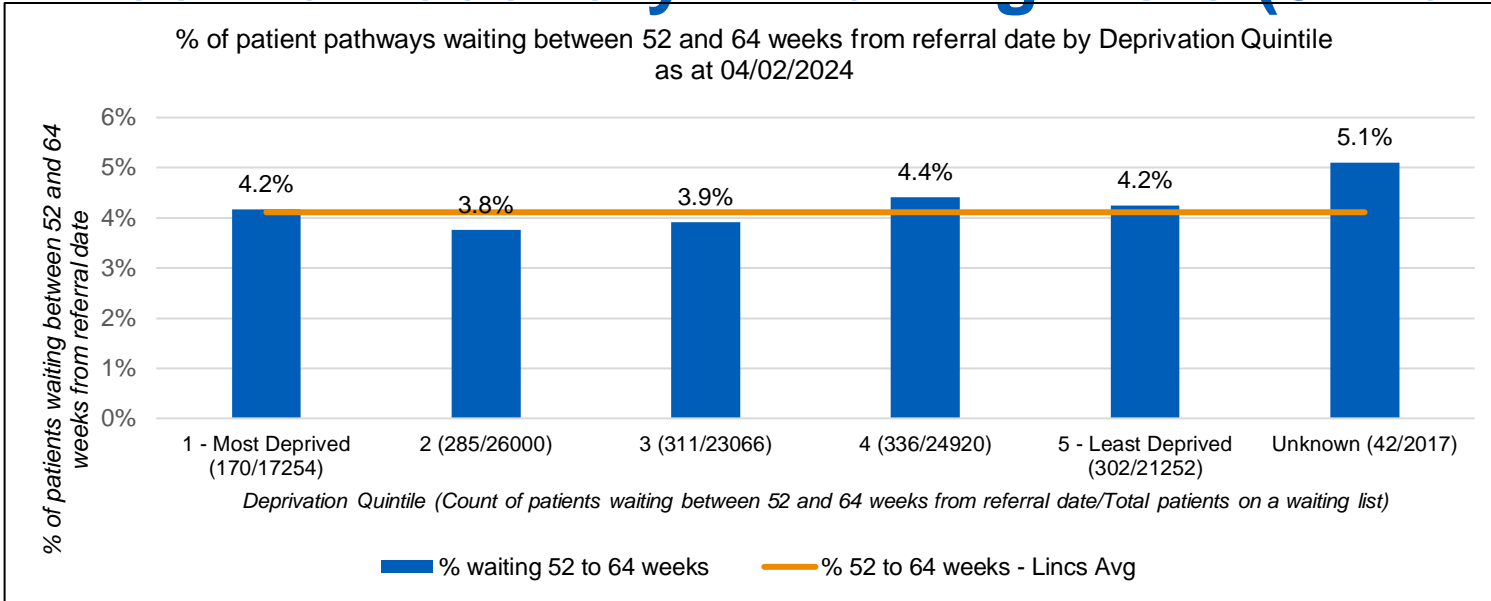


At the 4th February 2024, 4.1% of Lincolnshire patient pathways had been waiting between 52 and 64 weeks for treatment from time of referral.

There is a 2.0% variation between the 18-64 and 80+ age cohorts (4.6% vs. 2.6%), with the 18-64 cohort having a higher proportion waiting between 18 and 51 weeks.

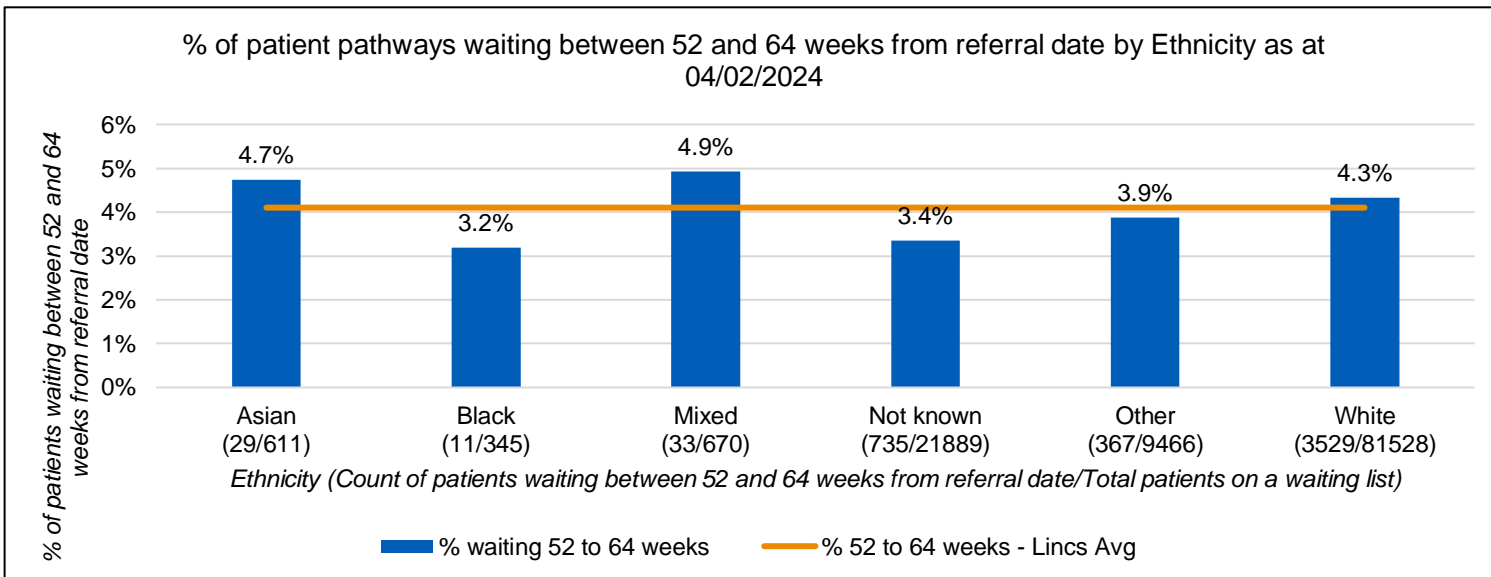
Source: Waiting Lists Minimum Data Set (WLMDS), as at 04/02/2024

Elective Recovery – Waiting Lists (52 to 64 week waits)



At the 4th February 2024, 4.1% of Lincolnshire patient pathways had been waiting between 52 and 64 weeks for treatment from time of referral.

There is a no difference in the proportion of patients in the most deprived and least deprived quintile who are waiting between 52 and 64 weeks.

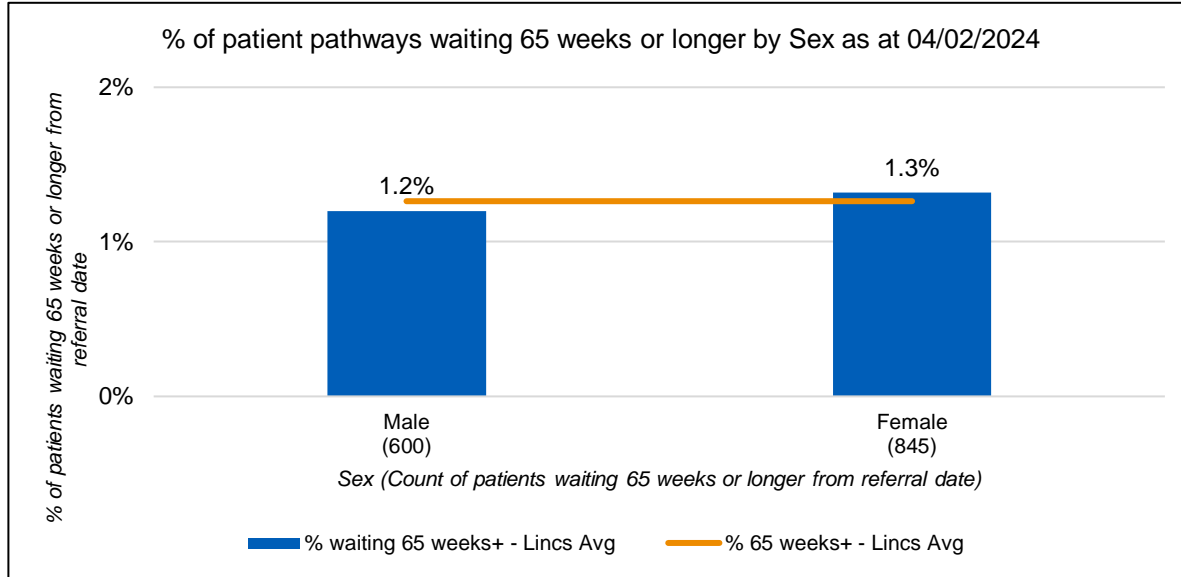


At the 4th February 2024, 4.1% of Lincolnshire patient pathways had been waiting between 52 and 64 weeks for treatment from time of referral.

There is a 1.7% variation between Mixed and Black patient ethnicity cohorts (4.9% vs. 3.2%), with the Mixed population having a higher proportion waiting between 52 and 64 weeks.

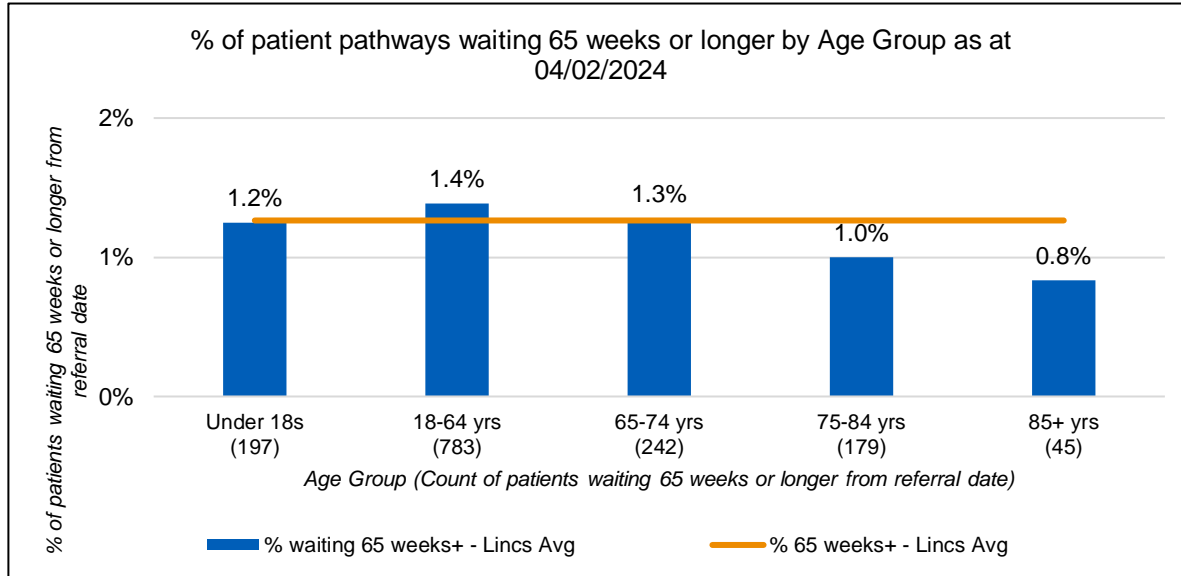
Source: Waiting Lists Minimum Data Set (WLMDS), as at 04/02/2024

Elective Recovery – Waiting Lists (65 weeks or longer)



At the 4th February 2024, 1.3% of Lincolnshire patient pathways had been waiting 65 weeks or more for treatment from time of referral.

There is a 0.1% variation by gender (1.2% vs. 1.3%), with a slightly higher proportion of female patients compared to male patients waiting 65 weeks or more.

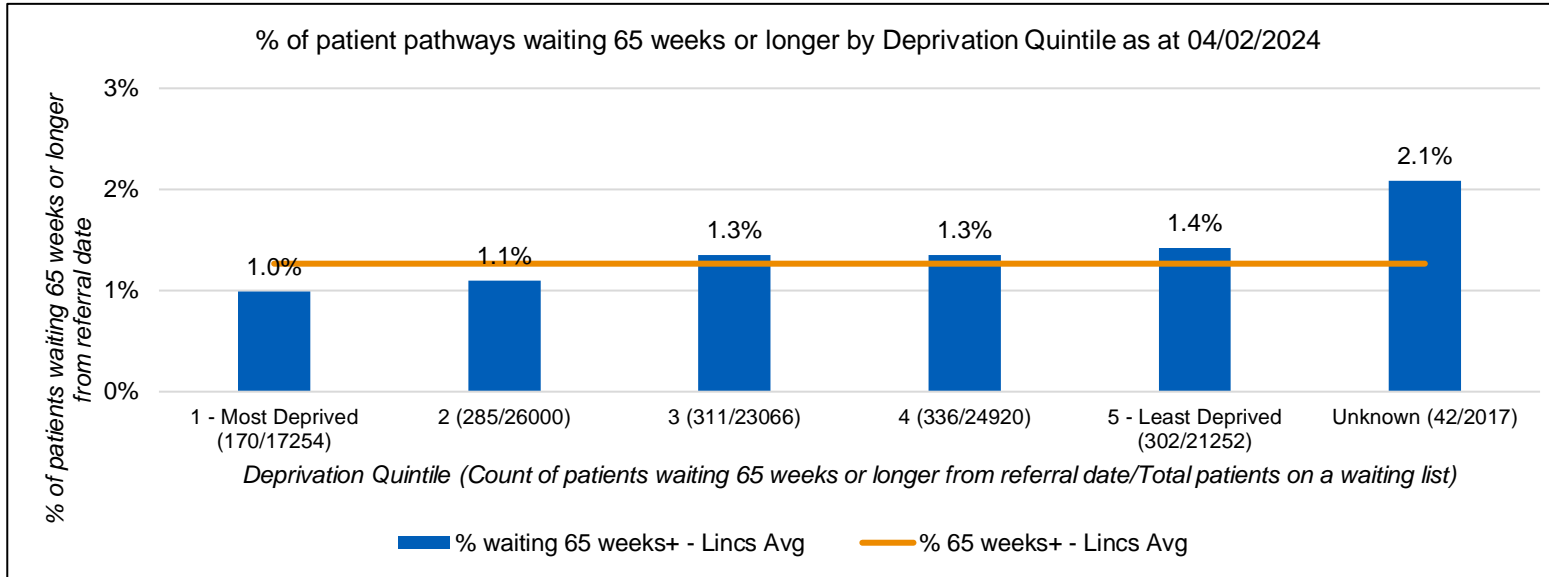


At the 4th February 2024, 1.3% of Lincolnshire patient pathways had been waiting 65 weeks or more for treatment from time of referral.

There is a 0.6% variation between the 18-64 and 80+ age cohorts (1.4% vs. 0.8%), with the 18-64 cohort having a higher proportion waiting 65 weeks or more.

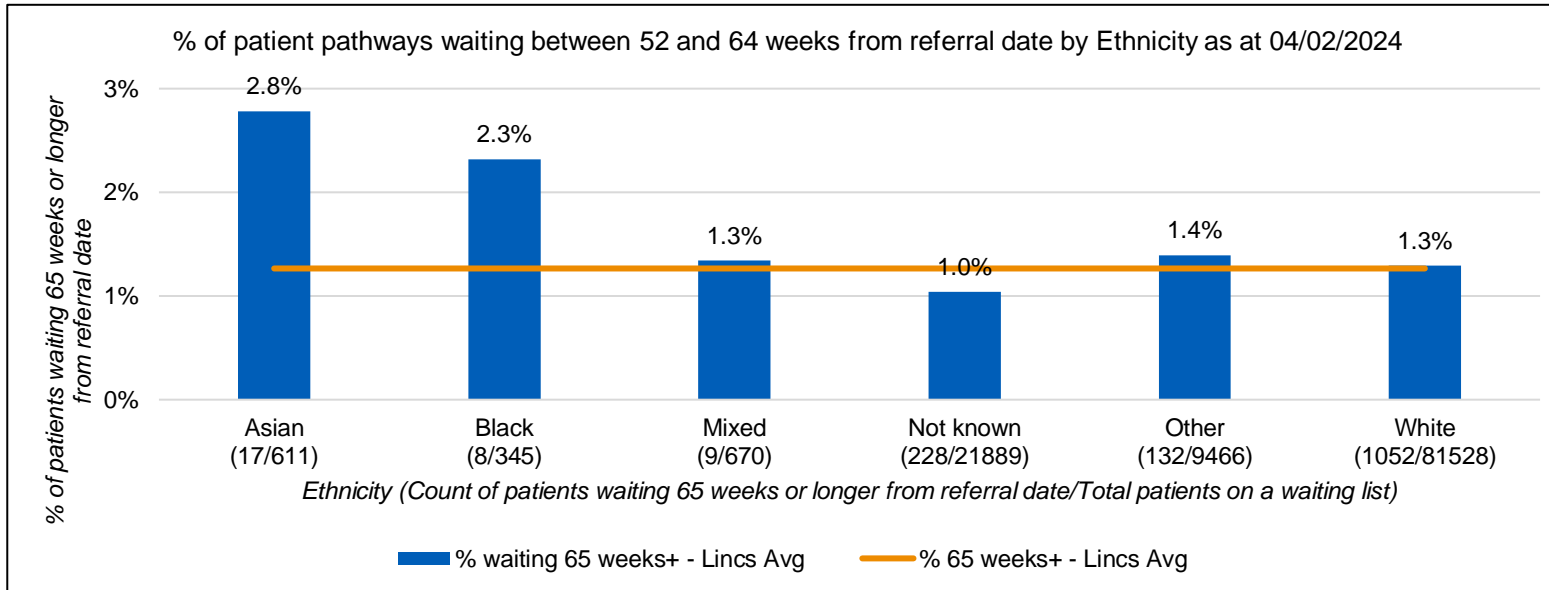
Source: Waiting Lists Minimum Data Set (WLMDS), as at 04/02/2024

Elective Recovery – Waiting Lists (65 weeks or longer)



At the 4th February 2024, 1.3% of Lincolnshire patient pathways had been waiting 65 weeks or more for treatment from time of referral.

A smaller proportion of those from the most deprived quintile are waiting 65 weeks or longer than those in the least deprived decile.



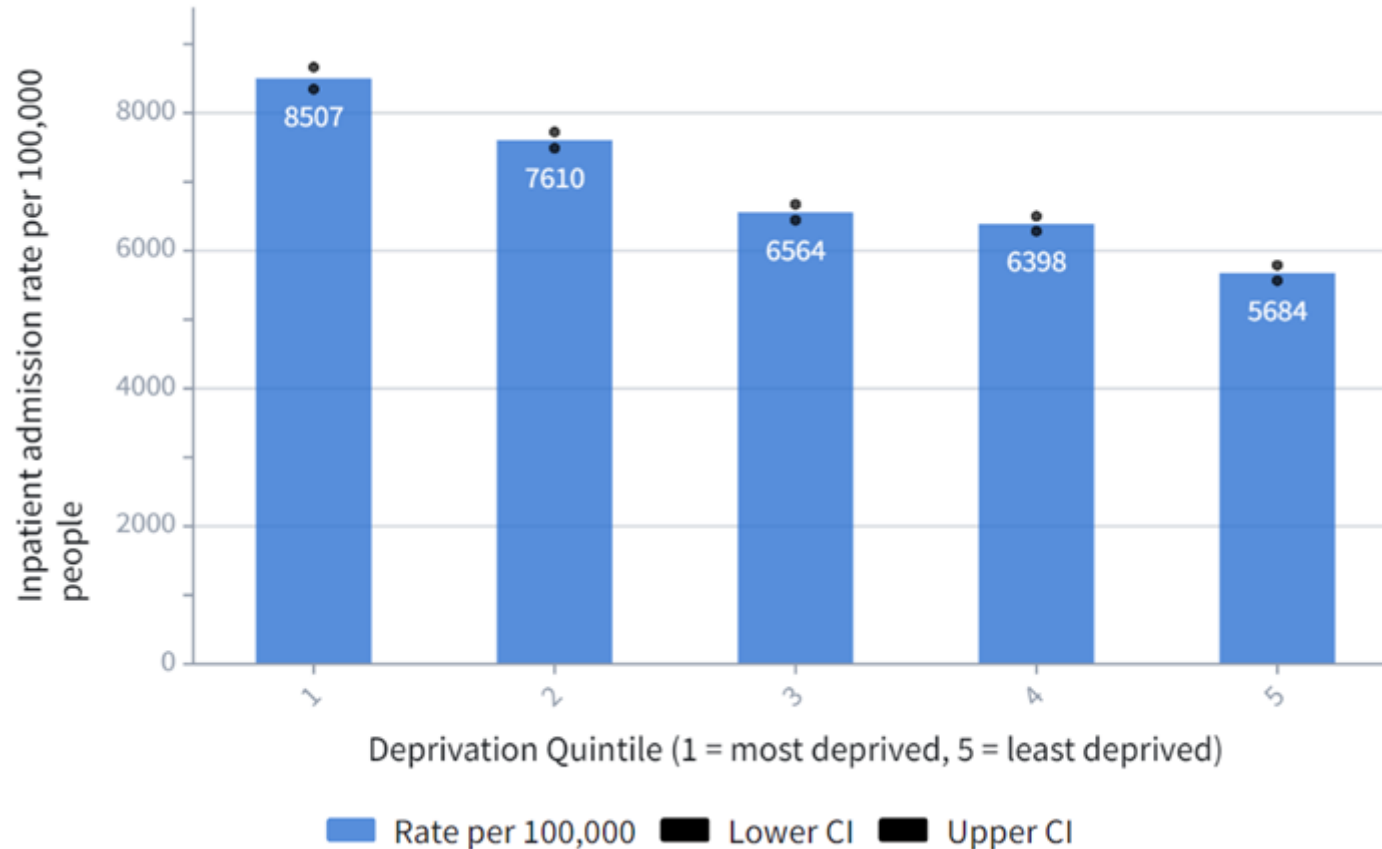
At the 4th February 2024, 1.3% of Lincolnshire patient pathways had been waiting 65 weeks or more for treatment from time of referral.

There is a 1.5% variation between Asian and Mixed & White patient ethnicity cohorts (2.8% vs. 1.3%), with the Asian population having a higher proportion waiting 65 weeks or more.

Source: Waiting Lists Minimum Data Set (WLMDS), as at 04/02/2024

Elective Recovery – Elective Inpatient Admissions

Rate per 100,000 of elective inpatient admissions in Lincolnshire by Deprivation Quintile (21/11/2022 to 18/11/2023)



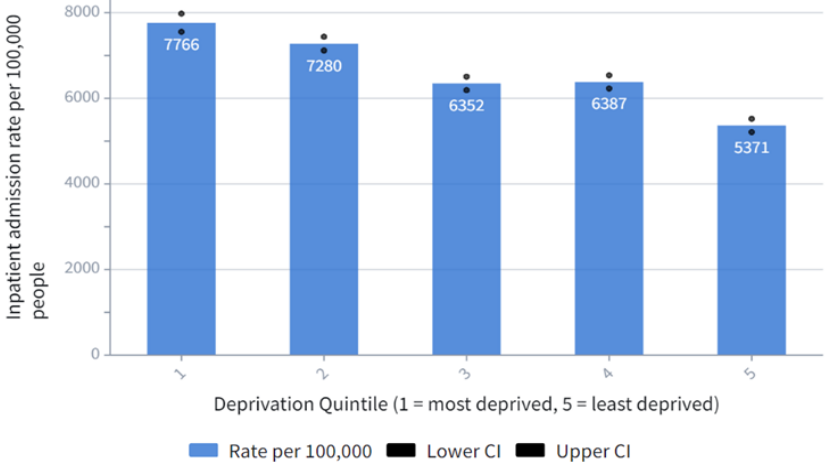
For the 52 weeks up to the 18th November 2023, there were 6,998 elective inpatient admissions per 100,000.

When stratifying the data by deprivation quintile, there were 8,507 elective inpatient admissions per 100,000 in the most deprived population. This is significantly higher than the least deprived population, where there were 5,684 inpatient admissions per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Elective Inpatient Admissions

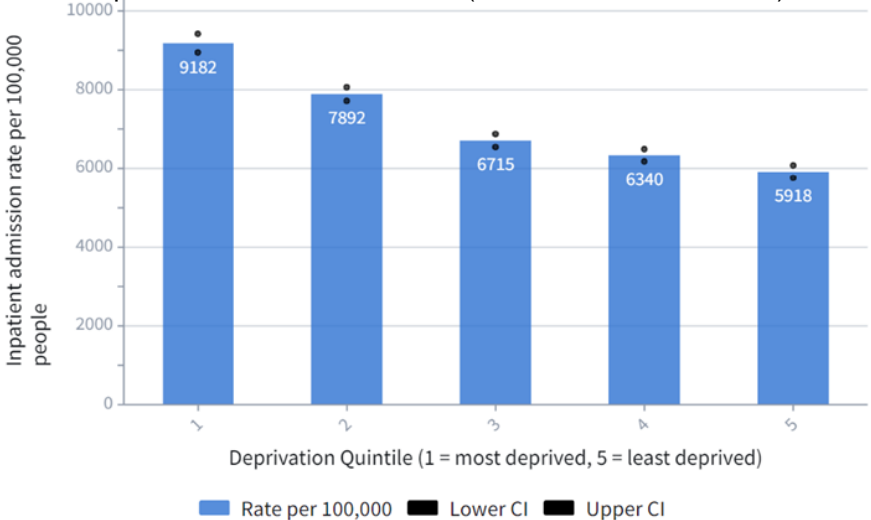
Rate per 100,000 of elective inpatient admissions in Lincolnshire by Deprivation Quintile for Males (21/11/2022 to 18/11/2023)



For the 52 weeks up to the 18th November 2023, there were 6,702 elective inpatient admissions per 100,000 in the male population.

For the 52 weeks up to the 18th November 2023, there were 7,766 elective inpatient admissions per 100,000 in the most deprived male population. This is significantly higher than the least deprived male population, where there were 5,371 inpatient admissions per 100,000.

Rate per 100,000 of elective inpatient admissions in Lincolnshire by Deprivation Quintile for Females (21/11/2022 to 18/11/2023)

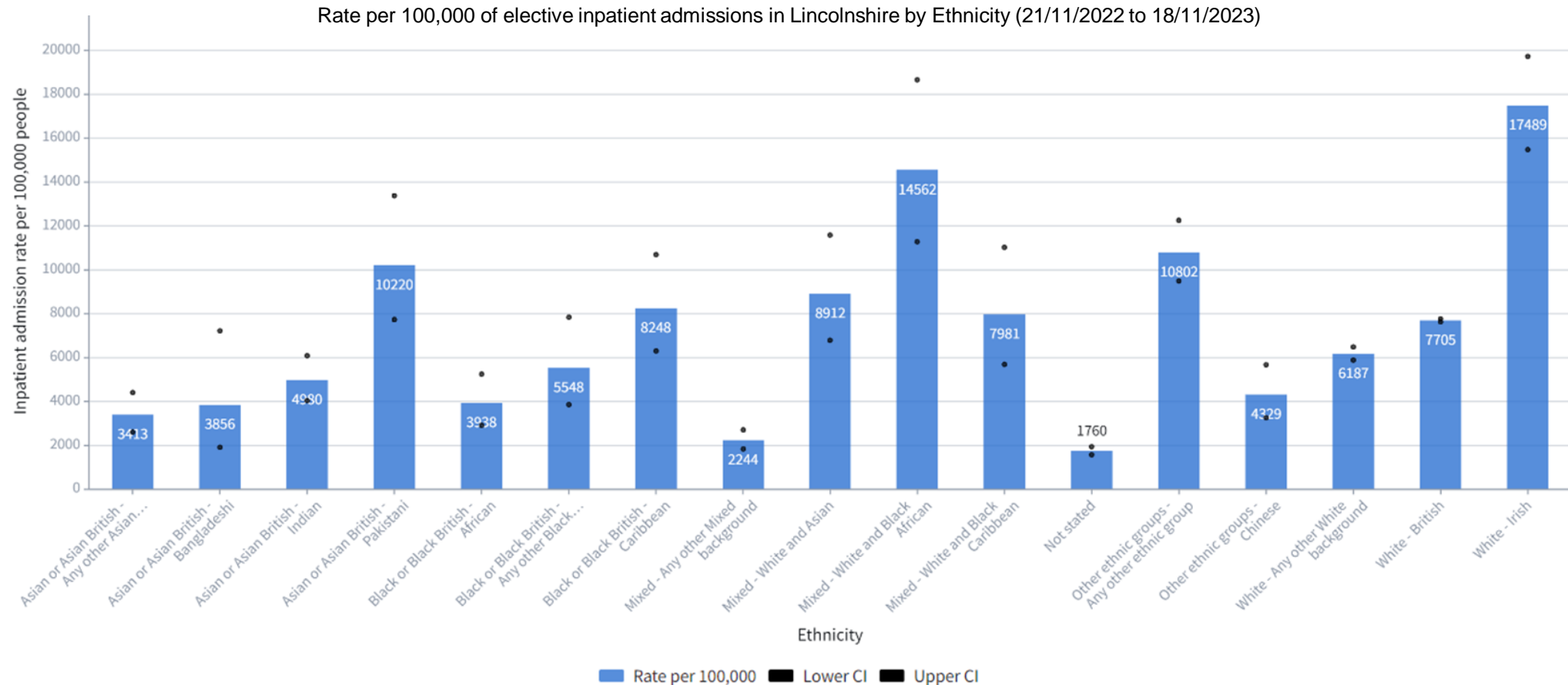


For the 52 weeks up to the 18th November 2023, there were 7,227 elective inpatient admissions per 100,000 in the female population.

When stratifying the female data by deprivation quintile, there were 9,182 elective inpatient admissions per 100,000 in the most deprived female population. This is significantly higher than the least deprived female population, where there were 5,918 inpatient admissions per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Elective Inpatient Admissions

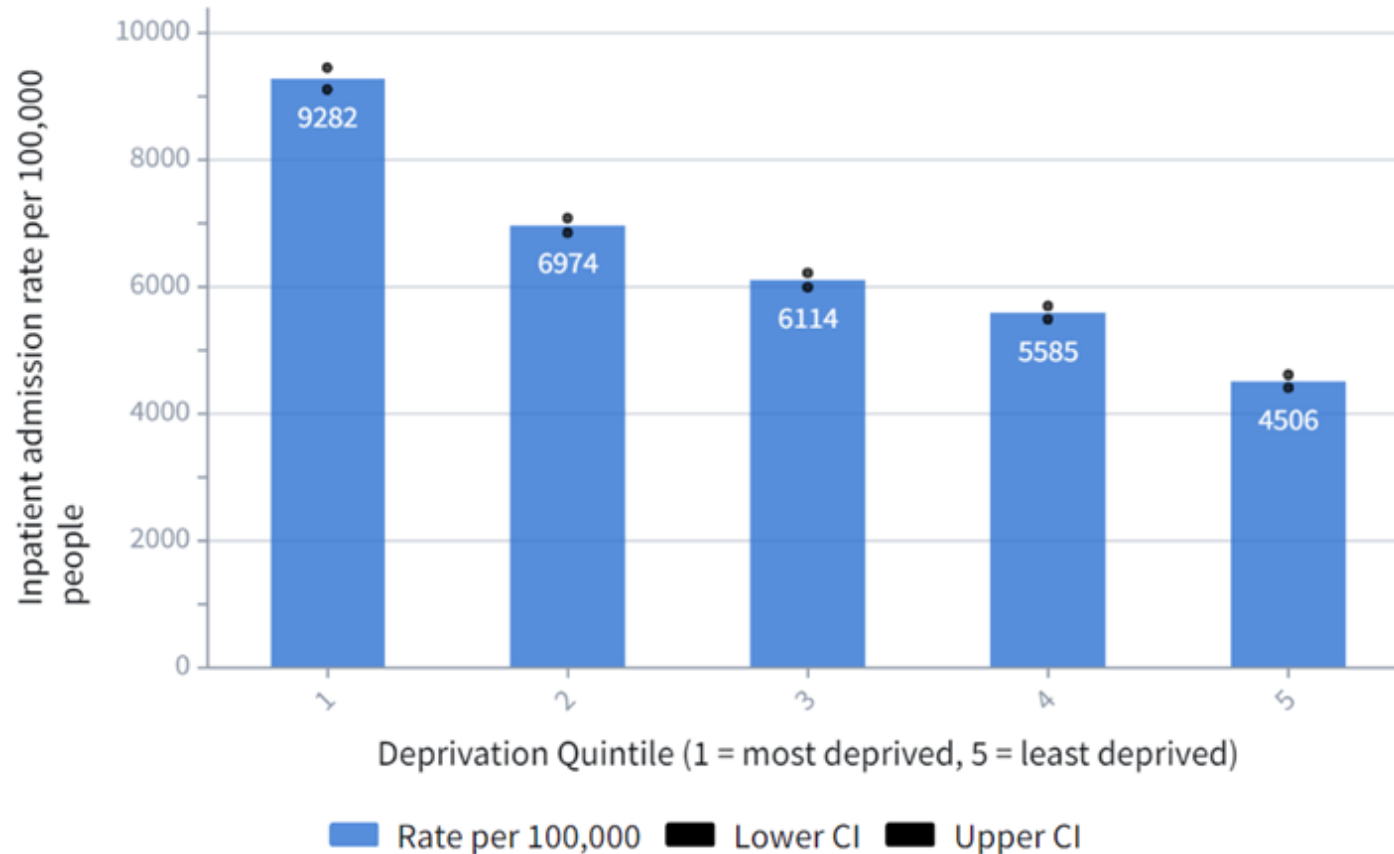


For the 52 weeks up to the 18th November 2023, elective inpatients admissions per 100,000 are statistically higher in the Indian, White & Black African (Mixed), Any Other Ethnic Group, White Irish ethnic groups, compared to the White British population. These values may be skewed by low counts in ethnic minority populations, however.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Non-elective Inpatient Admissions

Rate per 100,000 of non-elective inpatient admissions in Lincolnshire by Deprivation Quintile (21/11/2022 to 18/11/2023)



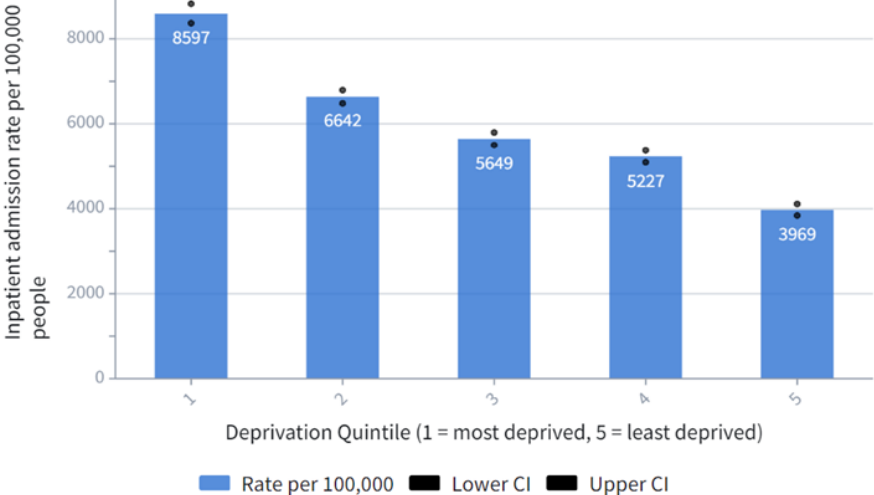
For the 52 weeks up to the 18th November 2023, there were 6,433 non-elective inpatient admissions per 100,000.

