People and Communities Involvement Report 2025/26 April 2026

NHS
Lincolnshire
Integrated Care Board

Foreword

Welcome to the **2025/26 Annual People and Communities Involvement Report** for the Lincolnshire Integrated Care Board (ICB).

This report brings together the wide range of ways we have listened to, learned from, and worked alongside people and communities across Lincolnshire over the past year. It highlights the real impact that lived experience, insight and feedback have had on shaping how health and care services are designed and delivered.

At the heart of our approach is a simple but powerful belief: **services work best when they are shaped by the people who use them**. By actively involving patients, carers, voluntary and community organisations, and the wider public, we can design services that are more responsive, inclusive and better aligned with local needs.

Throughout this report, we showcase the depth and breadth of our involvement activity and, importantly, the difference it has made. From influencing service redesign to improving access, experience and outcomes, the voices of people and communities have played a vital role in informing decisions and driving improvement.

We invite you to explore the report and see how feedback has shaped projects, challenged established ways of working, and helped us move closer to a health and care system that genuinely values partnership, compassion and collaboration.

Thank you to everyone who gave their time, shared their experiences and helped shape our work.

NHS Lincolnshire ICB Engagement Team

Introduction

This report shows how engagement has influenced decisions and improvements and how we - the NHS Lincolnshire Integrated Care Board (ICB) - has met our statutory duties for involvement and how we are delivering our Lincolnshire People and Communities Strategy

The NHS Constitution is clear that patients and the public should be at the heart of everything the NHS does. This annual People and Communities Involvement report explains how we have fulfilled our duty to involve the public and outlines how we work with people and communities to involve them in our decision making.

When we refer to ‘Our People and Communities in Lincolnshire’, we mean:

- residents
- people who access care and support (and those who do not)
- unpaid carers
- families
- staff
- stakeholders
- partner organisations
- community champions and leaders

About this document

Throughout this report, you will find examples of the engagement and involvement activities carried out during 2025/26.

The report explains why the ICB engages with people and communities and highlights the positive impact this involvement has had on services and local communities across Lincolnshire. By sharing these activities, we aim to show the real differences engagement has made, informed by lived experience and local insight.

The focus of the report is our involvement activity and the impact it has had. But before that, we also provide further information about the NHS Lincolnshire ICB, how we work collaboratively across the system, and how we meet our statutory duty to involve people and communities.

Contents

Why we involve people and communities

The ICB is dedicated to making sure patients, the public, partners, and key stakeholders are fully involved in shaping our services. Their experiences and insights sit at the heart of everything we do.

We believe that strong partnerships are essential to giving people greater choice and control over their health. Working together helps us better understand the needs of our population, what our communities need to live well and improve health outcomes.

We are committed to building stronger relationships with residents, communities, and representative groups, ensuring they have a powerful voice and the confidence to shape decisions. We will continue to strengthen our approach to engagement, making it easier for people to share their views and ensuring our work reflects and responds to the diverse needs of our communities.

- The NHS Lincolnshire ICB Constitution sets out the legal duties and principles we will adhere to when developing and maintaining arrangements for public involvement
- Our People and Communities Strategy demonstrates how we will deliver our duties to understand and empower our communities
- Listening to the patient and members of public that use our services help us understand the needs of the communities that we serve
- By giving local people and partners a voice, we can make sure that the services meets the needs of the local community
- The Integrated Care Board has a legal duty to involve patients and the public in decision making and service development.
- There are clear standards for public engagement to shape decisions, monitor quality and to set priorities

Involvement can be in different ways:

Our legal duty to involve

Under section 14Z45 of the Health and Care Act 2022, the Integrated Care Board (ICB) has a legal duty to involve the public in:

- the planning of commissioned services
- the development and consideration of proposals for changes to commissioning arrangements that may affect service delivery
- decisions that impact how services are provided

The ICB has met these responsibilities by making sure local people are genuinely involved in shaping the services we plan and any changes that may affect how those services are delivered.

By listening closely to our communities and working alongside the groups and individuals who represent them, we make better, more grounded decisions that reflect the real needs of people living in Lincolnshire.

We are committed to continually strengthening how we involve our communities. Every piece of feedback matters to us, and we want people to feel confident that their voices make a difference. It is important that residents can clearly see how their ideas, concerns, and lived experiences help shape local services and influence the choices we make together.

Our approach is rooted in the values set out in our constitution and guided by the principles in our People and Communities Strategy. These values shape how we work with individuals, neighbourhoods, partner organisations, and patient representatives, helping us build stronger relationships and create more meaningful opportunities for people to get involved. Through this shared effort, we aim to keep improving how we listen, respond, and work in partnership with the communities we serve.

To see our other legal duties and responsibilities:

Click here to see Lincolnshire ICB constitution

Click here to see public sector equality duty

Click here to see Health and Care Act 2022

Click here to see Health Act 2006 **

*** Health Act 2006 covers:*

- *Duties as to reducing health inequalities – s.14Z34 NHS Act 2006*
- *Annual reporting – s.14Z58 NHS Act 2006*
- *Duty to promote involvement of each patient – s.14Z36 NHS Act 2006*

Governance and assurance

Timely, meaningful involvement is a key priority for us, and we want our communities to feel genuinely connected to the decisions that shape local services. A clear framework helps us do this well, but at the heart of it is our commitment to making sure people's voices guide our work.

Insights from our engagement work, including what we hear from different equality and health inequality groups, are shared with project and programme leads. This helps shape their work and ensures that those designing and improving services are hearing directly from the people affected. **See diagram opposite.**

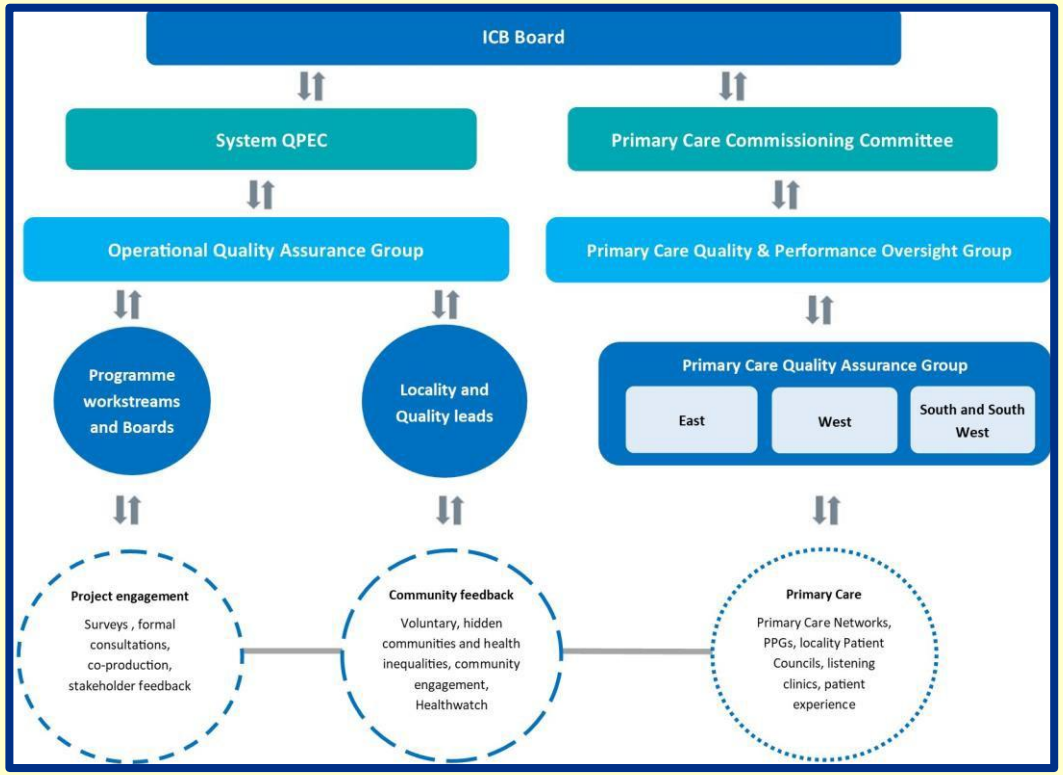
Updates on our involvement activity and the impact of this are taken to the ICB Operational Quality Assurance Group, with escalation prior to clustering to the System Quality and Patient Experience Committee or the Primary Care Commissioning Committee if it is regarding a primary care service.

Feedback from engagement and consultation activity is shared with our Board so that community voices directly inform decisions on major projects.

During December 2025, an audit of the ICB engagement and Involvement function was undertaken with assurance provided in all aspects including governance and reporting. The only improvements required were updates to terms of reference dates for meetings where engagement was represented.

In 2024/25 we developed the Lincolnshire Voices report, presented to the System Quality and Patient Experience Committee. This continues to strengthen and brings together feedback and insight from across the ICB, provider trusts, Healthwatch, and partner organisations. It provides a triangulated, consistent view of what people are telling us and highlights key areas for the system to focus on. This continues to evolve and now includes details of complaints and patient experience feedback to give a rounded picture of what we are hearing across Lincolnshire.

How we report and listen to the feedback we've heard:



Working with partner organisations

Lincolnshire has a long tradition of working together across the Local Authority, the NHS, and many community partners. These relationships have been built over years of shared effort, all with one purpose in mind: helping people across Lincolnshire live healthier, happier lives.

The ICB values the trusted connections our partners already hold with local people, and we see collaboration as the most powerful way to reach communities, listen to their experiences, and involve them in shaping services that truly reflect their needs.

Working together means we can connect with a wider range of people, in ways that feel familiar and comfortable to them, often through individuals and organisations they already know and trust.

Our strong partnerships with voluntary, community, and social enterprise organisations also mean we can commission them to lead conversations on our behalf, using their deep local knowledge to reach communities we might not otherwise reach.

At a local level, we continue to strengthen our relationships with community groups and support organisations.

We work with warm spaces, foodbanks, and local venues, as well as with trusted individuals such as Islamic leaders, social prescribers, and community connectors.

These partners help us reach people whose voices might otherwise go unheard, offering insight and connections that are invaluable to our work.

These partners bring valuable experience and established relationships, helping us to reach people and communities we might not otherwise be able to engage with.

Our partners in ICB governance

Healthwatch are key partners and play a vital role as an independent view of the voice for patients and the public. They act as a critical friend and are active members of the ICB Board, the ICP Board, and several committees.

We work closely with the **Health Overview Committee** when service changes are being considered, enabling agreement of substantial and significant service changes requiring formal consultation. This helps ensure that any proposals reflect the needs and aspirations of local communities and that people have fair and equal access to services.

Public Health and Local Authority colleagues sit alongside us at every formal ICB Board meeting, strengthening our shared understanding of local needs.

The **Voluntary and Community Sector** is represented at Board level too, ensuring community perspectives are embedded in our decision-making.

Our **provider and primary care** partners are part of our extended team and central to shaping and delivering our shared priorities, bringing frontline insight into every discussion.

Joined up working across Lincolnshire

We have established a **Lincolnshire Engagement Leads Steering Group** with representatives from our District and County Councils, LVET (Lincolnshire Voluntary Engagement Team), Healthwatch, University of Lincolnshire, Research Hub, Personalisation and Health Inequalities Teams.

This group meets monthly to scope joint working opportunities, reduce duplication, share best practice, support each other's engagement and involvement projects and identify opportunities for collaboration such as development of a master stakeholder analysis tool and process flowchart.

The Lincolnshire Co-production Conversation Group (LCCG)

This group brings together colleagues from across the ICS (NHS, LCC, VCFSE) and people with lived experience with a shared passion for co-production. Work continues in this group to develop a co – production guiding framework and set of principles which is accessible and meaningful to all.

Healthwatch Lincolnshire Liaison meetings

Regular meetings have been established to plan and agree future work programmes across the Lincolnshire system. This will support alignment of engagement activities and reduce duplication, enabling targeted Healthwatch support for key programmes of work.

Insight and data

People access services differently, have varied health needs, and prefer different ways of sharing their views. Because of this, we base all our commissioning and involvement work on a deep understanding of our population, their lived experiences, and the people and organisations who support them.

We support our programme teams to ensure that **Equality Impact Assessments, Quality Impact Assessments, and Health Inequality Impact Assessments (HEAT**) are carried out. These assessments help us understand who may be affected by changes and ensure that the voices of people who experience the greatest inequalities are heard and acted upon. Their insights are essential in helping us tackle the challenges faced by our health and care system.

Population Health Management (PHM) uses historical and current data about people's health and how they are using health and care services to design new proactive models of care which will improve health and wellbeing today as well as in 20 years' time.

Our **Insight Database** brings together what we hear from involvement activities across the NHS and our partner organisations. This shared directory of feedback gives us a strong foundation for planning, decision-making, and shaping future involvement. We are continuing to explore how to make the most of this rich insight and are working closely with partners towards a shared platform where feedback and insight can be brought together in one place, strengthening our collective understanding of what matters most to people in Lincolnshire.

Healthwatch Lincolnshire provides the ICB a monthly report of the information and insight that has gathered by Healthwatch through engaging with individuals and communities. This information is widely circulated within the ICB and shared with colleagues in primary care.

Feedback is used to monitor quality of services and helps address any issues with the quality of primary care medical services. The ICB has carried out listening clinics and discussed with practices.

Click here to visit the LHIH website

Reaching diverse, potentially excluded and disadvantaged groups

We recognise that Lincolnshire is made up of many different communities, each with its own diverse needs, challenges, and ways of engaging.

People access services differently, have varied health needs, and prefer different ways of sharing their views. Because of this, we base all our commissioning and involvement work on a deep understanding of our population, their lived experiences, and the people and organisations who support them.

Our Involvement Team includes a dedicated lead focused on engaging those experiencing health inequalities and making sure people and communities across Lincolnshire feel confident, supported, and able to take part in every aspect of our work.

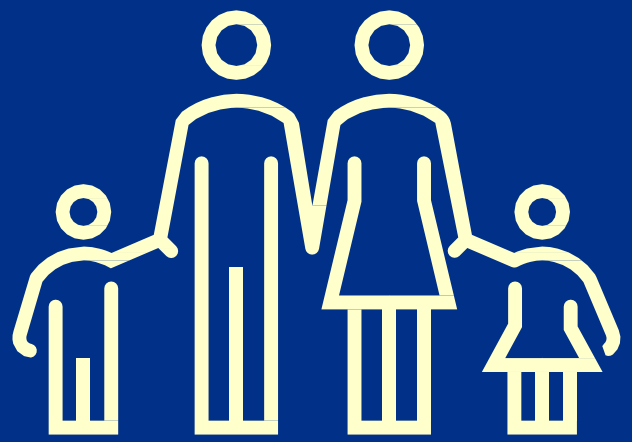
This people-centred approach is being woven through all our priorities and programmes so that tackling health inequalities always starts with listening to those most affected. We have also refreshed our equality and health inequality survey questions so we can better understand who is engaging with us and, just as importantly, who we still need to reach.

To strengthen our digital engagement, we are expanding our database of over 10,000 individuals, groups, and communities. This helps us connect directly with people from all backgrounds and invite them to get involved in our work, including those less likely to get involved, such as people with caring responsibilities, those in full-time employment, residents of rural areas, and individuals experiencing health inequalities or living in specific geographic regions.

We also recognise that not everyone want to or are able to engage digitally. That is why we make a conscious effort to meet people where they are—at local events, fun days, fresher fairs, and community gatherings. These settings help us reach a wide range of people, including communities who may not usually come forward.

We also hold targeted events in areas experiencing inequalities and offer small incentives to encourage participation, maximising involvement. At all these events, we share information about how people can get involved with the ICB or our partners, and we provide translated materials when needed to make sure language is never a barrier.

How the ICB listens and involves people and communities



On the following pages, we share examples that demonstrate how the ICB is putting the involvement principles of our People's and Communities Strategy into practice:

This report shows:

- How we have met our involvement duties
- How we are delivering the People and Communities strategy
- How we have proactively reached out into the community
- How we have worked with many partners across the sectors to support inclusive involvement
- How we have involved people and communities who experience health inequalities
- How working with diverse communities makes a difference

Our commitment to involving people and communities

Lincolnshire ICB has adopted the **ten principles of engagement** set out by NHS England in the ICS design framework – these have been developed from work with systems across the country and, when embedded effectively, will create a golden thread running throughout the ICS, whether involvement takes place within neighbourhoods, in places or across the whole of Lincolnshire.

Delivering the following principles demonstrates and evidences our commitment to involving our people and communities.

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS

2. Start engagement early when developing plans and feed back to people and communities how their involvement has influenced activities and decisions.

3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect

4. Build relationships with excluded groups, especially those affected by inequalities

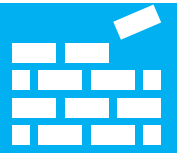
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners

6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

7. Use community development approaches that empower people and communities, making connection to social action

8. Use co-production, insight and engagement to achieve accountable health and care services.

9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.



10. Learn from what works and building on the assets of all ICS partners – networks, relationships, activity in local places.

Our impact in numbers

The figures shown opposite highlight our engagement activity over the year. We carried out 71 community visits, which is an increase compared with last year.

Survey participation was strong with over 6,000 individual responses received from members of the public and staff.

Our social media posts were seen over 2 million times, with 2,053,630 views in people's feeds. Around 3 in every 100 people who saw our posts interacted with them, and the ICB gained 2,051 new followers across its social media channels.

In addition, bulletin sign-ups increased by 387 over the year, reflecting our ongoing commitment to encouraging people to get involved and stay engaged on a continuous basis.

These figures underscore the successful efforts in enhancing community involvement and outreach.

33 surveys published

163K visitors to website

731K page views

36 interviews conducted over the phone

6180 survey responses received

Attended **18** events

71 community visits

Spoke to **1001** people in the community

4 projects were co-produced

3 Patient Council meetings held & 9 Locality PPG meetings

Social media posts reached **2,000,000+**.

Gained **2,051** **new** followers

9,883 contacts on newsletter distribution list

11,195 on stakeholder database

387 signed up to receive the bulletin

ICB ENGAGEMENT

Showcasing our engagement and involvement: demonstrating best practice and the difference it makes.

This section highlights the range of engagement and involvement activities the ICB has carried out to work effectively with people and communities across Lincolnshire.

The examples shared demonstrate our commitment to good practice and show the positive impact of the work led by the ICB's involvement team and supported by a wide range of projects and partners.

