

Statement of Information on Health Inequalities

Lincolnshire Integrated Care Board 2024/25





About this document

This report demonstrates how as Lincolnshire Integrated Care Board (ICB) we are meeting our duties to understand the health inequalities in Lincolnshire and how to reduce them.

This requires us to collect, analyse and publish information in relation to the Statement on Information on Health Inequalities as given by NHS England (NHSE) further to its duty under section 13SA of the National Health Service (NHS) Act 2006.

This Statement provides the opportunity:

- To help the Integrated Care System identify disparities in access to services and patient outcomes, highlighting where change is needed.
- To improve data collection and recording, for example ethnicity recording which will support action on reducing health inequalities
- To distill key messages and explain what the data is saying – leading to more detailed and robust analysis to further reduce inequalities.

About us in Lincolnshire

The Integrated Care System (ICS) was established on the 1st July 2022 to arrange the provision of services for the purposes of the health service in Lincolnshire in accordance with the Health and Care Act 2022. It is a statutory organisation bringing the local NHS together to improve Lincolnshire's health and wellbeing.

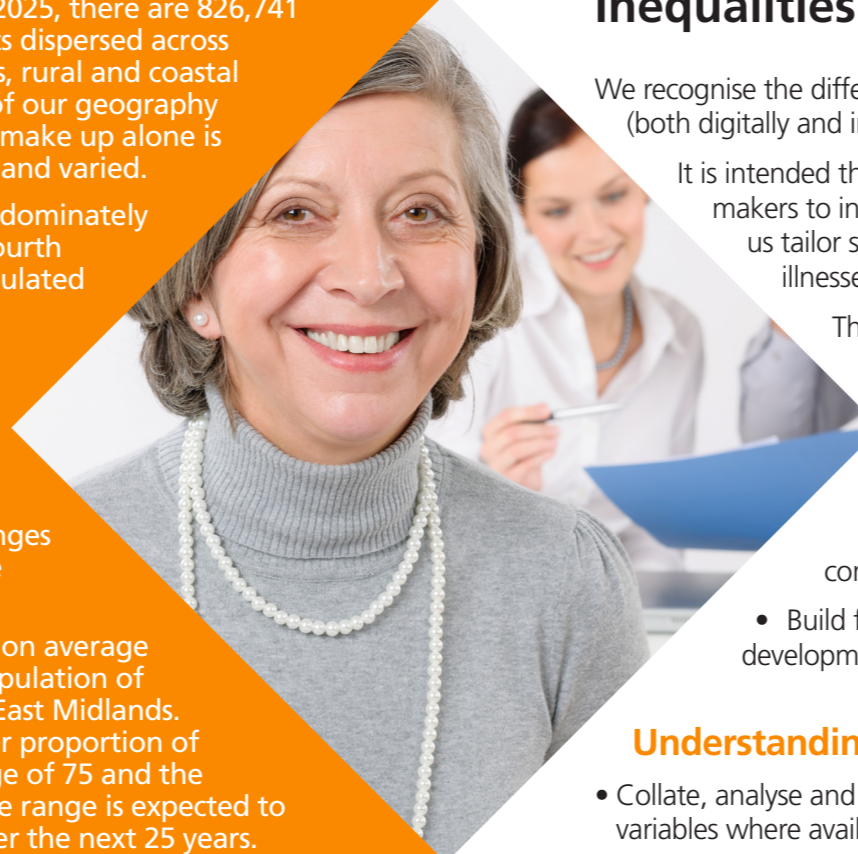
The ICB and Lincolnshire County Council have established a joint committee known as an Integrated Care Partnership. This Partnership has developed an Integrated Care Strategy which sets out how the needs identified in Lincolnshire are being met by the NHS and Lincolnshire County Council.

Our Integrated Care System is a partnership of organisations that come

together to plan and deliver joined up health and care services, and aim to improve the lives of people who live and work in their area. In Lincolnshire, our ICS is known as Better Lives Lincolnshire – for more information click here.

About our county

- Lincolnshire is the fourth largest county in England with an area of 5,921 sq. km.
- As of September 2025, there are 826,741 registered patients dispersed across city, market towns, rural and coastal areas. The nature of our geography and communities make up an incredibly diverse and varied.
- Lincolnshire is predominately rural, being the fourth most sparsely populated county, with no motorways, little dual carriageway and 80km of North Sea coastline, which presents a number of challenges in terms of service provision.
- The population is on average older than the population of England and the East Midlands. It also has a higher proportion of adults over the age of 75 and the number in this age range is expected to almost double over the next 25 years. Year-to-year increases in the size of this ageing population are one of the key planning assumptions for Lincolnshire's health and care system.
- The combination of an ageing population, a rural geography and areas of high socio-economic deprivation defines the specific challenges of delivering high-quality and effective treatment and preventative services in Lincolnshire.



