NHS Lincolnshire Joint Forward Plan 2023 - 2028

Allocation of Duties and Responsibilities

2024 update

Contents

Introduction

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare a Joint Forward Plan (JFP) before the start of each financial year.

This guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans in line with the principle of subsidiarity. It also states specific statutory requirements that plans must meet, including how specific Duties of the ICB and NHS are exercised.

In developing the JFP, the Lincolnshire NHS agreed to develop two separate documents rather than cover all the National requirements in as single document. The two documents that have been developed are as follows:

1. The new strategy for the county titled 'Lincolnshire NHS Joint Forward Plan 2023 - 2028'.
2. The allocation of duties and responsibilities (this document) titled 'Lincolnshire NHS Joint Forward Plan 2023 - 2028: Allocation of Duties and Responsibilities'.

The purpose of the strategy is to set out the priorities the Lincolnshire NHS and its partners will jointly focus on over the next five years to meet the local population's physical and mental health needs.

These priorities have been identified through engagement with clinical leaders, staff, patient representatives and public from the start, holding conversations in our communities and working with our local Healthwatch to run a survey and webinars. The strategy can be found on the NHS Lincolnshire Integrated Care Board (ICB) website on the 'Strategy and Planning' page under the 'About us' section.

Purpose of This Document

The purpose of this document is to outline how the legal duties and responsibilities of the ICB and NHS partner Trusts in Lincolnshire are exercised.

The document outlines how each of the duties identified in the NHSE England document 'Guidance on Development of the Joint Forward Plan' December 2022 are delivered. This document should be seen as a 'reference document' which allows the public and our

stakeholders to look at each duty and understand how these are implemented in Lincolnshire.

The duties outlined in the document are not delivered in isolation and therefore there is duplication in some of the content covered across the different duties. However, this approach allows each duty to be reviewed on its own rather than requiring the reader to review the full document to understand how they are delivered.

This document will be reviewed and updated annually and will be republished in March each year.

Duty to promote integration

Each ICB must exercise its functions with a view to ensuring that health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would:

a) improve the quality of those services

b) reduce inequalities in access and outcomes.

Integrated care systems (ICSs) are partnerships of health and care organisations, local government, and the voluntary sector. They are part of a fundamental shift in the way the health and care system is organised. Following several decades during which the emphasis was on organisational autonomy, competition and the separation of commissioners and providers, ICSs depend instead on collaboration and a focus on places and local populations as the driving forces for improvement.

They exist to achieve four aims:

- Improve outcomes in population in health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

Integrated Care Board

NHS Lincolnshire Integrated Care Board (ICB) was established on the 1 July 2022 following enactment of the 2022 Health and Care Act. The ICB takes the lead on:

- Setting system-level strategy and plans, including the joint 5-year forward and capital plans.
- Working with partners to ensure effective arrangements in place and across the system to deliver performance, transformation and outcomes.
- Commissioning and managing contracts, delegation and partnership agreements with providers and primary care.
- First-line oversight of health providers across the ICS – coordinating any support for providers and providing assurance input to regulator assessments.

The NHS Lincolnshire ICB is composed of the following members:

- Chair
- Chief Executive
- One Partner Member NHS and Foundation Trusts

The Better Lives Lincolnshire Integrated Care System Partners

Becoming an Integrated Care System (ICS), through the Better Lives Lincolnshire ICS, is the next step of the ongoing evolution of this partnership and joint working as we seek to continue to:-

1. Improve outcomes in Population Health
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS to support broader social and economic development

and address the systematic issues Lincolnshire faces.

Lincolnshire County Council

- Single county council
- Responsible for the United Health and Wellbeing Board - aims to reduce health inequalities and improve people's health and wellbeing.
- Delivers adult social care, children's care, support for carers, help to live at home, health and wellbeing programmes, safeguarding, and support with disabilities.

Lincolshire District Councils

- City of Lincoln
- Boston Borough
- East Lindsey
- West Lindsey
- North Kesteven
- South Kesteven
- South Holland

NHS Lincolnshire Integrated Care Board

Single NHS ICB planning, commissioning and developing healthcare services for the population of Lincolnshire.

Voluntary Engagement Team

The Voluntary Engagement Team is a partnership working together to further opportunities for the voluntary sector in the county.

Lincolnshire Care Association

Supports care and support providers to ensure there is a sustainable choice of quality care within Lincolnshire.

Lincolnshire Primary Care Network Alliance

The Alliance is general practice's unified voice at a system level. Membership consists of all of the PCN (14) Clinical Directors in Lincolnshire.

NHS Lincolnshire Community Health Services NHS Trust

NHS Lincolnshire Partnership NHS Foundation Trust

NHS United Lincolnshire Hospitals NHS Trust

One provider of community services, one provider of mental health services and one provider of acute hospital services, with a track record of developing relationships and working together.

- One Partner Member Primary Medical Services
- One Partner Member Local Authority
- Five Non-Executive Members
- Director of Finance
- Medical Director
- Director of Nursing
- Executive Board Mental Health Member

Lincolnshire ICB Board			
Non-Executive Members	**Executives**	**Partner Members**	**Other Members**
① Chair	① Chief Executive Officer	① Local Authority	① Executive Board Mental Health Member
⑤ Non-Executive Members	① Director of Finance	① Provider of Primary Medical Services	
	① Director of Nursing	① NHS Trust	
	① Medical Director		

The NHS Lincolnshire Integrated Care Board is the NHS organisation responsible for overseeing plans for meeting the health needs of the Lincolnshire population, managing the NHS budget and arranging for the provision of physical and mental health services across the county. These services include planned care, cancer care, emergency care, mental health, learning disability and Autism, maternity services and community and GP services for the 808,267 registered patients across 82 GP practices.

The NHS Lincolnshire ICB arranges for the provision of NHS services from a wide range of partners in and outside of Lincolnshire including:

- All GP practices in Lincolnshire
- United Lincolnshire Hospitals NHS Trust (ULHT)
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- Lincolnshire Community Health Services NHS Trust (LCHS)
- Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG)

- North West Anglia NHS Foundation Trust (NWAFT)
- East Midlands Ambulance Services NHS Trust (EMAS)
- The Voluntary, Community and Social Enterprise (VCSE) sector
- Pharmaceutical, Optometry and Dental services (PODs) in the county

The ICB uses its resources and powers to achieve demonstrable progress on the four key aims of an ICS, collaborating to tackle complex challenges, including:

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

We involve local patients, carers, the public and organisations such as Healthwatch Lincolnshire to help us better understand local need and commission high-quality care that is safe, effective and focused on the patient experience – as set out in the NHS Constitution and the ICB Constitution.

General Practice (GP) services are commissioned by the ICB under delegated agreement from NHS England. From 1 April 2023, all ICBs will assume delegated responsibility for primary care services, including Pharmacy, Optometry and Dentistry, and ICBs will also enter into joint working arrangements with NHS England to jointly commission some specialised services. It is intended that NHS England will delegate further direct commissioning functions to ICBs from April 2024.

Integrated Care Partnership

Each ICS is required to have a Partnership at system level established by the NHS and local government as equal partners. The ICP is a Joint Committee of the ICB with the local authority rather than a statutory body.

Lincolnshire only has one upper-tier local authority, namely Lincolnshire County Council, and as such only has one ICP called the Lincolnshire Integrated Care Partnership.

The ICP operates as a forum to bring partners – local government, NHS and others together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population.

The ICP has a specific responsibility to develop an 'integrated care strategy' for its whole population (covering all ages) using the best available evidence and data, covering health and social care (both children's and adult social care), and addressing health inequalities and the wider determinants which drive these inequalities.

The strategy set out how the needs assessed in the Joint Strategic Needs Assessment(s) for the ICB area are to be met by the exercise of NHS and local authority functions. This will be complemented by the Joint Health and Wellbeing Strategy prepared by each Health and Wellbeing Board in the geographical area of the ICS.

The Lincolnshire Integrated Care Partnership is composed of the following members:

- Exec. Councillor for NHS Liaison, Community Engagement, Registration and Coroners (Chair)
- Exec. Councillor for Children's Services, Community Safety and Procurement
- Exec. Councillor for Adult Care and Public Health
- Five further County Councillors
- Director of Public Health
- Executive Director of Children's Services
- Exec. Director of Adult Care and Community Wellbeing
- ICB Chair
- ICB Chief Executive
- Chair Primary Care Network Alliance
- Three Chairs of Lincolnshire NHS Trusts
- Three Chief Executives of Lincolnshire NHS Trusts
- One designated District Council representative
- Police and Crime Commissioner for Lincolnshire
- A designated representative of Healthwatch Lincolnshire

Associate Members:

- A designated representative from NHS England
- Chief Constable / representative of Lincolnshire Police
- Designated representative for the Voluntary and Community Sector

The following roles will attend both the Integrated Care Board and the Integrated Care Partnership meetings:

- ICB Chair
- ICB Chief Executive
- Local Authority Partner
- NHS Trust Partner
- Chair of the Health and Wellbeing Board
- Public Health Representative

Health and Wellbeing Board

The Lincolnshire ICS conterminosity with Lincolnshire County Council also means that there is only one Health and Wellbeing Board in the county. It aims to reduce health inequalities and improve people's health and wellbeing. It is also the forum for agreeing the Better Care Fund. The Board is responsible for:

- Producing the Joint Strategic Needs Assessment (JSNA)
- Informing the priorities in the Joint Health and Wellbeing Strategy (JHWS)
- Agreeing the Pharmaceutical Needs Assessment (PNA)
- Ensuring the local NHS five-year plan takes account of the JSNA and JHWS

The Health and Wellbeing Board and ICP membership is the same to ensure consistency in approach and delivery across the two committees.

Provider Collaboratives

To support the delivery of Integrated Care we have a number of provider collaboratives, which are as follows:

Lincolnshire Health and Care Collaborative

Lincolnshire Health and Care Collaborative (LHCC) is the system-wide collaboration of provider organisations delivering joined up health and care for the county of Lincolnshire. The collaboration is composed of United Lincolnshire Hospitals NHS Foundation Trust; Lincolnshire Partnership NHS Foundation Trust; Lincolnshire Community Health Services NHS Trust; the Lincolnshire Primary Care Network Alliance; the Lincolnshire Care Association; the Lincolnshire Voluntary Engagement Team (VET); and Lincolnshire County Council.

LHCC has a shared ambition to deliver integrated, affordable and sustainable health and care services to the population of Lincolnshire now and in the future. It aims to ensure engagement, alignment and shared decision making of all the partner organisations in the implementation and

benefits realisation through designing integrated services that ensure delivery of local health and care services for agreed population groups which are integrated around the needs of the patients.

Towards the end of 2022 a review of provider arrangements in Lincolnshire was conducted. One of the recommendations of the review was to improve shared strategic and operational decision making to further integrate health and care delivery. This will be achieved through establishing a formal provider group to include ULHT and LCHS as a start but also to engage and involve LPFT, Primary Care Network Alliance.

The work of LHCC will now be taken forward through the development of the group model and a greater focus on integrated care teams based around localities, and a review of back-office functions.

East Midlands Mental Health and Learning Disability Alliance

The NHS-led East Midlands Mental Health and Learning Disability Alliance Provider Collaborative model integrates provider and commissioning skills to drive transformation at scale through clinical and expert by experience leadership around several specialised services such as Forensic Services, Children and Young People inpatient services, Gambling addiction, Veterans Mental health and Adult Eating Disorders.

Lincolnshire Mental Health, Dementia, Learning Disabilities and Autism Alliance (MHDLDA Alliance)

The MHDLDA Alliance is a local partnership between LPFT, the ICB, Public Health, LCC, district councils, Lincolnshire Police, substance misuse services, Primary Care Networks and the VCSE sectors. The Alliance works on behalf of the ICS to deliver transformation at scale and provides a vehicle to promote mental wellbeing, to drive up quality of services, to reduce health inequalities and to ensure better utilisation of resources for the whole population of Lincolnshire.

Duty to have regard to wider effect of decisions

In making decisions about the provision of healthcare, an ICB must consider the wider effects of its decisions, also known as the 'triple aim' of:

a) Health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing).

b) Quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services).

c) Sustainable and efficient use of resources by NHS bodies.

The NHS in Lincolnshire and the wider ICS Partnership have a long history of joint working and governance arrangements going back over a decade. This includes a range of joint governance arrangements in the Lincolnshire NHS to ensure all statutory organisations fulfil the Duty to have regard to the wider effect of decisions taken in the provision and delivery of health and care services.

The Integrated Care Board and Integrated Care Partnership membership includes partners from across the Integrated Care System. Underpinning the work of the Integrated Care Board are joint assurance committees with the NHS Providers which are as follows:

- Finance and Resource Committee
- Quality and Patient Experience Committee
- Service Delivery and Performance Committee

These Committees are ICB Joint Committees with the three provider partner organisations in Lincolnshire. They are Chaired by an ICB Non-Executive Member and include Non-Executive Director representation from each of the three provider partner organisations, Lincolnshire Community Health Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust and United Lincolnshire Hospitals NHS Trust. They provide a system approach to oversight and assurance to ensure a joined-up approach across Lincolnshire.

The NHS and ICS have governance arrangements outside of the Statutory Arrangements to ensure the wider effects of decisions are considered, these are:

Better Lives Lincolnshire Leadership Team (BLLLT)
The BLLLT provides executive leadership to the Lincolnshire Integrated Health and Care system, "Better Lives Lincolnshire". BLLLT is co-chaired by the Chief Executive Officers (CEO) of

Lincolnshire County Council and the NHS Lincolnshire ICB. Its membership includes the CEOs from LPFT, LCHS and ULHT, two district council CEOs, the Director of Adult Social Care, the Director of Public Health, the CEO of Lincolnshire Care Association, representatives from the Lincolnshire Voluntary Engagement Team, and the Primary Care Network Alliance Clinical Director.

BLLLT's role is to provide leadership to:

- An integrated approach to tackling Health, Wellbeing and Health Inequalities challenges in Lincolnshire and improving health in our county.
- An integrated approach to the design and delivery of local integrated Health and Care in Lincolnshire (this will be led and driven by the Lincolnshire Health and Care Collaboration).
- An integrated approach to management of key resources and disciplines, e.g.:
    - Population Health Management
    - Better Care Fund
    - Business Intelligence
    - Community Development
    - Health and Care Employment / Labour Market
    - Evidence Based Care
    - 'Anchor Institutions' / Social & Economic Value
    - Joint 'Commissioning'
    - Workforce

Lincolnshire NHS Leaders Group

The Lincolnshire NHS Leaders Group (LLG) provides high-level governance oversight of key shared priorities and concerns within the NHS in Lincolnshire and provides direction when agreed. The membership of LLG consists of the Chairs and CEOs of the Lincolnshire ICB and NHS Trusts, Chair/Vice Chair of the Lincolnshire PCN Alliance, EMAS Chair and CEO and the ICB Medical Director.

The work of the LLG will be based on the principles of joint working and partnership, transparency, support, challenge, and good governance. It meets once a month and the LLG Chair role is shared on a rotational basis by the Chairs of the NHS Organisations.

The work of LLG is primarily concerned with key matters within and across the NHS in Lincolnshire. Partners in the Lincolnshire Integrated Care System will be informed and engaged as appropriate (e.g., through H&WB/ICP, BLLLT). Where appropriate LLG agrees key system matters decisions.

Triple Aim

Underpinning both the statutory and system governance arrangements are numerous joint working arrangements that focus on delivery of care that support the delivery of the 'Duty to have regard to wider effect of decisions' and the implementation of the triple aim. Further details of this are outlined in the following relevant sections of this document:

- **Financial duties**
- **Duty to improve the quality of services**
- **Duty to reduce inequalities**

Financial duties

The plan must explain how the ICB intends to discharge its financial duties.

The Lincolnshire NHS has a record of delivery built on a strong foundation of positive relationships, engagement in a clear set of objectives and flexible and collaborative ways of working, which we have developed to support financial delivery. The Lincolnshire Directors of Finance have devised a financial framework to support partnership working, and this has been jointly agreed by the NHS organisations based in Lincolnshire: Lincolnshire Community Health Services NHS Trust (LCHS), United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Integrated Care Board (LICB).

The framework has key components:

1. Lincolnshire NHS Financial Recovery Plan (FRP) is designed to bring financial sustainability to the system by achieving recurrent financial balance by March 2025.

2. Lincolnshire NHS risk and gain share arrangements which set out how the ICB manages risk across the system.

3. Lincolnshire NHS Investment protocol which introduced tighter controls on investment decisions with a double lock in operation overseen by the ICB Finance and Resource Committee (ICB F&RC). The double lock protocol was approved by system partners in June 2022.

The framework also includes an approach for system financial reporting which has been in place since the creation of ICBs, and our approach to assessing and developing productivity reporting.

The system has operated with bi-weekly meetings of the Financial Leadership Group (FLG) since 2020 this group has expanded to include regular meetings with deputy director level and has acted as a forum to establish new joint arrangements, develop the entire finance function, conduct reviews into and strengthen financial governance arrangements, and manage in year financial delivery. Most recently the FLG has commissioned the procurement of a single professional advisor for Internal Audit Services.

Finally, the system has agreed arrangements for capital planning and prioritisation.

Lincolnshire NHS Financial Recovery Plan (FRP)

The FRP sets out the steps required to deliver system recurrent financial balance over a two-year period, focusing on recurrent delivery in 2023/24 and a pipeline that delivers system financial sustainability in 2024/25 and beyond. As it stands the FRP details the delivery plan for the 2023/24 financial year with the objective of supporting exit from the National Oversight Framework Level 4.

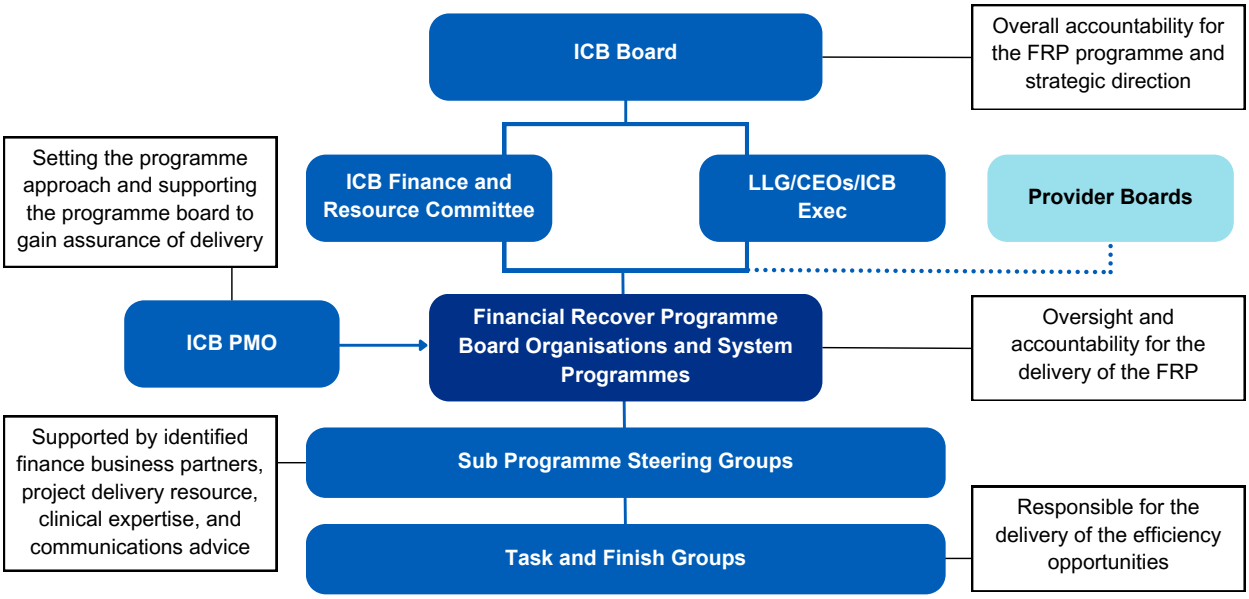
The plan summarised:

	2023/24	2024/25
FRP	£55m	FRP in 2024/25 to be confirmed through medium term planning cycle
Underlying plan deficit at start of year	£67m	Underlying deficit to be confirmed through medium term planning cycle
Programme pipeline	Emerging	Established
In year deficit	£19m	£break even

The Lincolnshire NHS FRP will require some level of non-recurrent delivery in the 2023/24 financial year; however, the Lincolnshire NHS business rule will be to operate an efficiency pipeline that ensures that, prior to each planning cycle, recurrent savings have been identified that match every £1 of non-recurrent benefit.

The assurance mechanisms for the Lincolnshire NHS FRP will be through weekly review of delivery actions and lead indicators at the FRP Programme Board with reports monthly to CEOs who will act as point of escalation for the system SRO for the FRP. The SRO and Programme Director will report monthly to the ICB Finance and Resource Committee for oversight and assurance and at the ICB Board. The ICB Director of Finance acts as the overall SRO for the delivery of the FRP, and the LLG has implemented a governance framework to monitor delivery. Each SRO has been asked to set out the outline of their programme works by drafting a ‘plan on a page’ which outlines the deliverables, milestones and resources required. From May 2023 a monthly reporting cycle has been agreed, updating the ICB Finance & Resource Committee, Lincolnshire Leaders Group (NHS organisations Chairs and CEOs), Provider CEOs and Provider Boards (as required).

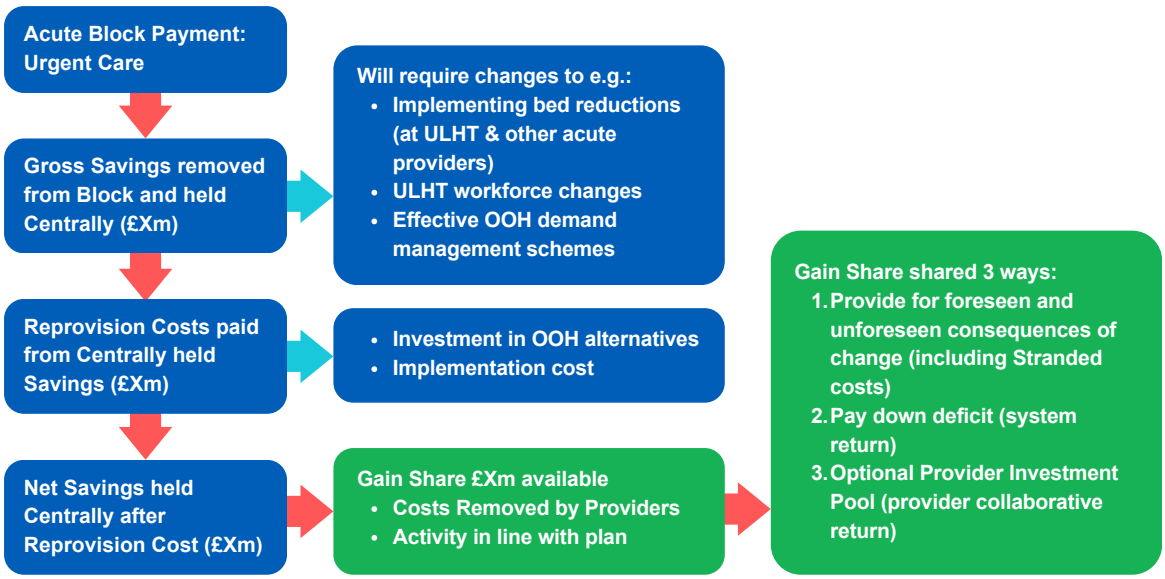
Financial Recovery Programme Governance



Lincolnshire NHS risk and gain share

The Lincolnshire NHS risk and gain arrangements that have been in place throughout 2022 / 2023 to manage the consequences of system change, will continue, and are strengthened by the creation of the Lincolnshire NHS risk and opportunity pool. The risk and gain arrangements apply a break glass which necessitates all partners coming together to agree remedial actions should the FRP go off track. On a practical level that will happen through the FRP Board, however, the formality of invoking the risk and gain arrangements will continue. The risk and opportunity pool is a source of funds to facilitate swift remedial action.

Summary Management of risk and gain built on contractual and collaborative mechanisms



Accountability for Planned Care delivery and Urgent and Emergency Care delivery rests with the Planned Care Board and Urgent and Emergency Care Board, respectively. The Lincolnshire NHS partner Boards would expect these groups to identify risks or opportunities which could be managed through deployment of the risk and opportunity pool.

The Finance Leaders Group will be expected to provide scrutiny of any requests to deploy the Lincolnshire NHS risk and opportunity pool, and the ICB Finance and Resource Committee will receive and approve utilisation of the risk and opportunity pool. The ICB Finance and Resource Committee will receive reports on the use of the risk and opportunity pool quarterly.

Lincolnshire NHS Investment Protocol

Tighter controls on investment decisions with triple lock in operation overseen by the ICB Finance and Resource Committee (ICB F&RC). The double lock protocol was approved by system partners in June 2022, and this will continue.

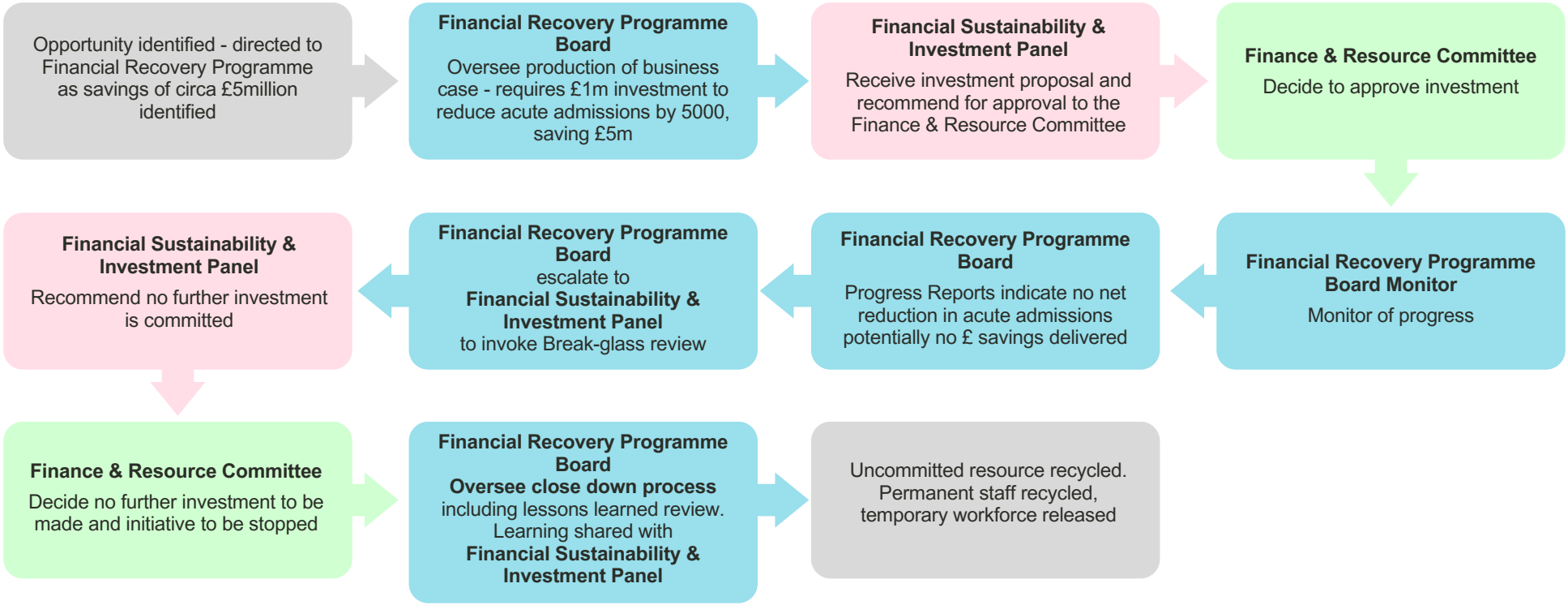
This control will be managed through the Financial Sustainability and Investment Panel (FSIP) and reported into the ICB F&RC regularly. The FSIP is an executive group chaired by the ICB Medical Director and its members include Lincolnshire NHS Directors of Finance, Executives representing Nursing and Operations and colleagues from NHSE national and regional teams.

The operation of the investment protocol is illustrated on page 18.

The partners agree to commit to sustainable investment in line with the published annual operating plan and to maintain expenditure within system and organisational budgets. The investments within the plan will be approved on the basis they meet Lincolnshire NHS objectives and are financially sustainable in the long term. This will establish expenditure baselines at system and organisation level, that are clearly aligned to objectives that the entire system prioritises.

