NHS
Lincolnshire
Integrated Care Board

MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD TO BE HELD ON TUESDAY, 25th JULY 20223 BRIDGE HOUSE, THE POINT, SLEAFORD at 9.00 AM TO 11.45 AM

Definition of a conflict of interest:

'A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold'.

A conflict of interest may be:

Actual	Potential
There is a material conflict between one or more interests.	There is the possibility of a material conflict between one or more interests in the future.

Interests fall into the following categories:

Financial Interests	Non-financial professional Interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.	Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career	Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.	Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.

- **Financial Interests**: Could include for example:
  - A director, including a non-executive director, or senior employee of a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model.
  - A shareholder (or similar ownership interests), a partner or owner of a private or not for profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
  - A management consultant for a provider or
  - A provider of clinical private practice.

  This could also include an individual being:

  - In employment outside of the organisation.
  - In receipt of secondary income.
  - In receipt of a grant from a provider.
  - In receipt of any payments for example honoraria, one-off payments, day allowances or travel and subsistence from a provider.
  - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
  - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

- **Non-Financial Professional Interests**: This may, for example, include situations where the individual is:
  - An advocate for a particular group of patients.
  - A GP with special interests e.g., in dermatology, acupuncture etc.
  - An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually in itself amount to an interest which needs to be declared).
  - An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE).
  - Engaged in a research role.
  - Development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or
  - GPs and Practice Managers, who are Members of the Board or Committees of the ICB, should declare details of their roles and responsibilities within their GP Practices.

- **Non-Financial Personal Interests**: This could include for example, where the individual is:
  - A voluntary sector champion for a provider.
  - A volunteer for a provider.
  - A member for a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation.
  - Suffering from a particular condition requiring individually funded treatment.
  - A member of a lobby or pressure group with an interest in health and care.

- **Indirect Interests**: (as those categories are described above) for example:
  - Spouse/Partner.
  - Close relative e.g., parent, grandparent, child, grandchild, or sibling.
  - Close friend; or
  - Business partner.

  A declaration of interest for a "business partner" in a GP Partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP Partners, rather than by repeating the same information verbatim).

Board Members:

Sir Andrew Cash, Interim ICB Chair
Cllr Wendy Bowkett, Partner Member, Local Authority
Mrs Sarah Connery, Executive Board Mental Health Member
Mrs Maz Fosh, Partner Member, NHS and Foundation Trusts
Mr Matt Gaunt, Director of Finance
Dr Sunil Hindocha, Interim Medical Director
Mrs Dawn Kenson, Non-Executive Member and Chair of Service Delivery and Performance Committee
Mr Martin Fahy, Director of Nursing
Dr Gerry McSorley, Non-Executive Member and Chair of the Primary Care and Delegated Functions Committee and Remuneration Committee and Deputy ICB Chair
Mrs Julie Pomeroy, Non-Executive Member and Chair of Finance and Resource Committee
Mrs Margaret Pratt, Non-Executive Director and Interim Chair of the Audit and Risk Committee
Dr Kevin Thomas, GP and Partner Member – Primary Care
Mr John Turner, Chief Executive

Vacancy – Non-Executive Director for Quality

NHS
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PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Time: 9.00 am
Location: The Boardroom, Bridge House, Sleaford

AGENDA

ITEM NUMBER		ACTION	ENCLOSURE/ VERBAL	LEAD	TIME
1. INTRODUCTION					
i)	Welcome and Apologies		Verbal	Dr Gerry McSorley	9.00
ii)	Declarations of Interest		Verbal	Dr Gerry McSorley	
iii)	Minutes of the previous meeting held on the 30th May 2023	Approve	Enclosure	Dr Gerry McSorley	
iv)	Matters Arising, including Action Log	Note	Enclosure	Dr Gerry McSorley	
2. CHAIR AND CHIEF EXECUTIVE UPDATES					
i)	Chair • Update and Overview • Board Meeting Schedule 2024	Note	Enclosure	Dr Gerry McSorley	9.05
ii)	Chief Executive • Update and Overview	Note	Verbal	Mr John Turner	9.15
3. KEY UPDATES					
i)	Public Health	Note	Verbal	Professor Derek Ward	9.30
ii)	Healthwatch including Annual Report	Note	Enclosure	Mr Dean O'Dell	9.40
4. CORE PURPOSE 1: HEALTH INEQUALITIES (tackle inequalities in outcomes, experience and access)					
i)	Prevention - implementation of the Tobacco Dependency Service	Receive	Enclosure	Mrs Sandra Williamson	9.50
5. CORE PURPOSE 2: HEALTH OUTCOMES (improve outcomes in population health and healthcare)					
i)	Integrated Quality and Performance Report – July 2023	Receive	Enclosure	Mrs Clair Raybould/ Mr Simon Evans/ Mr Martin Fahy	10.00
BREAK 10.30 – 10.40					

6. CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY					
i)	Finance Report – Month Three	Receive	Enclosure	Mr Matt Gaunt	10.40
7. CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE (help the NHS support broader social and economic development)					
i)	Employer Recognition Scheme and Armed Forces Day	Receive	Enclosure	Mrs Jacqui Bunce	10.50
8. GOVERNANCE					
i)	Report from the Audit and Risk Committee meeting held on the 19th July 2023 including an update on finalisation of the CCG Annual Report and Accounts – Quarter One and ICB Annual Report and Accounts Quarters Two to Four	Receive	Enclosure	Mrs Margaret Pratt	11.00
ii)	Report from the System Quality and Patient Experience Committee (QPEC) meeting held on the 13th June 2023	Receive	Enclosure	Mr Martin Fahy	11.10
iii)	Report from the Service Delivery and Performance Committee meetings held on 17th May 2023 and 21st June 2023	Receive	Enclosure	Mrs Dawn Kenson	11.15
iv)	Report from the Primary Care Commissioning and Delegated Functions Committee meeting held on the 21st June 2023	Receive	Enclosure	Dr Gerry McSorley	11.30
v)	Report from the Finance and Resource Committee meeting held on the 18th July 2023	Receive	Enclosure	Mrs Julie Pomeroy	11.25
vi)	Report from East Midlands ICBs Joint Committee meeting held in July 2023	Receive	Verbal	Mr John Turner	11.35
9. INFORMATION – FOR NOTING ONLY					
i)	Emergency Preparedness Response and Resilience (EPRR)	Receive	Enclosure	Mrs Clair Raybould	11.40
10. DATE, TIME AND VENUE OF NEXT MEETING					
	Tuesday, 26th September 2023 at 9.30 am at Bridge House, Sleaford	Note	Verbal	Dr Gerry McSorley	11.45 close

Please send apologies to: Jules Ellis-Fenwick, ICB Board Secretary via email at: julieellis1@nhs.net

The items on this agenda are submitted to the Board for discussion, amendment and approval as appropriate. They should not be regarded, or published, as organisation policy until formally agreed at a Board meeting at which the press and public are entitled to attend. Papers are available on the ICB **website at** www.lincolnshire.icb.nhs.uk In case of difficulty accessing the papers, please contact **–** julieellis1@nhs.net

Special Resolution - The Board will be asked to consider the following resolution:
That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest' - (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)
Items in the private part of the meeting are either commercial in confidence or relate to individual staff and patients.

NHS
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MINUTES OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD MEETING HELD ON TUESDAY, 30th MAY 2023 AT 9.00 AM AT BRIDGE HOUSE, THE POINT, SLEAFORD AND VIA MICROSOFT TEAMS

PRESENT:	Dr Gerry McSorley	Non-Executive Member and Chair of the Primary Care and Delegated Functions Committee and Remuneration Committee and Deputy ICB Chair (Chair for today's meeting)
	Cllr Wendy Bowkett	Partner Member, Local Authority
	Mrs Sarah Connery	Executive Board Mental Health Member
	Mr Matt Gaunt	Director of Finance
	Mrs Dawn Kenson	Non-Executive Member and Chair of Service Delivery and Performance Committee
	Mr Martin Fahy	Director of Nursing
	Dr Sunil Hindocha	Interim Medical Director
	Mrs Julie Pomeroy	Non-Executive Member and Chair of Finance and Resource Committee
	Mrs Margaret Pratt	Non-Executive Director and Interim Chair of the Audit and Risk Committee
	Dr Kevin Thomas	Partner Member, Primary Medical Services
	Mr John Turner	Chief Executive
REGULAR PARTICIPANTS	Ms Charley Blyth	Director of Communications and Engagement
	Mr Pete Burnett	Director for Strategic Planning, Integration & Partnerships
	Mrs Emma-Kay Dominey-Hill	Trust Lead for Transforming Care, LPFT (Autism item only)
	Mrs Jules Ellis-Fenwick	ICB Board Secretary and Head of Corporate Governance
	Mr Simon Evans	System Director of Clinical Integration and Leadership Development
	Mrs Sarah-Jane Mills	Director for Primary Care and Community & Social Values
	Mrs Clair Raybould	Director for System Delivery (part of the meeting only)
	Mrs Jitka Roberts	NHS Lincolnshire System Improvement Director
	Professor Derek Ward	Public Health Representative
	Cllr Sue Woolley	Chair of the Health and Wellbeing Board
APOLOGIES:	Sir Andrew Cash	Interim ICB Chair
	Mrs Sandra Williamson	Director for Health Inequalities & Regional Collaboration
	Mrs Michele Jolly	Voluntary and Care Sector Representative

23/94 WELCOME AND INTRODUCTIONS

Dr Gerry McSorley welcomed all those present to the NHS Lincolnshire Integrated Care Board and advised that he would be Charing the meeting on this occasion in the absence of Sir Andrew Cash. Dr McSorley confirmed the meeting was quorate.

Dr McSorley advised that as a first point of note he wished to welcome Dr Kevin Thomas, Partner Member for Primary Care to his first meeting and advised that the Board was very much looking forward to working with him and his important contribution going forward, nothing that Primary Care now includes Pharmacy, Optometry and Dentistry.

Dr Thomas has this very much in mind in addition to General Medical Practice. Dr Thomas is a GP in Market Rasen and also a PCN Clinical Director and Deputy Chair of the PCN Alliance.

Dr Gerry McSorley emphasised that whilst the meeting was being held in public it was not a public meeting.

The meeting was being held both on a face to face basis and via Microsoft Teams as a Live Event. This arrangement had been put in place to enable members of the public or staff to either attend and observe the meeting in person or digitally through MS Teams.

Members of the public were provided with the opportunity to submit any questions to the Board prior to the meeting through a proforma which was published on the website. The Questions and Answers facility had also been made available during the Board meeting as part of the live event. Any questions submitted would be responded to after the meeting subject to inclusion of name and contact details. Questions will be published on the ICB website in future along with the response in terms of being open and transparent.

The Board Members were asked to introduce themselves when presenting papers or asking questions/making comments both for the benefit of those in the room and also the members of the public listening into the meeting.

23/95 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS AND CONFLICTS OF INTERESTS

Sir Andrew Cash reminded the Board members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB.

Declarations made by members of the Board are listed in the ICB's Register of Interests. The Register is available either via the ICB Board Secretary or the ICB website.

Declaration of Interest from Committees:
No items declared.

Declarations of Interest from today's meeting:
Mrs Pratt advised that she had recently discussed a potential conflict of interest with Mrs Ellis-Fenwick as she is an inspector for the Care Quality Commission (CQC) and is currently involved in the inspection of a hospital in another region but relatively near to Lincolnshire. It had been noted that Mrs Pratt's role as a CQC inspector was noted on the Declarations of Interest Register and as the inspection was of a hospital outside of the ICB's remit this was not considered a conflict but would be reported to the Board and noted in the minutes.

The Board agreed to:

- **Note the interest as declared.**

23/96 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the previous meeting held on the 28th March 2023 and agreed to:

- **Approve the minutes as a true and accurate of the meeting.**

23/97 MATTER ARISING

Dr Gerry McSorley presented the Action Log as included in the pack of papers. There was one action for Mrs Sarah-Jane Mills in respect of information to practices on anti-virals. Mrs Mills set out the details of the anti-virals process whereby patients would receive a pack and be directed to NHS 111. It was acknowledged that practices were not that familiar with the process as patients were directed elsewhere.

There has now been an update to the process in terms of the issuing of anti-virals and the details were currently being worked through with Dr Hindocha as Interim Medical Director. Practices have been advised though of the current position which has been included in a recent primary care briefing. Practices have been advised to contact NHS 111 whilst the new process is being worked through.

The Board agreed to:

- **Note the action log and supporting verbal update.**

23/98 CHAIR AND CHIEF EXECUTIVE UPDATES

ICB Chair update

Dr McSorley advised that he had two specific points to highlight for the Board's information:

1. The appointment process for the appointment of two substantive Non-Executive Directors was currently underway and the Board will be informed of the outcome in due course.
2. Dr McSorley had attended a number of meetings recently on behalf of Sir Andrew Cash and the Board which included the Lincolnshire Leaders Group, the NHS Confederation National Outcome Framework (NOF) which was for the members of the public present was explained as the performance management tiering system undertaken by NHS England. The meeting was for those ICBs currently in NOF4. Dr McSorley had also attended an NHS Confederation meeting of the ICB Board Chairs.

Chief Executive update

Mr Turner advised that he had a number of items to share with the Board, it being two months since the last formal public meeting. Mr Turner expressed his appreciation to all NHS staff and partners in the Lincolnshire system for their on-going hard work, support, dedication and efforts in a very busy period, which had included the management of industrial action (noting the junior doctors strike action is on-going with the further dates planned in June) and multiple bank holidays which in themselves create additional pressures on services and staff. This is all whilst continuing to work on the full recovery of services.

Coming up on the 5th July 2023 is the NHS 75th anniversary. There was a number of national and local events being planned to acknowledge and celebrate the NHS, including an event being held at Westminster Abbey which a number of representatives from the ICB partners were attending. A report was included in the pack of papers which contained further details and would be covered by Ms Blyth later in the meeting.

Mr Turner and Dr McSorley both conveyed some positive personal experiences of contacts they had with members of the public in their time in the NHS which were for the Board's information.

Mr Turner continued with his update and advised that the ICB in conjunction with system partners remained very focused on delivery of its 2023/24 operational targets including urgent and emergency care, cancer, elective waiting times, mental health, learning disabilities and autism and primary care to name a few. There was a considerable amount of work taking place across all the various sector of the NHS.

The Primary Care Access Recovery Plan had recently been published. This is about access recovery but with a sharp focus on the 8.00 am rush. There is a vast amount of activity which sits behind the plan and the Board were encouraged to read through the details. The ICB has a responsibility to apply its attention to primary care recovery as well as other areas such as urgent and emergency care and elective recovery care. This will be an important focus of the ICB Primary Care Team.

The Board was informed of the on-going work in relation to the Scampton Asylum Seekers Plan which is being led by Mrs Mills. This is a significant piece of work for the county as a whole and Mr Turner expressed his appreciation to all those involved. This is significant piece of work on top of what is already a very busy space in primary care.

Mr Turner confirmed that the 2023/24 Operation Planning round was now complete, and was now very much focused on delivery, again thanked colleagues across the system who were involved; it was huge team effort.

Further points to note:

- Mr Turner continued to attend the regular Midlands Leadership Team (MLT) and also national NHS England meetings.
- Lincolnshire disappointingly did not receive any additional capital as part of the recent announcement by Government. Across the system a considerable amount of work has been carried out on long term strategic capital planning, which is led by Mrs Connery. The Lincolnshire system had submitted some strong bids and although these were not successful the work would continue.
- Two conferences that had recently taken place in Lincolnshire in the last few weeks were highlighted - Lincolnshire Voluntary and Engagement Team (LVET) held in Lincoln and which Mr Turner was able to attend. The second was the Lincolnshire Personalisation Conference, again which Mr Turner attended along with national representatives and local partner colleagues. It was a very positive event focused on the personalisation agenda and congratulations were conveyed to colleagues involved.
- The ICB recently held its latest Population Health Management Workshop which was led by Mr Gaunt and was very impressive. Dr Hindocha provided some scene setting from a patient perspective which was very informative.
- Mr Chris Hopson, Director of Strategy, NHS England visited Lincolnshire the previous Friday. Mr Hopson met with both Mr Turner and Dr Hindocha to talk about the ICB, and the health of Lincolnshire and he also met colleagues from First Coastal PCN and also colleagues in ULHT and LCHS around emergency and urgent care. Mr Hopson also visited the Emergency Department at Pilgrim Hospital, Boston and met with colleagues in Lincolnshire Partnership NHS Foundation Trust regarding the community transformation work and the centre of excellence in Grantham. The visit was welcomed and very positive. Mr Hopson had conveyed how much he appreciated the visit and knowledge he had gained.

On a final note Mr Turner outlined the details of upcoming meetings over the next few weeks which included system quarterly Non-Executive Directors on the 12th June 2023, Health and Wellbeing and Integrated Care Partnership on the 13th June, East Midlands Joint Committee on the 20th June and the three face to face staff events taking place during June.

At this point Mr Turner advised that the Board had received a question from a member of the public, namely Mrs Mary Reid. The details were outlined. It was noted that a response would be provided and attached separately to the minutes for information. The question and response would also be published on the ICB website.

Dr McSorley echoed Mr Turner's comments about ICB and NHS staff and partner colleagues. It continued to be a very busy and challenging time and the continued efforts and hard work of everyone involved was very much appreciated.

The Board agreed to:

- **Note the Chair and Chief Executive updates.**

23/99 KEY UPDATES

Public Health

Professor Ward advised that since the last ICB Board meeting Lincolnshire County Council (LCC) had received confirmation of the details of the Public Health grant which is received through the local authority and is just under £36m for 2023/24.

This represented a 3% uplift which is an improvement on the previous ministerial announcement of 2.72% but clearly was not in line with inflation and did not meet the Agenda for Change (AfC) growth. The indicative figure for 2024/25 is an additional 2% on top of the 3% which represents a 5% uplift in totality. This presented some challenges which were being worked through.

There are two specific areas within the Public Health grant which LCC has a statutory responsibility to commission, which is sexual health and substance misuse services, both of which were currently subject to the appropriate re-commissioning process. The Board would be informed of progress at the appropriate time.

There had been some significant Health Protection Board meetings since the Board last met. The Lincolnshire Health Resilience Partnership (LHRP) which is statutory and sit under the Local Resilience Form (LRF). Traditionally this had been Chaired by Professor Ward and a Director from NHS England, but this had now been passed over to Mr Turner as Co-Chair. This Board reports through the LRF with very good representation at the recent meeting and is already functioning well. There is very good engagement with the Health Protection Board with some clear priorities already identified including immunisations and vaccinations and also screening. The Board has good engagement and has agreed some key priorities which is to increase rates in vaccination for children and young people, with rates having declined in recent years, and a collective piece of work on immunisation and vaccinations (with a recent measles outbreak, particularly in London).

Screening continued to be a challenge nationally and was being demonstrated in Lincolnshire in terms of recovery. This had been flagged to the Lincolnshire Health and Wellbeing Board and also NHS England who is currently responsible for immunisations and vaccinations which does not transfer to ICBs until 1st April 2024.

Some further points of note:

- Public Health had been working very closely with Mr Burnett and his team on the development of the Joint Forward Plan (JFP) which featured later on the meeting agenda.
- The Health Protection Team and LHRP had recently carried out a considerable amount of work on Population Health Management (PHM) and intelligence between the ICB and LCC, which was another key area to flag to the Board as progressing well.
- Prevention and Health Inequalities is another area of work which is being developed and making good progress. Mr Andy Fox, Consultant in Public Health has been working very closely with ICB colleagues to drive this forward with a view to formalising arrangements.
- Work was underway with Mr Burnett on governance and policy development which sits across both organisations.

On a final note, Public Health had been asked to lead within LCC on technology enabled prevention and care. Funding would be expanded into that space and some further pilots carried out. There was a considerable amount of work to be carried out as this is a complex area and needs to be joined up between the local authority and the NHS.

The Board considered the update. Mr Turner referred to the final point mentioned by Professor Ward and technology enabled prevention and care. This is a hugely important area and considerable amount of work needs to happen to take this forward. The Board will need to turn its eye to this with LCC colleagues in the coming months.

Mr Fahy referred to the potential ability and synergy going forward in terms of when the vaccination programme from NHS England moves to the wider vaccination programme and acknowledged that there are some areas of learning and the ICB team were looking to roll over some of this from the COVID vaccination programme. Mr Fahy and Mrs Mills had met with NHS England regional colleagues earlier in the month in terms of the transfer in April 2024 and were keen to involve Professor Ward in those discussions to ensure a better reach going forward.

Mr Gaunt referred to the detail set out by Professor Ward in respect of the grant monies and the indication this did not meet inflation and AfC growth and whether this signalled pressure within the Public Health budget and are there plans with the ability to stretch services further. Professor Ward advised that LCC has a statutory responsibility to live within its budget and has a balanced medium term place in plan until 2022/26 which was based on the previous assumption so there is a slight pressure, but this can be managed within the current budget as a result of a considerable amount of hard work that went into the development of this plan. Discussions had also taken place previously between the local authority and the NHS on how things could be done differently such as in terms of the management of long term conditions.

Mrs Pratt referred to Professor Ward's points about the collection nature of some of the areas mentioned, particularly the challenges around capital and sought clarification on how we attract the funds in at a time when NHS capital is very constrained. Councillor Woolley advised that there is a piece of work being carried out as part of Patricia Hewitt's review on shifting of monies to get it into prevention (1%) to be able to take action.

Professor Ward advised that capital for technology enabled prevention and care overlaps with digital exclusion issues and LCC have carried out a considerable amount of work with the University of Lincoln on this area, the details of which are due to be published and includes maps showing digital exclusion. This is specifically important in a large rural dispersed county like Lincolnshire. Referring back to the Primary Care Access Recovery Plan as an example is part and parcel of this and is where the complexities around this come into force. Coming back to the 1% as detailed in the Patricia Hewitt report, the ICB budget is £14m which is about 40% of the Public Health grant in totality so it is easy to see where some of the opportunity arises. The vast amount of NHS Public Health interventions are cost saving and have a really strong evidence base around that.

Councillor Woolley commented that it is essential to have both the technology and connectivity in place; one does not work without the other.

Dr McSorley drew the discussion to a close and moved on to the Healthwatch update.

Healthwatch

Mrs Fletcher provided a verbal update on key areas of work Healthwatch is currently involved in as follows:

- Healthwatch are working on supporting the local Trusts in terms of the Quality Accounts.
- Healthwatch has a statutory requirement to provide an Annual Report, and this was currently in the process of being prepared.
- A piece of work was taking place in conjunction with the CQC in respect of talking to vulnerable people around the impact of digital exclusion and sharing their views and experiences and what the barriers are.

- Engagement with the public on a face to face basis has significantly increased in the last few months and have had a number of enquiries from individuals wanting to volunteer for Healthwatch, which is very positive in terms of increasing their reach.
- The CQC has named Lincolnshire as one of three areas where they will be testing their new ICS assessment, and this will be taking place in July 2023. Healthwatch have been invited to be part of the interviews.

Mrs Fletcher highlighted key areas of feedback received in the last month:

- With regard to GP services – parents of patients with learning disabilities and sensory impairments have identified current systems are very challenging and they are also struggling to get appointments. Also people with learning disabilities and visual impairment are having challenges in reading text messages and getting access to primary care appointments as an example, which demonstrates some emerging health inequalities.
- Poor communication continued to remain an issue and Mrs Fletcher provided the details of occasions where patients have received poor communication about referrals with appointments not being received, being cancelled and timeliness of appointment letters – arrived after the appointment or not at all and patients have also received the wrong information. These types of situation causes a considerable amount of issues and distress for people. One person identified a specific area of concern in relation to their regular haematology check ups with appointments having to be constantly chased.
- In A&E earlier in the year Healthwatch carried out some mystery shopping in Grantham, Boston and Lincoln and the details of some emerging themes were shared for the Board's information.
- In the Autumn Healthwatch will be carrying out some enter and view visits in Care Homes and also in Minor Injury Units across Lincolnshire.
- Healthwatch have been supporting NHSE nationally in respect of GP referrals and maternal mental health and will be reporting on both areas.
- Healthwatch presented the Voice of Lincolnshire people to the Health and Overview Scrutiny Committee. The issues around dentistry were well known and Healthwatch was aware of the work being carried out to address dental access.

The Board considered the update, and it was noted that the communications issues would be picked up outside of the meeting.

Mrs Raybould advised that it would be really helpful to have a discussion outside of the meeting about the mystery shopper around A&E. The Urgent and Emergency Care Partnership Board would really like to hear the feedback and then it can be built into the appropriate action plans.

Similarly with the letters it would be really helpful to know whether this is a systemic issue or an isolated issue; it was important to understand the context. Mrs Fletcher agreed to share the specific details with Mrs Raybould.