This is the first Statement on Information on Health Inequalities produced by Lincolnshire ICB. Addressing inequalities in health and healthcare is a core duty of ICBs and is a key priority of the ICS. The document details how we are performing against a set of indicators for the period 1st April 2023 to 31st March 2024 unless otherwise stated, alongside a narrative on how we are working to tackle healthcare inequalities in these areas and ensure improvements against these indicators.

As set out in the ICB Annual Report 2023/24, we have a system wide approach to reducing inequalities. Underpinning all our approaches is the need to ensure we are collecting accurate and complete information.

How the Statement on Information on Health Inequalities has been used by Lincolnshire ICB

We recognise the differences in our communities from their health needs, ability to access services (both digitally and in person), and the ways they want to get involved.

It is intended that the information within this report should be used by services and decision makers to inform service improvement and reductions in healthcare inequalities. This lets us tailor services to the needs of people in each area, improve people's health, prevent illnesses, and make better use of public resources.

This includes, but is not limited to, using the information to inform:

Understanding general healthcare needs

- Adopt a population health management approach, which helps us understand people's health and care needs and how they are likely to change in the future, underpinned by hearing from our people and communities.
- Build from Joint Strategic Needs Assessments (JSNA) to support strategy development.

Understanding healthcare access, experience and outcomes

- Collate, analyse and publish performance information disaggregated by a limited number of variables where available (mainly age, sex, ethnicity, deprivation).
- Access to healthcare refers to the availability of services and can be measured by monitoring uptake of services and referrals. Some factors may be more likely to negatively impact those in the most deprived areas and people from minority ethnic groups. Other barriers such as location of services, transport, and work commitments may also affect ability to access healthcare.
- Experience data alongside other insights such as patient feedback and listening to those with lived experience are key in helping healthcare drive forward positive, patient centred change and embedding personalised care approaches which will help reduce health inequalities.

Informing service improvements and reductions in healthcare inequalities

- Enabling preventative healthcare, equitable access to health services and co-producing services with people with lived experience to support improvement in outcomes and reducing inequalities.
- Use data to inform service improvements, e.g. through changes to resource allocation.
- Encouraged to collect, analyse (and publish) other information.
- Support service evaluations and commissioning and delivery decisions.



Source of information

The data referred to in this section of the report was the latest available information in March 2025. Some indicators are updated regularly online as new data becomes available for release.

Population Diversity information is available from the Office for National Statistics (ONS) at www.ons.gov.uk

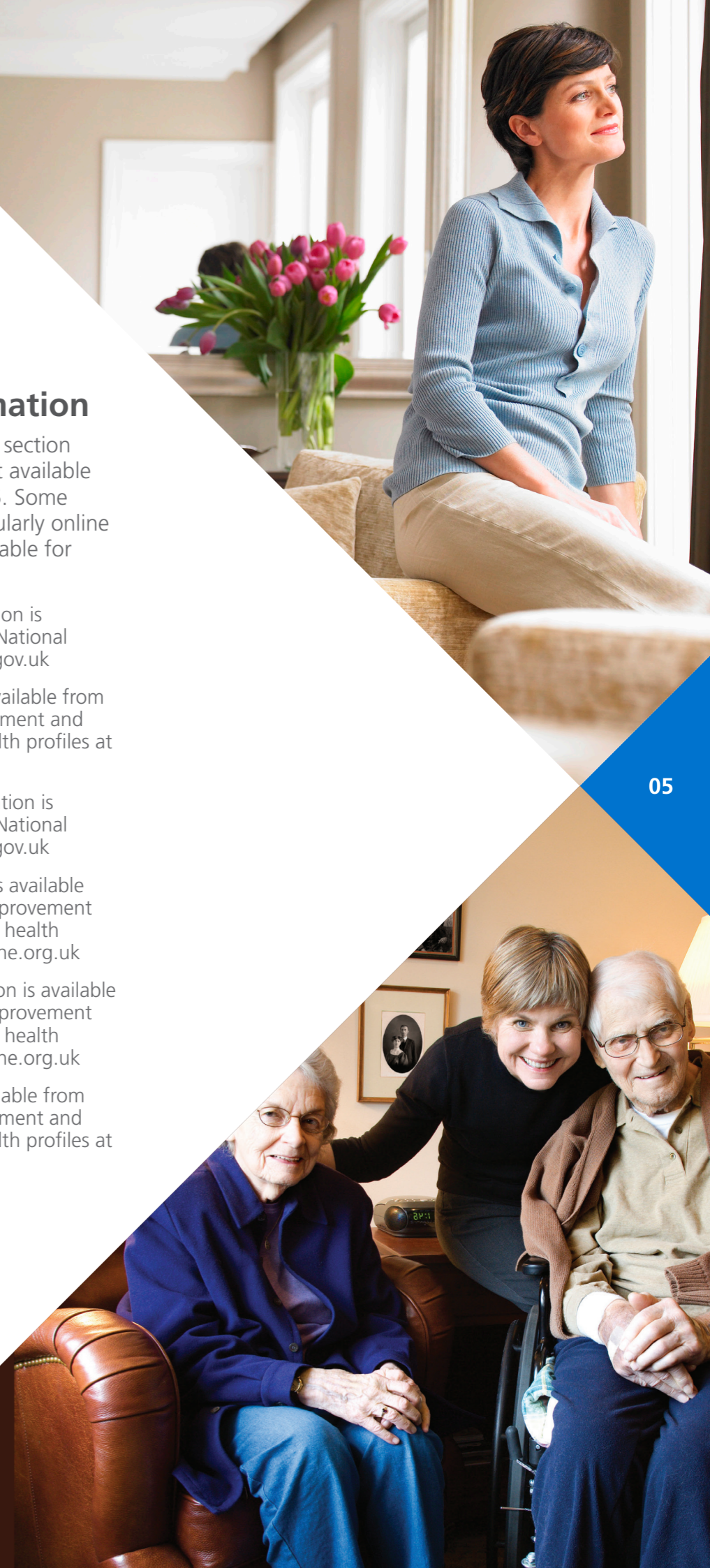
Child health information is available from the Office for Health Improvement and Disparities (OHID), public health profiles at <https://fingertips.phe.org.uk>

