



NHS Lincolnshire Integrated Care Board Public Board Meeting

**Tuesday, 26th September 2023
at 9.30 am**

The NHS Lincolnshire ICB Board meeting will be held at Bridge House, The Point, Unit 16, Lions Ways, Sleaford, NG34 8GG. Members of the public are welcome to come along and listen to the discussion, but they are not able to take part or ask questions during the formal meeting, which will also be held virtually as a Live Event via Microsoft Teams. Joining instructions will be available on the ICB's website: www.lincolnshire.icb.nhs.uk

Members of the public are encouraged to submit questions prior to the meeting using the **Questions Proforma**, which will be available on the ICB website. In addition there will be the opportunity to ask questions during the meeting using the on-line **Questions and Answers facility**.

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 26th September 2023

Time: 9.30 am

Location: The Boardroom, Bridge House, Sleaford

Acting Chair: Dr Gerry McSorley

AGENDA

ITEM NUMBER	ACTION	ENCLOSURE/ VERBAL	LEAD	TIME	
1. INTRODUCTION					
i)	Welcome and Apologies		Verbal	Dr Gerry McSorley	9.30
ii)	Declarations of Interest		Verbal	Dr Gerry McSorley	
iii)	Minutes of the previous meetings held on the 19 th July 2023 and 25 th July 2023	Approve	Enclosures	Dr Gerry McSorley	
iv)	Matters Arising, including Action Log	Note	Enclosure	Dr Gerry McSorley	
2. CHAIR AND CHIEF EXECUTIVE UPDATES					
i)	Chair <ul style="list-style-type: none"> Lincolnshire ICB Annual Assessment Letter 2023 	Note	Enclosure	Dr Gerry McSorley	9.35
ii)	Chief Executive <ul style="list-style-type: none"> Update and Overview 	Note	Verbal	Mr Matt Gaunt	9.45
3. KEY UPDATES					
i)	Public Health	Note	Verbal	Professor Derek Ward	9.55
ii)	Healthwatch	Note	Enclosure	Mr Dean Odell	10.05
4. CORE PURPOSE 1: HEALTH INEQUALITIES (tackle inequalities in outcomes, experience and access)					
i)	PCN approaches to tackling health inequalities	Receive	Enclosure	Mrs Sandra Williamson	10.15
5. CORE PURPOSE 2: HEALTH OUTCOMES (improve outcomes in population health and healthcare)					
i)	Integrated Quality and Performance Report – August 2023	Receive	Enclosure	Mrs Clair Raybould/ Mr Martin Fahy	10.30
ii)	Winter Planning 2023/24	Receive	Enclosure	Mrs Clair Raybould	10.45
BREAK AT 10.45					
6. CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY					
i)	Finance Report – Month Five	Receive	Enclosure	Mr Matt Gaunt	11.00

7. CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE (help the NHS support broader social and economic development)					
i)	No specific item on this occasion. There will be a report presented to the November meeting.				
8. GOVERNANCE					
i)	Pre-Delegation Agreement Framework for Specialised Services	Approve	Enclosure	Mrs Sandra Williamson	11.10
ii)	Board Forward Plan – September 2023 to March 2024	Approve	Enclosure	Dr Gerry McSorley	11.15
iii)	Report from the System Quality and Patient Experience Committee (QPEC) meeting held on the 5 th September 2023	Receive	Enclosure	Mrs Sharon Robson	11.20
iv)	Report from the Service Delivery and Performance Committee meetings held on the 19 th July 2023 and 16 th August 2023	Receive	Enclosure	Mrs Dawn Kenson	11.25
v)	Report from the Audit and Risk Committee meeting held on the 22 nd September 2023	Receive	Verbal	Mrs Margaret Pratt	11.30
9. INFORMATION /CLOSING ITEMS					
i)	Risks identified during the course of the meeting	Consider	Verbal	Dr Gerry McSorley	11.35
10. DATE, TIME AND VENUE OF NEXT MEETING					
	Tuesday, 28 th November 2023 at 9.30 am at Bridge House, Sleaford	Note	Verbal	Dr Gerry McSorley	11.45 noon 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.

**MINUTES OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD
MEETING HELD ON WEDNESDAY 19TH JULY 2023 AT 10.12 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
	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 Chair of the Audit and Risk Committee
	Dr Kevin Thomas	Partner Member, Primary Medical Services
	Mr John Turner	Chief Executive
REGULAR PARTICIPANTS	Mrs Jules Ellis-Fenwick	ICB Board Secretary and Head of Corporate Governance
	Mrs Clair Raybould	Director for System Delivery (part of the meeting only)
APOLOGIES:	Sir Andrew Cash	Interim ICB Chair
	Mrs Sarah Connery	Executive Board Mental Health Member
	Mrs Maz Fosh	Partner Member, NHS and Foundation Trusts

23/112 WELCOME AND INTRODUCTIONS

Dr Gerry McSorley welcomed all those present to the extraordinary meeting of the NHS Lincolnshire Integrated Care Board which had been arranged with the intention of appraising the Board on the current position relating to the annual accounts and annual reports for the final part of the CCG 2022/23 – Quarter One, and the first element of the ICB 2022/23 – Quarters One to Four.

Dr McSorley advised that he would be Chairing the meeting on this occasion in the absence of Sir Andrew Cash and confirmed the meeting was quorate, noting that only Board Members were present on this occasion, not 'regular participants' as this meeting had been arranged purely to consider some specific items in relation to year-end processes (and as detailed on the agenda).

23/113 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS AND CONFLICTS OF INTERESTS

Dr Gerry McSorley 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:
No items declared.

GENERAL ISSUES

23/114

LINCOLNSHIRE CCG ANNUAL REPORT AND ACCOUNTS 2022/23 QUARTER ONE, INCLUDING EXTERNAL AUDIT RESULTS REPORT

Mrs Pratt presented the CCG Annual Report and Accounts 2022/23 for Quarter One. The Audit and Risk Committee had met with Ernst and Young (External Auditors) prior to the meeting to consider the report and thanked them for all their work; noting that the audit process was not yet fully complete in that the auditors had not received the letter of assurance which permits them to sign-off the Annual Report and Accounts (this was currently awaited from their own technical section). The work from the CCG/ICB aspect was complete.

The content of the CCG Annual Report and Accounts, audit results report and supporting verbal update had been debated in detail, including a discussion on an issue relating to the CCG's financial position for three month period, specifically in relation to some uncorrected misstatements. After careful consideration the Audit and Risk Committee had declined to adjust misstatements identified in the audit. It noted that there were some final assurances awaited from Ernst and Young, but the Audit and Risk Committee were reassured by the External Audit that no material changes were anticipated. It noted that no value for money opinion was to be given on the CCG accounts. Mr Gaunt added that this fundamentally related to that fact that this covered a reduced reporting period, in that Lincolnshire CCG only existed for three months in 2022/23. As a result of the nature of some of the audit findings and the unadjusted misstatements there was a discussion about the inherent risk within that, which had been dealt with through conversations internally within the ICB and also directly with NHS England. The matter was now resolved, but confirmation was just awaited on that point.

It was noted that Dr McSorley and Mr Turner had attended the meeting and were therefore aware of the discussion in relation to the unadjusted misstatements.

On that basis the Audit and Risk Committee recommended that Board approve the CCG Annual Report and Accounts subject to amendment of minor typographical changes and conclusion of the External Audit final review and sign-off procedures. Once the letter of assurance had been received from Ernst and Young the ICB Officers were requested to sign the documents for submission to NHS England.

Dr McSorley referred to the resolution as referred to by Mrs Pratt and sought agreement with the recommendations subject to the caveats as identified.

The Board agreed to:

- **Approve the NHS Lincolnshire CCG Annual Report and Accounts 2022/23 for Quarter One (1st April 2022 to 30th June 2022) for submission to NHS England subject to finalisation of the external audit work, receipt of the letter of assurance and finalisation of any typographical errors.**

Post meeting note: Following completion of the audit work, receipt of all associated documents (including letter of assurance and Independent Auditor's Report) the CCG Annual Report and Accounts were signed off by the ICB Chief Executive and submitted to NHS England on the 28th July 2023.

LINCOLNSHIRE ICB ANNUAL REPORT AND ACCOUNTS 2022/23 QUARTERS TWO TO FOUR INCLUDING EXTERNAL AUDIT DRAFT RESULTS REPORT

Mrs Pratt presented the ICB Annual Report and Accounts 2023/23 Quarters Two to Four including the External Audit Draft Results Report.

As highlighted to the Board under the previous item, the Audit and Risk Committee had given careful consideration to the uncorrected misstatements and agreed not to make the amendments. The more substantial point in relation to the ICB Annual Report and Accounts related to the Board's assessment of governance and risk. The formal process for the assessment of risk had not yet been finalised including population of the Board Assurance Framework (BAF). There will need to be an agreed form of words in relation to the BAF included in the ICB Annual Governance Statement which forms part of the Annual Report.

It was noted this would also be referenced in the Value for Money commentary within the Auditor's Annual Report. The National Audit Office has allowed for the Auditor's Annual Report to be provided up 31 August 2023 after signing the accounts. Completion of the audit would also be certified at that time.

Ernst and Young had also made some comments on the need for the ICB to strengthen its governance arrangements, specifically in relation to some of the Board Committees. These matters were on the Audit and Risk Committee's radar and will be followed up through its workplan.

As with the CCG Annual Report and Accounts, the letter of assurance which permits the sign-off by the external auditors of the ICB Annual Report and Accounts was still outstanding.

On that basis the Audit and Risk Committee recommended that Board approve the ICB Annual Report and Accounts subject to 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 BAF. It was proposed that a small sub-group of the Board be established to sign off the wording on the BAF, which would include the ICB Acting Chair, Chief Executive, Director of Finance and Chair of the Audit and Risk Committee.

Once the letter of assurance had been received from Ernst and Young the ICB Officers were requested to sign the documents for submission to NHS England.

Mr Gaunt added that in addition to the point around the Value for Money opinion, Ernst and Young had identified three further points in relation to the contracts with healthcare providers, Continuing Healthcare (CHC), Mental Health, Learning Disabilities and Audit (MHLDA) and packages of care and the lack of an internal process/policy by the ICB to manage redundancy, all of which were highlighted in the paper. In relation to the unadjusted errors these are essentially financial misstatements which are not material but nevertheless should not continue to be experienced going forward. This would be looked at by Mr Gaunt and his team.

In relation to contracting, this also falls within Mr Gaunt's remit and he advised that work will be undertaken to ensure that all contract arrangements with all of the ICB's providers are concluded within the required timeframe going forward. The delays had been caused in part by a carry over from the previous ways of working applied during COVID. That aside, Mr Gaunt had already commissioned a piece of work to look at how improvements can be made to the Contracts Team and that is progressing well.

The third element related to the Redundancy Policy, which is a matter for the ICB Remuneration Committee.

Action plans would be agreed for all the areas highlighted and will be considered by the Audit and Risk Committee and then taken forward by the ICB Executive Team.

Post meeting note: The ICB Board Secretary and Head of Corporate Governance investigated the position in relation to the Redundancy Policy, and informed the members of the Audit and Risk Committee and Ernst and Young that the ICB did in fact have a policy/process in place – Organisational Change and Redundancy Policy (HR 011). The document was sent through for review and as a result the reference to this was removed from the Ernst and Young Audit Results Report and any supporting documentation.

Dr McSorley referred to the resolution as referred to by Mrs Pratt and sought agreement with the recommendations subject to the caveats as identified.

Mrs Kenson advised that having been present at the Audit and Risk Committee meeting she was in agreement with the summary of the discussion but sought clarification that the agreed form of words in relation to the Board Assurance Framework and letter of assurance would be received prior to submission of the final version of the ICB Annual Report and Accounts. Dr Hindocha supported Mrs Kenson's comments and advised that from a governance perspective, a paper or information should be presented to the Board to close that off, which was noted and supported.

The Board agreed to:

- **Approve the NHS Lincolnshire ICB Annual Report and Accounts 2022/23 for Quarters Two to Four (1st July 2022 to 31st March 2023) for submission to NHS England 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.**

Post meeting note: Following completion of the audit work, receipt of all associated documents (including letter of assurance and Independent Auditor's Report) and amendments to the wording in relation to the BAF in the Annual Governance Statement, the ICB Annual Report and Accounts were signed off by the ICB Chief Executive and submitted to NHS England on the 28th July 2023.

23/116 COMMUNITIES PEOPLE INVOLVEMENT REPORT

Mr Turner presented the People and Communities Involvement Report 2022-23 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, as discussed under the previous item.

The Board was required to note the report which would be published on the ICB website.

The Board agreed to:

- **Note the report.**

23/117 ANY OTHER BUSINESS

Dr McSorley advised that the Board was scheduled to have its next Development Session on the 15th August which was two weeks earlier in the month than usual, and asked for views on whether the meeting should go ahead, particularly in light of a number of key individuals being on leave and limited preparation time for consideration of substantive items.

Mr Gaunt advised that the Board did need to consider the Board Assurance Framework and its risk appetite at some stage, which would need to take place as part of a Development Session, which was acknowledged, particularly in light of the comments made by the Ernst and Young as part of their year-end audit process.

Subject to approval by the Board at its next meeting

Following discussion it was agreed to cancel the meeting on the 15th August and prioritise the BAF and risk appetite for the next development session which was scheduled to take place on the 24th October 2023. Mrs Ellis-Fenwick noted the action to cancel the meeting and to schedule the BAF and risk on the Forward Plan for the Board October Development Session.

Action: Mrs Ellis-Fenwick

23/118

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 September 2023 at 9.30 am – Bridge House, Sleaford.

Chair Signature

Date

**MINUTES OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD
MEETING HELD ON TUESDAY, 25th JULY 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 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
	Mrs Maz Fosh	Partner Member, NHS and Foundation Trusts
	Dr Sunil Hindocha	Interim Medical Director
	Mrs Julie Pomeroy	Non-Executive Member and Chair of Finance and Resource Committee
	Dr Kevin Thomas	Partner Member, Primary Medical Services
	Mr John Turner	Chief Executive
IN ATTENDANCE (REGULAR PARTICIPANTS)	Ms Charley Blyth	Director of Communications and Engagement
	Mr Pete Burnett	Director for Strategic Planning, Integration & Partnerships
	Mrs Jules Ellis-Fenwick	ICB Board Secretary and Head of Corporate Governance
	Mr Simon Evans	System Director of Clinical Integration and Leadership Development
	Mrs Michele Jolly	Voluntary and Care Sector Representative
	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
	Mrs Sandra Williamson	Director for Health Inequalities & Regional Collaboration
	Cllr Sue Woolley	Chair of the Health and Wellbeing Board
APOLOGIES:	Sir Andrew Cash	Interim ICB Chair
	Mrs Margaret Pratt	Non-Executive Director and Interim Chair of the Audit and Risk Committee

23/119 WELCOME AND INTRODUCTIONS

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

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.

On a separate note, Dr McSorley advised that Mrs Anita Day was present in the room and would be observing the Board meeting as a member of the public.

23/120 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS AND CONFLICTS OF INTERESTS

Dr Gerry McSorley 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:
No items declared.

The Board agreed to:

- **Note the interest as declared.**

23/121 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 subject to two slight amendments:**
 - **Mrs Raybould was present for the whole meeting (not part of it) and the reference to Sir Andrew Cash should be Dr Gerry McSorley.**

23/122 MATTER ARISING

Dr Gerry McSorley presented the Action Log as included in the pack of papers. There were three actions identified, two of which were marked as complete. In terms of the third action (reference 23/99), Mr Dean Odell confirmed the information had been sent through to Mrs Raybould the previous day and could therefore be closed.

The Board agreed to:

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

23/123 CHAIR AND CHIEF EXECUTIVE UPDATES

ICB Chair update

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

- Mrs Maz Fosh, Chief Executive, Lincolnshire Community Health Services (LCHS) and Partner Member, NHS Trusts on the ICB Board would be leaving at the end of July to take up a role in the private sector and this was therefore her last ICB Board meeting.

- Mrs Simon Evans, System Director of Clinical Integration and Leadership Development would be leaving the ICB and indeed Lincolnshire on the 11th August 2023 to take up a new role as the Interim Chief Operating Officer for University Hospitals of North Midlands NHS Trust (based primarily at the Royal Stoke Hospital).

Dr McSorley, on behalf of the Board, thanked both departing individuals for their significant contributions to the health and care system in Lincolnshire for the years that they have been a part of it. Both individuals were wished well in their future roles.

- The recruitment process for the appointment of two new substantive Non-Executive appointments had recently been completed. Mrs Margaret Pratt who had been working with the ICB on an interim basis had now been appointed on a substantive basis as the Chair of the Audit and Risk Committee and Mrs Sharon Robson, who will be joining the ICB on the 14th August as Chair of the System Quality and Patient Experience Committee. Both individuals will be present at the September Board meeting.
- Following Mrs Fosh's departure Mr Andrew Morgan, Chief Executive, United Lincolnshire Hospitals NHS Trust (ULHT) will become the new Partner Member, NHS Trusts from the 1st August 2023. Mr Morgan would also become the Acting Lincolnshire Group CEO covering both ULHT and LCHS.
- There will be some changes to the ICB Board meeting schedule for 2024, with a list of the dates included in the pack for information. Meetings will continue to be held on the last Tuesday of the month and alternate between formal and development sessions but will now start at 9.30 am (this will also apply to the rest of the meetings in 2023). Mrs Ellis-Fenwick will circulate the list of 2024 meeting dates separately and also issue the diary invites.

Action: Mrs Ellis-Fenwick

On a final note, Dr McSorley advised that since the Board last meeting NHS England had published the NHS Long-Term Workforce Plan and he had been involved in a number of discussions at NHS ICB Chair level relating to implementation of that document.

Chief Executive update

Mr Turner advised that since the Board had last met in public, the NHS had continued to remain under significant pressure across Lincolnshire and the country. Mr Turner wanted to take the opportunity to personally reflect on the well-publicised pressures on the NHS and outstanding work by NHS workers across all sectors in the county and the great support being received from partners across the broader health and care sector, and to express his heartfelt appreciation to all those involved. A particular note related to the challenges presented with the on-going industrial action, with further dates planned by both junior doctors and consultants over the next few months. A huge amount of work was involved in mitigating the impact on patients and delivery of key performance targets.

Mr Turner provided an update on key activities within the NHS and Lincolnshire since the last Board meeting. These included publication of the national NHS Long-Term Workforce Plan as referred to by Dr McSorley, and the NHS 75th anniversary celebration ahead of which the NHS Assembly had published a report on The NHS in England at 75: priorities for the future. Like Dr McSorley, Mr Turner had also been involved in a number of briefings regarding implementation of the Long Term Workforce Plan. Moving forward the ICB's responsibilities would become clear in relation to that and those parts that will be addressed from a regional and national perspective.

The Kings Fund had published a report into the role of District Councils in Integrated Care Systems within which Lincolnshire is cited as an area of good practice.

Mr Turner also provided an update on activity that has been happening at Lincolnshire Partnership NHS Foundation Trust (LPFT) to improve services, commending the opening of the Peter Hodgkinson's Centre's two new acute wards. Mr Turner had attended the opening event of those wards. LPFT had also received a national award for their engagement approaches with service users in the development of services. This was an excellent achievement.

Mrs Connery had hosted a visit from Ms Claire Murdoch, the NHS England national Director for Mental Health, which Mr Turner had participated in. Ms Murdoch was very enthusiastic about the extent of the work in Lincolnshire and also the work that needs to be carried out across the country in terms of mental health and rural and coastal areas. On-going conversations were taking place with Ms Murdoch in terms of how Lincolnshire can support that piece of work.

Some further points of note:

- The work was on-going on the implementation of the provider review.
- The next Quarterly Review System Meeting (QRSM) was taking place with NHS England senior regional colleagues on the 26th July.
- The work on the development of Scampton to house asylum seekers continued to appear in the local news and was progressing. This was being led by Mrs Mills and Dr Hindocha working with the Home Office and other key partners, including Professor Ward, to ensure the health needs of the asylum seekers is properly met.

On a final note, the Board approved the CCG and ICB Annual Reports and Accounts for 2022/23 and expressed his huge appreciation to all those involved. This would be touched on later in the meeting and the documents formally presented to the ICB Annual Public Meeting (APM) taking place on Thursday, 28th September 2023.

Mr Turner advised at this stage of the meeting that a number of questions had been received from members of the public, the details of which were read out for information.

An Executive Director lead was identified to provide a response to each of the questions. The questions and associated responses would be shared with Mrs Ellis-Fenwick, ICB Board Secretary to attach separately to the minutes of the meeting and publication on the ICB website.

Action: Executive Directors

The Board agreed to:

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

23/124

KEY UPDATES

Public Health

Professor Ward provided a verbal update in relation to Public Health and advised that there were three specific areas to brief the Board on as follows:

- Lincolnshire County Council was the first council in the country to go through the pilot Care Quality Commission (CQC) assessment for social care. All those involved in the process were thanked for their efforts and contribution. It was an enlightening process and initial feedback had been positive. Further information would come out over the next few months in terms of gaining an indicative understanding of where Lincolnshire sits in comparison to other councils, particularly as that comparative work was yet to take place. The Board would be kept informed of updates.

One key area which came out of the review was in relation to the whole range of preventative information and advice there is in Lincolnshire, which is quite unusual in comparison to other areas. This was described to the CQC with feedback currently awaited.

- The latest quarterly meeting of the Health Protection Board, as Chaired by Professor Ward, had taken place recently. This Board deals with all matters relating to health protection. In the run up to the meeting the Department of Health and Social Care had updated the guidance about the statutory roles of Public Health. A considerable amount of this was already in place but the guidance does strengthen the role of the Director of Public Health in terms of health prevention. In terms of providing assurance to the Board, a considerable amount of the detail in the guidance reflects how Lincolnshire is already broadly operating, both in terms of the role of the Director of Public Health being an advisor to the ICB Board and across the Integrated Care System and also health protection in terms of providing assurance about how the system is working. The role that Professor Ward has on the Health Protection Board and the LHRP assist in discharging that. This would assist in managing the transition in roles and responsibilities from NHS England to ICBs. An example of this being vaccinations and immunisations and numerous conversations between the ICB and Professor Ward and his team had already taken place about that transition process.
- Vaccination and immunisation in children and young people - Lincolnshire is currently in the middle quartile in terms of performance in this area but the ambition is to get into the top. This is a piece of work being carried out collectively across the system and this will report into the Lincolnshire Health and Wellbeing Board via the Health Protection Board, but it would be worthwhile bringing the details to the ICB Board in due course.

The Board considered the update. There were no questions received.

Healthwatch

Dr McSorley asked Mr Odell to present the Healthwatch report at this point, which was included in the pack of papers. It was noted that the link to the Healthwatch Annual Report had been circulated separately.

Mr Odell presented the Healthwatch report and highlighted the following points:

- 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 some social engagement to gather people's experiences of these services. Overall many of the comments received were positive, with staff praised for being organised, professional, friendly and reassuring, and being seen quickly. The majority of the negative comments related to Lincoln County Hospital. These comments raised concerns over: waiting times, crowded and traumatic waiting room, lack of empathy and equipment.
- In relation to Emergency transport comments raised concerns around ambulance waiting times for symptoms of a stroke and for those who had falls.
- Patient experiences in relation to 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. Comments received in relation to specific practices was detailed in the report.
- 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 highlighted the need for fundamental reform of the dental contract. Healthwatch Lincolnshire main concern continued to be around access, although it was acknowledged that a considerable amount of work is taking place in terms of the Dental Strategy.

- Accessible Information Standard (AIS) - publicly funded health and social care providers must ensure people are given information about their health and care in the format they can understand. There's a growing body of evidence nationally suggesting that this is not happening. Healthwatch have received comments from Lincolnshire people that they are struggling to receive information and access service in way that is required, and an update would be welcomed on how the system is performing and how it is adhering to the AIS.

Mr Odell provided an update at this point on the key activities and events being undertaken by Healthwatch, and highlights of the year, all of which were detailed in the paper.

On a final note, Mr Odell expressed his appreciation to all of those who attended their charity event held the previous week.

The Board considered the report and commended the inclusion of a written document in the papers rather than a verbal update. Mrs Raybould advised that the report contained really important information, both positive and negative experiences that people have had, and recognised that it had been an exceptionally challenging time, particularly in urgent and emergency care, and in relation to Pilgrim Hospital, Boston with confusing signage highlighted. Mrs Raybould offered for Mr Odell to attend a meeting of the UEC Partnership Board to present the information on patient experiences which would provide an opportunity for the ICB to provide evidence on the work and actions being undertaken to address the areas highlighted, although it was recognised there is clearly more to do. Mr Odell confirmed he would be happy to attend a future meeting and it was left for him to liaise with Mrs Raybould outside of the meeting to confirm arrangements.

Dr McSorley asked whether primary care colleagues wished to comment on the feedback on general practice. Dr Thomas recognised the comments made in the report and advised that there is significant variation between practices with examples of both good practice, and areas where there clearly needs to be improvement. Mrs Mills added that there are some challenges in particular around locations. The GP Survey report showed that some areas that are more challenged where there are different population needs but acknowledged that in the main variation is at individual practice level. There needs to be clear visibility of the issues so work can be carried out to address those.

Dr Hindocha advised that he welcomed the report; it was always good to obtain insight and he would ensure the comments were shared with the ICB practices. The feedback also received needs to inform the response to the Primary Care Recovery Plan which had recently been published.

Dr McSorley referred to the comments about dentistry and asked whether Mrs Williamson was able to provide any comments regarding the development of the ICB Dental Strategy. Mrs Williamson advised that there is now a Lincolnshire Dental Strategy and work was underway in terms of looking at the implementation, both in terms of some of the short term and also long terms plans, and immediate actions. Workforce recruitment and retention and training and development of staff. Is one of those key priorities. Mrs Williamson was happy to liaise with Mr Odell on the specific feedback from patients outside of the meeting.

Finally, the recommendations in the Health Select Committee report aligned well with the work of the ICB and were very much welcomed. but some of the recommendations had a national rather than local focus.

Dr Hindocha added that the issues associated with the dental contact is clearly a national issue, but this should not prevent the development and implementation of local plans and consideration of how different forms of NHS dentistry can be provided in less well served parts of Lincolnshire.

Mr Jason Wong, a dentist from Lincolnshire, is now the new Interim Chief Dental Officer for England with strong links to both the General Dental Council (GDC) and Department of Health.

Mr Gaunt referred to non-emergency patient transport as detailed in the report and advised that during the month of July there had been a change in provider, which was now East Midlands Ambulance Service (EMAS). Hopefully this would see a positive change in performance over time.

On a final note, Dr McSorley asked that the Board's appreciation was passed on to the numerous volunteers who support Healthwatch; their hard work and support is very much appreciated.

The Board agreed to:

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

CORE PURPOSE 1: HEALTH INEQUALITIES

23/125

TOBACCO DEPENDENCY – PREVENTION SERVICE

Mrs Williamson advised that 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.

Mrs Williamson presented a paper which had been produced to highlight to the Board the partnership work and approach to implementation of the Tobacco Dependency Service across Lincolnshire. The paper was supported by a presentation which provided an update on the smoking cessation initiatives in the county, particularly the live projects linked to the maternity and mental health services.

Key highlights of the presentation:

- What is the ICS ambition for treating tobacco dependency?
- What is the Local Picture
- Current workstreams update
- CORE20Plus5 and the focus for Lincolnshire

Strong early indicators of success were reported, with 50% of these offered support in the areas with the highest prevalence of smoking accepting support (Boston, Skegness and Spalding). The team was particularly proud to report that since the launch of the maternity 'Staar' programme, they have celebrated the first smoke-free birth to a mother who successfully quit whilst pregnant with their support.

The Board considered the report. Mr Fahy congratulated Mrs Williamson, the team and everyone involved on the work completed to date and commended the progress, which was really positive to see, particularly the case study and women smoking in pregnancy. There was no doubt a way to go with this, and it was really important this overlaps with existing provision with the local authority smoking cessation service to ensure this becomes an integrated offer.

Mrs Kenson asked whether Mrs Williamson was confident about the data capture so that we can actually demonstrate the outcomes and also whether there are arrangements in place to support ICB and NHS staff in general to stop smoking. Mrs Williamson advised that the team have endeavoured to ensure there is an integrated data capture in place on this service so we can see maternity, acute and mental health in one report but also drill down locally.

From an outcomes perspective this was being built on with a view to ensuring that all the data captured, right at the first stage of referral, then informs the population health management intelligence so we understand the impact that the smoking prevention part of the pathway has on those patients.

Professor Ward added that smoking is still the worst legal thing an individual can do to themselves. It is absolutely vital this an evidence based approach is embedded in stop smoking services. Clinicians within the acute sector have the best outcomes as the ideal opportunity to change behaviours is when individuals are in hospital. All of the evidence received indicates that the targets should be well on track to be achieved, but currently performance is lower than expected (about 50%) and the local authority team are working closely with Mrs Williamson to improve this to hit 60-80%.

Professor Ward responded to the question about supporting staff to stop smoking and advised that everyone in Lincolnshire has access to a free universal service for individuals wanting to stop smoking or lose weight through the wrap around service – One New Lincolnshire.

Mrs Kenson asked whether the details of that service have been promoted. Mrs Fosh advised there is currently a considerable amount of health and wellbeing promotion taking place and this could be tied into that piece of work. Mrs Claire Low, ULHT is the system wide lead for this, and proposed Mrs Williamson liaise with her accordingly.

In terms of the community perspective, the comments made about the acute setting were absolutely correct, but it was about ensuring the link into the community through rehabilitation. Professor Ward added that the model currently in place is driven by a national one and there are potential risks in individuals falling through the gaps between the acute and community setting and general population. Mrs Williamson and her team have done a tremendous job in trying to tie that in as much as possible. How we support people to change their behaviours is the fundamental part of this.

Mrs Blyth referred to the promotion and advised that from a lay persons point of view some of the information can be confusing. There is a group which meets on a quarterly which includes representatives from across health and social care and One New Lincolnshire would be joining that group in the next few months. There is a need to produce quality, simple information for staff and the public, and she would encourage partner members to get their communications and engagement staff involved to improve the promotion material.

Following some further comments on the numbers of the population who smoke (1 in 7) and the numbers of referrals into One New Lincolnshire, Dr McSorley brought the conversation to a close.

The Board agreed to:

- **Note the report and the actions being undertaken.**

CORE PURPOSE 2: HEALTH OUTCOMES

23/126

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.

- All Type One and Type Three 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 the local trajectory was achieved as per the methodology above. June data taken from national reporting suggests this trajectory position will again be achieved.
- Ambulance response times increased to over 39 minutes for Category Two incidents (18 minute standard). The recovery target is Category Two 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).

Winter Planning - there is a webinar taking place the following day. There is a meeting taking place later that afternoon with key UEC and Emergency leads to discuss winter planning and good progress has already been made on winter planning arrangements for 2023/24 from a local perspective.

There is a new initiative called Right Care, Right Place which is about working with the police and other partners locally to ensure patients are not accessing the police as a first point of call. Work is taking place to work through those plans and ensure a collaborative approach is in place in Lincolnshire.

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.

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

- In June, 273 patients were waiting over 62 days. This had decreased from 321 in May – not increased as stated in the report.
- However, the number of patients waiting 104 days or more remained at 95.
- 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.

The ICB ambition to meet the 28-day Faster Diagnosis Standard (FDS) was expected to be achieved in September and the number of people on the 78-week wait list for elective care had reduced. However, the impact of recent industrial action upon planned care activity (the need to cancel some procedures due to staff striking) was acknowledged and would impact on numbers.

Quality Section

Mr Fahy presented the Quality Section of the Integrated Quality and Performance Report and highlighted some key points from the patient safety quality perspective.

Magna House: Enhanced oversight and support, led by the ICB, has been in place since March 2023 following escalation of quality concerns. The CQC undertook an inspection in April 2023 and the report on the outcome was published 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.

Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) - The Trust identified a lower-than-expected number of children with hearing loss as part of the Paediatric Audiology Screening in early 2023. Subsequent it has now been flagged a national quality issue/ with a number of trusts in the midlands reporting on this issue. Within the cohort of children potentially affected, only 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.

Primary Care: There had been one change since the last report to the Board in relation to Hawthorne Medical Practice, Skegness which was now rated as Requires Improvement, having previously been rated as inadequate, so this was good progress. 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 Local Medical Committee (LMC) are working with the practices to support with the improvements already identified as required.

Serious Incidents – there had been a slight increase in numbers in comparison to previous months, but these were still within normal limits.

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. Informal feedback from the CQC was very positive.
- **Healthwatch** – their Annual Report as referred to earlier in the meeting by Mr Odell had been received by the System Quality and Patient Experience Committee at its recent meeting.

Quality and Patient Experience Thematic Update: Ockenden Insight Visits took place on the 20th and 21st June on both ULHT sites. This year the visits were led by the Local Maternity and Neonatal Services (LMNS) and feedback was positive.

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

Vaccination programme: The Spring 2023 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 Board considered the report. ULHT's full compliance with all five elements of Saving Babies Lives and all ten standards of the Clinical Negligence Scheme for Trusts (CNST) across their maternity services was praised.

The ICB Board agreed to:

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

CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY

23/127 MONTH THREE – FINANCE REPORT

Mr Gaunt presented the finance report which set 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 report demonstrated that the Lincolnshire system is on track to deliver the Quarter One financial position for the first quarter of the year. This was a significant position to be in as it ensured the system remained on track to meet the criteria to exit Segment Four of the NHS National Oversight Framework (NOF).

At month three the ICS delivered £11.0m in efficiencies which equates to a £2.5m favourable variance against the £8.5m plan. However, like every other system up and down the country, the ICS had a number of financial pressures related to industrial action, excess inflation and high-cost prescribing. The Lincolnshire ICS had been able to absorb that through the work carried out on its Cost Improvement Programmes (CIPs) and good performance. As the financial position tightens during the second part of the year that would become an unsustainable position as external risks, over which the ICS has no control, could jeopardise financial performance.

The report detailed the specific risks to delivery, ICB statutory financial duties and progress against those. All of those were being delivered excluding expenditure not to exceed income which was a planned position at this stage in the year in terms of the deficit plan.

The Board considered the report. Mr Turner commented that whilst this was a really encouraging position to be in at month three, equally the Lincolnshire system and NHS will be facing a number of significant financial challenges in the coming year.

The Board agreed to:

- **Note the Month Three Finance Report.**

CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE

23/128 EMPLOYER RECOGNITION SCHEME AND ARMED FORCES DAY

Mr Burnett presented a report which provided an update on Update on the Armed Forces Covenant in Lincolnshire and advised that he would take the report as read but would highlight the key points for the Board's information.

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. In Lincolnshire there is a large armed forces population and veterans who reside in the county.

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. As part of the legal duties there are also nine NHS commitments to 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.

The NHS in Lincolnshire is proud and passionate about the support it wishes to offer those individuals and in partnership with the Ministry of Defence (MOD), the Office for Veterans' Affairs, Armed Forces charities and other organisations, the aim is to improve the care and support delivered to this population.

Mr Burnett provided positive examples of where support has already been provided, such as through the Better Births programme and also the work provided through LPFT to support veterans with their mental health.

The paper sets out the legal duties and identified that there are a number of accreditation schemes for providers and GP Practices. This included the GP Veterans Friendly Scheme with currently 32 practices signed up to with work underway to improve that position.

There was also 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.

The Board considered the paper and commended ULHT for achieving the gold award. Achieving this, the highest standard available, demanded a significant contribution and the Board were pleased to note that all other statutory NHS organisations in the county were rated silver, with the ICB having achieved this status after only 12 months in existence, with good progress being made towards the gold standard.