When stratifying the data by deprivation quintile, there were 9,282 non-elective inpatient admissions per 100,000 in the most deprived population. This is significantly higher than the least deprived population, where there were 4,506 non-elective inpatient admissions per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Non-elective Inpatient Admissions

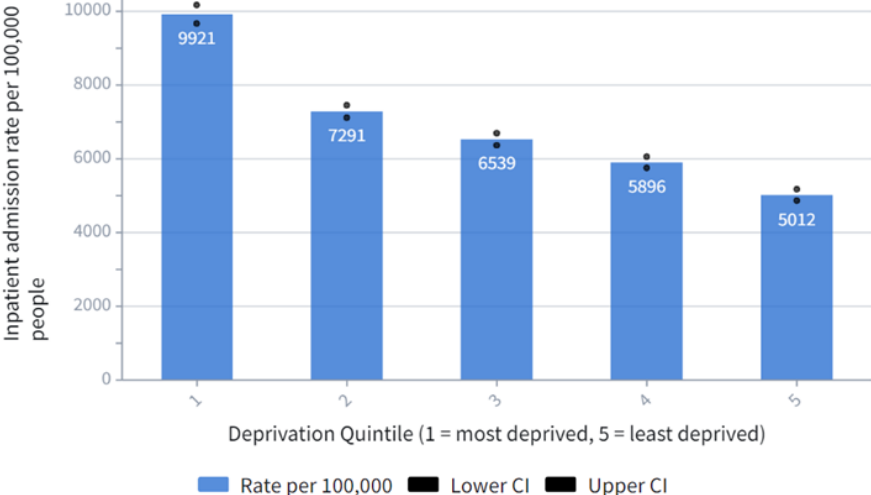
Rate per 100,000 of non-elective inpatient admissions in Lincolnshire by Deprivation Quintile for Males (21/11/2022 to 18/11/2023)



For the 52 weeks up to the 18th November 2023, there were 5,971 nonelective inpatient admissions per 100,000 in the male population.

For the 52 weeks up to the 18th November 2023, there were 8,597 non-elective inpatient admissions per 100,000 in the most deprived male population. This is significantly higher than the least deprived male population, where there were 3,969 non-elective inpatient admissions per 100,000.

Rate per 100,000 of non-elective inpatient admissions in Lincolnshire by Deprivation Quintile for Females (21/11/2022 to 18/11/2023)

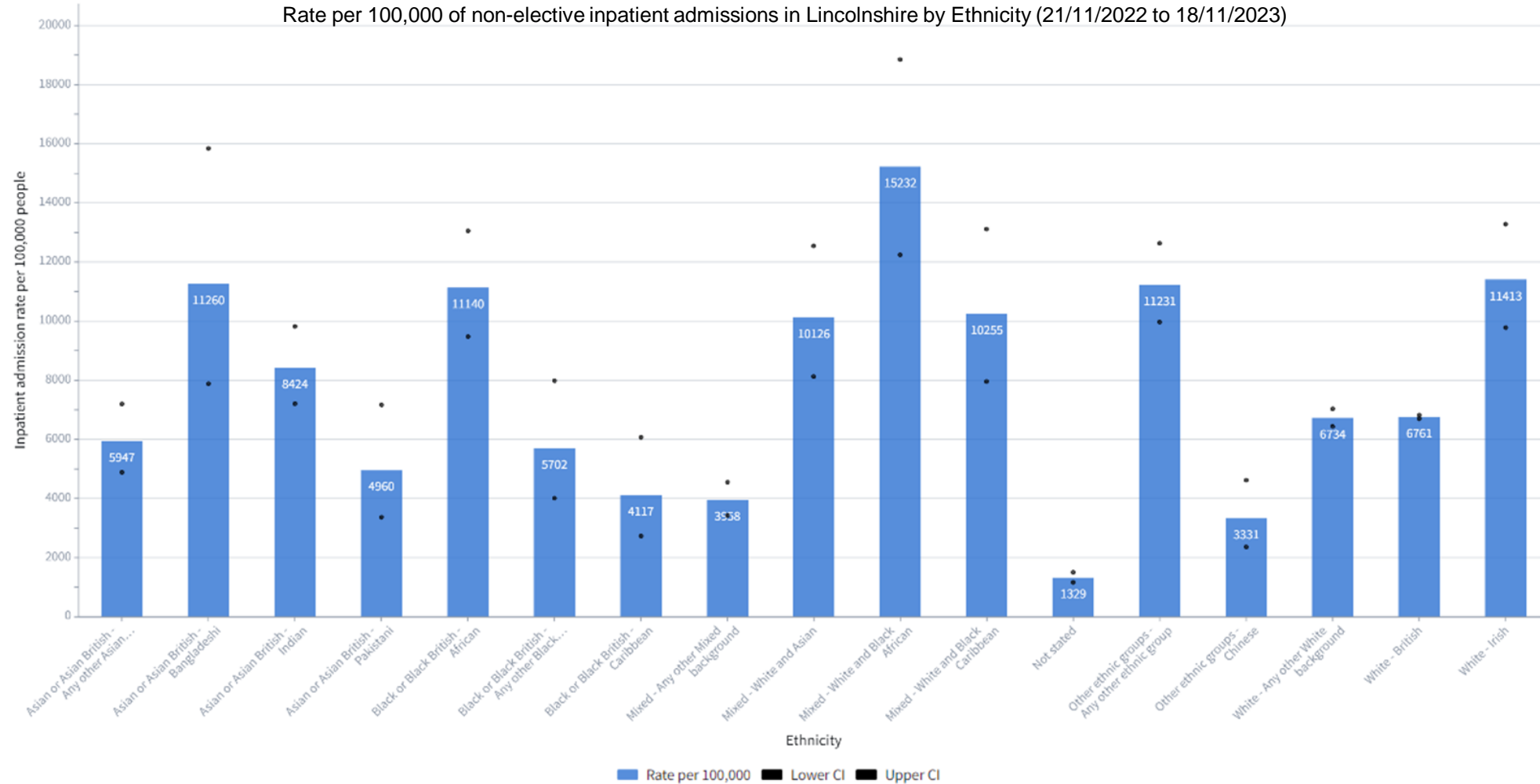


For the 52 weeks up to the 18th November 2023, there were 6,861 nonelective inpatient admissions per 100,000 in the female population.

For the 52 weeks up to the 18th November 2023, there were 9,921 non-elective inpatient admissions per 100,000 in the most deprived female population. This is significantly higher than the least deprived female population, where there were 5,012 non-elective inpatient admissions per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

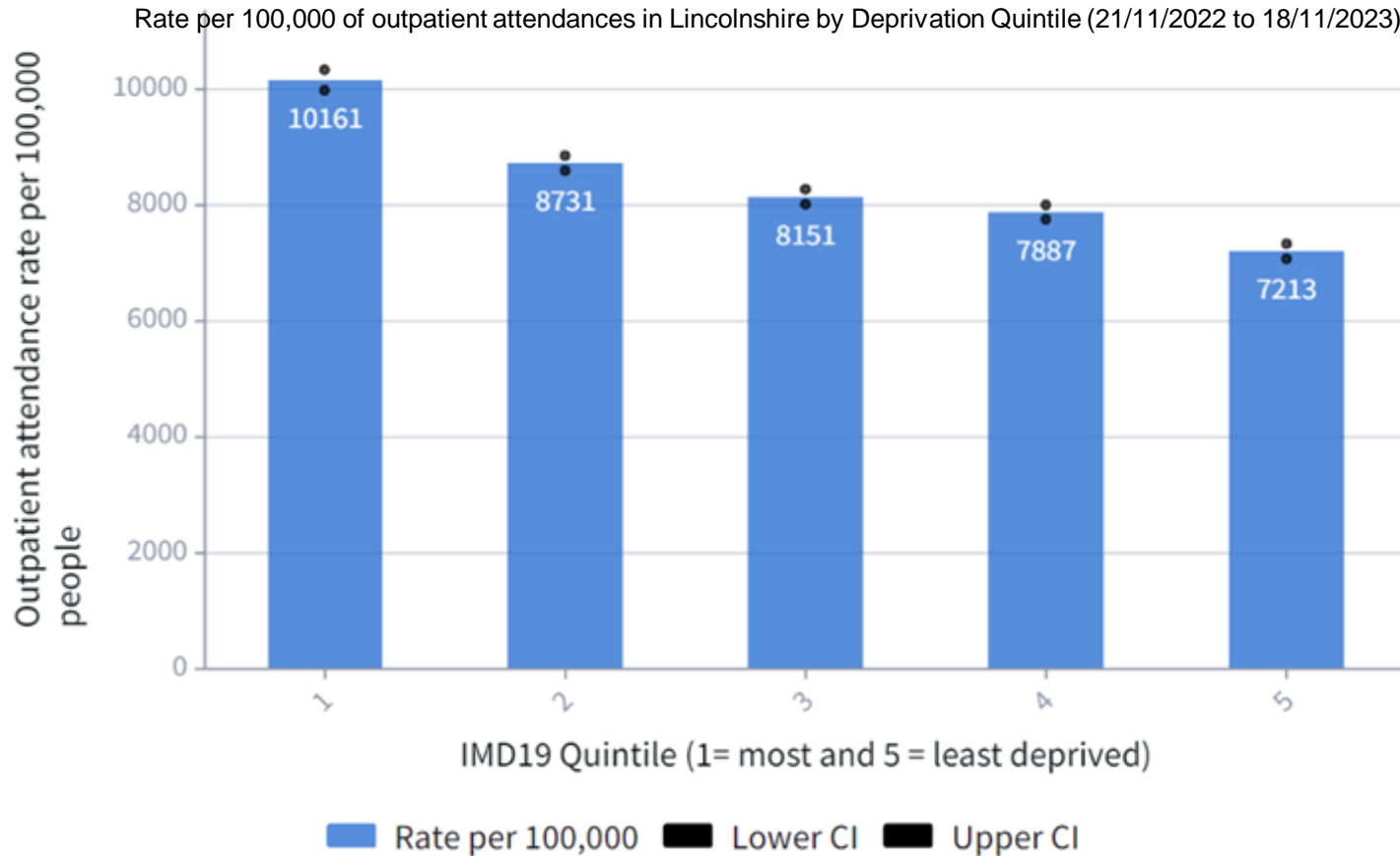
Elective Recovery – Non-elective Inpatient Admissions



For the 52 weeks up to the 18th November 2023, non-elective inpatient admissions per 100,000 are statistically higher in the Bangladeshi, Indian, Black African, White and Asian (mixed), White and Black African (mixed), White and Black Caribbean (mixed), Any Other Ethnic Group, White Irish ethnic groups, compared to the White British population. These values may be skewed by low counts in ethnic minority populations, however.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Outpatient attendances



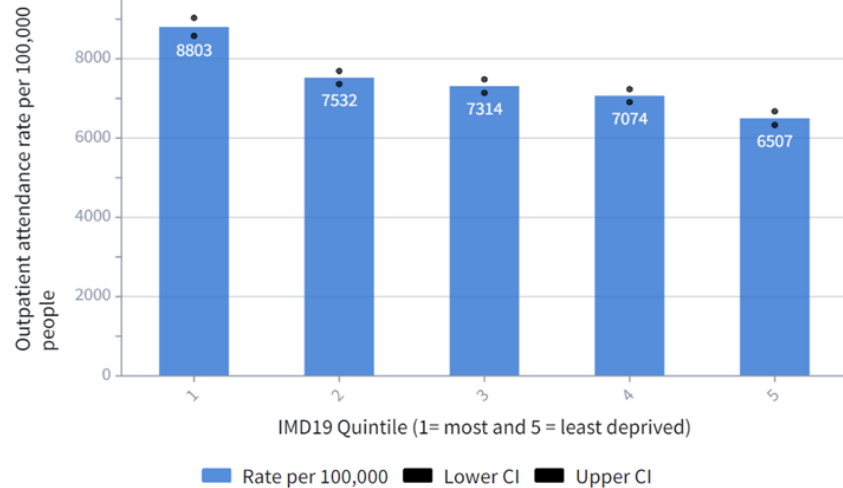
For the 52 weeks up to the 18th November 2023, there were 8,521 outpatient attendances per 100,000.

When stratifying the data by deprivation quintile, there were 10,161 outpatient attendances per 100,000 in the most deprived population. This is significantly higher than the least deprived population, where there were 7,213 outpatient attendances per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Outpatient attendances

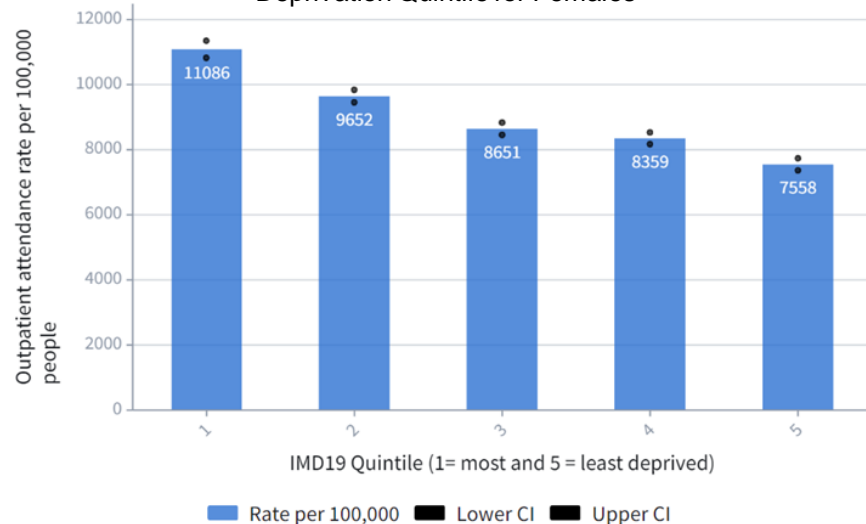
Rate per 100,000 of outpatient attendances in Lincolnshire by Deprivation Quintile for Males (21/11/2022 to 18/11/2023)



For the 52 weeks up to the 18th November 2023, there were 7,514 outpatient attendances per 100,000 in the male population.

For the 52 weeks up to the 18th November 2023, there were 8,803 outpatient attendances per 100,000 in the most deprived male population. This is significantly higher than the least deprived male population, where there were 6,507 outpatient attendances per 100,000.

Rate per 100,000 of outpatient attendances in Lincolnshire by Deprivation Quintile for Females



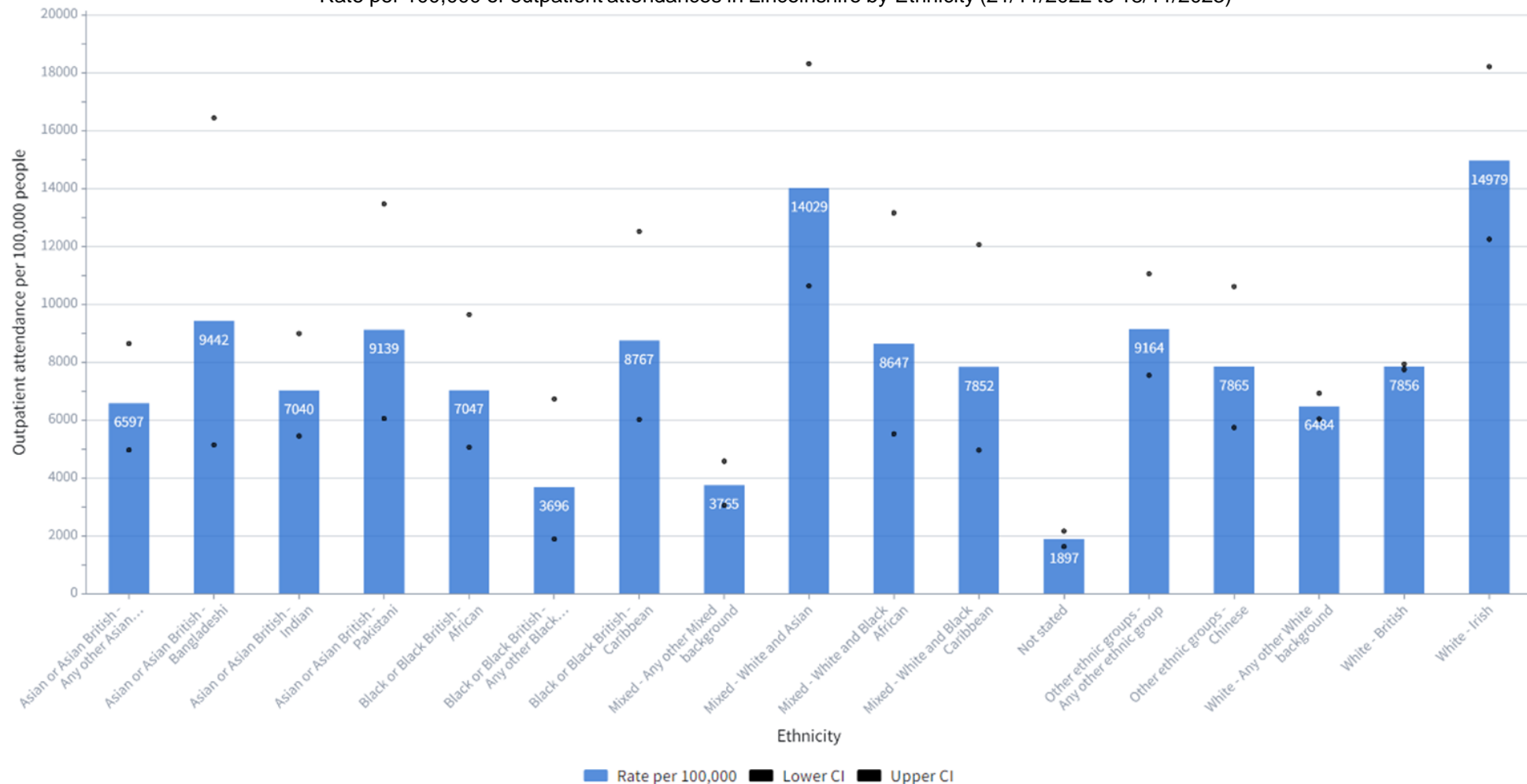
For the 52 weeks up to the 18th November 2023, there were 9,171 outpatient attendances per 100,000 in the female population.

For the 52 weeks up to the 18th November 2023, there were 11,086 outpatient attendances per 100,000 in the most deprived female population. This is significantly higher than the least deprived female population, where there were 7,558 outpatient attendances per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Outpatient attendances

Rate per 100,000 of outpatient attendances in Lincolnshire by Ethnicity (21/11/2022 to 18/11/2023)

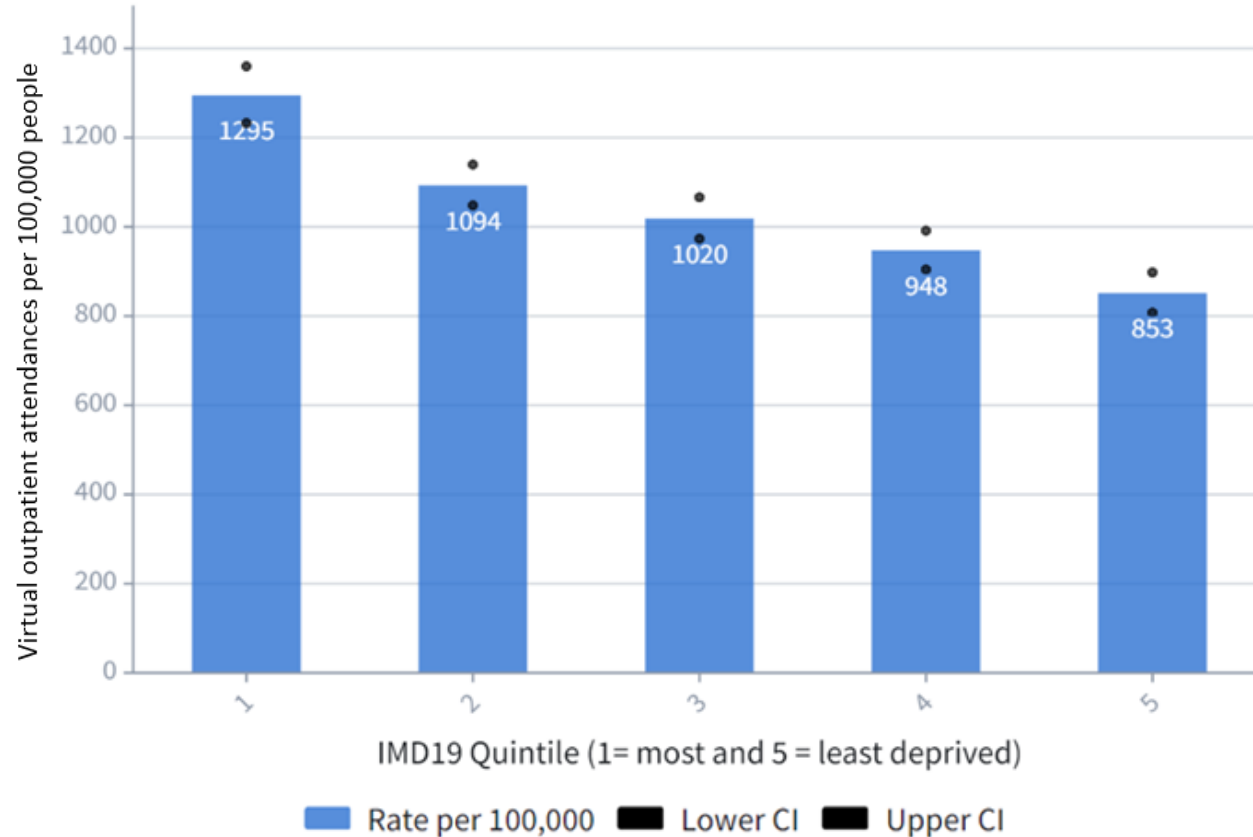


For the 52 weeks up to the 18th November 2023, outpatient attendances per 100,000 are statistically higher in the White and Asian (mixed), White Irish population, compared to the White British population. These values may be skewed by low counts in ethnic minority populations, however.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Virtual Outpatient attendances

Rate per 100,000 of virtual outpatient attendances in Lincolnshire by Deprivation Quintile (21/11/2022 to 18/11/2023)



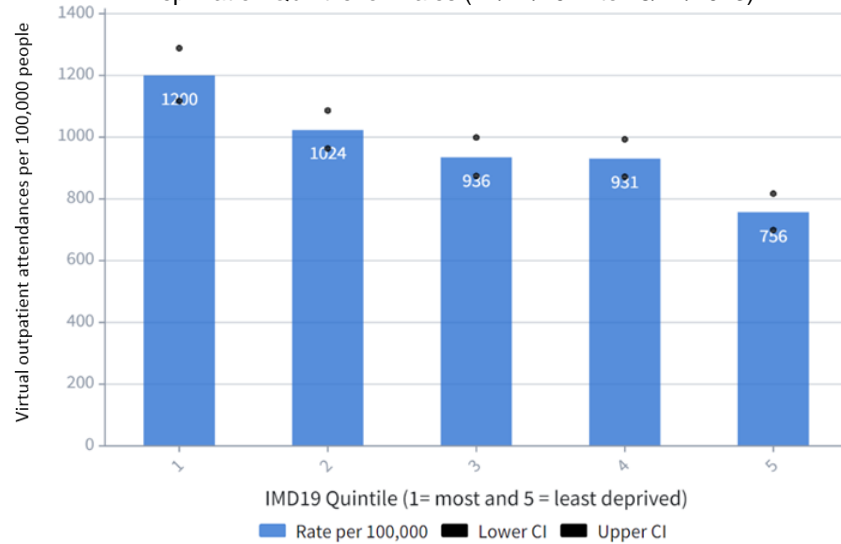
For the 52 weeks up to the 18th November 2023, there were 1,050 virtual outpatient attendances per 100,000.

When stratifying the data by deprivation quintile, there were 1,295 virtual outpatient attendances per 100,000 in the most deprived population. This is significantly higher than the least deprived population, where there were 853 virtual outpatient attendances per 100,000 .

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Virtual Outpatient attendances

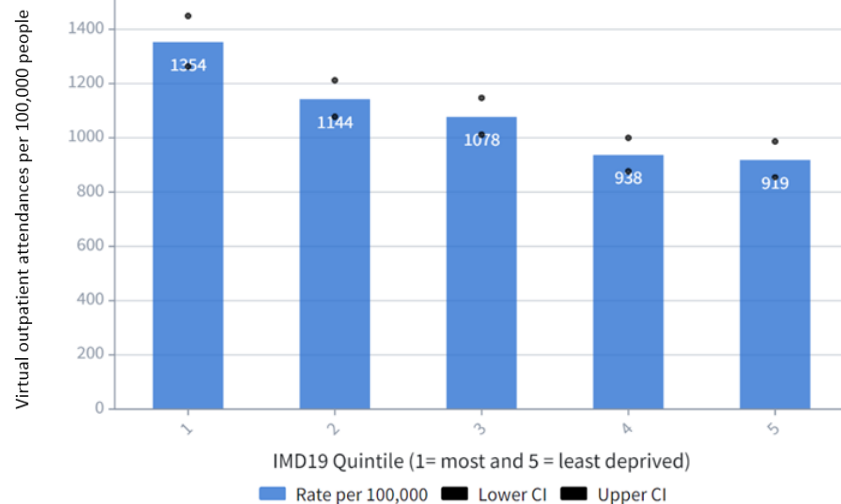
Rate per 100,000 of virtual outpatient attendances in Lincolnshire by Deprivation Quintile for Males (21/11/2022 to 18/11/2023)



For the 52 weeks up to the 18th November 2023, there were 979 outpatient attendances per 100,000 in the male population.

For the 52 weeks up to the 18th November 2023, there were 1,290 virtual outpatient attendances per 100,000 in the most deprived male population. This is significantly higher than the least deprived male population, where there were 756 outpatient attendances per 100,000.

Rate per 100,000 of virtual outpatient attendances in Lincolnshire by Deprivation Quintile for Females (21/11/2022 to 18/11/2023)



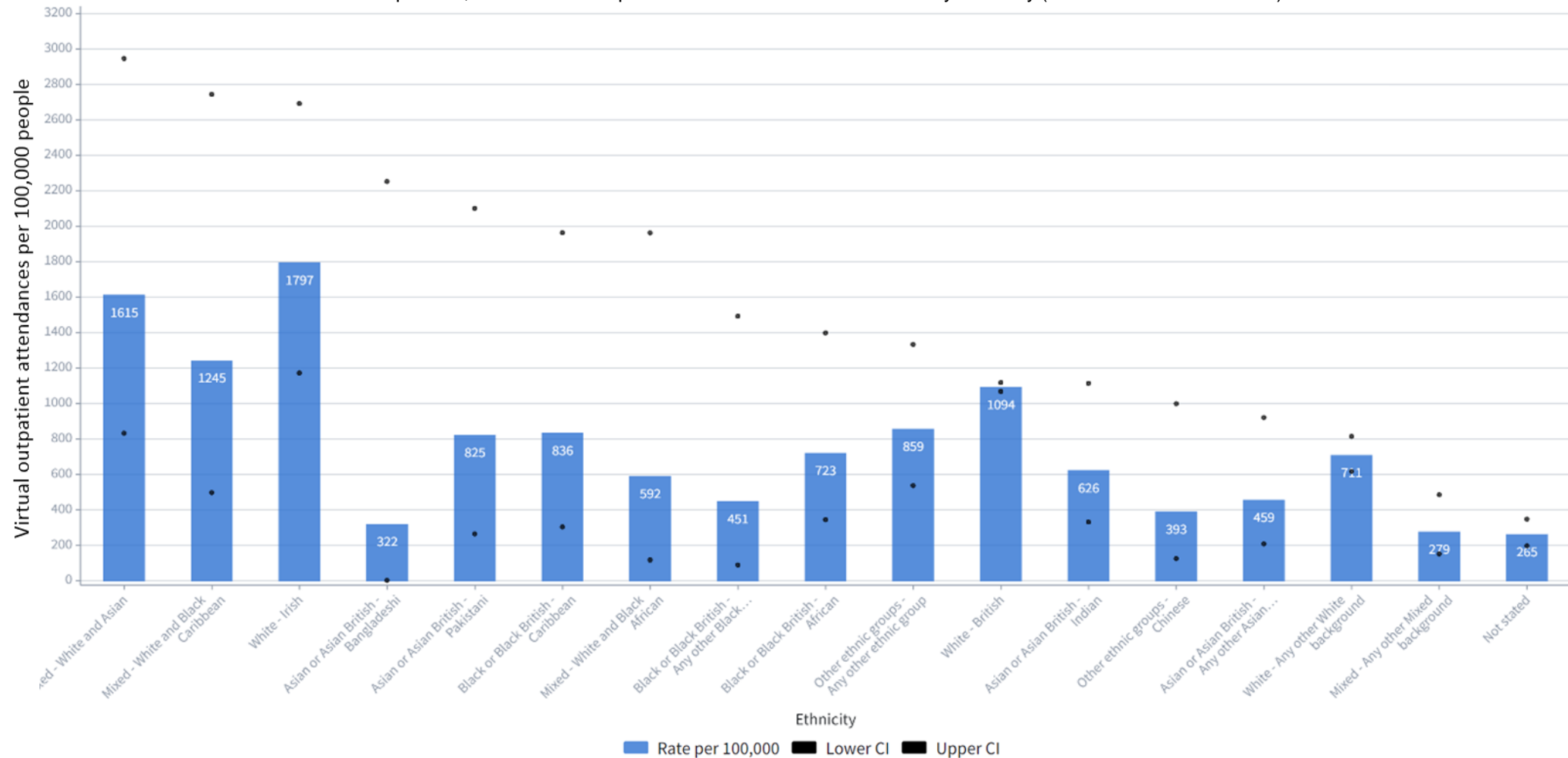
For the 52 weeks up to the 18th November 2023, there were 1,094 outpatient attendances per 100,000 in the female population.

For the 52 weeks up to the 18th November 2023, there were 1,354 outpatient attendances per 100,000 in the most deprived female population. This is significantly higher than the least deprived female population, where there were 919 outpatient attendances per 100,000.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Virtual Outpatient attendances

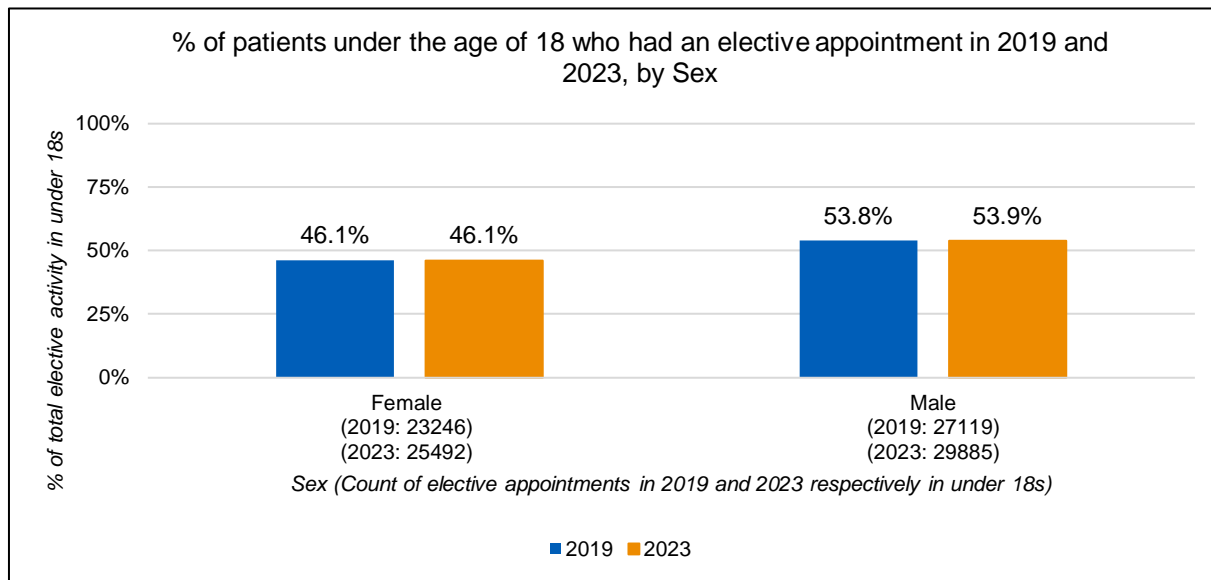
Rate per 100,000 of virtual outpatient attendances in Lincolnshire by Ethnicity (21/11/2022 to 18/11/2023)



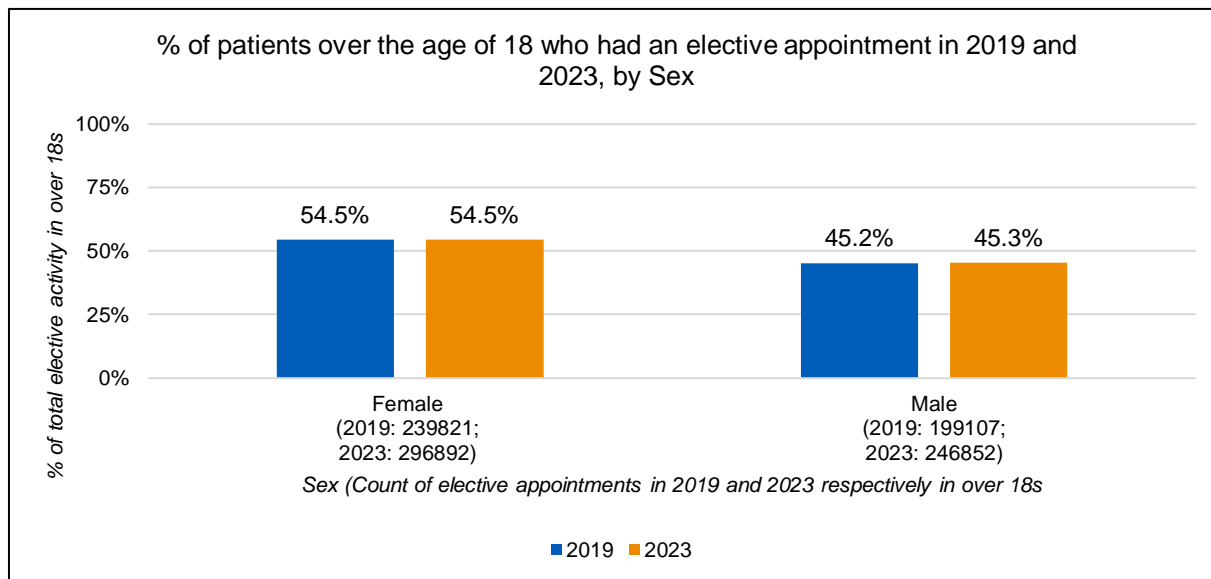
For the 52 weeks up to the 18th November 2023, virtual outpatient attendances per 100,000 are statistically higher in the White Irish population, compared to the White British population. These values may be skewed by low counts in ethnic minority populations, however.