Where a partner organisation is seeking to prioritise any new spending within that organisation that is outside of system agreed purpose, timing or value then that organisation's Board will be asked to provide a formal update to the ICB Finance and Resource Committee of why that investment is required. Recognising that such action builds an unanticipated financial pressure for the whole system, the update will set out what other spending to the same quantum would plan to be discontinued and over what timeframe the investment becomes sustainably funded.

Investment process



Implementing any Joint Local Health and Wellbeing Strategies

The plan must set out the steps that the ICB proposes to take to implement any Joint Local Health and Wellbeing Strategies (JLHWSs) to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

The Lincolnshire Health and Wellbeing Board is the forum where councillors, commissioners (NHS Lincolnshire ICB and Local Authority) and communities work together with other partners to improve the health and wellbeing of our local population and reduce health inequalities. Among its key responsibilities is the production of the local Joint Strategic Needs Assessment (JSNA).

The JSNA provides a picture of current and future health and wellbeing needs of the local population, by collating a range of evidence in one place. It tells us about lifestyle behaviours, health conditions, the needs of vulnerable groups and the wider factors that impact on health and wellbeing, like transport, housing and employment. Information comes from a range of sources including national data sets, registrations of births and deaths, NHS and council services, and local surveys or consultation events. The JSNA highlights who Lincolnshire's priority groups are in relation to health and social care need. The JSNA aims to establish a shared, evidence-based consensus on the key local priorities across health and social care.

The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) are also required to take account of the JSNA in the planning of local health services and in the development of the Integrated Care Partnership Strategy. The JSNA has been used to inform the Lincolnshire Interim ICP Strategy, which sets out the plans across four aims that set our strategic direction up to 2025. These aims are:

- Have a focus on prevention and early intervention.
- Tackle inequalities and equity of service provision to meet population needs.
- Deliver transformational change in order to improve health and wellbeing.
- Take collective action on health and wellbeing across a range of organisations.

The Interim ICP Strategy shows the overall profile of the health and wellbeing of the Lincolnshire population, identifying those conditions that are causing the greatest ill health and mortality, for example, cardiovascular disease and musculoskeletal conditions. Deprivation and

high disease prevalence, for example, chronic respiratory disease and cardiovascular disease are recognised as key challenges affecting some of the ICB population.

In response to the NHS Long Term Plan, the ICB, along with system partners, set out plans last year to take a systematic population health approach to reducing health inequalities and addressing unwarranted variation in care.

Joint Local Health and Wellbeing Strategy (JHWS)

This section provides details on how the ICB in 2022/23 contributed to the delivery of the Lincolnshire Health and Wellbeing Strategy as required under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.

For many years, the NHS and Local Authority have worked in close partnership with partners to tackle health inequalities. All organisations have an important role to play, whilst the ICB have a legal duty to respond to inequalities in the health of their populations, both in terms of access to services and outcomes on life expectancy. No one organisation can do this in isolation. The Health Inequalities programme will require involvement of all NHS organisations, Local Authority and wider partners to work together if we are to achieve real and lasting improvements for people living within Lincolnshire.

The JHWS for Lincolnshire aims to inform and influence decisions about the commissioning and delivery of health and care services in Lincolnshire so that they are focused on the needs of the people who use them and tackle the factors that affect everyone's health and wellbeing.

The Local Authority Director of Public Health attends the ICB Board meeting and provides an update at each meeting. Through our work with the local authority public health team and active engagement at the Health and Wellbeing Boards, we have confirmed the ICB's contribution to the delivery of the joint health and wellbeing strategies.

Duty to improve quality of services

Each ICB must exercise its functions with a view to securing continuous improvement in:

a) the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness

b) outcomes including safety and patient experience.

The Lincolnshire System Quality and Patient Experience Committee (System QPEC) was established with the transition to an ICB in July 2022 and is the Quality Committee of the Board, providing assurance to the Board regarding quality of care as defined by the National Quality Board (NQB) Shared Commitment to Quality, which includes recognition of the need to acknowledge and address health inequalities within the local community as part of improving quality. The meeting is chaired by the ICB Non-Executive Member (NEM) who leads on quality and there is representation from provider Trust NEMs who Chair the Quality Committees in their respective organisations, alongside Lincolnshire's Director of Public Health and Healthwatch. Attendance includes nursing and medical directors from the ICB and provider Trusts. Nationally available data and local intelligence is currently used to inform assurance processes through System QPEC, however, further work from 2023/24 onwards is required to move to reporting that reflects outcome measures relevant to improved quality and considers impact in addressing known health inequalities.

Lincolnshire has a well-established System Quality Group (SQG) that has been in place since 2019/20 and has evolved as ICS quality governance arrangements have developed. The meeting is chaired by the ICB Director of Nursing as the designated executive lead for quality and includes executive membership or nominated deputies across a range of partners including the ICB, Lincolnshire provider Trusts, East Midlands Ambulance Trust, Local Authority, Primary Care, NHSE, Health Education England, CQC and Healthwatch. SQG provides a forum for information and intelligence sharing with commissioners, providers and ALBs (arm's length bodies) reporting on those areas of escalated concern, areas for improvement and sharing of good practice. Themes from the reporting are used to inform priorities for system-wide improvement work, either through the respective programme boards e.g. UEC, planned care etc or quality specific improvement work. The SQG hosts a schedule of deep dives, informed through the information and intelligence sharing processes, whereby individual programme boards present the work happening and provides opportunity to engage additional clinical and/or quality support, if not already in place, to progress necessary improvements.

During 2022/23 two areas for quality-specific system improvement work were identified through SQG:

- Tissue viability, in particular, pressure damage
- Communication with patients

Programmes of work under the SQG have been established to progress this work. For tissue viability this has led to the establishment of an ICS Pressure Damage quality improvement steering group which will oversee a 3 year programme of working, including development of KPIs and outcome measures. For communication with patients, each of the represented organisations are undertaking work and this is shared through SQG to ensure learning and themes are considered across the ICS.

Quality assurance of commissioned services is reported through ICB quality governance arrangements, for primary care to the Primary Care Quality & Performance Oversight Group meeting and for all other commissioned services the Operation Quality Assurance Group. Escalation of quality concerns is through to SQG or System QPEC depending on the nature of the concern.

Locally the Primary Care Quality & Performance Oversight Group, which historically focused on GPs, has developed to incorporate the four pillars of primary care to include Pharmacy, Optometry and Dental, within the context of the collaborative quality oversight arrangements being established for the East Midlands. With the delegation of Pharmacy, Optometry and Dentistry quality assurance and improvement becoming the responsibility of Lincolnshire ICB from the 1st April 2023 there has been a full transition programme of work in liaison with NHSE and Midlands ICBs to facilitate the arrangements for this. Lincolnshire ICB continue to work collaboratively with the other East Midlands ICBs and Nottingham & Nottinghamshire ICB who have hosted the transferred staff from NHS England since 1st July 2023. The staff who transferred include contracting and clinical advisor staff who undertake the main operational quality assurance and improvement activity with Pharmacy, Optometry and Dental providers. A Lincolnshire ICB Quality Team member links into this operational function and ensures information and intelligence feeds through into the existing Lincolnshire Primary Care Quality oversight function and committees. Committee membership will be amended to include representatives for Pharmacy, Dental and Optometry as appropriate.

Processes in place align to the National Guidance on Quality Risk Response and Escalation in Integrated Care Systems, including the approach to quality risk response and escalation, that are underpinned by learning and improvement.

Well-established processes are in place with providers and the ICB for development and review of

organisation-specific Quality Accounts, however, Lincolnshire has registered an interest in piloting the NHSE proposed System Level Quality Accounts. This is reflective of the positive system approach in Lincolnshire to new ways of working to improve quality of care and services.

Lincolnshire health organisations are working together through a collaborative forum to share learning, approach and collaborate on relevant areas regarding the Patient Safety Incident Response Framework (PSIRF). All main health organisations are due to transition to PSIRF by April 2024.

Never Events remain an area of focus for the health system and examples of good practice, such as the Surgical Never Event Summit hosted by the acute Trust in December 2022, will be used to identify and promote learning from within Lincolnshire and through links with other systems.

Medication Safety is recognised as being a key part of Patient Safety. The National Medicines Safety Improvement Programme (MedSIP) key ambitions are 'to reduce medicine administration errors in care homes by 50% by March 2024; and to reduce harm from opioid medicines by reducing high dose prescribing (>120mg oral Morphine equivalent), for non-cancer pain by 50%, by March 2024'. Lincolnshire are working towards this by:

- Improving the quality of prescribing by way of establishing the Area Prescribing Committee and the Lincolnshire Medication Safety and Device Network, both are system wide groups that will bring together each area to work collaboratively on Prescribing Quality and Medication Safety issues.
- Building on the work done by the opioids for non-cancer pain and polypharmacy clinical reference groups to effectively reduce high-dose opiate prescribing and by reducing the amount of medications each person takes which in turn reduces the number of errors and risk of side effects / overdose.
- Reducing inequalities in prescribing by way of utilising the Medication Optimisation Team, who are subject matter experts, to look at prescribing in Lincolnshire and make recommendations to the GPs to ensure all residents of Lincolnshire receive person-centred quality prescribing, that is clinically safe and effective regardless of the area they reside in.
- Medicines Safety Officer and Medical Devices Officer fulfilling duties to implement and monitor standards for medication safety and safe prescribing; leading on developing a system-wide workplan in conjunction with the system that focuses on reducing medication related harm, to share learning from incidents to ensure they are less likely to happen again and to provide GP practices with support when needed. Taking action to improve medical device safety, supporting incident reporting and sharing learning.

There is a well-established System Infection Prevention and Control (IPC) group that includes representation from the ICB, the NHS trusts and the Local Authority. This will continue to be a vital route in establishing agreed practice across the system partners and facilitate ongoing co-ordination of routine IPC matters and response to escalated IPC concerns. Lincolnshire also has a collaborative approach to health protection across the county and work is being undertaken to further strengthen the arrangements between the ICB and Lincolnshire County Council through the development of an Integrated Health Protection Framework.

Through the SQG and System QPEC there are a number of shared priorities that have implications for quality, however, improvement work is being driven through the respective programme boards, which include quality representation, or organisation specific processes. These priorities include:

Urgent and Emergency Care (UEC) – quality-specific element is in relation to harm reduction, harm review processes and outcomes. This includes ongoing work to establish processes that treat delayed discharge as a potential harm event.

Cancer - quality-specific element is in relation to effective clinical prioritisation, harm review processes and outcomes.

Elective backlog - quality-specific element is in relation to effective clinical prioritisation, harm review processes and outcomes.

Maternity – continued engagement in the Ockenden Insight Visits, led by the Local Maternity and Neonatal System (LMNS) with regional support and guidance where necessary and will be conducted in line with recommendations from the national and regional teams, which support the Ockenden 7 Immediate and Essential Actions. (IEAs). The Final Ockenden Report outlined a further 15 IEAs that will also be monitored going forwards, once national guidance is available. However, it is anticipated there will be a focus on improving personalisation of services for women and families, incorporating more co-production and service user involvement in all areas, as well as a continued effort to pursue Continuity of Carer as the default model of midwifery care. Version 3 of the Saving Babies Lives Care Bundle is also expected that will offer further elements to comply against to help reduce brain injuries. The Single Delivery Plan is suggested to align all recommendations from Ockenden and East Kent maternity reviews on services and will soon be introduced to streamline expectations and assurance requests, however, publication of this has been delayed.

Mortality – managed through organisation-specific processes but there is review and learning through the Lincolnshire Systemwide Mortality Group. Roll out of Medical Examiner to primary care will further improve opportunities for learning.

Workforce – is a common theme through UEC; cancer; planned care; mental health learning disability and autism; and community services. Whilst the People Board hold responsibility for developing the workforce capacity and capability and the individual programmes of work organisations feed into this, SQG and System QPEC are sighted on the quality impact of workforce challenges, in relation to safe staffing and also the impact on service developments intended to improve quality of care for the local population.

Healthwatch feedback has identified three key areas of concern that have been incorporated into the SQG and System QPEC priorities:

Dental – work is taking place with the transition of commissioning responsibility of dental services from NHSE to the ICB to establish a Lincolnshire dental strategy that is informed by feedback from patients and the public.

GP Access – areas for improvement are managed through primary care governance arrangements which include quality representatives to ensure impacts are fully understood and actioned appropriately.

Communication – themes from this have informed the need for SQG quality improvement work in relation to communication with patients.

System QPEC has endorsed the ICB Continuous Listening Model, which reflects elements also undertaken by provider trusts, to understand the experiences of people using commissioned and provided services in Lincolnshire, through to opportunities for co-production, particularly when establishing programmes of work to review or redesign patient pathways of care.

As a system, there is recognition that strong and cohesive clinical leadership is integral to improving quality of services. The Lincolnshire Clinical and Care Directorate has been established, which aligns with the five principles set out in the guidance 'Building strong integrated care systems everywhere' (NHSE/I September 2021):

1. Integrating clinical and care professionals in decision-making at every level of the ICS
2. Creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities.
3. Ensuring clinical and care professional leaders have appropriate resources to carry out their system role(s).
4. Providing dedicated leadership development for all clinical and care professional leaders
5. Identifying, recruiting and creating a pipeline of clinical and care professional leaders.

The Clinical and Care Directorate incorporates three key elements:

- Strategic Board, chaired by the ICB Medical Director with clinical and professional executive representation across the health and care system
- Clinical and Care Academy, a face-to-face and virtual network supporting health and care practitioners to adopt, share and evaluate innovation, research and best practice
- Lincolnshire Learning Network, a patient-centred, system-based resource, led by clinicians and care professionals, to achieve the best outcomes for our citizens

The Clinical and Care Directorate will provide advice, support and resource to the quality improvement priorities highlighted through the system programme boards and quality governance arrangements.

Duty to reduce inequalities

Each ICB must have regard to the need to:

a) reduce inequalities between persons with respect to their ability to access health services.

b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities.

The duty to promote integration requires consideration of securing integrated provision across health, health-related and social services where this would reduce inequalities in access to services or outcomes achieved.

The Lincolnshire Integrated Care Board (ICB) has a legal duty under the Health and Care Act (2022) to reduce inequalities between persons with respect to their ability to access health services; and reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. The Act also places duties on the ICB to:

- have regard to the wider effects of decisions on inequalities.
- promote integration requires consideration of securing integrated provision across health, health-related and social services where this would reduce inequalities in access to services or outcomes achieved.

The ICB is also required to collect, analyse and publish information relating to health inequalities in line with NHS England's Statement on Information on Health Inequalities .

To do this effectively, the ICB works with its partner organisations to reduce health inequalities and embeds this requirement into its commissioning strategies and policies. Lincolnshire is deeply engaged in addressing health inequalities, through the local authority, NHS trusts and wider sector partners already being represented on both the Integrated Care Board (ICB) Board and the Integrated Care Partnership (ICP), with inequalities prominently identified as one of the key challenges for the health and care system and the population.

We have a shared Joint Health and Wellbeing Strategy in place informed by the Lincolnshire Joint Strategic Needs Assessment (JSNA) and Global Burden of Disease.

Our ambition for Better Lives Lincolnshire by 2030 is 'for the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well'.

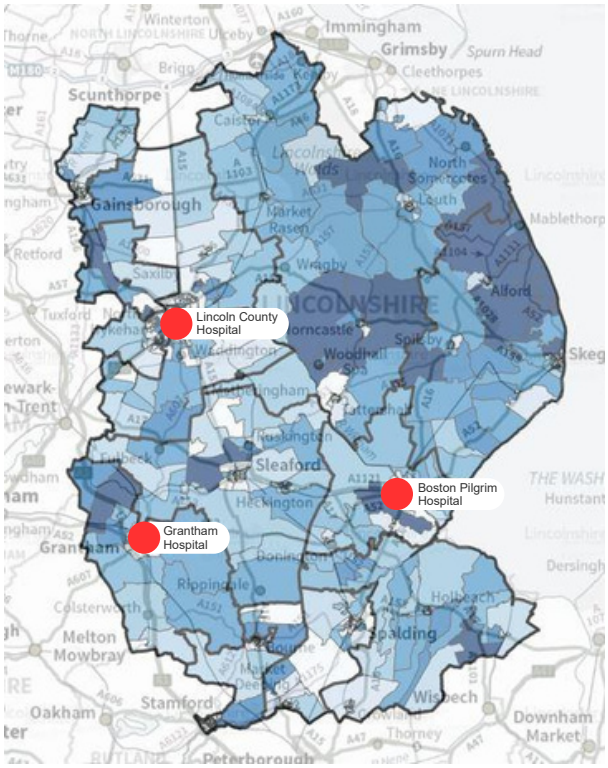
Lincolnshire has a challenging combination of rurality, coastal and urban deprivation, an ageing

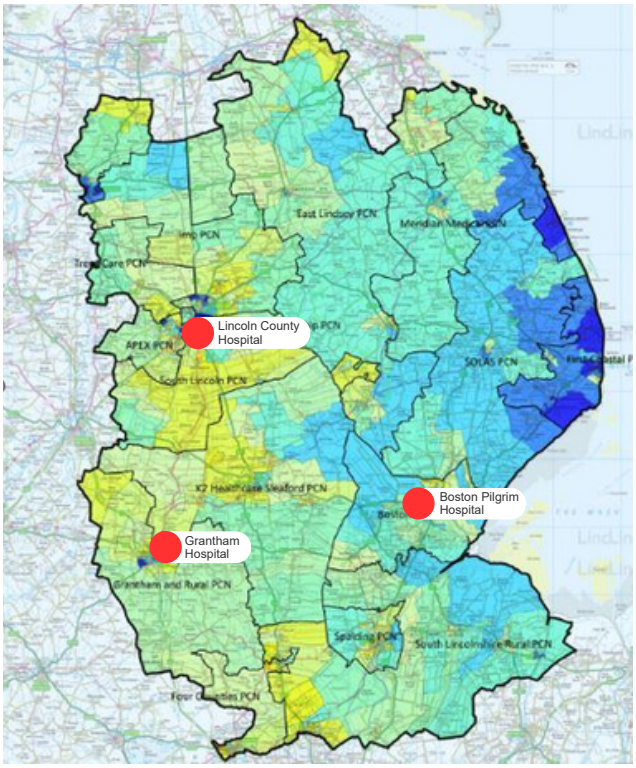
population, and a low-wage economy; this combination defines the difficulty of the mission to improve its population health. While most of our population enjoys good health and have better health outcomes compared with the rest of the country, we know that significant health inequalities exist and some of our residents are dying from illnesses such as circulatory diseases, cancer and respiratory diseases at a younger age than we would expect.

There is a stark 20-year difference in healthy life expectancy between the highest and lowest socio-economic deciles of the population – based on Index of Multiple Deprivation (IMD) quintiles.

The Chief Medical Officer's annual report 2021: Health in Coastal Communities, elucidates these challenges and specifically references the east coast, for example, communities in Skegness and Mablethorpe. According to 'The Centre for Towns' measures these conurbations rank: 1st (Mablethorpe) & 4th (Skegness) in the 20 most deprived places in England and Wales (combines economic and social isolation). Mablethorpe is fifth in the top 20 places for social isolation. It is already known that residents of such communities find access to healthcare problematic, face a declining bus network and experience poor broadband relative to the major cities/ urban areas.

The maps below show (left) the concentration of older adults in the Eastern parts of the county along with the large areas of socio-economic deprivation in the urban areas, in rural Eastern areas and along the coastal strip (right). This is a specific problem in Lincolnshire as two of its three major secondary care facilities (marked in red on the map) are located well away from the coast.





Many areas in Lincolnshire have different pockets of social deprivation due to its demographics:

- Areas with significant above-average disease prevalence – resulting in premature mortality.
- An ageing population - it is predicted that the elderly population in Lincolnshire will increase by 3.4 per cent in the next ten years, and the rate of increase in people aged over 85 is particularly pronounced with an expected increase of 52.4 per cent.
- High levels of lifestyle factors such as smoking and obesity.

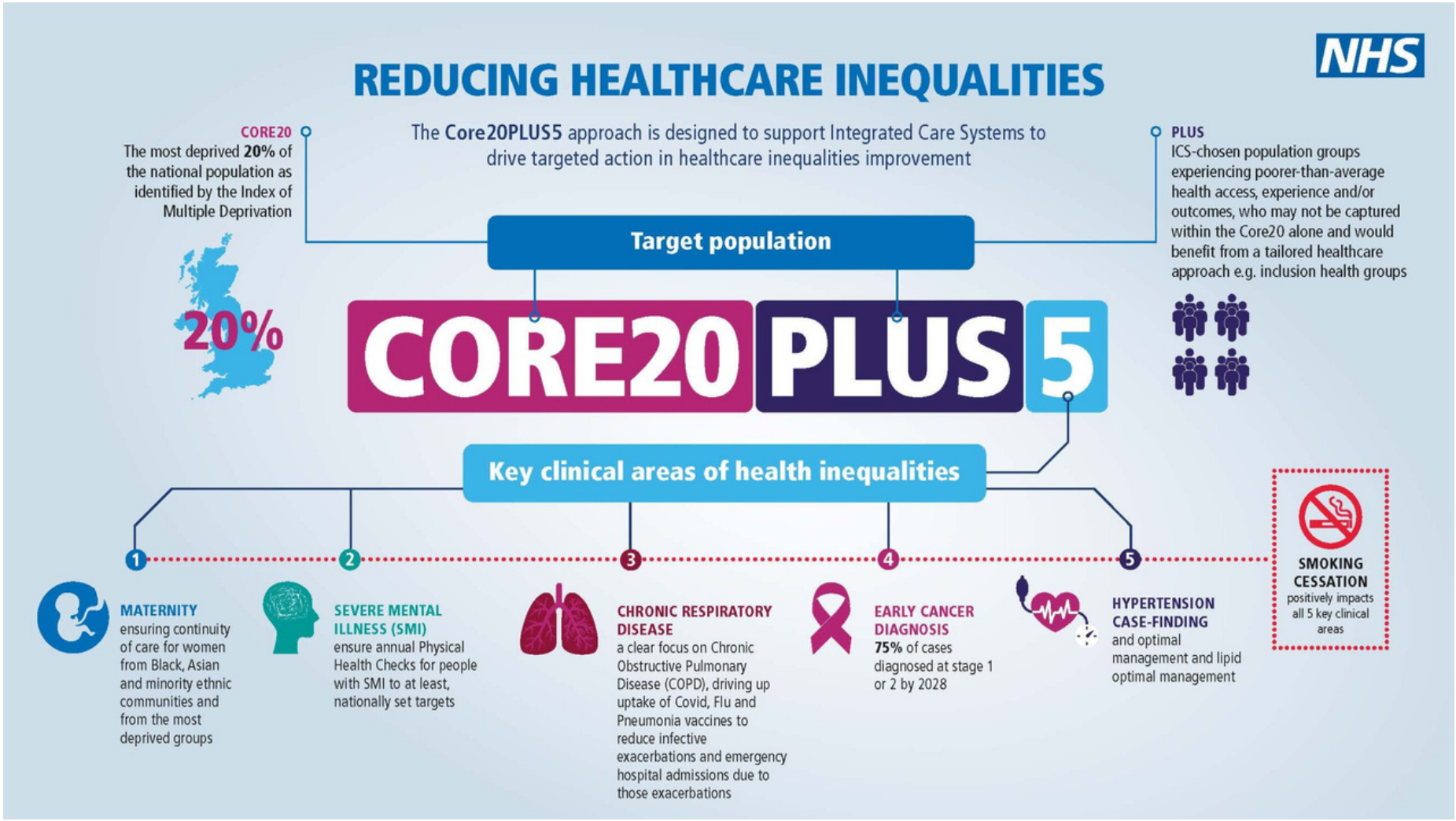
The Lincolnshire Joint Strategic Needs Assessment (JSNA) provides additional intelligence on health inequalities across many of the diseases causing the greatest burden for example, Diabetes, Cardiovascular Disease (CVD) and COPD, as well as on the main risk factors, for example, smoking and physical inactivity.

Smoking remains the greatest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities.

National

Nationally, NHS England has outlined an approach to support the reduction of health inequalities at both national and system level. Providing exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes.

'Core20PLUS5', the approach described on pages 31 and 32, defines a target population cohort and identifies '5' focus clinical areas for accelerated improvement for Adults and Children and Young People. This approach has been embedded within our Health Inequalities and Prevention Programme.


REDUCING HEALTHCARE INEQUALITIES
NHS
CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation
20%
The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement
Target population
CORE20 PLUS 5
PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups
Key clinical areas of health inequalities
1
MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups
2
SEVERE MENTAL ILLNESS (SMI)
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets
3
CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations
4
EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028
5
HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management
SMOKING CESSATION
positively impacts all 5 key clinical areas


REDUCING HEALTHCARE INEQUALITIES
FOR CHILDREN AND YOUNG PEOPLE
NHS
CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation
20%
The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement
Target population
PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups
CORE20 PLUS 5
Key clinical areas of health inequalities
1
ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks
2
DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks
3
EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
4
ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s
5
MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Within Lincolnshire, our Core20Plus population are:

- The 20 per cent most deprived communities as identified by the Index of Multiple Deprivation (IMD) – 121k patients (14.8% of Lincolnshire patients).
- Plus – People from ethnic minority backgrounds (151k patients, 15.6 per cent of Lincolnshire patients), with the largest ethnic minority group being “any other white background” (8.5 per cent) - a significant proportion of this group is people from an Eastern European background.
- ICS locally determined population groups (evidence and insight based) experiencing poorer-than-average health access, experience, and/ or outcomes who may not be captured within the CORE20 alone and would be benefit from a tailored health care approach – known as ‘Inclusion Health groups’
- Adult key groups identified for Lincolnshire include Gypsy, Roma and Traveller groups, people who are homeless, rural and coastal communities, farming and military families, carers.
- For children and young people this also includes children in care, care leavers, those in the justice system, those not in education, children with special educational needs and disabilities. Adults and children and young people with mental health conditions, learning disabilities and autism are also more likely to experience health inequalities.

The Five National Strategic Priorities for Health Inequalities Improvement are embedded with the Health Inequalities framework for action as defined below:

Priority 1: Restore NHS services inclusively

- By understanding waiting lists, Did Not Attends (DNAs) and cancellations (all broken down by ethnicity and IMD quintiles).

Priority 2: Mitigate against digital exclusion

- Ensuring providers offer face-to-face care to patients who cannot use remote services and assessment of the impact of digital consultation channels on patient access.

Priority 3: Ensure datasets are completed and timely

- by prioritising improved recording and collection of ethnicity data across all settings of clinical data.

Priority 4: Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes

- through increased uptake of COVID and flu vaccinations, ongoing management of long-term conditions and Annual health checks for people with learning disabilities.

Priority 5: Strengthen leadership and accountability

- Systems and Providers should have a named executive for tackling health inequalities.

The effectiveness of our response depends on a system approach, recognising the need for action by all partners across the whole range of factors that influence and determine inequalities. It will also depend on our ability to become increasingly sophisticated and systematic in the way that we use data and insight to build our understanding of our population's health and wellbeing needs – with a view to understanding how need varies between groups and at different levels of our system, as well as which groups and communities are impacted most by inequalities. With this in mind, we have in place a system-wide Health Inequalities and Prevention Programme Board between Lincolnshire's NHS and Local Authority with wider partners to reduce the avoidable inequity in people's health across the county.

Actions to address Health Inequalities

Our Health Inequalities (HI) Framework for action approach promotes primary and secondary preventative services and addresses the inequalities in access and uptake, alongside work led through the ICP targeting the wider determinants of health. Core20PLUS5 is embedded in our work.

Reducing health inequalities and improving health equity is everyone's business and will be a "golden thread" through all our work and at all levels from all partners. Changing the way we think about health inequalities and shifting to equality of outcomes for all by connecting the dots between the wider determinants of health and the population's health outcomes e.g., the impact of jobs or housing on people's health.

Vision:

- To increase life expectancy and quality of life for people living in Lincolnshire and reduce the gap between the healthiest and least healthy populations within our county.

Approach:

- Tackle health inequalities and wider causes of ill health through an embedded, integrated system approach tailored to meet varying needs within Lincolnshire.

Ambition:

- A year-on-year improvement in addressing health inequalities by narrowing the gap in healthcare outcomes within Lincolnshire.

