

# People and Communities Involvement Report 2024-25



**Lincolnshire**  
Integrated Care Board

April 2025



# Foreword

Welcome to the 2024/25 Annual People and Communities Involvement Report for the Lincolnshire Integrated Care Board (ICB). This report summarises the diverse range of involvement activities undertaken throughout the year, highlighting the significant impact of community voices on the design and delivery of healthcare services in Lincolnshire.

Fundamental to our approach is the belief that hearing from people and communities can truly transform how services are designed and delivered. By actively engaging with patients, carers, representatives and the wider public, we ensure that our healthcare system is responsive, inclusive, and aligned with the needs of those it serves.

This year's report focuses on the various involvement activities carried out, showcasing the breadth and depth of the ICB's engagement efforts and the difference it has made. It also emphasises the importance of involving people in decision-making processes, illustrating how their insights and experiences contribute to better health outcomes and more effective service provision.

We invite you to explore the report and discover how people's and communities' feedback has shaped the projects and service delivery, driving improvements and fostering a healthcare environment that values and prioritises the voices of its community.

Thank you  
ICB Engagement Team

# Introduction

Throughout the report we have demonstrated how Lincolnshire Integrated Care Board (ICB) has met our statutory duties for involvement and are delivering our [Lincolnshire People and Communities Strategy](#)

The NHS Constitution sets out a clear message that the NHS should put patients and the public at the heart of everything it does – this annual involvement report explains how we have fulfilled our public involvement duty and gives an outline of how we work with people and communities and involve people in our decision making.

When we describe 'Our People and Communities in Lincolnshire', we mean our:

- 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 numerous examples of the engagement and involvement activities that took place during the year 2024-25.

The report demonstrates the reasons behind the Integrated Care Board's (ICB) efforts to engage with people and communities, highlighting the positive impact these initiatives have had.

By showcasing these activities, we aim to illustrate the tangible differences made in various communities.

The focus of the report is our activities and the difference they've made. Towards the end of the report we provide more detail on our ICB, how we work collaboratively across Lincolnshire and explain our Statutory Duty to Involve our people and communities.

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Foreword and introduction

About this document

How the ICB listens and involves our people and communities

Showcasing our involvement activities: Examples of activity and best practice

- Wider population projects and activities
- Involving people within Primary Care
- Involving Health Inclusion Groups
- Community Development
- Current involvement projects

About us and why we involve people and communities

Working with others

Using resources, insight, data

Conclusion



# How the ICB listens and involves people and communities



On the following pages, the examples presented demonstrate how the ICB is delivering the involvement principles set out in our People's and Communities Strategy.

These involvement activities also demonstrate:

- How we have met our involvement duties
- How we are delivering on our people and communities strategy
- How we have proactively reached out into the community
- How we have worked with many partners across the sectors to encourage inclusive involvement
- How we have involved people and communities who face health inequalities
- How working with diverse communities can make 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.

 <p>1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS</p>	 <p>2. Start engagement early when developing plans and feed back to people and communities how their involvement has influenced activities and decisions.</p>	 <p>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</p>	 <p>4. Build relationships with excluded groups, especially those affected by inequalities</p>	 <p>5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners</p>
 <p>6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust</p>	 <p>7. Use community development approaches that empower people and communities, making connection to social action</p>	 <p>8. Use co-production, insight and engagement to achieve accountable health and care services.</p>	 <p>9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.</p>	 <p>10. Learn from what works and building on the assets of all ICS partners – networks, relationships, activity in local places.</p>

# Our impact in numbers

The numbers highlighted opposite showcases the engagement activities throughout the year. The total number of communities visits we reached was 56.

Survey participant numbers also hit a milestone with over 10,000 individual response across members of the public and staff.

Our social media posts reached 1,843,529 users, making 2,053,630 post impressions in users timelines, with an engagements rate of 3.28%. The ICB gained 1,450 new followers across our social platforms.

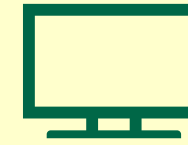
Additionally, the number of new bulletin sign-ups grew by 387 with most of these individuals aged under 25 due to our work over the year at freshers fayres and colleges to reach our younger population.

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



**33** surveys published

**Public & Patient participation**



**10** online meetings with 81 attendees



**10,240** survey responses received (including 407 staff responses)



Attended **32** events



**56** community visits



Spoke to

**1256** people in the community



**42** co-production meetings with 66 attendees



3 Patient Council meetings held & 9 Locality PPG meetings



Social media reached **1,843,529** users. Gained **1,450** new followers



**9,967** contacts on newsletter distribution list



**11,000+** 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 various activities and initiatives that the ICB has undertaken to engage with communities effectively.

These examples demonstrate our commitment to good practice and the positive impact of the efforts of the ICB's involvement team and various projects.

Through these activities, we have ensured that the voices of our patients and the public are heard, valued, and acted upon, fostering a culture of inclusivity and continuous improvement.

These activities are described in more detail on the following pages.



10-year plan



GP Strategy



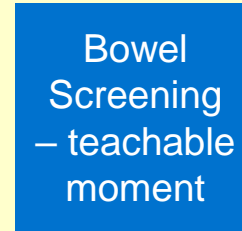
Frailty & Older People



Women's Health Hubs



AQP MSK



Bowel Screening – teachable moment



Community Diagnostic Centres



EDI strategy



Gender Identity



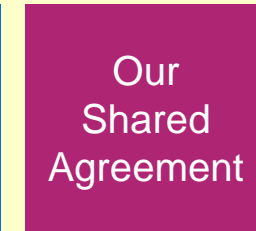
Experience of Care



Continuing Healthcare Policy



Continuing Healthcare Equity of Choice



Our Shared Agreement



Pain Management



Palliative and End of Life Care



Pressure Ulcers



Respiratory Care



Prostate Cancer



Lincolnshire maternity & Neonatal



Lincolnshire maternity military partnership



Special Educational Needs and Disabilities



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



Click this symbol to return to this page

# 10 Year Plan

In October, the government launched a national conversation about the future of the NHS, inviting everyone to share their experiences via the Change NHS portal. This initiative aims to help shape the NHS 10-Year Health Plan. NHS England outlined a programme of tiered engagement, encompassing national, regional, and local activities.

Lincolnshire ICB led and coordinated local engagement and promotion across the system.

To support this, the government and NHS England developed a "workshop in a box." This framework was designed for use and adaptation, allowing local organisations to tailor it to their needs. It focuses on the three areas of change called shifts identified by the Secretary of State: prevention, digital transformation, and community care.

NHS organisations used the "workshop in a box" to facilitate conversations with staff and contribute their views to the national portal.

The 10-year plan will be built around three proposals, called shifts and will be the focus of the engagement:

- **Moving more care from hospitals to communities** - moving care from hospitals into homes, closer to the places people live and their community
- **Making better use of technology** - using digital technology promises faster, higher-quality, more connected care.
- **Preventing sickness, not just treating it** - preventing rather than simply treating sickness will keep people healthier for longer

## Our approach

- The ICB planned and coordinated activities across LCHS, LPFT & ULTH
- Desktop exercise to utilise previous valuable insight and feedback
  - Produced Lincolnshire relevant materials and media
- Adopted NHSE's "workshop in a box" to assist delivery of engagement
- Utilised existing planned activities and visited known community groups
  - Ensured underrepresented communities received targeted communications to promote the survey

## Engaging our communities

- Promoted national survey through networks and engagement bulletin
- Had a united social media campaign
  - Visited 5 communities
    - Spoke to 99 people
    - Held 3 online events
- Presented at ICB's Patient Council
- Presented at ULTH's Patient Panel

## Working together across Lincolnshire's NHS

- ICB lead the engagement activity working closely with three trusts ensuring a unified approach
- Engagement colleagues all had a share of the activities to deliver
  - All feedback was collated and submitted via the ICB
  - Worked with existing contacts to publicise the national survey

## Public & Patient participation

### The difference it made

- Our Lincolnshire's populations voice contributed to the national 10 year plan
- Marketing materials were produced to encourage participation in national survey – "make Lincolnshire heard" – [video](#) created
- Collaboration across the NHS organisations ensured effective engagement in a short timeframe
- A single report was produced and shared amongst the organisations
  - Worked with LVET and Healthwatch Lincolnshire and shared materials
- Collectively the survey was promoted to encourage participation.



# GP Strategy

The NHS in Lincolnshire recognised that primary care services are under considerable pressure with inequalities in outcomes experienced by patients, workforce gaps and high workload. It was agreed that we needed to work differently across the whole health and care system to manage these pressures and develop a Primary Care Strategy to support this.

The strategy is guided by national policies, tailored local plans, continuous insights, and feedback from the people and communities across Lincolnshire. It also involved the collaboration of primary care staff and wider system partners.

Our aim is to support the delivery of our vision for health and care: ensuring that the people of Lincolnshire have the **best start in life and are supported to live, age, and die well** (Lincolnshire's Integrated Care Strategy (ICS) vision).



## Engagement on GP strategy

- ICB engagement team developed and lead on the activities included in the engagement plan.
- Included activities to ensure those underrepresented communities had opportunities to get involved.
- Produced promotional leaflets and posters to hand out.
  - Conducted a scoping exercise, reviewing all existing insight gathered previously in relation to Primary Care.

## Public and stakeholder involvement

- Visited **31 community meetings and events** reaching **705 people**
  - Engaged with underrepresented communities such as those from deprived areas, LGBTQ+, people with mental health concerns and English as a second language
    - Produced an online survey promoted through existing networks, ICB engagement bulletin and social media
- Received **2466 responses to the survey**
- All feedback was collated into a report for consideration.

## Public & Patient participation



### The aim of the engagement

- The aim of the engagement was to find out:
- Challenges faced by the public when trying to access Primary Care
  - Perceived impacts on communities across Lincolnshire
  - What's most important about primary care
    - How people with minor or major conditions currently access primary care

### The difference it made

- Feedback from this engagement informed and shaped the development of the GP Strategy for Lincolnshire and how future services will be delivered
- The engagement report was considered by Primary Care Leads and Clinicians, PC3, as well as teams working on the development of the GP Strategy in Lincolnshire.
- Stakeholders are fully informed and aware of the challenges faced by patients
  - Increased engagement with local communities
  - Delivery plan developed



# Frailty & Older People

Public & Patient participation

The Lincolnshire Integrated Care System partnered with health and wellbeing organisations across the county to promote healthy ageing and reduce the risk of onset and progression of frailty.

This collaborative effort encourages older adults to stay active, continue doing the things they love and maintain social connections, all key factors in supporting independence and reducing the risk of onset and progression of frailty.

It was recognised that a campaign of communications and messages were required to enable people to access useful information and services.

## Aims of the campaign

The campaign was designed for adults over the age of 65 and the key aims were to:

- Signpost and provide information on how to access activities to support people to **age well**.
- Signpost to **local wellbeing hubs**
- Encourage the importance of **keeping well**
- Encourage the importance of continuing to **do the things you love** when you get older
- Create awareness around the things carers/family/friends/neighbours can do to **support/help ageing**.

# Frailty & Older People

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## Public & Patient participation



### The aim of the co-production group

- ICB engagement team established and led a frailty co-production group
  - Members of the public were approached to support the production of the information campaign
  - The aim of the work with the co-production group was to understand what information and support people want to receive as they age, what motivates them to keep well for longer

### Co-production

- **180 people aged over 60** expressed an interest in being involved in our engagement activities to support the frailty programme.
- **14 people joined our co-production group** to help produce a marketing campaign.
- Held **two face to face co-production meetings and one online co-production meeting**
- The group also explored the most appropriate ways to reach people is and how to motivate those who are not already involved in activities to join.

### The difference it made

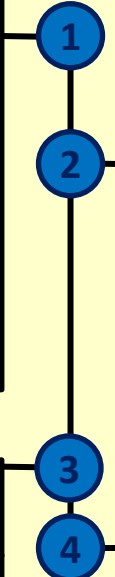
- Fully engaged co-production group
- Creation of a marketing campaign that aligns to the target audience, co-produced with members of the public and the programme team to encourage people to 'Age Well'
- Materials produced include videos, social media posts, leaflets and a signposting booklet
- The ICB Engagement team were finalists for the 'Co-producing Together Award' in the Lincolnshire Care Awards for their work on this project.

### Material produced

Link to the videos:

- [Let's Age Well!](#)
- [Let's Age Well - Walking Football](#)
- [Let's Age Well - Alison](#)

Social media post examples below:



# Women's Health Hubs

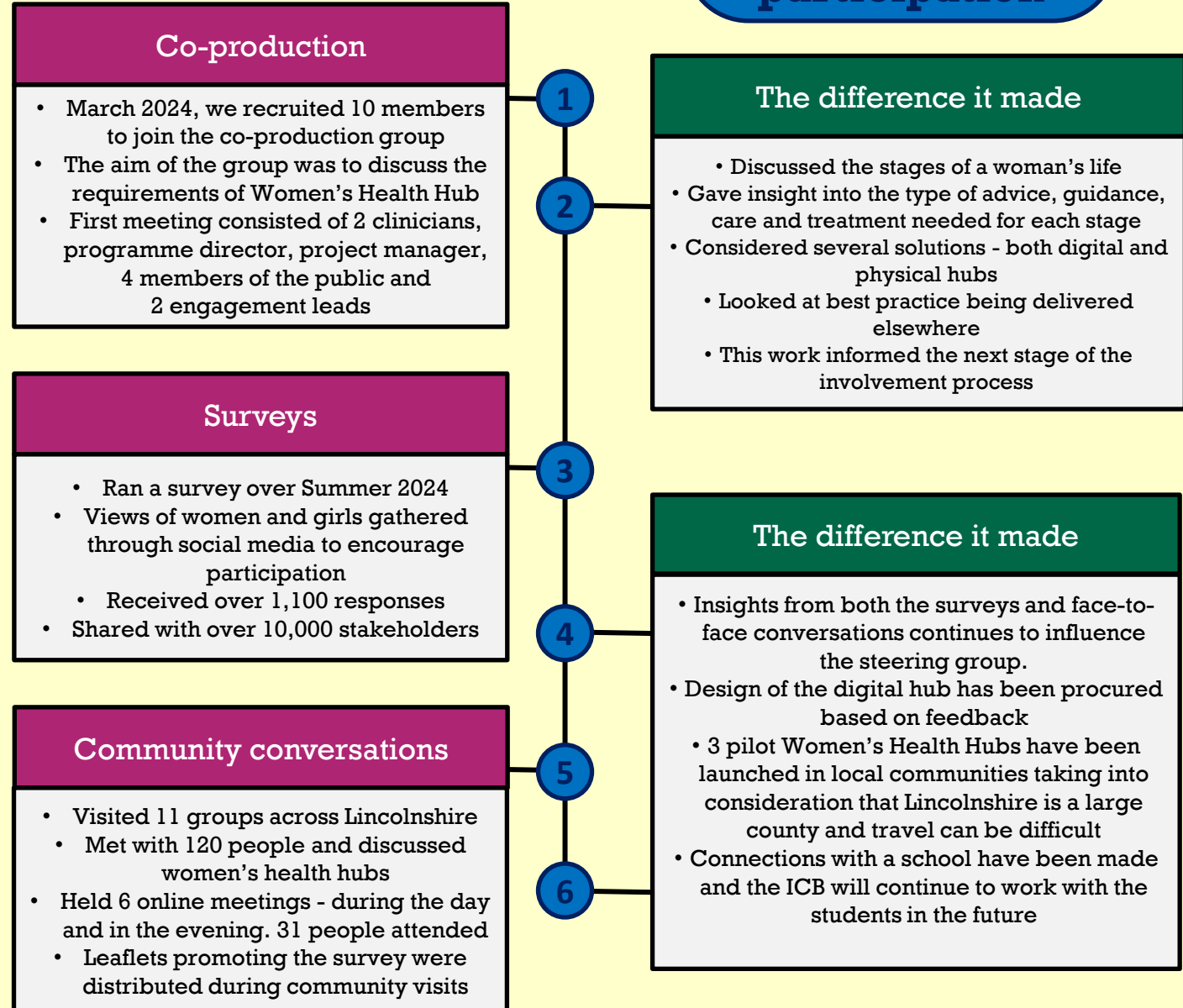
In July 2023, the Women's Health Strategy for England set out the 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women by using a life course approach.

The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes. These hubs will bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course. Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

In Lincolnshire, the integrated care system (ICS) will work together to provide these services by establishing Women's Health Hubs.

We involved women and girls throughout the whole of the process to ensure we set up the services in the right way that meets their needs in a rural county.

## Public & Patient participation



# Women's Health Hubs

The national strategy sets out the priority areas related to specific conditions or areas of health where issues or opportunities were highlighted.

These are:

- Menstrual health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and postnatal support
- Menopause
- Mental health and wellbeing
- Cancers
- Health impacts of violence against women and girls
- Healthy ageing and long-term conditions
- Implementation and monitoring progress

The ICB's involvement team are supporting the Women's Health Hubs' project team to have access to a range of information and feedback from Women in Lincolnshire.

[Click here to see the national Women's Health strategy](#)



## Working with others



### Women's Health Conference

- In November 2024, Lincolnshire held its first Women's Health Conference
- Findings from the engagement activities were presented at the conference
- The attendees were from across the county including clinical leads, service providers, voluntary / community sector.
- Attendees heard two patient stories during the conference - a member of the co-production group and a young woman

### Working with schools

- As part of the community visits, we visited a girl's school in Grantham
- Students produced a video about what they wanted to see for Women's Health
- This was presented at the Steering group and sparked a good debate about the future of Women's health and the importance of the younger voice.

### What now ...

- Work continues to map gaps identified in the feedback with delivery plan
- Further engagement activities are being planned with groups such as BAME women and travellers
- Plans to gather feedback on digital hub

### The difference it made

- Work carried out has informed the start of Lincolnshire's Women's Health Strategy
- Hearing from the patients' stories has changed the way clinicians practice in the future
- Working with the girls' school in Grantham has informed the way we connect with young people
- The engagement report is used to inform the delivery plan
- Public feedback is at the heart of this programme of work



*Hearing one of the patient stories at the Women's Health Conference 2024*



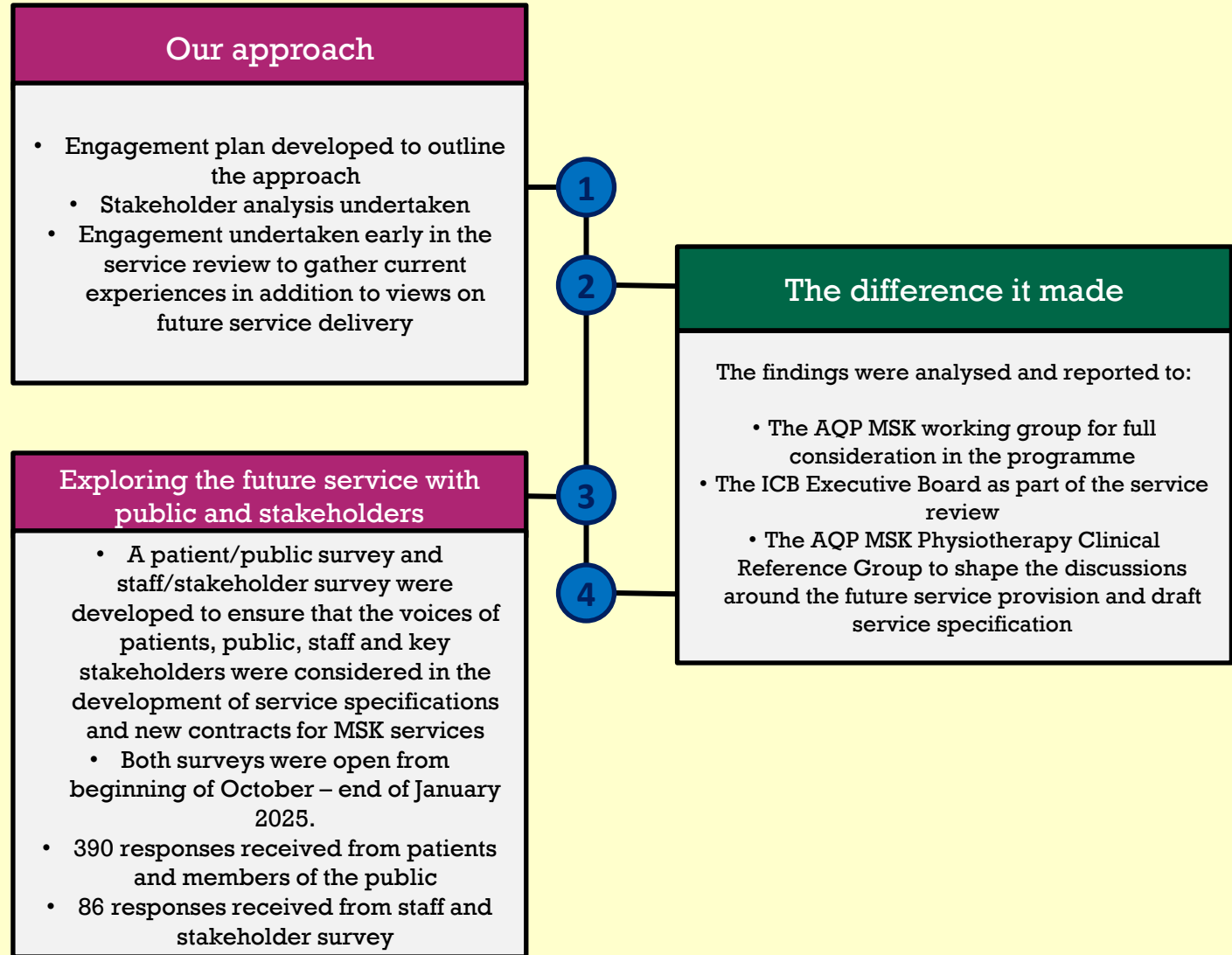
# Public & Patient participation

## AQP MSK Physiotherapy

The AQP MSK Physiotherapy Service is provided from several locations and providers (both NHS and private providers who hold an NHS contract) across Lincolnshire. There are currently 13 providers offering services both in a community and hospital setting in the county. AQP stands for Any Qualified Provider Scheme. It means that, after a GP refers a patient, the patient can choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.