Action: Mrs Fletcher

The Board agreed to:

- **Note the Public Health verbal report.**
- **Note the Healthwatch verbal report.**

CORE PURPOSE 1: HEALTH INEQUALITIES

23/100 DRAFT AUTISM STRATEGY

Mrs Connery, Chief Executive of LPFT and the mental health representative on the Board introduced the next item on the agenda and advised that the draft Autism Strategy has been co-designed and co-produced, and the vision is for Lincolnshire to be a place that offers

opportunities for people to live healthy and fulfilling lives. The Strategy has been created with input from autistic people of all ages, family and carers, together with professionals from across Lincolnshire's Integrated Care System (ICS) and an updated version of the previous Lincolnshire All-Age Autism Strategy 2019-22, which was not delivered to the full extent, and considered new national guidance and evidence, alongside changing national, regional, and local contexts.

The document presents the Lincolnshire systems ambition, an overview of the workstreams being put in place to deliver the change that is needed, and strategic priorities for Year 1 (March 2023-March 2024). This will be measured against the updated National Strategy for autistic children, young people and adults 2021 to 2026, but in accordance with the local community.

Mrs Connery handed over to guest Ms Emma Dominey-Hill, Autism Programme Lead at this point who provided an overview of the programme, the scale of autism in the county was discussed. 11,500 people in the Lincolnshire are registered as autistic. 70% of autistic people have an additional mental health need. Ms Dominey-Hill explained that the combination of autism and a person's environment dictate their outcome, and therefore it was imperative that appropriate support services, and access to them were available.

The Board considered the contents of the document as included in the pack and welcomed the development of the draft Autism Strategy and information presentation. The Board unanimously agreed with the comments made in respect of ensuring appropriate services and access were available to these individuals.

Mrs Raybould conveyed the personal comments of one of the ICB's Expert by Experience (EbE) who quite rightly a few years previously had been quite negative about the Autism service, but in light of recent developments now really felt her voice and others were now being heard, which was very positive. Autism plus environment equals outcomes is a very positive message.

Mrs Fletcher advised that it is reassuring and honest to say the previous strategy was not delivered to the full extent. The draft Autism Strategy presented today felt much more tangible and is a really positive message to take back to individuals who contact them about autism services.

Dr Thomas advised that from a primary care perspective and seeing both patients and parents, the constant message he receives is about fragmentation and difficulty accessing services. The fact that this is being addressed was very much welcomed and also the post diagnostic support. This will be really helpful for patients alongside getting the diagnosis.

Mrs Kenson welcomed the development of the updated Strategy and sought clarification on the uniformity of this and the approach across the county and how this links together in terms of the PCN's integration etc. Mrs Dominey-Hill advised that the team involved had considered nationally what people were doing, particularly in respect of Autism Hubs. This had been discussed with the Autism community who had advised that putting a hub anywhere in Lincolnshire would create access issues due to its rurality – it would create issues with people physically attending. As a result the team came up with the proposal for a virtual hub with the idea being it is a 'pop-up' and is a non-clinical service for community support. The details were outlined of the types of individuals who support the virtual hub.

Mrs Connery added that as part of the Mental Health, Learning Disability and Autism Alliance there is the Lincolnshire Autism Partnership Board which will oversee the work plan associated with the draft Strategy which feeds into Learning Disability and Autism Delivery Group which includes PCN representation. This will then feed through into the Integrated Care Partnership (ICP).

Dr Hindocha advised that he really welcomed the development of the draft Autism Strategy, but the environment does need to change to one of non-clinical with this moving into a community space in pretty short order. Mrs Connery advised that the point had not been reinforced but this does include both non-clinical and clinical although it was acknowledged there is work to be done around the clinical arm of this, which as individuals have alluded to, the service is fragmented. Mrs Dominey-Hill added that the draft Autism Strategy had been co-produced and co-designed as referred to previously and there were lots of discussions about how to start this. There is nothing currently in Lincolnshire for the Autism Community which does not identify as mental health, and this is the reason this community wants to establish themselves as independent and develop in their own unique space.

Councillor Bowkett advised she was aware of issues with people getting their diagnosis, especially when they are moving schools (primary to secondary and particularly with the academies) and sought clarification on how this could be addressed by the different sectors working together. Mrs Dominey-Hill advised that the draft Autism Strategy does include a section around that specific issue.

Ms Blyth raised two points; the first which related to those groups of individuals who do not want to be diagnosed and sought clarification on whether that is an issue and whether we encourage them to get a diagnosis or respect their decision. The second was about understanding the level of support required with this piece of work bearing in mind that resource within the Communications and Engagement Team is limited to one individual. Mrs Dominey-Hill responded to the second point first and advised she would welcome a discussion around this outside of the meeting, which was duly noted. Regarding the first question this does come down to individuals personal choice; it would not be appropriate to push them to be diagnosed if they do not wish to be seen as 'labelled'. Some individuals just choose not to access the service, for various reasons.

Mr Turner made some concluding comments at this point and thanked Mrs Connery and Mrs Dominey-Hill for their informative presentation and attending the Board meeting. This is a real opportunity to shine a light on the ambition for Autism and the statistics referred to in the presentation were very enlightening and suggested that consideration was given to including some of that detail in the front of the Strategy.

Mr Turner added that to ensure integration across the system is established in the right way it is essential to put the voices of the patients and people we serve and their families, and partners and clinicians right in the middle of all of this and this appeared to be reflected well in this piece of work and the Strategy. Dr Hindocha's comments about the diagnosis and clinical model were really important.

On a final note the ambition did not appear to be particularly clear; what exactly is the ambition for health and care and people who have autism. Mrs Connery advised that this was a point well made and this would be taken to the Partnership Board for consideration.

Dr McSorley drew the discussion to a close and referred the Board to the recommendations set out in the paper.

The Board agreed to:

- **Note the report and presentation (slides to be circulated to the Board Members)**
- **Endorse the system priorities, the system lead partners for each priority and the year one work plan.**

Action: Mrs Ellis-Fenwick

Dr McSorley requested that the Board's appreciation to everyone involved in this piece of work was passed on and thanked Mrs Dominey-Hill for her attendance.

CORE PURPOSE 2: HEALTH OUTCOMES

23/101 INTEGRATED QUALITY AND PERFORMANCE REPORT

Performance Section

Mrs Raybould presented the performance section of the Integrated Quality and Performance Report and advised that she would take the report as read but wished to highlight some specific points for the Board's attention.

As discussed, recognising the established Board Committees that review reports in detail on performance and delivery where detailed scrutiny occurs by service area alongside quality. This report contains the key constitutional targets and information will be provided verbally in the meeting where more recent data is available on key operational targets. Mrs Raybould added that the data contained within the report also covers further periods of industrial action as mentioned by Mr Turner earlier in the meeting, which has affected services both locally and nationally and impacted directly on recovery plans particularly in relation to elective care.

The next strike action was currently planned to take place for 72 hours from the 14th to the 16th June and the Royal College of Nursing was currently out to ballot to its members on whether to hold further strikes.

Urgent and Emergency Care

- The new performance recovery trajectories are now in place for Urgent and Emergency Care (UEC) which is the percentage of patients seen within four hours. The standard is 95% with the recovery plan for this year being 76% by March 2024. Performance has increased to 71.9% in April which is above the regional average and above plan.
- Ambulance response times which have reduced to 33 minutes for Category Two incidents (the standard remains at 18-minutes). The recovery target is Category Two mean of 30 minutes by March 2024. Handover delays also decreased in April which is an improving position.
- There is an ambitious but deliverable plan for UEC this year building on the last 12 months and learning from winter and the industrial action. The new UEC governance is in place to oversee delivery of this which includes the recovery plan referred to at the last Bord meeting. Pages 54 and 55 in the pack references this in more detail.
- Since the papers were produced UEC is now subject to tiering in the same way as cancer. The ICB has had formal notification it is in Tier 3 which is the lowest Tier and means the system will receive a core offer of support, which was really positive.
- The ICB had a visit from the Department of Health and Social Care to have a look at the Transfer of Care Hubs and they visited Pilgrim Hospital Boston to consider how they work. The visit was very positive, and the key purpose was to help inform government policy going forward. It was helpful to have the opportunity to share with them the very distinct challenges that Lincolnshire has such as patients being discharged to caravan sites where it is difficult to make reasonable adjustments.
- The ICB received notification the previous week that the two frailty bids that had been submitted as part of a national bidding process were signed off which is excellent news for Lincolnshire.
- Two new initiatives have been launched since the Board last met: Waitless App where you can see the waiting times for urgent treatment) and also launched the discharge communications initiative.

Mental Health

- The NHS Talking Therapies (previously known as Improving Access to Psychological Therapies) (IAPT) has seen improvement following increase in staffing and performance is expected to improve over the next six months as new staff are trained and in post.

- Serious Mental Illness (SMI) health checks has been led by a multi-agency steering group and has made great progress this year, ending the year at 58.1 % which is just shy of national target but in the context of over 600 newly identified patients onto the register all of which would not have had access to this important check.
- People experiencing first episode of psychosis waiting to start a package of care is now above target at 70% as has seen sustained improvement for many months following a really challenging period that had been discussed by the Board last year.
- Whilst not in this report but as mentioned last time, the ICB continued to monitor the number of children and young people with an eating disorder (ED) referred as routine cases commencing treatment within four weeks or one week for urgent. This target was not being met but Mrs Raybould was pleased to report that this was achieved in the last period due to successful recruitment

Primary Care

- Access remained stable and the percentage of patients being seen on a face to face basis is above the national average

Mrs Raybould handed over to Mr Evans at this stage to cover cancer, planned care and diagnostics.

- Mr Evans advised that in terms of cancer national priorities remained on the 28 day faster diagnosis standard and also reducing the backlog of patients waiting more than 62 days from referral to treatment. The ICB's main provider remains a Tier Two provider, which is ULHT. Echoing the message made by Mrs Raybould under her update, this is low level support (not national escalation). The Trust have performed very well in terms of reduction of backlog and improvements towards the end of 2022 and Quarter Four but remain in Tier Two because of the risks associated with the impact of the industrial action which remains a substantial risk to both planned care and cancer, particularly in respect of the original trajectories submitted which did not factor this in. However, the reduction in backlog remained positive albeit it had deteriorated in the last reporting period but was still close to the national target.
- Performance against the Faster Diagnosis Standard has deteriorated so is less positive and is not expected to recover until August, which primarily related to capacity in breast services. Other providers have made real progress and hit the target and expected to continue to sustain that positive access standard going forward.
- There has been good progress with performance against the 104 day cancer standard, which continued to reduce the backlog of patients. The best practice used at ULHT was now being used across the region and has been recognised nationally.
- Planned care – the national and regional focus remained on the 78 week wait target and whilst huge progress has been made from the original significant numbers of patient waiting, the last reporting period did show 'zero'. Industrial action had impacted on performance, and this went beyond losing clinical capacity; the impact on other areas such as administration with large numbers of appointments having to be re-organised within a short timeframe.
- The Community Diagnostic Centre (CDC) programme continued and whilst positive verbal feedback has been received from NHS England about the schemes being developed, no formal authorisation has been received for the Skegness CDC. Nevertheless work continued with the aim of delivery that within the calendar year with Boston and Lincoln CDCs with engagement continuing with key stakeholders.

The Board considered the updates. Mrs Pratt referred to the performance dashboard and sought clarification on the action plans underpinning the areas of concern. Mrs Raybould advised that there are action plans in place, but that level of scrutiny is carried out through the Service Delivery and Performance Committee; they do not come to the Board. The ICB is hitting the A&E targets and there is no cause for concern, but if there was then this would be escalated to the Board.

Mrs Raybould's comments were supported by Mrs Kenson as Chair of the Service Delivery and Performance Committee.

Mrs Pomeroy referred to the receipt of timely data which is essential if performance is not on track and sought clarification on whether any action could be taken to provide more up to date data where possible. Mrs Raybould advised that the Board has a statutory duty to report on constitutional targets and published validated national data. Both herself and Mr Evans to seek to supplement the updates with the latest updated data where possible, but this is unvalidated. The validated data is presented and considered by the Service Delivery and Performance Committee.

Following some further comments on data provision Dr McSorley moved on to the next part of the report on Quality.

Quality Section

Mr Fahy presented the Quality Section of the Integrated Quality and Performance Report and highlighted the following for the Board's information:

Primary care

- There were no major changes since the report last presented to the Board. There were two practices rated as inadequate and two as requires improvement.
- Branston Surgery **-** A further full re-inspection will occur in June 2023. The ICB continued to meet with the Practice regularly to ensure the Practice is progressing the required improvement actions.
- Caskgate Surgery, Gainsborough & Richmond Medical Centre, North Hykeham practices were also having CQC inspection visits in May 2023.

COVID Spring booster:

- The key headline is that the programme is going well and the ICB is the second highest performer in the region. The current campaign is due to end on the 30th June. 73 % of the care home cohort has been completed, 54% of the over 75's and 20% immunosuppressed. There are no major concerns with the programme.

Serious incidents and Never events

- There has been a total of 34 serious incidents reported between 12 April 2023 – 9 May 2023, which represents a slight increase when compared to previous reports (n=28) and (n=23) respectively. There has been no new never events reported in the time frame
- There has been an increase in the reporting of pressure ulcer incidents by LCHS between 12 April 2023 – 9 May 2023 (n=13) in comparison to the previous report (n=8). However, as reported previously there is an overall reduction in the number of pressure ulcers reported by LCHS when looking at data quarter on quarter.
- To note, from a quality improvement perspective, work is underway with LCHS, LPFT, ULHT and St Barnabas Hospice to pilot a programme of thematic review of pressure ulcers aligned to the principles of the Patient Safety Incident Response Framework (PSIRF).
  An initial meeting has been held, and work is underway with the healthcare providers to identify the specific focus of the pressure ulcer work, aligned to broader improvement work underway.

Key Quality Updates – Children & Young People (CYP)

- Going forward the report will focus on certain areas. This month the focus will be on CYP as we have not reported in detail on this area for some time.
- CYP transformation has moved into an integrated approach across ICB with Lincolnshire County Council. The team across both organisations have had several new starters and it has created the opportunity to create a strong ethos of integrated working with a joint workstream in place. The work reports into the CYP Integrated Transformation Board which is jointly chaired by the ICB and LCC.
- Priorities under the CYP Transformation Board include: Asthma, Diabetes, Epilepsy, Children's community nursing, Special schools clinical oversight, and CAMHS transformation.
- CYP Core 20 Plus 5 has helped shape some of the priorities and the "5" clinical priorities align to those set by the national team. Further work needs doing to understand the "Plus" groups for our local population.

CYP Mental Health

- We are exploring several new initiatives that will further widen and increase available access to mental health services for CYP; including community voluntary community and social enterprise (VCSE) sector support, alternatives to traditional CBT and game-based therapy for CYP with anxiety.
- Mental Health Supports Teams (MHSTs) create open access to mental health support for all CYP covered by an MHST through schools/colleges. Roll-out is happening in Lincolnshire in line with the national programme, with 50% coverage (8 MHSTs) expected by 2025.
- Three MHSTs will become operational during 2023/24 and Lincolnshire MHSTs are performing better than any other area in the Midlands region with 3,260 contacts between Feb 2022-Jan 2023. With investment this has supported the increase in access by almost 1,000 during 2022/23, whilst reducing waiting times (42% reduction in CYP waiting more than 12 weeks).

System Quality update

- The Operational Quality Assurance Group (OQAG) sits under the System Quality and Patient Experience Committee.
- Quality concerns have been escalated in relation to Magna House, an independent hospital in Lincolnshire, providing care, treatment and rehabilitation services to people who are experiencing mental health issues. The provider is rated Requires Improvement following its latest CQC inspection published April 2023. ICB led meetings and quality visits have taken place to establish assurance regarding quality of care and in May 2023 CQC issued section 31 conditions on the providers regulated activity. The ICB nursing and quality team will continue to work with the provider, CQC and other stakeholders to support improvements required.
- NHSE Complaints Team - Responsibility for Primary Care complaints will be delegated by NHSE from 1 July 2023. Nottingham and Nottinghamshire ICB will host the East Midlands function for managing all formal Primary Care complaints, however, responses to Lincolnshire complaints will need to be signed off by Lincolnshire ICB. Weekly meetings are in place to establish an appropriate operating model for management of the complaints process responsibilities between the host and local ICBs.
- CHC Procurement - LinCA & Age UK facilitated a meeting with the existing and incoming domiciliary care providers. The ICB CHC team presented the new model of provision, a Q&A style workshop followed which explored future ways of working and transfer of care arrangements.

- The transition to the new model of Dom care provision has now progressed without further issue.

The Board considered the Quality update. Councillor Woolley referred to the COVID Spring booster campaign and sought clarification that lessons had been learnt from previous campaigns. Mr Fahy confirmed lessons were learnt and there is plenty of vaccine available in Lincolnshire.

Professor Ward advised that the demand for the vaccine continued to be seen and it would be helpful to have some communications about the campaign ending on the 30th June and the options available after that time, which was noted for action.

Action: Mr Fahy and Ms Blyth

Mrs Pomeroy referred to the immunosuppressed and the take up numbers which appeared to be very low and sought clarification on the reasons for this. Mrs Mills advised that the letters from the national team had only just landed. Dr Hindocha added that a piece of work is currently being undertaken in respect of the communication out those very vulnerable people.

Mrs Kenson referred to the mental health narrative and the MHST's and having eight in place eventually and also 50% coverage and sought clarification on whether performance was likely to exceed that. Mr Fahy advised that the national ambition is 50 but the aim is to achieve over this. Mrs Connery added that the ambition is to have full mental health coverage.

The ICB Board agreed to:

- **Note the Integrated Quality and Performance Report.**

CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY

23/102 ICB BUDGETS 2023/24

Mr Gaunt proposed that the report included in the pack under 6.2 was presented in the first instance, which was agreed. The Board was advised that the paper is the accumulation of work which commenced in December 2022 and the Board have been regularly kept informed of the financial position and operating plan for 2023/24. To conclude this the ICB is required to sign-off its operating budget and the paper presented effectively asks the Board to approve the financial budget for 2023/24.

The Board was advised that the paper sets out the ICB allocations which are both recurrent and also function specific items of funding which meet certain requirements. It sets out the efficiency requirements related to the ICB and the key risks. The plan is to deliver a surplus of £2.4m (the detail being set out on in table three of the report). This related to the ICB efficiency requirement which is £8m and is largely in the domain of prescribing and also two components which relate to the system efficiency which is either unidentified or does not have a home in specific organisation; therefore it is currently sat with the ICB. These are savings which might in part relate to ICB services, but not exclusively. This is the reason why a surplus is being recorded in year.

Mr Gaunt drew the Board's attention to the risks detailed in the paper. Very specifically there is unidentified Financial Recovery Programme efficiency of £9.7m. There is an additional £10.4m stretch efficiency which was added into the plan fairly late into the planning cycle. Related to the Elective Recovery Programme there is between £4 to £8m of elective programme risk.

There was no further points to make the Board aware of, but Mr Gaunt was happy to take any questions. Mrs Pomeroy advised that the detail has been discussed at some length by the Finance and Resource Committee.

The Board agreed to:

- **Approve the ICB Budget 2023/24.**

23/103 MONTH ONE – FINANCE REPORT

Mr Gaunt presented the latest finance report and advised the Board that the ICB had achieved its financial targets in month one. Considering the challenging target set as part of the Financial Recovery Programme (FRP), this had actually been exceeded and the trajectory has also been met.

Table two of the report sets out the risks to delivery including the concern stated in the previous paper around unidentified financial improvement requirements. Within the FRP which the ICB is being measured on to meet the NOF 4 exit requirements, there is a table which sets out the components to be delivered across the partner organisations. There is a line unidentified and there is also the £9.7m which is unidentified and that is a condition for NOF4 exit. There is currently not a plan in place for delivery of the £9.7m but otherwise the ICB is on track in terms of the NOF 4 exit criteria for current month one performance.

Other points to note the ICB is on track in terms of the Better Payment Practice Code (BPPC) which is to pay invoices and suppliers within 30 days. The ICB has exceeded the 95% target and there are no issues to make the Board aware of in terms of cash management.

In summary the month one position was very positive.

The Board considered the month one finance report. Mrs Pomeroy advised that table two in the report is for NOF 4 only; it is not for the full year plan for cost improvement. There is a stretch target on top of that which is also identified. Therefore the challenge for the year is much higher than the £9.7m.

The Board agreed to:

- **Note the Month One Finance Report and position.**

CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE

22/104 UPDATE ON THE JOINT FORWARD PLAN

Mr Burnett advised that as previously reported, it is a statutory requirement for ICBs and their partner Trusts to prepare a Joint Forward Plan (JFP) before the start of the financial year. For the first year, ICBs are required to publish and share the final plan by 30 June 2023. The paper included in the pack had been produced to provide the Board with an update on the development of the Joint Forward Plan (or NHS Lincolnshire Strategy as it is known locally).

The Board advised that the development of this document has been led by NHS partners across the country, with a strong partnership approach with the public and key stakeholders at its core and sets out the ICB's five year intentions and how the Lincolnshire system will work together to achieve those. Two successful, multi-partners workshops have already been completed, the first of which took place in March 2023 which identified the core priorities to be considered throughout the development of the plan. A number of working groups were then put together to develop those priorities. The second workshop was held in April where the developed priorities were presented and acted as a 'confirm and challenge' session to test the ambition and the planned approach over the next 5 years.

Work to develop the priorities and the plan continued with ongoing public engagement, supplementing the volume of work that has already been undertaken to support the process so far. This includes visiting 22 groups across the county, hosting virtual events and linking with Healthwatch Lincolnshire to deliver two webinars for public participation.

Mr Burnett emphasised that the JFP is not a plan which covers off every core service; priorities have been developed alongside and in keeping with the national mandate.

It was noted that the final version of the JFP will be presented to the Board in private at its meeting scheduled to take place on the 27th June 2023 and will then go forward to the Lincolnshire Leaders Group (LLG) for formal agreement prior to publication by the required timeframe of the 30th June 2023.

The ICB Board considered the report and agreed to:

- **Note the update on the development of the Joint Forward Plan.**

23/105 NHS 75 CELEBRATIONS

Ms Blyth presented a report which had been produced to inform the Board of the activities being organised, both nationally and locally, for celebrating the NHS 75th anniversary. It was noted that Mr Turner had already alluded to the range of events and promotions taking place earlier in the meeting but in short these included a school birthday card design competition which has been widely supported across the county, multiple landmarks in the county lighting up blue for the occasion, NHS engagement events at Lincolnshire's Parkruns, as well as countless staff communications and opportunities for involvement. Some of Lincolnshire's NHS and care staff will be attending a service at Westminster Abbey and a reception at Downing Street on behalf of the county.

The Board considered the report and were supportive of the fabulous list of activities, initiatives ane events taking place across the country and expressed their appreciation to all those involved in producing and supporting them.

The ICB Board agreed to:

- **Note the report.**

GOVERNANCE

23/106 SYSTEM QUALITY AND PATIENT EXPERIENCE COMMITTEE

Mr Fahy provided a verbal update from the System Quality and Patient Experience Committee Development Session held on the 21st April 2023.

There were no specific areas of escalation to bring to the Board's attention.

The Board considered the report and agreed to:

- **Note the report.**

23/107 SERVICE DELIVERY AND PERFORMANCE COMMITTEE

Mrs Kenson presented the report from the Service Delivery and Performance Committee meetings held in March and April 2023 and summarised the contents for information.

From the March meeting there was one item identified for escalation to the Board:

- CYP Mental Health - concern that targets are not achieved and risks in not achieving future improvements.

The Committee had oversight of the work being undertaken in terms of system planning in recent months and received regular updates.

From the April meeting there was one item identified for escalation to the Board:

- Priority and support for the integrated Frailty work and its approach - including data sharing and funding.

The most recent meeting had taken place in May and the Committee had received the Digital, Data and Technology (DDaT) report and it was understood the ICS Digital Strategy 2023-2028 once finalised will be presented to the ICB Board for ratification and approval.

There were two items identified for escalation to the Board:

- Digital in terms of its resources, investment and ownership.
- Data sharing and the impact of being in Group Zero (lowest level of digital maturity).

The Board considered the report and agreed to:

- **Note the report and the items escalated.**

23/108 AUDIT AND RISK COMMITTEE

Mrs Pratt presented the report from the Audit and Risk Committee meeting held on the 19th May which included an update from the meeting and also the Audit and Risk Committee Annual Report 1st July 2022 to 31st March 2023.

Mrs Pratt advised that she would take the reports as read but there were some specific areas to highlight to the Board. The first related to the year-end audit process being undertaken by Ernst and Young, External Auditors which was well underway both in terms of the CCG for Quarter One and the ICB for Quarters Two to Four.

Secondly, a process to appoint a shared service Internal Audit provider across the Lincolnshire NHS organisations had recently been completed. A suitable provider had been appointed which was a great development and opportunity for the ICB Board to gain assurance.