Source: NHS Foundry, Health Inequalities Improvement Dashboard. 21/11/2022 to 18/11/2023.

Elective Recovery – Pre-COVID and Post-COVID Elective Activity



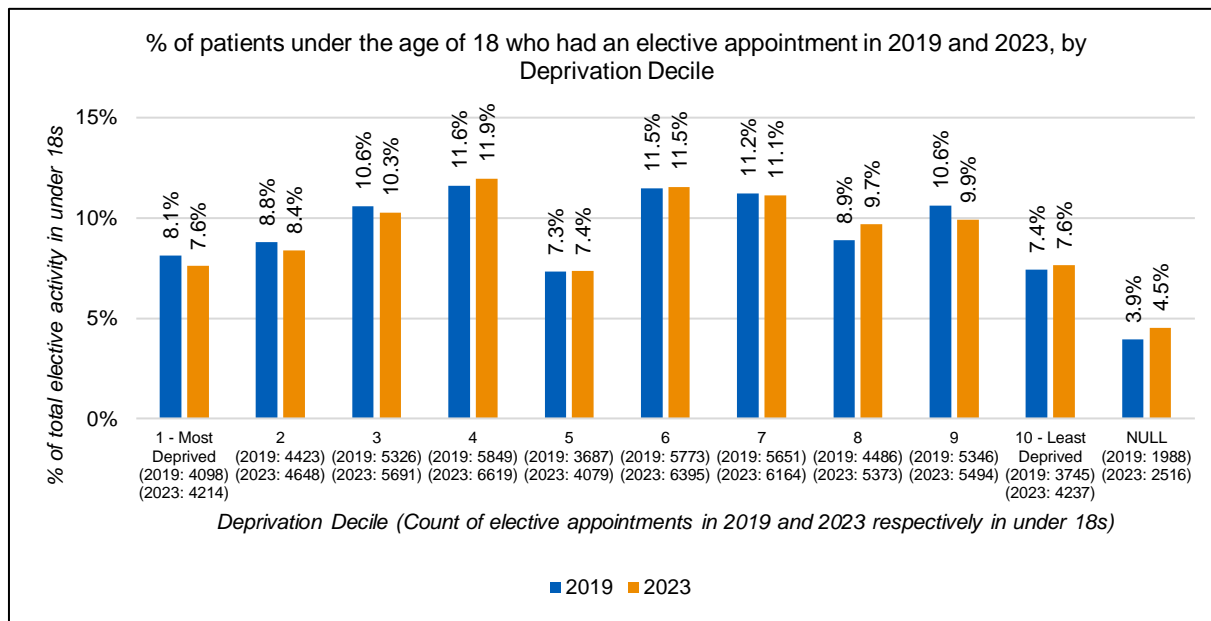
Comparing elective activity between 2019 (pre-COVID) and 2023 (post-COVID) for Lincolnshire patients aged under 18, there is no visible change in the proportions of the male or female population having an appointment.



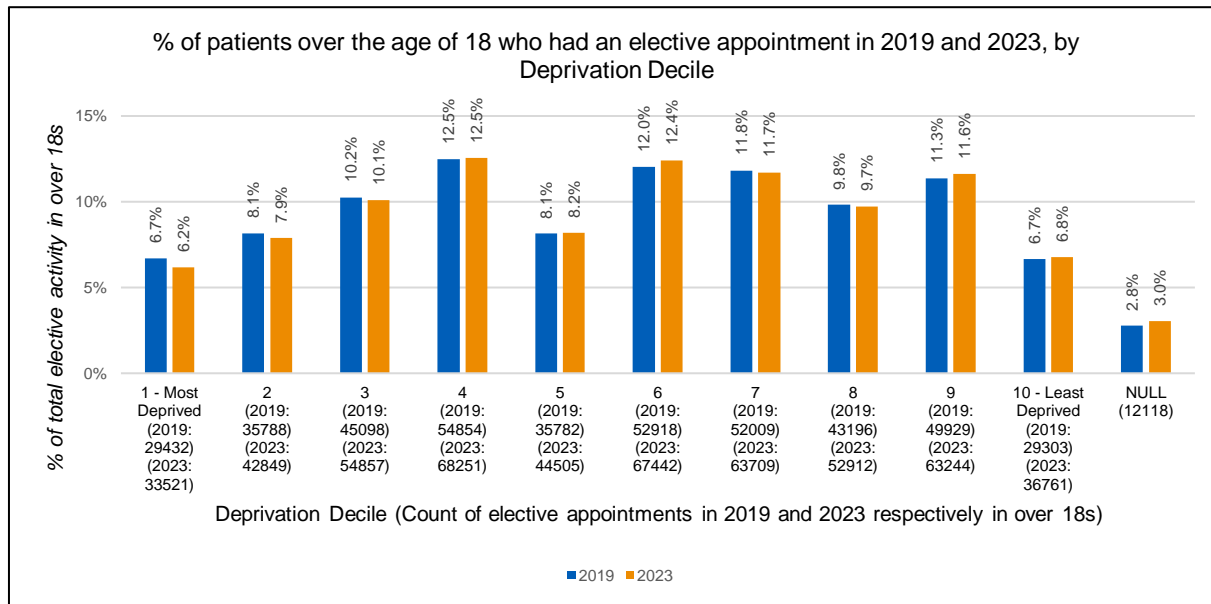
Comparing elective activity between 2019 (pre-COVID) and 2023 (post-COVID) for Lincolnshire patients aged 18 and over, there is no visible change in the proportions of the male or female population having an appointment.

Source: Secondary Use Services (SUS) Elective Activity data set. 2019 and 2023.

Elective Recovery – Pre-COVID and Post-COVID Elective Activity



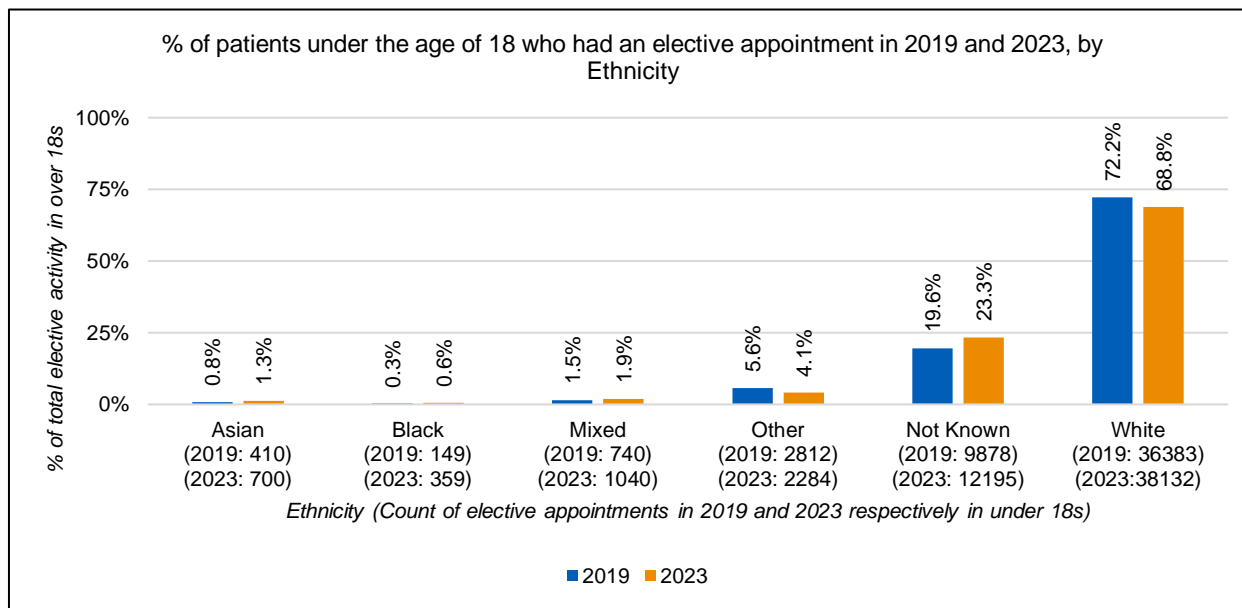
Comparing elective activity between 2019 (pre-COVID) and 2023 (post-COVID) for Lincolnshire patients aged under 18, there was a slight decrease in the proportion of patients in the three most deprived deciles having an appointment.



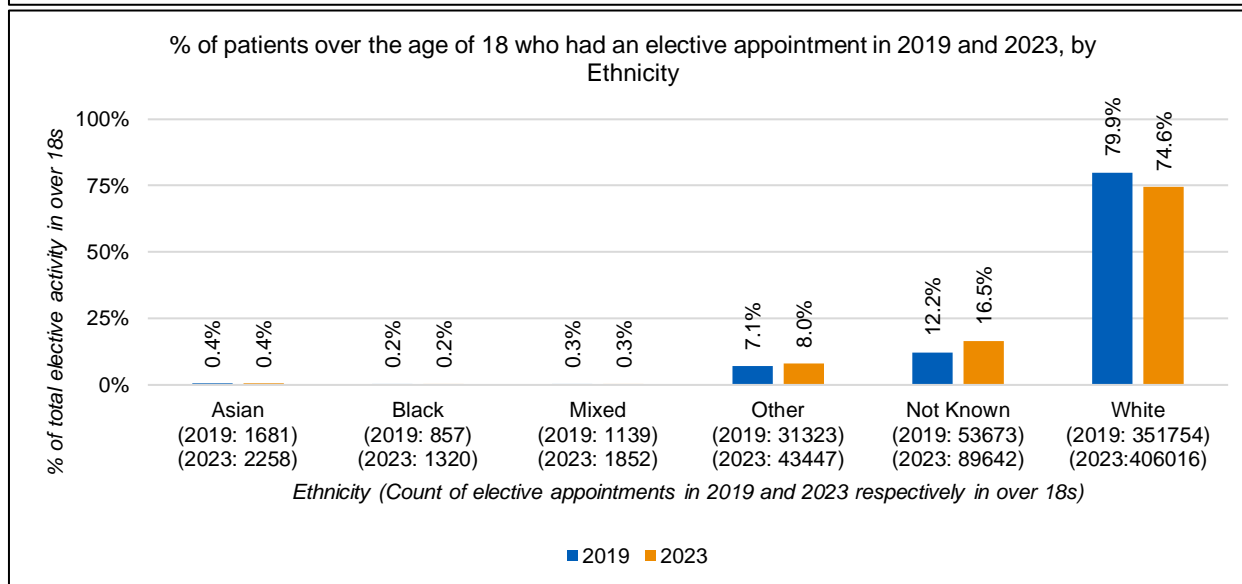
Comparing elective activity between 2019 (pre-COVID) and 2023 (post-COVID) for Lincolnshire patients aged 18 and over, there was a slight decrease in the proportion of patients in the three most deprived deciles having an appointment.

Source: Secondary Use Services (SUS) Elective Activity data set. 2019 and 2023.

Elective Recovery – Pre-COVID and Post-COVID Elective Activity



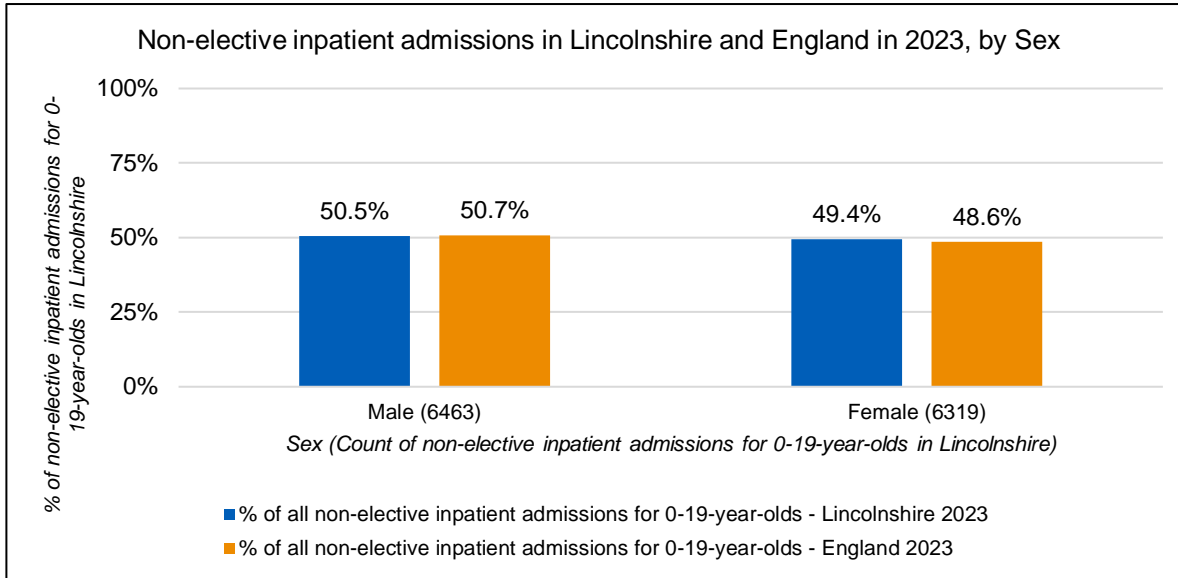
Comparing elective activity between 2019 (pre-COVID) and 2023 (post-COVID) for Lincolnshire patients aged under 18, there was a decrease in the proportion of patients from an 'Other' or White background having an appointment. Although a large proportion of the activity has patients with a Not Known ethnicity.



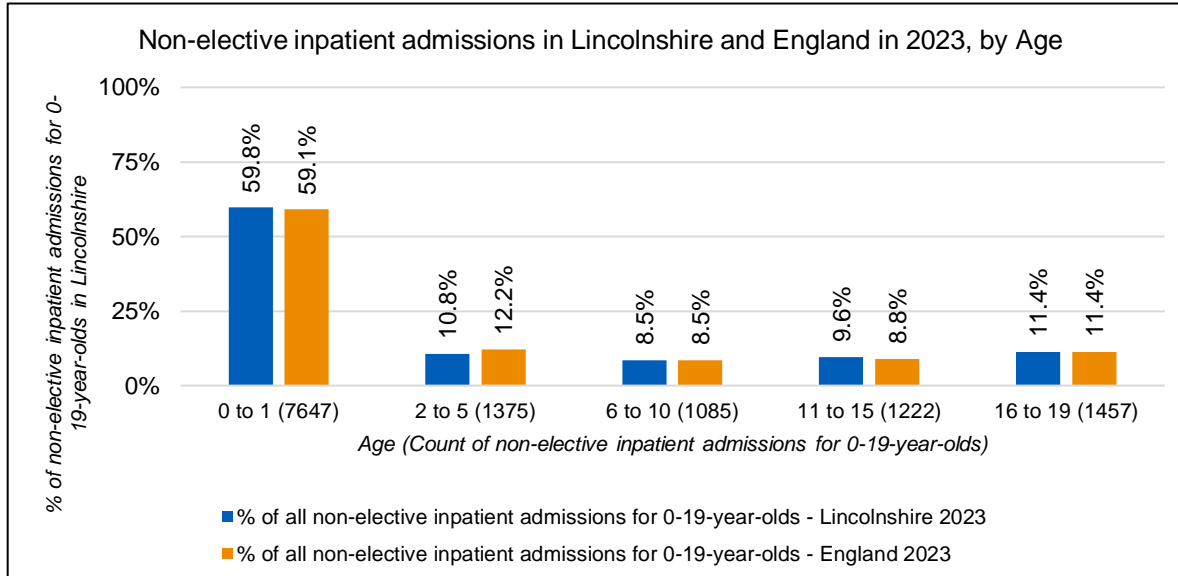
Comparing elective activity between 2019 (pre-COVID) and 2023 (post-COVID) for Lincolnshire patients aged 18 and over, there was a decrease in the proportion of patients from a White background having an appointment. Although a large proportion of the activity has patients with a Not Known ethnicity.

Source: Secondary Use Services (SUS) Elective Activity data set. 2019 and 2023.

Urgent and Emergency Care – Emergency Admissions in Under 19s



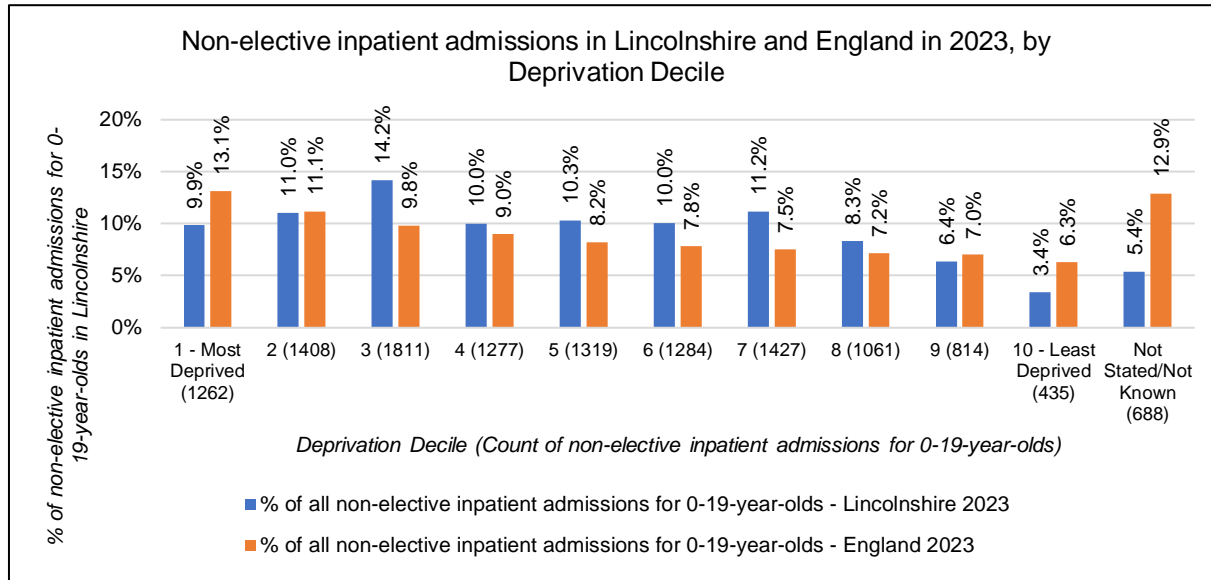
Within Lincolnshire in 2023, the equivalent of **50.5%** of Male patients aged 0 to 19 and **49.4%** Female patients aged 0 to 19 had an Emergency Admission. In comparison to their respective national averages, the Lincolnshire admission rate for Males is slightly lower and is slightly higher for Females.



Within Lincolnshire in 2023, the highest rates and numbers for Emergency Admissions was for patients aged 0 to 1. In comparison to their respective national averages, the Lincolnshire admission rates for patients aged 0 to 1 is slightly higher, but slightly lower for patients aged 2 to 5.

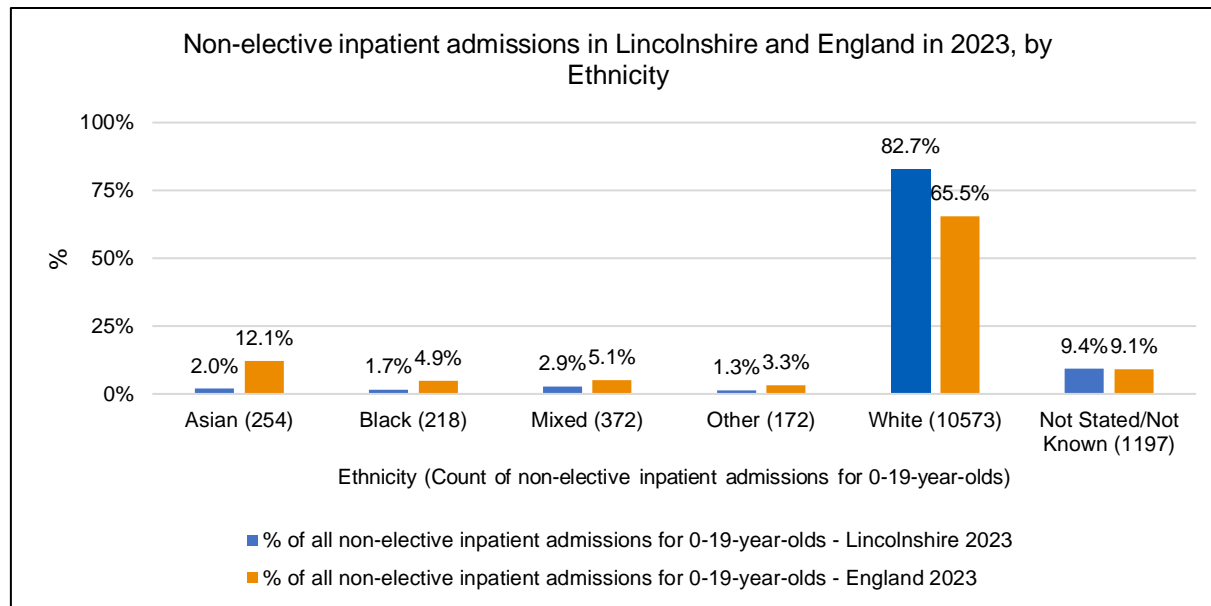
Source: Children and Young People's Inpatient Dashboard. January to December 2023. Please note this data source provides data for children up to and including 19 years.

Urgent and Emergency Care – Emergency Admissions in Under 19s



Within Lincolnshire in 2023, the highest proportion of non-elective inpatient admissions for patients aged 0 to 19 is for children living in deprivation decile 3 (14.2%), and the lowest proportion was observed for children living in the least deprived decile 10 (3.4%).

In comparison to their respective national averages, the Lincolnshire rates for the most and least deprived deciles (1 & 2; 9 & 10) are slightly lower than national rates; all others (deciles 3 to 8) noticeably higher.



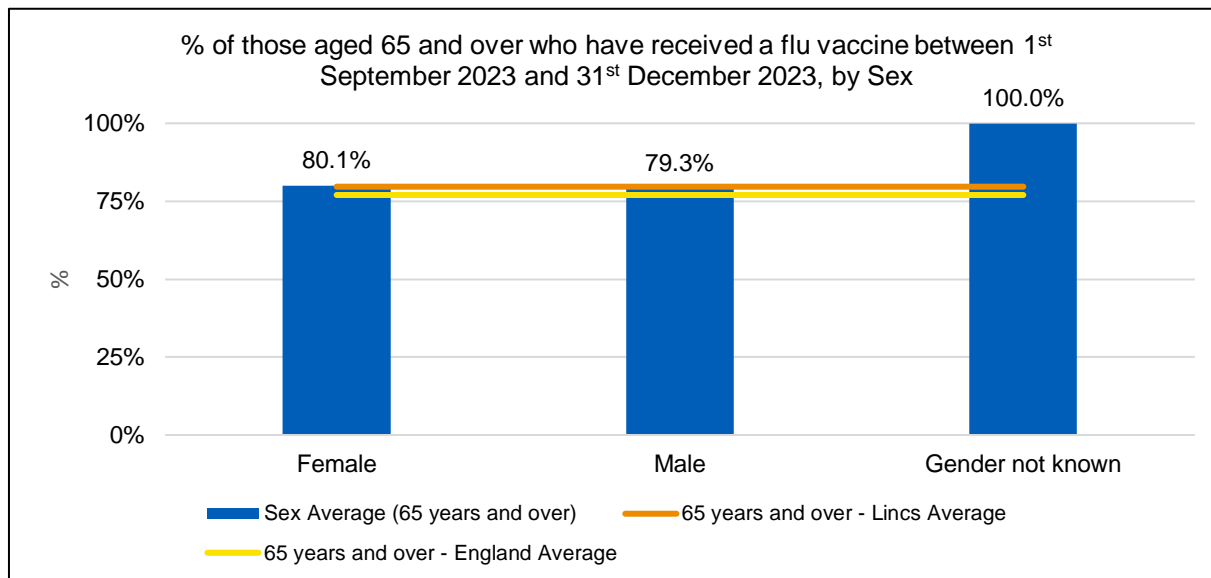
Within Lincolnshire in 2023, the highest proportion of non-elective inpatient admissions for patients aged 0 to 19 is for children from a White background; lowest with children from an Other background.

These values may be skewed by low counts in ethnic minority populations as well as high proportion of Not Stated/Not Known.

In comparison to their respective national averages, the Lincolnshire rates for children from a White background are noticeably higher, but those from an Asian background noticeably lower.

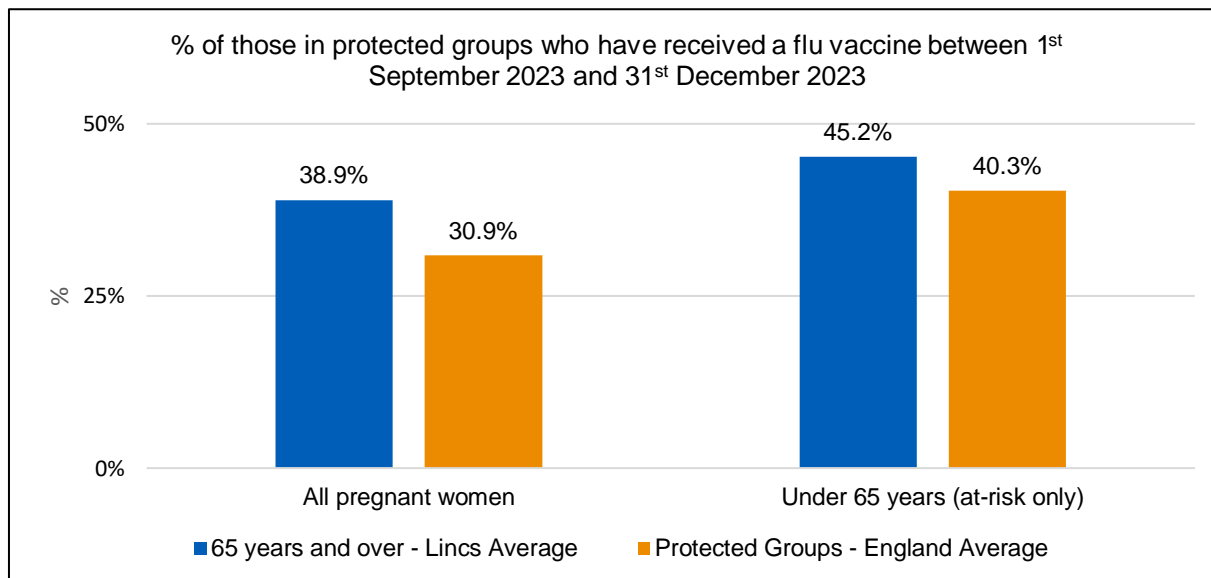
Source: Children and Young People’s Inpatient Dashboard. January to December 2023. Please note this data source provides data for children up to and including 19 years.

Respiratory – Flu vaccine



Between 01/09/23 and 31/12/23, 79.7% of those aged 65 and over received a flu vaccine in Lincolnshire ICB. 80.1% of females, 79.3% of males, and 100% of those whose gender is not known received a flu vaccine.

These are all above the England average of 77.0%.



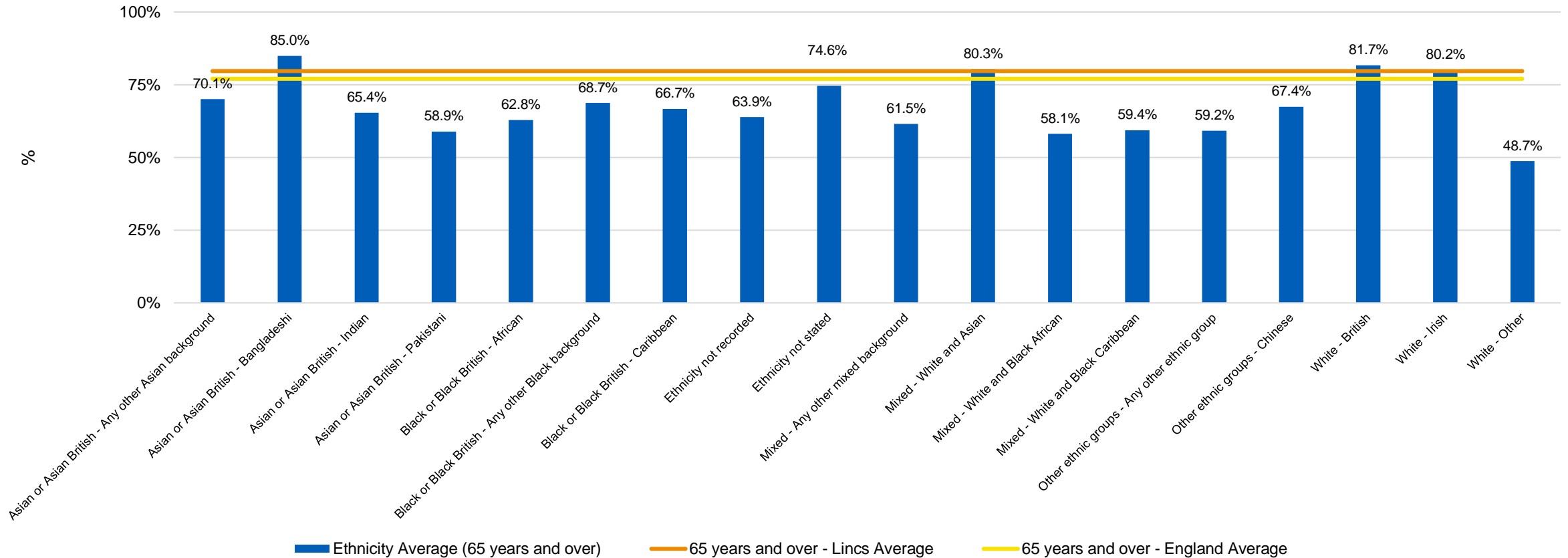
Between 01/09/23 and 31/12/23, 38.9% of all pregnant women, and 45.2% of those under the age of 65 (who are in an at-risk population) received a flu vaccine in Lincolnshire ICB.

These are above the England average of 30.9% and 40.3% for the respective protected groups.

Source: Seasonal influenza vaccine uptake in GP patients. September to December 2023.

Respiratory – Flu vaccine

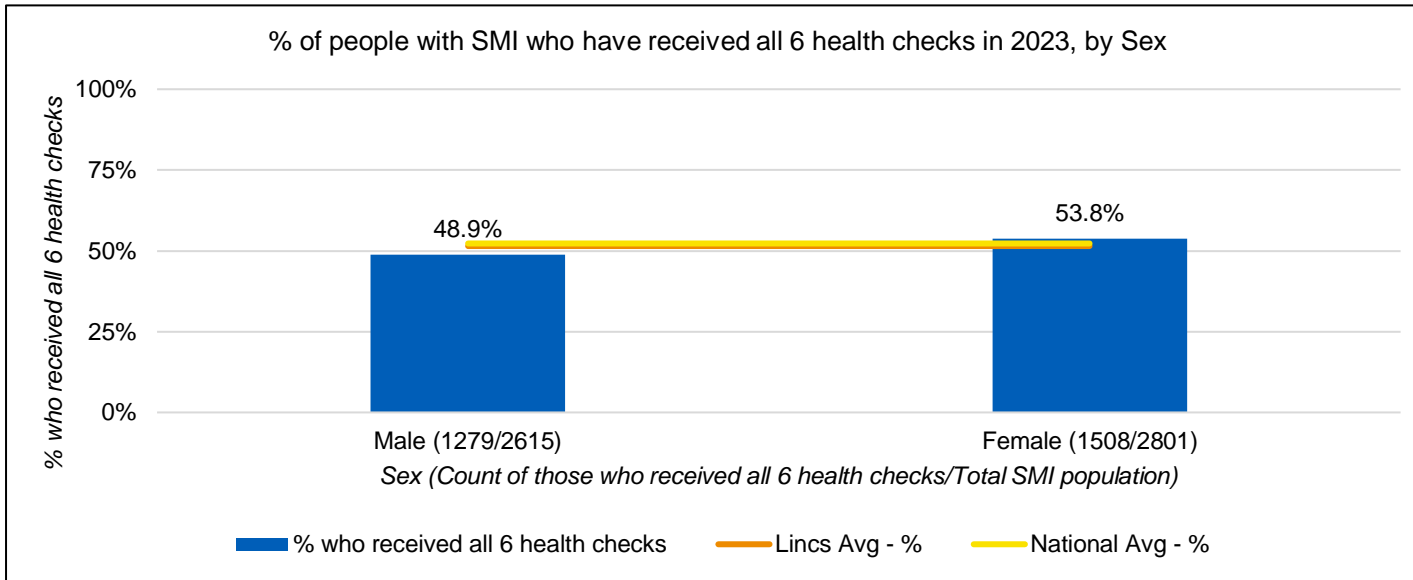
% of those aged 65 and over who have received a flu vaccine between 1st September 2023 and 31st December 2023, by Ethnicity



Between 01/09/23 and 31/12/23, 79.7% of those aged 65 and over received a flu vaccine in Lincolnshire ICB. 48.7% of those from a White Other background received a flu vaccine, and 85.0% of those from a Bangladeshi background received a flu vaccine. There was variation across the ethnic groups. These values may be skewed by low counts in ethnic minority populations.