The current service enables patients with a diagnosed Musculoskeletal condition to be referred for Physiotherapy treatment, this may be for a single session or multiple appointments.

A review of the MSK physiotherapy service was undertaken to ensure that it was commissioned based on clinical evidence for treatment and sought views. We also wanted to ensure that any service commissioned was based on the current models of care which includes assessments and diagnosis by First Contract Practitioners, use of digital tools and technology, and the use of group rehabilitation.





# Bowel Screening - Teachable moment

The Teachable Moments project for the Rapid Access Bowel Cancer Pathway, was initiated by a Colorectal Advanced Clinical Practitioner in ULTH at Lincoln. It aims to provide supportive resources and information to individuals who underwent diagnostic tests for suspected bowel cancer but did not receive a cancer diagnosis.

The goal is to educate people on the procedures they experienced and encourage lifestyle changes to reduce future risks. The resources produced were also designed to be shared with family and friends to promote healthier choices.

Funded by the cancer team in the ICB, the project involved collaboration with the ULTH patient and reader panels for feedback. The resources were produced and ready for distribution on 31<sup>st</sup> March 2025. An impact survey will be conducted in the first quarter of 2025/26 to assess the project's benefits.

## Public & Patient participation

### The approach

- Secured funding to create resource
- Commissioned Turbine Creative to create resources
  - Commitment to co-produce the resources
- Recruited volunteers through ULTH's people panel to assist with co-production and design

### Co-producing materials

- Initially recruited 4 people to help with design and production
- Reduced to 2 dedicated members of the public throughout the process
- Met as a group with Turbine Creative to work through their design and content
- Gave feedback and critiqued the content, design visuals, background music for animation and design of the characters.

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### The difference it made

- A leaflet and animations were produced
  - Example pages below
- Including members of the public in the working group enabled the design team to create information that is more meaningful and relevant to a wider audience
- The video is on the NHS Lincolnshire ICB YouTube channel:  
<https://youtu.be/BtJE9MS--nY?si=-swtBZ6Nj15UGIHs>



(Examples of the two of the pages in the leaflet)



# Community Diagnostic Centres

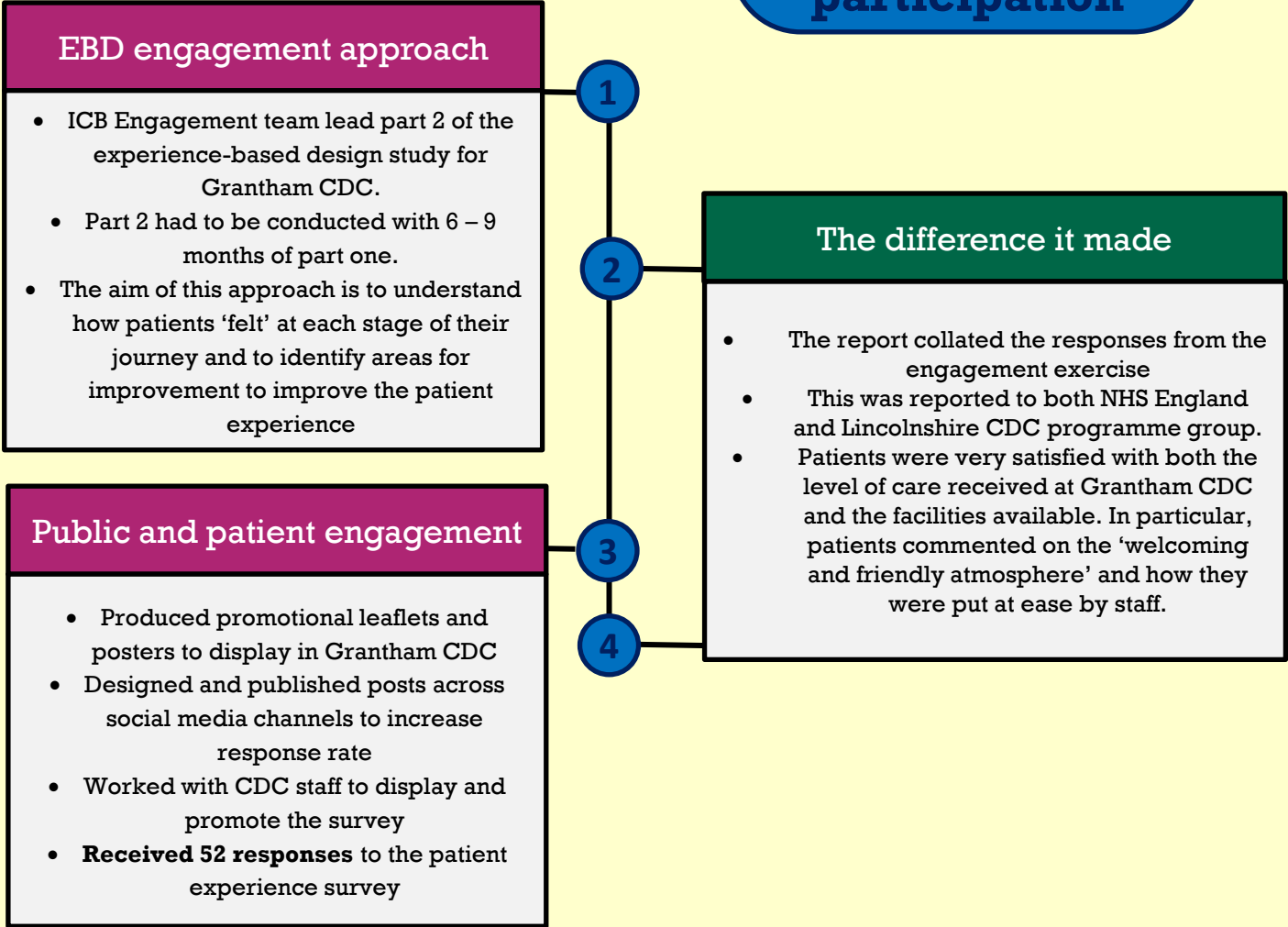
## Public & Patient participation

### Experience-based design – Part 2

The experience-based design (EBD) approach is a method aimed at enhancing the experiences of patients by capturing their interactions with healthcare services. This approach involves examining both the practical and emotional journeys individuals undergo when engaging with specific pathways or services.

In accordance with NHS England requirements, part one of the EBD study started at Grantham Community Diagnostic Centre (CDC) early last year (January 2024). The feedback collected during this phase led to a successful bid for funding and several significant improvements at the CDC, including the installations of water stations and televisions in waiting rooms, enhanced signage throughout the site, and the addition of artwork around the building.

As part of our ongoing commitment to this programme of work, we conducted the study again (part two) to continually monitor patient experiences and assess the impact of the improvements implemented in part one.



# Equality, Diversity & Inclusion Strategy

In April 2024, Lincolnshire Integrated Care Board approved and published its four Equality, Diversity and Inclusion (EDI) objectives that the ICB will focus on over the next four years (2024 - 28). These four objectives were:

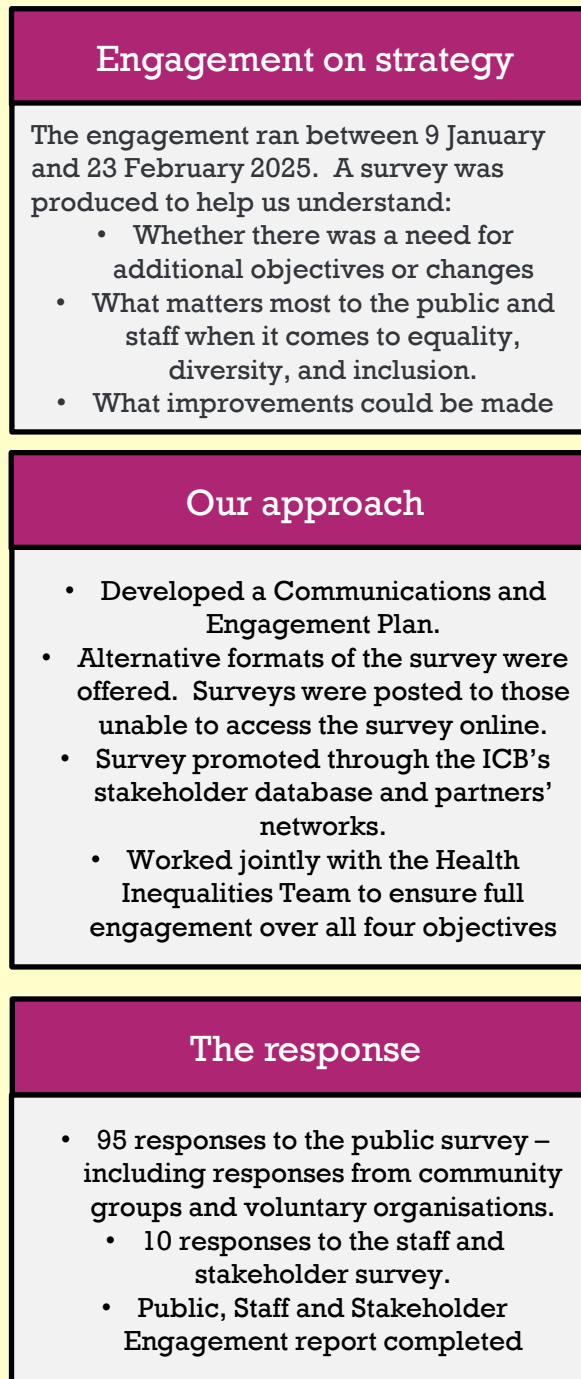
**Objective 1:** Leaders to drive the Equality, Diversity and Inclusion agenda and create a sense of belonging for our workforce and the diverse communities we serve.

**Objective 2:** Strive to be more compassionate, diverse and inclusive by fostering an ethos of wellbeing, inclusion and belonging.

**Objective 3:** Improve our knowledge and understanding of health inequalities within the local population and strengthen our approach to tackle health inequalities in Lincolnshire health care system.

**Objective 4:** To comply with the Lincolnshire Integrated Care Board Equality, Diversity and Inclusion responsibilities and ensure that there are tools in place to monitor the impact of the way we fulfil our ICB duties.

Engagement included only objectives 1, 2 and 4 (engagement on objective 3 will be more specific and undertaken by the Health Inequalities Team).



## Public & Patient participation



**The difference it made**

- Feedback received from the public, staff and stakeholders shaped the Equality, Diversity and Inclusion Strategy for Lincolnshire Integrated Care Board

**The difference it made**

- Findings of the engagement reported to Lincolnshire Integrated Care Board Equality Forum.

The findings from the report has shaped the ICB's Equality, Diversity & Inclusion Strategy for objectives 1, 2 and 4.

- An EDI Strategy delivery plan developed.
- Engagement helped to ensure that the Lincolnshire Integrated Care Board is focussing on the right priorities and take actions that will make a difference a positive impact on our workforce and improve outcomes for the local population

# Gender Identity

The ICB is committed to making sure that all staff and individuals who require health and social care services in Lincolnshire have confidence that these services are responsive, inclusive, person-centred, and built on our principles of compassion, dignity, respect, and safety.

We recognise that working in and accessing health and social care services as a transgender or non-binary person can sometimes be a challenging experience.

The Involvement Team engaged from 4 July to 23 September 2024 to inform the Gender Identity Equality Framework, which will establish standards for gender non-conforming individuals accessing services and receiving care.



**NHS**

**Are you transgender or non-binary?**

We would like to hear your views and experiences of accessing NHS services in Lincolnshire

Visit [lincolnshire.icb.nhs.uk/gender-identity](https://lincolnshire.icb.nhs.uk/gender-identity)

Alternatively scan this QR code with your phone camera to access the survey online

**SCAN ME**

If you need the survey in an alternative format, require help completing it, or you would prefer to speak to our team about your experiences, please contact the Engagement Team: [icb.involvement@nhs.net](mailto:icb.involvement@nhs.net) or 07914 226996

## Public & Patient participation



### Aims of the engagement

- Gather feedback on what works well and what needs improvement for transgender and non-binary patients
- Invite participation from patients, families, and staff to develop the Gender Identity Equality Framework by sharing their stories & experiences.
- Understand staff perspectives on effective practices and areas needing improvement.
  - Identify ways to enhance staff experiences and knowledge
- Define characteristics required for an excellent service for transgender and non-binary patients

### Our approach

- Established a Gender Identity Equality Framework sub-group.
- Developed a Communications and Engagement Plan.
  - Produced and distributed 779 promotional fliers and posters.
- Engaged the Lincolnshire population through digital methods, community events, and conversations, targeting LGBTQ+ groups.
- Attended Lincoln Pride, Skegness Pride and university/college fresher events.
- Produced two surveys: one public-facing and one for staff

### The response

- Received 104 responses to public survey
- Received 38 responses to the staff survey
- Established a Gender Equality Framework project group with a range of stakeholders.
  - Engagement report produced.
  - 61 patients, family / carers and 8 members of staff expressed an interest in be involved in future work

### The difference it made

- Increased engagement with the LGBTQ+ community.
- Feedback shaped the Gender Identity Equality Framework, pending approval.
- Framework discussed at Trans Day of Visibility on 31 March 2025.
- Launching Gender Equality Identity Co-production Group in early 2025.
- Lived experience contributors will help to develop training packages
- Communicated to survey participants who expressed an interest in further involvement
- Reported findings to the Gender Equality Framework Group.
- Fully engaged and collaborative working demonstrated. Stakeholders engaged and aware of patient and staff challenges.
  - Established working groups to drive improvements.

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# Experience of Care

The Equality Forum run by the ICB is also attended by all three NHS Trusts in Lincolnshire.

As part of the Forum's Equality and Diversity Action Plan, it was identified that we needed to understand whether accessing NHS services was different for certain sectors of our communities. For example, those who identify as having a protected characteristic.

This resulted in a survey being created to explore the barriers and challenges of accessing an NHS service.



## Public & Patient participation

### Our approach

- The survey, **launched in June 2022**, has been ongoing throughout 2024/25, with **data and findings analysed monthly**.
- We actively promote this survey via our website, social media, our involvement bulletin "The Contributor," and at our face-to-face events.
- As we analyse the data and responses, we aim to reach out to underrepresented communities, those we seldom connect with, and individuals who identify as having a protected characteristic

### Year-round engagement

- During 2024/25, we had 270 responses.
- 164 patients were happy to share their experiences through patient stories.
- 116 patients have signed up to receive our involvement bulletin every fortnight.
- Monthly reports are produced.
- The survey continues to be promoted through the involvement bulletin..

### The difference it made

- Feedback received has been instrumental in shaping and informing other programs of work. For example, insights have been applied to enhance digital services, transition care from hospitals to communities, and support prevention initiatives, all contributing to the 10-year plan engagement. Further insights were gathered to help inform the GP strategy.
- The analysis is conducted monthly and reported to System Quality Patient Experience Committee (SQPEC) on a quarterly basis, as well as the ICB's Operational Quality Assurance Group meeting.
- This type of engagement helps us to maintain a continuous engagement cycle and another avenue to gather valuable insights.
- We use this survey to signpost people when they want to feedback to ICB / trusts and no other appropriate forum is available.

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# Public & Patient participation

## Continuing Healthcare in care homes

NHS Continuing Healthcare (CHC) is a package of ongoing care that is arranged and funded by the NHS for people who are eligible after assessment of their health and social needs.

Continuing Healthcare can be provided in a variety of settings outside hospital, such as in your own home or in a registered care home.

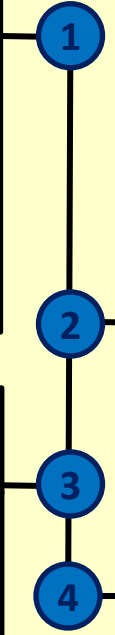
The contract for the NHS continuing health care provided at registered care homes expires on 31 March 2025.

### Engagement on CHC policy

- Engaged with the public and staff between 26 June 2024 and 11 August 2024 to understand their views to help shape the continuing healthcare service in care homes before the procurement process.

### The response

- Developed a Communications and Engagement Plan
- Produced promotional materials
- 37 staff attended staff engagement events (2 online; 1 face to face)
- Received 7 responses to the public survey.
- Received 11 responses to the staff survey.
  - Received one email
- 4 people (3 members of public and 1 staff) expressed an interest in being involved further
- Established a Continuing Healthcare Care Homes Project Group
- Engagement findings analysed and report produced



### The difference it made

- Fully engaged Continuing Healthcare Care Homes Project Group.
- Findings of the engagement were reported to the Continuing Care Programme Board.
- Findings of the engagement help the re-procurement process by shaping the service specification
- 78 providers registered interest in the tender and 43 applications were received. Of the 43 applications, these equated to 82 care homes (47 nursing and 35 residential homes)



# Continuing Healthcare – Equity and Choice policy

NHS Continuing Healthcare (CHC) is a package of ongoing care that is arranged and funded by the NHS for people who are eligible after assessment of their health and social needs.

The ICB undertook engagement on proposed changes to the Continuing Healthcare Equity and Choice Policy.

Service users, their friends, family and representatives, the public and staff were encouraged to share their views during the engagement.

## Public & Patient participation



### Engagement on CHC policy

- Engaged with the public and staff for a seven-week period between 2 October 2024 and 19 November 2024 to understand their views to help inform the new Continuing Healthcare Equity and Choice Policy and understand what impact the new arrangements might have.

1

### The response

- Developed a Communications and Engagement Plan including frequently asked questions.
- 8 attended a public engagement event including service user representative and stakeholders.
- 8 attended a staff engagement event with attendees from home care providers, care homes, ICB and LPFT.
- Fully engaged system Project Team.
- Received 27 responses to the public survey.
  - Received 7 responses to the staff survey.
- 12 respondents would like to hear more about ways that they can get involved in shaping NHS services.
- Engagement findings analysed and report produced

2

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### The difference it made

- Feedback has helped to shape the NHS Continuing Healthcare Choice and Equity Policy.
- Stakeholders are fully informed and aware of public and staff views.
  - Personal stories were shared.
- Findings of the engagement were reported to the Continuing Care Programme Board.
  - The Programme Board approved the policy and agreed to complete all the recommendations contained within the report

# Our Shared Agreement

Our Shared Agreement is a movement to create a better relationship between people and health and care in Lincolnshire.

We all want the best life for ourselves and those we care for, whatever our age or stage of life.

Our Shared Agreement is making this happen for everyone. It's helping health, care, people, and communities to work together in new ways. We're sharing knowledge, building skills and confidence, and forming relationships that help us live our best lives.

Our Shared Agreement is built on **Five Foundations**, which were co-produced by people with lived experience and colleagues from across the health and care system.

They have been designed to help demonstrate what a better relationship is and could look and feel like for both citizens and the health and care workforce.

## Our Shared Agreement



### Launching Our Shared Agreement

- In March 2024, colleagues and people with lived experience presented Our Shared Agreement to the Better Lives Lincolnshire Leadership team
  - Launched at the 'It's All About Conference and Expo' in July 2024
- Officially launched by **Debbie Barnes**, Chief Executive of Lincolnshire County Council, and **John Turner**, Chief Executive of NHS Lincolnshire ICB

1

### The difference it made

- The presentation secured support and commitment to Our Shared Agreement, which is now at the heart of Lincolnshire's Better Lives Lincolnshire ICP Strategy & NHS Lincolnshire Joint Forward Plan

2

### MHDLDA

- Our Shared Agreement has been embedded in the Mental Health, Dementia, Learning Disability and Autism Alliance (MHDLDA)
- The Mental Health Transformation programme have fully embedded Our Shared Agreement and the Five Foundations throughout their work

3

### The difference it made

- People with lived experience are part of the MHDLDA Executive group and all its delivery groups.
- The Celia Evershed Fund, established for local VCFSE organisations, honours Celia's passion for improving lives in Gainsborough.
- Community Mental Health and Wellbeing Hubs exemplify Foundation 3 (\*\*) successfully supporting local communities with advice, opportunities, and friendship

4

### Joining the movement

- A range of Our Shared Agreement and Five Foundations digital and print assets have been developed – see Z-Card opposite.
- These assets help our It's All About People Champions, stakeholders, partners, workforce, and the public to build awareness and encourage others to 'Join the movement' and use the Five Foundations in their work

5

6



### Our Shared Agreement - The Five Foundations

#### Foundation 1

- Being prepared to do things differently
- Together we:
- Are open to change and acknowledge it will take time
  - Have patience, and learn by doing
  - Have and give permission to do things differently

#### Foundation 2

- Understanding what matters to ourselves and each other
- Together we:
- Offer a safe and non-judgemental environment for you to be open and honest and to be listened to
  - Embrace and value differences and implement this in a person-centred way
  - Make no decisions about you without you

#### Foundation 3

- Working together for the wellbeing of everyone
- Together we:
- Walk alongside you instead of leading you by asking people, carers and all involved in their care, what their goals are and how we will achieve them together
  - See the wellbeing of staff as equally important

#### Foundation 4

- Conversations with and not about people
- Together we:
- Recognise the importance of active listening and having time to make choices
  - Do what we say we will do in an environment of openness and honesty
  - Offer information, knowledge and skills

#### Foundation 5

- Making the most of what we have available to us
- Together we:
- Are honest about what is and isn't available
  - Recognise our own strengths and opportunities
  - Recognise support starts with the individual, family and community
  - Actively support communities to best manage their health and wellbeing



\*\* Foundation 3: 'Working together for the wellbeing of everyone'



# Our Shared Agreement

## Collecting people's stories

Colleagues, teams, services, organisations, and communities have been working in ways that align with Our Shared Agreement for many years. There is a need to showcase and share the great work that is going on across Lincolnshire.