Long Term Condition information is available from the Office for National Statistics (ONS) at www.ons.gov.uk

Life expectancy information is available from the Office for Health Improvement and Disparities (OHID), public health profiles at <https://fingertips.phe.org.uk>

Community Health information is available from the Office for Health Improvement and Disparities (OHID), public health profiles at <https://fingertips.phe.org.uk>

Education information is available from the Office via Health Improvement and Disparities (OHID), public health profiles at <https://fingertips.phe.org.uk>



Domains covered by the Statement

This report covers eleven domains and where possible focuses on variables by: sex/ gender, age, deprivation and ethnicity. The indicators align to the five priority areas for addressing healthcare inequalities set out in the NHSE planning guidance and the Core20PLUS5 approach.

Data has either been sourced from existing anonymised data sources, Lincolnshire Joint data set or tools/dashboards that have been made available by NHSE.

Indicators related to inclusive recovery of services

1. Elective care

Indicators include:

- Size and shape of the waiting list; those waiting longer than 18 weeks, 52 weeks and 65 weeks.
- Elective activity versus pre-pandemic levels for under 18s and over 18s.

2. Urgent and emergency care

Indicators include:

- Emergency admissions for under 18s.

Indicators related to Core20PLUS5 for adults or children and young people

3. Uptake of Covid-19 and flu by socio-demographic group

Indicators include:

- Available to an ICB level only.

4. Mental health

Indicators include:

- Overall number of Severe Mental Illness (SMI) physical health checks
- NHS Talking Therapies (formerly IAPT) recovery.
- Rates of total Mental Health Act detentions.
- Rates of restrictive interventions.
- Children and young people's mental health access.

5. Cancer

Indicators include:

- Percentage of cancers diagnosed at stage one and two, case mix adjusted for cancer site, age at diagnosis, sex.

6. Cardiovascular Disease (CVD)

Indicators include:

- Stroke rate of non-elective admissions (per 100,000 age-sex standardised).
- Myocardial infarction – rate of non-elective admissions (per 100,000 age-sex standardised).
- Percentage of patients aged 18 and over with GP recorded hypertension in whom last blood pressure reading is below age-appropriate treatment threshold.
- Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy.
- Percentage of patients aged 18 and over with GP recorded atrial fibrillation and record of a CHAD2DS2-VASc score of 2 or more who are currently treated with anticoagulation drug therapy.

7. Diabetes

Indicators include:

- Variation between % of referrals from the most deprived quintile and % of Type Two diabetes population from the most deprived quintile.
- Variation between % of people with Type One and Type Two diabetes receiving all eight care processes.

8. Smoking cessation

Indicators include:

- Proportion of adult acute and mental health inpatient settings offering tobacco dependency treatment services.
- Proportion of maternity settings offering tobacco dependence treatment services.

9. Oral health

Indicators include:

- Number of admissions for tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under.