Tackling health inequalities and preventing ill health continues to be one of our key system priorities. Our Health Inequalities Framework for Action, developed in partnership with stakeholders, sets out the principles which underpin this work and how we will use our resources to take practical action to reduce health inequalities and provide exceptional quality healthcare for all through equitable access, excellent experience, and optimal outcomes to:

- Implement the Core20PLUS5 programme and improve access, experience, and outcomes for our key vulnerable groups identified as being at risk of inequity in access and outcomes such as

ethnic minority groups, those living in highest deprivation, and ICS locally-determined population groups.

- Understand our local population and local health needs, through using the joint strategic needs assessments (JSNAs) and the collation of additional supporting data including local health profiles as well as qualitative data through our local engagement initiatives which aim to engage hard-to-reach groups.
- Work in partnership with local NHS Trusts as well as local voluntary sector organisations and community groups to identify the needs of the diverse local community we serve to improve health and healthcare for the local population.
- Seek the views of patients, carers and the public through individual feedback/input, consultations, working with other organisations and community groups, attendance at community events and engagement activity including patient surveys, focus groups and Healthwatch.
- Enable co-production with people with lived experience to inform decision making.
- Improve health outcomes through embedding Population Health Management insights and intelligent evaluation.

This is achieved through action to address three levels that have an influence on health outcomes:

Wider determinants: Actions to improve 'the causes of the causes' such as increasing access to good work, improving skills, housing and the provision and quality of green space and other public spaces and best start initiatives.

Prevention: Actions to reduce the causes, such as improving healthy lifestyles – for example stopping smoking, a healthy diet and reducing harmful alcohol use and increasing physical activity.

Access to effective treatment, care and support: Actions to improve the provision of and access to healthcare and the types of interventions planned for all – for example ensuring there are health inequalities impact assessments for all commissioned services.

System Approach to Prevention

Working with system partners, Lincolnshire ICBs' 'life-style approach' to prevention continues to move forward at pace. Prioritising prevention in Lincolnshire is important as it supports people to live longer, healthier lives. Through helping individuals to make healthier lifestyle choices, we not only save lives by reducing premature mortality, but also contribute to the sustainability of the healthcare system by reducing avoidable illness and admissions.

The NHS Long Term Plan (LTP) provides funding for evidence-based NHS prevention programmes that include reducing smoking, obesity, and alcohol intake. In collaboration with the Local Authority commissioned integrated lifestyle service, 'One You Lincolnshire,', behavioural support is available across Lincolnshire to address the root causes of poor health, rather than to merely treat symptoms.

These services which are designed to help people stop smoking, maintain a healthy weight and make sure their alcohol intake is within a healthy limit; continue to grow and ensure equity of access for both NHS inpatients and the general population.

With support from system partners, Lincolnshire has expert programmes available including;

1. Tobacco Dependency Services

Since January 2023, Mental Health patients at Lincolnshire Partnership NHS Foundation Trust (LPFT) and pregnant patients under United Lincolnshire Hospitals NHS Trust (ULHT) have been able to access 'in-house' Tobacco Dependency Services.

- Maternity: Implementing the NHS Long Term Plan, alongside the Saving Babies' Lives care bundle element, the Maternity Team have developed and implemented a new model of enhanced support for all expectant mothers, to become smokefree. From a variety of locations across Lincolnshire, patients identified as a smoker receive both behavioural support and Nicotine Replacement Therapy (NRT) from the STAAR (Stop Smoking Team – Act Advise Refer) Team for the duration of their pregnancy.
- Mental Health: Originally rolled-out in Rehabilitation Units, the QUIT Team now provide behavioural support and NRT to all Mental Health Inpatient smokers across Lincoln, Boston and Sleaford.
- Acute and Community Inpatients: Both services are due to commence in March, with the Acute service to initially be provided at Lincoln County Hospital before being rolled out further. The Community Inpatient services will begin within John Coupland Hospital (Gainsborough) with additional locations added upon successful recruitment of additional Tobacco Dependency Advisors.

As part of the full patient pathway, onward referral to One You Lincolnshire are provided for any patient that requests this upon discharge from NHS services. Therefore, ensuring ongoing support to aid long term quit success.

2. Weight Management Services

Nationally there are 4 tiers of weight management for both Adult and Children each covering a different activity which plays a crucial role in providing a comprehensive approach to preventing and treating obesity.

Specifically for the population of Lincolnshire, Tiers 1 and 2 are provided within the county (NHS and County Council commissioned services), whilst Tier 3 and 4 services are currently provided in Derbyshire by University Hospital of Derby and Burton (UHDB).
The programme is establishing an NHS Weight Management Steering Group to provide oversight and assurance of this NHS Long Term Plan prevention priority. The first meeting of the group will be held in Q1 2024.

Alongside this we are working closely with all GP Practices to raise awareness of and increase eligible referrals to the (Tier 2) NHS Digital Weight Management Programme (DWMP) which supports adults living with obesity who also have a diagnosis of diabetes, hypertension or both, to manage their weight and improve their health.

3. Diabetes Prevention Programme

Referenced within weight management services, diabetes is another fundamental programme within prevention, as type 2 diabetes is largely preventable through lifestyle changes. The 'Healthier You' NHS Diabetes Prevention Programme (NDPP), also known as the Healthier You programme, is provided across Lincolnshire by Xyla Health and Wellbeing, and identifies people at risk of developing type 2 diabetes.

Whilst continuing to increase referrals to Tier 2 weight management services to help achieve remission in diabetes, we are working closely with Xyla Health and Wellbeing to ensure all GP Practices are routinely referring eligible patients to the NDPP, and where necessary we are collaboratively liaising with practices to understand any barriers to referrals and/or uptake.
In utilising the approach of Making Every Contact Count (MECC); plans are underway to enlist the support of the specialist vaccination service team to also increase uptake in the Diabetes Prevention Programme.

This targeted focus on prevention will see the team undertake a dual role of providing both covid-19 vaccinations during the booster programmes with the addition of a 'reach out service' around health

promotion initiatives and holistic support. This work will be in conjunction with the 2 identified PCNs to target individuals on the diabetes register.

Working together with a specific population group, the aim will be to understand the barriers, challenges / reasons leading to low referrals and uptake. Work will then commence to co-produce solutions with people with lived experience and key stakeholders to encourage, support and increase uptake.

Working with partners to tackle Health Inequalities

We made some good progress on our approaches to addressing health inequalities, but recognise we have a great deal more work to do. We deepened our understanding of the current challenges and adopted more systematic ways to use data.

Insight from engagement with people and communities was a key influencer in the way we delivered the vaccination programme and supporting campaign. It also influenced many of the programmes and projects implemented across the Lincolnshire system aimed at reducing health inequalities. Example below:

- Lincolnshire ICB has been successful and selected to form part of the Core20PLUS Connectors Programme in 2023/24. Voluntary Centre Services (VCS) is the delivery partner, and the focus is on Children and Young People with Diabetes. This project will help understand what is driving the inequity of access identified and how to break down barriers across the county for access, experiences, and outcomes. We are working with partners to implement the NHS Digital Inclusion and Health Inclusion Frameworks – developing local plans through multi agency strategic groups.

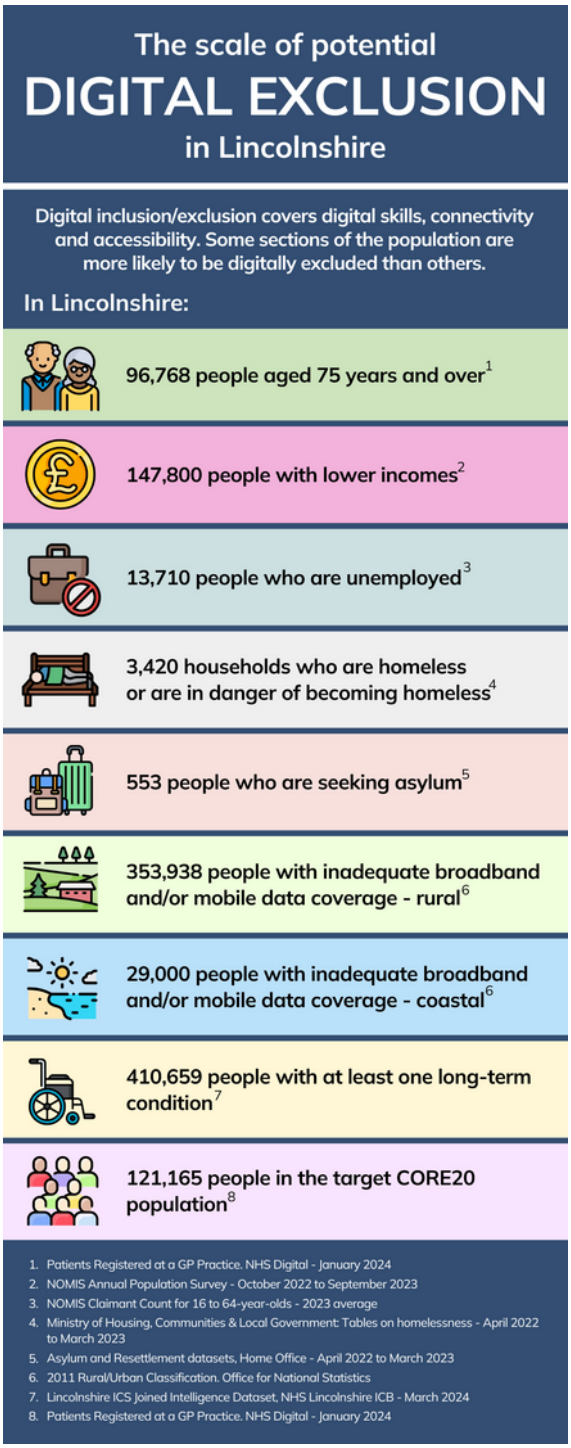
Health Inclusion Groups

In 2023/24 we developed an 18-month series of Health Inclusion Workshops which aim to educate the Lincolnshire workforce on the health inequalities they face and provide an insight into how the experience, access and outcomes may differ to the rest of the population. The workshops have all been co-produced and are co-facilitated with people with lived experience and subject matter experts. A total of 176 staff from across the system have attended the workshops.

What has become apparent from developing the workshops is the absence of data we have for some Health Inclusion groups which hides the health inequalities experienced by them. Utilising the NHSE Health Inclusion Framework we will develop a Health Inclusion Strategy for Lincolnshire in 2024/25. The need for accurate coding will be form part of this and help us to understand the Health Inequalities experienced by our Health Inclusion groups.

Digital Inclusion

In 2023/24, we established a Digital Inclusion Strategy Group made up of system partners. We have established who is most at risk from digital exclusion in Lincolnshire and are working through the Digital Inclusion Framework which will support the development of a Digital Inclusion Strategy for Lincolnshire in 2024/25.



Demonstrating due regard in decision making

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

All service re-designs, business cases and transformation projects, new services and procurement exercises undergo a process of EIA. The use of Health Equity Assessment Template (HEAT) has been embedded within the Integrated Care System (ICS) planning processes, investment decisions, system Quality Improvement process and clinical pathway improvement process (Lincolnshire Academy for Clinical Excellence) and ICS governance arrangements.

Lincolnshire's Health Inequalities Programme Vision is "to increase life expectancy and quality of life for people living in Lincolnshire and reduce the gap between the healthiest and least healthy populations within our county".

The duty to report information on health inequalities will encourage better quality data, completeness and increased transparency and support ICBs and Trusts to use the data to shape and monitor improvement activity and drive improvement in the provision of good quality services and reducing healthcare inequalities. The report will share insight for the relevant Programme Boards/ NHS Trusts and alignment with 2024/25 planning in addressing identified health care inequalities and priorities for action.

Joint Strategic Needs Assessment

- This section explains how the ICB in 2022/23 discharged its duty under Section 14Z36 of the Health and Care Act 2022 to have regard to the need to reduce inequalities.

The Lincolnshire Health and Wellbeing Board is the forum where councillors, commissioners (NHS Lincolnshire ICB and Local Authority) and communities work together with other partners to improve the health and wellbeing of our local population and reduce health inequalities. Among its key responsibilities is the production of the local JSNA. The Joint Strategic Needs Assessment, or JSNA, provides a picture of current and future health and wellbeing needs of the local population, by collating a range of evidence in one place. It tells us about lifestyle behaviours, health conditions, the needs of vulnerable groups and the wider factors that impact on health and wellbeing, like transport, housing and employment. Information comes from a range of sources including national data sets, registrations of births and deaths, NHS and council services, and local surveys or consultation events.

The JSNA highlights who Lincolnshire's priority groups are in relation to health and social care

need. The JSNA aims to establish a shared, evidence-based consensus on the key local priorities across health and social care.

The Integrated Care Board (ICB) and Integrated Care Partnership (ICP) are also required to take account of the JSNA in the planning of local health services and in the development of the Integrated Care Partnership Strategy. The JSNA has been used to inform the Lincolnshire interim ICP Strategy, which sets out the plans across four aims that set our strategic direction up to 2025.

These aims are:

- Have a focus on prevention and early intervention
- Tackle inequalities and equity of service provision to meet population needs
- Deliver transformational change in order to improve health and wellbeing
- Take collective action on health and wellbeing across a range of organisations

The Interim ICP strategy shows the overall profile of the health and wellbeing of the Lincolnshire population, identifying those conditions that are causing the greatest ill health and mortality, for example, cardiovascular disease and musculoskeletal conditions. Deprivation and high disease prevalence, for example Chronic Respiratory disease and Cardiovascular disease are recognised as key challenges affecting some of the ICB population.
In response to the NHS Long Term Plan, the ICB, along with system partners, set out plans last year to take a systematic population health approach to reducing health inequalities and addressing unwarranted variation in care.

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In response to the NHS Long Term Plan, the ICB, along with system partners, set out plans last year to take a systematic population health approach to reducing health inequalities and addressing unwarranted variation in care.

Joint Local Health and Wellbeing Strategy (JHWS)

- This section provides details on how the ICB in 2022/23 contributed to the delivery of the Lincolnshire Health and Wellbeing Strategy as required under section 116B(1)(b) of the Local Government and Public Involvement in Health Act 2007.

For many years, the NHS and Local Authority have worked in close partnership with partners to tackle health inequalities. All organisations have an important role to play, whilst the ICB have a legal duty to respond to inequalities in the health of their populations, both in terms of access to services and outcomes on life expectancy. No one organisation can do this in isolation. The Health Inequalities programme will require involvement of all NHS organisations, Local Authority and wider partners to work together if we are to achieve real and lasting improvements for people living within Lincolnshire.

The JHWS for Lincolnshire aims to inform and influence decisions about the commissioning and delivery of health and care services in Lincolnshire so that they are focused on the needs of the people who use them and tackle the factors that affect everyone's health and wellbeing.

The Local Authority Director of Public Health attends the ICB Board meeting and provides an update at each meeting. Through our work with them, and active engagement at the health and wellbeing boards, we have confirmed the ICB's contribution to the delivery of the joint health and wellbeing strategies.

Duty to involve the public

ICBs and partner trusts have a duty to involve people and communities in decisions about the planning, development and operation of services commissioned and provided.

Lincolnshire ICB's Working with People and Communities Strategy and People and Communities Involvement Report 2022-23 describe our commitment to involvement and explain how we are fulfilling our statutory duties.

The Health and Care Act 2022 mobilises partners within Integrated Care Systems (ICSs) to work together to improve physical and mental health outcomes.

These new partnerships between the NHS, social care, local authorities and other organisations will only build better and more sustainable approaches if they are informed by the needs, experiences and aspirations of the people and communities they serve. The ICB is fully committed to involving patients, the public, partners and key stakeholders in the development of services and ensuring they are at the heart of everything we do.

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

Lincolnshire ICB recognises the importance of working with our partners, to enable a collaborative approach to involving our communities and benefiting from the trusted and established relationships they have with the people of Lincolnshire. By working together, we reach different people in different ways and have the conversations with them that are important to them with trusted individuals.

Our strong relationships with Voluntary, Community, and Social Enterprise organisations enable us to commission them to undertake some work on behalf of, and in partnership with, the ICB. The ICB is committed to delivering engagement at all levels from working with community leaders at a neighbourhood level or through partnership working such as Lincolnshire's Integrated Care Partnership - Better Lives Lincolnshire. We regularly work in partnership with Healthwatch Lincolnshire to deliver engagement activities and Every-One, a local charity organisation that involve people with lived experience, in our involvement and coproduction. We work closely with the Lincolnshire Voluntary Engagement Team (LVET), a collective of VCSE organisations working together with a specific focus on developing and delivering health, care, and wellbeing services in Lincolnshire working with partner agencies.

Our day-to-day processes and systems have been established to work across engagement teams within the ICB and NHS Provider Trusts across Lincolnshire. Joint working enables us to collaborate and reduce duplication, leveraging the links we all have with their patient groups and memberships while supporting each other:

- Our ICB and NHS Provider Trusts' engagement teams in Lincolnshire meet fortnightly to share good practice, coordinate activities and offer support to each other.
- We share survey and analysis software across all NHS organisations.
- We reduce consultation and engagement fatigue in our communities by awareness of engagement activities being undertaken across Lincolnshire and often 'go out once' to local groups and communities and share all the opportunities to get involved with our partner organisations.
- Through collaboration we have created and introduced an Insight Database, storing multiple examples of activities and feedback. This is available to all NHS and partner organisations to search for feedback on specific services or geographical areas, from which we can better understand our communities and use this as a basis for future engagement.

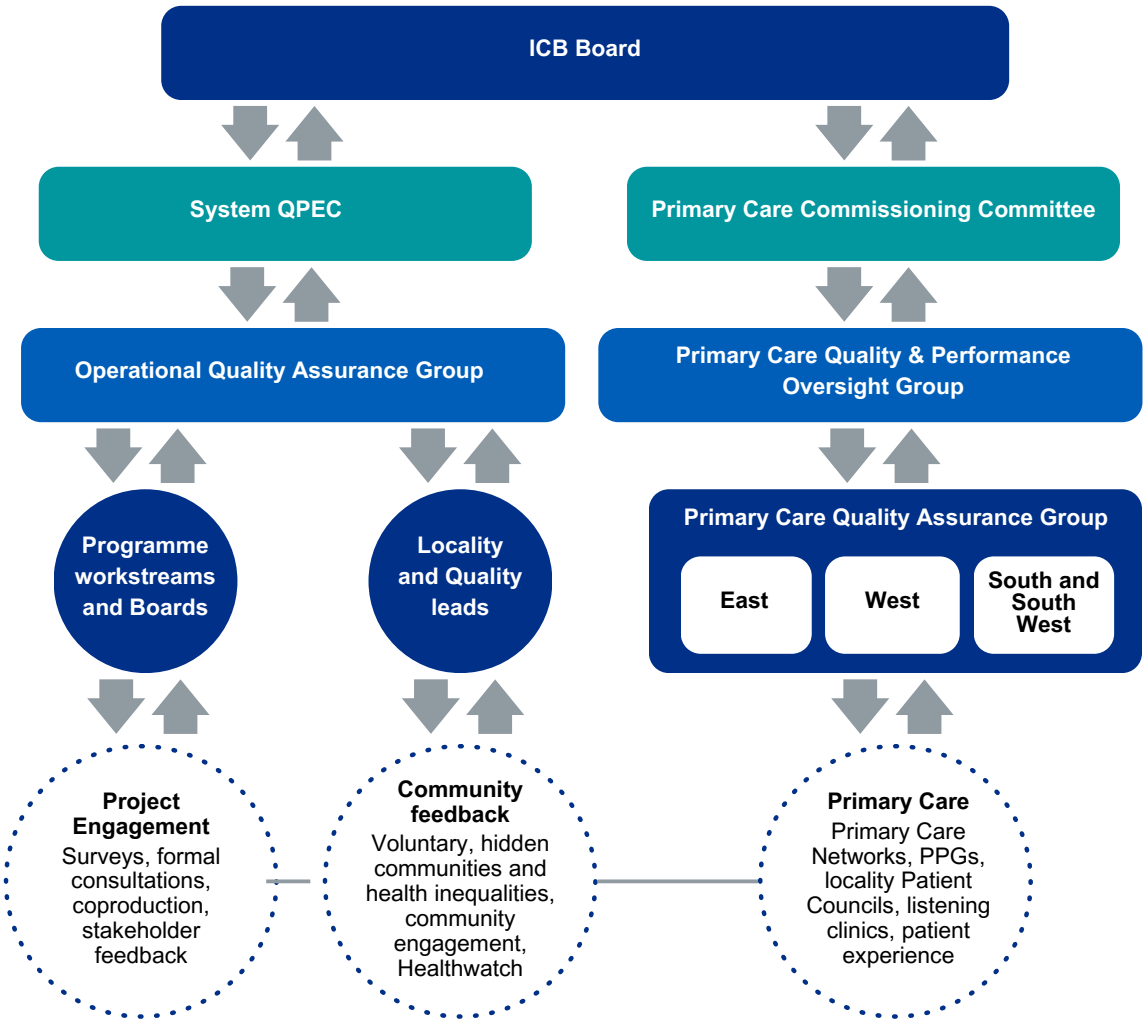
Timely and meaningful engagement is a priority for us, and a strong framework, with clear structures and assurance processes, plays a key role in making sure that patients and communities are central to our decision-making.

Reports on the outcomes of our engagement activities are reported to the ICB Operational Quality Assurance Group Meeting with escalation as required to the System Quality and Patient Experience Committee (QPEC) and to our Primary Care Commissioning Committee (PCCC) if it is regarding a GP surgery. Feedback from programme-specific engagement is also shared with our project leads to help shape and steer their programmes of work. **See the diagram on Page 43.**

Our engagement and involvement function is part of the ICB's Strategic Planning, Integration and Partnerships team, ensuring patients and our communities are at the heart of service development, improvement, and transformation. Strong links are maintained with the ICB Nursing and Quality Team to align patient experience and engagement with quality and safety.

We also have a dedicated communications and engagement team to focus solely on primary care, recognising the vast array of specific feedback we receive from patients and the public and enabling us to ensure this reaches the teams developing primary care and its services in a timely manner for them to respond to.

How we report and listen to the feedback we have heard:



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

The strategy is dynamic in nature, flexing in accordance with the needs and feedback of our communities. Therefore, some of the content is well established and progressed work, and some references to intended developments and collaborations. This document was developed during the transition period between CCGs and the ICB and our first People and Communities Involvement Report 2022-23, and subsequent annal involvement reports will demonstrate how we continue to work towards this and deliver the principles of engagement. We will engage with Lincolnshire People and Communities to review our progress against the strategy, identify gaps and areas of improvement as well as successes we can build on.

Lincolnshire is the fourth largest county in England with an area of 5,921 sq. km and a predominantly rural geography, an ageing population and areas of high socio-economic deprivation. We recognise and strive to overcome the barriers this creates when engaging with all of our different communities.

We recognise the differences in our communities from their health needs, ability to access services (both digitally and in person), and the ways they want to get involved.

All of our commissioning and involvement activities are built on a solid understanding of our population, service users, their experiences and the people that support them. We will utilise the knowledge, relationships, networks and strong links our partner organisations already have with our communities to ensure a fully holistic, system approach to involvement. We will use existing and tested opportunities to engage and communicate and seek to identify the best partner with the best relationship to lead the conversation. Working as partners will strengthen our collective messages and involvement activities. As well as joining up care, we will join up our engagement and experience work to capture and improve the patient journey and use this to empower joined up system working.

We continue to build strong relationships with our community groups and support organisations to help us reach more individuals and communities. We work closely with groups and venues providing warm spaces, food banks, as well as individuals such as Islamic leaders and social prescribers to draw on their wealth of experience and links to communities.

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

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

The involvement activities support the programme teams to fully understand the impacts on people and communities of any proposed changes. The insights and diverse thinking of people and communities are essential to enabling Lincolnshire ICB to tackle health inequalities and the other challenges faced by health and care systems.

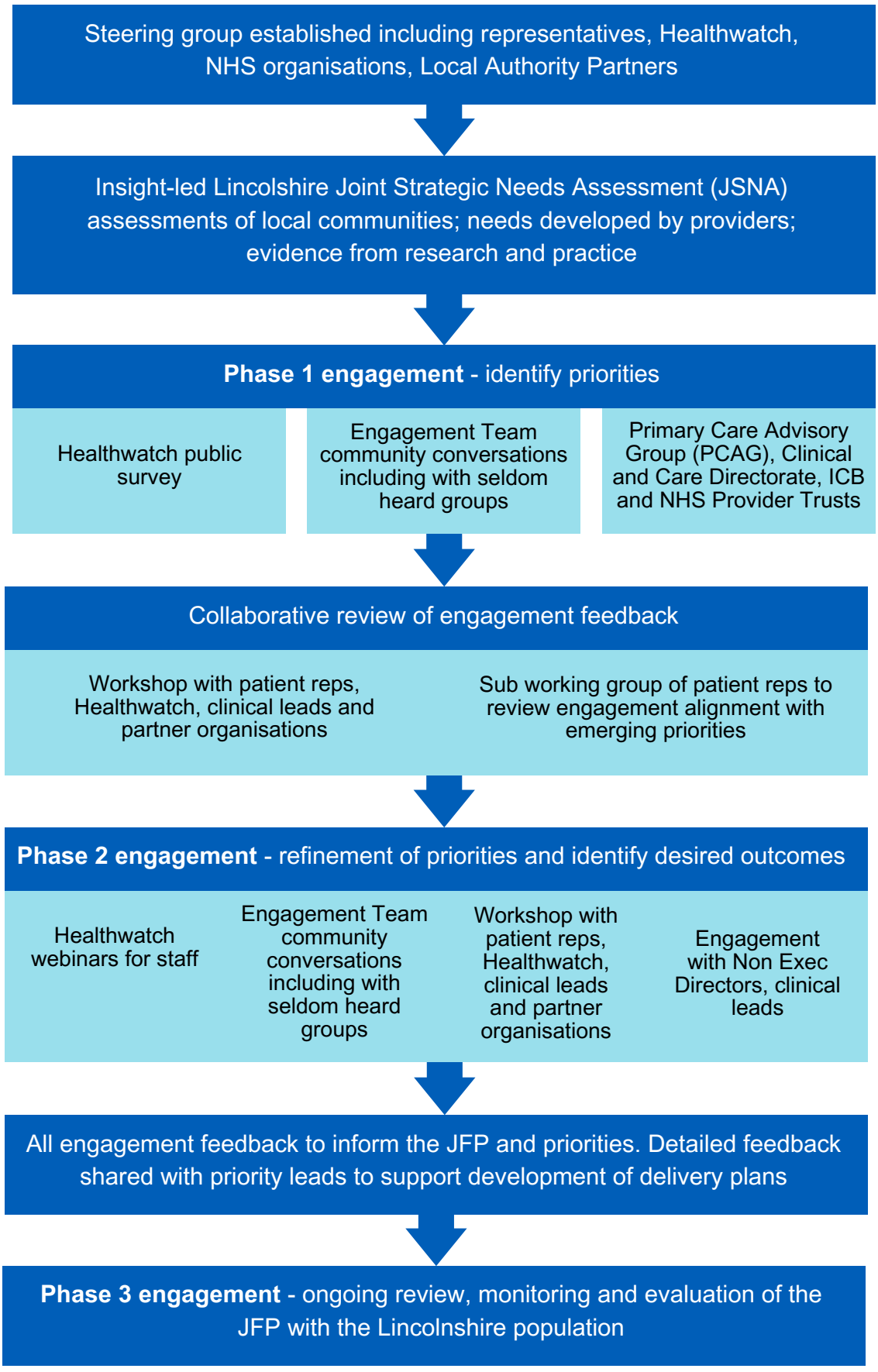
Our engagement within projects to tackle health inequalities is informed and driven by the latest demographic and Census data and Joint Strategic needs assessment via the Lincolnshire Research Observatory. Our People and Communities Involvement Report 2022-23 provides further details of our programmes of work undertaken to address inequalities. This work has strengthened relationships within our communities and often seldom heard groups.

This commitment to involvement is woven throughout all of our programmes of work including the development of Lincolnshire's Joint Forward Plan. We are co-producing our JFP with patient representatives, stakeholders, clinicians, and staff, and is based on a strong foundation of insight and intelligence. We have also commissioned Healthwatch Lincolnshire to undertake some engagement to maximise the opportunities for involvement. Our approach to engagement so far has been robust and will continue after publication of the document.

Engagement was undertaken in three phases to allow consideration of feedback at each stage of development and review. It takes into account Lincolnshire's unique landscape and demographics, reaching out into various communities, groups as well as areas of deprivation and health inequalities.