The **It's All About People website** is one of the locations where people can learn more about Our Shared Agreement and read, listen to or watch peoples' stories and experiences of health and care.

Telling peoples' stories is the most powerful methods to explore the importance of Our Shared Agreement and how working in a personalised and strengths-based way can improve outcomes for people, the health, care and wellbeing workforce and the wider system.

### My Life, My Way By Katie



"Even though I am a wheelchair user and need 24-hour support, the **Our Shared Agreement Five Foundations** have allowed me to achieve a life that is more normal and is worked around what I love."

Even though I am a severely learning-disabled wheelchair user, I can weight bear for short periods of time. Using the 5 Foundations has allowed me to achieve a life that is more normal and is worked around what I love.

**Foundation 1 - Being prepared to do things differently**  
I can access and use a recumbent tricycle.

**Foundation 2 - Understanding what matters to ourselves and each other**  
I can get out into the countryside on a local cycle track and see nature around me, including the animals I enjoy seeing, such as birds, rabbits and squirrels.

**Foundation 3 - Working together for the wellbeing of everyone**  
My support company worked with my Mum, the NHS and Social Services to get appropriate equipment to help me get onto and off the trike safely and easily. This meant my physical well-being was improved as well as my mental health.

**Foundation 4 - Conversations with and not about people**  
I was involved in all the meetings that led to choosing appropriate equipment, and how it should be used.

**Foundation 5 - Making the most of what we have available to us**  
Even though I need 24-hour support, all the equipment and staff training has meant that I can go out for rides not only with my mum but also with staff who support me. This means I can go out on my trike more often than I could if my mum was the only person who could take me.

**Without the 5 Foundations my life would be dramatically restricted**

## Our Shared Agreement

### Our Shared Agreement

### Hans' Story

After having a Heart Attack, I was feeling out of control with my health  
I had lost hope

I supported Hans using the Patient Activation Measure, or PAM, and it made a huge difference...

...because he was absolutely overwhelmed

**Amanda**  
Cardiac Rehabilitation Nurse Specialist

It was time to work out who I was, what I needed and what I could do for myself moving forward

My approach was tailored to Hans - we took the time and I listened to what was important to him

As we worked through Hans' programme over time, he zoomed through, from being completely overwhelmed to being back in charge and moving forward with his own health requirements

The changes I made through working with Amanda gave me positivity - I'd felt like my whole life had been taken away from me, but she gave me hope

Foundations 1

Foundations 2 & 4

Foundations 2 & 5

Foundations 3 & 5

Foundation 5

# Pain Management

Medicines optimisation involves various activities to ensure medicines are used effectively for the best results. It aims to help individual patients and larger groups by managing illnesses now and preventing them in the future.

The goal is to provide safe and effective medicines that are also cost-efficient for the NHS. It focuses on putting patients at the centre of their care and encourages them to make decisions about their medicines, whether prescribed or over-the-counter.

The goal of Medicines Optimisation Team at the ICB is to help patients to:

- improve their outcomes;
- take their medicines correctly;
- avoid taking unnecessary medicines;
- reduce wastage of medicines;
- and improve medicines safety.

As part of this work the team are working with patients around pain management and pain medication and has established a patient Reference Group, to support and guide our local projects.

## Public & Patient participation



### Establishing Patient Reference Group

- Recruited volunteers through an expression of interest process
- Guidelines produced to explain to applicants what to expect by being involved
- People were asked to complete an application
  - Received a small number of applications who were recruited on the group
- Terms of reference agreed

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### Patient Reference Group

- Everyone recruited to the group all live in Lincolnshire and have experience of living with pain
- The group has met several times since the summer
  - Aim to meet every 2 months
- The group will discuss project related topics.
- So far, they have given feedback on the online content for pain management
- Members of the Patient Reference Group have all been invited to take part in activities run by the project, such as pain café or empowered relief workshop to gather feedback to shape future activities.



# Pain Management sessions

A number of activities have been held for people who live with pain. These activities are:

- Lincolnshire Pain Cafe
- Lincolnshire Sleep School
- Lincolnshire Eating for Pain
- Lincolnshire Empowered Relief

## Lincolnshire Sleep School

- Three session workshop, ran twice in 2024 and planned again for June 2025.
  - Currently the only resource for CBTi in Lincolnshire
- 82 registrations and 50 participants over the three sessions in winter 2024

## Lincolnshire Eating for Pain

- Ran in November 2024 as an extension of Lincolnshire Pain Café.
- Session facilitated again for March 2025 to 12 patients (without direct advertising)

## Lincolnshire Empowered Relief

- 10 sessions run since July 2023
- 225 participants attended
- 3 presenters trained

*Interesting to learn about how we process pain*

*This session provides excellent understanding of how relaxation exercise can calm our nervous system and help counteract pain.*

*Mindfulness meditation to concentrate on the breath was perfect as it gives me a tool to take with me wherever I am.*

*This session has provided the last piece on the puzzle of how to manage my pain.*

## Lincolnshire Pain Cafe

- 15 monthly sessions run since December 2023
  - 209 participants
- 50 places booked on Live Well With Pain training
- 2 Face to Face Pain Cafes running in Lincolnshire

*Gaining an understanding of the processes of pain and looking at ways to help my pain*

*Hearing about other people's struggles and how they cope.*

# Palliative and End of Life Care

Palliative care and end of life (PEOL) care is support for people who are in the last months or years of their life.

PEOL care should help people to live as well as possible until they die and to die with dignity. People providing the care should consider people's wishes and preferences to help them live as well as possible until death.

In May 2024, the Engagement Team took on the role of leading the Lincolnshire Palliative and End of Life Care Co-production Group. Co-production brings people with experience of using services together with those who deliver them to work together to design services and make things better for everyone.

Working with the PEOL co-production group gives the ICB the opportunity to understand the importance of care at this time in people's lives from the perspective of patients, family members and carers.

## Public & Patient participation



### Our co-production approach

- To lead and facilitate the Lincolnshire Palliative and End of Life Care Co-production Group.
- To help support the delivery of the Palliative and End of Life Care Strategy and work programme.
- To understand people with lived experience including families, carers and stakeholders' thoughts, experiences and ideas in order to improve palliative and end of life care

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### The difference it made

- Fully engaged Co-production Group.
- Families and carers, provider and hospice views have been incorporated to help improve end of life and palliative care services.
- Feedback from the Co-production Group has led to updates and improvements to the Lincolnshire Palliative and End of Life Care website, which users have positively welcomed
- The Palliative and End of Life Care survey, launching in Spring 2025, has been reviewed and improved by the Co-production Group. This third annual survey will help compare progress and enhance services, with full analysis to identify trends for future improvements
  - There is potential for increasing membership of the co-production group through the survey.
- The Co-production Group have reviewed, supported, made suggestions and provided ideas on the Palliative and End of Life Care Strategy 2023/28

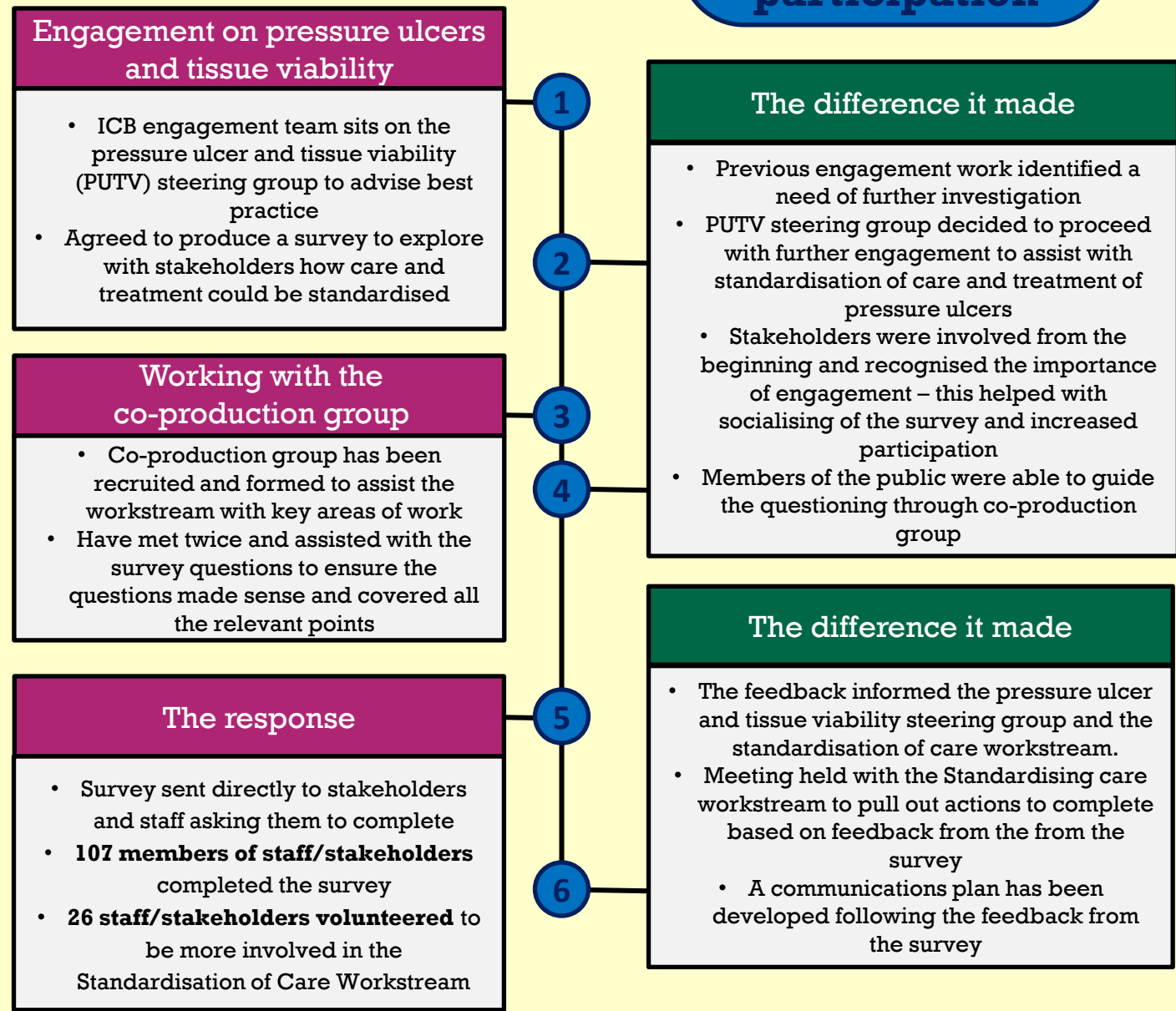
# Pressure Ulcers

The System Quality Group in Lincolnshire is committed to improving the experience for people who have been affected by pressure ulcers and those who care for them, as well as improving their quality of life.

A previous engagement exercise with staff and stakeholders had identified that there was a difference in provision across organisations in Lincolnshire. This feedback was considered by the standardising care work stream and further engagement was required to understand the reasons for this variation.

The aim of this engagement was to gather feedback on experiences of delivering or supporting care for those affected by pressure ulcers so that we can share and standardise lots of the great work that's already happening and work with stakeholders to make improvements in areas highlighted in the report.

## Stakeholder participation



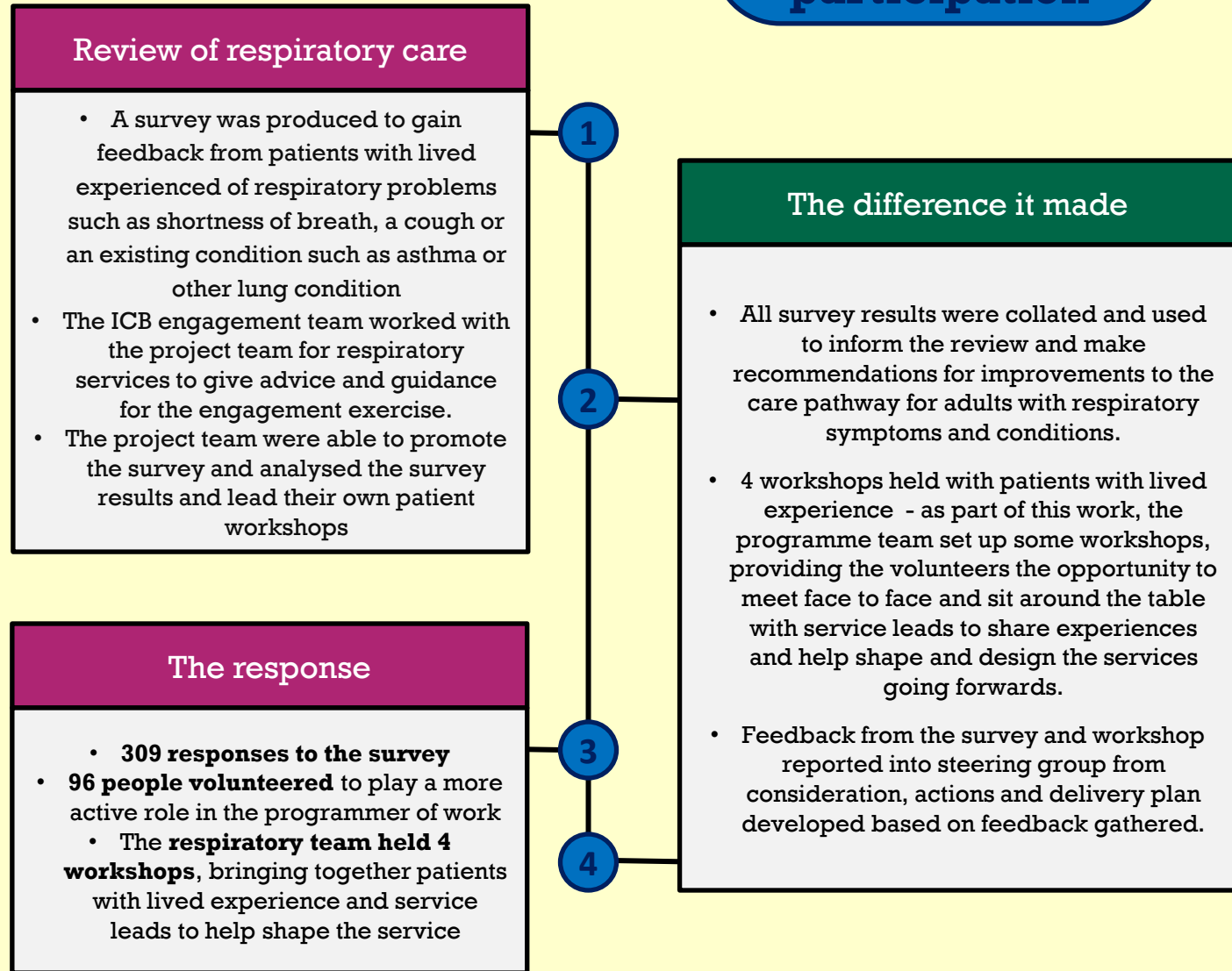
# Respiratory Care

The Clinical Care Directorate sought to undertake a review of Respiratory services in Lincolnshire to understand current experiences and possible areas for improvement.

The aim of the engagement was to gather feedback from the public on:

- Their views on accessing respiratory services
- What is working well and what requires improvement within the service
- Experiences of care and patient outcomes

## Public & Patient participation

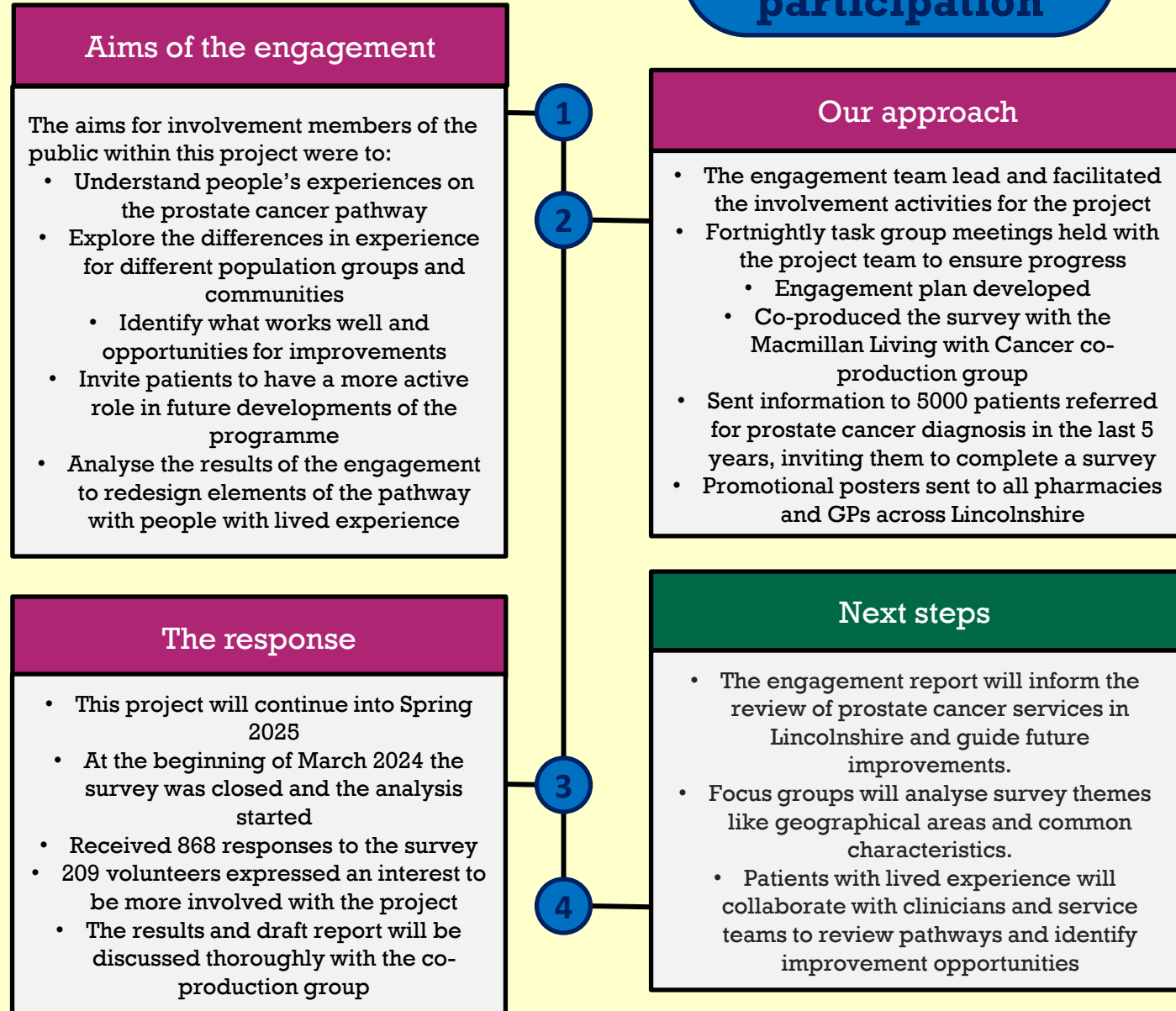


# Prostate Cancer

Following feedback received via patient experience and through the engagement for the Living with Cancer Strategy 2023-28, the prostate cancer pathway was identified as an area of focus that requires review.

This review sought to investigate and identify current or recent patient experience and to work closely with patients, carers, clinicians, and others involved in the delivery of this service to improve the care, treatment and advice that patients receive.