10. People with a learning disability and/or autism

Indicators include:

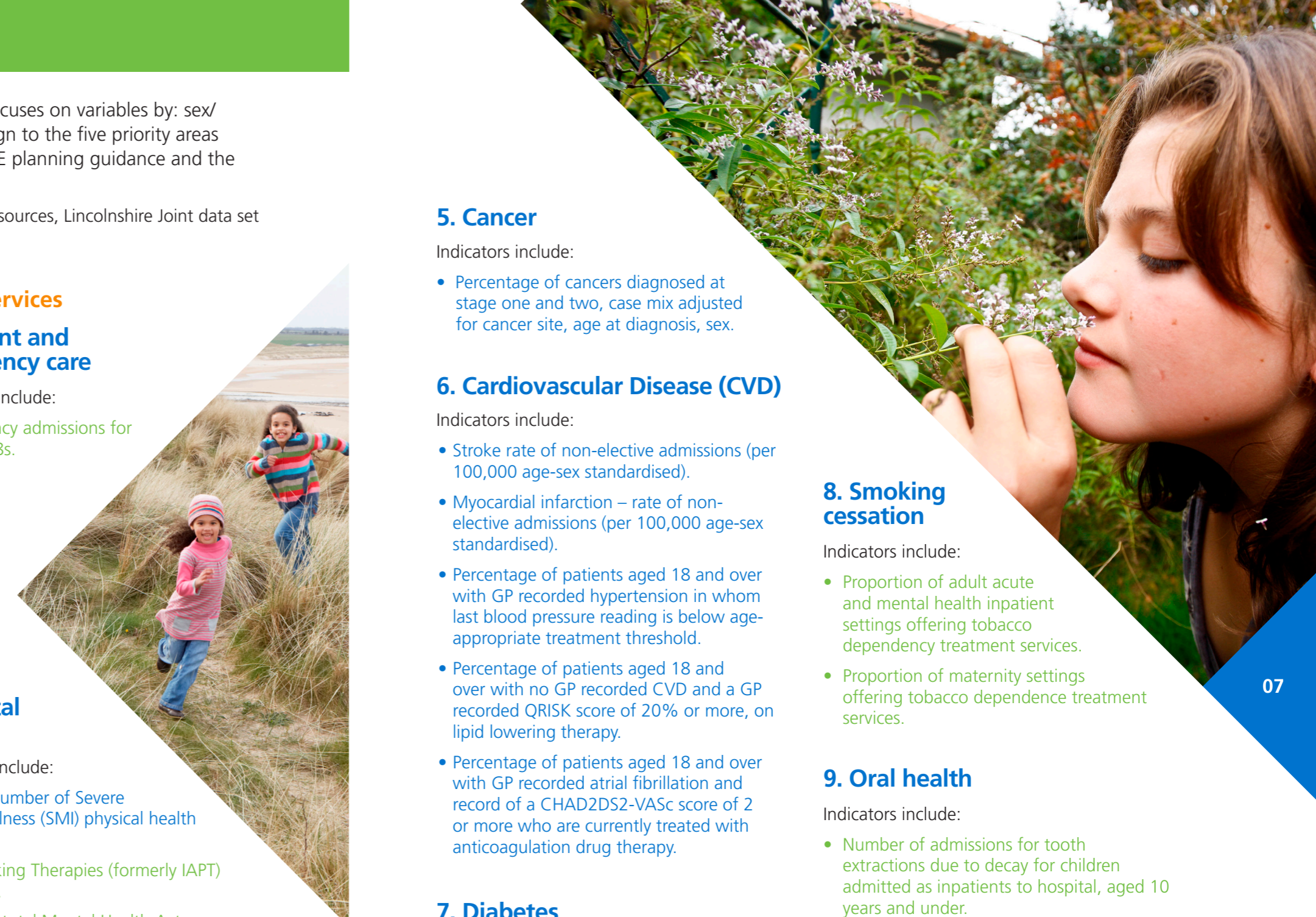
- Learning Disability Annual Health Checks.
- Adult mental health inpatient rates for people with a learning disability and/or autism.

11. Maternity and neonatal care

Indicators include:

- Preterm births under 37 weeks.

Key: ICB and Trust level
ICB level only





Indicators

Size and shape of the waiting list.
Rates of hospital activity.
Elective activity in under 18s and over.

On target	<ul style="list-style-type: none"> Size and shape of planned care waiting list (admitted & non admitted combined): 18 to 51 weeks by Age Size and shape of planned care waiting list (admitted & non admitted combined): 52 to 64 weeks by Sex, by Deprivation Quintile Size and shape of planned care waiting list (admitted & non admitted combined): 65+ weeks by Sex Size and shape of planned care waiting list (admitted & non admitted combined): 65+ weeks by Age Size and shape of planned care waiting list (admitted & non admitted combined): 65+ weeks by Deprivation
Opportunity for improvement	<ul style="list-style-type: none"> Size and shape of planned care waiting list (admitted & non admitted combined): Under 18 weeks by Sex Size and shape of planned care waiting list (admitted & non admitted combined): Under 18 weeks by Age (indicator off target but there has been an improvement between 23/24 and 24/25) Size and shape of planned care waiting list (admitted & non admitted combined): Under 18 weeks by Deprivation Size and shape of planned care waiting list (admitted & non admitted combined): 18 to 51 weeks by Sex Size and shape of planned care waiting list (admitted & non admitted combined): 18 to 51 weeks by Deprivation (indicator off target but there has been an improvement between 23/24 and 24/25) Size and shape of planned care waiting list (admitted & non admitted combined): 52 to 64 weeks by Age Elective activity vs. pre-pandemic levels for CYP and adults by Sex (risk – off target) Elective activity vs. pre-pandemic levels for CYP and adults by Deprivation (risk – off target) Elective activity vs. pre-pandemic levels for CYP and adults by Ethnicity (risk – off target) Size and shape of planned care waiting list (admitted & non admitted combined): 52 to 64 weeks by Ethnicity Size and shape of planned care waiting list (admitted & non admitted combined): 65+ weeks by Ethnicity Size and shape of planned care waiting list (admitted & non admitted combined): Under 18 weeks by Ethnicity Size and shape of planned care waiting list (admitted & non admitted combined): 18 to 51 weeks by Ethnicity

