

**MEETING OF THE NHS LINCOLNSHIRE  
INTEGRATED CARE BOARD  
TO BE HELD ON  
TUESDAY, 30<sup>th</sup> MAY 2023  
BRIDGE HOUSE, THE POINT, SLEAFORD  
at 9.00 AM TO 12.00 NOON**

## Definition of a conflict of interest:

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

A conflict of interest may be:

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

**Interests** fall into the following categories:

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

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

This could also include an individual being:

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

- **Non-Financial Professional Interests:** This may, for example, include situations where the individual is:
  - An advocate for a particular group of patients.
  - A GP with special interests e.g., in dermatology, acupuncture etc.
  - An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually in itself amount to an interest which needs to be declared).
  - An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE).
  - Engaged in a research role.
  - Development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or
  - GPs and Practice Managers, who are Members of the Board or Committees of the ICB, should declare details of their roles and responsibilities within their GP Practices.
- **Non-Financial Personal Interests:** This could include for example, where the individual is:
  - A voluntary sector champion for a provider.
  - A volunteer for a provider.
  - A member for a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation.
  - Suffering from a particular condition requiring individually funded treatment.
  - A member of a lobby or pressure group with an interest in health and care.
- **Indirect Interests:** (as those categories are described above) for example:
  - Spouse/Partner.
  - Close relative e.g., parent, grandparent, child, grandchild, or sibling.
  - Close friend; or
  - Business partner.

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

#### Board Members:

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

Vacancy – Non-Executive Director for Quality

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date: Tuesday, 30<sup>th</sup> May 2023**

**Time: 9.00 am**

**Location: The Boardroom, Bridge House, Sleaford**

### AGENDA

ITEM NUMBER	ACTION	ENCLOSURE/ VERBAL	LEAD	TIME	
<b>1. INTRODUCTION</b>					
i)	Welcome and Apologies		Verbal	Dr Gerry McSorley	9.00
ii)	Declarations of Interest		Verbal	Dr Gerry McSorley	
iii)	Minutes of Meeting held on 28 <sup>th</sup> March 2023	Approve	Enclosure	Dr Gerry McSorley	
iv)	Matters Arising, including Action Log	Note	Enclosure	Dr Gerry McSorley	
<b>2. CHAIR AND CHIEF EXECUTIVE UPDATES</b>					
i)	Chair • Update and Overview	Note	Verbal	Dr Gerry McSorley	9.05
ii)	Chief Executive • Update and Overview	Note	Verbal	Mr John Turner	9.15
<b>3. KEY UPDATES</b>					
i)	Public Health	Note	Verbal	Professor Derek Ward	9.30
ii)	Healthwatch	Note	Verbal	Mrs Sarah Fletcher	9.40
<b>4. CORE PURPOSE 1: HEALTH INEQUALITIES (tackle inequalities in outcomes, experience and access)</b>					
i)	Draft Lincolnshire Autism Strategy 2023-2028	Receive	Enclosure	Mrs Sarah Connery and Mrs Emma-Kay Dominey-Hill	9.50
<b>5. CORE PURPOSE 2: HEALTH OUTCOMES (improve outcomes in population health and healthcare)</b>					
i)	Integrated Performance and Quality Report	Receive	Enclosure	Mrs Clair Raybould/ Mr Simon Evans/ Mr Martin Fahy	10.10
<b>BREAK 10.30 – 10.40</b>					

<b>6. CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY</b>					
i)	Finance Report – Month One	Receive	Enclosure	Mr Matt Gaunt	10.40
ii)	ICB Budgets 2023/24	Approve	Enclosure	Mr Matt Gaunt	10.50
<b>7. CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE (help the NHS support broader social and economic development)</b>					
i)	Update on the Joint Forward Plan	Note	Enclosure	Mr Pete Burnett	11.00
ii)	Lincolnshire System NHS75 celebration plans	Note	Enclosure	Ms Charley Blyth	11.10
<b>8. GOVERNANCE</b>					
i)	Report from the System Quality and Patient Experience Committee (QPEC) Development Session held on the 21 <sup>st</sup> April 2023	Receive	Verbal	Mr Martin Fahy	11.15
ii)	Report from the Service Delivery and Performance Committee meetings held in March and April 2023	Receive	Enclosure	Mrs Dawn Kenson	11.20
iii)	Report from the Audit and Risk Committee meeting held on the 19 <sup>th</sup> May 2023 including Audit and Risk Committee Annual Report July 2022 to March 2023	Receive	Enclosures	Mrs Margaret Pratt	11.25
iv)	Report from the Finance and Resource Committee meeting held on the 23 <sup>rd</sup> May 2023	Receive	Enclosure	Mrs Julie Pomeroy	11.30
<b>9. INFORMATION – FOR NOTING ONLY</b>					
i)	Register of Documents Sealed from 1 <sup>st</sup> July 2022 to 31 <sup>st</sup> March 2023	Note	Enclosure	Mrs Jules Ellis-Fenwick	11.35
ii)	Declaration of Interest Registers as at May 2023	Note	Enclosure	Mrs Jules Ellis-Fenwick	11.40
<b>10. DATE, TIME AND VENUE OF NEXT MEETING</b>					
	Tuesday, 25 <sup>th</sup> July 2023 at 9.00 am at Bridge House, Sleaford	Note	Verbal	Dr Gerry McSorley	12.00 close

**Please send apologies to: Jules Ellis-Fenwick, ICB Board Secretary via email at: [julieellis1@nhs.net](mailto: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](http://www.lincolnshire.icb.nhs.uk) In case of difficulty accessing the papers, please contact – [julieellis1@nhs.net](mailto: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 TUESDAY, 28<sup>th</sup> MARCH 2023 AT 9.00 AM  
AT BRIDGE HOUSE, THE POINT, SLEAFORD AND VIA MICROSOFT TEAMS**

<b>PRESENT:</b>	Sir Andrew Cash	Interim ICB Chair
	Dr Dave Baker	Interim Partner Member, Primary Medical Services
	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 (for part of the meeting only)
	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)
	Mrs Julie Pomeroy	Non-Executive Member and Chair of Finance and Resource Committee
	Mrs Margaret Pratt	Non-Executive Director and Interim Chair of the Audit and Risk Committee
Mr John Turner	Chief Executive (for part of the meeting only)	
<b>IN ATTENDANCE (REGULAR PARTICIPANTS)</b>	Mrs Jules Ellis-Fenwick	ICB Board Secretary and Head of Corporate Governance
	Ms Charley Blyth	Director of Communications and Engagement (part of the meeting only)
	Mr Pete Burnett	Director for Strategic Planning, Integration & Partnerships
	Mr Simon Evans	System Director of Clinical Integration and Leadership Development
	Mrs Sarah Fletcher	Healthwatch Representative
	Mr Ian Fytche	Chief Executive, North Kesteven District Council (part of the meeting only)
	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
Mrs Sandra Williamson	Director for Health Inequalities & Regional Collaboration	
Professor Derek Ward	Public Health Representative	
Cllr Sue Woolley	Chair of the Health and Wellbeing Board	
<b>APOLOGIES:</b>	Mrs Maz Fosh	Partner Member, NHS & Foundation Trusts
	Dr Sunil Hindocha	Interim Medical Director
	Professor Sir Jonathan Van-Tam	Non-Executive Member and Chair of Quality and Patient Experience Committee

**22/75 WELCOME AND INTRODUCTIONS**

Sir Andrew Cash welcomed all those present to the NHS Lincolnshire Integrated Care Board and confirmed the meeting was quorate.

Sir Andrew Cash 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.

Sir Andrew Cash advised this was Dr Baker's last meeting as the Interim Partner Member for Primary Care as he would be stepping down from the role as of the 31<sup>st</sup> March. Sir Andrew Cash paid tribute to Dr Baker for his work on the ICB Board but also in his various Board Members roles over the last decade serving the Lincolnshire population and working closely alongside his colleagues. Dr Baker had been a really great advocate for primary care and Sir Andrew Cash wished him all the best for the future.

Following an appointment process carried out in line with the ICB Constitution, Dr Kevin Thomas GP had been appointed as the new Partner Member for Primary Care and would commence in post on the 1<sup>st</sup> April 2023.

On a separate note, the Board was advised that Mr Ian Fytche, Chief Executive of North Kesteven District Council (NKDC) would be joining the meeting at 9.30 am to present item nine on the agenda – Districts Health and Wellbeing Strategy.

## **22/76 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS AND CONFLICTS OF INTERESTS**

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

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

Declaration of Interest from Committees:  
No items declared.

Declarations of Interest from today's meeting:  
No items declared.

The Board agreed to:

- **Note the interest as declared.**

## **22/77 MINUTES OF THE PREVIOUS MEETING**

The Board considered the minutes of the previous meeting held on the 31<sup>st</sup> January 2023 and agreed to:

- **Approve the minutes as a true and accurate of the meeting subject to the following amendment:**
  - **Ms Charley Blyth, Director of Communications and Engagement should be listed as in attendance as she was present at the meeting.**

**22/78 MATTER ARISING**

Sir Andrew Cash presented the Action Log as included in the pack of papers. There were three items included; all of which were identified as delivered with supporting commentary provided by way of assurance to the Board that the actions had been dealt with.

The Board agreed to:

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

**22/79 CHAIR AND CHIEF EXECUTIVE UPDATES**

**ICB Chair update**

Sir Andrew Cash advised that coming up to the end of the financial year he would firstly like to express his personal thanks and appreciation for the huge amount of hard work of partners and wider partners in the system had undertaken to deliver health and care services to the people of Lincolnshire in recent months. This had resulted in an improved trajectory in some of the key performance indicators across the county. Also, from a strategic and development point of view the system now had an excellent Integrated Care Plan.

The architecture of the ICB, the Board and the ICP and its associated nuances all continued to be developed and were moving in the right direction including the provider collaborative which is about the main providers working together to deliver on key plans. In terms of challenges the Board was aware of the financial pressures facing the whole of the public sector, workforce issues with an increased level of focus to get a strategic grip on this area and plans were in place to ensure Lincolnshire 'grows its own' and then digital with the ability to work in smarter ways.

Sir Andrew Cash also highlighted the details of a number of national and local meetings which had taken place recently and which he had attended:

- Lincolnshire Leaders Group (LLG)
- Lincolnshire Non-Executive Directors Forum
- Meeting taking place the following day with Minister Quince to discuss locum and agency costs (**post meeting note this was re-arranged and took place on the 2<sup>nd</sup> May 2023**)
- NHS Assembly full day meeting in London which is a national meeting of all partners.

There were a number of national publications expected to be published in the next couple of weeks:

- Long term workforce plan (for 15 years)
- Recovery plans – suite of four documents: Elective Recovery and Urgent and Emergency Care (already issued), GP practice and access and Maternity and Neonatal care.

Two further points of note related firstly to the 75<sup>th</sup> Anniversary of the NHS on the 5<sup>th</sup> July – numerous celebrations and events were being planned and the details would be announced in the coming weeks. The second related to the change in operating model currently on-going between government and NHS England which now includes all six arm's length bodies.

**Chief Executive update**

Mr Turner reflected on the last couple of months since the Board last met, advising that it is certainly extraordinary times the health service is in and going through. Despite all of that Lincolnshire continued to involve in terms of system working and step up in the right way collectively with colleagues across the wider health and care system to continue to deliver services for the population it serves.

There was clearly a rising tide of improvement and good performance despite all of the challenges and issues the Lincolnshire system has faced over the last couple of months.

Coming through the winter period and along with the associated issues that brings, there have been a number of challenges which are relatively normal for this of year in terms of rates of urgent and emergency care, COVID continued to still be present, and the number of positive cases had increased in recent weeks along with significant numbers of Norovirus.

Clearly there has been a focus on planning for and dealing with industrial action in recent months and whilst early indications were promising regarding a deal being reached in terms of Agenda for Change staff, the junior doctors situation was on-going. Lincolnshire had come through the recent junior doctor strike in relatively good shape but the next one was scheduled to take place over a four day period immediately after Easter in April which would then run into the following weekend. This was expected to have an impact and the Consultants were now currently out to ballot on whether they would be striking over pay as well.

At the same time the ICB had been working really hard to ensure its performance was as strong as possible at year end in terms of electives, cancer, learning disability health checks, mental health and all primary care indicators whilst also planning for the 2023/24 financial year which commenced in a few days' time.

Other points to note is that later in the week the next meeting of the Quarterly Review System meeting (QRSM) will take place with the NHSE Regional Midlands Director and his team to discuss progress and clearly there was a considerable amount of positive aspects to report whilst at the same time acknowledging the challenges facing the system.

The next item to highlight to the Board related to the recently published national staff survey. In Lincolnshire Mr Turner was delighted to note that United Lincolnshire Hospitals NHS Trust (ULHT) is one of the most improved NHS Trusts in the country, Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Service (LCHS) continue to enjoy strong positions nationally amongst their peers.

Mr Turner was pleased to report that the ICB was ranked in the top three nationally (out of 42 ICBs). The outcome of the ICB staff survey was really encouraging although it was acknowledged there was more to do.

Further points of note:

- The ULHT Grantham Surgical Hub had now been formally designated as one of eight national surgical hubs which was another excellent development for Lincolnshire.
- NHSE had recently issued a letter to all ICBs detailing requirements regarding running costs allowance with a 20% reduction expected in 2023/24 and 10% in 2024/25. This was being attended to internally.
- Mr Turner had recently attended the latest six monthly partnership review meeting with colleagues from the University of Lincoln. This continued to progress well in terms of ensuring Lincolnshire is a great place for research and clinical research.
- Mr Turner will be attending the Lincolnshire New to Practice Fellowship event the following day which is to celebrate new colleagues towards the beginning of their careers both in medicine, nursing and other primary care services.
- Councillor Bowkett and Mr Turner will be attending the annual Lincolnshire Care Awards event on Thursday that week to celebrate the outstanding work taking place in the care sector.

The Board considered the update and congratulated the good progress in a number of areas.

The Board agreed to:

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

## CORE PURPOSE 1: HEALTH INEQUALITIES

22/80

### DISTRICT COUNCILS – HEALTH AND WELLBEING STRATEGY

Sir Andrew Cash welcomed Mr Ian Fytche, Chief Executive, North Kesteven District Council (NKDC) who had joined the meeting to provide a presentation regarding Lincolnshire's District Councils' joint Health and Wellbeing Strategy.

Mr Fytche went through the presentation and highlighted the following areas:

- The District Council contribution to the delivery of ICS objectives
- The District Council "Levers" in tackling inequalities
- Lever Area 1- Housing and Homelessness
- Lever Area 2 – Activity and Wellbeing
- Lever Area 3 – Environment and Climate
- Lever Area 4 – Economic Inclusion
- Lever Area 5 – Working with our Communities

Mr Fytche also highlighted the details of the specific objectives associated with each of the five levers.

The Board considered the presentation and posed a number of questions and comments to Mr Fytche all of which were responded to. In summary the presentation was well received and indicated again the shared commitment across the county towards a continuous focus and improvement on health outcomes. This was in the context of the health challenges which the population of Lincolnshire faces.

Mr Fytche advised that he looked forward to further opportunities to engage with the ICB going forward.

Sir Andrew Cash thanked Mr Fytche for his attendance and informative presentation and to the District Councils for their excellent work and strong partnership approach alongside the ICB.

The Board agreed to:

- **Note the presentation.**

22/81

## KEY UPDATES

### Public Health

Professor Ward advised that he had a few points to highlight to the Board in relation to Public Health as follows:

- COVID – there had been another wave and an increase in positive cases seen which was as a result of a number of factors, including reduced immunity from previous vaccines and a new variant. It was really important that those eligible for the latest vaccine receive this as part of the Spring booster programme.
- Norovirus – the levels of cases has recently peaked which was normal at this time of year.

Professor Ward moved on to the Director of Public Health Annual Report 2022 and advised that all Directors of Public Health in England have a statutory duty to produce an independent report on the state of health of the people they serve on an annual basis. Local Authorities have a statutory duty to publish the report and make them as accessible as possible to the wider public.

The report presented was Professor Ward's fourth for Lincolnshire but the first for Greater Lincolnshire.

In 2021, the Chief Medical Officer (CMO) highlighted the challenges of coastal communities in his Annual Report, including case studies on coastal communities in Lincolnshire and North-East Lincolnshire.

The report identified some of the reasons for inequalities and set out a range of recommendations to improve outcomes. The CMO noted the lack of available data published at a geographical level small enough to capture coastal outcomes, posing a challenge to being able to plan national and local strategies.

The report has analysed local data and identified four types of community across Greater Lincolnshire- urban centres, urban industrial centres, coastal communities and rural and market towns.

Professor Ward drew the Board's attention to the maps in the report. Figure One highlighted the four types of community and highlights the key challenges and opportunities for health and wellbeing, that vary across different places. Figure Two highlighted the Lower Super Output Areas utilised in category analyses.

In summary the report shows that there are significant challenges for preventing ill health and improving life expectancy across Greater Lincolnshire. Each community has different characteristics and opportunities that lead to different health outcomes. But the challenges can also have common themes across the region. Different health needs in the four types of community need different approaches. The local environment and its assets also need to be harnessed to improve health and wellbeing in our communities. By developing a better understanding of the complexity of our local communities we can target and tailor our approach to prevention and treatment which meets the needs of local people.

The Board considered the report. Mrs Mills commented that she recognised a lot of the content described in the report and which was reflective of the work carried out together on Primary Care Networks. It was evident that increasingly the way in which services are delivered in those different communities needs to change because of changing demographics and conversations were starting to take place along those lines. One of the challenges often faced is about best practice clinical pathways with the same approach being adopted across the board and it was becoming evident that how this is provided locally needs to vary within that. The data in the report clearly evidenced this.

Mrs Pratt advised that the Director of Public Health and its associated themes is always well received as it provides a strategy for embedding into key plans. Picking up on the comments by Mrs Mills, the next step is to put that plan into action and the associated next steps and would look forward to seeing some of this reflected in the NHS Lincolnshire Strategy (Joint Forward Plan) which will be presented to the Board in June.

Mrs Connery advised that the community Mental Health Transformation programme is built around the 14 PCNs and the use of population health profiles is part of the mapping for this service. The data is being utilised to change the staffing profile in each of those areas and Mrs Connery was happy to report back on this in more detail at a future Board session, which was noted.

Professor Ward responded to the points raised and advised that he always seems to produce the Director of Public Health report in a way that the key themes and information can be used going forward. Lincolnshire has really strong intelligence based information and it is recognised that one size does not fit all. Knowing what clinical quality looks like is not the issue, it is about how that is delivered that needs to change. There is a real opportunity to do things differently in conjunction with all key health and social care partners.

Mr Fahy advised that the report was particularly helpful in terms of how it is split into urban and rural and reinforced the point about this being an opportunity to do things differently and the rapid need to adopt digital and other platforms to provide services in an alternative way to that currently in place. There is also the public education element about helping people understand new service models and also working with the local authority to address the public transport issues in the county and access to appointments.

Mrs Jolly commented that it was important to note that not everything is clinically based. There is a vibrant voluntary and community and care sector which could be utilised to provide or support the provision of services differently. This was acknowledged and noted.

## **Healthwatch**

Mrs Fletcher advised that in the first instance she would cover key areas of feedback received from patients in the last month as follows:

- Delays in repeat medications which has a delay in dispensing and causes upsets for patient. An example being whereby a patient had to wait 12 days for urgent medication and was passed between the practice and the pharmacy. This was not isolated to one particular surgery; it was a common theme across several practices in recent weeks.
- Information available for COVID anti-virals with some patients receiving letters stating they are eligible with supporting information provided. However, in one specific case the patient's practice had no idea that anti-virals existed. This caused a considerable amount of confusion for those involved. There is national information but from a local perspective this appeared not to be as robust.

In terms of areas of work Healthwatch are currently involved in, the following was highlighted:

- Healthwatch Cost of Living report was expected to be available around mid-April 2023 including other reports previously mentioned (A&E mystery shopper and Discharge for Home).
- Dental work was now focused on seldom heard groups and the impact on those.
- Healthwatch had received more recently some information from Healthwatch England about GP referrals which followed on from a campaign which was run in October 2022. This is about referrals on to other services. Information had been shared on feedback received from Lincolnshire patients as part of that campaign.
- A campaign was also run on maternal mental health. 2,693 responses were received with some of those again from Lincolnshire patients, which were predominantly around six week post-natal checks at GP level with some failures in care being identified.
- Healthwatch have supported LPFT with two mental health in-patient visits recently and there is a planned learning disability care home visit in April 2023 which will focus on food and involvement in meals for patients.
- Members of the Healthwatch team continued to support Mr Burnett and his team with the development of the Five Year Forward Plan and any engagement work that might be required with the public.
- In the next few weeks Healthwatch will be carrying out the three Trust's Quality Accounts the East Midlands Ambulance Service (EMAS) Quality Accounts, enter and view visits to Care Homes and a review of Children and Young People (CYP) working alongside other organisations.

On a final note Healthwatch will be working with the Care Quality Commission (CQC) on how they can better receive the experiences of healthcare from people who are digitally excluded.

The Board considered the update. Sir Andrew Cash referred to the last point and sought clarification on whether this piece of work with the CQC was just being carried out in Lincolnshire. Mrs Fletcher advised that Healthwatch had been requested to carry this out in Lincolnshire on the CQC's behalf and were the only one to be asked.

This piece of work would concentrate on four specific groups – individuals on lower incomes and homeless as examples and how they would best prefer to share their experiences with the CQC bearing in mind they do not tend to have digital access. This will form part of a national piece of work.

Dr Baker made an observation in respect to the comment on anti-virals and advised that this is co-ordinated nationally, not at a local level and provided an explanation of the process. It was suggested that this issue was picked up with the specific practice the comment relates to, which was noted by Mrs Fletcher and Mrs Ellis-Fenwick to raise with Mrs Mills as the Executive Lead Director for Primary Care.

**Action: Mrs Ellis-Fenwick/Mrs Mills**

The Board agreed to:

- **Note the Public Health verbal report.**
- **Receive the Director of Public Health Annual Report.**
- **Note the Healthwatch verbal report.**

## **CORE PURPOSE 2: HEALTH OUTCOMES**

22/82

### **INTEGRATED QUALITY AND PERFORMANCE REPORT**

#### **Performance Section**

Mrs Raybould presented the performance section of the report and advised that she would take the document as read but wished to highlight that further work has been carried out to refine the format and content. This is underpinned by the reporting that is presented and considered by the Quality and Patient Experience and Service and Delivery Performance Committees who consider service areas in greater detail who then report to the Board after each meeting.

The items being reported to the Board need to be presented from a Constitutional point of view and are designed to provide assurance to the Board that there is 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. Going through the report a verbal update would be provided for some areas where validated data was now available recognising that the information included in the report was for February.

Mrs Raybould advised that in the first instance it was important to highlight the significant periods of industrial action that had taken place both nationally and locally, all of which had a huge impact on the entire health system. It was important for the Board to acknowledge the impressive and significant efforts of partners in responding to strike action, and the collaborative work to ensure that clinical risk is managed and balanced across the entire health system.

As referred to by Mr Turner earlier in the meeting the health system still remained challenging from an Urgent and Emergency Care (UEC) perspective and there are currently over 50 patients in hospital with COVID, which is still quite significant to manage from an infection prevention and control basis. That aside, there were improvements being seen across the entire Urgent and Emergency Care pathway, with strong indications of sustainable change occurring, which is positive for the population but also directly supports the recovery for Cancer and Elective care, particularly in the context of the industrial action.

Mrs Raybould highlighted a number of areas of performance (as detailed on page two of the front sheet).

- 60 minute handover delays – there had been sustained improvement since January although there had been some dips in the last week or so due to the current COVID and Norovirus outbreak. However, this is now regarded as being fairly stable

- Lincolnshire is performing well regarding the % of patients seen within 4 hours in A&E, which is above the regional average. This has increased to 70.3% during February, with the regional average being 66% so performance is progressing well towards the new recovery target of 76% required by March 2024.
- As mentioned by Sir Andrew Cash under his update the Recovery Plan was published on the 30<sup>th</sup> January 2023 and a system wide Clinical Summit and Strategy day on the 9<sup>th</sup> January which was well attended by clinicians across the county with an excellent presentation provided by Mr Andy Fox from the Public Health Team which really set the context and has helped shape for building the system improvement plan for urgent and emergency care which will be presented to the Board in due course.
- Mental Health - Lincolnshire continued to have strong performance with regards to Out of Area Placements with a very small number of people placed out of area and has been noted as best practice in the approach taken to support people in county.
- The NHS Talking Therapies (previously known as IAPT) access rate was 16.3% in December (cumulative position). It has been agreed that this will be carefully monitored to improve progress towards the national standard. This was discussed in detail by the Service Delivery and Performance Committee recently with opportunities to improve that position considered.
- The number of children and young people with an eating disorder (ED) referred as routine cases commencing treatment within four weeks, or one week if urgent was also being closely monitored as this is currently not achieving national standard. There had been a significant increase in demand for this service during COVID. Demand was currently outstripping supply, and the key issue was workforce, not resource.

Mrs Raybould handed over to Mr Evans at this point to run through the key performance areas from an elective perspective.

Mr Evans advised that his updated would focus on a couple of indicators, but most notably the one which has the most focus nationally which is the 78 week standard. The Board was advised that great progress had been made on the number of patients waiting more than 78 weeks which decreased to 1,275 from 1,419 in January for Lincolnshire patients. This improved position was better than planned trajectory. Nonetheless, as mentioned the industrial action has had a substantial impact on performance and potentially proportionally greater in planned care as emergency services have been shored up during that period. As such the ambition and trajectory to achieve zero patients waiting no more than 78 weeks by the end of March has been impacted on. However, the numbers will be significantly lower going into April which is largely down to the response from the provider organisations as described earlier by Mr Turner in order to reduce those waiting times.

Going forward into the next financial year ambitions will continue to be built on, particularly the accreditation of the Grantham Hub which is really positive for Lincolnshire and will provide a greater capacity provided by ULHT to not only deliver 65 week waits but also potentially support systems around us in terms of mutual aid.