The third and final point related to PricewaterhouseCoopers (PwC) who had recently issued their Head of Internal Audit Opinion which had identified three high risk areas, one of which related to the Corporate Governance review. Some of the comments were already being addressed as part of the review of the Board Committees, but the Audit and Risk Committee would welcome a session taking place between the Non-Executive and Executives as part of the wider development of the Board.

The Board considered the report and agreed to:

- **Note the update report.**
- **Note the Audit and Risk Committee Annual Report (covering the period 1st July 2022 to 31st March 2023) and Committee Self-Assessment.**

23/109 FINANCE AND RESOURCE COMMITTEE

Mrs Pomeroy presented the report from the Finance and Resource Committee meeting held on the 23rd May 2023 and outlined the contents for the Board's information.

It was noted that the reporting period for 2023/24 had already been covered earlier in the meeting so would not be revisited. In terms of 2024/25 initial discussions had taken place around the challenge to achieve a recurrently balanced position in that financial year. As such the Committee agreed the steps to identify the underlying exit position for the end of the 2023/24 financial year and therefore the expected cost savings requirement for a recurrently balanced position in the 2024/25 financial year, which had now been included as a standing item on the agenda.

The Board considered the report and agreed to:

- **Note the report.**

23/110 INFORMATION

The Board was advised that there were two documents for noting in the pack of papers:

- Register of Documents Sealed from 1st July 2022 to 31st March 2023
- Declaration of Interest Registers as at May 2023

The Board agreed to:

- **Note both documents and supporting appendices where applicable.**

23/111 DATE AND TIME OF THE NEXT MEETING

Dr Gerry McSorley thanked everyone for their attendance and advised that the next formal ICB public Board meeting will take place on the Tuesday, 25TH July 2023 at 9.00 am – Bridge House, Sleaford.

Chair Signature

Date

Question to the Board – 30th May 2023

Received from Mrs Mary Reid - In relation to the new Joint Forward Plan – there appears to be a very short period to look at/comment on the detail and whether there is any formal patient and public involvement/engagement involved with it – just seeking more clarification, specifically around any inclusion/reference to Neurology.

Response: Thank you for submitting your question to the Board recently in relation to Neurology. To respond to your question, the JFP does not currently include specific reference to conditions, such as Neurology. However, the two areas that will be particularly important for people with neurological conditions are access and integrated community services and the framework will reflect the feedback we have received previously as part of the public and stakeholder engagement work already completed as part of the work to publish and share the final JFP by 30 June 2023.

To put this into context, the timeframe for the publication of the JFP is set out in the NHS Health and Care Act 2022, which requires all ICBs and their partner trusts in the first year to publish and share the final plan by 30 June 2023. As part of this process the ICB has held two workshops: one on the 8th March 2023 and 26th April 2023 with a number of stakeholders. The focus of these workshops has been to agree the Lincolnshire system's strategic priorities and commitments for the next five years. Five priorities were agreed, and work has taken place over the last few months to develop those.

Following the initial public and stakeholder engagement activities that have taken place to date, further feedback has been requested between the 5th and 16th June 2023, focused on the 5 priorities and to seek further comments and views on the priorities ahead of the document being finalised.

It is acknowledged that the deadline for comments is tight but reflective of the requirement to publish the final plan by the 30th June. Following the engagement work the document will be refined further to reflect the feedback received. Further public and stakeholder sessions will then be held throughout the summer broadly around the plan as it is and the priorities, with further engagement events held over Autumn. These sessions and events will provide further opportunity for engagement and feedback.

We trust this responds to your query but if you would like to have a conversation with us regarding Neurology services, please contact us through Jules Ellis-Fenwick, ICB Board Secretary and we will ensure this is arranged.

Not Delivered
In Progress
On Track to Deliver
Complete

NHS
Lincolnshire
Integrated Care Board

ACTION LOG - PUBLIC

Date of Meeting:	Tuesday, 25th July 2023
Agenda Item:	1 (iv)
Reporting Officer:	Sir Andrew Cash, Interim ICB Chair

Date of Meeting	Minute Number	Item	Action	Lead	Timescale/update
30/05/23	23/99	Healthwatch update	Mystery shopper A&E – Mrs Fletcher to forward on the specifics to Mrs Raybould.	Mrs Fletcher	On-track
30/05/23	23/100	Draft Autism Strategy	To circulate the presentation slides to the Board for information.	Mrs Ellis-Fenwick	Complete.
30/-5/23	23/101	Integrated Quality and Performance Report	Communication regarding vaccination programme and the evergreen offer ending at the end of June.	Mr Fahy/Ms Blythe	Complete.

NHS
Lincolnshire
Integrated Care Board

NHS LINCOLNSHIRE INTEGRATED CARE BOARD

BOARD MEETING DATES 2024

REPORTING YEAR 2024	ICB PUBLIC AND PRIVATE MEETINGS AND DEVELOPMENT SESSIONS
January 2024	Public and Private Meetings - Tuesday, 30th January 2024 at 9.30 am
February 2024	**Development Session** – Tuesday, 27th February 2024 at 10.00 am to 1.00 pm
March 2024	Public and Private Meetings - Tuesday, 26th March 2024 at 9.30 am
April 2024	**Development Session** – Tuesday, 30th April 2024 at 10.00 am to 1.00 pm
May 2024	Public and Private Meetings - Tuesday, 28th May 2024 at 9.30 am
June 2024	**Development Session** – Tuesday, 25th June 2024 at 10.00 am to 1.00 pm
July 2024	Public and Private Meetings - Tuesday, 30th July 2024 at 9.30 am
August 2024	**Development Session** – Tuesday, 27th August 2024 at 10.00 am to 1.00 pm
September 2024	Public and Private Meetings - Tuesday, 24th September 2024 at 9.30 am
October 2024	**Development Session** – Tuesday, 29th October 2024 at 10.00 am to 1.00 pm
November 2024	Public and Private Meetings - Tuesday, 26th November 2024 at 9.30 am
December 2024	**Development Session** – Tuesday, 17th December 2024 at 10.00 am to 1.00 pm

Overview

May 2023 Monthly Report

During May 2023 Healthwatch Lincolnshire received **80** patient experiences directly to our Information Signposting Officer. This is a summary of the key themes raised by patients, carers and service users during May 2023 about services in Lincolnshire.

For more details you can call us on 01205 820892

Email: info@healthwatchlincolnshire.co.uk

Overall Sentiment

21% of all comments were **positive**

10% of all comments were **neutral**

44% of all comments were **negative**

24% of all comments were **mixed**

May 2023 – Feedback Service Themes Sentiment

40%

Hospital Services (All services)

28%

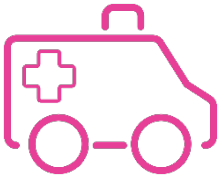
GP Services

10%

Community Health Services

11%

Accident & Emergency



13%

Patient Transport

8%

Dentistry

5%

Mental Health & Learning Disabilities

4%

Social Care

%s total greater than 100% as many comments we receive relate to multiple services

Healthwatch Update for ICB July 2023

What are Lincolnshire people telling us?

Urgent & Emergency Care – UTCs & Patient Transport

As a result of a deep dive look at Urgent & Emergency Care (including UTCs and Patient transport) at the Lincolnshire System Quality Group meeting Healthwatch focused social engagement to gather people's experiences of these services.

The Full report can be read here:
https://www.healthwatchlincolnshire.co.uk/report/2023-07-18/your-experiences-urgent-emergency-care-utcs-patient-transport

Overall many of the comments received were positive there was praise for: Organised, professional, friendly and reassuring staff, and being seen quickly.

The majority of the negative comments related to Lincoln County Hospital. These comments raised concerns over:

- Waiting times (one patient waited >36 hours to be seen)
- A 'traumatic' waiting room – crowded, people in pain
- Lack of empathy
- Lack of equipment (e.g., slings and drip stands)

"Lincoln County A&E is also a disgrace, waiting over 11 hours to be seen and then told to register again at the desk because they messed up. People won't go there because of the poor treatment. I'd rather drive elsewhere than go into hell."

"The whole experience was a nightmare. A dog would be treated better by a vet. There was a total lack of empathy, caring, and courtesy. The staff were rude and unhelpful."

In relation to Emergency transport comments raised concerns around ambulance waiting times (>1 hour) for symptoms of a stroke and for those who had falls.

Patient Experiences – GP Services

The main themes of the comments continue to be access mainly via the phone and isolated cases of poor-quality care and dissatisfaction. During this time period the most frequently commented on practices were:

Hawthorn Medical Practice – 4 comments

- Appears to be a problem getting through on the phone – long waits (over 5 hours) and being '48th' in the queue.

- *"It is awful. Once you get in to see a Doctor there is not a problem. The problem is getting in to see one. Trying to get prescription is a nightmare. I held on for 5 hours once, just got to the front of the queue and was switched off."*
- *"One day I phoned at 12 noon, and slowly moved up the waiting list. I got so I was the next in line. That was after 6.30, and they shut the line down."*

Lakeside Healthcare Stamford – 8 comments

Concerns were raised over:

- Long waits to access the practice via the phone
- Lack of available appointments – both when you ring up or use Doctrin
- Communication
- *"I spent an hour and ten minutes on hold only to be told there are no appointments available and I should keep looking online. I'd already looked online. I'm left without any medical treatment."*
- *"Lakeside Stamford dreadful service, never any appointments available, I ended up in hospital due to poor level of care. Had wound care from an HCA who was not knowledgeable enough to use the correct dressing, I was refused an appointment with a qualified nurse. The surgery can massively improve their communication skills, customer service and appointment availability. Nothing went well"*

Cleveland Surgery – 5 comments

- Access – again long waits to get through to the surgery via the phone and askmyGP appears to only be open for short periods of time
- Types of appointments offered
    - *"I can never get to see my Doctor. It's always a telephone call. I would like to sit down and discuss stuff with them. But never get offered anything but a telephone call. And these are often a month in advance."*
- Communication between professionals and patients about medication changes and prescriptions

NHS Dentistry

April 2023 Healthwatch Lincolnshire were asked to present evidence as part of the Health and Social Care Select Committee inquiry of NHS Dentistry. The report has now been published and highlighting the need for Fundamental reform of NHS dentistry to end a 'crisis of access', Healthwatch Lincolnshire welcomes the findings and recommendations of the Health and Social Care Committee. (Read the full report here).

Healthwatch Lincolnshire Steering Group's concerns remain: how long will any reforms of the service take and what happens in the meantime to the hundreds of people each week who are struggling to access emergency treatment, let alone routine NHS dental care.

Accessible Information Standard (AIS)

By law, under the Accessible Information Standard (AIS) 2016, all publicly funded health and social care providers must ensure people are given information about their health and care in the format they can understand, such as large print, Braille, digital text files, and audio files, to mention a few. There's a growing body of evidence nationally suggesting that this is not happening. We have heard comments from Lincolnshire people that they are struggling to receive information and access service in way that is required, we would welcome an update on how the system is performing and how it's going to make sure they are adhering to the Accessible Information Standard.

Updates

YourVoice@Healthwatch

Monday 7 August 2023 at The Storehouse, North Parade, Skegness PE25 1BY 1 pm to 4 pm

Healthwatch Lincolnshire is pleased to announce we are working in partnership with the Adult Social Care Team, Lincolnshire County Council and our next **YourVoice@healthwatch** is to be held on **Monday 7 August 2023** as a face-to-face Event, with all encouraged to attend.

Our invited Speaker is Glen Garrod, Executive Director of Adult Care and Community Wellbeing, Lincolnshire County Council.

The FREE event will provide members of the pubic with a chance to see and hear first-hand from an expert Panel and meet other people interested in finding out about **"What is Social Care?"** with lots of opportunities to Signposting and Advice about social care.

A Market Place will also take place, with a number of stands from different organisations who will be on hand to give an insightful chat on their resources and services.

There will be opportunities to network and meet key service providers in addition to hearing the latest information from the Panel of Experts.

Healthwatch Update for ICB July 2023

Sign Up here:
https://www.healthwatchlincolnshire.co.uk/yourvoicehealthwatch-what-social-care

Enter and View Activity

After completing our mystery shopper activity in the A+E Departments at Lincoln County, Pilgrim, and Grantham Hospitals the report is available here.

Oonagh has also supported LPFT with visits into mental health inpatient wards and is working with a Learning Disabilities Care Home to visit and focus in on the resident's involvement with meals and what they eat.

We will also be making visits across Lincolnshire Urgent and Minor Injury units. We are also busy working with Lincolnshire County Council to plan our care home enter and view activity.

Annual Report 2022 -23

You can read our latest annual report here:
https://www.healthwatchlincolnshire.co.uk/report/2023-06-29/annual-report-20222023-together-were-making-health-and-social-care-better

Highlights from our year

3,689 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

3627 people came to us for clear advice and information about topics such as mental health and the cost-of-living crisis.

We have seen **36,846** page views on our website and have reached an incredible **371,989** people through Facebook.

We're lucky to have **36** outstanding volunteers, who gave up **1657** hours to make care better for our community.

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Time: 9.00 am
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	4 (i)
Title of Report:	Prevention – implementation of the Tobacco Dependency Service
Purpose:	To highlight the partnership work and approach to implementation of the Tobacco Dependency Service across Lincolnshire
Appendices:	Appendix 1: Tobacco Dependency Service Update

1. Key Points for Discussion:

- Background
- What is the local picture for Lincolnshire
- Progress on Implementation of the Tobacco Dependency Service
- What next

2. Recommendations

The ICB Board is asked to note and consider all the information in this report and the actions being undertaken.

3. Executive Summary

Background

The NHS long term plan focuses on the importance of preventing avoidable illness and more active management of the health of the population. Treating tobacco dependence is specifically identified as a key service that can improve the prevention of avoidable illness.

Smoking is the single biggest cause of preventative deaths, disability and illness and is a major cause of health inequalities. Tobacco dependency is a chronic clinical condition that prematurely kills at least half of people who smoke.

Smoking during pregnancy is the leading modifiable risk factor for poor birth outcomes, including stillbirth, miscarriage and pre-term birth. It is never too late to stop smoking.

The NHS Long Term Plan (LTP) has set a commitment for the NHS to deliver NHS funded tobacco dependence treatment services across Acute inpatients, Maternity and those in long term Mental Health and learning disability services by March 2024.

Lincolnshire NHS Services will be delivered in addition to, and in conjunction with, local authority, Community Pharmacy, Stop Smoking Services (One You Lincolnshire) to provide an integrated and seamless service offer that will support the government's ambition to be smoke free by 2030.

Focus on Intervention –
Implementation of the Tobacco Dependency Service - Maternity

Local picture for Lincolnshire:

Deprivation

- Women from the most deprived communities are 12 times more likely to smoke during pregnancy than women from more affluent areas.
- Rates of smoking among white women (aged 18-34) in routine and manual occupations are currently more than double that of women on average (26.7% compared to 12%)

Age

- 30% of women aged under-20 were current smokers at their booking appointment compared to just 6% of women over the age of 40

Ethnicity

- Smoking at booking rates is highest among the 'white' (15.2%) and 'mixed' (12.7%) ethnic groups, which account for 86% and 2.2% of the population

Migrant communities

- The 'Other white' group includes communities from Eastern European countries with high rates of smoking, particularly Poland and Romania which have smoking rates of 25.3% and 23.5% respectively

By 2023/24 all people admitted to hospital who smoke (acute and mental health) will be offered NHS funded tobacco treatment services, including pregnant women and their partners.

The model for pregnant women is more intensive and is intended to be delivered within maternity services, building on the Saving Babies' Lives Care Bundle version 3 (SBLCBv3), where all women are assessed for CO exposure at booking and will support pregnant women to beat their tobacco dependence through weekly face-to-face behavioural support and licensed pharmacotherapy –specifically combination NRT.

Lincolnshire LMNS are working with the ULHT Maternity team to implement a dedicated team 'STARR' now working in the pilot areas of Skegness, Boston and Spalding where we see the highest rates of smoking at delivery.

The ambition is to work with women and families to have smoke free homes to continue the tobacco prevention work and ultimately smoke free communities.

Focus on Intervention –
Implementation of the Tobacco Dependency Service – Mental Health

Local picture for Lincolnshire:

As with Maternity, evidence confirms that patients from the most deprived communities have the highest smoking prevalence rate than those from more affluent areas.

Rates of smoking for adults (aged 18+) with long term mental health conditions in Lincolnshire has seen a decline over the past several years and we can evidence the current figure for Lincolnshire (22.8%) remains lower than that for East Midlands (25.5%) and England (25.2%)

People with mental health problems are almost 2.5 times as likely to smoke as the general population. Smoking rates increase with the severity of mental illness. Among adults with a serious mental illness, 40.1% smoke in Lincoln, compared to 40.5% for England. The high smoking rate among people with mental health conditions is the largest contributor to their 10 to 20 year reduced life expectancy.

People with a mental health condition are just as likely to want to stop smoking as those without, but they are more likely to be addicted to smoking and more likely to think it will be difficult to quit.

As with Maternity and Acute, by 2023/24 all people admitted to hospital who smoke should be offered NHS funded tobacco treatment services.

When developing the Mental Health inpatient pathway it was based on the 'best practice' Acute inpatient model of care following evidence generated by mental health early implementer sites. Adaptations we're however made to ensure that it was best suited for mental health services and users.

The pathway includes routine establishment of Smoking status on admission, delivery of Very Brief Advice (VBA), offer of medication to help manage nicotine withdrawal symptoms and opt out referral to an onsite trained Tobacco Dependency Advisor.

Acknowledging that patients may be in crisis upon admission, and it may not be appropriate for the Tobacco Treatment Advisor to visit within 24 hours, advisors liaise with ward staff to provide by proxy support.

It is acknowledged that mental health admissions tend to have a longer length of stay than Acute admissions, so the recommended pathway has been adapted to account for this. One such adaptation is additional face-to-face appointments during admission to enable patient(s) to build up trust over time (where required).

LPFT have successfully implemented a dedicated team 'QUIT' and are now providing services across both rehabilitation centres and to inpatients at Boston Pilgrim Hospital and Lincoln County Hospital.

The ambition is to further include high-risk outpatients within the community by March 2024.

Focus on Intervention –
Implementation of the Tobacco Dependency Service – Acute Inpatient Hospital

Local picture for Lincolnshire:

As appears to be the theme across all workstrands, patients from the most deprived communities continue to have the highest smoking prevalence rate than those from more affluent areas.

Available data on 'smoking attributable hospital admissions' from a count of 7252 patients, shows that Lincolnshire for 2019/20 had 1383, compared to that of 1561 for the East Midlands and 1398 for England. As yet there is no significant change in this trend.

With regards to data on ‘Emergency hospital admissions for COPD’ (aged 35+), from a count of 2200 patients, Lincolnshire for 2019/20 had 410, compared to 462 for the East Midlands and 415 for England. Recent trend suggests that this is increasing and getting worse. Therefore, it is vitally important that the services are implemented across the NHS as soon as possible to help reduce these figures and overall percentage of smoking prevalence.

Smoke Free is not a new concept in the NHS and ULHT is a smoke free organisation. It is committed to providing a safe environment for all.

The Trusts’ Smoke Free Policy has the support of the Trust Board, Staff and Health & Safety Representatives: and outlines smoking is not allowed in the confines of any part of the Trust’s premises or buildings including entrances and areas hidden from general view, pavements, and walkways.

It is recognised at ULHT that the first step in treating tobacco dependence is to identify current tobacco users. Therefore, it is already expected and documented within the Smoke Free Policy that every patient be screened for smoking status, and this be recorded within the patient records, clearly and consistently. This of course falls in line with the LTP requirements.

After much consideration the recommended delivery model was to have a systematic in-house treatment of tobacco dependence. Therefore, as with the Mental Health model, the pathway will include routine establishment of Smoking status on admission, delivery of Very Brief Advice (VBA), offer of medication to help manage nicotine withdrawal symptoms and opt out referral to an onsite trained Tobacco Dependency Advisor.

ULHT are currently developing the final stages of their service with an anticipated date of October 2023 as the target for commencement of services.

As per the LTP requirements work will then proceed to enable services to all inpatients by March 2024.

Next Steps

- All services to be implemented and expanded to reach full coverage across Lincolnshire by March 2024
- A shared approach to tackling the issues of smoking, facilitated by the Tobacco Control Board ensures a relevant governance structure is in place to provide clear, system-wide oversight and strategic decision making in relation to tobacco and tobacco related harms
- Exploration of a ‘staff’ stop smoking support package
- E-Cigarettes / vaping – decision on inclusion within NHS Tobacco Dependency Service to mirror the current offering through OYL and ensure patients have more choice when it comes to supporting their quit attempt(s)
- Wider coverage of services across Lincolnshire and increased awareness through comms and engagement activities
- interlinking with other key stakeholders such as Cancer and Respiratory teams to identify supportive ways to develop the services having identified the wider effects of smoking

4.	**Management of Conflicts of Interest**

No conflicts of interest

5.	Risk and Assurance
Improving Health Inequalities and Health Outcomes are key aims for the ICB and will feature as part of the risk themes in the ICB Board Assurance Framework.	
6.	**Financial/Resource Implications**
As noted in the report.	
7.	**Legal, Policy and Regulatory Requirements**
None to be noted.	
8.	**Health Inequalities implications**
As noted in the report	
9.	**Equality and Diversity implications**
As noted in the report	
10.	**Patient and Public Involvement (including Communications and Engagement)**
• Tobacco Dependency Service – General Engagement Public Survey • Tobacco Dependency Service – Patient Experience Survey	
11.	**Report previously presented at**
N/A	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**
Stuart Sidebottom, Health Inequalities Improvement Facilitator, Lincolnshire ICB Sandra Williamson Director for Health Inequalities, Prevention and Regional Collaboration, Lincolnshire ICB	

Tobacco Dependency Service Update
Health Inequalities & Prevention Programme

NHS
Lincolnshire
Integrated Care Board

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- Vaping position statement
- Communications and engagement

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1. What is the ICS ambition for treating Tobacco Dependency

In 2019, the Government published its green paper on preventative health; 'Advancing our health: prevention in the 2020s'. Here, it announced an ambition for England to become 'smokefree' by 2030; which would be deemed as achieved when adult smoking prevalence falls to 5% or less.

Prevention is a core component of the NHS Long Term Plan (LTP) and in order to help support the 'smokefree' target, the LTP outlined a clear requirement to provide all people admitted to hospital who smoke with an NHS-funded tobacco treatment service by March 2024. The expectation is that;

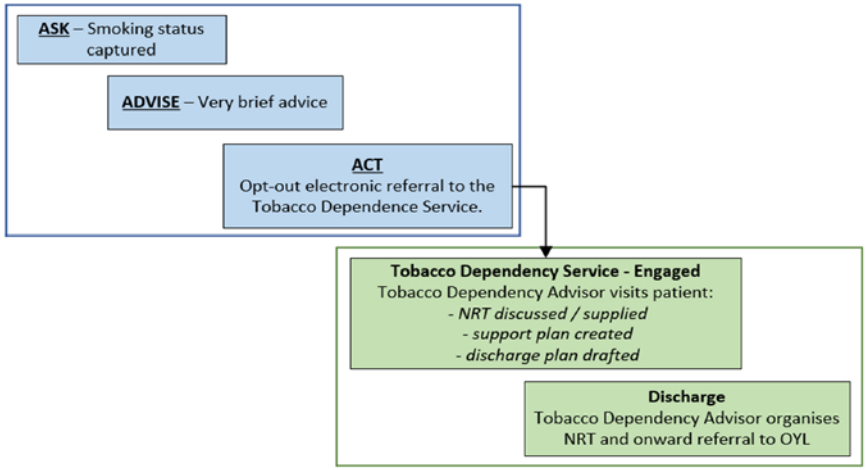
- Every patient admitted to hospital and pregnant women - smoking status captured
- Opt-out referral made to Tobacco Dependency Service
- Access to appropriate pharmacotherapy / NRT
- Personalised plan developed to support quit attempt

Tobacco Dependency Service (TDS)

Each service created across Maternity, Mental Health, Acute and Community, use the 3A's approach; **A**sk, **A**dvise and **A**ct.

Upon admission to a ward, admitting teams will Ask the patient for their smoking status, Advise the patient that the best way to stop is with a combination of specialist support and medication; and Act upon the patient being a smoker and create an opt-out electronic referral to the hospital Tobacco Dependence Service.

The Tobacco Dependency Advisor then visits the patient within 24hrs or next working day, to discuss the appropriate support for the patient to quit (or abstain) from smoking. Upon discharge, those patients that have engaged with the service will be visited again to ensure adequate levels of NRT to take out (in this case up to 2 weeks' worth) and an onward referral made to OYL if requested / agreed with the patient.



2. What is the Local Picture for Lincolnshire?

In England, in 2021, 13%* of people aged 18 years and over we're current cigarette smokers, which equates to around 6.6 million people in the population.

Lincolnshire has a population of over 768,000 people and in comparison to national figures; has a higher smoking prevalence at 13.3%. When we compare Local Authority figures you'll see there are some concerning percentages.