Areas of focus 2024/25:

- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Targeted work to reduce long waiting times in Ear, Nose & Throat (ENT) appointments, particularly in children/young people.
- Targeted work on reducing the number of missed appointments in ULHT. Missed appointments are almost twice as prevalent in the most deprived population. Various reasons including poor administration, digital exclusion, unstable accommodation (amongst others) contribute to missed appointments, which in turn may lead to missed opportunities for medical intervention.



Indicators

Emergency Admissions for under 18s.

On target	<ul style="list-style-type: none"> Emergency admissions for under 19s by Sex
Opportunity for improvement	<ul style="list-style-type: none"> Emergency admissions for under 19s by Age (indicator off target but there has been an improvement between 23/24 and 24/25) Emergency admissions for under 19s by Deprivation Decile Emergency admissions for under 19s by Ethnicity

Areas of focus 2025/26:

- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Analyse GP practice data to identify trends, prioritising deprived areas for interventions (especially annual asthma reviews), ensuring personalised asthma action plans for all CYP, monitoring prescribing practices, addressing the challenges of passive smoking, and disparities in A&E attendances.
- System-wide efforts aim to reduce high A&E attendance among 0-4 year olds, and utilise National Child Measurement Programme (NCMP) data for better tracking of CYP weight and height. Implementing post A&E/admission reviews, and the development of a local asthma dashboard to monitor the effectiveness of interventions.





Indicators



- Overall numbers of Severe Mental Illness (SMI) physical health checks.
- Rates of total Mental Health Act (MHA) detentions.
- Rates of restrictive interventions.
- NHS Talking Therapies (formally IAPT) recovery.
- Children and Young Peoples mental health access.

On target	<ul style="list-style-type: none"> NHS Talking therapies (formerly IAPT) - Reliable Recovery by Sex NHS Talking therapies (formerly IAPT) - Recovery by Sex Rates of restrictive interventions by Sex
Opportunity for improvement	<ul style="list-style-type: none"> Overall number of Severe Mental Illness (SMI) physical health checks by Sex Overall number of Severe Mental Illness (SMI) physical health checks by Age Overall number of Severe Mental Illness (SMI) physical health checks by Deprivation Rates of restrictive interventions by Age NHS Talking therapies (formerly IAPT) - Reliable Recovery by Deprivation NHS Talking therapies (formerly IAPT) - Recovery by Deprivation NHS Talking therapies (formerly IAPT) - Reliable Recovery by Age Rates of total Mental Health Act detentions by Sex (indicator off target but there has been an improvement between 23/24 and 24/25) Rates of total Mental Health Act detentions by Age Rates of total Mental Health Act detentions by Deprivation Decile CYP Mental Health Access by Sex CYP Mental Health Access by Age CYP Mental Health Access by Deprivation NHS Talking therapies (formerly IAPT) - Recovery by Age Rates of restrictive interventions by Deprivation Rates of total Mental Health Act detentions by Ethnicity NHS Talking therapies (formerly IAPT) - Reliable Recovery by Ethnicity NHS Talking therapies (formerly IAPT) - Recovery by Ethnicity CYP Mental Health Access by Ethnicity

Areas of focus 2024/25:

- The highest rates of MHA detentions are represented by the PLUS55 CORE20 population. Further deep dive is planned to understand the data and potential additional metrics which would help inform the targeted support on future preventative measures and to ensure more effective primary and secondary care approach in meeting the needs of the population.
- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Further work required to understand gender differences and ethnicity uptake and access for both SMI health checks and Talking Therapies.

Indicators



- Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under.

