NHS Lincolnshire Integrated Care Board

Public Board Meeting

Tuesday, 28th November 2023
at 9.30 am

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

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

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Date: Tuesday, 28th November 2023
Time: 9.30 am
Location: The Boardroom, Bridge House, Sleaford

Deputy Acting Chair: Dr Gerry McSorley, Acting ICB Chair

AGENDA

ITEM NUMBER		ACTION	ENCLOSURE/ VERBAL	LEAD	TIME
1. INTRODUCTION					
i)	Welcome and Apologies		Verbal	Dr Gerry McSorley	9.30
ii)	Declarations of Interest		Verbal	Dr Gerry McSorley	
iii)	Minutes of the previous meeting held on 26th September 2023 and briefing from the Annual Public Meeting held on the 28th September 2023	Approve	Enclosures	Dr Gerry McSorley	
iv)	Matters Arising, including Action Log	Note	Enclosure	Dr Gerry McSorley	
2. CHAIR AND CHIEF EXECUTIVE UPDATES					
i)	Chair • Update and Overview	Note	Verbal	Dr Gerry McSorley	9.35
ii)	Chief Executive • Update and Overview • NHS Sexual Safety Charter • Temporary Staffing Arrangements - Letter	Note	Enclosure	Mr Matt Gaunt	9.45
3. CORE PURPOSE 1: HEALTH INEQUALITIES (tackle inequalities in outcomes, experience and access)					
i)	Reducing inequalities for people with Severe Mental Illness (SMI)	Receive	Enclosure	Mrs Sandra Williamson/Mrs Sara Brine and Mrs Victoria Sleight	10.00
4. KEY UPDATES					
i)	Public Health	Note	Verbal	Professor Derek Ward	10.15
ii)	Healthwatch	Note	Enclosure	Mr Dean Odell	10.25
5. CORE PURPOSE 2: HEALTH OUTCOMES (improve outcomes in population health and healthcare)					
i)	Integrated Quality and Performance Report – October 2023	Receive	Enclosure	Mrs Clair Raybould/ Mr Martin Fahy	10.35
ii)	Lincolnshire Winter Plan 2023/24	Approve	Enclosure	Mrs Clair Raybould	10.45
BREAK AT 11.00 AM (10 MINUTES)					

ITEM NUMBER		ACTION	ENCLOSURE/ VERBAL	LEAD	TIME
iii)	Primary Care System Level Access and Recovery Plan	Approve	Enclosure	Mr Nick Blake	11.15
6. CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY					
i)	Finance Report – Month Seven	Receive	Enclosure	Mr Matt Gaunt	11.25

7. CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE (help the NHS support broader social and economic development)					
i)	No specific item.				
8. GOVERNANCE					
i)	Paediatric Service Change	Approve	Enclosure	Mr Pete Burnett	11.30
ii)	Update on Risk Appetite and Board Assurance Framework	Note	Enclosure	Mr Matt Gaunt	11.35
iii)	Report from the Primary Care Commissioning and Delegated Functions Committee meeting held on 18th October 2023	Receive	Enclosure	Mr Nick Blake	11.40
iv)	Report from the System Quality and Patient Experience Committee (QPEC) meeting held on the 20th October 2023	Receive	Enclosure	Mrs Sharon Robson	11.45
v)	Report from the Service Delivery and Performance Committee meetings held on 20th September 2023 and 18th October 2023	Receive	Enclosure	Mrs Clair Raybould	11.50
vi)	Report from the Audit and Risk Committee meeting held on the 14th November 2023	Receive	Enclosure	Mrs Margaret Pratt	11.55
9. INFORMATION /CLOSING ITEMS					
i)	Risks identified during the course of the meeting	Consider	Verbal	Dr Gerry McSorley	12.00
10. DATE, TIME AND VENUE OF NEXT MEETING					
	Tuesday, 30th January 2024 at 9.30 am at Bridge House, Sleaford	Note	Verbal	Dr Gerry McSorley	Close

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

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

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

Not Delivered
In Progress
On Track to Deliver
Complete

ACTION LOG - PUBLIC

Date of Meeting:	**Tuesday, 28th November 2023**
Agenda Item:	**1 (iv)**
Reporting Officer:	**Dr Gerry McSorley, Acting ICB Chair**

Date of Meeting	Minute Number	Item	Action	Lead	Due	Updates	Status
26/09/23	23/141	Chair and Chief Executive Update	Questions received from members of the public to be responded to and details attached to the minutes of the meeting and the ICB website for information.	Mrs Jules Ellis-Fenwick	September 2023	All questions received were provided with a response. The questions and responses are attached to the minutes of the Board meeting and have also been made available on the ICB website.	Complete.
26/09/23	23/144	Integrated Performance Report	Review of the integrated Performance Report to be undertaken to include broader primary care aspects, such as Pharmacy, Optometry and Dentistry.	Mrs Sandra Williamson and Mrs Sarah-Jane Mills	November 2023	Complete. Information has been included in the report for the November Board meeting.	Complete.