Cancer performance has fared slightly better in terms of the industrial action and is ahead of trajectory having made a significant reduction in the number of patients waiting for more than 62 days for their treatment. That level of good performance has continued up to recent weeks and is well on trajectory for meeting the standard for the current year. The majority of patients are at ULHT, but that position is reflective across all of the ICB's providers waiting times for cancer services.

Faster diagnostic access is the other substantial indicator in cancer and performance is not at the same levels as other areas, but consistent improvement is being seen. Performance was still expected to deliver against the national standard in 2023/24 and this has contributed substantially to the overall reduction in waiting lists for this year and in recent months.

Whilst further industrial action is expected, the same level of planning approach will be applied as previously, and elective services will take the brunt of the impact in terms of delayed access.

The Board considered the performance section of the report. Mrs Kenson sought reassurance on how quickly patients whose appointments were cancelled during the industrial action were re-booked and seen and also requested an update on the position in terms of cancer and Tier One category. Mr Evans advised that the ICB's main providers had provided strong assurance that those patients were re-booked before the end of April, although it should be noted some exercised their right to choice. In terms of cancer and Tier One, the ICB was no longer in the top quartile and not in that risk category of moving into Tier One and the ICB had now being placed relatively near to the bottom of Tier Two. Conversations were now taking place about being removed from the Tier process in totality, and whilst further possible industrial action was a concern, really excellent progress has been made with that indicator.

Mrs Pomeroy referred to the proposed changes to the pension legislation and whether that will provide more flexibility in terms of improving the trajectory in the coming year. Mr Evans advised that inevitably it will improve access and the overall clinical capacity as some clinical colleagues may now decide not to come out of the pension scheme and retire and may potentially have additional time they want to commit; however, it does not solve the entire backlog issue so work continued to look at primarily recovery of waiting lists around productivity and that is where the bulk of the improvement will come from.

The Board acknowledged the excellent position reached on 78 week waits, which ranks amongst the best in the region. The Board also noted good improvement in relation to the cancer targets, with particularly strong improvement having been made in colorectal cancer waiting times.

Mrs Pratt added that it was important to celebrate the positive messages, which was noted by those present and Sir Andrew Cash asked that his appreciation for the huge amount of work and support provided by the ICB's main providers was placed on record.

## **Quality Section**

Mr Fahy presented the patient safety and quality elements of the report and advised that he would take the same approach as Mrs Raybould in presuming the document had been read. The following points were highlighted:

### **Primary Care**

- Lincolnshire's GP practices continue to perform above the national average for face-to-face appointments available which was really positive to see with performance either back to pre-COVID levels or in some cases higher than pre-COVID.
- There are 81 practices in the ICB of which two, require improvement and two are Inadequate.
- The recent CQC reinspection report at Lakeside Healthcare in November 2022 was published in February - the practice continued to make good progress and had moved out of special measures and was now rated as 'requires improvement'.
- The ICB and Local Medical Committee (LMC) continued to work closely with those practices to support improvement actions.

### **Maternity**

- The Lincolnshire Local Maternity and Neonatal Services (LMNS) Board has refreshed its governance and oversight arrangements; the Board meet bi-monthly alongside the four sub-groups to drive forward transformation and provide assurance within Maternity and Neonates – (subgroups: Quality & Safety, Transformation, Commissioning and Involvement).

- The next Ockenden Insight Assurance visit being led by LMNS is planned for June 2023 and the associated planning around this is well in train in conjunction with ULHT.
- The Military Project is now fully operational, the team are now working with several military families in the county supporting them before/ during and after pregnancy. An event was held in January 2023 to showcase this innovative project with stakeholders and leaders across NHSE armed forces. The Military project is being showcased nationally and is the only project of this kind in England at the moment.
- Equity and Equality Strategy development is ongoing with two events held with local population families and services providers held in Skegness and Boston in February 2023.
- The dedicated tobacco treatment team is embedding their offer in the pilot site of Skegness, Boston Spalding where there is the highest prevalence of Smoking Status at the Time of Delivery (SATOD).

## **SEND**

The Lincolnshire SEND System was selected earlier this month to undergo a joint Ofsted and CQC thematic visit. The visit will provide insights for Ofsted, CQC, government, strategic leaders and practitioners into the relationship between SEND and alternative provision and how effectively arrangements for SEND and alternative provision are working together. The feedback from the inspectors was very positive for the Lincolnshire system in terms of the joined up approach and the arrangements of services in place.

## **Safeguarding Issues/Risks**

The completion of Initial Health Assessments (IHA) within statutory timescales has been a long standing issue for Lincolnshire. LCHS has worked proactively with partners to address this to ensure that health needs are identified, and appropriate support/ onward referral implemented for this vulnerable cohort of Children and Young People (CYP), with the majority of IHAs now being completed within the 20 day timescale. This is very positive news for Lincolnshire especially as this is a national issue and a challenge faced by many areas.

## **Pharmacy, Optometry and Dentistry (PODs)**

Consideration of the implications for the ICB in terms of safeguarding responsibilities is underway and discussions have commenced at regional and local level in terms of the transition from 1<sup>st</sup> April 2023. This is welcomed in terms of the potential opportunity to improve safeguarding arrangements.

## **COVID Vaccination Autumn Programme**

Work is progressing with the planning arrangements for implementation of the Spring booster programme. The national booking system will open on the 5<sup>th</sup> April with commencement on the 17<sup>th</sup> April. The details on eligible groups was detailed by Mr Fahy for information.

The Board considered the quality section of the report. Professor Ward referred to the in-reach provision in Boston and sought clarification on whether that had been tied into One New Lincolnshire and the wider stop smoking services or whether it was the NHS aspect in isolation. Mr Fahy advised that he understood it had been tied into both and was united in that respect, but acknowledged further work was required to make absolutely sure it was joined up.

Mrs Williamson offered to provide an update to the Board at a future meeting on progress with the tobacco dependency service and stop smoking, particularly in light of the positive progress in maternity services, which was also being reflected in mental health settings. This was welcomed and noted.

The ICB Board agreed to:

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

*At this point Mr Turner, Mrs Raybould, Mr Fahy and Ms Blythe left the meeting in response to an urgent issue which required their attention. They did not return during the public session, and it was noted that from this point forward the Board meeting was not quorate as the ICB Constitution stipulates either the Director of Nursing or Medical Director must be present. Dr Hindocha had given his apologies to the meeting.*

Mr Gaunt deputised as Chief Executive Officer for Mr Turner from this point forward.

### CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY

22/83

#### FINANCIAL REPORT

Mr Gaunt presented a report which set out the details of the financial position of the Lincolnshire Integrated Care System (ICS) and the ICB on 28 February 2023 (month 11).

Mr Gaunt advised that when the Board was last together discussions were on-going with NHSE about revising the forecast outturn position. A conclusion was reached with an agreed deficit of £21m. Since that time the ICB had received an additional allocation of £4.2m to mitigate national price increases in relation to prescribing costs.

The Board was referred to the report presented which detailed the forecast outturn position and showed the deficit as being split across two organisations. – ULHT and the ICB. The report also highlighted key risks to delivery of the agreed forecast outturn position and the mitigations in place for those. There were no risks which remained unmitigated.

An additional item in the report for Month 11 was the inclusion of details on the ICB's Financial Duties with a table showing progress against these. Specific areas highlighted included the Better Payment Practice Code target, which is to pay 95% of all payments going out to suppliers within 28 days. The ICB had systematically and consistently achieved that target of 99% over the period detailed in the report.

The Board considered the report and noted the good improvement in the overall system financial position which met the NHSE revised financial target for 2022/23 and provided a strong platform for continued financial improvement in 2023/24. The Board congratulated all the system partner organisations leading and contributing to this improvement but noted the need for a continued focus on financial performance.

The Board agreed to:

- **Note the Finance Report for Month Eleven.**

### CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE

22/84

#### UPDATE ON THE OPERATIONAL PLAN

Mr Burnett presented a verbal update on the position in terms of the current planning submission and associated timelines. As the Board was aware the NHS Planning Guidance was published towards the end of December 2022 which required the system to submit an initial draft plan in February 2023 and a further update on the 30<sup>th</sup> March 2023. The NHS Planning Guidance covered three main areas:

- COVID Recovery
- Achievement against Long Term Planning Aspirations (such as Mental Health and Workforce)
- NHS Transformation

System work has been taking place on the development of the plan and a number of workshops have been held since the process commenced in September 2022.

That process was now coming to an end with the aim of finalising the detail later that day; the overall position being fairly strong in a number of areas. A final review will take place at the Lincolnshire Leaders Group (LLG) meeting taking place the following day ahead of the submission.

The ICB Board agreed to:

- **Note the verbal update.**

## GOVERNANCE

22/85

Mrs Williamson advised that from the 1<sup>st</sup> April 2023 NHS England (NHSE) will delegate some of its commissioning functions to Integrated Care Boards (ICBs). These are Primary Pharmacy Services, Optometry Services and Primary and Secondary Dental Services (collectively referred to as PODs) which is in accordance with NHSE's long-term policy ambition of giving systems responsibility for managing local population health needs, tackling inequalities, and addressing fragmented pathways of care.

A paper and associated appendices had been produced to provide assurance to the ICB Board that the necessary plans are in place for the satisfactory delegation of Pharmacy, Optometry and Dental services to the ICB from the 1<sup>st</sup> April 2023. This report had been included in the private pack of papers as some of the detail in the appendices was not yet finalised in relation to the governance documents which had been considered across the five ICBs in the East Midlands region, but it was important to note the details in public.

Mrs Williamson added that Mrs Ellis-Fenwick would take the Board through the governance framework and variation required to key documents as part of the next item on the agenda.

The Board considered the verbal update. Mrs Pratt sought clarification on the accountability and responsibility in relation to these functions. This was discussed and it was agreed to pick this up in the private part of the meeting.

The Board agreed to:

- **Note the verbal report.**

22/86

## AMENDMENTS TO FUNCTIONS AND DECISIONS MAP

Mrs Ellis-Fenwick advised that as referred to under the previous item, from 1 April 2023 Lincolnshire ICB will take on delegated responsibility for pharmaceutical services, general ophthalmic services and dental services (collectively known as 'POD'). This will be managed by a hosted regional function across several ICBs. Hence, approval is also needed for the delegation arrangements for these new services.

Under this arrangement the ICB Board is required to make amendments to some of the key governance documents included in the ICB Governance Handbook.

- Functions and Decisions Map
- Scheme of Reservation and Delegation
- Delegated Financial Authority Limits

The report presented summarised the details of updates to those key documents contained within the ICB Governance Handbook.

Mrs Ellis-Fenwick summarised the recommendations in the report and asked the Board to approve the key governance documents for inclusion in the ICB Governance Handbook.

The Board considered the report and agreed to:

- **Approve the revised version of the ICB Functions and Decisions Map.**
- **Approve the revised version of the Scheme of Reservation and Delegation to reflect the delegated arrangements for the Delegation of Primary Pharmacy, Optometry, and Primary and Secondary Dental Services from NHSE to the ICB.**
- **Approve the revised ICB Delegated Financial Authority Limits.**
- **Note that, subject to approval, the revised documents will be incorporated into the ICB Governance Handbook.**

## **22/87 ANNUAL REPORT**

Mrs Ellis-Fenwick presented a report which provided the ICB Board with information on the finalisation of the CCG Annual Report and Accounts April to June 2022 and production of the ICB Annual Report and Accounts for July 2022 to March 2023. The Board was informed of the key requirements for inclusion in both the CCG and ICB Annual Reports and also the key deadlines dates and submission process.

The ICB Audit and Risk Committee will be required to consider and recommend approval of the submission of the final audited version of the CCG Annual Report and Accounts April to June 2022 and ICB Annual Report and Accounts July 2022 to March 2023. It is proposed that the Board approves the final versions at its meeting on 27<sup>th</sup> June 2023 (prior to the Development Session).

ICBs will be required to publish the final version of the CCG and ICB Annual Reports and Accounts in full on the ICB website by 28<sup>th</sup> July 2023. ICBs are also required to present the Annual Reports and Accounts at a public meeting which has to take place before the 30<sup>th</sup> September 2023.

The Board considered the report and agreed to:

- **Note the report.**

## **22/88 SERVICE DELIVERY AND PERFORMANCE COMMITTEE**

Mrs Kenson presented a report which provided a detailed summary of the items considered by the Service and Delivery Performance Committee at its meetings held on 11<sup>th</sup> January 2023 and 15<sup>th</sup> February 2023. There was also a short summary from the meeting held on the 15<sup>th</sup> March 2023. There were some items identified for escalation to the Board, some of which had now been superseded with the update earlier in the meeting on performance such as Cancer Tier One.

At the March meeting the Committee received an update on Children and Young People Mental Health Services, and there were some slight concerns about the delivery of services, e.g. eating disorders with workforce being the key challenge. However, this has already been covered off earlier in the meeting under the update on the Integrated Performance and Quality report.

The Board considered the report and agreed to:

- **Note the report.**

## **22/89 AUDIT AND RISK COMMITTEE**

Mrs Pratt presented the report from the Audit and Risk Committee meeting held on the 13<sup>th</sup> March 2023 and advised that she would take the report as read but wished to highlight that the ICB is currently in the year-end stage where the preparation and audit of the Annual Report, Annual Accounts and Annual Governance Statement is well underway.

There are some internal reports still outstanding which the Committee expect to receive and consider in time for its next meeting in May, but no issues were anticipated with the Head of Internal Audit opinion on the operation of the ICB's controls.

The Board considered the report and agreed to:

- **Note the report.**

**22/90 PRIMARY CARE COMMISSIONING AND DELEGATED FUNCTIONS COMMITTEE**

Dr McSorley presented the report from the Primary Care and Commissioning Delegated Functions Committee meeting held on the 15<sup>th</sup> February, not March as per the agenda. Dr McSorley advised that he would take the report as read but wished to highlight two specific areas to the Board:

- Spalding Practice and the support during the patient list dispersal process which had now largely been brought to a successful conclusion. Dr McSorley expressed his appreciation to the Primary Care Team for all their hard work on this process and for the level of engagement with the patients involved.
- Financial impact on GP Practices which are independent businesses and are facing significant high energy and cost of living costs which are affecting their resilience and financial viability. No immediate action was required but it was important for the Board to be aware.

The Board considered the report and agreed to:

- **Note the report.**

**22/91 FINANCE AND RESOURCE COMMITTEE**

Mrs Pomeroy presented the report from the Finance and Resource Committee meetings held on the 21<sup>st</sup> February and 21<sup>st</sup> March 2023 and advised that she would take the report as read but wished to highlight one area to the Board as follows:

- Financial Plan 2023/24 which contained some challenging efficiency programmes and the delivery of those is fundamental to existing the National Outcome Framework (NOF) Four.

Mrs Pomeroy added that she would like to formally express her appreciation to Mrs Roberts and the teams across the provider organisations for all the work they have carried out in pulling together a very detailed efficiency plan.

The Board considered the reports and agreed to:

- **Note the reports.**

**22/92 EPRR**

Sir Andrew Cash referred to the paper in the pack which had been produced to provide the ICB Board with an update with regards to the outcome of the annual NHS England EPRR Core Standards Annual Self-Assessment for 2022-23 for NHS Lincolnshire ICB. This report was presented for information.

The Board agreed to:

- **Note the Lincolnshire Integrated Care Board assurance process and ICB compliance rating for 2022/23.**

**22/93 DATE AND TIME OF THE NEXT MEETING**

Sir Andrew Cash thanked everyone for their attendance and advised that the next formal ICB public Board meeting will take place on the Tuesday, 30<sup>th</sup> May 2023 at 9.00 am.

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**Chair Signature**

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**Date**



## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date:** Tuesday, 30<sup>TH</sup> May 2023

**Location:** The Boardroom, Bridge House, Sleaford

<b>Agenda Number:</b>	4 (i)
<b>Title of Report:</b>	Lincolnshire Autism Strategy
<b>Purpose:</b>	To present the draft Lincolnshire Autism Strategy
<b>Appendices:</b>	Appendix 1 – Lincolnshire Autism Strategy Draft Appendix 2 – Lincolnshire Autism Strategy Workplan

### 1. Key Points for Discussion:

The co-designed and co-produced vision of the Strategy is for Lincolnshire to be a place that offers opportunities for people to live healthy and fulfilling lives. Where people's contributions to their local communities are welcomed, supported and valued, and no-one is left behind. These opportunities should extend to all autistic children, young people and adults in Lincolnshire. All organisations involved in developing and implementing this strategy are committed to ensuring that the vision and aims will be delivered in full for autistic people.

### 2. Recommendations

The ICB Board is asked to:

1. Review the draft strategy and agree system priorities within strategy
2. Review suggested system lead partners for each priority and reach agreement
3. Review and agree year one workplan with suggested system wide leads

### 3. Executive Summary

This Strategy has been created with input from autistic people of all ages, family and carers, together with professionals from across Lincolnshire's Integrated Care System (ICS). The aim of this strategy is to make the joint ambitions clear.

It is an updated version of the previous Lincolnshire All-Age Autism Strategy 2019-22, which was not delivered to the full extent, and considers new national guidance and evidence, alongside changing national, regional, and local contexts.

The Strategy will promote a wider cultural shift so that communities and service settings are understanding, welcoming and adjusting for autistic children, young people and adults.

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

Over the past eighteen months there has been a clear system commitment to the development of the Strategy and to drive forward this piece of work. It is now the time for the draft Strategy to be presented and for system colleagues to agree to the actions and progress with delivery.

**4. Management of Conflicts of Interest**

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

**5. Risk and Assurance**

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

**6. Financial/Resource Implications**

Pre and Post Diagnostic Support Funding Stream Identified for non-clinical support.

Over 5 year lifetime of strategy funding will need to be reviewed for all age diagnostic pathways and specialist clinical support.

Priority areas within the strategy will require individual consideration as they progress.

**7. Legal, Policy and Regulatory Requirements**

- Autism Act 2009
- Statutory guidance for Local Authorities and NHS Organisations to support the Implementation of the Adult Autism Strategy (2015)
- National Strategy for autistic children, young people and adults 2021 to 2026
- ADASS (Directors of Adult Social Services) Autism Strategy Implementation (2022)
- NHS Confederation 'No Wrong Door' Vision
- NHS Long term Plan 2022

**8. Health Inequalities implications**

Not applicable.

**9. Equality and Diversity implications**

Not applicable.

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

Not applicable.

**11. Report previously presented at**

Lincolnshire Autism Partnership Board  
Transforming Care Partnership Board

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

Sarah Connery, LPFT Chief Executive ([sarah.connery@nhs.net](mailto:sarah.connery@nhs.net))  
Emma-Kay Dominey-Hill, LPFT Trust Lead for Transforming Care and Autism Programme Lead

Lincolnshire's All-Age  
Autism  
Strategy 2023-2028



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### Note on Language Used throughout:

In this strategy we favour the phrasing 'autistic person/people' (this is known as identity-first language) but welcome and respect personal preference.

*The 'Autism Lincs' logo displayed on the front cover of this strategy is used as the formal branding for the Lincolnshire Autism Partnership Board. It was previously developed by Joel Watkin-Groves, an autistic designer from Lincolnshire, and we wish to thank Joel for his time in originally producing the logo and allowing us to use it.*

## Introduction

Hello! The Autism Act was introduced in 2009.

What's changed? Autistic people have always been here in all spectrums of existence.

I hope that Lincolnshire's All-Age Autism Strategy refresh builds on the historic foundations laid before, as well as breaks new ground, in terms of bringing autistic voices to the forefront of all aspects of life.

I am very passionate about this, specifically, because I am autistic myself.

I did not have the typical journey through education and, as such, I had to find a way to communicate my needs and thoughts. This was poetry and through its power, I have been fortunate enough to take my poetry far and wide with not only my personal story but the stories of others. I know what it's like to travel an alternative route and this strategy is the gateway to realising so much potential, if only we can believe in doing things differently.

I am fully aware of my privileged position as a white, autistic male, but over the years and in the years to come, I hope to amplify the voices of all in our shared community through the structures, both in place and in development, to empower us.

One such structure in development is a monthly session designed to connect local autistic leaders who are at the centre of their own stories, as well as advocating for others. This is known as the Autistic Adult Forum.

Starting anything anew is extremely difficult but this is particularly distinct with autistic people and I believe that, in due time, when people are able to see what the Forum is set to become, it will be at the core of everything we do.

Participation. Procedure. Education. Empowerment.

I urge you all to hold accountability from this moment forward, committing to ground-level work that truly impacts us all so we can all grow organically, live and thrive autistically.

***Callum Brazzo, 2023 Chair of the Autistic Adult Forum***

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I think we need to keep asking 'What does this do for autistic people in Lincolnshire.' as the acid test around what we do, but also 'How could we make this better?' once we are done.

When I wrote in the introduction to Lincolnshire's previous autism strategy, I said that I hoped that by the time we write the next Lincolnshire Autism Strategy, more autistic voices will be heard and involved in the work of the Lincolnshire Autism Partnership Board, well this strategy reflects that is happening. Lincolnshire was also ahead of the curve, having an all-age autism strategy before the national all age one was rolled out in the summer of 2019. It feels like we are heading in the right direction as we work together to make the right things happen for autistic people and their families in Lincolnshire.

***Jo Minchin, 2023 Autistic co-chair of the Lincolnshire Autism Partnership Board, and co-chair of the NHSE Midlands Autism Workstream***

## Executive Introduction

*Councillor Woolley*

### Executive Summary

This strategy has been created with input from autistic people of all ages, family and carers, together with professionals from across Lincolnshire's Integrated Care System (ICS). From this point the Lincolnshire ICS will be referred to as 'we' within the document. The aim of this strategy is to make our joint ambitions clear.

It is an updated version of the previous Lincolnshire All-Age Autism Strategy 2019-2022. It considers new national guidance and evidence, alongside changing national, regional and local contexts.

We remain committed to achieving an autism aware and autism friendly approach across our county within education, health, social care, workplaces and local communities. We want our services to have a more joined-up, proactive, timely and autism-accessible offer so that autistic people and their families and carers have equality of access.

We also remain committed to ensuring that the voice of autistic people and their families and carers is central to this strategy and its workstreams. Co-design, co-production and where possible, user led development of services is promoted throughout, including in the writing of the strategy itself.

The Strategy will promote a wider cultural shift so that communities and service settings are understanding, welcoming and adjusting for autistic children, young people and adults.

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

Statutory guidance produced in 2010 (and updated in 2015) to accompany the National Strategy continues to set out responsibilities and legal duties that Local Authorities and NHS bodies **have a duty** to adhere to, in line with the [Autism Act 2009](#). It specifies responsibilities that should be delivered and achieved to ensure autistic people are supported.

We have developed a broad 5 year strategy to allow time to embed cultural change in our communities and demonstrate the long term commitment of the wider Lincolnshire System in making the changes required. Annual workplans will align to the countywide strategy to operationalise the broader targeted aims, allowing a level of responsivity and flexibility to national influence.

### Our Vision and Principles

Our vision is for Lincolnshire to be a place that offers opportunities for people to live healthy and fulfilling lives. Where people's contributions to their local communities are welcomed, supported and valued, and no-one is left behind. These opportunities should extend to all autistic children, young people and adults in Lincolnshire. All organisations involved in developing and implementing this strategy are committed to ensuring that the vision and aims will be delivered in full for autistic people.

**My Voice, Nothing About Us Without Us** - The development of the strategy has been centred around involvement of autistic people and family, carers and all others who may be involved in an autistic person's life. The implementation of the strategy will continue this. With a commitment to ongoing involvement and engagement with Lincolnshire's community of autistic people and family carers, as well as the wider community.

**Partnership Working** – Many different agencies and organisations will be involved in delivering this strategy. We will work together towards the common goals outlined here.

**Strengths-Based Approach** – To deliver on the strategy we intend to build on the strengths of individuals, organisations and communities that already exist within Lincolnshire.

**Efficient use of Resources** – We know that services have limited resources, and this strategy is ambitious and continues to aim for widespread cultural change. However, to ensure the change can be as wide as

possible we will work to use the resources available in the most effective way. We will look to source funding that may become available through the different routes regionally and nationally.

## **What is Autism?**

Being autistic is simply a different kind of brain wiring.

The autistic mind is part of what is called 'neurodiversity' which means the 'natural diversity of all human minds.'

Neurodiversity means 'all brains'. There are nuanced experiences of the world for an autistic person, these should be respected and accounted for. These can include communication and sensory differences, including differences in the way information is learnt, processed and interpreted.

However, it is often the environment that presents barriers to inclusion in a world that is, more often than not, lacking in accommodation for an autistic person.

Autism is a lifelong experience which affects how people communicate and interact with the world. Some autistic people may experience this as disabling or feel disabled and view autism as a lifelong developmental disability. For others, this disability is inherent to the being autistic and related to core features including executive functioning difficulties and communication or sensory needs.

There are many names that have been used to describe an autism diagnosis and autistic people such as Autism Spectrum, Autistic Spectrum Disorder, Autism Spectrum Condition, and others which have been used to describe a part of the spectrum, such as Asperger Syndrome or Classic Autism. In this strategy we use the term 'autism' to refer to the whole autism spectrum and the strategy recognises that autism is one of a wider range of neurodivergent conditions or differences.

The diagnostic criteria for autism within the Diagnostic and Statistical Manual, fifth edition (DSM-5), published by the American Psychiatric Association include social communication and interaction differences, and what may be defined as 'repetitive and restrictive patterns of behaviour'. Some of these can more accurately be described as 'stimming', which are regulatory movements and actions for sensory, regulatory or happiness-related reasons.

Autistic people also experience monotropic focus, meaning to focus intently on specific things. Within formal diagnostic criteria this is referenced as 'special' or preferred, 'dedicated' interests.

Sensory preferences and differences are now also included as part of formal diagnostic processes.