## Public & Patient participation





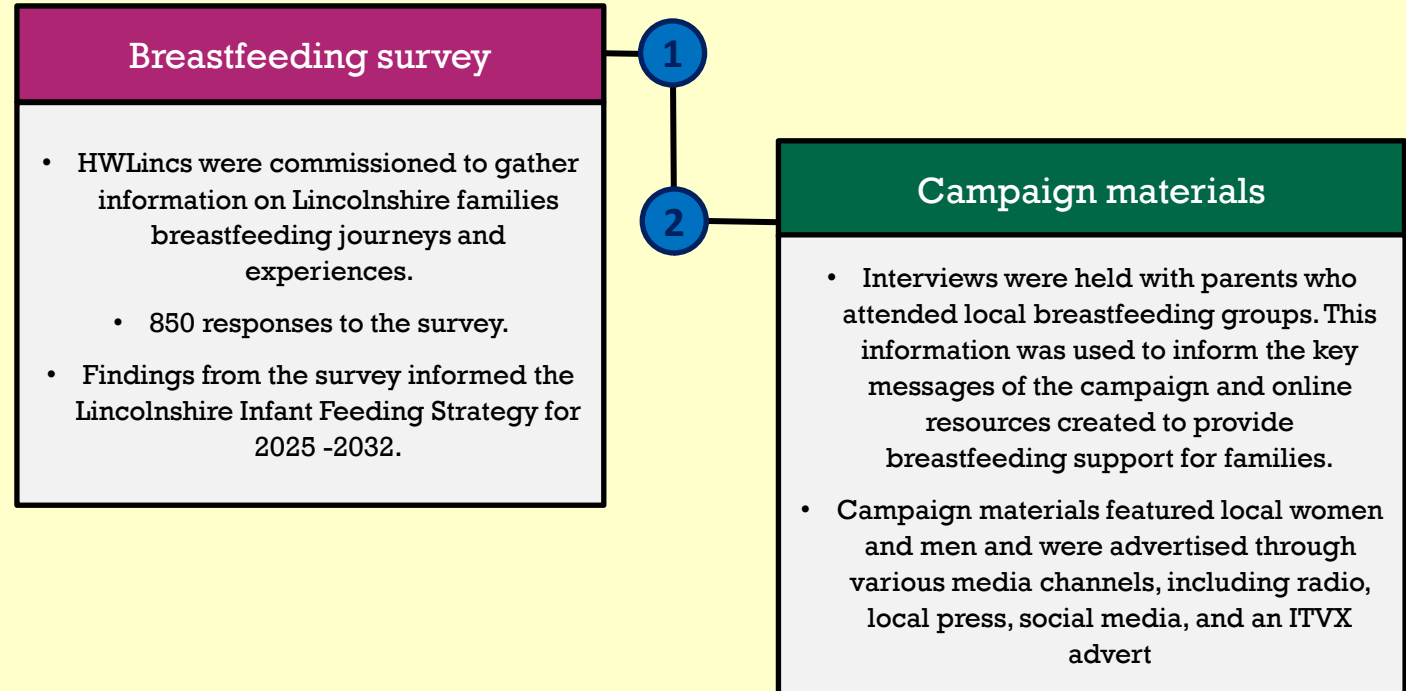
## Latch on Lincolnshire

# Lincolnshire Maternity and Neonatal Programme

This year-long campaign, launched on 24 June to coincide with UK National Breastfeeding Week, was commissioned by Lincolnshire County Council to:

- Increase awareness of the importance of breastfeeding.
- Provide information to new parents and pregnant individuals about breastfeeding support.
- Encourage businesses to be more supportive of breastfeeding in the workplace.

Several public engagement activities took place as part of this campaign.



All the materials and the women who supported the campaign can be seen at:

[Breastfeeding | Better Births Lincs](#)

# Lincolnshire Maternity and Neonatal Programme

The Lincolnshire ICB Maternity and Neonatal program team works with partners to make maternity and neonatal care fair and equal for everyone.

We aim to provide safe, personalised, compassionate, professional, and family-friendly services. What happens during pregnancy and early childhood affects health throughout life, so it's crucial to work together to ensure healthy pregnancies.

Our team is dedicated to giving women the information they need to make informed decisions and providing support tailored to their needs. We focus on listening to the hopes and fears of the women in Lincolnshire.

Here are some of the ways we've connected with women in Lincolnshire.

## International Students & Workers

- Concerns about maternity support for international students and workers led to the creation of online and printable resources
- The concerns focused on financial support and awareness of maternity pathways for pregnant women who have moved to Lincolnshire from outside the UK.
- The resources were developed together with local organisations including United Lincolnshire Teaching Hospitals Trust and local universities.
- Two webpages were created on the Better Births website for international students and the workforce, with printable formats distributed to relevant services and provider  
[International students | Better Births Lincs](#)  
[International workforce | Better Births Lincs](#)

## Co-designed Postnatal Leaflet

- A diverse group of Lincolnshire mothers joined a focus group to co-design a postnatal toolkit on infant feeding.
  - Led by the LMNP's Communications and Engagement Lead together with specialist midwives from United Lincolnshire Teaching Hospital Trust,
- The discussions focused on the content, style, and layout of the leaflet. By co-designing it with mothers, we ensured it is accessible to all families.
- The resulting leaflet is now available to all mothers, helping them get off to the best start with feeding, caring for, and comforting their baby. It addresses the challenges breastfeeding mothers may face, providing guidance and supporting information.
- It offers support and information for mothers who choose to combi-feed or formula-feed.

## Public & Patient participation



### Breastfeeding across borders

- During conversations with breastfeeding groups, the Communications and Engagement Lead identified a disparity in support for mothers who gave birth outside Lincolnshire, particularly at Diana, Princess of Wales Hospital in Grimsby.
- To address this, a working group was formed, including representatives from Grimsby Hospital's Specialist Midwives team and Lincolnshire County Council's Infant Feeding and Early Years team.
- The collaborative approach led to a successful strategy and information-sharing system, improving support for breastfeeding women in Lincolnshire

### Lithuanian Group

- A day with the Lithuanian Community Group in Boston, revealed key insights into communication and cultural differences in maternity services.
- Findings included: Lithuanian mothers are more likely to breastfeed due to extended maternity leave, and Lithuanian families face challenges like long working hours, poor health from low-paid jobs, and limited English skills.
- These insights highlighted the need for flexible healthcare delivery, multilingual literature, and translation services. Similar needs were noted for Polish families

# Lincolnshire Maternity and Neonatal Programme

LMNP has worked with partners to improve engagement with Black and Asian families in Lincolnshire. In 2024, a working group was formed to improve maternal health outcomes for these families, as women of black ethnicity remain at a higher risk of maternal death to white women.

The group aims to raise awareness of cultural differences and identify steps to support these communities effectively and includes representatives from various Lincolnshire Maternity and Neonatal System providers.

In November 2024, the Lincolnshire Maternity and Neonatal programme team led activities to engage with these communities, identifying groups to connect with and building relationships with community leaders to better hear the voices of Black and Asian families.

A “Coffee and Conversation” event was run to start the conversation.

## Aim and purpose of the day

- 1
  - This was our first event for families in the Black and Asian communities in Lincolnshire. We focussed on Lincoln because we had established relationships in the area and recognised this was a good place to pilot the engagement activities.
  - The purpose was to gather insight and feedback from Black and Asian women and their families of their maternity experiences.
- 2

## Black and Asian maternity event

### Who attended

- 13 women from Black & Asian families
- Lincolnshire Maternity and Neonatal team
- Lincoln County Hospital Maternity staff
  - Health Visitors
  - Family and Baby workers
- Women’s Health programme team

### The difference it made

- Made families aware that we want to listen to their concerns
- Increase awareness of the support families can access

We gained an understanding of:

- The support families want and need
- How they want to receive that support
- Preferred methods of communication
- The cultural differences of maternity practices for families moving from outside the UK
  - What works well and areas for improvements
- Some improvements have already been initiated in the delivery of maternity services.





# Digital engagement

## Lincolnshire Maternity and Neonatal Programme

The LMNP has seen an increase in engagement across all their digital platforms and the Better Births website.

Work has continued to improve and grow our digital connection to people and families across Lincolnshire.

This has included increased regularity of our posts this year and have developed a strong brand image to enhance our identity and trust in our content.

[Better Births Lincolnshire](#)

### Better Births Facebook

- The Facebook page has seen a significant increase in engagement
  - The reach has grown by 69.9%,
- Content Interactions are up: Comments, likes, shares, etc., are up by 55.9%.
- The number of times links in posts have been clicked has increased by 38.5%.
  - 50% more people are visiting our page compared to last year.
- The number of followers on our page has decreased by 1.9%, however, those visiting our page are interacting and engaging more with our content.

### Better Births Instagram

- The reach on our pages has dropped over the year
- There has been an increase in the content interaction, link clicks by those that visit our page.
  - This indicates that the posts we are publishing are engaging and informative.
    - We posted 403 Posts
- Increased our followers by 42% to 130

### Better Births Website

The top 5 pages viewed for 2024 were:

1. Homepage – This is probably popular as its where people register their pregnancy. – 11,246 visits
2. Care during pregnancy – 2289 visits
3. Finding out you are pregnant – 1992 visits
4. Birth and beyond – 1750 visits
5. Breastfeeding – 1568 visits

# Lincolnshire Maternity and Neonatal Programme

## Beach in the Park

The 'Beach in the Park' is an annual family fun day run in Boston by Boston Borough Council.

Over recent years the beach has proved popular with families and offers a great opportunity for friends to get together while the children play.

This is a fantastic opportunity to connect with families from the Boston area who use our maternity services.

This free, two-day event saw many families stop by to chat and take advantage of our infant feeding tent.

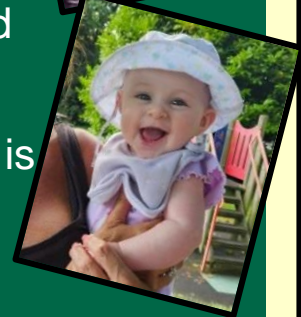
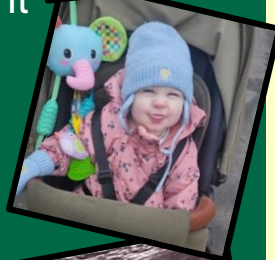


# Lincolnshire Maternity Military Partnership

The Lincolnshire Military Maternity Project (LMMP) provided essential support to military personnel, veterans, and reservists residing in the county. Our efforts focused on enhancing the maternity journey for mothers and their families, while actively working to prevent discrimination resulting from postings, separations, and deployments.

Over the past 12 months, our Military Care Navigator has supported 196 families, addressing a wide range of needs. We are proud to have celebrated the births of 150 babies, with an additional 25 families currently expecting. Unfortunately, 11 of these births resulted in miscarriage, infant death, or stillbirth.

Additionally, the Military Care Navigator is assisting 10 families who are pursuing pregnancy through IVF, IUI, and other fertility treatments.



## Engagement activities and support for military families

Our engagement activities and support for military families have taken various forms:

- **Assistance with SEN Children:** Helped identify and place nursery and school options for children with Special Educational Needs (SEN).
- **IVF and Fertility Treatments:** Military families face challenges with IVF and fertility treatments due to their nomadic lifestyle. Transferring care between locations requires managing different IVF systems and keeping Military GPs informed, adding stress during an already sensitive time.
- **Shared Paternity Leave:** Shared paternity leave becomes complicated when both partners are in the military or when one partner is a civilian. We assist in resolving policy crossovers to ensure smooth transitions.
- **Waiting List Transfers:** Moving to Lincolnshire can result in losing a place on a waiting list, requiring a new referral and starting over. We work closely with outpatient staff and consultants' secretaries to facilitate these transitions, extending support to families moving out of the area.
- **Support for Single Military Mothers:** We provide extensive support to single military mothers, such as those with newborn twins and no local family, by connecting them with available groups and helping with primary care registration.
- **Military Housing Issues:** We liaise with the Military Housing allocations team to ensure timely housing allocation for newly pregnant servicewomen, achieving a 100% success rate in preventing moves during late pregnancy.
- **Clinical Care Transfers:** We manage the transfer of clinical care for service families posted into or out of the area, ensuring all necessary teams are notified and connections are made for seamless transitions.

## Continuing to nurture relationships with agencies across Lincolnshire including:

### Military Connections:

- GP Practices (clinical and administrative staff)
- Welfare Teams
- SSAFA (Soldiers, Sailors, and Airmen's Families Association)
- HIVE (unit's community hub)
- Chaplaincy Centres
- Health and Wellbeing Committee
- Physiotherapy Departments
- Department of Community Mental Health (DCMH)
- Gymnasium (ante/postnatal sessions)
- Human Resources (HR) on all units
- Numerous veteran agencies

### Local and Regional Non-military connections:

- All maternity units and midwives
- Community midwives and matrons
- Consultant midwives
- Health visitors
- All GP practices in Lincolnshire (via postal and email campaigns)
- Children's centres
- Perinatal Mental Health Team

# Special Educational Needs and Disabilities (SEND)

In the ICB, our vision for children with Special Educational Needs and Disabilities (SEND) is to ensure they are supported, feel safe both physically and emotionally, are included, and lead happy lives.

We continue to be proud to place the individual care needs of children and young people at the heart of what we do. The Designated Clinical Officer (DCO) for Children and Young People with SEND ensures the Integrated Care Board meets its responsibilities and demonstrates its long-standing commitment to the SEND community, such as through Lincolnshire Young Voices (LYV) meetings and events.

Lincolnshire Young Voices, a group of young people with SEND, co-led by the DCO and SEND Programme Manager in the local authority, has been developed for children and young people with SEND to share their voices and is part of the SEND widening participation strategy. This year, LYV focused on Anti-bullying workshops and improving Transport Services for CYP with SEND in Lincolnshire.



## Lincolnshire Young Voices



### Anti-bullying

- LYV developed a series of workshops delivered in Anti-Bullying Week 2024 (ABW) to support the NHS Suicide Prevention strategy.
- The ABW workshop was delivered by the LYV teams' committee members and the groups Co-Chairs in seven educational settings
- In total 16 sessions were delivered
  - Over 170 students attended

1

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### The difference it made

- The workshops evaluated positively, and the resources are available on the LYV webpage [Lincolnshire Young Voices – Lincolnshire County Council](#).
- Follow Lincolnshire Young Voices on Facebook for more information

### Transport

- LYV generated a survey which was primarily aimed at those with SEND and young person focused
- Survey received a mix of positive and negative responses
- LYV presented their findings to the Enhanced Partnership with senior managers from LCC Transport and bus operators
- Co-chair presented survey findings to Highways and Transport Scrutiny in January 2025

3

4

### The difference it made

- Following the presentation to Highways and Transport Scrutiny the co-chair had a follow up 1:1 discussion with local bus operators
- They have agreed to adding an additional wheelchair bay to their buses
- A meeting has been held with BusUserUK to discuss the future design of buses – they also agreed to an additional wheelchair bay to their fleet.

### Working with key stakeholders

- To support families, parents and carers of young people with Sensory Processing Differences SEND delivered a series of supporting resources and specialist workshop called the Sensory Processing Difficulties Programme

5

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### The difference it made

- In response to family's feedback, for 24/25 we added two additional workshops on Demand Avoidance and Neurodiversity and Burnout. These have evaluated very positively and been hugely popular
  - [Sensory processing difficulties :: Lincolnshire Children's Therapy Services](#)

# Primary Care

Within the ICB, Primary Care has dedicated support from a Primary Care Communications and Involvement Team to ensure ring-fenced capacity to fully involve our patients in the development of services.

The team has supported service changes within Primary Care, ensuring meaningful engagement and consultation takes place with patients, carers and communities.

Examples of our work this year include:

- Listening to patients and communities by holding **listening clinics**
- Ensuring communities can have their say in **new developments**
- Involvement of patients in the proposed **change of GP premises**
- Setting up a **Primary Care co-production group**
- Public engagement on **Enhanced Access Hub**
- **Co-ordinated partners feedback** to ensure the patient's voice is heard
- Supported **Primary Care Networks** engagement
- Continued to support **Patient Participation Groups and Patient Council**

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

Patient Council

Patient Council & Locality Meetings

Patient Participant Groups

Supporting PPGs

Listening clinics

Digital Co-production group

Wainfleet premises

Boston PCN Enhanced Services



Click this symbol to return to this page

# Patient Council

The voices of the PPGs and the patients they represent are heard within the ICB through our bi-monthly Patient Council meetings. The meetings rotate every two months between the three Locality Patient Council meetings and the County wide meeting.

At the Locality Patient Council meetings there is opportunity for PPGs to share feedback about local NHS services within their locality. These meetings are attended by PPG representatives in each locality, the Primary Care Engagement Manager and ICB Locality Quality Leads.

At the County wide meeting, the ICB share updates, current programmes of work and campaigns and opportunities for PPGs and their communities to get involved. These are held online and are attended by Lincolnshire's PPG representatives, ICB's Involvement Team, Associate Director of Nursing and Quality and key staff.

Feedback from these meeting are reported into the ICB Operational Quality Assurance Group meetings, and Primary Care Quality Assurance Group and Oversight meetings, with any issues escalated to the System Quality and Patient Experience Committee and Lincolnshire ICB Board.



## Public & Patient participation

### Our approach

- These are conducted on a bi-monthly basis; three countywide Patient Council meetings and nine Locality Patient Councils over 12 months.
- This year, there has been two extraordinary Patient Council meetings:
  1. October 2024 meeting to discuss the Armed Forces Covenant, Veteran Friendly Practices, Green Agenda and ICB Medicines Campaign.
  2. January 2025 additional session held regarding the PPGs involvement in the NHS 10 year plan.

### Engaging with patients

- In October, together with the PPGs, the ICB reintroduced the Patient Council Feedback Form to enhance the two-way feedback process for Locality Patient Councils. These meetings aim to receive patient feedback from GP practices via their PPG chair / rep. It encourages accurate collection of insights and experiences between meetings, documenting their sources. They can also capture key discussions from Locality Patient Council meetings to record and share this information with their practices, PPGs and, patients

### The difference it made

Feedback from these meetings is reported to:

- ICB Operational Quality Assurance Group
- Primary Care Quality Assurance Group
  - Appropriate project teams and committees.
- Any significant issues are further escalated to the System Quality and Patient Experience Committee and the Lincolnshire ICB Board.
- Patient Councils will be reviewed in 2025/26 to improve their reach and effectiveness.





### Countywide Patient Council

ICB Project teams have updated the Patient Council on their projects and engaged PPGs in various ways, influencing:

- ✓ Health Inequalities: Co-produced staff workshops on Mental Health, Alcohol & Substance Misuse, Asylum Seekers, Carers, Farming Communities, Temporary Residents.
- ✓ Women's Health Hubs: Provided updates, shared feedback, and disseminated surveys.
- ✓ PPG Awareness Week (03–09 June 2024): Partnered with PPGs to create materials, celebrate contributions, and attract new representatives.
- ✓ GP Strategy Engagement: Gathered feedback to shape the ICB's GP strategy and encouraged wide engagement.
- ✓ Pharmacy First Service: Collected feedback to improve and promote the service.
- ✓ Armed Forces Covenant & Veteran-Friendly Practices: Raised awareness of veteran-friendly GP practices.
- ✓ Green Agenda: Engaged PPGs in sustainability discussions.
- ✓ Medicines Waste Campaign: Sought feedback to shape the campaign.
- ✓ Primary Care Updates: Informed PPGs on funding, service changes, new initiatives, and developments.
- ✓ NHS Ten-Year Plan: PPG involvement helped shape the national plan

### Locality meetings

#### During locality meetings our PPGs have:

- ✓ Gave feedback and raised concerns over access to NHS funded services such as dentistry, capacity issues, new housing developments impacting access, pharmacy staff shortages, access to GPs, secondary care waiting lists
- ✓ Sought clarity over new roles in Primary Care
- ✓ Enquired about ambulance performance and response times in East County.
- ✓ Asked about upcoming NHS campaigns or changes.
- ✓ Emphasised the importance of local community services.
- ✓ Requested update on COVID vaccination plans.
- ✓ Queried consistency of involvement across PCNs with PPGs
- ✓ Scrutinised NHS communications and engagement approaches
- ✓ Want consistency of engagement across PCNs
- ✓ Sharing tips on recruiting for PPGs

# Patient Participation Groups (PPGs)

Public & Patient participation



Ongoing support has been provided by the ICB to GP Practices with their contractual requirement to have a Patient Participation Group (PPG). These achievements highlight the significant role of the PPGs in improving healthcare services and community engagement.

## PPG achievements

### Patient Experience:

- Conducted surveys and reviewed national GP survey results to develop improvement plans.

### Community Communications:

- Established Facebook pages, newsletters, and information boards.
- Highlighted primary care roles and promoted ICB campaigns.
- Shared updates via local platforms.

### Digital Support:

- Supported new online consultation tools and organised digital drop-in sessions.
- Improved digital processes with the ICB Primary Care Digital team.

### Presenting Representative Feedback:

- Organised sessions and online forums for patient feedback.
- Attended community groups for diverse views.

### Reducing DNAs:

- Partnered with practices to reduce missed appointments.

### Reducing Medication Waste:

- Beechfield PPG's "Medication Amnesty" collected unused medications worth £3,500.

### Youth Engagement:

- Recruited youth representatives and approached community leaders for feedback.

### Community Transport Schemes:

- Some PPGs run effective car schemes, receiving excellent feedback.

### Promoting PPGs:

- Many PPGs arranged Annual Public Meetings and participated in PPG Awareness Week 2024.

### Support to Practices:

- Assisted during COVID-19 and flu clinics, supported communications, and participated in CQC inspections.

## Health and Wellbeing events

- **Washingborough PPG:** Organised two Carers Coffee events.
- **Beechfield PPG:** Held CPR and defibrillator training, digital support sessions, and large health awareness events.
- **Long Bennington PPG:** Conducted wellbeing walks, safeguarding training, home visits, and dementia group sessions.
- **Marisco Medical Practice PPG:** Provided refreshments, hearing aid services, and promoted the 'Message in a Bottle' campaign.
- **South Locality PPGs:** Hosted the "Love Your Heart" event.
- **Gosberton PPG:** Collaborated with an aqua therapy centre and held community events.
- **Bourne, Spalding, and Deepings PPGs:** Organised a health and social care event at Bourne Corn Exchange.
- **Glebe Park Surgery PPG:** Held a bake sale and gained Armed Forces Accreditation.
- **Tasburgh Lodge Surgery PPG:** Hosted social sessions for PPG Awareness Week.