- We have embedded the patient voice in the development and decision-making process with patient representatives as key members of our Joint Forward Plan Steering Group, working alongside Healthwatch, Local Authority representation and leads from our provider trusts and primary care teams.
- Our patient representatives have attended clinical / organisational workshops and reviewed outputs to ensure alignment of public engagement feedback with the emerging priorities.
- Working in partnership, Healthwatch Lincolnshire has supported the engagement, undertaking a public survey in the first phase of engagement to identify priorities and staff webinars to test these during the last phase.
- The ICB engagement team carried out extensive community engagement in the first phase of engagement to understand what was important to the population of Lincolnshire and this was considered by staff, partner organisations and patient representatives at the workshop to identify emerging priorities.
- Further community engagement was undertaken during the second phase of engagement to test these priorities with the public and gain an understanding of what outcomes could be achieved for our communities.

Following the publication of the document we will built on this approach with a third phase of continual engagement with our population. This third phase of engagement enabled us to involve the wider Lincolnshire population on the document as a whole, the priorities and ongoing monitoring and evaluation of our work undertaken to achieve these. this has demonstrated our approach to ensure regular and transparent communications to everyone involved in the engagement and development of the Joint Forward Plan.


Steering group established including representatives, Healthwatch, NHS organisations, Local Authority Partners
Insight-led Lincolshire Joint Strategic Needs Assessment (JSNA) assessments of local communities; needs developed by providers; evidence from research and practice
Phase 1 engagement - identify priorities
Healthwatch public survey
Engagement Team community conversations including with seldom heard groups
Primary Care Advisory Group (PCAG), Clinical and Care Directorate, ICB and NHS Provider Trusts
Collaborative review of engagement feedback
Workshop with patient reps, Healthwatch, clinical leads and partner organisations
Sub working group of patient reps to review engagement alignment with emerging priorities
Phase 2 engagement - refinement of priorities and identify desired outcomes
Healthwatch webinars for staff
Engagement Team community conversations including with seldom heard groups
Workshop with patient reps, Healthwatch, clinical leads and partner organisations
Engagement with Non Exec Directors, clinical leads
All engagement feedback to inform the JFP and priorities. Detailed feedback shared with priority leads to support development of delivery plans
Phase 3 engagement - ongoing review, monitoring and evaluation of the JFP with the Lincolnshire population

Phase One public engagement activities:

A robust plan for engagement has been produced to support the development of the Joint Forward Plan and its joint NHS Priorities for the next five years. Alongside the consideration of existing insight and intelligence, engagement was undertaken to understand the views of patients and the public.

The ICB commissioned Healthwatch Lincolnshire to undertake a public survey to gather feedback on what was important to them, what they felt the NHS priorities should be over the next five years as well as their own experiences of services.

The Healthwatch online survey was available in different formats on request and hosted on Healthwatch Lincolnshire's website as well as NHS Lincolnshire ICB and NHS provider websites. The link was also shared with over 9000 contacts on the ICB engagement stakeholder database.

The online survey was regularly promoted through various channels including:

- Social media (Twitter, Facebook and Instagram) across the ICB and Trusts accounts as well as requests regularly being sent to Lincolnshire partners to share and extend the reach.
- Healthwatch channels (Website, social media, mailing lists).
- Sent to Lincolnshire Resilience Forum partners (Local Authority, East Midlands Ambulance Service, Public Health, Police, University of Lincoln and other partners).
- NHS Lincolnshire Engagement Bulletin.
- Press releases.
- Next-door online forum
- Provider's member databases and staff networks.
- Via leaflets with QR codes handed out during face-to-face engagement activities.

Healthwatch also ran two virtual webinars via Zoom that members of the public were able to register to attend via the Healthwatch Lincolnshire website.

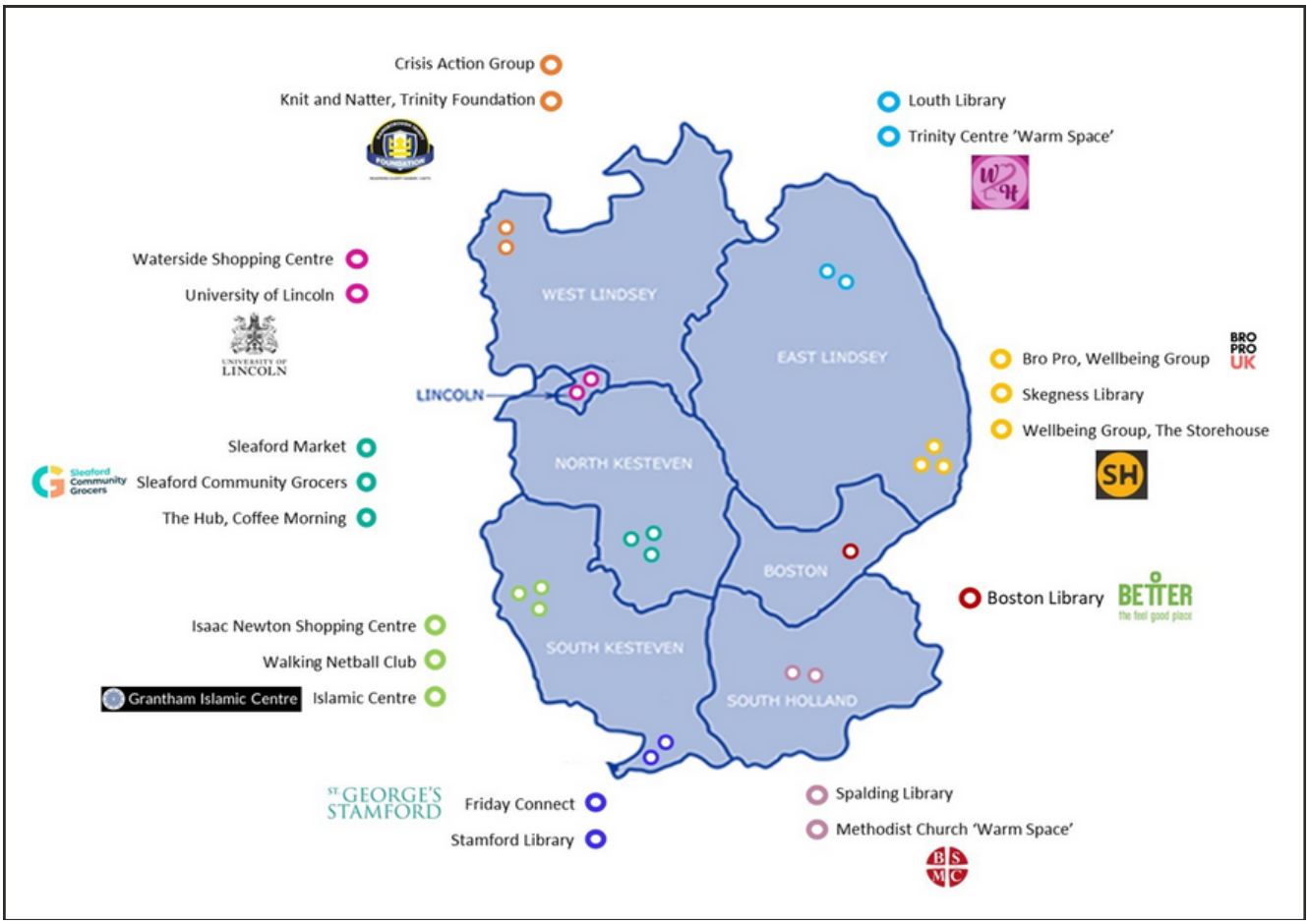
Community conversations

The NHS Lincolnshire ICB engagement team undertook discussions with the public and community groups between 10 - 21 February 2023, attending 20 community group meetings across eight localities in Lincolnshire including meeting with communities from deprived areas, students, people with mental health issues and minority ethnic groups.

Throughout the engagement period, the team incorporated a number of different activities to speak to members of the public such as attending existing community group meetings, display stands in public places, one-to-one and virtual meetings. Each location and event was chosen to enable us to reach as wide and varied a population as possible to ensure that all voices in our community were given an opportunity to be heard.

NHS Lincolnshire ICB has also been gathering experiences of care through a survey which has been open since June 2022, the results of which will also be fed into the programme.

- Patient representatives embedded within the programme - members of the Steering Group to shape the work; attending the engagement workshop alongside partner organisations; members of the Task and Finish Groups to review feedback and develop draft priorities
- 1028 responses to the Healthwatch online survey
- Attended 20 engagement events across Lincolnshire, talking to 254 people
- Engagement sent to over 9000 people on our stakeholder database
- Engagement sent to over 13,000 staff through organisation communications
- 388 responses to our Experiences of Care survey
- Shared via other partner organisations
- Attended community events across Lincolnshire at no cost and was able 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

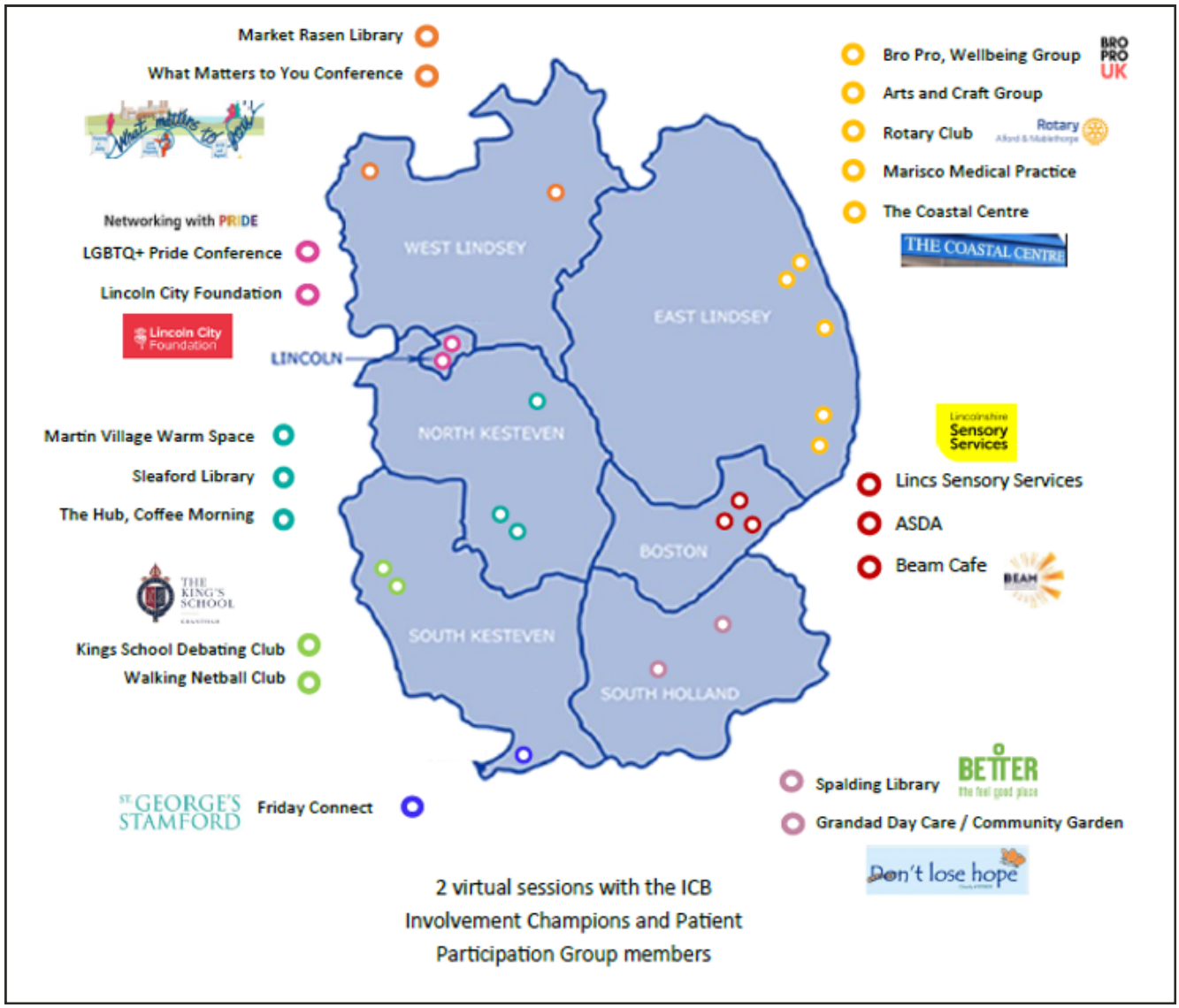


Phase Two public engagement activities:

During the second phase of engagement, the NHS Lincolnshire ICB engagement team undertook discussions with the public and community groups between the 5 -16 June, attending 22 community group meetings across 13 localities in Lincolnshire, talking to 252 people including engaging with seldom-heard groups such as those from deprived areas, younger people, people with mental health issues and those from LGBTQ+ community and other protected characteristics.

To ensure we could reach as wide and varied population as possible and to ensure that all voices in our communities were given a fair opportunity to be heard we incorporated a number of different activities to speak to members of the public such as attending existing group meetings and display stands in public places. Two virtual events were also held with our ICB Involvement Champions and PPG representatives.

The map on page 53 shows the breadth and reach of activity undertaken by the NHS Lincolnshire ICB Engagement Team.



Healthwatch Lincolnshire also undertook two webinars to gather views from members of staff.

The feedback from Phase Two engagement will be considered by the team working on the development of the Joint Forward Plan to help shape the document before publication and also the Steering Group who have oversight of the process and ensure the engagement has been duly considered. Along with further detailed feedback, this report will also be shared with priority leads to inform the development of their delivery plans to incorporate the feedback heard, identify any gaps identified, areas of focus within priorities or where we need to strive to make this priority 'go further'.

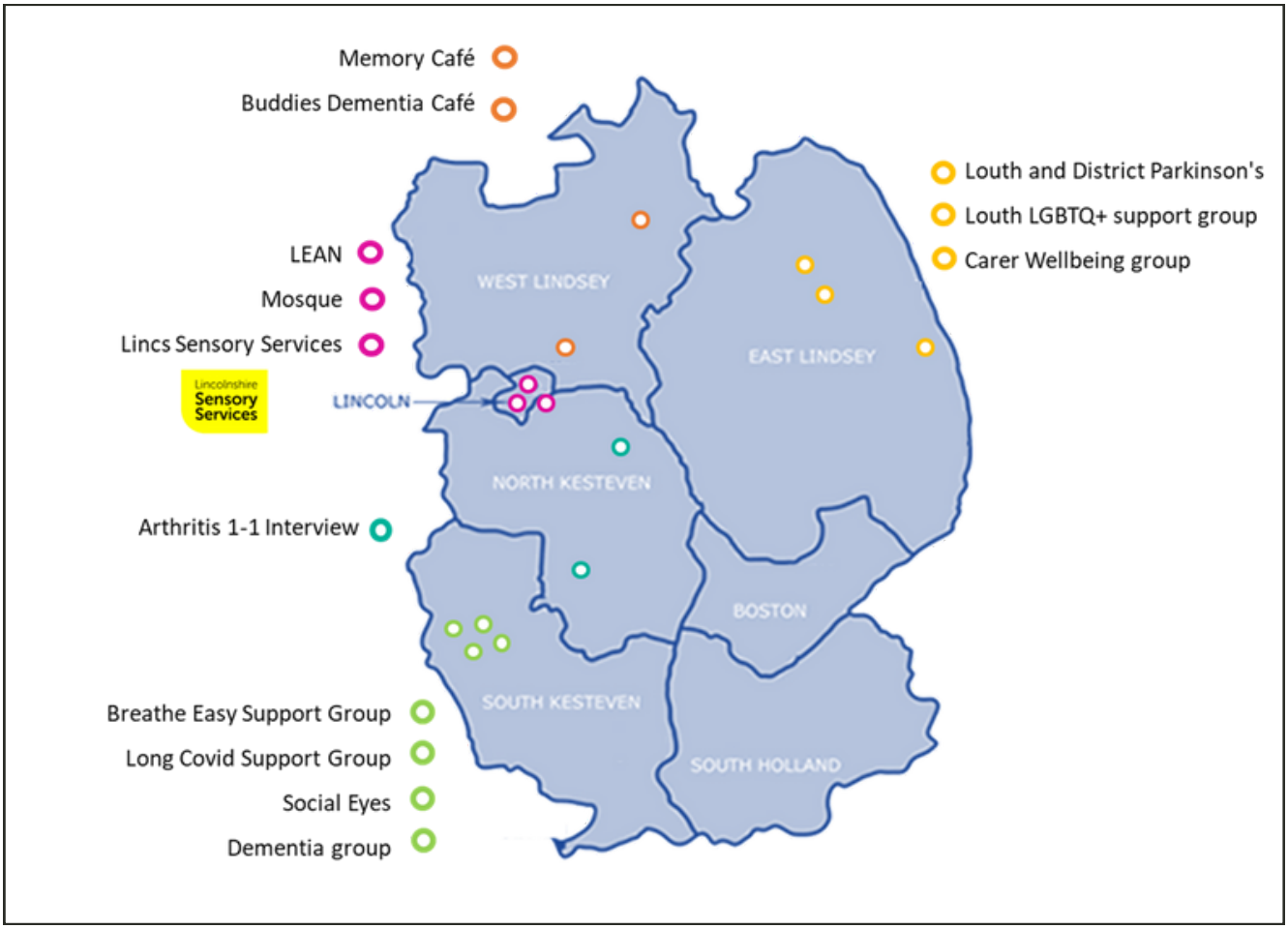
Phase Three public engagement activities:

Throughout a 5-week period in November and December 2023 we engaged with 13 different groups across Lincolnshire.

In the previous two phases of engagement, we incorporated several different activities to speak to members of the public such as attending existing group meetings, display stands in public places and holding virtual meetings.

However, during this third phase of engagement, to ensure all communities have been given a fair opportunity to have their say, we concentrated our activities on those groups that we had not heard from as much during phases one and two.

The map below shows the breadth and reach of activity undertaken by the NHS Lincolnshire ICB Engagement Team.



The feedback provided will support a review and refresh of the Joint Forward Plan to ensure the needs and views of our communities are reflected in the document and help shape the main priorities.

Duty to patient choice

Each ICB must act with a view to enabling patients to make choices with respect to aspects of health services provided to them

Lincolnshire ICB recognises its legal duty described in the NHS Constitution (January 2021) as an individual's right to receive care and treatment that is appropriate to meet their needs and reflects their preferences; and the responsibilities set out in the NHS Choices Framework (2020) in relation to choices about healthcare; where to get more information to help individuals choose; and how to complain if they are not offered a choice.

Lincolnshire understands these responsibilities in relation to patient choice and have established a range of mechanisms to support individuals in considering their options and making informed choices regarding access to the care and services they require. The ICB will continue to support and develop choice where services are available and meet the needs of the population of Lincolnshire. This will be captured in commissioning plans as well as in the detail of contracting arrangements with services in and outside of Lincolnshire.

The Elective Activity Coordination Hub (EACH) is a service provided within Lincolnshire to assist with patient referrals to Community Services and Hospitals (including Private) for NHS treatment. Working on behalf of GP practices EACH liaises with patients to offer choice of provider, discuss the current position around waiting times and identify with the patient the best place for their care. The EACH also liaises proactively with patients who have been on hospital waiting lists for a prolonged period of time to see if there are any clinically suitable alternative providers that can be offered.

In addition to EACH Lincolnshire ICB has an established 'My Planned Care – Waiting Well' page on its website that provides a range of information including indicative wait times for procedures at NHS hospitals across Lincolnshire and neighbouring counties and what to do if there is a change in a person's condition whilst awaiting a planned procedure.

The NHS across Lincolnshire has also introduced the smartphone app WaitLess, designed to help people choose the least pressured urgent and emergency care services and better understand waiting times. The number of Systems currently using the WaitLess app is limited and therefore at present it only displays waiting times for facilities inside Lincolnshire. However, as neighbouring systems develop mechanisms for informing the public of waits for urgent and emergency care the ICB will look to promote these through existing communications routes to ensure those people resident on the borders of the county are appropriately informed.

Following admission to hospital it is important there is early consideration of discharge arrangements that need to be in place and that can be implemented as soon as a patient no longer needs to be in acute hospital care. Significant work is taking place in Lincolnshire to ensure appropriate pathways of care are in place and where needed, alternative out-of-hospital support is available. The processes being developed recognise individuals and families need to be engaged at the earliest opportunity to facilitate good care planning, that involves the individual in decisions regarding their care. To support these processes work is taking place to establish a system Choice Policy that will provide a framework for informed decision making in relation to expectations regarding discharge arrangements.

Personalisation is fundamental to enabling individuals and their families to have greater choice and control over the way their assessed needs can be met. Within Lincolnshire there is a Personal Health Budget (PHB) Implementation Strategy for 2022 - 2024 which includes an emphasis on ensuring PHBs are accessible to all people who are eligible for one, exploring new opportunities to proactively launch the programme into a range of new cohorts and services. This includes consideration of both established funding streams such as Continuing Health Care and Children's Continuing Care through to non-established funding streams such as Child and Adolescent Mental Health Services (CAMHS); jointly-funded packages for high-intensity users and long-term conditions; and social prescribing. Whilst Lincolnshire ICB has consistently achieved the year-end target as mandated by NHSE, the aspirations set out in the Personal Health Budget (PHB) Implementation Strategy for 2022 - 2024 highlight the continued focus on personalisation within the county.

Lincolnshire ICB as a robust complaints policy and process in place and information for the public on how to raise a complaint, which would include issues relating to patient choice, is included on the ICB website Your feedback matters - Lincolnshire ICB. Learning from complaints is used to inform a range of functions within the ICB, including, where appropriate, gaps in commissioning or processes that support access and patient choice which require improvement.

Duty to obtain appropriate advice

Each ICB must obtain appropriate advice to enable it to effectively discharge its functions from persons who (taken together) have a broad range of professional expertise in:

a) the prevention, diagnosis or treatment of illness and

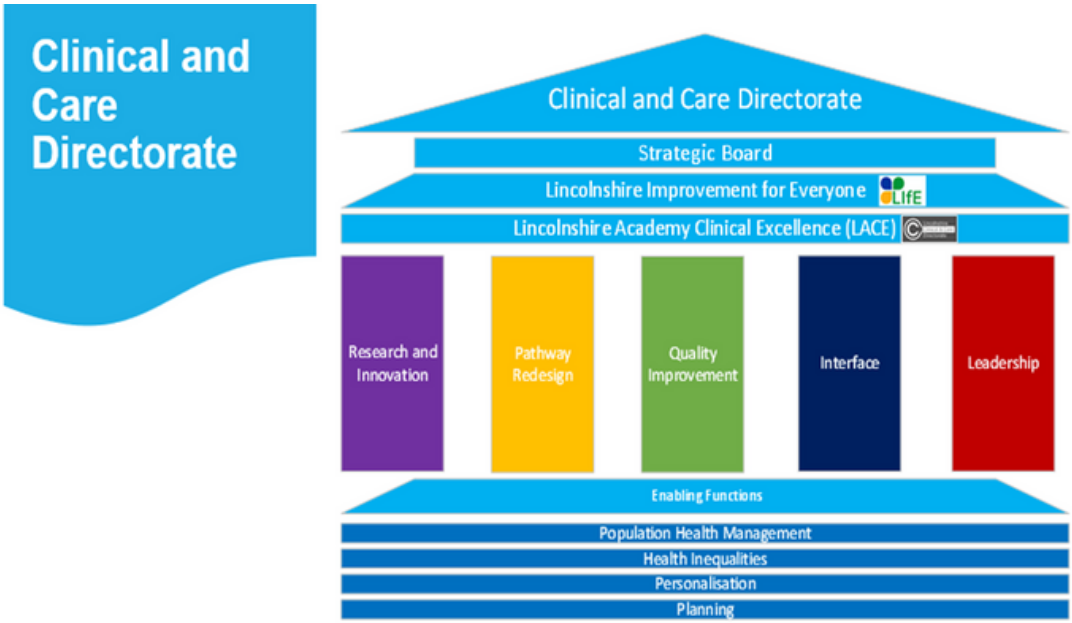
b) the protection or improvement of public health.

The Lincolnshire ICB has established the Care and Clinical Professional Directorate. This includes senior clinicians and care sector leaders from medicine, nursing, allied health professional's adult and children's care services supported by a management team. Senior colleagues from the ICB are also part of the core membership. We invite other clinicians' dependant on the pathway redesign topic who are not part of the core membership but have the relevant expertise. The outputs are shared widely, including through the Primary Care Advisory Group which includes all of primary care not just general practice.

The CCD aligns with the five principles set out in the NHSE guidance: 'Building strong integrated care systems everywhere' (Sep 2022)

- Integrating clinical and care professionals in decision-making at every level of the ICS
- Creating a culture of shared learning, collaboration, and innovation, working alongside patients and local communities
- Ensuring clinical and care professional leaders have appropriate resources to carry out their system role/s
- Providing dedicated leadership development for all clinicians and care professional leaders.
- Identifying, recruiting, and creating a pipeline of clinical and care professional leaders.

The Clinical and Care Directorate (CCD) will be the collective voice of all health and care professionals in Lincolnshire. It will provide evidence-based decision-making by well-led clinical professional groups.The infographic depicts the structure and alignment of the elements included within the CCD.



The Strategic Board is a leadership committee of the CCD and sets Lincolnshire's clincal direction and acts as an advisory group and a source of clincal expertise to the ICS, ICB, LHCC and MLHDAA. Members of the Strategic Board are senior clinicians who are invited to represent components from the ICS.

The ambition is the development of a cohesive approach to improvement, learning, research, and innovation at a Lincolnshire ICS system level under the banner of LIfE: Lincolnshire Improvement for Everyone.

The CCD has been structured with the five key component parts, these parts include;

- Research and Innovation
- Pathway redesign
- Quality Improvement
- Interface
- Leadership

The first three parts make up the fundamentals of the LACE these elements work closely together to ensure research, innovation, pathway redesign and quality improvement are at the heart of transforming clincal excellence and improving patient outcomes. Interface is a forum for primary and secondary care clinicians to improve patient flow and care with the aim of reducing duplication, following best practice, and therefore improving patient care. The leadership program will enable senior medical colleagues to develop together to lead clinical change in our system. We hope to create a pipeline for this development to secure succession planning.

The purpose is improving the health and wellbeing of people in Lincolnshire, by supporting the delivery of our long-term population health improvement goals as well as care delivery. The added value of working as a system facilitating stronger collaboration across organisations and more effective scaling of innovation; using existing assets and the expertise that exists in Lincolnshire. Shifting the focus from assurance to improvement, which is everyone's business, adopting learning health and care system concept, understanding the relationship between investment and outcomes. The end-product will be a Lincolnshire framework which drives more effective improvement, agreeing common language and principles.

The proposed framework will focus on two main elements:

- Creating the conditions for change: identifying goals, priorities and resources; building relationships and trust; seeing diverse expertise as an asset; developing shared system leadership
- Enabling the planning and delivery of changes across the system

The Better Lives Lincolnshire Leadership Team endorsed the approach.

We have established Links with Q, The Health Foundation and NHS Confederation to provide peer learning support programme and opportunity to test Q framework in Lincolnshire. Establishing an ICS working group, links to national support offers. Draw up the framework, building on our work to date finally test and refine.

Lincolnshire Academy for Clinical Excellence (LACE) is the facilitator of clinical care pathway reviews for the ICS, bringing together clinical and operational experts with people with lived experience, to review and redesign care pathways, using a variety of methods and techniques such as evidence synthesis and quality improvement tools.