On target	<ul style="list-style-type: none"> The counts for this indicator are too small to provide any meaningful insight when stratified by the health inequality characteristics
Opportunity for improvement	<ul style="list-style-type: none"> The counts for this indicator are too small to provide any meaningful insight when stratified by the health inequality characteristics Rates of restrictive interventions by Deprivation Rates of total Mental Health Act detentions by Ethnicity NHS Talking therapies (formerly IAPT) - Reliable Recovery by Ethnicity NHS Talking therapies (formerly IAPT) - Recovery by Ethnicity CYP Mental Health Access by Ethnicity

Areas of focus 2025/26:

To continue to deliver the Prevention Theme of the Lincolnshire Dental Strategy. This includes a wide range of actions to support the oral health amongst children, in relation to improving the population knowledge and understanding of good oral health, creating healthy places and supporting behaviour change. Targeted work will take place with for example, nurseries and schools, Family Hubs, Holiday and Food Programmes.

Cardiovascular Disease (CVD)



Indicators

- Stroke rate of non-elective admissions.
- Myocardial infarction – rate of non-elective admissions.
- % of patients aged 18 and over, with GP recorded hypertension whose blood pressure readings below the age-appropriate treatment threshold.
- % of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more on lipid lowering therapy.
- % of patients aged 18 and over with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy.



On target	<ul style="list-style-type: none"> % of patients aged 18 and over with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy by Sex % of patients aged 18 and over with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy by Deprivation Quintile
Opportunity for improvement	<ul style="list-style-type: none"> Stroke rate of non-elective admissions (per 100,000, age-sex standardised) by Sex (indicator off target but there has been an improvement between 23/24 and 24/25) Stroke rate of non-elective admissions (per 100,000, age-sex standardised) by Age Stroke rate of non-elective admissions (per 100,000, age-sex standardised) by Deprivation Myocardial infarction - rate of non-elective admissions (per 100,000, age-sex standardised) by Sex Myocardial infarction - rate of non-elective admissions (per 100,000, age-sex standardised) by Age (indicator off target but there has been an improvement between 23/24 and 24/25) Myocardial infarction - rate of non-elective admissions (per 100,000, age-sex standardised) by Deprivation Quintile (indicator off target but there has been an improvement between 23/24 and 24/25) % of patients aged 18 and over with GP recorded atrial fibrillation and a record of CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy by Age. % of patients aged 18 and over with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold by Sex % of patients aged 18 and over with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold by Age % of patients aged 18 and over with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold by Deprivation Quintile (indicator off target but there has been an improvement between 23/24 and 24/25) % of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on LLT by Sex % of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on LLT by Age % of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on LLT by Deprivation Quintile

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	<ul style="list-style-type: none"> Myocardial infarction - rate of non-elective admissions (per 100,000, age-sex standardised) by Ethnicity Stroke rate of non-elective admissions (per 100,000, age-sex standardised) by Ethnicity % of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy by Ethnicity % of patients aged 18 and over with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold by Ethnicity
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Areas of focus 2025/26:

- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Targeted communication and Public Health awareness campaigns in relation to healthy lifestyles, and review with Public Health on opportunities for targeted support to specific population groups (ethnicity, age, IMD).
- Assess the feasibility of weekend/out of hours clinics/ outreach to support improvement in uptake for targeted population cohorts.
- Ethnicity: Further work to be undertaken in 2024/25 to understand any cultural barriers in access to these services and pilot Point of Care testing in ethnic communities and working with Community leaders.
- IMD: Health Inequalities scoping project to understand what the barriers are to people living in most deprived areas and ethnic communities in presenting to their GP practice.
- Further work to be undertaken in reviewing the data and the drivers for variation in outcomes and understand opportunities to improve access and earlier intervention for example reduction in Did Not Attend (DNA including could not attend/ cancellations).





Diabetes

Indicators

Variation between % of people with Type one and Type two diabetes receiving all eight care processes.

Variation between % of referrals from the most deprived quintile and % of Type 2 diabetes population from the most deprived quintile.

On target	<ul style="list-style-type: none"> Variation between % of people with type 1 diabetes receiving all 8 care processes by Sex
Opportunity for improvement	<ul style="list-style-type: none"> Variation between % of people with type 1 diabetes receiving all 8 care processes by Age Variation between % of people with type 1 diabetes receiving all 8 care processes by Deprivation Variation between % of referrals from the most deprived quintile and % of type 2 diabetes population from the most deprived quintile to the NDPP by Sex Variation between % of referrals from the most deprived quintile and % of type 2 diabetes population from the most deprived quintile to the NDPP by Age Variation between % of people with type 1 diabetes receiving all 8 care processes by Ethnicity Variation between % of referrals from the most deprived quintile and % of type 2 diabetes population from the most deprived quintile to the NDPP by Ethnicity Variation between % of people with type 2 diabetes receiving all 8 care processes by Ethnicity

Areas of focus 2025/26:

- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Targeted communication and Public Health awareness campaigns in relation to healthy lifestyles to specific population groups.
- Greater outreach and T2DM testing in more deprived communities.
- The T2 Remission programme and continue to target populations groups to access the National Diabetes Prevention Programme e.g. areas of deprivation. Further work to understand why people decline and how we can best support them.
- Data recording: Undertake sample audits across primary care and secondary care in Children and Young People and Adults cohort to understand the actual % completion and what data is missing from the reported outcomes/ performance.
- Age: Targeted support for the under 40 cohort as part of the Type 2 day programme, which is funding for GP practices based on under 40 diabetic population to have an additional review/ care process completed if it is outstanding/ advice from a health and wellbeing coach/pre-pregnancy advice (such as stopping lipid lowering therapy).
- Transformation pilot – Piloting an Multidisciplinary Team (MDT) concept in one Primary Care Network (PCN) to learn from and then plans to roll out across Lincolnshire.
- Prevention focus - Improve coordination with diabetes and obesity/weight management programmes to ensure improving access to target population group for both weight management and access to the Diabetes prevention programme.
- Management of Diabetes in Pregnancy including gestational diabetes working with the local maternity and neonatal system (LMNS)



> Indicators

Percentage of cancers diagnosed at stage one and two.

On target	<ul style="list-style-type: none"> The data source provided by NHSE does not stratify cancer staging by health inequality characteristics
Opportunity for improvement	<ul style="list-style-type: none"> The data source provided by NHSE does not stratify cancer staging by health inequality characteristics

Areas of focus 2024/25:

- Data: Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed. Future data sets are currently being scoped to include other health inequalities characteristics for future reporting e.g. Learning Disabilities.
- Targeted communication is being done in multiple languages, including leaflets, posters, videos and texts, to improve knowledge about general cancer warning signs and screening uptake.
- Improvement of clinical coding relating to cancer staging to determine if improvements are being made in early diagnosis.
- Continue bowel cancer screening health inequalities programme which includes engagement work with patients in most deprived areas and plus population groups.
- Improve education on warning signs and improve screening programme uptake to identify cancers earlier. Findings from the Bowel Screening Inequality programme will also be applied here.
 - Staging: Reporting improvements continue to be a focus for ULHT in 2024/25.
 - Targeted Lung Health Checks (TLHC) is a national priority and will contribute to the NHS Long Term Plan to improve early diagnosis and survival for those diagnosed with cancer, expected to be implemented 2025. The TLHC will target those most at risk of lung cancer. People over 55 years old but less than 75 years old that have ever smoked will be invited to a free lung check.



> Indicators

Uptake of Covid-19 and Flu by sociodemographic group.

On target	
Opportunity for improvement	<ul style="list-style-type: none"> Uptake of flu Vaccines by Age Uptake of flu Vaccines by Deprivation Uptake of flu Vaccines by Ethnicity Uptake of COVID Vaccines by Age Uptake of COVID Vaccines by Deprivation Uptake of COVID Vaccines by Ethnicity

Areas of focus 2025/26:

- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Uptake performance and areas of focus for Covid-19 and flu are reviewed at the Lincolnshire Immunisation Programme Board that currently meets monthly.
- Task and finish group that focuses on respiratory cohort for all immunisations and actions to improve uptake.
- Addressing variation across areas of deprivation – We will continue working with practices that fall in areas of high deprivation looking at how we can improve vaccination services that are provided. This will include putting on additional pop-up/outreach clinics, working with community pharmacies to provide additional access and supported by a detailed comms and engagement plan or the implementation of a detailed comms and engagement plan.
- Addressing variation across ethnicity - improving uptake in “White – Other” cohort.



Indicators

Proportion of adult acute inpatient setting offering smoking cessation services.
Proportion of maternity inpatient settings offering smoking cessation services.

On target	<ul style="list-style-type: none"> Proportion of adult acute inpatient settings offering smoking cessation services by Deprivation Proportion of maternity inpatient settings offering smoking cessation services by Age Proportion of maternity inpatient settings offering smoking cessation services by Deprivation
Opportunity for improvement	



ONE YOU LINCOLNSHIRE

QUIT



Areas of focus 2025/26:

- Smoking cessation services in acute inpatient settings going live in March 2024.
- Exploring expanded workforce offer in collaboration with Public Health and One You Lincolnshire (OYL).
- Development of Community Mental Health Services/ Outpatients offer for high-risk Mental Health population.
- Expansion of Community Hospital and Acute Hospital inpatient Tobacco Dependency Service (following commencement of services in March 2024).
- Exploring with Public Health – access to the Local Stop Smoking Services Grant and expanding the Lincolnshire.
- Development of smoke free pregnancy and smoke free homes action plan to support reduction of smoking during pregnancy and increase the number of smoke free homes.
- Tobacco Dependency Services and the continued development of integrated smoking cessation pathways with OYL.
- Development of Expression of Interest (EOI) with LMNS on the Pregnancy financial incentive scheme.
- Approval and implementation of e-cigarettes/vapes available to patients within the NHS Tobacco Dependency Service.
- Promotion of smoking cessation within the NHS – strengthening smoke free site policies, develop strategies to implement new staff offer.
- Review the opportunities for joint pathways – Targeted Lung Health checks, Emergency departments and outpatient pathways on pre assessment checks.