Through this activity, we ensure that the voices of patients and the public are heard, valued and acted upon, helping to build a culture of inclusion, learning and continuous improvement.

This is especially true for projects where we recognise improvements are needed, and we welcome the range of positive and negative feedback, both of which is essential to shape improvements.

Further detail on these activities is provided on the following pages.

- Colorectal – teachable moment
- Continuing Healthcare
- CYP - neighbourhood initiative
- Dementia
- DMC Dermatology
- ECHO, MRI and NOUS relocation
- Experience of Care
- Fertility Review
- Functional Neurological Disorder
- Gluten Free Prescriptions
- Intermediate Care
- Ovarian Cancer
- Pain Management
- Palliative and End of Life Care
- PEOL co-production
- Prostrate Cancer
- Sensory loss
- Vaccinations Campaign
- Helping People to Age Well
- Our shared agreement
- Special Educational Needs & Disabilities
- Maternity & Neonatal

Click on the tiles to go to more examples of involvement within specific projects and programmes

Click this symbol to return to this page

Public & Patient Participation

Colorectal – teachable moment

Early diagnosis and timely support following bowel cancer screening are critical to improving outcomes and supporting people to make positive changes to their health. NHS Lincolnshire Integrated Care Board (ICB) and system partners undertook this work to understand how patients experience information and support following a clear diagnosis of cancer on the Rapid Access Colorectal Pathway (RACP).

As part of this programme, educational materials (leaflet and video) were co-designed to support people at a key “teachable moment” following diagnosis, helping them understand their condition and consider lifestyle changes that may reduce future risk.

The aim of the engagement was to understand how well newly developed patient information resources were received and whether they supported understanding, decision making and lifestyle change.

Our approach

- A leaflet and an animated film were co designed and shared with patients following diagnosis by specialist nurses. Feedback was then gathered through a follow up survey to understand:
  - How accessible and useful the materials were
  - Whether they helped patients understand their condition and next steps
  - Whether they influenced decisions about managing health and lifestyle
- The insight gathered was used to inform future patient communications and educational materials within colorectal pathways.

Engaging our communities

- Over 500 patients diagnosed through the Rapid Access Colorectal Pathway were directly invited to take part in the survey. Received 7 responses.
- Invitations were sent following patients’ follow up appointments, when materials had been shared by specialist nurses.
- Engagement focused on people aged 50 and over, reflecting the screened population.
- The animated film was made available online, while the leaflet was distributed directly to patients via post or at appointments.
- Video: Understanding your cancer screening journey | what’s next and reducing your risk

What we heard

- The leaflet was the preferred format, with most respondents finding it easier to access, read and understand than the film.
- Many respondents valued having clear, written information they could read at their own pace, particularly older patients.
- Both the leaflet and film helped people better understand their condition, though the leaflet had more influence overall.
- The leaflet was more likely to influence decisions about managing symptoms and lifestyle, including diet and hydration.
- Information was often shared with family members, extending its wider impact.

The difference it made

- Engagement confirmed that simple, clear written information is most effective for this patient group.
- Feedback supported continued use and refinement of the leaflet as a key patient resource.
- Learning from this work is informing how future educational materials are developed and shared, ensuring they are accessible, meaningful and aligned to patient preference.
- The insight gathered will support future projects across colorectal pathways and wider cancer services.
- People felt informed and supported. Wider family members were also informed and able to support.

Public & Patient Participation

Continuing Healthcare - CHC

We gathered feedback from members of the public who receive Continuing Healthcare (CHC) funding, or who care for someone who does. This included people with a Personal Health Budget and those receiving Funded Nursing Care in a registered care home.

We also spoke with staff from across the system who support the CHC process. Separate reports were produced to reflect public and staff experiences.

This engagement formed part of a wider programme of work involving Continuing Healthcare, Adult Social Care and partner organisations across Lincolnshire. The purpose was to take a closer look at the CHC journey from start to finish.

The aim was not only to understand how CHC processes work, but to better understand peoples lived experiences. What we heard will help shape a system that feels more personal, compassionate and connected for those who rely on CHC support.

Our approach

- Produced surveys for both staff and the public
- Co-produced the surveys with personalisation team, Adult Social Care and Continuing Health Care.
- Produced materials complete with QR codes and survey links – distributed to connected groups, venues and professionals
- Survey was promoted to staff and public through social media, newsletters and websites.

Engaging our communities

- Survey open between 23rd October 2025 – 12th January 2026.
- Received 62 responses to public survey with 42 responses from the staff.

What we heard

- Many people were unclear about what CHC is and what they are entitled to, particularly Personal Health Budgets. Those who did have a PHB described it as very positive.
- Information before assessments was often poor or missing, with many people only learning about CHC during a hospital stay, which caused confusion and anxiety.
- Experiences of the CHC checklist assessment were mixed; people valued being treated with dignity but wanted clearer explanations, more time, and greater opportunity to share what mattered to them.
- The Decision Support Tool (DST) process caused the most dissatisfaction, with people feeling meetings were long, stressful, and that their views were not always fully heard or understood.
- Communication about decisions and next steps was unclear, with many people unsure about outcomes, available choices, or what would happen next.
- Most people were not meaningfully involved in care and support planning, and many felt their personal priorities were not reflected in plans.
- Awareness of how to make a complaint was low, and while some found the process easy, delays in responses caused frustration.
- Positive experiences were linked to good communication and compassionate staff, particularly GPs and multidisciplinary teams who listened and worked collaboratively.

The difference it made

- Feedback has informed ongoing CHC process review, with findings shared with the CHC Process Mapping Group.
- It reinforced the need for more person-centred, compassionate care, prompting reflection and a move away from process-driven approaches.
- Clear opportunities for improvement were identified, including better communication, clearer information and earlier involvement of people and families.
- Feedback has shaped practical improvement activity, such as pilots, training, simplified processes and improved communication materials.
- It laid the foundations for future co-production, with plans to involve people with lived experience through a CHC Co-Production Group from 2026/27

Public & Patient Participation

CYP – neighbourhood initiative

We set out to understand how children, young people and their families experience health and care support locally, and how this could be improved for those who need it most.

We gathered feedback from children and young people in Lincoln—aged 0–19, or up to 25 for those with special educational needs or disabilities—and their families registered with Brayford Medical Practice or Heart of Lincoln Medical Group.

The engagement explored a new local way of working, bringing together GPs, hospital paediatricians and community paediatric services more closely.

The intention was to improve access to care, support families to attend and manage appointments, and reduce avoidable use of Accident and Emergency and other urgent services.

This work was part of a wider NHS England programme requiring Integrated Care Boards to establish at least one Children and Young People (CYP) Neighbourhood Health Team by 31 March 2026. In Lincolnshire, local data and evidence informed the decision to pilot the model in Lincoln.

Our approach

- Produced surveys for both staff and the public
- Produced a toolkit for capturing feedback from community visits
- Working with the Children and Young People Transformation Board
- Produced materials complete with QR codes and survey links – distributed to associated groups, venues and professionals
- Engagement plan focussed on 3 areas – gaps in provision; challenges for CYP and suggested improvements

Engaging our communities

- Between 17 February and 17 March 2025 surveys were open.
- Visited 3 community groups and spoke to 13 parents / grandparents and 7 staff
- Promoted the surveys to public and staff
- Received 15 responses to staff survey and 1 public response

What we heard

- Getting mental health help is hard, especially for CAMHS, support outside normal hours and having the same support over time.
- Children who have additional needs (such as autism, ADHD or long-term health conditions) often struggle to get the right help quickly or consistently.
- Specialist services are difficult to access, including speech and language therapy, occupational therapy, wheelchair services and paediatric care.
- Moving from children to adult services is challenging - support drops away during this change.
- Not enough local, preventative support, so families turn to A&E - earlier help could have avoided this.
- Services can be hard to access and understand - long waits, language barriers, limited information, and poor coordination between services

The difference it made

- What families told us has helped shape the Children and Young People Neighbourhood Health pilot in Lincoln, influencing how future services will be delivered.
- The findings were shared with and considered by the Children and Young People Transformation Board to inform decision-making.
- Local partners and stakeholders are now clearer about the challenges children and young people face, and where improvements are most needed.
- We will share learning from the pilot and use it to support plans to roll this approach out to other areas of Lincolnshire in the future.

Public & Patient Participation

Dementia

Dementia is a progressive condition that affects memory, thinking, behaviour and the ability to carry out everyday activities, and it impacts not only the person living with the condition but also their families and carers.

NHS Lincolnshire ICB sought feedback to understand what is working well and what could be improved for people living with dementia and their carers across Lincolnshire.

The engagement explored people's experiences of dementia care in Lincolnshire, from diagnosis and ongoing support to prevention, community resources and overall wellbeing. The feedback received is helping to inform improvements to services and support for people living with dementia and those who care for them.

Our approach

- The engagement team worked with the project lead to understand the best approach within the allocated timeframe
- Created an online survey
- Created a comprehensive distribution plan
- Produced materials complete with QR codes and survey link to encourage participation

Engaging our communities

The survey was open between 22 December and 9 February and received 136 responses.
The engagement was promoted through a multi-channel approach, including:

- Seven Facebook posts, reaching 10,052 people
- 169 visits to the dedicated engagement webpage (Dementia Carer and lived experience survey)
- Promoted via three ICB engagement bulletins and two primary care bulletins
- Four posts on the Nextdoor platform, reaching local communities across the county
- Circulated through provider member databases and staff networks

This approach helped ensure feedback reflected experiences from a broad range of individuals and communities across the county.

What we heard

- Diagnosis was often difficult and slow, with many people experiencing long waits and poor coordination between services.
- Communication at diagnosis was inconsistent, with some people receiving little or no information about next steps, support, or entitlements.
- Post-diagnosis support was limited, with many reporting a lack of follow-up, no single point of contact, and insufficient professional support.
- Most people did not feel supported overall in Lincolnshire, identifying needs for clearer signposting, regular contact, respite and more face-to-face help.
- Community support was variable, with dementia cafés and groups valued but gaps reported in professional input and meaningful activities.
- Prevention and risk-reduction information was lacking, with many people saying opportunities to access this locally were rare or unavailable.

The difference it made

- Feedback was reported into the Dementia Programme Board (held quarterly) and helped inform the Dementia 100 survey.
- The engagement helped identify gaps and variations in provision at both locally (place-based) and system wide levels.
- Insight supported alignment with the five-year dementia plan helping to shape future priorities.

Public & Patient Participation

DMC Dermatology - relocation

NHS Lincolnshire Integrated Care Board (ICB) undertook engagement to understand patient experiences of dermatology services and gather views on proposed changes to how services are accessed across Lincolnshire.

At the time of engagement, dermatology referrals operated through two different pathways: patients in East Lincolnshire accessed Community Dermatology Clinics at Skegness Hospital or Parkside Medical Centre, Boston, while patients in other areas were triaged via the Elective Activity Coordination Hub (EACH). This variation created inconsistencies in access and complexity for both patients and clinicians.

The proposed change was to move towards a lead provider model, with United Lincolnshire Hospitals NHS Trust (ULHT) taking responsibility for dermatology services across Lincolnshire and all referrals being directed through EACH.

Our approach

Our approach aimed to:

- understand patient experiences of current dermatology services
- gather views on the proposed changes
- explore potential impacts on access, satisfaction and equity
- ensure patient feedback informed decision-making and service design

We created an online survey and distributed through extensive channels and networks to encourage participation.

Engaging our communities

- The online survey ran between 26th June and 19th September 2025.
- Participation was encouraged through a multi-channel communication and distribution approach – enabling us to reach a wide and diverse audience.
- Promotion included ICB engagement and primary care bulletins; Nextdoor posts (reaching 110,000) and circulation through provider databases and staff networks.
- A targeted Facebook campaign with six post reached over 10,600 people
- The dedicated engagement webpage received 166 visits.
- In total, 108 survey responses were received from across the county.

What we heard

- Overall experiences were mixed, with many patients valuing professional and respectful care, clear communication, and effective treatment when services worked well.
- Long waiting times were a major concern, with some patients reporting very long delays..
- Communication problems were highlighted, including missed referrals and lack of updates.
- Travel and accessibility challenges, particularly for patients in rural and coastal areas, older people, and those with mobility or transport challenges.
- Views on the proposed service changes were mixed, balancing improved consistency with concerns about loss of local access and capacity at hospital sites.
- What mattered most to patients was fair access across Lincolnshire, shorter waits, clear community and clinics that meet individual needs.
- Patient feedback highlighted key strengths and gaps in dermatology services, particularly around access, waiting times, communication and travel.
- Engagement raised equity concerns, especially for rural, coastal, older and disabled patients, informing consideration of potential impacts.

The difference it made

- Insights informed internal discussions on service design, including referral consistency, capacity and patient choice. Feedback also reinforced priorities for fair access, clearer communication and reduced waiting times as changes progress.

Public & Patient Participation

ECHO, MRI & NOUS

The NHS Lincolnshire Integrated Care Board (ICB) reviewed echocardiology (ECHO) services across Lincolnshire to address challenges relating to access, capacity and efficiency. At the time, most services were provided by United Lincolnshire Teaching Hospitals NHS Trust (ULHT), with additional support from NHS trusts and an independent provider - InHealth – who deliver community-based services.

The ICB proposed two service changes to improve access to diagnostic services and make better use of available facilities:

- Patients attending Marisco Medical Practice in Mablethorpe for ECHO would have the option to attend Skegness Community Diagnostic Centre (CDC), or another preferred location.
- Patients using Johnson Community Hospital in Spalding for ECHO, MRI or non-obstetric ultrasound (NOUS) would have the option to attend Pilgrim Hospital in Boston, or another suitable site.

This engagement aimed to understand patient experiences of current services and explore how the proposed changes might affect them.

Our approach

- The ICB planned and coordinated activities across ULTH and community provider
- Produced materials to support promotion of the engagement and survey
- Used existing networks and channels to promote the survey and the proposed changes
- Shared in NHS bulletins – including primary care
- Used social media to promote the proposed changes.

Engaging our communities

- Survey ran from 19th June to 20th August 2025
- Distributed through provider networks and staff databases for targeted outreach
- Promoted on Facebook with 4 posts, reaching 10,698 people and 203 engagements
- Reached 110,000 people across 471 neighbourhoods via Nextdoor
- Received 123 responses to the survey
- Attracted 636 visits to the dedicated engagement webpage

What we heard

- Most patients are happy with current echocardiology services, with high satisfaction at Johnson Community Hospital and Marisco Practice.
- Patients value fast appointments, easy access and friendly staff as key strengths of existing services.
- Views on the proposed service changes were mixed, with similar levels of support, opposition and uncertainty.
- Travel distance and accessibility were main concerns, especially for older or less mobile patients.
- Negative views of Pilgrim Hospital affected support for moving services from Johnson Hospital.
- Most people travel by car to attend appointments, with limited use of public or volunteer transport.
- What matters most to patients is keeping services local, reliable transport, high-quality care, and fair choice across Lincolnshire.

The difference it made

- The ICB considered concerns raised around access, travel and service quality.
- Nearly half of patients supported relocating ECHO services from Marisco Practice to Skegness CDC improving access to a wider range of tests in one location. Early feedback has been positive.
- Improved access to local diagnostics, reducing long journeys.
- Concerns about Pilgrim Hospital were heard, informing plans of new CDC in Boston, rather than relocating all services there.
- NOUS services will continue at Johnson Community Hospital, alongside improved communication to GP practices and patients about available options.
- Patient feedback will continue to be collected, including Friends and Family Test responses at CDC and hospital sites.

Public & Patient Participation

Experience of care

The ***Experiences of Care*** survey was launched in June 2022. It was originally developed through the Equality Forum and is now overseen by the ICB Engagement Team as an established, ongoing source of system-wide feedback.

The survey was designed to help us understand – on a continuous basis – what is working well and what could be improved for individuals and communities when accessing NHS services across Lincolnshire.

It has provided an ongoing route for people to share feedback on any aspect of their healthcare experience. During 2025/26, it continued to be a valuable tool used by the ICB's engagement team when engaging people in the community, helping to ensure that people's experiences and stories are captured and not lost.

Our approach

- The Experience of Care survey was live throughout 2025/26
- Always open – ensuring a meaningful way of capturing people's experiences
- Analysis and reported on a monthly basis

Engaging our communities

- Promoted online via the ICB website, social media and the Involvement Bulletin (The Contributor) and at face-to-face engagement events.
- Open to all members of the public
- Received 142 responses during 2025/26

What we heard

Feedback covered a broad range of services and topics, including:

- Primary care & secondary care
- Ambulance services & NHS111
- Community Diagnostic Centres
- Mental health services & Autism services
- Palliative and end of life care
- Dentistry
- Screening services
- Carers and care homes
- Pain management

This breadth of feedback provided valuable insight into people's experiences across multiple pathways and settings.

The difference it made

- Findings were shared through the Lincolnshire Voice Report and presented quarterly to the Lincolnshire ICB System Quality and Patient Experience Committee.
- Feedback was considered alongside other quality, safety and patient experience data, acting as an early indicator of emerging themes and concerns.
- Insights also informed wider programmes of work, including identifying primary care issues and reports were added to the ICB's insight database for further reference.
- The Experiences of Care survey will remain live and continue to be promoted throughout 2026/27

Public & Patient Participation

Functional Neurological Disorder

Functional Neurological Disorder (FND) is a condition where people experience real neurological symptoms, but without structural damage to the nervous system

FND Lincs, NHS Lincolnshire ICB and system partners are working together to develop a Functional Neurological Disorder (FND) strategy for Lincolnshire.

We wanted to hear directly from people living with FND in Lincolnshire. Many told us it's hard to get the right support after diagnosis, so this survey was designed to help us to understand real experiences of how they were diagnosed with FND and the way they engaged with services.

Our approach

- Engagement aimed to capture lived experience to inform service improvement and pathway development.
- A county-wide survey and community discussions were used to understand experiences of diagnosis and engagement with services

Engaging our communities

- A county-wide survey was launched in October 2025, receiving 127 responses from people with lived experience of FND.
- Survey questions were co-produced with FND Lincs, NHS Lincolnshire ICB and system partners.
- Engagement was promoted through:
    - Digital posters with QR codes shared with NHS providers, community groups, PPGs, carers services, ASC and neighbourhood leads
    - FND Lincs newsletters and the ICB Engagement Team bulletin (*The Contributor*)
    - Awareness-raising at the *Fit for the Future* event in Spalding
- The ICB Engagement Team attended an FND Lincs support group to gather further feedback.
- A patient shared personal lived experience at the ICB Cluster Board.