The way that autistic people experience their environment can lead to areas of strength or challenges that vary between individuals and may not be immediately obvious. For example, autistic children, young people and adults can have:

- Strong attention to detail
- Above average technical or creative skills.
- Character strengths, such as honesty and loyalty
- Differences in sensory processing, including over- and under-sensitivity
- Difficulty predicting what is going to happen next
- Difficulty knowing or understanding what other people think or feel.

Although individuals are born autistic, different features of autism vary from individual to individual, as well as over the lifespan. How an autistic person appears in a particular environment may not be representative of how they appear in other environments.

Babies, infants, children and adolescents all develop at different rates, and this does not always indicate a neurodevelopmental condition. This means autism can become evident in different individuals at different ages, sometimes influenced by how well their environments accommodate them. When a child or young person has additional needs or different needs due to being autistic, it is important to identify this early, signpost to advice and support, and put the right support, care and adaptations in place to support the child's ability to thrive.

We know that not everyone who is autistic has had or would like a diagnostic assessment. Our aim is that changes promoted by this strategy will benefit autistic and other neurodivergent children, young people and adults whether or not they have a diagnosis.

### **Co-occurring conditions**

The National Institute for Health and Care Excellence (NICE) estimates that around 70% of autistic people have an additional condition, which is “often unrecognised”. The main conditions that co-occur more frequently in autistic people compared with the general population include:

#### **Mental health conditions**

Research suggests that over 70% of autistic people experience mental health problems (Lever and Geurts, 2016; Simonoff et al 2008) and that 40% have two or more (Griffiths et al, 2019; Russell et al 2016). Research has shown that autistic people are more vulnerable to negative life experiences, which may also impact mental health. Compared to the general population, autistic people report having a lower quality of life. Research indicates that suicide is a significant cause of early mortality in autistic people (Hirvikoski et al, 2016; Kirkby et al 2019).

Improved and equitable access to local communities, education, employment and services throughout the lifespan, with reasonable adjustments provided alongside a positive and affirming approach to the autistic community is vital to reduce health inequalities.

#### **Neurodevelopmental conditions:**

These are due to differences in early brain development, and affect the way that a person processes information, thinks, or learns. Autism is one such condition, and it is common for autistic people to have other neurodevelopmental conditions. These include general learning disabilities (affecting between 15% and 30% of autistic people), specific learning difficulties (such as dyslexia and attention-deficit hyper-activity disorder), and other conditions such as epilepsy.

Autism affects people of all ages, ethnicities and genders. Inequalities experienced because of disability may interact with discrimination and barriers based on ethnicity, beliefs, sex, gender, sexual orientation, age, pregnancy and maternity, marital status and socio-economic disadvantage.

### **Why do we need a Strategy?**

Autistic children, young people and adults, alongside family and carers have told us that there remain significant barriers to achieving our vision across the Lincolnshire Integrated Care System and the wider community. This is despite a previously ambitious strategy to begin to try and overcome these. This suggests that the previous strategy whilst successful working to address some difficulties faced, has not achieved the full scale change it aimed to.

Many Autistic people remain disabled, and sometimes profoundly so. This is due to the either lack of societal, educational or employment adjustments or due to the inherent differences they experience as part of core aspects or features of autism.

Addressing these barriers will require better understanding of autism, and cultural change across Lincolnshire’s services and community.

These are not quick things to deliver, but we know that with focussed leadership across all parts of the system over time, autistic children, young people and adults in Lincolnshire can be supported to achieve better outcomes.

As an integrated care system, we need to embed the work of the strategy within organisations and the wider community so that it is sustained and can be built upon. We need to encompass learning from the previous strategy delivery in relation to areas of success and areas of ongoing development, including how we may need to deliver things differently.

We want to identify and meet the needs of individual autistic people earlier. This will help better understanding of inequalities in the health and wellbeing autistic people face, so we can take the right actions to improve people’s health and wellbeing outcomes.

We are committed to bringing the right people together to break down barriers to community access and use our resources effectively to deliver the support that people need. Our strategy is here to focus the action of all the partners across Lincolnshire who will work together to make the changes we need to see. This must include genuine co-design and co-production of our services with our Lincolnshire autistic community to ensure the voices of those with lived experience shape the Lincolnshire offer and support the development of autistic leadership.

Additionally, our strategy needs to be broad enough to be flexible and responsive to changing wider environmental pressures whilst continuing to move forwards in the direction of our Lincolnshire vision.

We work to serve all autistic populations through our All Age Autism Strategy and as such we will work closely with the East Midlands IMPACT Provider Collaborative to support delivery of their Pathway Strategy and associated work in order to bring the relevant and key benefits to Lincolnshire people who are using medium or low adult secure inpatient services.

We have the support of a number of national documents and policies from health and social care which stipulate the commitments which **must** be made by local systems to improve the offer to Autistic people in their community. The most important of which is the Autism Act, 2009, which states within that it “is to be treated as if it were general guidance of the Secretary of State under section 7 of the Local Authority Social Services Act 1970 (c. 42)”.

The Government published the new [National Strategy for autistic children, young people and adults 2021 to 2026](#) which replaces the previous Think Autism strategy for adults.

The updated strategy focuses on these six targeted areas identified by autistic people:

- improving understanding and acceptance of autism within society
- improving autistic children and young people’s access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment
- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

The local Lincolnshire strategy will include the areas targeted within the National strategy but apply them in a way that is meaningful to the Lincolnshire autistic community, including providing opportunities for autistic individuals and community representatives to shape and deliver it. These opportunities should be broad and include planning for paid employment of autistic individuals.

Other relevant guidance that must be applied and considered locally includes the 2015 Statutory Guidance for Local Authorities and NHS Organisations to support the implantation of the original Adult Autism Strategy (identified earlier in this strategy). We also need to consider the [NHS Long Term Plan](#) and the [NHS Confederation 'No Wrong Door' Vision](#). These provide key direction and movement for nationally driven incentives and should be considered within the local Lincolnshire context.

ADASS (Directors of Adult Social Services) [Autism Strategy Implementation](#) (2022) identifies the roles and commitments from social care in relation to the national strategy refresh. These prioritise co-production and co-design, considering scalable ideas, creativity and ‘being brave’ with innovations which ‘connect the dots’.

The Department of Health and Social Care also created a [Commissioner Framework \(2021\)](#) document for those who work in social care, health, education and children’s commissioning services for autistic people, to help them to make informed commissioning decisions and improve the outcomes for autistic people and their families.

## The Local Picture

Lincolnshire is a large rural county. The 2021 census identified a resident population of 768,400 which has increased by 11% over the last 10 years. This is more than other areas regionally (7.7%) or nationally (6.6%). The population spread is across a one city and smaller settlements mostly around the edges of the county and with low population density of districts outside of its main city of Lincoln. Lincoln identified the [largest](#)

[percentage point rise](#) in the East Midlands and became the English authority area with the second-highest proportion of people who were identified as 'disabled and limited a little'.

Research suggests that autistic people make up between 0.6 to 1.7% of the general population (Russell et al, 2021; Roman-Urrestarazuet al, 2021; Rydzewska et al, 2018, Rydzewska et al, 2019), although there is considerable variation in how this data has been collected and reported. This would suggest currently up to 13,000 residents of Lincolnshire would be autistic.

We know that referrals into both adult and children and young people's autism diagnostic services are substantially increasing annually. Adult referrals have increased by 158% over the last 3 years. Currently, there is a health funded short term post-diagnostic support offer from within health services to recently diagnosed adults to explore what diagnosis means to them, but this is not yet established for autistic children and young people. There are a number of groups offering this within the wider Lincolnshire voluntary, charitable and social enterprise sectors. However, this is also variable across the county.

At the time of developing the strategy (Spring 2023) it was identified by services that the average wait time for Children and Young People for completion of autism assessment was 67 weeks and for adults was 53 weeks, although longest waits varied considerably from this.

In Lincolnshire, 17.6% of Lincolnshire pupils had an identified special educational need compared to an average of 16.6% for all English authorities. 13.1% of pupils were receiving Special Educational Needs support compared to the average of 12.5% for all English authorities. 4.5% of Lincolnshire pupils had an Education and Health Care Plan compared to 4.0% average for all English authorities. The percentage of all school aged children with Special Education Needs that identify with autism as a 'key need' is 9.1% of primary aged children (10% for all English authorities), 11.6% of secondary aged children (12.4% for all English authorities) and 25.6% of those in specialised schooling (Local Area Special Educational Needs and Disabilities report for Lincolnshire County Council, 2021-2022).

[ONS data \(2021\)](#) suggests that only 29% of autistic people aged 16-64 were in some form of employment across the UK. Extrapolated to the Lincolnshire system using 2021 census data this would suggest that approximately 6000 autistic adults are likely to be unemployed in Lincolnshire.

### **What has been achieved from previous Lincolnshire All-Age Autism Strategy (2019-2022)?**

It is of important note that the previous Lincolnshire All-Age Autism Strategy (2019-2022) had less than one year of running prior to entering the COVID-19 pandemic period. This has had a significant impact locally, regionally and nationally on the ability to deliver some of the proactive working that was planned over the period of 2020-2021, and to a lesser extent 2022. Whilst some of the proactive strategic priorities were picked back up from April 2022, this has still had an impact on the delivery of the overall action plan and some of the planned actions will be moved into the refreshed Lincolnshire All-Age Autism Strategy 2023-2028.

In addition, new nationally incentivised initiatives will have overtaken previously locally devised actions within the last three years, for example the development of the Oliver McGowan Mandatory Training on Learning Disability and Autism, the updated policy for Dynamic Support Registers and Care, Education and Treatment Reviews (due to go live in May 2023) and updated and online versions of the Green Light Toolkit. This demonstrates and highlights the need for a workplan to sit beneath the overall strategy to allow for a level of timely responsiveness to update workplans whilst fitting with the overall aims of the strategy moving forwards.

The Lincolnshire Autism Partnership Board (LAPB) was given delegated responsibility for overseeing the delivery of the strategy action plan. The LAPB consists of representation from health and social care, education, other mainstream public services, voluntary sector organisations, as well as autistic people and their families/carers. It is co-chaired by a nominated senior system professional lead and an individual with autistic lived experience.

A number of working groups were previously established to implement the action plan, looking at specific programmes of work. Learning has been taken from these groups to consider the best model for progressing outstanding actions and priorities. This will be applied in the implementation and operationalisation of

workstream planning to fulfil the strategic priorities identified in this document. The importance of allocated funding streams and dedicated funded leadership for autism within the wider Integrated Care System has been demonstrated over the last 3 years to retain gains made over previous years within the Lincolnshire wider community. A specific Autism System Lead has been temporarily funded within the ICS from April 2022 to support the programme to be driven forwards.

2019-2022 Strategy Priorities	What We Did
Getting a timely diagnosis and support throughout the process	<p>Provided interim Children's Autism Diagnostic Pathway for children and young people providing paediatric, psychology and speech and language therapy input into assessment pathway</p> <p>Provided increased capacity into the Adult Diagnostic Pathway to improve ability to meet increasing need of Lincolnshire population</p> <p>Introduced short term post-diagnostic support (information, developed understanding of diagnosis and what this meant to the individual, identifying sources of support etc) provided to adults following completion of the assessment and diagnosis process conducted by LPFT</p> <p>Provided clear processes to record data related to diagnostic numbers, waiting times and outcome of assessments as part of the adult diagnostic pathways</p> <p>Reviewed and adapted the Adult Autism Liaison Service within LPFT</p>
Everyday services make reasonable adjustments and staff are aware of autism	<p>Developed the 'Transforming Care Liaison Service' to support reasonable adjustments within all LPFT services</p> <p>Ongoing funding of 'working together team' to support schools and education providers to make reasonable adjustments in school settings or autistic children and young people</p> <p>Updated the Autism Joint Strategic Needs Analysis</p> <p>Delivered specialist Autism and Learning Disability within ULHT and LPFT services</p> <p>Developed of a Lincolnshire Autism Reasonable Adjustment Mark pack</p>
Support through transitions and other major life changes	<p>Rolled out of autism champions within LPFT services</p> <p>Ongoing development of the Lincolnshire wider accommodation strategy that also targets the needs of autistic people, including those at risk of admission to hospital and those within the transforming care cohort</p>
Recognising an individual's autism and adapting support for additional needs and challenging behaviour	<p>Developed the Transforming Care Liaison Service enhanced assessment and support offer targeting inpatient wards and specialist mental health teams</p>

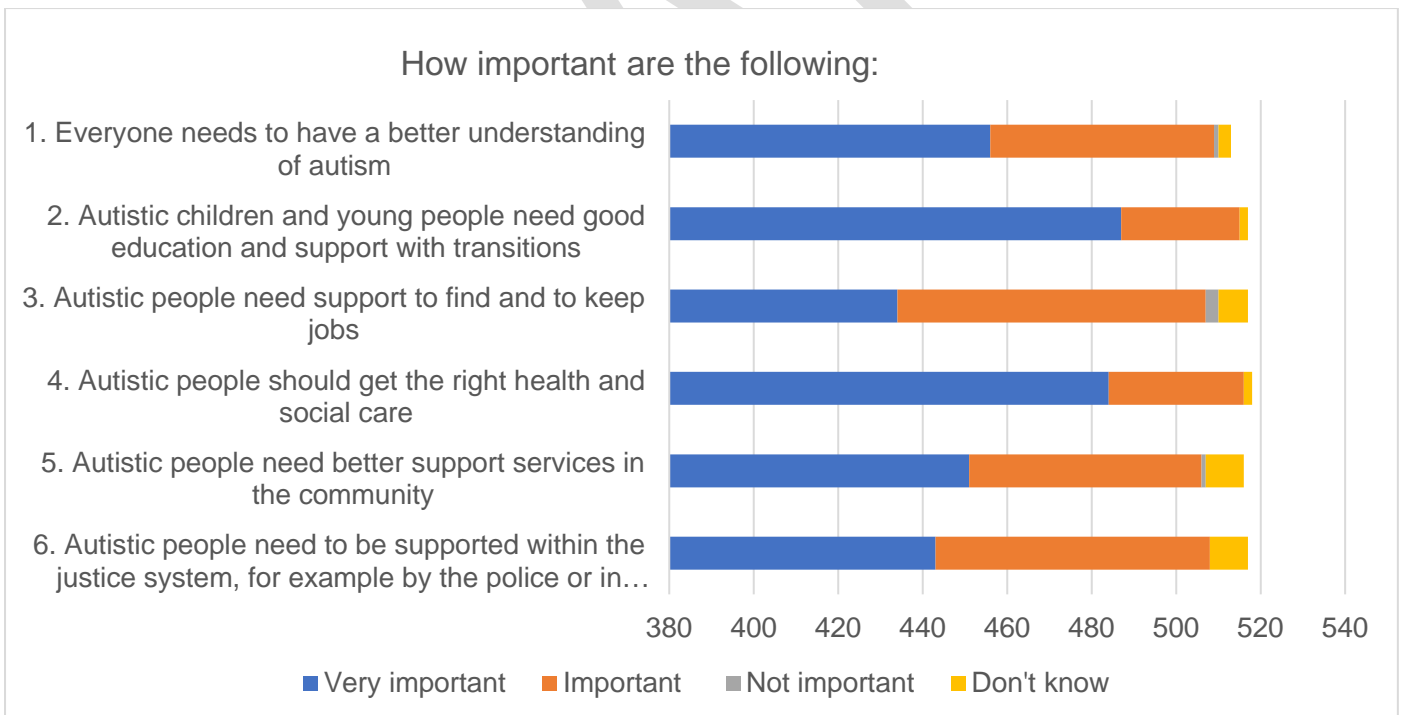
	<p>Implemented of the local transforming care plan to reduce the numbers of autistic individuals admitted to mental health settings and promote timely discharge through the use of the systemwide Dynamic Support Register and Care, Education and Treatment Reviews</p> <p>Developed specialist provision with adult crisis teams and the community forensic team to support the needs of autistic people accessing the services</p>
Making sure family/carers get the help and support they need	Previous development of an online website – Lincolnshire Autistic Society to provide a source of information on Lincolnshire offer for autistic people, their families and carers

### Engagement in developing refreshed Lincolnshire All-Age Autism Strategy (2023-2028)

In November 2021 we conducted public engagement events with both face to face and online forums. We asked autistic people, carers, families and professionals from public sector organisations for their opinion on the six areas that have been identified within the National Autism Strategy.

Within this specific engagement event we had 88 attendees to 5 workshops around the county and online, with a further 522 surveys submitted online. Most survey responses came from autistic people and/or relatives / informal carers totalling 59 per cent of all submissions. Professionals made up the next biggest cohort at 37 per cent.

Below is a summary of identified outcomes from this process.



To support these findings individual responses to some open ended questions were recorded, details of which can be found in the report Autism Co-production Analysis Summary, available upon request.

In addition, the "Informing Autism Service Improvement Through Lived Experience Insight' Midlands Autism Workstream Experts by Experience Focus Group Feedback Report (March 2021) has been incorporated into setting the Lincolnshire priorities. This workstream included Lincolnshire Autistic residents within its working group. It was a forum where Autistic people could come together to share good practice and talk freely about the difficulties, they had experienced across the life span with suggestions for improving local practice, also available on request.

Finally, a group based activity using visual strategies to create a lived experience journey for Autistic people in Lincolnshire and their families and carers further informed local priorities (currently in final production).

### Alignment between the national strategy and Lincolnshire’s Autism Strategy

Our priorities for Autistic communities in Lincolnshire are well aligned with the Government’s vision. The national strategy will help to raise awareness of the needs of Autistic children, young people and adults and support the aims of Lincolnshire’s strategy.

### What are our priorities for the next 5 years?

National Priority	Lincolnshire Application of Priority	System Lead Partner
Improving understanding and acceptance of autism within society	<ol style="list-style-type: none"> <li>1. Develop wider understanding of professionals in public services to support recognition and identification of autism at an earlier age</li> <li>2. Local communities will further develop Autism friendly spaces</li> <li>3. Develop better monitoring of demographics of Lincolnshire autistic community to ensure service provision meets Lincolnshire needs</li> </ol>	LA Lead
Improving autistic children and young people’s access to education, and supporting positive transitions into adulthood	<ol style="list-style-type: none"> <li>1. Improve processes for inclusion of the voices of autistic children and young people in wider community developments</li> <li>2. Enhance support for parents to understand and navigate the education system and processes related this</li> <li>3. Ensure Autistic Children and Young People feel supported in schools</li> <li>4. Clear and easy access to support for families and young people where the autistic young person is experiencing difficulties accessing school based learning, including through non-attendance</li> </ol>	SEND Lead
Supporting more autistic people into employment	<ol style="list-style-type: none"> <li>1. Support autistic citizens in Lincolnshire who want to work to have better access to employment opportunities</li> <li>2. Support employers to understand the needs of autistic people in the workplace and provide practical examples of how reasonable adjustments can be applied prior to application, at interview and after recruitment</li> <li>3. Accessible support and advice around welfare benefits system</li> </ol>	LA Lead

Tackling health and care inequalities for autistic people	<ol style="list-style-type: none"> <li>1. Further develop NICE compliant assessment and diagnostic pathways for children, young people and adults, which are simple to access and understand</li> <li>2. Support mainstream health and care services to provide person centred reasonable adjustments to enable autistic people to access the care and treatment that they require</li> <li>3. Actively challenge mainstream services where autism diagnosis (or lack of diagnosis) is perceived as a barrier to access to prevent discriminatory practice</li> </ol>	ICB Lead
Building the right support in the community and supporting people in inpatient care	<ol style="list-style-type: none"> <li>1. Co-design and develop all age community based specific autism support that can be accessed by autistic people, families and carers when they need it.</li> <li>2. Ensure access to specialist support offers when needed, within community or inpatient services which can consider the specific needs of autistic people</li> <li>3. Easy access to personalised proactive and intensive support for autistic individuals within the community who are in mental health crisis</li> </ol>	CEO LPFT
Improving support within the criminal and youth justice systems	<ol style="list-style-type: none"> <li>1. Support Lincolnshire criminal and youth justice systems to recognise autistic presentations and to provide person centred reasonable adjustments in response to these</li> <li>2. Raise awareness within Lincolnshire criminal and youth justice systems of specific vulnerabilities of some autistic people to becoming the victims of crime</li> </ol>	Police/LA

### How do we aim to achieve these in a sustainable way?

Whilst the Lincolnshire Autism Partnership Board will oversee the application and development of the annual workplan and short term relevant workstreams there will be clear links into key strategic oversight governance structures within the Lincolnshire Integrated Care System. In the first instance the Lincolnshire Autism Partnership Board will feed into and directly influence the Learning Disability and Autism Joint Delivery Board and who will subsequently provide high level oversight from the Mental Health, Dementia, Learning Disability and Autism Alliance.

Meeting the 2023-2028 Autism Strategy aims aligns with the current and longer term vision within Lincolnshire, as identified in the Lincolnshire Mental Health, Dementia, Learning Disability and Autism Programme strategic alliance framework. This is a framework has sign up from all Lincolnshire System partners and supports the sustainability of workplans through wider community sourcing.

The importance of funded, dedicated leadership within the system has been demonstrated over the last three years, alongside co-designing any service or community offers with the autistic community, families and carers. We have been repeatedly told that the wider autism community itself is a stable one, with ongoing passion and interest from autistic individuals and voluntary, charitable and social enterprise groups.

Whilst professionals within roles may come and go, the system itself must develop resilience and stability to drive forwards the strategy and the development of a funded *Virtual Autism Hub* will establish this element. This will for the first time in Lincolnshire ensure we have provided recurrently funded leadership roles (whilst also promoting autistic employment) to drive forwards this agenda and the strategy itself. This will maintain a focus on the priorities identified within this strategy.

The Lincolnshire Autism Partnership Board (through dedicated task and finish groups) will develop annual workplans prior to Integrated Care System financial planning periods to deliver on Lincolnshire All Age Autism Strategy. This will impact on all areas of the community, including but not limited to education, health, employment, social care and wider local authority initiatives. This is a whole community approach and wider funding will need to support this, through broader community initiatives.

The Virtual Autism Hub will provide a funded body to support the delivery of some elements of the workplan in relation to non-clinical community support, both before and after autism assessment. This will be through accessing and supporting the wider voluntary, charitable and community resources that currently exist or in supporting the local development of resources where these do not currently exist. It will also be a source of trusted and reliable information for the wider community and support signposting onto relevant community support offers.

## Supporting Documents

[Autism Act](#) , 2009

[Autism Implementation Strategy](#) (2022) Association of Directors for Adult Social Services (ADASS) and Brain in Hand

[Commissioning services for autistic people](#) (2021) Skills for Care, funded by Department of Health and Social Care

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Lincolnshire engagement report (2021)

Local Area Special Educational Needs and Disabilities report for Lincolnshire County Council, 2021-2022

[National strategy for autistic children, young people and adults: 2021 to 2026](#)

National Census data 2021

[NHS Long term Plan 2022](#)

[No Wrong Door: A vision for mental health, autism and learning disability services in 2032](#) NHS Confederation

[ONS Data \(2021\)](#)

Operational guidance to deliver improved outcomes in all-age autism assessment pathways: Guidance for integrated care boards, NHSE, 2023

Roman-Urrestarazuet, A, Van Kessel, R and Allison, C (2021) *Association of Race/Ethnicity and Social Disadvantage with Autism Prevalence in 7 Million School Children in England*. *JAMA Paediatrics*. 175(6)

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Rydzewska, E, Hughes-McCormack, L, Gillberg, C, Henderson, A, MacIntyre, C, Rintoul, J and Cooper, S (2019) *Age at identification, prevalence and general health of children with autism: observational study of a whole country population*. *BMJ Open* 2019 (9)

Simonoff E, Pickles A, Charman T, Chandler S, Loucas T, Baird G (2008) *Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample*. *Journal of the American Academy of Child & Adolescent Psychiatry*. 47(8):921-9.

[Statutory guidance for Local Authorities and NHS Organisations to support the Implementation of the Adult Autism Strategy](#) (2015) Department of Health

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## Lincolnshire's All-Age Autism Strategy – Year One Work Plan (March 2023-April 2024)

This is the identified workplan year one for the Lincolnshire Autism Partnership Board, aligned to meeting the Lincolnshire All-Age Strategy 2023-2028. The Strategy works as an overarching document listing the themes of the Lincolnshire Integrated Care System (ICS). Each year an updated workplan identifies the key priorities for that financial year to work towards meeting these themes, adapting the regional and national contexts. This will be identified and co-produced by end of January each year to allow for financial resources to be sourced

The Lincolnshire All-Age Strategy was a co-designed document with stakeholders across the Lincolnshire system.