Lincolnshire – 13.3%	
South Holland – 19.4%	East Lindsey – 12.5%
North Kesteven – 16%	Boston – 12%
West Lindsey – 14.8%	South Kesteven – 6.6%
Lincoln – 14.7%	

(Source: APS – Annual Population Survey – 2021)

However, working with Mental Health, Maternity, Acute and Community, we are developing Tobacco Dependency Services to meet the requirements of the LTP and ultimately reduce the percentage of smokers across Lincolnshire.

Health Inequalities

Smoking is a fundamental contributor to health inequalities, accounting for half the difference in life expectancy between richest and poorest. On average a smoker reduces their life expectancy by 10 years; the earlier a smoker quits smoking the higher potential there is for more life years saved. It is also widely accepted that more people in routine and manual occupations smoke, where culturally smoking is more socially acceptable.
(Source: https://ash.org.uk/uploads/ASH-Briefing_Health-Inequalities.pdf - 2019)

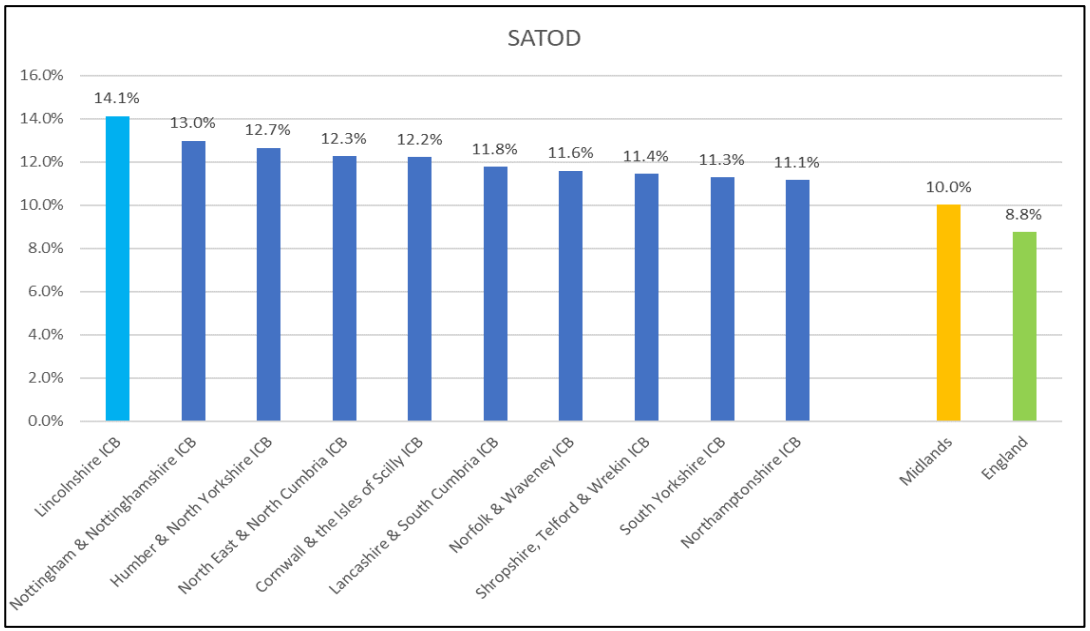
Ethnic minorities

Tobacco causes health problems across all ethnicities, but the way people from different ethnic backgrounds use tobacco varies considerably, leading to health disparities. Some ethnic minorities are more likely to use smokeless tobacco and shisha pipes. However, smoking remains the most common form of tobacco use in all communities. (Source: ASH)

Smoking At Time Of Delivery

8.8% of women were smokers at time of delivery in 2022-23. A 0.3 percentage point decrease from 2021-22 (9.1%), but still above the current national ambition of 6% or less. (Source: NHS Digital - Statistics on Women's Smoking Status at Time of Delivery: England, 2022-23)

Smoking At Time of Delivery (SATOD) rate for Lincolnshire (2022/2023) is 14.1%, considerably higher than the National rate. Despite having reduced year by year our downward trajectory is at a slower rate than the national average. (Source: NHS Digital - Statistics on Women's Smoking Status at Time of Delivery: England 2022-23)



As smoking prevalence has declined nationally, rates of smoking have become increasingly concentrated among disadvantaged communities and groups. Rates of smoking in pregnancy have a strong social and age gradient with poorer and younger women much more likely to smoke in pregnancy.

In Lincolnshire, there are significant links between levels of deprivation and smoking in pregnancy rates. Using the IMD Deciles those that fall into Decile 1 have a smoking in pregnancy rate of 31% with an additional 12% having quit since conception and therefore being at high risk of relapse. This trends downward until you get to the 10th decile where the rates are 5% with an extra 6% in the high-risk group.
(Source: ULHT bookings data 2020/21)

Patients with SMIs

A decrease in smoking rates has been seen among adults with a long-term mental health condition, however smoking rates among people with a mental health condition are substantially higher than in the general population. This is true for Lincolnshire. There is a strong association between smoking and mental health

conditions. This association becomes stronger relative to the severity of the mental health condition, with the highest levels of smoking found in psychiatric in-patients.

It is estimated that around 30% of smokers in the UK have a mental health condition, and more than 40% of adults with a serious mental illness smoke. In addition, people with mental health conditions smoke significantly more, have increased levels of nicotine dependency, and therefore are at even greater risk of smoking-related harm. (Source: ASH)

Partly a result of high smoking rates, people with a mental health condition have high mortality rates compared to the general population. Therefore, quitting smoking is particularly important for this group because smoking is the single largest contributor to their 10 - 20 year reduced life expectancy. (Source: ASH)

COPD

Mortality rates and hospital admission figures for respiratory conditions in Lincolnshire are broadly in line with national averages. Lincolnshire has a high proportion of routine manual labour which often correlates with higher smoking rates and higher exposure to occupational risks.

Whilst uptake of smoking cessation services has improved, Lincolnshire still falls below the national average, which aims for 100% of COPD patients to accept smoking cessation support. COPD patients receiving support for smoking cessation are at least twice as likely to stop as those with no professional support.

Concerningly, hospital admission and mortality rates from COPD in Lincoln have tended to be considerably worse than the England average. Evidence from the Asthma+Lung Association (BLF) shows outdoor air pollution is generally higher in deprived urban areas, such as Lincoln, which worsens symptoms of lung disease, and can cause lung disease to develop.

Cancer

Liver, pancreatic cancer, and lung cancer have the lowest survival rates of all cancers among adults. Mortality rates from lung cancer in Lincolnshire are worse than the national average. Although smoking is not a direct cause for all cases of lung cancer, high smoking prevalence in Lincolnshire could be a contributing factor.

Smoking is most prevalent amongst the unemployed and is 2.5 times more common amongst routine and manual workers than managerial and professional groups. (Source: NHS Digital)

Cultural norms affect the likelihood of smoking initiation and quitting. Given smoking is the biggest cause of lung cancer, resulting variation in lung cancer and mortality correspond with these populations.

3. Current workstreams update

Maternity

Known as the **STAAR** Team (Stop smoking Team – Act, Advise, Refer), the service commenced on 9th January 2023 within Boston and Skegness community hubs.

Since then, it has expanded to cover Spalding, Gainsborough and Lincoln consultant led clinic. The team is in the process of appointing additional Tobacco Dependency Advisors which in turn will give the support required to further develop the service which will see a new NHS smoke-free pregnancy pathway available for up to 100% of maternal smokers across Lincolnshire by March 2024.

Whilst the number of patient opt-outs is high, next steps are to look into the possibility of an incentive scheme for pregnant patients. Work is underway to actively learn lessons from other locations and their 'Incentive Schemes'. Early indications suggest patients are offered vouchers at each key milestone such as; 4 week quit, 12 week quit, 18 week quit, 24 week quit and a smoke free birth.

This is supported by NICE guidance and the Government's new proposal for tobacco and vaping control that outlined the Government would introduce financial incentives to all pregnant women who smoke to support them to quit by 2024.

No. of referrals to TDS	**350**
No. of patient opt-outs	171
No. of quits dates set	100
No. of 4 week quits achieved	12
No. of 12 week quits achieved	5
No. of smoke-free births	1

As part of celebrating positive outcomes from our Maternity TDS, we are pleased to share the news that the service has seen their first smoke-free birth this month (July) since the service commenced. A truly momentous achievement and something to be very proud of.

**Figures as of 17.07.2023*

No. of referrals to TDS	**77**
No. of patient opt-outs	41
No. of quits dates set	30
No. of 4 week quits achieved	7
No. of 12 week quits achieved	4

Mental Health

Known as the **QUIT** Team, the service commenced within 5 rehabilitation units across Lincoln and Boston on 3rd January 2023. The service has since extended to all inpatients. The current focus is now on achievement of phase 3 which will see services offered to all high-risk outpatients by March 2024.

Figures are encouraging after an anticipated slow uptake. The June submission of patient level data to the Strategic Data Collection Service Portal resulted in a 'data quality scoring' of B6 (data submitted and passes 6 out of 7 data quality checks).

**Figures as of 17.07.2023*

Acute

Service design is currently underway to confirm timeframes for delivery of phase 1 which will see services offered to elective inpatient. Based on lessons learnt from Mental Health and Maternity, there is an educated estimate that services will commence by the end of October 2023.

Upon completion of phase 1, focus will be to expand services to all non-elective inpatient by March 2024.

Community

Work continues to key stakeholders within LCHS to understand their current processes which will help develop a suitable Tobacco Dependency Service for their patients.

We are currently reviewing the option of an extension of existing services within LPFT to manage the small numbers of identified smokers through LCHS. Once confirmed, the pathway will then be designed and developed to ensure that in line with Nation requirements; services are available to all identified inpatient smokers by March 2024.

Referrals into local community services

As touched upon within the TDS update section, all work undertaken remains in partnership with public health colleagues and local authority commissioners to support integration and connectivity with current smoking cessation services provided across the county by One You Lincolnshire (OYL).

Well-defined referral pathways have been developed to demonstrate the patient journey where the patient requests ongoing support in the community following discharge from NHS services.

Patients currently have the option to receive continued support through the Local Authority Stop Smoking Service – OYL, where they will be provided with support and continued Nicotine Replacement Therapy (NRT) for up to 12 weeks from the date of their last cigarette.

The Tobacco Dependency Services are also reviewing the potential of an NHS Funded Community Pharmacy Smoking Cessation Advanced Service (SCS) referral, where the patient would be offered a referral to a pharmacy location of their preference.

Celebrating success with OYL

Strong engagement / communication links with OYL has allowed for a seamless patient pathway from point of entry into NHS Services through to requesting Local Authority (LA) continued support upon discharge.

In collaboration with OYL we have developed key literature and referral forms for the services, along with making additions to PACEF prescribing guidance to reflect requirements for both services to utilise additional quit aids, e.g. Eburns and Microtabs.

The support from OYL has been instrumental in training of NHS TDS staff, from agreements to offer clinical supervision to allowing for Maternity, and LPFT TDS teams to shadow individuals providing services within the community. There has also been the delivery of a stop smoking presentation at the ‘Skills for Life’ sessions within LPFT.

All of these achievements have been made possible through the attendance at key meetings including:

- Tobacco Control meeting
- Tobacco Steering Group
- Smokefree Pregnancy meeting
- E-cig task and finish group
- Smokefree LPFT steering group
- NHS/OYL collab meeting

The planning and development of NHS services has equally seen benefit to OYL with referrals actively made from both Maternity and LPFT (where requested / appropriate). Alongside this, the NHS TDS actively sign-post partners of pregnant patients, and family / friends of patients, to LA services should they wish to quit smoking. OYL are an integral part of our Maternity ‘What matters to you’ events that take place on a quarterly basis across Lincolnshire (in areas of high deprivation) to hear from families, carers, volunteers and professionals about what matters to them in terms of the care and services available to them throughout any aspect of their journey from pre-conception to reception.

Workforce

Whilst there is no current offer of support to staff through the in-house Tobacco Dependency Service, all staff that wish to receive support to quit smoking are signposted to self-refer into OYL.

Reporting on the uptake of this is difficult at present as OYL do not ask clients where they work. Moving forward, if this is something we wish to obtain then there will need to be an agreement and consent taken to share the information.

Next steps include the exploration of what a staff offer could look like and then ongoing engagement with public health colleagues and local authority commissioners to identify requirements to make this happen.

Vaping

The proportion of children and young people using vapes remains low, however the use of disposables (as opposed to rechargeable) vapes has increased significantly in the last two years. In 2021, only 7.8% of 11 to 18 year olds who vaped used a disposable product. However, in 2022, this has risen to 52.8%.

Although around 20% of 11-17 year olds say that they have tried vaping, a far smaller proportion vape regularly, with research from ASH in 2022 showing that only 3.7% used these products more than once a week, approximately 96% of children and young people do not use them regularly.

There are some concerns being raised by the Royal College of Paediatrics and Child Health about the increase in the number of children presenting with asthma and bronchitis-type incidents due to e-cigarettes (vapes).

Whilst short-term effects of coughing, dizziness, sore throats and headaches have been recognised, the long-term effects are not yet known and more evidence is needed.

Major concerns are around education, with an increasing number of exclusions associated with vaping. Reported in the academic year 22/23, there were 61 tobacco-related exclusions in Lincolnshire's schools. 17 of these were due to vaping (28%). However, due to the way exclusions data is recorded it is expected that the number due to vaping is higher, with some vaping-related exclusions simply recorded as 'tobacco'. We are working to address the issue of exclusions with the Children Services Education Team. Schools have been asked to add a comment if the tobacco-related exclusion is due to vaping.

It is illegal to sell nicotine-containing vapes to CYP, and Trading Standards have a role in enforcing legislation to prevent the sale of these products to underage users. However there has been a 154% increase in reports of underage sales and 344% increase in underage sales of vapes between last year and this year. Vapes accounted for nearly 60% of underage sales intel in Lincolnshire this year (national figure 55%).

Illegal or illicit vapes are also in circulation, these vapes may have a higher tank size (and so have a higher number of 'puffs') and may contain a higher-than-permitted level of nicotine. Trading standards also have an enforcement role re the sale of illegal or illicit vapes, and seized 9,578 non-compliant vapes from 19 premises across Lincolnshire between 1st April 2022 and 14th March 2023.

It is important to remember that NICE Guidance recommends that people should use vapes for as long as they help prevent them going back to smoking. Vaping remains far safer than smoking, and there is strong evidence that vapes are an effective quit aid for adults who would otherwise be smoking tobacco. Vaping is not risk-free, and it is not recommended that anyone who currently does not smoke uses a vape.

The message here is Don't smoke? Don't start to vape.

Comms and Engagement

The Tobacco Dependency service engagement was launched on 6 March 2023 and continues to run until 31 August 2023.
Two separate survey's have been promoted to gather both (1) patient and public feedback and (2) staff feedback.
The aim of the engagement is to gain feedback from (1) patients and the public across Lincolnshire to hear, whether a smoker or non smoker, on:-

- What would help people stop smoking.
- Any further support or information that is needed to help people stop smoking or alternatively keep motivated to continue to stop smoking.
- Experiences of those who have used a stop smoking service in the past – areas that worked well to help stop smoking and areas that require improving.
- Thoughts on the new dedicated tobacco dependency service.

And for staff (2) to provide feedback on what is working well and how the service could be developed further.

A report will be published with the findings following the end of the engagement period and this feedback will help shape the delivery of the Tobacco Dependency service.

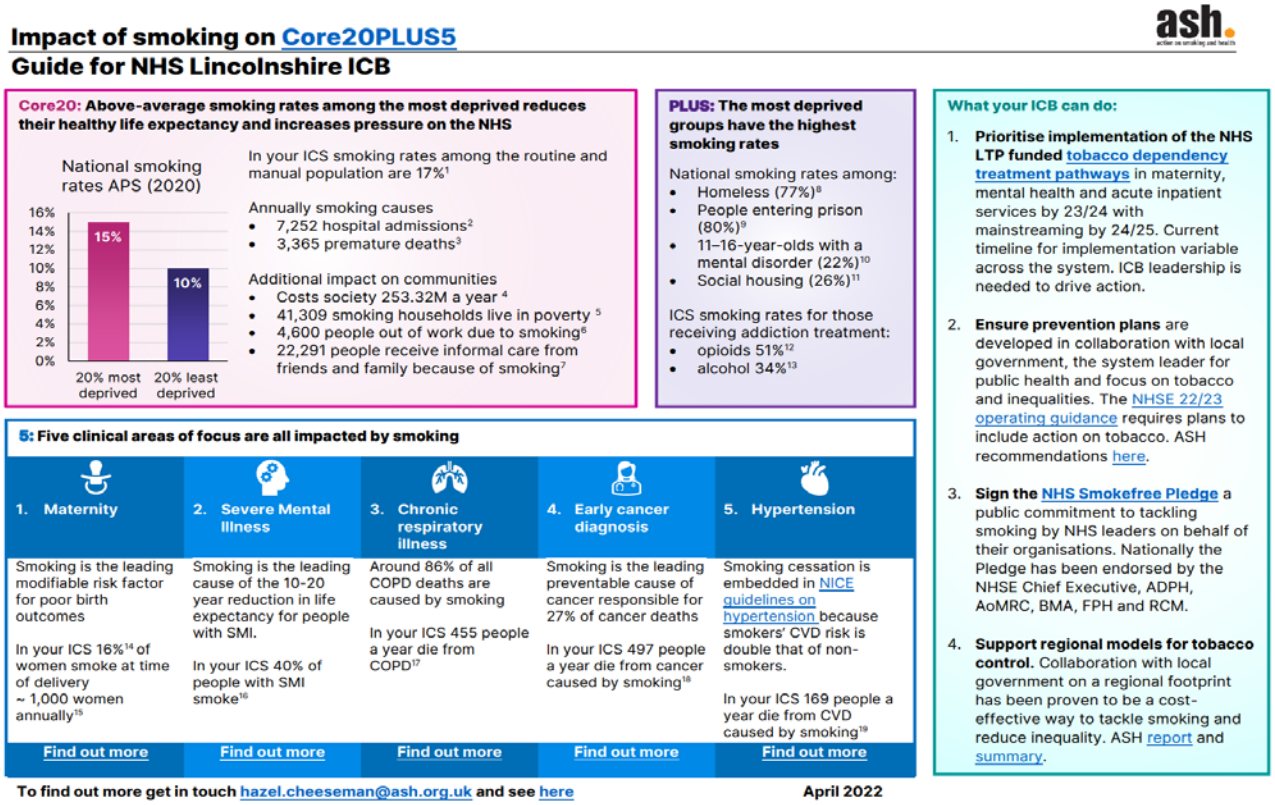
A patient experience survey has also been developed for utilisation by the Tobacco Dependency Service Leads within community and provider trusts so we can listen to ongoing feedback and improve services.

4. CORE20Plus5 and the focus for Lincolnshire

The Core20PLUS5 framework has enabled focus on targeted support and action for specific population cohorts (the 20% most deprived communities as identified by Indices of Multiple Deprivation, and ICS plus population group who experience poorer-than-average access to health care / treatment, experience and or/ outcomes which would benefit from a tailored health care approach).

The approach defines and identifies ‘5’ focus clinical areas requiring accelerated improvement (Maternity, SMI, Chronic Respiratory Disease, Early Cancer Diagnosis, Hypertension).

Smoking is independently associated with every indicator of disadvantage. We all have a role to play in tackling Health Inequalities and we are aiming to go beyond Core20PLUS5 in Lincolnshire to reduce HI in all areas of our system.



Item 5 (i)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	5 (i)
Title of Report:	Integrated Quality & Performance Report – July 2023
Purpose:	This report provides the Board with information on achievement against the ICB's key performance targets and quality standards
Appendices:	Performance & Quality Report

1.	**Key Points for Discussion:**

- This report is underpinned by the reporting that is received at the Board Committee for Quality and the monthly Service Delivery and Performance Committee.
- This report shows the latest analysis of key system operational performance and quality indicators covering normal variation, trends and shifts in performance over time for key metrics and measures across a number of areas of ICB delivery.
- The report is designed to provide assurance to the Board that there full understanding of the drivers for performance and the high level actions in place to address off track performance and quality in areas that are likely to have the most significant impact for patients.

2.	**Recommendations**

The Board is asked to:

1. Note the key issues set out in the paper and the actions in place to support improvement.
2. Dscuss any areas the Board would like Committees to seek further assurance on.

3.	**Executive Summary**

The July integrated performance & quality report incorporates constitutional standards, quality and safety measures and recovery activity, and presents system performance updated to June where available and will be supplemented during the Board by way of verbal updates.

Industrial Action (IA)

There has been a system wide approach to responding to industrial action since December 2022 that have a direct or indirect impact upon health and care. Each strike action has been managed by the ICB as an incident during the IA days and appropriate command and control cadence during, pre and post incident aligned to the national and regional battle rhythm. This has been mirrored by providers who have had appropriate structures in place that are proportionate to the response required by the organisation and partners.

Urgent & Emergency Care (UEC)

- All Type attendances remain high, with increased demand across all the entire Urgent and Emergency Care pathway and particularly in Emergency Department (ED) and Urgent Treatment Centres(UTCs) services.
- The Lincolnshire trajectory to deliver 76% 4 hour performance by March 2024 was based on the T1 activity plus the co-located T3 activity.
- In April and May we achieved against the local trajectory as per the methodology above. June data taken from national reporting suggests we will again achieve our trajected position.
- Ambulance response times increased to over 39 minutes for Category Two incidents (18 minute standard). The recovery target is category 2 mean response time of 30 mins by the end of March 2024.
- Two hour ambulance handover delays increased last month at Pilgrim (58 from 19) but decreased at Lincoln (89 from 239).

Cancer

- In June, 273 patients were waiting over 62 days, increasing from 321 in May.
- However, the number of patients waiting 104 days or more remained at 95.

Elective backlog

- The total waiting list size for Lincolnshire patients at all hospitals decreased by 27 to 115,358 in April.
- The number of patients waiting more than 78 weeks decreased to 328 from 380 in April.

Mental Health

- The NHS Talking Therapies (previously IAPT) access rate was 1.68% in April (cumulative position)- the standard is 33% by March 2024.
- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less was 47% in May (rolling 12 months)- below the 60% standard.

Primary Care

- Caskgate, Gainsborough and Richmond, North Hykeham – both these Practices had CQC inspections in May 2023, and necessary improvement actions were identified. The inspection reports from these visits are awaited, but the ICB and LMC are working with the Practices to support with the improvements already identified as required.

4.	Management of Conflicts of Interest

No conflicts of interest have been declared by individuals involved in the development of this report.

5.	Risk and Assurance

Risks to the achievement of performance standards are outlined in the body of this report and where required are incorporated into the Risk Register at programme and ICB level.

6.	Financial/Resource Implications

The report does not set out specific resource implications but any directly associated with the issues outlined in this report are set out in the body of the report.