What we heard

- Many of the respondents found it difficult or very difficult to obtain an FND diagnosis.
- Nearly two-thirds were dissatisfied with the speed of diagnosis.
- Three-quarters did not receive information about FND or symptom management at diagnosis.
- Many people reported repeated GP visits, emergency attendances and unnecessary appointments before diagnosis.
- Over half travelled outside Lincolnshire for diagnosis or treatment, at significant personal cost.

The difference it made

- Feedback was shared with NHS Lincolnshire ICB and system partners to inform a review of the current FND pathway and contributing to development of a local FND strategy shaped by lived experience.
- Findings shaped the next phase of engagement, focusing on service design and improvement.
- £5,000 in charitable funding was secured by Lincs FND to co-create patient information, educational materials and FAQs – designed with people who have lived experience of FND.
- A phase 2 survey – will gather views on a proposed FND service model for Lincolnshire.
- Learning and best practice will be shared through participation at the annual FND Awareness Conference including presenting the draft Lincolnshire FND Strategy.

Public & Patient Participation

Gluten Free Prescription

NHS Lincolnshire Integrated Care Board (ICB) launched a public consultation to gather views on proposed changes to the prescribing of gluten-free bread and flour. The aim was to ensure that any future policy decisions were informed by the experiences and needs of those affected, particularly people with coeliac disease or dermatitis herpetiformis.

The consultation aimed to:

- Raise awareness of the proposed changes to gluten-free prescribing.
- Involve patients, the public and key stakeholders in shaping future prescribing arrangements.
- Meet the ICB's statutory involvement duties under the Health and Social Care Act 2022.
- Identify equality impacts and consider potential actions to address concerns raised.

Our approach

- Between 18 March and 13 May 2025, we ran a county-wide consultation, reaching thousands of people through a multi-channel communications and engagement campaign.
- Produced and delivered consultation plan – detailed plan of the engagement activities to encourage participation.
- We worked with community groups, healthcare professionals, voluntary organisations, and condition-specific charities like Coeliac UK to ensure wide and inclusive participation

Engaging our communities

- 10,000+ stakeholders received the consultation via our Engagement Bulletin.
- 6 Facebook posts reached nearly 30,000 people, generating 211 clicks to the survey.
- A dedicated webpage attracted 2,254 visitors, with traffic driven by social media, direct searches, and partner referrals.
- We received 428 responses, including 378 individuals (mostly local residents); 33 healthcare professionals; 17 organisations and community groups and one written response from Coeliac UK

What we heard

- Strong opposition to stopping all prescribing, with 73% of respondents disagreeing - mostly patients and members of the public while majority of professionals supported stopping prescriptions.
- Widespread concerns about affordability - for people on low incomes, benefits / pensions.
- Health risks were a major theme, potentially leading to poor adherence to a gluten-free diet.
- Access and equity issues were raised, including access to gluten-free products in rural areas
- Limiting prescriptions was opposed by most respondents, due to concerns about discrimination and rising health inequalities, although patients favoured this over removal altogether.
- Respondents suggested alternatives, including voucher schemes, refined eligibility criteria, improved supermarket availability, and better access to dietary advice and specialist support.
- The Coeliac Society opposed both proposals, citing legal, clinical and equality concerns, and encouraged exploration of alternative support models

The difference it made

- The findings directly informed the final decision made by NHS Lincolnshire Integrated Care Board (ICB), ensuring that any changes were evidence-based, equitable and clinically informed.
- As a result, the prescribing of gluten-free food for people diagnosed with coeliac disease or dermatitis herpetiformis changed. From 1 August 2025, gluten-free food will no longer be available on prescription in Lincolnshire.

Public & Patient Participation

Ovarian Cancer

Ovarian cancer can be difficult to identify in its early stages, as symptoms are often vague and can be mistaken for other conditions. Evidence shows that earlier recognition and timely help-seeking can lead to better outcomes, making public awareness a key factor in early diagnosis.

To support this, NHS Lincolnshire Integrated Care Board (ICB) carried out engagement to understand current levels of awareness of ovarian cancer among people living in Lincolnshire, including knowledge of symptoms, attitudes to seeking help, and potential barriers to early diagnosis.

Examples of the campaign materials.

Campaign featured on Lincolnshire's buses

Our approach

The engagement aimed to:

- identify gaps in awareness and understanding of symptoms
- understand attitudes towards help-seeking and diagnosis
- explore barriers that may delay people seeking advice or care
- identify how and where awareness campaigns could have the greatest impact

Engaging our communities

- The survey ran between 23 October and 27 November 2025 and received 378 responses.
- To maximise reach and ensure accessibility, the survey was promoted via:
  - Featured in 3 NHS Lincolnshire ICB engagement bulletins and 2 Primary Care bulletins
  - 4 posts on the Nextdoor platform, reaching communities across 471 neighbourhoods
  - Shared through provider member databases, staff networks and partner organisations
  - Promoted on the NHS Lincolnshire ICB website and partner websites
  - 4 Facebook posts, reaching 10,316 people; 75 people visited the campaign webpage
- The survey was also available in alternative formats on request

What we heard

- Awareness was high but knowledge was limited, with many unsure about symptoms beyond bloating, pain and fatigue.
- Confidence in early detection was low, with symptoms often normalised and concerns about misdiagnosis or delayed referral.
- Delay in seeking help was common, driven by embarrassment, life pressures, poor access to GP appointments and fear of not being taken seriously.
- Around a third would be unlikely to contact their GP, even if symptoms were persistent.
- People wanted clear, simple and reassuring campaign messages, using symptom checklists, lived experiences and short videos, delivered through social media, TV and familiar settings such as GP practices and workplaces

The difference it made

- Feedback provided a clear understanding of awareness gaps and barriers to recognising symptoms and seeking help.
- Insight shaped the campaign messages, tone and delivery, ensuring they are clear, reassuring and avoid fear-mongering while emphasising urgency.
- Findings informed the delivery of a targeted ovarian cancer campaign; helping to support the channels, formats and materials, focusing on clarity, reassurance and empowerment.
- The campaign focuses on improving symptom recognition, addressing misconceptions, encouraging timely help-seeking and building confidence in accessing healthcare services

Public & Patient Participation

Fertility review

Access to NHS funded fertility treatment currently varies across the East Midlands due to historical differences in local policies inherited from former Clinical Commissioning Groups. These variations have resulted in inequitable access depending on where people live, including differences in eligibility criteria, age limits, BMI thresholds and the number of funded cycles.

To address this, the five East Midlands Integrated Care Boards (ICBs), including NHS Lincolnshire ICB, are working together to develop a modernised, consistent and evidence based regional Fertility Policy. Engagement with residents, patients and stakeholders has been a central part of this work, ensuring that lived experience and public values inform the policy as it develops.

The Fertility Review is being taken forward through a phased and transparent approach, combining clinical evidence, national guidance, financial considerations and public engagement.

Further information can be found: East Midlands Fertility Policy Review

Our approach

- A Case for Change was developed in 2024, setting out the need for greater equity and consistency.
- Carried out a regional listening exercise, designed to test early proposals and understand the impact they may have on individuals and families.
- Feedback is being used alongside emerging NICE Fertility Guidelines to shape policy options.
- The ICBs have been clear that no final decisions will be taken until national guidance is finalised and further engagement has taken place, recognising the sensitivity and complexity of this review.

Engaging our communities

Engagement on the Fertility Review has taken place at both regional and local levels:

- A regional listening exercise ran between November 2024 and January 2025, with 235 responses from Lincolnshire residents, overall 2,000+ responses
- Engagement methods included surveys, focus groups and targeted engagement with people directly affected by fertility policies
- Feedback has been shared with ICBs across the region and continues to inform policy development
- This work built on earlier discussions with scrutiny committees, patient groups and stakeholders, and ensured that voices from across the East Midlands were heard, including people who have experienced fertility treatment, infertility, or barriers to care.

What we heard

The regional listening exercise highlighted strong and often mixed views on the early proposals:

- There was broad support for greater equity and consistency across the East Midlands
- Concerns were raised about proposals to limit NHS funded IVF cycles - one cycle; the non-clinical eligibility criteria, e.g. partners have existing children and gamete and embryo storage
- Respondents emphasised the importance of personalised assessment, compassionate support and clear communication
- The feedback reflected the emotional, financial and personal impact of fertility treatment and highlighted the need for policy decisions to be both fair and clearly explained.

The difference it made

- Engagement feedback has directly informed emerging policy options, alongside clinical evidence and affordability considerations.
- Issues raised led to clearer separation between fertility treatment and cryopreservation policies, addressing concerns related to cancer and medical fertility preservation.
- Feedback has been used to sense-check alignment with draft NICE guidance.
- Findings reinforced the need for further engagement once final NICE guidelines are published, supporting trust and transparency.
- NICE Fertility Guidelines (March 2026) will inform the next phase of policy development.
- The single East Midlands Fertility Policy will only proceed following further engagement, formal approval and clear communication.

Public & Patient Participation

Pain Management

Living with persistent pain has a significant impact on people's physical health, emotional wellbeing and quality of life. NHS Lincolnshire Integrated Care Board (ICB) carried out a review of pain management services – overseen by Lincolnshire's Academy Centre of Excellence (LACE), to support the planned re-procurement of the service in 2026/27.

The engagement team worked closely with the project team and LACE to ensure the patient, carer and staff voices were central throughout the review, helping to build a clear understanding of experiences of pain management services across Lincolnshire and to identify opportunities for improvement.

This work aimed to inform the development of accessible, compassionate, evidence-based pain management services, tailored to individual needs, particularly for people living with long-term and complex pain.

Our approach

- A comprehensive programme of engagement was delivered to capture experiences of pain management services from a wide range of perspectives. The approach combined:
  - a public survey to understand experiences of current and future services
  - a staff and stakeholder survey to explore operational challenges and opportunities
  - in depth patient interviews to capture lived experience and personal journeys
- The aim was to understand what works well, where gaps exist, and how services could be redesigned to better meet the needs of people living with pain.

Engaging our communities

Between 13 May & 29 July 2025, the engagement reached a wide and diverse audience in Lincolnshire:

- 397 public survey responses and 24 staff survey responses were received
- 18 in depth patient interviews were conducted; 5 patient reps attended the Expert Reference Groups
- More than 54,000 people were reached through social media
- Engagement was also promoted via bulletins, Nextdoor, provider & provider networks,
- Rural communities, older adults, people with disabilities & complex conditions were well represented

This approach ensured both breadth and depth of insight, with space for people to share detailed experiences as well as system level feedback.

What we heard

- Overall satisfaction with pain management services was low, particularly around physical pain management, exercise support and medication management.
- People valued kind, knowledgeable staff and clear communication, but experiences were inconsistent.
- Many described long waiting times, limited follow up and lack of face-to-face appointments.
- Respondents felt services were often "one size fits all", lacking personalised, holistic care.
- Geographical barriers and travel distances affected access, particularly for rural communities.
- The emotional impact of living with pain was clear, with people feeling unheard or dismissed and both patients and staff calling for better coordination, clearer referral pathways and improved service awareness.

The difference it made

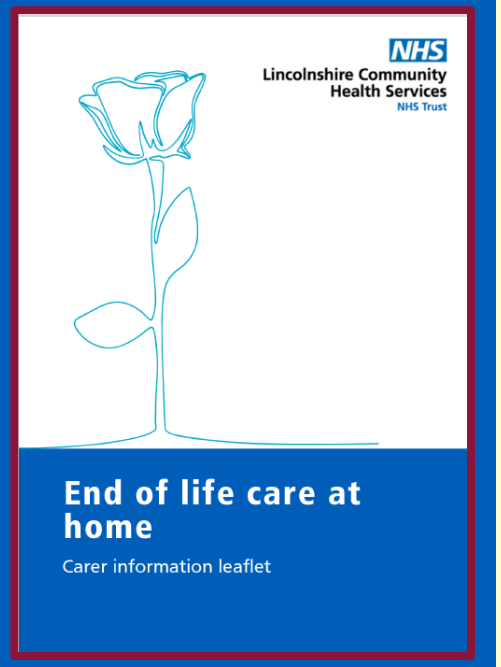
- Feedback provided a detailed understanding of patient and staff experiences, highlighting critical gaps in access, communication and service design.
- Insight is being used to inform the redesign and commissioning of pain management services, ensuring lived experience shapes future models of care.
- Findings have been shared with the Pain Management Project Board and Expert Reference Groups, supporting evidence-based decision making.
- Engagement reinforced the importance of empathetic communication, holistic care, local access and continuity, shaping priorities for future service development.

Public & patient participation

Palliative End of Life (PEOL)

Palliative and end of life care plays a vital role in supporting people, families and carers at some of the most challenging times in their lives. Understanding people's experiences of these services is essential to ensuring care is compassionate, personal and responsive.

To support this, the NHS in Lincolnshire carried out its third annual palliative and end of life care survey, providing an opportunity to listen to those who have used these services and to learn from their experiences over time.



Our approach

By repeating the survey for a third year, we aimed to:

- compare experiences year on year and track progress
- understand what is working well across the palliative and end of life care pathway
- identify areas where improvements are needed
- use lived experience to inform service development and quality improvement

This approach helped ensure that feedback continues to shape and improve palliative and end of life care services across Lincolnshire.

Engaging our communities

- Between 10 April - 30 September 2025, a public survey was launched, receiving 222 responses.
- Survey questions were co-produced with the Palliative and End of Life Care Co-Production Group.
- An A5 flier with the survey link and QR code was distributed to a wide range of stakeholders, including voluntary and community organisations, hospices, wellbeing centres, Macmillan teams, community nursing teams, bereavement services, patient groups, primary care, local authority services and funeral directors across Lincolnshire.
- The survey was actively promoted through social media, newsletters and dedicated websites

What we heard

- Most people spent their final months at home, with families playing a key role, but support was often felt to be insufficient.
- Joined-up working gaps were common, particularly around out-of-hours care, GP support, communication and home visits.
- Hospices, community nurses and specialist services received the most positive feedback, while hospitals and GP services were more mixed, especially around communication and continuity.
- Nearly half died at home and many felt some choice was offered, but bereavement support was limited, with families wanting clearer communication and more consistent aftercare.

The difference it made

- This work will continue into 2026/27, with feedback continuing to inform improvements across the palliative and end of life care pathway.
- Insights were shared with the Palliative and End of Life Care Co-Production Group & Quality Group.
- A co-produced action plan was developed to address key priorities.
- Tiered palliative and end of life care training was rolled out across the system.
- Engagement increased, with 28 additional people expressing interest in further involvement

Public & Patient Participation

PEOL – co-production group

The Palliative and End of Life Care Co-Production Group is facilitated by NHS Lincolnshire Integrated Care Board (ICB).

Co-production brings together people with lived experience of using services and professionals who plan, deliver and commission them.

By working side-by-side as equal partners, the group helps shape improvements, design new ways of working and ensure that palliative and end of life care services reflect what matters most to individuals, carers and families.

Our approach

- The Palliative and End of Life Care Co-Production Group meets on a bi-monthly basis and met on 4 occasions throughout the year.
- The group is chaired by the ICB's Engagement Manager and is supported by a Macmillan Nurse (PSPA lead) from Lincolnshire Community and Hospitals group.
- The group is supported well by people with lived experience with an average attendance of six individuals, ensuring that lived experience remains central to discussions and decision making.

Engaging our communities

- We listened directly to people with lived experience of palliative and end of life care in Lincolnshire, including patients, families, carers and loved ones, as well as staff involved in delivering palliative and end of life care services.
- This involvement provided a safe and meaningful space for people to share experiences, concerns and reflections, helping us to understand what matters most at the end of life and where care and support can be strengthened. The work aimed to ensure that services are shaped by compassion, dignity and real experience, and that learning is used to improve care for others.

What we heard

- People shared honest and deeply personal experiences of palliative and end of life care, highlighting both positive aspects of care and areas where support could be improved. Feedback focused on communication, coordination of care, consistency, emotional support, and the experiences of families and carers alongside patients.
- These insights provided a clearer understanding of what good palliative and end of life care looks like and where change is needed across the pathway.

The difference it made

- Co-produced survey questions for the VOICES Palliative and End of Life Care survey.
- Provided insight and recommendations on the language and definitions used in palliative and end of life care, ensuring these are more sensitive and understandable.
- Shared and reflected on lived-experience stories, highlighting what is working well, areas of concern, and opportunities for improvement across the care pathway.
- Contributed feedback on experiences of the ReSPECT process, supporting better understanding and communication around care planning.
- Reviewed and informed updates to key information resources, including *Care After Death*, *Last Weeks/Days of Life*, and *Palliative Care in Lincolnshire* leaflets.
- Developed a co-produced action plan based on the VOICES survey finding and will continue to inform service improvement, training and information resources aligned to the Palliative and End of Life Strategy 2023–2028 and associated work programmes.

Public & Patient Participation

Prostate Cancer

Prostate cancer is one of the most common cancers affecting men. Lincolnshire has an older male population, and the risk of prostate cancer increases with age, meaning local health services regularly support men with diagnosis, treatment and ongoing care.

We wanted to hear directly from people affected by prostate cancer in Lincolnshire including patients, carers, families, to understand what is working well, where challenges exist and how we can make things better. Engagement activity began in 2024/25 and continued into 2025/26, with a comprehensive engagement report produced to capture learning and inform future work.

This review was part of our commitment to improving cancer care through the Living with Cancer Strategy 2023–28, focusing on real experiences to shape future services.

Our approach

- In 2024/26 the engagement team lead and facilitated the involvement activities for this project
- Engagement plan developed and executed
- Co-produced the survey with the Macmillan Living with Cancer co-production group
- Promotional materials were produced to enhance the promotion of the survey.

Engaging our communities

A county-wide survey was launched between 13 January and 28 February 2025. The response was significant, with 868 survey responses. The engagement activity included:

- Co-production of survey questions with the Macmillan Cancer Co-Production Group.
- 4,733 mailshots sent to patients referred for prostate cancer inviting them to take part.
- Posters with QR codes and survey links shared with Patient Participation Groups (PPGs), GP practices, pharmacies and community venues.
- A targeted social media campaign aimed at men aged 60 and over. Targeted outreach to specific groups, including veterans, men's groups, carers and older people's groups.
- The co-production group reviewed the survey findings - focusing on key themes, insights & stories.
- Patient representatives attended the Urology Stakeholder Group to share first-hand experiences with clinicians, programme managers and GPs.