	<b>National Priority Challenges for Action &amp; Local Key Tasks</b>	<b>Lead Agency</b>	<b>Target Date</b>	<b>Measurable Outcomes</b>
<b>1.</b>	<b>Improving understanding and acceptance of autism within society</b>			
<b>1.1</b>	Introduce process for bi-annual demographic data analysis of local autistic population including aspects such as age, gender and education/employment status to support planning	Public Health	March 2024	<ul style="list-style-type: none"> <li>• Clear process in place and shared with LAPB for data analysis of local demographics</li> <li>• Report template created</li> <li>• Report ready for sharing with LPAB in June meetings</li> </ul>

				Bi-annually (starting June 2024)
<b>1.2</b>	<i>(inclusion from previous strategy)</i> Introduce clear processes to record data related to assessment and diagnostic numbers and outcomes as part of both the children's and adults' diagnostic pathways, and analyse and review the data annually.	Adults – LPFT Diagnostic Service	Nov 2023	<ul style="list-style-type: none"> <li>• Clear process in place and shared with LAPB for data sharing of local assessment and diagnostic data</li> <li>• Report template created</li> <li>• Report ready for sharing with LPAB in Sept meetings annually (starting Sept 2023)</li> </ul>
		Children’s Social Communication Pathway – LCHS/ULHT	March 2024	<ul style="list-style-type: none"> <li>• Clear process in place and shared with LAPB for data sharing of local assessment and diagnostic data</li> <li>• Report template created</li> <li>• Report ready for sharing with LPAB in Sept meetings annually (starting Sept 2024)</li> </ul>

<p><b>1.3</b></p>	<p><i>(inclusion previous strategy)</i> Continued roll out of Autism Champions – Work has initially been completed to launch this within schools and across health and social care but is not limited to these areas.</p> <p>Further development includes;</p> <ul style="list-style-type: none"> <li>• Series of launch events for specific organisations and service areas</li> <li>• Provision of training opportunities to ensure Autism Champions have a sufficient level of autism knowledge and understanding</li> <li>• Formation of an Autism Champions Network and introduction of focus groups to promote peer support and share good practice</li> <li>• Work with a range of public services, community settings, businesses, supermarkets, etc. to introduce Autism Champions across a range of everyday services</li> </ul>	<p>Proposed Virtual Autism Hub (supported by statutory services)</p>	<p>Postponed until Hub established</p>	<ul style="list-style-type: none"> <li>• County wide autism champions network will be established</li> <li>• Clear pathways, governance and protocols for network developed</li> <li>• Data monitoring process of network established, including number of champions, placed areas and utilisation of the network</li> <li>• Reported into LAPB</li> </ul>
<p><b>1.4</b></p>	<p><i>(inclusion from previous strategy)</i> Relaunch of the Lincolnshire Autism Reasonable Adjustments Mark (RAM) in non-health settings or where the ‘greenlight toolkit’ (or</p>	<p>Proposed Virtual Autism Hub (supported statutory services)</p>	<p>Postponed until Hub established</p>	<ul style="list-style-type: none"> <li>• Lincolnshire RAM provision established and sustainable</li> </ul>

	<p>other alternative) would not be appropriate – Develop a project plan which includes;</p> <ul style="list-style-type: none"> <li>• Clarification of administrative processes and duties</li> <li>• A promotional event to raise the profile of the scheme</li> <li>• Targeted work with specific services, such local housing offices and GP Practices</li> <li>• Further development of the scheme to incorporate general council services, community settings and the business sector</li> </ul>			<ul style="list-style-type: none"> <li>• Clear pathways, governance and protocols for RAM developed</li> <li>• Data monitoring of RAM across county established</li> <li>• Reported into LAPB</li> </ul>
<b>1.5</b>	<p>Roll out across Integrated Care System in CQC registered settings of Oliver McGowan Mandatory Training for Learning Disabilities and Autism or identified equivalent for Learning Disability and Autism</p>	ICB/LA	March 2024	<ul style="list-style-type: none"> <li>• Triad training teams will have been identified to deliver ‘face to face’ elements</li> <li>• 60 % of identified health social care staff will have accessed tier 1</li> <li>• 40% of identified health social care staff will have accessed tier 2</li> </ul>

<b>2.</b>	<b>Improving autistic children and young people's access to education, and supporting positive transitions into adulthood</b>			
<b>2.1</b>	Development of Virtual Autism Community Hub – including establishment of steering group, specialist autism navigators and development of sourcing non-clinical post diagnostic support for children and young people	LPFT	March 2024	<ul style="list-style-type: none"> <li>• Virtual Autism Hub will be established and operational</li> <li>• Steering Group will be in place</li> <li>• Specialist Autism Navigators will be in place to offer all-age non-clinical advice, support and appropriate signposting</li> <li>• There will be a workplan written and in process of operationalisation for sourcing local offers of post-diagnostic support for CYP</li> </ul>
<b>2.2</b>	Launch and embedding of Children, Young People's Keyworker Service to support 0-25 years at high risk of hospital admission or placement breakdown	LPFT	March 2024	<ul style="list-style-type: none"> <li>• Keyworker service will be fully operational for the targeted groups</li> <li>• Increased awareness in wider community of this service offer</li> </ul>

				<ul style="list-style-type: none"> <li>• Children, young people and families will provide feedback on the impact of this service on their experiences</li> <li>• Qualitative and quantitative report on impact on admissions and length and stay for targeted cohort</li> </ul>
<b>2.3.</b>	Establish a process for engagement of young autistic people in co-production and co-design of services	VCSE Group	Dec 2024  March 2024	<ul style="list-style-type: none"> <li>• Clear process and pathway in place for easy and accessible engagement for autistic children and young people to share their ideas and thoughts in relation to service development</li> <li>• Some evidence of co-design and co-production with autistic children and young people of a service development within one area of the community</li> </ul>

<b>3.</b>	<b>Supporting more autistic people into employment</b>			
<b>3.1</b>	Development of Virtual Autism Community Hub – including establishment of steering group, specialist autism navigators and development of sourcing non-clinical post diagnostic support for children and young people	LPFT	March 2024	<ul style="list-style-type: none"> <li>• Virtual Autism Hub will be established and operational</li> <li>• Steering Group will be in place</li> <li>• Specialist Autism Navigators will be in place to offer all-age non-clinical advice, support and appropriate signposting</li> <li>• There will be a workplan written and in process of operationalisation for sourcing local offers of post-diagnostic support for CYP</li> </ul>
<b>3.2</b>	Utilise employment opportunities in newly funded projects to support autistic employment; including within the Autism Community Hub, bank work related to post-diagnostic support, data analysis	DWP	March 2024	<ul style="list-style-type: none"> <li>• Clear monitoring process created of number of employment opportunities that have been established through newly funded projects across the system</li> <li>• Creation of bi-annual report of known levels of autistic</li> </ul>

				employment within Lincolnshire with known demographic data
<b>4.</b>	<b>Tackling health and care inequalities for autistic people</b>			
<b>4.1</b>	Develop an updated co-designed operational model for autism assessment and diagnosis in children and young people. This must be NICE compliant and simple and easy to understand for families and carers.	Autism Programme Lead  ICB	Sept 2023  March 2024	<ul style="list-style-type: none"> <li>• Co-designed NICE Complaint operational model will be completed for submission to commissioners</li> <li>• System will have begun to operationalise this model (operational aspects of pathway will run into next years workplan)</li> </ul>
<b>5.</b>	<b>Building the right support in the community and supporting people in inpatient care</b>			
<b>5.1</b>	Development of Autism Community Hub – including establishment of steering group, specialist autism navigators and development	LPFT	March 2024	<ul style="list-style-type: none"> <li>• Virtual Autism Hub will be established and operational</li> <li>• Steering Group will be in place</li> </ul>

	of sourcing non-clinical post diagnostic support for children and young people			<ul style="list-style-type: none"> <li>• Specialist Autism Navigators will be in place to offer all-age non-clinical advice, support and appropriate signposting</li> <li>• Annual report on initial impact of community experience will be presented March 2024</li> </ul>
<b>5.2</b>	Develop an updated Dynamic Support Register (DSR) with opportunity to self-refer for triage, allowing increase access to updated Care, Education and Treatment Review processes	ICB	<p>Sept 2023</p> <p>March 2024</p>	<ul style="list-style-type: none"> <li>• Clear and accessible process for self-referral to triage within the DSR</li> <li>• Evidence that pathway information and access is shared with wider community in multiple places</li> <li>• Clear process in place and shared with LAPB for basic demographic data analysis of DSR evidencing use of self-referral</li> </ul>
<b>6.</b>	<b>Improving support within the criminal and youth justice systems</b>			

<b>6.1</b>	Develop and embed the Community Forensic Service Transforming Care (Learning Disability and Autism) team with wider forensic services	LPFT	March 2024	<ul style="list-style-type: none"> <li>• LDA element of Community Forensic service is fully operational and embedded within core offer</li> <li>• Clear process in place to evidence impact of specialist support on individuals experience</li> </ul>

DRAFT

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date:** Tuesday, 30<sup>TH</sup> May 2023

**Location:** The Boardroom, Bridge House, Sleaford

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

<b>1. Key Points for Discussion:</b>	<ul style="list-style-type: none"> <li>• This report is underpinned by the reporting that is received at the Board Committee for Quality and the monthly Service Delivery and Performance Committee.</li> <li>• 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</li> <li>• 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.</li> </ul>
<b>2. Recommendations</b>	<p>The ICB Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the key issues set out in the paper and the actions in place to support improvement.</li> <li>2. Discuss any areas the Board would like its Committees to seek further assurance on.</li> </ol>
<b>3. Executive Summary</b>	<p>The May integrated performance &amp; quality report incorporates constitutional standards, quality and safety measures and recovery activity, and presents system performance updated to April where available and will be supplemented during the Board by way of verbal updates.</p> <p><b>Industrial Action (IA)</b></p> <p>There has been a system wide approach to responding to industrial action since December 2022 that have a direct or indirect impact upon health and care. Each strike action has been managed by the ICB as an incident during the IA days and appropriate command and control cadence during, pre and post incident aligned to the national and regional battle rhythm.</p>

This has been mirrored by providers who have had appropriate structures in place that are proportionate to the response required by the organisation and partners.

### **Urgent & Emergency Care**

- The percentage of patients seen within 4 hours in A&E has increased to 71.9% in April which is above the regional average and an improving picture in line with new recovery target of 76% by March 2024.
- Ambulance response times reduced to 33 minutes for Category Two incidents (18 minute standard) the recovery target is Category 2 mean of 30 minutes by March 2024.
- Two hour ambulance handover delays decreased last month at both Lincoln (153 from 213) and Pilgrim (25 from 54).

### **Cancer**

- In April, 284 patients were waiting over 62 days, increasing from 243 in March.
- However, the number of patients waiting 104 days or more decreased in April to 95, from 116 in February.

### **Elective backlog**

- The total waiting list size for Lincolnshire patients at all hospitals increased by 1182 to 114,151 in February.
- The number of patients waiting more than 78 weeks decreased to 380 from 795 in February.

### **Mental Health**

- The NHS Talking Therapies (previously IAPT) access rate was 19.8% in February (cumulative position) and is not on track to achieve the 33% standard by March 2023.
- The percentage of children and young people with an eating disorder (ED) referred as routine cases commencing treatment in quarter 4 within 4 weeks was 77.5% from 68.4% in quarter 3; and urgent within 1 week reduced to 27.3%- both are below national standard of 95%.

### **Primary Care**

- The National Primary Care Access Recovery Plan has now been published and sets out requirements and support for systems and GP practices to move towards a Modern GP Access Model.
- Access performance remains broadly stable and the percentage of face to face appointments above national average.

## **4. Management of Conflicts of Interest**

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

## **5. Risk and Assurance**

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

<b>6.</b>	<b>Financial/Resource Implications</b>		
The report does not set out specific resource implications but any directly associated with the issues outlined in this report are set out in the body of the report.			
<b>7.</b>	<b>Legal, Policy and Regulatory Requirements</b>		
Not applicable.			
<b>8.</b>	<b>Health Inequalities implications</b>		
Health inequalities implications directly associated with the issues outlined in this report are set out in the body of the report.			
<b>9.</b>	<b>Equality and Diversity implications</b>		
Not applicable.			
<b>10.</b>	<b>Patient and Public Involvement (including Communications and Engagement)</b>		
Not applicable- although through normal operations there has been engagement and communications directly particularly in relation to winter pressures			
<b>11.</b>	<b>Report previously presented at</b>		
Not applicable.			
<b>12.</b>	<b>Sponsoring Director/Partner Member/Non-Executive Director</b>		
<table> <tr> <td>Clair Raybould Director for System Delivery e-mail: <a href="mailto:clair.raybould@nhs.net">clair.raybould@nhs.net</a></td> <td>Martin Fahy Director of Nursing email: <a href="mailto:m.fahy@nhs.net">m.fahy@nhs.net</a></td> </tr> </table>		Clair Raybould Director for System Delivery e-mail: <a href="mailto:clair.raybould@nhs.net">clair.raybould@nhs.net</a>	Martin Fahy Director of Nursing email: <a href="mailto:m.fahy@nhs.net">m.fahy@nhs.net</a>
Clair Raybould Director for System Delivery e-mail: <a href="mailto:clair.raybould@nhs.net">clair.raybould@nhs.net</a>	Martin Fahy Director of Nursing email: <a href="mailto:m.fahy@nhs.net">m.fahy@nhs.net</a>		

# Integrated Performance & Quality Report



Lincolnshire  
Integrated Care Board

May 2023



24/05/2023

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# Executive Summary

## Overview

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



### Urgent & Emergency Care

- The percentage of patients seen within 4 hours in A&E has increased to 71.9% in April which is above the regional average and an improving picture in line with new recovery target of 76% by March 2024
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### Cancer

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- However, the number of patients waiting 104 days or more decreased in April to 95, from 116 in February



### Elective backlog

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- The number of patients waiting more than 78 weeks decreased to 380 from 795 in February



### Mental Health

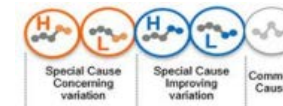
- The NHS Talking Therapies (previously IAPT) access rate was 19.8% in February (cumulative position) and is not on track to achieve the 33% standard by March 2023
- The percentage of children and young people with an eating disorder (ED) referred as routine cases commencing treatment in quarter 4 within 4 weeks was 77.5% from 68.4% in quarter 3; and urgent within 1 week reduced to 27.3% - both are below national standard of 95%



### Primary Care

- The National Primary Care Access Recovery Plan has now been published and sets out requirements and support for systems and GP practices to move towards a Modern GP Access Model.
- Access performance remains broadly stable and the percentage of face to face appointments above national average

# Lincolnshire ICB Performance Dashboard



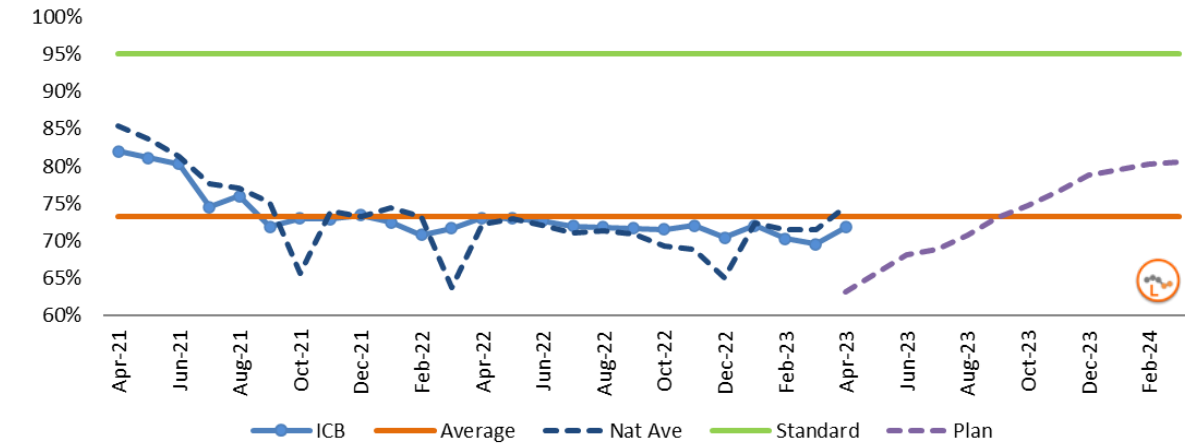
Programme	Indicator	Standard/Plan	Period	Performance	Midlands	England	Sparkline	Variation
Urgent & Emergency Care	A&E admission, transfer, discharge within 4 hours (ICB)	95%	Apr-23	71.9%	68.2%	74.6%		
	Ambulance response times - Mean response time- Category 1 (ICB patients)	00:07:00	Apr-23	00:08:27	00:08:15	00:08:07		
	Ambulance response times - Mean response time- Category 2 (ICB patients)	00:18:00	Apr-23	00:33:32	00:30:06	00:28:35		
Cancer	% Suspected Cancer Referrals First Seen Within 14 Days	93%	Mar-23	63.9%	84.4%	83.9%		
	Patients receiving treatment for cancer within 62 days of an urgent GP referral	85%	Mar-23	54.3%	56.2%	63.5%		
	Total 62 Day Backlog (ULHT)	-	Apr-23	284	N/A	N/A		
	Total 104 Day Backlog (ULHT)	-	Apr-23	95	N/A	N/A		
	% of patients told cancer diagnosis outcome within 28 days (ICB)	75%	Mar-23	68.8%	71.8%	74.2%		
Planned Care	RTT: % of incomplete pathways within 18 weeks	92%	Mar-23	53.4%	55.5%	58.6%		
	Percentage waiting six weeks or less for a diagnostic test	99%	Mar-23	64.6%	66.2%	75.0%		
	Patients waiting over 78 weeks for treatment (ICB) (% of total ICB waiting list size)	0%	Mar-23	0.33%	0.22%	0.15%		
	% of patients not treated within 28 days of last minute elective cancellation (ULHT)	0.8%	Q4 22/23	32.11%	32.4%	25.4%		
Mental Health	NHS Talking Therapies access - people that enter treatment (ICB)	2.75%	Feb-23	1.68%	N/A	1.64%		
	People experiencing first episode psychosis waiting to start a package of care (ICB)	60%	Mar-23	75%	N/A	70%		

# Key Performance Updates May 2023

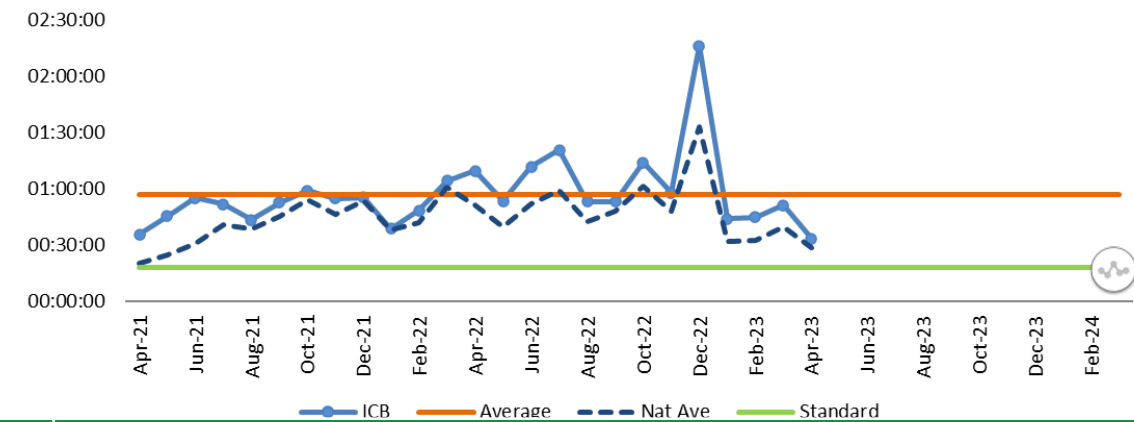
Programme	Indicator	Cause Identified	Key actions Being Taken
Urgent Care	Ambulance Response Times	<ul style="list-style-type: none"> <li>Ambulance mean response times for CAT1 and CAT2 calls have improved but remain slightly longer than the national averages. Handover delays have also improved at both ULHT sites during the month.</li> </ul>	<ul style="list-style-type: none"> <li>Ambulance Performance/Alternatives to ED Task and Finish group established</li> <li>Additional national investment into Ambulance Trusts to improve performance, reduce sickness absence, increase deployed resources and implementation of Category 2 segmentation</li> <li>ICBs have contributed additional investment to increase ambulance service resources in county to mitigate impact of handover delays whilst further improvements are made across UEC pathway</li> </ul>
Cancer	Cancer 62 day backlog	<ul style="list-style-type: none"> <li>Bank Holidays planned leave and sickness have all contributed to the adverse performance</li> <li>An issue has been raised with additional clinic rates, resulting in the loss of extra clinics being authorised which some specialities rely on such as breast</li> <li>Junior Doctors strikes have had a direct impact on the backlog numbers with clinicians experiencing reduced capacity to review clinical notes and results to ensure patients are moved along the pathway at pace.</li> </ul>	<ul style="list-style-type: none"> <li>Proposed new Lung pathway being socialised to primary care colleagues currently</li> <li>Focus remains is on reducing number of patients over 62 days and meeting 28 faster diagnosis standard</li> <li>Supporting Upper GI and haematology to work with Primary Care to improve referral practice</li> <li>Meeting scheduled for new deputy chief operating officer to look at new ideas for recovery and improvement aimed at 28day faster diagnosis standard</li> <li>Bids have been submitted to EMCA for additional funding to support improvement work for several specialities</li> <li>HIT squads supporting planned care 78 week patients</li> </ul>
Planned Care	Patients waiting over 78 weeks for treatment	<ul style="list-style-type: none"> <li>The number of patients waiting more than 78 weeks decreased to 380 from 795 in February</li> <li>Workforce levels continue to be a challenge for Providers</li> </ul>	<ul style="list-style-type: none"> <li>All Providers are focused on outpatient recovery as this continues to be the biggest area of challenge and is still where the majority of patients are currently waiting. Some progress has been made within ULHT on increasing Patient Initiated Follow-Ups (PIFU), reducing number of Did Not Attend and maximising slot utilisation although still below plan</li> </ul>
Mental Health	SMI Physical Health Checks	<ul style="list-style-type: none"> <li>Performance over the County has remained stable over 2022/23 – the latest data shows an improving position with performance at 58.1% (3031 patients receiving a full check)</li> </ul>	<ul style="list-style-type: none"> <li>A multi-agency SMI Health Checks Steering Group is in place, co-ordinating and overseeing actions to achieve targets for this work. Performance data and updates at a practice level are made available through locality Clinical Committees.</li> </ul>

# Urgent Care

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



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



### Current system pressures

- The Lincolnshire system continues to experience escalated periods of pressure or surge With Lincoln County site in particular experiencing prolonged periods of OPEL 4 status.
- Attendance numbers remain stable and the number of patients seen and discharged within 4 hours continues to track just below the national average but above the regional average. The performance shows an improving picture in line with new recovery target of 76% by March 2024
- The number of patients waiting over 12 hours in department has increased slightly and at 665 is significantly higher than the national ambition of zero. The time to first assessment within 60 mins measure remains above the national average.
- Ambulance mean response times for CAT1 and CAT2 calls have improved but remain slightly longer than the national averages.
- Handover delays have also improved at most of our main providers and in particular at Lincoln County and Boston.

### UEC Recovery Plan actions

The system focus includes:

- UEC system programme for 2023/24 approved by UEC Partnership Board
- Strategic and senior clinical oversight within the new UEC system governance arrangements that comprise of four working groups:
- Virtual Wards, Ambulance Performance and Alternatives to ED, Acute UEC, In Hospital Care and Discharge – these report through to Programme Delivery Group and up into partnership board and System Service Delivery & Performance Committee
- New and recurrent Investment of UEC and discharge allocations ongoing with detailed implementation plans in development
- SDEC compliance review with NHS England
- First UEC Clinical Audit underway
- Work with EMAS Lincs division to consider local ambitions for improvement once trust level trajectories are in place. This will result in a Lincolnshire ambition and trajectory for Cat2 response times.
- Bed Rightsizing modelling which is due to complete by the end of May 2023
- System wide Intermediate Tier review

# Primary Care – General Practices with enhanced quality oversight & support



Lincolnshire  
Integrated Care Board

## Practices Rated Inadequate: 2

Practice	Inspection Date	Locality
Branston Surgery	19/01/2023	West
Hawthorn Medical Practice	30/09/2022	East

## Practices Rated 'Requires Improvement: 2

Practice	Publication Date	Locality
Lakeside Healthcare	15/02/2023	South
Trent Valley Surgery	19/10/2022	West

## Actions to recover

### Lakeside

Lakeside has been in Special Measures with the CQC since June 2021. Most recent CQC inspection in November 2022 with positive improvement seen. Practice remains overall Requires Improvement, but further improvement demonstrated across quality domain areas. In consequence removed from Special Measures regime. The ICB and LMC will continue to work with the Practice to support the areas of improvement still required.

**Hawthorn Practice** in Skegness had a CQC inspection in August 2022 and was rated as inadequate overall and placed in special measures. The Practice was re-inspected in December 2022. This was a focused inspection into the areas where warning notices had been received. As a result of the inspection the warning notices have been lifted, a Requirement Notice for Medicines Management remains in place. A further full re-inspection took place in April 2023. The inspection report for this full re-inspection is not yet published. The ICB continues to meet with the Practice regularly and in conjunction with the LMC to ensure the Practice is progressing the required improvement actions.

**Branston Surgery** - post re-inspection in November 2022, the Inspection Report from this visit was published in January 2023 placing the Practice in Special Measures with an overall Inadequate Rating. A further CQC focused inspection to ensure improvements, was undertaken by the CQC on 10<sup>th</sup> January 2023 and warning notices put in place post the November 2022 inspection have been lifted. A further full re-inspection will occur in June 2023. The ICB continues to meet with the Practice regularly to ensure the Practice is progressing the required improvement actions.