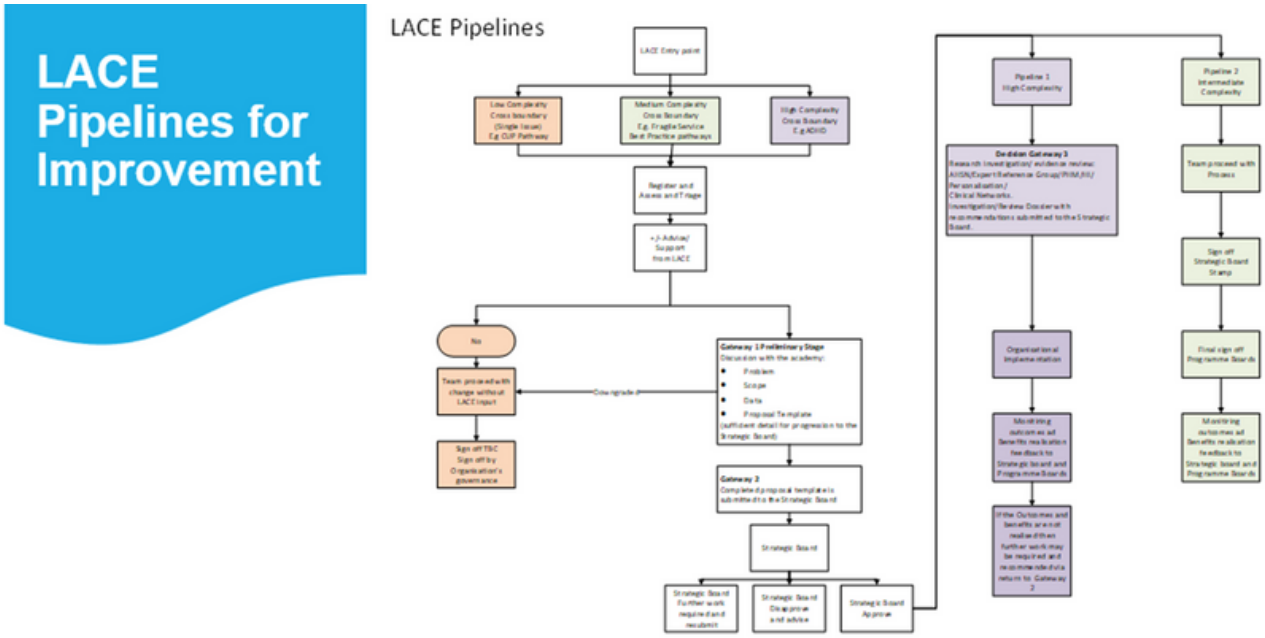
We look in detail at the data, including population health analysis, health inequalities and personalisation. Alongside this, we collate clinical evidence by searching the clinical database and clinical papers. We also seek advice from national, regional, and local experts in the area of interest.

We are developing strong links with the University of Lincoln and the Health Innovation East Midlands (HIEM) to formulate the process of evidence synthesis. This will be a fundamental part of service redesign, starting with gathering current clinical evidence, best practice and inviting leading clinical experts to inform pathways.

We draw all elements together and provide guidance to teams regards Improvement options these include Low, Medium, and High complex pipelines. There are 5 stages to the pipeline for the high complex these contain the following.

- Seeking approval from the Strategic Board
- Establishing stakeholder and expert engagement
- Detailing the current position and areas for improvement
- Mapping the future state and building a high-level strategy and plan
- System sign-off and ownership of the strategy and plan

The following infographic depicts this:



Colorectal

As an example, we have recently completed the redesign of the colorectal pathway. We had an uptake of FIT testing below 30% for new Two Week Wait referrals for suspected colorectal cancers. With the methodology described, and with the help of the Chair of the British Gastroenterology Society, we have redesigned that pathway. The result has seen an increase in the adoption of FIT testing to well above 80% and often nearing 100%.

ADHD

LACE is currently undertaking a detailed review of ADHD services for adults in Lincolnshire at the request of the ICB's Mental Health, Learning Disabilities, Autism & CAMHS Commissioning Team.

Working with the Chief Commissioning Manager and his team, LACE are partway through the five stages of its most complex review pipeline, facilitating a series of workshops involving local clinical,

operational and commissioning experts as well as people with lived experience, all coming together to form The Expert Reference Group (Stage 2). The Strategic Board, having approved the review (Stage 1), has received verbal updates on its progress and will receive a copy of the final strategy and dossier for sign-off prior to its implementation (Stage 5).

Workshops 1 and 2 of the review (Stage 3) have focused upon exploring the current position using detailed local data analysis, best practice guidance via evidence synthesis carried out by Health Innovation East Midlands, and clinical standards' and personalisation gap analyses, carried out by the current, independent providers. A survey of people with lived experience of ADHD and using local healthcare services, was also carried out. All of this intelligence, which was presented and reviewed at the workshops, was then supplemented by the experts during a series of activities to deepen the understanding of the issues and causes that would benefit most from a quality improvement approach.

Workshop 3 (+ Workshop 4 = Stage 4) began focusing upon the desired future state or vision for services by agreeing an aim statement underpinned by three objectives. The major elements of the current and desired future pathway were agreed and mapped in relation to each other. Workshop 4, not yet delivered, will focus upon agreeing outcomes and outcome measures for each of the elements of the care pathway. The outputs from workshops 3 and 4 will form the basis of a high-level strategy which the commissioning team will use to inform their commissioning intentions going forward once approval has been granted by the Strategic Board.

The three workshops already undertaken, have been well attended with good representation from independent service providers, NHS staff from across the system, university, and public health staff. Attendees were very engaged in the workshops and the post-workshop feedback via anonymous surveys, has been extremely positive.

This has been our first example to test the complex pipeline it was commissioned by the Mental Health, Learning Disabilities, Autism & CAMHS Commissioning Team. It has been a testbed for the LACE method and pipeline of activities for detailed reviews.There have been 4 workshops (1,2&3 completed) including clinical and operational experts as well as people with lived experienced, together comprise the Expert Reference Group. 3/4 private providers engaged and in attendance. Detailed exploration of the issues, data, evidence base, solution generation resulting in a high-level strategy by March 2024.

There are many pipelines now commencing some led by the LACE team some led by other improvement teams/ individuals across the system. The oversight and progress of these programmes of work are aligned with the Strategic Board. The approach the CCD is taking is integral to the success of integration to improve patient outcomes locally.

Duty to promote innovation

Each ICB must promote innovation in the provision of health services (including in the arrangements made for their provision).

Our ICS has close links with the Health Innovation East Midlands (HIEM). In May 2024, a 2 year fixed term ICS Innovation Lead post, in partnership with HIEM, will support innovation across our system and link with ICS counterparts within the East Midlands. Health Innovation East Midlands was established by NHS England in 2013, as one of 15 organisations across England acting together as the innovation arm of the NHS. Bringing together partners from across all sectors involved in health and care including the NHS, social care and public health, patients, research, third sector and industry – to identify, test and spread new technologies and better ways of working.

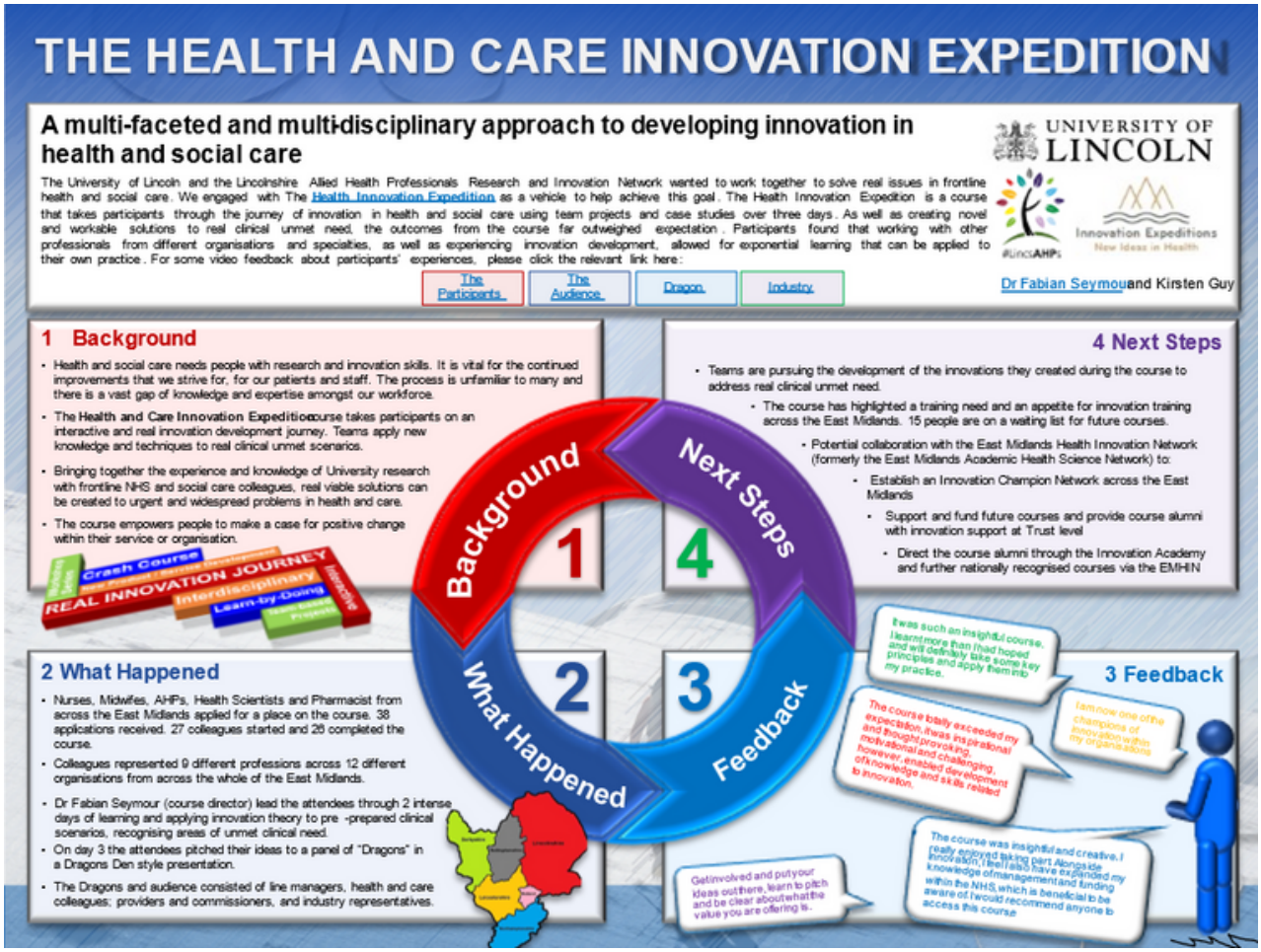
The work of all the Health Innovation Networks is broadly split between three different, but complementary commissions:

- NHS England (covering our core work around innovation)
- NHS Improvement (supporting safer care through our Patient Safety Collaboratives)
- Office for Life Sciences (helping innovators to spread their great ideas and technologies, and in doing so support economic growth).

We are looking forward to exploring a support package and working ever more closely with HIEM who continue to support our health and care organisations to adopt and spread innovative ways of working that will mean our services can treat more patients more quickly and achieve better outcomes. This would enable sharing best practice from national and regional teams, to evaluate at a local clinical level and into front line practice.

In June 2024, we will be delivering our 2nd Health and Care Innovation Course in partnership with the University of Lincoln and newly for this year, Health Innovation East Midlands (HIEM). This four-day course is open to nurses, midwives, AHPs, pharmacists and health scientists from across the East Midlands. Using Health Innovation Expedition: New ideas in Health & Social Care as the innovation vehicle, attendees are empowered to innovate more effectively and are given the tools to navigate the complexities of getting ideas developed, adopted, and spread throughout the NHS and social care settings. Attendees work on innovative solutions to current clinical challenges in 4 workshops. Day 4 is the final workshop and will consist of a Dragons Den showcase where group ideas will be pitched to relevant national, regional and local partners. Please see the feedback poster above and the links to videos from the Dragons Den Day last year.

Feedback poster from the 2023 Health and Care Innovation Course



The participants | The audience | Dragon | Industry

We are delighted to be developing an ICS Research and Innovation Strategy, which will be published in April 2024. Including Innovation demonstrates our collective commitment to innovation in addition to research. Although different specialities, there are many benefits to dovetailing our strategy. Please see further details in the research section below.

HIEM Blood Pressure Optimisation programme

The Blood Pressure Optimisation programme aims to support local systems in identifying patients with hypertension, providing the right care to reduce the incidence of heart attacks, strokes, and dementia.

HIEM are supporting primary care staff within East Midlands Primary Care Networks (PCNs) to implement the Proactive Care Framework for hypertension to optimise clinical care and self-management for people with high blood pressure and other CVD risk factors.

The Framework offers:

- ·Risk stratification to prioritise which patients to see first.
- ·Use of the wider workforce to support remote care and self-care.
- ·Supporting patients to maximise the benefits of remote monitoring and virtual consultations where appropriate.

In addition, we are working collaboratively with Integrated Care Systems to improve existing case finding initiatives to increase the detection of people with hypertension.

Improving care for patients with lower limb wounds

Project summary

EMAHSN locally supported the AHSN Network Transforming wound care national adoption and spread programme. The programmes aim is to ensure that all patients with lower limb wounds receive evidence based care which leads to:

- faster healing of wounds
- improved quality of life for patients
- reduced likelihood of wound recurrence
- uses health and care resources more effectively.

The programme uses the evidence, learning and recommendations from the National Wound Care Strategy Programme (NWCSP).

EMAHSN took part in Phase 1 of the programme and supported Lincolnshire Community Health Services NHS Trust to establish a dedicated Lower Limb Wound Clinic Test and Evaluation Site.

The challenge

Most wounds to lower limbs heal within a few weeks. Chronic lower limb wounds are those below the knee that are slow or fail to heal. Chronic lower limb wounds account for at least 42% of all wounds in the UK, with leg ulcers being the most common type (34% of the total wound population, compared to 7% pressure ulcers and 8% diabetic foot ulcers).

A large proportion of the total wound care spend is for these chronic lower limb wounds because of their slower healing rates. In 2019, there were an estimated 739,000 leg ulcers in England with estimated associated healthcare costs of £3.1 billion per annum year.

Based on evidence from the National Wound Care Strategy Programme, the prevalence of total leg

ulcers is expected to increase by around 4% annually, to over 1 million by 2036 if there is no intervention. This is driven by an increase in leg ulcers that either recurs after healing or do not heal.

The solution

The three key elements of the programme are:

- People: the delivery of training to all staff supporting patients with wounds
- Processes: implementing a new evidence-based model based on the recommendations of the NWCSP
- Technology & design: supporting data collection and provision of care through a new digital wound management system

Atrial Fibrillation

The Atrial Fibrillation (AF) programme focused on improving the detection and treatment of AF in primary care. It was active in the East Midlands from 2016 and was selected as a national programme to implement across the 15 AHSNs between 2018 and 2020.

It facilitated collaboration between GPs and other clinical support groups, such as pharmacists, to deliver more timely treatment and evaluation of these approaches.

Impacts

Between April 2016 and March 2020, the programme achieved the following in the East Midlands:

- Deployed 925 devices to participating GP practices and support services to increase detection.
- Supported the treatment of an additional 25,127 people diagnosed with AF.
- Supported our East Midlands health system to achieve a 90% anticoagulated rate of people diagnosed with AF by March 2020 (against a national target of 90% by 2029).
- Contributed to the avoidance of 1,005 AF-related strokes.
- Contributed to the avoidance of 254 AF-related deaths.
- Saved the East Midlands health and care system £22.8M.

The examples outline successful innovations that are being tested across the East Midlands, HIEM have funded a System role to support Innovation, this role will support the learning and upscaling of these innovations across Lincolnshire to improve outcomes for patients.

The Director of Public Health is a core member of the Clinical Directorate and is the key link to the JSNA, as well as the conduit of the clinical voice in the JHWS. Through that mechanism, we installed WHZAN technology into our care homes that enable much greater support to care home staff for remote monitoring. This improves the standard of care we can offer to care home residents.

Duty in respect of research

Each ICB must facilitate or otherwise promote:

a) research on matters relevant to the health service and

b) the use in the health service of evidence obtained from research.

We have the ambition to be the leading county for rural and coastal research.

Lincolnshire's history in research to date has been focused on individual Trust level and general practice-based work. We have pockets of research delivery excellence in cardiology, haematology, mental health, pre-hospital, gambling, and addiction, and we have ambitions to ensure equity and increased opportunities to be involved in research from a public and workforce perspective. The Clinical Research Network (CRN) East Midlands is 1st for recruitment to Primary Care studies, out of the other 15 Local Clinical Research Networks (CRNs) and Lincolnshire is 3rd in the East Midlands with over 8,000 recruited within 2023/24.

Research and Innovation forms an integral part of LiFE (Lincolnshire Improvement for Everyone) and moving forwards this will be integral to the synthesis of the evidence required to make positive, impactful change. In terms of evidence synthesis informing pathway redesign, please see the examples in the section above on the Duty to obtain appropriate advice.
Facilitated by our ICB we have established an ICS Research Leaders Group which builds on established research partnerships within our ICS. The Group meets monthly with representation from research leaders across the NHS, Lincolnshire County Council, Universities (University of Lincoln and Bishop Grosseteste University), voluntary sector and wider partners. Its purpose is to provide strong and effective leadership and partnership working across the health and care system, with a commitment to maximising shared research opportunities to deliver better health and wellbeing outcomes to the people of Lincolnshire. We are developing an ICS dashboard that will allow the group to demonstrate impact and monitor research and innovation activity across the ICS to ensure a co-ordinated approach that will maximise opportunities for Research and Innovation. This group will have strategic and operational functions and will oversee the development of the ICS Research and Innovation Strategy.

In April we are launching our Research and Innovation Hub:

Research and Innovation Hub
LIfE
Lincolnshire Improvement for Everyone
Improving the Health and Wellbeing of people in Lincolnshire

Our Research and Innovation Hub will be a virtual place that brings together the Lincolnshire Public, our Workforce and our colleagues at our universities to drive research and innovation in our county for benefit of our rural and coastal community. A Hub website is in development and will initially be public facing. It will be a resource where the Public can find out about health and care research, why it is important, what is happening nationally, regionally and in Lincolnshire, and how to get involved. Sitting within the Lincolnshire ICB website, it will be a 'one stop shop' for Research and Innovation in the county. The public content has been co-produced with the public during 2 workshops which were very well attended. The website will continue to evolve to include sections for our workforce, researchers, and our research leaders. The hub launch will be a celebration of Research and Innovation in Lincolnshire, with attendees from all our ICS, local and regional partners, national speakers and the Lincolnshire public. It will be a launch pad for our collective ambition for Research and Innovation to drive excellence in rural and coastal health and wellbeing.

At the Hub launch we will also be publishing our first ICS Research and Innovation Strategy. Our strategy has been co-produced during a series of collaborative workshops with senior leaders in our system, partners and our public. Our 5 year strategy is ambitious and reflects our commitment to ensuring that research and innovation are embedded in our core business rather than being an add-on.

Our 4 strategy principals align with national and local priorities and goals:

1. Reflects the needs of our rural and coastal community
2. Collaborative, co-ordinated and trusted partnerships
3. Research, Innovation and Evidence embedded in everything we do.
4. Delivered by a sustainable, capable and confident workforce

The Implementation plan will follow later in 2024 and will set out the road map for achieving our collective goals and vision.

Lincolnshire has a novice but emerging research and innovation workforce and therefore building capacity, capability and confidence is vital. Since November 2023 we have secured nearly £50,000 from our local and regional partners to support our innovative capacity and capability initiatives for our workforce and public. As an example, the ICB, Lincolnshire County Council and the University of Lincolnshire have developed a foundation research training programme which will be offered to all colleagues from Lincolnshire County Council and across all Lincolnshire Health and Social Care organisations. The programme has been created following survey feedback from our Allied Health Professionals (AHPs) and Lincolnshire County Council (LCC) workforce. The programme has been joint funded by the CRN, Lincolnshire County Council and United Lincolnshire Hospitals NHS Trust.

- Starting at the end of March, the training will be 8 online sessions over 5 months culminating in an in-person celebration marketplace event to explore the 'what next'.
- No prior knowledge of research required.
- For all staff (registered and unregistered).

The programme aims to demystify research and ignite passion and interest, to grow research skills and knowledge across Lincolnshire, for the benefit of the Lincolnshire population and our workforce.

Our Allied Health professional (AHP) council are very much part of our research cultural shift and want to increase their participation in delivering and developing research. We have a trailblazing paramedic colleague working in our local ambulance service already doing primary research. He is the first paramedic in the country to be awarded a prestigious Advanced Clinical and Practitioner Academic Fellowship (ACAF). We have recently launched our Council for Allied Health Professionals in Research (CAHPR) hub and have growing community of research aware, active and engaged non-medical clinicians creating a diverse, multi-professional research workforce within the county.

We now have a medical school and are working closely with the University of Lincoln to coordinate the research activity in our ICS. We have a national exemplar site, the Institute of Rural and Coastal health, which directly addresses one of the key challenges we face which is health inequalities in those areas of our county.

We have a formal MOU with the University and supported the successful E3 bid for the University of Lincoln to establish England's first integrated/transdisciplinary research centre for Coastal and Rural Health Research. This centre will tackle serious and urgent geographical inequities impacting on physical, mental, social, and economic health and wellbeing. A national powerhouse will be created to generate critical intelligence and tested solutions for implementation. The centre will build on the excellence and demonstrated success of the Lincoln International Institute for Rural Health (LIIRH) through synergised and scaled up connections with Lincoln's Community and Health Research Unit (CaHRU), and the Development, Inequality, Resilience and Environments (DIRE) group from the Department of Geography. This is part of the strategy to significantly increase our research capacity.

Additional initiatives are for another bid for Health Determinants Research Collaborations led by our Director of Public Health.

Please see the poster on page 69 as an example of our symbiotic relationship with the University of Lincoln and the commitment in Lincolnshire to provide a platform to exchange ideas on sustainable development challenges that brings national recognition and speakers to share impactful policy ideas beyond academia.


UNIVERSITY OF LINCOLN
LINCOLN INTERNATIONAL BUSINESS SCHOOL
Lincoln Economics, Accountancy & Finance Research Group presents
4th Development Economics Conference (DEC) 2024
Technology, Innovation and the Environment: Challenges for Sustainable Development
24th-26th June 2024
Lincoln International Business School, University of Lincoln, United Kingdom.
Rapid technological changes have both transformative and disruptive consequences for sustainable development. Utilizing new technologies can accelerate progress towards Sustainable Development Goals (SDGs), but their rapid application, as seen during the COVID pandemic, can also create challenges. Policymakers need to consider the direction, distribution, and diversity of innovation pathways to minimize economic, social, and environmental issues caused by previous technological changes. This conference provides a platform for scholars, practitioners, and policymakers to exchange ideas on contemporary sustainable development challenges, seeking contributions that generate impactful policy ideas beyond academia.
Invited Speakers
Dr Ayhan Kose
Deputy Chief Economist and Director of Prospects Group, World Bank
Sir Timothy Besley CBE FBA
Professor of Development Economics and Political Science London School of Economics
Professor Kaushik Basu
Professor of International Studies, Cornell University.
Former Senior Vice President and Chief Economist of the World Bank
Former Chief Economic Advisor to the Government of India at the Ministry of Finance.
Professor Kunal Sen
Director, UNU-WIDER and Professor of Development Economics at the Global Development Institute University of Manchester.
Professor Sushanta Mallick
Professor of International Finance at Queen Mary's School of Business and Management
Editor in Chief – Economic Modelling / Editor – Economic Analysis & Policy.
Professor Johan Swinnen
Director General, International Food Policy Research Institute (IFPRI)
Managing Director, Systems Transformation Science Group, (CGIAR).
lncn.ac/dec
Professor Shrabani Saha
Conference Chair
Professor Marian Rizov
Conference Co-Chair
Enquiries
declibs@lincoln.ac.uk
Special Session on Economics of Inequality in Health Care
Professor Partha Kar OBE
National Specialty Advisor, Diabetes with NHS England and co-author of the national Diabetes GIRFT report.
Professor Chris Price
Professor of Stroke and Applied Health Research, Newcastle University.
Professor DAME Caroline Watkins
Professor of Stroke and Older People's Care, Faculty of Health and Care Director of Research and Enterprise, Lancashire Teaching Hospitals NHS Foundation Trust
Dr Sunil Hindocha
Interim Medical Director Lincolnshire Integrated Care Board.
Key Dates
Paper Submission: Extended February 29th, 2024
Notifications of Acceptance: March 15th, 2024
Full Paper Submission Deadline: May 15th, 2024
Registration Closes Midnight (BST): May 31st, 2024
Registration
£300
£250 PhD Students
Includes access to the full three-day DEC 2024 Conference, and the formal conference dinner held on 25th June.
Register Here
lncn.ac/dec

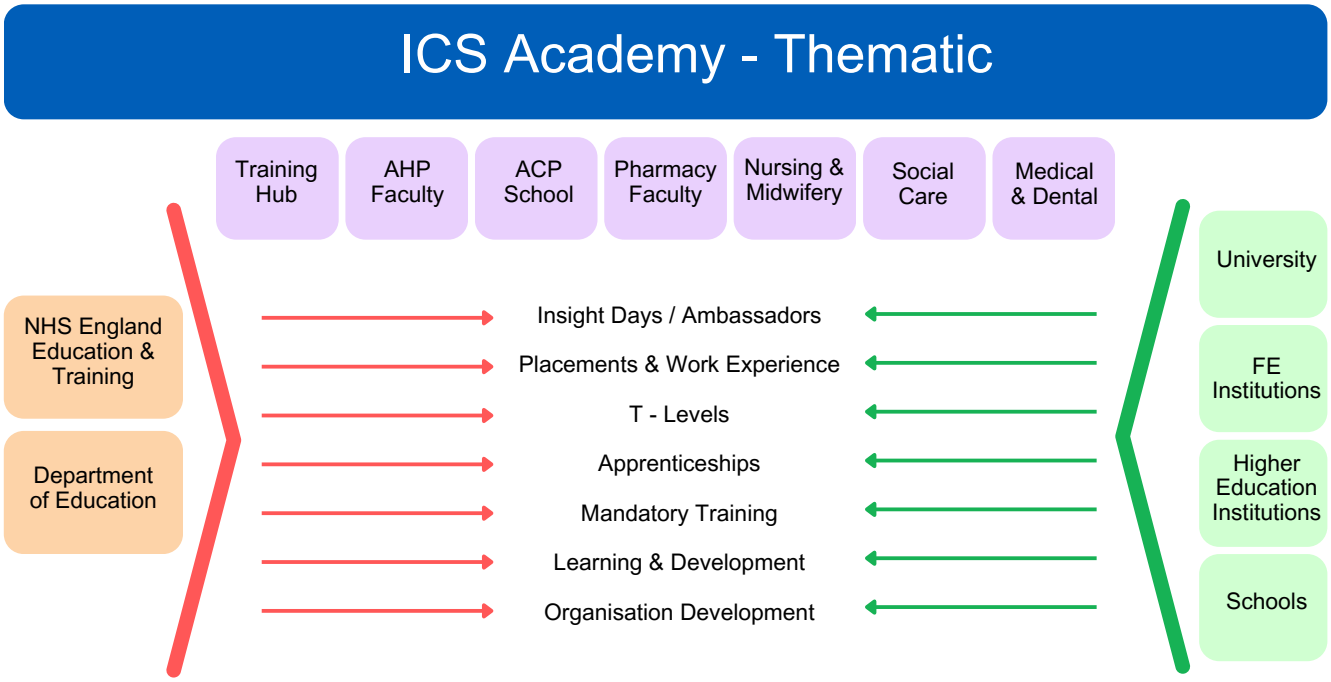
Duty to promote education and training

Each ICB must have regard to the need to promote education and training so as to assist the Secretary of State and Health Education England (HEE) in the discharge of the duty under that section.

The Duty to promote education and training is delivered jointly with partners across the NHS in Lincolnshire through the People Board which has an ambition to create and embed an ICS Academy. The Academy will be a key enabler to support our Health & Wellbeing work at 'System', 'Place' and 'Local' level so that we can attract, develop and retain the best people through education, learning & development that meets our system strategic objectives for a 'One Workforce'.

The creation of an Academy will enable us to work beyond individual organisational boundaries to maximise our workforce talent, build greater capacity and capability and help improve outcomes in health and social care.

We will also partner with other enabling functions which will link into the Academy such as Quality Improvement, Digital Innovation and Research.



Developing our people is a theme in the Lincolnshire People Plan and not only includes how we aim to invest in identifying the talents and skills of our existing staff, but also those in our pipelines for the future. Our ambition is that our ICS Academy will provide a ‘one-stop’ place for us to make multi-professional decisions in the investment of our people development activities. This includes a set of Faculties and enabling functions. We are on the journey to describe and establish this.

Duty as to climate change

Each ICB must have regard for the need to:

a) contribute towards compliance with (i) section 1 of the Climate Change Act 2008 (UK net zero emissions target) and (ii) section 5 of the Environment Act 2021 (environmental targets), and

b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all Trusts, Foundation Trusts, and Integrated Care Boards to contribute towards statutory emissions and environmental targets. The Act requires commissioners and providers of NHS services specifically to address the net zero emissions targets. It also covers measures to adapt to any current or predicted impacts of climate change identified within the 2008 Climate Change Act.