MINUTES OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD MEETING HELD ON TUESDAY, 26th SEPTEMBER 2023 AT 9.30 AM AT BRIDGE HOUSE, THE POINT, SLEAFORD AND VIA MICROSOFT TEAMS

PRESENT:	Dr Gerry McSorley	Acting ICB Chair and Chair of the Primary Care and Delegated Functions Committee and Deputy ICB Chair
	Cllr Wendy Bowkett	Partner Member, Local Authority
	Mrs Sarah Connery	Executive Board Mental Health Member
	Ms Anita Day	Non-Executive Director
	Mr Matt Gaunt	Director of Finance
	Mrs Dawn Kenson	Non-Executive Member and Chair of Service Delivery and Performance Committee
	Mr Martin Fahy	Director of Nursing
	Mr Andrew Morgan	Partner Member, NHS and Foundation Trusts
	Mrs Julie Pomeroy	Non-Executive Member and Chair of Finance and Resource Committee
	Mrs Margaret Pratt	Non-Executive Director and Chair of the Audit and Risk Committee
	Mrs Clair Raybould	Director for System Delivery
	Mrs Sharon Robson	Non-Executive Director
	Dr Kevin Thomas	Partner Member, Primary Medical Services
IN ATTENDANCE (REGULAR PARTICIPANTS)	Ms Charley Blyth	Director of Communications and Engagement
	Mrs Sarah Button	ICB Head of PCN Transformation (item 4 only)
	Mr Pete Burnett	Director for Strategic Planning, Integration & Partnerships
	Mrs Jules Ellis-Fenwick	ICB Board Secretary and Head of Corporate Governance
	Mrs Sarah-Jane Mills	Director for Primary Care and Community & Social Values
	Mrs Alex Newton	Programme Manager, Primary Care (item 4 only)
	Mr Dean Odell	Healthwatch Representative
	Professor Derek Ward	Public Health Representative
	Mrs Sandra Williamson	Director for Health Inequalities & Regional Collaboration
APOLOGIES:	Mrs Michele Jolly	Voluntary and Care Sector Representative
	Dr Sunil Hindocha	Interim Medical Director
	Mrs Jitka Roberts	NHS Lincolnshire System Improvement Director
	Mr John Turner	Chief Executive
	Cllr Sue Woolley	Chair of the Health and Wellbeing Board

23/137 WELCOME AND INTRODUCTIONS

Dr McSorley welcomed all those present to the NHS Lincolnshire Integrated Care Board and advised that he would be chairing the Board meetings for the foreseeable future as Acting ICB Chair following Sir Andrew Cash's departure at the end of August 2023. Once a substantive appointment was made to the ICB Chair role and the individual had commenced in post then Dr McSorley would revert back to his role as Non-Executive Director and Deputy ICB Chair.

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

The meeting was being held both on a face to face basis and via Microsoft Teams as a Live Event. This arrangement had been put in place to enable members of the public or staff to either attend and observe the meeting in person or digitally through MS Teams. Members of the public were provided with the opportunity to submit any questions to the Board prior to the meeting through a proforma which was published on the website. The Questions and Answers facility had also been made available during the Board meeting as part of the live event. Any questions submitted would be responded to after the meeting subject to inclusion of name and contact details. Questions will be published on the ICB website in future along with the response in terms of being open and transparent.

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

Dr McSorley advised that prior to commencement of the formal business he wished to welcome Mrs Sharon Robson and Mrs Anita Day to the meeting, both of whom had recently joined the ICB as Non-Executive Members. This was their first Board meeting.

It was also the first ICB Board meeting for Mr Andrew Morgan, who had recently been appointed as the Group Chief Executive for United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Community Health Services NHS Trust (LCHS) and had replaced Mrs Maz Fosh as the Partner Member, NHS and Foundation Trusts. Dr McSorley congratulated Mr Morgan on his new role which commenced on the 1st August 2023.

On a final note, Dr McSorley welcomed Mrs Clair Raybould; this being her first meeting as a Board Member, rather than regular participant.

23/138 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTERESTS AND CONFLICTS OF INTERESTS

Dr McSorley reminded the Board members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB. Declarations made by members of the Board are listed in the ICB's Register of Interests. The Register is available either via the ICB Board Secretary or the ICB website.

Declaration of Interest from Committees:
No items declared.

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

The Board agreed to:

- **Note the interest as declared.**

23/139 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the previous meetings held on the 19th July 2023 and 25th July 2023 and agreed to:

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

23/140 MATTER ARISING

Dr McSorley presented the Action Log as included in the pack of papers. There were there actions all of which were identified as complete.