**Trent Valley Surgery** – will have a CQC re-inspection in June 2023

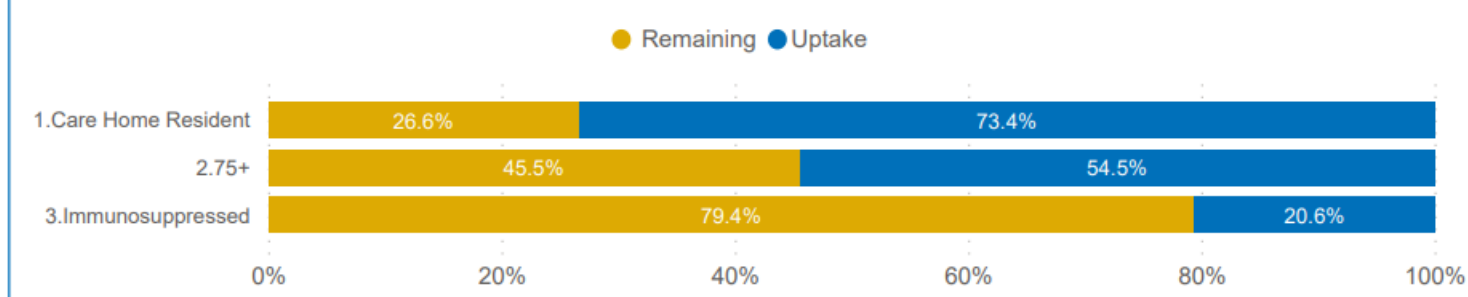
**Caskgate Surgery, Gainsborough & Richmond Medical Centre, North Hykeham** are also having CQC inspection visits in May 2023

# Covid Spring Booster Programme

Cumulative Cohort Overview

Cohort	Eligible	Uptake	Remaining	Uptake %
1.Care Home Resident	4,185	3,072	1,113	73.41%
2.75+	89,573	48,781	40,792	54.46%
3.Immunosuppressed	18,485	3,811	14,674	20.62%
<b>Total</b>	<b>112,243</b>	<b>55,664</b>	<b>56,579</b>	<b>49.59%</b>

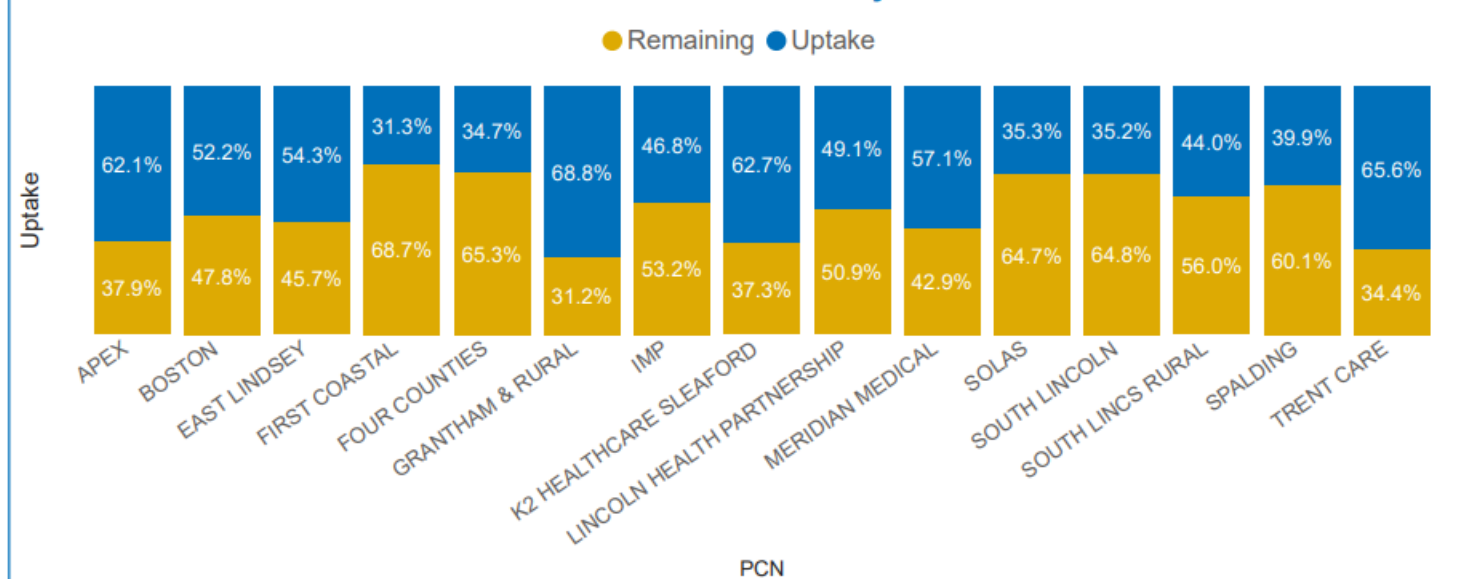
Cumulative Cohort Overview



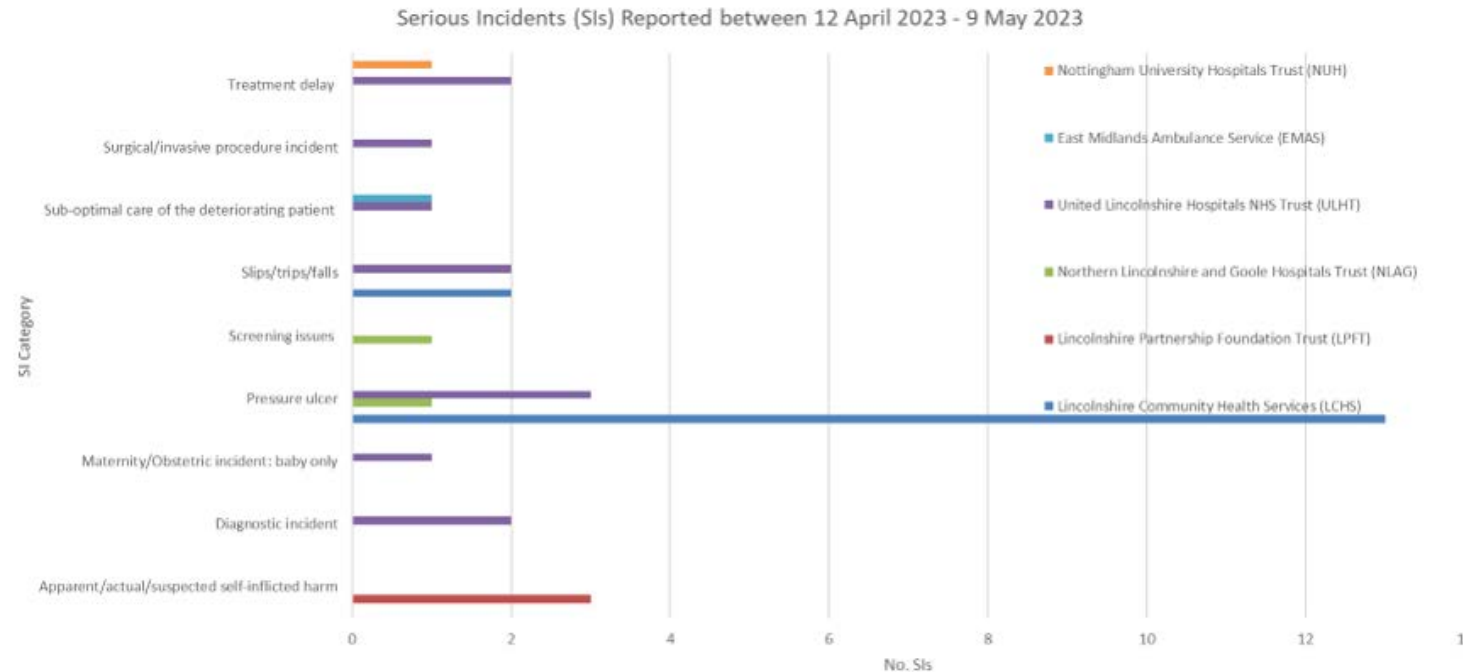
Cumulative Overview by PCN

PCN	Eligible	Uptake	Remaining	% Uptake
APEX	6,098	3,787	2,311	62.10%
BOSTON	8,021	4,185	3,836	52.18%
EAST LINDSEY	9,091	4,938	4,153	54.32%
FIRST COASTAL	9,363	2,928	6,435	31.27%
FOUR COUNTIES	5,844	2,025	3,819	34.65%
GRANTHAM & RURAL	9,955	6,846	3,109	68.77%
IMP	8,660	4,053	4,607	46.80%
K2 HEALTHCARE SLEAFORD	8,877	5,570	3,307	62.75%
LINCOLN HEALTH PARTNERSHIP	2,214	1,088	1,126	49.14%
MERIDIAN MEDICAL	6,618	3,780	2,838	57.12%
SOLAS	4,861	1,717	3,144	35.32%
SOUTH LINCOLN	7,051	2,482	4,569	35.20%
SOUTH LINCS RURAL	15,005	6,596	8,409	43.96%
SPALDING	4,952	1,976	2,976	39.90%
TRENT CARE	5,633	3,693	1,940	65.56%
<b>Total</b>	<b>112,243</b>	<b>55,664</b>	<b>56,579</b>	<b>49.59%</b>

Cumulative Overview by PCN



# Serious Incidents



## Update

- There has been a total of 34 serious incidents reported between 12 April 2023 – 9 May 2023, which represents a continued increase when compared to previous reports (n=28) and (n=23) respectively.
- There has been an increase in the reporting of pressure ulcer incidents by LCHS between 12 April 2023 – 9 May 2023 (n=13) in comparison to the previous report (n=8). However, as reported previously there is an overall reduction in the number of pressure ulcers reported by LCHS when looking at data quarter on quarter. In addition, LCHS reported (n=2) slip/trip/fall serious incidents.
- To note, work is underway with LCHS, LPFT, ULHT and St Barnabas Hospice to pilot a programme of thematic review of pressure ulcers aligned to the principles of the Patient Safety Incident Response Framework (PSIRF). An initial meeting has been held, and work is underway with the healthcare providers to identify the specific focus of the pressure ulcer work, aligned to broader improvement work underway. In addition to defining the project governance arrangements and review tools to be utilised.
- ULHT have reported a total of (n=12) serious incidents in the timeframe referenced, this represents a continued increase when compared to the previous reports (n=10) and (n=6) respectively. LPFT reported (n=3) serious incidents in the timeframe referenced, which represents a decrease when compared to the previous report (n=6).

# Key Quality Updates – Children & Young People (CYP)

- CYP transformation has moved into a more integrated approach across ICB and Lincolnshire County Council. The team across both organisations have had a number of new starters and it has created the opportunity to create a strong ethos of integrated working with a joint workstream in place. Reporting is into the CYP Integrated Transformation Board which is jointly chaired by ICB and LCC.
- Priorities are determined through local risk stratification, national NHSE led programmes, health inequalities and public health information.
- There are a number of crossovers with existing programmes of work such as Planned Care, UEC, Palliative and End of Life Care, MHLDA, SEND and Health Inequalities.
- Priorities under the CYP Transformation Board include asthma, diabetes, epilepsy, children’s community nursing, special schools clinical oversight, and CAMHS transformation.
- Transition to adult services is a key national and local priority and is being included in any transformation work being carried out.
- CYP Core 20 Plus 5 has helped shape some of the priorities and the “5” clinical priorities align to those set by the national team. Further work needs doing to understand the “Plus” groups for our local population.
- Work is taking place with analytics to obtain datasets and further inform the work. CYP specific data apart from CAMHS referrals and waits have not previously been available as this is included in the all age datasets. This work will provide an opportunity to drill down into performance of CYP services.
- CYP MHLDA transformation continues to be managed under the all age MHLDA programme Board. Processes are in place to provide information to the CYP Integrated Transformation Board to ensure there is a holistic approach to improving the health and wellbeing of Lincolnshire's children and young people

# Key Quality Updates May 2023

Programme	Indicator	Cause Identified	Actions Being Taken
<p>Children &amp; Young People: Mental Health</p>	<p>Children &amp; Young People with an eating disorder that start urgent treatment within one week of referral</p>	<ul style="list-style-type: none"> <li>• 27.3% of children and young people with an eating disorder were seen within one week of an urgent referral in Q4 22/23- 3 patients out of 11</li> <li>• There have been significant increases in the overall demand for CYP community mental health services, in particular eating disorders, as well as the acuity of cases being referred to services for the first time. This is reflective of the national picture following the COVID pandemic.</li> <li>• Mental Health Support Teams (MHSTs) come online in September 23 and two in January 2024 so we will not see full year impact in 2023/24.</li> </ul>	<ul style="list-style-type: none"> <li>• A data analyst is being recruited to support Lincolnshire to identify any services/eligible contacts that are not feeding into our data and ensuring we can find a way to flow this. There are a number of local services/contacts that we will be looking to start flowing access data to the Mental Health Services Data Set (MHSDS), which will further help us get closer to achieving the targets (for example the CYP Complex Needs Service and Enhanced Evidence Based Practitioners (EEBPs) in the local authority.</li> <li>• We are exploring several new initiatives that will further widen and increase available access to mental health services for CYP; including community VCSE sector support, alternatives to traditional CBT and game-based therapy for CYP with anxiety.</li> <li>• MHSTs create open access to mental health support for all CYP covered by an MHST through schools/colleges. Roll-out is happening in Lincolnshire in line with the national programme, with 50% coverage (8 MHSTs) expected by 2025. Three MHSTs will become operational during 2023/24 and Lincolnshire MHSTs are performing better than any other area in the Midlands region with 3,260 contacts between Feb 2022-Jan 2023.</li> <li>• With continued SDF investment, alongside £1.2m local baseline increase for specialist community mental health services for CYP, Lincolnshire is on target with investment required to meet the NHS Long Term Plan expected growth, the increase in demand for CYPMHS, and to reduce wait times. This investment supported us to increase access to services by almost 1,000 during 2022/23, whilst reducing waiting times (42% reduction in CYP waiting more than 12 weeks)</li> </ul>

# Quality Updates

## **System Quality Patient Experience Committee (SQPEC)**

A System Quality and Patient Experience Committee (SQPEC) development session took place on 21 April 2023

## **Operational Quality Assurance Group (OQAG)**

Quality concerns have been escalated in relation to Magna House, an independent hospital in Lincolnshire, providing care, treatment and rehabilitation services to people who are experiencing mental health issues. The provider is rated Requires Improvement following its latest CQC inspection published April 2023. ICB led meetings and quality visits have taken place to establish assurance regarding quality of care and in May 2023 CQC issued section 31 conditions on the providers regulated activity. The ICB nursing and quality team will continue to work with the provider, CQC and other stakeholders to support improvements required.

## **NHSE Complaints Team**

Responsibility for Primary Care complaints will be delegated by NHSE from 1 July 2023. Nottingham and Nottinghamshire ICB will host the East Midlands function for managing all formal Primary Care complaints, however, responses to Lincolnshire complaints will need to be signed off by Lincolnshire ICB. Weekly meetings are in place to establish an appropriate operating model for management of the complaints process responsibilities between the host and local ICBs.

East Midlands ICBs have been advised there is a significant backlog of complaints currently with NHSE and those complaints received by NHSE after 1 July 2022, that remain outstanding, will be passed to the host ICB and therefore will require sign off by their respective ICB. Capacity implications for the host ICB to manage this backlog alongside new complaints have been raised, however, at present the number of complaints in the backlog has not been confirmed. Lincolnshire ICB will need to ensure processes are in place to facilitate timely sign off of responses for both new complaints and those within the backlog.

## **RAF Scampton**

The ICB is working with system partners to ensure plans regarding the re-purpose of RAF Scampton are delivered safely, with particular consideration of how the health needs of people transferred are met and also fulfilling safeguarding responsibilities.

## **CHC Procurement**

LinCA & Age UK facilitated a meeting with the existing and incoming domiciliary care providers. The ICB CHC team presented the new model of provision, a Q&A style workshop followed which explored future ways of working and transfer of care arrangements. The transition to the new model of Dom care provision has now progressed without further issue

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date:** Tuesday, 30<sup>TH</sup> May 2023

**Location:** The Boardroom, Bridge House, Sleaford

<b>Agenda Number:</b>	6 (i)
<b>Title of Report:</b>	M01 Financial Position and Forecast Outturn
<b>Purpose:</b>	Rebecca McCauley – Senior Finance Business Partner
<b>Appendices:</b>	None

### 1. Key Points for Discussion:

This report sets out the financial position of the Lincolnshire Integrated Care System (ICS) and the Lincolnshire Integrated Care Board (ICB) at 31<sup>st</sup> of April 2023 (Month 1 2023/24).

### 2. Recommendations

The members of the Board are asked to consider and note the reported financial position of the Lincolnshire ICS. This report has been received by the Finance and Resource Committee held on 23 May 2023.

### 3. Executive Summary

#### Summary System Financial Position

The Lincolnshire ICS net position for Month 1 is shown in Table 1. The system has a target of £3.64m deficit on 31<sup>st</sup> April 2023, and full year deficit plan of £15.43m by the end of March 2024 as submitted in the plans to NHS England.

There was no requirement for ICB's to submit financial positions to NHS England for Month 1.

The actual position is a deficit of £3.59m, equating to a £0.05m favourable variance to plan.

Table 1 – Financial Position

Integrated Care System Net Position Surplus/(Deficit)	Month 1		
	Plan £m	Actual £m	Variance £m
United Lincolnshire Hospitals NHS Trust	-2.12	-2.11	0.01
Lincolnshire Partnership NHS Foundation Trust	0.75	0.79	0.04
Lincolnshire Community Health Services NHS Trust	0.00	0.00	0.00
NHS Lincolnshire Integrated Care Board	-2.27	-2.27	0.00
<b>Total Integrated Care System Net Position Surplus/(Deficit)</b>	<b>-3.64</b>	<b>-3.59</b>	<b>0.05</b>

#### Financial Recovery Plan

The Lincolnshire ICS' delivery against it's Financial Recovery Programme (FRP) can be seen in Table 2. The plan at Month 1 was to deliver £3.31m and the actual delivery was £3.69m therefore delivering a favourable variance against plan of £0.37m.

The full year plan is to deliver £55.0m. The current forecast outturn against the full year plan is delivery of £45.30m. The £9.70m shortfall against plan is attributable to unidentified financial recovery schemes at the time of reporting. It is expected this will be mitigated by acceleration and development of additional schemes.

Table 2 – Delivery of Financial Recovery Plan

Financial Recovery Plan	Month 1			Full Year		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
United Lincolnshire Hospitals NHS Trust	1.14	1.69	0.55	28.13	28.13	0.00
Lincolnshire Partnership NHS Foundation Trust	0.60	0.60	0.00	6.78	6.78	0.00
Lincolnshire Community Health Services NHS Trust	0.22	0.25	0.02	4.40	4.41	0.01
NHS Lincolnshire Integrated Care Board	1.19	1.15	-0.03	5.99	5.99	0.00
Unidentified	0.16	0.00	-0.16	9.70	0.00	-9.70
<b>Total System Financial Recovery Plan</b>	<b>3.31</b>	<b>3.69</b>	<b>0.38</b>	<b>55.00</b>	<b>45.30</b>	<b>-9.70</b>

#### Financial Standards

The ICB achieved the following financial targets for April 2023:

- Better Payment Practice Code  
The ICB paid more than 99% of its creditors within 30 days of receipt of an invoice (target 95%).
- Closing Cash Balance was 0.005% of the cash drawdown value for the month (target no more than 1.25% or £250k (whichever is greater)).

#### 4. Management of Conflicts of Interest

None to be noted.

#### 5. Risk and Assurance

As noted within the paper.

#### 6. Financial/Resource Implications

As noted within the paper.

#### 7. Legal, Policy and Regulatory Requirements

None

#### 8. Health Inequalities implications

None

#### 9. Equality and Diversity implications

None

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

None required.

#### 11. Report previously presented at

Not applicable.

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

Matt Gaunt, ICB Director of Finance [M.Gaunt@nhs.net](mailto:M.Gaunt@nhs.net)



## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date:** Tuesday, 30 May 2023

**Location:** The Boardroom, Bridge House, Sleaford

<b>Agenda Number:</b>	6 (ii)
<b>Title of Report:</b>	NHS Lincolnshire ICB Budget 2023/24
<b>Author:</b>	Simon Rudkins, Associate Director Strategic Finance
<b>Appendices:</b>	n/a

<b>1. Key Points for Discussion:</b>	
	The paper provides an overview of the NHS Lincolnshire ICB budget for 2023/24 for ICB Board approval, sets out the allocation by service area, the efficiency requirement and associated financial delivery risks.
<b>2. Recommendations</b>	
	The Board is requested to approve the ICB financial budget for the financial year 2023/24.
<b>3. Executive Summary</b>	
	The ICB allocation is £1,634.1m and the expenditure is allocated to organisations across Lincolnshire ICS and neighbouring systems totalling £1,631.8m. The ICB position is a surplus of £2.3m.
<b>4. Management of Conflicts of Interest</b>	
	There are no specific conflicts of interest identified in relation to this paper.
<b>5. Risk and Assurance</b>	
	Financial risks are set out within the paper and will be noted on the corporate risk register. The content of this report has been discussed at the ICB Finance and Resource Committee.
<b>6. Financial/Resource Implications</b>	
	Use of the ICB allocation to meet its statutory duties and delivery of ICB financial plan
<b>7. Legal, Policy and Regulatory Requirements</b>	
	Delivery of statutory financial duties to operate within financial limits.
<b>8. Health Inequalities implications</b>	
	n/a

<b>9.</b>	<b>Equality and Diversity implications</b>
n/a	
<b>10.</b>	<b>Patient and Public Involvement (including Communications and Engagement)</b>
n/a	
<b>11.</b>	<b>Report previously presented at</b>
The content of this report was included within the ICS plan for discussion at the ICB Finance and Resource Committee.	
<b>12.</b>	<b>Sponsoring Director/Partner Member/Non-Executive Director</b>
Matt Gaunt, Director of Finance	

## 1. Purpose

The 2023/24 NHS planning round concluded on 04 May with a final national submission for all NHS Provider & ICB organisations. The statutory obligation for all NHS organisations remains one of breakeven within available resources; the 04 May plan submission for Lincolnshire ICB is for a surplus of £2.3m. At the time of writing, it is anticipated that this plan will be final, and no further resubmission will be required.

This paper provides an overview of the NHS Lincolnshire ICB budget for 2023/24 for ICB Board approval.

## 2. ICB Allocation

Table 1 below set out the ICB allocations for 2023/24 as notified by NHSE and included within the plan submission:

<b>TABLE 1: ICB Allocation</b>	<b>£m</b>
ICB Allocation	1,391.5
Primary Care Medical Services	153.2
ICB Running Costs	14.5
Covid	5.9
Discharge	2.7
Winter Capacity	9.9
<b>Recurrent</b>	<b>1,577.7</b>
Elective Recovery	32.9
SDF	19.4
Covid Testing	2.1
UEC	2.0
<b>TOTAL 23/24</b>	<b>1,634.1</b>

In addition to core programme allocations, ICB Recurrent allocations now include Covid residual allocation and allocations in respect of Discharge & Flow and Additional capacity to support delivery through winter (and other periods as required). ICBs have 2-year indicative allocations for the period to 2024/25.

Additional programme allocations include:

- Elective Recovery fair shares allocation (to support achievement of ICS recovery targets); an ICS can receive additional funding through over-performance
- Service Development Funds to underpin transformation of service in specific programme areas (£12.3m in relation to Mental Health & LD, £5.3m for Primary Care & Community)
- Covid testing: previously allocated through hosted arrangements, this is now an ICB allocation for appropriate distribution
- UEC: the ICB successfully bid for additional non-recurrent funding to support increased delivery in respect of Frailty services
- The plan assumes a further ICB allocation of £4.5m to support excess inflationary pressures confirmed at an NHSE/ICB plan review meeting.

### 3. ICB Expenditure

Table 2 below presents the planned programme area expenditure for 2023/24:

<b>TABLE 2: Programme Spend</b>	<b>£m</b>
Acute	876.9
Mental Health	188.8
Community	151.8
Continuing Healthcare	61.0
Primary Care	334.8
Other	3.9
Running Costs	14.5
<b>TOTAL 23/24</b>	<b>1,631.8</b>

The ICB expenditure plan is £2.3m less than the notified allocation for 2023/24; this position does include a sum of £790.4m in relation to contractual payments to Lincolnshire ICS providers. The ICB has applied national contractual guidelines to negotiations including out-of-county providers; these negotiations are ongoing with expected final positions incorporated into the plan. The acute programme spend incorporates an ambitious plan to deliver elective recovery at a level significantly above the target required through national planning assumptions.

The ICB has also committed to an increase in Mental Health Investment of £8m, demonstrating the system-wide commitment to delivering the Mental Health Investment Standard requirements for 2023/24.

The expenditure position excludes the impact of any pay settlement once finalised; the expectation is that financial impact across system partners will be met with additional ICS allocation, as has happened in previous years.

### 4. Efficiency and productivity

The systems efficiency plan is separated into two components; the NHS Financial Recovery Plan (FRP) which the ICB has developed in association with its NHS partners for 2023/24, and the system stretch efficiency.

The plan is for a £55m expenditure reduction across the 4 NHS organisations, and this is monitored through the Financial Recovery Programme Board. The plan includes £46m of identified schemes that are built into plan submissions across partners, it includes unidentified efficiency target of £9.7m.

The ICB share of the FRP is £8.0m, primarily within medicines management, the ICB also allows in its budget the unidentified component, £9.7m. As pipeline schemes are identified, the unidentified balance will be distributed to system partners as appropriate, reducing the ICB target value.

The second element, system stretch efficiency is reflected in its entirety in the ICB financial position, additional efficiency proposals to meet this are in train.

The ICB share of FRP is set out in Table 3:

<b>TABLE 3: ICB efficiency</b>	<b>£m</b>
ICB efficiency	8.0
Unidentified system efficiency	9.7
<b>TOTAL FRP</b>	<b>17.7</b>
System stretch efficiency	10.4
<b>TOTAL Efficiency</b>	<b>28.1</b>

**Productivity:** There is also an assumption of additional contribution arising from over-performance of elective recovery against nationally set target within the ICB position of £10.3m. The activity has been factored into acute partner elective activity plans.

## 5. Risks

Within the ICB position, there are key risks that have been identified, these are:

- £9.7m - Delivery of unidentified FRP efficiency
- £10.4m stretch efficiency
- £4-8m - Delivery of elective recovery programme

## 6. Governance

Financial performance against plan will be monitored via the following ICS groups and committees:

- Financial Leadership Group (review of monthly finance report)
- ICB Finance and Resource Committee (monthly)
- Financial Recovery Programme Board (bi-weekly to review FRP delivery)
- ICB Board (monthly).