Mrs Kenson sought clarification on whether the Lincolnshire system was maximising opportunities in terms of its People Plan to help recruit former armed forces personnel into NHS vacancies, acknowledging that they have a specific skill set.

Mrs Raybould advised that the Lincolnshire system had seen a number of military people applying for roles in the NHS in recent. Based on her experience there tended to be positive outcomes when recruiting these individuals and should be encouraged.

Mr Evans advised that in his previous role for ULHT he was the lead on this area, and the armed forces network and informal network system in play across all of the ICBs providers had really developed in recent years, and they absolutely link in with the organisations that interface between the MOD and those service personnel transitioning out of the armed forces and use a lot of their shared education and development teams.

Dr McSorley asked whether Professor Ward and Councillor Bowkett wished to make any comments on the local authority arrangements in place for armed forces personnel and veterans, particularly in relation to integration and the interplay in to what has already been discussed. Councillor Bowkett advised that the district councils were very much behind this and were signed up to this initiative along with Lincolnshire County Council. Professor Ward provided information on the multi-agency arrangements in place, in terms of integration with all key partners aligned in this space.

Mrs Jolly provided information on how the veterans and this population integrated into the voluntary sector, such as through the British Legion. The voluntary sector also employs a number of these individuals.

Professor Ward advised that a health needs assessment for serving veterans had previously been carried out in 2020 and was due for a refresh in the next year or so. The information was detailed on the Lincolnshire County Council. Mrs Williamson added that as part of the health inequalities work this population is recognised as being a group to work with to understand their particular health needs.

The ICB Board considered the report and agreed to:

- **Note the NHS commitments and statutory duties.**
- **Note the work taking place across Lincolnshire do the best we can for those who have served and their families.**
- **Note the Employer Recognition awards, and the accreditation achieved across the NHS in Lincolnshire.**

GOVERNANCE

23/129

UPDATE ON THE APPROVAL OF THE CCG AND ICB ANNUAL REPORTS AND ACCOUNTS

Mr Gaunt presented a paper which provided 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.

Mr Gaunt advised that he would take the report as read but in summary 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.

The Board approved the recommendations subject to some final assurances from the external auditors Ernst and Young and a few final textual amendments to the report. It was also agreed that a small group would be convened to review the final outstanding documents for submission, which would involve the Acting ICB Chair, Chief Executive, Director of Finance and Chair of the Audit and Risk Committee.

It was noted that the final documents were expected to be finalised by the end of the week for submission to NHSE.

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.

The Board considered the report and agreed to:

- **Receive the report and update and note the minutes of the Board meeting held on the 19th July 2023 will be presented in September for approval.**

23/130

SYSTEM QUALITY AND PATIENT EXPERIENCE COMMITTEE

Mr Fahy presented the report from the System Quality and Patient Experience Committee Development Session held on the 13th June 2023. This was the first meeting since the roles and responsibilities of the Committee had been reviewed and following the departure of the previous Non-Executive Director Chair, namely Sir Professor Jonathan Van-Tam. Mr Fahy advised that he would take the report as read but wished to highlight the following areas:

- Healthwatch update and feedback (as covered by Dean Odell earlier in the meeting).
- PSIRF (Patient Safety Incident Response Framework) - An update was provided on the timescales for implementing the new framework approach and good progress was being made across the Lincolnshire system to bring that live on the 1st April 2024. Key partners were working well behind the scenes to ensure they were on the front foot with that when it rolls out later in the year.

- Operational Quality Assurance Group (OQAG) Terms of Reference and Delegated Responsibilities - OQAG was initially established in April 2022 as a route for formal escalation where concerns were identified regarding commissioned providers of NHS services. 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. 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.
- Refreshed highlight reports had been received from the each of the ICB's main providers, including primary care.

The report highlighted a number of items for escalation to the Board some of which had already been covered in Mr Fahy's update and some areas where the issues identified had now been addressed:

- Long waits and its impact on patient outcomes.
- Closure of Lloyds Pharmacy withing Sainsburys Supermarkets.
- 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.

The Board considered the report. Dr McSorley advised that as previously referred to earlier in the meeting, Mrs Sharon Robson as the newly appointed Non-Executive Director lead for the System Quality and Patient Experience Committee and would assume the Chair role for that going forward.

Professor Ward referred to the item for escalation in relation to the closure of Lloyds Pharmacy and advised that the Health and Wellbeing Board has a statutory responsibility to produce a Pharmaceutical Needs Assessment (PNA) about pharmacies and whether there is uniform access. This was recently updated and demonstrated this is in place, but this was being closely monitored by the Health Division in terms of where pharmacies are closing.

The Board agreed to:

- **Note the report.**
- **Approve the proposed reporting from OQAG to SQPEC as per the Terms of Reference.**

23/131

SERVICE DELIVERY AND PERFORMANCE COMMITTEE

Mrs Kenson presented the report from the Service Delivery and Performance Committee meetings held in May and June and commented that she welcomed the information coming out of the SPQEC report as presented by Mr Fahy; the correlation of key areas between the Board Committees was very positive.

Mrs Kenson advised that the report from the Service Delivery and Performance Committee contained a considerable amount of detail, but she would take the report as read and highlight key areas for the Board's attention, including any items for escalation.

The following was highlighted:

- Urgent and Emergency Care – monitoring of the '12 hours in department' metric is now seen as a quality metric and locally it was planned to monitor six hours in department as it was felt by the clinical leads to be more relevant to quality of care.
- 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.

- The draft system dashboard was considered - the approach adopted details performance against the 2023/24 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 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.

The report detailed the items for escalation from both the May and June meetings, but the following two points were highlighted:

- Impact associated with the potential risk of increased oversight of Planned Care – relevant risks to be reviewed.
- Resourcing stretch – Senior Responsible Officers (SROs) managing large portfolios in addition to supporting transformation, planning and resources.

Dr McSorley asked whether Mr Turner had any specific comments to make on the reference to SRO's, who advised that this was really a topic for discussion at a future Board Development Session, but by way of assurance he was able to confirm that there was a considerable amount of work already happening in that space as it was evidence ICB's were being required to take on additional responsibilities as part of their developing role, along with the changing model of NHS England. The ask of the ICB senior team continued to increase at the same time of needing to address the requirements of the 30% reduction in running costs allowance and evolving position in terms of the Lincolnshire system.

The Board considered the report and agreed to:

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

23/132

PRIMARY CARE COMMISSIONING AND DELEGATED FUNCTIONS COMMITTEE

Dr McSorley presented the report from the Primary Care and Delegated Functions Committee meeting held on the 21st June 2023 and as with the previous Committee reports, he would take the report as read but wished to highlight one key area as follows:

- 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.

This was the only item identified for escalation to the Board and would be the main focus of discussion by the Committee at its planned Development Session in August 2023.

The Board considered the report and following some positive comments made on the merger of SOLAS and First Coastal PCNs, it was agreed to:

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

23/133

FINANCE AND RESOURCE COMMITTEE

Mrs Pomeroy presented the report from the Finance and Resource Committee meeting held on the 18th July 2023, advising that the month three position referred to in the paper had already been covered off earlier in the meeting under the finance update by Mr Gaunt.

Separate to that there were some key points she wished to highlight to the Committee as follows:

- The over unidentified Cost Improvement Plan (CIP) gap is £9.2m for 2023/24. It is essential this is achieved in terms of the move out of NOF 4 which must have a good strong pipeline of CIP schemes. A considerable amount of work is underway to address this gap with a significant number of schemes currently being looked at.
- This is fundamental in terms of looking at the medium term financial plan and the intention to break even in 2024/25.

It was noted that the draft of the 2024/25 forecast plan will be considered by the Committee at its next meeting in August with the view of finalising that document by the end of September.

The Board considered the report and agreed to:

- **Note the report.**

23/134

EAST MIDLANDS ICB'S JOINT COMMITTEE

Mr Turner advised that the East Midlands ICB's Joint Committee had been established following the delegation of Pharmacy, Ophthalmology and Dentistry (POD) from NHS England to ICBs on the 1st April 2023 and consisted of five ICBs, namely Lincolnshire, Nottinghamshire, Derbyshire, Leicestershire and Northamptonshire. Going forward there will be a briefing produced after each meeting for consideration by each of the five ICB's Boards as appropriate.

The second meeting was held on the 20th June 2023 and considered a number of items including primary care and delegated functions, NHS 111 procurement exercise, how oversight of the 999 service through East Midlands Ambulance Service NHS Trust (EMAS) and 111 is being operated and how the support arrangements are being developed across the East Midlands. The next meeting is scheduled to take place on the 25th August 2023.

Mrs Sandra Williamson is supporting Mr Turner in relation to this piece of work but is also playing a lead role in terms of supporting the development of joint arrangements across the East Midlands region.

The Board considered the update. Professor Ward asked that in terms of partnership governance whether it would be appropriate for the Integrated Care Partnership (ICP) to receive the written report from the Committee meetings in future for information to ensure system partners were kept in the loop. Mr Turner responded and advised that Professor Ward raised a good point and advised that future reports would be shared with the ICP which was noted by Mrs Williamson.

Mr Turner added that each of the East Midlands ICB's Chief Executives have agreed to lead on a specific area or areas. Mr Turner had lead status for clinical networks across the East Midlands and was being supported by Dr Hindocha and one or two other colleagues in this area, and one of the key priorities was the development of the future arrangements for the East Midlands Cancer Alliance. The other area was liaising with local government and Mrs Debbie Barnes, Chief Executive, Lincolnshire County Council (LCC) had helped co-ordinate a meeting with the local authority East Midlands Chief Executives a few months ago.

The Board considered the report and agreed to:

- **Note the verbal report.**

23/135

INFORMATION

The Board was advised that there was one document for noting in the pack of papers which provided an update of the ICBs statutory duties in relation to Emergency Preparedness Resilience and Response and focused on the following five areas:

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

Mrs Raybould advised that 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).

All NHS organisations are required to undertake a self-assessment against the 2023/24 updated core standards relevant to their organisation, of which there are 47 as mandated by NHS England. 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 2023/24 assurance review. We expect a further 12 standards to be assessed as fully compliant.

The ICB also has a joint role with NHS England around assurance of its provider organisations and works closely with a number of organisations in this regard, including with the Director of Public Health to ensure he is fully engaged in the process. Professor Ward added that the assurance is about ensuring there are good models in place for EPRR and this is a statutory requirement between the Director of Public Health and NHS England.

The Board agreed to:

- **Note the report.**

23/136

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, 26th September 2023 at 9.30 am – Bridge House, Sleaford.

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Chair Signature

Date

Questions received from Members of the Public – 25th July 2023 Board Meeting

Member of the Public One Questions and Responses

1)

Hello, my husband is considered vulnerable as he is currently attending haematology dept at Lincoln for cancer. In order to avoid him catching Covid we wear masks when in enclosed public settings and, when people visit our home, they are required to take a Covid test. I would like to know why he is entitled to a COVID booster, but I am not. (I am 68 years old and obese and would have to care for him if he became ill). And if I can't have a free booster at the same time as he gets one, why can't I buy a booster, so that we are hopefully both keeping well and preventing extra demand on the NHS?

The Spring 2023 COVID-19 vaccination programme ended on 30 June 2023 and only allowed a booster dose be given to:

- adults aged 75 years and over
- residents in a care home for older adults, and
- individuals aged 5 years and over who are immunosuppressed

If people develop a new health condition or start treatment that severely weakens their immune system (including stem cell therapy), a specialist may recommend that the individual needs additional protection or to restart vaccinations before autumn 2023. The vaccination team have a referral process in place for people who need additional protection and are in this category.

During the spring and inter-seasonal period there was/is no legal mechanism to allow carers to have a COVID-19 inter-seasonal vaccine. Unlike the flu vaccine, COVID-19 vaccines are not available for sale, even through a pharmacy.

The ICB is still awaiting guidance on which groups of people will be offered an autumn COVID-19 booster. However, the Joint Committee on Vaccination and Immunisation (JCVI) propose that in autumn 2023, persons at higher risk of severe COVID-19 could be offered a booster vaccine dose in preparation for winter 2023 to 2024.

2)

My sister, aged 64, is severely learning disabled, she is non-verbal and has no capacity. She was recently kept overnight due to low SAT's in Grantham Hospital. What arrangements are in place to safeguard patients in such as my sister in hospital (she has one to one care provided by Voyage Care in the supported living flat she rents). Staff use a hoist to move her. She cannot feed herself safely, toilet, dress herself, talk or walk safely. She has no sense of danger.

The All About Me (AAM) booklet which is attached/enclosed was co designed and developed by United Lincolnshire Hospitals NHS Trust (ULHT) with patients, their carers' and health and social care colleagues. The original concept was focused on people with dementia but as it grew it was clear it would benefit any patient who may have difficulty communicating their needs and preferences and so it is able to be used with many different people. It is designed to be 'patient held' in that it is kept at the bedside to inform and direct staff in terms of care and should not get tucked away in the medical notes where it can't be seen or used. One of the good things about AAM is that it is used in the community as well as here in the hospitals.

We know a number of care homes have picked up boxes of them to use with residents and across the community our learning disabilities staff encourage its use too.

However, ULHT do recognise that the AAM is not always used as well as it should be and appreciate how frustrating it is for families and patients if they have gone to all the trouble of completing it and then staff ignore it or don't appreciate its value or if the patient and their family were not even aware of it. Our dementia and learning disability lead nurses have been raising awareness and we are also promoting it now through our refresh and relaunch of Caring for Carers and supporting carers as expert partners.

In addition to All about Me, the ULHT Safeguarding and Vulnerabilities team can also offer support with writing a reasonable adjustment care plan to ensure specific care and communication needs are highlighted and recognised by staff on admission and throughout hospital stay. This care plan can be kept with the patient and a copy can be kept with by the hospital which can be accessed by all site duty managers if out of hours along with our team. This can be shared as soon as patient comes into A&E or even for OPA / scans etc. An alert for communication and reasonable adjustments in hospital to patient records as patient/family agreed which will highlight needs on admission and direct staff to access the care plan.

I am sorry that it sounds this did not happen in the way that it should have done for your sister but if you would like to be put in contact with the safeguarding and vulnerabilities team at ULHT to discuss how things could be improved should there be further admissions then please feel free to contact us and we will be able to pass your details on to the ULHT Specialist Learning Disability Safeguarding Nurse.

I trust this information responds to your questions but if you have any further queries then please do contact us.

Member of the Public Two Questions and Responses

1. Does your Joint Forward Plan for Lincolnshire set out the steps you propose to take to address the particular needs of victims and survivors of abuse?

Lincolnshire's JFP has now been published and is available on the ICB website [Joint Forward Plan - Lincolnshire ICB](#). In the JFP document Allocation of Duties and Responsibilities (p. 68), Lincolnshire ICBs proposals to address the needs of victims and survivors of abuse are presented.

Lincolnshire ICB has participated in work undertaken in Lincolnshire 2022/2023 to develop and commission an outreach service model to support victims of domestic abuse which includes:

- A universal digital based support offer to all victims of DA in Lincolnshire.
- A Support Hub, including a helpline, effective triage function and strength-based assessment provision.
- Partnership, Outreach and Engagement Team.
- Community- based Adult Support Interventions including complex needs pathway.
- Community- based Children and Young People support interventions.
- Recovery support.
- An IDVA (Independent Domestic Violence Advisors) service.

The contract for the new service was awarded from April 2023 to LDASS (Lincolnshire Domestic Abuse Specialist Service). Processes are in place to monitor the uptake and impact of the new model as the service develops.

[Lincolnshire Domestic Abuse Specialist Service \(ldass.org.uk\)](http://ldass.org.uk)

2. You currently don't yet have the evidence based IRIS/ADVISE programme in your area. How will your proposed steps to address the particular needs of victims of abuse in healthcare settings translate into commissioning services across your ICB footprint?

From a health perspective, there are a range of support and care pathways that have been commissioned and provide assessment and support to victims. Whilst some specialist elements are commissioned by NHSE, such as the Sexual Assault Referral Centre (SARC) delivered by Spring Lodge in partnership with Lincolnshire Partnership NHS Foundation Trust, there are also services commissioned locally through health, either as specific services to support victims or that incorporate meeting the health needs of victims through wider service scopes.

Through the Lincolnshire Domestic Abuse Partnership arrangements health partners, we will continue to engage in the focus on victim support and consider how referral and signposting to the outreach service can be strengthened by increasing knowledge and awareness of health professionals and practitioners. Work through the Partnership, Outreach and Engagement Team (within the outreach service model) has already commenced.

Other initiatives include a pilot project to increase GP referrals into EDAN Lincs Domestic Abuse Service (LDASS) [LDASS - EDAN Lincs Domestic Abuse Service](#) LDASS are also developing a network of Domestic Abuse (DA) Champions across agencies which will include health.

3. Steve Russell, Chief Delivery Officer at NHSE, recently wrote to you asking you to name an executive and working lead for Domestic Abuse and Sexual Violence. Who are your leads?

The ICB Domestic Abuse and Violence Lead is Mr Martin Fahy, Director of Nursing. This information is detailed on the ICB website.

**Member of the Public Three
Question/query and Response**

I had an accident in Feb 2023 at work where I fell and hit my teeth on a concrete floor. This caused my top 2 teeth to be pushed back and twisted 2 other teeth. I went to Lincoln Hospital and they put a brace on my upper 6 teeth to keep them in place until a dentist could fix them. The brace is only meant to be in for 2 weeks. I have had it on for 5 months.

I have not got an NHS dentist and a private dentist wants at least £10,000 to fix them.

I am a minimum wage worker who can't work as I'm in pain constantly with my teeth. I have also lost 3 stone and had other health issues due to my accident.

I have tried everywhere to get help, and no one wants to know. I feel like I have been pushed to the side by every NHS professional that I have spoken to apart from my doctor who has also tried to get me help.

Something needs to be done to help people in my situation. There should be help for people who have accidental dentist damage but cannot afford the ridiculous private dentist prices to fix.

Thank you for your contact to the Lincolnshire ICB Board. I am Dr Sunil Hindocha the Medical Director. I have made enquires on your behalf and your need for dental treatment. I am sorry that you haven't had the treatment to date.

Having discussed this a number of colleagues, the way to do this is an initial appointment with the dental centre, there is one in Lincoln. You will need an assessment and possibly an X-ray.

If following that, you may be eligible for referral to the community dental team, and the person assessing you will be able to discuss that with you.

I hope that helps and you can now receive the dental care you asked about.

Member of the Public Four
Question/query and Response

Submitted a query related to funding of orthotic items for patients in Lincolnshire. This relates to the individual having been left with a nerve injury during an operation in one of our hospitals. Other health authorities are funding this but not Lincolnshire. The ICB was requested to look into this.

Response:

This was investigated by the Director for System Delivery and her team, and the individual contacted directly. A satisfactory resolution was reached with the individual receiving the equipment required.

Member of the Public Five
Question/query and Response

Do you have plans to support Voluntary sector organisations who provide preventative services, thus alleviating the inevitable winter pressures?

Response: SSAFA, the Armed Forces charity, are members of LVET already, although this was through a different contact that we had, we have now updated our details so that to ensure the appropriate contact is looped in with all things LVET and our work with the wider system. Our team also have a meeting booked in with the SSAFA contact so that we can make sure SSAFA are informed, and have opportunities, to engage with 'winter warmth' planning/ projects.

In addition to that I can confirm that we also support the Veteran Support Service CIC(VSSCIC), Tonic Health, who also have a Veteran chat morning, Project Dignity, and we sit on the forum run by Jon Mansfield supporting Serving personnel, Veterans and their families.

Last week the Alzheimer's Society, got in touch looking for connections and funding support for a new project they are starting for Veterans with early onset dementia. The connections from this conversation have gone extremely well and Sarah from SSAFA and Jon have been in touch with Alzheimer's Society to continue their conversation around working together on this.

We also have supported Project Dignity recently in accessing £300,000 of funding, by connecting them to work in partnership with Jon, and Vicky at Everyone and Tonic to be able to access funding, which they would otherwise not have been eligible for. The project will provide homes and work opportunities for homeless veterans if their application is successful.

While I appreciate this is not related directly to the original question it does demonstrate some of the support we are offering the veteran community in Lincolnshire.

Not Delivered
In Progress
On Track to Deliver
Complete

ACTION LOG - PUBLIC

Date of Meeting:	Tuesday, 26 th September 2023
Agenda Item:	1 (iv)
Reporting Officer:	Dr Gerry McSorley, Acting ICB Chair

Date of Meeting	Minute Number	Item	Action	Lead	Due	Updates	Status
19/07/23	23/115	ICB Annual Report and Accounts	Sub-group of the Board (consisting of the Acting Chair, Chief Executive, Director of Finance and Chair of the Audit and Risk Committee) to sign off the wording for inclusion in the Annual Governance Statement in relation to the Board Assurance Framework (BAF) and also the Auditor's Report (prior to submission of the final document to NHSE).	Mrs Jules Ellis-Fenwick	July 2023	The ICB Board Secretary proposed alternative wording for inclusion in the BAF, which was approved by the External Auditors. The Board 'sub-group' approved the wording for inclusion in the Auditor's Independent Report in relation to the BAF.	Complete and closed.
19/07/23	23/116	Board Development Session – August	August Board Development Session to be cancelled due to a number of factors.	Mrs Jules Ellis-Fenwick	July 2023	Meeting cancellation notice issued.	Complete and closed.

Date of Meeting	Minute Number	Item	Action	Lead	Due	Updates	
25/07/23	23/123	Chair Update	To circulate the details of the 2024 Board dates and confirm the dates for diaries.	Mrs Ellis-Fenwick	July 2023	The details of the Board dates for 2024 were circulated separately and diary invites issued.	Complete and closed.
25/07/23	23/122	Chief Executive Update – Questions from the Public	Question/queries received from five separate members of the public. All to be responded to. Questions and responses to be attached to the minutes of the Board meeting and published on the ICB website.	Dr Hindocha, Mr Fahy, Mrs Jolly and Mrs Raybould.	August 2023	All questions/concerns addressed and	Complete and closed.

27 July 2023

By email

Gerry McSorley
Interim Chair
Lincolnshire Integrated Care Board

Dear Gerry,

Annual assessment of Lincolnshire Integrated Care Board's performance in 2022/23

As you are aware NHS England has a legal duty to undertake an annual assessment of Integrated Care Board (ICB) performance with respect to each financial year. This is in line with section 14Z59 of the NHS Act 2006 and as amended by the Health and Care Act 2022.

The annual assessment is focused on your organisation's performance against those specific objectives set by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and the wider role within your Integrated Care System across the 2022/23 financial year. The evidence to support the assessment has considered your ICBs annual report and accounts; available data; feedback from stakeholders and the discussions that NHS England has had with your ICB during the year.

The assessment has also considered your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS.

Annex A contains a detailed summary of the areas where the ICB is displaying good or outstanding practice and areas which further progress is required along with support or assistance being supplied by NHS England to facilitate improvement.

The assessment recognises the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year and the developing local strategic aims of ICS' set out in the Integrated Care Strategy for your system and articulated through your recently published Joint Forward Plan.

Overall, the Lincolnshire system has been delivering well against the Exit Criteria of the Recovery Support Programme and specifically the Financial Recovery Plan. The last year has seen embedding of governance processes and robust controls. Whilst remaining a challenge, operational performance is improving, but the risk remains high into this next year, so ongoing focus is required as a whole system.

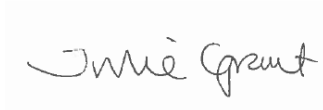
Progress has been made on efficiencies to Corporate Services and the implementation of the Group Model, recommended in the Farrar Review. There are several leadership changes that have occurred

and still ongoing, which needs careful management to avoid destabilisation and prevent deterioration against the positive progress made.

Please could you share the assessment with your leadership team and consider publishing this alongside your annual report at your Annual General Meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments as part of its 2022/23 Annual Report and Accounts.

Thank you for all your work during 2022/23 in what remain challenging times for the health and care sector.

Yours sincerely

A handwritten signature in black ink that reads "Julie Grant". The signature is written in a cursive style and is positioned above a light grey rectangular background.

Julie Grant
Director of Strategy and Transformation – East Midlands

cc. John Turner - ICB Chief Executive
Dale Bywater, Regional Director, NHS England
Hayley Jackson, Deputy Director of Strategic Transformation, NHS England
Adrian Perks, Assistant Director of Strategic Transformation, NHS England

Annex A

Detailed assessment of Lincolnshire Integrated Care Board

Section 1: System leadership

You have shown evidence of a robust ICP having been developed that is working effectively and the ICB works well with the Health and Wellbeing Board.

With two Provider Collaboratives (Lincolnshire Health & Care Collaborative and the Mental Health, Learning Disabilities and Autism Alliance), it is clear that you support the delivery of integrated care. Further joint working is evidenced by the ICB CEO co-Chairing the Better Lives Lincolnshire Leadership Team (BLLLT) with the LCC (Lincolnshire County Council) CEO.

The Lincolnshire Leaders Group (LLG) has also been established by the ICB to enhance system governance, joint working, support & challenge and to monitor the RSP (Recovery Support Programme) exit criteria.

The Lincolnshire People Board reflects that developing people is a strong theme in the Lincolnshire People Plan. The JFP also summarises the objectives of the People Board and its ambitions for 23/24, delivery structure and how it meets its obligations to its staff.

The Lincolnshire NHS Leaders Group (LLG) provides governance oversight of key shared priorities and concerns within the NHS in Lincolnshire.

An Equality Impact Analysis (EIA) and Health Impact Assessment (HIA) is completed on all ICB commissioning decisions and policies to ensure access and inclusion for protected and marginalised groups and communities, reflecting a particularly good example.

Underpinning both the statutory and system governance arrangements are joint working arrangements that focus on delivery of care supporting the implementation of the triple aim. There is clear evidence of ICB working collaboratively with Lincolnshire County Council in the ICP Strategy.

The System Quality Group is now well established and Chaired by the ICB Director of Nursing, alongside a System Infection Prevention & Control Group that involves clinicians from the ICB, Trusts and Local Authority.

A Clinical & Care (C&C) Directorate has been established, led by the ICB Medical Director, which includes a C&C Academy.

Central to the design and development of the Lincolnshire NHS Strategy are clinicians across the system. There is some evidence of engagement documented, recognising that work is ongoing to engage with Clinical Teams.

The system continues to be engaged in the Midlands Elective Delivery Programme for certain clinical specialties ensuring opportunities to deliver best clinical outcomes and experience for patients. This includes senior clinicians and care sector leaders from medicine, nursing and allied health professional's adult and children's care services supported by a management

team. There is evidence of the ICB working collaboratively with LCC Public Health colleagues to support the population.

The annual report references partnership working and empowering patients to have more choice, with further references to personalised approaches throughout.

Whilst governance structures and arrangements are still emerging with transitional structures in place, the system is progressing well. However, loss of organisational memory is a concern, and we are keen to see the previous level of engagement with the NHSE regional team as the new structures emerge. In addition, it remains important to be able to evidence your ability to lead oversight, working with local and regional/national guidance to support, and have a relationship within Lincolnshire to also allow constructive challenge to those delivering care.

You have several pilots in place and are developing areas such as your asthma offer. Some areas of co-production require strengthening, such as mental health and addressing inequalities that exist across the system.

Whilst not directly evidenced in plans, we are aware of the work you have undertaken in various areas to gain the opinion and views of public and patients across the system.

Section 2: Improving population health and healthcare.

The annual report/quality accounts provide examples of how the ICB has improved services. There is a quality strategy in place, articulating quality aims and objectives for the ICB. Evidence collated shows that services are improving or there is a clear trajectory/plan for improvements over the coming months.

Whilst there was no clear articulation of Lincolnshire's population health management approach in the annual report, we are aware that this is part of the Population Health Intelligence governance structure.

The System Quality Group is mature, in place since 2019/20 and fully functioning and reports to the ICB Quality Committee and evidence that the System Quality Group is effective in managing safety concerns and ensuring actions take place. The ICB has embedded the National Quality Board guidance on risk and escalation and there is evidence this has been utilised to escalate issues within the System and to the Regional Quality Group.

Quality assurance of commissioned services is reported through ICB quality governance arrangements, for primary care to the Primary Care Quality & Performance Oversight Group meeting and for all other commissioned services the Operation Quality Assurance Group.

There are ongoing challenges noted within performance and recovery in the core areas such as cancer, elective and mental health.

The provider and ICB have worked well to deliver a successful Rapid Access Colorectal pathway and the 'Golden Patient' Initiative which has reduced patient wait times and is now being shared with other systems, however, there is ongoing work to ensure the ICB meets the required cancer wait times standard and therefore remain in Tier 2 performance escalation due to patient waiting times. Regional intelligence shows that the ICB work very

closely with providers to ensure transformation is successful and best practice timed pathways are being put in place to reduce the PTL, but more is needed to be done.

Elective delivery remains high risk with emphasis required on specific schemes such as advice and guidance and patient initiated follow ups to achieve a sustained improved position. This needs to be supported and driven by the ICB, to ensure close monitoring and oversight of delivery and identification of early slippage.

In mental health services, the investment standard was not met last year. Ongoing service improvement is required, alongside the work already in place.

The Elective Activity Co-ordination Hub (EACH) assists with patient referrals to Community Services and Hospitals (including the independent sector) for NHS treatment.

The ICB Choice Policy in place, although it was not clear from the evidence available, the work to promote involvement and choice, but we understand that this is in place through various forums.

It was unclear how the demographic monitoring takes place, but we are aware of some of the work undertaken around population health and demographics via the joint work with public health.

We recognise the close links with the voluntary sector and Healthwatch. Both are actively involved in the work undertaken by the ICB and an essential part of the design and development of the system.

Section 3: Tackling unequal outcomes, access and experience.

You outline references to tackling inequality and promoting inclusivity, particularly in the annual reports 'Duty to reduce inequalities' section and whilst there is reference to some Health Inequalities initiatives, there are very few tangible outcomes cited.

Structurally, the ICB has ensured all key partners are represented on the ICB and ICP.

The Health Inequalities Framework approach is in place with primary and secondary preventative services and Core20PLUS5 embedded. There is a Local Authority-commissioned integrated lifestyle service, 'One You Lincolnshire,' with support of the ICB, which comprises smoking, alcohol, and a Tier 2 weight management service. This is targeted at the population with chronic disease, such as hypertension and/or Type 2 diabetes.

There is clear evidence of the ICB working collaboratively with Public Health colleagues to support the population to have the best start in life and be supported to live, age, and die well.

The ICS utilises a monthly performance tracker for elective and outpatients disaggregated by ethnicity and deprivation. However, it is not clear how this affects the outcomes for patients. It would be helpful to have more clarity documented to support this work. The ICB and system performance and delivery committee reporting are in place. Performance reporting pilot in development with PCNs.

Section 4: Enhancing productivity and value for money

Finance is one of the most challenged areas for Lincolnshire ICB and has driven several focus areas over the last year. The ICB remain in the Recovery Support Programme and are in segmentation (NOF) 4. As such, ongoing support and governance around the financial oversight arrangements is in place.

The ICS reported a deficit of £16.8m in 2022/23, against a deficit plan of £17.0m. All organisations achieved their financial plans for 2022/23. The ICB finished the year with a deficit of £8.3m. A combination of the recurrent run rate in month 12, the under achievement of efficiencies and the reliance on non-recurrent efficiencies highlights the non-recurrent support utilised in year. Productivity remains a key challenge with the system 20.7% behind its 2019/20 position for cost weighted activity. You reported non-compliance with the Mental Health Investment Standard. You were unable to meet the investment trajectory, primarily due to workforce constraints in the local area and being unable to reinvest savings. There was a national escalation meeting in April 2023 where the recovery plan and investment plans for 2023/24 were discussed to provide assurance that this target will be achieved in future years.

There is considered significant risk to delivery of the 23/24 plan position, and further work to achieve break-even is equally high risk. The triangulation between activity, finance and workforce has been noted as an area needing further focus, and this will take robust leadership by the ICB and provider partners to achieve.

Whilst some system working is good, it is the system wide transformation schemes that give the opportunity to deliver financial benefit and should be led by the ICB. As such, this is the area for which we consider Lincolnshire to have the most challenge.

In relation to research, you outline how you promote and use research in your annual report, putting in place infrastructure and a programme of activities to meet these statutory duties going forwards. You have an executive lead for research and a Research Strategy Group to oversee arrangements for the strategic development of research activity, capacity and culture within the ICB, Primary Care Networks (PCN) and GP practices.

Section 5: Helping the NHS support broader social and economic development.

The Joint Forward Plan describes the approach taken with the HWB to identify strategic priorities to inform the HWB Strategy and JSNA (Joint Strategic Needs Assessments). Within this document it sets out against the Duty to improve the quality of services, these priorities, which are clearly laid out, along with the responsibility for governance through the System Quality Group.

The five national strategic priorities are referenced with the action in place locally to address these.

The ICB and ICB partners have an agreed Green Plan and established governance for delivery of the plans. You have a Green executive sponsor at ICB Board level and an established programme support. The ICB regularly attend and contribute to the Midlands' NHS Greener Board, consistently contribute to the NHS Greener national data set, and take

a leading role in co-ordinating the necessary work programmes across the ICS required to ensure environmental and emissions targets are met.

Monthly Report

During July 2023 Healthwatch Lincolnshire received **82** patient experiences directly to our Information Signposting Officer. This is a summary of the key themes raised by patients, carers and service users during July 2023 about services in Lincolnshire.

For more details you can call us on 01205 820892
Email: info@healthwatchlincolnshire.co.uk



Overall Sentiment

10% of all comments were **positive**
76% of all comments were **negative**

11% of all comments were **neutral**
2% of all comments were **mixed**

July 2023 – Feedback Service Themes Sentiment



28%

**Hospital Services
(All services)**



26%

GP Services



6%

**Community Health
Services**



2%

**Accident &
Emergency**



2%

Patient Transport



22%

Dentistry



7%

**Mental Health &
Learning
Disabilities**



15%

Social Care

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



Access to NHS dental services continues to be a top concern for many patients. The only option available appears to be to pay for private treatment. However, many cannot afford this and this is likely to worsen existing health inequalities.

Communication

This month several of the experiences shared with us highlighted a breakdown in communication between services and patients about treatment plans. Concerns were also raised around long waiting times for test results and communication around or confirmation of referral appointments.

“Hopeless. I've suffered with vertigo 3 times now, by phone given course of tablets but came back. Lightheaded. Dr told me would arrange meeting with Head and Neck consultant at hospital back in August 2022. Got a call to arrange meeting in April 2023. Advised consultant I was also suffering headache 24/7, they told me I would have to see my GP!! What?!! I thought they were the head specialist!

Also told me that I should stop taking any vertigo medication given by GPs. Wanted to see me again 6 weeks and I would get hospital letter. So far nothing received and I'm still suffering.” – South Lincolnshire Area

No personal information provided, so unable to go back to the patient.

“Had an appointment early July 2023 at Pilgrim Hospital late afternoon. On arrival, patient was informed that the clinic had been cancelled. No contact made with the patient. Receptionist said that they had “only just found out that the doctor was not in. This had happened to the patient on the previous visit a few days prior to this appointment. Patient had paid for a taxi to take them to the hospital on both occasions. Not happy.” – Pilgrim Hospital

Provider response: *“Ask patient to contact PALs, as without further details of which clinic they visited we are unable to forward to the relevant department and colleague. Also pass on our apologies for the inconvenience caused.”*

“Can hospitals and GPs and anyone else involved in ordering tests please relay the results to the patients in a somewhat timely manner and way.