The Board agreed to:

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

23/141 CHAIR AND CHIEF EXECUTIVE UPDATES

ICB Chair update

Dr McSorley advised that he had some specific points to highlight for the Board's information but firstly referred to the Annual Assessment letter from NHS England which summarised the ICB's performance in 2022/23. NHSE had confirmed it was acceptable to present the letter in the public domain, hence its inclusion in the pack of papers.

In summary the assessment recognises the relative infancy of ICBs, having only been statutory bodies for nine months of the 2022/23 financial year. Overall the content of the letter is encouraging in terms of progress to date, and it also highlighted a number of positive areas, and some where further work is required.

Mrs Pratt welcomed the letter and the positive endorsement it provides but it was important to recognise that to become a strategic Board with the aim of really influencing the health and wellbeing of the local population, there is a considerable away to go in moving away from being operational and managing the strategic risks facing the ICB.

Ms Day echoed Mrs Pratt's comments but added that building on the strategic focus, there were several references in the letter to there not being as much evidence of focused and measurable outcomes in engaging with the local population or population health. Ms Day would look forward to seeing that information presented to the Board in the future.

Mrs Kenson commented that the letter did reference some of the system working being positive but there was also information on system transformation and being led by the ICB, which was absolutely right. There is a lot of good work happening, but consideration needs to be given to being more transparent and oversight of this to demonstrate the evidence referred to in the letter.

Dr McSorley advised that there were some further points to highlight and this being the first Board meeting since the conclusion of the criminal proceedings related to the Lucy Letby case and the murder of a number of babies at the Countess of Chester Hospital, it would be appropriate for the Board to note and express profound sorrow and regret in relation to this trial. This was clearly and very sadly a tragedy for the families concerned. In respect of a local response, the ICB had been liaising with system partners and colleagues across various sectors, and were engaged with NHSE in terms of the immediate ask and to be assured that all of the appropriate processes and measures were in place across the NHS in Lincolnshire, particularly in light of having suffered a similar situation back in the early 1990's.

Dr McSorley advised that he had attended a number of key meetings since the Board last met, including national Chairs on the 6th September, regional Chairs, Lincolnshire Leaders Group (LLG), East Midlands Joint Committee, local Trust Chairs and Four Pillars (primary care colleagues). He had also attended the Annual Public Meetings of the local provider organisations in September and planned to join the East Midlands Ambulance Service APM taking place shortly.

The Health and Wellbeing Board meeting and Integrated Care Partnership (ICP) meetings were taking place later that day, which Dr McSorley would be attending.

Dr McSorley had also met with Mrs Julie Grant, NHSE East Midlands Director of Strategic Transformation and discussed a number of governance issues and also had discussions with the NHSE Regional Director on various matters.

On a final note, the ICB's Annual Public Meeting was scheduled to take place on Thursday, 28th September 2023 at 5.00 pm to 6.00 pm.

Chief Executive update

Mr Gaunt as Deputy Chief Executive advised that he had a number of items to highlight for the Board's information but first and foremost wanted to take the opportunity to recognise the dedication and hard work of NHS staff and colleagues across the system in Lincolnshire and colleagues across various sectors, who continue to respond to the significant pressures which the NHS continued to face, particularly associated with industrial action and increased levels of demand. The focus is now on winter planning arrangements and there was a paper included in the pack which would be supported by a presentation later in the meeting detailing the work undertaken to date and plans going forward.

Secondly, the ICB was delighted to announce the confirmation by the Department of Health and Social Care (DHSC) of £38 million of additional funding for the development of two new Community Diagnostic Centres (CDCs) in Skegness and Lincoln. This was really positive news for the NHS in the county and the Skegness CDC will be NHS's single biggest investment in the town and area for generations. These two CDCs will be in addition to the one already in place in Grantham, which was visited by the Rt Hon Steve Barclay, Secretary of State for Health and Social Care on the 14th September, which was a very positive event. Mr Gaunt invited Mrs Raybould to comment on the visit as she was present, who advised that the Secretary of State had very positive engagement with the staff on site and the team on the ground were absolutely excellent in terms of the way they came across and handled the questions. The Rt Hon Steve Barclay did ask some challenging questions as would be expected, around pace, opening hours, constraints and there was a detailed discussion on the planned work with the University of Lincoln, which was very interesting. The use of artificial intelligence was also discussed along with the announcement of funding for the two CDC's in Lincoln and Skegness and the next stage, which is to have a CDC in Boston, whilst also recognising there might not be the footfall on the East Coast as there is in Grantham.

Mr Gaunt highlighted the following points for the Board's information:

- There continued to be considerable focus on the achievement of the criteria to exit NOF 4 later in the calendar year. The ICB remained on track but there still needed to be significant push on this, particularly on development of the pipeline which is around long term financial sustainability.
- Tribute was paid to Mrs Mills and her team for their continued hard work in relation to the health care facility for the mobilisation of the Scampton Asylum Seeker development. It has been a very challenging space for all those involved but impressive work has been carried out but there is still much to do.