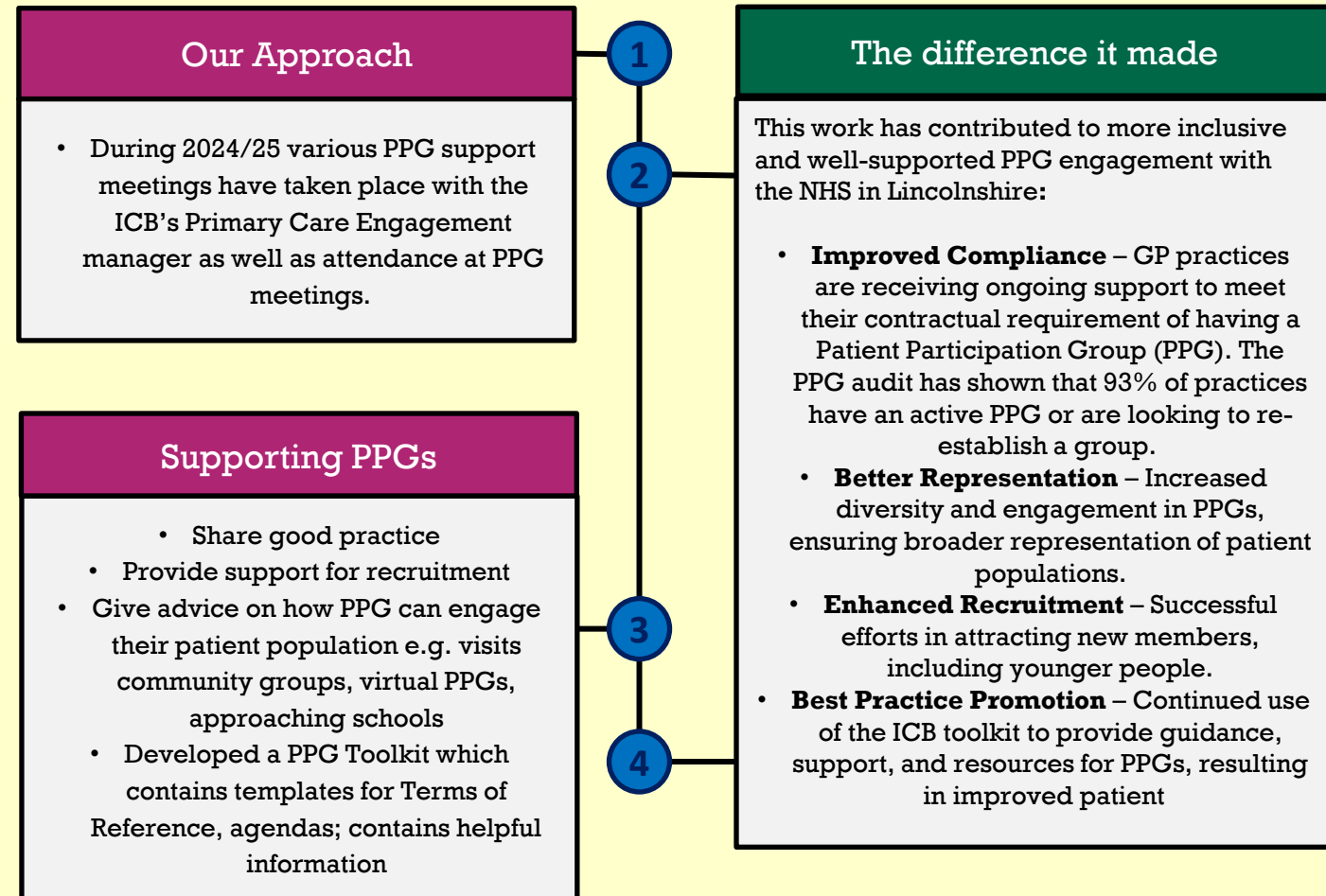
# Supporting PPGs

Ongoing support continues for our GP Practices in meeting their contractual requirement to establish a Patient Participation Group (PPG). Audits have continued throughout this year to identify practices needing additional assistance to reinstate their groups or increase attendance from a diverse patient population.

Support meetings and participation in PPG meetings have been carried out to help practices fulfil their PPG obligations and to recruit new representatives to ICB meetings such as the patient councils and digital co production group. The ICB's involvement team, together with practices, have actively supported PPGs in recruiting new members, including younger individuals. One PPG has successfully recruited sixth formers to their PPG.

The ICB continues to promote its PPG toolkit, offering guidance, resources, and templates to support best practices and encourage innovation in PPGs as well as promote PPG training offers.

## Public & Patient participation



[Resources for Patient Participation Groups \(PPGs\) - Lincolnshire ICB](#)

# Listening Clinics

Listening Clinics enable the ICB and its member practices to hear feedback directly from their registered patients.

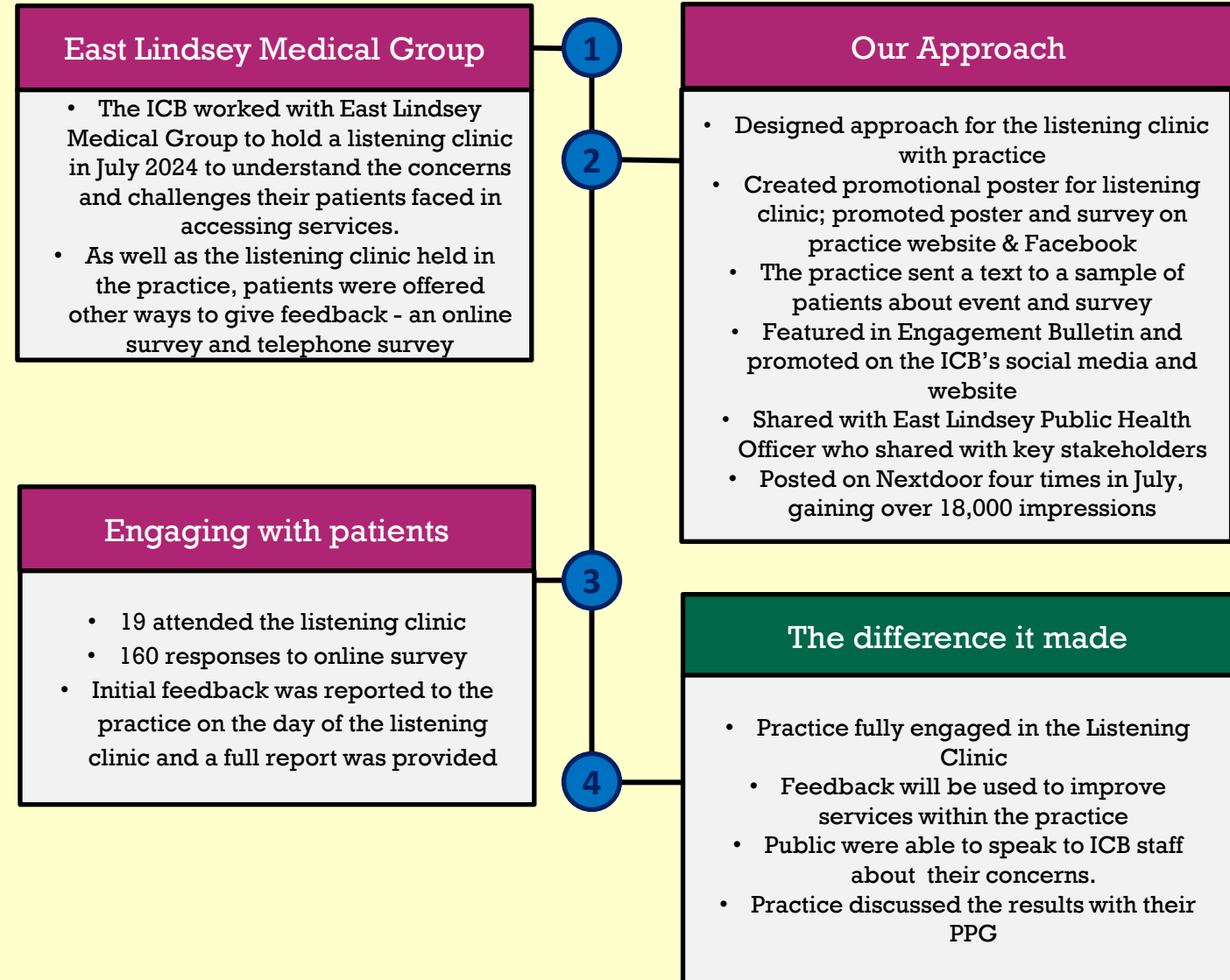
By visiting a practice and talking to patients we can ask them about their experiences of healthcare.

Each Listening Clinic event is promoted widely to encourage as many patients as possible to attend and share their experiences of healthcare or complete an online survey if preferred.

Patient stories and feedback are recorded and helps form part of information considered when looking in depth at a service or service provision.

The final report is shared with the relevant teams and organisations which develop actions to improve quality, service delivery and the patient experience.

## Public & Patient participation



# Digital Co-production Group

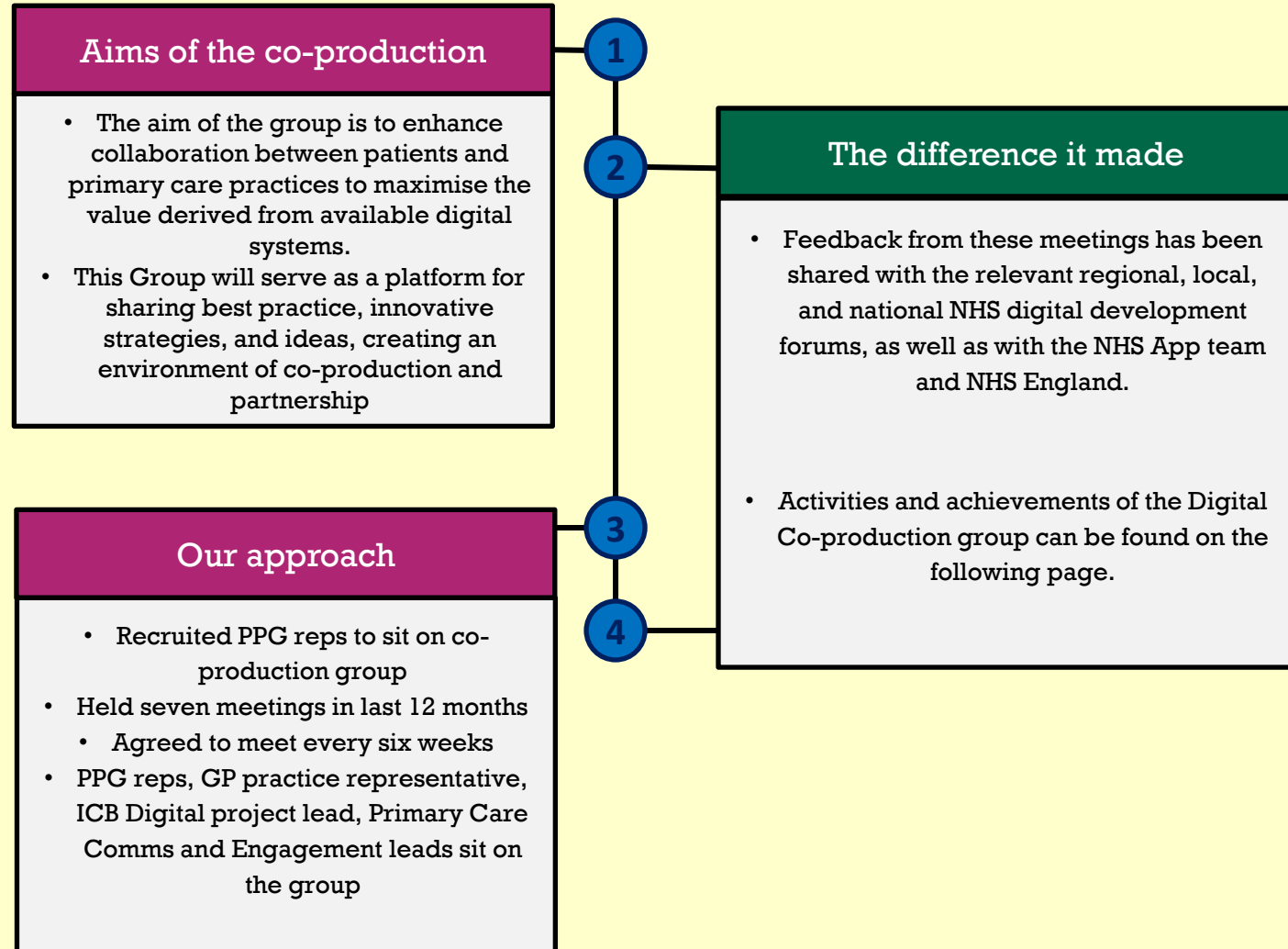
The Primary Care Digital Co-Production Group established from the Primary Care Co-Production meetings.

The group was formed to bring together PPGs with an interest in digital initiatives, working collaboratively to enhance patient access to digital tools and services in General Practices across Lincolnshire.

The digital co-production meetings take place regularly online.

The group includes PPG representatives, ICB Primary Care Digital leads, and members of the ICB Primary Care Communications and Engagement team.

## Public & Patient participation



# Digital Co-Production Group achievements

Public & Patient  
participation



## The Groups' achievements 2024/25

The group have:

- ✓ Co-produced NHS App Registration Posters – in response to patients' difficulties registering on the NHS App the group worked with the ICB Primary Care Communications team and created and distributed posters "[How to Register with the NHS App – 4 Easy Ways](#)". This also included a [poster to support practice staff](#).
- ✓ PPGs have supported practices implementing new online consultation tools i.e. by setting up a help desk and creating "how to guides".
- ✓ PPGs have organised digital drop-in sessions to assist patients with practice online consultations tools and the NHS App which the ICB digital team has supported.
- ✓ Promoted the Lincolnshire County Council's "Connect to Support website"
- ✓ Helped to promote the digital sessions arranged by Lincs Digital in their local community.
- ✓ Influenced the Lincolnshire Integrated Care System Digital Inclusion Strategy. Two PPG reps sat on the strategy development group meetings. The strategy was presented to the group in March 25.
- ✓ Asked the ICB to speak with NHSE to instigate future invitations to NHS App Webinars enabling the patient voice being heard.
- ✓ Helped to develop the self-referral section of the ICB's website, leading to improvements and further awareness of initiatives

## Further achievements

### Patient Participation Groups (PPGs) and Self-Referral Information Development

In July 2024, a co-production meeting with PPGs was held to develop self-referral information on the ICB website, aligning with the Primary Care Access Recovery Plan.

A draft webpage was shared for review, and feedback was gathered during the meeting. PPG members provided insights on accessibility and useability and discussed ways to promote self-referral opportunities across Lincolnshire.

As a result, the website was improved to enhance user experience, and further awareness initiatives were identified.

Moving forward, the website and self-referral information will continue to be developed to ensure they remain accessible, up-to-date, and responsive to patient needs.

# Wainfleet GP Premises

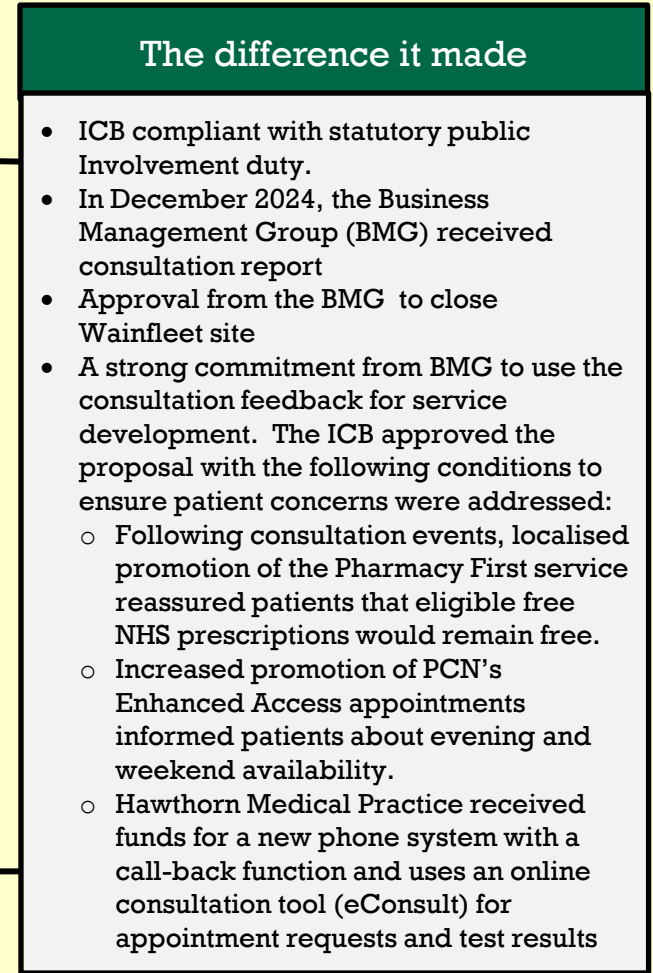
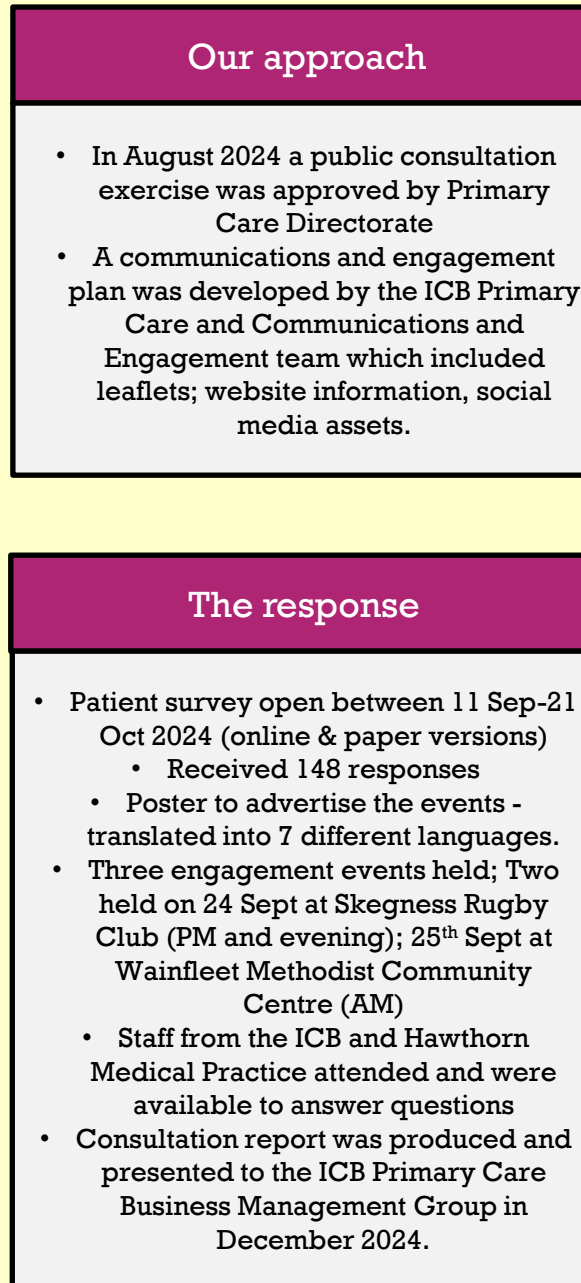
NHS Lincolnshire Integrated Care Board proposed to permanently close the NHS premises in Wainfleet which had been temporarily closed since routine GP services provided by Hawthorn Medical Practice were paused in 2020.

Following a paper presented at the Primary Care Directorate meeting in August 2024, a decision was made to approve a public consultation exercise to explore patient views on the future use of the NHS premises at Wainfleet.

The aim of this exercise was to consult with and seek community views including patients and other key stakeholders on the ICB's proposal to permanently close the NHS premises in Wainfleet.

Following the consultation exercise the ICB made the decision to permanently close the NHS premises in Wainfleet in December 2024.

## Public & Patient participation



# Boston PCN Enhanced Services

Boston Primary Care Network (PCN) proposed to move the Enhanced access appointments from the Siding Medical Practice to Parkside Medical Centre. These appointments were held in the evenings on weekdays and on Saturday.

The PCN wanted to make better use of staff to support the Enhanced Access Service so their proposal also included that they could deliver the service through the PCN rather than using an external provider, and that improvements to the service delivery would be better managed.

It was proposed that patients would be offered additional types of appointments, like cervical smears and childhood vaccines in the evenings and on weekends which should encourage increased uptake.

A consultation exercise took place to look at the proposed changes.

## Public & Patient participation



### Our approach

- The PCN approached the ICB in January 2024 to discuss changing the provision of the Enhanced Access service.
- A formal proposal was submitted in June and reviewed through the ICB's governance process in July.
- Agreed to undertake patient and public engagement prior to the ICB making a final decision.
- A communications and engagement plan was developed by the ICB Primary Care and Communications and Engagement team which included leaflets; website information, social media assets.