Learning Disability (LD) and/or Autism



Indicators

Learning Disabilities Annual Health Checks.
Adult mental health inpatient rates for people with learning disability and/or autism.

On target	
Opportunity for improvement	<ul style="list-style-type: none"> Learning Disability Annual Health Checks by Sex Learning Disability Annual Health Checks by Age Learning Disability Annual Health Checks by Deprivation Learning Disability Annual Health Checks by Ethnicity

Areas of focus 2025/26:

- Enhancing the accuracy and comprehensiveness of ethnicity recording is imperative to ensure genuine disparities in access, experience, and outcomes are identified and addressed.
- Ongoing work on annual health checks to understand the barriers to those health checks which are not completed. Support the work to ensure that annual health checks are completed.
- Support the work to develop LD friendly GP practices.
- The CYP Autism pathway is being finalised across the Lincolnshire system and we have just held workshop three of four.
 - Local key priorities from learning taken from LeDeR and reviews are:
 - Inconsistencies in application and use of RESPECT/DNACPR across Lincolnshire identified from LeDeR Reviews. Working Group reaching out across residential, nursing home, community supported living providers, day care provisions, NHS Trust provider teams and primary care teams.
 - The LD & Epilepsy Delivery Work Group is working in conjunction with the Lincolnshire LeDeR programme and the Lincolnshire ICS system partners with a focus on embedding SUDEP Checklist, promoting the use of SUDEP and the importance of the SUDEP Checklist.
 - The Governance Panel has identified cancer as being a cause of death meeting local criteria for a focussed review in Lincolnshire. The LD & Epilepsy Delivery Work Group will hold a Webinar in April 2024 to promote equal access to screening to avoid missed opportunities and health inequalities for Lincolnshire citizens who have a learning disability and/or autism.



Maternity and neonatal



Indicators

Preterm births under 37 weeks.

On target	<ul style="list-style-type: none"> The data source provided by NHSE does not stratify pre-term births by health inequality characteristics
Opportunity for improvement	<ul style="list-style-type: none"> The data source provided by NHSE does not stratify pre-term births by health inequality characteristics



Glossary 1

Word or Phrase	Definition
95% Confidence Interval	A 95% confidence interval is a range of values that likely includes the true value we're trying to estimate, with a 95% chance of being correct. The range of values, or the margin of error, is linked to the sample size. A larger sample size makes the 95% confidence interval narrower, meaning we can be more precise about our estimate, while a smaller sample size results in a wider interval, indicating more uncertainty about the true value.
*	Low counts (usually less than 5) 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.
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 patients 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.
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.
Waiting list	A list patients waiting for non-emergency hospital-based assessment or treatment, which may include a consultation, diagnosis, or procedure.

Glossary 2

Word or Phrase	Definition
CYP	Children and Young People - generally between the ages of 0 and 18, but ages may differ across different indicators.
Adult	Generally anyone over the age of 18, but the age range may differ across different indicators.
Trend	A general direction in which something is developing or changing.
Stratify/stratification	To form or arrange into different categories (or 'strata) such as different deprivation quintiles, age groups, or ethnic groups.
Relative Index of Inequality	A measure of the proportional difference in a health indicator across deprivation levels, showing how much the outcome is higher (or lower) in the most deprived areas compared to the least deprived.
PCN	Primary Care Network - A PCN is a group of GP practices working closely together, aligned to other health and social care staff and organisations, providing integrated services to their local population.
Crude rate per X,000	A crude rate is generally a count of the occurrence of an event (such as a hospital admission or death) divided by the population.
Talking Therapies	Talking therapies, or psychological therapies, are effective and confidential treatments delivered by fully trained and accredited NHS practitioners. They can help if you're struggling with things like feelings of depression, excessive worry, social anxiety or post-traumatic stress disorder (PTSD).
Case mix adjusted	A statistical adjustment used to compare cancer outcomes, like early diagnosis rates, between different groups or healthcare providers by controlling for the differing prevalence of various cancer types within those populations.
Blood pressure reading is to the appropriate treatment threshold	For adults under 80, the age appropriate reading for high blood pressure is 140/90; for adults aged 80 and older, the reading is 150/90.
QRISK score	QRISK scoring uses a predictive algorithm to assess an individual's 10-year risk of a heart attack or stroke, expressed as a percentage.
Lipid Lowering Therapy	Lipid-lowering therapy is medical treatment that uses drugs to lower high levels of cholesterol and triglycerides in the blood, primarily to reduce the risk of cardiovascular diseases like heart attack and stroke.
Atrial fibrillation	A common type of irregular heart rhythm
CHADS2 or CHA2DS2-VASc	Risk assessment tools for estimating the likelihood of thromboembolic stroke in patients with non-valvular atrial fibrillation (AF).



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