Also when bloods requested by hospital outpatients department, or consultants at appointments /specialist teams with cardio or diabetes there is a slip sent with card to say bloods can be done at GP surgery however my surgery said as hospital had printed card I had to go to the department at hospital to get blood done can this be clarified as hospital were adamant GP could do blood tests and that option is often nearer and easier for patient.” – Old Leake/Pilgrim Hospital

Provider response: *ULHT - We need to direct this to pathology which is provided by North Lincs and Goole.*

Mental Health Services

Several individuals came forward this month to share that they did not feel their mental health needs were being addressed or supported by services. In one case, an individual had been dropped from services without warning or information on what their care and support would look like going forward. This individual also emphasized the importance of continuity of care, something sadly they had not been experiencing.

Another individual shared their experience of mental health services, noting that they did not feel listened to. Instead, they felt that their conditions were initially dismissed and then not considered holistically.

Concerns were also raised to us regarding CRISIS and trauma support for Veterans.

“Parent looking to get an autism assessment for their child. Has been homeschooled since the age of 8, now 16. Child has been under CAMHS and they stated their condition was related to autism. GP has been as helpful as they can be and referred to Childrens services (paediatrics) who state as the child is 16 it is for Adult services, so GP referred there to be informed it was Childrens. Parent concerned that no-one is picking this up and what do children do when in this age range. Has been informed to get GP to complete an OATS Panel referral for funding. But why would this be necessary?”

ICB Response: *The ICB does not currently commission Autism assessments for between 16-18 as part of our core offer, however we can commission an assessment if there is evidence it is needed.*

If the parent gives their consent, and you can provide me with the patient name and GP's details, we will be able to send the GP a form to complete which will then go to the panel which deals with this current gap in provision. The form is on the ICB website if they would prefer to do it that way.

I have heard back from my colleague who have confirmed that the GP has completed the correct referral and that there are plans in the future for this gap in service to be addressed however, there is no timescale confirmed as of yet.

All the cases mentioned have been shared with ICB and LPFT and are now resolved.

Medications

Poor communication around medications was also brought to our attention this month. We heard from several people who had either not had a medication review or had been taken off medications without notice from or consultation with their GP. These individuals were understandably confused.

“Patient has Type 2 Diabetes and has not had an annual checkup or medication review since pre COVID.” – Hawthorn Medical Practice

Healthwatch provided information on Practice Manager, Diabetes UK and Pharmacy

Healthwatch asks: Does the Practice have a programme of routine health checks for people living with diabetes? What is the waiting time for patients to be reviewed and for their medication to be monitored? – No response received to date.

“Received meds on 30 June, meds changed (not informed), noticed not enough to last the month. A white box with no information on, old medication prescribed, so a mix of old & new medications - with no information in the box.” – James Street Family Practice

Provider Response: *I have asked the Dr to call the patient on their land line and they will happily oblige.*

Patient update - *has been asked to go into and see the GP face to face. Thank you for helping me get this sorted out.*

Positive Stories

Here are some of the positive experiences shared with us this month.

“This Dental Practice has been amazing, are helping to fight for orthodontic treatment for their 16 year old child due to funding. Both children find the dentist caring and brilliant, were both scared to go to dentist initially, they were both put at ease and now have no problem going to see the dentist. Just a great practice.” – Broadway Dental Practice

“In light of all the negative publicity around NHS dental services, I'd like to commend Lincoln Dental Practice in the Carlton Centre, as a shining example of great service and care for NHS patients.” – Lincoln Dental Practice

“Patient very happy with service received from all staff at service. Has been a patient there for a long time and feels that all staff know them which is important to the patient as they have a history of long term, complex conditions. Has a good relationship with GP so happy with care received.” – Branston and Heighington Practice

Healthwatch Lincolnshire Update

Maternal Mental Health

Women from Lincolnshire shared their views on maternal mental health care via Healthwatch England's national online survey. Of the 21 respondents, 18 experienced mental health difficulties during their pregnancy or after birth.

What's working well?

- Informing those who are pregnant about the risk of taking medication for their mental health through pregnancy.

What needs to be improved?

- The support available for mental health needs.
- Access to support - especially the timeliness of access.
- The basics - e.g., listening, involving people in decisions about their care, and taking their concerns seriously.
- Ensuring mental health and wellbeing is discussed during the post-natal check-up.

You can read the full report here: <https://www.healthwatchlincolnshire.co.uk/report/2023-07-04/maternal-mental-health-may-2023>

Community Mental Health Project

As a result of the feedback, we have received about mental health services, we have launched a project to explore further experiences of community mental health services in Lincolnshire. To gain more insight into this area, we have launched two surveys:

The information you give us is confidential and anonymised before we share it. Your personal information is never included in our survey reports.

1. Service Users, carers, parents, relatives and friends

At Healthwatch Lincolnshire we want to gain insight into individuals' experiences of mental health services in Lincolnshire. The survey explores:

- Accessing support
- The quality of the support provided
- What worked well?
- What could be improved?

We are especially keen to hear about individuals' experiences of transitioning between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services.

You can share your experience by clicking [here](https://www.smartsurvey.co.uk/s/CMHSCPMR23/) (or visiting: <https://www.smartsurvey.co.uk/s/CMHSCPMR23/>)

2. Professionals

We also want to understand professionals' (both those who work in mental health services and those who work in all other sectors) experiences of signposting or referring people to mental health services in Lincolnshire. This short survey explores:

- Experiences of signposting or referring someone to support
- Effectiveness of the signposting or referral (e.g. Did you come across this person and have to signpost or refer them again?)
- Any changes seen in the need for and type of mental health support over the past 6 months

You can share your experience by clicking [here](https://www.smartsurvey.co.uk/s/CMHMR23/) (or visiting: <https://www.smartsurvey.co.uk/s/CMHMR23/>)

Both surveys close: 6th October 2023

Volunteering

The total volunteering hours for June and July are an outstanding **951 hours**. **This year we've covered 168 events to the end of July! An amazing achievement, thank you to everyone.**

YourVoice@Healthwatch

On Monday, 7th August 2023, Healthwatch Lincolnshire hosted its latest **YourVoice@Healthwatch event at The Storehouse in, Skegness**. This event was delivered in partnership with Lincolnshire County Council (LCC) Adult Social Care Team and the theme was **"What is Social Care?"**

The free event provided members of the public with a chance to see and hear first-hand from an expert panel and meet other people interested in finding out about social care. Members of the public submitted questions prior to the event and a report will be available shortly on the issues and concerns raised.



Healthwatch Forward Vision Event

31st October 2023 at- Bishops Grosseteste University, Lincoln - 10 am to 3 pm

Healthwatch Lincolnshire is pleased to announce that our Forward Vision Event takes place on 31st October 2023 in Lincoln.



Following a short presentation of the Healthwatch Lincolnshire annual report and plans for the next year, we will again be bringing together Lincolnshire's health and social care leaders to discuss their challenges and the positive work that is being done throughout our county. There will also be an opportunity for the public to ask questions.

The panel includes:

John Turner - Chief Executive, NHS Lincolnshire Integrated Care Board

Afsaneh Sabouri - Assistant Director for Adult Frailty and Long-Term Conditions, Adult Care and Community Wellbeing, Lincolnshire County Council.

Andrew Morgan - Chief Executive, United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust (LCHS)

Sarah Connery - Chief Executive, Lincolnshire Partnership NHS Foundation Trust (LPFT)

In 2018, Healthwatch Lincolnshire hosted the 2020 Vision event that encouraged the public to come and meet, listen, debate, and question senior county NHS Leaders, in order to increase awareness of the healthcare challenges and most importantly changes they were facing by 2020. Fast forward to 2023 and many challenges remain but additionally, the landscape of health and social care has changed. For instance, in 2022 the Integrated Care System was established.

This event will be held in the lecture theatre at Bishop Grosseteste University, with an additional room for stallholders where the public can find helpful information and advice. There will be opportunities to network and meet key service providers in addition to hearing the latest information from the panel of experts.

Sign Up here: <https://www.healthwatchlincolnshire.co.uk/healthwatch-lincolnshire-forward-vision-event-2023>

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	4 (i)
Meeting Date:	Tuesday, 26th September 2023
Title of Report:	PCN approaches to tackling Health Inequalities
Report Author:	Sarah Button – Head of PCN Transformation Alex Newton – Primary Care Programme Manager Emma Townend – Health Inequalities Improvement Manager Lauren Washington – Health Inequalities Improvement Facilitator
Presenter:	Sandra Williamson, Director for Health Inequalities, Prevention and Regional Collaboration Sarah Button – Head of PCN Transformation Alex Newton - Primary Care Programme Manager
Appendices:	PCN approaches to tackling Health Inequalities presentation

To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input checked="" type="checkbox"/>
Recommendation or particular course of action, e.g. approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

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

Summary

Background

The NHS Long Term Plan states that ‘while we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do’. PCNs are uniquely placed and play a pivotal role tackling health inequalities. They know what can make a difference locally and understand the nuances of their communities. Investment in additional roles has led to a broader mix of expertise at PCN level with social prescribers in particular building strong links with local communities and voluntary organisations.

Role of PCNs in reducing Health Inequalities

PCNs are key to delivering the Core20PLUS5 approach in Lincolnshire.
NHSE Core20PLUS5 approach:

- Core 20 - represents people living in the 20% most deprived quintile of the county.
- PLUS - represents the Inclusion Health Groups i.e. Gypsy, Roma, Travelers, Farming Communities, people with an Eastern Europeans background as examples.
- 5 represents identified focus clinical areas - Maternity, Severe Mental Illness (SMI), Chronic Respiratory Disease, Early Cancer Diagnosis and Hypertension Case-Finding.

The 2022/23 Direct Enhanced Service Contract (DES) Contract for General Practice requires each PCN to:

- Identifying and including all patients with Learning Disability on the register and deliver annual health check and plan. The target is 75% patients over 14.
- Identifying and including all patients with Severe Mental Illness (SMI) on the register. At least 60% of patients with SMI need comprehensive physical health check.

This supports the Core20Plus5 approach to reducing health inequalities.

In addition to the above, the 2022/23 Direct Enhanced Service Contract (DES) Contract for General Practice requires each PCN to:

- appoint a lead for tackling Health Inequalities within the PCN.
- identify a population within the PCN experiencing inequality in health provision and/or outcomes and have developed a plan to tackle the unmet needs of that population.
- deliver the aforementioned plan. ^[1]

The main role of a PCN Health Inequalities Lead is to:

- Be the main contact for Health Inequalities.
- Champion Health Inequalities work by encouraging /challenging colleagues to embed actions to address Health Inequalities in everything they do.
- Be responsible for coordinating PCN Health Inequalities activities.
- Support the PCN Team to engage with wider system strategies to address Health Inequalities by:
 - Keeping themselves up to date with national Health Inequalities strategies and sharing local examples of approaches to address HIs
 - Working with other PCN HI Leads to mitigate issues of inequality and unmet need, and actively engaging with other place-based partnerships, including Health and Wellbeing Boards.
 - Collaborating at neighbourhood /community level to build positive relationships with other partners to develop a shared understanding of the needs of the population, and services required to meet those needs.
 - Contributing to reaching out to Health Inclusion groups.

The table on the next page details each of the Health Inequality Leads and the Health Inequality focus area for each PCN.

^[1] **Source:** Network Contract Directed Enhanced Service Contract specification 2022/23 – PCN Requirements and Entitlements 30 September 2022

	PCN NAME	PCN HI Lead	HI Focus Area	DES Plan drafted?
West East South North Lincolnshire	APEX	Dr Shriya Vinod	Screening	Yes
	IMP	Dr Shukla	Screening	Yes
	Lincoln Health Partnership	Dr Kaval Patel	Eastern European pop- mental health and screening/immunisations	Yes
	South Lincoln	Dr Sadie Aubrey	Cervical Screening	Yes
	Trent Care	Dr Catherine Ash	Obesity & Pre-Diabetes & Pre-Hypertension	Yes
	Boston	Dr Divya Kuttappan	Hypertension & Cervical Smeer	Yes
	East Lindsey	Dr Kevin Thomas	Hypertension in the rural population	Yes
	First Coastal	Dr Lowe	Falls	Yes
	Meridian Medical	Dr Neal Parkes	Learning Disabilities	Yes
	Four Counties	Natalie Munslow	Dementia	Yes
	Grantham and Rural	Darren Altus	Medium to High Deprivation	Yes
	K2 Healthcare Sleaford	Darren Altus	Medium to High Deprivation	Yes
	Spalding PCN	Louise Johnson	Vulnerable	Yes
	South Lincolnshire Rural	Louise Johnson	Vulnerable	Yes

Support for PCNs

The PCN Transformation Programme is assisting all 14 PCNs in Lincolnshire in their development and maturity, and to identify support they need to help improve their local population health needs. The PCN DES is an enabler to this. There are opportunities to reduce health inequalities through the delivery of PCN DES services, most notably the Health Inequalities service. PCNs are encouraged by the PCN Transformation Team, and the Health Inequalities team to use a health inequalities lens throughout all their work, whether that be PCN DES or locally defined priorities. By taking this approach, tackling health inequalities becomes embedded into their way of work, rather than being seen as something that is needed to be done in addition to everything else.

PCNs have been able to utilise the Personalised Care Roles in the Additional Roles Reimbursement Scheme (ARRS) to support delivery of services which help with reducing health inequalities. These include Care Co-ordinator's, Social Prescribers and Health and Wellbeing Coaches.

As part of the 2023/24 Health Inequality Programme Plan, 'Embedding a System Approach' to health inequalities is a key area of focus. As a result, the Health Inequalities and PCN Transformation Programme have set up the PCN Health Inequalities Leads Network. The purpose of these Network meetings is to:

- disseminate the latest Health Inequalities information throughout Lincolnshire's PCNs.
- share and embed Health Inequalities best practice into Lincolnshire PCNs' day to day delivery of services.
- ensure that PCN Health Inequalities Leads have access to support.

The first meeting took place on 21st July 2023 and set the tone and structure of the subsequent PCN Network Meetings going forward.

In addition to the above, a comprehensive training offer by the Health Inequality Programme on Health Inequalities and Health Inclusion Groups will be available to all Primary Care staff throughout 2023/24.

PCNs have all been provided with Population Health Management data packs specifically for their PCNs which will support with identifying of a population experiencing inequality in health provision and/or outcomes. The Health Inequalities Programme has also offered individual support to each of the HI PCN Leads to support the identification of priority populations within their PCNs.

Examples of PCN approaches to reducing Health Inequalities

PCNs have all identified areas to reducing health inequalities in their patient population, these include.

- Cancer screening uptake
- Hypertension
- Targeted Health and Well-being events

The following are some examples of the PCN initiatives:

EAST LINDSEY PCN

With having a very rural community, the PCN focused on the rural workforce and identified that farming and agricultural workers often find it difficult to seek health advice such as blood pressure (BP) testing due to the demands of their jobs, and many rural communities have poor access to health services. Working in conjunction with One You Lincolnshire the PCN developed a protocol for Pop Up BP clinics, which send readings to the GP practice, and provide lifestyle advice which may help to reduce raised blood pressure.

The first clinic was held at Polypipe, a manufacturing company in Horncastle. 3 PCN care coordinators attended the workplace for a full day in June 2023. Whilst there they saw 50 members of staff (approximately half of all staff working on site that day). Of those, 24 were registered with an ELPCN practice. On examination they found that 13 had high blood pressure, 1 had possible Atrial Fibrillation, 2 had a possible arrhythmia (other than AF) and a few who were not registered with a GP at all. Anyone attending with raised blood pressure or a possible arrhythmia were advised to see their GP as per guidance.

OneYou Lincolnshire leaflets were provided, and several staff showed interest in packages offered relating to smoking cessation, weight loss and exercise programmes.

The PCN are planning to return to the factory and provide further pop-up clinics to pick up staff on other shift patterns. The company were very positive about the clinic as it complements other initiatives, they have in place to improve health and wellbeing of staff and there is interest in making this an annual event.

Continuing the success of the pop-up clinic in the factory, the PCN held clinics in Nursing and Residential Homes, including the managers and care home staff as part of 'Know Your Numbers' week (4th – 10th Sept). They tested 124 people, 38 were identified as having a raised BP. The clinics also highlighted that a few individuals were not registered with a GP practice. With this knowledge East Lindsey PCN provided a QR code to aid people to reach the NHS link for registering with a GP practice.

APEX PCN

The PCN have been working jointly with One You Lincolnshire and developed targeted Weight Management Clinics delivered at the weekend in Birchwood Medical Practice, which is in an area of high deprivation in Lincoln. The clinics are designed for patients currently on the practice obese register to offer advice and support on weight loss. An invitation text message was sent to all patients on the register to attend a clinic which ran from 1 – 4pm. At the clinics health and wellbeing coaches discussed options that are available to support people, including commissioned services from One You Lincolnshire and online offers of support. There was a fantastic response with 120 patients attending on the day. Following the success of this the plan is to roll out the clinics to all APEX practices.

LINCOLN SOUTH HEALTHCARE PCN

Lincoln South identified that Brant Road & Springcliffe Surgery and The Heath Surgery had the lowest uptake for cervical screening in the PCN.

From analysing the data it showed that women whose first language was not English, younger women with families and women over 50 all had a high number of DNAs (Did Not Attend) and non-responders for cervical screening.

They developed posters for each surgery introducing the nurses and including a QR code to access further cervical screening information via a short video. They also included a leaflet in multiple languages. A flexible and proactive approach was adopted for appointments this included receptionists contacting patients and offering women a screening appointment, a conversation with a nurse to help answer questions or allay fears regarding screening and nurses contacting all women who had DNA to discuss screening, reasons for non-attendance and how practice can support them to attend. 'Enhanced Access' appointments were also offered in the evening and Saturdays to accommodate childcare/work commitments.

The evaluation showed The Heath practice reduced their non-attenders by approximately 35% across both age groups and Brant Road seeing a reduction by approximately 53% in the 50-64 age group and have commenced begun targeting the 25-49 age group.

IMP PCN

The PCN has areas of high deprivation with hard-to-reach patients, who are not accessing health services. They identified there were women who had not had a cervical smear test. Working jointly with St Johns Ambulance, Abbey Medical Practice held a dedicated drop-in clinic on a Saturday. The ambulance was based in Lincoln Arboretum, outside the Abbey Access Centre.

Working with ICB information regarding clinic was developed the in 5 different languages. This was sent out via text to all women registered with the practice 2 weeks before the clinic and again the day before the event. 15 attended the clinic, including a lady who was homeless.

The event brought the practice team together which was a positive. As a result of the day the practice have changed the way deliver smears in the practice, now providing a mix of drop-in clinics and booked appointments.

BOSTON PCN

With a high Eastern European community, the PCN held an International Day at The Sidings Surgery on 26th November. It was designed to highlight the services offered to individuals who at live within the area. It was a multi-agency approach including One You, Macmillan and Social Prescribing. PAB services were there to translate and help non-English speaking communities to attend.

The event enabled the organisations involved to come together, network and see how they can work together to support patients in the community. They will be running a survey on the day to get feedback from those attending, which was be translated into multiple languages.

The challenges found on the day were some members of the Baltic community, were unable to read and write, and the current average reading age throughout the town is seven years old.

Learning from this and the feedback received, was for any documentation, fliers made would include images to explain the session and development of videos to be able to be shared to reach more individuals. Future days are to be held midweek rather than the weekend and held outside to capture individuals passing by.

In addition the PCN has developed posters to be used in practices and in the community in both English and multiple languages called 'Don't Fear Your Smear' providing information about cervical smear testing and to book an appointment with their GP.

Challenges

There are several challenges faced with embedding a health inequalities approach throughout all the work for PCNs.

As highlighted earlier in the paper, in the current PCN DES there is a specification for Health Inequalities, however the future of the PCN DES past 31 March 2024 is currently unknown.

Capacity (both with resources and time) within PCNs and practices to develop initiatives to enhance ways of working and service delivery is limited.

Governance including data sharing, CQC requirements and impact assessment can be a challenge for some. There is a requirement to have clear governance in place to safeguard both the PCNs and patients, particularly when a different approach to delivering a service is being used.

Opportunities

Alongside the challenges, there are real opportunities to drive health inequality work across PCNs, these include:

- Shared Learning, PCNs to capture the learning from the initiatives. A brief outline of the event, challenges, and outcomes. To share across all the PCNs.
- The utilisation of Population Health data to provide targeted ways of working for the patient demographic and health needs.
- Joint working across the system, providing a holistic integrated approach to address the health inequalities across the Lincolnshire population.

How does this paper support the ICB's core aims to:

Aim 1: Improve outcomes in population health and healthcare.	By PCNs tackling health inequalities it will support improving outcomes in population health.
Aim 2: Tackle inequalities in outcomes, experience and access.	It outlines the approach and gives examples of how PCNs are tackling health inequalities.
Aim 3: Enhance productivity and value for money.	By PCNs tackling health inequalities they are focusing their resource on where it is most needed hence enhancing productivity and value for money.
Aim 4: Help the NHS support broader social and economic development.	-

Conflicts of Interest

No conflict identified

Summary of conflicts

Not applicable

Risk and Assurance

There is a risk that if PCNs do not address and use a Health Inequalities approach and lens throughout their work that the healthy life expectancy gap will widen further in Lincolnshire.

Implications (legal, policy and regulatory requirements)

Does the report highlight any resource and financial implications?

PCNs are funded as part of the PCN DES to deliver Health Inequalities. The ARRS funding can be used to introduce roles

	that focus on cohorts of patients where there are identified Health Inequalities.		
Does the report highlight any quality and patient safety implications?	Not applicable.		
Does the report highlight any health inequalities implications?	The report highlights the approach that PCNs are taking to tackle health inequalities.		
Does the report demonstrate patient and public involvement?	As noted in the report		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	PCNs will be asked to give consideration to the Lincolnshire System Greener NHS Plan when developing plans to address health inequalities.		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

PCN Approaches to Tackling Health Inequalities

Sarah Button and Sandra Williamson
26th September 2023



Background

PCNs play a pivotal role in tackling health inequalities and are key to delivering the Core20PLUS5 approach in Lincolnshire.

DES Requirements

Appoint	appoint a lead for tackling Health Inequalities within the PCN.
Identify	identify a population within the PCN experiencing inequality in health provision and/or outcomes and have developed a plan to tackle the unmet needs of that population.
Deliver	deliver the plan

Collective Support to PCNs

- PHM Data Packs
- Health Inequalities PCN Leads Network
- Support and guidance from Health Inequalities Team
- Primary Care PCN Team – project advice/support

Initiatives

East Lindsey – rural community BP clinics

APEX – Weight Management

Lincoln South – Cervical Smears

IMP – Cervical Smear Community Clinic

Boston – International Community Day

Challenges and Opportunities

Challenges

- Future of the PCN DES
- Capacity
- Governance

Opportunities

- Use of wider Population Health data to provide targeted interventions
- Joint working across the system
- Share Learning

Next Steps

- Approach to share learning and ideas
- Further develop the PCN Health Inequality Leads Network to build a peer support and learning network
- Look at how approaches to tackling Health Inequalities can be embedded in practice

Questions / Comments

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5 (i)
Meeting Date:	Tuesday, 26 th September 2023
Title of Report:	Integrated Quality & Performance Report – September 2023
Report Author:	James Singleton, Performance Manager
Presenter:	Clair Raybould- Director for System Delivery Martin Fahy- Director of Nursing
Appendices:	Performance & Quality Report

To approve <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

The ICB Board is asked to:

- Note the key issues set out in the paper and the actions in place to support improvement.
- Discuss any areas the Board would like Committees to seek further assurance on
- Note the ongoing impact of Industrial actions.

Summary

- 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.

How does this paper support the ICB's core aims to:

Aim 1: Improve outcomes in population health and healthcare.	Provides an overview of the performance of services, including timely access, which will
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	impact upon the outcomes in population health		
Aim 2: Tackle inequalities in outcomes, experience and access.	Provides information relating to performance viewed across health inequality population cohort.		
Aim 3: Enhance productivity and value for money.	Provides information in relation to productivity and volumes of activity being undertaken across the system.		
Aim 4: Help the NHS support broader social and economic development.	Addressing long waits, ensuring patients with high clinical needs are seen quickly and supporting patients.		
Conflicts of Interest		Summary of conflicts	
No conflict identified			
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.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	No		
Does the report highlight any quality and patient safety implications?	Quality and patient safety implications directly associated with the issues outlined in this report are set out in the body of the report.		
Does the report highlight any health inequalities implications/	Health inequalities implications directly associated with the issues outlined in this report are set out in the body of the report.		
Does the report demonstrate patient and public involvement?	Not applicable- although through normal operations there has been engagement and communications directly particularly in relation to winter pressures		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Integrated Performance & Quality Report



Lincolnshire
Integrated Care Board

September 2023



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- Performance Dashboard [Page 4](#)
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Executive Summary

Overview

The September integrated performance & quality report incorporates constitutional standards, quality and safety measures and elective recovery activity, and presents system performance updated to August where available.



Urgent & Emergency Care

- The percentage of Lincolnshire patients seen at all providers within 4 hours was 67.8% in August. The Lincolnshire plan for delivery of the 76% by March 24 is based on ULHT and LCHS activity. Against this trajectory we achieved 67.2% against the August plan of 67.8%.
- Ambulance response times increased slightly to 36:49 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 slightly at the main sites. Overall handover delays remain stable.
- There were a significant number of patients (894) waiting more than 12 hours in departments in August, with less than 50% of them having their first clinical assessment within 60 minutes.



Cancer

- In August, 248 patients were waiting over 62 days, decreasing from 252 in July
- The number of patients waiting 104 days increased to 75 from 73 in July



Elective backlog

- The total waiting list size for Lincolnshire patients at all hospitals increased by 2,747 to 119,769 in July
- The number of patients waiting more than 78 weeks decreased to 178 in July from 184 in June



Mental Health

- The NHS Talking Therapies (previously IAPT) access rate was 5.34% in June (cumulative position)- the standard is 33% by March 2024. This was above plan.
- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less fell to 37% in June (rolling 12 months)- below the 60% standard



Primary Care

- Caskgate Street, Gainsborough had a CQC inspection in May 2023 and have been rated 'Inadequate'.

Incidents

- There has been a single never event reported by ULHT between the timeframe 9 August 2023 and 8 September 2023. The never event reported related to an incorrect site procedure, removal of a skin lesion.

Lincolnshire ICB Performance Dashboard



Trend	
Sparkline	Variation

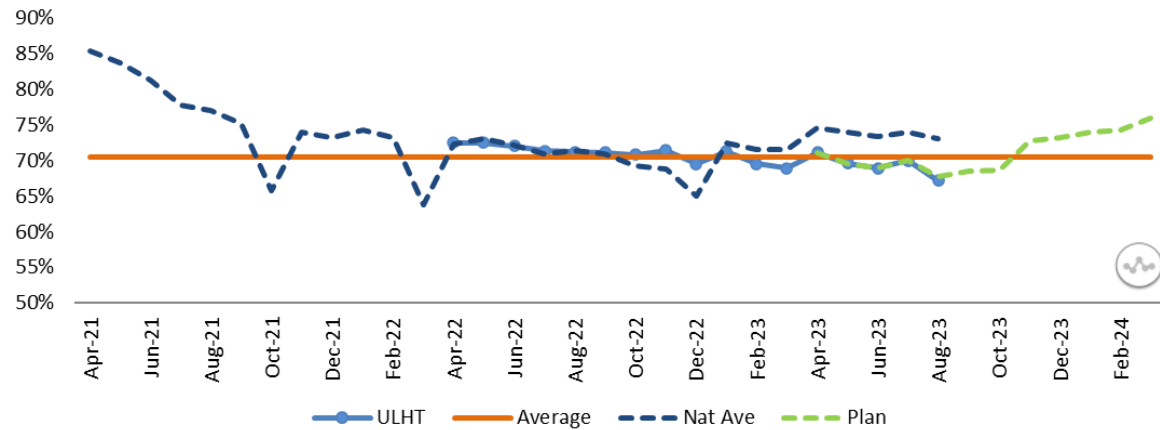
Programme	Indicator	Constitutional Standard	Standard/Plan	Period	Performance	Midlands	England
Urgent & Emergency Care	A&E admission, transfer, discharge within 4 hours (ICB)	●	95%	Aug-23	67.8%	71.0%	73.0%
	A&E admission, transfer, discharge within 4 hours (Lincolnshire sites)		67.8%	Aug-23	67.2%	71.0%	73.0%
	Ambulance response times - Mean response time- Category 1 (ICB patients)	●	00:07:00	Aug-23	00:08:28	00:08:14	00:08:17
	Ambulance response times - Mean response time- Category 2 (ICB patients)	●	00:18:00	Aug-23	00:36:49	00:30:55	00:31:30
Cancer	% Suspected Cancer Referrals First Seen Within 14 Days	●	93%	Jul-23	56.8%	0.0%	0.0%
	Patients receiving treatment for cancer within 62 days of an urgent GP referral	●	85%	Jul-23	55.4%	0.0%	0.0%
	% of patients told cancer diagnosis outcome within 28 days (ICB)		75%	Jul-23	69.2%	0.0%	0.0%
Planned Care	RTT: % of incomplete pathways within 18 weeks	●	92%	Jul-23	53.5%	55.9%	58.6%
	Percentage waiting six weeks or less for a diagnostic test	●	99%	Jul-23	71.1%	68.4%	74.5%
	Patients waiting over 78 weeks for treatment (ICB) (% of total ICB waiting list size)		0%	Jul-23	0.15%	0.06%	0.09%
	% of patients not treated within 28 days of last minute elective cancellation (ULHT)	●	0.8%	Q1 23/24	19.44%	29.9%	23.2%
Mental Health	NHS Talking Therapies access - people that enter treatment (ICB)	●	1.90%	Jun-23	1.92%	N/A	1.76%
	NHS Talking Therapies- recovery rate (ICB)		50%	Jun-23	51.2%	N/A	50.6%
	People experiencing first episode psychosis waiting to start a package of care (ICB)	●	60%	Jun-23	37.0%	N/A	71%

Key Performance Updates September 2023

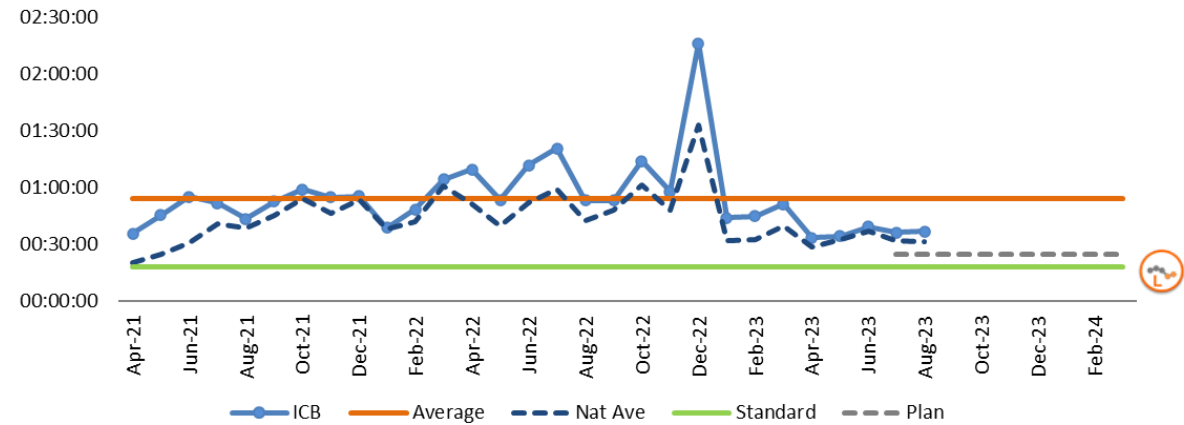
Programme	Indicator	Cause Identified	Key Actions Being Taken
Urgent Care	A&E admission, transfer, discharge within 4 hours	<ul style="list-style-type: none"> Attendance numbers at all sites remains high, and demand plans have been rebased for the winter plan to reflect this anticipated increased level of activity. 4 hour performance trajectories have also been re-based, and at this time we are expecting to achieve the September targets for all types against a year end trajectory of 76% performance and we fell just short of the August plan. (67.2% against a plan of 67.8%) 	<ul style="list-style-type: none"> ED recovery plan agreed and 5 key priority areas being delivered to support improvement. EMAS recovery plan implementation ongoing to support wider performance, and support patients away from ED wherever possible, linked to the ED recovery actions around SDECs (Same Day Emergency Care) . UEC System programme initiatives coming online ahead of winter including schemes to further support ED and improve performance. UEC Clinical Audit continues with the next focus being on patients waiting more than 12 hours in departments. The Winter Plan delivery T&F group will stand back up in September and deliver the Lincolnshire winter plan and re-based trajectories.
Cancer	Cancer 62 day backlog	<ul style="list-style-type: none"> The ongoing industrial action involving both Junior Doctors and Consultants is having a significant impact with little time to recover between each period of industrial action. 	<ul style="list-style-type: none"> 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. Regular planning meetings are being held ahead of any industrial action to attempt to reduce the impact on cancer capacity and ensure MDTs are able to go ahead.
Planned Care	Patients waiting over 78 weeks for treatment	<ul style="list-style-type: none"> In Lincolnshire we are committed to elimination of 78 week waits. This continues to be challenging due to ongoing impact of Industrial Action and systems are now putting every effort into achieving this as soon as possible. Additionally systems are focussed on virtually eliminating 65 week waits by the end of March 2024.. 	<ul style="list-style-type: none"> All Providers are focused on outpatient recovery as this continues to be the biggest area of challenge nationally and locally ; where the majority of patients are currently waiting. Validation of waiting lists has continued to ensure that those patients given appointments are clinically required. This is for both outpatients and diagnostic tests.
Mental Health	Early Intervention in Psychosis	<ul style="list-style-type: none"> The service is in the process of rebuilding the team and recruiting to new roles with an increase seen in staffing. Despite the ongoing challenges, the service had 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 	<ul style="list-style-type: none"> A review of the service model is underway to maximise productivity and outcomes and options for additional medical capacity is being explored. Recruitment is ongoing. Continue to recruit to vacant posts.

Urgent Care

4 hour performance at all types A&E departments (ULHT & LCHS)



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



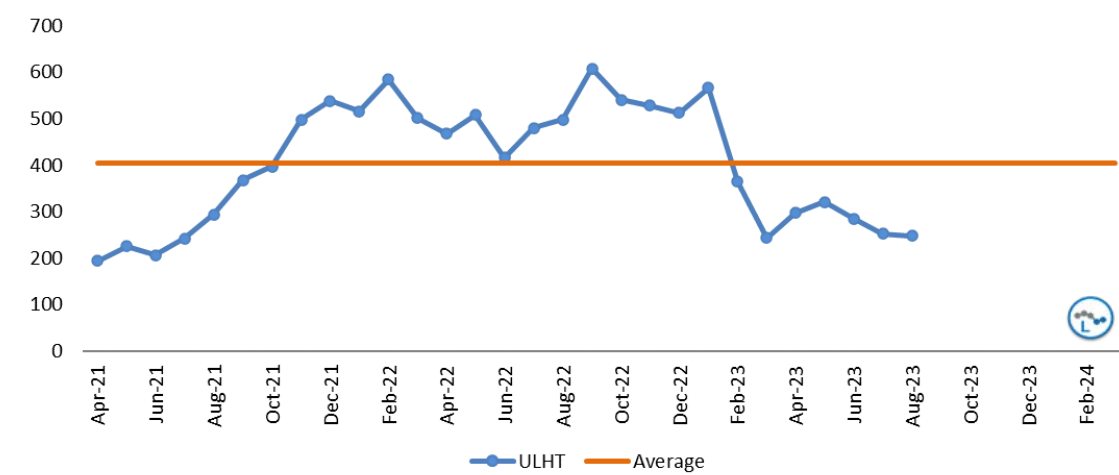
Current system pressures

- Attendance numbers at all sites remains high, and demand plans have been rebased for the winter plan to reflect this anticipated increased level of activity. 4 hour performance trajectories have also been re-based, and at this time we are expecting to achieve the September targets for all types against a year end trajectory of 76% performance and we fell just short of the August plan. (67.2% against a plan of 67.8%)
- The number of patients waiting over 12 hours in department continues to be high but stable. This remains a local quality concern. The number of patients who have an assessment within 60 mins remains below 50% but is above the national and regional averages and requires improvement to increase both performance and patient experience.
- Ambulance mean response times for CAT2 calls remain above the recovery target of 30 mins and the national performance target of 18 mins. Lincolnshire response times are slightly above the national average.
- Handover delays remain a challenge but are stable across ULHT sites.
- The ongoing periods of Industrial Action impact both during strike days but also during the recovery periods.