### The response

- Patient survey open between 5 Aug–16 Sept 2024 (online & paper versions)
  - Received 355 responses
  - Poster to advertise the events - translated into 7 different languages.
- Two Engagement Events held at The Len Medlock Voluntary Centre on 29 August 2024, where 9 people attended.
- Staff from the ICB, Boston PCN and Greyfriars and Parkside surgeries were available to answer questions
- Consultation report was produced and presented to the ICB Primary Care Business Management Group in October 2024.

### The difference it made

- ICB compliant with statutory public Involvement duty.
- Report presented to the Business Management Group (BMG) in Oct 2024.
- Approval from the BMG for the proposal to go ahead and move the enhanced access service to Parkside Medical Centre
- BMG committed to using consultation feedback for service development. The ICB approved the proposal conditions to address patients concerns:
  - The PCN will promote all available patient transport schemes.
  - Telephone and/or video consultations will be offered through Enhanced Access
  - Provide clear parking instructions
  - Staff will offer appointments across all available sites as part of standard practice.
  - Ensure consistent and clear communication and promotion



# Health Inequalities

## What are health inequalities?

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

- Health status, including life expectancy and health conditions
- Access to care, such as availability of treatments
- Quality and experience of care, including patient satisfaction
- Behavioural / lifestyle risks, like smoking rates, alcohol consumption, diet, and physical activity
- Wider factors affecting health, such as jobs, housing, education, and access to welfare services

Differences in health status and its determinants can be experienced by people grouped across four factors:

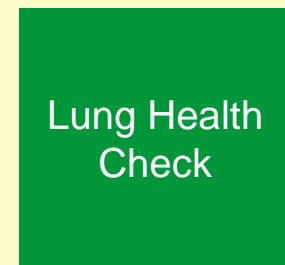
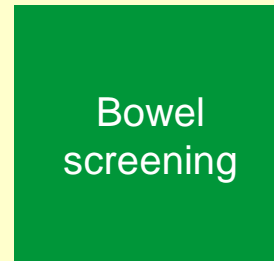
- Socio-economic factors (e.g., income, availability of work)
- Geography (e.g., region, urban/rural/coastal areas)
- Specific characteristics (e.g., sex, ethnicity, disability)
- Socially excluded groups (e.g., people experiencing homelessness)

In Lincolnshire, health levels vary significantly, with considerable gaps between different areas and groups within the population.

## What are we doing in Lincolnshire?

NHS Lincolnshire Integrated Care Board has a team of dedicated professionals, who work with the health and social care providers to reduce health inequalities across Lincolnshire. They use the NHS England approach [Core20PLUS5 for adults](#) and for [Core20PLUS5 children and young people](#). They work closely with Public Health (Lincolnshire County Council) to reduce the gap between the healthiest and the least healthy populations within Lincolnshire. The ICB is committed to hearing from communities and individuals who may be experiencing these inequalities and have a dedicated resource to engage and involve communities in these projects.

For more information: [Reducing health inequalities - Lincolnshire ICB](#)



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

# Bowel Screening

The Health Inequalities Bowel Screening project aims to address the lower uptake of bowel screening in Lincolnshire's most deprived areas.

The project seeks to understand the reasons behind this inequality and committed to co-produce solutions with those affected.

Previous engagement, back in 2023/24, identified small pockets of our population that were not taking up the opportunities for bowel screening.

This year, the Health Inequalities team began engaging with non-English speaking communities and carers to understand and address their specific challenges around bowel screening.



## Talking to our communities – Non-English speaking

- Community engagement targeted non-English speakers. The "Let's Talk About Bowel Cancer Screening" survey was redistributed to 25 individuals identified by One You Lincolnshire
- Worked with Boston Lithuanian School and a Health and Wellbeing Coach from South Lincs Rural PCN, who reached out to bowel cancer screening non-responders
- Spoke to 19 people at 3 locations, 10 of had not completed their bowel screening. Among those, languages spoken included Polish (5), Russian (2), Lithuanian (2), and one unknown

## Talking to our communities – Carers

- The Let's Talk About Bowel Cancer Screening survey redistributed through social media via Carer's First, received 10 responses
- Spoke to 36 at 3 carers events across Lincolnshire

## Public & Patient participation



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### The difference it made

- Gained additional insight by working with partners such as the school and PCN
- The project group is now exploring how to continually reach this population.
- Translating educational materials into other languages and filming educational video content is being considered.
- Insight revealed that language are crucial for non-English speakers, feedback indicated that "screening" is perceived as invasive in Lithuania, discouraging participation
- We were able to ascertain that the bowel testing kit was easily recognisable as a visual aid, and those with limited English skills clearly understood what it was

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### The difference it made

- Spoke to 6 people who had not completed their bowel screening and encouraged participation
- The project group will collaborate with the Carer's Priority Delivery Group to investigate the barriers and challenges carers face with bowel screening, based on the insights gained

4

# Lung Health Checks

The Targeted Lung Health Checks program offers individuals aged 55 to 74 with a history of smoking the opportunity to undergo a lung health assessment.

Those identified as at risk of lung cancer may be referred for a low-dose CT scan of the chest as part of the screening process.

The objective of the engagement exercise was to help shape a new Lung Cancer Screening Programme in Lincolnshire.

## Public & Patient participation



### The aim

- To identify potential uptake or not of screening checks
- To understand reasons for uptake or not of screening checks
- To identify what would encourage uptake of screening checks
- To identify a reasonable travel time for Targeted Lung Health Checks & other possible screening programmes.
- To identify the mode of transport that will be used.
- To identify preferred locations of screening checks
- Identify any health inequalities which might be widened due to the location of Target Lung Health Checks

### Our approach

- Created an online survey
- Distributed to our stakeholder database that includes groups from the following; LGBT, BAME, Disability, Carers, Young people, Older people, Faith and Religious and various community groups across Lincolnshire
- Worked with Partners to widen distribution e.g. One Lincolnshire; Public Health, Travellers Initiative, Project Compass, local community leaders and Framework Charity
- 382 responses received.

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### The difference it made

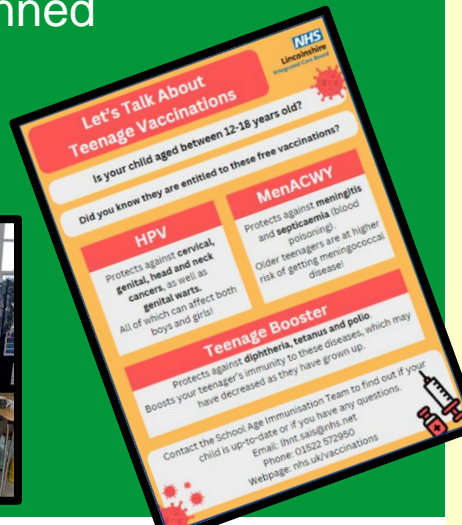
- The involvement report was presented to the Lung Cancer Screening programme team
- Information gained from the survey supported the assumptions regarding travel – patients should travel not more than 30 minutes
- Scoping opportunities to procure the service
- Findings in the service will assist procurement process / service specification
- Insight gained in the survey will inform potential sites of mobile units
- Further work will carry on in 2025/26

# Gypsy, Roma & Traveller

The Health Inequalities team supported the ICB's Vaccination Team with their MMR increased uptake project. This work aimed to target groups with lower vaccination rates including the Gypsy, Roma, and Traveller (GRT) community.

Feedback was gathered from the GRT community on barriers to vaccination. Partnering with Lincolnshire Travellers Initiative (LTI), the focus shifted to secondary school immunisations.

Together, an event was planned to provide information and gather feedback.



## Public & Patient participation



### Aim of the event

- Successfully engage with GRT community
- Be a friendly and approachable point of contact for the travelling community
  - Use culturally sensitive communication methods to gain trust and build relationships
- Understand concerns and health needs
- Support individuals in asking questions and voicing concerns.
- Promote health services in a way that respects the community's values.
- Distribute leaflets and resources in an accessible way
- Clarify misconceptions about vaccinations, screenings, or other health services.
- Support health professionals in delivering key messages

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### The difference it made – on the day

#### Vaccination Team:

- Administered one nasal flu vaccine .
- Distributed vaccine leaflets to 7 parents.
- Obtained consent for a home visit to vaccinate a Year 9 child with autism
- Secured parental consent for upcoming school vaccinations (Yr 9 & Yr 10)
- Advised a parent to check a Year 7 child's vaccine history.
- Two children (Yr9) consented to future vaccines
- A parent consented to MenACWY and HPV A 21-year-old was advised to seek the HPV vaccine from her GP.

#### Oral Health Team:

- Involved several children in teeth cleaning demonstrations
- Distributed free toothbrushes and toothpaste

### The difference it made – long term

- Building trust between the NHS and GRT community.
  - Receiving feedback on healthcare professionals and services.
- Distributing health leaflets in appropriate literature.
- Identifying barriers to healthcare access.
- Securing commitment from professionals for future collaboration and events.
  - Planning future events for summer 2025

# Community Development

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 service that offers personalised care tailored to individual needs and works for everyone. The ICB aims to involve people from different places, cultures, nationalities, ages, and genders.

By being visible and accessible when we visit all corners of the county, we allow people to approach the ICB with their concerns, ideas, and feedback. This direct interaction builds trust and strengthens communities' relationships.

Maintaining existing connections is as important as forming new ones ensuring that the community feels supported over time. It also allows the team to build on previous successes and address ongoing needs effectively.

The ICB's engagement team believes that building new connections with community groups such as schools, young people, and underrepresented populations is crucial. By reaching out to underrepresented groups, the team ensures that diverse voices and perspectives are included in community discussions and decision-making processes. This helps create a more inclusive environment where everyone feels valued and heard.



LGBTQ+  
communities



Skegness  
999 day

Digital  
Outreach for  
Community  
Connection

***Make connections***  
***Stay connected***  
***See the difference***



Working  
with  
Schools



HWLincs  
VOICE  
conference  
2025



A day in the  
life of ....  
the ICB  
involvement  
team

ICB  
Involvement  
bulletin

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



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# LGBTQ+ Communities

Attending community events is vital for connecting with people from underrepresented groups.

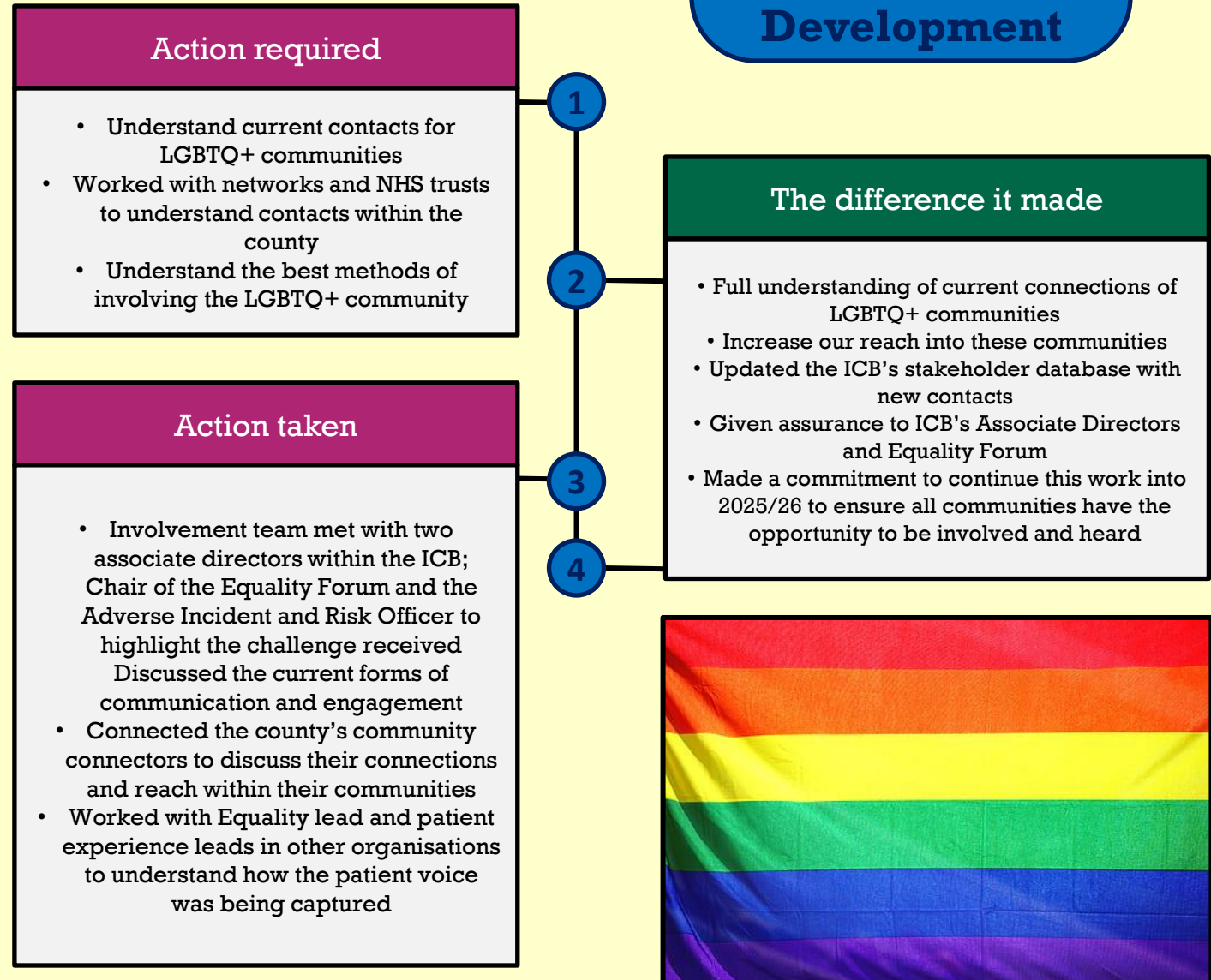
In November 2024, the Transgender Remembrance Day was held.

During the day, the ICB was asked how it is capturing the voice of LGBTQ+ communities.

Since the event the Involvement Team has actively sought to improve connections with LGBTQ+ communities and work will continue in 2025/26.



## Community Development



# Skegness 999 Day

The ICB involvement team spends time in communities reaching out to people to encourage involvement and participation, often speaking those who wouldn't normally get involved.

The 999 day in Skegness has been a successful way of meeting residents and visitors to the area. It also gives the team chance to network with other emergency services colleagues throughout the day.

Due to the success of previous years the Skegness 999 day is a firm favourite in the diary and gives us the opportunity to reach out into the community, and we are also able to represent the NHS at the Emergency Services Day.



## Community Development

### Aim of day

- Priority to connect with Skegness residents about the GP Strategy
- Encourage residents to take part in the survey
- New connections made within the community and families
- Signed people up to receive the involvement bulletin
- Able to signpost residents to services
- Handed out leaflets about getting involved in the NHS

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### The difference it made

- Informed local community of GP Strategy to encourage participation
  - Engaged with numerous community members who were seeking guidance and information.
- Collaborated with colleagues from various parts of the county
- Discussing the crucial role of shaping both current and future NHS services

### Activity on the day

- Handed out 31 leaflets for GP strategy
- Able to assist individuals with queries around some NHS services such as Dental, Primary Care
  - Promoted current surveys and engagement opportunities
- Encourage sign-up to engagement bulletin
- Signposted people to mental health services

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# Engaging Young Adults

Involving different age ranges of Lincolnshire's population is vital to the success of great engagement.

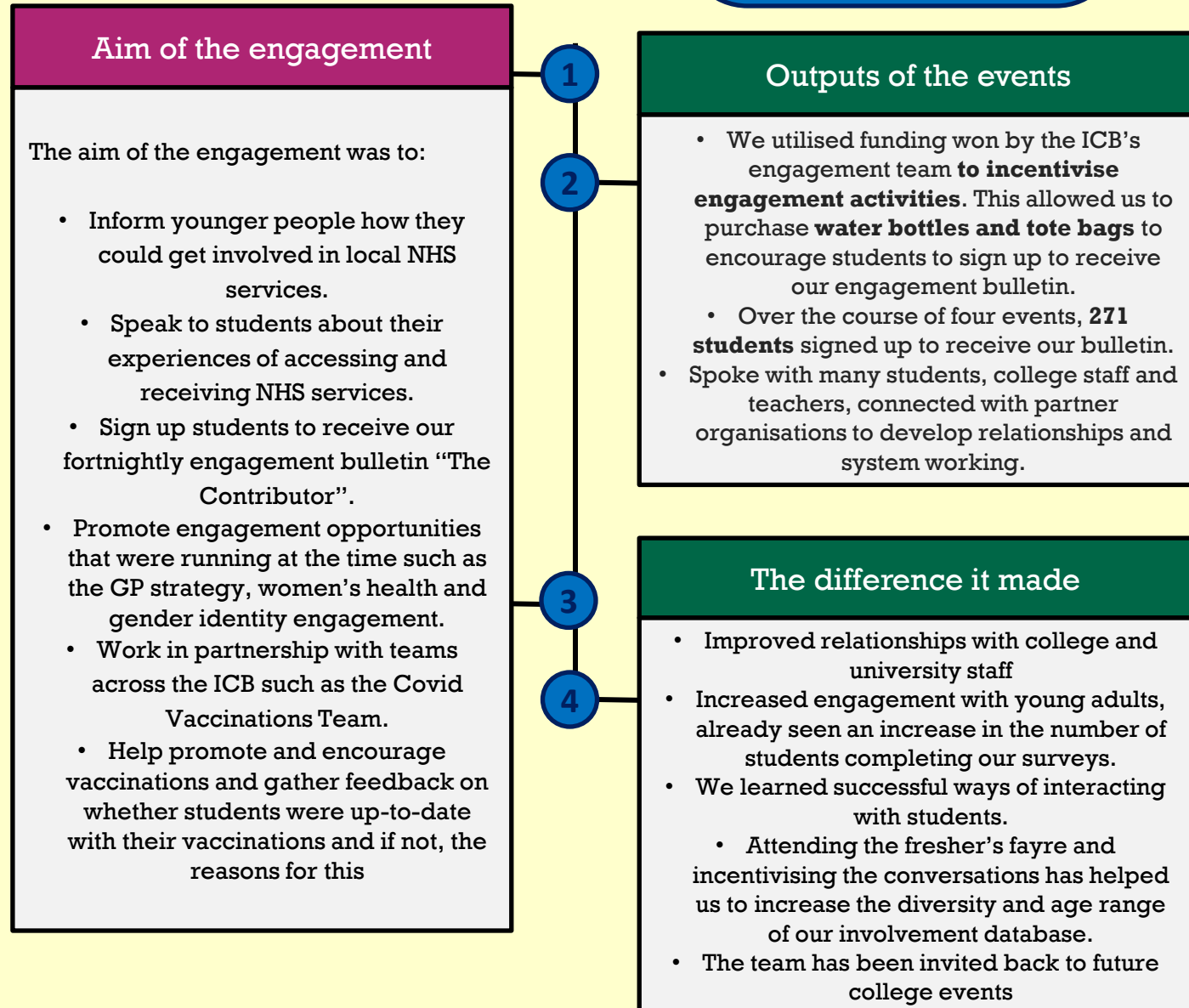
Engaging with young adults to better understand their health needs is a priority for the ICB's engagement team.

Building on last year's success, the engagement team attended Freshers' Fayres at some of our local colleges and universities.

In September 2024, the team visited:

- Lincoln College
- Grantham College
- Boston College
- Bishop Grosseteste University

## Community Development



# Working With Schools

We recognise the importance of proactively involving Lincolnshire's young adults in our work and the different approaches needed to reach them. Their insights, innovative ideas, and experiences are crucial for developing future services.

As part of the Women's Health project, we reached out to Kesteven and Grantham Girls' School, where we had previously visited during the NHS Joint Forward Plan engagement. We arranged a lunchtime meeting with students, primarily from the sixth form, along with some younger students. Our goal was to discuss their experiences accessing health services as young women in Lincolnshire.

## Public & Patient participation



### Engagement on the day

- We spoke to 14 female students, accompanied by three tutors.
- All the students were engaged and very vocal in sharing their experiences and invested in how these services could improve in the future.
- The time spent with the students was truly beneficial, and the engagement continued beyond the meeting, which was great.

### The difference it made

- One student agreed to present at the annual Women's Health conference in November 2024 (see picture).
- Her compelling story captivated the audience and set a positive tone for the afternoon workshops.
  - The presentation was well-received and sparked meaningful discussions.
- On hearing her story, one consultant pledged to change the way they practiced in the future

- Additionally, the students at the Girls' School created a video presentation to share their views on Women's Health.
- This was presented to the Women's Health Steering Group in December 2024, leading to great discussions about the importance of participation from all ages.

- Video can be seen via Vimeo - click [here](#)



### The difference it made – long term

- This initiative has helped us build a solid relationship with Kesteven and Grantham Girls' School, and they are keen to assist with future projects

# A day in the life of ... the ICB involvement team

**The role of an involvement officer for the ICB is varied and takes the team all over the county speaking to patients and communities. This is how we spent one of our days in November 2024 at the Women's Health Conference 2024 ...**

“Today was a full, rewarding day as I represented the ICB's involvement team at the Lincolnshire Women's Health Conference. My role was to present the report from the summer's engagement activities—a culmination of countless hours dedicated to gathering community feedback through surveys, community conversations, and online events.

The conference was bustling with energy. As I listened to the opening welcome and local and national speakers, I kept reminding myself that my turn was coming soon. When my name was announced, I stood up and approached the stage, feeling a mix of nervousness and excitement.