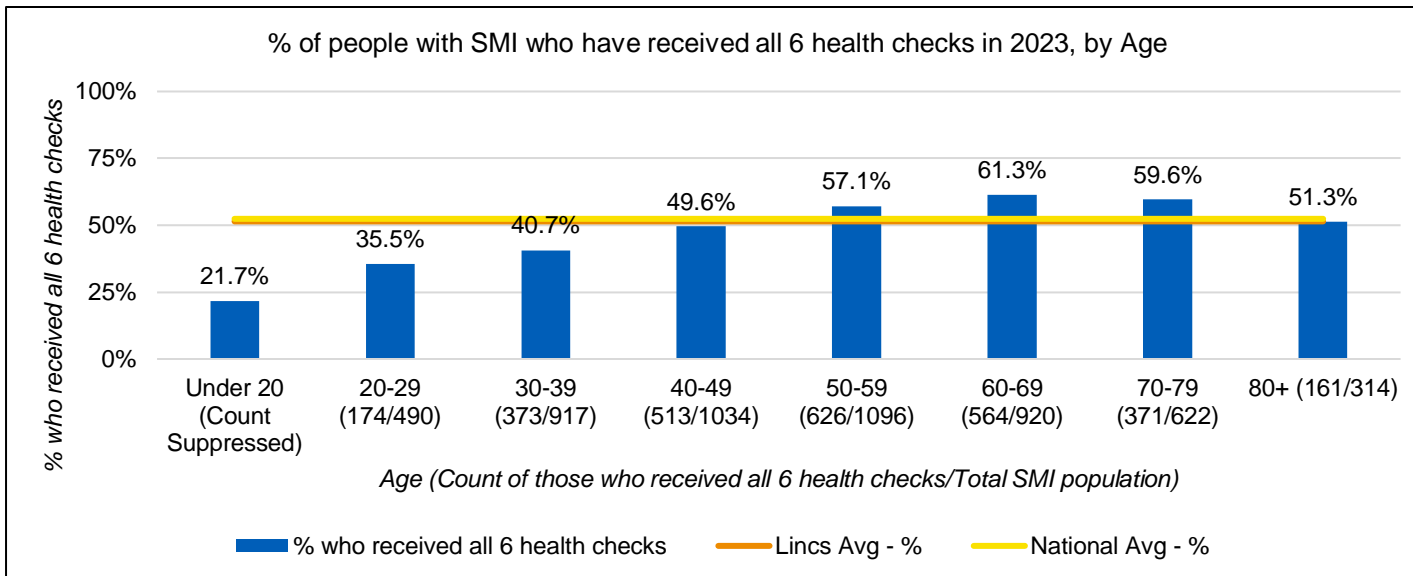
Source: Seasonal influenza vaccine uptake in GP patients. September to December 2023.

Mental Health – Health checks for people with Severe Mental Illness (SMI)



By the end of December 2023, 51.5% of Lincolnshire people with SMI had received a full physical health check (all 6 checks) in the preceding 12 months. By sex there is a difference of 4.9%, with 48.9% of male SMI patients and 53.8% of female SMI patients receiving a full physical health check.

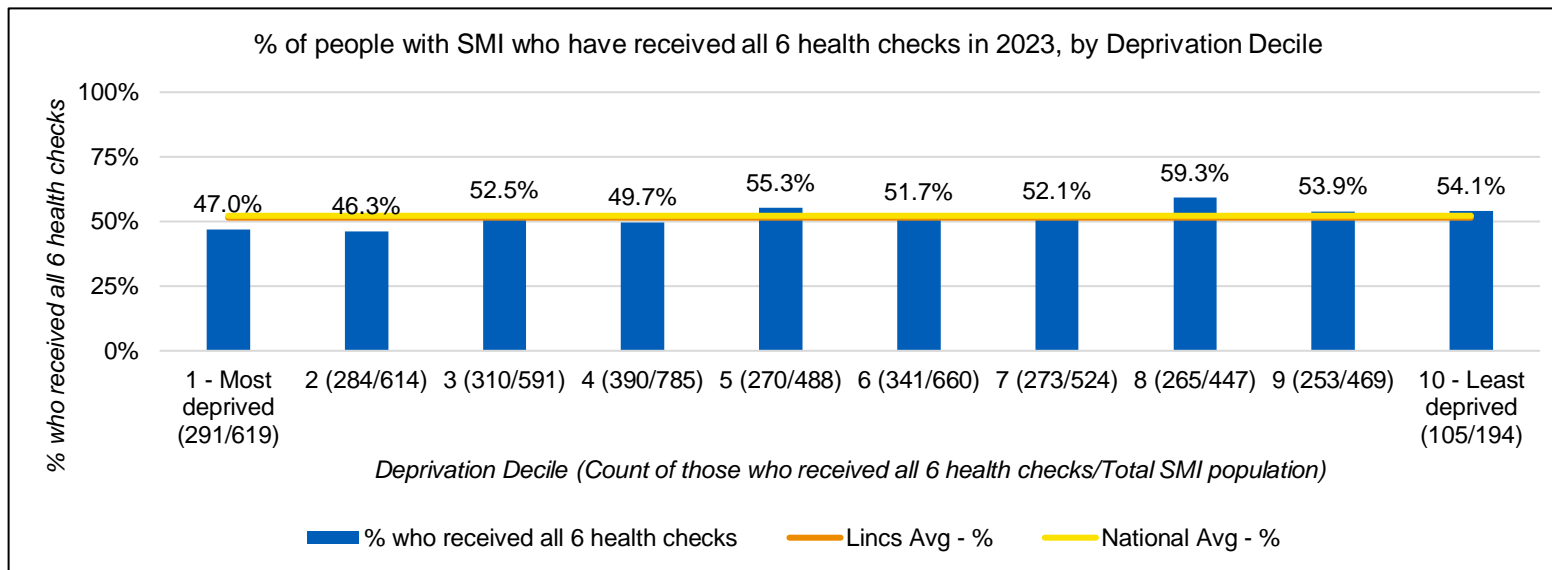
In comparison the overall national rate is 52.3% for all SMI patients.



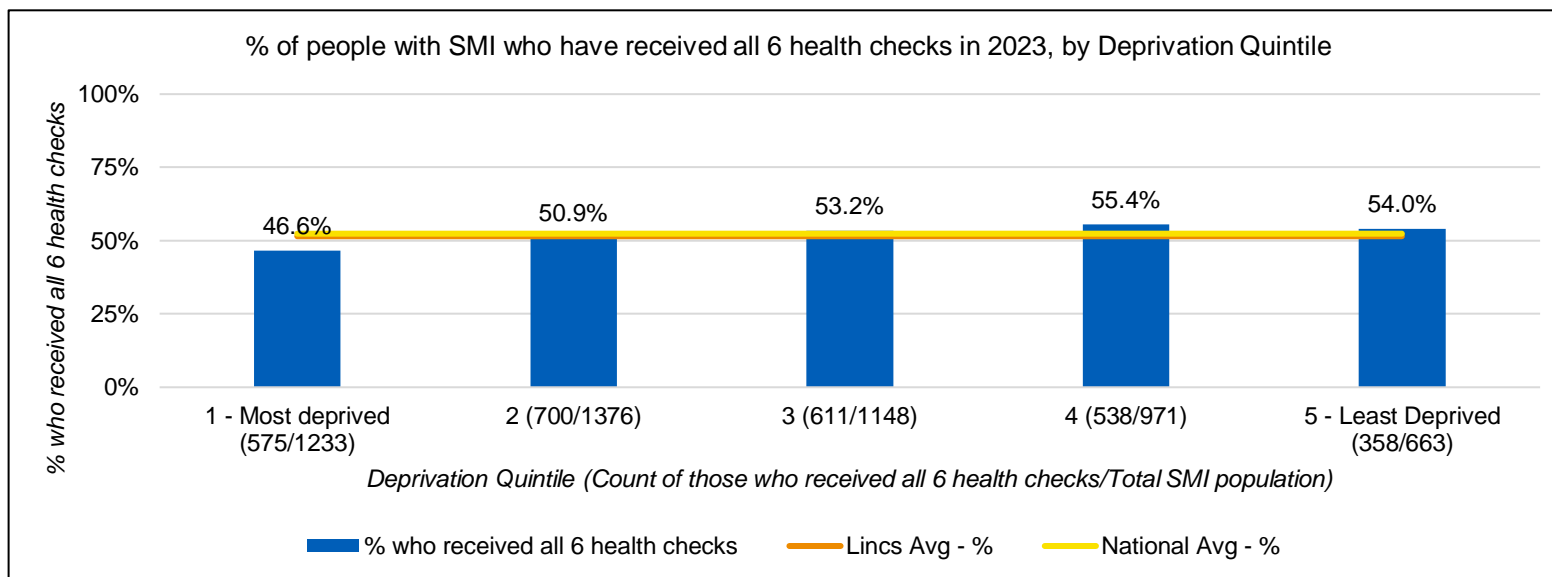
By the end of December 2023, 51.5% of Lincolnshire people with SMI had received a full physical health check (all 6 checks) in the preceding 12 months. By age group there is a noticeable difference, with the proportion of patients aged 50 to 79 receiving a full physical health check being above the Lincolnshire average. For patients aged under 50 and 80+ their proportions are below the Lincolnshire average.

Source: Lincolnshire ICS Joint Intelligence Dataset, NHS Lincolnshire ICB 2024. January 2023 to December 2023.

Mental Health – Health checks for people with Severe Mental Illness (SMI)



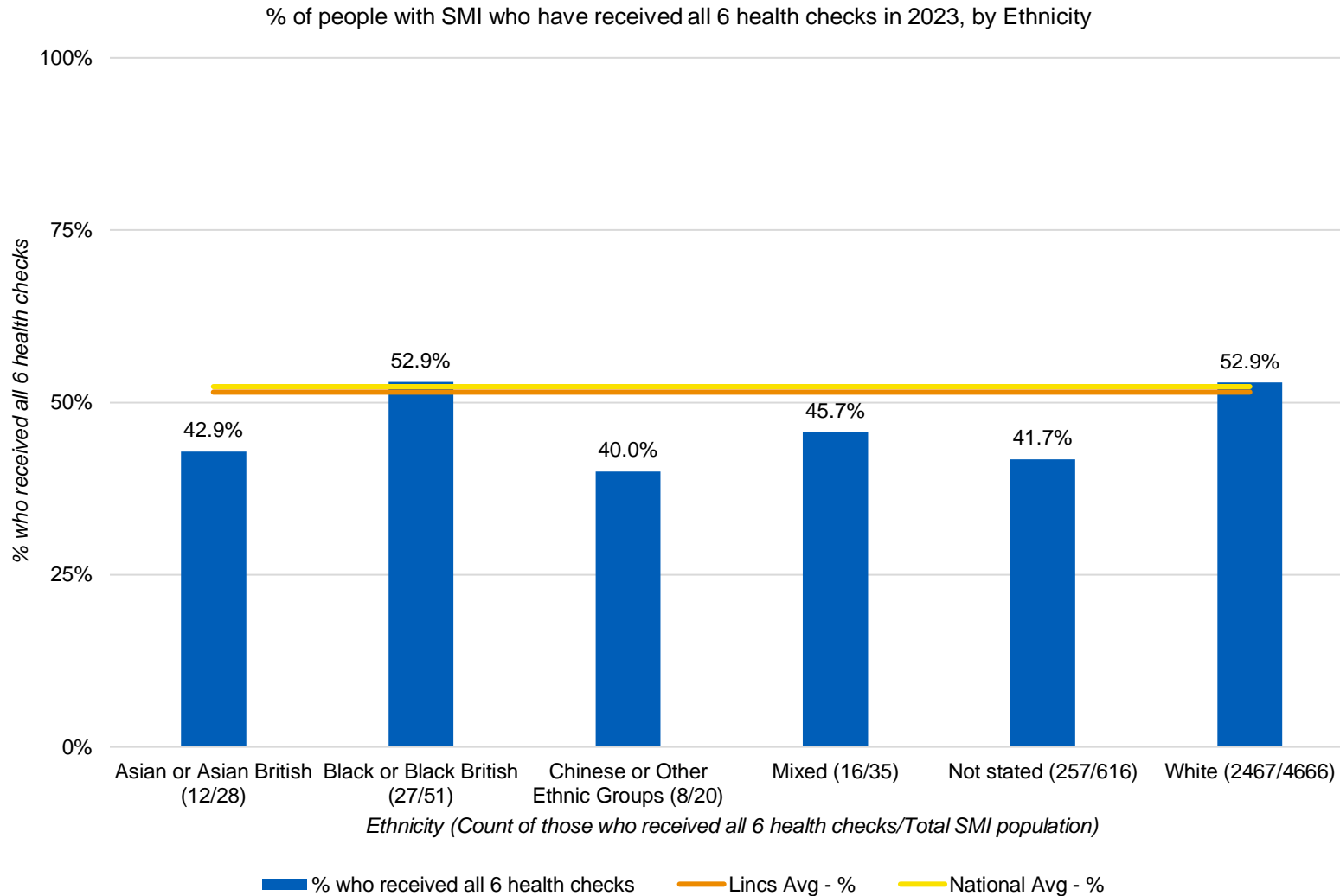
By the end of December 2023, 51.5% of Lincolnshire people with SMI had received a full physical health check (all 6 checks) in the preceding 12 months. 47.0% of those who live in the most deprived decile received all 6 health checks, and 54.1% of those who live in the least deprived decile. This is a difference of 7.1%. Patients who live in the 2 most deprived deciles have proportions over 4% lower than the Lincolnshire average.



By the end of December 2023, 51.5% of Lincolnshire people with SMI had received a full physical health check (all 6 checks) in the preceding 12 months. 46.6% of those who live in the most deprived quintile received all 6 health checks, compared to 54.0% of those who live in the least deprived quintile; a difference of 7.4%. Those who live in the most deprived quintile have a proportion almost 5% lower than the Lincolnshire average.

Source: Lincolnshire ICS Joint Intelligence Dataset, NHS Lincolnshire ICB 2024. January 2023 to December 2023.

Mental Health – Health checks for people with Severe Mental Illness (SMI)

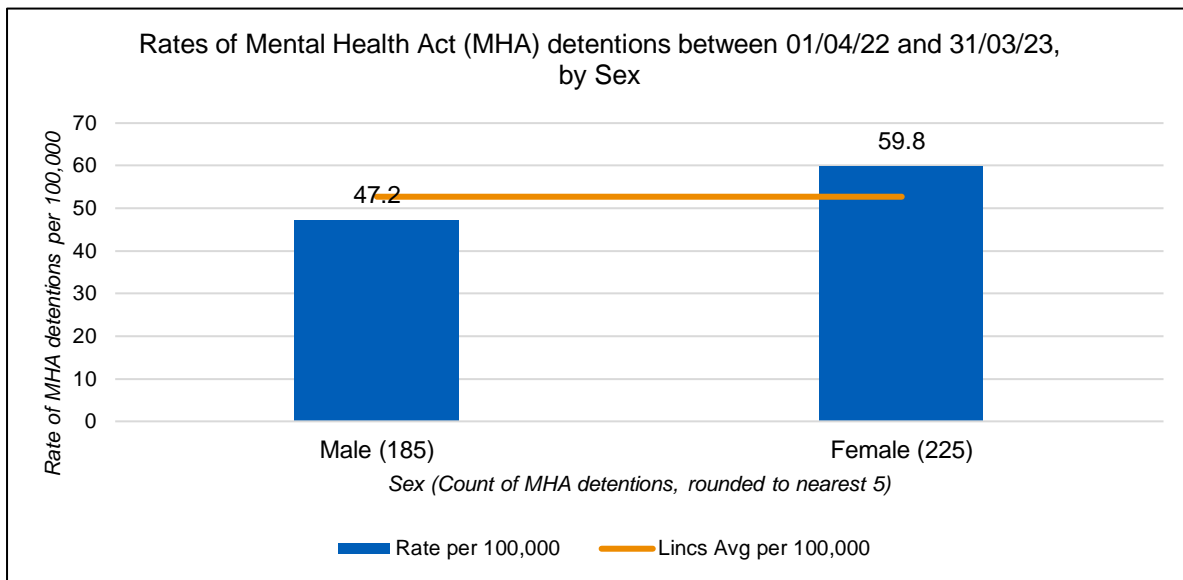


By the end of December 2023, 51.5% of Lincolnshire people with SMI had received a full physical health check (all 6 checks) in the preceding 12 months. 40.0% of those from a Chinese or Other Ethnic Group received all 6 health checks, and 52.9% of those from a Black or Black British, and a White background, received all 6 health checks. This is a difference of 12.9%.

It should be noted that low counts in the minority ethnic cohort can skew the outcome data, and should be interpreted with caution.

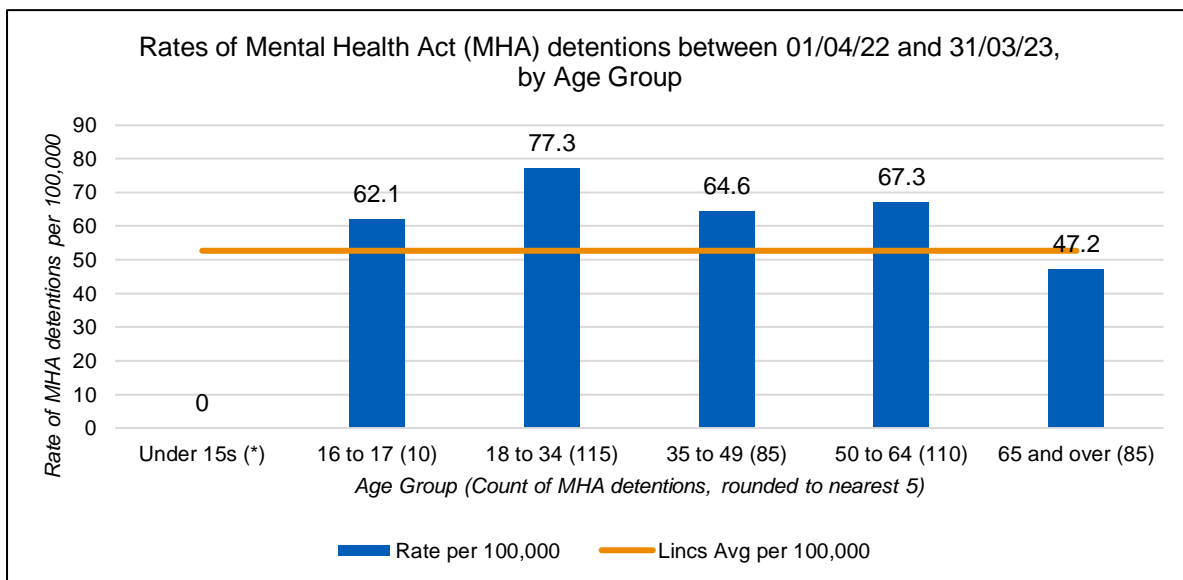
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB 2024. January 2023 to December 2023.

Mental Health – Rates of Mental Health Act (MHA) detentions



Between April 2022 and March 2023, there were 52.7 Mental Health Act detentions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, males had a lower rate of MHA detentions (47.2 per 100,000) and females had a higher rate of detentions (59.8 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate.

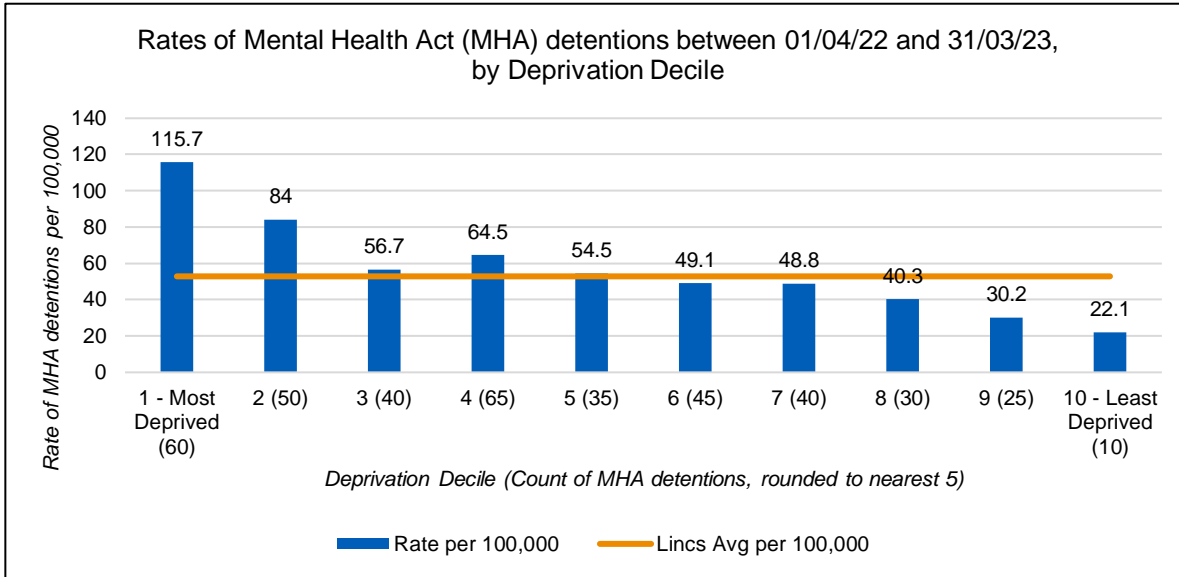


Between April 2022 and March 2023, there were approximately 52.7 Mental Health Act detentions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those in the 16 to 17, 18 to 34, 35 to 49, and 50 to 64 age groups had a higher rate of MHA detentions (62.1, 77.3, 64.6, and 67.3 per 100,000). Those in the 65 and over age group had a lower rate of detentions (47.2 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate.

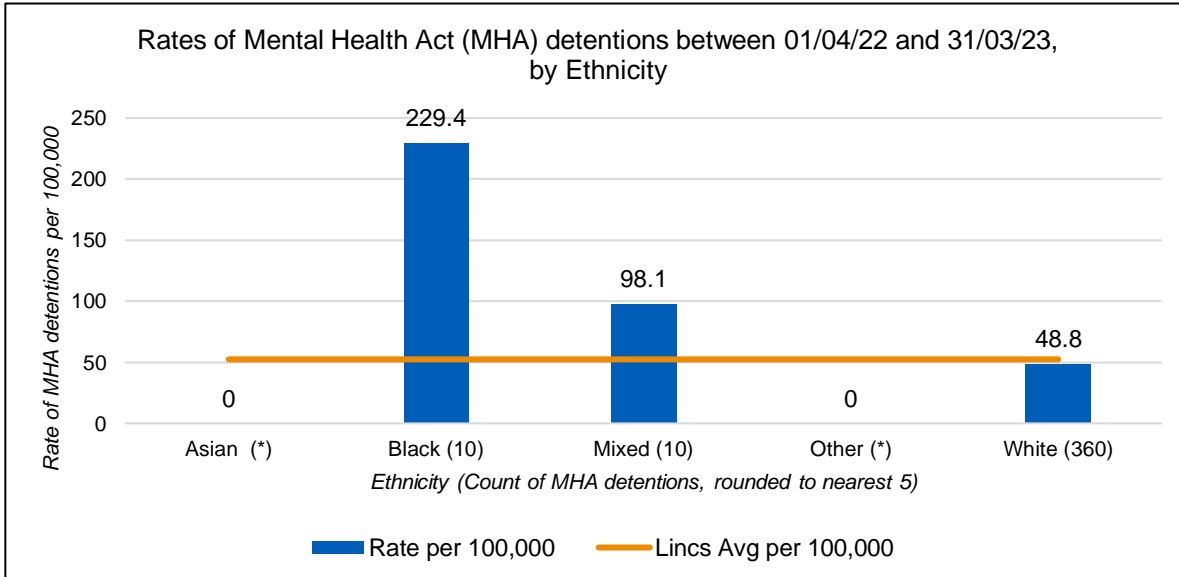
Source: Mental Health Act Statistics. April 2022 to March 2023.

Mental Health – Rates of Mental Health Act (MHA) detentions



Between April 2022 and March 2023, there were 52.7 Mental Health Act detentions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those in the most deprived decile had the highest rate of MHA detentions (115.7 per 100,000) and those in the least deprived decile had the lowest rate of detentions (22.1 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate.

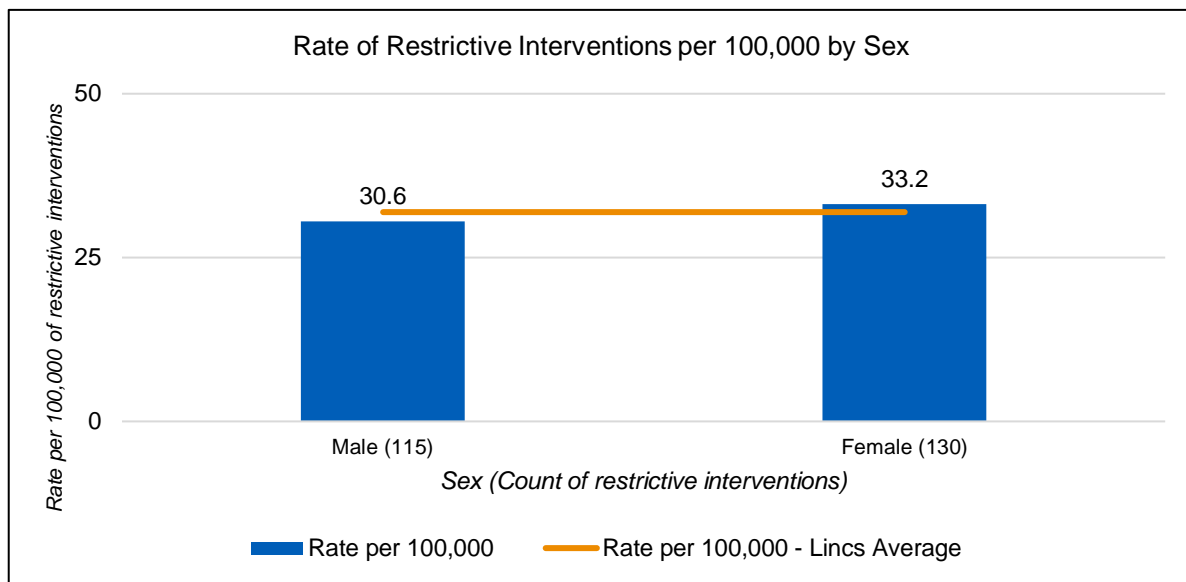


Between April 2022 and March 2023, there were 52.7 Mental Health Act detentions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those from a Black background had the highest rate of MHA detentions (229.4 per 100,000) and those from a White background had the lowest rate of detentions (48.8 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate. These values may be skewed by low counts in ethnic minority populations as well – 10 people from a Black background who received an MHA detention equates to a rate of 229.4 per 100,000.

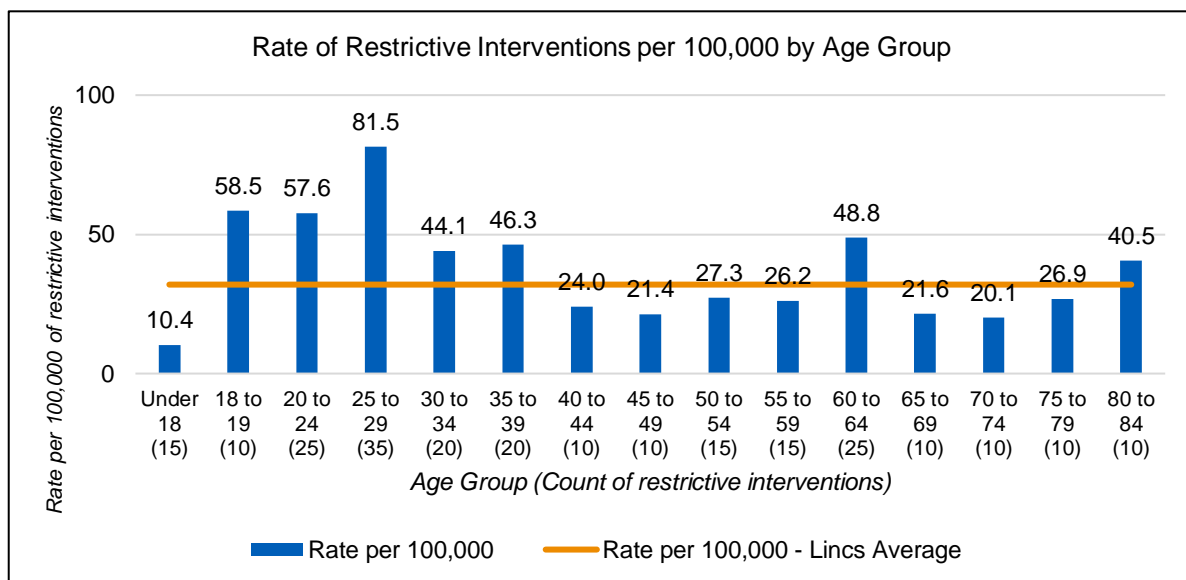
Source: Mental Health Act Statistics. April 2022 to March 2023.

Mental Health – Rates of restrictive interventions



Between April 2022 and March 2023, there were 31.9 restrictive interventions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, females had a slightly higher rate (130 restrictive interventions; 33.2 per 100,000) than males (115 restrictive interventions; 30.6 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate.

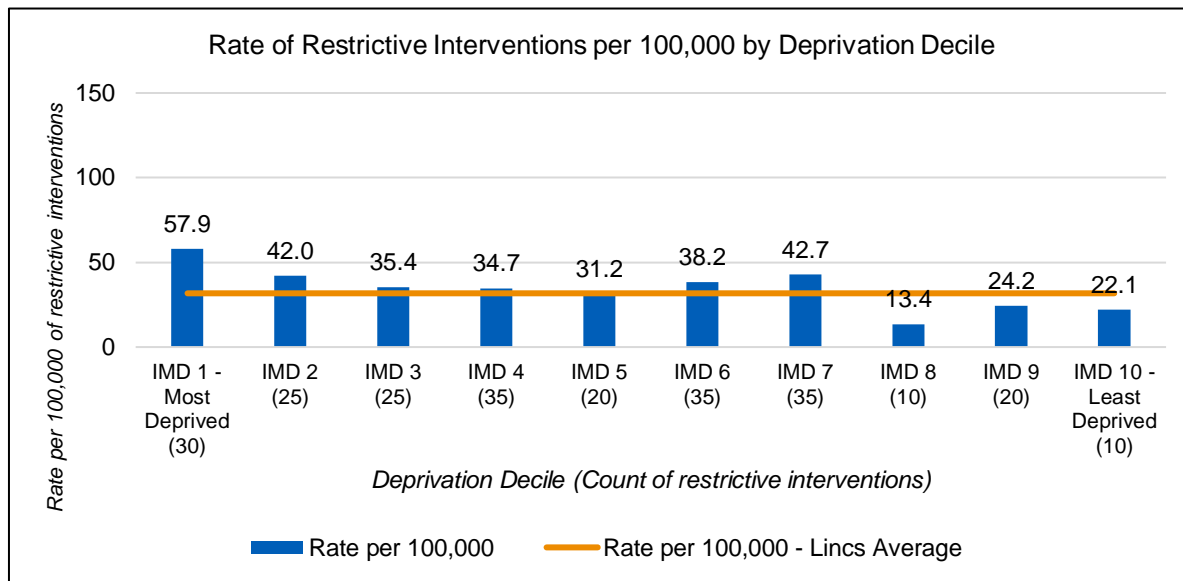


Between April 2022 and March 2023, there were 31.9 restrictive interventions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those aged 18-19; 20 to 24; 25 to 29; 30 to 34; 35 to 39; 60 to 64; and 80 to 84, had a higher rate than the Lincolnshire average. The rate was highest in the 25 to 29 age group. Generally younger people have higher rates of restrictive interventions. Please note the counts are rounded to the nearest 5 which will affect the rate.

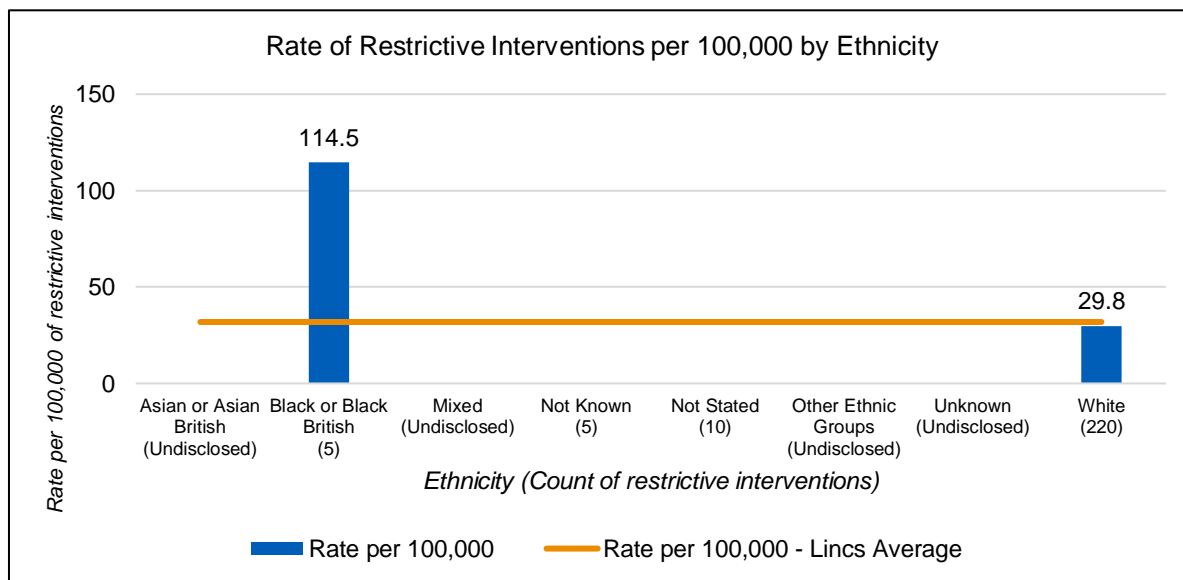
Sources: Mental Health Annual Bulletin. 2022 to 2023. Census 2021 Population.

Mental Health – Rates of restrictive interventions



Between April 2022 and March 2023, there were 31.9 restrictive interventions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those in the most deprived decile had the greatest rate of restrictive interventions (57.9 per 100,000; 30 in total). Those in the least deprived areas had the lowest rates. Please note the counts are rounded to the nearest 5 which will affect the rate.