7.	Legal, Policy and Regulatory Requirements
Not applicable.	
8.	**Health Inequalities implications**
Health inequalities implications directly associated with the issues outlined in this report are set out in the body of the report.	
9.	**Equality and Diversity implications**
Not applicable.	
10.	**Patient and Public Involvement (including Communications and Engagement)**
Not applicable- although through normal operations there has been engagement and communications directly particularly in relation to winter pressures	
11.	**Report previously presented at**
Not applicable.	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**

Clair Raybould
Director for System Delivery
e-mail: clair.raybould@nhs.net

Martin Fahy
Director of Nursing
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Integrated Performance & Quality Report

NHS
Lincolnshire
Integrated Care Board

July 2023

19/07/2023

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- Performance Dashboard Page 4
- Key Performance Updates Page 5
- Quality Page 9

Executive Summary

NHS Lincolnshire Integrated Care Board

Overview

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Lincolnshire ICB Performance Dashboard

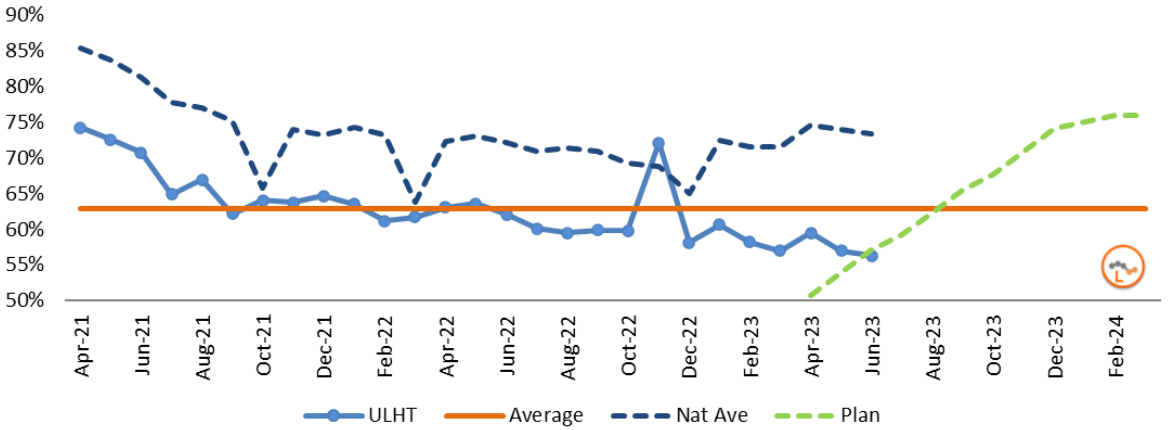
								Trend	
Programme	Indicator	Constitutional Standard	Standard/Plan	Period	Performance	Midlands	England	Sparkline	Variation
Urgent & Emergency Care	A&E admission, transfer, discharge within 4 hours (ICB)	●	95%	Jun-23	69.5%	71.2%	73.3%		
	Ambulance response times - Mean response time- Category 1 (ICB patients)	●	00:07:00	Jun-23	00:08:50	00:08:32	00:08:41		
	Ambulance response times - Mean response time- Category 2 (ICB patients)	●	00:18:00	Jun-23	00:39:24	00:38:07	00:36:49		
Cancer	% Suspected Cancer Referrals First Seen Within 14 Days	●	93%	May-23	56.9%	81.3%	80.8%		
	Patients receiving treatment for cancer within 62 days of an urgent GP referral	●	85%	May-23	52.9%	50.0%	58.7%		
	% of patients told cancer diagnosis outcome within 28 days (ICB)		75%	May-23	57.6%	69.1%	71.3%		
Planned Care	RTT: % of incomplete pathways within 18 weeks	●	92%	May-23	53.5%	56.7%	59.5%		
	Percentage waiting six weeks or less for a diagnostic test	●	99%	May-23	68.4%	66.4%	74.1%		
	Patients waiting over 78 weeks for treatment (ICB) (% of total ICB waiting list size)		0%	May-23	0.28%	0.16%	0.15%		
	% of patients not treated within 28 days of last minute elective cancellation (ULHT)	●	0.8%	Q4 22/23	32.11%	32.4%	25.4%		
Mental Health	NHS Talking Therapies access - people that enter treatment (ICB)	●	2.75%	Apr-23	1.68%	N/A	1.53%		
	People experiencing first episode psychosis waiting to start a package of care (ICB)	●	60%	May-23	47%	N/A	72%		

Programme	Indicator	Cause Identified	Key actions Being Taken
Urgent Care	Ambulance Response Times	• Ambulance mean response times for CAT1 and CAT2 calls have improved but remain slightly longer than the national averages. Handover delays have also improved at both ULHT sites during the month and border trusts. • Overall the mean time to respond is still an improved position since winter but has increased over the last month • Local performance levels are monitored daily and for week ending 3rd July, 99% of ambulances were handed over within 2 hours, and 98% within 60 minutes which is an improving position.	• Ambulance T&F group is in place to provide the system support to deliver the C2 30 minute mean. • Clinical navigators are in place to support crews in the community and at acute sites to help free up resources in a timely way. • Planned review of proposal for summer surge capacity focussed on the east coast to reduce the number of 999 calls.
Cancer	Cancer 62 day backlog	• The backlog position has reduced and currently stands at 237 and we are now below our projected trajectory. Colorectal continues to account for the largest part of the backlog at 25% second largest being Urology accounting for 21% of the backlog. • Workforce fragility has had an impact across the varying tumour sites. • Gynae backlog growing due to an increase in numbers of endo patients waiting 6-7 weeks on average	• ULHT/ICB continue to lead an intensive support programme for cancer focusing on 28-day Faster Diagnosis Standard and patients waiting over 62 day backlog. Focus now on 7 specialities colorectal, urology, lung, UGI, skin, gynae, Breast. • A recovery trajectory is in place for the recovery for the breast service which includes additional mid week and weekend clinics up until September. • Gynaecology pathway changes going through clinical governance this week to proceed with a pilot for 2 months.
Planned Care	Patients waiting over 78 weeks for treatment	• One of the main national priorities continues to be the elimination of 78 week waits. Systems are putting every effort into achieving this by the end of July 2023. Additionally systems are focussed on virtually eliminating 65 week waits by the end of March 2024.	• All Providers are focused on outpatient recovery as this continues to be the biggest area of challenge and is still where the majority of patients are currently waiting. • Progress has been made within ULHT on increasing Advice and Guidance (A&G), reducing number of Did Not Attends and maximising clinic slot utilisation.
Mental Health	Talking Therapies/ EIP 2 Weeks	• The Talking Therapies service continues to be under pressure following the loss of multiple staff members and is in the process of rebuilding the team and recruiting to new roles. • Despite the ongoing challenges the EIP service recovered to above the 60% target , however for the past 3 months has seen this drop below target, due to limited staff who have the appropriate training taking annual leave, sickness and unavailability of bank/agency staff.	• Talking Therapies staffing continues to increase to manage the overall increase in referrals. As new team members begin to work up to capacity performance is expected to increase over the next 6 months. • Online system is now embedded and supporting self-referral via the service website. • Closely working with primary care to embed service and ensure referrals for talking therapies rather than anti-depressant prescribing, • A review of the EIP service model is underway to maximise productivity and outcomes and options for additional medical capacity is being explored. Recruitment is ongoing.

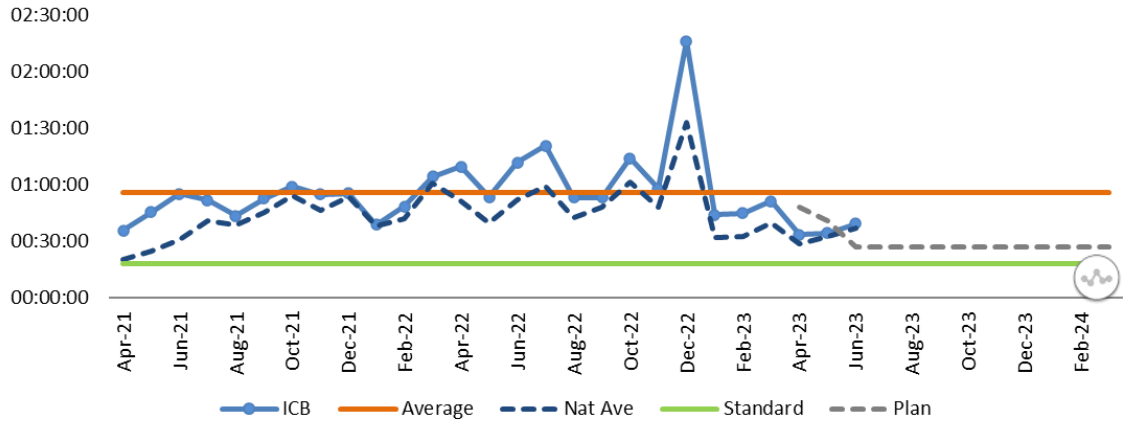
Urgent Care

NHS Lincolnshire Integrated Care Board

A&E admission, transfer, discharge within 4 hours (ULHT)



Ambulance response times – Cat 2 mean response time (EMAS)



Current system pressures

- The Lincolnshire system continues to experience escalated periods of pressure which is particularly focussed on the most acute Lincoln County site. Further episodes of Industrial Action continue to impact capacity
- Attendance numbers across all UEC front doors is increasing but the ED trajectory to achieve the 76% by March 2024 is on track.
- The number of patients waiting over 12 hours in department has decreased from 798 in May to 702 in June. The time to first assessment within 60 mins remains above the national average but is improving.
- Ambulance mean response times for CAT1 and CAT2 calls are slightly lower than previous reporting period.
- Handover delays remain a challenge although there was a significant improvement at Lincoln County from 239 in May to 89 in June. This combined position is a still an improvement from recent months.

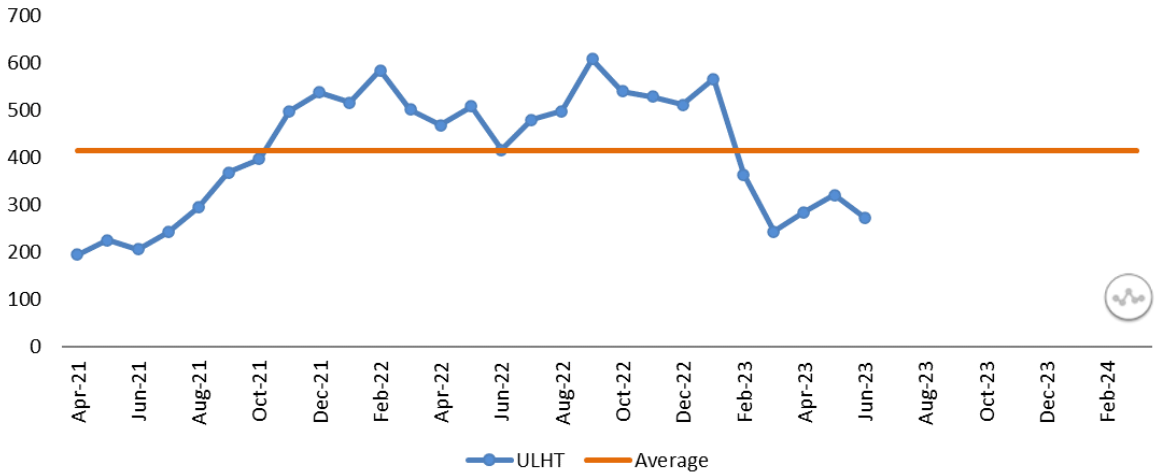
UEC Recovery Plan actions

The system focus includes:

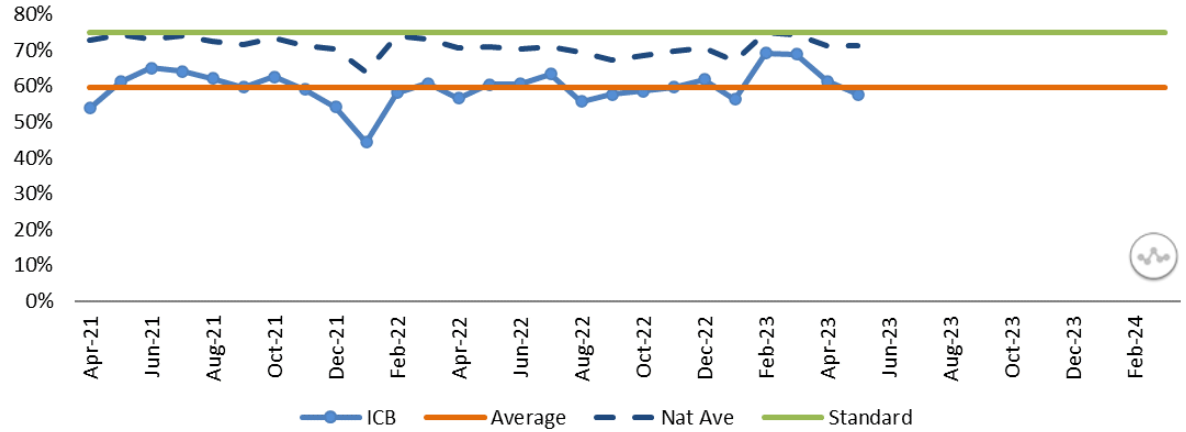
- UEC system agreed programme for 2023/24, with all 4 key task and finish groups established.
- 8 UEC funded and 2 national frailty bid funded initiatives in mobilisation, managed through Programme Delivery Group governance. Further initiatives in final planning stages, such as ARI hubs, falls expansion and additional winter care package provision
- Workforce focus to mitigate identified risk associated with multiple investments in similar initiatives
- Work with EMAS Lincs division to consider local ambitions for improvement, commissioner investment for increase PAS and national funding oversight though the regional operational delivery group.
- Stage 2 of Bed Rightsizing work plan including consideration and implementation of recommendations and supporting improvements around pathways and associated changes
- System wide Intermediate Care Programme commenced led by LCC and ICB
- System review of VW model of care to ensure we maximise capacity, with further pathway work within the frailty and Long Term Condition programme to support.
- System wide UEC prioritisation session July 2023 to support development of winter surge investment.

Cancer

Total 62 Day Backlog (ULHT)



Faster diagnosis standard- % of patients told cancer diagnosis outcome within 28 days (ICB)

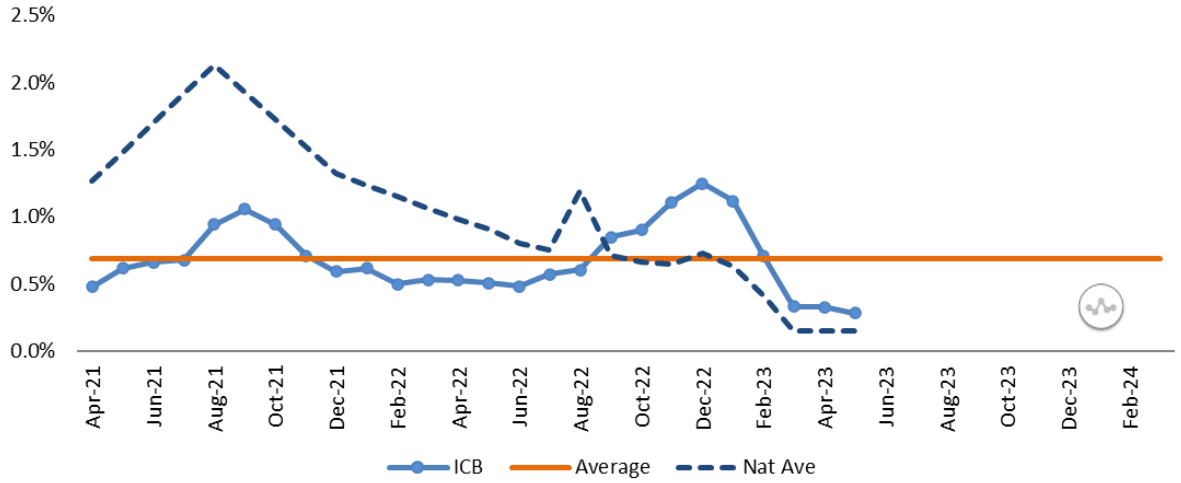


Current system pressures	Actions to recover
• The backlog position has reduced and currently stands at 237 and we are now below our projected trajectory. Colorectal continues to account for the largest part of the backlog at 25% second largest being Urology accounting for 21% of the backlog. • Workforce fragility has had an impact across the varying tumour sites. • Breast performance has declined significantly impacting on 28 FDS however has improved significantly this month to date. • Gynaecology backlogs are growing due to an increase in numbers of endometrial patients waiting 6-7 weeks on average. • Competing priorities with 78 ww and urgent care mean divisions have less time to prioritise cancer. • A number of vacant posts are impacting on the time management teams have to oversee cancer performance.	• ULHT / ICB continue to lead an intensive support programme for cancer focussing on 28-day Faster Diagnosis Standard and patients waiting over 62 day backlog. Focus now on 7 specialities Colorectal, Urology, Lung, UGI, skin, gynae and Breast. • A recovery trajectory is in place for the recovery for the breast service which includes additional mid week and weekend clinics up until September. • Gynaecology pathway changes going through clinical governance this week to proceed with a pilot for 2 months. • Changes to lung cancer pathway signed off at Clinical and Care Directorate last week, recruitment underway for CNSs to undertake new clinical triage. • ICB cancer team members working within ULHT divisions to support cancer where there are management gaps. • EMCA have funded additional posts at ULHT to support recovery, recruitment is underway to these roles.

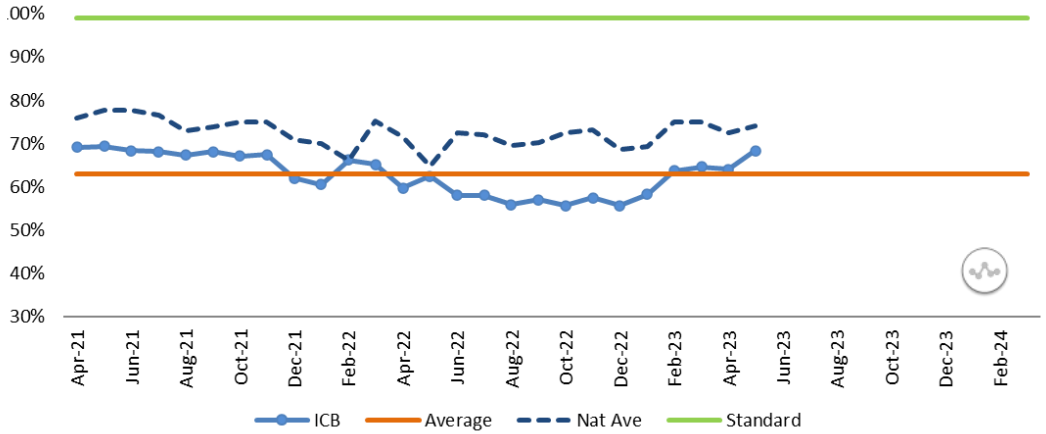
Planned Care

NHS Lincolnshire Integrated Care Board

Patients waiting over 78 weeks for treatment (ICB)



Percentage of patients waiting six weeks or more for a diagnostic test (ICB)



Current system pressures

- One of the main national priorities continues to be the elimination of 78 week waits. Systems are putting every effort into achieving this by the end of July 2023. Additionally systems are focussed on virtually eliminating 65 week waits by the end of March 2024.
- Within this context it is unlikely that there will be material improvement to statutory RTT performance for some time.
- The national ambition for diagnostic recovery is for 95% of patients to be seen within 6 weeks by March 2025. Within Lincolnshire we are also working to a regional ambition of 85% of patients to be seen within 6 weeks by March 2024.
- Patients continue to exercise their right to choose which provider they would like to manage their care, even if this may mean waiting longer for an appointment.
- Industrial action has an impact not only on the dedicated strike days, but also takes a large amount of clinical and managerial resource through the planning phases. The EACH are supporting ULHT with additional resource.
- Echo remains the biggest diagnostic area of challenge, however remedial actions are in place and improvement in outcomes are being seen.

Actions to recover

- All Providers are focused on outpatient recovery as this continues to be the biggest area of challenge and is still where the majority of patients are currently waiting.
- Progress has been made within ULHT on increasing Advice and Guidance (A&G), reducing number of Did Not Attends and maximising clinic slot utilisation.
- NWAFT are now achieving above national standard for majority of the out-patient standards.
- NLaG are ahead of trajectory to eliminate 65 week waits and have a local target to eliminate 52 week waits by March 24 ahead of the national ambition
- Theatre utilisation and daycase rates have improved over the last quarter at ULHT and actions continue to achieve the national expectations of 85%.
- Validation of waiting lists has continued to ensure that those patients given appointments are clinically required. This is for both outpatients and diagnostic tests.
- Additional echo activity continues at Grantham CDC and the number of patients waiting at ULHT is now at its lowest since August 2021.
- In regard to Lincolnshire System CDCs programme, work is underway to expand services at Grantham to include MRI and CT.
- The CDCs business cases for Skegness, Boston and Lincoln are still awaiting national approval from the National Team

Lincolnshire ICB Quality Dashboard

Programme	Indicator	Constitutional Standard	Standard/Plan	Period	Performance	Midlands	England	Trend: Sparkline	Trend: Variation
Incidents	Never events (ULHT)		0	May-23	0	N/A	N/A		
	Never events (NLAG)		0	May-23	0	N/A	N/A		
	Never events (NWAFT)		0	May-23	0	N/A	N/A		
	Serious Incidents (ICB)		-	Jun-23	46	N/A	N/A		
Mortality	Summary Hospital Level Mortality Indicator (SHMI) (ULHT)		-	Feb-23	1.0285	1.0261	0.9996		
	Hospital Standardised Mortality Ratio (HSMR) (ULHT)		100	May-23	95.07	N/A	N/A		
	Summary Hospital Level Mortality Indicator (SHMI) (NLAG)		-	Feb-23	1.0233	1.0261	0.9996		
	Summary Hospital Level Mortality Indicator (SHMI) (NWAFT)		-	Feb-23	1.0610	1.0261	0.9996		
Infection, Prevention, Control	MRSA Cases (ICB 12 month rate per 100,000)		-	May-23	0.29	0.44	0.83		
	C-Diff Cases (ICB 12 month rate per 100,000)		-	May-23	20.82	27.74	27.69		
	E-Coli Cases (ICB 12 month rate per 100,000)		-	May-23	30.50	36.01	37.32		
Learning Disability	Number of inpatient care for people with a learning disability and/or autism (ICS)		20	Jun-23	19	N/A	N/A		
	Rate per 1000 of people with a learning disability receiving inpatient care (ICB)		-	Apr-23	63	49	42		
	Cumulative Learning Disability Healthchecks (ICB)		245	May-23	292	N/A	N/A		
Patient Experience	Patient experience of GP services (ICB)		-	2022	72.2%	70.5%	72.4%		
	Friends & Family Test: A&E Recommended (ULHT)		-	Feb-23	77.9%	77.4%	79.7%		
	Friends & Family Test: Inpatient Recommended (ULHT)		-	Feb-23	90.3%	94.5%	94.6%		
	Friends & Family Test: Maternity Recommended (Birth) (ULHT)		-	Feb-23	95.2%	94.1%	94.3%		
	Friends & Family Test: Community Recommended (LCHS)		-	Feb-23	100.0%	94.1%	94.3%		
	Friends & Family Test: Mental Health Recommended (LPFT)		-	Feb-23	92.5%	83.5%	86.8%		
Primary Care	Primary Care CQC- number of practices rated as 'Inadequate' by CQC		0	May-23	2	N/A	N/A		
	Primary Care CQC- number of practices rated as 'Requires Improvement' by CQC		-	May-23	2	N/A	N/A		
	GP Appointments- percentage seen by a GP		35.2%	May-23	34.7%	N/A	N/A		
	GP Appointments Mode- percentage seen face to face		63.8%	May-23	70.1%	N/A	N/A		
	GP Appointments- time from booking to appointment same day		48.7%	May-23	44.8%	N/A	N/A		
	GP Appointments- time from booking to appointment 1-6 days		21.3%	May-23	22.1%	N/A	N/A		
	Enhanced access provision per 1000 of the PCN adjusted population (ICB)		60	Apr-23	64	N/A	N/A		
	The percentage of available GP enhanced access appointments utilised (ICB)		80%	Apr-23	78.9%	N/A	N/A		

Insight and Signals – Quality and Patient Experience

Magna House:

Enhanced oversight and support, led by the ICB, has been in place since March 2023 following escalation of quality concerns. CQC inspection took place April 2023 and the report was published 7th July 2023 with a rating of Inadequate. The CQC, ICB and partners continue to work with the provider to gain assurance of the improvements being made and evidence these are being embedded within the organisation. A further CQC reinspection took place in June 2023 with positive verbal feedback from the CQC on the improvements made by Magna House. The report on this inspection is yet to be published.

ADHD 360:

A quality visit was undertaken in June 2023 and work with the provider is ongoing to established required assurances in relation to quality of care.

RAF Scampton:

The ICB is continuing to work with system partners to ensure plans regarding the re-purpose of RAF Scampton are delivered safely.

NLAG:

The Trust identified a lower than expected number of children with hearing loss as part of the Paediatric Audiology Screening in early 2023. Within the cohort of children potentially affected, one was a Lincolnshire child. NHS Lincolnshire ICB meet with the Trust and co-ordinating commissioner to ensure that patients treatment needs are being met and to receive regular updates. NHSE are revising the Paediatric Hearing Service Guidelines and NHS Lincolnshire ICB have contributed to the review of these revisions.