## 7. Action

**The Board is requested to approve the ICB financial budget for the financial year 2023/24.**



## PUBLIC MEETING OF NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date: Tuesday, 30<sup>th</sup> May 2023**

**Location: The Boardroom, Bridge House, Sleaford**

<b>Agenda Number:</b>	7 (i)
<b>Title of Report:</b>	Lincolnshire's Joint Forward Plan
<b>Report Author:</b>	Peter Burnett – Director of Strategic Planning, Integration and Partnerships
<b>Appendices:</b>	Not applicable

<b>1. Key Points for Discussion:</b>	
	<p>The Health and Care Act 2022 requires the Lincolnshire Integrated Care Board (ICB) and their partner trusts to prepare a first Joint Forward Plan (JFP) before the start of the financial year.</p> <p>For the first year, ICBs are required to publish and share the final plan by 30 June 2023. NHSE have developed and published guidance to support the ICB and partner trusts in undertaking this work. It sets out a flexible framework for JFPs to build on existing system strategies and plans, in line with the principles of subsidiarity.</p> <p>NHS England will review and comment on draft JFPs and expect ICBs and their partner trusts to produce a first draft for consultation by 31 March 2023, with a view to publishing a final version by 30 June.</p> <p>The guidance makes it clear that each system has significant flexibility to determine their JFP's scope as well as how it is developed and structured. At a minimum, it should describe how the ICB, and its partner trusts intend to arrange and/or provide NHS services to meet their population's needs.</p>
<b>2. Recommendations</b>	
	<p>The ICB Board is requested to note:</p> <ul style="list-style-type: none"> <li>• The requirements and approach being taken to develop the NHS Joint Forward Plan.</li> </ul>
<b>3. Executive Summary</b>	
	<p><b>1. Background</b></p> <p>The Health and Care Act 2022 requires the Lincolnshire Integrated Care Board (ICB) and their partner trusts to prepare a first Joint Forward Plan (JFP) before the start of the financial year. For the first year, ICBs are required to publish and share the final plan by 30 June 2023.</p>

NHSE have developed and published guidance to support the ICB and partner Trusts in this exercise. It sets out a flexible framework for JFPs to build on existing system strategies and plans, in line with the principles of subsidiarity.

NHS England will review and comment on draft JFPs and expect ICBs and their partner trusts to produce a first draft for consultation by 31 March 2023, with a view to publishing a final version by 30 June. The guidance doesn't explicitly reference Primary Care, but we recognise the importance of their involvement throughout the development of the document.

## **2. Requirements**

In developing the JFP, ICBs have a statutory duty to have regard to the integrated care strategy, Joint Local Health and Wellbeing Strategies (JLHWBSs) and Joint Strategic Needs Assessments (JSNAs) when exercising any relevant functions. The JFP will also outline how objectives in the government mandate regarding the ambitions in the NHS Long Term Plan and NHS planning guidance will be addressed.

In developing the JFP the ICB are expected to work with their ICPs; primary care partners; local authorities; the voluntary, community and social enterprise sector; NHS collaboratives, networks and alliances; and people and communities.

ICBs and their partner trusts must review the JFP and either update or confirm it annually before the start of each financial year.

## **3. Overview of approach to developing Lincolnshire NHS JFP**

### Steering Group

To ensure an inclusive and coproduced approach to develop the Joint Forward Plan, a Steering Group has been established with membership from the ICB, NHS partners, LCC, Healthwatch and residents. The steering group's role is to:

- Be a partner in developing the Lincolnshire NHS Joint Forward Plan, not a participant.
- Inform, shape and own the process for developing the JFP.
- Champion the development of the JFP within organisations and with stakeholders
- Facilitate inputs to the JFP from organisations and stakeholders.

### Workshop 1

A workshop was held on 8 March to agree the NHS Lincolnshire system's strategic priorities and commitments for the next five years (aligned to agreed ICS ambition and aims). To ensure the workshop achieves its objective, targeted work was undertaken with the public and NHS organisations to help develop a long list of potential priorities.

Sessions were run with each NHS organisations executive team, the Clinical Care Directorate, and the Primary Care Advisory Group to gain a range of views on what they believed the key priorities should be. Healthwatch and NHS Engagement Team also undertook a number of activities to gain an understanding of the public's view's, activities included:

- Two Healthwatch run webinars
- Healthwatch online survey - 1028 responses

- 20 engagement events attended across Lincolnshire, talking to 254 people
- Engagement sent to over 9000 people
- Engagement sent to over 13,000 staff through organisation comms
- Shared via other partner organisations
- Attended community events across Lincolnshire to target people who do not usually engage with the NHS
- Focussed on areas with high levels of deprivation and health inequalities
- Supported patients to get involved who would not be able to access the survey online
- 388 responses to the Experiences of Care survey

Following the workshop, the notes from the round table discussions and results from the polls were analysed by the Steering Group and there was a clear consensus on strategic themes and the 5 core priorities which are:

- Strategic themes – Excellence, Innovation and Integration
- Priority 1: A new partnership with the public
- Priority 2: Living well and staying well (Prevention)
- Priority 3: Access
- Priority 4: Integration community care
- Priority 5: People

#### Priority Development

Working groups were put together to develop the priorities. These were made up of senior colleagues already leading on elements of work related to each of the priorities. Meetings were held with each working group with the expectation being they would develop the priority to identify the core ambition for the next 5 years in Lincolnshire with consideration for the local need, national requirements and plans already developed. The core elements for each priority that was identified were as follows:

- Priority 1: A new partnership with the public
  - Our Shared Agreement
  - Shared decision making
  - Co-producing services together
  - Supported self-care and self-management
- Priority 2: Living well and staying well (Prevention)
  - Preconception, infancy and early years (0 to 5)
  - Childhood adolescence (5 to 19)
  - Working age (16 to 64)
  - Ageing well
- Priority 3: Access
  - Developing services that align with the needs of the population
  - Developing the multi-disciplinary team
  - Simplifying the process for accessing health care
  - Helping the population to understand the health care they need and how best to access the right person
- Priority 4: Integration community care
  - Increasing the primary care offer
  - Embed a single hub to access step up/down care through

- Integrating our services around the person
- Integrating our workforce to create outstanding, responsive care
- Priority 5: People
  - Valuing our people
  - Growing our people
  - Developing our people
  - Retaining our people

## Workshop 2

The developed priorities were presented to a second system workshop on 26 April to act as a 'confirm and challenge' session to test the ambition and the planned approach over the next 5 years. At the workshop a lead from each working group presented the core elements of the developed priority with attendees then taking part in roundtable discussion to evaluate and feedback on the material presented. The priorities were well received, strongly critiqued and the feedback provided was collated from each round table discussion to help shape them further.

## Document Development

Following the second workshop the collated feedback from each of the round table discussions was shared with the working groups. They were requested to review and amend the information received and refine the priority further.

The final versions of the developed priorities have been shared with a copy writer who has been commissioned to ensure the final published document is truly public facing. Between the 17th- 26th May the copy writer is drafting the document with the refined information being shared with the working groups to ensure that the main element for each priority is captured.

The design of the document will be similar to the one used for the Integrated Care Strategy to ensure alignment in style as well as content. The aim is to show the Joint Forward Plan as part of a suite of documents with the Integrated Care Strategy and the Joint Health and wellbeing Strategy.

The expectation is that this work is completed by the 2nd June ahead of the public and stakeholder engagement.

## Public and Stakeholder Engagement

Public and stakeholder engagement will take place between the 5th and 16th June, focused on the 5 priorities and to seek further feedback and views on the priorities ahead of the document being finalised. This will include engagement with The Joint Health and Wellbeing Board and the NHS System Non-Executive Directors. A draft version of the document will be shared with NHSE on the 26th May with a session taking place in June to receive feedback from regional colleagues.

Following the engagement work the document will be refined further to reflect the feedback received, with the final version being ready for approval by 30 June 2023.

## **4. Management of Conflicts of Interest**

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

this report.

**5. Risk and Assurance**

The risk of not meeting our legal duties to have developed and published a Joint Forward Plan by June 2023

**5. Financial/Resource Implications**

None identified

**6. Legal, Policy and Regulatory Requirements**

The Health and Care Act 2022 requires the Lincolnshire Integrated Care Board (ICB) and their partner trusts to prepare a first Joint Forward Plan (JFP) before the start of the financial year.

**7. Health Inequalities implications**

A key aim of the Joint Forward Plan (JFP) is to address health inequalities in Lincolnshire.

**8. Equality and Diversity implications**

An Equalities Impact Assessment will be conducted on completed JFP.

**9. Patient and Public Involvement (including Communications and Engagement)**

The aim is to co-produce the document with the public and communities and lead an engagement exercise in May on the JFP.

**11. Report previously presented at:**

Not applicable

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

Pete Burnett, Director of Strategic Planning, Integration and Partnerships  
John Turner NHS Lincolnshire ICB, Chief Executive



**PUBLIC MEETING OF THE NHS LINCOLNSHIRE  
INTEGRATED CARE BOARD**

**Date:** Tuesday, 30<sup>TH</sup> May 2023

**Location:** The Boardroom, Bridge House, Sleaford

<b>Agenda Number:</b>	7 (ii)
<b>Title of Report:</b>	Lincolnshire System NHS75 celebration plans
<b>Author:</b>	Abi Cuffling, Communications Officer Ms Charley Blyth, Director of Communications and Engagement
<b>Appendices:</b>	NHS75 Lincs ICS

<b>1. Key Points for Discussion:</b>	This item updates the Board on the plans in place for celebrating the NHS75 anniversary within the county.
<b>2. Recommendations</b>	The Board is asked to note the plans
<b>3. Executive Summary</b>	<p>2023 marks the 75<sup>th</sup> anniversary of the NHS. There is a national initiative associated with this, which as well as celebratory work, has focus on the strategic opportunity of future direction setting for the NHS nationally.</p> <p>Locally, there is an expectation that we deliver our own celebratory events and promotions. This report summarises the key elements planned in the county, which are additionally supplemented by the in-service events that staff are being encouraged to plan (e.g. team coffee mornings)</p>
<b>4. Management of Conflicts of Interest</b>	None
<b>5. Risk and Assurance</b>	None – the reporting and assurance process is being managed through the NHS75 NHSE team
<b>6. Financial/Resource Implications</b>	Nothing specific to this report.
<b>7. Legal, Policy and Regulatory Requirements</b>	Nothing specific to this report.

<b>8.</b>	<b>Health Inequalities implications</b>
Nothing specific to this report.	
<b>9.</b>	<b>Equality and Diversity implications</b>
Nothing specific to this report.	
<b>10.</b>	<b>Patient and Public Involvement (including Communications and Engagement)</b>
This initiative is focused on staff and public engagement across a diverse population range (e.g. school age to Age UK service users). Our touchpoints will include engagement on general views of the NHS at 75, which will contribute to ongoing involvement reporting.	
<b>11.</b>	<b>Report previously presented at</b>
ICB Executive team 18/05/23	
<b>12.</b>	<b>Sponsoring Director/Partner Member/Non-Executive Director</b>
Charley Blyth, Director of communications and engagement, NHS Lincolnshire ICB <a href="mailto:Charley.Blyth@nhs.net">Charley.Blyth@nhs.net</a> 07811 762 435	



**Lincolnshire ICS Plans**

Launched a 'design a Birthday Card' competition to all Primary School children.

The chosen entry will win themselves and their school class the exciting opportunity to visit the tri-service, which is home to fire, police, and ambulance services



**NHS**

Lincolnshire

# 75<sup>th</sup> Birthday Card Competition!



Be a part of the NHS' 75th Birthday!

Submit your entries by Thursday 1st June 2023!

The winner's class will win a visit to Lincolnshire's tri-service centre which is home to fire, police, and ambulance!

We have teamed up with Yarborough Leisure Centre parkrun!

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- Encourage as many NHS staff and volunteers to take part
- Encourage everyone to wear blue to 'create a sea of blue'
- Host a range of stalls
- NHS themed balloon arch for the finish line
- Recognise NHS staff at the start of the race



**NHS 75**  
1948 - 2023

**parkrun for the NHS**

marking the  
**NHS's 75th  
anniversary**

- **Saturday 8 July**  
**Yarborough Leisure  
Centre at 9am**

**#NHS75parkrun #NHS75**



**Walk, jog, run or volunteer!**

# Light it up blue!

Places agreed to take part so far:

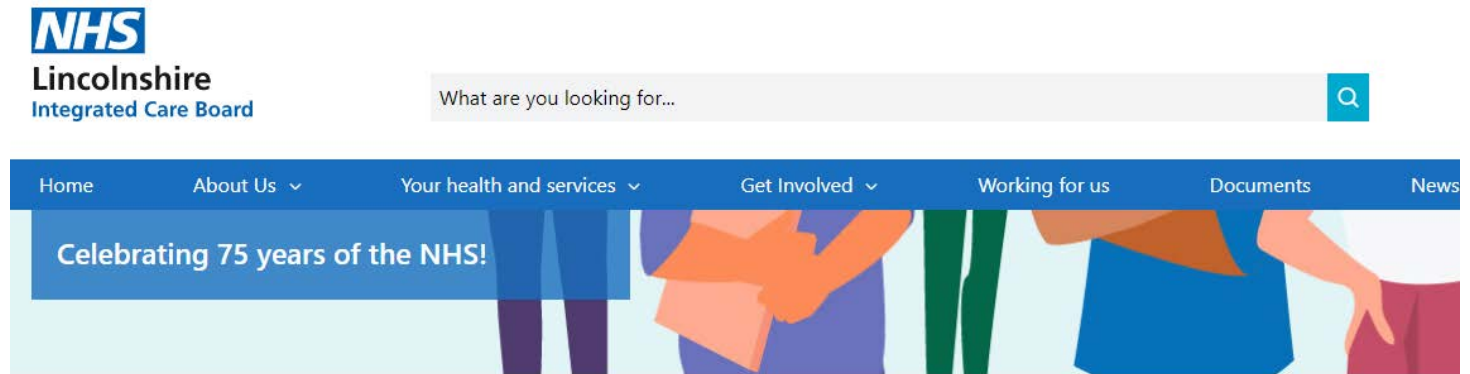
- Lincoln Cathedral
- Clock Tower, Skegness
- Tower Esplande, Skegness
- South Holland Centre, Spalding
- Trinity Arts Centre, Gainsborough
- WL Depot, Caenby Corner
- Lea Fields Crematorium, Gainsborough
- Belvoir Castle



# NHS75 website update

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- Link to how to get involved with NHS75 nationally
- Updated timeline of NHS Lincolnshire
- Host of staff case studies (also to be shared on social media)
- Information on NHS75 event in Lincolnshire
- List of buildings which are due to light up blue



## NHS Birthday 2023

On 5 July 2023, the NHS will mark 75 years of service. We will be celebrating this milestone by showcasing the best of the NHS and encouraging as many of you as possible to join us with NHS 75 activities.

[#NHSBirthday](#)



# Lincolnshire's Big Tea Event:

8 July at Lincoln City Football Club

**ULH Charity fundraising event**



A promotional poster for the NHS Big Tea event. The background is red with yellow polka dots in the top left corner. At the top right, there is a heart-shaped logo made of dots and the text 'NHS CHARITIES TOGETHER'. Below this is a yellow teapot icon with a heart inside, and the text 'NHS BIG TEA'. To the right, a blue balloon says 'Happy 75th Birthday NHS'. The main text 'COME SIP WITH ME!' is written in large yellow letters. In the center, three people are shown: a man with a beard holding a tray with a teapot and cup, an older woman holding a teapot, and a younger woman in a yellow polka-dot shirt. At the bottom, a blue banner contains the text: 'I'm hosting an NHS Big Tea Party to raise money for NHS staff, patients and volunteers.'

Red Arrows and  
Battle of Britain  
Memorial Flight has  
been requested for  
the 5<sup>th</sup> July over  
Lincoln Cathedral

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## Work with AGE UK Lincolnshire

Short videos / quotes / stories from the older generations of Lincolnshire covering:

- *What was life like pre-NHS?*
- *How has the NHS changed over the past 75 years?*
- *What are you most grateful for about the NHS?*



# Happy Birthday & Thank You video to NHS Staff

- NHS Lincs staff to share photos & residents to provide us birthday & thank you messages which will be made into a video and shared on the 5<sup>th</sup> July!





**‘Challenge 75’ fundraising campaign by Lincolnshire Hospitals Charity. Campaign to raise £75k in the year.**

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# National NHS75 Campaigns



# Comms taking place:

- Each organisation within the system (ICB, ULHT, LPFT & LCHS) to share over:
  - External and Internal social media pages
  - Staff Intranets
  - Internal newsletters / live TeamTalks
- Press releases
- Website updates

# Stakeholder engagement:

- Primary Schools
- Lincolnshire County Council / Lincolnshire District Councils
- Tri-service centre (LFR, EMAS, Police)
- Lincoln City Football Club
- Lincoln Cathedral
- AGE UK Lincs
- Parkrun UK
- Yarborough Leisure Centre
- Belvoir Castle

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date:** Tuesday, 30<sup>th</sup> May 2023

**Location:** The Boardroom, Bridge House, Sleaford

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

<b>1. Key Points for Discussion:</b>
The purpose of this paper is to provide the Board with a summary of the ICB Service Delivery & Performance Committee meetings held in March and April 2023.
<b>2. Recommendations</b>
The Board is asked to note and consider this report.
<b>3. Executive Summary</b>
<p><b><u>March 2023</u></b></p> <p>The meeting received information on progress and discussed the following:</p> <p><b>Adult Mental Health, Learning Disabilities and Autism</b> – A presentation was provided with key headlines highlighted:</p> <p><b>Improving Access to Psychological Therapies (NHS Talking Therapies)</b> - There have been challenges surrounding performance and achieving the access targets that have been set nationally. The focus has been on maintaining the quality of the service.</p> <p><b>Adult Mental Health Key Performance Indicators 2022/23 and updates:</b></p> <ul style="list-style-type: none"> <li>- YTD 11 of the 14 indicators are below the planned targets for 2022/23.</li> <li>- Recruitment for locality place-based teams on-going</li> <li>- Project teams and Partnership Boards in place for all PCNS</li> <li>- 19 Night Light cafes now open with 4 more due by end of March</li> <li>- Crisis pathway review on-going</li> <li>- Suicide bereavement service fully operational</li> <li>- SMI Health Checks Co-ordinator recruited to develop local model</li> <li>- VCSE data on track to flow into MHSDS from 1<sup>st</sup> April</li> </ul> <p>Key risks – recruitment to MH Practitioner roles in Primary Care and some clinical roles.</p> <p><b>LDA Key Performance Indicators 2022/23 and Overall LDA position:</b></p> <ul style="list-style-type: none"> <li>- CYP inpatient trajectory on target (at 2)</li> <li>- Adult inpatient – plans in place for expert review for 'MM judgement cases, Life planning programme of work commenced in December 2022</li> </ul>

- CYP numbers on DSR increasing
- AHC – 2,594 checks delivered by end of January 2023 (50 over plan), with 9 PCNs accepting funding to help with catch up work
- LD Advanced Clinical Practitioner roles developed, and peer support workforce strengthened
- LeDeR performance on target

Key risks - limited respite provision

- timely community providers' support available for adults with complex needs and for CYP
- recruitment issues across a range of community services.

### **Children and Young People's Mental Health Key Performance Indicators 2022/23**

- Access data continues to increase, the latest data shows 7,710 CYP had 1+ contacts in a rolling 12 months against the 8,000 target
- Complex Needs Service approx. +500 contacts per year
- Lincolnshire Grief and Loss approx. +300 contacts
- By January 2024, an additional MHST would be operational, and this was expected to increase the access rate by up to 1,500 by the end of 2025.
- EDS investment increasing in 2023/24 to meet increased demand and achieve National Wait Time Standard and NHS LTP targets.

### **CYP Mental Health Transformation Plan and updated position**

- Mental Health support would be embedded in schools and colleges through MHSTs
- Increased investment in Healthy Minds Lincolnshire – on track and supporting maintained investment in the service to offer countywide prevention and early intervention based around educational settings
- MHSTs – on track, 4 now operational
- Continued investment in CAMHS - on track with increased staffing to meet demand in specialist services; waiting times and waiting list numbers continuing to reduce
- Eating Disorders physical health pathway for YP - development with Primary Care complete; across acute setting – on track
- CYP Complex Needs Service – on track to go live 1st April
- Here4You Access Team – complete and recurrent funding secured.

Key risks – Recruitment and retention of qualified MH Practitioners to meet demand

- Increasing demand and acuity of CYP referred for specialist MH support
- Difficulty accessing tier 4 inpatient provision in Lincolnshire
- Capacity challenges to offer and deliver services across large, rural geography.

### **There was one item identified for escalation to the Board:**

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

**System Planning** – Feedback from the regional team had specific focus on finance, elective care and cancer. General point on strengthening the narrative to provide stronger confidence on delivery of UEC and elective targets.

**Winter Plan Delivery** – The system was maintaining a much better profile in managing pressures over the winter period and this provided a good foundation for 2023/24. The success of cross-system cohesive working in delivering the plan was particularly highlighted.

**Cancer** – 23/24 plan submitted and waiting on feedback. Ongoing cross-system working on clinical reference groups within colorectal, prostate and lung.

## **Planned Care**

- Excellent system working to implement plans to eliminate waits of 78 weeks or more by the end of March 2023. All departments within ULHT and the EACH have worked collaboratively to ensure the best outcomes for patients. As at the end of February the system was performing better than their planned trajectory
- Working group to improve Echo performance meets regularly with senior medical colleagues, this has resulted in fast paced actions and swift escalation of any challenges
- Significant investment in diagnostics services has brought £14m into the County through the CDC programme.

## **April 2023**

The meeting received information on progress and discussed the following:

### **System Planning**

The 2023/24 operational plan submission was made to NHS England on 30/03/23 and included an Activity & Performance template, workforce template, finance template and narrative template covering elective recovery, UEC and productivity.

The 2023/24 system plan has been drafted and the scope of the plan covered all system service transformation programmes, enabler programmes and provider plans, so ICS partners have visibility on all of the plans for the year.

The plan also incorporates summaries of the system activity, performance, workforce and finance plans, the latest system governance and oversight arrangements.

**Integrated Primary Care and Community** – As part of the development of the operating plan for 23/24 a plan on a page has been produced for all key workstreams that are encompassed as part of the integrated primary care and community programme. These include – Enhanced Health and Care Homes, Palliative and End of Life Care, Dementia, Primary Care, Access, Frailty, Falls, Long Term Conditions, Proactive Care and Integrated Care.

There is an agreement across all agencies that development of an integrated Frailty pathway would provide the key elements of the new service model referred to in the NHS Long Term Plan. This service model would then provide the framework from which to build a community service and integrated care delivery for all other patient cohorts. The vision and ambition of the integrated pathway would be achieved through the following key workstreams:

- Pre-primary care – health promotion, prevention, self-care
- Primary Care – case finding and care coordination
- SPA – navigation
- Integration of services and 24/7/365
- Workforce – reducing duplication and joint working.

### **There was one item identified for escalation to the Board:**

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

### **Urgent and Emergency Care**

#### **2022/23 highlights**

- SCC fully mobilised and managing the day-to-day operational oversight
- SHREWD and WAITLESS fully rolled out to partners and the public
- Increased targeted public communications
- Mobilised Virtual Wards

- Improvement in Ambulance Handover Delays in Q4 compared to the rest of the year despite industrial action and winter impact
- End of year 4-hour achievement for all activity was 70% and ULHT were ranked 47<sup>th</sup> out of 116 acute trusts nationally
- UEC Clinical Summit and workshop held 9<sup>th</sup> March 2023 and was attended by system partners. The workshop has assisted with the plan for 2023/24
- New approached to development and delivery of the winter plan with increased collaboration and integration.

**2022/23 Winter highlights** – fully delivered the System Winter plan including:

- Mobilised Active Recovery Beds and additional P1 provision to increase intermediate care capacity. Interest in this expressed by the Secretary of State for Health & Social Care, national and regional teams. Discussions have taken place with colleagues in other systems regarding how these were working
- Increased use of voluntary sector commissioned services
- Clinical Navigator posts commenced at the Lincoln site front door for both EMAS and ULHT. This allowed for any patients that are conveyed to be sent directly to the most appropriate service. The Lincoln team are already mobilised, and the Boston team would be mobilised by the end of April
- Increased supportive provision for OPAT both in community and in care homes
- Increased Primary Care capacity
- Invested £6.08m winter funding and additional discharge funding. Lincolnshire was one of the only systems to have been able to successfully commission services with this funding.

**2023/24 Planning** – The 23/24 delivery plan has been split into the following four priority areas:

- Prevention
- Out of hospital urgent care
- Front door flow
- In hospital care and discharge.

Discussion of the national UEC targets included:

- 76% A&E 4-hour performance
- 92% acute G&A bed occupancy
- 30min average Category 2 ambulance response.

**Digital** – The Digital, Data and Technology (DDaT) report was presented:

The ICS Digital Strategy 2023-2028 has been presented to ICB Executives and feedback has been received. The final strategy will be presented to the ICB Board for ratification and approval.

Dr Andrew Simpson has been appointed to the role of Chief Clinical Information Officer at ULHT and Dr Majid Akram for Primary Care.

A number of key issues were highlighted which included resourcing and financial support for Digital at an ICS level. The delivery model is currently costly and unsustainable in the long term. Funding sources were yet to be confirmed.

**There was two items identified for escalation to the Board:**

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

**Committee Self-Assessment** – The completed self-assessment was discussed and agreed for submission to the ICB.

<b>4.</b>	<b>Management of Conflicts of Interest</b>
	No conflicts of interest were declared at the committee.
<b>5.</b>	<b>Risk and Assurance</b>
	No escalations from the committee meeting
<b>6.</b>	<b>Financial/Resource Implications</b>
	N/A
<b>7.</b>	<b>Legal, Policy and Regulatory Requirements</b>
	N/A
<b>8.</b>	<b>Health Inequalities implications</b>
	N/A
<b>9.</b>	<b>Equality and Diversity implications</b>
	N/A
<b>10.</b>	<b>Patient and Public Involvement (including Communications and Engagement)</b>
	N/A
<b>11.</b>	<b>Report previously presented at</b>
	N/A
<b>12.</b>	<b>Sponsoring Director/Partner Member/Non-Executive Director</b>
	Dawn Kenson – Non-Executive Director & Chair of System Delivery & Performance Committee – <a href="mailto:d.kenson@nhs.net">d.kenson@nhs.net</a> Clair Raybould – Director for System Delivery – <a href="mailto:clair.raybould@nhs.net">clair.raybould@nhs.net</a>

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date:** Tuesday, 30<sup>th</sup> May 2023

**Location:** The Boardroom, Bridge House, Sleaford

<b>Agenda Number:</b>	8 (iii)
<b>Title of Report:</b>	Audit & Risk Committee Update
<b>Purpose:</b>	Mrs Margaret Pratt – Interim Chair of the Audit and Risk Committee (Non-Executive Director)
<b>Appendices:</b>	Audit and Risk Committee Annual Report and Self-Assessment

### 1. Key Points for Discussion:

This paper provides an update on the discussions that took place at the latest Audit & Risk Committee meeting held on Friday, 19 May 2023.