With a dry mouth and a slight tremor, I took a few deep breaths and forced a smile. I started by introducing myself and my role, then cracked a small joke about eating lots of cake during the process, which made the audience chuckle and eased the tension within me. This allowed me to focus on sharing what really mattered: the women's voices of Lincolnshire. It was heartening to see so many faces concentrating on the feedback from the report, with nods and gestures indicating they were hearing familiar stories and content.

In the afternoon, patient stories took centre stage. Hearing from women I'd met during our engagement activities was especially moving. Sam, a committed member of our co-production group, and Naomi, a student from Grantham, shared deeply personal stories that resonated with the audience. Their experiences reaffirmed the importance of our work; the voices from our communities truly make a difference.

Facilitating workshop discussions later in the day was both challenging and thrilling. The tables buzzed with conversation, proving that people are passionate about shaping health services in Lincolnshire. Keeping everyone on topic was tough, but the energy and investment in discussing women's health issues were profound.

As the day wound down, I stayed to chat with many attendees who shared positive feedback about the conference. It was heartwarming to hear that they had enjoyed the day, felt heard, and were eager to stay involved.

Packing up, Naomi – the student presenter - shared that a gynaecological consultant had approached her, expressing how deeply moved and inspired they were by her story. They said it would change the way they practice in the future.

This is why I do this work!

I left the venue exhausted but deeply satisfied, grateful to have been part of such an engaging day that highlighted the power of community voices in driving change.”



# Digital Outreach

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 2024 and 31st March 2025 we had **125,548 active users/visitors** and **664,895 page views** on our website. The most popular entrance to our site was via our **homepage** and our most popular pages were those with information about our vaccination programme in **Lincolnshire 'Grab a Jab Lincolnshire'**.

The **ICB social media channels** saw an **increase in reach, engagement, and new followers in this period**. Our posts reached **1,843,529 users**, making **2,053,630 post impressions in users timelines**, with an **engagements rate of 3.28%**. The ICB gained **1,450 new followers** across our social platforms.



# Digital Outreach

In 2024-25 we have continued to use the social media application, Nextdoor, to share information and engage with members of the public.

We have used this platform for:

- Publishing live surveys and questionnaires
- Sharing urgent health messages
- Promoting health campaigns
- Promoting GP Listening clinics and consultations
- Sharing details of flu and COVID vaccinations
- Highlighting bank holiday opening times for pharmacies
- Sharing public health messages and events

We have promoted **29 engagement activities** reaching a total of **128,756 members across 98 posts with a total of 1,101,134 impressions.**

Our top post was our GP Strategy engagement with **30,104 impressions.**

This app allows us to reach many more people than before, benefitting from the ability to target areas and 'neighbourhoods' for more direct communication. This has been particularly useful when posting about consultations and local events.

# nextdoor



nextdoor Sign in

NHS Lincolnshire Integrated Care Board is on Nextdoor, the neighbourhood hub. Sign up for Nextdoor

England / Lincolnshire / Lincolnshire Public Agencies / NHS Lincolnshire Integrated Care Board

Integrated Care Board

## NHS Lincolnshire Integrated Care Board

lincolnshire.icb.nhs.uk  
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Activity

**Easter Healthcare**  
NHS Lincolnshire Integrated Care Board Engagement Team from NHS Lincolnshire Integrated Care Board · 6 days ago

If you are staying at home or venturing away for a few days this Easter break the attached will help you access the right healthcare across Lincolnshire.

If you are going away our handy guide to healthcare services while away from home gives information about how to access healthcare while away including your own GP practice if needed. If you are staying at home our guide to healthcare services shows everything that is available including the WaitLess app which shows the closest Urgent Treatment Centre and the time given includes travel, wait and treatment – it also shows you how many people are already there.

So, keep well this Easter with these handy guides.

<https://play.google.com/store/apps/detail...>

6 days ago · Subscribers of NHS Lincolnshire Integrated Care Board in General

THANK | 1 REPLY

**Are you signed up to our engagement bulletin?**  
NHS Lincolnshire Integrated Care Board Engagement Team from NHS Lincolnshire Integrated Care Board · 25 Mar

Say hello to the latest opportunities to have your say and get involved with your local NHS.

We also share information about groups and organisations plus the latest in local NHS news.

For more information and to get signed up to receive our fortnightly newsletter please visit - <https://lincolnshire.icb.nhs.uk/get-invo...>

# 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. 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.

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

Additionally, it features activities from other organisations, including Healthwatch, Lincolnshire County Council, and various voluntary and community organisations to support and encourage participation in their engagements.

This newsletter aims to promote community engagement and encourage participation in projects and engagement opportunities that contribute to the improvement of health and social care services.



**Special edition!**

**NHS**  
Lincolnshire  
Integrated Care Board

## The Contributor

This week we have a **SPECIAL EDITION** of the contributor about **GP services in Lincolnshire**

### Help us improve your GP Services!

Here at the Lincolnshire Integrated Care Board, we value your opinion and need your feedback to enhance and improve your GP services. Sharing your experiences will help us provide the best possible care to you, your family and your community.

### Your views matter!

We are interested in hearing about various aspects of your healthcare experiences, including how you manage minor illnesses, long-term conditions, and major health concerns.

Where do you go to seek advice, care and treatment? How easy or difficult it is to book appointments?

Tell us about the professionalism of our staff, the quality of medical care and treatment you receive. We want to know what you think.

**How to Participate:**  
We invite you, your friends, and family members to take a few minutes to complete our survey.

- **Online:** [Click here](#) to fill out the survey online.
- **Scan and Go:** Use your smartphone to scan the QR code and access the survey instantly.
- **Email:** email us to request an alternative format at [licb.involveus@nhs.net](mailto:licb.involveus@nhs.net)



Your participation will help us provide better service to you and all our patients.  
**Thank You for Helping Us!**



24 FEBRUARY 2025

## The Contributor

Say hello to the latest opportunities to have your say and get involved with your local NHS

This weeks hot topic  
Your help is needed to develop the future plans of  
Grantham Hospital!

### Have your say!

#### Patient Experience

Patients are our best witnesses of healthcare. Being centre of the healthcare process, you observe almost the whole process of care, meaning that you can provide invaluable insights into the quality and delivery of care. By telling us about your experiences it can help improve services for both you - the patients and those delivering services.

**EXPERIENCES OF USING NHS SERVICES**

Have you or someone you cared for recently used NHS services?  
We would like to hear from patients and groups from all communities, towns and villages across Lincolnshire to help us understand your experiences in using NHS services.

[Complete survey here](#)

#### Healthwatch Lincolnshire

Healthwatch Lincolnshire are the independent champion for people who use health and social care services. Healthwatch Lincolnshire make sure that those running services, put people at the heart of care.

Their sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

We focus on ensuring that people's worries and concerns about current services are addressed. We work to get services right for the future.

Tell us about your own experiences of health or social care services.

[Complete survey here](#)

**healthwatch**  
Lincolnshire

**GET INVOLVED**

# HWLincs VOICE Conference 2025

HWLincs is a charity undertaking engagement, research and evaluation to provide insights and recommendations that drive positive change and impact in health, social care and wellbeing. They work with charities, businesses, non-profit organisations, the NHS, government departments and more, to deliver contracts and projects in wellbeing and social change.

On 12<sup>th</sup> February HWLincs held their first **HWLincs VOICE Conference** and the ICB were invited to participate.

The ICB were involved in various ways throughout the day. In the morning, our Director of Communications and Engagement illustrated how the ICB involves communities and works closely with partners such as HWLincs.

Additionally, we participated in the **Seldom Heard Communities** workshop where we presented our engagement with health inclusion groups such as the gypsy, roma and traveller communities. In another workshop, the ICB highlighted its collaboration with HWLincs as part of our Lincolnshire maternity and neonatal programme.

We were also part of the 'marketplace' where we teamed up with **LPFT, LCHS and ULTH** to showcase examples of good practice across the NHS.



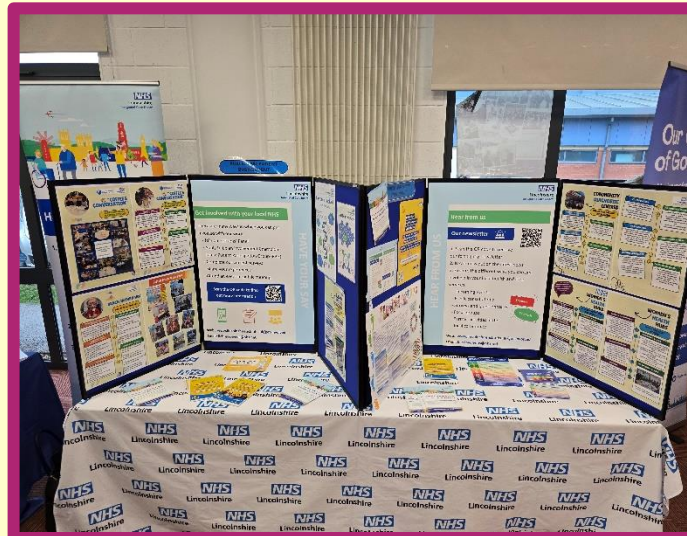
Picture 1: Lincolnshire Maternity and Neonatal (ICB) presentation  
Above photos courtesy of HWLincs – see [HWLincs VOICE Conference 2025](#)



Picture 2: Suzanne and James (ICB) following their presentation on Seldom Heard Communities



Picture 3: Charley, ICB Director of Communication and Engagement



Pictures of the NHS stand in the marketplace area with Bex (LPFT), Steph (ICB) and Linda (LPFT)

# Current Engagement Activity

This section of the report highlights the ongoing engagement projects initiated in 2024/25, which will carry on into 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 2025/26.

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

SMI Physical Health Checks



Newland Health Centre

Stamford Healthcare



Gluten-free Products



Specialised Weight Management

Intermediate Care – Public & Staff engagement



Fertility Treatment



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



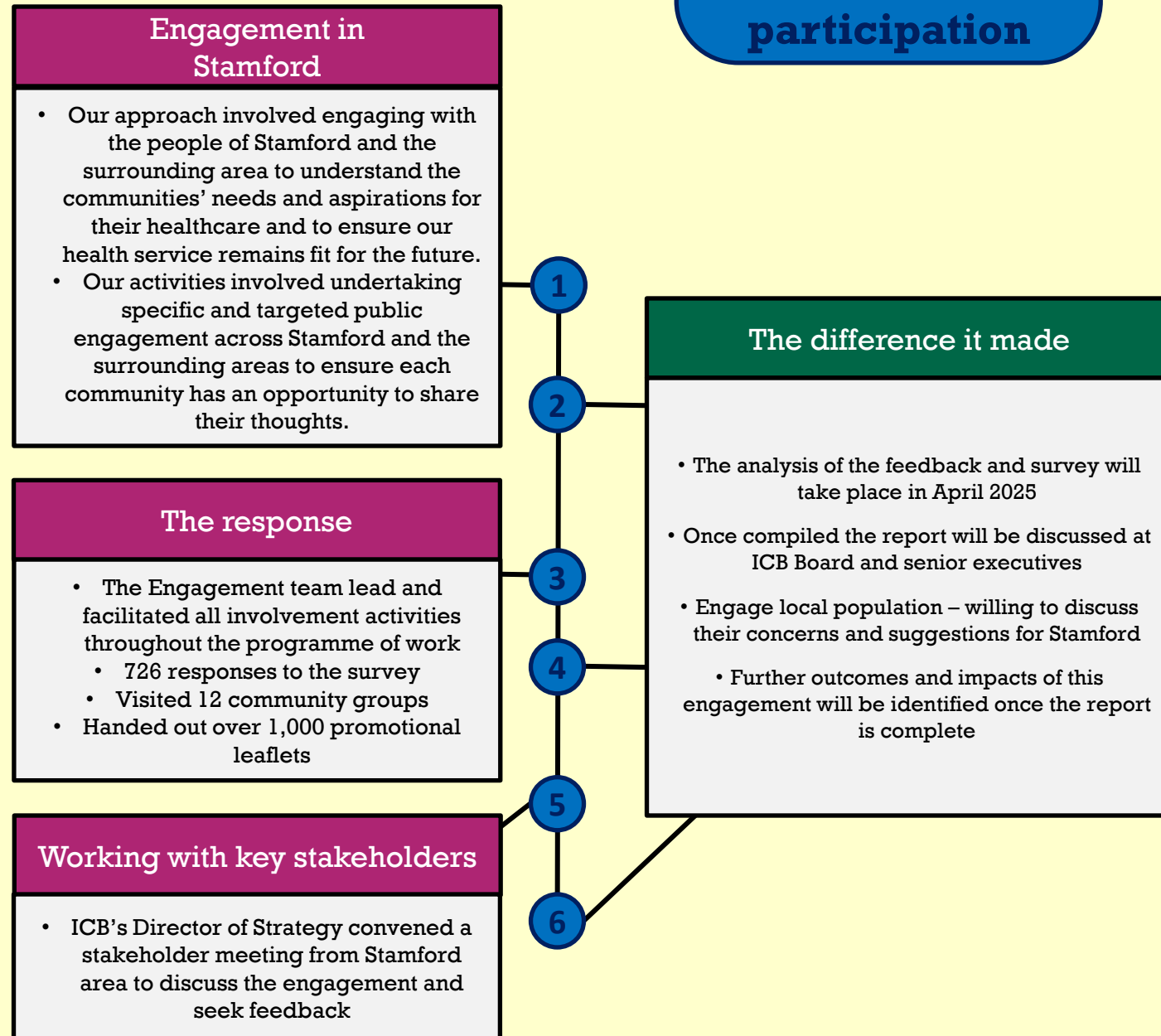
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# Stamford Healthcare

Lincolnshire ICB have undertaken engagement to review and evaluate the long-term shape of health services in Stamford and the surrounding areas in light of the significant projected population growth. This included working with key stakeholders and engaging the local public to help shape the future strategic direction.

The key aim of this involvement was to understand the public opinions on the long-term growth and its potential impact on health and access to NHS Services in Stamford. This will help to shape the long-term priorities of future healthcare.

## Public & Patient participation

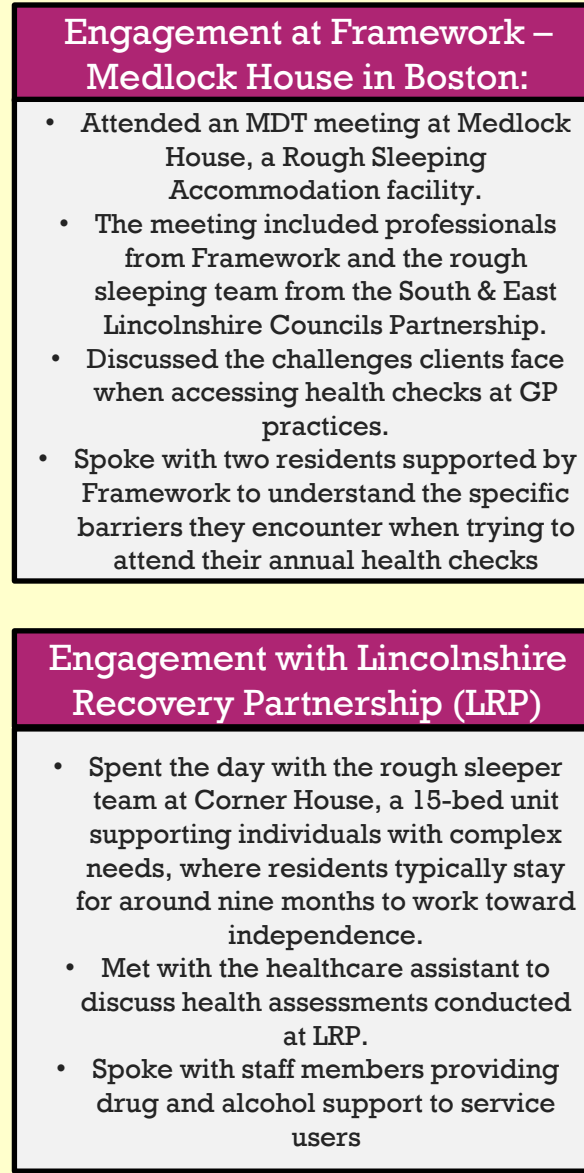


# SMI Physical Health Checks

The Serious Mental Illness Health Checks project aim to identify and understand the barriers and challenges faced by individuals with severe mental illness (SMI) who also have alcohol/substance use issues or are experiencing homelessness when accessing physical health checks at their GP.

The engagement started towards the end of 2024/25 and will continue into 2025/26. It aims to work with identified groups to hear first-hand the challenges and barriers they have.

The aim of the project is to co-produce recommendations for the SMI physical health programme tailored to their needs. Opposite is some of the engagement that has been carried out so far.



**Current engagement activity**



**Engagement with Project Compass in Lincoln:**

- Spent three consecutive days at Project Compass, a shelter providing food, hot drinks, washing facilities, and access to support workers for the homeless.
- Built relationships with community members experiencing homelessness.
- Listened to the challenges and barriers preventing them from accessing their SMI physical health checks.
- Identified additional barriers to accessing GPs for other medical concerns.

**The difference it made**

- Too early to feel the impact of the engagement work so far
- Future engagement planned to date, to visit Restore in Skegness and Lincolnshire Recovery College
- More engagement is planned in 2025/26 and the impact will be seen later in this year.



# Current engagement activity

## Newland Health Centre – closure of branch site

Heart of Lincoln Medical Group (HLMG) submitted a proposal to the ICB to close the Portland Branch Site at Newland Health Centre. This request by the ICB Business Management Group meeting on 5 March 2025.

The group approved the recommendation to allow GP Partners to proceed to ‘Stage 3 – Involvement of Patients and Key Stakeholders,’ as outlined in the Branch Closure Guidance.

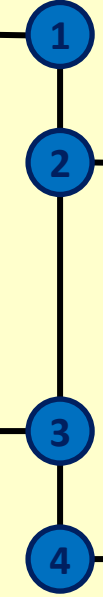
Following this decision, the ICB Primary Care and ICB Primary Care Communications and Engagement teams supported the practice with their public engagement and consultation process, which will run from 11 March to May 5, 2025. During this time, patients registered at the practice are invited to share their views before a final decision is made by the ICB.

### Our approach

- In March 2025 a public consultation exercise was approved by ICB Business Management Group
- A communications and engagement plan was developed by the ICB Primary Care and Communications and Engagement team which included leaflets; website information, social media assets.

### Engaging with patients

- Patient survey opened on 11 March and will run until 5 May 2025
  - Patients are being encourage to participants and share their view with the ICB and the practice
- Online survey opened on 11 March and has been advertised through the ICB and practice and PPG
- Paper versions of the survey have been made available
  - 3 public events have been planned with 2 already held
    - 17 March
    - 18 March
    - 3 May



### The difference it will make

- The ICB is compliant with statutory public involvement duty.
- The Business Management Group (BMG) will receive the consultation report with all the patient feedback
- The report will give BMG an understanding of patient consensus regarding the views of patients

# Intermediate Care

Intermediate care is a short-term service that helps people regain independence after a hospital stay or if they are at risk of being admitted to a hospital or a care home. It can be offered to help people recover from an illness, certain types of treatment, a fall, or an accident. It consists of therapeutic intervention that is provided by trained staff and usually limited to 6-8 weeks.

There are 4 main types known as reablement, crisis response, home based, and bed based. Intermediate care can take place in your own home, in a care home or in an acute or community hospital.

In March 2024, Lincolnshire County Council, Lincolnshire Integrated Care Board, and associated partners started to review the intermediate care provision across the county.

Two surveys were launched at the end of March – one for members of the public and one for staff to complete. Full analysis and key findings will be reported in quarter one of 2025/26.

# Fertility Treatment



**NHS Lincolnshire Integrated Care Board was part of a review of fertility treatment in the East Midlands** where there are five areas that provide fertility services:

- NHS Derby and Derbyshire ICB
- NHS Nottingham and Nottinghamshire ICB
- NHS Northamptonshire ICB
- NHS Leicester, Leicestershire and Rutland ICB
- NHS Lincolnshire ICB

The aim of this work was to review how people currently access fertility treatments in each area and to create one policy for the whole of the East Midlands. This will make accessing treatment easier and fairer.

Lincolnshire ICB collaborated with the other ICBs in the region. A single survey for the East Midlands was produced and hosted by NHS Derby and Derbyshire ICB. [East Midlands Fertility Review](#). The review addressed differences in access such as age, Body Mass Index (BMI), and the number of treatment cycles available. It also considered access for same-sex couples, individuals with children from previous relationships, and single people.

The survey was open throughout November and December to give individuals the opportunity to provide feedback on the suggested proposals and how these proposals may impact them. In Lincolnshire, we promoted the survey through our bulletin, social media, and website. We worked with members of public who were interested in the review and was able to supply the information and links to the survey, enabling them to share across their networks. We encouraged participation from across Lincolnshire.

At the end of March, the survey results were being analysed, and it is expected that the results of the engagement exercise will be available in the first quarter of 2025/26.



# Specialist Weight Management Service

The Lincolnshire Healthcare system is dedicated to continuously improving services, and a key component of this is through patient feedback and engagement.

An area of focus for 2025/26 is services for those who are overweight (including obesity), and in Lincolnshire, 67.6% of adults are classified as overweight or obese, which is higher than the national average of 63.5% in England.

A survey has been launched and is targeting all people (including friends and family) who have accessed local weight management support.