Insight and Signals – Primary Care

General Practices with enhanced quality oversight and support:

Practice	CQC Rating	Information to note
Branston Surgery	Inadequate	The Practice had a CQC re-inspection in November 2022 and the report was published in January 2023 placing the Practice in Special Measures with an overall rating of Inadequate. A further CQC focused inspection was undertaken by the CQC in January 2023 to review compliance with Warning Notices that had been put in place following the November 2022 inspection. The inspection report published February 2023 was unrated and highlighted that actions had been taken to address most of the areas identified in the Warning Notices and it was evident improvements had been made, however, some required actions were not yet fully completed or embedded. A further full re-inspection took place 28th June 2023, publication of report is awaited
Hawthorn Practice	Requires Improvement	The practice had a CQC inspection in August 2022 and was rated as Inadequate overall and placed in special measures. There was a re-inspections undertaken in December 2022 where improvement was identified and warning notices put in place following the August 2022 inspection were lifted. The CQC undertook a full re-inspection April 2023 and the report published 12 July 2023, which reflected an overall rating improvement to Requires Improvement, with rating of Good for Caring and Well Led; Requires Improvement for Safe, Effective and Responsive domains. Enhanced quality support and oversight remains in place with the Practice.
Lakeside	Requires Improvement	Following CQC inspection June 2021 the Practice when the Practice was rated as Inadequate and placed into Special Measures follow up inspections were undertaken in September 2021 and March 2022 to review compliance with warning notices issued following the June 2021 inspection. The most recent CQC inspection in November 2022 highlighted positive improvements, the Practice was taken out of Special Measures and the report published February 2023 rated the practice as Requires Improvement. The ICB and LMC will continue to work with the Practice to support the areas of improvement still required.
Trent Valley Surgery	Requires Improvement	CQC inspection published October 2022 rated the practice as Requires Improvement with an Inadequate rating for Safe. Enhanced quality support and oversight has been in place and the CQC undertook a re-inspection on 11th July 2023, publication of report is awaited

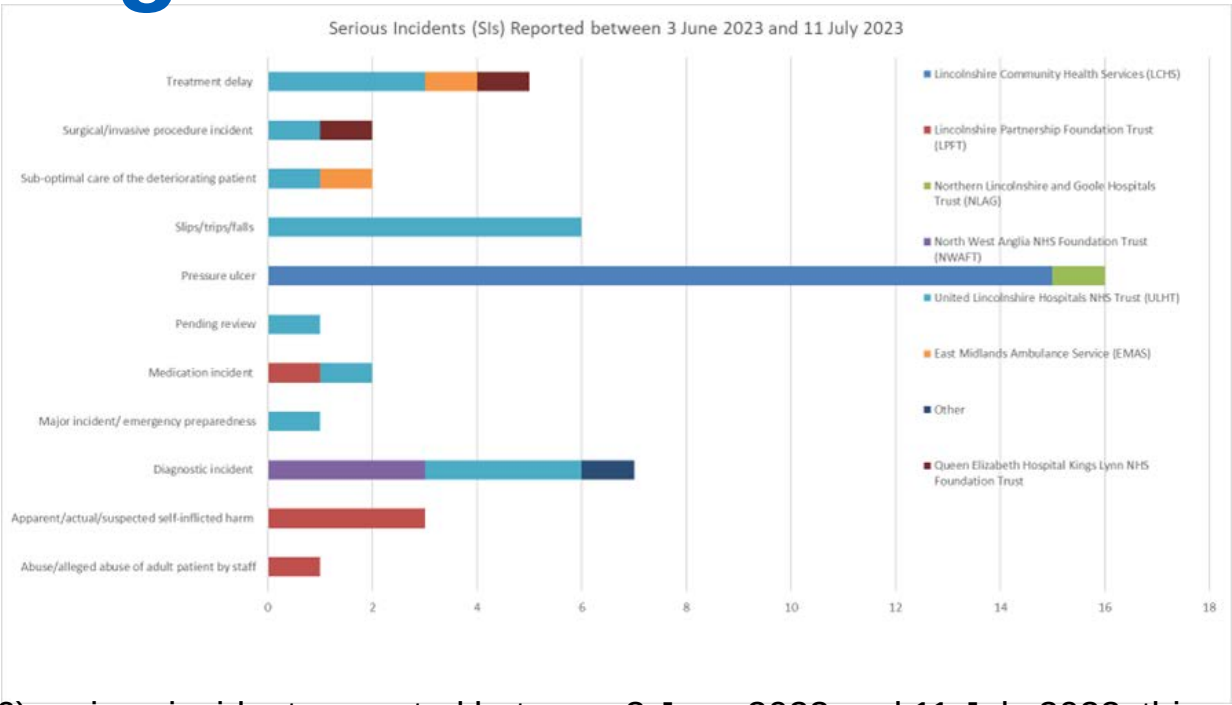
CQC Inspections:

Caskgate, Gainsborough and Richmond, North Hykeham – both these Practices had CQC inspections in May 2023, and necessary improvement actions were identified. The inspection reports from these visits are awaited, but the ICB and LMC are working with the Practices to support with the improvements already identified as required.

Pharmacy, Optometry and Dentistry:

With the transfer of Pharmacy, Optometry and Dentistry from April 2023 processes have been established to facilitate quality oversight of these 3 pillars of Primary Care, working collaboratively with the other East Midlands ICBs and Nottingham and Nottinghamshire ICB who now host staff transferred from NHSE England

Insight and Signals- Serious Incidents



- There has been a total of (n=46) serious incidents reported between 3 June 2023 and 11 July 2023, this represents a significant increase when compared to the last report (n=23). Serious incident reporting rates can be impacted by a number of factors, which can include the time taken to identify an incident meets the serious incident reporting criteria (initial incident review; discussion of incident within provider incident panels), and delays in an incident being identified, particularly relevant to incidents relating to patients lost to follow up/identification of a delayed diagnosis etc.
- ULHT reported a total of (n=17) serious incidents within the timeframe referenced, which represents an increase when compared to the last report (n=4), however, is more in keeping with previous serious incident reporting rates.
- There has been an increase in reporting of pressure ulcer incidents by LCHS between 3 June 2023 and 11 July 2023. A total of (n=15) pressure ulcers were reported, in comparison to (n=7) included within last month's report.
- The reporting of serious incidents by LPFT has been consistent this month (n=5) compared to (n=6) recorded last month.

Learning and Sharing

- The ICB Nursing and Quality team participated in the recent CQC inspection of LCC Adult Social Care, the inspection framework aimed to assess how well the local authority is performing against their duties under Part 1 of the Care Act 2014. The assessment framework comprised of 9 quality statements mapped across 4 overall themes, Working with people; Providing support; Safeguarding within the system; and Leadership, initial feedback post inspection was positive.
- Healthwatch undertook a piece of work April – July 2023 to engage with patients and public in relation to A&E, Urgent Treatment Centres (UTCs) and Patient Transport. Feedback was presented to the July 2023 System Quality Group (SQG) and whilst the majority of the comments were positive there was learning in relation to patient experience across a small number of themes. Representatives at SQG will take the learning back into their respective organisations to consider the learning from this work and actions that can be taken where challenges have been highlighted.
- A systemwide Quality Improvement programme has been agreed in relation to Tissue Viability and Pressure Ulcer Prevention which includes 6 workstreams to bring together learning and quality improvement activity taking place across the system. One of the workstreams focuses on Prevention and links to the Lincolnshire Safeguarding Adults Board (LSAB) priority ‘Preventing and or limiting the impact of Pressure Sores (Across NHS and Independent sector providers)’. The work programme includes the Lincolnshire Patient Safety Incident Response Framework (PSIRF) Pressure Ulcer pilot that has been agreed with NHSE. Co-production and patient, carer and public engagement will be a fundamental element to the Quality Improvement programme.
- Assurance has been received regarding Lincolnshire's NHS trust compliance with the Equality Act 2010, Public Sector Equality Duty (PSED) 2011 for 2022/23. The ICB and NHS trusts are sharing learning from 2022/23 pilot of the revised NHSE Equality Delivery System (EDS) published August 2022, to inform completion for 2023/24. EDS 2022 incorporates 3 domains Domain 1: Commissioned or provided services; Domain 2: Workforce health and well-being; and Domain 3: Inclusive leadership.
- Enhanced Health in Care Homes (EHCH) Annual Review for 2022-23 has been completed and highlights a range of positive changes including enhanced co-ordination of care and proactive approaches to care having a positive impact on patient pathways and improved relationships between professional and organisations responsible for delivery of care.

Quality and Patient Experience Thematic Update

Maternity:

ULHT Have now benchmarked against the Single Delivery Plan, and LMNS aim to meet as a system to discuss the next steps for Lincolnshire. The focus is aimed at 4 main areas;

1. Listening to and working with women and families, with compassion
2. Growing, retaining and supporting our workforce
3. Developing and sustaining a culture of safety, learning and support
4. Standards and structures that underpin safer, more personalised and more equitable care

ULHT maternity are fully compliant for Saving Babies Lives V2 all 5 elements (SBLCBV2); and are also now compliant for Clinical Negligence Scheme for Trusts (CNST) Year 4 all 10 standards

Ockenden Insight Visits took place on the 20th and 21st June on both ULHT sites. This year the visits were led by the LMNS and feedback was positive. The visits took place with support from the regional team and our Buddy System Nottingham University Hospitals. The final report and feedback is currently being compiled and will be shared with the Trust.

A number of new documents have been released over the last month, The 3 Year Delivery Plan, SBLCBV3, CNST Year 5 and a new Core Competency Framework. All reports have had initial bench marking completed by ULHT and agreement has been sought for ICB/LMNS and Trust to come together to begin initial actions in response to the 'new and additional' asks from the published documents. It is important to highlight the significant additional compliance and assurance requests, as well as the shift from Regional and National teams to these being managed and monitored locally by the ICB/LMNS and consideration will need to be given to capacity across the system to fulfil these requirements.

Digital continues to be a significant challenge for Maternity, particularly with ascertaining relevant data. ULHT are working towards procurement of new maternity digital system although awaiting confirmation of when this new system will be introduced

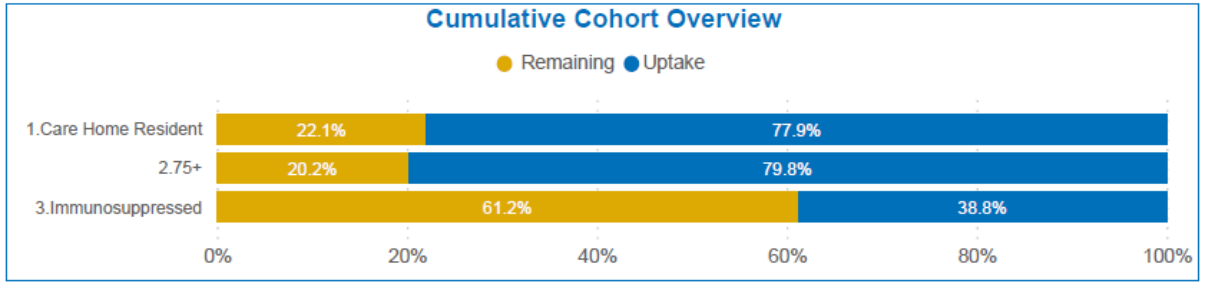
Work is being undertaken to develop an Equity and Equality Strategy which will be utilised to help develop the ambitions linked with the 3 Year Delivery Plan.

Covid Spring Booster Programme

NHS Lincolnshire Integrated Care Board

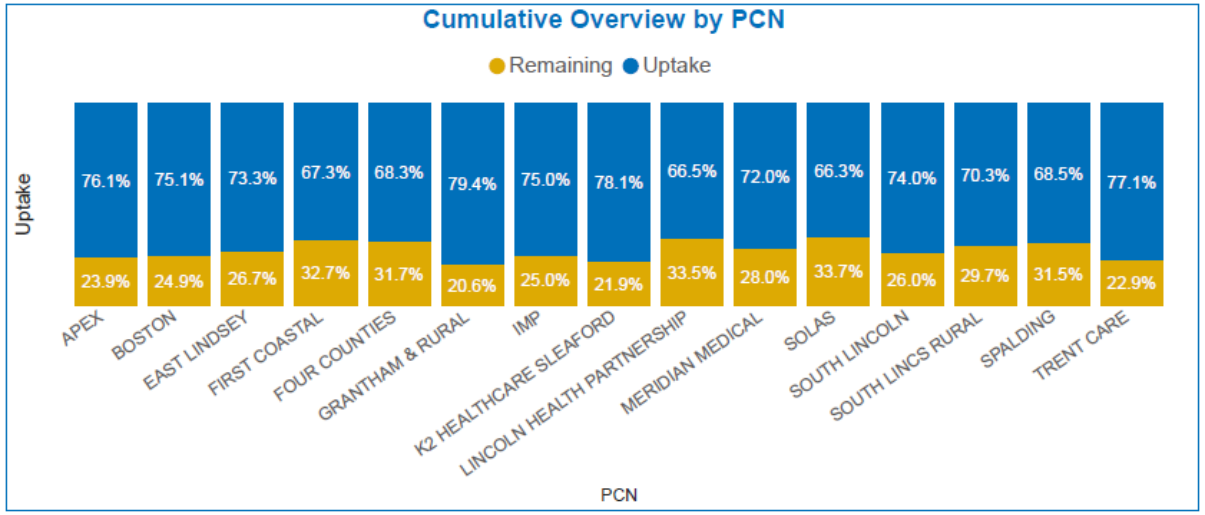
Cumulative Cohort Overview

Cohort	Eligible	Uptake	Remaining	Uptake %
1.Care Home Resident	5,369	4,183	1,186	77.91%
2.75+	87,597	69,946	17,651	79.85%
3.Immunosuppressed	18,369	7,125	11,244	38.79%
Total	**111,335**	**81,254**	**30,081**	**72.98%**



Cumulative Overview by PCN

PCN	Eligible	Uptake	Remaining	% Uptake
APEX	6,043	4,597	1,446	76.07%
BOSTON	7,950	5,969	1,981	75.08%
EAST LINDSEY	9,004	6,601	2,403	73.31%
FIRST COASTAL	9,267	6,239	3,028	67.32%
FOUR COUNTIES	5,766	3,939	1,827	68.31%
GRANTHAM & RURAL	9,882	7,848	2,034	79.42%
IMP	8,627	6,467	2,160	74.96%
K2 HEALTHCARE SLEAFORD	8,791	6,869	1,922	78.14%
LINCOLN HEALTH PARTNERSHIP	2,166	1,440	726	66.48%
MERIDIAN MEDICAL	6,588	4,741	1,847	71.96%
SOLAS	4,823	3,199	1,624	66.33%
SOUTH LINCOLN	6,981	5,165	1,816	73.99%
SOUTH LINCS RURAL	14,918	10,485	4,433	70.28%
SPALDING	4,929	3,378	1,551	68.53%
TRENT CARE	5,600	4,317	1,283	77.09%
Total	**111,335**	**81,254**	**30,081**	**72.98%**



The Spring 23 Covid vaccination phase ran from 5th April to 30th June 2023. Lincolnshire has continued to perform well against National and Regional benchmarks in this latest phase of the vaccination programme, 72.98% of eligible patients came forward for a vaccination as part of the Spring Programme. Primary Care Networks (PCNs) were responsible for administering 76% of the vaccinations in the county and this delivery model was supplemented by community pharmacies and our two vaccination centres. The Vaccination Centres provided access both at the centres and also via Pop-Up and outreach clinics, with dedicated clinics targeting populations where PCN's had opted out of delivering during the Spring.

Details for the Autumn programme have yet to be announced by NHSE but we are planning for a campaign that will start mid-September as it did in 2022.

Item 6 (i)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Time: 9.00 am
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	6 (i)
Title of Report:	System Financial Management Report June 2023 (Month 3)
Report Author:	Rebecca McCauley, Senior Finance Business Partner
Appendices:	None

1. Key Points for Discussion:

This report sets out the financial position of the Lincolnshire Integrated Care System (ICS) and the Lincolnshire Integrated Care Board (ICB) on 30 June 2023 (Month 3). The detailed assurance and process is undertaken by the Finance and Resource Committee from which any significant escalations will be routinely made.

2. Recommendations

The members of the Board are asked to consider and note the reported financial position of the Lincolnshire ICS and the actions that are in progress within NHS Lincolnshire Integrated Care Board and system Provider executive teams.

3. Executive Summary

Summary Financial Position

The report presents the year-to-date and outturn position of both the ICB and the ICS for the financial year 1st April 2023 to 31st March 2024.

Year To Date Financial Position

The ICS' plan was to deliver a £17.6m deficit at month 3 and the ICS reported on plan.

The ICB has reported a year-to-date £10.6m adverse variance against income and allocations which is in line with plan.

Outturn Financial Position

The ICS' plan is to deliver a £15.4m deficit for the full financial year. The outturn position is to achieve plan.

The ICB expects to deliver a £2.4m surplus for the full year. This is in line with plan.

Table 1: Lincolnshire system planned and actual net expenditure

Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Year To Date				Full Year			
	Plan	Actual	Variance		Plan	Outturn	Variance	
	£m	£m	£m	%	£m	£m	£m	%
United Lincolnshire Hospitals NHS Trust	(8.8)	(8.8)	0.0	0.0%	(20.8)	(20.8)	-	0.0%
Lincolnshire Partnership NHS Foundation Trust	1.8	2.1	0.3	0.7%	3.0	3.0	0.0	0.0%
Lincolnshire Community Health Services NHS Trust	-	(0.0)	(0.0)	(0.0%)	-	-	-	0.0%
Lincolnshire ICB	(10.6)	(10.9)	(0.3)	(0.1%)	2.4	2.3	(0.0)	(0.0%)
ICS Total	(17.6)	(17.6)	0.0	0.0%	(15.4)	(15.4)	0.0	0.0%

Risks and Mitigations

The ICS has identified £43.5m of risks but has reported a net risk of nil assuming that these will be fully mitigated.

The ICS has £21.8m of non-recurrent flexibilities supplemented by the Risk and Opportunity Pool, agreed through the Lincolnshire Financial Framework. The Financial Leadership Group will provide scrutiny of any requests to deploy these funds and the ICB Finance & Resource Committee will receive and approve the utilisation of these on a quarterly basis.

Efficiencies

At month 3 the ICS delivered £11.0m in efficiencies which equates to a £2.5m favourable variance against the £8.5m plan. The full year plan is to deliver efficiencies of £78.9m including productivity gains associated with the elective recovery and the outturn at month 3 is £0.1m greater than plan. The unidentified component of the systems Financial Recovery Programme (FRP) resides in the ICB. This equates to £9.2m. It is still anticipated that the system opportunities pipeline will be sufficient to eliminate the unidentified FRP component.

The ICS FRP constitutes £55m of the total efficiency requirement but the ICS is also planning to deliver additional net contribution through its elective recovery programme and additional stretch efficiencies to deliver more than the 4.8% efficiency target against ICB allocation.

Capital

At month 3 the ICS is planning to break-even against its £31.4m full year Capital Allocation. The ICS is reporting a £1.8m underspend against its year-to-date plan of £3.8m due to slippage on some projects. It is expected that any slippage will reverse by the financial year end.

Mental Health Investment Standard (MHIS)

At month 3 the ICS is expected to achieve its MHIS target for 2023/24. The target spend for the year is £154.0m and the ICS is planning to break-even against this target.

Better Payment Practice Code

The ICB has delivered the Better Payment Practice Code, to pay 95% of suppliers within 30 days. It has achieved a rate in excess of 99% both in month and on a year-to-date cumulative bases on both value and volume of invoices received.

ICB Financial Duties

The ICB, as a statutory organisation, must fulfil certain financial duties and the table below shows progress against these duties.

Capital Allocation	Duty Achieved	
	Year to Date	Forecast
Expenditure not to exceed income	No	Yes
Capital resource use does not exceed the amount specified in Directions	Yes	Yes
Revenue resource use does not exceed the amount specified in Directions	Yes	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	Yes	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	Yes	Yes
Revenue administration resource use does not exceed the amount specified in Directions	Yes	Yes

Other Financial Targets	Duty Achieved	
	Year to Date	Forecast
Better Payment Practice Code (BPPC)	Yes	Yes
To manage cash payments within the Annual Cash Drawdown Requirement (ACDR)	Yes	Yes
Period end cash balance (less than 1.25% of monthly drawdown value)	Yes	Yes

4.	**Management of Conflicts of Interest**
None to be noted.	
5.	**Risk and Assurance**
As noted within the paper.	
6.	**Financial/Resource Implications**
As noted within the paper.	
7.	**Legal, Policy and Regulatory Requirements**
None	
8.	**Health Inequalities implications**
None	
9.	**Equality and Diversity implications**
None	
10.	**Patient and Public Involvement (including Communications and Engagement)**
None	
11.	**Report previously presented at**
Not Applicable	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**
Matt Gaunt, Director of Finance, m.gaunt@nhs.net	

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NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Time: 9.00 am
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	5 (i)
Title of Report:	Update on the Armed Forces Covenant in Lincolnshire
Report Author:	Jacqui Bunce, Programme Director Strategic Estates, Partnerships & Planning
Appendices:	n/a

1. Key Points for Discussion:

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly.

There are over 7,700 serving personnel in Lincolnshire and the 2021 Census has for the first time quantified the number who have served and over 37,700 live in Lincolnshire.

In November 2022 a number of new statutory duties came into effect. The duties place a legal duty under the Armed Forces Act 2021 on specified public persons and bodies to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in housing, healthcare and education.

There are also 9 NHS commitments to the Armed Forces. Each commitment provides information on what the NHS will do, in partnership with the MOD, the Office for Veterans' Affairs, Armed Forces charities and other organisations, to improve the care and support delivered to this population.

There are a number of accreditation schemes for providers and GP Practices. The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same.

All of the NHS organisations in Lincolnshire have signed up to the Defence Employer Recognition Scheme and achieved the silver award and ULHT has recently achieved the gold award.

2. Recommendations

The NHS Lincolnshire ICB Board is requested to note:

- The NHS commitments and statutory duties.
- The work taking place across Lincolnshire do the best we can for those who have served and their families.

- The Employer Recognition awards, and the accreditation achieved across the NHS in Lincolnshire.

3. Executive Summary

Background

In early 2012, partners across Lincolnshire signed up to the Lincolnshire Armed Forces Community Covenant. This set out an agreement to 'work and act together to honour the Armed Forces Community Covenant with the intent that our organisations deliver outstanding support to its Service Community which, in turn, provides outstanding support to its home county of Lincolnshire'.

In November 2022 a number of new statutory duties came into effect. The duties place a legal duty under the Armed Forces Act 2021 on specified public persons and bodies to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in housing, healthcare and education. When a specified body exercises a relevant function, it must have due regard to:

a) The unique obligations of, and sacrifices made by, the armed forces;
b) The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces; and,
c) The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

For the NHS they relate to settings of Primary Care, Secondary Care, and local authority delivered healthcare services, It also relates to the following functions: provision of services; planning and funding; and co-operation between bodies and professionals

There are a number of accreditation schemes for providers and GP Practices. The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same.

All of the NHS organisations in Lincolnshire have signed up to the Defence Employer Recognition Scheme achieved the silver award and ULHT has recently achieved the gold award.

The Lincolnshire Armed Forces Community

Regular Service and Personnel

The Government publishes annually regular service and personnel statistics. At April 2022, the numbers in Lincolnshire are detailed in the table below;

	UK Military	**MOD Civilian Personnel**	**UK Military & MOD Civilian Personnel**
Boston	*NDP	*NDP	*NDP
East Lindsey	2,230	230	2,460
Lincoln	10	c	20
North Kesteven	4,060	800	4,860
South Holland	C	0	C
South	100	50	150

Kesteven			
West Lindsey	200	10	210
Lincolnshire	6,610	1,090	7,700

*NDP – no data published C - confidential

Armed Forces Veteran Data

The 2021 Census data provides more recent information on Lincolnshire's Armed Forces Veterans. This is detailed in the table below.

	Previously served in UK armed forces	**Previously served in UK reserve armed forces**	**Previously served in both regular & reserve UK armed forces**
Boston	2292	358	127
East Lindsey	7098	1034	379
Lincoln	3757	706	179
North Kesteven	8779	890	340
South Holland	3735	517	181
South Kesteven	7259	1053	381
West Lindsey	4784	734	228
Lincolnshire	37704	5292	1815

Throughout 2023 and 2024 there are planned publications of further data about the armed forces veteran population including analysis by geography of several characteristics, analysis of accommodation, household and support networks and health and wellbeing including long term conditions, disabilities and unpaid care. In 2024 there will be information available on employment trends, financial situation and interaction with the criminal justice sector. As well as these 44,000 plus personnel there are their families, and they are part of the Armed Forces Family under the Armed Forces Covenant

The Armed Forces Covenant

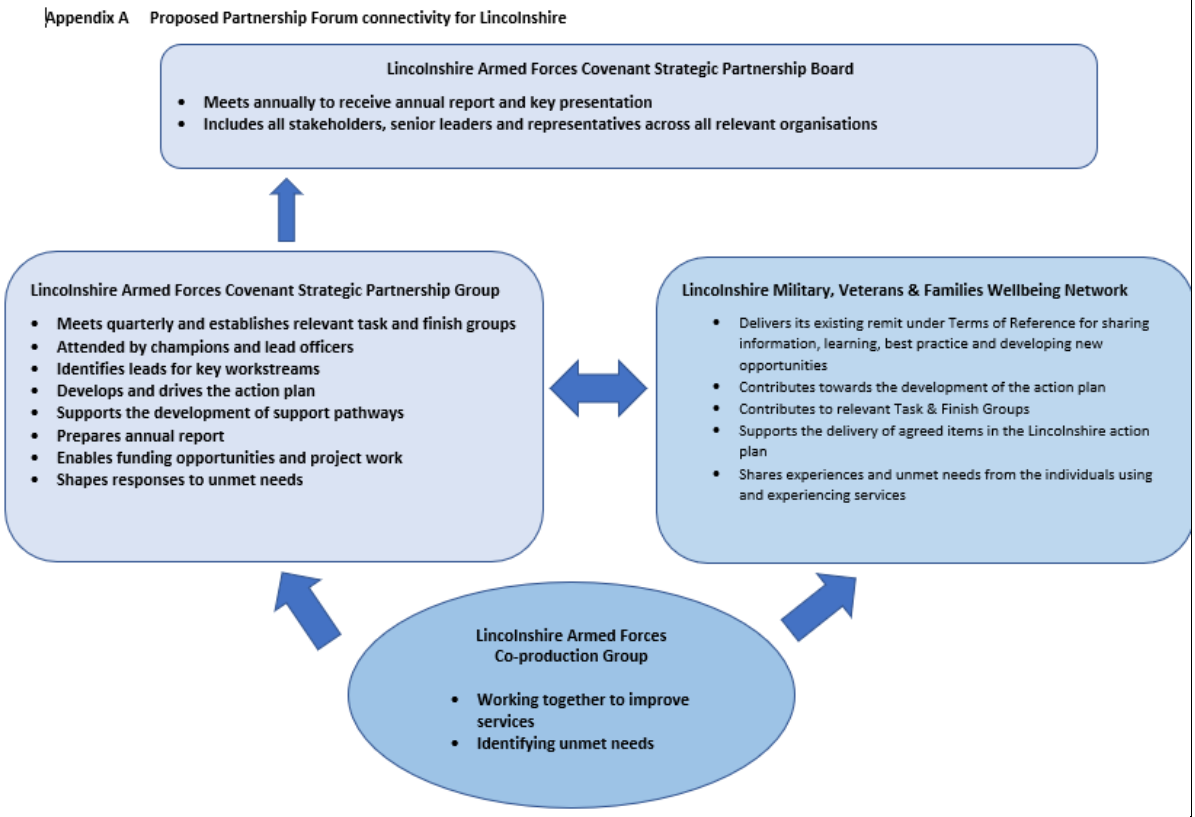
The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly.[1]

In early 2012, partners across Lincolnshire, including LPFT, LCHS and ULHT, signed up to the Lincolnshire Armed Forces Community Covenant. This set out an agreement to 'work and act together to honour the Armed Forces Community Covenant with the intent that our organisations deliver outstanding support to its Service Community which, in turn, provides outstanding support to its home county of Lincolnshire'.