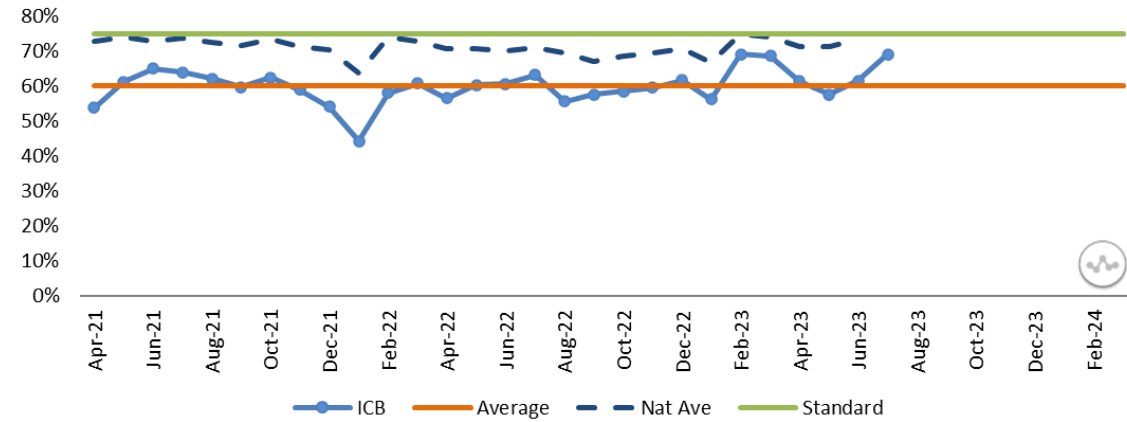
UEC Recovery Plan actions

- The system focus includes:
- UEC system programme delivery is ongoing with a number of initiatives now coming online across the system ahead of winter, many of which will support improvements in performance as well as improving patient outcomes.
 - Early Implementation of NHS Pathways in EMAS is ongoing to support avoiding crew attendance and conveyance.
 - ED recovery plan agreed and 5 key priority areas are being delivered to support improvement.
 - EMAS recovery plan implementation ongoing to support CAT2 performance improvements and manage patients away from ED wherever possible, linked to the ED recovery actions around SDECs (Same Day Emergency Care).
 - UEC Clinical Audit continues with the next focus being on patients waiting more than 12 hours in departments.
 - Bed Rightsizing recommendations shared with the system partners and moving into implementation of recommendations phase.
 - System wide Intermediate Tier review operational group delivery is ongoing which will support increased flow.
 - The Winter Plan delivery T&F group will stand back up this month to ensure delivery of the winter plan actions and a system escalation plan, supporting improvements in performance over winter.

Total 62 Day Backlog (ULHT)



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



Current system pressures

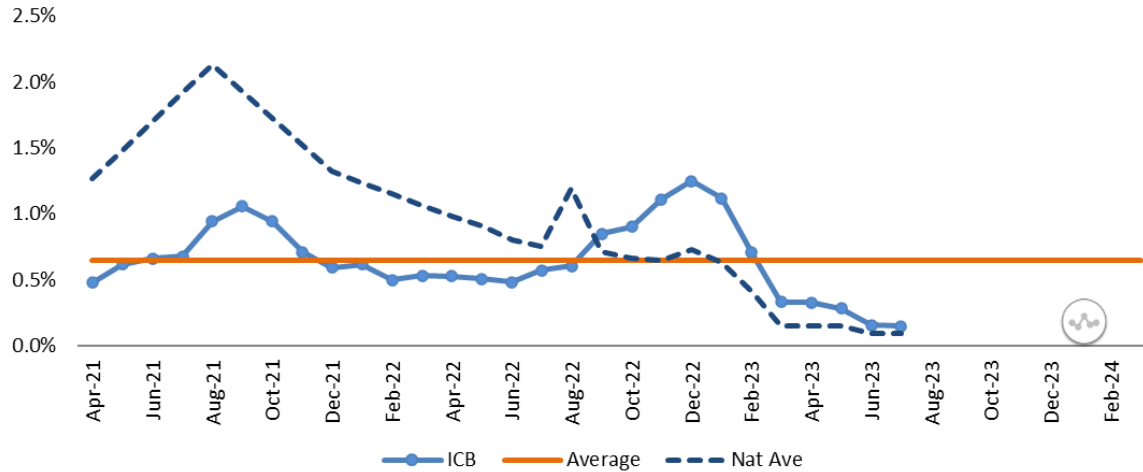
- The backlog position currently stands at 248 and remains below our projected trajectory with the ask from NHSE to get to 217 by the end of March 2024.
- Colorectal continues to account for the largest percentage of the backlog at 20%, second largest being Urology accounting for 19% of the backlog.
- The ongoing industrial action involving both Junior Doctors and Consultants is having a significant impact with little time to recover between each period of industrial action.
- Breast performance had declined in previous months but is recovering well with from an FDS performance, the service remains fragile with a high dependency on locums to deliver the radiography diagnostics.
- Gynaecology backlogs are continuing to grow and 28FDS performance remains very low.
- Lung and Upper GI are experiencing delays in diagnostics and subsequent pathology from tertiary providers.
- Teams are continually juggling pressures from UEC, planned care, cancer, industrial action and annual leave.

Actions to recover

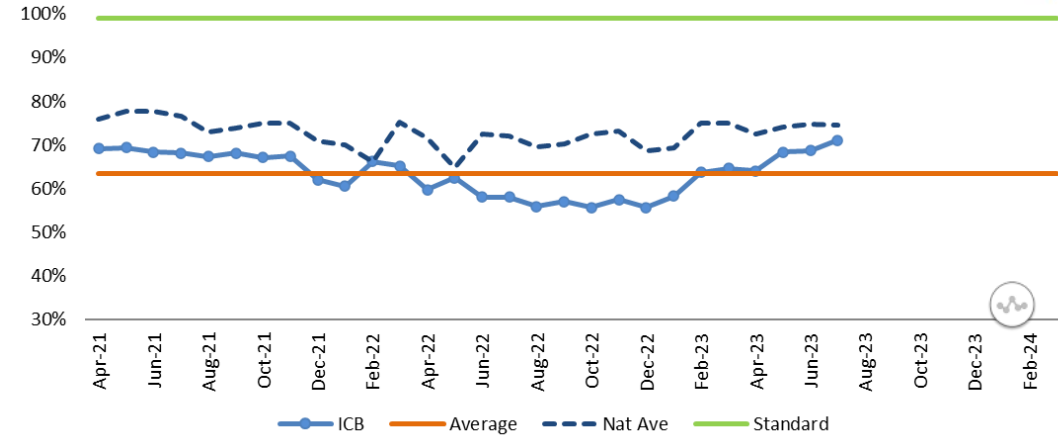
- ULHT / ICB continue to lead an intensive support programme for cancer focussing on 28-day Faster Diagnosis Standard and patients waiting over 62 day backlog. Focus now on 7 specialities Colorectal, Urology, Lung, UGI, skin, gynae and Breast.
- Breast continue to put on additional weekend clinics to meet demand and continue to reduce the backlog.
- Gynaecology trial pathway changes are underway, it is accepted further change is required most likely in managing the large numbers of HRT patients. Potential future pathway improvements are being scoped.
- Discussions are underway with NUH to understand delays to diagnostics for Lung and Upper GI. Team currently scoping alternative options.
- ICB cancer team members working within ULHT divisions to support BAU cancer where there are management gaps.
- Regular planning meetings are being held ahead of any industrial action to attempt to reduce the impact on cancer capacity and ensure MDTs are able to go ahead.
- Both new fixed terms managers have been appointed to manage cancer, one is already in place in Medicine one post within Family Health.

Planned Care

Patients waiting over 78 weeks for treatment (ICB)



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



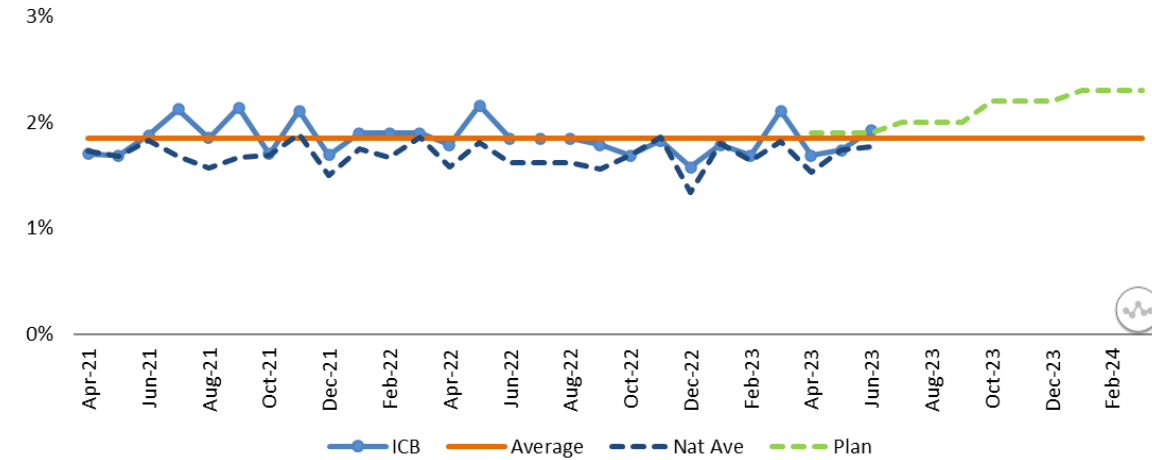
Current system pressures	Actions to recover
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- One of the main national priorities continues to be the elimination of 78 week waits. This continues to be challenging due to on-going impact of Industrial Action and in Lincolnshire every effort into achieving this as soon as possible. In Lincolnshire the focus is on eliminating 65 week waits by the end of March 2024..
- The national ambition for diagnostic recovery is 95% of patients to be seen within 6 weeks by March-25. Within Lincolnshire we are also working to a regional ambition of 85% of patients to be seen within 6 weeks by March-24.
- 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. A Lincolnshire 'Choice' plan has been developed to increase patient awareness and deliver improved choice to meet new national focus.
- 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.

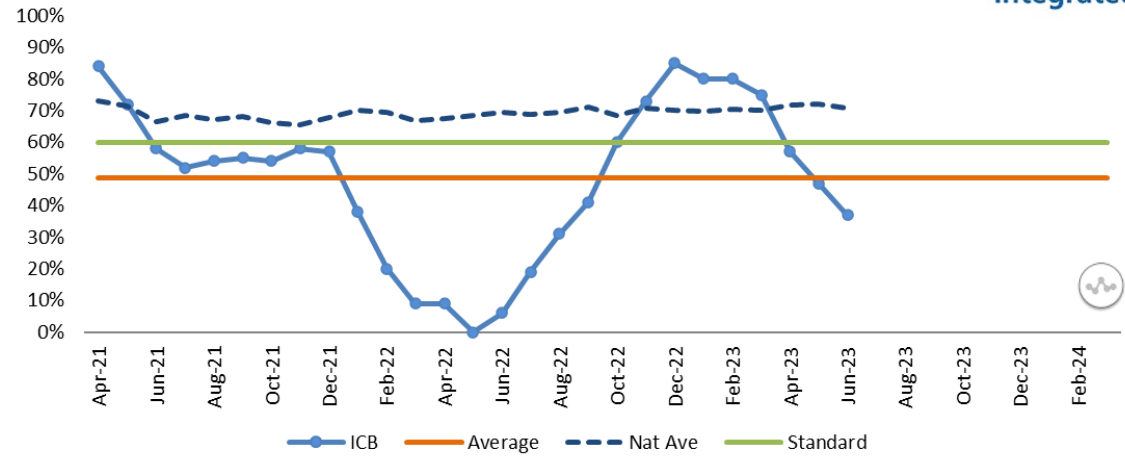
- All Providers are focused on outpatient recovery as this continues to be the biggest area of challenge nationally and is still where the majority of patients are currently waiting.
- Progress has been made on increasing Advice and Guidance (A&G) and Lincolnshire is performing well above national target
- NWAFT are now achieving above national standard for majority of the out-patient standards.
- NLaG remain 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, however this is at risk due to the on-going Industrial Action.
- The 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.
- Overall waits for diagnostic tests showed a slight improvement in July, with 8 out of 12 diagnostic tests performing above 85% for 6ww+ and 9 out of 12 for 13ww compliance. In addition, DEXA performance continues to improve.
- Plans are progressing against the £38 million of additional funding received for the development of two new Community Diagnostic Centres (CDCs) in Skegness and Lincoln.. A mobile MRI service will commence on both sites later this year whilst the modular buildings are constructed, with both sites aiming to be fully operational by Autumn 2024.

Mental Health

NHS Talking Therapies- Access (ICB)



People experiencing first episode psychosis waiting to start a package of care (ICB)



Current system pressures

NHS Talking Therapies

- The service was above plan for access in June.
- The service is exploring how to increase access, the areas of focus will be primary care engagement and expanding the long-term conditions pathways.

Early Intervention in Psychosis

- The service continues to be under pressure following the loss of multiple staff members.
- The service is in the process of rebuilding the team and recruiting to new roles with an increase seen in staffing.
- Despite the ongoing challenges, the service had 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.

Actions to recover

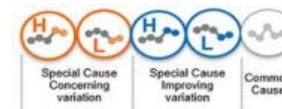
NHS Talking Therapies

- Focus will be continue to be on seeing as many people as can be scheduled, ensuring waiting times are kept as short as possible and quality is good, rather than outreaching to achieve access and people waiting much longer with reduced outcomes.
- IAPT 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.
- Closely working with primary care to embed service and ensure referrals for talking therapies rather than anti-depressant prescribing,

Early Intervention in Psychosis

- A review of the service model is underway to maximise productivity and outcomes and options for additional medical capacity is being explored. Recruitment is ongoing.
- Continue to recruit to vacant posts.

Lincolnshire ICB Quality Dashboard



Programme	Indicator	Constitutional Standard	Standard/Plan	Period	Performance	Midlands	England	Trend	
								Sparkline	Variation
Incidents	Never events (ULHT)		0	Aug-23	1	N/A	N/A		
	Never events (NLAG)		0	Aug-23	0	N/A	N/A		
	Never events (NWAFT)		0	Aug-23	0	N/A	N/A		
	Serious Incidents (ICB)		-	Aug-23	26	N/A	N/A		
Mortality	Summary Hospital Level Mortality Indicator (SHMI) (ULHT)		-	Apr-23	1.0296	1.0226	0.9998		
	Hospital Standardised Mortality Ratio (HSMR) (ULHT)		100	Jul-23	94.25	N/A	N/A		
	Summary Hospital Level Mortality Indicator (SHMI) (NLAG)		-	Apr-23	1.0299	1.0226	0.9998		
	Summary Hospital Level Mortality Indicator (SHMI) (NWAFT)		-	Apr-23	1.0374	1.0226	0.9998		
Infection, Prevention, Control	MRSA Cases (ICB 12 month rate per 100,000)		-	Jul-23	0.29	0.44	0.87		
	C-Diff Cases (ICB 12 month rate per 100,000)		-	Jul-23	22.29	27.90	27.76		
	E-Coli Cases (ICB 12 month rate per 100,000)		-	Jul-23	31.68	36.00	37.78		
Learning Disability	Number of inpatient care for people with a learning disability and/or autism (ICB)		19	Jul-23	21	N/A	N/A		
	Rate per 1000 of people with a learning disability receiving inpatient care (ICB)		-	Jul-23	59	47	42		
	Cumulative Learning Disability Healthchecks (ICB)		556	Jul-23	702	N/A	N/A		
Patient Experience	Patient experience of GP services (ICB)		-	2023	70.9%	N/A	71.3%		
	Friends & Family Test: A&E Recommended (ULHT)		-	Jul-23	76.0%	79.4%	82.0%		
	Friends & Family Test: Inpatient Recommended (ULHT)		-	Jul-23	90.0%	94.5%	95.0%		
	Friends & Family Test: Maternity Recommended (Birth) (ULHT)		-	Jul-23	96.0%	91.3%	94.0%		
	Friends & Family Test: Community Recommended (LCHS)		-	Jul-23	89.0%	92.9%	94.0%		
	Friends & Family Test: Mental Health Recommended (LPFT)		-	Jul-23	91.0%	85.3%	88.0%		
Primary Care	Primary Care CQC- number of practices rated as 'Inadequate' by CQC		0	Aug-23	3	N/A	N/A		
	Primary Care CQC- number of practices rated as 'Requires Improvement' by CQC		-	Aug-23	2	N/A	N/A		
	GP Appointments- percentage seen by a GP		34.3%	Jul-23	34.7%	N/A	N/A		
	GP Appointments Mode- percentage seen face to face		63.4%	Jul-23	69.2%	N/A	N/A		
	GP Appointments- time from booking to appointment same day		47.8%	Jul-23	44.8%	N/A	N/A		
	GP Appointments- time from booking to appointment 1-6 days		23.7%	Jul-23	23.3%	N/A	N/A		
	Enhanced access provision per 1000 of the PCN adjusted population (ICB)		60	Aug-23	53.9	N/A	N/A		
The percentage of available GP enhanced access appointments utilised (ICB)		80%	Aug-23	75.4%	N/A	N/A			

Insight and Signals – Quality and Patient Experience

UEC:

Urgent and Emergency Care (UEC) has been exceptionally busy during August, compounded by the effect of seasonal visitors. With deterioration in performance across UEC pathways there remains a focus on monitoring for impact in terms of patient harm and quality of care.

A Clinical Summit was held 15th August with the objective of gaining a shared understanding of the factors contributing and driving the surge in demand since Q1 of 2023/24. The Clinical Summit was an opportunity to explore with system partners all possible mitigations to alleviate demand, with a view to developing strategies needed to enhance admission avoidance; reduce hand over delays; maximise discharge opportunities; and minimise long waits associated with patient harm. The outputs from Clinical Summit are being used to identify areas for further development and inform areas for focus through the Winter planning process.

ADHD 360:

A Rapid Quality Review meeting took place 2nd August 2023, led by LICB, in response to escalation of quality concerns. Enhanced oversight arrangements remain in place. CQC have undertaken an unannounced inspection, publication of report awaited.

RAF Scampton:

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

Paediatric Audiology:

NLAG 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, it has now been identified there are 4 Lincolnshire children. NHS Lincolnshire ICB continue to meet with the Trust and co-ordinating commissioner to ensure that patients treatment needs are being met and to receive regular updates.

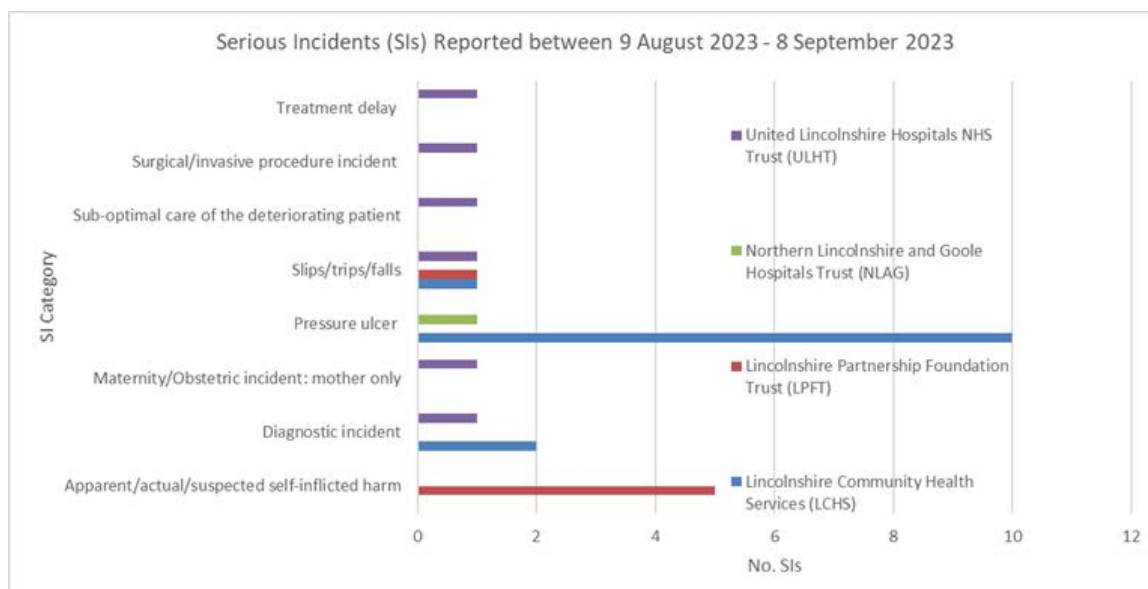
NHSE Midlands has undertaken an audit of Paediatric Audiology with all providers within the region and feedback is being provided to the respective organisations

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

Practice	CQC Rating	Information to note
Caskgate	Inadequate	CQC published report 2 nd August 2023 following inspection of the Practice 24th May 2023. The report rated the practice as Inadequate and the CQC issued section 29 warning notices 7th June 2023. Areas of concern relate to safeguarding; medicines management; oversight of prescribing practice; Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts; patient records; secure storage of patient notes and other confidential documentation; and premises safety. There is an extensive support plan now in place with the Practice
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 28 th June 2023, publication of report is awaited

Insight and Signals- Serious Incidents



- There has been a total of (n=26) serious incidents reported between 9 August 2023 and 8 September 2023, this represents a continued decrease when compared to the last two reports where (n=39) and (n=46) serious incidents reported respectively.
- The reporting rate of serious incidents may in part be affected by organisations transitional work from the Serious Incident Reporting Framework to the Patient Safety Incident Response Framework. Full transition to the Patient Safety Incident Response Framework will commence from 1 October 2023 for some organisations, with all organisations managed under the NHS Standard Contract required to transition by 31 March 2024.
- Pressure ulcers continue to account for most serious incidents reported in Lincolnshire, with a total of (n=11) pressure ulcers reported.

- ULHT reported a total of (n=6) serious incidents within the timeframe referenced, this represents a continued decrease when compared to last month (n=13). Diagnostic incidents, treatment delays, sub-optimal care of deteriorating patient, slips/trips and falls and maternity incidents continue to feature in the Trust's serious incident reporting, with single incidents reported against each serious incident category.
- The Never Event related to two skin lesions that looked clinically significant and the incorrect one was removed. When this was detected the correct one was removed. However on histology, the one removed incorrectly was actually cancerous and the intended lesion was not hence meaning the outcome for the patient was favourable but still meets the criteria for Never Event reporting.
- Most of the pressure ulcer incidents were reported by LCHS (n=10), with a single pressure ulcer reported by NLAG, in relation to a Lincolnshire patient. In addition to the reporting of pressure ulcer incidents, LCHS also reported (n=2) diagnostic incidents and a single slip/trip/fall.
- There has been a slight increase in serious incident reporting by LPFT this month (n=6) in comparison to (n=3) referenced in the last report. However, this figure (n=6) is consistent with previous reporting rates for LPFT. Apparent/actual/suspected self-inflicted harm (n=5) continue to account for most of the serious incidents reported by LPFT. In addition, LPFT reported a single slip/trip/fall serious incident.
- There has been a reduction in serious incidents reported to NHS Lincolnshire ICB by other organisations, (n=1), in comparison to (n=6) referenced in the last report. The single incident reported related to a pressure ulcer (referenced above) reported by NLAG.

Learning and Sharing

- NHS England wrote to all NHS organisations 18th August 2023 following the outcome of the Lucy Letby trial outlining steps already being taken to strengthen patient safety monitoring, including the national roll-out of medical examiners since 2021 and implementation of the new Patient Safety Response Framework (PSIRF). The letter also highlights the importance of Freedom to Speak Up (FTSU) and expectations regarding adoption of the national policy by January 2024. Lincolnshire ICB launched its FTSU policy in December 2022, which aligns to the national policy, with the exception of only having a nominate Executive lead, rather than Executive and Non-Executive. Lincolnshire NHS Trusts have well established arrangements for FTSU and it has been confirmed the respective organisations are reviewing arrangements to ensure alignment with the expectations of the NHS England letter. Work has also commenced in Lincolnshire to consider suitable FTSU arrangements for Primary Care.
- The PSIRF programme of work has been in progress for the last year and is well established within the Lincolnshire Health System, this includes a multi stakeholder Lincolnshire wide PSIRF implementation programme. NHS England have stated there is an expectation that NHS Trusts transition to PSIRF by December 2023, with all providers transitioned by 31st March 2024. Of the local NHS Trusts ULHT have confirmed the predicted transition date will be the 1st of October, LPFT and LCHS have still to confirm the transition dates. Further guidance has recently been released for smaller Independent Providers and work will be undertaken to engage with the relevant organisations. National Independent Providers will have oversight from the ICB where the provider has the greatest number of patients and Lincolnshire ICB is currently in the process of confirming oversight of the organisation(s) that fall within this criteria. NHS England have confirmed that Primary Care will not be mandated to implement the PSIRF framework and will continue to use the Significant Event Audit toolset until the NHS England Learning Response Tool is developed and also confirmed that the Pharmacy, Optometrists and Dental Services (PODs) will not be mandated to implement the PSIRF framework either.

Quality and Patient Experience Thematic Update

Safeguarding:

- Lincolnshire has been chosen by the government to be a wave one Local Authority Families First for Children (FFC) Pathfinder site. The FFC Pathfinder sites are part of the government's Children's Social Care implementation strategy, Stable Homes, Built on Love. The pathfinder sites will test radical reforms in areas: family help, child protection, family network support packages and safeguarding partners. Further information can be found: [Families first for children \(FFC\) pathfinder programme and family networks pilot \(FNP\) - GOV.UK \(www.gov.uk\)](#). Whilst the focus of work through the Pathfinder will be for the Local Authority there are also implications for Health and Police, and therefore locally the approach has a strong commitment and high level of engagement across the three partners.
- From 1st August 2023 LICB started to fund prepaid prescription certificates for Care Leavers aged 18 to 25 years who are not eligible to free prescriptions under current exemptions. This cohort of young people are known to experience additional challenge in terms of both health and well-being and financial disadvantage. Provision of free prescriptions for this vulnerable group will support both access to healthcare and a reduction in health inequalities, and reflects the goals and priorities set out by NHS Lincolnshire ICB.
- In April 2023 the newly commissioned Lincolnshire Domestic Abuse Specialist Service (LDASS) was launched, it's core principles being prevention, protection, and recovery for victims of domestic abuse. LICB worked, and continues to work, closely with health and wider partners to improve support and progress the domestic abuse agenda in Lincolnshire. Further information regarding the services provided by LDASS can be found: [Lincolnshire Domestic Abuse Specialist Service \(ldass.org.uk\)](#)
- LICB safeguarding team submit quarterly assurance to the NHSE regional safeguarding team. The teams met in July 2023 to discuss the overarching safeguarding assurance view of LICB, which remains RAG rated as green
- LICB Annual Report has been completed and will be presented to the safeguarding boards alongside the health provider annual reports. The report sets out how the LICB safeguarding team has fulfilled it's statutory duties in 2022 - 2023, working closely with partners and proactively supporting local, regional, and national safeguarding priorities and responding to the ever-evolving safeguarding landscape. Forward planning for 2023-2024 includes transitional safeguarding, strengthening relationships with primary care and progressing recommendations set out in the Domestic Abuse Act (2021) and the Draft Victims Bill (2022).

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	Item 5 (ii)
Meeting Date:	Tuesday, 26 TH September 2023
Title of Report:	Winter Planning 2023/24
Report Author:	Rebecca Fieldsend, UEC System Programme Lead
Presenter:	Clair Raybould, Director for System Delivery and Urgent and Emergency Care Senior Responsible Officer (SRO)
Appendices:	None

To approve <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or course of action, e.g., approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

The ICB Board is asked to:

- Note the Winter Planning Guidance for 2023/24 and actions in place to develop and deliver the Winter Plan.
- Note the specific responsibilities of the ICB throughout the winter period.

Summary

This report provides an overview of the winter planning guidance for 2023/24, and assurance around the steps taken to date to deliver the NHS England requirements and around the ongoing development and delivery of the system winter plan. It also provides detail on the NHS England determined ICB roles and responsibilities throughout the winter period.

As in previous years, Lincolnshire ICB is leading on the development of a robust system winter plan, to support delivery of safe services during the winter period.

For 2023/24 this includes the following:

- Re-visiting capacity and demand assumptions from the 2023/24 operational planning round to re-set realistic trajectories for the winter period.
- Development of a Lincolnshire System Winter Plan that includes:
 - System partner and stakeholder engagement
 - A specific plan for Christmas and New Year
 - A system escalation plan
- Governance structure for assurance and strategic and clinical oversight of delivery
- Response to 6 Key Lines of Enquiry from NHS England.

How does this paper support the ICB's core aims to:			
Aim 1: Improve outcomes in population health and healthcare.	This report aligns with the core purpose of an Integrated Care System which is to improve outcomes in population health and healthcare.		
Aim 2: Tackle inequalities in outcomes, experience, and access.	The winter plan will support health and care services to build capacity and operational resilience for winter for the benefit of patients and service users.		
Aim 3: Enhance productivity and value for money.	Not applicable.		
Aim 4: Help the NHS support broader social and economic development.	Not applicable.		
Conflicts of Interest			
No conflict identified	Summary of conflicts		
Risk and Assurance			
The development of a Lincolnshire Winter Plan supports mitigation of risk 1.04 on the corporate risk register – safe and effective delivery of services in the emergency departments. The winter plan will support performance improvement and achievement of planning targets which have been agreed, but acknowledging constitutional targets remain in place.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	Yes, however budgets are in place and business cases have been submitted to NHS England for consideration.		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications/	No		
Does the report demonstrate patient and public involvement?	No		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Report previously presented at:			
This report has not previously been presented to the Board.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

1. Background

As in previous year's the demand on health and care services over the 2023/24 winter period is expected to be challenging and this year has the additional impact of a difficult summer period and the expected ongoing industrial action by both Consultants and Junior Doctors. NHS England (NHSE) and the Department of Health and Social Care (DHSC) have written to ICBs and Local Authorities to set out the expectations for winter.

1.1 Delivering operational resilience across the NHS this winter.

In July 2023, NHS England wrote to all Integrated Care Systems setting out the national approach to [deliver operational resilience across the NHS this winter](#), building on the Urgent and Emergency Care Service (UEC) Recovery Plan published in January 2023. The winter resilience letter set out four key areas of focus:

- a) **Continue delivering the UEC Recovery Plan by ensuring high impact interventions are in place.**
Ten evidence-based high impact interventions have been identified to, these include reduce waiting times for patients; reduce crowding in A&E; improve flow; and reduce the length of stay in hospital settings. Each system has been asked to assess their maturity against [10 High Impact Interventions](#) as part of the universal improvement offer. Systems then receive dedicated support to improve priority areas ahead winter 2023.
- b) **Completing operational and surge planning** to prepare for different winter scenarios.
By 11 September 2023, each system was required to review their operational plans, including whether assumptions regarding demand and capacity are robust. This includes making specific plans for the Christmas/New Year – early January period, which is known to be the most challenging time of the year.
- c) **ICBs should ensure effective system working across all parts of the system.**
The ICB plays a vital role in system co-ordination and leadership, ensuring all parts of the system play their role. To help systems plan, NHSE has developed a set of recommended winter 'roles and responsibilities' to ensure clarity on what actions need to be undertaken by each part of the system. [The system 'roles and responsibilities' document](#) details the roles system partners should play and the specific responsibilities including leadership of high impact actions. The DHSC has also written to local authorities with adult care responsibilities detailing priority actions for improving winter resilience and encouraging cross system working.
- d) **Supporting our workforce** to deliver during winter by taking steps to protect and improve the wellbeing of the workforce. This includes improving retention and staff attendance by focusing on all elements of the NHS People Promise in the 2023/24 priorities and operational planning guidance and the NHS Long Term Workforce Plan.

The NHS England letter also set out two key ambitions:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

Whilst it is recognised that progress is being made towards achieving these ambitions, NHS England wants providers to achieve even better performance to support improvements to care. They are therefore launching an incentive scheme for providers with a Type 1 A&E department that overachieve their planned performance in return for a share of a £150 million capital fund in 2024/25 by:

- Achieving an average of 80% A&E 4-hour performance over quarter 4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during quarters 3 and 4 of 2023/24.

1.2 Adult Social Care Winter Letter 2023/24

Alongside the letter from NHS England, the Department of Health and Social Care issued the [Adult Social Care winter letter 2023 to 2024](#). The letter sets out DHSCs expectations for how NHS organisations and wider system partners will work with adult social care in the planning and delivery of support to ensure vulnerable people and their carers receive support over the coming winter.

The guidance focuses on five areas:

a) **Workforce capacity, market sustainability and improvement (MSIF)**

As part of 'Next steps to put People at the Heart of Care, the government has confirmed £600 million of additional funding for local authorities over 2023/24 and 2024/25. Much of this funding will be provided through a new MSIF workforce fund worth £570m (£365m for 2023/24 and £205m for 2024/25) to boost adult care capacity and support the adult care workforce, including pay. Supported by this funding, local authorities should, in advance of winter:

- Address the actions in their capacity plans for long term care submitted in June 2023 as part of the MSIF.
 - Ensure sufficient advance commissioning of care to enable providers to plan and ensure they have the workforce they need to deliver required services.
 - Work with the NHS to keep demand and capacity projections under review and ensure sufficient cross-system capacity is in place to meet potential surges of demand.
 - Reflect any increases in planned intermediate care capacity in refreshed Better Care Fund (BCF) demand and capacity plans in October.
 - Work closely with providers to use the MSIF funding to grow workforce capacity.
- Lincolnshire County Council Adult Social Care (ASC) have been awarded £5 million of MSIF funding. Working alongside LincA and NHS colleagues to ensure a whole system approach as part of the winter planning process, several services are being scoped and considered to ensure the wellbeing of Lincolnshire residents, including those in Out of County Hospitals.

b) **Intermediate care and discharge from hospital**

Local authorities and ICBs need an integrated work approach across health and social care:

- Commissioning intermediate care services that help keep people well at home, prevent avoidable hospital admissions and support timely/effective hospital discharge.
- Involve social care and community health providers in planning intermediate care services.
- Keeping BCF capacity-and-demand plans for intermediate care under review and submit refreshed plans in October.
- Improve data flows to enable the health and care system to forecast demand more accurately throughout the year.
- Support NHS winter surge planning.
- Deploy this year's £600m discharge fund in ways that will have the greatest impact on reducing delayed discharges, help prevent avoidable A&E and ambulance delays for emergency care.
- Embed good practice in the use of care transfer hubs to manage discharges for patients with complex needs.