### 2. Recommendations

The Board is asked to note the update and progress.

### 3. Executive Summary

The Audit & Risk Committee meeting held on 19 May 2023 focused on a number of areas including the following:

- External Audit update on Q1 Accounts and update of ICB Accounts
- Internal Audit Annual Report and Head of IA Opinion
- Internal Audit Report – Corporate Governance Report
- Internal Audit Introduction
- Internal Audit Draft Audit Plan for 23/24
- Internal Audit Action Update
- Counter Fraud Progress Report
- Risk Management Update
- Annual Report & Annual Accounts update including Annual Governance Statements
- CCG & ICB Annual Reports and Accounts Timetable
- A&R Committee Draft ICB Annual Report for the period 1<sup>st</sup> July 2023 to 31<sup>st</sup> March 2023

Items to note:

The Audit and Risk Committee Annual Report for the period 1<sup>st</sup> July 2023 to 31<sup>st</sup> March 2023 has now been finalised and is attached for the Board's consideration, along with the Committee Self-Assessment.

The following areas were highlighted for escalation to the Board:

- Board Assurance Framework – concern about progress and delays in the population of the strategic risks in the Board Assurance Framework and inter-relationship with the ICB workplan but noted this will now form part of the June Board Development Session when there is a planned workshop to consider the ICB BAF and Risk Appetite.
- Head of Internal Audit Opinion - Two high risk findings have been identified by PricewaterhouseCoopers (PWC) in their internal audit reviews which relate to Personal Health Budgets (PHB) and to Corporate Governance. These two areas along with a slight change to the Head of Internal Opinion will need to be specifically highlighted in the ICB Annual Governance Statement which will be actioned by the ICB Board Secretary and Head of Corporate Governance. External Audit will also be referring to this in the development of their Value for Money report.
- Corporate Governance Review – some of the comments are already being addressed as part of the review of the Board Committees, but the Committee would welcome a session taking place between the Non-Executive and Executives as part of the wider development of the Board.

<b>4. Management of Conflicts of Interest</b>
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The management of conflicts of interest is dealt with in accordance with the agenda and items.
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<b>5. Risk and Assurance</b>
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As indicated in the report.
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<b>6. Financial/Resource Implications</b>
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Detailed in individual reports, if applicable.
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<b>7. Legal, Policy and Regulatory Requirements</b>
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Nil specific to note.
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<b>8. Health Inequalities implications</b>
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Nil specific to note.
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<b>9. Equality and Diversity implications</b>
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Nil specific to note.
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<b>10. Patient and Public Involvement (including Communications and Engagement)</b>
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Nil specific to note.
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<b>11. Report previously presented at</b>
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Regular updates provided to the Board
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<b>12. Sponsoring Director/Partner Member/Non-Executive Director</b>
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Margaret Pratt – Interim Non-Executive Director and Chair of the Audit and Risk Committee
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## ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE 1<sup>ST</sup> JULY 2022 TO 31<sup>ST</sup> MARCH 2023

### 1. PURPOSE

The purpose of this report is to brief the Board on the work of the Audit and Risk Committee during the last financial year. This report covers the period 1st July 2022 to 31st March 2023.

This report therefore outlines how the Committee has complied with the duties delegated by the Board through its terms of reference and identifies key actions to address developments in the Committee's role.

The Audit and Risk Committee is requested to **consider** and **approve** the report for submission to the ICB Board.

### 2. BACKGROUND

The Audit and Risk Committee is established with approved Terms of Reference that are aligned with the NHS Audit Committee Handbook published by the HFMA and the Department of Health.

### 3. OPERATION OF THE COMMITTEE

The Committee met four times in the year and discharged its responsibilities for scrutinising the management of risk and controls, which affect all aspects of the ICB's business.

The membership of the Audit and Risk Committee for the period 1st July 2022 to 31<sup>st</sup> March 2023 comprised of:

Name	Role	Period
Mr Pete Moore	Non-Executive Director and Chair of the Audit and Risk Committee (unavailable from 1 <sup>st</sup> July 2022 and left the ICB on the 31 <sup>st</sup> January 2023)	Part-year (seven months)
Mrs Julie Pomeroy	Non-Executive Director – Acting Chair of the Audit and Risk Committee from the 1 <sup>st</sup> July 2022 through to the 20 <sup>th</sup> October 2022)	From the point of the establishment of the ICB on the 1 <sup>st</sup> July 2022 through to the 31 <sup>ST</sup> March 2023
Mrs Margaret Pratt	Non-Executive Director – Acting Chair of the Audit and Risk Committee	Part-year (21 <sup>st</sup> October through to the 31 <sup>st</sup> March 2023)
Mrs Dawn Kenson	Non-Executive Director	From the point of the establishment of the ICB on the 1 <sup>st</sup> July 2022 through to the 31 <sup>ST</sup> March 2023

The following chart details attendance by the Non-Executive Directors during the year:

	13/09/22	14/11/22	25/01/23	13/03/23
<b>Pete Moore</b>	X	X	X	X
Julie Pomeroy	✓	✓	✓	✓
<b>Margaret Pratt</b>	N/A	✓	✓	✓
Dawn Kenson	✓	✓	✓	✓

The following people are also in attendance:

Mr Matt Gaunt, Director of Finance and Contracting  
 Mrs Julie Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance  
 Internal Audit representatives, PwC  
 External Audit representatives, Ernst and Young  
 Local Counter Fraud Specialist, PwC

The Committee reviewed its Terms of Reference at its first meeting held in September 2022 which were approved.

The Chair of the Committee has reported to the Board following each meeting and presented an Escalation Report.

#### 4. PRINCIPAL REVIEW AREAS

##### 4.1 Governance, Risk Management and Internal Control

The aim of the Audit and Risk Committee is to provide one of the key means by which the ICB ensures effective internal control arrangements are in place. In addition, the Committee provides a form of independent check upon the Officers of the ICB and members of the Board.

In discharging these duties the Committee is required to review:

- Internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information.
- Risks regarding disclosure statements (Annual Governance Statement) which are supported by the Head of Audit opinion and other opinions provided.
- The comprehensiveness of assurances in meeting the Board and the Accountable Officer's assurance needs and reviewing the reliability and integrity of these assurances.
- The adequacy of relevant policies, legality issues and the Codes of Conduct.
- The policies and procedures related to fraud and corruption.

The Audit and Risk Committee is also responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across all activities that support the ICB in achieving its objectives.

During the period 1<sup>st</sup> July 2023 to 31<sup>st</sup> March 2023 the Audit and Risk Committee has received regular updates on the development of risk management systems for the ICB including the development and establishment of the Board Assurance Framework in line with the ICB Strategic Risks.

The Committee has also been attended by, and updates have been received from, the ICB's Internal and External auditors as well as Counter Fraud Service at each meeting along with updates on Information Governance.

## 5. INTERNAL AUDIT

During the period 1<sup>st</sup> July 2022 to the 31<sup>st</sup> March 2023 the Internal Audit Service was provided by PricewaterhouseCoopers (PwC) PwC.

Throughout the year the Committee has worked effectively with Internal Audit to strengthen the ICB's internal control processes through discussion and debate over recommendations and deadlines.

The Committee has placed great emphasis on the findings of each internal audit review and the timely implementation by management of action to address these findings.

During the period 1st July 2022 to 31st March 2023, Internal Audit issued the following audit reports which were rated:

TITLE	RATING
Conflicts of Interest	Low
Key Financial Controls	Medium
PHB CHC Review	High
Primary Care	Medium
Corporate Governance Review	High

Internal Audit also issued some advisory reports (as in not risk rated) during the year which were noted by the Audit and Risk Committee.

These are as follows:

- Data Security and Protection Toolkit (DSPT)
- Business Continuity and EPRR
- Review of the HFMA Checklist

The Audit and Risk Committee acknowledged the risks identified in the reports presented. For the period July 2022 to March 2023 all audit actions were monitored and updated via the PwC Internal Audit TRAC system. A report was provided to each meeting of the Audit and Risk Committee on the actions that remained outstanding, and the progress made to date.

Where there had been little evidence of progress against the agreed actions, the lead individual was invited to attend the Audit and Risk Committee meetings to provide an update in person.

## **6. EXTERNAL AUDIT**

The External Audit Service was delivered by Ernst and Young.

The External Audit work can be divided into two broad headings:

- a) To audit the financial statements and provide an opinion thereon;
- b) To form an assessment of the CCG's arrangements for its use of resources.

The Committee considered the external audit plan including the risks identified by the external auditors and their planned response to them, together with progress reports throughout the year. The Committee also met separately with the auditors to ensure there were no issues the auditors wished to raise privately.

The external auditors also provided regular technical updates throughout the year.

## **7. COUNTER FRAUD**

The Committee has reviewed and agreed the Counter Fraud Plan and has discussed and noted regular updates during the reporting period 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023. Recommendations have been logged on a tracker document and reviewed by the Committee at each meeting.

## **8. REVIEW FOR THE PERIOD 1<sup>ST</sup> JULY 2022 TO 31<sup>ST</sup> MARCH 2023**

The work programme of the Committee for the period 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023 was aligned to the Annual Plans agreed with External Audit, Internal Audit and Counter Fraud when the ICB was established as a statutory organisation in July 2022. The Committee has completed a Self-Assessment of its work, which is attached to this report for consideration by the ICB Board.

## **9. CHAIR'S OVERVIEW AND CONCLUSION**

In conclusion, the Committee has met its duties delegated by the Board and would like to thank all members and attendees for their contribution over the nine month period this reports covers.

**Margaret Pratt**  
**Non-Executive Director and Acting**  
**Chair of the Audit and Risk Committee**  
**May 2023**

## LINCOLNSHIRE ICB AUDIT AND RISK COMMITTEE

### SELF-ASSESSMENT CHECKLIST – 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023

Area/Question	Yes	No	Comments/Action
<b>Composition, establishment and duties</b>			
Does the Audit and Risk Committee have written Terms of Reference that adequately define the Committee's role in accordance with relevant guidance?	Y		The TOR were reviewed in November 2022 and approved.
Have the Terms of Reference been adopted by the Board?	Y		
Are the Terms of Reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation?	Y		As identified above.
Are Committee members independent of the management team?	Y		
Are the outcomes of each meeting; the actions taken and the Committee's view on the organisation's systems of internal control reported to the next Board meeting?	Y		
Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board?	Y		Prepared and considered by the Committee at its May 2023 meeting.
Does the Committee assess its own effectiveness periodically?	Y		
Has the Committee established an annual work plan of matters to be dealt with across the year?	Y		
Are the Committee papers distributed in sufficient time for members to give them due consideration?	Y		Agenda and papers are usually issued seven calendar days in advance of the meeting.
Does the Committee review its risks regularly?	Y		The Committee has reviewed risks as identified in internal audit reports/external audit reports and has also received regular updates on the on-going development of the ICB's internal risk management arrangements.
Has the Committee been quorate for each meeting this year?	Y		
<b>Compliance with the law and regulations governing the NHS</b>			
Does the Committee review assurance and regulatory compliance reporting processes?	Y		Internal and external auditors provide updates of current issues.

Does the Committee have a mechanism to keep it aware of topical, legal and regulatory issues?	Y		Each report from IA, EA, and CF includes references/links to topical papers.
<b>Internal Control and risk management</b>			
Has the Committee formally considered how it integrates with other committees that are reviewing risk – for example, risk management, quality and clinical governance committees?	N		A review of the Board Committees is currently on-going.
Has the Committee reviewed the robustness and effectiveness of the content of the organisation's assurance framework?	Y		
Has the Committee reviewed the robustness and content of the draft Annual Governance Statement before it is presented to the Board?	Y		The Acting Chair of the Committee has reviewed the AGS along with the other two Non-Executive Directors on the Audit and Risk Committee.
Is the Committee's role in reviewing and recommending to the Board the Annual Report and Accounts clearly defined?	Y		Yes – as set out in the Scheme of Reservation and Delegation.
Does the Committee consider the external auditor's report to those charged with governance including proposed adjustments to the accounts?	Y		
<b>*Internal Audit</b>			
Is there a formal 'charter' or terms of reference, defining internal audit's objectives, responsibilities and reporting lines?	Y		
Does the Committee review and approve the internal audit plan at the beginning of the financial year?	Y		
Does the Committee approve any material changes to the plan?	Y		
Is the Committee confident that the audit plan is derived from a clear risk assessment process that links closely to the assurance framework?	Y		Planning process is closely aligned to risks.
Does the Committee receive periodic progress reports from the Head of internal Audit?	Y		Update at each meeting.
Does the Committee effectively monitor the implementation of management actions arising from internal audit reports?	Y		Audit recommendation tracker presented at each meeting.
Does the Head of Internal Audit have a right of access to the Committee and its Chair at any time?	Y		
Is the Committee confident that internal audit is free of any scope restrictions and, if not, has it considered the impact of these on the annual Head of Internal Audit opinion?	Y		
Is the Committee confident that that internal audit is free from any operational responsibilities or conflicts of interest that could impair its objectivity?	Y		
Does the Committee hold periodic private discussions with the Head of internal Audit?	Y		
Has the Committee evaluated whether internal audit complies with the Public Sector Internal Audit Standards?	Y		
Has the Committee agreed a range of internal audit performance measures to be reported on a routine basis?	Y		

Does the Committee receive and review the Head of Internal Audit's annual opinion?	Y		
<b>*External Audit</b>			
Do the external auditors present their audit plans and strategy to the Committee for agreement and approval?	Y		
Does the Committee receive and monitor actions taken relating to prior years' reviews?	Y		
Does the Committee review the external auditor's ISA 260 report (the report to those charged with governance)?	Y		As part of Accounts approval process
Does the Committee review the external auditor's value for money conclusion?	Y		
Does the Committee hold periodic private discussions with the external auditors?	Y		At least annually or on request.
Does the Committee assess the performance of external audit?	Y		Yes in terms of its competence, the quality and efficiency of the audit, and whether the audit fee is appropriate in relation to size, complexity, and risk and control profile of the company.  An assessment of external auditors is carried out by regulators such as the National Audit Office (NAO)
Does the Committee require assurance from external audit about its policies for ensuring independence?	Y		
Has the Committee approved policy to govern the nature and value of non-audit work carried out by external auditors?	Y		
Does the Committee receive information on all non-audit work undertaken by external audit?			N/A
Does the Committee review the proportion of audit and non-audit work every time the external auditors change?			N/A
<b>Counter Fraud and Security</b>			
Is the Committee aware of NHS Protect requirements in relation to counter fraud and security activity?	Y		
Does the Committee review the planned counter fraud and security work at the beginning of the financial year and in particular its scope and coverage?	Y		
Does the Committee satisfy itself that the work plan is derived from clear processes based on risk assessments and that coverage is adequate?	Y		
Does the Committee receive notification of any material changes to the plan?	Y		
Does the Committee receive periodic reports about counter fraud and security activity?	Y		At each meeting
Does the Committee effectively monitor the implementation of management actions arising from counter fraud and security reports?	Y		As part of audit recommendations tracker.
Do those working on counter fraud and security activity have the necessary technical knowledge and experience to ensure that work is carried out as it should be?	Y		

Does the Committee receive and review an annual report on counter fraud and security activity?	Y		
Does the Committee receive and discuss reports arising from inspections by NHS protect in relation to the quality of the counter fraud provision?			N/A
<b>Annual report and accounts and disclosure statements</b>			
Is the Committee's role in the approval of the annual report and accounts clearly defined?	Y		
Is a Committee meeting scheduled to discuss proposed adjustments to the accounts and issues arising from the audit?	Y		
Does the committee specifically review: <ul style="list-style-type: none"> <li>• Changes in accounting policies?</li> <li>• Changes in accounting practice due to changes in accounting standards?</li> </ul>	Y Y		None so far
<ul style="list-style-type: none"> <li>• Changes in estimation techniques?</li> <li>• Significant judgements made in preparing the accounts?</li> <li>• Significant adjustments resulting from the audit?</li> <li>• Explanations for any significant variances?</li> </ul>	Y Y Y Y		
Does the Committee ensure it receives explanations for any unadjusted errors in the accounts found by external auditors?	Y		
Does the Committee receive and review a draft of the organisations' Annual Governance Statement?	Y		
Does the Committee receive and review a draft of the organisation's Annual Report and Accounts?	Y		
Does the Committee receive and review the evidence required to demonstrate compliance with regulatory requirements (for example, as set by the Care Quality Commission)	Y		As necessary
<b>Other Issues</b>			
Does the Committee report regularly to the Board through verbal and written reports and make clear recommendations where necessary, including escalating items for consideration?	Y		Escalation Reports are presented to the Board.
Does the Committee meet the appropriate number of times to deal with planned matters, development and liaison?	Y		
Are arrangements in place to call ad hoc meetings when necessary?	Y		
Has the Committee reviewed its performance in the year for consistency with its: <ul style="list-style-type: none"> <li>• Terms of reference?</li> <li>• Programme for the year?</li> </ul>	Y Y		As part of Audit and Risk Committee Annual Report.

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date: Tuesday, 30 May 2023**

**Location: Boardroom, Bridge House, Sleaford**

<b>Agenda Number:</b>	8 (iv)
<b>Title of Report:</b>	Update from Finance and Resource Committee 23 May 2023
<b>Purpose:</b>	For information
<b>Appendices:</b>	None

### 1. Key Points for Discussion:

The purpose of this paper is to provide the Board with a summary of the ICB Finance and Resource Committee meeting held on 23 May 2023.

### 2. Recommendations

The Board is asked to note and consider this report.

### 3. Executive Summary

The ICB Finance and Resource Committee was held on 23 May 2023. The Committee focused on the following key areas:

#### Month One Financial Position 2023/24

- The Committee noted performance in line with budget for the total system Income & Expenditure position and cost improvement delivery ahead of plan at month one.
- Confirmation that the final version of the operating plan included total efficiency requirement, including elective productivity improvement of £78m, with £21m yet to be identified (27%) .
- The report will be expanded to include information on capital and constitutional standards required of the ICB and NHS partners.

#### Agency Reduction/Workforce and Productivity

- The Committee was advised of a forthcoming visit to the system from the National and Regional NHSE Teams.
- This will be a high-level visit with scrutiny on provider plans around agency reduction and workforce. The interdependency with financial recovery is very high and it will become a test of the credibility of people and workforce initiatives and the strength of the system financial recovery.
- Ceri Lennon is the lead Executive for preparing for the visit.

#### Month One Financial Recovery Plan (FRP) Report

The Committee received an update report and noted performance and in particular:

- The significant level of unidentified efficiency requirement (18%).
- The large number of schemes without sufficient detail available to the ICB PMO to provide assurance.

- Further work is required to ensure initiative risk is interpreted in the same way by the originating organisation and the ICB FRP team by bringing forward all available cost improvement plans.
- The second criteria to develop a pipeline of financial improvement that will meet the target of delivering a financially sustainable system by March 2025 now requires urgent focus.
- To improve confidence in delivery, a need to accelerate plans as far as possible and give priority to the development of a pipeline of improvement to provide assurance that the ICB will be able to present a strong case for NOF4 exit by month 7.
- Pipeline developments and the balance of recurrent versus non-recurrent improvement will be reviewed each month by the Committee.

#### **2024/25 Outlook**

- Initial discussion took place around the challenges for 2024/25, and the Committee agreed the steps to identify the underlying exit position for the end of the 2023/24 financial year and therefore the expected cost savings requirement for a recurrently balanced position in the 2024/25 financial year.

#### **4. Management of Conflicts of Interest**

No conflicts of interest were declared at the Committee.

#### **5. Risk and Assurance**

No escalations from the establishment committee meeting

#### **6. Financial/Resource Implications**

As per the reports presented.

#### **7. Legal, Policy and Regulatory Requirements**

N/A

#### **8. Health Inequalities implications**

N/A

#### **9. Equality and Diversity implications**

N/A

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

N/A

#### **11. Report previously presented at**

N/A

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

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



**PUBLIC MEETING OF THE NHS LINCOLNSHIRE  
INTEGRATED CARE BOARD**

**Date: Tuesday, 30 May 2023**

**Location: The Boardroom, Bridge House, Sleaford**

<b>Agenda Number:</b>	09 (i)
<b>Title of Report:</b>	Register of Documents Sealed in 2022/23 (months 1-3)
<b>Purpose:</b>	To present a report on documents signed and sealed by the ICB
<b>Appendices:</b>	N/A

**1. Key Points for Discussion:**

To inform the Board of the details of documents signed and sealed during the period 2022/23 (months 2-4) as in 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023.

**2. Recommendations**

The Board is asked to note the paper and its contents.

**3. Executive Summary**

The ICBs Constitution (Standing Orders) and Delegated Financial Authority Limits set out the arrangements for use of the organisation's Seal. Documents are usually required to be sealed in the following circumstances:

- All contracts for the purchase/lease of land and/or building.
- All contracts for capital works exceeding specified limits.
- All lease agreements where the annual lease exceeds beyond five years.
- Any other lease agreement where the total payable under the lease exceeds certain limits.
- Any contract or agreement with organisations other than NHS or other government bodies
- including local authorities where the annual costs exceed or are expected to exceed specified limits.

All documents that include the words 'executed as a deed' must be signed and sealed.

The following individuals are authorised to authenticate use of the Seal by their signature :

- Chief Executive
- Director of Finance
- Any senior officer authorised by the Chief Executive

The Board is asked to note that no documents were required to be signed and sealed in 2022/23 (Quarter 2-4) as in 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023.

**4. Management of Conflicts of Interest**

The management of conflicts of interest is dealt with in accordance with the agenda and items.

**5. Risk and Assurance**

As indicated in the report.

**6. Financial/Resource Implications**

Documents are presented for sealing by the Chief Executive when they exceed the limits as identified in the CCG Prime Financial Policies.

**7. Legal, Policy and Regulatory Requirements**

The document has been produced in line with the guidance detailed in the CCG Constitution and Delegated Financial Authority Limits.

**8. Health Inequalities implications**

Nil specific to note.

**9. Equality and Diversity implications**

Nil specific to note.

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

Nil specific to note.

**11. Report previously presented at**

Regular updates provided to the Board

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

Jules Ellis-Fenwick – [julieellis1@nhs.net](mailto:julieellis1@nhs.net)

## PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

**Date: Tuesday, 30 May 2023**

**Location: The Boardroom, Bridge House, Sleaford**

<b>Agenda Number:</b>	09 (ii)
<b>Title of Report:</b>	Declaration of Interest Registers 2022/23 (months 2-4)
<b>Purpose:</b>	To present the ICB Declarations of Interest Registers
<b>Appendices:</b>	Declaration of Interest Registers 2022/23 (months 2-4)

### 1. Key Points for Discussion:

The purpose of this report is to present the Declaration of Interest Registers for 2022/23 (months 2-4) as in 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023.

### 2. Recommendations

The Board is asked to:

- Note the Declaration of Interests Registers for 2022/23 (months 2-4) as in 1<sup>st</sup> July 2022 to 31<sup>st</sup> March 2023.

### 3. Executive Summary

The ICB is responsible for the stewardship of significant public resources when making decisions about the commissioning of health and social care services.

In order to ensure and be able to evidence that these decisions secure the best possible services for the population it serves, the ICB must demonstrate accountability to relevant stakeholders, particularly the public, and probity and transparency in the decision making process.

As required by section 14Z30 of the NHS Act 2006, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, and do not risk appearing to affect the integrity of the ICB's decision making processes.

The ICB has established a Standards of Business Conduct and Conflicts of Interest Policy, which was approved by the ICB Board at its first meeting held on the 1st July 2022. This policy sets out clear procedures to deal with situations where an officer/member has a conflict of interest and is included in the ICB Governance Handbook available on the ICB website.

14Z30(2) of the NHS Act 2006 registers of interest are recorded in the ICB Registers of Interests which is published on the ICB website and is shared and considered by the ICB Audit and Risk Committee at each meeting.

One of the requirements of the statutory requirements for an ICB is to identify a Conflicts of Interest Guardian. At the ICB's first Board meeting held on the 1st July 2022 the ICB's Conflict of Interest Guardian was confirmed as Mrs Julie Pomeroy, Non-Executive Director.

**4. Management of Conflicts of Interest**

The management of conflicts of interest is dealt with in accordance with the agenda and items.

**5. Risk and Assurance**

As indicated in the report.

**6. Financial/Resource Implications**

Not applicable in relation to this paper.

**7. Legal, Policy and Regulatory Requirements**

In accordance with the ICB's Constitution and section 14O of The National Health Service Act 2006, the ICB's Accountable Officer (Chief Executive) must be informed of any interest which may lead to a conflict with the interests of the ICB and the public for whom they commission services in relation to any decision to be made by the ICB.

**8. Health Inequalities implications**

Nil specific to note.

**9. Equality and Diversity implications**

Nil specific to note.

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

Nil specific to note.

**11. Report previously presented at**

Regular updates provided to the Board.