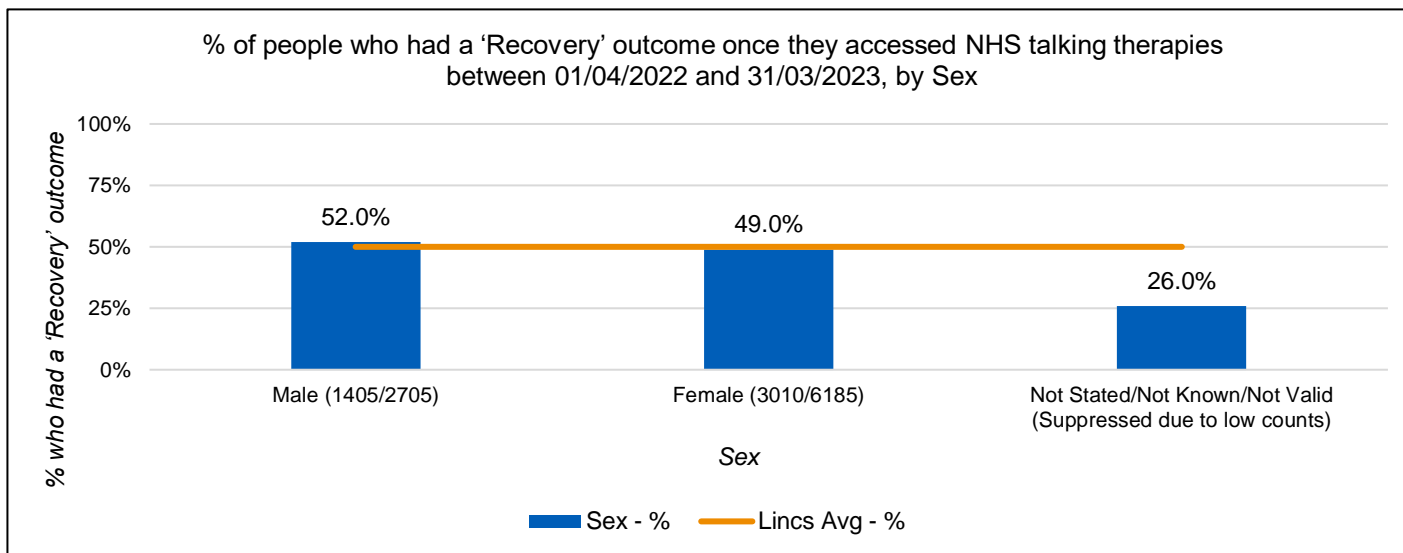


Between April 2022 and March 2023, there were 31.9 restrictive interventions per 100,000 of the population in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those from a Black background had the highest rate of restrictive interventions (114.5 per 100,000) and those from a White background had the lowest rate of detentions (29.8 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate. These values may be skewed by low counts in ethnic minority populations as well – 5 people from a Black background who had a restrictive intervention equates to a rate of 229.4 per 100,000. Because the Census 2021 has been used as the population denominator, it has not been possible to calculate rates for those with a not known or not stated ethnicity.

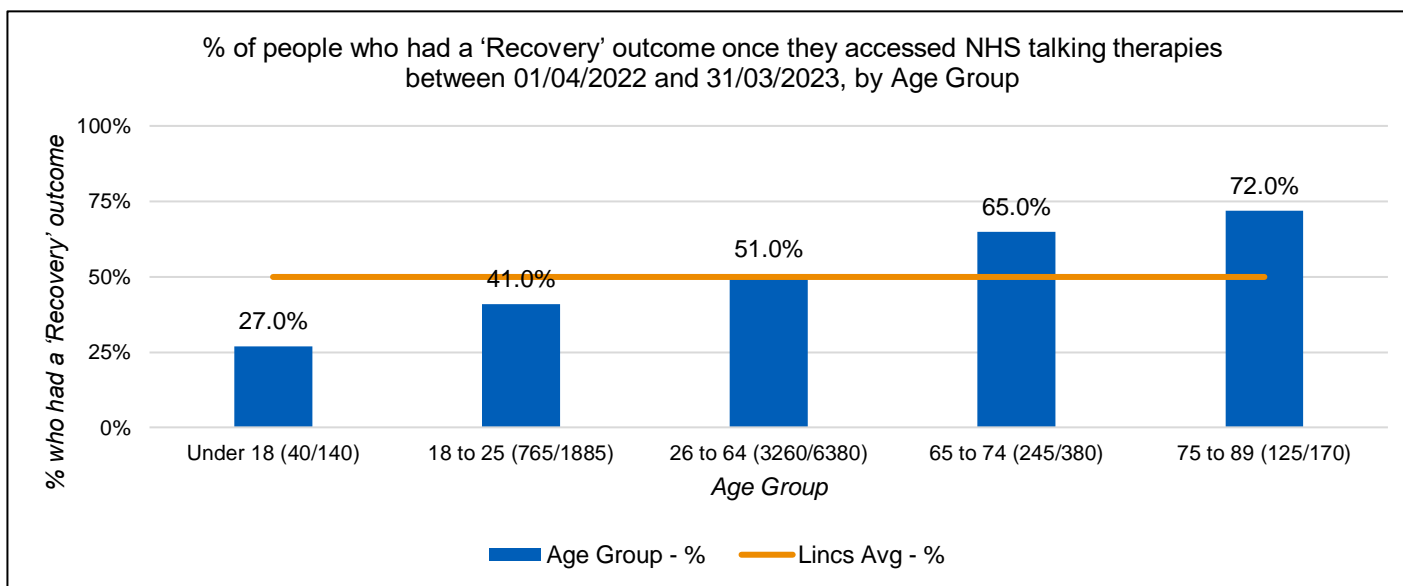
Source: Mental Health Annual Bulletin. 2022 to 2023.

Mental Health – Talking Therapies



Between April 2022 and March 2023, 50.0% of the population in Lincolnshire ICB who accessed NHS talking therapies had an outcome of 'recovery'.

Compared to the Lincolnshire ICB average, males had a better outcome (52%) and females had a worse outcome (49%). Please note the counts are rounded to the nearest 5 which will affect the percentage.

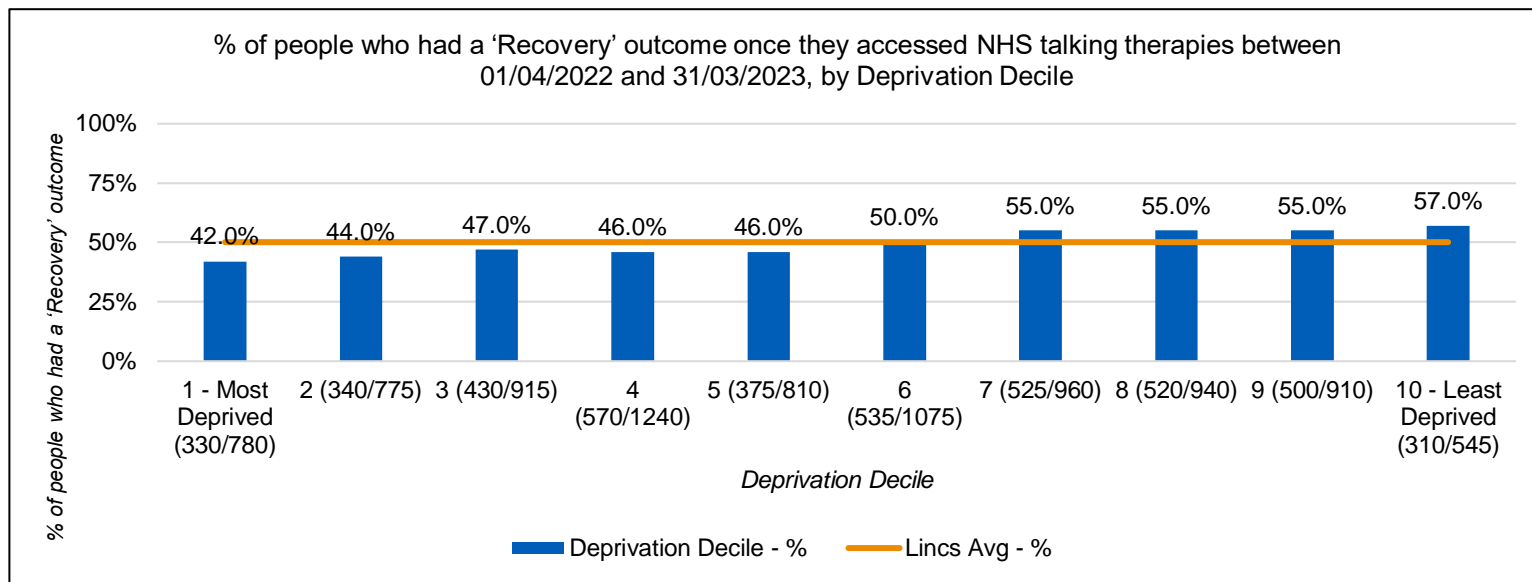


Between April 2022 and March 2023, 50.0% of the population in Lincolnshire ICB who accessed NHS talking therapies had an outcome of 'recovery'.

Compared to the Lincolnshire ICB average, under 18s, and those in the 18 to 25 age group, had a worse outcome (27.% and 41.% respectively). Those in the 65 to 74, and 75 to 89, age groups had better outcomes (65.% and 72%). Please note the counts are rounded to the nearest 5 which will affect the percentage.

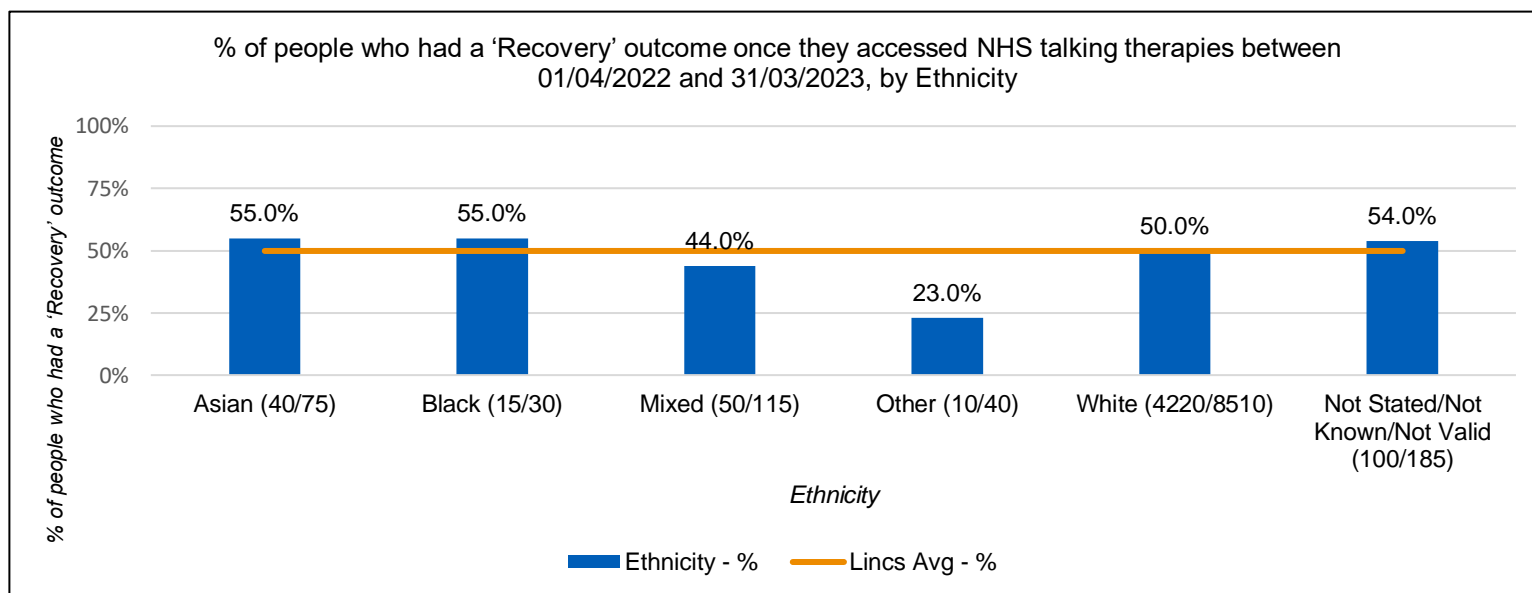
Source: Psychological Therapies Annual Reports on the use of IAPT services. 2022 to 2023.

Mental Health – Talking Therapies



Between April 2022 and March 2023, 50.0% of the population in Lincolnshire ICB who accessed NHS talking therapies had an outcome of 'recovery'.

Compared to the Lincolnshire ICB average, those in the most deprived decile had the worst outcome (42%) and those in the least deprived decile had the best outcome (57%). Please note the counts are rounded to the nearest 5 which will affect the percentage.

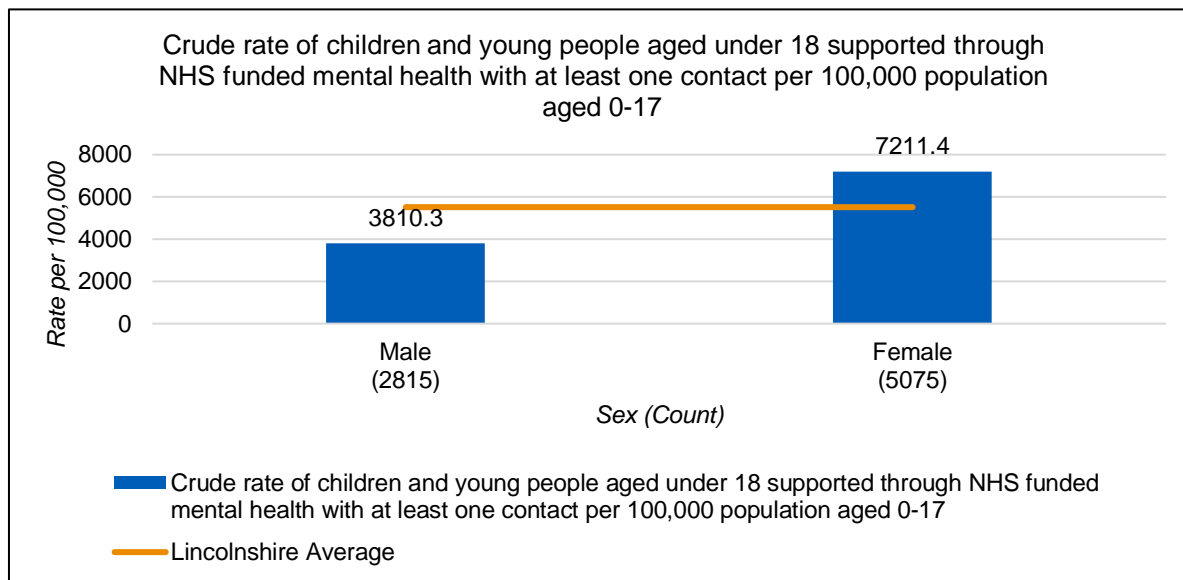


Between April 2022 and March 2023, 50.0% of the population in Lincolnshire ICB who accessed NHS talking therapies had an outcome of 'recovery'.

Compared to the Lincolnshire ICB average, those from an Asian and Black background had the best outcome (both 55%) and those from an Other background had the worst outcome (23%). Please note the counts are rounded to the nearest 5 which will affect the percentage. These values may be skewed by low counts in ethnic minority populations as well.

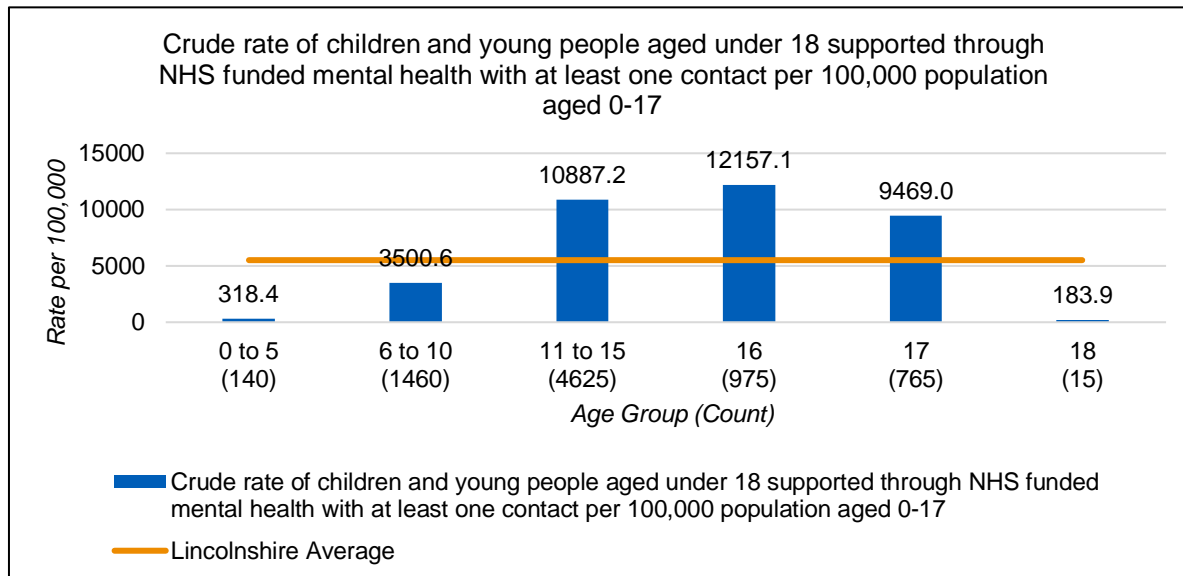
Source: Psychological Therapies Annual Reports on the use of IAPT services. 2022 to 2022.

Mental Health – Access for Children and Young People



Between April 2022 and March 2023, there were 5528.4 children per 100,000 who were supported through NHS funded mental health services in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, males had a lower rate accessing mental health services (3810.3 per 100,000) and females had a higher rate of accessing mental health services (7211.4 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate.

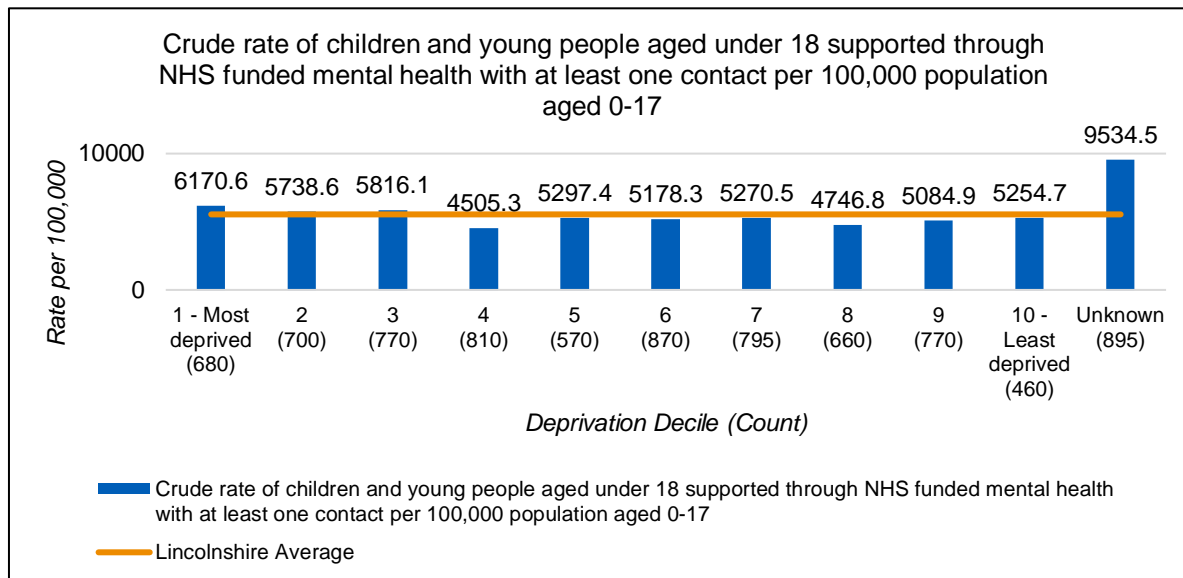


Between April 2022 and March 2023, there were 5528.4 children per 100,000 who were supported through NHS funded mental health services in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, 0-5 year olds had the lowest rate accessing mental health services (318.4 per 100,000) and 16-year-olds had the highest rate of accessing mental health services (12157.1 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate.

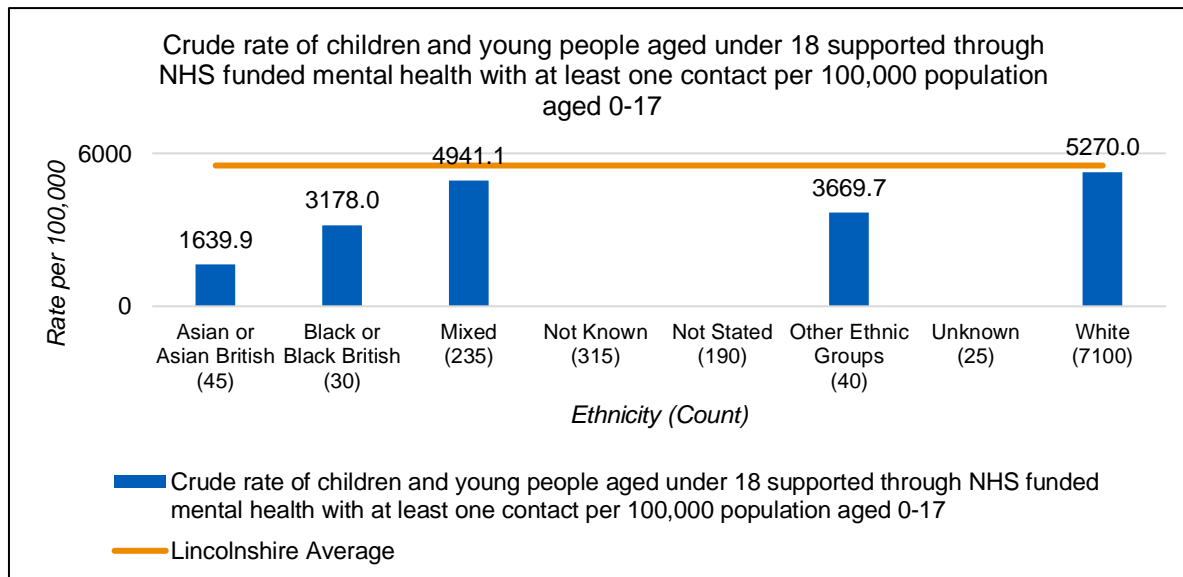
Source: Mental Health Annual Bulletin. 2022 to 2023.

Mental Health – Access for Children and Young People



Between April 2022 and March 2023, there were 5528.4 children per 100,000 who were supported through NHS funded mental health services in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those living in the most deprived decile had the highest rate of accessing mental health services (6170.6 per 100,000) than those in the less deprived deciles (excluding those for whom data on a deprivation decile was unavailable). Please note the counts are rounded to the nearest 5 which will affect the rate.



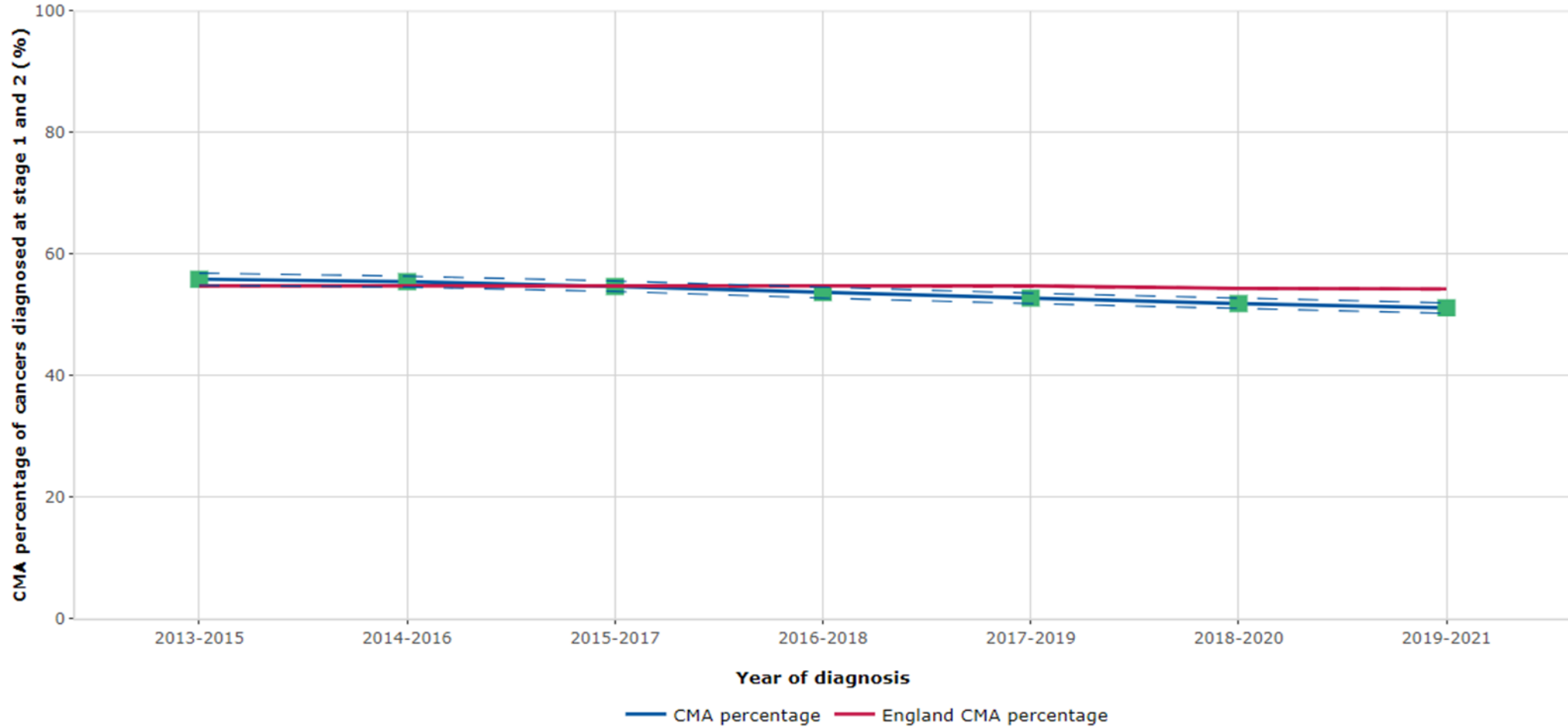
Between April 2022 and March 2023, there were 5528.4 children per 100,000 who were supported through NHS funded mental health services in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those from a Black background had the highest rate of restrictive interventions (114.5 per 100,000) and those from a White background had the lowest rate of detentions (29.8 per 100,000). Please note the counts are rounded to the nearest 5 which will affect the rate. These values may be skewed by low counts in ethnic minority populations as well – 5 people from a Black background who had a restrictive intervention equates to a rate of 229.4 per 100,000. Because the Census 2021 has been used as the population denominator, it has not been possible to calculate rates for those with a not known or not stated ethnicity. This may explain why the rates displayed are all lower than the Lincolnshire average.

Source: Mental Health Annual Bulletin. 2022 to 2023.

Cancer – Cancers diagnosed at stage 1 or stage 2

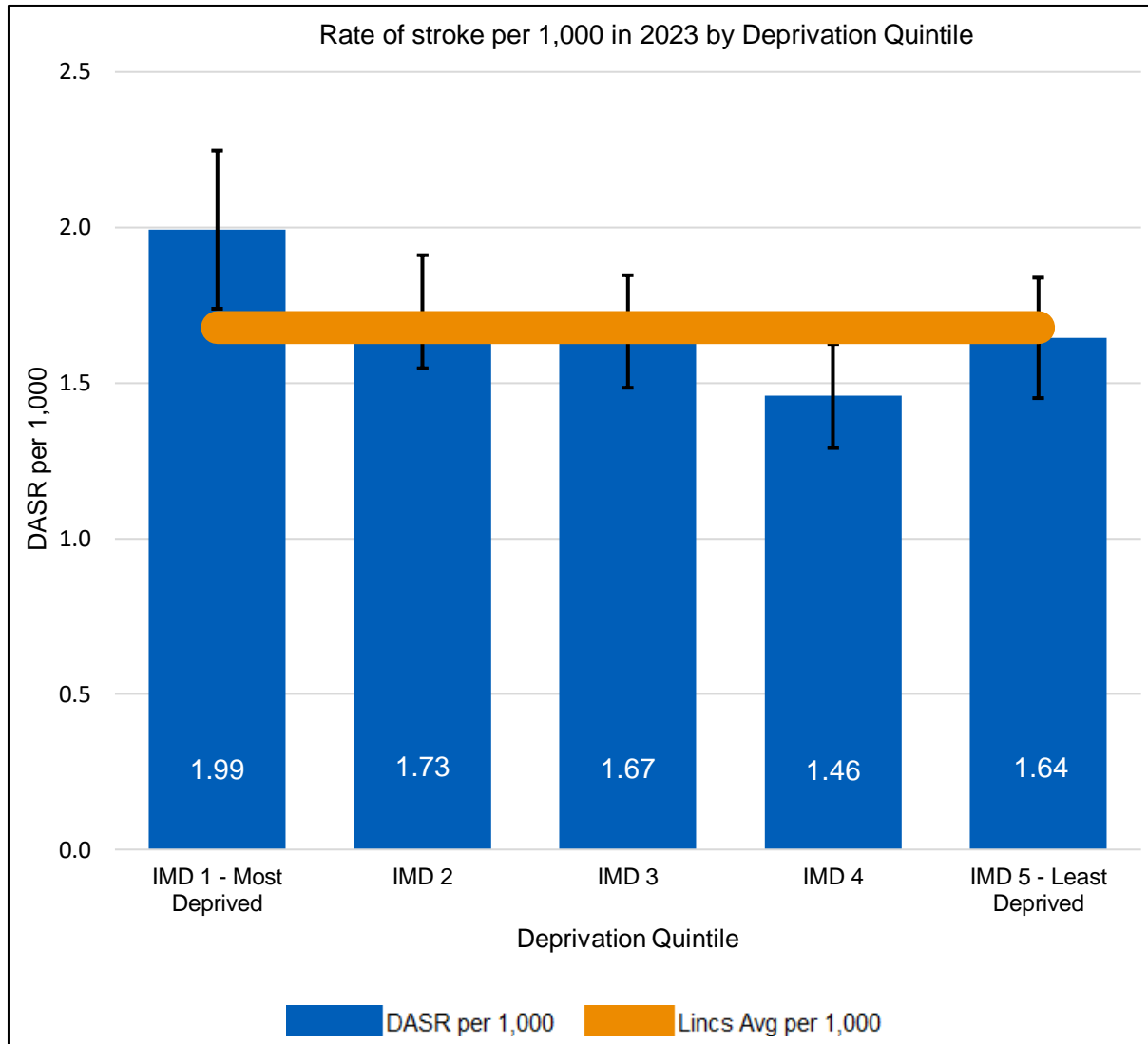
% of cancers diagnosed at stage 1 and 2 between 2013-15 and 2019-2021, case mix adjusted (CMA) for cancer site, age at diagnosis, sex (3-year range)



In 2019-2021 (3-year range), 51.2% of cancers (case mix adjusted for cancer site, age at diagnosis, and sex) in Lincolnshire ICB diagnosed at stage 1 and 2. This is worse than the England average of 54.3%. The Lincolnshire average has been steadily declining since the start of the reporting period in 2013-2015.

Source: Cancer Registry Staging Data. 2013-2015 to 2019-2021.

Cardiovascular Diseases – Strokes

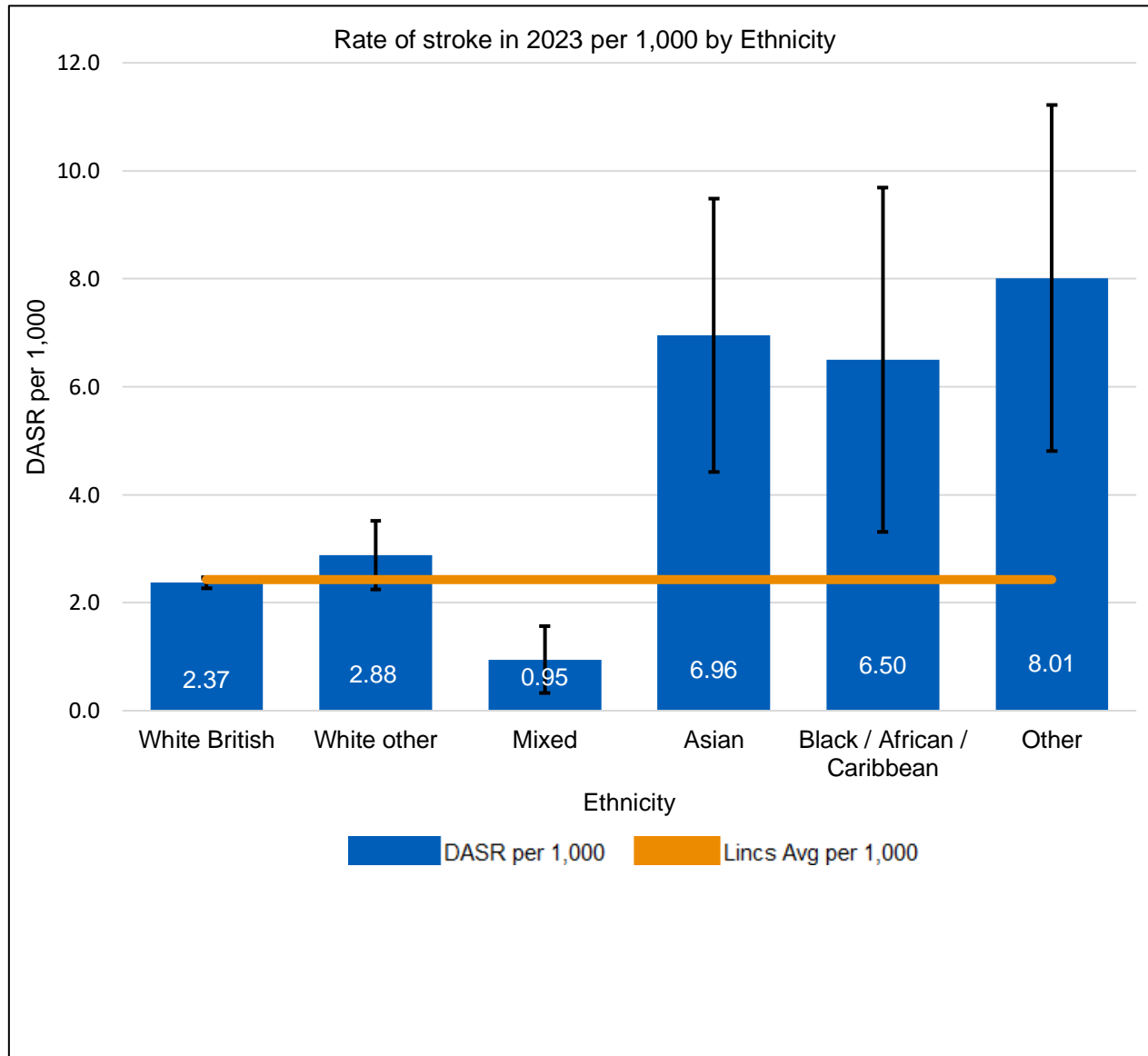


In 2023, there were 1.95 strokes requiring an emergency admission per 1,000 of the Lincolnshire resident population. There were 1.99 strokes requiring an emergency admission per 1,000 of the Lincolnshire resident population who lived in the most deprived decile, compared to 1.64 strokes requiring an emergency admission per 1,000 of the Lincolnshire resident population who lived in the least deprived decile.