What we heard

- Symptoms varied, with many experiencing increased urination, while some had no symptoms.
- Information on physical side effects was often provided, but people wanted more support with emotional wellbeing, family and carer support, diet and lifestyle, and financial advice.
- Support and communication were mixed, with some feeling well-supported and others wanting clearer information and more emotional support, particularly after treatment.
- Most felt informed about side effects, support to manage long-term impacts was inconsistent, with issues such as incontinence and erectile dysfunction causing ongoing concern.
- Most respondents were confident in their treatment decisions, though wanted to discuss alternatives.
- Living beyond cancer was positive for some, while others faced difficulties with supplies, managing side effects and navigating follow-up care.

The difference it made

- The engagement provided rich insight through people's lived experiences, informing meaningful service improvement.
- Findings were shared with the Lincolnshire Cancer Board & Urology Stakeholder Group.
- A working group and action plan were established to address priorities including communication, care planning and patient support.
- New patient resources are being developed, including a co-produced support pack, enhanced discharge information, and planned improvements to the ULTH patient information website.

Public & Patient Participation

Intermediate Care

Intermediate Care plays a key role in supporting people to recover, regain independence and avoid unnecessary hospital admissions or long-term care. NHS Lincolnshire Integrated Care Board (ICB), working in partnership with Lincolnshire County Council (LCC), Lincolnshire Community Health Services (LCHS) and system partners, undertook engagement to understand experiences of Intermediate Care services across Lincolnshire.

This engagement formed part of the development of a future Intermediate Care strategy, ensuring that the views of people who use services, carers, frontline staff and partners informed how services are shaped and delivered.

Engagement aimed to capture both breadth and depth of insight across the Intermediate Care pathway, including Reablement, Discharge to Assess, Urgent Community Response, Hospital Avoidance Response Team, Active Recovery Beds, Transitional Care Beds and Community Hospital Beds.

The engagement took place between 18 March and 29 April 2025 and focused on understanding:

- what is working well within current Intermediate Care services
- where improvements are needed
- what matters most to people using services, carers and staff
- priorities for the future Intermediate Care model

Feedback was analysed across demographic, equality and health inequality groups, with differences highlighted where numbers allowed.

Engaging our communities

The engagement took place between 18 March and 29 April 2025 and was delivered through a combination of surveys and targeted, supported activity:

- 108 staff survey responses were received from across health and social care
- 193 responses from members of the public, including people who had used Intermediate Care services
- 13 care homes were visited by the LCHS Engagement Lead, supporting 31 people to complete the survey in person
- The survey was promoted through ICB engagement bulletins, partner networks, local authority channels and provider staff networks
- Engagement activity was constrained by the pre-election period, but targeted work ensured key voices were still included
- In addition, 22 staff and 55 members of the public expressed an interest in continuing involvement to support the development of the strategy.

What we heard

Across the engagement, strong and consistent themes emerged:

- Intermediate Care services were highly valued for supporting recovery, promoting independence and helping people remain at home, with person-centred care and coordinated multidisciplinary working seen as key strengths
- Capacity, staffing and availability were recurring challenges across all services
- Staff and public feedback highlighted the need for simpler referrals, clearer criteria, better coordination and communication, with staying safely at home and avoiding unnecessary hospital admissions seen as key outcomes
- There was strong alignment between staff and public views on the three strategic aims: timely and simple support, enabling people to remain at home, and maximising independence.

The difference it made

- Intermediate Care services were highly valued for supporting recovery, promoting independence and helping people remain at home.
- Person-centred care, compassionate staff and coordinated multidisciplinary working were seen as key strengths across services.
- Services such as Reablement, Community Hospital Beds, Transitional Care Beds and Urgent Community Response were widely viewed as effective and beneficial.
- Capacity, staffing, referrals and communication were recurring challenges, with calls for simpler pathways and better co-ordination.
- There was strong alignment between staff and public views on priorities: timely and simple access, staying safely at home, and maximising independence while reducing reliance on long-term care.

Public & Patient Participation

Sensory loss

Sensory loss affects people of all ages across Lincolnshire and can significantly impact independence, wellbeing and access to health and care services when systems are not accessible or inclusive.

Previous local and national evidence, alongside earlier engagement activity, has consistently highlighted barriers for people living with sight loss, hearing loss, Deafness and dual sensory loss.

In response, NHS Lincolnshire Integrated Care Board (ICB), Lincolnshire County Council (LCC) and HWLincs worked collaboratively to build a shared understanding of lived experience. The engagement explored everyday experiences of accessing health and care services, focusing on access, communication, navigation and system design.

Engagement was led by the ICB, supported by LCC and HWLincs, and used digital, social media, bulletin, partnership and face-to-face routes enabling wide participation from people with sensory loss, as well as carers and advocates.

Our approach

- A nine-week programme of engagement took place between 16 January and 24 March 2026, combining an accessible online survey with in-depth community conversations.
- Feedback was gathered from people with lived experience of sensory loss, carers, family members and professionals. Feedback was analysed across demographic, equality and health inequality groups, with differences highlighted where they emerged.

Engaging our communities

Engagement used a range of formats to support inclusion and reach under-represented groups:

- 322 survey responses, including completed and partial submissions
- 4 telephone interviews and additional written feedback
- Community conversations with around 150 people living with sensory loss
- Visits to 11 community and voluntary sector locations across rural, coastal and urban areas
- Collaboration with specialist organisations including Lincolnshire Sensory Service, blind societies, Deaf groups and voluntary organisations

What we heard

- People valued the care they received once accessed but described significant barriers at the front door of services, particularly booking GP and hospital appointments.
- Phone-based and digital-only systems often excluded people, creating avoidable barriers.
- Communication needs were not consistently recognised or acted upon, requiring people to repeatedly explain their needs and increasing reliance on carers.
- Health and care environments were often difficult to navigate, with poor signage, verbal-only systems and inaccessible layouts, compounded by rurality, transport and distance.
- Sensory and voluntary sector services were highly valued where accessed, but awareness was low.
- Some experiences raised patient safety and safeguarding concerns, including understanding medication, inappropriate reliance on family members to interpret, and missed or delayed care.

The difference it made

- Engagement provided a system-wide picture of lived experience, bringing together insight from surveys, community conversations and partner organisations
- Findings were reported to NHS Lincolnshire ICB and Lincolnshire County Council to inform service improvement and policy discussions
- Insight will directly inform the future direction and procurement of Lincolnshire Sensory Services
- The work strengthened understanding of where the Accessible Information Standard is not being implemented consistently and highlighted opportunities to improve primary care access, communication recording, navigation of services and cross-system coordination.

Public & Patient Participation

Vaccinations engagement

The engagement formed part of a wider programme of work to support the development of effective vaccination communications, helping families and carers understand the importance of vaccinations and encouraging informed, confident uptake.

We wanted to hear directly from families and carers to gather feedback on proposed vaccination campaign materials, ensuring they were clear, accessible and effective.

The engagement focused on testing and discussing:

- People's views on the draft vaccination posters and materials
- Whether the images and wording were clear, understandable and meaningful
- Whether the materials would encourage vaccination uptake
- What could be improved if the materials did not resonate
- What people liked about the campaign content
- Whether the information encouraged people to seek further information, for example by speaking to a practice nurse or attending for vaccination

This work supported wider efforts to promote the importance of vaccinations and ensure communications help protect individuals, families and communities in the safest and most effective way.

Our approach

- Based on local data, engagement was targeted and focused on families with children aged 0–5 and 5–11 years, where vaccination uptake was known to be lower. It included specific focus on Eastern European and Nigerian communities, and families living in areas of higher deprivation.
- A tailored engagement approach was developed to ensure activity was culturally appropriate, accessible and relevant, and to support meaningful conversations with families about vaccination information and campaign materials.

Engaging our communities

- Engagement took place through a multilingual group at Boston Children's Centre.
- Additional face-to-face engagement was delivered at a community health event at Bridge Central, Lincoln.
- We spoke directly with eight families, including those from Lithuanian, Polish, Latvian, Romanian and English-speaking communities.

What we heard

- Reasons for not vaccinating included children being perceived as fit, healthy and having good immunity, alongside parents feeling well-informed and confident about booking if they chose to.
- Reasons for vaccinating focused on protecting children's health, with information typically received through letters, school communications or GP correspondence.
- Posters were unlikely to influence hesitant families. Participants preferring strong visuals and minimal text and finding longer or more technical wording harder to understand. Posters were felt to work best when people have time to read, such as GP practices or children's centres, not shops. Adding website links / QR codes and avoid images of needles.
- Trusted settings such as GP surgeries, health visitors and children's centres were preferred sources for vaccination information, either online or through leaflets.
- Booking by text message at GP practices was viewed positively as convenient and easier than telephoning. Some families felt translated materials were not always necessary, depending on confidence using English.

The difference it made

- Feedback informed improvements to vaccination campaign materials.
- Links were added alongside QR codes to make it easier to access further information.
- Individual posters were developed for each childhood vaccine to improve clarity and relevance.
- Posters and leaflets were distributed to children's centres, supporting delivery via trusted settings.
- Prevention and vaccination remains a key programme of work for the ICB, with learning from this engagement continuing to inform future communications and outreach.

Health Inequalities

Helping people to age well

To help people live well for longer, the Lincolnshire Integrated Care System teamed up with health and wellbeing organisations across the county to promote healthy ageing and reduce the risk of frailty.

This partnership focused on encouraging older adults to stay active, keep doing what they love, and stay socially connected — all key factors in supporting independence and wellbeing.

It was identified that people needed better access to useful information and services, so a campaign was developed to make it easier for people to find the right information and support when they need it.

Our approach

- Lincolnshire Integrated Care System worked with health, wellbeing and community partners to promote healthy ageing and reduce the risk of frailty.
- The campaign focused on helping people live well for longer by staying active, socially connected and independent.
- The campaign was developed to improve access to clear, timely information and support.

Engaging our communities

- The campaign was co-produced with older people, ensuring it reflected real experiences and priorities.
- A frailty co-production group was established by the ICB Engagement Team.
- 180 people aged 60+ expressed interest in being involved, with 14 joining the co-production group to shape the campaign.
- Members of the co-production group worked alongside system partners to design campaign messages and materials.

What we heard

- Clear accessible information is essential to support healthy ageing
- People wanted better signposting to local wellbeing hubs and activities
- Encouragement and reassurance help people to stay motivated to look after their health
- Staying connected and continuing to do the things people love is the key to wellbeing as you get older
- Greater awareness of what carers, family, friends, and neighbours can do to help ageing.

The difference it made

- A co-produced "Let's Age Well, Lincolnshire" campaign was created to inspire and support healthy ageing.
- A suite of accessible materials was developed, including videos, social media content, leaflets and a signposting booklet.
- The work received county-wide recognition, with the ICB Engagement Team shortlisted as finalists for the *Co-producing Together Award* at the Lincolnshire Care Awards.
- Co-produced by people of Lincolnshire - videos: Let's Age Well!; Let's Age Well - Walking Football; Let's Age Well – Alison

Our Shared Agreement
Community Listeners

The Our Shared Agreement (OSA) Community Listening programme was developed to strengthen relationships between people and the health and care system in Lincolnshire by putting listening, lived experience and human connection at the heart of change. The approach recognises that meaningful improvement happens through everyday conversations in which people feel heard, respected and valued, rather than through formal consultation alone.

The programme was co-produced throughout, supported by the OSA Steering Group and a dedicated Community Listeners co-production group, ensuring people with lived experience and professionals jointly shaped the approach, materials and priorities.

Listeners were supported through briefing sessions, guidance and practical resources, building confidence and capability while maintaining a non-formal, human approach to listening.

Our approach

- The role of involvement was to embed community-based, relational listening as a core practice across the system.
- A network of Community Listeners was established to have informal, respectful conversations with residents about their experiences of health, care and wellbeing in places where people already live, meet and connect.

Engaging our communities

The Community Listening model enabled engagement in real-life settings, including community groups, events, workplaces and pop-in sessions, rather than only organisational or NHS venues.
Key activity included:

- 15 open Listener Briefing sessions
- Recruitment and support of 35 Community Listeners
- Delivery of 4 Listener Pop-In sessions
- Listening in community spaces and everyday settings across Lincolnshire

To date, Community Listeners have gathered 47 individual stories and 5 group-based stories.

What we heard

Early thematic analysis of listener stories highlights that what matters most to people includes:

- Being treated as a whole person and feeling genuinely listened to
- Compassion, kindness and trust in relationships with services
- Timely access to diagnostics and care
- Feeling supported as carers and family members
- Better coordination and communication between services
- Strong community and social support
- Support for prevention, self-care and emotional wellbeing
- The emotional impact of navigating health and care systems.

The difference it made

- Informal, relationship-based listening builds trust and enables people to share experiences often missed by structured engagement.
- Listener stories provide deeper insight into the emotional and everyday realities of using health and care services.
- Community listening is reinforced as a core practice for cultural and behavioural change, not just an engagement activity.
- Ongoing co-production and recruitment, including inviting organisations to become Listening Partners
- The work highlights the importance of clear feedback loops, so listeners can see how stories are used and the difference they make.
- Aligning activity with wider It's All About People and OSA priorities.

Public & Patient Participation

Special Educational Needs & Disabilities (SEND)

The Integrated Care Board (ICB) remains committed to placing children and young people with SEND at the heart of decision-making, ensuring they feel supported, included and safe.

In 2025/26, SEND focused on strengthening key SEND pathways across Lincolnshire, including EHCP quality, neurodevelopmental services, and pre-school speech and language provision.

Children and young people, families, schools, health partners and practitioners played a vital role in shaping priorities and informing improvement activity.

Our objectives were to:

- Improve the quality, consistency and impact of Education, Health and Care Plans (EHCPs).
- Reduce waiting times and improve clarity across autism and ADHD pathways.
- Increase early access to Speech and Language Therapy, support prevention & manage demand.

Lincolnshire Young Voices

Engaging our communities

- Engagement took place through audits, clinical panels, digital tools, school forums, co production groups and CYP participation sessions, ensuring lived experience and professional insight shaped improvement.
- EHCP quality was strengthened through multi-agency audits, refreshed quality frameworks, co-produced guidance and exemplar plans, school-based audits, and development work with Lincolnshire Young Voices and partners including Educational Psychology.
- Neurodevelopmental pathways were improved through engagement with providers, redesign of triage and referral processes, significant improvement in referral conversion rates, and targeted investment to increase assessment capacity.
- Speech and Language Therapy access was enhanced through same-day drop-in sessions via Family Hubs, digital triage to reduce unnecessary waits, and early co-production of outcome-based commissioning aligned to the Balanced System Framework.

What we heard

- Families wanted more consistent, higher-quality EHCPs, with clearer outcomes and stronger reflection of children and young people's aspirations.
- Children and young people emphasised the importance of having a visible and meaningful voice in their plans.
- Parents reported that neurodevelopmental pathways were difficult to navigate, particularly due to historic waiting times and inconsistent communication.
- Families valued quick access, local support and practical advice, especially within the pre-school Speech and Language Therapy model.
- Communities in areas such as Spalding and Boston highlighted geographical inequity, with travel and access being key barriers.
- Across all pathways, families wanted timely, transparent communication and clearer expectations about next steps.

The difference it made

- EHCP quality improved, with greater consistency, stronger multi agency assurance and clearer representation of children and young people's voices through refreshed templates and guidance.
- Neurodevelopmental pathways showed significant improvement with higher referral to appointment conversion, increased assessment capacity and clearer foundations for future redesign.
- Speech and Language Therapy access improved, with earlier same-day support, shorter waiting times, increased parent confidence and more effective use of digital triage to prevent escalation.
- Continue strengthening EHCP quality assurance, multi agency training and co production with children, young people and families.
- Maintain ongoing involvement through audits, feedback, digital engagement, CYP participation and co production, ensuring continuous learning and improvement.

Lincolnshire Maternity & Neonatal

Black and Asian Maternal Health Group

Evidence shows that Black and Asian women are at a significantly higher risk of poorer maternity outcomes compared to the wider population. Addressing these inequalities requires services to be shaped by the lived experiences of those most affected.

To support improved maternity outcomes for Black and Asian women in Lincolnshire, involvement has played a central role in understanding barriers to care, highlighting what matters most to families, and identifying opportunities for more culturally responsive support. Listening directly to Black and Asian women and families has been essential to ensuring that maternity services are inclusive, equitable and reflective of local communities.

As a founding member of the Black and Asian Maternal Health Group, NHS Lincolnshire works as part of a multidisciplinary partnership representing the Lincolnshire Maternity and Neonatal System.

The group brings together NHS providers, commissioners, public health, voluntary sector partners and communities to collaboratively develop a programme of work focused on reducing inequalities and improving maternal outcomes.

Our approach

- Lead and supported engagement activity with Black and Asian women and families, ensuring their voices are heard, valued and meaningfully reflected in both service delivery and strategic decision-making.
- The engagement activity was designed to explore lived experience, identify barriers to accessing care, and understand how services can better meet the cultural and needs of families.

Engaging our communities

- Monthly meetings where patient feedback and insight are considered from the engagement events and activities.
- Patient reps are invited to the group to share lived experience.

What we heard

- Cultural, dietary and religious needs are not consistently understood or supported within maternity care. Access to familiar, culturally appropriate food during maternity stays was seen as essential for comfort, wellbeing and breastfeeding.
- Clinical pathways need to better reflect the needs of babies of colour, including appropriate use of tests rather than visual assessment alone.
- Antenatal education and infant feeding support need to be more inclusive and culturally responsive.
- Access to Perinatal Mental Health Services may not be equitable, highlighting the need for better data and understanding of lived experience.
- Face-to-face community engagement creates trusted, safe spaces for families to share experiences openly.
- Men in Black and Asian communities want more information and support, particularly around pregnancy, birth and early parenthood.

The difference it made

- NHS Lincolnshire Community and Hospital NHS Group Collaboration Award at the 2025 Staff Awards
- Insight informed targeted quality improvement projects, helping reduce inequalities and improve maternity experiences for Black and Asian women.
- Clearer, culturally sensitive guidance on medications, improved understanding of dietary and religious needs, and action to improve access to culturally appropriate food on maternity wards.
- Strengthened clinical pathways including routine Transcutaneous Bilirubin (TCB) testing
- Informed more inclusive antenatal education, improved understanding of Perinatal Mental Health access through better data and coding, and work to strengthen cultural awareness in breastfeeding support.
- Ongoing community engagement, including coffee mornings and mosque-based listening events, has created trusted spaces for future conversations, including support for men and partners.