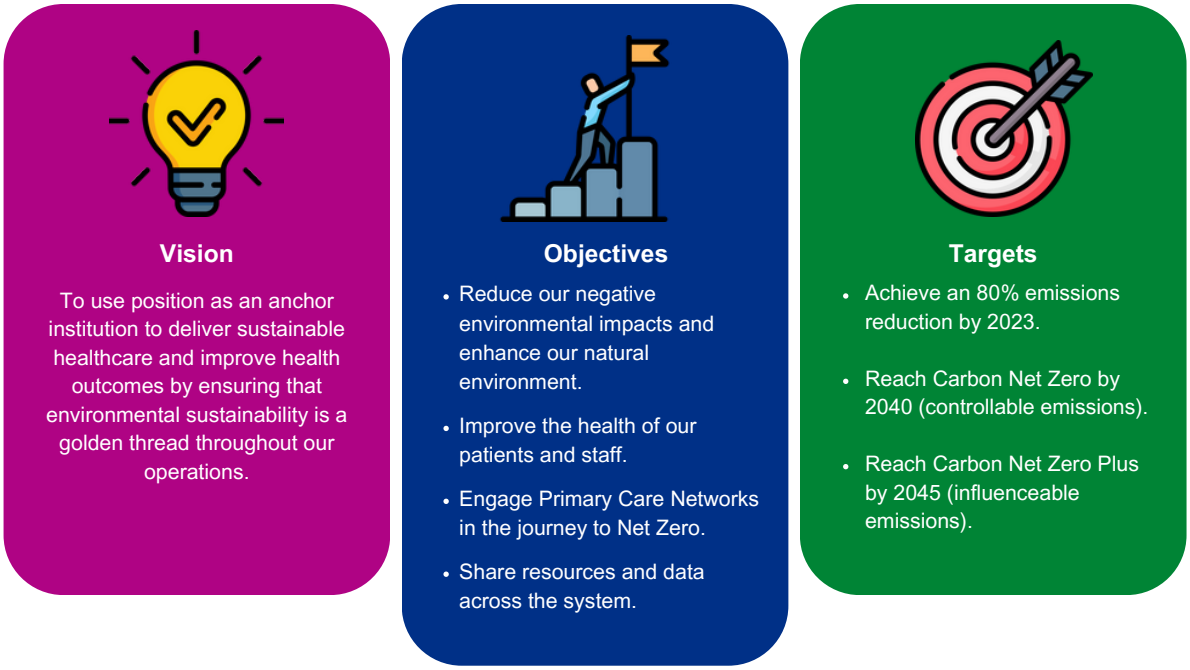
Climate change and its effects on the environment, and the health and wellbeing of the population is now recognised on a global scale. Lincolnshire is not immune to the health harms and impacts of climate change. As a coastal county, some areas of our region are under serious threat of flooding from future rising sea levels, making this issue even closer to home. Responsibility for tackling climate change and reducing carbon emissions cannot be achieved by government or governing bodies alone; everyone needs to play their part and contribute, no matter how small the contribution. Across the NHS in Lincolnshire and with our County and District Council partners, we are steadfast in our resolve to really make a difference and achieve our collective net zero carbon targets and ambitions. We are working together and recognise the benefits and opportunities that a Greener NHS can have on health inequalities, improving social value and our roles as anchor partners. We have adopted Lincolnshire County Council's three guiding principles:

- Do not waste anything
- Consider wider opportunities
- Take responsibility and pride

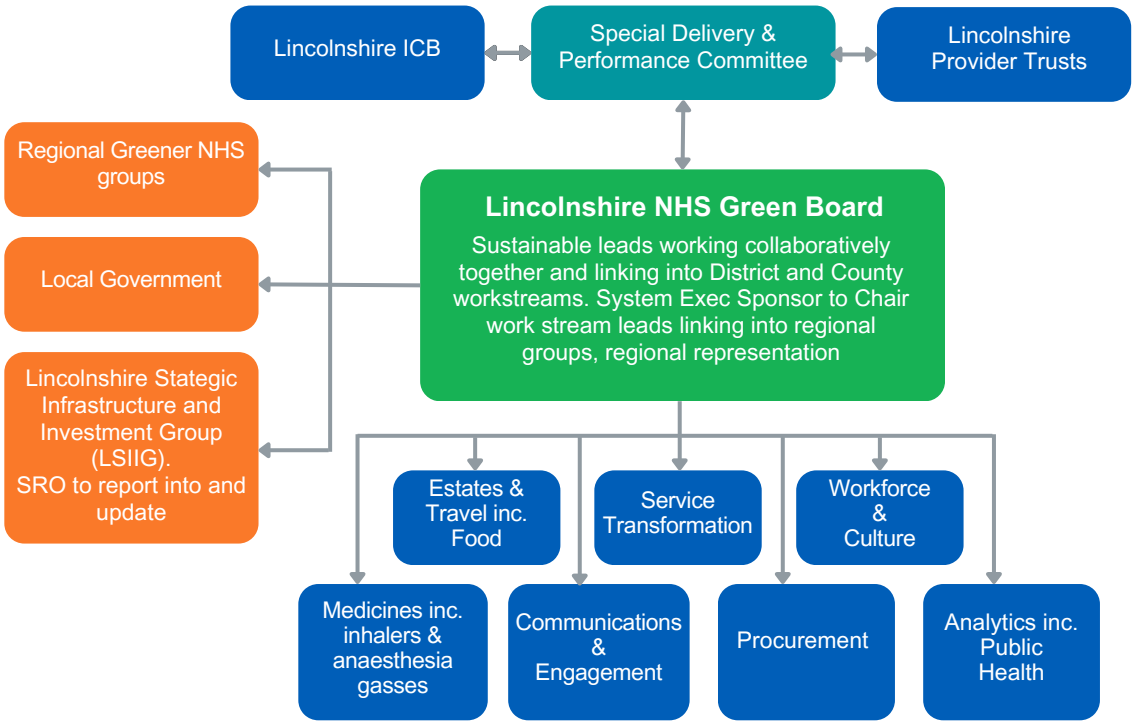
Each Trust and the ICB are meeting this new duty through the delivery of localised Green Plans- approved by Boards and overseen by a Senior Responsible Officer.

Our ICB Green Plan supports our net-zero ambition and sets out the aims, objectives, and delivery plans for carbon reduction. The link to our Plan is **Slide 1 (icb.nhs.uk)**. The ICB ‘net zero lead’ is Sarah Connery the CEO of LPFT responsible for overseeing its delivery.

Our Vision and ambitions are as follows:



We have a System Lincolnshire NHS Green Board – the structure is set out below:



We recognise that sustainability impacts on all that we do in terms of changes to services and capital projects. We have agreed to use a single Sustainability Impact Assessment.

NHS Lincolnshire is working meaningfully towards the United Nations (UN) Sustainable Development Goals (SDGs) through our Green Plan, which we have aligned to relevant SDG targets. The SDGs underpin a global action framework to 2030, adopted by every UN member country to address the biggest challenges facing humanity. Each goal has targets and indicators to help nations and organisations prioritise and manage responses to key social, economic and environmental issues. We have considered how the System can contribute to the SDGs, as well as how sustainability objectives contribute towards the delivery of this strategy.

The NHS and its people contribute to multiple SDGs through the delivery of its core functions.

Issues relating to our Estate

The **NHS Net Zero Building Standard**, published on 22nd February 2023, provides technical guidance to support the development of sustainable, resilient, and energy efficient buildings that meet the needs of patients now and in the future. There is an NHS Net Zero Travel and Transport Strategy **NHS England » Net Zero travel and transport strategy** published in October 2023 The NHS will have fully decarbonised its fleet by 2035, with its ambulances following in 2040.

This strategy describes the interventions and modelling underpinning these commitments, walking through each of the major components of the NHS fleet and outlining the benefits to patients and staff. A forthcoming net zero travel and transport implementation toolkit and technical support document will also be provided to trusts and systems to aid local and regional delivery.

Addressing the particular needs of children and young persons

The plan must set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25.

Lincolnshire recognises the importance of engagement with a range of partners across the system if the health and care needs of children, young people (CYP) and their families are to be appropriately met. Whilst a CYP Health Strategy for Lincolnshire 2019 - 2025 has been in place for several years and progress against priorities in this document has been made, it was recognised by Lincolnshire system partners that the landscape had changed during COVID. This led to a review and refresh in 2022 / 2023 of the priorities being supported and led by the CYP Integrated Transformation Board.

The CYP Integrated Transformation Board is in place to provide strategic oversight of CYP services in Lincolnshire, with the aim of transforming pathways across health and care incorporating education, and facilitates everyone working together to maximise the health and wellbeing of all children and young people, ensuring the voice of CYP and families is heard throughout the work. The Board brings together representatives from a range of partners including Lincolnshire's Integrated Care Board (ICB), Lincolnshire County Council (LCC) Children's Services and Public Health, Lincolnshire's NHS Providers and the Community and Voluntary Sector, including representation from individuals who have lived experience from a patient or carer perspective. Representation at the Board includes the ICB Director of Nursing, who is the health Executive Lead for CYP and Lincolnshire County Council Director of Children's Services.

The Board is aligned to Lincolnshire's Integrated Care System and Long-term Plan with the aim of maximising the health and wellbeing of, and reducing health inequalities among, children and young people in Lincolnshire, including supporting a seamless transition into adulthood. Within this context, the CYP Integrated Transformation Board agreed through its work in 2022/23 on the following overarching objectives:

- Prioritise prevention and early intervention to reduce the need for health care and improve outcomes for CYP and their families and carers.
- Collaborate and co-produce to ensure health care is integrated, respectful and responsive to the needs of CYP and their families and carers.

- Ensure services are accessible, seamless, sustainable, and financially viable for the future whilst continuing to meet the best possible quality and safety standards.

CYP Integrated Transformation Board has a number of priorities that were agreed through the Board development work that took place in 2022 / 2023, which align with the predominant health needs of our local CYP population in Lincolnshire and correlate with the national priorities identified by NHSE and monitored through the Midlands regional CYP Transformation Board. These CYP priorities are:

- Epilepsy
- Asthma
- Diabetes
- Urgent & Emergency Care
- Transition

Programmes of work for these priorities are being established to ensure there is engagement of appropriate system partners and professionals with the relevant expert knowledge, alongside the opportunity for co-production with CYP and their families.

Palliative and End of Life (PEOL) has some specific elements that focus on the needs of CYP, and it has been agreed these will form an additional priority overseen by the CYP Integrated Transformation Board, with reporting linked through to the Lincolnshire PEOL programme to ensure there are appropriate connections with the wider care pathways, particularly in relation to the transition of CYP into adult services.

Over a third of Lincolnshire children are overweight or obese, which is above both the regional and national average. Childhood obesity has both immediate and long-term negative effects on a child's wellbeing. Obese children are more likely to be obese in adulthood, with an increased risk of adult health problems such as type 2 diabetes, heart disease, stroke and cancer. The NHS Long Term Plan (2019) advocates increasing treatment services for extremely overweight children. The multiplicity of and inter-relationship between the causes of unhealthy weights make this a difficult area to address and requires a joined-up, long-term approach. The Board will support local and national initiatives to tackle childhood obesity.

Deteriorating mental health in CYP across the UK was present before the pandemic and has worsened during it, with mental health problems disproportionately affecting children suffering financial hardship. There is a need to ensure CYP have timely access to appropriate crisis and mental health services, with resources directed into early intervention and prevention, building

resilience and ensuring that professionals are trained to spot the signs of mental ill health, such that they are equipped to support children and refer appropriately.

Within Lincolnshire, our emotional wellbeing services have a positive impact on reducing referral rates to Children's and Adolescent Mental Health Services (CAMHS) locally, although in line with the national picture, there have been sustained higher referral rates across all services following the pandemic. Whilst locally there has been increased investment in early, low to moderate intervention and more preventive and community support for CYP, there is ongoing work to look at how Lincolnshire can best meet the increased mental health needs of CYP.

Responsibility for delivery of the Lincolnshire CYP Mental Health Local Transformation Plan sits with the 'all age' Mental Health Learning Disability and Autism (MHLDA) Programme Board, however, the CYP Integrated Transformation Board has committed to ensuring there is appropriate CYP representation and support to the programme. Key priorities of the MHLDA Programme Board relevant to CYP include the:

- Lincolnshire CYP Emotional Wellbeing and Mental Health Review and Transformation Programme.
- Further roll-out of Mental Health Support Teams (MHST).
- Development of an Autism all age pathway.

Integral to all the CYP work within Lincolnshire is an understanding of the need to address health inequalities. Publication of NHSE CYP Core20PLUS5 has provided opportunity to consider the profile of this within the context of the agreed Lincolnshire priorities. It has been agreed the CYP Core20PLUS5 clinical areas of health inequalities and their associated deliverables will be developed within the respective workstreams (asthma; diabetes; epilepsy; oral health; and mental health) whilst governance and oversight of the whole CYP Core20PLUS5 will sit with the CYP Integrated Transformation Board. Further work will take place during 2023 / 2024 to establish PLUS population groups relevant to Lincolnshire programmes of CYP work.

Lincolnshire has well-established arrangements in place for Special Educational Needs and Disabilities (SEND), which ensure the local system partners are sighted on the needs of CYP, within the context of their respective statutory duties, supported by leadership and governance arrangements that facilitate collaborative working to meet the needs of CYP. The governance for the Health SEND Committee and the Lincolnshire County Council Steering Group both report into the CYP Integrated Transformation Board and inform the strategic priorities of the Board.

Lincolnshire ICB and Lincolnshire County Council have well-established integrated commissioning arrangements for CYP that support delivery of the priorities agreed through the CYP Integrated Transformation Board and (MHLDA) Programme Board.

It is recognised within Lincolnshire that safeguarding is a collective responsibility, whilst individuals and organisations have distinct roles, the system cannot operate effectively unless individuals and organisations work together. Due to the continued coterminosity of boundaries for police, local authority and health, Lincolnshire has retained its local partnership safeguarding arrangements through the transition into an Integrated Care System (ICS). Oversight is provided by the Lincolnshire Safeguarding Children Partnership (LSCP) and within the ICS there are connections with the other safeguarding partnerships, including Safer Lincolnshire Partnership and Lincolnshire Domestic Abuse Partnership, to ensure the needs of CYP are appropriately considered within the context of the wider safeguarding partnership priorities.

The LSCP Business plan for 2022 - 2025 identifies the partnership strategic priorities as:

- Tackling Child Exploitation
- Enhancing the Emotional Wellbeing of Children and Young People
- Promoting Healthy and Respectful Relationships
- To identify and reduce the impact of neglect on children and young people
- To identify and reduce the impact of sexual and physical harm
- To identify and reduce the impact of Domestic Abuse on children, young people and their families

All partners, including health, will continue to engage in the work required to progress these priorities, undertake review of achievement and participate in future priority setting.

Over half of Looked After Children (LAC) have entered care due to suffering abuse or maltreatment, with care-experienced children having poorer health, developmental and quality of life outcomes compared to children who are not in care. The local health system supports well-coordinated, targeted health services for LAC which address the variety of health problems of these vulnerable children and young people. Care leavers are particularly vulnerable when transitioning into adulthood and out of care and the local health system works with partners in facilitating the provision of transitional support and resources to this group.

The Safeguarding Accountability and Assurance Framework (SAAF) identifies core duties across the lifespan of safeguarding for individuals working in providers of NHS-funded care settings and NHS commissioning organisations. The NHS organisations within Lincolnshire will continue to use this framework to demonstrate compliance with their statutory safeguarding responsibilities.

Addressing the particular needs of victims of abuse

The plan must set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic and sexual abuse, whether children or adults). It must have due regard to the provisions of the Domestic Abuse Act 2021 and accompanying statutory guidance, and relevant safeguarding provisions.

The draft Victims Bill published in May 2022 will mean, if passed, that outreach and support services will be statutory. This Bill places a new duty on Local Authorities, Police and Crime Commissioners (PCC) and Integrated Care Boards (ICB) to collaborate when commissioning support services for victims of domestic abuse, sexual abuse and serious violence, to facilitate more holistic and coordinated support services.

The Domestic Abuse Act 2021 requires Tier One Local Authorities to appoint a multi-agency Domestic Abuse Local Partnership Board, which assesses the need, and commissions support for all victims and survivors of domestic abuse, including children. The makeup of Local Partnership Boards can vary across areas, but as a minimum, the Boards include members from across the system, representing Local Authorities, victims and survivors and their children, domestic abuse charities or voluntary organisations, health care providers, and the police or other criminal justice agencies. Within Lincolnshire, the Domestic Abuse Partnership includes representation from the ICB and the three NHS / Foundation Trusts.

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

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

Following a successful procurement process, which included victim and survivor representation, a contract for the new outreach service was awarded from April 2023. Processes are in place to monitor the uptake and impact of the new model as the service

develops. Through the Lincolnshire Domestic Abuse Partnership arrangements health partners will continue to engage in the focus on victim support and consider how referral and signposting to the outreach service can be strengthened by increasing knowledge and awareness of health professionals and practitioners. Through the partnership, the ICB will also continue to engage in the work being undertaken by the Perpetrator Project Group and will liaise with health partners as required by the work programme.

Lincolnshire's proposed perpetrator response consists of a multiagency perpetrator management approach, a behaviour change programme, victim support response and an education and training programme for children, young people, professionals and the wider community. The ICB will participate in this multiagency forum and will support its rollout.

Work undertaken as part of the outreach service model development highlighted the importance of tackling domestic abuse through the lens of violence against women and girls. Many forms of these crimes take place within the context of domestic abuse, including stalking and harassment cases and sexual offences. Within Lincolnshire, there is work taking place to tackle violence against women and girls (VAWG) led by the police. The work being undertaken is helping to build victim profiles and factors associated with VAWG. Through its representation on the Lincolnshire Domestic Abuse Partnership; Safer Lincolnshire Partnership; and the Serious Violence Core Priority Group (CPG) the ICB is sighted on the work happening as part of VAWG and any themes that may be highlighted relevant to the local health partners.

The Serious Violence CPG was established in 2022 / 2023 under the governance arrangements for the Safer Lincolnshire Partnership, in response to the Serious Violence Duty under the Police, Crime, Sentencing and Courts Act 2022, which includes responsibilities for appropriate commissioning (and co-commissioning) within the local health system to prevent, treat and manage serious violence as set out in its strategy and where possible, (co-) commission support services for those at risk of or involved in serious violence. The ICB has been represented on the Serious Violence CPG since its inaugural meeting in 2022 / 2023 and will continue to represent health in this forum. During 2022 / 2023 a Serious Violence strategic needs assessment was undertaken, using a public health approach and is referred to as the Lincolnshire Violence Reduction Needs Assessment (VRNA). From this assessment the work has commenced to develop a Serious Violence Prevention Strategy and priorities for this will be informed by outcomes of data analysis, a review of evidence of best practice, and stakeholder interviews in the VRNA.

All of the safeguarding partnerships hold responsibilities relevant to the support of victims, in particular, the Lincolnshire Safeguarding Children Partnership (LSCP) Business plan for

2022 - 2025 identifies its partnership strategic priorities include:

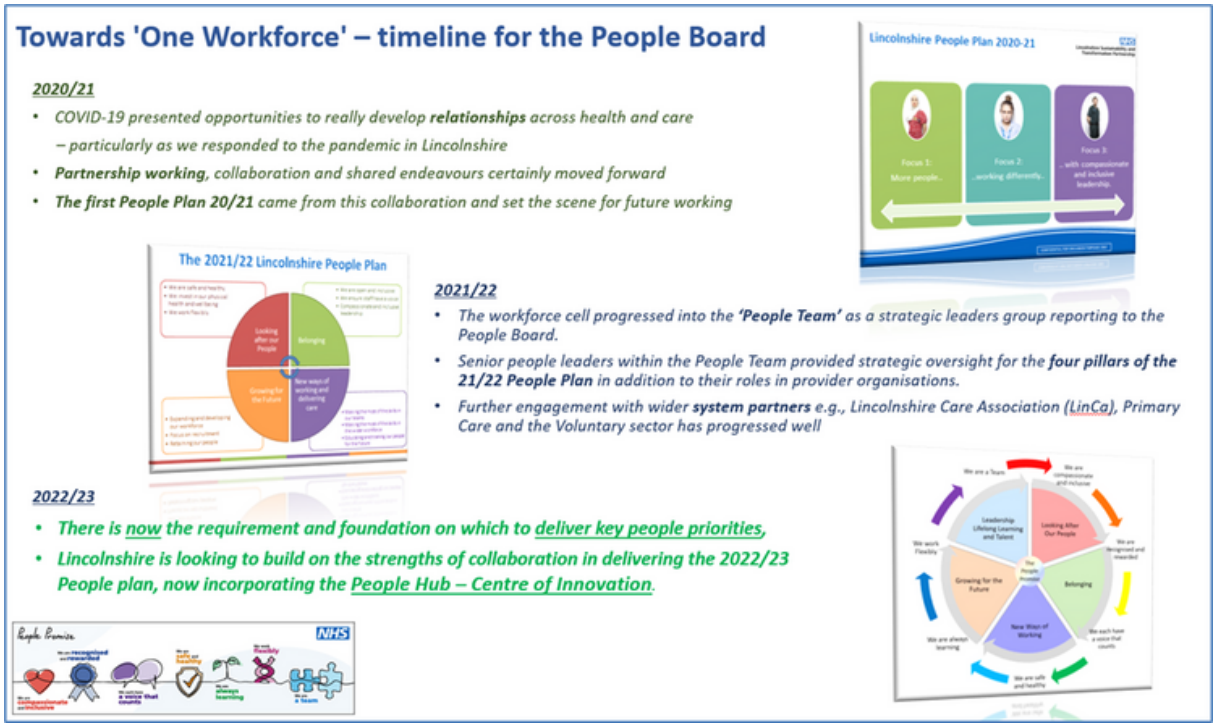
- Tackling Child Exploitation
- Identifying and reducing the impact of neglect on children and young people
- Identify and reducing the impact of sexual and physical harm
- Identify and reducing the impact of Domestic Abuse on children, young people and their families

From a health perspective, there are a range of support and care pathways that have been commissioned and provide assessment and support to victims. Whilst some specialist elements are commissioned by NHSE, such as the Sexual Assault Referral Centre (SARC) delivered by Spring Lodge in partnership with Lincolnshire Partnership NHS Foundation Trust, there are also services commissioned locally through health, either as specific services to support victims or that incorporate meeting the health needs of victims through wider service scopes. An area of particular focus is Child Protection Medicals and the ICB has agreed, through the LSCP, to establish a task and finish group to review current arrangements within Lincolnshire in order to ensure that there is an agreed, documented local process for child protection medicals.

Workforce

Evidence-based, integrated, inclusive workforce plan that ensures the right workforce with the right skills is in the right place to deliver operational priorities aligned with finance and activity plans.

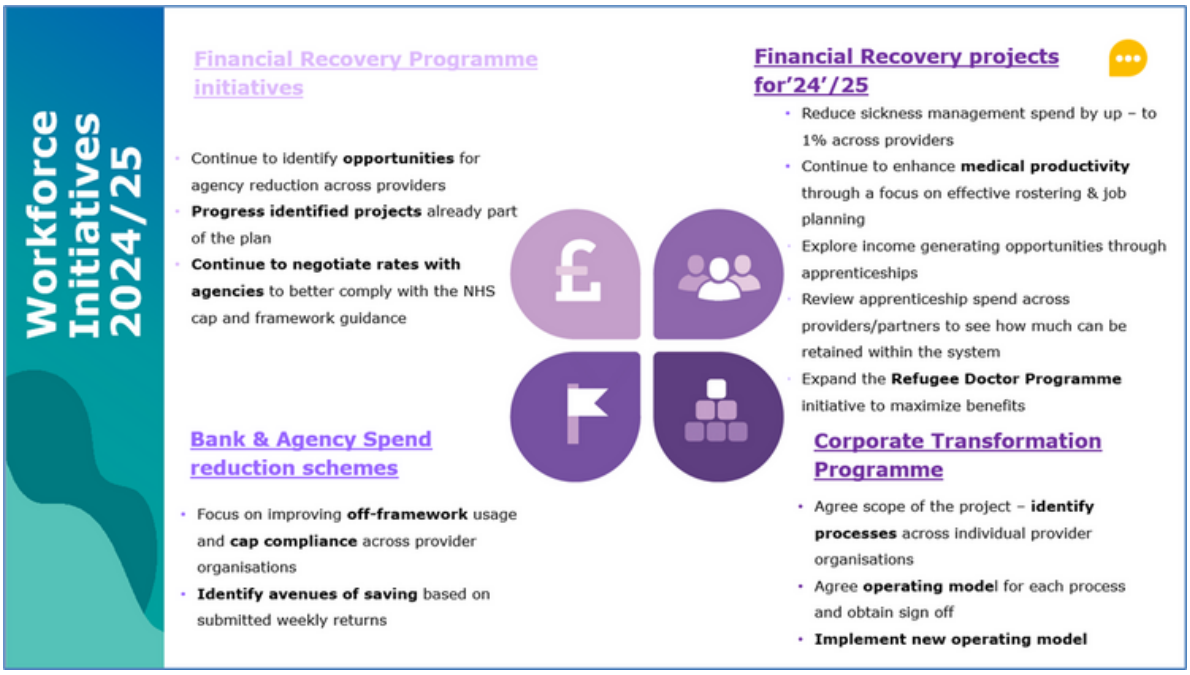
Over the last three years the Lincolnshire ICS has been developing its People Plan in line with the National NHS People Plan and more recently on the ten People Functions set out in the 'Building strong integrated care systems everywhere: guidance on the ICS people function' guidance.The diagram below shows the iteration of the plan over the first three years:



For 23/24, the System People Plan is continuing to look to progress an ambitious programme of innovations that will be offered System wide and will concentrate on the integration of all sectors within the ICS.

The highlights of the People Plan 23/24 are shown in **the first diagram on page 83.**

Alongside this plan the System is also looking to address a number of specific workforce issues that are outlined in **the second diagram on page 83.**



For 23/24 the ICB have invested in the Lincolnshire People Hub, to take forward a number of the projects outlined in the People Plan and the Workforce Plan.This is the engine room for our People Innovation:

As an example of some of the specific areas we are looking to address the ICS has invested in a workforce planning tool to ensure the integrated and evidence-based workforce plan that will ensure the right people in the right place at the right time. The tool allows for scenario development to understand the impact of operational decisions (such as care closer to home)

on the size and shape and skillset of the workforce across the Providers, primary care and in the future social care.

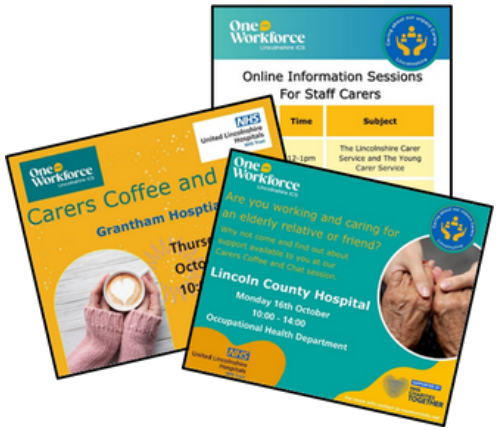
Through the 'Developing our People' Theme we will be developing an understanding of Leadership across the whole of the ICS and working with all sectors to enable an integrated approach to our Leadership offer. This will build on the excellent work that we are already doing through programmes like Mary Seacole, where all sectors of Health and Social Care come together.

As part of our Attraction campaign, we have the Be Lincolnshire website where we showcase living and working in Lincolnshire. With contributions from across Health and Social care it is a showcase for the work that we do and will be further developed to be the front door for our recruitment. Moreover, this year we are working to enhance our System wide offers for all aspects of Health and Wellbeing – knowing that if our people look after themselves, they will be there for our patients.

How well has the ICB looked after its people?

As part of our People Plan we have been looking at all the ways we can look after our People, whether that is about how their health and wellbeing, their feeling of belonging or even the things we can offer to develop and retain them. The following paragraphs outline a few of the projects that we have working on to make sure that our staff want to stay with us.

As part of a System wide project to enhance the support to our staff who are also unpaid carers, we have partnered with EveryOne to conduct a project funded by NHS Charities. The Engagement with the Carer's project continues to grow with the online community showing a steady increase. The combination of specific Carer's events and promoting the offer at other events has allowed the team to engage with a wider audience. Engagement this quarter has included the 'I care too' campaign; this has been launched to coincide with Care's Rights Day.