Initially the Lincolnshire Armed Forces Covenant Partnership Board was hosted by Lincolnshire County Council. More recently this has been undertaken by City of Lincoln Council.

[1] Home - Armed Forces Covenant

Discussions across the Districts and County Council have taken place on how to take this forward and the structures needed. The diagram below is the future governance proposal



NHS Lincolnshire ICB signed the Covenant in December 2022

Statutory Responsibilities

November 2022 saw the Covenant Duty come into effect. [2] This places a legal duty under the Armed Forces Act 2021 on specified public persons and bodies to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in housing, healthcare and education. When a specified body exercises a relevant function, it must have due regard to:

a) The unique obligations of, and sacrifices made by, the armed forces;
b) The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces; and,
c) The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

For the NHS they relate to settings of Primary Care, Secondary Care, and local authority delivered healthcare services. It also relates to the following functions: provision of services; planning and funding; and co-operation between bodies and professionals.

While the Armed Forces Covenant is not prescriptive about the actions specified NHS bodies should take to comply with their legal obligations, nor mandates specific public service delivery outcomes. In 2022 the NHS published Healthcare for the Armed Forces community: a forward view to 2022 (england.nhs.uk).

[2] Armed Forces Covenant Duty Statutory Guidance - GOV.UK (www.gov.uk)

The NHS Constitution establishes the principles and values of the NHS in England and commits to ensuring that those in the Armed Forces, reservists, veterans and their families are not disadvantaged in accessing health services. A partnership agreement is in place between NHS England and the MOD to support the joint working that delivers the Armed Forces Covenant requirements. Commissioning good quality healthcare for the Armed Forces community should be based on the Covenant, and its principles underpin the plan.

This plan sets out these nine commitments for NHS England and NHS Improvement which have been informed by the views and experiences of the Armed Forces community. Each commitment provides information on what the NHS will do, in partnership with the MOD, the Office for Veterans' Affairs, Armed Forces charities and other organisations, to improve the care and support delivered to this population.

Healthcare for Armed Forces Community – 9 Commitments

1. Working in partnership to commission safe, high-quality care for serving personnel and their families
2. Supporting families, carers, children and young people in the Armed Forces community
3. Helping the transition from the Armed Forces to civilian life
4. Identifying and supporting Armed Forces veterans
5. Improving veterans' and their families' mental health
6. Supporting veterans in the criminal justice system
7. Identifying and addressing inequalities in access to healthcare
8. Using data and technology to improve services
9. Driving research and innovation in Armed Forces healthcare

Integrated Care Board

Jacqui Bunce is the Armed Forces Covenant Lead for the ICB. Over the past 12 months Jacqui has engaged with partners and colleagues both within the ICB but also with other partners both in Lincolnshire and in other ICBs to understand where we are in Lincolnshire to meet these commitments and reports regularly to the ICB Executive on progress.

There are areas where Lincolnshire is delivering some excellent work which includes the maternity project led by Better Births Team and ULHT being recognised for its Veterans Awareness work. LPFT is the regional lead for Op COURAGE and has strong regional and national partnership links. Op Courage is the Veterans Mental Health and Wellbeing Service which provides specialist care and support for those due to leave the Armed Forces, Reservists and those who've already left. [3]

Accreditation

Veteran Aware accreditation

Veterans Covenant Healthcare Alliance (VCHA) works with NHS providers and commissioners and the independent healthcare sector, including hospices, care homes, residential homes to improve care for the armed forces community through the awarding of Veteran Aware accreditation. Both ULHT and LPFT have this accreditation.

[3] Op COURAGE | The Veterans Mental Health and Wellbeing Service (lpft.nhs.uk)

GP Veterans Friendly

The Royal College of General Practitioners, working with the NHS, delivers this programme which supports Practices to deliver the best possible care and treatment for patients who have served in the armed force.[4] Currently 32 Practices are registered which is a relatively high (36.4%) percentage of the 88 Practices and positive platform for increased numbers of Practices.

The Defence Employer Recognition Scheme

The Defence Employer Recognition Scheme (ERS) encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant.

The ERS is designed primarily to recognise private sector support although public sector organisations such as the emergency services, local authorities, NHS trusts and executive agencies are also eligible to be recognised. The ICB has recently gained the silver award, which is a significant achievement recognising it has only existed for 12 months. LPFT and LCHS also hold the silver award.

Silver award holders:

- must have signed the Armed Forces Covenant
- the employer must have already stated their intent to be supportive by using the ERS website to register at the Bronze level
- the employer must proactively demonstrate that service personnel/armed forces community are not unfairly disadvantaged as part of their recruiting and selection processes
- the employer must actively ensure that their workforce is aware of their positive policies towards defence people issues. For example, an employer nominated for support to the Reserves must have an internally publicised and positive HR policy on Reserves
- within the context of Reserves the employer must have demonstrated support to mobilisations or have a framework in place. They must demonstrate support to training by providing at least 5 days' additional unpaid/paid leave (wherever possible not to Reservist employees' financial disadvantage)
- the employer must not have been the subject of any negative PR or media activity
- within the context of Reserves the employer must have demonstrated support for mobilisation or have a framework to support mobilisations in place

It has just been announced that ULHT has gained the Gold award, which is a significant achievement. There are currently only 14 gold award holders in the health and care sector across the East Midlands.

Gold award holders:

- must have signed the Armed Forces Covenant.
- employers must have an existing relationship with their National Account Manager/REED/appropriate defence representative.

[4] Veterans' healthcare toolkit: Veteran friendly GP practice accreditation (rcgp.org.uk)

- the employer must already be demonstrating support by holding a valid ERS Silver Award. Employers that do not hold a valid ERS Silver Award cannot progress to the Gold level.
- the employer must proactively demonstrate their forces-friendly credentials as part of their recruiting and selection processes. Where possible, they should be engaged with Career Transition Partnership (CTP) in the recruitment of service leavers and have registered for the Forces Families Jobs (FFJ) portal.
- the employer must actively ensure that their workforce is aware of their positive policies towards defence people issues. For example, an employer nominated for support to the Reserves must have an internally publicised and positive human resources policy on Reserves.
- the employer must be an exemplar within their market sector, advocating support to defence people issues to partner organisations, suppliers and customers with tangible positive results.
- within the context of Reserves the employer must have demonstrated support to mobilisations or have a framework in place. They must provide at least 10 days' additional leave for training, fully paid, to the Reservist employee.
- the employer must not have been the subject of any negative public relations or media activity.
- the employer must actively encourage a positive environment for Reservists by ensuring that positive policies in support of Reservists within the workforce are communicated to line managers.

Next Steps

The Lincolnshire NHS organisations are working together to ensure that we offer opportunities as a system. ULHT has opened their armed forces staff network to ICB staff. There is a single approach to recruitment and retention in place and there will be a joint stand at an Armed Forces Employment Fair in October.

The ICB has recently strengthened its links to the medical teams at the local RAF Bases and meetings are scheduled to look at the opportunities for further collaboration. The ICB has recognised that there are opportunities to improve the health needs understanding of our veterans in Lincolnshire. There are discussions with NHSE and the ICB to understand what data sharing might be piloted to strengthen the support already in place. As part of our Health Inequalities work, we have included this within our CORE 25 plus work.

Conclusion

The ICB recognises its commitments to the Armed Forces Family and is focused on ensuring that we do the best we can for those who have served and their families.

The NHS in Lincolnshire has a strong system approach to supporting our armed forces community which is recognised by the ERS awarded to each statutory NHS organisation the county.

4.	**Management of Conflicts of Interest**
None in relation to this paper.	
5.	**Risk and Assurance**
No specific areas of risk identified.	
6.	**Financial/Resource Implications**
None within this paper	

7.	Legal, Policy and Regulatory Requirements

This places a legal duty under the Armed Forces Act 2021. For the NHS they relate to settings of Primary Care, Secondary Care, and local authority delivered healthcare services. There must have due regard to:

a) The unique obligations of, and sacrifices made by, the armed forces;
b) The principle that it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the armed forces; and,
c) The principle that special provision for Service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

It also relates to the following functions: provision of services; planning and funding; and co-operation between bodies and professionals.

8.	Health Inequalities implications

The Armed Forces are noted within the ICB's Health Inequalities Strategy.

9.	Equality and Diversity implications

None relating to this paper

10.	Patient and Public Involvement (including Communications and Engagement)

None related to this paper

11.	Report previously presented at

Not applicable.

12.	Sponsoring Director/Partner Member/Non-Executive Director

Pete Burnett – Director of Strategic Planning, Integration and Partnerships

Item 8 (i)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: **Tuesday, 25th July 2023**
Time: **9.00 am**
Location: **The Boardroom, Bridge House, Sleafor9**

Agenda Number:	8 (i)
Title of Report:	Audit & Risk Committee and Board meeting Update
Purpose:	Mrs Margaret Pratt –Chair of the Audit and Risk Committee (Non-Executive Director)
Appendices:	Not applicable.

1.	**Key Points for Discussion:**

This paper provides an update on the discussions that took place at the extraordinary meeting of the Audit & Risk Committee meeting held on Wednesday, 19th July 2023 and also the extraordinary Board meeting held on the same day.

2.	**Recommendations**

The meeting of the Board on the 25th July 2023 is recommended to receive the report and update and note the minutes of the Board meeting held on the 19th July will be presented in September for approval.

3.	**Executive Summary**

The Audit & Risk Committee met on 19th July 2023 and considered the following items of business. It noted that the 30 June 2023 deadline for accounts sign off and submission was passed; and asked that after the completion of the process a full review of lessons learned be undertaken involving both ICB teams and E&Y to ensure the improved performance next year.

- CCG External Audit Report (1st April 2022 to 30th June 2022)
- CCG Annual Report & Annual Accounts including Annual Governance Statement for Quarter One (1st April 2022 to 30th June 2022)

The Committee received a briefing on the CCG Annual Report and Accounts from the ICB's External Auditor. After giving careful consideration as to whether the unadjusted misstatements identified by the auditor required amendment to the accounts, it agreed to recommend the adoption of the Accounts to the Board for sign-off. It noted that no value for money opinion was to be given on the CCG accounts.

- The Draft ICB External Audit Report 1 July 2022-31 March 2023
- ICB Annual Report and Accounts including Annual Governance Statement for Quarters Two to Four (1st July 2022 to 31st March 2023)

The Committee received a briefing from the External Auditor on the audit; and after careful consideration declined to adjust misstatements identified in the audit. It noted that there were some final assurances awaited from E&Y but were reassured by the External Audit that no material changes were anticipated.

The External Auditor drew the Committee's attention to the value for money opinion that she was required to provide to the ICB. She stated that she was minded to draw attention to the need to strengthen governance arrangements. The Committee and officers in attendance drew the auditor's attention to a range of evidence; it was left that further work would be done in this area. Supplementary information and evidence has now been provided. There were specific examples of weaknesses in internal control identified: these matters were on the Committee's radar and will be followed up through its workplan. It was noted that the value for money opinion work had to be completed by 31 August 2023.

The Audit and Risk Committee recommended to the Board that the CCG and ICB Annual Reports were both approved at their meeting held later that day on the 19th July 2023 subject to the following caveats:

- amendment of minor typographical changes and
- conclusion of the External Audit final review and sign-off procedures including the agreed form of words for inclusion in the ICB Annual Governance Statement in relation to the Board Assurance Framework.

This was followed by an extraordinary meeting of the ICB Board. The Board was recommended to approve the Annual Report and to adopt the annual accounts for sign-off subject to some final assurances from external auditors Ernst and Young; and some final textual amendments to the report. The Board approved the recommendation

The CCG and ICB Annual Reports once signed off will be submitted and formally published by the required deadline.

For noting separately – the Board also considered and approved the Communities Involvement Network Report which demonstrates how the ICB has met its statutory duties for involvement and is working towards delivery of the Lincolnshire People and Communities Strategy, which is referenced in the ICB Annual Report.

4.	**Management of Conflicts of Interest**
The management of conflicts of interest is dealt with in accordance with the agenda and items.	
5.	**Risk and Assurance**
As indicated in the report.	
6.	**Financial/Resource Implications**
As indicated in the report.	
7.	**Legal, Policy and Regulatory Requirements**
Nil specific to note.	
8.	**Health Inequalities implications**
Nil specific to note.	

9.	Equality and Diversity implications
Nil specific to note.	
10.	**Patient and Public Involvement (including Communications and Engagement)**
Nil specific to note.	
11.	**Report previously presented at**
Regular updates provided to the Board.	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**
Margaret Pratt – Non-Executive Director and Chair of the Audit and Risk Committee.	

Item 8 (ii)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	8 (ii)
Title of Report:	System QPEC (Quality and Patient Experience) Committee Update
Author:	Martin Fahy, Director of Nursing Sarah Bates, Deputy Board Secretary
Appendices:	N/A

1.	**Key Points for Discussion:**

This paper provides an update on the discussions that took place at the SQPEC (System Quality and Patient Experience Committee) meeting held on 13th June 2023.

2.	**Recommendations**

The Board is asked to note the update.

3.	**Executive Summary**

The System Quality and Patient Experience Committee meeting in June 2023 focused on the following agenda items:

- **Healthwatch Update:** an update was shared in relation to the impact associated with the cost-of-living and the latest quarterly update report was shared. It was noted that the key themes that had been highlighted related to the long waiting times for treatment across the three ULHT sites, and that information is not updated on unit information boards regularly for patients and their carers. In addition, there is confusion amongst the public about what can be treated at an Accident and Emergency (A&E) Centre versa what can be seen at a Urgent Treatment Centre (UTC) and those patients that had "spoke before they walked" and made contact with NHS 111, were often referred to the A&E Department when they could have been seen in the UTC. A further area of concern that was noted relates to access to NHS dental care and the issues raised continue to be the same as those in previous quarters.

  Poor communication between services and patients continued to be a key theme. This included information relating to referrals and individuals being referred to a service but not receiving any follow up communication about the timing of their appointment to appointments being cancelled and not rearranged and timeliness of appointment letters (specifically relating to hospital services).

  An update was provided in relation to HealthWatch plans for Enter and View visits, this is a statutory function across public services and that these had been scaled back during Covid-19 and will be commenced again with partners across the County including the social care sector and Care Homes. It was agreed that a schedule of the proposed dates would be formulated in order to ensure that there is a streamlined approach across providers.

Discussions took place regarding the content of the report and that this provides the patient experience detail and would help to shape and evolve future meeting agendas. In addition, the key themes that have been identified from surveys would also be utilised.

- **PSIRF (Patient Safety Incident Response Framework) Update:** an overview was provided in relation to the PSIRF processes and the future proposed direction of travel. It was noted that this is a large complex transformational programme of work particularly as this "self-funded" by each organisation with no additional resource allocated by the national or regional team. An update was provided on the timescales for implementing the new framework approach and that those providers and systems that can transition during Autumn 2023 should do so.

  It was noted that the associated funding implications and the financial resource envelope to undertake this large, complex transformational change programme has been reflected by NHS LICB (and all ICBs in the Midlands) and provider organisations at the Regional NHSE meetings and National webinars and that each organisation where this risk is present has this recorded within their own risk register(s).

  An update was provided in relation to the closely aligned LPSE (Learning from Patient Safety Events) programme of work which supports the open and transparent reporting element of PSIRF which is causing concern in particular the resources and timescales and the ability of the providers of the Local Risk Management Systems to upgrade the provider systems at pace to enable the LPSE Programme to be achieved.

- **Delegation of Responsibilities from SQPEC: Operational Quality Assurance Group (OQAG) Terms of Reference and Delegated Responsibilities**

  It was noted that the OQAG was initially established in April 2022 as a route for formal escalation where concerns were identified regarding commissioned providers of NHS services. With the transition from the CCG to the ICB and the development of SQPEC, work has been undertaken to evolve the function of the OQAG to include a broader set of responsibilities in preparation for delegation of duties from SQPEC.

  The SQPEC Development Session held on 21 April 2023 confirmed the intention to delegate responsibility for routine review and triangulation of quality data and intelligence of commissioned health services to the OQAG. It should be noted the OQAG is responsible for all commissioned health services with the exception of primary care, which sits with the Primary Care Quality & Performance Oversight Group (QCOG).

  Members agreed to approve the Terms of Reference and to seek Board approval for the responsibilities delegated to OQAG and agree the proposed reporting from OQAG to SQPEC as per the Terms of Reference.

- **System Quality Group:** it was reported that of the 82 GP Practices that the ICB is responsible for, two are rated as Inadequate and two rates as Requires Improvement by the CQC. In terms of the Spring Covid-19 Booster campaign it was reported that Lincolnshire is one of the highest performing areas within the Midlands and East. It was noted that the primary care complaints function is transferring from NHSE to the ICB with effect from 1st July 2023 and that there are approximately a backlog of 90 complaints that require processing. An update was provided in relation to the proposals for RAF Scampton.

- **Highlight Report from ULHT:** an update was provided in relation to the quality concerns including the treatment delays and having the potential to impact on quality of care for patients and that work is ongoing to strengthen and recover this area. An emerging area of concern relates to harm as a result of delays in ophthalmology. In terms of workforce, it was noted that there has been an improvement in staffing with the utilisation of staffing and recruitment.

An issue was highlighted in relation to the Ockendon visit and the recommendations made relating to estates and the backlog of maintenance and what can be achieved within the current financial envelope. The Never Ever Summit had been well received and the learning from this shared. In terms of the PSIRF process it was reported that the Trust continues to implement the requirements with Phase 3 currently going through sign off process.

It was noted that the Deputy Director of Clinical Governance has been identified as one of 25 National Patient Safety Specialists to take part in the study in relation to measuring and monitoring of patient safety.

- **Highlight Report from LPFT:** it was noted that the PICU unit was temporarily closed in November 2022 to ensure safe staffing across the adult inpatient wards at LPFT and that the Trust have been "spot purchasing" beds since the closure. It was noted that there is a planned phase to re-open the Unit with four beds initially by November 2023 with full re-opening by March 2024. In terms of the Early Intervention in Psychosis services the performance has reduced from 94.4% in February 2023 to 45.8% in April 2023 and remains in a fragile position. Several people had left the team, leaving a low number of staff to manage the activity, which is reflected in the nonachievement of the waiting time target for two consecutive months. An update was provided in relation to the active recruitment campaign that is taking place and that it is hoped that the service will recover imminently.

- **Highlight Report from Primary Care:** an update was provided in relation to the delegated functions that will transfer to the ICB such as complaints. It was noted that a Dental Strategy has been developed and that the predominant issue is access.

  In terms of Community Pharmacy, it was highlighted that with the closure of the Lloyds Pharmacies located within Sainsbury's Supermarkets that are due to close on 13th June 2023 will have an impact on service provision. Discussions took place regarding the changes to pharmacy provision and that the Pharmaceutical Needs Analysis is no longer applicable. It was noted that this issue is subject to ongoing discussion and that a mapping exercise will be undertaken It was agreed that this issue would be added to the Risk Register.

  In relation to GP Practices, it was reported that access remains a challenge and that work is taking place with PCN's to review the recommendations within the Plan. Issues were reported in relation to the management of patients with long term conditions and the QOF recovery post Covid-19 pandemic and that this area needs to be monitored.

- **OQAG (Operational Quality Assurance Group):** it was noted that this is the first upward report to SQPEC and that feedback will help to share and evolve future reports. The report includes information on commissioned provider issues escalated due to quality concerns; information and intelligence highlighted through ICB subject matter expert (SME) reports; and identified areas of learning and good practice.

  An update was provided on information relating to three commissioned providers where there are escalated quality concerns and actions being taken in response to these concerns. The providers are:-

  - Magna House
  - ADHD 360
  - Trent Cliffs

  In addition, the report detailed quality concerns in relation to five GP Practices and information pertaining to the transfer of responsibility for Pharmacy, Optometry and Dentistry to the ICB.

- **Association Between Delays to Patient Admission from the Emergency Department and all-cause 30-day Mortality:** an overview was presented on the research on associations between delays to patient admission from the emergency department and all-cause 30-day mortality.

- It was noted that an article had been published in 2022 and a review of the analysis undertaken. The analysis concurred that delays to hospital inpatient admission for patients in excess of five hours from time of arrival at the Emergency Department are associated with an increase in all-cause 30-day mortality. Discussions ensued regarding the acuity of patients and that the study does not take this into account. It was noted that the details of the report would be shared at the ULHT Mortality Committee.

- **System Quality Risk Register:** an update was provided that the ICB Risk Management Framework, Strategy and Policy had recently been approved and made available. It was noted that there are a number of risks have been assigned to SQPEC and that work is taking place to review these and that a streamlined version of the Risk Register will be presented to members at the September meeting for approval and sign off.

- **Suggested Cycle of Business:** the Suggested Cycle of Business was presented to members which focusses on Programmes and System Quality Thematics. The proposed principles were shared which details that the Deep Dives which will be led by the organisation that chairs the respective Programme Board and presented through the lens of quality and patient experience. This will incorporate the consideration of health inequalities and how these are being identified and addressed through the programme of work and that system quality thematic deep dives will have an identified lead organisation for facilitating the presentation of information that reflects themes and learning across the system. It was agreed that the proposed schedule would be reviewed and aligned to the reviews being undertaken by the Service Delivery and Planning and Committee. In addition, further detail would be included to encompass reviews for Public Health.

Items for escalation to the ICB Board:

- Long waits and its impact on patient outcomes
- Closure of Lloyds Pharmacy
- Wider workforce challenges
- Dental access
- Acknowledgement of the progress being made with the Patient Safety Incident Response Framework process
- Delays in admissions from A&E and the correlation to mortality.

4.	**Management of Conflicts of Interest**
The management of conflicts of interest are dealt with in accordance with the agenda and items.	
5.	**Risk and Assurance**
A System Risk Register and ICB Risk Register is in place of which is shared at the meeting.	
5.	**Financial/Resource Implications**
Nil to note.	
6.	**Legal, Policy and Regulatory Requirements**
Nil to note.	
7.	**Health Inequalities implications**
Health inequalities considered in all aspects of the work programme.	
8.	**Equality and Diversity implications**
Equality and diversity implications considered in all aspects of the work programme.	
9.	**Patient and Public Involvement (including Communications and Engagement)**
Patient and public involvement and engagement is embedded within the System QPEC.	
10.	**Report previously presented at**
N/A	
11.	**Sponsoring Director/Partner Member/Non-Executive Director**
Martin Fahy – Director of Nursing – m.fahy@nhs.net ☎ 07880157221	

Item 8 (iii)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	8 (iii)
Title of Report:	Update from the Service Delivery & Performance Committee
Purpose:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Appendices:	None

1.	**Key Points for Discussion:**
The purpose of this paper is to provide the Board with a summary of the ICB Service Delivery & Performance Committee meetings held in May & June 2023.	
2.	**Recommendations**
The Board is asked to note and consider this report.	
3.	**Executive Summary**

May 2023

MHLDA:

- With regards to inpatient trajectories, a review of patients and their plotted discharge dates has been undertaken and as agreed with NHSE, the target level would be achieved by March 2025.
- Adult inpatient beds are on target with the new trajectory, currently with 34 adult inpatients and CYP was above target by one with three inpatients.
- CYP services have seen an increase in the trend of CYP admitted and subsequently diagnosed with Autism and a 250% increase in CYP referrals for the eating disorder service during the pandemic.
- The Lincolnshire system was in a relatively good position when compared to regional colleagues but there was a need to undertake further work with regards to discharges.
- The 'No Wrong Door' vision and the 10 key principles were outlined.
- The team are currently working on a new dashboard, and this would be presented at future committee meetings.
- Discussion regarding the Performance against Plan 2022/23 – 11 of 14 indicators were below the planned targets for 2022/23.
- SMI Health Checks – performance over the county has remained stable over 2022/23 – the latest data shows an improving position with performance at 49.4%.