Lincolnshire Maternity & Neonatal

Lincoln Mosque – listening event

Black and Asian women experience poorer maternity outcomes nationally, and local engagement has highlighted the importance of listening directly to families in trusted, culturally appropriate settings.

The maternity and neonatal team ran a listening event aimed to better understand the lived experiences of Black and Asian women using maternity services in Lincolnshire, to help improve support, accessibility and outcomes.

Our approach

- The aim of the engagement was to provide a safe, culturally sensitive space where women could openly share their maternity experiences.
- The event focused on listening, building trust and understanding what works well, what feels challenging, and how services could better meet cultural, religious and practical needs.

Engaging our communities

A female-only, face-to-face listening event was held at Lincoln Mosque in line with religious and cultural expectations. The session was supported by professionals from Lincolnshire maternity services and the County Council Infant Feeding Team.

- Eight women attended the event
- Discussed maternity care, breastfeeding, mental health, antenatal education and family support
- The mosque created a comfortable, trusted space for open discussion.

What we heard

- Barriers to engagement, including cultural shyness, language needs, limited family support and discomfort discussing health matters with men
- A strong need for privacy, modesty and culturally appropriate breastfeeding support
- Low attendance at antenatal education due to language barriers and lack of women-only sessions
- Desire for greater involvement of fathers, with requests for parallel sessions for men
- Perinatal mental health remains taboo, with women describing isolation and a need for basic, destigmatising awareness in community settings
- Participants found the event as supportive and valuable and asked for more sessions.

The difference it made

- Insights from the event have strengthened cultural awareness among frontline staff, with learning applied directly to practice.
- An Infant Feeding Support Worker recognised cultural communication cues during a home visit, helping a mother share previously undisclosed pain and breastfeeding difficulties.
- Findings were shared with the Black and Asian Maternal Health Group and are informing the Black and Asian Maternal Health Improvement Plan.
- Engagement has directly informed live quality improvement work, including: improving antenatal education to better reflect cultural needs and exploring use of fridges and microwaves on maternity wards to support culturally familiar food and breastfeeding
- A male-only maternity awareness session is being planned at Lincoln Mosque.
- Plans to deliver a similar listening event at Boston Mosque, building on the success of the Lincoln event.

Lincolnshire Maternity & Neonatal

Breastfeeding – expressing with support

Breastfeeding rates in Lincolnshire remain below the national average. Feedback from families has highlighted that returning to work can be a significant barrier to continuing breastfeeding, particularly where support, rights and practical arrangements are unclear.

This work aimed to understand mothers' experiences of breastfeeding when returning to work and identify what information and support would help them continue breastfeeding if they wished to do so.

Our approach

- The role of involvement was to listen directly to mothers about the challenges they face when combining breastfeeding and employment.
- Engagement focused on understanding experiences, identifying gaps in awareness, and shaping practical resources that would support both employees and employers.

Engaging our communities

- Engagement took place through:
  - Breastfeeding support groups
  - Roadshows and community events
  - One-to-one conversations and interviews with families
- This approach enabled open conversations with breastfeeding mothers at different stages of their journey, capturing a broad range of experiences.

What we heard

- Many women felt pressured to stop breastfeeding earlier than they wanted when returning to work.
- A lack of awareness about legal rights and available workplace support was a significant barrier.
- Some women felt unsure how to raise the issue with their employer or did not know what reasonable support they could expect.

The difference it made

- In response to what families told us, the Lincolnshire Maternity and Neonatal Programme developed an information pack for employers and employees.
- The pack clearly sets out legal obligations, practical support options, and the benefits of supporting breastfeeding and expressing at work.
- Insight directly shaped the content and focus of the materials, ensuring they reflect real experiences and concerns.
- A county-wide campaign has been developed to promote the information packs.
- Resources will be shared with local businesses and employees as part of wider breastfeeding promotion work.
- Ongoing engagement will support increased awareness of rights, practical support, and the benefits of breastfeeding-friendly workplaces.

Lincolnshire Maternity & Neonatal

Community events

Community events play a vital role in ensuring a wide range of voices are heard, particularly from families who may not engage with formal feedback processes.

This work focuses on meeting people where they are, using trusted local settings to listen, learn and improve maternity and neonatal services across Lincolnshire.

Our approach

- The role of involvement was to create accessible, informal opportunities for families to share their experiences, views and priorities.
- Engagement focused on listening rather than consultation, recognising that meaningful insight is often gained through everyday conversations in familiar settings.

Engaging our communities

- The engagement team attended a wide range of roadshows, community events and group sessions across the county, including:
  - Family Hub groups and networks
  - Community and faith-based organisations
  - Cultural and migrant community groups
  - Parent and carer forums
  - University and international student events
- This approach helped reach families with diverse backgrounds and experiences, including those less likely to take part in surveys or structured engagement.

What we heard

Across community events, families shared that:

- Language barriers can make it difficult to access services, with some women preferring female interpreters where possible.
- Returning to work can be a barrier to breastfeeding, with more employer support needed.
- Many women reported positive maternity experiences, alongside areas where support could be improved.
- Families strongly valued face-to-face communication over other contact methods.

The difference it made

- Feedback contributed to the development of information packs for employers and employees, supporting breastfeeding and expressing at work.
- Insight is informing ongoing work to improve communication, including exploring tools to reduce language barriers where interpreters are unavailable.
- Feedback is routinely shared with the Lincolnshire Maternity and Neonatal System Board and sub-groups, ensuring community insight informs service improvement and strategic decisions.
- Some families were supported to share their experiences further through the Maternity and Neonatal Voices Partnership, helping shape future service direction.
- Community-based engagement will continue, guided by gap analysis and ongoing insight from families and partners.
- Learning from community events will continue to inform maternity, neonatal and children's service development, ensuring every family has the opportunity to be heard.

Primary Care

Engagement support

The ICB is supported by a dedicated Primary Care Communications and Involvement Team, ensuring protected capacity to effectively involve patients, carers and communities in the development of primary care services.

Throughout the 2025/26, the team has supported a range of service changes and initiatives across primary care, helping to ensure that meaningful engagement and consultation takes place. This has enabled patient voices to be heard and considered in decision making processes.

Key examples:

- Supported patient involvement in service change, ensuring patient views informed consultations, decision-making and ICB responses during periods of change.
- Delivered targeted engagement on community pharmacy services, GP interpretation and translation, and specific care pathways to understand patient experience and inform service improvement.
- Strengthened the patient voice through ongoing support to Patient Participation Groups (PPGs) and Patient Councils, encouraging wider participation and shared learning.
- Used insight from Healthwatch reports, patient surveys and community events to inform quality, access and improvement work across primary care.
- Provided support to digital co-production group to complete their work on the new digital service model. Further digital engagement will be continued through PPG meetings.

Click on the tiles to go to more examples of involvement within specific projects and programmes

Community Pharmacy

GP Interpretation & translation services

Portland Branch Site

Stoma, Bowel, Transanal & Catheter

Spilsby Practice

Cliff Villages

Patient Participant Groups

Patient Council & Locality Meetings

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Primary Care

Community Pharmacy

NHS Lincolnshire Integrated Care Board (ICB) carried out engagement to better understand awareness, use and experiences of community pharmacy services across Lincolnshire.

This work followed discussion of the Public Health and Health Inequalities chapter of the Lincolnshire Community Pharmacy Strategy and aimed to gather insight from patients, NHS staff and community pharmacy teams.
The engagement sought to:

- understand public awareness and experiences of community pharmacy services
- explore how NHS staff and system partners refer and signpost people to community pharmacies
- gather community pharmacy staff perspectives on service delivery and health inequalities
- identify opportunities to improve awareness, referral pathways, partnership working and future service development

The findings will help inform future work to strengthen preventative care, improve access to services, and maximise the role of community pharmacy within the wider health and care system in Lincolnshire.

Our approach

- We used three targeted surveys to gather insight from patients, NHS staff and community pharmacy teams, focusing on awareness, use and experiences of community pharmacy services.
- A communications and distribution plan was used to promote the surveys widely, including sharing through NHS and partner networks, community pharmacy channels, newsletters and digital platforms to maximise reach and participation

Engaging our communities

Promoted Engagement took place between 17 October and 30 November 2025 and used three complementary surveys to capture views from key groups across Lincolnshire:

- Public and Patient Survey on Community Pharmacy – *(277 responses)*
- NHS Staff and Stakeholder Survey – aimed at NHS staff and system partners *(42 responses)*
- Community Pharmacy Staff Survey –staff working in community pharmacies *(12 responses)*

The surveys were widely promoted through ICB & Primary Care channels, partner networks and community pharmacies supported by digital posters including QR codes.

What we heard

- People generally had positive experiences of community pharmacies, which were mainly used for non-urgent advice - awareness of some services was limited and clearer information could encourage greater use.
- NHS staff reported good awareness of community pharmacy services and routinely signposted patients to pharmacies to reduce pressure on GP services.
- Community pharmacy teams highlighted their role in supporting people affected by health inequalities and reported high confidence in providing advice, signposting and support

The difference it made

- Improved understanding and awareness of community pharmacy services, informing future communications and resources.
- Strengthened referral / signposting and collaboration between NHS and community pharmacies.
- Contributed to delivery of the Lincolnshire Community Pharmacy Strategy, supporting prevention, improved access and better integration of community pharmacy within the health and care system.
- Informed training and information needs to support appropriate use of pharmacy services and address health inequalities.

Primary Care

GP Interpretation and translation services

Access to effective interpretation and translation services in primary care is essential to ensure people can communicate safely, confidently and meaningfully with their GP and wider practice teams. For Deaf people and those whose first language is not English, communication barriers can affect understanding, decision-making and access to care, particularly as primary care is often the first point of contact.

Therefore, we wanted to hear directly from people who experience communication barriers when accessing GP services, with a specific focus on interpretation and translation. This included engagement with members of the Deaf community and with community leaders supporting people for whom English is not a first language.

The aim was to understand what is working well, where barriers exist, and how interpretation and translation services could be improved to support safe, inclusive and accessible primary care. This work was considered alongside wider Sensory Services engagement to inform improvements to GP interpretation and translation services across Lincolnshire.

Our approach

- The work began in December 2025 and will continue into summer 2026. To date, the ICB has engaged with a range of community groups representing Deaf people and people for whom English is not a first language, both directly and through trusted partner organisations.

Engaging our communities

- Gathered insight from approx. 60 people
- Lincolnshire Sensory Services (LSS): The ICB met with members of the Deaf community (2) and BSL interpreting staff (2) to gather in-depth feedback, with additional written (4) insight provided
- People for whom English is not a first language: Feedback gathered via community leaders and support organisations, including displaced Ukrainian residents (10), asylum seekers (13) in Skegness, Polish individuals (3) supported by domestic abuse services, and Afghan resettlement families registered across multiple GP practices.
- Local faith and community groups: Lincoln Mosque community leader supported this work by gathering feedback through the questionnaire (17).

What we heard

- High-quality, reliable interpretation was described as essential for confidence and independence when accessing GP services, concerns raised about availability, quality, suitability & consistency.
- There was a strong preference for face-to-face interpretation, particularly for Deaf people and for sensitive or complex appointments.
- Continuity and trust were important, with frequent changes of interpreter described as stressful.
- Digital and text-based options were helpful when accessible and easy to use, but inconsistent practice between GP surgeries created additional barriers.

The difference it made

- Feedback has provided a clearer understanding of how GP interpretation and translation services are experienced in practice. Feedback is being used to inform the procurement and design of GP interpretation and translation services, ensuring future provision is accessible, inclusive and shaped by lived experience.
- Detailed insight was shared with Primary Care, Contracts teams and the service provider to inform collective understanding.
- Engagement findings are informing service improvement discussions and future procurement and mobilisation of GP interpretation and translation services.
- The work reinforced the importance of meeting the Accessible Information Standard, improving consistency across practices, and ensuring services meet a range of communication needs.

Primary Care

Portland Branch Site

Patients registered with Heart of Lincoln Medical Group (HLMG) were invited to share their views on a proposal to close the Portland Branch Site, located on the first floor of Newland Health Centre, 34 Newland, Lincoln LN1 1XP.

This engagement formed part of a public consultation following the practice's application to NHS Lincolnshire Integrated Care Board (ICB) to close the branch site. The proposal was based on several factors, including service sustainability, equity of access and patient usage patterns.

Key reasons for the proposed change included:

- The limited range of services available at the Portland Branch Site, resulting in inequalities compared to other practices.
- The availability of nearby sites with a wider range of services, improved facilities and better accessibility.
- Evidence that most HLMG patients already attend alternative sites for appointments.
- Rising service and utility costs, making the site financially unsustainable.

Our approach

- To understand the impact of the proposed closure of the Portland Branch Site, the practice invited feedback from patients registered at the site to take part in the consultation to inform the ICB's decision-making.
- The practice was supported by the ICB Primary Care Engagement Team, who led the engagement activities, including the communications plan, survey and analysis, to explore impacts on access, quality and patient experience.

Engaging our communities

- Public consultation ran between 11 March and 5 May 2025 to gather feedback from patients registered at Heart of Lincoln Medical Group (HLMG).
- Engagement included:
  - An online and paper survey – 48 responses
  - Three patient engagement events – supported by ICB, practice staff and PPG – despite direct communication attendance was low, only two patients attended the first event.
  - Direct communication with affected patients, including letters and two SMS reminders.

What we heard

- Use of the branch site - most respondents (75%) already used other HLMG sites, with limited recent use of the Portland Branch Site.
- Travel - most patients attended appointments on foot (44%) or by car (38%).
- Impact of closure - views were mixed; some raised concerns about access and transport, while others felt it would have little impact as they already used other sites.
- Future plans - most said they would continue using another HLMG site, with a smaller number considering registering elsewhere or unsure.

The difference it made

- The ICB approved the practice's proposal to close the Portland Branch Site on 24 June 2025 following the public consultation.
- A new triage platform was introduced, improving access to services, reducing call volumes during peak times, and enabling most patient requests to be resolved on the same day.
- Improved signposting to appropriate services, including Pharmacy First, helped increase appointment availability across the practice.
- Accessibility concerns were addressed by offering affected patients the option to register at Brayford Medical Practice, located on the ground floor of the same building.

Primary Care

Stoma, Bowel, Trans-anal & Catheter

Stoma care, trans-anal irrigation (TAI) and catheter services provide essential, ongoing support for people living with long-term and often life-changing health needs.

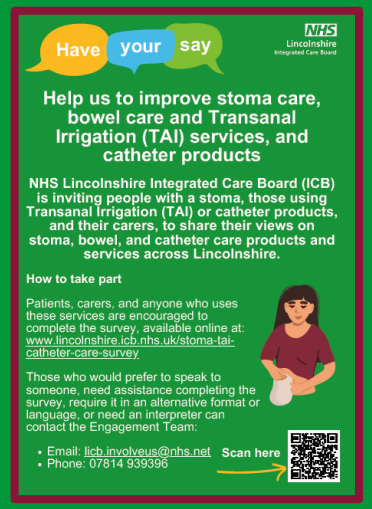
These services play a key role in helping individuals manage their condition safely, comfortably and with dignity, while supporting independence and quality of life.

The aim of the survey was to understand lived experiences of stoma, trans-anal irrigation and catheter care services across Lincolnshire.

In particular, the survey explored experiences relating to:

- access to reviews and specialist support
- ordering and supply of equipment
- dignity, respect and communication
- gaps in care pathways and ongoing support needs

The survey also sought to identify what was working well and where improvements could be made, drawing on feedback from patients, carers, family members and professionals to help inform future service development and improvement.



Our approach

- Produced online survey to capture lived experience
- Produced materials complete with QR codes and survey links – distributed to groups, communities and professionals
- Engagement plan focussed on – seeking views and lived experience on the gaps in provision and suggested improvements.

Engaging our communities

Between December 2025 and February 2026, NHS Lincolnshire ICB ran a countywide survey to capture lived experience of stoma, trans-anal irrigation (TAI) and catheter care services.

- A total of 176 responses from patients, carers, family members and a small number of health and care professionals, with feedback representing all Lincolnshire districts and a broad age range.
- Most responses related to stoma care (90) and catheter care (60), with only 9 focused on TAI.
- The survey was promoted widely through ICB communications, GP practices, hospital clinics, voluntary and community sector partners, social media and newsletters.
- The survey was available online and paper format, ensuring accessibility.

What we heard

- Overall satisfaction was generally high across stoma, catheter and TAI care, particularly where people felt treated with dignity and respect and had access to knowledgeable specialist support.
- Regular reviews were a key gap, with many people reporting they had never received a review.
- Home delivery services were widely used for equipment supply and viewed as working well.
- TAI feedback, while from a small number of respondents, reflected largely positive experiences where specialist input was available, alongside a need for clearer pathways and reviews.
- People said care worked best when support was reliable, easy to access, & enabled independence.
- Common areas for improvement included clearer care pathways, knowing who to contact for advice, and quicker access to support when problems arose, particularly following surgery for stoma care.

The difference it made

- Feedback highlighted where services work well and where improvements are needed, particularly around access to reviews, specialist support and post-discharge care.
- Findings were shared with the Medicines Optimisation team to inform service improvement discussions and help strengthen care pathways and patient experience.
- Insight from the survey will continue to inform future service improvement work, with a focus on clearer pathways, improved access to reviews and specialist support.
- Updates will be shared as this work progresses and improvements are taken forward.

Primary Care

Spilsby Practice

NHS Lincolnshire Integrated Care Board (ICB) undertook engagement with patients from Spilsby Surgery following the temporary closure of the practice due to the removal of Care Quality Commission (CQC) registration.
The closure, which took effect on 30th September, was required to ensure compliance with regulatory requirements and patient safety, while alternative arrangements were put in place to maintain access to primary care services.

The removal of the CQC registration caused significant uncertainty and anxiety for patients, particularly in relation to accessing GP services and prescribed medication. Engagement was prioritised to ensure patient voices were heard while services were stabilised and future arrangements were considered.

Learning from this engagement helped to shape how the ICB approaches involvement during periods of service change, including subsequent work in other areas such as the Cliff Villages. The insight reinforced the importance of early, clear and accessible communication, visible face-to-face engagement, and close working with GP practices, pharmacies and local partners to identify risks and support safe access to care for vulnerable groups when unexpected disruption occurs.