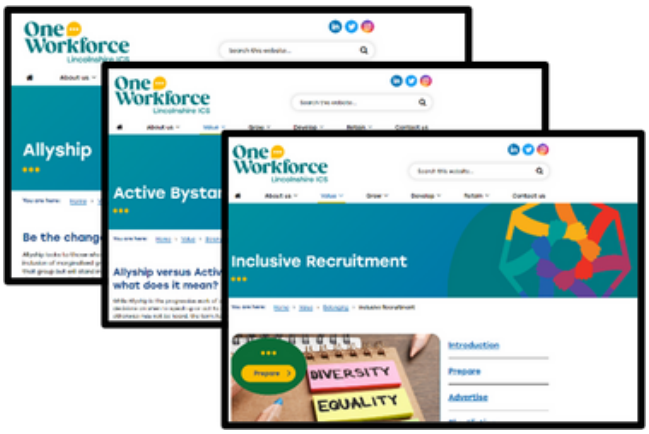


The project promoted their online information events alongside our partnership organisations, to outline carer's rights. And there has been an agreement to conduct Peer Support training in partnership with SHINE.

The Carer's Passport has also been in development and this will be going to partner organisations in Q4 to start looking at plan for adoption.

The work within Value our People hasn't stopped there. Following the success of the Allyship Tool kit, it has now found a new accessible home on the One Workforce website; allowing people to adapt the formatting to their individual needs.

This is now sitting alongside The Active Bystander, Psychological Safety, System Networks and Inclusive Recruitment Toolkits in the Belonging section of the One Workforce site. [Belonging :: Lincolnshire One Workforce (oneworkforcelincs.co.uk)]



Within the Wellbeing projects, work has continued on the Women's and Men's Health and Wellbeing areas. Including some great progress working in collaboration with the ULHT Women's Group to create a full System Women's Health offer. Moreover, the inclusion of the Oasis Project and the extensive training offers available from the Staff Wellbeing Hub has made the One Workforce Wellbeing page the one stop shop for all staff.

Check out all the Wellbeing offers at [Health and Wellbeing :: Lincolnshire One Workforce (oneworkforcelincs.co.uk)]

How has the ICB promoted new ways of working and delivering care?/ How has the ICB contributed to growing the NHS workforce?

The System has been developing a number of new ways of working and has concentrated on our whole system working. By looking at ways that we can recruit and retain together we are ensuring that people will stay within the Health and Social Care family ensuring the best care for our population.

This approach covers our Attraction into the System as well as Retaining the staff that we have.Moreover, we have been developing a collaborative group to grow our people – developing new career pathways and apprenticeship opportunities that will help people reach their full potential.

The Be In Lincolnshire web presence continues to grow and develop. This is a coordinated site where people can look for careers in all areas of Health and Social Care. And where they can read about other's experiences of living and working in the county. Moreover, conversations are ongoing with organisation including Primary Care to develop a targeted recruitment campaign for hard to recruit roles and locations. The website can be accessed at **https://www.beinlincolnshire.com/**

The system has developed the One Workforce brand that has continued to be embedded in partner organisations across the System. A significant amount of work has gone on to include the Pharmacy and AHP faculties in the branding and they have been using it extensively.The story of the People Team work and the One Workforce Brand was also featured in the Public Sector Focus magazine.You can read the article here - https://flickread.com/edition/html/index.php?pdf=6538e23f7270c#26 (pages 26-27).

The One Workforce website has continued to go from strength to strength with additional information added on flexible working and pensions, as well as details of the System Benefit offers and the Career Coaching opportunities. The website can be viewed at **https://www.oneworkforcelincs.co.uk/**

The work that the system has been undertaking to Retain our People has continued to show positive results on the Retention statistics for the 3 Provider organisations. But not resting on our laurels, the People Hub have continued the focus on retention with the publication of a benefits booklet that is applicable to members of staff across heath and care.

All 3 providers in the system has achieved Timewise accreditation for flexible working and are continuing to share their experiences with other organisations. The system has introduced a Career Coaching offer has gone from strength to strength with over 60 personnel currently within the coaching cohort; with participants from all 3 providers, the ICB and Social Care. This will continue to grow and has seen the majority of the attendees either staying in their current role with a clearer vision of where they are going, or moving on to other roles within the system.

Performance

Specific performance ambitions with trajectories and milestones that align with NHS operational plan submissions and pay due regard to the ambitions of the NHS Long Term Plan, as appropriate.

As an Integrated Care System, we continue to develop our approach with partner organisations for self-assurance and regulation against national performance standards. Our Health and Wellbeing Board plays a role in holding the ICS to account for the delivery of our jointly agreed plans and our ability to positively impact outcomes for our population. The Health Overview and Scrutiny Committee continues to play an important statutory role in scrutinising major service change.

The Lincolnshire system has established governance for programmes through partnership boards which are inclusive of our border providers. The delivery of both plans and performance is monitored monthly by the ICB System joint committee for Service Delivery and Performance, membership includes Executive Directors from across the system and Non-Executive Directors from both the ICB and our main NHS providers. Underpinning the Committee there are various oversight and delivery groups, a clinical reference group along with specific task and finish groups to support delivery and performance of programmes as required. We continue to expand on our principles of a one-system approach, role-modelled throughout the pandemic to secure continuous improvements in system performance and reduce unwarranted variation.

A publicly available ICB Integrated Performance Report is tabled at the ICB Public Board meeting. This monthly report is available to the public on the NHS Lincolnshire ICB website.

In addition to formal Board reporting system performance is also routinely considered at:

- Monthly Service Delivery & Performance Committee meetings: reporting progress against national priorities and system strategy captured in the annual operational plan and JFP Delivery Plan 2023-2028 (available on the ICB website)
- Quality Patient Experience Committee (escalations from Operational Quality Groups)
- Weekly updates to the ICB Executive
- Fortnightly Financial Leadership Group
- Monthly People Team meeting
- Weekly system CEO meeting

Digital / data

Steps to increase digital maturity and ensure a core level of infrastructure, digitisation and skills. These actions should contribute to meeting the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care. This could include reducing digital inequity and inequalities and supporting net zero objectives.

The combined vision for digital in the ICS is 'Digitally enabled staff, digitally empowered population.' To achieve this ambition there are five agreed objectives:

- Ensure strong foundations for technology-enabled care
- Drive digital readiness and digital inclusion
- Use information to empower decision making and improve outcomes
- Enable improved health and care delivery and outcomes
- Provide public-facing digital services

These objectives support the goals of reform in "A plan for digital and social care."

As we start to deliver this strategy in Lincolnshire, we will be **equipping the system digitally for better care** through improving our technical infrastructure, converging and sharing the provision of our digital services. We will continue to improve our digital maturity through initiatives such as:

- Completing the implementation of our Electronic Prescribing and Medicines Administration systems
- Implementing an Electronic Patient Record at the acute hospital
- Continuing to develop our already extensively used Shared Care Record including sharing this with the East Midlands Ambulance Service, and
- Increasing digital health solutions that enable sharing and interoperability of electronic systems, for example implementing a Customer Relationship Management System within voluntary services to improve the ability to use social prescribing, voluntary and community groups and volunteers.

These activities will enable sharing of information to those clinicians and professionals involved in health and care delivery so that they have the information they need, where and when they need it to provide timely and appropriate services.

We will **support independent healthy lives** by improving the digital systems that support social prescribing, which will result in this information becoming part of the digital ecosystem available to all those who provide services. We will continue to scale our work on digital care plans that are co-produced, visible and accessible to all involved in a person's health and care. We will allow all those involved in health and care including those across voluntary services and care homes to access relevant information through the Shared Care Record that supports them in making better and more timely decisions.

We have established a group specifically focused on digital inclusion, to ensure that we support all those for whom digital solutions are an appropriate option. We acknowledge that for some digital health solutions, they will not always be the way that they interact with services. However, we recognise that digital health solutions are key to transformation and an ability to cope with rising demand. Digital health solutions can bring efficiencies and support process change, which will then allow us to provide a range of appropriate access and interactions that see the majority using digital health channels.

We will **accelerate adoption of proven technology,** building on our existing remote monitoring and wearable technology initiatives, schemes and research. We will share our data through secure data environments at a regional level to support research. Supported by national funding we will further develop the functionality of our patient-facing digital solutions that enable patient engagement in relation to booking management, pre-operative assessments and visibility to the individual of health and care information in records held. We will use the NHS App and national services such as NHS Login in combination with digital health solutions designed for our local population.

We will **support the workforce,** building the skills of our digital teams as we start to use new technologies and methods such as cloud-based services, robotic process automation and improve our cyber security. But, of course, the success of digital health solutions depends on the entirety of our workforce having the digital literacy and confidence to use new technology and use it safely, so we will be aiming to educate, build confidence and support staff in digital solutions through process change support, clinical engagement, communication, digital champions and online 'how to' resources.

Estates

Steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them. This should align with and be incorporated within forthcoming ICS infrastructure strategies.

Lincolnshire ICS have reviewed the system-wide estates and infrastructure challenges and acknowledges that a “do nothing/do minimum” approach is not sustainable. We have significant issues with our current estate and are developing our infrastructure plans to modernise our NHS infrastructure across our whole system for the next 15 years; providing the right care in the right place to meet demand, creating supply chain and job opportunities. We recognise the need to deliver change and attract significant capital investment across the system.

Lincolnshire ICS has, with external support, developed a strategic health framework / strategy and evidence base to provide a strong case for health infrastructure investment in the county.

To develop a future healthcare system that is financially sustainable and able to deliver the growing needs of the population, Lincolnshire ICS constituent partners who provide Acute, Community, Primary and Mental Health services along with Local Authority and Voluntary Sector partners are working together to develop a systemwide service that is joined up and aligned:

This strategy acknowledges the following key issues and challenges currently affecting the delivery of healthcare across the system;

- **Geographical disparity** - Clinical services are not currently in the right place to meet patient demands. Geographical challenges with the rural nature of the region, with a lack of infrastructure; compounding issues with accessibility to services
- **Current health inequalities and health deprivation** - One of the gravest inequalities faced by our most disadvantaged communities is poor health. Eastern coastal towns, such as Mablethorpe and Skegness, and urban areas, including Lincoln and Gainsborough, tend to have higher levels of deprivation and poorer healthcare outcomes across the lifecycle. For instance, in East Lindsey, over one in four people have a long-term limiting illness and 73 per cent of adults are obese or overweight. In Lincoln, deaths in people aged under 75 are due to preventable causes, which is 35 per cent above the national average.

- There is **low healthy life expectancy** of under 60 years in coastal areas, including the towns of Mablethorpe and Skegness.
- **Significant backlog maintenance** across the system, with costs in the order of **£382m** projected.
- **An ageing estate and poor digital infrastructure** - We have significant issues with our current estate and are developing our infrastructure plans to modernise our NHS infrastructure across our whole system for the next 15 years. Limited significant investment across the system in recent years has resulted in compromised patient outcomes.
- **Workforce allocation efficiencies** – With the existing resources often addressing reactive needs rather than preventative aspects of care.
- **Ageing population** - The population aged above 65 is anticipated to increase by approximately 37 per cent over the next 20 years with the proportion of this age group anticipated to increase also from circa 23 per cent in 2021 to 31.5 per cent in 2041. (Other age groups remain at a similar level). This will compound the pressures on the healthcare system.
- Lincolnshire ICS is a **financially challenged system** and estate utilisation efficiency savings in clinical and non-clinical space needs to be part of our financial recovery.
- There are opportunities for **innovation and technology upgrades** to support the delivery of services to a dispersed and rural population.
- There are risks that are current - poor estate inhibits our ability to deliver the Greener NHS **Net Carbon Zero** targets.

We acknowledge our system partners have been successful in securing investment for key investments such as improvements to Urgent & Emergency Care facilities at Boston and Lincoln, provision of new acute inpatient mental healthcare facilities in support of the eradication of dormitory accommodation and our plans for community diagnostic centres, building on our first one in Grantham. The planned Integrated Health and Care Centres in Sleaford and Boston are further examples of how our partners propose to integrate services, prioritise proactive care closer to home, support the reduction of health inequalities, and generate social value for the community. However, this will not make the transformational step change that is needed.

As agreed with our system partners, Lincolnshire ICS has developed a strategic infrastructure framework, underpinned by clinical strategies. This work reflects a strategic health narrative and

evidence base to provide a strong case for health infrastructure investment across the system. This work has been undertaken to;

- Set the framework to enable each Trust within the system to identify and prioritise their estate optimisation, disinvestment, and subsequent capital investment requirements to address population health priorities and future service needs across Lincolnshire.
- Support the production of capital investment plans for Trusts within Lincolnshire and places and help ICSs to aggregate and prioritise requirements against other system demands for capital.
- Comply with the requirements of the Fundamental NHSE Business Case and Estates Criteria to have a system-wide Estate strategy, to set the strategic context to which all Organisational level business cases will sit.
- Application of Net Zero Carbon Building Standards (February 2023) and Digital First principles to comply with national policy and ambitious infrastructure agendas.
- Comply with advice as set out in 'Planning, assuring, and delivering service change for patients' (2018) paper.
- Enable ICS support for future Business Case submissions where they align with the system-wide strategy.

This framework supports the Levelling Up agenda - as a system, it is critical that we improve productivity, boost economic growth, encourage innovation, create good jobs, enhance educational attainment, and renovate the social and cultural fabric of those parts of the UK that have stalled and not – so far – shared equally in our nation's success.

The framework will support the Clinical Strategy developments across the ICS. It is designed to support these discussions with the aim of highlighting the quantum of capital that is needed to transform the estate to meet clinical and population needs.

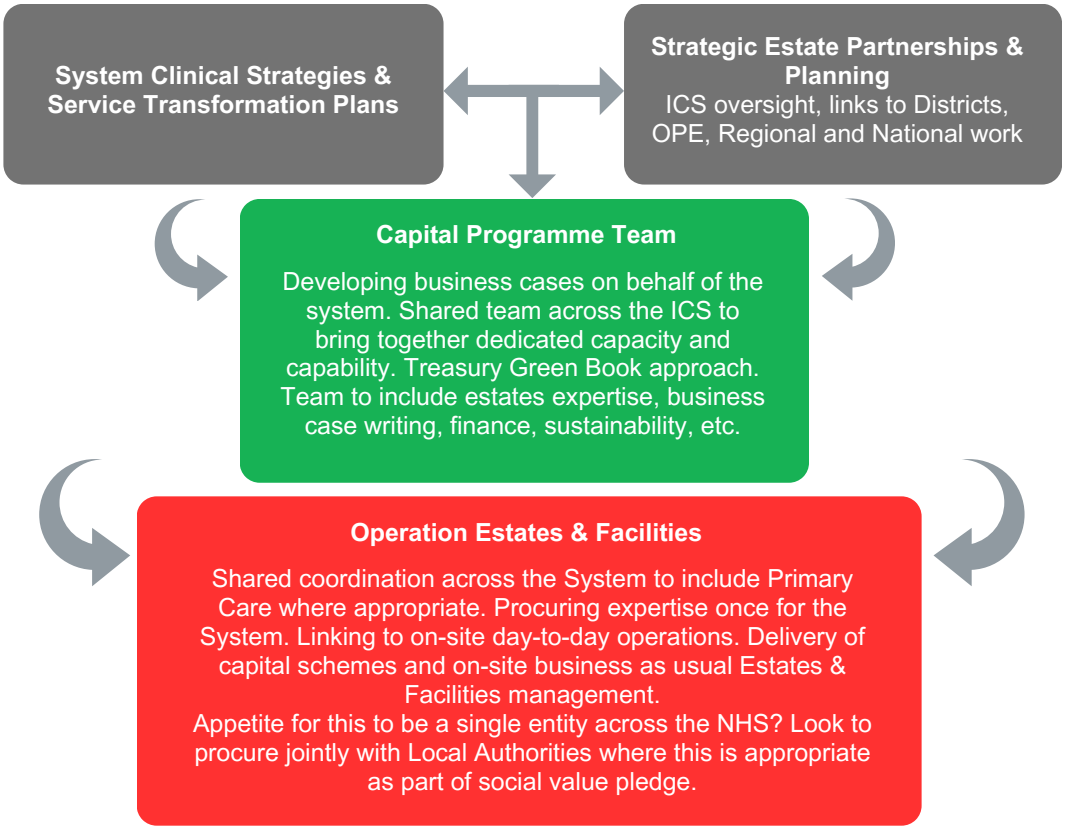
As part of our developing future estate and facilities, we are actively working with system partners on integration opportunities. These include Levelling Up opportunities- such as the South Holland Castle Sports Centre development that will include space for social prescribing and other community services and the "PE21" and Sleaford integrated health and care facilities.

We recognise the part we, as the NHS, can play in support of economic sustainability. As an active member of the Greater Lincolnshire One Public Estate Board, we work closely with partners to maximise opportunities that present. The rollout of Community Diagnostic Centres supports our plans for expanding community-based services. Through our partnership working

we are looking to develop a hub and spoke model on the east coast on regeneration and brownfield sites that offer the appropriate access and parking.

Rationalising our corporate estate across the ICS is a systemwide agreed approach and work is underway to support this. There is a room and desk booking system that partners have agreed to use that is compatible with that being used by Lincolnshire County Council.

The provider estates and facilities teams have been working in a more collaborative and integrated way. There is a Lincolnshire Operational Estates Group that reports into the Lincolnshire Strategic Infrastructure and Investment Group. LCHS and LPFT already have a shared service and have been supporting the ICB and Primary Care providing expertise on estates and lease issues. The vision is to further develop these opportunities in line with the following model:



We recognise that collaboration across all system partners will improve and maximise opportunities for investment in the county. It also supports the utilisation and efficient use of our existing estate. This is an overarching strategy which underpins further work across the system over the next 10 - 15 years.

Procurement / Supply chain

Plans to deliver procurement to maximise efficiency and ensure aggregation of spend, demonstrating delivery of best value. This could include governance and development of supporting technology and data infrastructure to align or ensure interoperability with procurement systems throughout the ICS.

Our overall approach to healthcare provider selection and goods and services procurement is designed to deliver best value for money. The ICB will retain oversight and accountability for selection and procurement spend with the allocation of totality of system funding discussed and prioritised through joint working structures with key providers and spend of limited resources geared to areas that are best able to maximise value using best value principles.

Selection and procurement activity in the ICB operates through two linked programmes: selection for healthcare services and procurement for goods, works and other services.

The ICB operates its provider selection and procurement approach in line with the ICB's Procurement Policy and the ICB Standing Financial Instructions. The Procurement Policy is currently being updated. The Procurement Policy is geared to ensure that the goods, services, works and healthcare services are acquired legally, responsibly, fairly, in keeping with the ICB's values and with the ICB securing value for money, consistency and quality, whilst managing the risks associated with such purchases. The Procurement Policy sets out the roles and responsibilities of the ICB Executive Officers, Department Heads and Employees in undertaking procurement activities, including the requirement to operate provider selection and procurement activity in accordance with The Health Care Services (Provider Selection Regime) Regulations 2023, and The Public Contracts Regulations 2015 (PCR2015).

The Health Care Services (Provider Selection Regime) Regulations 2023 came into force on 1 January 2024.The Regulations set out of changes to way the ICB secures healthcare services for our population and the ICB will develop its approach to selection having due regard to the Regulations, good practice and case law as this emerges.

The Procurement Bill, which will also reform the existing Procurement Rules, received Royal Assent in October 2023. In early 2024 secondary legislation (regulations) will be laid to bring some elements of the Bill and the wider regime into effect. The 'go live' date is expected to be October 2024 and the ICB will change its policy and operations to comply with the Regulations. Existing legislation will apply until the new regime goes live, and will also continue to apply to procurements started under the old rules.

Selection and procurement activities reflect Social Value principles, the Armed Forces Covenant and NHS-wide policies for the Greener NHS and eliminating modern slavery. We will continue to expand and embed innovation in our selection and procurement activities so that we consistently meet our objectives and deliver value for money and improved quality and outcomes.

Our partner Trusts in the Lincolnshire system already have strong collaboration in procurement for goods, and we continue to build on these collaborative arrangements during 2024 including extending the use of supporting technology such as the Atamis system to support improved productivity and increased efficiency throughout the supply chain and strategic sourcing cycle.

Population health management

The approach to supporting implementation of more preventative and personalised care models driven through data and analytical techniques such as population segmentation and financial demand modelling. This could include: developing approaches to better understand and anticipate population needs and outcomes (including health inequalities); using population health management approaches to understand future demand and financial risk; supporting the redesign of integrated service models based on the needs of different groups; and putting in place the underpinning infrastructure and capability to support these approaches.

Strategic Overview

The Lincolnshire ICS is committed to positioning PHM methodology and approaches at the heart of our transformation and improvement initiatives, utilising the novel insights this provides to shape our system to meet the needs of our local people, ensure best use of our collective resources and achieve better outcomes for the local population. PHM is recognised as best practice to enable gold-standard decision making across the local system. Our ICS has a mature Population Health Management Programme which has been in operation since early 2020.

The programme is well-resourced and supported with the following:

- A single ICS Senior Responsible Officer (ICB Executive Board member)
- ICS PHM Steering Group
- Programme Director
- Programme Management Office

Partnership

Our local PHM Programme seeks to create a Coalition of Interest & Intent with advocates of the methodology in all partner organisations across the system. Our approach to transformation aligns three ICS programmes that describe how we design and deliver effective change – PHM, Reducing Health Inequalities and Personalisation. The local PHM Steering Group is diverse and includes membership from transformation delivery programmes and organisational boards across the system, including partner Trusts, local authority, and the voluntary sector.

To support local adoption of PHM, Lincolnshire has commissioned a three-year Strategic Partnership with Optum UK, ensuring the local capacity and capability are developed robustly and sustainably. The partnership has enabled the programme to rapidly build the required local infrastructure and support organisations, teams, and individuals to upskill and upscale PHM application.

System PHM Infrastructure

Data Infrastructure

Enabled by a collaborative approach to Information Governance, the Lincolnshire Person-level Linked Dataset (LPLD) has been created and is available for use. This dataset includes linked data from primary care, secondary care (acute and mental health), community services and adult social care for 100% of the Lincolnshire population. This dataset is considered to be one of the most comprehensive in the country.

Discrete senior leadership capacity is identified within the system (ICB Director of Intelligence and Analytics) to lead the development and expansion of the LPLD to include data from additional sources such as 111, ambulance services and the voluntary sector. A robust workstream has been developed of Data Infrastructure and IG professionals to support and deliver on the ambitions for the linked dataset.

Currently analysts from across the ICB, Commissioning Support Unit and Local Authority have access to the linked dataset with plans in place to issue sub-licences to provider organisations in the near future, allowing collaborative interpretation of the dataset and shared decision making.

Workforce Training and Development

The Lincolnshire system has a well-established Analyst Network which includes over 100 colleagues from across partner organisations. This network provides a forum for training, peer support and open discussion about intelligence generation and use of the linked dataset.

The PHM programme will continue to deliver training, mentoring and buddying opportunities to non-analyst colleagues across Lincolnshire to build capability and capacity to utilise PHM methods at all levels of the system. This work focuses on three key outcomes:

- Collaborative working with analysts to effectively interpret available intelligence and generate insight.

- Effective utilisation of intelligence in high-quality decision making, planning and intervention design.
- Application of the full PHM cycle to drive transformation and improvement.

Intelligence and Insight

The Lincolnshire PHM Reporting Suite (PHMRS) has been created to utilise and interpret the comprehensive person-level linked dataset in partnership with Optum UK. The PHMRS enables analysts to interrogate the dataset and create new intelligence products and population insights for stakeholders across the system and provide a single platform for advanced data and analytical techniques, such as population segmentation, risk stratification and financial risk modelling.

The PHM programme is leading the design of the Strategic Segmentation Model for the local population. This will define a segmentation framework which will allow the ICS to understand the population at the highest level, define the strategic outcomes for each segment of the population and agree on how to measure our impact on the people within each segment. This will provide a keystone to the understanding of population need in the county and serve as a common language and agreement around which the system can shape itself to better meet the needs of our people. It is envisioned that in the coming year, PHM Intelligence products will be made more widely available to inform a greater diversity of work programmes, Boards and decision-making forums within the ICS.

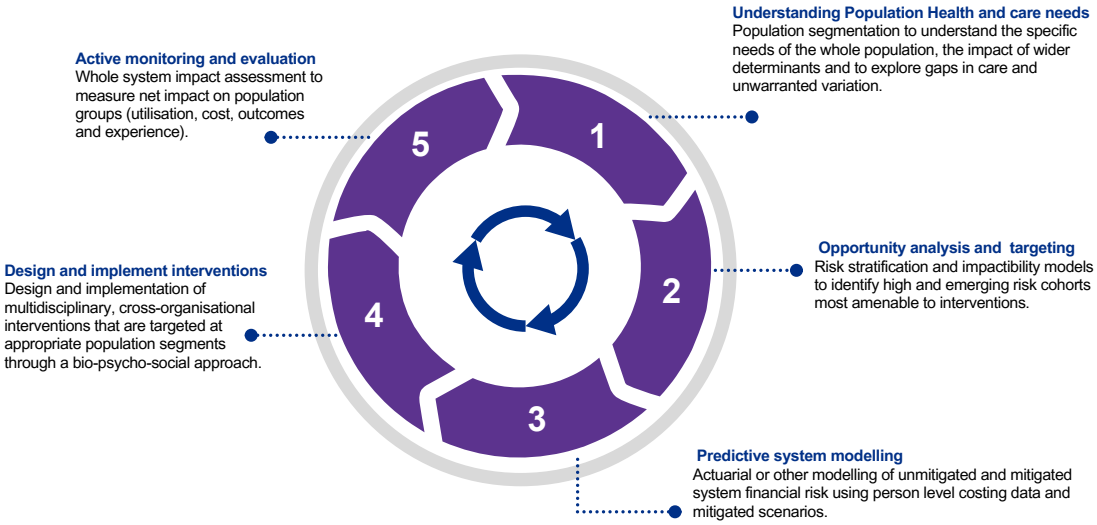
Innovation, Intervention and Implementation

Our local approach to PHM centres around creating space for collaboration, learning, and understanding our population, with diverse teams drawn from a variety of partners to enable effective working across organisational boundaries.

Following the PHM Cycle (see diagram on Page 83), multi-disciplinary teams are supported to understand a cohort of people, the challenges they face and the things we can improve.

The PHM cycle embeds evaluation in any new intervention designed and ensures evidence-based decisions can be made about refining, upscaling or stopping new interventions or service with confidence.

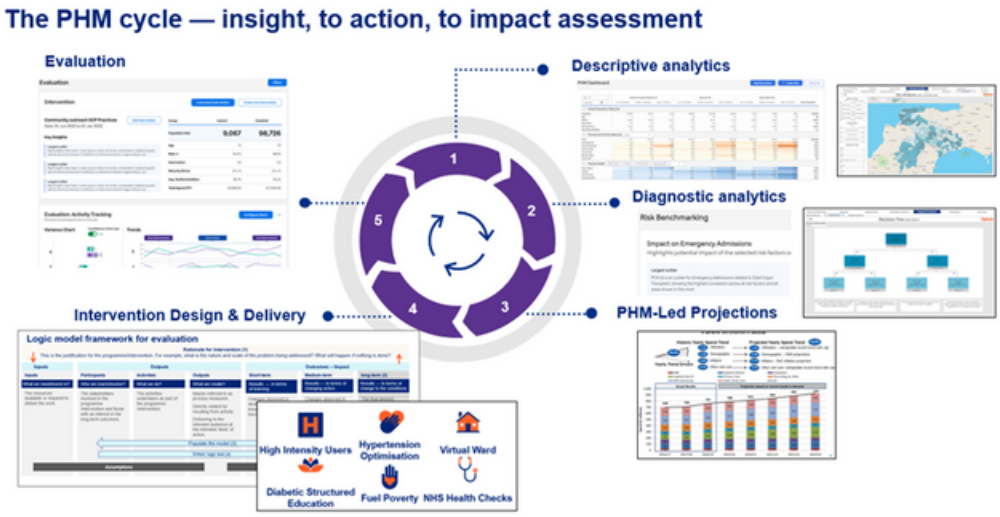
The PHM Cycle - making things stick through continuous learning and doing



Incentives (Financial Modelling and PHM Projections)

The Lincolnshire Joined Intelligence Dataset provides a novel opportunity for the ICS to better understand and model the potential future view of our population and their health needs. A PHM Projections Model has been built which creates a platform upon which we can model the impact of potential transformation and improvement initiatives and clearly identify expected finance, activity & resource implications. This work is the first of its kind in the country and will be used to inform investment decision making, prioritisation and allocative efficiency initiatives.