Because a Direct Age Standardised Rate (DASR) has been used for these calculation, we can see by the confidence intervals shown here that there was no statistically significant difference in emergency admissions for stroke in the Lincolnshire resident population in 2023.

Source: Secondary Use Services (SUS) Admitted Patient Care dataset. January to December 2023.

Cardiovascular Diseases – Strokes

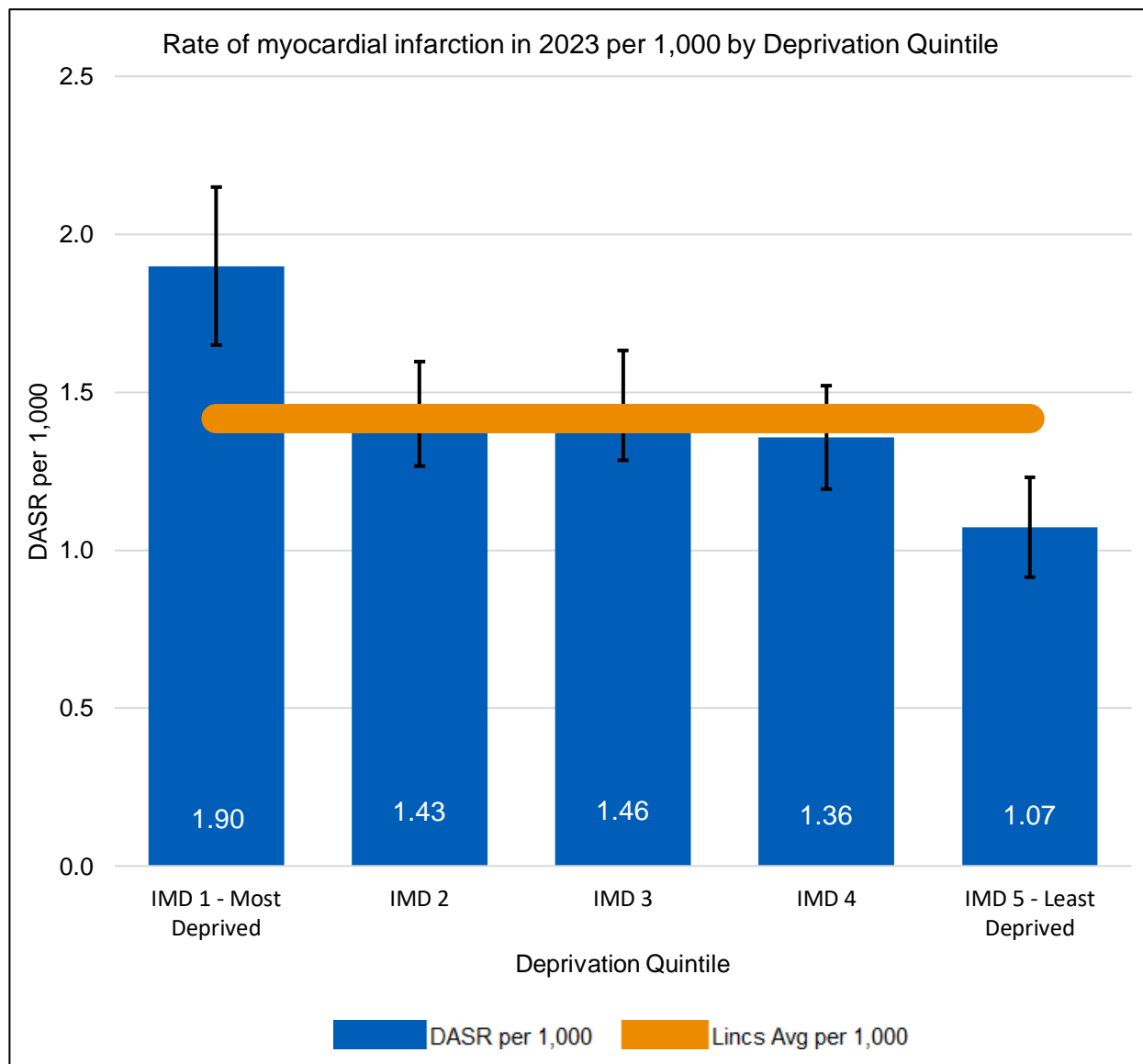


In 2023, there were 2.43 strokes requiring an emergency admission per 1,000 of the Lincolnshire ICB population. There were 8.01 strokes requiring an emergency admission per 1,000 of the Lincolnshire ICB population in those from an Other background, compared to 0.95 strokes requiring an emergency admission per 1,000 of the Lincolnshire ICB population in those from a Mixed background.

Because a Direct Age Standardised Rate (DASR) has been used for these calculation, we can see by the confidence intervals shown here, that there statistically significant higher rates Emergency Admission for Stroke for those in an Asian, Black/African/Caribbean and Other ethnicity group. However, these rates may be skewed by low counts in ethnic minority populations.

Source: Secondary Use Services (SUS) Admitted Patient Care dataset. January to December 2023.

Cardiovascular Diseases – Myocardial Infarction

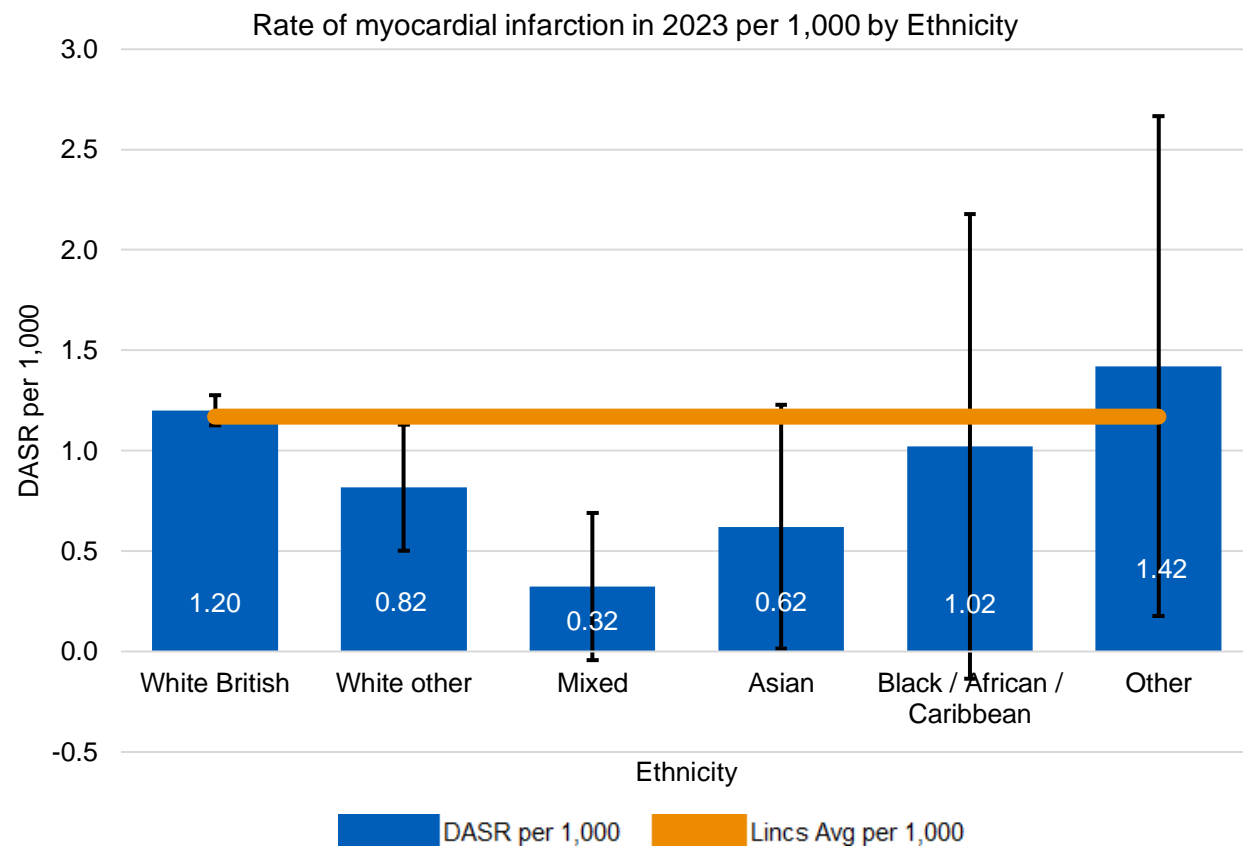


In 2023, there were 1.42 myocardial infarctions requiring an emergency admission per 1,000 of the Lincolnshire resident population. There were 1.90 myocardial infarctions requiring an emergency admission per 1,000 of the Lincolnshire resident population who lived in the most deprived decile, compared to 1.07 myocardial infarctions requiring an emergency admission per 1,000 of the Lincolnshire resident population who lived in the least deprived decile.

Because a Direct Age Standardised Rate (DASR) has been used for these calculation, we can see by the confidence intervals shown here that the most deprived quintile had statistically higher rates in emergency admissions for myocardial infarctions in the Lincolnshire resident population in 2023. We can also see that the least deprived quintile had statistically lower rates in emergency admissions for myocardial infarctions in the Lincolnshire resident population in 2023.

Source: Secondary Use Services (SUS) Admitted Patient Care dataset. January to December 2023.

Cardiovascular Diseases – Myocardial Infarction

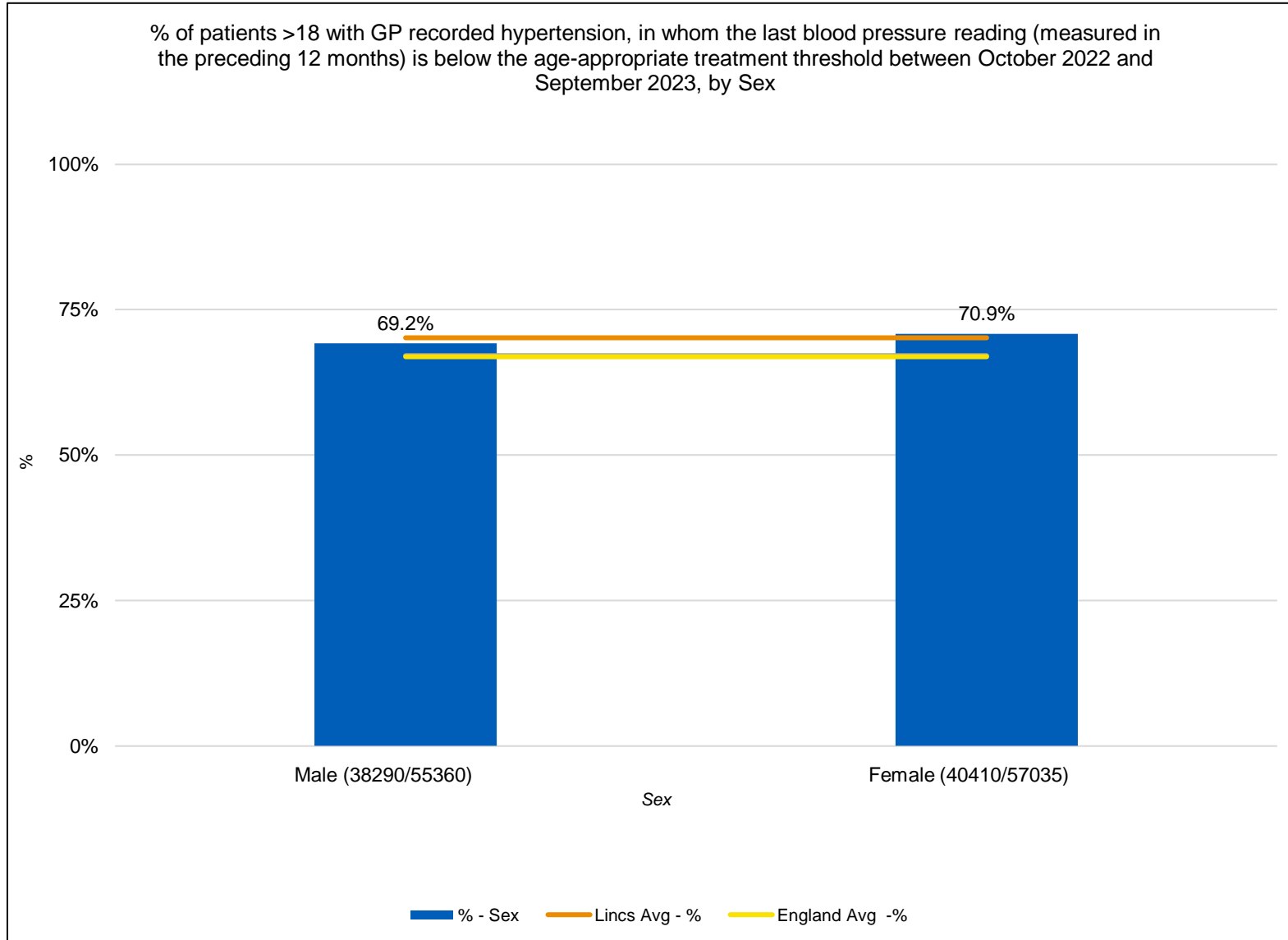


In 2023, there were 1.17 myocardial infarctions requiring an emergency admission per 1,000 of the Lincolnshire ICB population. There were 1.42 myocardial infarctions requiring an emergency admission per 1,000 of the Lincolnshire ICB population in those from an Other background, compared to 0.32 myocardial infarctions requiring an emergency admission per 1,000 of the Lincolnshire ICB population in those from a Mixed background.

Because a Direct Age Standardised Rate (DASR) has been used for these calculation, we can see by the confidence intervals shown here that there was a statistically significant lower rate of emergency admissions for myocardial infarctions in those from a Mixed background. There were no other items of significance to note in the Lincolnshire ICB population in 2023.

Source: Secondary Use Services (SUS) Admitted Patient Care dataset. January to December 2023.

Cardiovascular Diseases – Hypertension

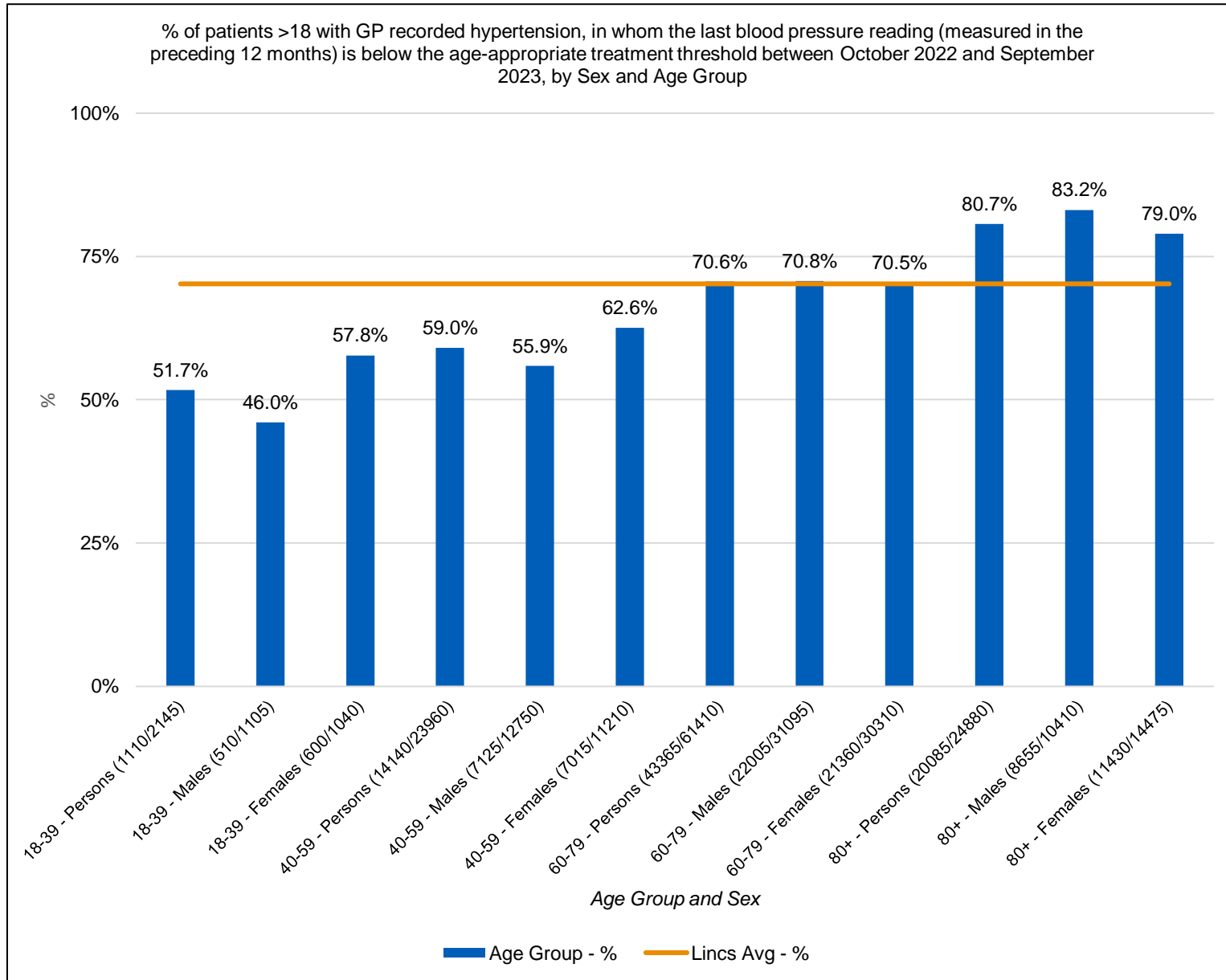


Between October 2022 and September 2023, 70.0% of patients >18 with GP recorded hypertension had a blood pressure reading taken in the preceding 12 months which was below the age-appropriate treatment threshold in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was slightly worse for males (69.2%) and slightly better for females (70.9%).

Source: CVD Prevent. October 2022 to September 2023.

Cardiovascular Diseases – Hypertension

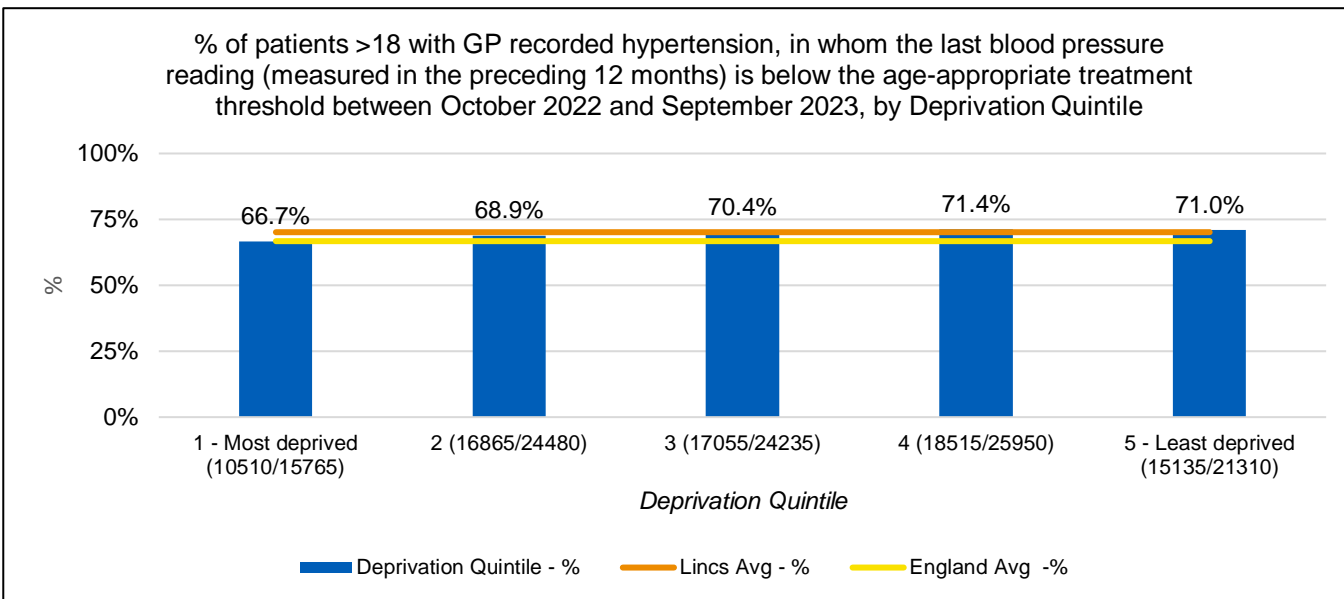


Between October 2022 and September 2023, 70.0% of patients >18 with GP recorded hypertension had a blood pressure reading taken in the preceding 12 months which was below the age-appropriate treatment threshold.

Compared to the Lincolnshire ICB average, this was worse in the 18-39 and 40-59 age groups (for both sexes), similar for the 60-79 age groups, and better in the 80+ age groups.

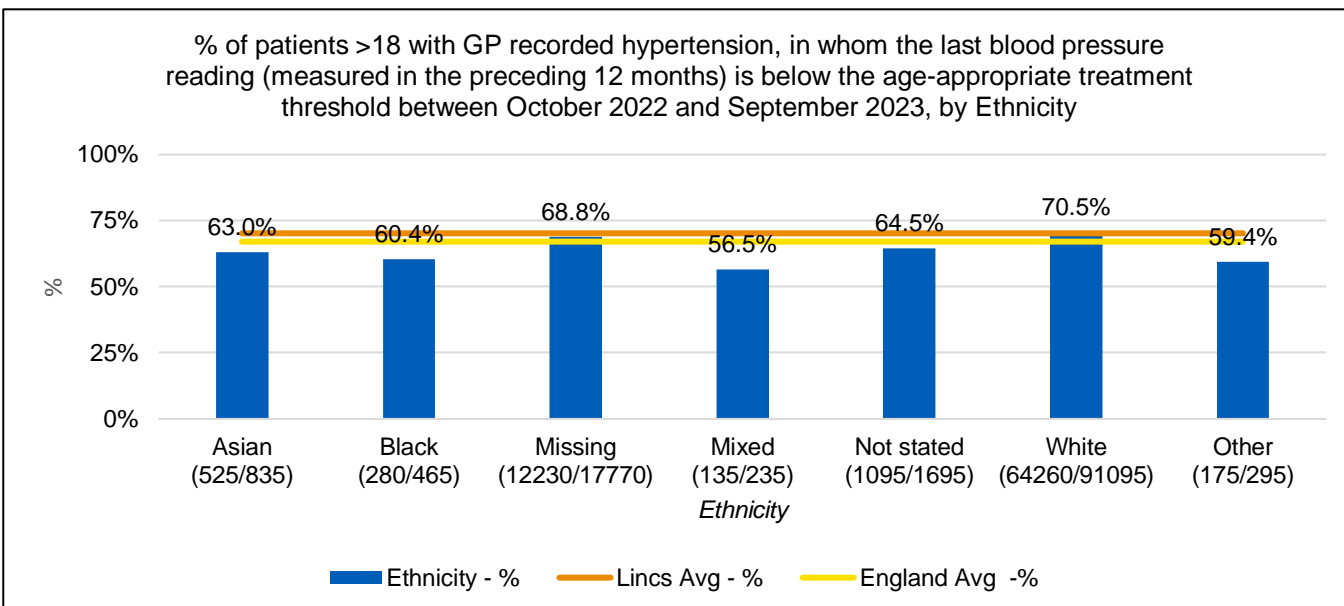
Source: CVD Prevent. October 2022 to September 2023.

Cardiovascular Diseases – Hypertension



Between October 2022 and September 2023, 70.0% of patients >18 with GP recorded hypertension had a blood pressure reading taken in the preceding 12 months which was below the age-appropriate treatment threshold in Lincolnshire ICB.

Compared to the Lincolnshire ICB average those in the most deprived quintile had a worse outcome (66.7%), and those in the least deprived quintile had a better outcome (71.0%).

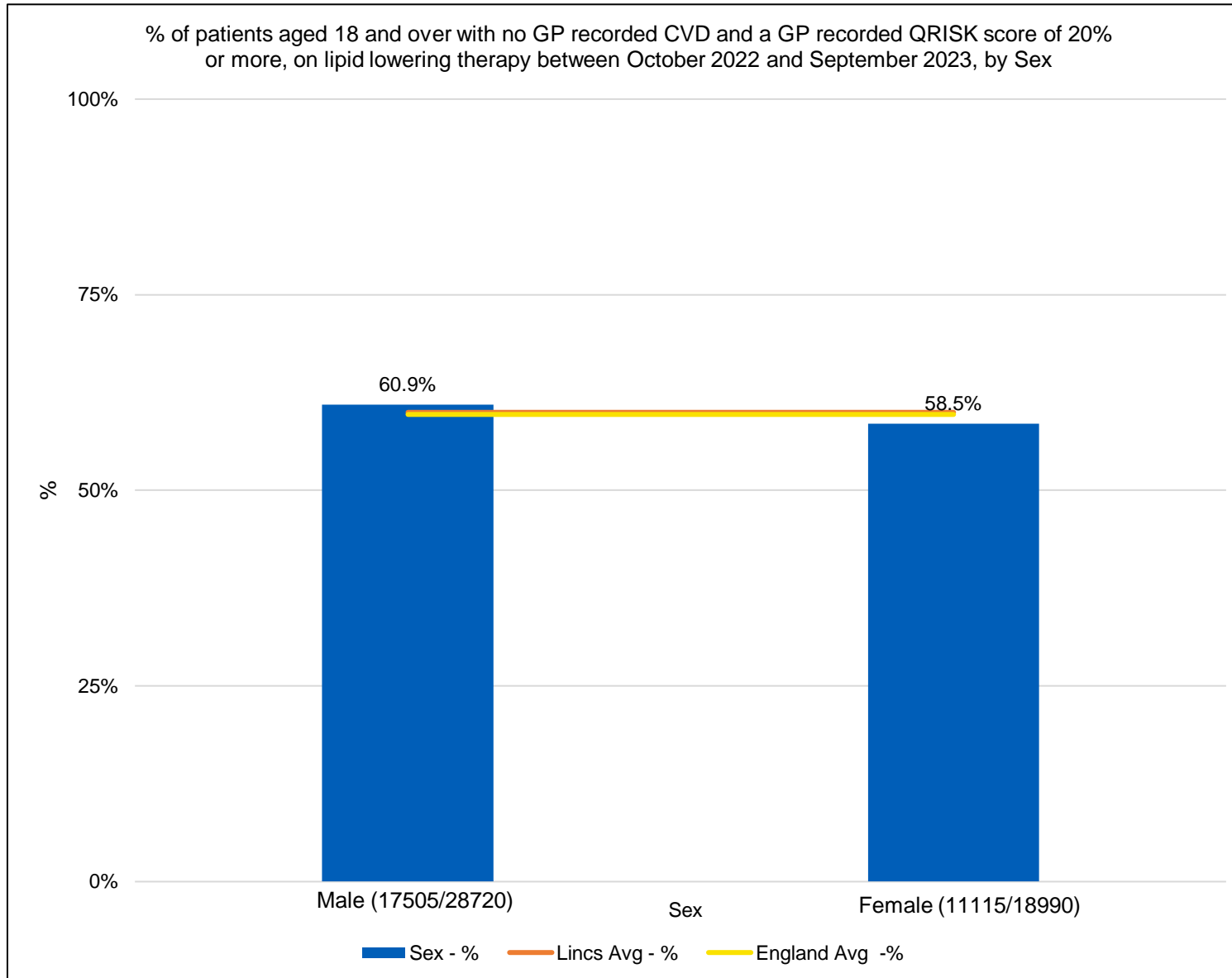


Between October 2022 and September 2023, 70.0% of patients >18 with GP recorded hypertension had a blood pressure reading taken in the preceding 12 months which was below the age-appropriate treatment threshold in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, those from an Asian, Black, Mixed, and Other backgrounds had a worse outcome (63.0%; 60.4%; 56.5%; 59.4% respectively). These values may be skewed by low counts in ethnic minority populations, however.

Source: CVD Prevent. October 2022 to September 2023.

Cardiovascular Diseases – Cholesterol

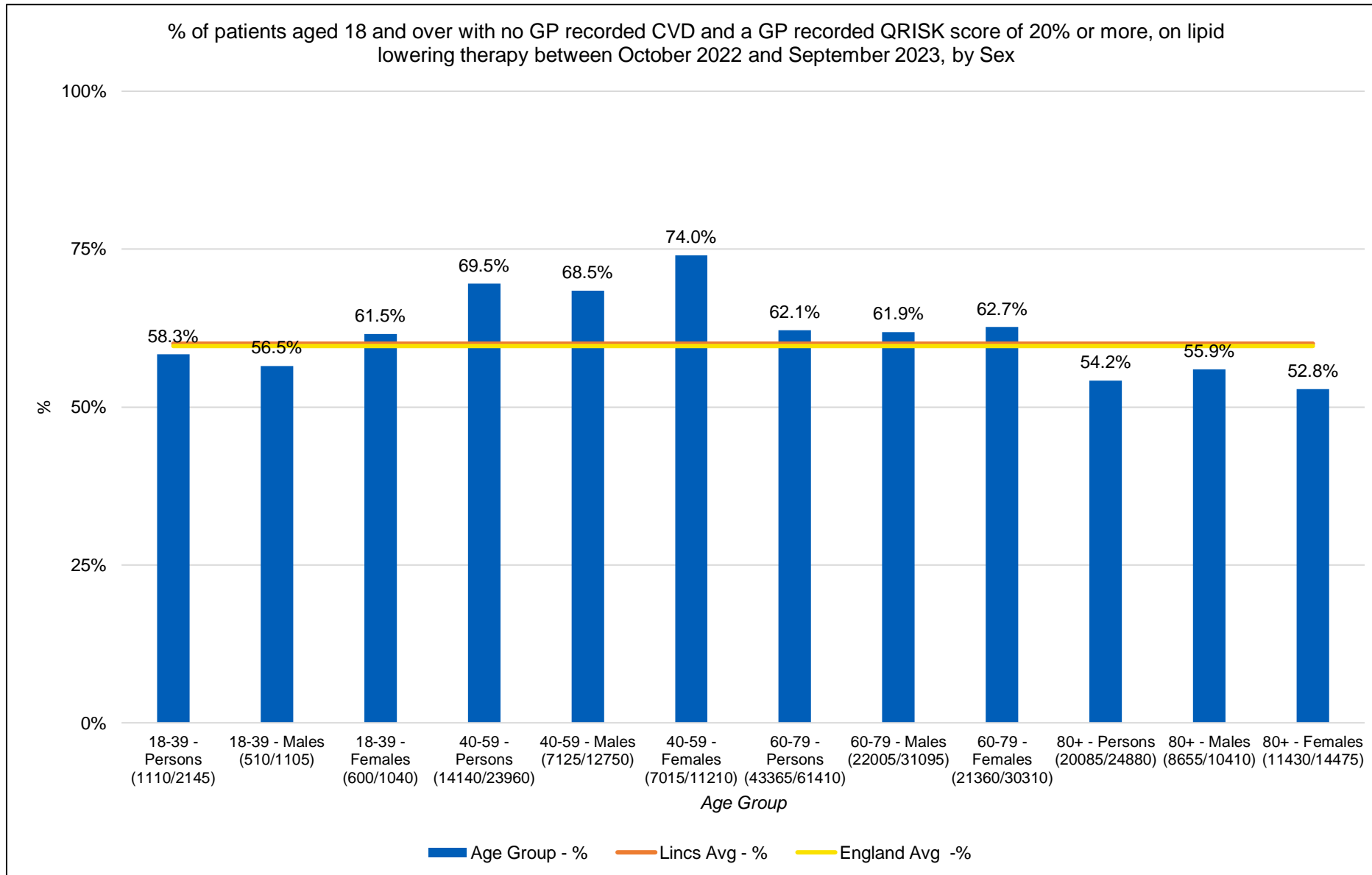


Between October 2022 and September 2023, 60% of patients >18 with no GP recorded CVD and a GP recorded QRISK score of 20% or more were on lipid lowering therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was slightly better for males (60.9%) and slightly worse for females (58.5%).

Source: CVD Prevent. October 2022 to September 2023.

Cardiovascular Diseases – Cholesterol

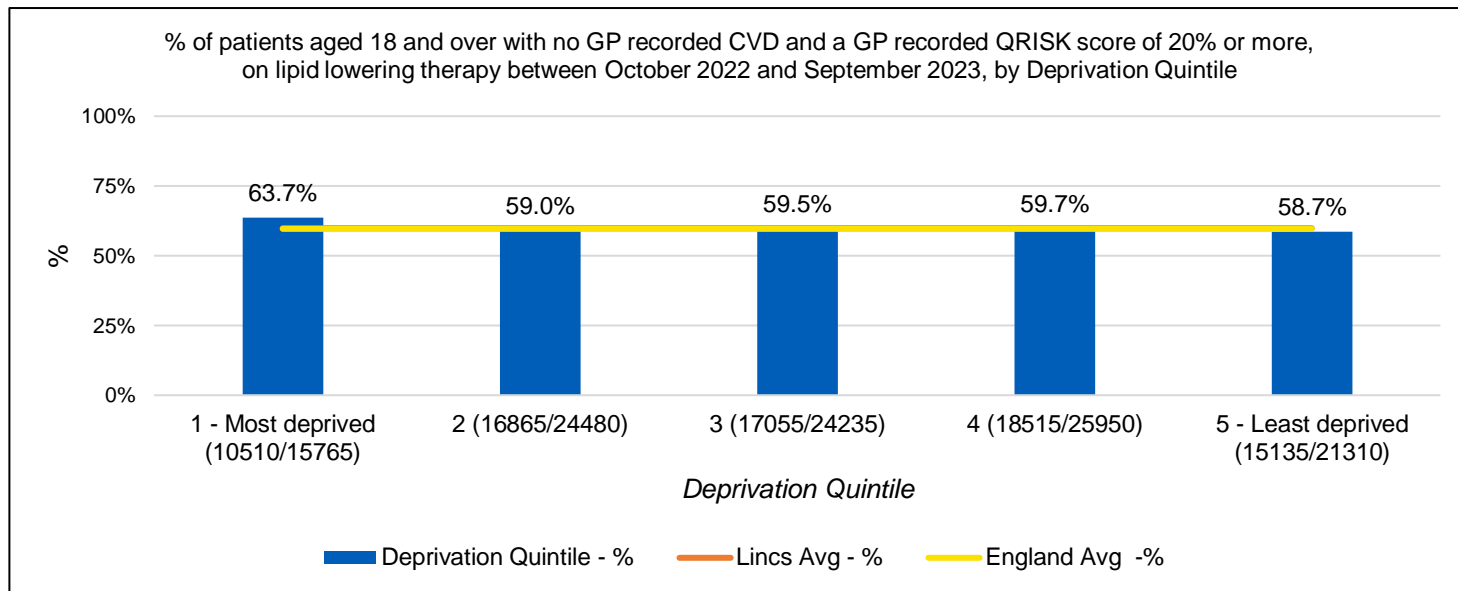


Between October 2022 and September 2023, 60% of patients >18 with no GP recorded CVD and a GP recorded QRISK score of 20% or more were on lipid lowering therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was better in the 40-59, and 60-79 age groups, and worse in the 18-39, and 80+ age groups.