Working with wider partners, e.g., acute trusts, social care providers and the voluntary sector, local authorities and ICBs should focus on:

- Supporting people to return to their normal place of residence, wherever possible.
- The principles of discharge to assess and to provide interim packages of support pending assessment of longer-term care needs.
- Involving and supporting families and unpaid carers.

c) **Energy and adverse weather** – local authorities and providers should:

- Develop business continuity plans to prepare for localised disruptions caused by severe winter weather.

- Work with local response forums (LRF's), local organisations and the wider care sector to identify people most at risk during colder weather.
 - Encourage eligible people to sign up to their energy supplier's Priority Services Register.
- d) **Infection prevention and control (IPC) and visiting** – providers are expected to continue to follow IPC guidance and local authorities should continue to support providers on IPC. This includes:
- Encouraging staff and service users to accept eligible vaccinations, including Covid-19, wherever possible.
 - Ensuring staff who have respiratory symptoms or who test positive for Covid-19 are able to stay away from work in line with guidance.
 - Using PPE in line with guidance.
 - Enabling visits between loved ones in care settings, with at least one visitor permitted in all circumstances.
- e) **Unpaid Carers** - NHS and primary care services should consider contingency plans for unpaid carers to help prevent avoidable admissions and support discharge from hospital. Health and Wellbeing Boards should continue to ensure funding allocated through the BCF is used to support unpaid carers with short breaks and respite from their caring responsibilities. Hospital discharge teams should also take account of the views and circumstances of unpaid carers, as well as the individual, in decisions on hospital discharge. DHSC expects to publish revised statutory guidance on hospital discharge and community support in the autumn.

1.3 Additional national and regional areas of focus

As part of NHS England Universal Offer of support, systems were asked to undertake a maturity self-assessment against the 10 High Impact Interventions to identify an area of focus working with the national champion's scheme. The Lincolnshire UEC strategic Leaders and Clinical leads met and determined that four areas of focus for the system were: Acute Respiratory Infection (ARI) Hubs, Intermediate Care, Frailty and Virtual Wards. ARI hub development has been selected as the focus ahead of winter given that initial reports from countries such as Australia have shown a significant rise in demand due to respiratory infections such as Flu and to prioritise development of a hub. Work on the remaining three priority areas continues through existing workstreams for Intermediate Care, Virtual ward and Frailty as follows:

Lincolnshire Intermediate Care (LIC)

In the early stages of development, LIC will be an integrated approach to service delivery for Lincolnshire residents. Currently two main workstreams are underway: Operational Delivery Group which is focusing upon: Agile Referral Allocation Layer (looking into seamless referral routes), Cultural and Behavioural Science (ensuring all partners have the same vision and team ethos leading to a strengths-based approach to personalised care), Digital Enablement (To step up digitally enabled referral routes), Integrated Demand Model (Incorporating population and health needs to underpin strategic resourcing planning) and Developing Operational Requirements for Future LIC Model (developing the future intermediate care model and commissioning). The second workstream is the LIC Commercial Delivery Group which will oversee the commissioning and funding of LIC. Both workstreams report to the Programme Board

Virtual Wards

Virtual wards enable patients to access hospital-level care at home safely and in familiar surroundings which helps speed up their recovery whilst freeing up hospital beds for patients that need them most. Patients are reviewed daily by the clinical team and the 'ward round' may involve a home visit or take place through virtual monitoring and use of technology. At present there are five virtual wards available - Frailty, Cardiology, Respiratory, All Age Rapid Response, Hospital at Home and Acute Medicine.

Frailty

Implementation of a Frailty Assessment Centre and the expansion of the frailty Same Day Emergency Care (SDEC) services which will support the delivery of the Lincolnshire Frailty Strategy. This includes ensuring that patients who are frail are identified early and seen in the right place first time. Wherever patients will avoid ambulance conveyance, ED attendance and admission to hospital. This work includes links to the frailty virtual ward and recognise the demographic of the population.

In addition, NHSE Regional Team, working alongside KPMG, have with systems identified three priority areas to be addressed: System Single Point of Access, Hospital Discharge Processes (timely discharge) and High Intensity Users (High Volume Service User). Both the High Intensity User Service and discharge processes are part of the existing UEC system programme plan with funding aligned to these. The development of a single system SPA development is underway with the support of the regional team, and a business case has been submitted for additional funding to support development ahead of winter.

2. NHS England Winter 2023/24 Planning Assurance

In preparation for winter and to support the development of the winter plan content, the Lincolnshire system has come together on a number of occasions during August and September including a Clinical Summit, a winter workshop and a regional event week commencing 18th September 2023. The outputs of these events will support development of the final winter plan content and the following priority areas of focus were agreed for Lincolnshire:

- Single System Spa
- Discharge improvement at weekends
- Time patients spend in A&E departments.
- Clinical Assessment Service and EMAS further integration
- Support to Primary Care to access wider services.
- Intelligence led planning.
- Public and professional communications.

The ICB is working through the winter planning document that covers whole system planning against Key Lines of Enquiry (KLOEs) as follows:

- System working
- High impact interventions
- Discharge, intermediate care, and social care
- Capacity and Demand
- Surge plans
- Workforce

The final document will be submitted 25th September to NHS England which will re-visit the original capacity and demand assumptions from the 2023/24 operational planning submission which will be adjusted ahead of winter based upon demand experienced so far.

All system partners are collaboratively developing the content, in line with national requirements.

3. ICB Roles and Responsibilities

The winter resilience letter has clearly set out the roles and responsibilities for each system partner including ICBs who must:

- Ensure that the system winter operating plan incorporates all the high-impact interventions and actions for the entire health and social care economy. This should include specific operating actions for all system partners across acute, community, mental health, primary care as well as links with local authority services. Systems should ensure that plans reflect the needs of all age groups, including services for children and young people.
- Facilitate partnership working – ensuring that all system partners are pulling in the same direction to deliver a resilient system this winter, and appropriately manage risk to ensure that it is balanced across the entire system, ensuring all parts of the system are held to account for delivery of their responsibilities.
- Be accountable for the delivery of capacity in line with agreed 2023/24 ICB Operating Plan – including additional capacity identified via the winter planning exercise.
- Ensure that arrangements are in place to lead the system through winter – including:
 - maintaining 24/7 oversight of system pressures through the System Co-ordination Centre (SCC)
 - implementing the revised SCC specification to ensure appropriate structures, systems and process are in place to maintain operational oversight and delivery.
 - implementing the revised Operating Pressures Escalation Levels (OPEL) Framework in a consistent manner across all acute sites as the key clinical safety indicator of system pressure
 - leading the development of a comprehensive winter operating plan underpinned by a locally agreed operating model.
- Ensure infection prevention and control (IPC) colleagues are involved in winter planning and that they continue to be involved in responding to winter.
- Lead the liaison and engagement with the voluntary, community and social enterprise partners to ensure that they are fully engaged in winter planning and their support maximised.
- Ensure the continued workforce supply through early planning of actions to mitigate any loss of education and training during the periods of greatest winter service pressures.

In addition, ICBs are responsible for leading the delivery of high impact interventions 5-10 which are:

- Care Transfer Hubs
- Intermediate Care Demand and Capacity
- Virtual Wards
- 2-hour Urgent Care Response
- Single Point of Access
- ARI Hubs

All these initiatives are within the system workplan for UEC and have appropriate levels of funding aligned in year or have submitted business cases to NHS England. These will form part of the Lincolnshire System Winter plan which will incorporate organisational plans and detail oversight and governance arrangements.

4. Next steps

The Lincolnshire Winter Plan will be finalised and presented to the Urgent and Emergency Care Partnership Board (UECPB) on the 6th of October 2023 for system strategic review and approval.

The Winter Delivery Task and Finish Group, led by the ICB, will be re-established by end of September 23 to deliver the winter actions, and will provide assurance and escalation to the UECPB. The task and finish group will be supported by the wider UEC system governance which includes the UEC Strategic System Leaders Group, who have responsibility for winter oversight, and the UEC Clinical Reference Group.

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	6 (i)
Meeting Date:	Tuesday, 26th September 2023
Title of Report:	System Financial Management Report August 2023 (Month 5)
Report Author:	Rebecca McCauley, Senior Finance Business Partner
Presenter:	Matt Gaunt, Director of Finance
Appendices:	None

To approve <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g., approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

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

Summary

The report presents the year-to-date and outturn position of both the ICB and the ICS for the financial year at month five 2023/24. The financial position was discussed comprehensively at the ICB Finance and Resource Committee on 19.09.24.

Year To Date Financial Position

The ICS' plan was to deliver a £24.6m deficit at the 31st of August 2023. The ICS reported a deficit of £29.7m which represents a £5.1m adverse variance to plan.

The ICB has reported a year-to-date £21.2m adverse variance against income and allocations. This equates to a £5.5m adverse variance against the 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 £2.1m surplus for the full year. This is £0.2m adverse variance against the £2.4m plan.

Risks and Mitigations

The ICS has identified £58.5m of risks within its reported outturn position. After mitigations this provides a net risk position of £22.1m.

The risk position is built up from cost drivers known at the planning stage and those emerging through the course of the year. These are shortfalls on the Financial Recovery Plan identified at the planning stage; 'stretch' cost improvement that was unidentified at the planning stage. The benefit from the National elective incentive scheme and non-pay inflationary pressures. Over the course of the year, very significant additional pressure are arising as a result of industrial action, prescribing and the cost of individual packages of care.

The ICB and its partners are seeking to close this net risk position.

Efficiencies

At month 5 the ICS delivered £23.6m in efficiencies which equates to a £5.8m favourable variance against the £17.8m plan. The full year plan is to deliver efficiencies of £78.9m and the outturn at month 5 is to deliver this plan. The unidentified component of the system's Financial Recovery Programme has been identified in full.

The ICS FRP constitutes £55.0m 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 5 the ICS is planning to break-even against its £31.4m full year Capital Allocation. The ICS is reporting a £4.5m underspend against its year-to-date plan of £8.0m due to slippage on some projects. It is expected that any slippage will be mitigated in full by the financial year end.

Mental Health Investment Standard (MHIS)

On 31st August 2023 the ICS is expecting to achieve its MHIS target for 2023/24. The target spend for the year is £154.0m and the ICS is committed to meeting this target.

Prior year under-delivery is expected to be delivered in 2024/25 with no impact on 2023/24.

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 more than 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

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	Not applicable.
Aim 2: Tackle inequalities in outcomes, experience and access.	Not applicable.
Aim 3: Enhance productivity and value for money.	This report will help to inform decisions on productivity and value for money
Aim 4: Help the NHS support broader social and economic development.	Deliver a sustainable system financial plan, ensuring funding is distributed to where services are delivered.

Conflicts of Interest	Summary of conflicts
No conflict identified	Not applicable

Risk and Assurance
Include details of risk and assurance implications, and in particular any risks aligned to the Board Assurance Framework and Corporate Risk Register.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Yes
Does the report highlight any quality and patient safety implications?	Not Applicable
Does the report highlight any health inequalities implications/	Not Applicable
Does the report demonstrate patient and public involvement?	Not Applicable
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not Applicable

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
System financial update was presented to the ICB Finance and Resource Committee on 19.09.23.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (i)
Meeting Date:	Tuesday, 26 th September 2023
Title of Report:	Pre-Delegation Assessment Framework (PDAF) for specialised services
Report Author:	Sandra Williamson, Director of Health Inequalities, Prevention & Regional Collaboration Jules Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance Kate O’Kane Senior Finance Business Partner (Planned Care)
Presenter:	Sandra Williamson, Director of Health Inequalities, Prevention & Regional Collaboration
Appendices:	<ol style="list-style-type: none"> 1. Specialised Services – Delegated and Retained 2. Pre-Delegation Assessment Framework 3. Briefing note for Midlands ICBs – PDAF presentation

To approve <input checked="" type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

The ICB Board are recommended to:

- Note the progress on Delegation of Services from NHS England to Integrated Care Boards for Specialised Services on 1st April 2024
- Approve the Pre-Delegation Assessment Framework (PDAF) for category A services for 1st April 2024 (Appendix 2)
- Approve any necessary changes to the ICB Governance Handbook to reflect the establishment of, and delegations to, the ICB’s Joint Committee (including the Scheme of Reservation and Delegation).

Summary

Purpose

This paper provides a summary of the process for the delegation of the 59 Acute Specialised Commissioning Service lines that are due for delegation to ICBs in April 2024.

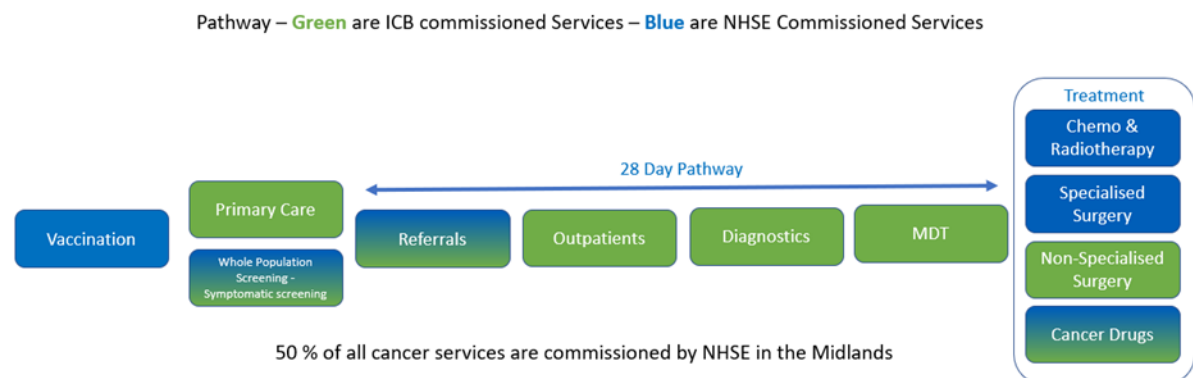
The commissioning of Specialised Services is a statutory function of NHS England and until the recent legislation NHSE could not delegate these functions to another organisation. However, the 2022 legislation enabled this.

There is a national policy intention to delegate responsibility for commissioning 59 (category 1 services) or the 177 specialised service lines (Appendix 1) to ICBs from 1st April 2024. A briefing note outlining the process was sent to all Midlands ICBs on 11th August 2023. In preparation for delegation.

- There is currently no timeframe for the delegation of category 2 services. Mental Health Learning Disability and Autism and specialised Pharmacy services (as well as some additional Acute Services) are in category 2.
- The delegation of specialised services will build upon experience and lessons learnt from the delegation of Pharmacy, Optometry and Dentistry.

Delegation means that NHS England will delegate its statutory functions to another organisation. Finances and liability follow the function that is delegated, contracts will transfer and ICBs have decision making authority, details of which will be laid out in the terms of the delegation agreement.

The key objective of delegation is to join up fragmented pathways to improve outcomes for patients. The current cancer pathway illustrates fragmentation and opportunities for joint planning.



The PDAF

The Pre-delegation assessment has been co-produced by ICB and NHSE teams for the East and West Midlands, though joint working groups and workshops led by the ICB Exec leads for specialised services. Attached in Appendix 3 is the completed Pre-Delegation Assessment Framework (PDAF) detailing the level of readiness.

The [five/six] ICBs which form the [East/West] Midlands multi-ICB and NHSE Midlands have co-authored the multi-ICB's response to the PDAF. This has involved the formation of working groups across the six domains:

1. Health & Care Geography
2. Transformation
3. Governance
4. Finance
5. Workforce
6. Data, Reporting & Analytical Infrastructure

The domain responses have then been collated and reviewed by the Operating Model Group, consisting of senior leaders from the 11 Midlands ICBs and NHSE.

The deadline for submission of the PDAF is 25th September 2023 (attached in Appendix 2 the PDAF completed submission). Once submitted it will be reviewed by the National Moderation Panel in October and the NHSE Executive Group in November before final approval by the NHSE Board on 7th December 2023.

The Delegation Process

Whilst all decisions will be through formal joint committees, ensuring equal and equitable decision making for each individual ICB with no one ICB having primacy over another, the hosting of the workforce requires one ICB to provide this function on behalf of the other ICBs (and, for specialised services, NHSE).

A Joint Working Agreement between NHSE and the East Midlands ICBs that supports collaborative working on the prescribed Specialised Services was signed by all ICB Chief Executives on Friday 17th March 2023 (which the ICB Board was previously briefed on and received the details). This covered both Primary Care Pharmacy, Optometry and Primary and Secondary Dentistry (POD) and specialised services. It should be noted that the Joint Working Agreements are iterative documents that can be varied at any time by consent of all parties.

We have received the draft delegation agreement for specialised services and the intention is that this will be supported by an ICB collaboration agreement which enables Multiple ICBs to formally come together. This will be tailored to local circumstances and mechanisms to enable collaborative working within existing legal frameworks.

How does this paper support the ICB's core aims to:

<p>Aim 1: Improve outcomes in population health and healthcare.</p>	<p>The overarching aim of delegation is to bring the population resource closer to the populations served, breaking down organisational barriers across pathways of care. This is expected to reduce health inequalities, whilst improving the quality of health and care for patients, by ensuring that ICBs can strategically plan and commission services for their whole population.</p> <p>A Joint NHSE/ICB clinical strategy is being developed to identify key priorities for the next 5-10 years. This will include areas of focus for transformation to support improvement in health outcomes and tackle health inequalities.</p>
<p>Aim 2: Tackle inequalities in outcomes, experience and access.</p>	<p>The East Midlands Multi-ICBs and NHSE have co-produced a Health Inequalities Strategy for Specialised Acute and Pharmacy services in the Midlands.</p>
<p>Aim 3: Enhance productivity and value for money.</p>	<p>Establishing joint working arrangements between the ICBS ensures equal and</p>

	equitable decision making – reduces duplication and improves productivity and value for money.		
Aim 4: Help the NHS support broader social and economic development.	As above.		
Conflicts of Interest	Summary of conflicts		
No conflict identified			
Risk and Assurance			
There are no specific risks highlighted.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	No		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications/	No		
Does the report demonstrate patient and public involvement?	Not applicable.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable.		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Report previously presented at:			
No applicable.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Appendix 1

Specialised Services – Categories for Delegation and Retained Services

Green Services – Services due to be Delegated to ICB in April 2024

No.	PSS Manual Line Description	Service Line Description	Commissioning Footprint
1.	Adult congenital heart disease services	Adult congenital heart disease services (non-surgical)	5-7m
		Adult congenital heart disease services (surgical)	5-7m
2.	Adult specialist pain management services	Adult specialist pain management services	5-7m
3.	Adult specialist respiratory services	Interstitial lung disease	1-3m
		Severe asthma	1-3m
4.	Adult specialist rheumatology services	Adult specialist rheumatology services	1-3m
5.	Adult Specialist Cardiac Services	Complex device therapy	3-5m
		Cardiac electrophysiology & ablation	3-5m
		Inherited cardiac conditions	1-3m
		Cardiac surgery (inpatient)	3-5m
		PCCI for ST- elevation myocardial infarction	3-5m
		Cardiac magnetic resonance imaging	1-3m
		Transcatheter Aortic Valve Replacement (TAVI)	3-5m
		Cardiac surgery (outpatient)	1-3m
6.	Adult specialist endocrinology services	Adrenal Cancer	1-3m
		Adult specialist endocrinology services	1-3m
7.	Adult specialist neurosciences services	Neurosurgery - Low Volume Procedures (National)	10-25m
		Neurosurgery - Low Volume Procedures (Regional)	7-10m
		Neurosurgery - Low Volume Procedures (Neuroscience Centres)	3-5m
		Neurology	1-3m
		Neurophysiology	1-3m
		Neuroradiology	1-3m
		Neurosurgery	1-3m
		Mechanical Thrombectomy	1-3m
8.	Adult specialist ophthalmology services	Artificial Eye Service	3-5m
		Adult specialist ophthalmology services	1-3m
9.	Adult specialist orthopaedic services	Orthopaedic surgery	1-3m
		Orthopaedic revision	3-5m
10.	Adult specialist renal services	Renal dialysis	1-3m
		Access for renal dialysis	1-3m
11.	Adult specialist services for people living with HIV	Adult specialised services for people living with HIV	500k-1m
12.	Adult specialist vascular services	Adult specialist vascular services	1-3m
13.	Adult thoracic surgery services	Complex thoracic surgery	1-3m
		Adult thoracic surgery services: outpatients	1-3m
14.	Bone conduction hearing implant services (adults and children)	Bone anchored hearing aids service	1-3m
		Middle ear implantable hearing aids service	3-5m
15.	Cleft lip and palate services (adults and children)	Cleft lip and palate services	5-7m
16.	Cochlear implantation services (adults and children)	Cochlear implantation services	3-5m
17.	Complex spinal surgery services (adults and children)	Complex spinal surgery services	3-5m

18.	Fetal medicine services (adults and adolescents)	Fetal medicine services	1-3m
19.	Specialist adult gynaecological surgery and urinary surgery services for females	Severe Endometriosis	1-3m
		Complex urinary incontinence and genital prolapse	1-3m
20.	Specialist adult urological surgery services for men	Penile implants	1-3m
		Surgical sperm removal	1-3m
		Urethral reconstruction	1-3m
21.	Specialist allergy services (adults and children)	Specialist allergy services	1-3m
22.	Specialist dermatology services (adults and children)	Specialist dermatology services	1-3m
23.	Specialist metabolic disorder services (adults and children)	Specialist metabolic disorder services	5-7m
24.	Specialist pain management services for children	Specialist pain management services for children	5-7m
25.	Specialist palliative care services for children and young adults	Specialist palliative care services for children and young adults	5-7m
26.	Specialist services for adults with infectious diseases	Specialist services for adults with infectious diseases	5-7m
		Specialist Bone and Joint Infection	3-5m
27.	Major trauma services (adults and children)	Major trauma services	3-5m
28.	Neuropsychiatry services (adults and children)	Neuropsychiatry services	1-3m
29.	Paediatric cardiac services	Paediatric cardiac services	5-7m
30.	Radiotherapy services (adults and children)	Radiotherapy services (Adults)	3-5m
		Radiotherapy services (Children)	7-10m
		Stereotactic Radiosurgery / radiotherapy	3-5m
31.	Specialist cancer services (adults)	Chemotherapy	1-3m
		Anal cancer	5-7m
		Malignant mesothelioma	3-5m
		Head and neck cancer	1-3m
		Kidney, bladder and prostate cancer	1-3m
		Rare brain and CNS cancer	5-7m
		Oesophageal and gastric cancer	1-3m
		Biliary tract cancer	1-3m
		Liver cancer	1-3m
		Cancer Outpatients	TBC
		Testicular cancer	3-5m
		Gynaecological cancer	3-5m
Pancreatic cancer	3-5m		
Skin cancer	1-3m		
32.	Specialist cancer services for children and young adults	Teenage and young adult cancer	5-7m
		Children's cancer	5-7m
33.	Specialist colorectal surgery services (adults)	Complex surgery for faecal incontinence	1-3m
		Complex inflammatory bowel disease	1-3m
		Transanal endoscopic microsurgery	1-3m
		Distal sacrectomy for advanced and recurrent rectal cancer	7-10m
34.	Specialist dentistry services for children	Specialist dentistry services for children	1-3m
35.	Specialist ear, nose and throat services for children	Specialist ear, nose and throat services for children	1-3m
36.	Specialist endocrinology services for children	Specialist endocrinology and diabetes services for children	1-3m
37.	Specialist gastroenterology, hepatology and nutritional support services for children	Specialist gastroenterology, hepatology and nutritional support services for children	1-3m

38.	Specialist gynaecology services for children	Specialist paediatric surgery services - Gynaecology	1-3m
39.	Specialist haematology services for children	Specialist haematology services for children	1-3m
40.	Specialist maternity care for adults diagnosed with abnormally invasive placenta	Specialist maternity care for women diagnosed with abnormally invasive placenta	1-3m
41.	Neonatal critical care services	Specialist neonatal care services	500k-1m
42.	Specialist neuroscience services for children	Specialist neuroscience services for children	1-3m
		Paediatric neurorehabilitation	7-10m
		Selective dorsal rhizotomy	7-10m
43.	Specialist ophthalmology services for children	Specialist ophthalmology services for children	1-3m
44.	Specialist orthopaedic services for children	Specialist orthopaedic services for children	1-3m
45.	Paediatric critical care services	Specialist paediatric intensive care services	1-3m
46.	Specialist plastic surgery services for children	Specialist plastic surgery services for children	1-3m
47.	Specialist rehabilitation services for patients with highly complex needs (adults and children)	Specialist rehabilitation services for patients with highly complex needs	3-5m
48.	Specialist renal services for children	Specialist renal services for children	5-7m
49.	Specialist respiratory services for children	Specialist respiratory services for children	1-3m
50.	Specialist rheumatology services for children	Specialist rheumatology services for children	1-3m
51.	Specialist services for children with infectious diseases	Specialist services for children with infectious diseases	5-7m
52.	Specialist services for complex liver, biliary and pancreatic diseases in adults	Specialist services for complex liver diseases in adults	500k-1m
		Specialist services for complex pancreatic diseases in adults	500k-1m
		Specialist services for complex liver, biliary and pancreatic diseases in adults	500k-1m
53.	Specialist services for haemophilia and other related bleeding disorders (adults and children)	Specialist services for haemophilia and other related bleeding disorders (Adults)	5-7m
		Specialist services for haemophilia and other related bleeding disorders (Children)	5-7m
54.	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	Prosthetics	1-3m
55.	Specialist paediatric surgery services	Specialist paediatric surgery services - General Surgery	1-3m
56.	Specialist paediatric urology services	Specialist paediatric urology services	1-3m
57.	Specialist morbid obesity services for children	Specialist morbid obesity services for children	>25m
58.	Termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital	Complex termination of pregnancy	1-3m
59.	Adult Critical Care	Adult critical care	500k-1m

Amber Services – Services suitable but not yet ready for delegated that are currently being reviewed Nationally

No.	PSS Manual Line Description	Service Line Description	Commissioning Footprint
1.	Adult specialist respiratory services	Management of central airway obstruction	1-3m
		Complex home ventilation	1-3m
2.	Adult specialist renal services	Renal transplantation	1-3m
3.	Haematopoietic stem cell transplantation services (adults and children)	Blood and marrow transplantation services	5-7m
		Extracorporeal photopheresis service	5-7m

4.	Cystic fibrosis services (adults and children)	Cystic fibrosis services	1-3m
5.	Gender dysphoria services (children and adolescents)	Gender identity development service for children and adolescents	>25m
6.	Gender dysphoria services (adults)	Gender identity services	>25m
		Gender dysphoria: genital surgery (trans feminine)	>25m
		Gender dysphoria - genital surgery (trans masculine)	>25m
		Gender dysphoria: chest surgery (trans masculine)	>25m
		Gender dysphoria - non-surgical services	>25m
		Gender dysphoria: other surgical services	>25m
7.	Specialist adult gynaecological surgery and urinary surgery services for females	Specialised services for women with complications of mesh inserted for urinary incontinence and vaginal prolapse (16 years and above)	7-10m
		Reconstructive surgery and congenital anomalies of the female genital tract	5-7m
8.	Specialist services for adults with infectious diseases	Tropical Disease	10-25m
9.	Paediatric and perinatal postmortem services	Paediatric and perinatal postmortem services	1-3m
10.	Positron emission tomography-computed tomography services (adults and children)	Positron emission tomography-computed tomography services (PETCT)	3-5m
11.	Primary malignant bone tumours service (adults and adolescents)	Primary malignant bone tumours service (adults and adolescents)	5-7m
12.	Severe intestinal failure service (adults)	Severe intestinal failure service	1-3m
13.	Specialist adult haematology services	Castleman disease	7-10m
14.	Specialist cancer services (adults)	Soft tissue sarcoma	5-7m
		Penile cancer	5-7m
15.	Clinical genomic services (adults and children)	Genomic laboratory testing services	>25m
		Pre-Implantation genetic diagnosis and associated in-vitro fertilisation services	7-10m
		Specialist clinical genomics services	>25m
		Molecular diagnostic service	>25m
16.	Specialist haemoglobinopathy services (adults and children)	Sickle cell anaemia - direct patient care	3-5m
		Thalassemia - direct patient care	3-5m
		Haemoglobinopathies coordinating centres (HCCs)	10-25m
		Specialist Haemoglobinopathies Teams (SHTs)	5-7m
17.	Specialist immunology services for adults with deficient immune systems	Specialist immunology services for adults with deficient immune systems	5-7m
18.	Specialist immunology services for children with deficient immune systems	Specialist immunology services for children with deficient immune systems	5-7m
19.	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	Specialist augmentative and alternative communication aids	5-7m
		Specialist environmental controls	5-7m
20.	Spinal cord injury services (adults and children)	Spinal cord injury services (adults and children)	5-7m
21.	Advanced Therapy Medicinal Products (ATMPs)	Advanced Therapy Medicinal Products (ATMPs)	>25m
22.	Adult secure mental health services	Secure and specialised mental health services (adult) (Medium and low) -including LD / ASD / WEMS / ABI / DEAF	500k-1m
		Secure and specialised mental health services (adult) (Medium and low) - Excluding LD / ASD / WEMS / ABI / DEAF	3-5m
		Secure and specialised mental health services (adult) (Medium and low) - ASD	3-5m
		Secure and specialised mental health services (adult) (Medium and low) - LD	3-5m

		Secure and specialised mental health services (adult) Medium Secure Female WEMS	3-5m
		Secure and specialised mental health services (adult) (Medium and low) - ABI	3-5m
		Secure and specialised mental health services (adult) (Medium and low) - DEAF	3-5m
		Specialised mental health services exceptional packages of care	3-5m
23.	Adult specialist eating disorder services	Adult specialist eating disorder services	3-5m
24.	Children and young people's inpatient mental health service	Tier 4 CAMHS (MSU)	3-5m
		Tier 4 CAMHS (children's service)	3-5m
		Tier 4 CAMHS (general adolescent inc. eating disorders)	3-5m
		Tier 4 CAMHS (low secure)	3-5m
		Tier 4 CAMHS (PICU)	3-5m
		Tier 4 CAMHS (LD)	3-5m
		Tier 4 CAMHS (ASD)	3-5m
25.	Specialist secure forensic mental health services for young people	FCAMHS	3-5m
26.	Severe obsessive-compulsive disorder and body dysmorphic disorder service (adults and adolescents)	Severe obsessive-compulsive disorder and body dysmorphic disorder service	500k-1m
27.	Specialist mental health services for Deaf adults	Specialist mental health services for Deaf adults	3-5m
28.	Specialist perinatal mental health services (adults and adolescents)	Specialist perinatal mental health services	3-5m
29.	Specialist services for severe personality disorder in adults	Specialist services for severe personality disorder in adults	500k-1m

Red services – Highly Specialised Services that will Not be delegated to ICBs

No.	PSS Manual Line Description	Service Line Description	Commissioning Footprint	Rationale for not being suitable in 2023/24
1.	Adult ataxia telangiectasia services	Adult ataxia telangiectasia services	>25m	Highly Specialised Service
2.	Adult oesophageal gastric services in the form of gastro-electrical stimulation for patients with intractable gastroparesis	Gastro-electrical stimulation for patients with intractable gastroparesis	1-3m	Small patient numbers (approximately 45) & small number of providers (2) supports national commissioning approach. Do not commission policy, but long-term duty of care for patient group (e.g. replacement batteries) – explore HSS
3.	Adult specialist respiratory services	Primary ciliary dyskinesia management (adult)	>25m	Highly Specialised Service
4.	Adult specialist neurosciences services	Transcranial magnetic resonance guided focused ultrasound (TcMRgFUS)	>25m	Newly commissioned service in 21/22 with just 2 national providers across England. There is a high capital cost element to the service and hence the recommendation is to retain centrally.
		Inherited white matter disorders diagnostic and management service for adults	10-25m	Highly Specialised Service
5.	Adult specialist ophthalmology services	Retinal Gene Therapy	10-25m	Highly Specialised Service
		Limbal Cell Treatment (Holoclar)	>25m	Small number of providers, low patient numbers, high cost ATMP with complex regulatory requirements regarding import/export.