With the PHM now complete is 2024 we are in a strong position to embed PHM and business as usual across Lincolnshire and apply this methodology consistently and at scale.



System development

How the system organises itself and develops to support delivery. This could include: governance; role of place; role of provider collaboratives; clinical and care professional leadership; and leadership and system organisational development.

The architecture of the Integrated Care System aims to ensure an integrated approach to commissioning, delivery and transformation in the Health and Care System in Lincolnshire.

An illustration of the architecture is outlined on Page 93.

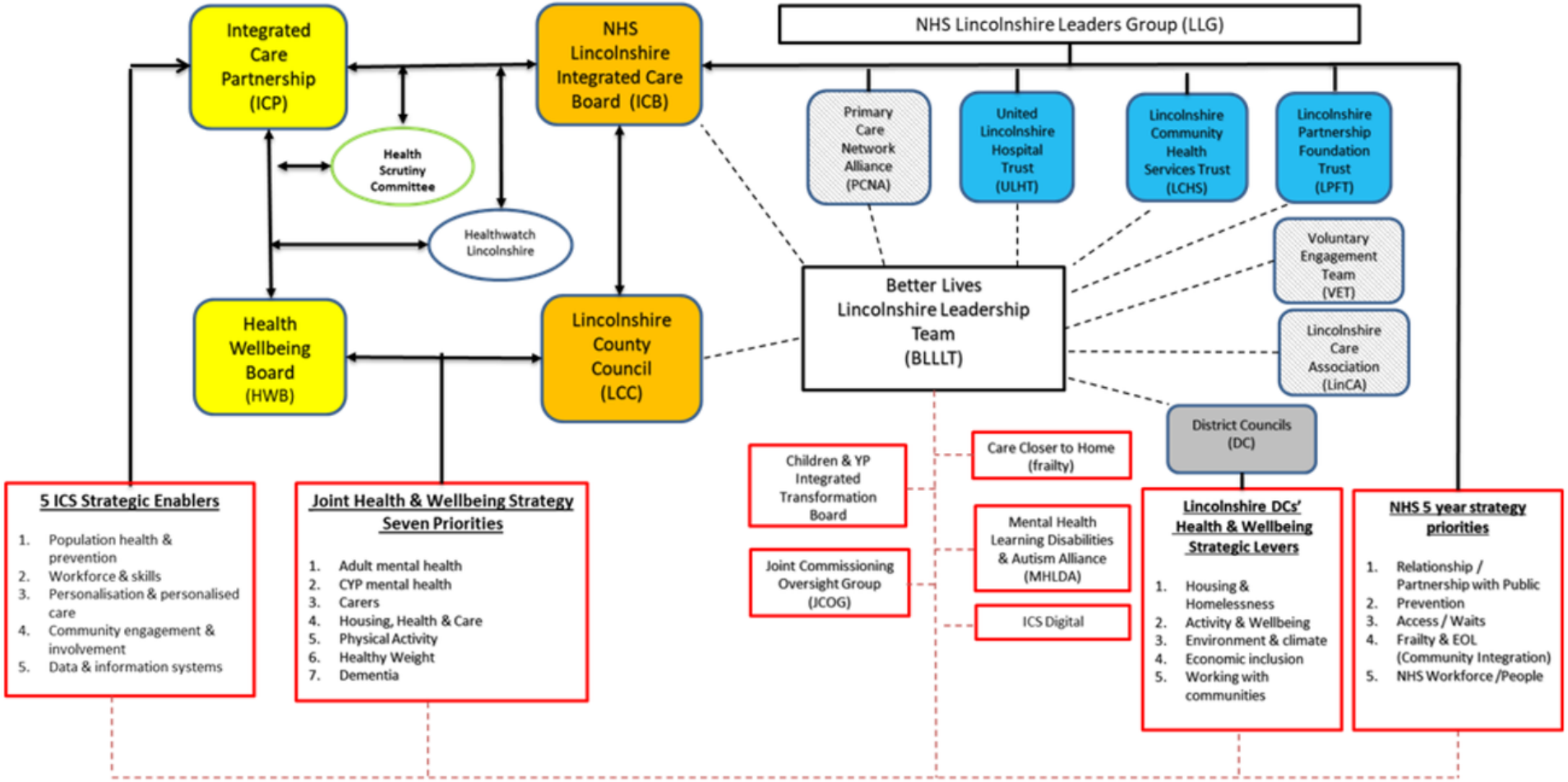
Already detailed in this document are the roles and purpose of the following arrangements indicated in this illustration:

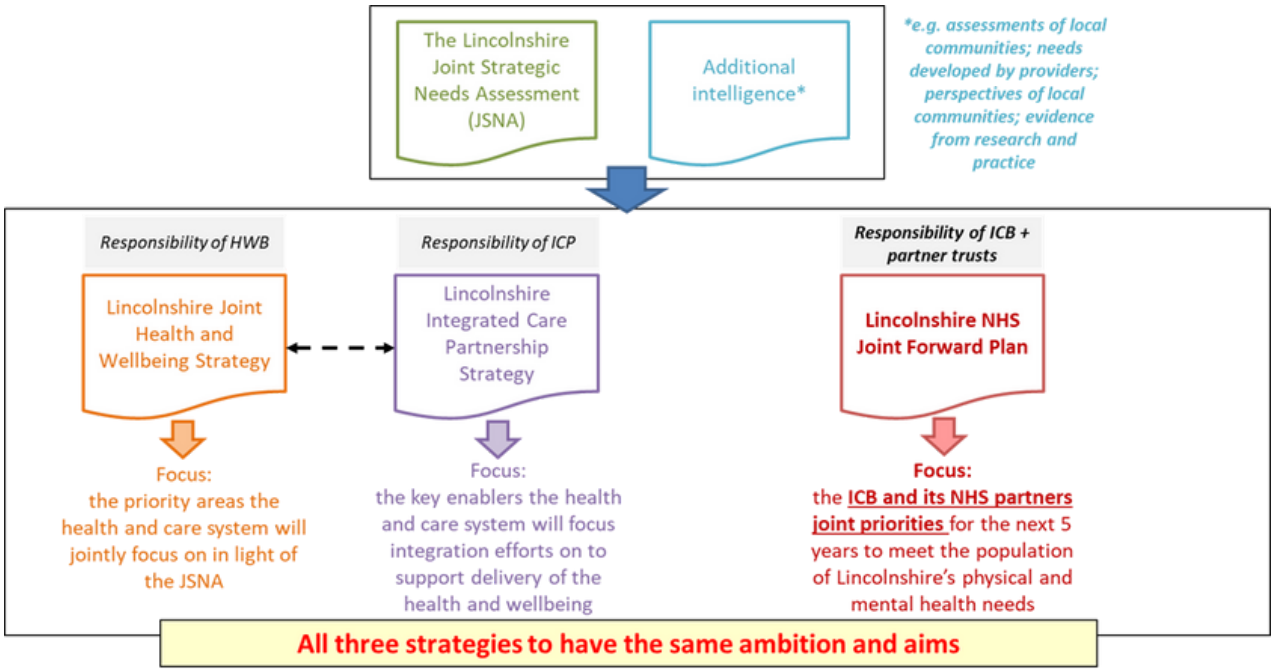
- NHS Lincolnshire ICB Board
- Lincolnshire Integrated Care Partnership
- Better Lives Lincolnshire Leadership Team
- Lincolnshire Leaders Group
- Lincolnshire Health and Care Collaborative
- Mental Health, Learning Disability and Autism Alliance

Through these joint arrangements, the ICS will continue the ongoing development of health care provision through continued strengthening of relationships and development of strategies and plans to meet the health needs of the Lincolnshire population. The work programme that underpins these arrangements to date comes from The Lincolnshire Joint Strategic Needs Assessment, the Lincolnshire Joint Health and Wellbeing Strategy, the Lincolnshire Integrated Care Strategy, and the NHS Lincolnshire Joint Forward Plan. **The relationship between these documents is illustrated in the diagram on Page 101.**

The Better Lives Lincolnshire Landscape

Our integrated heath and care system (DRAFT April 2023)





Underpinning the high-level governance structures outlined above are a significant number of joint working arrangements across the ICS. Membership is taken from organisations across the ICS and there is a joint Senior Responsible Officer who leads the development and implementation of the detailed work programmes. The work programmes pertaining to the NHS Mandate are identified in the NHS Lincolnshire Operational Plan System Narrative document which is published on the NHS Lincolnshire ICB website.

The joint working arrangements are outlined below but are not limited to the following:

- Clinical and Care Directorate
- Urgent and Emergency Care Board
- Elective Care, Cancer and Diagnostic Board
- Financial Leadership Group
- Financial Recovery Programme Board
- Children and Young Peoples Transformation Board
- Local Maternity and Neo-natal Services
- Digital and Data Board
- Lincolnshire Strategic Infrastructure and Investment Group
- Lincolnshire Investment Committee
- Population Health Management Board
- Personalisation Board

- Health Inequalities Board
- Lincolnshire Safeguarding Board
- Joint Commissioning Operations Group

System Development

In late 2022 the ICB, working with NHS provider colleagues in the county, and in close liaison with NHSE Midlands Region, agreed to commission an external and impartial review of the NHS provider landscape in the county.

The current phase of this piece of work came to a conclusion in March 2023. The report included 10 recommendations which were approved by all organisations. It was agreed that the work of implementing the recommendations is progressed through four workstreams, these being:

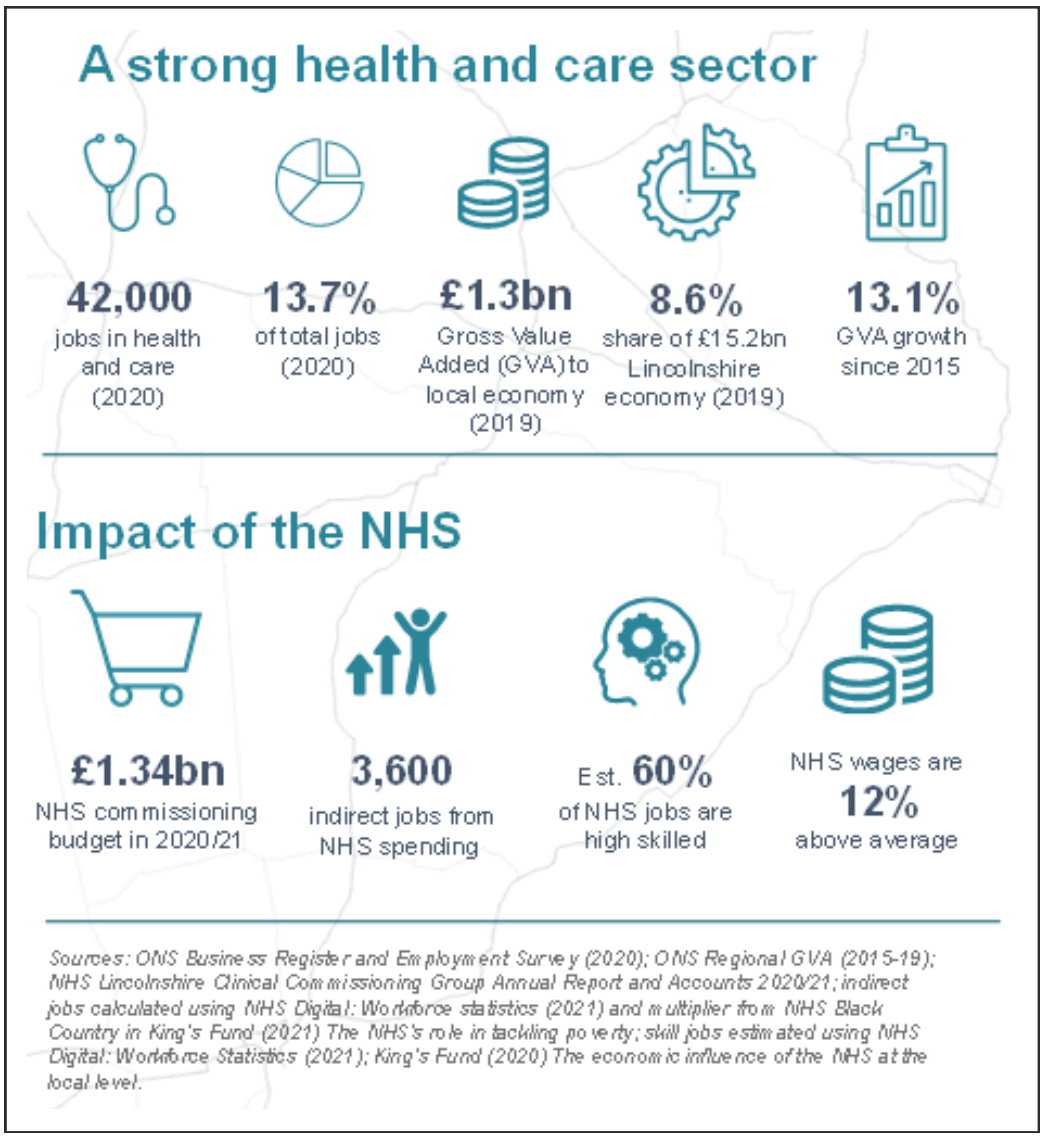
- Workstream 1 - CPP (Community and Primary Partnership)
- Workstream 2 - Provider Group (ULHT and LCHS)
- Workstream 3 – Corporate Service Transformation
- Workstream 4 - Cultural Change

The review, recommendations and future plans were, and continue to be, informed by the Fuller Review and Hewitt Review.

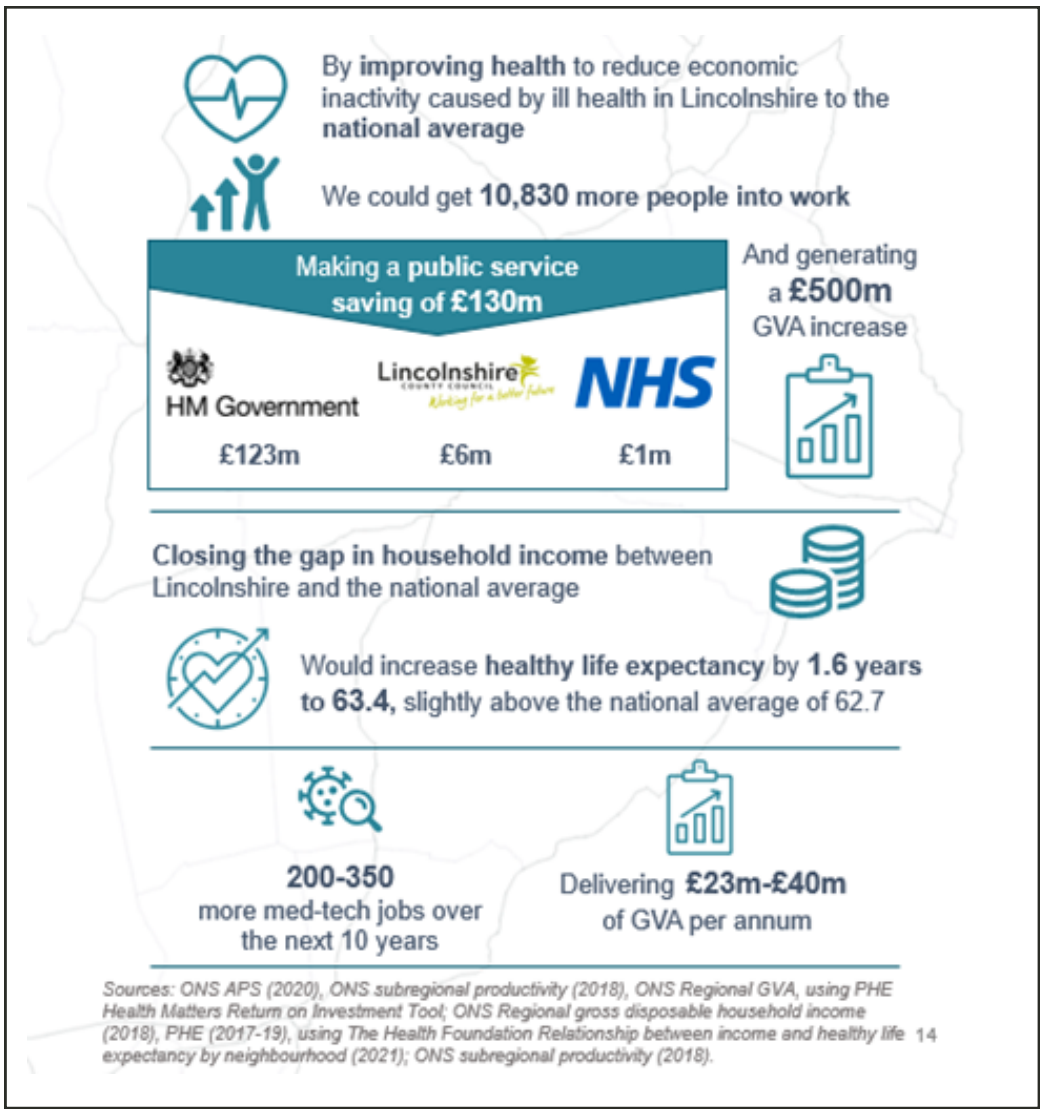
Supporting wider social and economic development

How the ICB and NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact health and wellbeing. This could include their role as strategic partners to local authorities and others within their system, as well as their direct contribution as planners, commissioners and providers of health services and as 'anchor institutions' within their communities.

The NHS, and wider health and care sector, is a crucial part of the Lincolnshire economy. We see ourselves as an anchor partner and work closely with our partners in industry, the public and voluntary sectors.



Lincolnshire has recognised the importance of the role that the NHS plays to support the wider determinants of health and wellbeing including supporting the Levelling Up agenda and the local economy. Our £1.3 billion health and care sector has 42,000 jobs, and our NHS is a major anchor institution, employing 11,250 people directly and supporting a further 3,600 jobs across the rest of the local economy. We have a new medical school at the University of Lincoln and leading health research assets, including the National Centre for Rural Health and Care, and Lincoln International Institute for Rural Health.



There are four Towns Funds in Lincolnshire – Skegness, Mablethorpe, Boston and Lincoln. Skegness and Mablethorpe are working together as the Connected Coast. In 2019 each of the four towns was invited to bid for up to £25 million. The NHS has been represented and is an

active member of each of these Boards, which have private, public and voluntary sector partners. The Investment Plans were submitted in 2020 and were well received and a total of £89.3m funding was announced in 2021. The individual projects were developed and subsequently approved in 2022. Several schemes have been completed and others are now under construction. These include the Campus for Future Living in Mablethorpe.

This innovative Towns Fund project brings together partners including University of Lincoln, Nottingham Trent University, Health Education England, ULHT, LPFT and LCHS as well as the local GP Practice and PCN.. This is a flagship project for Mablethorpe and one that will position the area as an exemplar in medi-tech and care.

The Campus will provide a base for the development and testing of Medi-tech applications. It will also support the continued professional development of clinicians, with both clinical and non-clinical medical placements, strongly aligned to the new medical school at the University of Lincoln. There will also be the opportunity for training and development of people working in care, and the campus will oversee a self-employed 'Care Network' of carers. A social enterprise coffee hub will be based at the campus too.

The NHS is part of a coalition of local, regional, and national partners involved in the development of the Campus for Future Living which will put Mablethorpe at the heart of the provision of health and care-related jobs and businesses.

Building on these partnerships there have been several successful Levelling Up 2 bids which the NHS has been actively involved in. These include the £20m redevelopment Castle Sports Centre in Spalding and the £14.2m PE21/Rosegarth Square regeneration project in Boston. Most of the UK Shared Prosperity Funding has been devolved to District Councils. The NHS has senior representation at five of the District Levelling Up Partnership Boards that have been established to manage the process and bids.

For the Lincolnshire ICS, key responsibilities are improving the outcomes in relation to the health of the population and tackling inequalities, thus ensuring that patient experiences are the best possible and that the productivity of the system is optimised and maximises value for money. Through delivering this the ICS will support the broader social and economic development within their area.

The ethos of population-based health and social care is the premise that underpins the service vision. The overall vision is of a need-based, proactive, preventative approach. Primary care is

at the heart of the service vision and a new generation of ICS-controlled, community-based assets – 'Cavell Centres' and a hub and spoke model of Community Diagnostic Centres and we are planning to deliver a hub and spoke model across the east coast. We recognise the challenges that there are in terms of health and access to services, public transport etc. These community facilities will be enablers and a key focus point for the work required across the Lincolnshire PCNs as the drivers for population-based care. They need to be uplifting and empathetic, providing flexible spaces that can adapt over time to continue to meet the needs of the population.

Understanding the needs of our populations underpins all the work we do, and our approach is described in other chapters of this Joint Forward View. Our engagement work, especially regarding our proposals regarding a hub and spoke model Community Diagnostic Centres along the east coast, supports this direction of travel.

Feedback below has been received from Skegness cancer support group, wellbeing group, economically deprived residents attending for a free meal and general members of the public:

Key challenges to accessing services:

- **Transport issues** - many people in the area do not own a vehicle leaving them reliant on friends and family, feel like a burden asking for lifts, hard to organise if their friends/family suddenly cancel or already have plans, current road infrastructure is poor, elderly do not like travelling rural roads, especially when dark - adding to the stress of the appointment.
- **Cost/distance** - petrol is expensive, sometimes to ill to travel on public transport for such long distances to Boston and Lincoln. Taxi to Lincoln around £100 return and £40 return to Boston. People have had to cancel appointments/treatment because they cannot afford to get to them. People would rather wait for an appointment to be seen more locally than travel and be seen quicker.
- **Inconvenient for children/those who work** due to such a long distance to nearest hospitals - have to organise childcare/have to take time off work for appointments as takes half/a full day - meaning reduced pay/increased outlay for childcare.

Impacts:

- Residents are suffering in pain/self medicating and waiting for appointments closer to home or for when they can afford/organise travel.

- Women are not attending routine mammogram appointments due to distance/time needed off work - not convenient.
- Residents are attending A&E and calling for ambulances to get help/diagnosis when pain has got unbearable.

Perceived benefits of having a CDC along the East Coast:

- Easier access for residents in rural communities who cannot travel far - more people likely to attend if offered locally.
- Less stress than going to hospital.
- People being diagnosed quicker and receiving better treatment and outcomes - potentially less people attending A&E.

Case Study

The Boston Integrated Care Centre proposal builds on the work that has been undertaken regarding the Sleaford Cavell Centre which is the agreed approach that will be rolled out across the ICS. The vision for Cavell Centres is to create a focal place in the community that starts to help people see health in a different way - moving away from reactive treatment of illness to proactive health improvement and illness prevention. Cavell Centres will provide a tangible space with a focus on supporting local populations, enabling access to information and signposting patients to the most appropriate health, social or third-sector services to empower them to manage their physical and mental health and maintain their wellbeing. This health management starts at birth and continues through a patient's life to a point of supporting with end-of-life care.

This new operating model is predicated on putting the patient/customer at the centre, with previously disparate services coming together to deal with the 'whole person' in as seamless a way as possible. That means collaboration not just co-location, sharing facilities, handing over not handing off, getting to the root causes of issues, focusing on prevention as well as cure, and opening doors instead of perpetuating traditional barriers.

Since 2015, the Borough Council and the NHS have driven forward a passionate partnership vision for health/wellbeing regeneration. Starting life as "West Street, Boston" (2015), to 'PE21' (2018 - now) and "Rosegarth Square" (2022). Outputs have included: Concept master planning for Future High Streets and One Public Estate (OPE) funding; part of the Boston Town Deal Investment Plan (2019); 2xLevelling Up Fund (LUF) bids (2021 / 2022) and Opportunity Development Fund work (2022).

This leadership ‘banging the drum’ has - brought more partners to the table; encouraged engagement; and shaped the vision. It has driven awareness of the project, its interventions and its potential outcomes from all sectors (private / public / voluntary), and all levels (local groups, to Government departments). Despite funding setbacks, and the Pandemic, the resilient partnership work has strengthened. It now includes the Primary Care Network (PCN) and links the South East Lincolnshire Council's health partnership and wellbeing strategies, the sub-regional Opportunity Development Fund (MACE), other Towns Fund Projects and the Sleaford Cavell Project.

The approach seeks to combine ‘Pride in Place,’ with the principles of the Dahlgren-Whitehead model, to deliver a place and facilities that people are proud of and want to visit. We are committed to using the Social Value Engine as a methodology to establish the full extent of impact and outcomes. There is a joint vision for social, environmental and economic regeneration of ‘PE21’. For the NHS this includes the integration of the Liquorpond Surgery, the services provided within the existing Boston Health Centre located on the site that is no longer fit for purpose and a Community Diagnostic Centre. There is a community hub – the Len Medlock Centre and the PCN is working collaboratively with the Centre regarding future integration opportunities.

Boston has a higher prevalence than the England average for cancer, atrial fibrillation, coronary heart disease, cardiovascular disease, heart failure, hypertension, peripheral artery disease, stroke, asthma, COPD, obesity, chronic kidney disease, diabetes, rheumatoid arthritis, epilepsy, palliative care, and dementia. GP referrals to outpatients, elective admissions and A&E attendances are all above England average. Overall deprivation in this PCN is higher than the Lincolnshire average with 22.9 per cent of the population in the most deprived quintile. From 2019 to 2041 Boston's population is predicted to increase from 73,836 to 80,048, an increase of 8.4 per cent. Boston's older people population (65+) will increase from 13,715 to 20,085 by 2041, an increase of 46.4 per cent. Over 85s will increase from 1,904 to 4,106 by 2041, an increase of 115.7 per cent.

As described in the above case study the NHS is committed to inclusive economic development. Our joint procurement team is leading on ensuring that all contracts have a minimum of 10% social value weighting.

The system has also agreed to use the Social Value Engine as a way of measuring this in capital and service models and business cases: **Home - Social Value Engine** A number of staff across the system are trained to use the model and are developing a community of Practice. Examples of its use already include the eradication of mental health dormitory accommodation in Boston on the Norton Lea site, the Primary Care Carlton Centre project, the Personalisation programme and K2 PCN Community Mental Health project.

A great example of partnership work to meet the needs of some of our most vulnerable members of society are our Night Light Cafés. These are safe spaces that offer an out-of-hours Mental Health, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They are in community spaces across the county. They can provide signposting advice and information on other organisations that may be able to help with specific needs, such as debt advice or emergency food parcels. On average, almost 29 guests a week visited a Night Light Café in 2021 and over 1,000 phone calls were made to people who needed support or a friendly ear to listen to them. 339 referrals were made from other agencies into the service. Night Light Cafés allow people to have better access to face-to-face help when they are struggling in an evening, when practices and community mental health teams are less readily available. The service is open from 4pm Monday to Friday, and from 8pm Saturday and 6pm on Sunday.

Led by the YMCA the Nomad Centre in Lincoln is another example of social value from partnership working. Nomad provides 22 comfortable ensuite bedrooms for people who are homeless or threatened with homelessness. It also has a professional kitchen which provides three meals a day, every day of the year. The Nomad Day Centre brings together a range of professionals to provide essential support to people experiencing homelessness, including mental health and physical wellbeing services.

We are supporting wider economic developments in Lincolnshire through several workstreams. We are members of Team Lincolnshire **Team Lincolnshire Homepage – Team Lincolnshire**. This is an independent partnership of ambitious, forward-thinking private and public sector organisations, united by the common goal of championing a stronger local economy. One example has been the LPFT supply chain event for the Norton Lea development – seeking local suppliers – both Team Lincolnshire and the Chamber of Commerce promoted the event.

We play an active partnership role with the Greater Lincolnshire Local Enterprise Partnership and have Board members on two of the Programme Boards. We have also been engaged in the Circular Economy development discussions being led by Lincolnshire County Council and the Local Enterprise Partnerships (LEP).

Our Anchor Partnership work is developing, and we are working with partners across the Providers, the County Council and the University of Lincoln. Our focus is on the UN Sustainability Goals and how these resonate with us in Lincolnshire. It links to our Greener NHS, Health Inequalities, Workforce, Procurement and Place-based strategies. Our partnership working includes all the members of the Integrated Care Partnership, the University of Lincoln and the Towns Funds.

Photograph: East Lindsey District Council

NHS Lincolnshire Joint Forward Plan 2023 - 2028

Allocation of Duties and Responsibilities