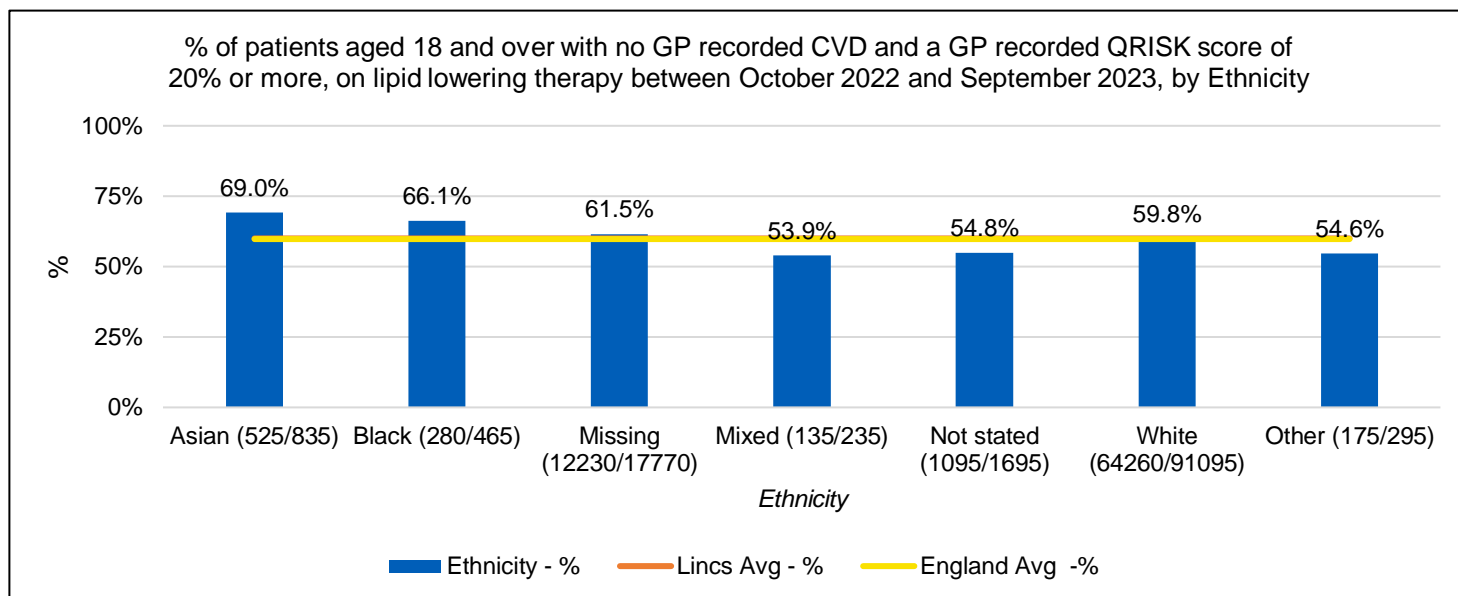
Source: CVD Prevent. October 2022 to September 2023.

Cardiovascular Diseases – Cholesterol



Between October 2022 and September 2023, 60% of patients >18 with no GP recorded CVD and a GP recorded QRISK score of 20% or more were on lipid lowering therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was better in the most deprived quintile (63.7%), and worse in the least deprived decile (58.7%).

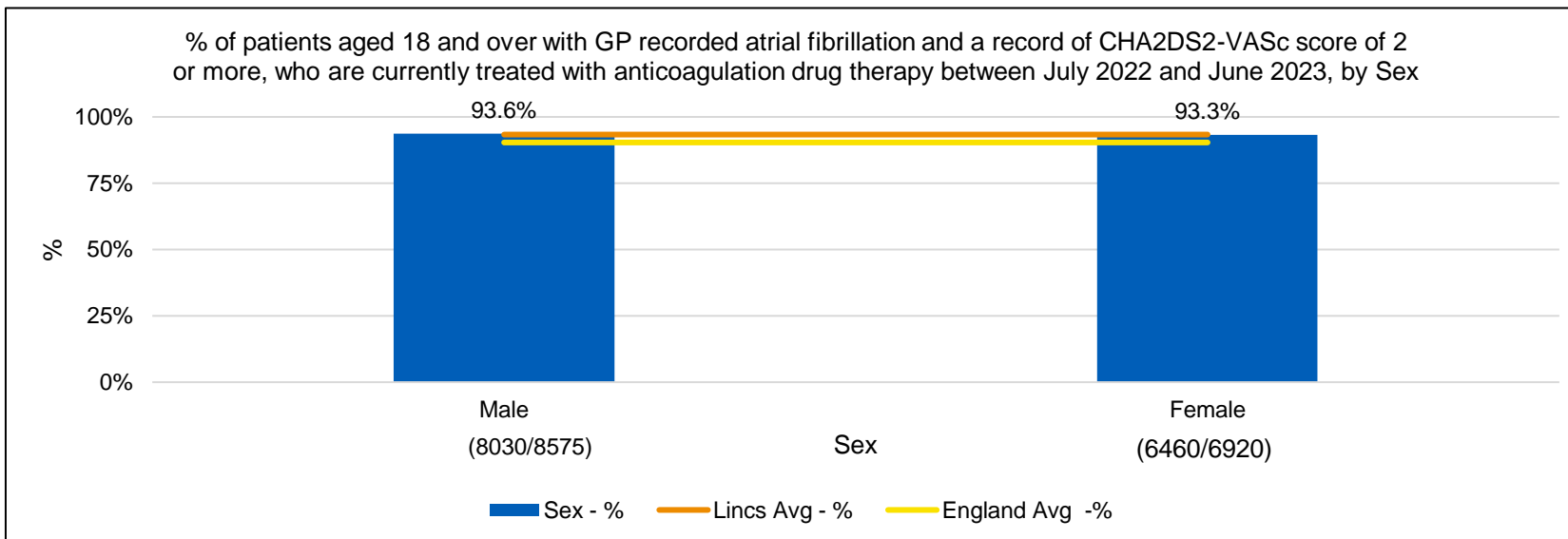


Between October 2022 and September 2023, 60% of patients >18 with no GP recorded CVD and a GP recorded QRISK score of 20% or more were on lipid lowering therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was better in the Asian and Black population (69.0% and 66.1% respectively), and worse in the Mixed, White, and Other populations (53.9%, 59.8%, and 54.6% respectively). These values may be skewed by low counts in ethnic minority populations, however.

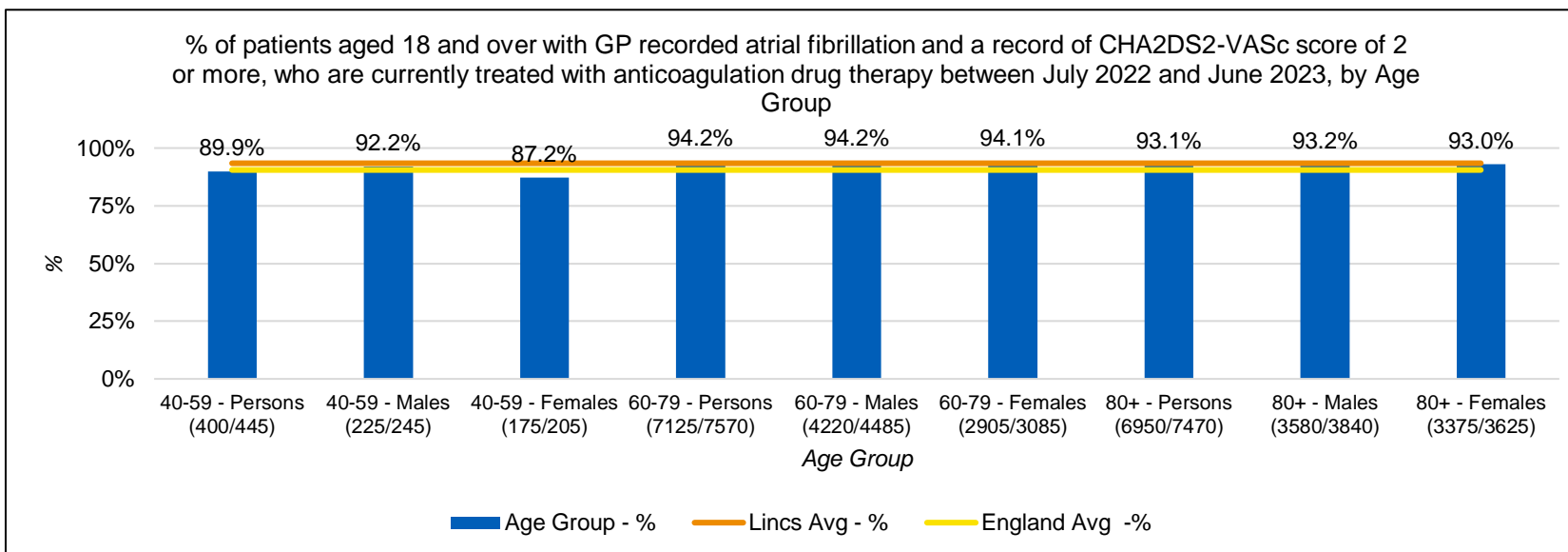
Source: CVD Prevent. October 2022 to September 2023.

Cardiovascular Diseases – Atrial Fibrillation



Between July 2022 and June 2023, 93.5% of patients >18 with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, were treated with anticoagulation drug therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was similar for males (93.6%) and females (93.3%).

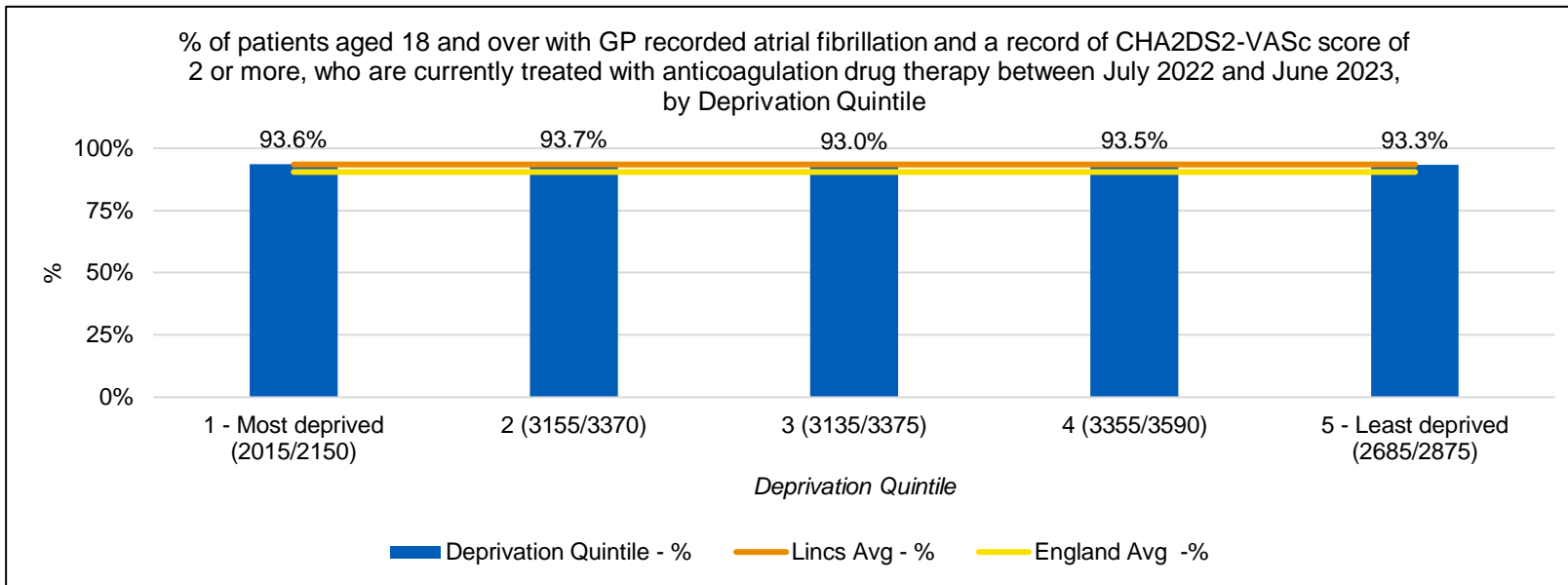


Between July 2022 and June 2023, 93.5% of patients >18 with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, were treated with anticoagulation drug therapy in Lincolnshire ICB.

No data for the 18-39 age groups was available. Compared to the Lincolnshire ICB average, this was worse in the 40-59 age groups, and similar in the 60-79, and 80+ age groups.

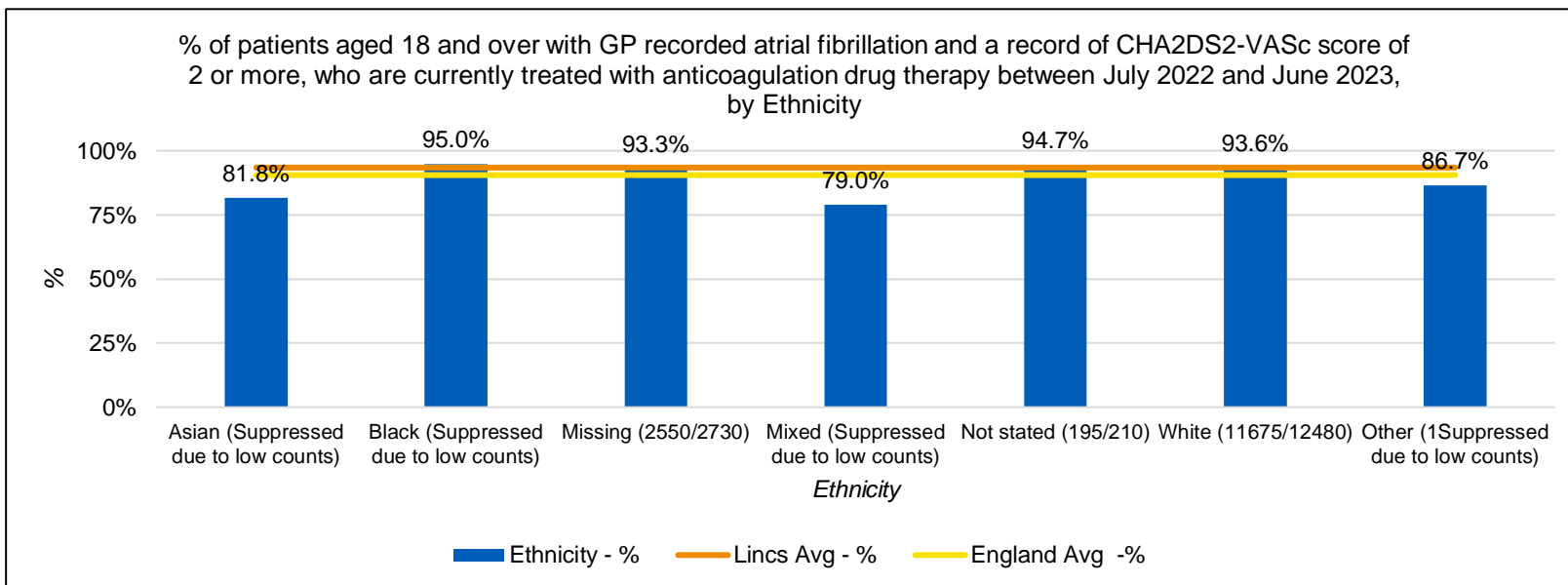
Source: CVD Prevent. July 2022 to June 2023.

Cardiovascular Diseases – Atrial Fibrillation



Between July 2022 and June 2023, 93.5% of patients >18 with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, were treated with anticoagulation drug therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was similar across all deprivation quintiles.

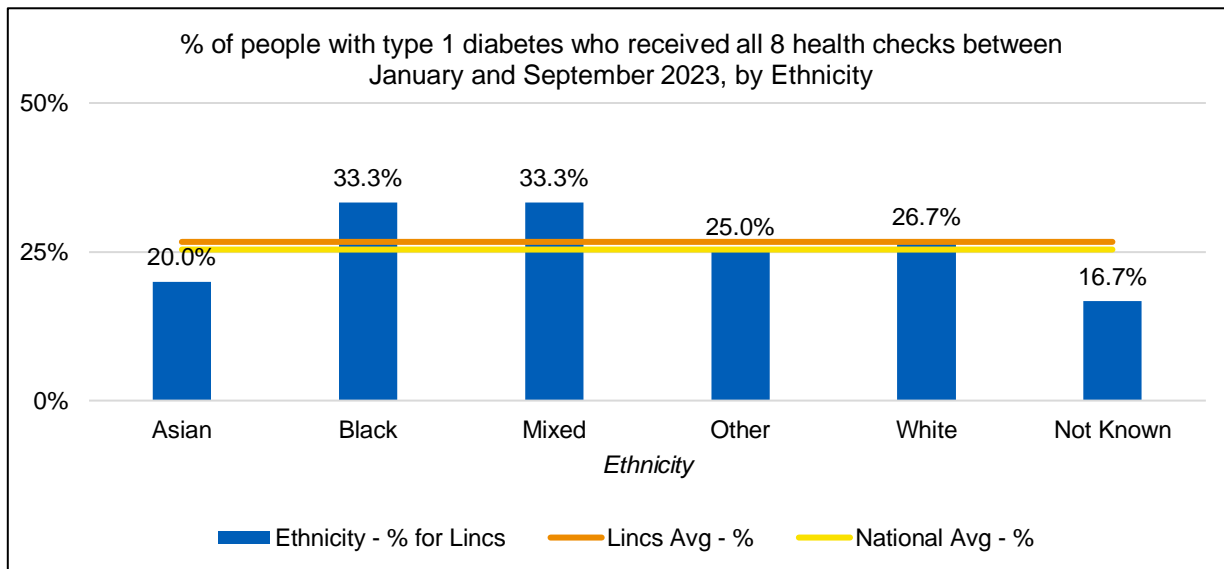
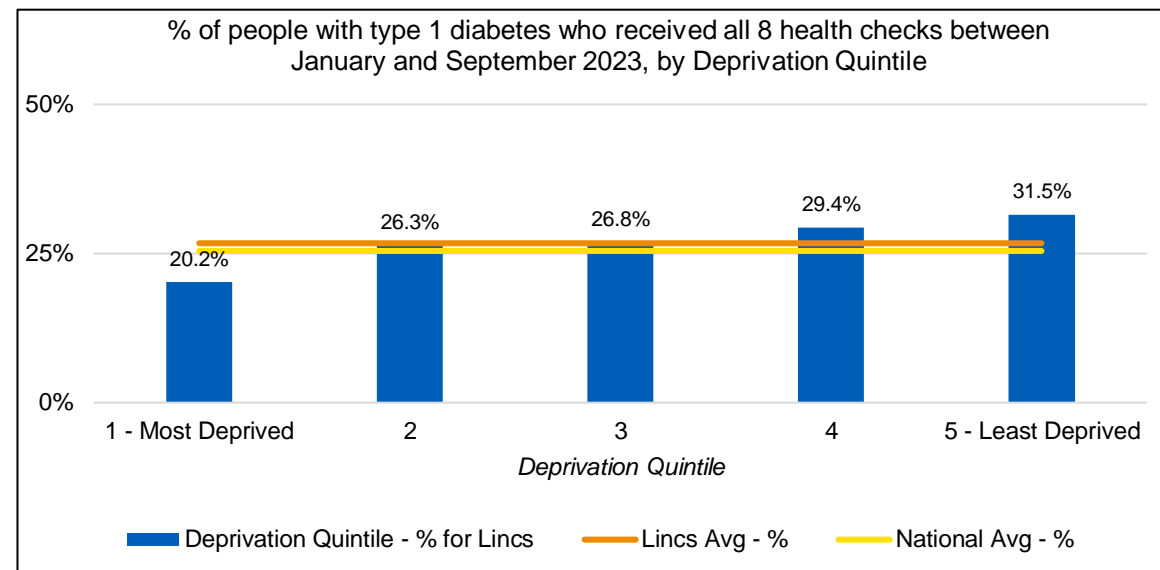
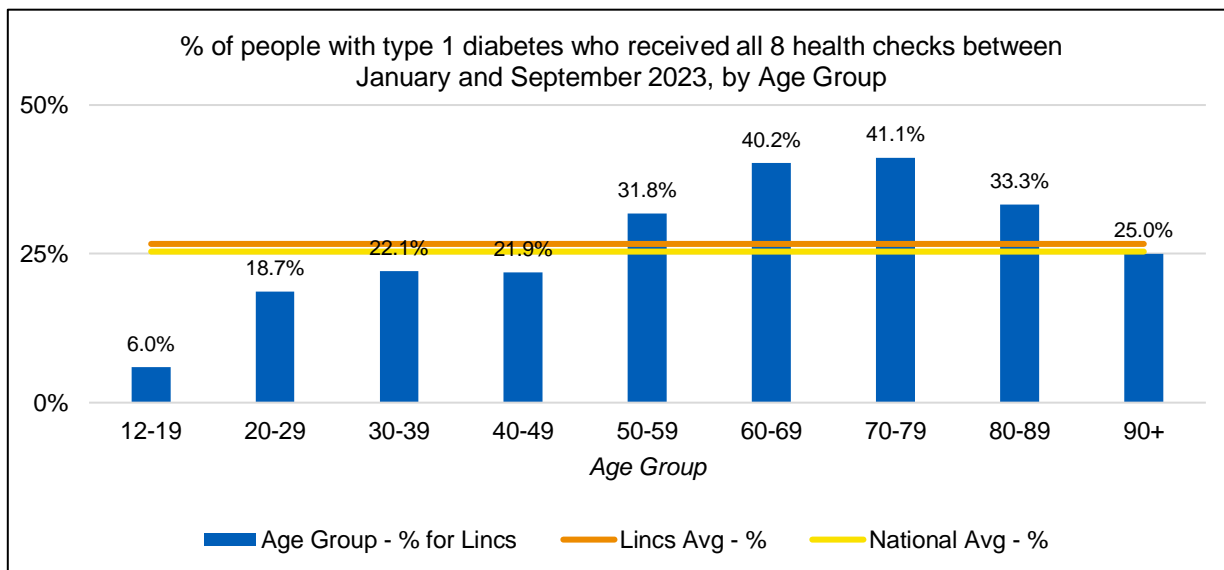


Between July 2022 and June 2023, 93.5% of patients >18 with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, were treated with anticoagulation drug therapy in Lincolnshire ICB.

Compared to the Lincolnshire ICB average, this was similar in the Black and White Black population (95.0% and 93.6% respectively), and worse in the Asian, Mixed, and Other populations (81.8%, 79.0%, and 86.7% respectively). These values may be skewed by low counts in ethnic minority populations, however.

Source: CVD Prevent. July 2022 to June 2023.

Diabetes – Health Checks for those with Type 1 diabetes



The Lincolnshire average for people with type 1 diabetes who received all 8 care processes was 26.7%. This is similar to the national benchmark.

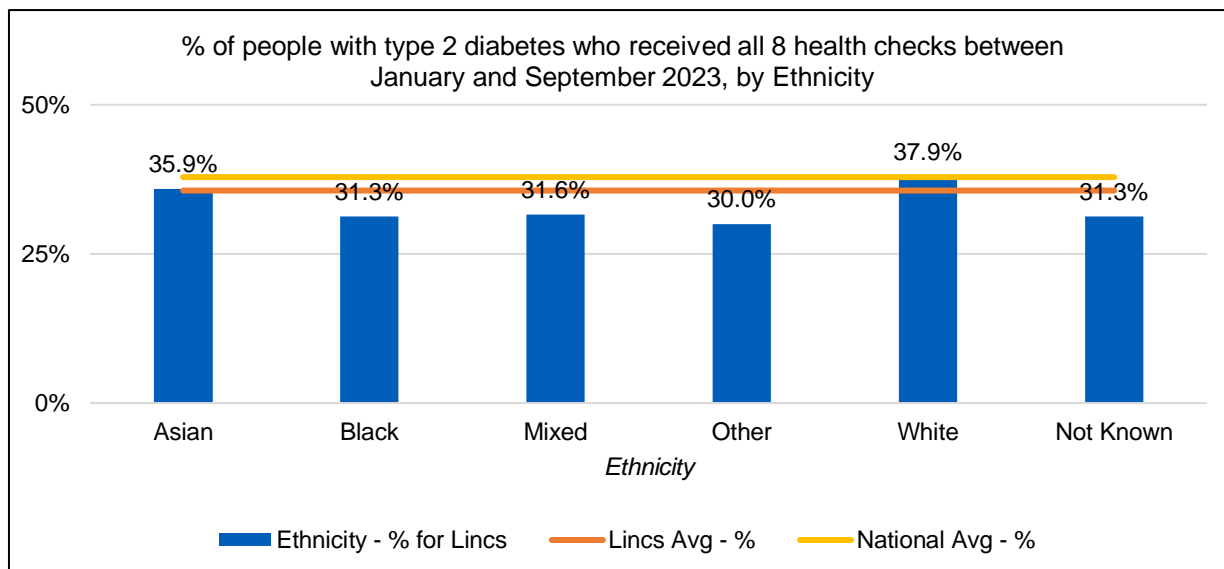
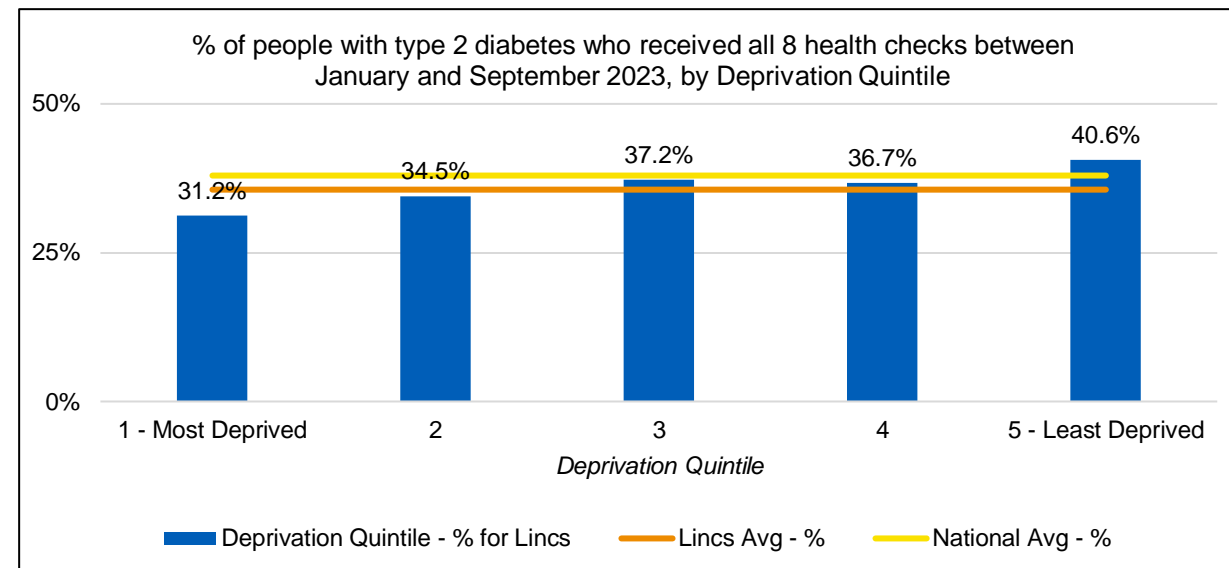
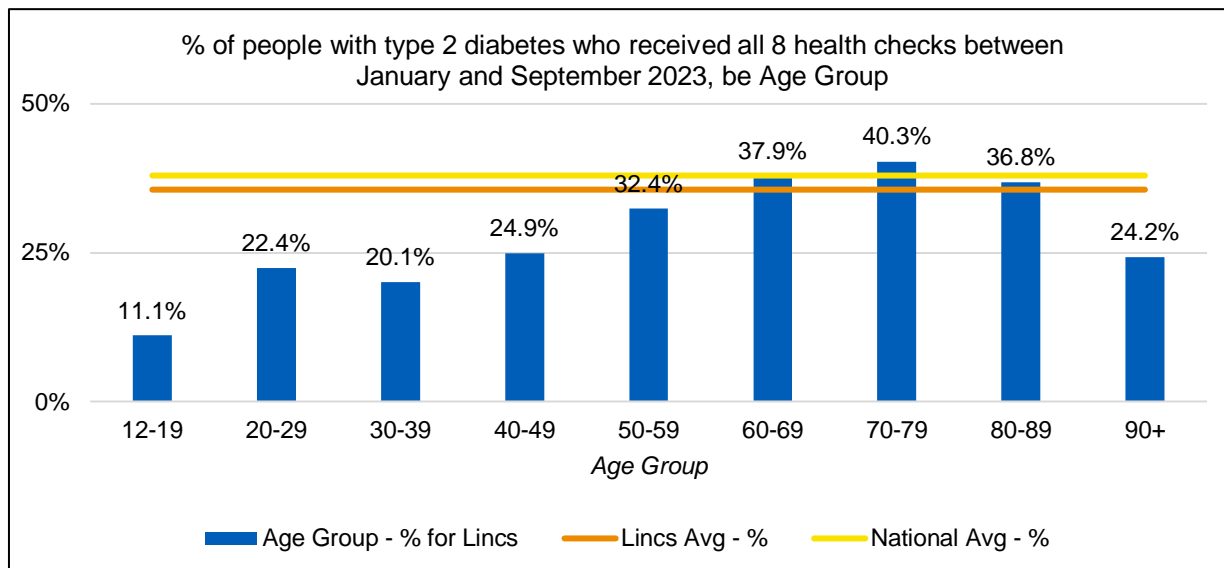
Those in the 12-19 age group had the lowest proportion who received all 8 health checks (6.0%), with those in the 70-79 age group had the highest proportion who received all 8 care processes (41.1%).

20.0% of those from an Asian background received all 8 health checks, compared to 33.3% of those from a Black and Mixed background. These values may be skewed by low counts in ethnic minority populations, however.

20.2% of those who lived in the most deprived quintile received all 8 health checks, compared to 31.5% of those who lived in the least deprived quintile.

Source: National Diabetes Audit. January 2023 to September 2023.

Diabetes – Health Checks for those with Type 2 diabetes



The Lincolnshire ICB average for people with type 2 diabetes who received all 8 health checks was 35.6%. This is similar to the national benchmark.

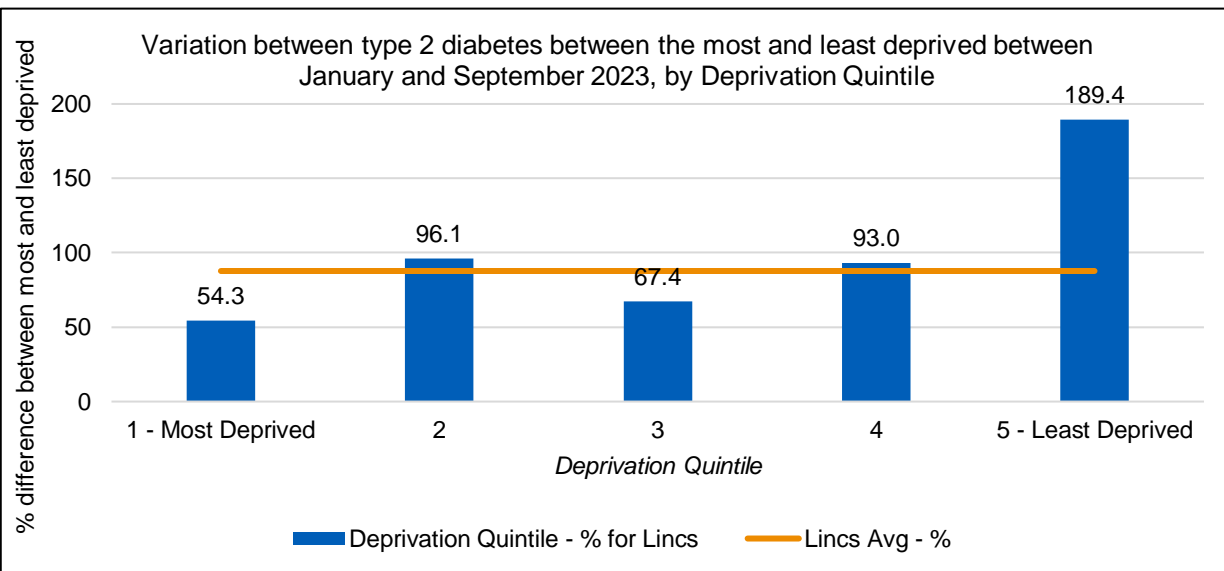
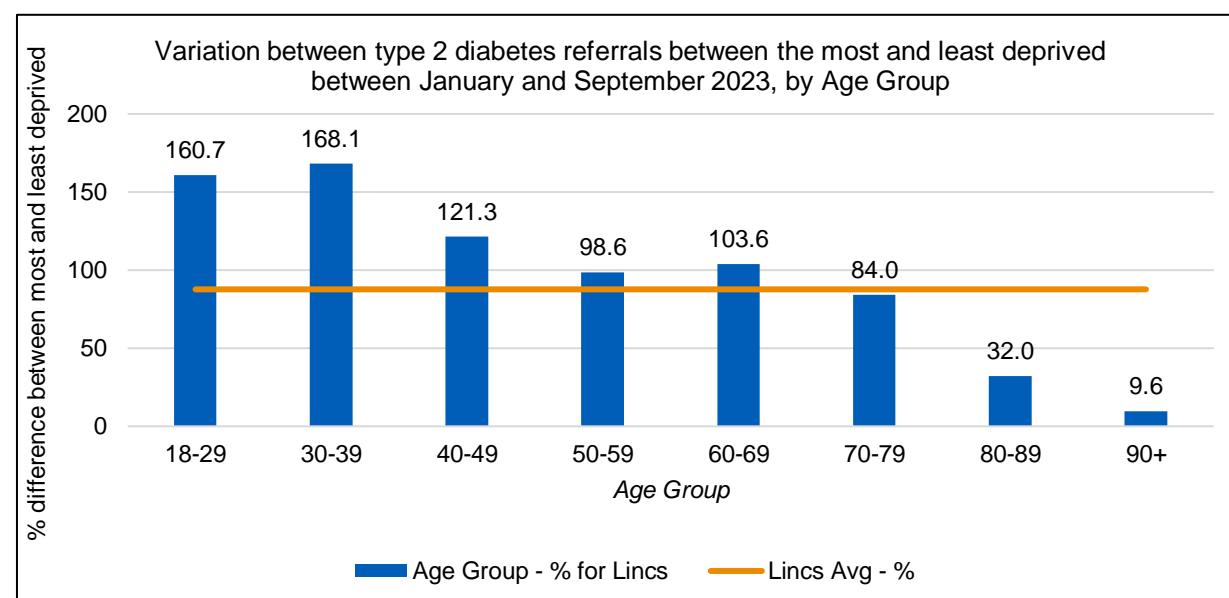
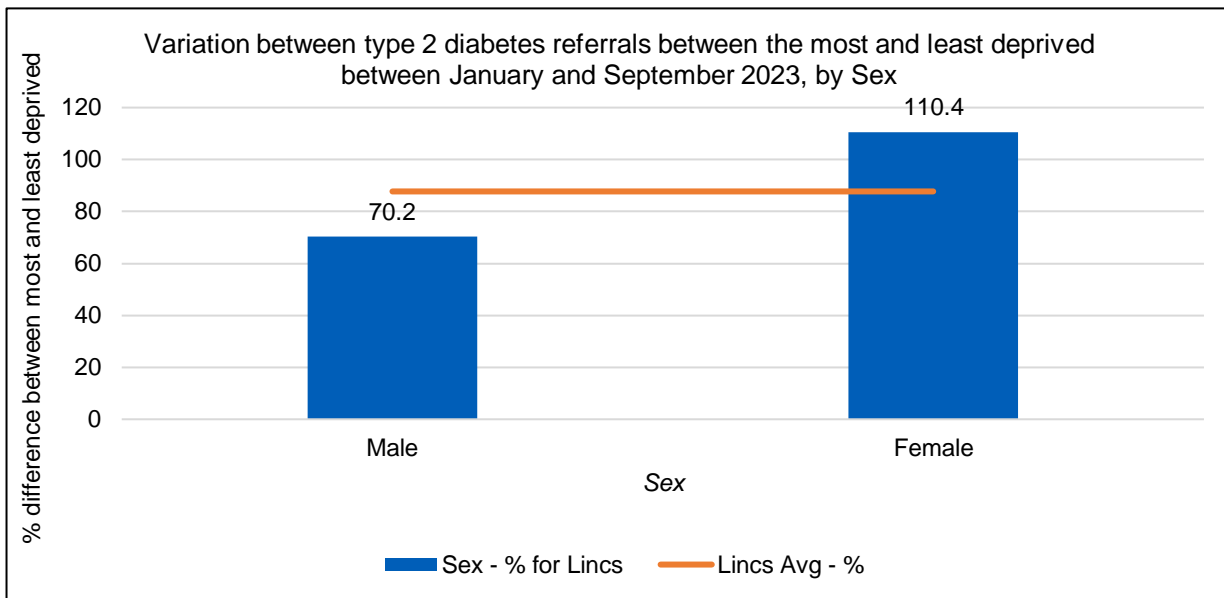
Those in the 12-19 age group had the lowest proportion who received all 8 health checks (11.1%), with those in the 70-79 age group had the highest proportion who received all 8 health checks (40.3%).