Our approach

- Understand patients' experiences, concerns and priorities following the temporary closure.
- Provide reassurance and practical support – e.g. access to medication, ongoing care was at risk.
- Listen to what mattered most to patients / carers to shape safe and patient-centred decisions.
- Keep patients informed during a period of frequent change, ensuring clear, timely and consistent communication. See FAQs
- Work closely with local leaders, including MPs and councillors, to support information sharing, respond to concerns and help maintain confidence within the community.

Engaging our communities

- Provided in-person engagement support at Lincolnshire Co-op Pharmacy over four days during the temporary closure of Spilsby Surgery.
- Spoke directly with patients collecting urgent medication, offering reassurance and information.
- Help manage demand safely, supporting with practical measures alongside pharmacy staff.
- Worked closely with ICB, pharmacy and GP teams to resolve prescribing issues.
- Organised a public engagement event at Franklin Hall, providing face-to-face updates, addressing questions and offering reassurance. The event was attended by approx. 50 people.

What we heard

- Patients told us that the sudden closure of the practice caused significant anxiety and distress, particularly around access to urgent medication.
- Fear of running out of essential medication for heart conditions, pain relief, and end-of-life care etc.
- Confusion about emergency prescribing / NHS111 advice - was felt to be inconsistent and unclear.
- Poor communication, many patients unaware of the closure until arriving at the surgery or pharmacy.
- Increased anxiety among older patients / those without transport – getting to other services.
- Concerns about queues, waiting times and safety at the pharmacy during a period of high demand.
- Many patients said that direct contact with ICB staff, at the pharmacy or the public engagement event, helped them feel reassured, heard and better informed.

The difference it made

- Face-to-face, on-the-ground engagement allowed ICB staff to provide reassurance, practical support and a listening ear to patients - during a period of high anxiety and uncertainty.
- Patient feedback gave the ICB clear insight into both the practical and emotional impact of sudden practice changes.
- Engagement helped identify groups most at risk, including older people, disabled patients and those without transport, shaping the ICB's response and communications.
- Learning from this work strengthened internal assurance processes and reinforced the importance of visible, in-person engagement during service disruption.

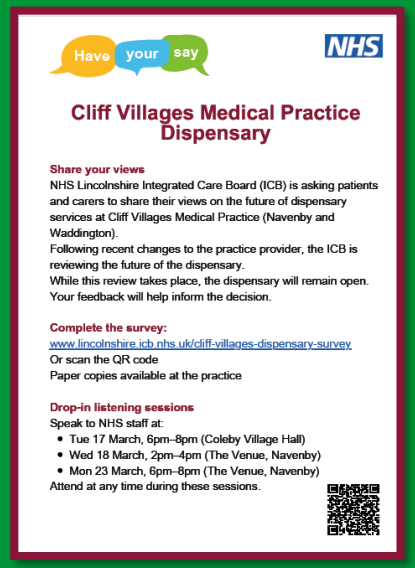
Primary Care

Cliff Villages

On 19 February, NHS Lincolnshire Integrated Care Board (ICB) undertook engagement with patients in the Cliff Villages following the temporary closure of GP services due to the removal of Care Quality Commission (CQC) registration.

The closure was required to ensure regulatory compliance and patient safety, while alternative arrangements were put in place to maintain access to primary care services. Learning from earlier engagement at Spilsby Surgery shaped how this work was approached, with a strong emphasis on early communication, visible face-to-face support, and close working with GP practices, pharmacies and local partners.

Applying this learning helped the ICB respond quickly to patient concerns, support access to urgent care and medication, and ensure that patient voices were heard during a period of uncertainty and change.



Have your say

NHS

Cliff Villages Medical Practice Dispensary

Share your views

NHS Lincolnshire Integrated Care Board (ICB) is asking patients and carers to share their views on the future of dispensary services at Cliff Villages Medical Practice (Navenby and Waddington).

Following recent changes to the practice provider, the ICB is reviewing the future of the dispensary.

While this review takes place, the dispensary will remain open.

Your feedback will help inform the decision.

Complete the survey:

www.lincolnshire.icb.nhs.uk/cliff-villages-dispensary-survey

Or scan the QR code

Paper copies available at the practice

Drop-in listening sessions

Speak to NHS staff at:

- Tue 17 March, 6pm–8pm (Coleby Village Hall)
- Wed 18 March, 2pm–4pm (The Venue, Navenby)
- Mon 23 March, 6pm–8pm (The Venue, Navenby)

Attend at any time during these sessions.

Our approach & engagement

Building on learning from earlier engagement at Spilsby, the ICB delivered targeted, face-to-face engagement and practical support in the Cliff Villages during a period of uncertainty. Engagement activity included:

- In-person engagement support at Pharmacy in Waddington, where ICB staff spoke directly with patients waiting for urgent medication, offering reassurance and information.
- ICB staff attendance at the practice to support both staff and patients during the transition period.
- A public survey running from 9–24 March 2026, which received 334 responses, including 31 responses on paper version - ensuring accessibility for people unable to respond digitally.
- Three listening events (one at Coleby Village Hall and two at The Venue in Navenby), attended by approximately 60 residents, focused on hearing views about the future of dispensary services.
- Use of multiple communication routes, including practice communications, community networks, local stakeholders, social media and ICB channels. See webpage.
- Information-sharing on alternative prescription options, alongside listening to concerns about accessibility, capacity and continuity of care.
- Across the Cliff Villages, engagement focused on listening, reassurance and clear communication, informed by learning from Spilsby to provide visible, on-the-ground support during this time.

What we heard

Patients shared their views through listening events and the public survey. Key themes included:

- Strong appreciation for the dispensary as a personalised and trusted service.
- Convenience and accessibility were highly valued by patients.
- Concerns about parking and mobility at local pharmacies, particularly for older people and those with limited mobility.
- Worries about pharmacy capacity to manage increased demand.
- Frustration about communication, including uncertainty about changes and what they meant for future services.

The difference it made

- Face-to-face, on-the-ground engagement allowed ICB staff to provide reassurance, practical support and a listening ear to patients - during a period of high anxiety and uncertainty.
- Patient feedback gave the ICB clear insight into both the practical and emotional impact of sudden practice changes.
- Engagement helped identify groups most at risk, including older people, disabled patients and those without transport, shaping the ICB's response and communications.
- Learning from this work strengthened internal assurance processes and reinforced the importance of visible, in-person engagement during service disruption.

Primary Care

Patient Participation Groups

Patient Participation Groups (PPGs) continue to play a key role in amplifying the patient voice across Lincolnshire, supporting local engagement and strengthening relationships between GP practices and their communities.

During 2025/26, the ICB continued to support GP practices in meeting their contractual requirement to have an active PPG, with a focus on sustaining involvement, broadening representation and sharing good practice.

Our approach

- Practices and PPGs were supported to recruit and retain members, including exploring ways to engage a broader and more representative range of patients.
- The ICB Primary Care Engagement Manager provided ongoing advice, guidance and support through regular PPG support meetings and one-to-one discussions.
- Some PPGs successfully recruited new and younger members, including sixth-form students, helping broaden perspectives within groups.
- The ICB continued to promote and share the PPG Toolkit, offering practical resources, templates and guidance to support effective engagement, governance and development.

The difference it made

This support helped strengthen and sustain PPG engagement across Lincolnshire by providing practical support, shared learning and clearer routes for patient involvement.

As a result:

- Practice engagement was strengthened, with PPGs better supported to influence local discussion and feedback.
- Inclusive participation improved, with some groups broadening membership and representation.
- Shared learning and confidence were enhanced through locality and countywide Patient Councils, supporting PPGs to raise patient issues effectively.
- Reach of involvement activity increased, with PPGs promoting ICB surveys and engagement opportunities within their local communities.

Primary Care

Patient Participation Groups

Patient Participation Groups (PPGs) across Lincolnshire continued to show strong commitment, creativity and leadership in strengthening patient involvement and supporting links between GP practices and their local communities.

Through their voluntary contribution, PPGs played an important role in amplifying the patient voice, supporting communication, and helping practices respond to local priorities and needs.

Here are some of their achievements throughout 2025/26.

Community engagement and health and wellbeing
Many PPGs organised or supported local health and wellbeing activities, including meet-and-greet sessions, coffee mornings, walking groups, and support focused on dementia and carers. Some groups also supported community transport and car schemes, helping patients access services more easily.

Supporting practice activity and assurance
PPGs supported practices in a range of practical ways, including assisting at COVID-19 and flu vaccination clinics, supporting patient communications, and contributing to Care Quality Commission (CQC) inspections where appropriate. Some groups also led or supported medication amnesty initiatives to promote safe disposal of unused medicines and reduce waste.

Communication and information sharing
Groups strengthened communication by establishing or maintaining Facebook pages, newsletters and practice information boards. PPGs helped promote ICB surveys and NHS campaigns and shared timely updates through local and community networks, improving the reach and visibility of patient information.

Digital support and inclusion
PPGs played an active role in supporting digital inclusion, including helping patients use online consultation tools, the NHS App and self-check-in systems. Some groups organised digital drop-in sessions or informal training to build confidence and improve access to digital services.

Gathering and representing patient feedback
PPGs gathered patient views through feedback sessions, attendance at community groups and informal engagement. This feedback was shared with practices, and through locality and countywide Patient Councils, to inform understanding of patient experience, access and communication.

Reducing missed appointments (DNAs)
Several PPGs worked with practices to support initiatives aimed at reducing missed appointments, including awareness-raising, patient messaging and practical actions to improve attendance and make better use of available appointments.

Raising awareness of patient involvement
Through local promotion and participation in wider engagement activity, PPGs helped increase awareness of patient involvement opportunities, encouraged new members to get involved, and reinforced confidence among patients that their views are listened to and valued.

Primary Care

PPG Patient Council

During 2025/26, the voices of Patient Participation Groups (PPGs) and the patients they represent continued to be heard through the ICB's established programme of bi-monthly Patient Council meetings.

Meetings were held on a rotating basis every two months, alternating between Locality Patient Council meetings and a County-wide Patient Council meeting. This model ensured that both local issues and system-wide priorities were discussed and understood.

Locality Patient Council meetings provided an opportunity for PPGs to share feedback on NHS services within their local area. These meetings were held both online and face-to-face and were attended by PPG representatives from each locality, the Primary Care Engagement Manager, and ICB Quality Leads.

County-wide Patient Council meetings enabled the ICB to share updates on current programmes of work, campaigns and opportunities for involvement, while creating space for PPGs to raise issues and contribute to shaping services at a system level. These meetings were held online and attended by PPG representatives from across Lincolnshire, the Primary Care Engagement Manager, the Associate Director of Nursing and Quality, and other relevant staff.

Our approach

- Patient Council meetings were held on a bi-monthly basis, with a total of three countywide Patient Council meetings and ten Locality Patient Council meetings taking place over a 12-month period.
- From February 2026, an additional evening Locality Patient Council meeting was introduced to improve accessibility and participation for people unable to attend daytime meetings.
- To support two-way communication, Patient Participation Groups (PPGs) continued to use the Locality Patient Council Feedback Form, enabling representatives to capture patient feedback between meetings and record key discussion points. Feedback from PPGs indicated that the form helped provide focus, supported structured discussion, and strengthened the feedback loop.

Working with our PPGs

- Countywide Patient Council meetings enabled ICB teams and partners to share updates and receive patient insight on key areas including dental services, GP access, primary care estates, Pharmacy First, neighbourhood development and emerging national priorities such as the NHS Ten-Year Plan.
- PPG feedback improved understanding of access pressures, workforce and capacity challenges, variation in patient experience, and the impact of estates planning, housing growth and digital systems on access to services.
- PPG Awareness Week was delivered in partnership with PPGs, raising awareness of patient involvement, celebrating contributions and encouraging new representatives to get involved.
- Locality Patient Council meetings across East, West, and South & South-West provided space for PPGs to raise local issues relating to GP access, waiting times, community pharmacy services, diagnostics, digital inclusion and service configuration.
- Locality-specific themes reflected geographical differences, including rural and coastal access challenges in the East, digital triage and continuity of care in the West, and population growth, estates pressure and diagnostic pathways in the South and South-West. Community pharmacy discussions, including
- Pharmacy First, explored how pharmacies could better support patient access through improved awareness and clearer signposting, with feedback shared with communications teams.
- All feedback raised through Patient Council meetings was formally recorded and fed into the ICB, supporting quality assurance processes, service improvement work and decision-making at both locality and system level.

The difference it made

- Feedback and issues raised through Patient Council meetings were reported into ICB Operational Quality Assurance Groups and Primary Care Quality Assurance and Oversight meetings, with any significant concerns escalated to the System Quality and Patient Experience Committee and the Lincolnshire ICB Board.

Health Inequalities

Engagement activities

What are health inequalities?

Health inequalities are **avoidable and unfair differences** in health between different groups of people. They are not random and are largely shaped by circumstances beyond an individual's control.

Health inequalities can include differences in:

- Health outcomes such as life expectancy and long-term conditions
- Access to care including availability and timeliness of services
- Quality and experience of care such as patient experience and satisfaction
- Behavioural / lifestyle factors including smoking, alcohol use, diet, and physical activity
- Wider factors affecting health, such as employment, housing, education, and access to welfare services

Differences in health and wellbeing are often experienced across four main factors:

- Socio-economic factors e.g., income, employment and financial security
- Geography e.g., urban, rural or coastal communities
- Personal characteristics e.g., age, sex, ethnicity, disability
- Socially exclusion, affecting groups such as people experiencing homelessness

In Lincolnshire, health outcomes vary significantly, with considerable gaps between different areas and population groups. Addressing health inequalities is essential to improving fairness, access and outcomes across the county.

What are we doing in Lincolnshire?

NHS Lincolnshire Integrated Care Board has a dedicated health inequalities team working alongside health and social care providers to reduce avoidable health inequalities across Lincolnshire. The team use the NHS England approach Core20PLUS5 for adults and for Core20PLUS5 children and young people.

Focusing on those most at risk of poor health outcomes. This work is delivered in close partnership with Public Health (Lincolnshire County Council) with a shared aim of reducing the gap between the healthiest and the least healthy communities in the county.

The ICB is committed to listening to and involving communities and individuals who experience health inequalities. Dedicated engagement resources support his work ensuring that lived experience and community insight are central to the design and delivery of programmes aimed at improving access, experience and outcomes.
For more information: Reducing health inequalities - Lincolnshire ICB

Missed Children's appointments

Inclusion Health

Weight Management Services

CYP Urgent Care

Digital Inclusion Strategy

SMI - Physical Health Checks

Click on the tiles to go to these examples of involvement within the health inequalities programme of work

Click this symbol to return to this page

Health Inequalities

CYP – Missed children's appointments

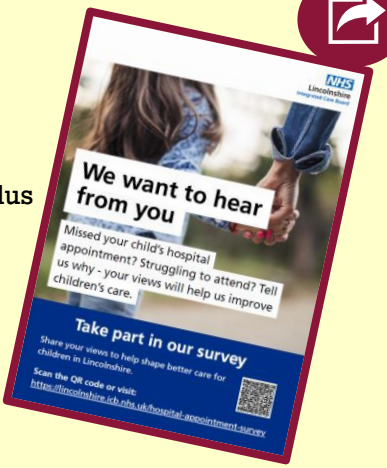
Lincolnshire has some of the highest rates in the country for children and young people missing planned hospital appointments.

We wanted to hear directly from families to understand the barriers that make attending these appointments difficult.

The feedback will help us to work together with Lincolnshire's hospitals to design practical solutions to make hospital visits easier, reduce missed appointments, and improve the experience for everyone.

Our approach

- Produced public survey aimed at parents, carers and young people
- Produced materials complete with QR codes and survey links to promote the engagement activities
- Engagement focussed on engagement with members of the public plus staff – clinical and non-clinical at 2 hospitals; plus staff in education.



Engaging our communities

- Survey open between September and October 2025
- Shared survey online and in community settings
- Posters and leaflets were distributed through schools, GP practices, children's centres, community venues and family hubs.
- We spoke to 14 staff in education and clinical settings & visited hospitals and local community spaces to talk to 10 people / families face-to-face.
- We provided materials in Bulgarian, Lithuanian & Romanian to ensure inclusivity
- Received 196 responses to survey.

What we heard

- Work and school commitments make it hard for parents to attend appointments during the day.
- Poor or unclear communication, including late letters, confusing text messages and language barriers, leads to missed appointments.
- Travel, transport and parking difficulties can make getting to appointments stressful or unaffordable.
- Appointments are often inflexible, with limited options to change times or locations.
- Families are keen to support their child's health, and said attendance would improve with more flexible options such as local clinics, virtual appointments, clearer reminders and accessible information. between services.

The difference it made

- Feedback has been shared with key decision-making groups, including the NHS Lincolnshire ICB Health Inequalities Board and the Children and Young People Was Not Brought (WNB) project group.
- It has directly informed an agreed action plan, focusing on the main issues families told us affect attendance at appointments.
- A dedicated working group is in place, using this feedback to guide and prioritise improvement work.
- The work continues to develop, with regular meetings to monitor progress and support the implementation of changes.

Health Inequalities

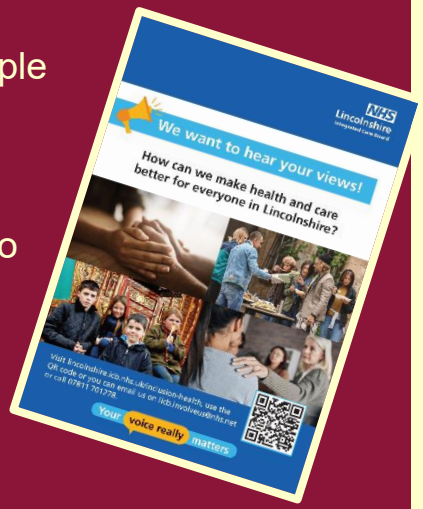
Inclusion Health

We aimed to understand the experiences, barriers and priorities of people from Inclusion Health groups across Lincolnshire, to inform the development and future direction of Inclusion Health work.

Our goal was to ensure that the voices of people who often experience the greatest health inequalities were heard. This included people experiencing homelessness, people who use drug or alcohol services, refugees and asylum seekers, Gypsy, Roma and Traveller communities, and people involved in the criminal justice system.