6.	Adult specialist pulmonary hypertension services	Adult specialist pulmonary hypertension services	7-10m	Only 5 centres nationally, one trust has circa 50% of all activity
7.	Adult specialist renal services	Cystinosis	>25m	Highly Specialised Service
8.	Alkaptonuria service (adults)	Alkaptonuria service (adults)	>25m	Highly Specialised Service
9.	Alpha 1 antitrypsin services (adults)	Alpha 1 antitrypsin services	>25m	Highly Specialised Service
10.	Alström syndrome service (adults and children)	Alström syndrome service (adults and children)	>25m	Highly Specialised Service
11.	Ataxia telangiectasia service for children	Ataxia telangiectasia service for children	>25m	Highly Specialised Service
12.	Atypical haemolytic uraemic syndrome services (adults and children)	Atypical haemolytic uraemic syndrome services (adults and children)	>25m	Highly Specialised Service
13.	Autoimmune paediatric gut syndromes service	Autoimmune paediatric gut syndromes service	>25m	Highly Specialised Service
14.	Autologous intestinal reconstruction service for adults	Autologous intestinal reconstruction service for adults	>25m	Highly Specialised Service
15.	Bardet-Biedl syndrome service (adults and children)	Bardet-Biedl syndrome service (adults and children)	>25m	Highly Specialised Service
16.	Barth syndrome service (adults and children)	Barth syndrome service (male adults and children)	>25m	Highly Specialised Service
17.	Beckwith-Wiedemann syndrome with macroglossia service (children)	Beckwith-Wiedemann syndrome with macroglossia service (children)	>25m	Highly Specialised Service
18.	Behçet's syndrome service (adults and adolescents)	Behçet's syndrome service (adults and adolescents)	>25m	Highly Specialised Service
19.	Bladder exstrophy service (children)	Bladder exstrophy service (children)	>25m	Highly Specialised Service
20.	Pain-related complex cancer late effects rehabilitation service (adults)	Breast radiotherapy injury rehabilitation service	>25m	Highly Specialised Service
21.	Choriocarcinoma service (adults and adolescents)	Choriocarcinoma service (adults and adolescents)	>25m	Highly Specialised Service
22.	Chronic pulmonary aspergillosis service (adults)	Chronic pulmonary aspergillosis service (adults)	>25m	Highly Specialised Service
23.	Complex childhood osteogenesis imperfecta service	Complex childhood osteogenesis imperfecta service	>25m	Highly Specialised Service
24.	Complex Ehlers Danlos syndrome service (adults and children)	Complex Ehlers Danlos syndrome service (adults and children)	>25m	Highly Specialised Service
25.	Complex neurofibromatosis type 1 service (adults and children)	Complex neurofibromatosis type 1 service (adults and children)	>25m	Highly Specialised Service
26.	Complex tracheal disease service (children)	Complex tracheal disease service (children)	>25m	Highly Specialised Service
27.	Congenital hyperinsulinism service (children)	Congenital hyperinsulinism service (children)	>25m	Highly Specialised Service
28.	Craniofacial service (adults and children)	Craniofacial service (adults and children)	>25m	Highly Specialised Service
29.	Cryopyrin associated periodic syndrome service (adults and children)	Cryopyrin associated periodic syndrome service (adults and children)	10-25m	Highly Specialised Service

30.	Diagnostic service for amyloidosis (adults and children)	Diagnostic service for amyloidosis (adults and children)	10-25m	Highly Specialised Service
31.	Diagnostic service for primary ciliary dyskinesia (adults and children)	Diagnostic service for primary ciliary dyskinesia (adults and children)	>25m	Highly Specialised Service
32.	Diagnostic service for rare neuromuscular disorders (adults and children)	Diagnostic service for rare neuromuscular disorders (adults and children)	>25m	Highly Specialised Service
33.	Encapsulating peritoneal sclerosis treatment service (adults)	Encapsulating peritoneal sclerosis treatment service (adults)	>25m	Highly Specialised Service
34.	Epidermolysis bullosa service (adults and children)	Epidermolysis bullosa service (adults and children)	>25m	Highly Specialised Service
35.	Extra corporeal membrane oxygenation service for adults with respiratory failure	Extra corporeal membrane oxygenation service for adults with respiratory failure	>25m	Highly Specialised Service
36.	Extra corporeal membrane oxygenation service for neonates, infants and children with respiratory failure	Extra corporeal membrane oxygenation service for neonates, infants and children with respiratory failure	>25m	Highly Specialised Service
37.	Ex-vivo partial nephrectomy service (adults)	Ex-vivo partial nephrectomy service (adults)	>25m	Highly Specialised Service
38.	Hand and upper limb transplantation service (adults)	Hand and upper limb transplantation service (adults)	>25m	Highly Specialised Service
39.	Ovarian and testicular tissue cryopreservation for patients receiving gonadotoxic treatment who are at high risk of infertility and cannot store mature eggs or sperm	Gonadal tissue cryopreservation services for children and young people at high risk of gonadal failure due to treatment or disease	>25m	Highly Specialised Service
40.	Heart and lung transplantation service (including mechanical circulatory support) (adults and children)	Heart and lung transplantation	>25m	Highly Specialised Service
		Ventricular Assist Devices	>25m	Highly Specialised Service
41.	Specialist adult gynaecological surgery and urinary surgery services for females	Urinary Fistula	5-7m	TBC
42.	Specialist dermatology services (adults and children)	Stevens-Johnson syndrome and toxic epidermal necrolysis (SJS-TEN)	10-25m	Highly Specialised Service
43.	Specialist metabolic disorder services (adults and children)	CLN2 Disease	>25m	Highly Specialised Service
44.	Specialist services for adults with infectious diseases	Human T-Cell Lymphotropic Virus Type 1 and 2	10-25m	Small number of providers
		Adult high consequence infectious airborne disease service	10-25m	Highly Specialised Service
		Adult high consequence infectious contact disease service	10-25m	Highly Specialised Service

		Infectious disease isolation units	7-10m	Highly Specialised Service
45.	Hyperbaric oxygen treatment services (adults and children)	Hyperbaric oxygen treatment services (adults and children)	5-7m	Small patient numbers (approximately 54) supports national commissioning approach – ticks criteria for HSS. Emergency service, national co-ordination with coastguard required
46.	Insulin-resistant diabetes service (adults and children)	Insulin-resistant diabetes service (adults and children)	>25m	Highly Specialised Service
47.	Islet transplantation service (adults)	Islet transplantation service (adults)	>25m	Highly Specialised Service
48.	Liver transplantation service (adults and children)	Liver transplantation service (adults and children)	>25m	Highly Specialised Service
49.	Lymphangiomyomatosis service (adults)	Lymphangiomyomatosis service (adults)	>25m	Highly Specialised Service
50.	Lysosomal storage disorder service (adults and children)	Lysosomal storage disorder service (adults and children)	>25m	Highly Specialised Service
51.	McArdle's disease service (adults)	McArdle's disease service (adults)	>25m	Highly Specialised Service
52.	Mitochondrial donation service	Mitochondrial donation service	>25m	Highly Specialised Service
53.	NF2-schwannomatosis service (adults and children)	Neurofibromatosis type 2 service (adults and children)	>25m	Highly Specialised Service
54.	Neuromyelitis optica service (adults and adolescents)	Neuromyelitis optica service (adults and adolescents)	>25m	Highly Specialised Service
55.	Ocular oncology service (adults)	Ocular oncology service (adults)	>25m	Highly Specialised Service
56.	Ophthalmic pathology service (adults and children)	Ophthalmic pathology service (adults and children)	>25m	Highly Specialised Service
57.	Osteo-odonto-keratoprosthesis service for corneal blindness (adults)	Osteo-odonto-keratoprosthesis service for corneal blindness (adults)	>25m	Highly Specialised Service
58.	Paediatric intestinal pseudo-obstructive disorders service	Paediatric intestinal pseudo-obstructive disorders service	>25m	Highly Specialised Service
59.	Pancreas transplantation service (adults)	Pancreas transplantation service (adults)	>25m	Highly Specialised Service
60.	Paroxysmal nocturnal haemoglobinuria service (adults and adolescents)	Paroxysmal nocturnal haemoglobinuria service (adults and adolescents)	10-25m	Highly Specialised Service
61.	Primary ciliary dyskinesia management service (adults and children)	Primary ciliary dyskinesia management service (adults and children)	>25m	Highly Specialised Service
62.	Proton beam therapy service (adults and children)	Proton beam therapy service (adults and children)	>25m	Highly Specialised Service
63.	Pseudomyxoma peritonei service (adults)	Pseudomyxoma peritonei service (adults)	>25m	Highly Specialised Service
64.	Pulmonary hypertension service for children	Pulmonary hypertension service for children	>25m	Highly Specialised Service
65.	Pulmonary thromboendarterectomy service (adults and adolescents)	Pulmonary thromboendarterectomy service (adults and adolescents)	>25m	Highly Specialised Service

66.	Rare mitochondrial disorders service (adults and children)	Rare mitochondrial disorders service (adults and children)	>25m	Highly Specialised Service
67.	Retinoblastoma service (children)	Retinoblastoma service (children)	>25m	Highly Specialised Service
68.	Severe acute porphyria service (adults and children)	Severe acute porphyria service (adults and children)	>25m	Highly Specialised Service
69.	Severe combined immunodeficiency and related disorders service (children)	Severe combined immunodeficiency and related disorders service (children)	5-7m	Highly Specialised Service
70.	Small bowel transplantation service (adults and children)	Small bowel transplantation service (adults and children)	>25m	Highly Specialised Service
71.	Specialist adult haematology services	Thrombotic thrombocytopenic purpura (TTP)	7-10m	Highly Specialised Service
72.	Specialist burn care services (adults and children)	Specialist burn care services (adults)	7-10m	Small number of centres and low number of patients. The service benefits from national planning, oversight and national incident response. Centres are not geographically distributed and not part of 'local pathways'.
		Specialist burn care services (children)	7-10m	Small number of centres and low number of patients. The service benefits from national planning, oversight and national incident response. Centres are not geographically distributed and not part of 'local pathways'.
73.	Specialist colorectal surgery services (adults)	Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy for colorectal cancer	10-25m	Small patient numbers supports national commissioning approach. Also awaiting national procurement for 4 centres with growth to 5 next year. Very similar and aligned to another HSS.
74.	Specialist ear, nose and throat services for children	Auditory brainstem implants for children	>25m	Highly Specialised Service
75.	Specialist haemoglobinopathy services (adults and children)	National haemoglobinopathy panel (NHP)	>25m	One contract with London – would need to remain national due to the nature and links to other services.
76.	Specialist neuroscience services for children	Spinal muscular atrophy: gene therapy	>25m	Highly Specialised Service
		Inherited white matter disorders diagnostic and management service for children	10-25m	Highly Specialised Service
		Children's Epilepsy Surgery Service	1-3m	
		Multiple Sclerosis Management service for children	>25m	Highly Specialised Service
		Open Fetal surgery to treat fetuses with open spina bifida	>25m	Highly Specialised Service
77.	Specialist paediatric liver disease service	Specialist paediatric liver disease service	>25m	Highly Specialised Service
78.	Specialist services for children with infectious diseases	Specialist services for children with infectious diseases: HIV	10-25m	Small patient cohort (464 patients) across England. Service to remain national, will be supported with a review of adult and paediatric service specifications to ensure a joined-up transition of services.

		High consequence infectious airborne disease services for children	10-25m	Highly Specialised Service
		High consequence infectious contact disease services for children	>25m	Highly Specialised Service
79.	Specialist services for complex liver, biliary and pancreatic diseases in adults	Total pancreatectomy with islet auto transplant	>25m	Highly Specialised Service
80.	Stem cell transplantation service for juvenile idiopathic arthritis and related connective tissue disorders (children)	Stem cell transplantation service for juvenile idiopathic arthritis and related connective tissue disorders (children)	10-25m	Highly Specialised Service
81.	Stickler syndrome service (adults and children)	Stickler syndrome diagnostic service (adults and children)	>25m	Highly Specialised Service
82.	Uterine transplantation services (adults)	Uterine transplantation services	>25m	Highly Specialised Service
83.	Vein of Galen malformation service (adults and children)	Vein of Galen malformation service (adults and children)	>25m	Highly Specialised Service
84.	Wolfram syndrome service (adults and children)	Wolfram syndrome service (adults and children)	>25m	Highly Specialised Service
85.	DNA Nucleotide Excision Repair Disorders Service (adults and children)	DNA Nucleotide Excision Repair Disorders Service	>25m	Highly Specialised Service
86.	Adult secure mental health services	Offender personality disorder	TBC	Jointly commissioned by HMPPS, supports national commissioning in short term. Further work to be done to ensure integration with overall approach for health and justice. Hard to know when this will be ready for greater ICS leadership due to being jointly commissioned by HMPPS
		Secure and specialised mental health service (adult) (High) - Excluding LD	5-7m	Remains national as per recommendations for Provider Collaborative considerations. SoS delegates the commissioning of high secure high secure hospitals to NHSEI - Health and Social Care Act 2012, Section 16 relates to the commissioning and provision of "secure psychiatric services" Considerations include: Legal framework within which high secure services are provided, The authorisation and licensing process / requirements , Previous public enquiries that have influenced the manner by which high secure services are delivered e.g. Fallon (1999), Tilt (2000), Savile report (2014) The Safety and Security Directions 2019
		Secure and specialised mental health service (adult) (High) - LD	3-5m	See 22U(a)
87.	Mental health service for deaf children & adolescents	Mental health service for deaf children & adolescents	3-5m	Very specialised services so will require national commissioning and oversight due very small in number of patients and providers.
88.	Psychological medicine inpatient services for severe and complex presentations of medically unexplained physical symptoms (adults)	Psychological medicine inpatient services for severe and complex presentations of medically unexplained physical symptoms	>25m	0

89.	Integrated veterans' mental health and wellbeing service	Veterans' mental health complex treatment service	7-10m	Commissioned by Armed Forces- due to specialist nature of service requiring national oversight used to be HSS, has more than 3 centres and more than 500 patients – but benefits from national coordination - not HSS
		Veterans' prosthetic service	7-10m	Commissioned by Armed Forces- due to specialist nature of service requiring national oversight

East Midlands multi-ICB

Pre-Delegation Assessment Framework proforma for 2024/25: Specialised Services

The pre-delegation assessment framework for specialised services has been developed to support ICBs prepare for delegation arrangements; and will underpin the assessment of system readiness.

Version 1.9, 5 June 2023

System readiness assessment for specialised commissioning

Purpose of the proforma

The pre-delegation assessment framework (PDAF) has been developed to support Integrated Care Boards (ICBs) prepare for delegation arrangements; and underpins the assessment of system readiness. It is aligned to the framework developed for the delegation of primary care Pharmaceutical Services, General Ophthalmic Services, and Dental (Primary, Secondary and Community) Services commissioning functions, but has been tailored specifically for specialised services commissioning. **Annex 1** sets out further information on the PDAF and wider process.

The questions set out in this proforma are aligned to the domains and criteria set out within the PDAF for specialised services (see **Annex 1**). In recognition of where ICBs are in their development journey, some questions look to examine strategic vision; whilst others are more focused on commissioning capacity and capability. The proforma should be completed and signed off by the ICB/s, and the relevant NHS England Regional Director of Commissioning. The responses should then be verified and signed-off by the relevant NHS England Regional Director, along with an overall assessment of whether the ICB/s is ready for delegation arrangements from April 24. The completed assessment proforma should then be sent to the national mailbox for the programme – fcmp.England@nhs.net – by **Monday 25 September 2023**.

Completing the assessment

- The proforma should be completed by the ICB/s forming the appropriate footprint to commission and plan the full set of in-scope services. We recommend that ICBs work together to draft a collective PDAF response where they are part of a wider multi-ICB footprint. Against each domain area, the response should (where relevant) consider both the overarching multi-ICB arrangement, and the individual ICBs forming that arrangement.

- If there are services that will be planned on a smaller geographical footprint (i.e. an individual ICB or a smaller group of ICBs within a wider multi-ICB footprint), this should be set out in domain 1, 'Health and Care Geography'.
- All questions are mandatory, and responses should build on the submissions made last year, reflecting on and noting where any key risks, issues or challenges that were previously highlighted have been addressed. Responses should also include reference to any new or emerging risks or issues that have been identified against each domain area and plans that are/will be in place to manage these. The responses should recognise where there are any developmental areas that will need to be addressed prior to delegation or – where applicable – when new arrangements go live.
- Regions should work with ICBs to provide support as they complete the proforma. As part of this assessment process, regional colleagues will be responsible for reviewing any evidence or further documentation supplied by ICBs, ahead of providing summarised responses below. **No additional attachments should be provided as part of the final submission to the national mailbox.**
- Examples of supporting evidence – which aim to support systems with their response in terms of what is considered 'essential' versus 'developmental' and will guide the regional assessment of system readiness – can be found in the response column in grey italics. If essential evidence is not provided, conditions should be considered to reflect this, and where this is significant, the (multi-)ICBs could be deemed as 'Category 3 (intensive support required)' against that domain. The text in italics should be deleted prior to submission.
- There is recognition that in some cases, the supporting evidence provided may include reference to policies or plans (e.g. in relation to patient and public involvement or digital inclusion) that have been developed with a broader scope than solely specialised services. Where this is the case, please confirm how these wider policies or plans will apply to specialised services.
- At the end of each domain, regions are asked to provide an assessment of the (multi-)ICB's readiness for delegation based on their responses and where applicable, note any conditions that maybe required.

- At the end of the proforma, the Regional Director will be asked to consider the responses across all the domain areas and determine where each ICB sits within the outcome categories below, as well as an overall assessment of the (multi-)ICB:

PDAF outcome categories	Description
Category 1 (delegation)	The (multi-)ICB is ready for full delegated commissioning responsibility from April 2024.
Category 2 (delegation with conditions)	The (multi-)ICB is ready for delegated commissioning responsibility from April 24 subject to developmental conditions being attached.
Category 3 (intensive support required)	Where the (multi-)ICB is not yet ready for full delegated commissioning responsibility from April 24 and needs an additional year of development and support through more intensive conditions being attached to the arrangement.

- Each ICB should be rated within each of these categories separately, and then an overall assessment of the multi-ICB footprint should be determined. Where there is variation of readiness across ICBs within a multi-ICB footprint, regions will need to take this into consideration when determining the most appropriate overall assessment of the multi-ICB footprint, and could follow a majority rule (i.e. if more than half of the ICBs are in the same category).
- This document should be signed by the ICB/s and the relevant NHS England Regional Director of Commissioning ahead of being verified and signed by the relevant NHS England Regional Director.
- Alongside this process, ICBs should also work through the [Safe Delegation Checklist](#) — which sets out the key actions to be completed to support a safe and smooth transition to new delivery arrangements — between now and March 24.
- A series of FAQs are available [on NHS Futures](#) to support this exercise, alongside further resources to support preparations for delegation. If you require any further support, please contact your Regional Director of Specialised Commissioning and

Health and Justice in the first instance. If any further clarification is required following this, please contact fcmp.England@nhs.net.

Name of ICB (if submission is on behalf of a multi-ICB footprint, please list each ICB that forms part of it)	East Midlands multi-ICB consisting of <ul style="list-style-type: none">• NHS Leicester, Leicestershire & Rutland ICB• NHS Nottingham & Nottinghamshire ICB• NHS Derby & Derbyshire ICB• NHS Northamptonshire ICB• NHS Lincolnshire ICB
For completion of the Safe Delegation Checklist, please confirm that: <ul style="list-style-type: none">➤ A senior responsible officer and workstream leads have been identified in each ICB➤ A delivery plan, including key milestones has been agreed	Yes Yes

Domain 1: Health and Care Geography

Question | **Response - Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate**



1a. What is the geographical footprint(s) proposed and is it appropriate to manage the in-scope services (as per the [Service Portfolio Analysis](#)). **(400 words max)**

From April 2024, both delegated and retained specialised services will be managed on a multi-ICB basis which matches the geographical footprint of the five ICBs in the East Midlands. The total population of the East Midlands is 4.7 million. The East Midlands multi-ICB footprint is consistent with the majority of patient flows agreed through the East Midlands Cancer Alliance, the East Midlands Operational Delivery Networks and the informal local provider collaboratives and other existing clinical arrangements. Where commissioning decisions are required to be informed by a larger footprint, for example neurosurgery and burns, these will be considered on a Midlands-wide footprint alongside the East Midlands multi-ICB.

Some of the advantages of managing the in-scope services on a sub-regional footprint are:

- Discussions are kept closer to the ICB, allowing for locally tailored solutions and manageable decision-making, to fit local populations and the patients being served; given the principle of ICBs taking responsibility for delegated specialised services.
- Ability to utilise the local knowledge and understanding of the ICBs.
- It provides the best balance of subsidiarity and scale.
- It allows for joint working and sharing of innovations and approaches, particularly through Operational Delivery Networks (ODNs).
- It links in well with other opportunities that the East Midlands Joint Committee is working on such as 111 and 999, and discussions around other areas of commissioning that would benefit from being looked at on an East Midlands footprint with the Office of the East Midlands and Midlands Commissioning Hub.
- It develops broader competencies and builds expertise across systems allowing for greater efficiency.

1b. Are there plans in place to mitigate against any issues that arise because of significant patient flows in and out of the footprint(s) for the [in-scope services](#) - including working with neighbouring geographies to manage them? **(400 words max)**

A detailed analysis of patient flows was undertaken as part of preparations for 2023/24 joint working using 2022/23 data, and more recently using 2023/24 population-based budgets. This has informed the actions required to manage patient flows between different geographies. The table below shows the percentage of specialised activity for East Midlands' patients across all Midlands providers and the percentage of patients treated outside of the Midlands.

	Specialised Activity	West Midlands - Provider ICB							East Midlands - Provider ICB						Out of Region	
		BSOL	BC	C&W	STW	SSOT	H&W	Total	LLR	N&N	Nhants	Lincs	Derbyshire	Total		
	Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	% of Total Patients	
East Midlands - Patient ICB	LLR	179,415	1.9	0.1	1.8	0.0	0.0	0.0	3.9	82.3	5.1	1.5	0.3	2.2	91.4	4.7
	N&N	220,703	0.6	0.0	0.0	0.0	0.0	0.0	0.6	1.0	88.1	0.0	0.3	0.4	89.8	9.6
	Nhants	148,590	1.5	0.0	1.2	0.0	0.0	0.0	2.8	6.8	0.7	68.6	0.0	0.0	76.2	21.1
	Lincs	106,333	0.6	0.0	0.0	0.0	0.0	0.0	0.6	3.4	14.9	0.2	43.3	0.1	61.9	37.5
	Derbyshire	141,552	1.6	0.1	0.0	0.0	0.3	0.0	2.0	1.6	20.2	0.0	0.0	36.3	58.3	39.7

Source: NCDR ICB Patient Flow report

Cross-regional inflows:

- There are significant patient flows from outside of the ICB coming into one of the East Midlands Multi-ICB's providers; this will result in funding from that patient's host ICB being paid to a provider in a East Midlands ICB.

Cross-regional outflows:

- There are significant patient flows from the ICBs within the East Midlands Multi-ICB to providers located within in another multi-ICB. This will result in funding from an East Midlands ICB being paid to the provider that treated the patient.

In region Cross-ICB flows:

- The majority of an ICB's population will attend a provider within their ICB, but a large proportion will also attend providers in other East Midlands ICBs. In these situations, all East Midlands funding will remain in the East Midlands multi-ICB, though there will be movement between individual ICSSs. In region cross-ICB flows will be monitored via Operational Delivery Networks (ODNs) and the Midlands Acute Specialised Commissioning Group.

If there are changes to patient flows in the future, that impact significantly neighbouring multi-ICBs (i.e., the North-West, East of England, Yorkshire and Humber) it has been agreed that the relevant commissioning hub(s) will be engaged and consulted with, in line with legal duty, best practice and within the relevant commissioning or procurement processes. Using the specialised service data available, any proposed service changes that may impact on patient flows outside the geographical area will be identified by the Midlands Commissioning Hub. It will be the responsibility of the Midlands Acute Specialised Commissioning Group (MASCG) to ensure that any developments go through due process, including the development of business cases, and engagement with stakeholders is undertaken appropriately.

For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements - against the 'Health and Care Geography' domain:

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Domain 2: Transformation

Question	Response - Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate
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2a. Describe how you are going to plan for integrating delegated specialised services into wider pathways. This should include any plans to improve population health and reduce health	<p>There are two key pieces of work that will set out the plan for integrating delegated services: the health inequalities strategy and the specialised services clinical strategy.</p> <p>Firstly, the five East Midlands ICBs and NHS England colleagues have worked collaboratively on the development of a health inequalities strategy for specialised acute and pharmacy services in the East Midlands. The approach is based on the national Healthcare Inequalities Improvement Programme (HIIP) and is aligned with ICB strategies. The strategies share an overarching vision and five principles for delivery under which actions are set out for delivery at service level. Several frameworks will support delivery, including the Core20PLUS5 approach, use of the Health Equity Assessment Tool, and a bespoke health inequalities in specialised services framework. Cultural competency and community involvement is embedded into the strategy.</p> <p>Addressing healthcare inequalities is a key factor in setting joint NHS England and ICB priorities. This was demonstrated in the selection of neonatal services (including perinatal and foetal medicine), adult critical care and severe asthma as joint working priorities between the ICBs and NHS England in the East Midlands in 2023/24.</p>
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<p>inequalities. (400 words max)</p>	<p>The inequalities strategy has been informed by discussion with clinical colleagues, including pharmacists and medical directors from hospital trusts and ICBs. There will be joint responsibility at SRO level between NHS England and ICBs for the strategy. The document is expected to be fully signed off in September and influence the planning and delivery of services in 24/25.</p> <p>Secondly, the specialised services clinical strategy which will set out the joint priorities for both one, five and ten years. This will be clinically led, and the initial framework will be agreed in 2023/24 with the full strategy finalised in 2024/25.</p> <p>Within the East Midlands, clinical engagement will be secured at multiple tiers. Closest to patients, commissioners will draw upon our clinical networks, both formally commissioned operational delivery networks (ODNs) and informal networks established over time. At director level, the Collaborative Clinical Executive Forum (CCEF), a regional forum of acute provider and ICB CMOs, will continue to meet and provide clinical engagement and advice to the Midlands Commissioning Hub. The hub will continue to feed the CCEF's advice into the decision-making processes of the Midlands Acute Specialised Commissioning Group (MASCG) and the East Joint Committee</p>
<p>2b. Describe how you intend to approach service transformation, service prioritisation and service sustainability across the in-scope services.</p>	<p>There were improvements to the process during the 2023/24 planning cycle, which resulted in joint working between all five ICBs and NHS England to co-produce the 1-year strategic business plan. Going forward the Midland Commissioning Hub will co-develop key commissioning priorities on behalf of the East multi-ICB, that can then be monitored through a performance matrix. The Business Intelligence (BI) function within the hub will systematically create a comprehensive pool of data across all services.</p> <p>The hub will work closely with ICB and NHS England colleagues to implement the health inequality strategy for specialised services. The data will be analysed to reveal any inequality in access or outcomes. These insights can then be used to gain intelligence on what works, drive improvement, and plan interventions. In terms of specialised pharmacy, the safe, consistent use of medicines within delegated services will be via shared care arrangements across networks, which will support improved access to high-cost drugs.</p> <p>This year, one of the key aims is that plans for specialised services in 2024/25 are aligned with ICB plans, to integrate with wider pathways, improve population health and to clearly communicate this joined-up approach. The collective focus will then be the delivery</p>

<p>This should include ensuring these align to national policy and service standards, as well as ensuring linkages with clinical networks. (400 words max)</p>	<p>of that plan. The planned outcome is that the population gets better value from healthcare delivery. The aim being to improve care at system level, reduce inequality, and improve outcomes by integrating systems and care to support people to live healthier lives.</p> <p>Service transformation will be clinically lead through the development of networks the engagement and involvement of the networks and operational delivery networks (ODNs) that have already been established. ICB Chief Medical Officers (CMOs) and Programme of Care leads within the Midlands Commissioning Hub will work closely together with providers, networks and NHS England to identify service sustainability issues and ensure joint plans are in place to address them.</p>
<p>2c. How do you intend to involve people and communities (including those with lived experience) in the commissioning of the in-scope specialised services from April 2024,</p>	<p>Public participation for services commissioned by NHS England and delivered by providers has often been undertaken by statutory providers, who have used their local contacts through Patient Advice and Liaison services (PALS), local patient groups and local authorities to engage directly with patients and carers. NHS England has offered stakeholder support through Health Overview and Scrutiny Committees (HOSCs) and with national and regional charities and patient groups. This has helped support ongoing feedback for existing services as well as decisions on new services and changes.</p> <p>It is important that this combined approach continues so that the expertise in NHS England, ICBs and in providers is utilised to maximum benefit for patients. All the ICBs' people and communities' strategies make clear the importance and value of public involvement and detail several routes for keeping in touch with the public and seeking views on specific issues. These will be widened to include representation for specialised services. In particular, the strategies detail the levels of assurance in place to ensure that legal duties are being met.</p>

including meeting legal duties around involvement?
(400 words max)

A system of communication will be established with the Midlands Commissioning Hub to ensure that no new services or service changes are introduced before full engagement/consultation with public and patients. This will be managed through the pre-existing Midlands ICBs Communications Directors Forum and will need to ensure that, the patient and community relationships are developed, utilised and nurtured. For example, the hub will work with the relevant ICBs in the region to ensure that they can deliver what's required.

Collaboration between communications leads for the Midlands Commissioning Hub, ICBs and providers will also be developed, either by adding to existing system communications meetings or via the establishment of an online hub to allow sharing of information, updates, and participation in best practice identification. This would also allow for the cascading of national information and the sharing of national contacts and databases of stakeholders relevant to specialised services.

Everyone involved in the commissioning of specialised services or in encouraging public participation related them will be offered training with the 10 steps to participation programme. This will ensure everyone involved is aware and supportive of the benefits of engaging with the public and patients. All ICBs have examples of working with their communities with summaries in their annual reports as evidence

For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements - against the 'Transformation' domain:

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Domain 3: Governance and Leadership

Question **Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate.*

3a. Describe the governance arrangements you will put in place for the oversight and management of in-scope specialised services. This should include the arrangements for specialised services with regard to Board and Committee structures and Executive and senior management

All delegated specialised services on an East Midlands' footprint will continue to be governed by the East Midlands Joint Committee and its sub-group, the Midlands Acute Specialised Commissioning Group (MASCG). NHS England regional teams will continue to work jointly with the Joint Committee on the commissioning of retained specialised services.

An Executive Lead for Specialised Commissioning has been nominated to represent the East Midlands Joint Committee on the Midlands Specialised Executive Group. The group has an ongoing commitment towards engagement on the future governance arrangements across the Midlands region at executive level through Executive Time-Outs etc.

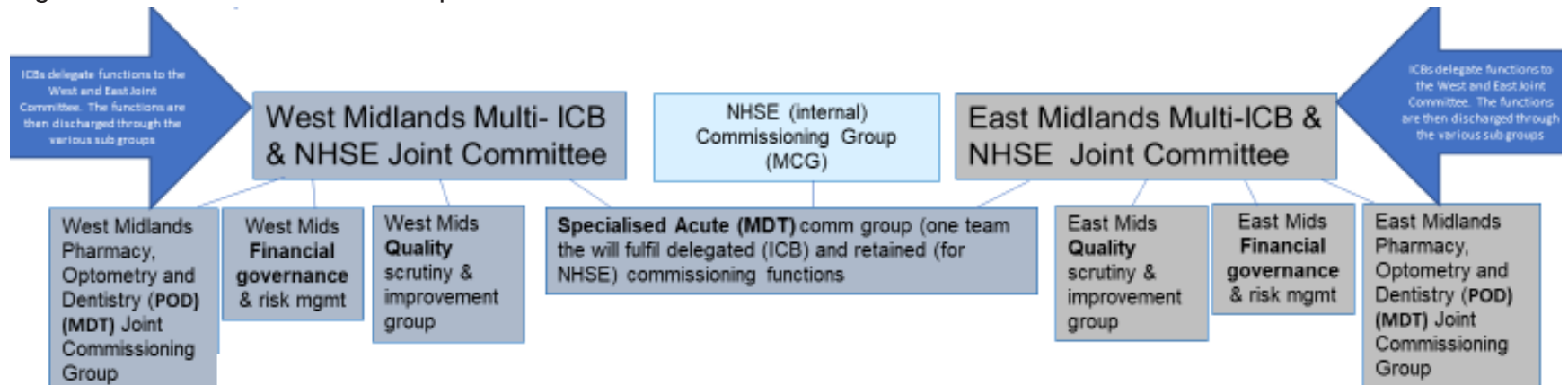
Through these forums, the ICBs have agreed collectively with NHS England the following principles for the governance arrangements from 2024/25:

- The five East ICBs will jointly share the responsibility for the commissioning of delegated services; no individual ICB has primacy over the others. Where services are commissioned over a Midlands footprint, they will also work with the six West Midlands ICBs.
- The ICBs will continue to be partners in the East Midlands Joint Committee, where each ICB has equal authority and standing.
- An ICB Collaboration Agreement (ICA) will set out the terms under which the Joint Committee will operate.
- Underpinning the Joint Committee there will continue to be joint sub-governance arrangements for finance, commissioning, and quality with ICB representation which will report into the Joint Committee.
- These groups will have delegated authority from the Joint Committee laid out in schemes of reservation and delegation.

<p>leadership. (400 words max)</p>	<ul style="list-style-type: none"> • The operating models for these sub-groups will be revised to incorporate the delegation of commissioning responsibility for specialised services which are suitable and ready for delegation. • The operating models will also incorporate the continuation of joint working arrangements for specialised services which are suitable but not yet ready. • These arrangements would be in place solely for the oversight of multi-ICB collaboration, they stand apart from any other governance arrangements in the ICBs. • Other multi-disciplinary functional groups such as the Collaborative Commissioning Executive Forum (CCEF), East Midlands Acute Providers (EMAP) and East Midlands Cancer Alliances will act as advisory groups for the East Midlands Joint Committee and MASCG.
<p>3b. Describe the governance arrangements you will put in place for the establishment and oversight of any multi-ICB commissioning arrangements and the powers and responsibilities delegated to multi commissioning arrangements.</p>	<p>The East Midlands Joint Committee, established on 1st April 2023 and led by ICB Chief Executives, ICB Chairs and NHS England Directors, will continue to act as the forum where the five ICBs and NHS England work in partnership on:</p> <ul style="list-style-type: none"> • Joint commissioning between the ICBs on delegated specialised services. • Joint working between NHS England and the ICBs on retained specialised services. • Joint commissioning between ICBs on POD services. • Joint working between ICBs on services they choose to work together on (999/111 services). • Joint working for ICBs on other areas of collaboration. <p>As figure 1 overleaf shows, ICBs will delegate responsibility to the East Midlands Joint Committee. NHS England will also discharge its authority (through accountable directors) to the Joint Committee. The ICBs and NHS England will have an appropriate scheme of reservation and delegation in place to enable Joint Committee members to have the authority to make decisions without having to refer to their home organisations. The East Midlands Joint Committee will provide strategic decision-making, leadership, and oversight for the commissioning of specialised services in the East Midlands, and any associated activities. The aim of the Joint Committee will be to achieve consensus decision-making wherever possible, and decisions made by the Committee will be consistent with the powers provided to it within the ICB Collaboration Agreement.</p>

(400 words max)

Figure 1: Midlands Governance April 2024



The role of the Midlands Acute Specialised Commissioning Group (MASC) is to support the Joint Committees and NHS England in discharging their duties with respect to delegated and retained prescribed acute specialised services safely, effectively, efficiently, and economically. Membership of MASC includes a nominated representative from each ICB and is accountable for all Tier 2 decision-making in relation to the work of the Midlands Commissioning Hub. It engages and seeks clinical advice from the Collaborative Clinical Executive Forum (CCEF) and discharges its duties through the 30+ Operational Delivery Networks as shown in Figure 2. The hub will liaise directly with all National Groups on behalf of the Joint Committee and ICBs.

Figure 2: MASCG Regionals and National Context (Tiers, RASCI and Roles)



4 |

3c. Describe the clinical governance, accountability and leadership that will be in place to oversee in-scope specialised services.

As per the existing joint working arrangements in 2023/24, the Midlands Region of NHSE and the East Midlands multi-ICB will continue to access the clinical, pharmaceutical, and quality governance functions provided by the Midlands Commissioning Hub responsible for commissioning specialised services. Clinical engagement and leadership will be secured at multiple tiers across the Midlands region and will draw upon established clinical networks including those formally commissioned plus the informal networks that have been recognised over time.