Only 30.0% of those from a Mixed background received all 8 health checks, compared to 37.9% of those from a Black background. These values may be skewed by low counts in ethnic minority populations, however.

Only 31.2% of those who lived in the most deprived quintile received all 8 health checks, compared to 40.6% of those who lived in the least deprived quintile.

Source: National Diabetes Audit. January 2023 to September 2023.

Diabetes – Type 2 diabetes referrals



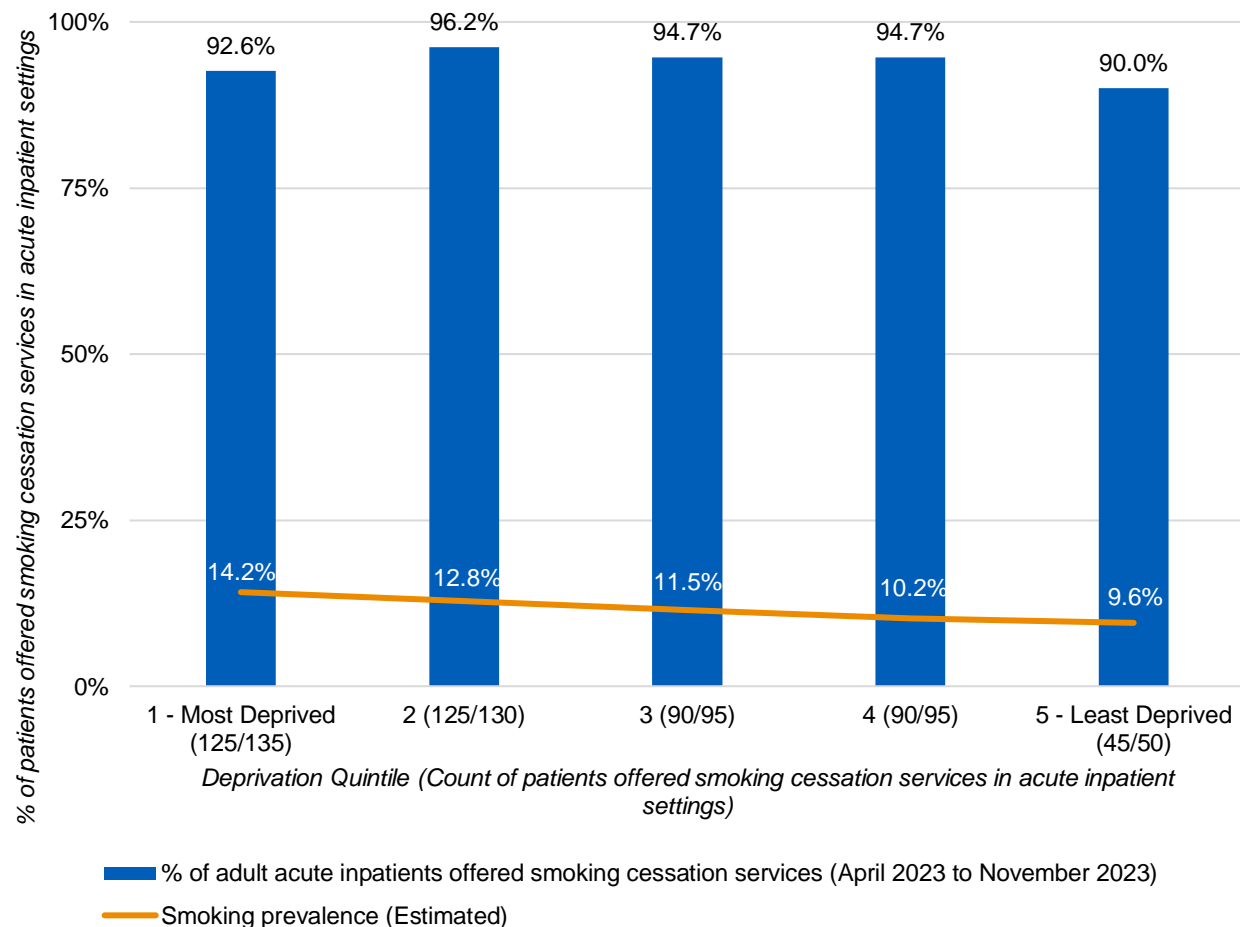
Referral rates for type 2 diabetes in Lincolnshire show great disparity when comparing the most deprived population with the least deprived population. This is also evident when looking at the outcomes by Sex, Age, and Deprivation Quintile. There are noticeably higher type 2 diabetes referrals for:

- Younger and middle-aged patients
- Female patients compared to males
- Patients living in the least deprived quintile

Source: National Diabetes Audit. January 2023 to September 2023.

Smoking Cessation – Acute Inpatient Settings

Proportion of patients offered smoking cessation services in acute inpatient settings between April and November 2023, by Deprivation Quintile



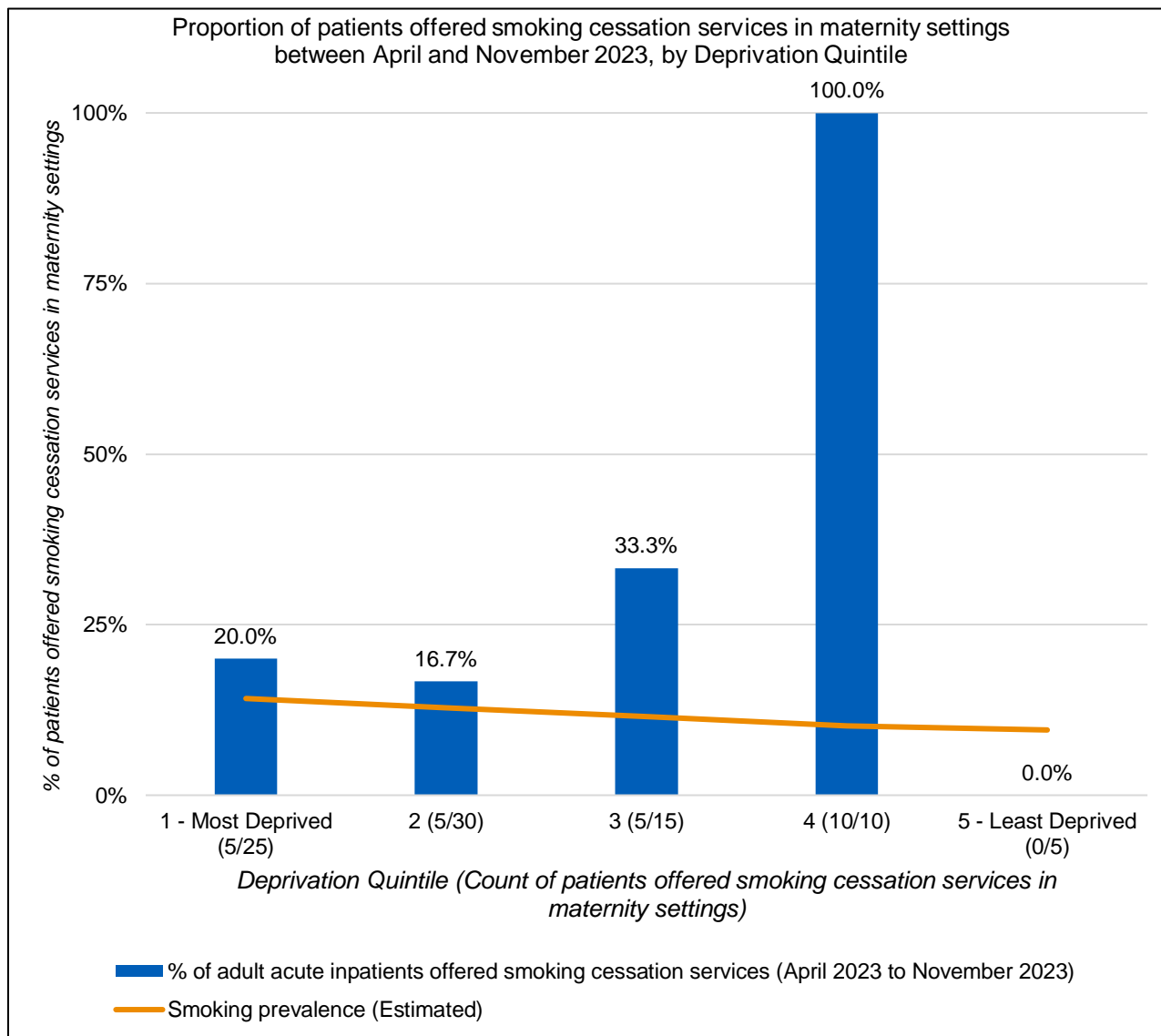
94.1% of patients who smoke are offered smoking cessation services in acute inpatient settings.

Acute inpatient settings: Aim for first sites to go live in March 2024, with additional sites to be added in 24/25 in Lincolnshire.

Mental Health inpatient settings: 100% of all mental health inpatient settings offer smoking cessation services in Lincolnshire.

Source: Tobacco Dependence Patient-Level Data Set. April 2023 to November 2023.

Smoking Cessation – Maternity Settings



29.4% of patients who smoke are offered smoking cessation services in maternity settings.

Maternity settings: 100% of all maternity settings offer smoking cessation services in Lincolnshire.

Source: Tobacco Dependence Patient-Level Data Set. April 2023 to November 2023.

Oral Health – Tooth extractions for under 10s due to decay

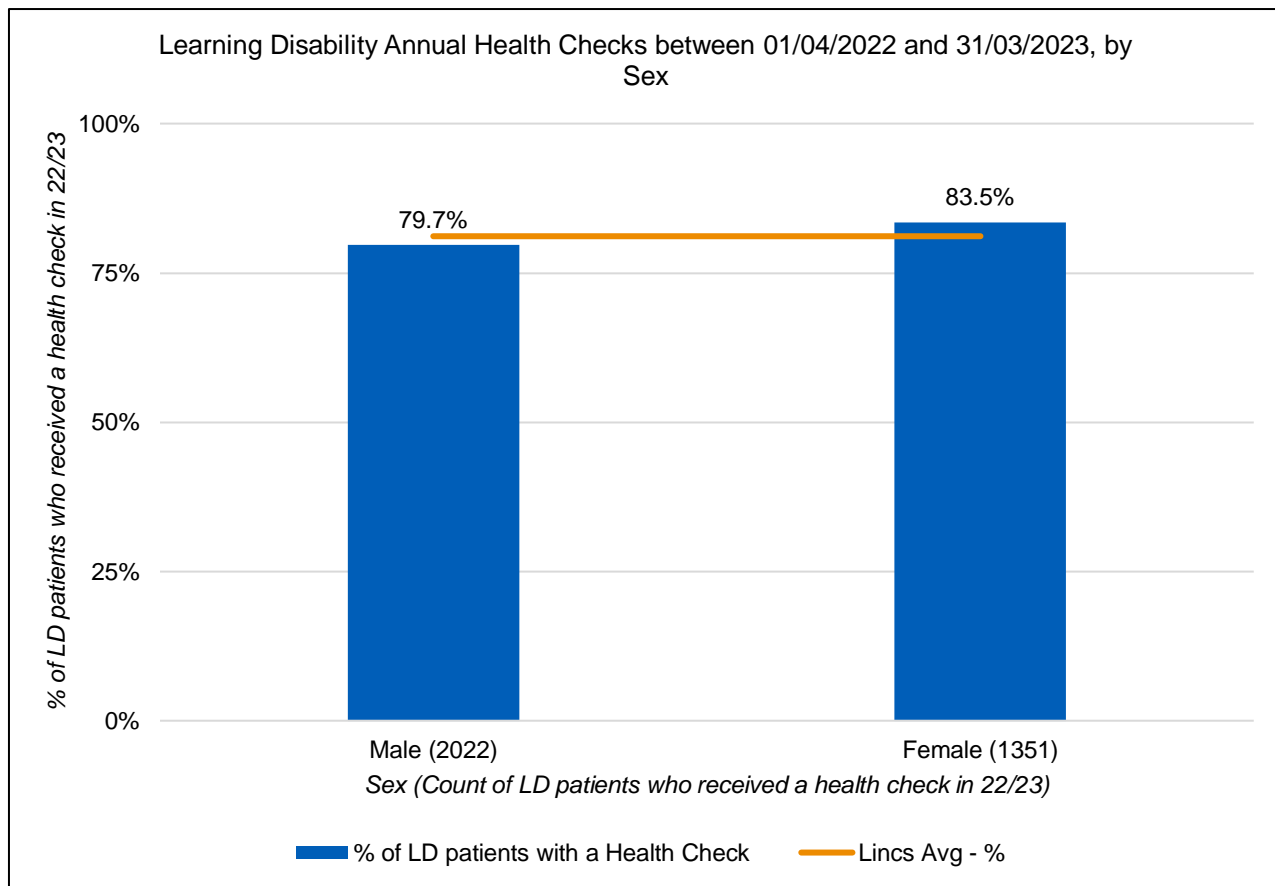
Category	Number of children admitted as inpatients to hospital, aged 10 and under, for a tooth extraction due to decay (2021 to 2023)
Persons	35
Male	17
Female	18
3 to 4	7
5 to 6	10
7 to 8	11
9	7
Mixed	*
Not Known/Not Stated	*
White	28
IMD 1 - Most Deprived	15
IMD 2	*
IMD 3	*
IMD 4	7
IMD 5 - Least Deprived	*

Between January 2021 and December 2023, there were 35 children admitted under the age of 10 admitted as inpatients to have at least one tooth extracted due to decay.

Please note that any count of 5 or below has been suppressed.

Source: Secondary Use Services inpatient admissions. January 2021 to December 2023.

Learning Disabilities and Autistic people – Learning Disability Health Checks

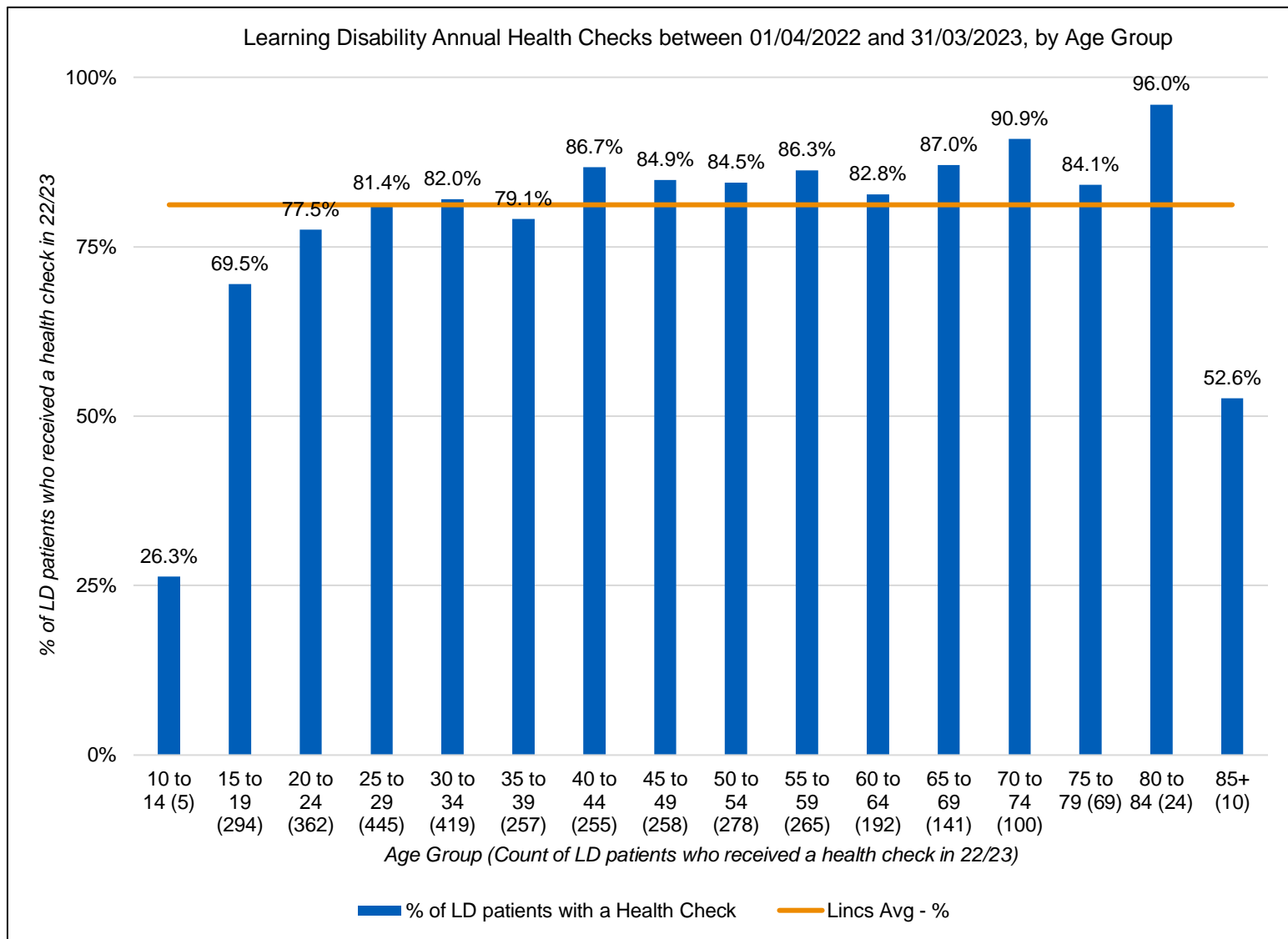


Between April 2022 and March 2023, 81.2% of the Learning Disability population had an annual health check in Lincolnshire.

Compared to the Lincolnshire average, males had a worse uptake of health checks (79.7%) and females had a better uptake (83.5%).

Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2023. April 2022 to March 2023.

Learning Disabilities and Autistic people – Learning Disability Health Checks

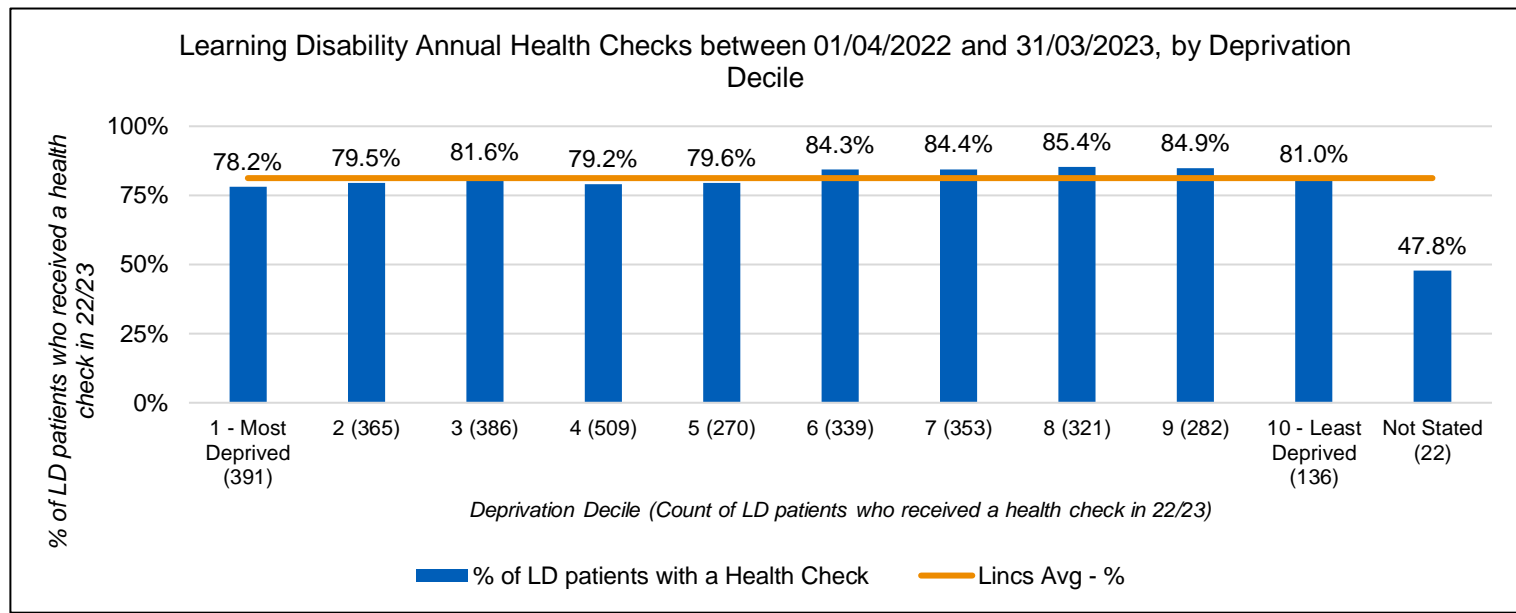


Between April 2022 and March 2023, 81.2% of the Learning Disability population had an annual health check in Lincolnshire.

Compared to the Lincolnshire average, those in the 15 to 19, 20 to 25, 35 to 39 and 85+ age groups had a worse uptake. These values may be skewed by low counts in certain age groups, such as the 10 to 14 age group. Only those aged 14+ will be eligible for a health check.

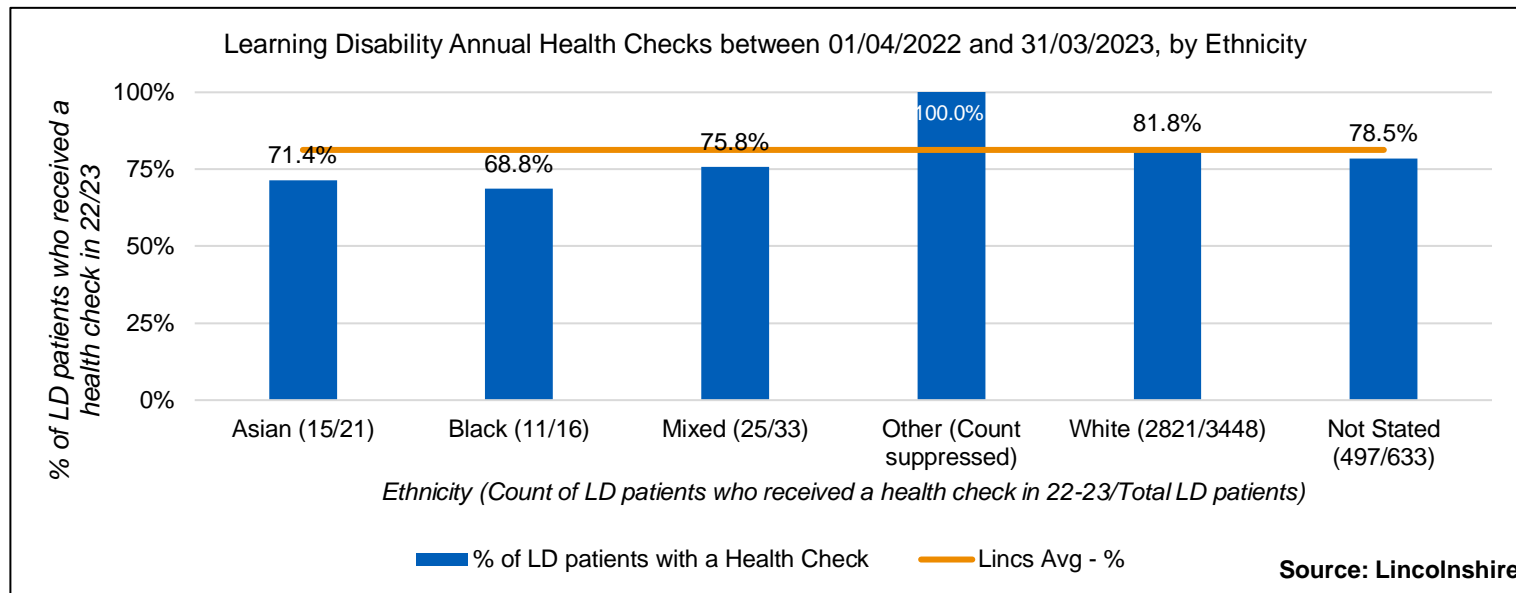
Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2023. April 2022 to March 2023.

Learning Disabilities and Autistic people – Learning Disability Health Checks



Between April 2022 and March 2023, 81.2% of the Learning Disability population had an annual health check in Lincolnshire.

Compared to the Lincolnshire ICB average, those in the most deprived decile had the worse uptake (78.2%) and those in the third least deprived decile (decile 8) had the best uptake (85.4%).



Between April 2022 and March 2023, 81.2% of the Learning Disability population had an annual health check in Lincolnshire ICB.

It is difficult to make an accurate comparison with the Lincolnshire ICB average across the different ethnic groups because low counts in ethnic minority populations are likely to skew the data.

Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2023. April 2022 to March 2023.

Learning Disabilities and Autistic people – Inpatient Rates for people with a Learning Disability and/or Autism

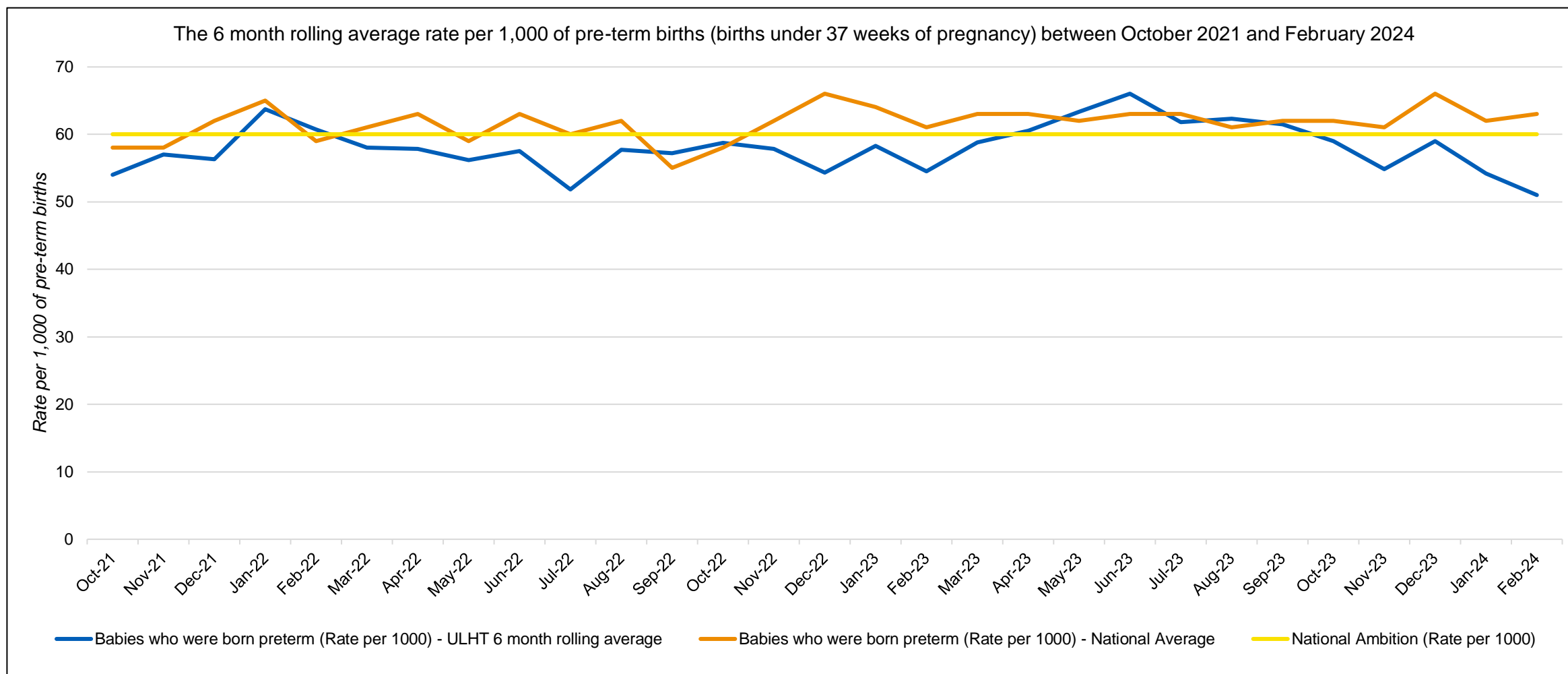
Sex	LDA Patient count in Lincolnshire in 2023	Lincs Rate per 1,000,000 adult patients	Regional Rate per 1,000,000 adult patients	National Rate per 1,000,000 adult patients
Persons	35	57.0	46.0	41.0
Male	20			
Female	*			
Non-Binary	*			

Diagnosis	LDA Patient count in Lincolnshire in 2023	Lincs %	National %
Persons	35		
Learning Disability	*	34%	34%
Autism	18	51%	44%
Learning Disability and Autism	*	14%	21%

The rate for Lincolnshire patients who are autistic or have a learning disability or both and who are in mental health inpatient care is currently above national and regional benchmarks. The patient diagnosis proportions are similar to the national level. Small numbers have been suppressed.

Source: Learning Disability Service Statistics. January 2023 to December 2023.

Maternity and Neonatal – Pre-term births



The national ambition is to have a maximum of 60 preterm births per 1000 births. The Lincolnshire (United Lincolnshire Hospital Trust; ULHT) 6-month rolling average rate has fluctuated from a low of 51.8 preterm births per 1000 (February to July 2022) to a high of 66 preterm births per 1000 (January 2023 to June 2023).

Source: National Maternity Dashboard. October 2021 to November 2023.

Glossary

Word or Phrase	Definition
Direct Age Standardised Rate (DASR)	A statistical method used to compare disease rates among populations with different age structures.
Deprivation Decile/Quintile	The way areas in England are categorised into different levels of deprivation. Areas in the decile or quintile 1 are the most deprived, and areas in decile 10 or quintile 5 are in the least deprived.
Elective Inpatient Admission	When a patient is admitted to a hospital for planned and scheduled medical treatment or surgery that requires an overnight stay.
Elective Care	Medical treatment or surgery that is pre-planned and scheduled in advance, rather than being done as an emergency.
Non-elective admissions	Hospital admissions that are not planned or scheduled in advance, for example because of attending Accident and Emergency.
Outpatient attendances	When a patient visits a healthcare setting for treatment, but they are not admitted for an overnight stay. This can include day cases or follow-up appointments.
'Other' Ethnicity	Generally, someone is from an 'Other' ethnic background if they do not identify as Asian/Asian British, Black/Black British/Caribbean/African, Mixed/Multiple ethnic groups, or White. These are taken from the list of ethnic groups used in the 2021 Census .
Patient Pathways	The steps a patient goes through from referral with the NHS to the conclusion of their care. Note that one patient (an individual) who is on more than one waiting list will have a pathway for each waiting list they are on.
Pre-term births	When a mother gives birth to a baby before completing 37 weeks of pregnancy.
*	Counts between 1 and 5 have been replaced with a *, as well as other values within the data that cannot be used to recalculate the original small numbers. Suppressing these numbers is done to reduce the risk of identifying individuals.
Virtual Outpatient attendances	Medical appointments or consultations with a medical professional that takes place over the phone, by a video-call, or other online platforms.
8 care processes (for someone with Diabetes)	8 health checks which consist of an hbA1c blood test, blood pressure reading, cholesterol level reading, kidney function, urine albumin, foot surveillance, BMI (height and weight), and smoking status.
6 health checks (for someone with Severe Mental Illness, or SMI)	6 health checks which consist of checking someone's weight, heart rate, blood pressure, a urine test, a blood test, mental wellbeing, medicines, vaccinations, and any long-term conditions such as asthma or diabetes.