This involvement work sought to:

- gather insight into how well current health and care services meet people's needs
- identify barriers that prevent people from accessing care
- understand what good and poor experiences look like
- highlight what needs to change to improve access, experience, outcomes and equity
- ensure lived experience directly informs future Inclusion Health priorities and actions



Our approach

- Created a comprehensive engagement plan
- Used different methods to meet the needs of different communities
- Produced materials complete with QR codes and survey link to encourage participation
- Created an online survey and planned community visits.

Engaging our communities

- Between September and October 2025, we carried out a variety of engagement activities.
- Received 73 response to online survey; Respondents included people experiencing homelessness, those using substance support services, ex-offenders, refugees and asylum seekers, Gypsy, Roma and Traveller communities, and people not identifying with an Inclusion Health group - some respondents identified with multiple groups
- Visited 3 organisations who run projects across the county (Lincoln, Boston and Skegness) and spoke to 18 people including those experiencing homelessness, been in prison / currently serving a sentence and people who are refugees, asylum seekers or vulnerable migrants.
- We met with people face-to-face in settings where they already feel supported. Across these settings, we gathered rich, narrative insight into lived experience, challenges and local issues.
- We spoke to staff who provide support to people from Inclusion Health groups.

What we heard

- Access to services varied, but GP, dental and mental health services were consistently the hardest to access. Long waiting times were a common challenge across all groups.
- Many people delayed or avoided seeking help due to previous negative experiences or fear of judgement.
- Barriers included mental health challenges, digital exclusion, transport, cost and language barriers, fear of stigma or discrimination, and difficulty navigating fragmented services
- Poor experiences included feeling rushed or judged, long waits in GP and A&E settings that worsened health, and poor communication, fragmented care, digital-only pathways and lack of interpretation.
- What worked best was kind, patient staff who listened, alongside consistent, face-to-face care and outreach or support workers helping people access and attend appointments.

The difference it made

- Feedback has shaped our Inclusion Health approach & continues to inform work across the system.
- Insights were presented to the Inclusion Health Oversight Group to help shape priorities and strategic direction.
- Findings were shared with health and care partners to improve awareness and understanding.
- This work is ongoing, with feedback continuing to drive improvement.

Health Inequalities

Weight Management Services

Lincolnshire has a higher rate of overweight and obesity (67.6%) than the national average (63.5%) making improved support for weight management a priority for 2025/26.

NHS Lincolnshire Integrated Care Board (ICB) is developing a Tier 3 Specialist Weight Management Service, alongside strengthening existing support offers.

Tier 3 services provide specialist support for people who need more intensive help, bringing together doctors, dietitians and lifestyle specialists to support safe and sustainable weight loss when other approaches have not been effective.

Engagement was undertaken to ensure that the voices of local people were central to the design of future services. Our aim was to understand people's experiences, needs and expectations, so that weight management services in Lincolnshire are shaped around what matters most to those who use them.

Our approach

- Created a comprehensive engagement plan
- Used different methods to meet the needs of different communities
- Produced materials complete with QR codes and survey link to encourage participation
- Created an online survey and invited people to join patient engagement group which met once and will continue into 2025/26.

Engaging our communities

- The survey ran Between March and April 2025 to gather views on the proposed Tier 3 Specialist Weight Management Service, with over 200 responses received.
- People were invited to join a patient engagement group, offering ongoing involvement in shaping the service and supporting co-production in Phase 2.
- Engagement was promoted through the ICB Engagement Bulletin, reaching 10,000+ stakeholders.
- Facebook posts reached 13,323 people, generating 177 clicks to the survey.
- A dedicated engagement webpage directed people to key information and the online survey.
- Community groups, healthcare professionals and voluntary organisations supported wider promotion of the survey.

What we heard

- Awareness was low, with many people unaware of Tier 3 Specialist Weight Management Services or having never accessed them.
- Distance and cost were the biggest barriers to accessing support.
- People felt that psychological support and access to medication would make the greatest difference to achieving and sustaining weight loss.
- Improved health and personal wellbeing were the main motivators for seeking support.
- Many respondents said they would welcome support, with a significant proportion open to weight-loss medication or injections.

The difference it made

- Feedback from this engagement helped to inform the development of Lincolnshire's Tier 3 Specialist Weight Management Service.
- Insight has helped clarify what people value most, where current barriers exist, and what support is most likely to make a meaningful difference, ensuring lived experience is embedded in service design.
- The co-production group continues to meet to support and will help shape Phase 2 of this work.
- The feedback has shaped the local design and will continue to inform the implementation of a community-based Tier 3 Weight Management Service, ensuring it reflects local need and improves access to appropriate support.

Health Inequalities

Urgent Care - Children

We sought to better understand how children and young people, and their parents and carers, experience accessing Accident & Emergency (A&E) and Urgent Treatment Centres (UTCs) across Lincolnshire.

This engagement supported the Urgent and Emergency Care (UEC) Programme, with a particular focus on health inequalities. The work centred on families living in the 20% most deprived areas and those with children aged 0–5 years, where local data shows higher use of urgent and emergency services.

By hearing directly from parents and carers, we aimed to understand:

- Why families choose to attend A&E or UTCs
- What factors influence those decisions
- Whether alternative support could help manage children's health closer to home.

Our approach

- Created a comprehensive engagement plan
- Used existing partner's networks to enhance the distribution
- Produced materials complete with QR codes and survey link to encourage participation
- Created an online survey and invited people to join patient engagement group.

Engaging our communities

- An online survey was delivered between November 2025 and January 2026, targeting parents and carers whose children had attended A&E or an Urgent Treatment Centre in the previous 12 months.
- 92 survey responses were received, with 98% from parents or carers. Most respondents had children aged over five.
- The survey was promoted through a wide range of channels, including community and stakeholder networks, ULTH internal communications (posters and TV screens), ICB and ULTH websites and social media, The Contributor bulletin, Patient Participation Groups (PPGs), primary care bulletins, GP practice networks, Lincolnshire Resilience Forum partners, and the Nextdoor app.
- To support accessibility, the survey was made available through online links, QR codes on posters and leaflets, and included contact details for support or alternative formats.

What we heard

- Most families had attended A&E or a UTC in the past 12 months, usually for a single issue rather than multiple concerns.
- Attendance was most often triggered by symptoms feeling urgent or severe, or from NHS111 advice.
- Most respondents achieved their desired outcome without needing further treatment.
- Many parents contacted NHS111, but few accessed GP support before attending urgent care.
- Many parents felt their visit was unavoidable but said better GP and out-of-hours access, clearer advice on where to go when a child becomes unwell, could help reduce future attendance.

The difference it made

- Provided clear insight into why families attend A&E and UTCs and where changes could help reduce avoidable attendance.
- Findings were shared with the Urgent and Emergency Care (UEC) Programme to inform planning.
- Feedback will shape future discussions on GP and out-of-hours access, decision-making support for families, and addressing inequalities for more deprived communities.
- Learning from this activity has informed the next phase of engagement which will include increased face-to-face activity and community outreach. Findings will continue to support the UEC Programme.

Health Inequalities

Digital inclusion strategy

Digital access plays an increasingly important role in how people access health and care services. However, not everyone is able to use or wants to use digital tools such as websites, apps or online booking systems. For some people, digital access can create new barriers rather than improving access.

To help address this, NHS Lincolnshire ICB worked with partners across the Integrated Care System to develop a Lincolnshire Health and Care Digital Inclusion Strategy (2024–2027).

Engagement focused on understanding the experiences of people most at risk of digital exclusion, ensuring their needs shape how services are designed and delivered.

Engagement aimed to:

- understand how people currently access services
- identify barriers linked to access, confidence, skills, trust and safety
- understand where people want digital support, and where non-digital options must remain
- shape a strategy that improves access without excluding people who cannot or do not want to engage digitally.

Our approach

- Our approach was to engage with people directly who are digitally excluded or at risk of exclusion, and to understand the real-life challenges they face when trying to access health and care services.
- A mix of survey activity and face-to-face community outreach was used to ensure participation from people who may not usually engage online.

Engaging our communities

- Engagement took place between 21 April and 9 May 2025, and 66 completed the survey.
- We spoke with people most at risk of digital exclusion, including older adults, people on low incomes, people experiencing homelessness, rural and coastal communities, people with long-term conditions or sensory loss, and migrant and refugee groups.
- Activity included community visits, coffee mornings and group sessions, working with voluntary, faith and community organisations, targeted workplace outreach, and an accessible survey with translated versions.
- This approach ensured we reached people often missed by digital-only consultation methods.

What we heard

- Digital access is not just about devices. Many people lacked confidence, skills or trust.
- Some people actively choose not to use digital services and value phone or face-to-face contact.
- Connectivity, affordability and usability were significant barriers, particularly in rural / coastal areas.
- People with sensory loss, dementia or low literacy found digital systems hard to navigate.
- Concerns about trust and digital safety were common, particularly scams, passwords & data security.
- Many people valued digital services for simple tasks (such as prescriptions) but still wanted non-digital options for appointments and communication.
- Support was most welcome when provided locally, face-to-face and through trusted community settings, rather than formal training courses.

The difference it made

- Engagement insight directly informed the development of the Lincolnshire Health and Care Digital Inclusion Strategy 2024–2027.
- Findings strengthened the strategy's focus on choice, ensuring digital access improves services without replacing non-digital routes.
- Feedback reinforced the need for community-based digital support.
- Insight informed priorities around access to devices, data, connectivity, skills, trust and accessibility, rather than a one-size-fits-all approach.
- Learning was shared across system partners to support more inclusive service design and communication.

Health Inequalities

Physical Health Checks - SMI

People living with Severe Mental Illness (SMI) experience significantly poorer physical health outcomes and reduced life expectancy. These risks are further compounded for people who also experience homelessness, alcohol or substance use, and social exclusion.

NHS Lincolnshire ICB undertook targeted engagement to better understand the barriers preventing some of the most marginalised groups from accessing annual SMI physical health checks, with the aim of improving equity, access and health outcomes.

Engagement focused on:

- understanding why eligible individuals are not accessing SMI health checks
- identifying practical, cultural, and system barriers to access
- co producing recommendations for reasonable adjustments and alternative models of delivery, rather than expecting people to fit existing systems.

Our approach

- Listened directly to people with lived experience and frontline staff, particularly those supporting people who are often excluded from traditional healthcare pathways.
- The work took place between February and May 2025, using flexible and supportive ways of listening that were shaped around what people needed and felt comfortable with.

Engaging our communities

Engagement was delivered through trusted community settings and services that already support people with complex needs, including people experiencing homelessness and those affected by substance use.

- Direct engagement with 9 people with lived experience, alongside support staff
- Engagement with frontline workers across housing, health, recovery and outreach services
- Visits to services such as Project Compass, Lincolnshire Recovery Partnership, Medlock House, Recovery College, and councils' homelessness and rough sleeper teams
- Conversations with GPs and NHS teams already delivering outreach health support

This approach enabled honest conversations with people who do not routinely use GP services.

What we heard

- Low awareness of right to SMI physical health checks among individuals and some professionals
- Significant access barriers, including digital exclusion, lack of phones / charging, difficulty with early morning appointments, transport issues, and lack of hygiene facilities
- Fear, mistrust and stigma were widespread, including fear of being sectioned, judged, or dismissed
- Many people prioritised crisis care (e.g. A&E) over preventative GP based care
- Individuals felt more comfortable engaging in trusted, familiar environments, often with a single known professional
- Physical health checks were already occurring in some services, but data was not routinely shared, leading to duplication and missed prevention opportunities
- There is a hidden cohort of people with suspected SMI who remain undiagnosed, despite being open to support if delivered differently.

The difference it made

- Engagement highlighted the need to move beyond a GP-only model for SMI health checks, with checks delivered in trusted community settings using existing support relationships.
- Learning demonstrated the value of the Holistic Health for the Homeless (HHH) model, with potential for wider adoption.
- Recommendations focused on better data sharing, expanded roles for trusted professionals, and reducing duplication of assessments.
- Findings were reported into the SMI Physical Health Programme, informing future service design.
- Further work will explore alternative delivery models, including expanded outreach roles and improved data sharing with GP systems.

Community Development

Listening to communities

People and communities are at the heart of everything the ICB does. Working with people and communities is crucial to creating a health and care services that are personalised, responsive and work for everyone. The ICB aims to involve people from a wide range of backgrounds, including different places, cultures, nationalities, ages, and genders.

By being visible and accessible across all parts of the county, the ICB enables people to share their concerns, ideas, and feedback directly. This face-to-face engagement helps build trust and strengthens relationships with local communities.

Maintaining existing relationships is as important as forming new ones, helping communities feel supported over time and allowing the ICB to build on previous learning and address ongoing needs effectively.

The engagement team also prioritises building connections with underrepresented communities including schools, young people and communities who may not routinely engage with health services. Reaching these groups ensures a wider range of voices are heard and reflected in decision-making, supporting a more inclusive and equitable health and care system.

Making connections

Stay connected

See the difference

Digital Outreach for Community Connection

Armed Forces

International Student Day

Primary Care Outreach

ICB Involvement bulletin

Community Reporting

A day in the life of an ICB involvement manager

Campus for Future Living

Click on the tiles to go to more examples of involvement within specific projects and programmes

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Community Development

Armed Forces

As part of this work, NHS Lincolnshire ICB co-hosted the second Armed Forces & NHS Lincolnshire Symposium on 3 June 2025, held at RAF College Cranwell. The event brought together around 60 NHS staff, Armed Forces representatives and voluntary sector partners, building on the success of the inaugural symposium in 2024.

The symposium showcased joint work between the NHS, Defence Medical Services, primary care and voluntary organisations, highlighting what is working well locally and where further improvement is needed.
Particular focus was given to:

- improving access for Armed Forces families
- strengthening links between Defence Medical Services and local GP practices
- supporting people transitioning from military to civilian healthcare

Keynote speakers welcomed the progress made in Lincolnshire while emphasising the need for clearer information and better navigation for those leaving the Armed Forces. The event reinforced the importance of regular dialogue, shared learning and trusted relationships.

Feedback from the symposium was shared within the ICB, system partners and primary care, informing ongoing community development work and helping shape practical next steps. The event demonstrated Lincolnshire's distinctive and mature partnership with the Armed Forces and reinforced a shared commitment to improving care and support for serving personnel, veterans and their families.

"I was delighted we were able to follow-up last year's inaugural event with another to showcase the work the NHS and the Armed Forces are doing together in Lincolnshire for the benefit of both serving and former personnel. I am very grateful to Gp Captain Elaine Rutland for co-sponsoring this event and for the Commandant for hosting us so generously in the magnificent surrounds of RAF College, RAF Cranwell," comments John Turner, Chief Executive, NHS Lincolnshire Integrated Care Board

"I get the sense that what we are doing in Lincolnshire is quite unique, I don't think anyone else has the same kind of relationship we have with our local Armed Forces colleagues, and this is backed up by what I heard at the symposium around the partnership between the NHS and the Armed Forces making positive strides in Lincolnshire. I am convinced our joint work will continue to make significant steps forward."

"I was delighted we were able to host the Armed Forces & NHS Lincolnshire Symposium again this year. Lincolnshire has a significant history with the Armed Forces going back many years and with that a substantial number of both serving and former personnel living and working in the county, so the work we are doing together is imperative."

"It was fantastic to see so many relevant people and organisations represented at the symposium, all there with a joint desire to do everything possible to improve health and health outcomes for all of our people, whether serving now or who have previously served. I think we have laid some strong foundations with the work done to-date and I look forward to our partnership with the NHS continuing." Comments from Gp Captain Rutland.

Community Development

Campus for future living

Members of the ICB attended the Campus for Future Living Open Day in Mablethorpe in June, celebrating the official launch of a landmark development for the area.

The event welcomed over 400 local residents, partners and stakeholders, showcasing a vibrant new space designed to support health, wellbeing, skills and innovation across the region.

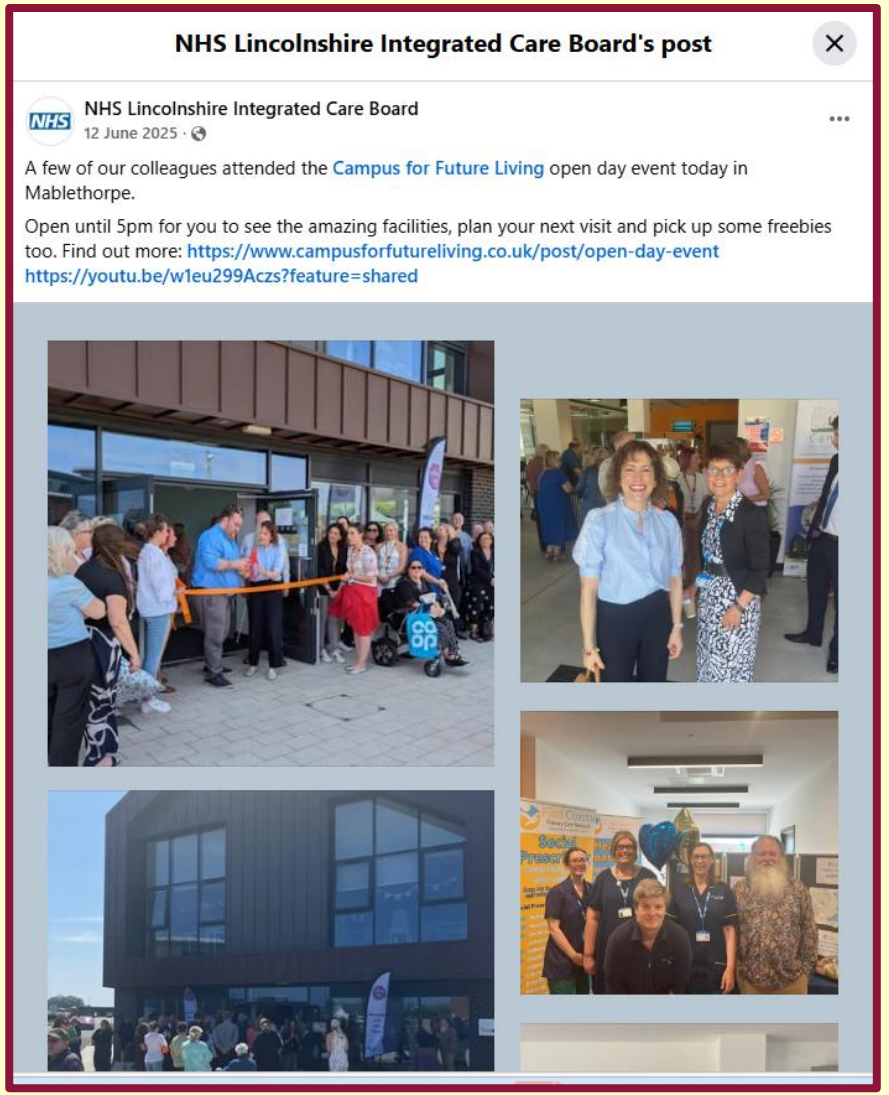
The Campus is a major multi million-pound investment owned by East Lindsey District Council and operated by Acis Group. It was delivered with support from a range of partners, including health and care system partners such as the ICB.