- Early Intervention in Psychosis – the service remains in a fragile position. Business continuity has been in place for several months with cross cover being provided by other teams.

Children's MHLDA performance:

- The access target rate was currently 35% of a CYP population of 140,000
- 68.4% of young people referrals for Eating Disorders are assessed for treatment within four weeks and the average wait for urgent referrals was 10 days (against a one-week target).
- 25% reduction of the number of CYP on the total CYP waiting list for CAMHS from 404 in May 2022 to 301 in March 2023 and those waiting over 12 weeks from 283 in February 2022 to 147 in March 2023.
- CYP Mental Health Transformation Programme was progressing well and largely on track. There are slight delays to the availability of data packs for the workstreams, but mitigation was in place.

Planned Care:

- ULHT had been on track to eliminate waits of over 78wks by the end of March 2023, however, the industrial action resulted in resource and capacity challenges that were not able to be mitigated.
- The output recovery and improvement programme within ULHT was still gaining traction.
- ULHT have not restored activity to pre-covid levels and are currently delivering 85-90% of 19/20 activity.
- ULHT are not currently meeting the national ambitions for day case rates and theatre utilisation, there are focused plans to increase use of Grantham as an elective hub and improve ULHT theatre productivity.
- Risk of Lincolnshire moving into tier 1 (national) or 2 (regional) oversight for Planned Care – see escalation comment below.
- Detailed action plan and escalation processes in place for Gastroenterology, ENT, Neurology, General Internal Medicine, Respiratory Medicine and Vascular. The relevant teams are working with NHS England.
- On track with trajectory to delivery 65ww target, the aim is to be ahead on this.
- Industrial action has had more of an impact on Planned Care and Cancer than on UEC with available resources having to be redirected to provide emergency cover.

Cancer:

- Backlog recovery reached the March target of 246 patients waiting more than 62 days, although subsequent increases to over 300 have been seen due to competing pressures and industrial action. The key target now is to achieve the 'fair share' target of 217 by March 2024.
- Focus on reduction of patients waiting more than 104 days continues and the number has reduced significantly.
- New Rapid Access Colorectal Cancer Pathway is having the greatest impact on the overall reduction of the backlog.

Diagnostics:

- All standards have gone off track in the last few weeks with industrial action being a large contributor to this. Faster Diagnosis Standard performance for April was 56.9% (unvalidated).
- Bids have been submitted for Community Diagnostic Centres for Skegness, Boston and Lincoln.

Escalation to ICB Board – Impact associated with the potential risk of increased oversight of Planned Care – relevant risks to be reviewed.

System Planning

- Update provided regarding system planning and the key changes that had been made to the operational plan.

June 2023

Urgent & Emergency Care update

Operational targets for 23/24:
Operational planning targets for the next two years include the target to achieve 76% of patients being seen and discharged/admitted from the emergency department within four hours. There are complexities as to how this is measured across different tiers but for the co-located sites, T1 and T3, the trajectory had been achieved in May - the plan was to deliver 53.9% performance, the system had achieved 57%. Work needs to be maintained throughout the year to ensure that the full target is achieved by year end.

Although not one of the specified operational planning targets, the '12 hours in department' metric is now seen as a quality metric and locally it was planned to monitor 6 hours in department as it was felt by the clinical leads to be more relevant to quality of care.

Another main operational target this year is to have a maximum of 92% GNA adult bed occupancy and a plan has been set up for this based on ULHT projections. Month one and two projections were met, and performance is on target to continue delivering this.

There is a specific target this year in respect of ambulance response metrics to achieve a 30-minute response for Cat2 patients. The 18-minute standard has not disappeared, there is still an expectation of aiming to achieve this standard.

System Task and Finish work is ongoing and there is some additional investment at commissioner level for private ambulance service capacity to mitigate delays. Additionally, EMAS has received some national funding. The rurality of Lincolnshire does impact response times, and this continues to be a risk.

The Committee also considered the further development of metrics on performance for Urgent Community Response and Virtual Wards and ongoing evaluations of investments in all of the urgent and emergency care schemes over the past year would be brought back to the Committee when completed to inform future investment decisions.

Health Inequalities

A draft performance report was presented to support ongoing discussion in respect of content, level of detail and format to fully understand key areas of variation and inform actions/escalations. Over the coming months it will be developed further with areas of focus shown and analytics into in-county variation.

The report layout has been constructed to align the indicators to the five domains in the CORE20PLUS5 framework and, within each domain, to categorise further and group indicators by Pathway Programmes.

A final section has been included to address data quality/coding issues on patient level datasets and a completeness indicator for ethnic coding, this will be expanded further over coming months.

System Planning

Work progresses to agree a system integrated approach for developing the key planning deliverables for the remaining nine months of 2023/24 comprising:

- The detailed programme plans for 2023 – 2028 and associated metrics and modelling that sit beneath the headline Joint Forward Plan document.
- The pipeline for developing improvement initiatives, including efficiency schemes, recognising that this pipeline feeds the system's Financial Recovery Plan for 2023/24 and beyond.
- The 2024/25 annual operational plan.

Broader planning framework – in relation to our strategy map:

- Focus on priority areas and key enablers – LA, NHS and wider partners would jointly focus on integration and delivering the ICS ambitions and aims (knitting together the Health & Wellbeing Strategy and ICP Strategy).
- Focus on the priority areas - the NHS and its partners would jointly focus on the delivery of the Joint Forward Plan.

The national key drivers

- The government's 2023 mandate to NHS England.
- NHS England Operating Model.
- NHS Impact
- HSCC report and the Hewitt Review on integrated care systems, plus the government's combined response to both reports

The Committee discussed the significant resourcing impact of all of the ongoing priorities and associated planning requirements. It was agreed to progress planning as far in advance as possible in order to avoid winter pressures and to make the best use of capacity across the system. There was particular concern expressed that system SRO roles were carried out by members of senior staff who were already managing large portfolios, with different SROs across different programmes – see escalation comment below.

Escalation to the ICB Board – Resourcing stretch - SROs managing large portfolios in addition to supporting transformation, planning and resources.

System Performance Dashboard:

A draft dashboard was considered - the approach adopted details performance against the 23/24 planning targets across the system and this can then be extended to cover other performance frameworks, other key national targets/objectives and local priorities.

The targets have been grouped by the domains within the 23/24 planning framework. More detailed reports from the various programme leads will be completed as relevant to their programme boards, with narrative including key actions to provide assurance on delivery.

The dashboard will be developed further and presented to the July Committee meeting and a workshop arranged to ensure providers and ICB committees are covering all of the assurance needs without duplicating effort.

4.	**Management of Conflicts of Interest**

No conflicts of interest were declared at the committee.

5.	**Risk and Assurance**

Please see main body of report.

6.	Financial/Resource Implications
No direct implications in relation to this paper.	
7.	**Legal, Policy and Regulatory Requirements**
No direct implications in relation to this paper.	
8.	**Health Inequalities implications**
None specified.	
9.	**Equality and Diversity implications**
None specified.	
10.	**Patient and Public Involvement (including Communications and Engagement)**
No direct implications in relation to this paper.	
11.	**Report previously presented at**
Regular reports are presented to the formal public Board meetings on a bi-monthly basis.	
12.	**Sponsoring Director/Partner Member/Non-Executive Director**
Dawn Kenson – Non-Executive Director & Chair of System Delivery & Performance Committee – d.kenson@nhs.net Clair Raybould – Director for System Delivery – clair.raybould@nhs.net	

Item 8 (iv)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	8 (iv)
Title of Report:	PCCC Public Committee Meeting Update
Author:	Dr Gerry McSorley, Chair Sarah-Jane Mills, Director of Primary Care, Community & Social Value Sarah Bates, Deputy Board Secretary
Appendices:	N/A

1.	**Key Points for Discussion:**

This paper provides an update on the discussions that took place at the Public Primary Care Commissioning Committee held on 21st June 2023.

2.	**Recommendations**

The Board is asked to note the update.

3.	**Executive Summary**

The June 2023 Public Primary Care Commissioning Committee focused on the following agenda items:-

- **Director of Primary Care, Community and Social Value:** it was reported that there are no significant issues across primary care for escalation and that in terms of access this is broadly positive across all Practices.

  An update was provided in relation to the management of long-term conditions and that there is a focus on hypertension, asthma and dementia and that support is being provided to Practices to improve these standards. It was noted that the performance framework will be reviewed so that it addresses the issues highlighted within the Primary Care Recovery Plan.

  In relation to the Glebe Practice, it was reported that the team have been working to support the development of a new site for the Practice. The current Practice premises have physical constraints in terms of expanding the current capacity. A stakeholder exercise has been undertaken on the proposed move and the detail has been made available on the ICB website. Members agreed to approve the recommendation to continue to progress the plans.

  The SOLAS PCN which incorporates the Merton Lodge, Old Leake, Stickney and Spilsby Practices have joined the First Coastal PCN. In order to ensure that service provision reflects the needs of the local population the PCN have established two divisions: coastal and rural. Work is taking place to refresh the PCN work programme to reflect this change.

- **Primary Care Recovery Plan:** it was noted that the Primary Care Recovery Plan is one of a number of Plans that have been produced by NHSE and has a specific focus on two key ambitions:

  - Tackling the 8.00 am rush and reducing the number of patients struggling to contact their Practice.
  - For patients to know on the day they contact their Practice how their request will be dealt with – clinically urgent requests should be seen on the day and others usually within two weeks. People may be signposted to self-directed care of other services where appropriate.

  An update was provided on the four areas to deliver the ambitions within the plan:-

  1. Empowering patients to manage their own health using the NHS App, self-referral and other services.
  2. Implementing 'Modern General Practice Access' supported by improved telephony systems, online consultation tools and avoiding asking people to ring back another day.
  3. Building capacity with more staff offering more appointments.
  4. Cutting bureaucracy by reducing some of the tasks that take primary care clinicians away from seeing patients and simplifying some of the indicators used to monitor practices and Primary Care Networks.

  It was noted that the ICB continues to support Practices and patients making use of the NHS App and in making information available through the App: 28% of Practices in Lincolnshire have made patient records available through the App ahead of the Oct 2023 requirement, this is the highest in the region currently.

  In terms of modern GP access, a benchmarking exercise on GP Practice telephony systems and identifying those Practices that could be supported to move on to an advanced telephony system has been a recent priority area of work. It was noted that funding will be available to support the 16 Practices currently not using advanced telephony systems and this should be available in July with a 1st July 2023 deadline for sign up for those Practices wishing to move to advanced telephony.

  In relation to building capacity it was reported that around £3.2m of ARRS (Additional Roles Reimbursement Scheme) funding for Lincolnshire had not been utilised last year and that current plans for 2023/34 forecast an underspend of around £732K against a maximum possible budget of £19.97 million. Work to maximise the use of available ARRS funding in 2023/24 is underway with planning and delivery coordinated across the ICB and Primary Care Network Alliance e.g. recruitment of Palliative and End-of-Life Care Coordinators. Systems are in place to monitor use of ARRS funding over the year and to develop and implement additional recruitment opportunities through this funding stream.

  In terms of the cutting bureaucracy element the key area of focus is improving the primary-secondary care interface. This will include developing a local consensus on how primary and secondary care can work more effectively together and explicitly agree where some tasks are best carried out e.g. supporting secondary care clinicians to issue fit notes for the required period as opposed to requesting patients contact their GP.

- **Quality, Patient Experience and Effectiveness Update:** it was noted that higher risk Practices are considered at the Countywide Primary Care Quality and Performance Oversight Meeting, which meets monthly, to further assure the mitigation of any significant concerns. An update was provided in relation to:-

  - ***Hawthorn, Skegness*** had a CQC inspection in August 2022 and rated as Inadequate and placed in Special Measures. It was noted that improvements have been made and a further CQC re-inspection took place in April 2023 of which it is anticipated an improved position will be reported.

- ***Branston Practice*** – was inspected by the CQC in November 2022 and rated as Inadequate and placed in Special Measures. Improvements were evidenced at a follow up CQC inspection in January 2023 and a further planned full reinspection by the CQC is scheduled for the end of June 2023.

- ***Trent Valley Practice*** – has a Requires Improvement CQC rating post CQC inspection in September 2022. The ICB is satisfied that appropriate improvement actions have been progressed by the Practice. The CQC will undertake a planned full reinspection of this Practice in the summer 2023 with a date for this to be confirmed.

- ***Caskgate Practice*** – has had a recent CQC inspection. This Practice had known GP workforce challenges following Partner retirement and illness, also known outdated challenging accommodation, requiring relocation. The published outcome of the CQC inspection is awaited.

- ***Richmond Medical Practice*** – has also had a recent CQC inspection. The published outcome of this CQC inspection is awaited.

- ***Lakeside Medical Practice*** – had been placed in Special Measures post CQC inspection in June 2021. The Practice remained in Special Measures pending the outcome of the most recent CQC re-inspection, which occurred at the end of November 2022. The CQC Report from this inspection is published and the Practice rating although still Requires Improvement improved with better domain ratings, particularly notable is the move out of an Inadequate rating for the Safety domain. The Practice is now removed from the CQC Special Measures regime. The ICB and LMC continue to support the Practice with their continuing improvement action areas.

- ***Spalding Practice*** – is now removed as a risk rated Practice as full list dispersal now achieved and Practice closure.

Since the last Public Primary Care Commissioning Committee delegated responsibility for the quality of Pharmacy, Optometry and Dental Provision transferred to the ICB from NHS England. It was noted that the ICB is working collaboratively with the other East Midlands ICBs and Nottingham & Nottinghamshire ICB are hosting the transferred staff from NHS England aligned to these services. Any quality issues are reported and discussed through a separate dedicated Quality Forum which is attended by the Associate Director of Nursing and Quality. This will enable any pertinent issues and themes to be escalated through into existing established ICB governance processes, including this committee.

- **Risk Register Update**:- an update was provided in terms of two risks that have had their scores increased which relate to-

  - ***Scan House***
    The risk has increased and current risk rating is 16. It was noted that Scan House Solutions Ltd provides off-site storage for patient files and that the ICB received informal notification that the company was planning on entering into liquidation in June. This has presented an immediate issue with GP Practices routine access to patient files. An alternative service provider has been identified through a waiver process for 12 months with NEC, work to transfer files to NEC premises is ongoing and being expedited. The risk will reduce significantly once the files have been transferred.

  - ***Lack of Spirometry Provision in Primary Care***
    The risk has increased and the current risk rating is 16. This area of work is progressing however, the investment case was not approved and the planned market engagement event postponed. Further work on the financial case is ongoing.

Items for escalation to the ICB Board include:

- **Primary Care Recovery Plan:** NHS England published the Delivery Plan for recovering access to Primary Care which is part of a range of recovery plans for the health system.

4.	Management of Conflicts of Interest
The management of conflicts of interest are dealt with in accordance with the agenda and items.	

5.	Risk and Assurance
Practices have been identified and placed on the ICB Risk Register.	

6.	Financial/Resource Implications
Where required additional funding has been provided by the ICB to facilitate additional support to vulnerable practices as appropriate, where not covered via existing funding routes.	

7.	Legal, Policy and Regulatory Requirements

Legal considerations include:-

- The statutory duty to consult and engage on service changes as set out above.
- Primary medical services contractual compliance and formalities.

The planning and implementation of this service change should have due regard for the principles and values as set out in the NHS Constitution.

8.	Health Inequalities implications
Include details of health inequalities implications.	

9.	Equality and Diversity implications
Include details of any equality and diversity implications.	

10.	Patient and Public Involvement (including Communications and Engagement)
Patient and public engagement processes are utilised to secure patient experience information for each Practice that informs the Quality Risk Rating and Quality Improvement actions.	

11.	Report previously presented at
Regular monthly progress reports have been provided at PCCC meetings.	

12.	Sponsoring Director/Partner Member/Non-Executive Director
Sarah-Jane Mills - Mobile: 07870 898428 sarah-jane.mills1@nhs.net	

8 (v)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Time: 9.00 am
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	8 (v)
Title of Report:	Update from Finance and Resource Committee 18 July 2023
Purpose:	For information
Appendices:	None

1. Key Points for Discussion:

The purpose of this paper is to provide the Board with a summary of the ICB Finance and Resource Committee meeting held on 18 July 2023.

2. Recommendations

The Board is asked to note and consider this report.

3. Executive Summary

The ICB Finance and Resource Committee was held on 18 July 2023. The Committee focused on the following key areas:

Month Three Financial Position 2023/24

- The Committee received an update which detailed that the ICB has reported a year-to-date £10.6m adverse variance against income and allocations which is a break-even position against the plan.
- The ICS plan is to deliver a £15.4m deficit for the full financial year. The outturn position is to achieve plan.
- The ICB expects to deliver a £2.4m surplus for the full year which is in line with plan.
- The ICS has identified £43m of risks but has reported a net risk of nil assuming that these will be fully mitigated.
- The ICS has £21.8m of non-recurrent flexibilities which will be managed alongside the Risk and Opportunity Pool as agreed within the ICS Financial Framework.

Month Three Financial Recovery Programme Report

- The Committee received an update report and noted efficiency delivery of £10.2m year to date. This is against a Month Three identified plan of £7.3m equating to a positive variance to plan of £2.9m. Against the total plan, inclusive of the unidentified component the YTD position is a positive variance to plan of £2.4m indicating a phasing of £0.4m of unidentified schemes into Month Three.
- The over unidentified FRP CIP gap is £9.2m.

Medium Term Financial Plan 2024/25 and 2025/26

- The Committee received a presentation regarding the above and had a useful discussion.
- A system-wide finance Task & Finish Group is finalising the system view of the period 23/24 to 25/26 and the associated FRP expectation and underpinning assumptions. The first draft 3yr view is expected to be submitted late August and a final version by the end of September.
- Further updates will be made to the detail which will be presented to the next Committee meeting.

4.	Management of Conflicts of Interest

No conflicts of interest were declared at the Committee.

5.	Risk and Assurance

No escalations from the establishment committee meeting

6.	Financial/Resource Implications

As per the reports presented.

7.	Legal, Policy and Regulatory Requirements

N/A

8.	Health Inequalities implications

N/A

9.	Equality and Diversity implications

N/A

10.	Patient and Public Involvement (including Communications and Engagement)

N/A

11.	Report previously presented at

N/A

12.	Sponsoring Director/Partner Member/Non-Executive Director

Julie Pomeroy – Non-Executive Member & Chair of Finance & Resource Committee – julie.pomeroy1@outlook,com
Matt Gaunt, Director of Finance – m.gaunt@nhs.net

Item 9 (i)

NHS
Lincolnshire
Integrated Care Board

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 25th July 2023
Location: The Boardroom, Bridge House, Sleaford

Agenda Number:	9 (i)
Title of Report:	Emergency Preparedness Response & Resilience (EPRR) Update
Purpose:	To provide update and assurance of the ICB EPPR work programme in line with statutory duties as a category one responder.
Appendices:	n/a

1. Key Points for Discussion:

This paper will provide an update of the ICBs statutory duties in relation to Emergency Preparedness Resilience and Response. Specifically, this paper will focus on:

- Core Standards 2023/24
- Local Health Resilience Partnership
- Training & Exercising
- Incident Response
- Lessons Learned

2. Recommendations

The Board is asked to note the contents of the report.

3. Executive Summary

During its first year the ICB has seen dedicated & specialist EPRR resource establish organisational arrangements along with the development of the ICS emergency planning network. The category one responder responsibilities acquired as an ICB have underpinned the development of a new EPRR work programme. The ICB has continued to collaborate with other category one and two responders through the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP). The relationships built within these forums have contributed to successful coordination in response during emergency.

I. Core Standards 2023

All NHS organisations are required to undertake a self-assessment against the 2023/24 updated core standards relevant to their organisation. The annual EPRR self-assessment provides an assurance that NHS organisations are working to meet their EPRR statutory duties and obligations. The applicable core standards vary between organisations depending on the type of services they deliver.

The assessment is against 47 core standards which are mandated by NHS England. The standards are segregated into domains such as Governance, Training and Response. NHS organisations must then demonstrate their compliance against each applicable standard. Full compliance was not achieved in 21 of the 47 applicable standards, therefore ICB was assessed as non-compliant in September 2022, only a short time after transitioning from a CCG and moving from a category 2 responder to a category one responder. Significant progress has been made since, across all applicable standards with an expected improvement for the 23/24 assurance review. We expect a further 12 standards to be assessed as fully compliant.

Responsibility for Business Continuity arrangements for the ICB have recently transferred to the ICB EPRR team. A recent audit has identified key areas for development and considerable focus is being applied to ensure standards relating to Business Continuity are met in a meaningful way for the organisation.

An EPPR Oversight and Assurance Group has been developed to ensure effective challenge and scrutiny to the ICB core standards process and wider EPPR work programme. This group reports by exception to the ICB Senior Manager Operational Delivery group and ICB Executives and from a system perspective to the Health Emergency Planning Operational Group (HEPOG) and onwards to Lincolnshire Health Resilience Partnership (LHRP).

II. Local Health Resilience Partnership

The ICB transition has seen the organisation acquire co-chairing responsibilities, with local authority public health, for both the Local Health Resilience Partnership (LHRP) and Health Emergency Planning Ops Group (HEPOG). The LHRP executive group have already achieved progress in multiple workstreams including Mass Casualty, Mutual Aid, and Risk Register development. The system Mass Casualty plan has been a step forward in collaborative planning within the ICS for EPRR, a standard approach that will be applied and developed moving forward. The development of the LHRP risk register has acknowledged both national and community risk registers through the lens of health, this is now a standing agenda item for HEPOG to manage.

III. Training & Exercising

The EPRR team continue to train and develop ICB on call commanders to a standard aligned with national occupational standards. Both Strategic and Tactical commanders are receiving training opportunities within health and with multi agency partners to promote interoperability in response to emergencies. Training packages also incorporate national and community risk registers to best prepare commanders whilst acknowledging the common consequences of emergencies.

The ICB has facilitated a number of exercises for the local health system. Seasonal preparedness exercises have taken place for both winter and summer along with several other types which are mandated by the EPRR Framework.

Exercise Helios Revenge took place in May 2023, this tested arrangements to respond to heatwaves and incorporated learning from Summer 2022.

Exercise Arctic Willow took place in November 2022 which tested arrangements to respond to winter pressures along with supply chain compromise and industrial action. This learning then factored into the response arrangements for the recent industrial action experienced.

IV. Incident Response

In 2023 there has been one critical incident declaration within the Lincolnshire system declared by ULHT, whereby the response was supported by ICB. This declaration was due to compromised Urgent and Emergency Care pathways following surge pressure during the peak winter months.

Multiple periods of industrial action by NHS employees have taken place in recent months, with the planning and response coordinated by EPRR teams throughout the system with successful implementation of command-and-control capabilities.

V. Lessons Learnt

Experiences from those organisations involved in the Manchester Arena attack 2017 response have directly influenced the way in which we learn from incidents. The EPRR team have now developed a lessons learned management process. This enables the organisation to identify, track, embed and share learning from national, regional, and local sources. All EPRR response arrangements receive annual review which incorporate any lessons learned, with the option to revise immediately should there be a critical lesson identified.

The EPRR programme continue to prepare the ICS and its staff for emergencies whilst encouraging communities to take preventive action to safeguard themselves should a risk manifest.

4.	Management of Conflicts of Interest
None identified	

5.	Risk and Assurance
An ICB EPRR Programme risk log is maintained by the ICB EPRR Oversight and Assurance Group with any risks escalated to the ICB Risk Management Group for inclusion on the ICB Risk Register as per policy. System risk log is maintained by the Health Emergency Planning Operational Group with any risks escalated to the Local Health Resilience Partnership (LHRP) as per policy.	

6.	Financial/Resource Implications
None identified	

7.	Legal, Policy and Regulatory Requirements
The EPRR assurance process reflects the ICB's obligations as a Category One responder within the terms of the Civil Contingencies Act 2004 and the NHS Act 2006 (as amended).	

8.	Health Inequalities implications
None identified.	

9.	Equality and Diversity implications
None identified	

10.	Patient and Public Involvement (including Communications and Engagement)
None identified	

11.	Report previously presented at
N/A	

12.	Sponsoring Director/Partner Member/Non-Executive Director
Clair Raybould, ICB Director for System Delivery - Clair.raybould@nhs.net	