The survey is asking questions in relation to any weight support programmes that people have tried, campaigns and information they have received and the services they potentially would use in the future.

## Gluten Free Products

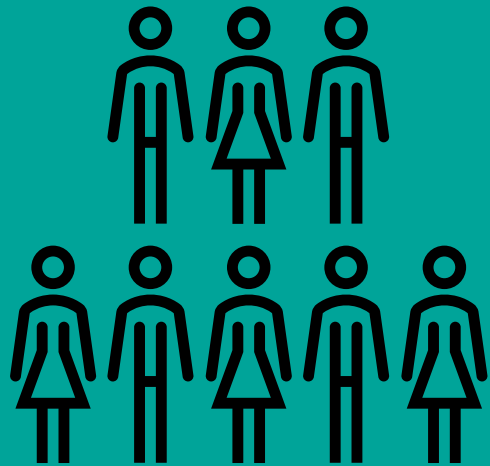
The Lincolnshire NHS is proposing a change in the availability of gluten-free bread and flour on prescription.

Currently, we provide our patients, including those diagnosed with coeliac disease and dermatitis herpetiformis, with up to eight units of gluten-free bread or flour on prescription a week.

Lincolnshire NHS are reviewing the prescribing of gluten-free products in order that we might safely limit the volume of prescriptions. This means that for as many people as safely possible, we would stop prescribing gluten-free products altogether (though for any people for whom this change would not be clinically safe, we would continue to support prescriptions).

We have launched a survey to help us understand the impact of this proposal. The feedback received through this survey will inform the future shape of this service and the provision of gluten-free products in the county.

# About us and why we involve people and communities



This following section of the report covers:

- About us, Lincolnshire Integrated Care Board
- Population data about Lincolnshire
- The reasons why we involve people and communities
- Our legal duty
- Our Governance and Assurance

# About us in Lincolnshire

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

The Integrated Care Board and Lincolnshire County Council have established a joint committee known as an **Integrated Care Partnership**. This Partnership has developed an Integrated Care Strategy which sets out how the needs identified in the Joint Strategic Needs Assessment for Lincolnshire are being met by the NHS and local authority.

Our **Integrated Care Systems** (ICSs) is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. In Lincolnshire, our ICS is known as **Better Lives Lincolnshire** – for more information click [here](#).

[Click here to see ICP strategy](#)



[Click here to see ICB membership details](#)



[Click here for more information on the ICP](#)



# NHS Lincolnshire Integrated Care Board



The ICB will use its resources and powers to achieve clear progress on its aims, working in partnership to tackle complex challenges, including:

- Improving the health of children and young people
- Supporting people to stay well and independent
- Acting sooner to help those with preventable conditions
- Supporting those with long-term conditions or mental health issues
- Caring for those with multiple needs as populations age
- Getting the best from collective resources so people get care as quickly as possible.

The ICB is committed to involving people and communities together with local stakeholders in the development of services and identifying priorities. The details of how we involve and engage our residents can be found in the ICB's People and Communities Strategy (see below). The ICB aims to improve local health services and respond to the health needs of everyone in the area by ensuring patients and the public are at the heart of all our decision making.

The ICB has an experienced and dedicated Involvement Team, providing strategic advice and guidance, managing involvement activities within priority programmes and developing the building blocks to provide a solid basis of relationships and links with our people and communities.

[Click here to see ICB's People and Communities Strategy](#)



# About our county, Lincolnshire

- Lincolnshire is the **4th largest county** in England with an area of 5,921 sq. km.
- It has **768,364 residents (2021) and 813,119 GP registered patients (Feb 2023)** dispersed across city, market towns, rural and coastal areas. The nature of our geography and communities make up alone is incredibly diverse and varied.
- Lincolnshire is predominately rural**, being the 4th most sparsely populated county, with no motorways, little dual carriageway and 80km of North Sea coastline, which provides fundamental difficulties in service provision.
- The population is on average older than the population of England and the East Midlands.** It also has a higher proportion of adults over the age of 75 and the number in this age range is expected to almost double over the next 25 years. Year-to-year increases in the size of this ageing population are one of the key planning assumptions for Lincolnshire's health and care system.
- The combination of an **ageing population, a rural geography and areas of high socio-economic deprivation** defines the specific challenge of delivering high-quality and effective treatment and preventative services in Lincolnshire.

## Age

The age range 0-15 makes up 15.6% of the population, whilst the other sections of the population aged 16-64 and 65+ years and over make up 61.0%, and 23.4% respectively.

## Disability

26.8% of households in Lincolnshire have one person or more with a long-term disability.

## Ethnicity

89.2% of residents identify themselves as White British with a significant 6.1% identifying as White Other. The non-white population makes up 4.9% of the total population.

8.71% use a main language that is not English

## Gender

According to the 2021 census, Lincolnshire's population was 768,364, with 51% females and 49% males.

## Religion

Christians make up the largest group 53.7%, followed by those who do not have religion at 38.3%.

Other responses: Muslim (6.5%); Hindu (1.7%) ; Jewish (0.5%); Sikh (0.9%) and Buddhist (0.5%)

## Sexual Orientation

89.55% of the population are straight or heterosexual; 1.22% gay or lesbian; 1.26% are bisexual; with other sexual orientations include pansexual (0.2%), asexual (0.06%), queer (0.01%) and other (0.02%)

The 2021 census has been the first time sexual orientation information was collected.



# Why we involve people and communities

The ICB is fully committed to involving patients, the public, partners and key stakeholders in the development of services and ensuring they are at the heart of everything we do.

We understand that partnership working is key to empowering patients to have more choice and control over their own health. Through these partnerships, we can better understand the health needs of our population, resulting in improved health outcomes.

The Health and Care Act 2022 mobilised partners within Integrated Care Systems (ICSs) to work together to improve physical and mental health outcomes, ensuring they are informed by the needs, experiences and aspirations of the people and communities they serve.

It also required the Lincolnshire Integrated Care Partnership (ICP) to develop an Integrated Care Strategy to support the people of Lincolnshire to enjoy the highest quality health and wellbeing for themselves, their families and their communities, and as part of the ICP we are dedicated to working together to achieve this.



- The 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

As outlined in section 14Z45 of the NHS Act 2006 and amended by The Health and Care Act 2022, the ICB has discharged its public involvement duty by having in place provisions for involving the public in the planning of commissioned services; and the development and consideration of proposals for changes in the commissioning arrangements which would have an impact on service delivery; and decisions which would have an impact on services.

By listening to local people and co-producing with them or those who represent them, we can improve the decisions we make and ensure we are considering the health needs of Lincolnshire residents.

The ICB is continuously improving and developing the ways we can involve our communities. It is important to us that the public sees how their feedback has helped to shape local services and how much we value all feedback and engagement.

We do this as set out in our values which are outlined in our Constitution and the principles detailed in our People and Communities Strategy. This explains how we work with people and communities and continue to develop and strengthen this with our partner organisations and patient representatives.



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 and meaningful engagement is a priority for us, and a strong framework, with clear structures and assurance processes, plays a key role in making sure that patients and communities are central to our decision-making.

Reports on our involvement activities and the feedback gathered from these are reported to the ICB Operational Quality Assurance Group, the System Quality and Patient Experience Committee (SQPEC) and to our Primary Care Commissioning Committee (PCCC) if it is regarding a GP surgery.

SQPEC also review our People and Communities Involvement Annual Report and monitor our delivery plan for our People and Communities Strategy.

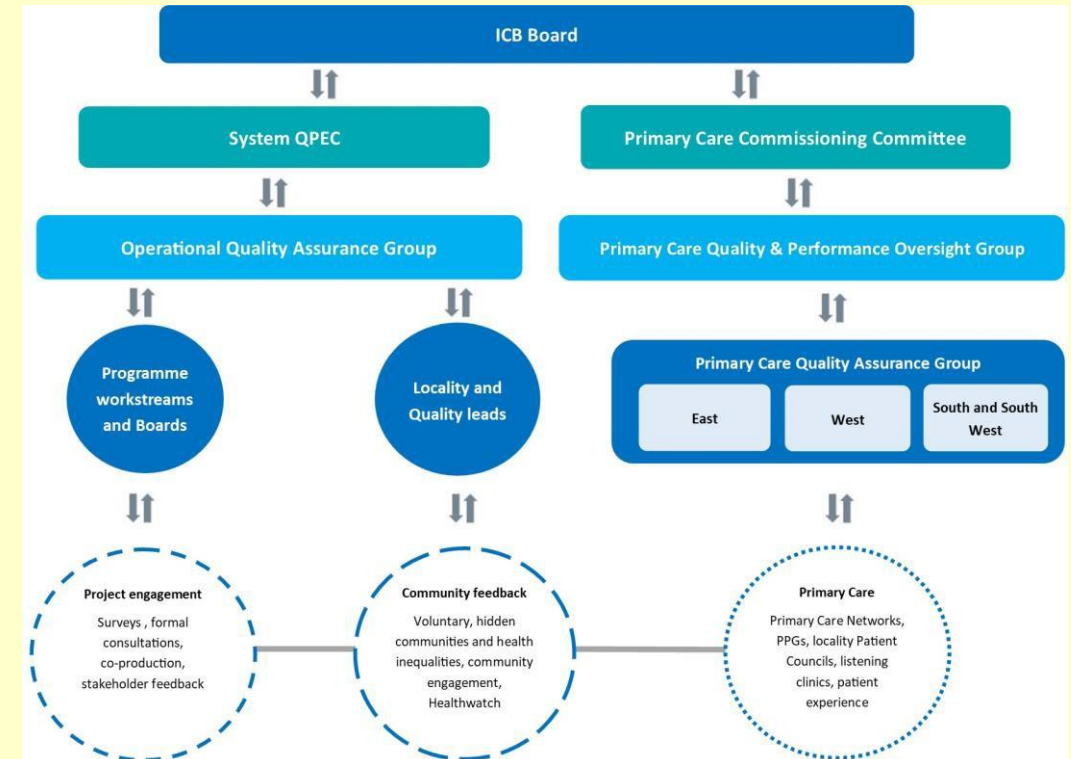
Feedback from programme specific engagement including any differences in equality or health inequality group is also shared with our project leads to help shape and steer their programmes of work. **See diagram opposite.**

Feedback from our engagement activities and consultations is also reported into our Board meetings to inform decision making on large projects and programmes of work.



In 2024/25 we developed the Lincolnshire Voices report, presented to the System Quality and Patient Experience Committee. This aims to bring all insight and engagement feedback from across the ICB and Provider Trusts as well as Healthwatch and partner organisations into one place, reported consistently and triangulated to identify key areas of focus for the Committee to consider. This continues to improve and will include a review of all complaints and patient experience feedback to provide a holistic view of what we are hearing in Lincolnshire.

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



# Working with others



This section of the report highlights the importance of collaboration across sectors including the NHS, partner organisations and the voluntary and community sector.

It describes the necessity of joint working emphasising how sharing and combining time, insights and resources can lead to the best outcomes.

By working together, we can ensure that our efforts are more effective, efficient, and impactful, ultimately enhancing the health and wellbeing of the Lincolnshire community.


# Working with partner organisations

Lincolnshire has a long-standing history of collaboration between the Local Authority, the NHS, and a wide range of partners.

We have put significant effort into building the relationships necessary to help the people of Lincolnshire achieve the highest quality of health and wellbeing for themselves, their families, and their communities.

The Lincolnshire ICB recognises the importance of working alongside our partners to foster a collaborative approach in involving our communities and benefiting from the established, trusted relationships they have with the people of Lincolnshire.

By working together, we are able to reach diverse groups in various ways and have meaningful conversations with them through trusted individuals.

The ICB is committed to delivering engagement at all levels from working with community leaders at a neighbourhood level or through partnership working such as Lincolnshire's Integrated Care Partnership - Better Lives Lincolnshire. 

Our strong partnerships with Voluntary, Community, and Social Enterprise organisations also allow us to commission them to carry out certain tasks on behalf of the ICB.

At a local level, we continue to strengthen our relationships with community groups and support organisations to help us connect with individuals and communities. We collaborate closely with groups and venues offering warm spaces, foodbanks, and services to local residents, as well as working with individuals such as Islamic leaders, social prescribers, and community connectors. These partners bring valuable experience and established links to people we might not otherwise be able to reach

# Better Lives Lincolnshire – our shared agreement

Over a few years, the people of Lincolnshire have been sharing their views on their health and care and how it could be improved via a number of involvement opportunities: Joint Health and Wellbeing Strategy for Lincolnshire 2017; The Lincolnshire Public ‘Talk About’ NHS Long term Plan 2019; Healthy Conversation 2019; NHS Lincolnshire Citizen Panel Survey 1 - personalised Care 2021; Involvement Team Summer Roadshows 2022; and The NHS Lincolnshire Joint Forward Plan 2023-28.

This feedback has been used to develop our **Shared Agreement**. This describes a **new relationship between the health & care system and the people of Lincolnshire**, where individuals play an equal part in their health, well-being, and care.

Our shared agreement is one of our priorities of the NHS Lincolnshire Joint Forward Plan 2023-28. – ‘a new relationship with the public’.

Together with the people of Lincolnshire, we want to build a shared view and agreement on what the best wellbeing, care and health for Lincolnshire looks like.

At its core this will describe and illustrate the foundations of a new relationship which have been developed by working with people from Lincolnshire:



# Our partners in ICB governance

## Healthwatch sit on ICB Board as patient representative

Healthwatch are key partners and will act as a critical friend, as well as representing an independent view of the patient and public voice. Healthwatch are an integral member of Lincolnshire's ICB Board and ICP Board as well as sit on various committees

## Engaging with Health Overview and Scrutiny Committee

We engage with HOSC on potential service changes, enabling them to consider whether it is a substantial and significant service change requiring consultation process. We work to assure them that healthcare is planned and delivered in ways that reflect needs and aspirations of local communities, plans for substantial service changes are reasonable and that everyone has equal access to services.

## Public Health and Local Authority representatives at ICB board meetings

Representatives sit alongside our involvement representative at every ICB board formally. [Meet the ICB Board](#)

## Voluntary and Community Sector

A representative of the Voluntary and Community Sector is also an integral member of Lincolnshire's ICB Board, an associate member on the ICP Board as well as sitting on various committees

## Primary Care and Provider Organisations

Our provider and primary care colleagues are part of our extended team and therefore are integral to the development and delivery of our shared strategic priorities

# Supporting each other by joined up working

Our day-to-day processes and systems have been established to work across involvement, participation and engagement teams within the ICB and NHS Provider Trusts across Lincolnshire.

Joint working enables us to collaborate and reduce duplication, leveraging the links we all have with our patient groups and memberships while supporting each other.

The involvement leads across the ICB and Provider Trusts meet on a fortnightly basis to share good practice, coordinate activities and resources and offer support to each other. We are also working across our communications and involvement teams to scope ideas of how we can join up even more of our work and activities going forwards.

## Sharing resources

We share survey software across all NHS organisations – this is called Qualtrics.

We have created an **Insight Database**, storing multiple examples of activities and feedback. This is available to all NHS organisations.

Working practices such as templates are shared.

## Training

Training across all involvement leads regularly takes place such as Qualtrics training, induction and refresh; co-production training; stakeholder mapping etc

## Joined-up approach

We join up our engagement activities with our partners to 'go out once' to local groups and communities to reduce consultation and engagement fatigue.

## Sharing good practice

The ICB involvement team co-ordinated the refresh of the equality monitoring questions and orchestrated the production of the health inclusion questions.

All involvement leads across the NHS worked together to decide on the final set of questions to be used across the county. [Click here](#) for more info.

# 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.

# How insight and data have been used by the ICB to inform its work with people and communities

We acknowledge the diversity within our communities, recognising differences in health needs, access to services (both digital and in-person), and the preferred methods of engagement. All our commissioning and involvement activities are grounded in a thorough understanding of our population, service users, their experiences, and the people who support them. We leverage the knowledge, relationships, networks, and strong connections that our partner organisations have with local communities to ensure a comprehensive, system-wide approach to involvement. By utilising established and proven engagement opportunities, we aim to identify the most suitable partner with the strongest relationships to lead these conversations.

Collaborating with our partners strengthens our collective messaging and involvement efforts. In addition to coordinating care, we are aligning our engagement and experience initiatives to enhance the patient journey and empower collaborative system working.



The involvement team supports programmes within the ICB to ensure that sufficient involvement activities have been undertaken to inform the following assessments:

- Equality Impact Assessments
- Quality Impact Assessments
- Health Inequality Impact Assessments (HEAT)

We support our programme teams in fostering these connections and ensure that Equality Impact Assessments, Quality Impact Assessments, and Health Inequality Impact Assessments (HEAT) are conducted to fully understand the people and communities who may be affected by any changes. The insights and diverse perspectives of these communities are vital for enabling Lincolnshire ICB to address health inequalities and other challenges faced by health and care systems.

As a commissioning organisation we have access to the Lincolnshire Health Intelligence Hub (LHIH) where the latest demographic information can be found including the Census data, Director of Public Health Annual report and Joint Strategic needs assessment.

[Click here to visit the LHIH website](#)



# How the ICB is insight led

When planning any engagement activities, we review the **JSNA data held on the Lincolnshire Health Intelligence Hub, our own insight database and information held by the project team** so that the involvement activities are appropriate.

We utilise our own stakeholder database to reach out to population e.g. connecting with some areas online, others via existing community groups, others via foodbanks etc

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.

For primary care, the feedback is reported into the countywide Primary Care Operational and Quality Assurance Group who look at service delivery, quality and standards.

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.

**Insight database.** In 2022-23, the ICB led the development and creation of an Insight Database by pulling together all the findings, data and information from engagement activities across the ICB and NHS partner organisations. This database provides a solid base of intelligence and experiences which are shared to inform programmes of work and decision making.

A central hub for collating and storing insight gathered across Lincolnshire health organisations, it is easily accessible to a wide variety of professionals to inform decision making. It will hold (non-sensitive) data as themes or topics, including the originator of the source of information. The system aims to provide a simple, user-friendly solution for identifying reports and has the potential to be accessed widely in the future to increase understanding and reduce system-wide duplication.

Our general aims are to:

- Support the use of a variety of methods for gathering insight, moving away from an over-reliance on surveys to methods that nurture and use existing relationships.
- Support collaboration between organisations around gathering insight by enabling links to be made between individuals/organisations who are working on the same area or are wanting the answers to the same questions. Maximising scarce resource.
- Collect and organise insight being gathered across the system to make it easily accessible and searchable.



# Strategy Development and Population Health Management

Population Health Management (PHM) is an approach which helps us understand people's health and care needs and how they are likely to change in the future. It aims to improve physical and mental health outcomes, reduce health inequalities and help us live our extra years in better health.

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.

It involves the crucial role of communities and local people, the NHS and other public services including councils, schools, housing associations and social services working together to join up services for people by sharing information, resources and goals. This lets us tailor services to the needs of people in each area, improve people's health, prevent illnesses, and make better use of public resources.

Working with communities and partner organisations in Lincolnshire we are looking at the challenges we face and the opportunities we have to improve the physical and mental health outcomes and wellbeing of people living in Lincolnshire.

[Click here for more information on population health management](#)

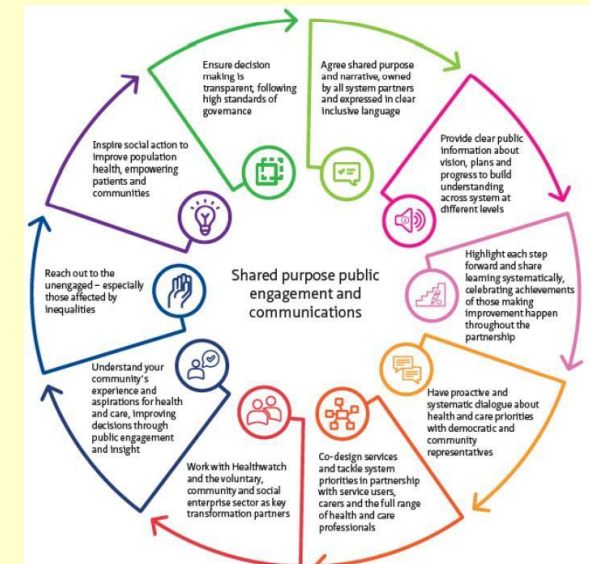


Integral to all this work is the **communications and engagement with patients, the public, staff and stakeholders.**

Work is underway to embed this approach into our strategy development and management to provide a robust base of knowledge and insight to all our plans.

Engagement, patient experience and co-production will be embedded throughout the modelling for PHM and strategic planning to enable timely and meaningful involvement with our communities and ensure their voice is central to the ICB planning and service design.

Our legal duties and commitments are clear – people and communities need to be involved in all stages of service development, design, change and decision making. Our ambition to achieve this is illustrated well using the model from NHS Confederation's 'Building Common Purpose, Learning on engagement and communications in integrated care systems



# A big thank you

The year 2024-25 has been a remarkable period of growth and engagement for our community.

The numerous activities and initiatives undertaken have not only strengthened our connections with communities, stakeholders and members of the public but also demonstrated the profound impact of our efforts.

As we look ahead, we remain committed to fostering even deeper relationships and continuing to make a meaningful difference. We extend our heartfelt gratitude to everyone who has contributed to these successes and look forward to another year of collaboration and progress.

Thank you to everyone who has taken the time to support the NHS.

The ICB Involvement Team.

**April 2024 – March 2025**



**THANK YOU!**