Funded through £8.6m Towns Fund investment, the facility provides modern flexible spaces including training rooms, consultation areas and a community café designed to support collaboration and community use.

The launch event had a strong sense of celebration and community pride, with a wide range of partner stalls and interactive activities. Residents were able to explore local services, take part in health and wellbeing activities and engage directly with organisations supporting the community.

The Campus was formally opened by local MP Victoria Atkins alongside local representatives, marking an important milestone for Mablethorpe and the wider coastal community.

Attendance provided an opportunity to celebrate a successful partnership led development and to see first hand the strong community engagement and positive impact of the Campus in action.



Community Development

Primary Care Outreach

The Primary Care Communication and Engagement team attended a range of events throughout the year to represent the ICB and support engagement across primary care networks.

Through information stands at community and partnership events, the team promoted primary care services, wider NHS-funded services, the engagement bulletin, and live ICB and partner surveys.

Engagement took place across Louth, Coningsby, Navenby, Minting, Spalding and Boston with conversation held with people from local communities.

These events provided valuable opportunities to engage directly with residents, partners and stakeholders, raise awareness of local services and support involvement in shaping health provision. They also enabled meaningful networking with community organisations, health and care providers, voluntary sector partners and local authority colleagues.

Across all events, the team encouraged conversation and feedback through live surveys and promoted ongoing engagement opportunities across the system.

A key focus across all events was supporting people to access the right services at the right time and make informed use of NHS services. This included raising awareness of urgent dental appointments, enhanced GP access, community pharmacy services (including Pharmacy First and blood pressure checks), contraception and emergency contraception, and digital tools such as the NHS App and the WaitLess app.

Information was also provided in multiple languages to support accessibility and inclusion.

Pictures of the ICB Primary Care Engagement Manager, out in the community.

Community Development

International Student Welcome Event

The Engagement Team attended the International Student Welcome Event on 29 January at the University of Lincoln, providing a targeted opportunity to engage directly with international students who may be less familiar with the NHS and how to access services.

The session supported wider system priorities around reducing inequalities in access to healthcare and encouraging early GP registration.

Through direct engagement with around 50 international students, the team shared practical information about accessing local health services and appropriate use of NHS services.

Outcomes of the day

- A key focus was GP registration. Students were asked whether they were registered with a GP and, where not, were supported and signposted to an on-site registration area. A significant number of students registered with a GP during the event, demonstrating the value of providing immediate, practical support to reduce access barriers.
- Students were also invited to sign up to the NHS Lincolnshire ICB engagement bulletin, helping increase awareness of future involvement opportunities and how they can shape local services.
- Information packs and goodie bags supported conversations and reinforced key messages for students to take away.
- The event also enabled engagement with healthcare providers and community partners, strengthening relationships and supporting a more joined-up approach to working with international student communities.
- Overall, the activity improved awareness of local health services, supported timely GP registration, and contributed to more equitable access to NHS care.

Community Development

International Student Wellbeing Event

Following initial engagement with LEAN (Lincoln Embracing All Nations) at the University of Lincoln International Student Wellbeing event, the Health Inequalities Engagement Manager worked in partnership to deliver on-site health checks for people attending LEAN English language sessions, which are typically attended by 40–50 people.

Many attendees were non-English speakers attending English language sessions, with translators available to support communication.

The session was attended by NHS Lincolnshire ICB engagement colleagues, Neighbourhood Team Care Coordinators and practice nurses from Portland Medical Practice.

Outcomes of the day

- All attendees were offered blood pressure and weight checks, with results recorded directly on clinical systems for those registered at the practice.
- Several high blood pressure readings were identified and appropriate follow-up arranged. Insight was also gathered on vaccinations, including myths and concerns, helping inform future engagement and health promotion activity.
- The session was highly successful, and plans are in place to develop this into a monthly provision, strengthening partnership working and improving access to preventative healthcare within the community.

Health Inequalities

Community listening

The Our Shared Agreement (OSA) Community Listening programme was developed to strengthen relationships between people and the health and care system in Lincolnshire by putting listening, lived experience and human connection at the heart of change.

The approach recognises that meaningful improvement happens through everyday conversations in which people feel heard, respected and valued, rather than through formal consultation alone.

The programme was co-produced throughout, supported by the OSA Steering Group and a dedicated Community Listeners co-production group, ensuring people with lived experience and professionals jointly shaped the approach, materials and priorities.

Listeners were supported through briefing sessions, guidance and practical resources, building confidence and capability while maintaining a non-formal, human approach to listening.

Our approach

- The role of involvement was to embed community-based, relational listening as a core practice across the system.
- A network of Community Listeners was established to have informal, respectful conversations with residents about their experiences of health, care and wellbeing.

Engaging our communities

The Community Listening model enabled engagement in real-life settings, including community groups, events, workplaces and pop-in sessions, rather than only organisational or NHS venues.
Key activity included:

- 15 open Listener Briefing sessions
- Recruitment and support of 35 Community Listeners
- Delivery of 4 Listener Pop-In sessions
- Listening in community spaces and everyday settings across Lincolnshire

To date, Community Listeners have gathered 47 individual stories and 5 group-based stories, capturing rich insight into people's lived experiences.

What we heard

Early thematic analysis of listener stories highlights that what matters most to people includes:

- Being treated as a whole person and feeling genuinely listened to
- Compassion, kindness and trust in relationships with services
- Timely access to diagnostics and care
- Feeling supported as carers and family members
- Better coordination and communication between services
- Strong community and social support
- Support for prevention, self-care and emotional wellbeing
- The emotional impact of navigating health and care systems

These insights are continuing to be analysed through People's Stories Panels and other mixed-methods approaches.

The difference it made

- Informal, relationship-based listening builds trust, enabling people to share experiences often missed by surveys or structured engagement.
- Listener stories provide insight into the emotional and everyday realities of using health and care services.
- Community listening is reinforced as a core practice for cultural and behavioural change.
- The work highlights the importance of clear feedback loops, so listeners can see how stories are used and the difference they make.
- Continue co-production and recruitment, including inviting organisations to become Listening Partners. Raise awareness of listener stories and their impact

A week in the life of …. The ICB involvement team

A WEEK IN THE LIFE OF OUR HEALTH INEQUALITIES ENGAGEMENT MANAGER …. This week was about being out there — listening, learning and making sure that the Inclusion Health Strategy is shaped by real people, not just words on a page.

Monday

It began on the road, heading to Boston North Sea Camp, and I found myself thinking about the responsibility that comes with listening to experiences that are so often unheard. Arriving on site was a reminder of the different worlds people live in. Security checks, no smart devices, waiting to be escorted — all necessary, but grounding. In the family centre, conversations were heavy with experience. People spoke openly about their lives, their families and their interactions with health and care services. I left feeling reflective, carrying those voices with me, knowing they must shape what we do next.

Tuesday

The next day took me to Lincoln, working with the Probation EPOP group. People spoke honestly — sometimes painfully — about their experiences. That openness felt like a privilege. During that session, one person agreed to share their story more widely. We spent time together preparing for that — sitting side by side at a computer, working through nerves, deciding how they wanted to tell their story. Later, they stood in front of around 40 Health Inequalities Champions and shared it. The room was silent. People were listening, reflecting, clearly moved. I felt proud — not just of that individual, but of what can happen when someone is supported to find their voice and speak in a space where change is possible. It was a strong reminder that this work isn't just about gathering insight; it's about creating opportunities for lived experience to influence decisions.

Mid-week

Between visits, there were quieter moments — driving, writing up notes, pulling together themes. Those moments matter. It's where stories begin to connect, patterns emerge and I can make sure nothing shared is rushed past or lost. Listening doesn't end when the conversation does; it continues in how we honour what people have trusted us with.

Thursday

Later in the week, I travelled to Skegness to spend time with people seeking asylum. I wasn't sure what to expect, but the warmth in the room was immediate. Language differences didn't stop connection. We shared lunch, which became one of the most important parts of the day. Sitting together broke down barriers in ways no formal session ever could.

People spoke about uncertainty, but also resilience and hope. I left feeling a mix of empathy and admiration. It reminded me how much small, human moments matter when people feel safe, welcome and heard.

Friday

By the end of the week, one thing was clear: people want to be listened to, valued and involved. Across every setting — prisons, probation, community spaces — that message stayed the same.

I finished the week tired, but grounded and motivated. This work isn't always easy, and it doesn't always come with quick answers. But it matters. It's about building trust, amplifying voices and ensuring services are shaped by the people they exist to serve.

Community Development

Digital engagement

The ICB supports the use of social media as a positive communication channel to provide members of the public, partners, and other stakeholders with information about what we do and the services we commission.

We use social media to offer opportunities for genuine, open, honest, and transparent engagement with stakeholders, giving them a chance to participate and influence decision-making. Through social media, we can listen and have conversations with a wide and diverse range of people, especially within communities.

It not only allows us to make announcements such as health news, service information, and upcoming events, but it also enables people to respond to our posts, encouraging two-way conversation and feedback. This helps improve the ongoing development of our services and informs, engages, educates, and inspires our local communities.

One of our key communication tools, often a first port of call for the public, is the ICB website. We continuously review and develop our online presence to ensure that people can easily access information about the ICB, our system partners and programmes, latest news, events, engagement opportunities, and the services available.

Between the 1st April 2025 and 31st March 2026 we had **163K active users/visitors** and **731K page views** on our **website**. The most popular entrance to our site was via our **homepage** and our most popular pages were our pharmacies page and page about weight loss medicine.

The **ICB social media** channels saw an **increase in reach, engagement, and new followers in this period**. **Our posts reached over 2M people**, with an **engagements rate of 3.28%**. The ICB **gained 2,051 new followers** across our social platforms.

Community Development

Digital engagement

In 2025/26 we have continued to use the social media platform Nextdoor, to share information and engage with local communities across Lincolnshire.

The platform was used to:

- Publish live surveys and questionnaires
- Share urgent health messages
- Promote health campaigns
- Publicise GP listening clinics and consultations
- Share information about flu and COVID vaccinations
- Highlight bank holiday pharmacy opening times
- Promote public health messages and events

During the year, we promoted **34 engagement activities** reaching **135,839 members across 98 posts with a total of 342,771 impressions**. Our most viewed post was the GP Strategy engagement, which achieved **9,769 impressions.**

Nextdoor allows us to reach people more directly than traditional channels by targeting specific areas and neighbourhoods, making it particularly effective for promoting consultations and local events and supporting timely, place-based engagement.

Community Development

ICB Engagement Bulletin

The Contributor is a fortnightly newsletter that is produced and distributed by the Integrated Care Board (ICB) to over 11,000 contacts.

The primary purpose of **The Contributor** is to advertise involvement opportunities within the NHS, such as surveys, latest news and community events.

It is shared in collaboration with Lincolnshire Partnership NHS Foundation Trust (LPFT), Lincolnshire Community Health Services (LCHS), and United Lincolnshire Teaching Hospital (ULTH) to broaden its reach across their networks.

It features engagement activity from partners other organisations such as Healthwatch, Lincolnshire County Council, and voluntary and community organisations, helping to encourage wider participation across the system.

This newsletter support community engagement by encouraging people to get involved in projects and opportunities that contribute to improving health and social care services.

CURRENT ENGAGEMENT ACTIVITY

Current engagement projects

This section of the report highlights the ongoing engagement projects initiated in 2025/26.

Whilst some of the projects have made substantial progress and others only just starting, the full impact of these engagement activities will not be realised until later in 2026/27.

This section provides an overview of the projects, their objectives, and the anticipated outcomes, reflecting our commitment to continuous improvement and active community involvement.

Primary care – advice & guidance

ADHD strategy

CHC – transitioning from CYP to adults

Psycho-oncology

CYP continence services

Wheelchair services

Click on the tiles to go to more examples of involvement within specific projects and programmes

Click this symbol to return to this page

Primary Care

Advice and guidance

We launched two Advice and Guidance (A&G) surveys as part of ongoing engagement to support improvements across primary care: one for primary care staff and one for patients. The staff survey focuses on understanding experience of using A&G in practice, while the patient survey captures views on patient experience and understanding of the A&G process. Both surveys are anonymous to support open and honest feedback.

GP practices, Patient Participation Groups and our key partners and stakeholder have supported promotion of the patient survey through waiting areas, practice websites and local communication channels. Feedback from both surveys will be used to improve understanding of what is working well and where improvements can be made to strengthen the effectiveness of A&G services, with learning informing further work into 2026/27.

Public & Patient participation

ADHD strategy

There is a strong national focus on improving how Attention Deficit Hyperactivity Disorder (ADHD) is recognised, understood and supported. In Lincolnshire, NHS Lincolnshire Integrated Care Board (ICB) aims to align with this ambition while developing an approach that is shaped by the experiences, needs and priorities of local communities.

To support the development of a Lincolnshire ADHD strategy, the ICB is seeking feedback from people with ADHD, those waiting for assessment, families and carers, professionals working across local services, and wider staff and stakeholders with an interest in ADHD support.

This engagement will help us understand how national priorities can be applied locally, what matters most to people, families and professionals, where gaps or barriers exist, and what opportunities could shape ADHD support in Lincolnshire over the next five years. It will also support stronger partnership working across organisations, helping improve how ADHD services and pathways are planned and delivered.

Public & Patient Participation

CYP continence service

NHS Lincolnshire Integrated Care Board (ICB) has begun planning and scoping engagement to gather views on the future delivery of children and young people's specialist continence services in Lincolnshire.

This work is taking place in the context of planned service changes, following the decision that Lincolnshire County Council will continue to provide Tier 1 continence support (advice, guidance and signposting for daytime and night-time wetting and bowel concerns), but will no longer deliver Tier 2 specialist continence services from 1 January 2026.

Tier 2 services currently include specialist bladder and bowel assessments, scans, advice and interventions. Interim arrangements will remain in place for selected elements of the service while future provision is developed.

The planned engagement will support the re-procurement of a new provider to deliver Tier 2 specialist continence services, with the intention that a new service model is in place by July 2026.

As part of the preparation phase, we plan to seek views on what is working well, where improvements are needed, and what families, children and young people feel a future service should look like.

Feedback gathered through this engagement will be used to help shape the future model of care, ensuring services are responsive, accessible and meet the needs of children, young people and their families.

Public & Patient participation

Wheelchair services

The ICB Quality Team asked the engagement team to gather feedback on experiences of wheelchair services across Lincolnshire. Wheelchair services in Lincolnshire are currently provided by Millbrook Healthcare, who have been the appointed NHS wheelchair service provider for six months, supporting residents who are registered with a GP practice within the NHS Lincolnshire ICB area. The service includes clinical assessments, specialist seating, delivery, repairs, maintenance and the collection of equipment when no longer required.

Our approach - the engagement aimed to ensure that the views of people using wheelchair services, alongside carers and staff, informed quality oversight and ongoing service improvement.

Engagement activity launched on 16 February 2026 and is due to close on 20 April 2026. A survey was developed to gather feedback, alongside opportunities for people to attend relevant community groups or speak directly with the Engagement Team to share their experiences in person.

The objectives of the engagement are to:

- understand what is working well within the current wheelchair service
- identify where improvements are needed
- explore what an ideal wheelchair service should look like
- understand whether additional information, training or education would benefit users and carers

Findings from the engagement will be:

- presented to the ICB Quality Team
- included within the Lincolnshire Voices Report
- escalated through relevant contract and quality assurance meetings

This feedback will support ongoing monitoring of the service and inform actions to improve the quality, effectiveness and user experience of wheelchair services across Lincolnshire.

Public & Patient Participation

Psycho-Oncology

NHS Lincolnshire Integrated Care Board (ICB) was asked by LACE (Lincolnshire's Academy Centre of Excellence) to support and ensure effective public and patient involvement in the review of psycho-oncology services across Lincolnshire.

The review focuses on ensuring services meet the emotional and psychological needs of people affected by cancer, and that support is evidence-based, equitable, accessible and appropriate. Insight has been gathered from people with lived experience of cancer, carers and families, staff across the pathway, and key system partners.

Our objectives are to capture lived-experience insight, understand what is working well and what needs improving, identify gaps and opportunities for earlier intervention, and encourage meaningful involvement through sharing experiences and patient stories.

Engagement began in February and included reviewing existing insight, running public and staff surveys, holding community conversations with cancer support groups, and undertaking one-to-one interviews. Activity has been supported through newsletters, social media and partner networks.

Findings are being embedded into the commissioning process and are informing Expert Reference Group workshops – run by LACE - and service recommendations. The engagement team continues to support delivery and action planning, with updates published on the ICB website to maintain transparency and continually feedback.

Public & Patient participation

Transitioning from children and younger people to adult care (CHC)

During 2026/27, the ICB will be undertaking engagement with children and young people receiving Continuing Healthcare, and their parents, families and carers, to explore experiences of the transition from children's services to adult services.

Planning and scoping for this engagement has already commenced, with early work focused on identifying key stakeholders, approach and priorities for involvement.

The aim is to understand what works well, where challenges exist, and how transition planning and support can be improved to better meet the needs of young people and families.

Feedback gathered through this work will be shared with the Continuing Healthcare Team and used to inform improvements to transition pathways, communication and support, helping shape future service delivery.

A big thank you!

2025/26 has been a year of listening, learning and working together with people and communities across Lincolnshire.

The engagement and involvement activities featured in this report reflect the strength of those partnerships and the difference that meaningful involvement can make. By taking the time to share experiences, ideas and feedback, people have helped shape services that are more responsive, inclusive and grounded in real lives.

As we move forward, we remain committed to building on this work — strengthening relationships, learning from what we hear, and continuing to involve people and communities as equal partners in shaping health and care services.

We would like to sincerely thank everyone who contributed their time, insight and voice to support the NHS over the past year.

NHS Lincolnshire ICB Involvement Team

April 2025 – March 2026