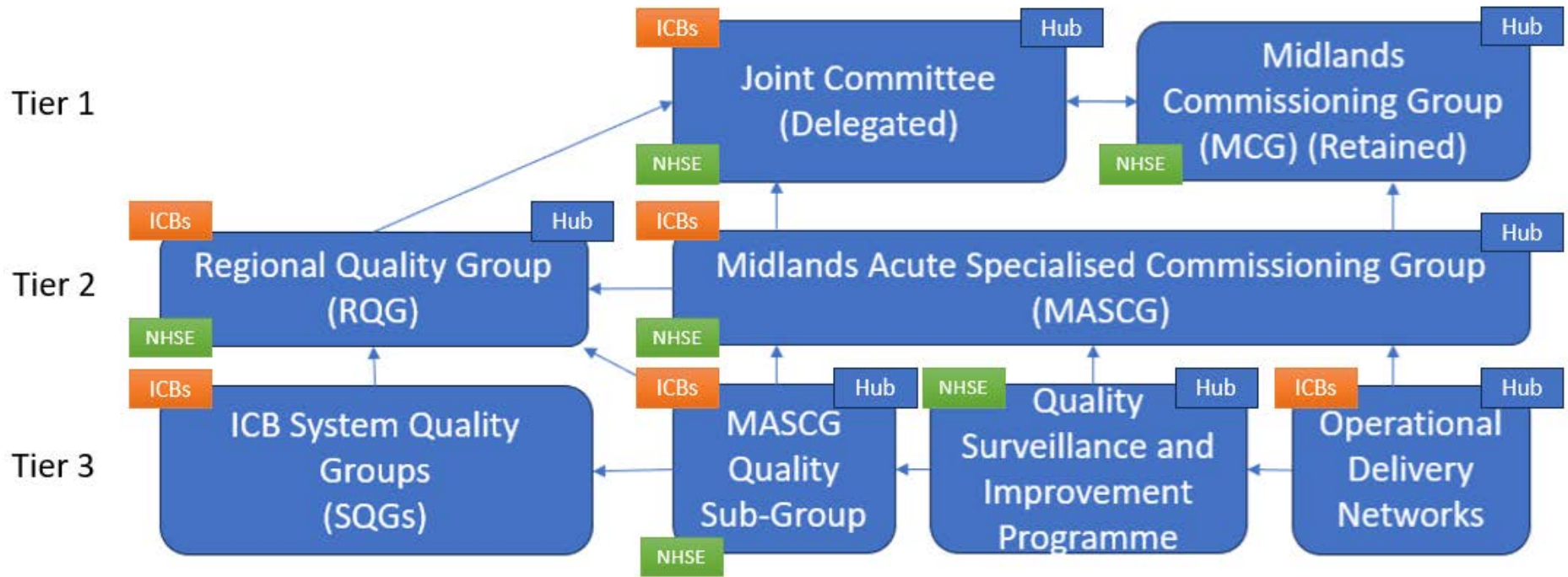
At a senior clinical level, the Collaborative Clinical Executive Forum (CCEF), a regional forum of Acute Provider and ICB Chief Medical Officers (CMOs), will continue to meet regularly and engage with the Midlands Commissioning Hub. The hub will continue to share the advice offered via that forum into the decision-making sub-group of the East Midlands Joint Committee, the Midlands Acute

<p>How will clinical leadership be developed and maintained? (400 words max)</p>	<p>Specialised Commissioning Group (MASCG). The multi-disciplinary team within the hub will retain Medical Director, pharmacy, nursing roles which will provide a vital conduit to local systems and the national clinical leadership architecture.</p> <p>The NHS England formally commissioned networks will continue to play a key role supporting our understanding of clinical quality for the relevant services. The region has launched a pilot risk oversight and assurance framework for specialised networks. This framework gives clarity around network expectations around how to support mitigation of risks and how to report risks into statutory bodies. Progress has already been made in improving risk and issue log processes and transparency of reporting and this will remain a key challenge for the coming months. The oversight and triangulation of risks and issues identified by networks aligns to our wider processes within the Quality Surveillance and Improvement Programme (QSIP) which has been set up to monitor quality in specialised services. Further consideration of the interdependencies and ongoing work with the East Midlands Cancer Alliances will take place to inform new ways of working across the Midlands region.</p> <p>Governance and decision-making for high-cost drugs assurance will be via Joint Committees with links to the Regional Pharmacy Leadership Board. The work will continue to be led and coordinated by the pharmacy team within the hub and informed by other senior pharmacists across the region e.g., HCD pharmacists, regional cancer pharmacists, with a view to review key clinical areas for future investment where appropriate.</p>
<p>3d. Describe the quality governance, accountability and leadership that will be in place to oversee in-scope specialised</p>	<p>Key quality concerns requiring escalation are currently reported monthly to the East Midlands Joint Committee and this will continue in 2024/25. Furthermore, key quality concerns for specialised services will continue to be reported to and discussed at the Regional Quality Group, of which all ICBs are members. These groups will ensure key quality concerns are fed back into systems to inform conversations at a local level.</p> <p>The role of the Joint Committee is to provide strategic decision-making, leadership, and oversight for the services commissioned through the ICB collaboration agreement, and any associated activities. The Joint Committee have the following key responsibilities:</p>

services. **(400 words max)**

- Fulfilling the oversight, monitoring and management function for specialised services in relation to quality, operational and financial performance; including, co-ordinating risk and issue management and escalation, and developing the approach to intervention with providers where there are quality or contractual issues.
- Identifying and setting strategic priorities and undertaking ongoing assessment and review of specialised services, including tackling inequity of outcomes and access.
- Supporting partnership and enabling collaboration to integrate service pathways, improve population health and reduce health inequalities. This includes, establishing links and working effectively with provider collaboratives and cancer alliances, and working closely with other ICBs, Commissioning Hubs, Joint Committees and NHS England where there are significant cross-border patient flows.
- Ensuring the Joint Committee has effective engagement with stakeholders, including patients and the public, and involving them in decision-making.
- Ensuring the Joint Committee has appropriate clinical advice and leadership, including through clinical reference groups and local clinical networks.

Key quality concerns involving specialised services will be reported into Midlands Acute Specialised Commissioning Group (MASCG) of which all 11 Midlands ICBs are members and have representation. A Tier 3 quality sub-group of MASCG has recently been established to devote more time to discussion and scrutiny of quality issues. This group meets monthly, is chaired by the Regional Medical Director for Commissioning (RMDC) and has ICB representation. The quality governance structure is described in the diagram overleaf.



To be proactive in the surveillance of quality concerns in specialised services, a Quality Surveillance and Improvement Programme (QSIP) has been set up to monitor quality. This involves triangulating intelligence and data from several sources (e.g., CQC reports, specialised services dashboards, national audit etc) to monitor the quality of each service. This work is overseen by the QSIP Programme Board, has ICB representation, is chaired by the RMDC and reports to MASCAG.

3e. Describe the mechanisms you will put in

In 2024/25, the East Midlands Joint Committee will agree with all 11 Midlands ICBs and NHS England to share information and best practice, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risks, and reduce cost. This will be discussed through the relevant sub-groups and then fed into the risk management approach at ICB level.

place to enable risks to be identified and monitored, including describing the potential impact on delegated specialised services. How will these mechanisms allow for the agreement and management of mitigating actions **(400 words max)**

The role of the East Midlands Joint Committee is to provide strategic decision-making, leadership, and oversight for the specialised services, and any associated activities. The Joint Committee will safely, effectively, efficiently, and economically, discharge and deliver specialised services, and will fulfil the requirement to provide an oversight and assurance function, in relation to quality, operational and financial performance, through the Midlands Acute Specialised Commissioning Group and the Midlands Commissioning Hub. This will include the operation of a monitoring and management in relation to risk and issue management and escalation, and co-ordinating the approach to intervention with providers where there are quality or contractual issues.

Further details of the process of how risk will be managed across the East Midlands multi-ICB footprint will be detailed in the joint working agreements and the terms of reference of the committees. A formal risk register will be maintained to ensure ICBs are aware of any risks they may impact their systems.

For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation – including as part of any multi-ICB arrangements – against the 'Governance and Leadership' domain:

Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Domain 4: Finance

Question **Response** *Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate*

<p>4a. How will specialised commissioning be embedded within the financial governance and accountability framework of the ICB, including multi-ICB working where applicable? e.g. Who will be accountable for the budget?</p> <p>What is the ICB arrangement for</p>	<p>The five East Midlands ICBs will develop the existing governance arrangements established for formal joint commissioning in 2023/24, so that the commissioning of all delegated specialised services on an East Midlands' footprint is governed by the Tier 1 East Midlands Joint Committee and the established governance structure. NHS England will continue to be part of the East Midlands Joint Committee with accountability for the commissioning of retained specialised services.</p> <p>The current Finance and Contracting Advisory Group (FCAG) that represents NHS England and ICBs will be developed into a formal finance sub-group of the Joint Committee providing financial leadership and advice to the established governance structure. Detailed financial processes and responsibilities will be set out in the financial governance and accountability framework being developed collaboratively with the national finance team.</p> <p>Financial services will be provided to the East Midlands ICBs by the Midlands Commissioning Hub, hosted by NHS England. The hub will provide knowledge and expertise to support ICBs to make commissioning decisions in accordance with allocations, national guidance, Standing Financial Instructions (SFIs), Schemes of Delegation and Standard Operating Processes.</p> <p>From 2024/25 the ICBs' financial allocation for delegated specialised services will be based on 2023/24 population-based allocations, updated in line with national guidance, to ensure contractual commitments can be met. From 2024/25, a needs-based target allocation will be applied to specialised commissioning delegated budgets. The regional commissioning finance team is linked into the national workstream developing needs-based allocations to fully understand and influence the impact of convergence towards these weighted allocation targets and consider its implication on system wide financial sustainability.</p>
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<p>governing financial risk and sharing these across multi-ICB footprints as appropriate? (400 words max)</p>	<p>From 1st April 2024, ICBs will be responsible for commissioning delegated specialised services. NHS England will remain responsible for the commissioning of Highly Specialised Services (HSS) and other services deemed not ready for delegation. The Midlands Commissioning Hub will undertake commissioning, contracting and finance responsibilities on behalf of ICBs and NHS England in line with national planning guidance and remaining within the specialised commissioning delegated allocation. ICB SFIs will be amended to include commissioning of delegated specialised services where appropriate to do so.</p> <p>Commissioning allocations and expenditure of delegated specialised services will remain separately identifiable within ICB ledgers. A risk sharing arrangement between ICBs and NHS England will be approved prior to delegation to reduce in year financial risk from allocation movements and service volatility. ICBs are considering formal pooled budget arrangements to deliver this financial in year risk management.</p>
<p>4b. How will you manage the financial and contractual transactional elements of specialised commissioning? Please give consideration as to how this will relate to existing processes and agreements and the set-up</p>	<p>There is an established Finance and Contracting Advisory Group (FCAG) in the Midlands which will form the basis of a formal finance sub-group of the East Midlands Joint Committee. This sub-group will establish and manage the principles for managing the financial transactional elements of commissioning of delegated specialised services through formally approved terms of reference. The sub-group will advise ICB and NHS England Chief Finance Officers (CFOs) on all financial considerations in order to make recommendations into the Joint Committees and ICBs as appropriate through the approved governance structure.</p> <p>The roles and responsibilities of each ICB, NHS England, the Joint Committee and the Midlands Commissioning Hub will be clearly outlined in a documented financial governance and accountability framework ahead of 1st April 2024. ICBs have already approved a framework for delegated primary care services, and this will be the basis of the framework for specialised services.</p> <p>The hub will lead the annual financial planning round, ensuring full engagement and integration with individual ICBs. and system wide planning processes. The finance sub-group will oversee the process, reporting key information and agreeing how risks are managed at regular intervals. Financial plans will be agreed by ICB CFOs through the finance sub-group and will be approved before approval through the Joint Committee and individual ICB governance processes. For 2024/25 NHS England Midlands will lead the planning process but use the Finance and Contracting Advisory Group (FCAG) to ensure full engagement and integration with ICB planning.</p>

<p>of your local support Hub. (400 words max)</p>	<p>Financial transactions will be maintained on individual ICB financial ledgers, with processing completed by the Midlands Commissioning Hub. Approval of expenditure will be set in line with delegation agreements and SFIs with escalation through to the relevant ICBs. The hub will provide reporting services to the commissioning function for delegated specialised services to each ICB individually, as well as the finance sub-group and Joint Committees, using a single agreed approach to maintain an efficient process. Specialised services will be contracted in line with the national contracting standard operating procedure using a lead and associate commissioner model. The hub will provide leadership to the contracting process, ensuring cohesion between commissioning and finance plans. The formal finance sub-group will provide oversight of the contract process on behalf of the Joint Committee.</p>
<p>4c. Has the finance function developed a model to support commissioning led changes to specialised service flows in the ICB or multi- ICB footprint, and the 3-5 transformation programmes identified through 23/24 Joint</p>	<p>An integrated planning process which includes joint identification of priority transformation programmes has been developed for 2024/25. This is a clinically led process, engaging the Chief Medical Officers and public health colleagues in the review of services and the prioritisation of investments. A tiered governance structure which provides leadership and oversight to the development and approval of transformational service change has been established. The group includes NHS England and ICB finance representation in its terms of reference.</p> <p>Additional finance support to these programmes is as follows:</p> <ul style="list-style-type: none"> • Named individuals have been identified to provide financial expertise and information. • Financial analysts are available to review data and understand financial flows, draw conclusions, and model the financial impact of proposed changes. • Models to support the financial evaluation of procurements have been developed. • The financial impact of pathway changes on providers and ICBs will be understood and the national SOPs will be adopted to manage the rate of change and avoid destabilising providers where activity may change substantially. <p>Regional finance teams within NHS England are fully engaged in the development of the needs-based allocation formula for specialised services and are also establishing ICB representatives on the group on behalf of the region. Needs-based allocation formulas are to be implemented from 2024/25 with a convergence process to be applied to ICB allocation growth for specialised</p>

<p>Committee working?</p> <p>Are financial risks and opportunities, such as the impact of allocation convergence, clearly understood and is appropriate mitigation identified? Is this in line with the commissioning change management business rules? (400 words max)</p>	<p>services. The hub will work with ICBs to fully understand the impact at an individual ICB level and build this into future financial planning processes.</p> <p>The Finance and Contracting Advisory Group have developed a comprehensive risk share framework for specialised services. This framework will be refreshed to take account of the formal governance structures for delegated specialised services and will be a key pillar of financial management across the Midlands. Whilst this framework is focused on the management of financial risk of service volatility, it also considers allocation movement risk associated with convergence adjustments.</p> <p>ICBs are working with NHS England to understand the interdependency of specialised services convergence with ICB allocation convergence adjustments, and this will be built into future the impact on system wide financial sustainability. Future financial planning will consider the application and management of the needs-based allocation formula within and across health systems.</p> <p>The ICBs and NHS England have established a joint working group to consider the safe delegation checklist for specialised services which will ensure that risks associated with the delegation process are identified and jointly addressed.</p>
<p>4d. Can the ICB or multi-ICB footprint demonstrate</p>	<p>Midlands ICBs face significant financial challenges, ending 2022/23 with a deficit of £185 million collectively. There is a combined plan deficit for 2023/24 of £173m. In accordance with the national expectation that all systems and regions will have checked and</p>

ongoing financial sustainability and a plan for sound financial management and performance within current NHS finance and business rules? (400 words max)

reviewed ongoing financial assumptions by September 2023/24, all Midlands ICBs have established Financial Recovery Plans with the clear intention to be to address financial balance by 2024/25.

Financial modelling will build on 2022/23 outturn bridging to 2023/24 exit underlying positions signed off by systems and regions.

- Clear financial trajectories for financial sustainability by returning to underlying Long Term Plan and Financial Improvement Trajectories (FIT) within 3 years.
- Efficiency and transformation timetables to effect medium-term programme delivery.
- Effective governance to reinforce shared disciplines, ownership, and accountability for delivery – and for expenditure control over the system-led communities.
- Engagement and ownership of system Chief Executives and Chief Finance Officers with oversight across partners.
- Effective governance arrangements for the continued financial balance of specialised services – with appropriate governance across the 11 Midlands systems to maintain financial balance and explore efficiency delivery transformative opportunities.
- Explore risk sharing approaches to maintain financial stability across systems.

Specialised commissioning for the Midlands ended 2022/23 with a breakeven position and has submitted a balanced financial plan for 2023/24. Services maintain a recurrent underlying financial balance. The transfer of specialised services to ICBs will not deteriorate system financial performance. Delegated specialised commissioning allocation and expenditure will remain separately identifiable within ICB ledgers. The established financial risk management framework will mitigate ICB specific service volatility within a financial year. Achieving value for money on high-cost drugs spend will involve optimising and promoting use of national and regional procurement, homecare and commercial processes, prescribing analysis, better value medicines initiatives and horizon scanning according to national policy.

For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements -against the 'Finance' domain:

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Domain 5: Workforce Capacity and Capability

Question	Response <i>Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate</i>
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5a. What is the staffing model you are proposing to support the delivery of functions delegated to ICBs? (400 words max)	<p>As part of the 'Creating the New NHS England' programme, the NHS England Midlands region has proposed that the existing Specialised Acute and Pharmacy team, along with its associated support functions are transferred across to a host ICB in 2025/26 as part of a 'Commissioning hub' model. The team will continue to be hosted by NHSE in 2024/25 but will operate as the Midlands Commissioning Hub on behalf of the East and West multi-ICBs and NHS England for the commissioning of delegated and retained specialised services. The regional design model also includes the transfer of the East Midlands Cancers Alliance to a host ICB which is yet to be determined.</p> <p>In April 2025, NHS England staff supporting the services that have been delegated to ICBs, whether in April 2024 or April 2025, will be transferred to a host ICB, in most cases joining the existing commissioning hubs for primary care services. For the East Midlands multi-ICB the commissioning hub will be hosted for 1st April 2025 by NHS Birmingham and Solihull ICB for the specialised services workforce (including commissioning finance, and nursing and quality) and NHS Nottingham and Nottinghamshire for the commissioning support functions (Business Intelligence, Communications and Engagement, Planning and Commissioning Integration).</p>
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A small number of staff will remain as NHS England employees to support those directly commissioned services that are retained by NHS England. Specialist members of the Healthcare Public Health team will remain as part of the NHS England regional team but will continue to be an integral component of commissioning and continue to work closely with the Midlands Commissioning Hub and ICBs.

The hosts will provide corporate management and support for the workforce. Decision-making will be through the Joint Committee and ICBs are agreeing dispersed Chief Executive leadership for specific areas of joint working. Detailed conversations with future ICB hosts about working arrangements are underway and engagement sessions are planned as part of the TUPE consultation, with opportunities to meet with representatives of the host ICBs. The agreements will be subject to due diligence to ensure a safe transition, and the process for the proposed transfer of people will be in line with employment legislation and will comply with established NHS processes.

5b. Please set out any risks around the proposed staffing model, with regards to whether it will provide sufficient capacity, skills and knowledge to enable ICBs to carry out the delegated functions? **(400 words max)**

The Commissioning Hub model described above has been designed for a number of purposes which include,

- Retaining the knowledge, skills and experience of the existing team.
- Aiding staff retention and talent management.
- Building on existing relationships with ICBs and providers.
- Providing clear points of contact for clinicians and networks.
- Allowing commissioning decisions to be made across patient pathways, geographical boundaries and in respect of both delegated and retained services.

However there have been a number of risks identified with the future model,

- Balancing the needs of two multi-ICBs and 11 ICBs.
- Former NHS England staff will be split between two host ICBs in different multi-ICBs which may hamper close working relationships.
- Having differing governance models dependent on whether a service is delegated or retained.

- Increasing the number of stakeholders may increase the workload surrounding decision-making.
- Holding vacancies within the team as a result of the recruitment freeze in the lead up to the regional consultation on the Creating the New NHS England programme.
- Staff wellbeing and retention being affected during the TUPE consultation required for transfer to host-ICBs.
- Uncertainty around future infrastructure (IT/IG/Estates) leading to anxiety within the team.
- Requirement for NHS England to retain oversight and assurance over delegated services, however the details of how this will operate are still being worked through.

For completion by regional colleagues: With consideration of the responses above, please indicate the (multi-)ICB's readiness for delegation - including as part of any multi-ICB arrangements against the 'Workforce Capacity and Capability' domain:

Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

The consensus amongst ICBs was Category 1 (delegation). As part of regional moderation however, this was amended to reflect the fact that ICBs & NHSE equally require assurance that the workforce is able to carry out retained and delegated functions and therefore it felt prudent to attach Category 2 (delegation with conditions) to this domain in recognition of further work required post delegation.

Domain 6: Data, Reporting and Analytics Infrastructure

Question	Response <i>Please ensure this reflects on both the individual ICB/s and multi-ICB arrangements as appropriate</i>
6a. Describe your approach to integrating	Business Intelligence is provided via a national service level agreement (SLA) held by the NHS England and supplied by Arden and GEM Commissioning Support Unit (CSU). The SLA is carried out through the provision of the data warehousing structure and the analytical resources which support the commissioning of NHS England services. For the commissioning of specialised services, this

<p>specialised services into (existing) population health management analytics. This should provide assurances of the intended data and analytical framework, and CSU support that is required for the delegation of specialised services. (400 words max)</p>	<p>is extended through the provision of SUS, ACM and PLCM data submissions by providers, as well as the provision of specific dashboards through the National Commissioning Data Repository (NCDR).</p> <p>Reporting is being made available to all ICB's via NCDR and this system is available to all those wishing to register. Information within NCDR will be reported and broken down by ICB to support joint working arrangements before delegation April 2024. There is ongoing work by NHS England to support ICBs, enable access to data services and data sets, and ensure that all relevant data sharing agreements, infrastructure, and reporting libraries are in place. ICB level analysis to support the provision and future planning of services at population level will be aligned through ongoing health inequalities work conducted by ICBs and the Public Health Team for NHS England in the Midlands region.</p> <p>Plans are being developed for ICBs to receive training on key resources that they will need to understand, and a forum for engagement with NHS England on the provision of new tools and analysis to support information and intelligence gathering is being established. Plans for the delivery of BI and the use of CSU support is being explored on both national and regional levels to ensure appropriate management of information services.</p> <p>The data and business intelligence workstream's aim is to understand the future operating model in order to transition to multi-ICB arrangements to support delivery of services. These discussions are continuing to develop and be fed into local plans following engagement on the outcome of national workstreams looking at the future capacity of the CSUs to support future commissioning arrangements with ICBs.</p> <p>A current SLA in place with AGEM CSU and the relevant divisions of the ICBs' Data Services for Commissioning Regional Office (DSCRO) services and NHS England is expected to continue through April 2024 to ensure coverage and access to service and analytical capacity to support transformation and contracting of services. Within the Midlands, this is expected to plan to join up specialist analytical capacity to support an MDT approach.</p>
<p>6b. How are the ICB/s planning</p>	<p>Data sharing agreements already exist which cover the sharing of Secondary Use Service (SUS) data through relevant DCROS to ICBs. Lessons learnt regarding the extraction and submission of Aggregated Contract Monitoring (ACM) and Patient Level Contract</p>

<p>to use data to support transformation and service redesign for delegated specialised services? (400 words max)</p>	<p>Monitoring (PLCM) for specialised services is helping the CSU and NHS England to understand barriers which need to be overcome to improve sharing of information into ICBs. A workstream approach is being utilised to develop the BI support offer to ICBs to enable the data relating to the commissioning of specialised services which will be delegated to ICBs in the future.</p> <p>A nationally led commissioning BI group is in place, with leaders in attendance from across the regions and CSUs. This group will oversee the governance for national projects which cover Information Governance (IG) and the other compulsory duties related to the sharing and hosting information services for the purpose of transformation. Additional ICB governance to support and jointly own this process will be developed in line with other joint working agreements and existing proposed governance infrastructure.</p> <p>Midlands teams are supporting ongoing work with the CSU to share analysis of Programme of Care (POC) data via existing BI platforms such as NCDR and Power BI to support the understanding and future commissioning of services and to enable ICBs to be in possession of their data relating to their populations to inform decision-making.</p> <p>Work is continuing with POC leads and commissioning managers in the regional team to develop support, utilising nationally developed dashboards already in place as well as understanding whether there are further reports regionally which can be developed or amended to support local regional priorities.</p>
<p>6c. Describe your plan to ensure there will be appropriate access to data and reporting infrastructure across the system in</p>	<p>Lessons learned from the South London Project have now been disseminated to regional colleagues and these are being used to aid the development of processes and products which will be used by the Midlands Commissioning Hub following the delegation of specialised services to integrate systems, service delivery and transformation. Options relating to the processing of data through contracted DSCRO's, appropriate access to data, the reviewing of data sharing agreements and IG issues which need to be addressed are being considered.</p> <p>Data sources for high-cost drugs including, Blueteq, Model Health system, Define, Exend and MDSAS immunoglobulin database will be used by the pharmacy team within the hub to facilitate and promote the optimised use of high-cost drugs.</p>

<p>relation to the delegated services. This should include the requirements as set out in the NHS Standard Contract and Information Schedule. (400 words max)</p>	<p>Work on the Data Protection impact Assessment (DPIA) is being managed nationally through single approach with regional support. DPIAs which are already in place for Pharmacy, Optometry and Dental (POD) services will be updated and altered for the inclusion of other services once operating and business model more fully understood. This is currently expected to be standardised approach as per POD delegation to ICBs.</p>
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For completion by regional colleagues: With consideration of the responses above, please indicate the ICB's readiness for delegation - including as part of any multi-ICB arrangements – against the 'Data, Reporting and Analytics Infrastructure' domain:

Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Where conditions are required for this domain area, please set out what these are and include any actions, plans or support needed, along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Signatories

This document should be signed by the ICB(s) and the relevant NHS England Regional Director of Commissioning.

It should also be verified and signed by the relevant NHS England Regional Director.

For completion by the ICB Chief Executive(s) for the geographical footprint to manage the full set of in-scope services (and, where different, the duly authorised signatory of the delegation or as defined by the ICB Scheme of Reservation and Delegation):

I confirm that the information provided is accurate and complete. Where applicable, supporting evidence has been provided to the regional team. This submission indicates our willingness to proceed with delegation arrangements.

NHS Lincolnshire ICB

John Turner (Chief Exec)

Signature:

Date: 25.09.23

NHS Nottingham & Nottinghamshire ICB

Amanda Sullivan (Chief Exec)

Signature:

Date: 25.09.23

NHS Leicester & Leicestershire ICB

Andy Williams (Chief Exec)

Signature:

Date: 25.09.23

NHS Derby & Derbyshire ICB

Chris Clayton (Chief Exec)

Signature:

Date: 25.09.23

NHS Northamptonshire ICB

Toby Sanders (Chief Exec)

Signature:

Date: 25.09.23

For completion by the NHS England Regional Director of Commissioning:

I confirm that the information provided is accurate and complete. Where appropriate, supporting evidence has been provided by the ICB/s and reviewed by the regional team.

Roz Lindridge

Regional Director of Commissioning

Signature:

Print Name: Roz Lindridge

Date: 25.09.23

For completion by the relevant NHS England Regional Director:

Based on the information provided, I am satisfied with the following assessment of system readiness for the (multi-)ICB to take on delegated commissioning responsibility for the in-scope services, from April 2024.

Please check box as appropriate to provide an assessment of each ICB within the footprint:

NHS Leicester, Leicestershire & Rutland ICB

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

NHS Nottingham & Nottinghamshire ICB

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

NHS Derby & Derbyshire ICB

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

NHS Northamptonshire ICB

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

NHS Lincolnshire ICB

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Please check box as appropriate to provide an overall assessment of the multi-ICB footprint:

✓ Category 1 (delegation) Category 2 (delegation with conditions) Category 3 (intensive support required)

Please provide any further comments below. If Category 2 (delegation with conditions) or Category 3 (intensive support required) has been selected as the overall assessment, please summarise the rationale behind this decision, set out what the conditions are, and include any actions, plans or support needed along with timescales. Where applicable, please detail where conditions will apply across the whole multi-ICB arrangement; and where they are specific to individual ICBs.

Dale Bywater

Regional Director

Signature:

Date: 25.09.23

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

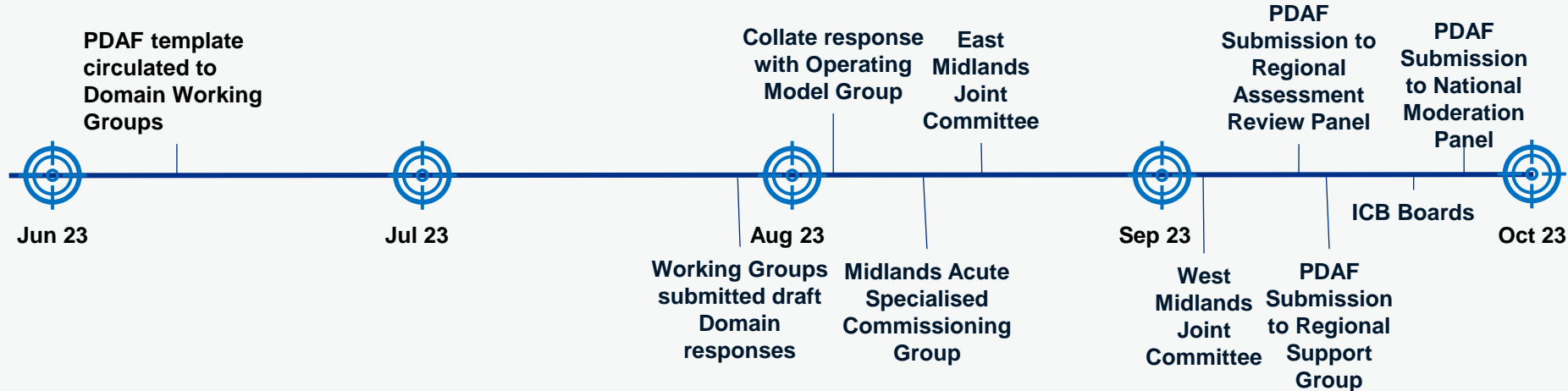
This publication can be made available in a number of alternative formats on request.

East Midlands Regional Summary

Regional summary of pre-delegation
assessment framework submissions for
specialised commissioning

V0.1 01/08/23

PDAF process and timeline



The PDAF has been reviewed by a regional assessment panel consisting of the following members.

Reviewer	Role
Roz Lindridge	Regional Director of Commissioning
Matt Day	Regional Director, Specialised Commissioning and Health and Justice
Jon Currington	Head of Acute Specialised Services
Jo Melling	Senior Programme Director - Transition & Integration
Jon Cooke	Regional Director of Commissioning Finance
Collette Marshall	Regional Medical Director for Commissioning NHSE (Midlands)
Sylvia Knight	Director of Nursing Leadership and Quality
Mel McFeeters	Deputy Director of Nursing Quality & DC - Clinical Quality

Regional sign-off

The PDAF has been approved by the Regional Support Group



Reviewer	Role	Date
<i>Dale Bywater</i>	<i>Regional Director</i>	<i>TBC</i>
<i>Roz Lindridge</i>	<i>Regional Director of Commissioning</i>	<i>TBC</i>
<i>Kay Fradley</i>	<i>Director of Strategy and Planning</i>	<i>TBC</i>
<i>Julie Grant</i>	<i>Director of Strategic Transformation (East Midlands)</i>	<i>TBC</i>
<i>Rebecca Farmer</i>	<i>Director of Strategic Transformation (West Midlands)</i>	<i>TBC</i>
<i>Mark Brassington</i>	<i>Regional Director of Performance and Improvement</i>	<i>TBC</i>
<i>Nicola Hollins</i>	<i>Regional Finance Director</i>	<i>TBC</i>
<i>Jess Solokov</i>	<i>Regional Medical Director</i>	<i>TBC</i>
<i>Nina Morgan</i>	<i>Regional Chief Nurse</i>	<i>TBC</i>
<i>Dominic Raymont</i>	<i>Director of Intensive Support</i>	<i>TBC</i>

ICB sign-off



East Midlands ICBs	Comments	Approved By	Date
<i>Lincolnshire</i>		<i>John Turner (Chief Exec)</i>	
<i>Nottingham & Nottinghamshire</i>		<i>Amanda Sullivan (Chief Exec)</i>	
<i>Leicester, Leicestershire & Rutland</i>		<i>Andy Williams (Chief Exec)</i>	
<i>Northamptonshire</i>		<i>Toby Sanders (Chief Exec)</i>	
<i>Derby & Derbyshire</i>		<i>Chris Clayton (Chief Exec)</i>	



Regional assessment

PDAF outcome categories	Description
Category 1 (delegation)	The (multi-)ICB is ready for full delegated commissioning responsibility from April 2024.
Category 2 (delegation with conditions)	The (multi-)ICB is ready for delegated commissioning responsibility from April 24 subject to developmental conditions being attached.
Category 3 (intensive support required)	Where the (multi-)ICB is not yet ready for full delegated commissioning responsibility from April 24 and needs an additional year of development and support through more intensive conditions being attached to the arrangement.

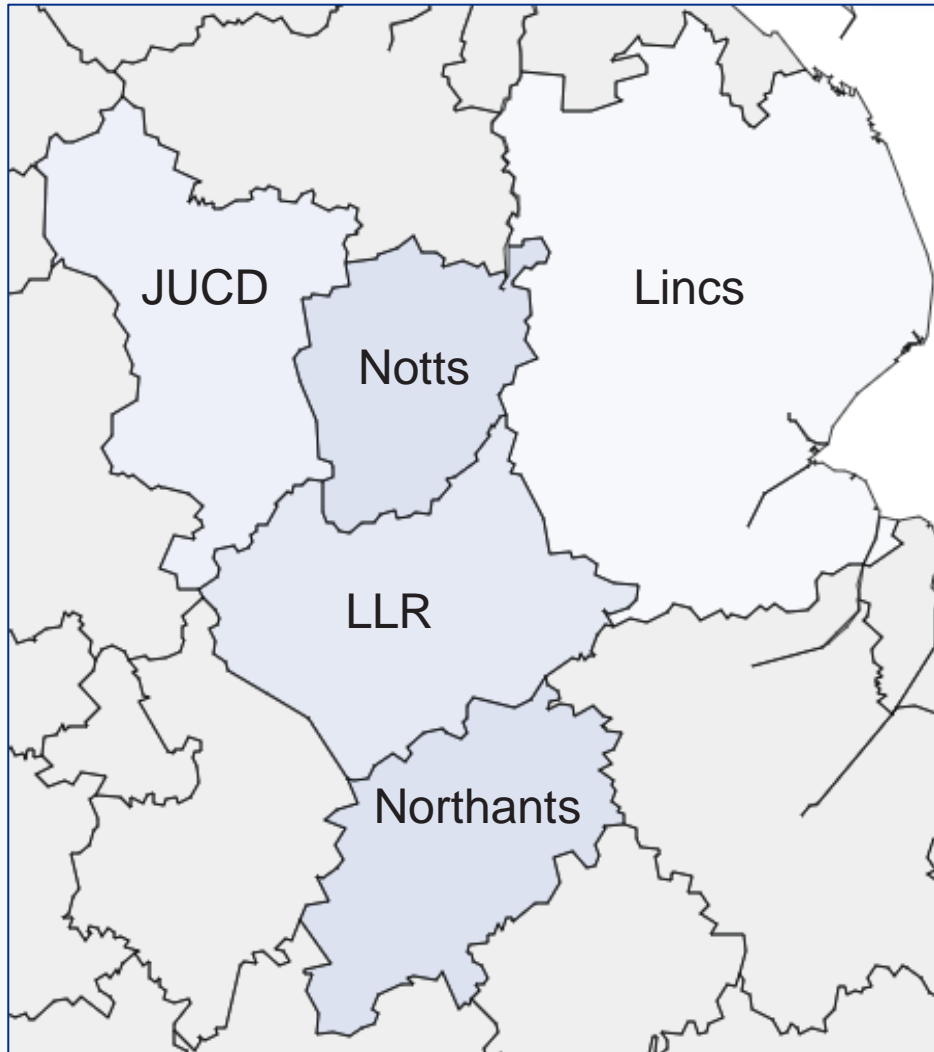
This section should be signed off by the relevant NHS England Regional Director

ICB	Readiness for delegation	Comments
<i>East Midlands Multi-ICB</i> <ul style="list-style-type: none"> <i>Lincolnshire ICB</i> <i>Nottingham & Nottinghamshire ICB</i> <i>Leicester, Leicestershire & Rutland ICB</i> <i>Northamptonshire ICB</i> <i>Derby & Derbyshire ICB</i> 	<i>Category 1 (delegation)</i>	<i>For the workforce capacity and capability category (domain 5) ICBs & NHSE equally require assurance that the workforce is able to carry out retained and delegated functions and therefore feel it's prudent to attach Category 2 (delegation with conditions) to this domain in recognition of further work required post delegation</i>

Domain 1: Health and care geography

(Multi-)ICB footprint	Population size (NHS England - ICB allocations 2023/24 to 2024/25)
<i>Lincolnshire</i>	832,721
<i>Nottingham & Nottinghamshire</i>	1,278,625
<i>Leicester, Leicestershire & Rutland</i>	1,085,453
<i>Northamptonshire</i>	792,147
<i>Derby & Derbyshire</i>	1,163,510
Total footprint population size:	5,152,456

Domain 1: Health and care geography



East Midlands Multi-ICB

Lincs - Lincolnshire ICB

Notts - Nottingham &
Nottinghamshire ICB

LLR – Leicester, Leicestershire &
Rutland ICB

Northants - Northamptonshire ICB

JUCD - Derby & Derbyshire ICB

Domain 1: Health and care geography

- From April 2024, both delegated and retained specialised services will be managed on a multi-ICB basis which matches the geographical footprint of the five ICBs in the East Midlands.
- This is consistent with patient flows agreed through the East Midlands Cancer Alliance, the East Midlands Operational Delivery Networks and the informal local provider collaboratives, and other existing clinical arrangements.
- Commissioning for some services, for example neurosurgery and burns, will be considered on a larger Midlands-wide footprint, alongside the West Midlands multi-ICB.
- Where there are significant inflows from ICBs, or outflows or to Providers, in neighbouring Multi-ICBs (i.e. the North-West, East of England, Yorkshire and Humber) then arrangements have been made to engage and consult with the relevant commissioning hub.