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

Jules Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance – [julieellis1@nhs.net](mailto:julieellis1@nhs.net)

**DECLARATION OF INTERESTS REGISTER AS AT MAY 2023**



Ellis-Fenwick, Jules	Board Secretary and Head of Corporate Governance (Attendee)	Sleaford Medical Group			✓		Registered patient				No direct decision making responsibilities in respect of primary care but will declare interest where appropriate in any meetings where the practice is discussed.
						Indirect	Husband is a Bricklayer and Contractor who sometimes undertakes work on NHS premises.			No direct decision making responsibilities in respect of primary care or estates.	
Fahy, Martin	Director of Nursing	RCN		✓			Member	Jun-20	Ongoing		Note and declare
Fletcher, Sarah	Healthwatch Lincolnshire Representative on ICB (Participant)	HW Lincs		✓			Employed by HWLincs, charity that holds the Healthwatch Lincolnshire Contract. Healthwatch has statutory powers to hold health and care providers and commissioners to account.	Aug-13	Ongoing		Declare and note
		HW Lincs	✓				HWLincs is currently a recipient of a grant from NHS Lincolnshire, this could be a possibility in the future.	2019	Ongoing		Declare and note
			✓				HWL Services – a wholly owned subsidiary of HWLincs	2018	Ongoing		Declare and note
		Lincolnshire Voluntary Engagement Team - LVET			✓		I am a Director of Lincolnshire Voluntary Engagement Team - LVET				Declare and note
		Lincolnshire Community Foundation - LCF			✓		Director				Declare and note
Fosh, Maz	Chief Executive, LCHS (NHS Trusts Partner Member)	Lincolnshire Health and Care Collaborative. (Role ceased on 1.2.23, retain on the register for 6 months).		✓			Co-chair	Oct-21	Ongoing		Declare and note
Gaunt, Matt	Director of Finance	Nil	N/A	N/A	N/A						N/A
Hindocho, Sunil	Interim Medical Director	Heart of Lincoln Medical Group	✓				Partner in a Practice in the ICB	Apr-22	Ongoing		Declare and note
		Lincoln City Foundation			✓		Chair of Trustees	Jul-21	Ongoing		Declare and note
		GP Practices in ICB				Indirect	Spouse works as a Locum in Practices in ICB	Apr-22	Ongoing		Declare and note
Jolly, Michele	Voluntary and Care Sector Representative (Participant)	Lincolnshire Voluntary Engagement Team - LVET			✓		Deputy Chair	Feb-20	Ongoing		Declare and note
		LinCA			✓		Deputy Chair Lincolnshire Care Association	Apr-15	Ongoing		Declare and note
		Age UK (Lincoln and South)			✓		Chief Executive	Apr-07	Ongoing		Declare and note
		Age England Association			✓		Deputy Co-Chair	May-19	Ongoing		Declare and note
		Cliff House Medical Practice			✓		Registered Patient	1998	Ongoing		Declare and note
Kenson, Dawn	Non-Executive Member	Frimley Health NHS Foundation Trust	✓				Senior Independent Director	Jun-15	Ongoing		Declare and note
		Raven Housing Trust* Retain on Register for a period of 6 months following termination date	✓				Non-Executive Director	Nov-16	01/11/2022*		Declare and note
		Trent Valley Surgery			✓		Registered patients - spouse and self	Jul-21	Ongoing		Declare and note
		Turning Point	✓				Non-Executive Director	Jan-23	Ongoing		Declare and note

McSorley, Gerry	Non-Executive Member and Deputy ICB Chair	Self Employed Management Consultant	✓				Self-Employed	2013	Present			Note
		CQC		✓			Specialist Advisor	2013	Present			Note. Exclude from any CQC related submission work.
Mills, Sarah-Jane	Director for Primary Care and Community and Social Value (Participant)	Nil	N/A	N/A	N/A							N/A
Moore, Pete (Resigned January 2023 - details remain on register for 6 months)	Non-Executive Member	Nil	N/A	N/A	N/A							N/A
Pomeroy, Julie	Non-Executive Member	Dillistone Group Plc	✓				NED and shareholding <1%					Declare and note
		Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%					Declare and note
		Nemauro Medical Inc and Consultant to Nemauro Pharma Ltd	✓				Shareholding <1% and some consultancy					Declare and note
		General	✓				General investments in various public companies (all<1%) but no involvement with business					Declare and note
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands				
Pratt, Margaret	Non-Executive Member	Landrover	✓				Pension	Ongoing				Declare and note
		NHS	✓				Pension	Ongoing				Declare and note
		State Pension	✓				Pension	Ongoing				Declare and note
		NHSE	✓	✓			Senior Financial Governance Assessor	Ongoing				Redaction from inspections in Lincs ICB
		Mid and South Essex NHS FT	✓	✓			Non-Executive Member	Ongoing				Declare and note
		CIPFA				✓	Member and representative, CCAB Ethics working group	Ongoing				Declare and note
		OKRA Consulting Ltd	✓	✓			Director	Ongoing				No clients with links to Lincolnshire or the ICB
Raybould, Clair	Director of System Delivery (Participant)	Nil	Nil	Nil	Nil							Nil
Turner, John	Chief Executive	Nil	N/A	N/A	N/A	N/A						N/A
Van-Tam, Jonathan	Non-Executive Member	SmithKline Beecham (not part of GSK)	✓				Associate Director	2000	2001			Note and declare if applicable
		Roche Products Ltd	✓				Head of Medical Affairs	2001	2002			Note and declare if applicable
		UK Medical Director	✓				Aventis Pasteur MSD - company now dissolver	2002	2004			Note and declare if applicable
		UK Vaccine Task Force	✓				Paid Advisor	Apr-22	Sep-22			Note and declare if applicable
		Seqirus Ltd	✓				Paid lecture and consultancy work	Ongoing				Note and declare if applicable
		AstraZeneca Plc	✓				Paid lecture - one off	Jun-22				Note and declare if applicable
		Gilead Sciences Ltd	✓				Lecture - one off	Jun-22				Note and declare if applicable
		University of Nottingham	✓				Employee and Pro Vice Chancellor	Apr-22	Ongoing			Note and declare
		NICE		✓			Covid-19 Clinical Management Advisor	Jul-22				Note and declare
		NHS Lincolnshire				✓	Covid-19 Vaccinator Volunteer	Jan-21	Oct-22			Note and declare
		Inspire Plus				✓	Patron of InspirePlus w/e from 18.07.22	Jul-22	Ongoing			Note and declare

		Janssen Vaccines	✓					Dec-22	Feb-23			Declare it. Involved in scientific advice to the company. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorised by DHSC under ACOBA arrangements.
		ZN Consulting, Brussels	✓					Jan-23				Declare. Foreign entity. Can't see any obvious conflict.
		Association of the British Pharmaceutical Industry	✓					Dec-22	Dec-23			Declare it. Involved in advice on vaccine landscape. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorised by DHSC under ACOBA arrangements.
Ward, Professor Derek	Director of Public Health - Lincolnshire County Council (Participant)	University of Lincoln		✓			<a href="https://www.inspireplus.org.uk/">https://www.inspireplus.org.uk/</a>	Apr-20	Ongoing			Note and declare
Williamson, Sandra	Director for Health Inequalities and Regional Collaboration (Participant)	Sidings Practice			✓		Registered Patient and family registered patients at the Practice.	Ongoing				Note and declare.
		Boston College			✓		Governor	Ongoing				Note and declare.
		Boston West Academy School			✓		School Governor	Sep-17	Ongoing			Note
Woolley, Sue	Health and Wellbeing Board Representative (Participant)	Lincolnshire County Council	✓				Executive Member	Ongoing				Note and declare.
		South Kesteven District Council			✓		Elected Member - Self	Ongoing				Note and declare.
		United Lincolnshire Hospitals NHS Trust				Indirect	Close family member is employee of ULHT (son)	Ongoing				Note and declare.

**REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD**

**AUDIT AND RISK COMMITTEE**

Name	Current position(s) held in the CCG i.e. Board member, Committee member, Member Practice, CCG employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk	
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To			
Breadon, Alison	Head of Internal Audit - PwC	Nil	N/A	N/A	N/A						N/A	
Carbonell, Lenka Marvan	Local Counter Fraud Specialist - PwC	Nil	N/A	N/A	N/A						N/A	
Clarke, Hayley	Ernst & Young											
Ellis-Fenwick, Jules	Board Secretary and Head of Corporate Governance (Attendee), NHSL ICB	Sleaford Medical Group			✓		Registered patient					No direct decision making responsibilities in respect of primary care but will declare interest where appropriate in any meetings where the practice is discussed.
						Indirect	Husband is a Bricklayer and Contractor who sometimes undertakes work on NHS premises.					No direct decision making responsibilities in respect of primary care or estates.
Gaunt, Matt	Director of Finance, NHSL ICB	Nil	N/A	N/A	N/A						N/A	
Hann, Tom	Internal Audit Manager, PwC	Nil	N/A	N/A	N/A						N/A	
Haycock, Alan												
Kenson, Dawn	Non-Executive Member	Frimley Health NHS Foundation Trust	✓				Senior Independent Director	Jun-15	Ongoing			Declare and note
		Raven Housing Trust* Retain on Register for a period of 6 months following termination date	✓				Non-Executive Director	Nov-16	01/11/2022*			Declare and note
		Trent Valley Surgery			✓		Registered patients - spouse and	Jul-21	Ongoing			Declare and note
		Turning Point	✓				Non-Executive Director	Jan-23	Ongoing			Declare and note
Moore, Pete - Resigned January 2023 - details remain on the register for 6 months	Non-Executive Member, NHSL ICB	Nil	N/A	N/A	N/A						N/A	
Pomeroy, Julie	Non-Executive Member, NHSL ICB	Dillistone Group Plc	✓				NED and shareholding <1%					Declare and note
		Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%					Declare and note
		Nemaure Medical Inc and Consultant to Nemaure Pharma Ltd	✓				Shareholding <1% and some consultancy					Declare and note
		General	✓				General investments in various public companies (all<1%) but no involvement with business					Declare and note
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands				
Pratt, Margaret	Non-Executive Member	Landrover	✓				Pension	Ongoing				Declare and note
		NHS	✓				Pension	Ongoing				Declare and note
		State Pension	✓				Pension	Ongoing				Declare and note
		NHSE	✓	✓			Senior Financial Governance Assessor	Ongoing				Redaction from inspections in Lincs ICB
		Mid and South Essex NHS FT	✓	✓			Non-Executive Member	Ongoing				Declare and note
		CIPFA			✓		Member and representative, CCAB Ethics working group	Ongoing				Declare and note
		OKRA Consulting Ltd	✓	✓			Director	Ongoing				No clients with links to Lincolnshire or the ICB
Rhodes, Emma	Assistant Director of Finance, NHSL ICB											
Van-der-Merwe, Stefan	Ernst & Young	Nil	N/A	N/A	N/A						N/A	
Wood, Charlotte	PwC	Nil	N/A	N/A	N/A						N/A	

**REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD**

**FINANCE & RESOURCE COMMITTEE**

Name	Current position(s) held in the CCG i.e. Board member, Committee member, Member Practice, CCG employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Cecchini, Dani	Non-Executive Member (ULHT)	United Lincolnshire Hospitals NHS Trust	✓								Declare and note as appropriate.
Doherty, John	System Finance Lead, NHSL ICB										
Evans, Simon	Director of Operations (ULHT)	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gaunt, Matt	Director of Finance	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Higgins, Chris	Director of Operations (LPFT)	Lincolnshire Community Health Services NHS Trust		✓			Executive Director				Declare and note as appropriate.
Matthew, Paul	Director of Finance (ULHT)	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MacDonald, Murray	Non-Executive Member (LCHS)	Lincolnshire Housing Partnership		✓			Chief Executive	Jul-21			
		Manby Scouts Association			✓		Chair	Aug-21			
		Lincolnshire Community Health Services NHS Trust		✓			Non-Executive Director	May-22			
Platts, Mark	Director of Finance (LPFT)	Lincoln College Board					Board Governor and Chair of the Finance Committee	03/11/2020			
		Listed Director of Lincoln College group subsidiary companies as declared below: •EE Resources (Lincoln) Ltd •Lincoln College Corporate Support Solutions Ltd •Deans Sport Health & Leisure Ltd •Lincoln Academy Limited •Lincoln College Commercial Holdings Ltd •Human Alchemy Ltd •The Drill Hall Lincoln Ltd •The Old Bakery Lincoln Limited			✓		Director	01/01/2023	Ongoing		
Pomeroy, Julie	Non-Executive Member, NHSL ICB	Dillistone Group Plc	✓				NED and shareholding <1%				Declare and note
		Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%				Declare and note
		Nemauro Medical Inc and Consultant to Nemauro Pharma Ltd	✓				Shareholding <1% and some consultancy				Declare and note
		General	✓				General investments in various public companies (all<1%) but no involvement with business				Declare and note
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands			
Rhodes, Emma	Assistant Director of Finance, NHSL ICB										
Tabor, Kate	Acting Assistant Director of Finance, NHSL ICB		Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wilde, Sam	Director of Finance & Business Intelligence (LCHS)	Lincolnshire Community Health Services NHS Trust	✓				Director				
		HFMA Costing for Value Institute Council		✓			Member	Oct-19			
		Chair - Community Services Reference Group - NHS Benchmarking Network		✓			Chair	Nov-20			
		NHS Benchmarking Network Steering Group		✓			Co-Chair	May-22			
Wright, Chris		Reform Think Tank, Heath Research Programme		✓			Council Member	May-22			
		Big Society Capital Ltd					Non-Executive Director	May-22			
		Catalyst Choices Community Interest Company	✓				Non-Executive Director	May-22			
		Jobs22 Limited					Non-Executive Director	May-22			



Van-Tam, Jonathan	Non-Executive Member	SmithKline Beecham (not part of GSK)	✓				Associate Director	2000	2001			Note and declare if applicable
		Roche Products Ltd	✓				Head of Medical Affairs	2001	2002			Note and declare if applicable
		UK Medical Director	✓				Aventis Pasteur MSD - company now dissolver	2002	2004			Note and declare if applicable
		UK Vaccine Task Force	✓				Paid Advisor	Apr-22	Sep-22			Note and declare if applicable
		Seqirus Ltd	✓				Paid lecture and consultancy work	Ongoing				Note and declare if applicable
		AstraZeneca Plc	✓				Paid lecture - one off	Jun-22				Note and declare if applicable
		Gilead Sciences Ltd	✓				Lecture - one off	Jun-22				Note and declare if applicable
		University of Nottingham	✓				Employee and Pro Vice Chancellor	Apr-22	Ongoing			Note and declare
		NICE		✓			Covid-19 Clinical Management Advisor	Jul-22				Note and declare
		NHS Lincolnshire			✓		Covid-19 Vaccinator Volunteer	Jan-21	Oct-22			Note and declare
		Inspire Plus			✓		Patron of InspirePlus w/e from 18.07.22	Jul-22	Ongoing			Note and declare
		Janssen Vaccines	✓					Dec-22	Feb-23			Declare it. Involved in scientific advice to the company. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorised by DHSC under ACOBA arrangements.
		ZN Consulting, Brussels	✓					Jan-23				Declare. Foreign entity. Can't see any obvious conflict.
		Association of the British Pharmaceutical Industry	✓					Dec-22	Dec-23			Declare it. Involved in advice on vaccine landscape. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorised by DHSC under ACOBA arrangements.
Williamson, Sandra	Director of Health Inequalities and Regional Collaboration	Sidings Practice			✓		Registered Patient	Ongoing				Note and declare.
		Sidings Practice			✓		Family Registered Patients	Ongoing				Note and declare.
		Boston West Academy School			✓		School Governor	Sep-17	Ongoing			Note
		Meadow Edge Care Home			✓		Grandparents are Residents	Apr-19	Ongoing			Note and declare
Woolley, Sue	Health and Wellbeing Board Representative	Lincolnshire County Council	✓				Executive Member	Ongoing				Note and declare.
		South Kesteven District Council			✓		Elected Member - Self	Ongoing				Note and declare.
		United Lincolnshire Hospitals NHS Trust				Indirect	Close family member is employee of ULHT (son)	Ongoing				Note and declare.

REMUNERATION COMMITTEE

Name	Current position(s) held in the CCG i.e. Board member, Committee member, Member Practice, CCG employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk	
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To			
Cash, Andrew	Interim Chair	Quality Health Advice Ltd	✓				Director					
		Trent Healthcare Ltd	✓				Director					
		Unique Health Solutions	✓				Director					
		Newton	✓				Senior Advisor					
		Allocate	✓				Senior Advisor					
		CHEC	✓				Non-Executive Director					
		Kingston Saudi Arabia (KSA)	✓				Senior Advisor					
		B Braun	✓				Non-Executive Director					
		NHS Confederation			✓			Deputy Chair				
		212 Field Hospital			✓			Honorary Colonel				
		University of York's Centre for Leadership and Development Dept of Health Studies			✓			Visiting Professor				
University of Sheffield			✓			Professor – Visiting Chair						
St John Eye Group Jerusalem			✓			Chair						
Kenson, Dawn	Non-Executive Member	Frimley Health NHS Foundation Trust	✓				Senior Independent Director	Jun-15	Ongoing		Declare and note	
		Raven Housing Trust* Retain on Register for a period of 6 months following termination date	✓				Non-Executive Director	Nov-16	01/11/2022*		Declare and note	
		Trent Valley Surgery			✓		Registered patients - spouse and self	Jul-21	Ongoing		Declare and note	
		Turning Point	✓				Non-Executive Director	Jan-23	Ongoing		Declare and note	
McSorley, Gerry	Non-Executive Member	Self Employed Management Consultant	✓				Self-Employed	2013	Present		Note	
		CQC		✓			Specialist Advisor	2013	Present		Note. Exclude from any CQC related submission work.	
Moore, Pete - Resigned January 2023 - details remain on the register for 6 months	Non-Executive Member, NHSL ICB	Nil	N/A	N/A	N/A						N/A	
Pomeroy, Julie	Non-Executive Member	Dillstone Group Plc	✓				NED and shareholding <1%				Declare and note	
		Oxford Cambridge Technologies Holdings plc	✓				NED and shareholding <1%				Declare and note	
		Nemauro Medical Inc and Consultant to Nemauro Pharma Ltd	✓				Shareholding <1% and some consultancy				Declare and note	
		General	✓				General investments in various public companies (all<1%) but no involvement with business				Declare and note	
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands				Declare and note
Van-Tam, Jonathan	Non-Executive Member	SmithKline Beecham (not part of GSK)	✓				Associate Director	2000	2001		Note and declare if applicable	
		Roche Products Ltd	✓				Head of Medical Affairs	2001	2002		Note and declare if applicable	
		UK Medical Director	✓				Aventis Pasteur MSD - company now dissolver	2002	2004		Note and declare if applicable	
		UK Vaccine Task Force	✓				Paid Advisor	Apr-22	Sep-22		Note and declare if applicable	
		Seqirus Ltd	✓				Paid lecture and consultancy work	Ongoing			Note and declare if applicable	
		AstraZeneca Plc	✓				Paid lecture - one off	Jun-22			Note and declare if applicable	
		Gilead Sciences Ltd	✓				Lecture - one off	Jun-22			Note and declare if applicable	
		University of Nottingham	✓				Employee and Pro Vice Chancellor	Apr-22	Ongoing		Note and declare	
		NICE			✓			Covid-19 Clinical Management Advisor	Jul-22			Note and declare
		NHS Lincolnshire				✓		Covid-19 Vaccinator Volunteer	Jan-21	Oct-22		Note and declare
		Inspire Plus				✓		Patron of InspirePlus w/e from 18.07.22	Jul-22	Ongoing		Note and declare
		Janssen Vaccines	✓						Dec-22	Feb-23		Declare it. Involved in scientific advice to the company. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorised by DHSC under ACOBA arrangements.
		ZN Consulting, Brussels	✓						Jan-23			Declare. Foreign entity. Can't see any obvious conflict.
Association of the British Pharmaceutical Industry	✓						Dec-22	Dec-23		Declare it. Involved in advice on vaccine landscape. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorised by DHSC under ACOBA arrangements.		

**REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD  
QUALITY COMMITTEE**

Name	Current position(s) held in the organisation i.e. Board member, Committee member, Member Practice, employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Akram, Majid	Clinical Lead - NHSL ICB	Deepings Practice	✓				Partner	Ongoing			Declare as appropriate and exclude from any primary care decision making.
		GP Simulation Training Company	✓				Director	Ongoing			Declare. Exclude from any commissioning discussions/decisions relating to GP Simulation Training Company.
		Deepmedicine IT Company	✓				Director	Ongoing			Declare. Exclude from any commissioning discussions/decisions relating to Deepmedicine IT Company.
Bailey, Professor Di	Non-Executive Member (LPFT)	Nottingham Trent University					Emeritus Professor of Mental Health at Nottingham Trent University	Ongoing			Declare and note.
		Lincolnshire Partnership NHS Foundation Trust					Non-Executive Director	Ongoing			Declare and note.
Baker, David	PMS Partner Member and Clinical Lead, NHSL ICB	LMC		✓			Member	Ongoing			Declare and note.
		K2 Federation	✓				Member	Ongoing			Declare. Exclude from any commissioning discussions/decisions relating to K2 Federation.
		Nil	✓				Doctor	Ongoing			Note and declare as appropriate.
		Vine Street Practice	✓				GP Partner	Ongoing			Delcare and note
Connolly, Jim	Non-Executive Director, LCHS	Riverside Consultants Ltd	✓				Owner/Director (provider of consultancy support to NHS and Adult Social Care)	Ongoing			Note. Company undertakes not to bid for work originating from the Lincolnshire system.
		Riverside Consultants Ltd					Owner/Director Riverside Coaching and Consultancy Ltd (provider of consultancy support to Health and Social Care and Individual Coaching)	Ongoing			
		CQC		✓			Special Advisor	Ongoing			Note and declare. Removal from any CQC visits within the Lincolnshire systems or providers where there are
		NHSE/I				Indirect	Spouse is Associate Director of Nursing with NHSE/I	Ongoing			to be engaged in any executive process
		Jim Connolly				Indirect	Owner/Director	Ongoing			No mitigation required
		K2 Services	✓				Contractor of Services with K2	Jan-21	Ongoing		
Cousland, Sue	East Midlands Ambulance Service NHS Trust	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Dunderdale, Karen	Director of Nursing/Deputy CEO - ULHT Director of Nursing, Quality and AHP's LCHS	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Farquharson, Colin	Medical Director, ULHT	Mental Health Nurse Association (MHNA)					Member				Note and declare

Fox, Andy	Director of Public Health, LCC	University of Sheffield		✓			Honorary Lecturer					Declare and note
Gibson, Chris	Non-Executive Director, ULHT	My son works for an energy company with involvement in hospital power and water systems.				Indirect	My son works for an energy company with involvement in hospital power and water systems.					Recuse from all relevant discussions
Hindochoa, Sunil	Interim Medical Director, NHSL ICB	Heart of Lincoln Medical Group				Indirect	Spouse is a GP in a Member Practice.					Declare and note.
		Lincoln City Foundation			✓		Chair of Trustees					Declare and note.
Howarth, James	Clinical Lead - NHSL ICB	Spilsby Surgery	✓				Partner	Ongoing				Clinicians are involved in clinical affairs but not setting of contract values as relates to general practice.
		Cardiology Interest		✓			GP with interest in Cardiology	Ongoing				Declare and note
		ICB				Indirect	Wife is a Care Co-ordinator contracted by the ICB	Ongoing				Involvement in discussions as to their roles position but not the setting of contract values as relates to general practice.
Lewin, Anita	Director of Nursing, LPFT											
Martin, Wendy	Associate Director of Nursing, NHSL ICB											
Odell, Dean	Contract Co-ordinator Healthwatch	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Parkin, John	Clinical Lead - NHSL ICB	Herbal Medicine and Acupuncture Lincoln College				Indirect	Wife is Clinic Manager	2014	Ongoing			Declare and note.
		BMJ Best Practice				Indirect	Daughter is Marketing Manager	2019	Ongoing			Declare and note.
		University of Lincoln				Indirect	Daughter is Physiotherapy Student (Masters Degree) 2nd Year	2019	Ongoing			Declare and note.
Robson, Sharon	Non-Executive Director, LPFT	University of Lincoln										
Schokker, Anne-Louise	Medica Director, LPFT	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
Van-Tam, Jonathan	Non-Executive Member	SmithKline Beecham (not part of GSK)	✓				Associate Director	2000	2001			Note and declare if applicable
		Roche Products Ltd	✓				Head of Medical Affairs	2001	2002			Note and declare if applicable
		UK Medical Director	✓				Aventis Pasteur MSD - company now dissolved	2002	2004			Note and declare if applicable
		UK Vaccine Task Force	✓				Paid Advisor	Apr-22	Sep-22			Note and declare if applicable
		Seqirus Ltd	✓				Paid lecture and consultancy work	Ongoing				Note and declare if applicable
		AstraZeneca Plc	✓				Paid lecture - one off	Jun-22				Note and declare if applicable
		Gilead Sciences Ltd	✓				Lecture - one off	Jun-22				Note and declare if applicable
		University of Nottingham	✓				Employee and Pro Vice Chancellor	Apr-22	Ongoing			Note and declare
		NICE		✓			Covid-19 Clinical Management Advisor	Jul-22				Note and declare
NHS Lincolnshire			✓		Covid-19 Vaccinator Volunteer	Jan-21	Oct-22			Note and declare		

		Inspire Plus			✓		Patron of InspirePlus w/e from 18.07.22	Jul-22	Ongoing			Note and declare
		Janssen Vaccines	✓					Dec-22	Feb-23			Declare it. Involved in scientific advice to the company. Can't see an obvious conflict. Vaccine policy is set nationally. Pre-authorized by DHSC under ACOBA arrangements.
		ZN Consulting, Brussels	✓					Jan-23				Declare. Foreign entity. Can't see any obvious conflict
		Association of the British Pharmaceutical	✓					Dec-22	Dec-23			Declare it. Involved in advice on vaccine
Ward, Professor Derek	Director of Public Health - Lincolnshire County Council (Participant)	Inspire Plus			✓		Patron of InspirePlus w/e from 18.07.22	Jul-22	Ongoing			Note and declare
		University of Lincoln		✓			<a href="https://www.inspireplus.org.uk/">https://www.inspireplus.org.uk/</a>	Apr-20	Ongoing			Note and declare
Wort, Vanessa	Associate Director of Nursing, NHSL ICB	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil			