Domain 1: Health and care geography

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
<ul style="list-style-type: none"> Some ICBs have material inflows and outflows to neighbouring regions which will require structured liaison between commissioning hubs. 		<ul style="list-style-type: none"> Initiate contact with neighbouring hubs to develop and agree engagement protocols. Develop dashboard and reporting to MACSG to identify significant inflows and outflows at ICB level. Schedule quarterly review meetings with neighbouring hubs to manage risks, discuss growth and transformation relating to significant cross-border flows. 	
Support required			
<ol style="list-style-type: none"> Development of dashboard to easily identify significant ICB cross-border flows for delegated services. 			
Domain 1 – Multi-ICB Readiness for Delegation			
Category 1 (delegation) / Category 2 (delegation with conditions) / Category 3 (intensive support required)			

1: R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

2: R: Readiness by Mar 2024 is not achievable; A: Delivery by Mar 2024 is at risk but mitigation plan in place; G: On target for readiness by Mar 2024; C: Completed

Domain 2: Transformation



- The East Midlands Multi-ICBs and NHSE have co-produced a Health Inequalities Strategy for Specialised Acute and Pharmacy services in the Midlands.
- A Joint NHSE/ICB clinical strategy is being developed to identify key priorities for the next 5-10 years. This will include areas of focus for transformation
- Three joint-working priority pathways have been agreed for 2023/24 by the East Midlands Multi-ICBs and NHSE. These are Adult Critical Care, Neonatal Services and Severe Asthma. These will be reviewed collaboratively as part of the 2024/25 planning round.
- The Collaborative Clinical Executive Forum (CCEF), a regional forum of Acute Provider and ICB CMOs, will continue to provide clinical advice to the Midlands Commissioning Hub and the East Midlands Joint Committee.
- All of the East Midlands ICBs' People and Communities Strategies make clear the importance and value of public involvement and detail several routes for engaging with the public and seeking their views on specific issues. These will be widened to include representation for specialised services.

Domain 2: Transformation

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
<p>Significant variation across ICS population demographic will require different transformation priorities in order to address system level health inequalities and will need to be reflected in multi ICB planning and prioritisation of specialised services.</p>	<p style="background-color: yellow;">A</p>	<ul style="list-style-type: none"> Region-wide adoption and delivery of co-produced Health Inequalities Strategy and Clinical Strategy. Aggregate ICS level understanding of variations in demographics and health inequalities into regional map. Agree and apply regional transformation prioritisation matrix which takes into account variation in transformation priorities between ICBs. Review which of the 59 delegated services will be commissioned on a Midlands footprint and establish governance process for agreeing priorities between multi-ICBs. 	<p style="background-color: green;">G</p>
<p>Existing specialised service access issues for patients living in ICS without major tertiary provider may be compounded by new multi-ICS arrangements.</p>	<p style="background-color: yellow;">A</p>	<ul style="list-style-type: none"> Utilise operational delivery networks (ODNs), Cancer Alliance, provider collaboratives and other regional networks to support delivery of end-to-end cross-ICS patient pathways to tertiary providers. Monitor access to specialised services at an ICS level through Joint Committee. 	<p style="background-color: green;">G</p>
<p>Complexity of agreeing transformation priorities across delegated and retained services.</p>	<p style="background-color: yellow;">A</p>	<ul style="list-style-type: none"> Agree and apply regional transformation prioritisation matrix which takes into account variation in transformation priorities between ICBs and NHSE. 	<p style="background-color: green;">G</p>
<p>Insufficient opportunities for patient engagement in commissioning of specialised services</p>	<p style="background-color: yellow;">A</p>	<ul style="list-style-type: none"> Development of multi-ICB communication strategy to promote patient engagement in transformation activities in line with 13Q responsibilities.. Establish robust links to Health Overview & Scrutiny Committees for specialised services 	<p style="background-color: green;">G</p>

(Continued overleaf)

1: R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

2: R: Readiness by Mar 2024 is not achievable; A: Delivery by Mar 2024 is at risk but mitigation plan in place; G: On target for readiness by Mar 2024; C: Completed

Domain 2: Transformation (cont.)



Support required

- 1. Early sight of National Priorities to feed into engagement exercise around 24/25 planning cycle.

Domain 2 – Multi-ICB Readiness for Delegation

Category 1 (delegation) / ~~Category 2 (delegation with conditions)~~ / ~~Category 3 (intensive support required)~~

Domain 3: Governance and leadership

- The five East Midlands ICBs will build upon the existing governance arrangements set up for joint working in 2023/24, so that the commissioning of all delegated specialised services on an East Midlands' footprint is governed by the Tier 1 East Midlands Joint Committee and its Tier 2 sub-group, the Midlands Acute Specialised Commissioning Group (MASCG).
- Membership of MASCG includes a nominated representative from each ICB and it engages and seeks clinical advice from the Collaborative Clinical Executive Forum (CCEF) and discharges its duties through the 30+ Clinical/Operational Delivery Networks.
- A quality subgroup and quality surveillance improvement programme have recently been established and will have ICB representation. This group will meet monthly to devote more time to discussion and scrutiny of quality issues and will be chaired by the Regional Medical Director for Commissioning.
- ICBs are agreeing dispersed Chief Executive leadership for specific areas of joint working.
- An Operating Model Group has been established to further develop the leadership and future arrangements

Domain 3: Governance and leadership

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
Input from ICBs to Midlands Acute Specialised Commissioning Group and therefore the decision-making process for Specialised Services is impacted by other operational factors.	A	<ul style="list-style-type: none"> Agreed TORs to be updated to include seniority of representation and requirement for deputies. Attendance at MASCG to be reported to Joint Committees An Operating Model Group of nominated ICB reps meet regularly to agree actions to support joint working and delegation implementation. 	G
Complexity of operational decision-making across delegated and retained services.	A	<ul style="list-style-type: none"> Agreed TORs to be updated to include decision-making process for delegated and retained services in 2024/25. 	G
Lack of representation of all functional groups in MASCG decision making process	A	<ul style="list-style-type: none"> Agreed TORs to be updated to include distributed leadership model. Hub staff in attendance to represent function on behalf of all ICBs if required. 	G
Lack of clarity around decision – making process for services. Commissioned on Midlands wide footprint.	A	<ul style="list-style-type: none"> Review which of the 59 delegated services will be commissioned on a Midlands footprint and establish governance process for agreeing priorities between multi-ICBs. 	G
Joint working arrangements relating to the identification of, response to, and monitoring of, key quality concerns may not be in place.	A	<ul style="list-style-type: none"> Develop and establish regional quality governance structure with robust links into networks and ICB quality groups. Quality Surveillance and Improvement Programme report to be included in regular reporting to MASCG. 	G

(Continued overleaf)

1: R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

2: R: Readiness by Mar 2024 is not achievable; A: Delivery by Mar 2024 is at risk but mitigation plan in place; G: On target for readiness by Mar 2024; C: Completed

Domain 3: Governance and leadership

Support required

1. Review the Joint working agreement in the context of delegation with a view to it being fit for purpose for ICB led multi-ICB joint working
2. Timely release of expected national governance products (Delegation Agreements, ICB Collaboration Agreements etc) to all for meaningful engagement with ICBs and Joint Committees

Domain 3 – Multi-ICB Readiness for Delegation

Category 1 (delegation) / Category 2 (delegation with conditions) / Category 3 (intensive support required)

Domain 4: Finance



- The current ICB/NHSE Finance and Contracting Advisory Group (FCAG) will be developed into a formal finance subgroup of the Joint Committee providing financial leadership and advice to the established governance structure.
- Financial services will be provided to all Midlands ICBs and NHS England by the Midlands Commissioning Hub.
- The hub will undertake commissioning, contracting and finance responsibilities on behalf of ICBs and NHS England in line with national planning guidance.
- Delegated specialised commissioning allocation and expenditure will remain separately identifiable within ICB ledgers.
- A risk sharing arrangement between ICBs and NHS England will be approved prior to delegation to reduce in year financial risk from allocation movements and service volatility.
- Detailed financial processes and responsibilities will be set out in the financial governance and accountability framework being developed collaboratively with the national finance team.

Domain 4: Finance

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
Allocations will not be sufficiently worked up to meet commitments including impact of Needs-based allocations and cross boundary flows		<ul style="list-style-type: none"> Significant work undertaken in defining ICB allocations to reflect current commitments including rebasing exercise Ongoing engagement of FCAG in development of allocations and impact of Needs-based formula Defined timescale to roll out ICB level reporting 	
Financial governance and accountability framework not in place in time.		<ul style="list-style-type: none"> Finance and Contracting Advisory Group in place to agree and implement all necessary requirements for delegation. FCAG will be developed into formal finance subgroup Specific working group established to deliver detailed safe delegation checklist including all financial governance. Dedicated lead identified to drive agenda 	
ICB ledger access not in place.		<ul style="list-style-type: none"> All access requirements at individual staff level and sub ledger level have been identified and shared. Transfer of staff has been deferred to 2025 to give sufficient time to ensure all controls are appropriately in place. 	
Risk sharing arrangement between ICBs and NHS England not approved in time.		<ul style="list-style-type: none"> Draft risk share framework signed off October 2022 with timetable to update so will be in place and signed off by March 2024 National discussions on pooling taking place 	

Support required

- National clarity on “Amber Services” required to ensure delivery of clear water between ledgers and to inform future governance requirements
- Support on communication and engagement around Needs Based Allocations to aid the management of Providers, particularly large tertiary centres and wider stakeholders including MPs
- Confirmation that new ledger implementation fully recognises the changes needed to support delegation of specialised services.

Domain 4 – Multi-ICB Readiness for Delegation

Category 1 (delegation) / Category 2 (delegation with conditions) / Category 3 (intensive support required)

1: R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

2: R: Readiness by Mar 2023 is not achievable; A: Delivery by Mar 2023 is at risk but mitigation plan in place; G: On target for readiness by Mar 2023; C: Completed

Domain 5: Workforce capacity/capability

For 2024/25

- The Midlands Commissioning Hub will operate on behalf of the East Midlands Multi-ICB for delegated services and NHS England for retained services and will be hosted by NHS England.
- Requirement for NHSE to retain oversight and assurance over delegated services is planned, however the details of how this will operate are still being worked through.

For 2025/26

- The hosting of the hub will transfer to NHS Birmingham & Solihull ICB for the Specialised Services workforce (including commissioning finance and nursing & quality) and to NHS Nottingham & Nottinghamshire ICB for the Commissioning Support functions (Business Intelligence, Communications & Engagement, Planning and Commissioning Integration).
- The hosts will provide corporate management, oversight, and support for the workforce.

Domain 5: Workforce capacity/capability

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
Potential staff retention issues resulting from uncertainty around future transfer to Host-ICBs	A	<ul style="list-style-type: none"> Continued engagement and support offered to existing workforce. Agree memorandums of understanding in relation to hosting across all parties. For 2025/26, develop orientation programme in conjunction with host's OD teams. 	G
Uncertainty if existing NHSE workforce will be sufficient for future workload demand when hub needs to provide services to 2 multi-ICBs and 11 ICBs.	R	<ul style="list-style-type: none"> Develop future operating model and agree SLAs with all parties. Ensure consistency of reporting for the east and west so that the additional workload is minimised Develop clear and equitable process for developing regional and ICB teams 	A
Uncertainty if existing NHSE workforce will be sufficient for future workload demand when hub needs to provide service to delegated and retained services	R	<ul style="list-style-type: none"> Develop future operating model and agree SLAs with all parties. Agree standard reporting templates across both Joint Committees and NHSE For 2025/26, agree schemes of delegation between all parties to create 'clear water' between delegated and retained services. 	A
Uncertainty if ICBs have sufficient capacity to meaningfully engaged in specialised governance.	R	<ul style="list-style-type: none"> Agreed TORs to be updated to required level of attendance and need for deputies. Attendance at MASCG to be reported to Joint Committees 	A

(Continued overleaf)

1: R: Not on target, significant concerns; A: On target, minor concerns; G: On target, no concerns; C: Completed

2: R: Readiness by Mar 2024 is not achievable; A: Delivery by Mar 2024 is at risk but mitigation plan in place; G: On target for readiness by Mar 2024; C: Completed

Domain 5: Workforce capacity/capability

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
Potential impact of 'Creating new NHSE' programme, any vacancy control schemes and uncertainty over futures structures		<ul style="list-style-type: none"> Commissioning workforce group to manage dependency with other programmes. Ongoing engagement with workforce to minimise disruption and potential vacancies. 	

Support required

1. We need a nationally led forum/working group to develop a clear process around the workforce that support retained functions and those that support delegated functions, to ensure equal and equitable process across all regions, as we disaggregate the teams.
2. Clarity of when recruitment restrictions in place for posts outside of scope but as a result of the 'Creating the New NHSE' programme will be lifted, and vacant posts can be filled. Also clarity of the employment policy for such posts where covered by colleagues on FTCs or secondments

Domain 5 – Multi-ICB Readiness for Delegation

~~Category 1 (delegation) / Category 2 (delegation with conditions) / Category 3 (intensive support required)~~

The consensus amongst ICBs was Category 1 (delegation). As part of regional moderation however, this was amended to reflect the fact that ICBs & NHSE equally require assurance that the workforce is able to carry out retained and delegated functions and therefore it felt prudent to attach Category 2 (delegation with conditions) to this domain in recognition of further work required post delegation.

Domain 6: Data, reporting and analytics infrastructure



- A current national SLA is in place between AGEM CSU and the relevant divisions of ICB's DSCRO services and NHSE is expected to continue this through to April 2024 to ensure coverage and access to service and analytical capacity to support transformation and contracting of services.
- The ICB Host organisations and the NHSE Midlands Commissioning BI function are co-producing a future operating model and Multi-ICB arrangements to support delivery of services.
- Work is underway with AGEM CSU to share Programme of Care (POC) analysis with ICBs via existing BI platforms such as NCDR and Power BI to support understanding of current and future commissioning of services and to inform decision making.
- DPIA's already in place for POD will be updated and altered for inclusion of other services once operating and business model more fully understood.

Domain 6: Data, reporting and analytics infrastructure

Risks to Delegation in April 2024	Current RAG ¹ as at 25/09/23	Mitigating actions to be completed by 31/3/24	Projected RAG ² as at 31/3/24
Unable to disaggregate BI resource from national budget	R	<ul style="list-style-type: none"> Work with national team to establish resourcing model for BI 	Y
Lack of clarity on future provision of procurement support	R	<ul style="list-style-type: none"> Request definition of procurement specification from the national team 	Y
Reconfiguration of data reporting may not be in place in time for delegation.	R	<ul style="list-style-type: none"> Data & BI working group being formed to work on reconfiguration of reporting suite. Identify those parts of the programme that can be 'done once' nationally and support the formation of a national forum with regional sponsorship to progress 	Y
Issues relating to Records Management, Data Protection, Information Governance and access to IT systems and legacy drives may impact on workforce's ability to operate.	R	<ul style="list-style-type: none"> Data & BI lead to continue to engage with national working group being formed to work on hosting arrangements. Work with colleagues to clearly articulate the regional requirements to the national team to aid discussions. Work with national IT & IG colleagues to effectively manage IT transition and IG retained and delegated functions Work with RIMCs to review records management standards of shared folders and legacy drives. 	Y

Domain 6: Data, reporting and analytics infrastructure

Support required

1. We need a nationally led forum/working group to develop an operating model for the future of the Arden and Gem contract for Data and Analytics support. The contract needs to support emerging regional operating and workforce models with a nationally led workstream that covers future data and analytical needs, budget, contract, staffing model and sustainability.
2. We need a nationally led forum/working group to develop an operating model for the future of the Arden and Gem contract for procurement support. Procurement support needs reviewed in the content of the emerging operating models. This needs to be undertaken for regionally retaining commissioning functions and with ICBs for delegated commissioning functions

Domain 6 – Multi-ICB Readiness for Delegation

Category 1 (delegation) / Category 2 (delegation with conditions) / Category 3 (intensive support required)

Safe Delegation Checklist



Please confirm that:	
A senior responsible officer and workstream leads have been identified to support the completion of the safe delegation checklist in each ICB	YES
A delivery plan, including key milestones has been agreed for the safe delegation checklist	YES

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (ii)
Meeting Date:	Tuesday, 26 th September 2023
Title of Report:	Board Forward Plan – September 2023 to March 2024
Report Author:	Gerry McSorley, Acting ICB Chair Jules Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance
Presenter:	Sharon Robson, Non-Executive Director (Chair)
Appendices:	Appendix 1 - Board Forward Plan

To approve <input type="checkbox"/>	For assurance <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g., approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations
<p>The ICB Board is asked to:</p> <ul style="list-style-type: none"> Consider the Board Forward Plan for the period September 2023 to March 2023 and identify any amendments/comments. Note any amendments will be incorporate as appropriate with the updated version circulated to the Board for information.
Summary
<p>Good governance practice dictates that Boards and Committees should be supported by a Forward Plan of business that sets out a coherent overall programme for meetings, specifically identifying the reports which will be regularly presented for consideration.</p> <p>The Forward Plan is one of the key components in ensuring that the Board is effectively carrying out its role in leading the organisation and has plans in place to deliver its strategy and achieve a balanced budget position. It is also a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that does not place an onerous burden on those in executive roles or create unnecessary or bureaucratic governance processes.</p> <p>The Board Forward Plan has been prepared based on the Board meeting dates agreed for the period September 2023 to March 2024 and reflects good practice.</p> <p>The Board is asked to consider the document and identify any amendments/comments which will be incorporated as appropriate. The final document will be then circulated to the Board for information.</p>

How does this paper support the ICB's core aims to:			
Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.		
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.		
Aim 3: Enhance productivity and value for money.	As above.		
Aim 4: Help the NHS support broader social and economic development.	As above.		
Conflicts of Interest		Summary of conflicts	
No conflict identified			
Risk and Assurance			
No specific risks identified.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	No		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications/	No.		
Does the report demonstrate patient and public involvement?	No.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

BOARD FORWARD PLAN SEPTEMBER 2023 TO MARCH 2024

Item	26/09/23	28/11/23	30/01/24	26/03/24
1. INTRODUCTION				
i) Welcome and apologies	✓	✓	✓	✓
ii) Declarations of Interest	✓	✓	✓	✓
iii) Minutes of the previous meeting (for approval)	✓	✓	✓	✓
iv) Action Log (Matters Arising)	✓	✓	✓	✓
2. CHAIR AND CHIEF EXECUTIVE UPDATES				
i) Chair update	✓	✓	✓	✓
ii) Chief Executive update	✓	✓	✓	✓
3. KEY UPDATES				
i) Public Health	✓	✓	✓	✓
ii) Healthwatch	✓	✓	✓	✓
4. CORE PURPOSE 1: HEALTH INEQUALITIES (tackle inequalities in outcomes, experience and access)				
i) PCN approaches to tackling health inequalities	✓			
5. CORE PURPOSE 2: HEALTH OUTCOMES (improve outcomes in population health and healthcare)				
i) Integrated Quality and Performance Report	✓	✓	✓	✓
ii) Winter Plan 2023/24	✓			
6. CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY				
i) Finance Report	✓	✓	✓	✓
ii) Operational and Financial Planning 2024/25				✓

7. CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE (help the NHS support broader social and economic development)				
i)	Primary Care Access and Recovery Plan		✓	
8. GOVERNANCE				
i)	Delegation of Specified Specialised Acute Service Lines	✓		
ii)	ICB Committee Reports	✓	✓	✓
iii)	Board Assurance Framework	✓	✓	✓
iv)	Board Forward Plan September 2023 to March 2024	✓		
v)	ICB Governance Handbook (revised)		✓	
9. INFORMATION – FOR NOTING ONLY				
i)				

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (iii)
Meeting Date:	Tuesday, 26 th September 2023
Title of Report:	System QPEC (Quality and Patient Experience) Committee Update
Report Author:	Sharon Robson, Non-Executive Director (Chair) Martin Fahy, Director of Nursing Sarah Bates, Deputy Board Secretary
Presenter:	Sharon Robson, Non-Executive Director (Chair)
Appendices:	N/A

To approve <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g., approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

The Board is asked to note the oversight and assurance work of the Committee..

Summary

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

- **ICB Quality Risk Register:** a copy of the latest ICB Risk Register was presented and the high risk related areas were identified as non-delivery of performance standards for cancer, delays in UEC (Urgent and Emergency Care) and planned care, workforce recruitment and retention constraints.
- **Delegation of Responsibilities from SQPEC – Continuing Healthcare Programme Board Delegated Responsibilities and Area Prescribing Committee Delegated Responsibilities for Policy Ratification:** it was noted that both these Committees are established groups with relevant representation from across system organisations. These groups have relevant experienced membership pertinent to the specific area. A copy of the Terms of Reference for each Committee was shared. Discussions took place regarding the reporting requirements to the Committee and that an annual report would be received and exception reports presented when areas of escalation were identified. A couple of changes were highlighted in relation to the reporting arrangements and the alignment with the Board. Members agreed to approve the TOR, the responsibilities delegated and the proposed reporting subject to the changes highlighted.

- **Highlight Report from ULHT:** an update was provided in relation to the current risks pertaining to treatment delays as a result of the waiting lists and the operational pressures within the UEC pathways. ULHT has recently received a regulation 28 to which the Trust is in the process of responding to the Coroner.

In terms of learning from incidents, it was noted that work is taking place in reviewing inter hospital referral inboxes as it was identified that three out of a potential 335 had not been reviewed for a period of time. To date three cases of low harm have been identified. It was discussed that recognising that this type of issue has arisen at other Trusts, organisations may want to consider reviewing their internal processes.

An update was provided in relation to PSIRF (Patient Safety Incident Response Framework) and that the Trust is on target to move to PSIRF on 1 October 2023. This will coincide with a transfer over to Datix Cloud and the commencement of LFPSE (Learn from Patient Safety Events).

In relation to Patient Safety Partners a successful review has led to the decision to recruit a further three Partners. In addition, an appointment has been made to a full time Human Factors Advisor to support the further development of the Human Factors Faculty.

- **Highlight Report from LPFT:** it was noted that the re-opening of the PICU (Psychiatric Intensive Care Unit) is on track for a phased re-opening in November 2023. In terms of the EIP (Early Intervention in Psychosis) service progress is being made. An update was provided in relation to the opening of the new wards replacing the Peter Hodgkinson Centre and that there have been some challenges with the patient group and the increase in the number of observations required.

In terms of the Learning from Incidents it was noted that the Pregnancy Prevention Plans for Sodium Valproate Prescribing for those women of a reproductive age do not have annual risk assessments. Subsequent to this a communication has been sent to all clinicians to be made aware of this and Level 2 investigation is currently underway to learn lessons and to formulate recommendations.

- **Highlight Report from LCHS:** an update was provided in relation to a new emerging risk with the Lymphoedema Service and that demand has outstripped capacity creating a waiting list and fragile workforce. It was noted that a caseload review has commenced, harm reviews are being undertaken and additional staffing capacity has been sought through bank and agency staff.

A further area of concern that was highlighted relates to the Child Speech and Language Therapy service and that this has breached the 18 week wait for initial assessment. Subsequent to this all children are triaged and harm reviews are taking place and that to date no harm has been identified.

An update was provided in relation to the Learning from Serious Incidents and that themes that have been identified relate to the escalation of the deteriorating patient and deteriorating frailty. It was noted that system partners are looking to develop a Group to address this area.

It was noted that a Pressure Ulcer Pilot/System Wound Care pilot has commenced which aligns to the PSIRF pilot.

- **Highlight Report from EMAS (East Midlands Ambulance Service):** an update was provided in terms of the ongoing ability to meet performance targets in Lincolnshire and that Lincolnshire is a significant outlier. In addition, the Trust is in Tier 2 status for UEC. The focus on performance has highlighted that the EMAS division within Lincolnshire is not appropriately resourced.

It was noted that targeted training sessions have been implemented following complaints being made with the management of patients who had experienced a cardiac arrest.

In terms of the Right Care Right Person work is taking place with Lincolnshire Police and the system on the national framework and a Project Plan is in place to support safe delivery of care.

A further area that was highlighted relates to the management of controlled drugs and following a recent audit, processes have been put in place to go back to basics.

- **Highlight Report from Primary Care:** it was noted that an emerging risk that has been identified highlights concerns regarding the 2023/24 contract settlement with no uplift which does not allow for the cost of living and wage increases. This has a potential significant effect on the viability of some Practices and the ability to take on additional activity.

The Learning from Incidents has highlighted that the main Health Professional Feedback issues raised from General Practices relate to secondary care discharge information which is having an impact within primary care. It was noted that the Transfer of Care Hub is now established and help to provide support with accurate discharge information going forward the hub is also exploring dedicated pharmacy support to the Hub, which will aid additional checks on discharge.

An update was provided in relation to Community Pharmacy who are also indicating significant sustainability challenges due to the cost of living and workforce challenges. In terms of NHS Dental Service access and availability remains an area of significant challenge in Lincolnshire. Across system partners good work continues on the Dental Strategy for the ICS. It was noted that any areas of significant harm that are identified in the delays in accessing dental services are escalated to the Primary Care Commissioning Committee.

- **OQAG (Operational Quality Assurance Group):** an update was provided in relation to the independent provider ADHD 360 and since the last meeting a quality visit took place 20 June 2023 which included a number of representatives. A Rapid Quality Review meeting was convened on 2 August 2023, due to the lack of assurance regarding quality of service and a further quality review meeting is due to take place 8 September 2023.

In terms of sharing good practice, it was noted that there has been a positive impact with ULHTs new Clinical Senior Complaint Case Manager Role which has improved response times by utilising clinical expertise to work differently to address complaints. The Case Manager reviews all of the complaints received into the Trust and identifies complaints that can be resolved through a telephone call or at a meeting with the complainant. As well as resolving a high number of complaints directly the roles have received positive feedback from complainants.

- **System Quality Group including System Quality Priorities:** it was noted that the System Quality Group meets bi-monthly and is a well established group of system partners. At the last meeting there were presentations from both ULHT and the ICB on the substantial work that is underway to improve communication and engagement with patients and the public. This focus was as a follow up from a previous Healthwatch report that had evidenced concerns about poor communication with patients. There are to be similar presentations from other main providers at subsequent meetings of the group.

In addition, a thematic discussion took place on the Urgent and Emergency Care Pathway, stimulated by consideration of the recent Healthwatch report on the Enter and View visits to Urgent Treatment Centres, Emergency Departments, EMAS provision and patient transport service provision under TASL (Thames Ambulance Service Limited). There were many examples of good patient experience across the services, but some specific concerns that required follow up and respective organisations took these for follow up.

- **Safeguarding Update:** an update was provided in relation to the Families First for Children

(FCC) Pathfinder and that Lincolnshire has been chosen as a Wave One Pathfinder as part of the government's Children's Social Care implementation strategy for reform.

An update was provided on the work undertaken to progress health representation/information sharing to support strategic discussions. LCC (Lincolnshire County Council) Children's Health currently provides health representation at discussions however this team works with pre-school age children, however 97% of discussions relate to older children. Work to mitigate the risk is progressing, potential options were scoped by the ICB, and a preferred option agreed through the Lincolnshire Safeguarding Health Collaborative. Due to the significant level of risk and the impact of supporting the discussion process on LCC Children's Health, health partners came together to agree an interim solution for three months (September-November 2023) whilst the business case process is being progressed. The interim arrangement is utilising the ICB Safeguarding Team capacity two days a week and NHS providers are covering health representative requirements at other statutory meetings, in particular MARAC (Multi-Agency Risk Assessment Conference), to allow capacity for LCC Children's Health and ICB safeguarding to support front door function.

It was noted that a newly commissioned Lincolnshire Domestic Abuse Specialist Service (LDASS) has been commissioned. The domestic abuse agenda continues to have an increasing impact on the capacity of safeguarding teams across the health system, largely as a result of the increasing number of referrals into MARAC and involvement in the Domestic Homicide Review (DHR) process.

An update was provided in relation to RAF Scampton and that the ICB is engaging in a range of meetings at a local and national level regarding preparations for utilisation of RAF Scampton to accommodate adult male asylum seekers. Whilst the asylum seekers should be over 18 years of age, it is acknowledged that there could be a number of migrants in this cohort who could present as 18 and over when in fact they are younger, age assessments will be carried out to determine their age as accurately as possible. Any individuals deemed to be under 18 will become Looked After Children.

In terms of the Child Death Overview Panel (CDOP) suicide thematic review and from January 2021 to February 2022 there were six deaths which were suspected to be suicides.

For Infant Mortality – it was noted that the Lincolnshire rates are below the national average.

- **Suggested Cycle of Business:** Was presented and discussions took place regarding suggested deep dive areas for future consideration. It was discussed that as the Committee evolves areas would be highlighted and that system partners would be expected to contribute to the discussions. It was agreed that the next meeting would focus on Health Protection and Infection prevention and Control.

Items for escalation to the ICB Board:

- Treatment delays linked to patient harm.
- Sustained levels of high activity during August 2023 particular in relation to UEC.
- Anticipated re-opening date for the PICU unit in November 2023.
- Lymphoedema service is challenged however to date there has been no significant patient harm.
- Pilot National Pathfinder for Children's services.
- Below national average for neonatal and paediatric mortality rates.
- Delegation of CHC and Area Prescribing Committee.
- ULHT - Human factors work and the further appointment of three Patient Safety Partners.
- ULHT complaints - successful appointment of a Clinical Senior Complaint Case Manager Role.
- New Lincolnshire Domestic Abuse Specialist Service (LDASS)
- Lincolnshire Military Maternity Project has been shortlisted for a HSJ Award.
- The Lincolnshire Training Hub been shortlisted for two Nursing Times Workforce Awards through two projects 'Career Start Programme' and the 'Return to Practice Work'. Not only are they the only nominations shortlisted from Lincolnshire they are also amongst a very small cohort from Primary Care.

How does this paper support the ICB's core aims to:			
Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.		
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.		
Aim 3: Enhance productivity and value for money.	As above.		
Aim 4: Help the NHS support broader social and economic development.	As above.		
Conflicts of Interest		Summary of conflicts	
No conflict identified			
Risk and Assurance			
A System Risk Register and ICB Risk Register is in place of which is shared at the meeting.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	No		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications/	Health inequalities considered in all aspects of the work programme.		
Does the report demonstrate patient and public involvement?	Patient and public involvement and engagement is embedded within the System QPEC.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
The Board receives regular reports from each of its Committees at every meeting.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	08 (iv)
Meeting Date:	Tuesday, 26 th September 2023
Title of Report:	Update from the Service Delivery & Performance Committee (July/August)
Report Author:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Presenter:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Appendices:	None

To approve <input type="checkbox"/>	For assurance <input checked="" type="checkbox"/>	To receive and note <input type="checkbox"/>	For information <input type="checkbox"/>
Recommendation or particular course of action, e.g approve the strategy, endorse the direction of travel.	Assure the Board/Committee that controls and assurances are in place.	Receive and note implications, may require discussion to help share/develop item.	Note, for intelligence of the Board/Committee without in-depth discussion.

Recommendations

The Board is asked to note and consider this report.

Summary

July 2023

Committee Workshop

In light of the discussion that took place at the Lincolnshire Leaders Group in respect of ensuring effective oversight arrangements are in place for the Lincolnshire System 2023/24 Operational Plan (the Plan), it was agreed that the Service Delivery & Performance Committee (SDPC) would have the role of oversight and assurance on the delivery of the Plan.

The SDPC reporting structure has a number of Operational Delivery and Improvement Groups that report into it and the Committee, in turn, reports into the ICB Board.

The purpose of the workshop was to review current working practices and consider whether any changes were required to fulfil the function of oversight and assurance on delivery of the Plan, taking into account existing assurance functions that sit within the individual providers and also the remit of the other system joint committees.

Following discussions, it was agreed that the performance metrics within the plan and the various programme milestones should be assurance mapped. To avoid duplication, assurance should then be gathered from closer working with the system and providers' committees and with formal escalation of issues to the SDPC. This will enable the Committee to focus on the delivery risks, undertake deep dives where needed and further escalate risks and issues to the ICB Board when appropriate.

The Committee's Terms of Reference will be revisited to reflect the focus of the Committee on delivery of the Operational Plan.

Planned Care, Diagnostics and Cancer Update

Mr Evans presented and gave a verbal overview regarding the current performance of Planned Care, Diagnostics and Cancer.

- Progress on planned care was encouraging, however, the risk to achieving the required performance due to the impact of ongoing industrial action was clearly articulated.
- The Grantham Community Diagnostic Centre (CDC) has now delivered over 54,000 tests and the business cases for CDCs in Lincoln and Skegness now have agreed funding.
- The national review of cancer access standards continues, the likely changes would be from 10 standards down to three standards of combined 28-day Faster Diagnosis Standard, 31-day Subsequent Treatment and the 62 Combined Referral to Treatment. The current number of patients waiting for treatment over 62 days has now returned to levels better than planned trajectory. Strong progress has been made in recent weeks and progress to the 217 patient 'fair shares' target is on track, but as with planned care, the risks from industrial action would have an impact across all providers.
- Significant impacts are felt on patient tracker, administrative and managerial teams with the increasing administration activities for 1000s of patients during the strikes.

August 2023

Delivery Update

Members provided updates regarding ongoing planning work and current delivery challenges.

- Further planning work on the Joint Forward Plan delivery was underway, this would focus on, not only the national priorities, but what we want to achieve as a system and the various programmes key milestones within the Operational Plan.
- A Clinical summit has been held (15/08/23) between the ICB and providers to gain an understanding of the factors contributing to, and driving, the recent surge in demand for urgent care. The summit also explored all possible mitigations to alleviate demand on urgent care pathways, the strategies needed to enhance admission avoidance, reduce handover delays, maximise discharge opportunities and minimise long waits.

Performance Dashboard

Discussions took place about the developing system performance dashboard; a number of points were highlighted:

- A narrative template has now been completed and includes a plan on a page for each of the system programmes.
- The dashboard, in addition to focusing on the national priorities, would also focus on local objectives.
- From September, the Committee will use the newly completed dashboard in order to agree the focus for future meetings rather than having fixed forward agendas.

Terms of Reference

The Terms of Reference for the Committee were reviewed, and a number of amendments agreed to reflect the Committee's focus on the Operational Plan. The Terms of Reference would be further refined for formal ICB approval.

Escalations to ICB Board

Following discussions, it was agreed that the following points should be escalated to raise awareness at the ICB Board:

- Changing Culture – the need for staff to adopt new ways of working and best practice, and changing behaviours as transformation of services progresses.

How does this paper support the ICB's core aims to:

Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.
Aim 3: Enhance productivity and value for money.	As above.
Aim 4: Help the NHS support broader social and economic development.	As above.

Conflicts of Interest

Summary of conflicts

No conflict identified

Risk and Assurance

See main body of report.

Implications (legal, policy and regulatory requirements)

Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications/	Yes - Health inequalities considered in all aspects of the work programme.

Does the report demonstrate patient and public involvement?	Not applicable.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable.		
Inclusion			
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