As a point of note, Mr Turner and Mrs Connery have been working closely with the Police & Crime Commissioner and Chief Constable on the Right Person Right Care policy, and that piece of work is progressing satisfactorily. Mrs Connery added that it is early days, and the work is reliant on national documentation, but relationships were in a very good place with both parties, but other partners need to be involved such as EMAS and Lincolnshire County Council to ensure this is well implemented. Regular updates will be provided through to the Board going forward.

Ms Day referred to population health earlier in the meeting, and it was worth noting that the ICB Population Health Management toolkit on how to understand better the population health of the people of Lincolnshire is progressing well with the joint data set which covers all health and includes local authority data. Work is now underway to incorporate third sector data. This toolkit is being utilised to support some of the ICB's bigger initiatives and was now at the stage where information governance requirements were being worked through to ensure a wider group of partners across health and care can gain access to that.

Mrs Pratt referred to the information issued last week about the roll out of the database to general practice and asked whether Mr Gaunt was able to indicate how this was being used by primary care, and what is the ambition in that area. Mr Gaunt advised that the ambition is for general practice widely to be able to use data, so they operate beyond the insights of the individual in front of them but also to join up together insights from across other practices. This is with the view to building different levels of intervention where possible.

Dr Thomas advised that this is an early stage of implementation, but this is more about groups, such as the PCNs rather than individual practices, using this data for their populations to identify what can be done for that group and what are the priorities. Services will then be developed around those priorities.

Mr Gaunt went back to his update and advised that in the coming weeks the ICB will be supporting Trust and other NHS colleagues in celebrating Black History Month, and Mr Turner is looking forward to opening the first ever Lincolnshire Advanced Practitioner Conference in early October.

Finally, Mr Turner will be attending the Age UK Lincolnshire Sapphire Celebration and Awards on Thursday evening later that week to support Mrs Michele Jolly and the wonderful service they provide.

The Board considered Mr Gaunt's update. Dr Thomas referred to the announcement about the CDCs and reiterated the work that is being carried out to really engage with primary care (being led on by Mrs Claire Lloyd, System Lead). Dr Thomas commended Claire and the team associated with this for their support.

Mr Odell sought clarification on when the two new CDCs are likely to be up and running. Mrs Raybould advised that Grantham CDC is already operational and continued to increase the range of rurality. The Skegness and Lincoln ones will start with mobile MRI units on both sites in December 2023. They will not be fully functional until sometime in 2024 as there are building implications, which takes time to work through.

Councillor Bowkett asked for clarification on where the Skegness CDC will be sited. Mrs Raybould advised that it was understood this would be on the Skegness Hospital site but would need to check that information. The key commitment currently is to have a mobile MRI unit up and running in December as previously advised, which is flexible in terms of where it is sited.

Ms Day referred back to the discussion on the database and sought clarification on whether there is a plan in place and is that well developed and includes milestones. Dr Thomas advised that the plan is not well developed at this stage. Four PCNs have been set up to look at priorities in terms of project and set up arrangements in terms of health inequalities. Mrs Mills added that there is no milestone plan for each of the PCNs, all of whom are at different stages in terms of how they use the data and how it is influencing their local plans.

At this point Dr McSorley advised the pack of papers for the meeting included a report in relation to the practices and health inequalities and proposed that these comments were retained for the discussion under that item.

Mr Morgan commented that three days of industrial action by the junior doctors and Consultants had just ended, with a further three days planned the following week. Mr Morgan asked for his appreciation to be noted to Mrs Raybould and her team for their co-ordination and support in ensuring this situation was managed as well as possible and wanted to publicly place on record his apologies for the number of cancelled operations and appointments as a result of the industrial action, which was duly noted.

At this stage of the meeting Mr Gaunt referred to three questions that had been received from members of the public prior to the meeting. All three questions were read out along with the proposed response. It was noted that all the questions and responses would be attached to the minutes of the meeting and also published on the ICB website in line with usual practice.

The Board agreed to:

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

23/142 KEY UPDATES

Public Health

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

- Lincolnshire County Council were just in the process of finalising the re-commissioning of the Substance Misuse Service. Once the contract is awarded a report on the outcome will be presented to the Lincolnshire Health and Wellbeing Board. This is one of the key delivery mechanisms against the government White Paper on harm to home, which is the 10 year Drug Strategy. A key driver for that Strategy is the Drug and Alcohol Partnership and Professor Ward would be taking over the Chair role for that partnership having returned from covering North and North East Lincolnshire.
- In July 2023 a paper had been presented to the Health Scrutiny Committee (HSC) on water fluoridisation. There was a very interesting debate, and the Chair of the HSC has written to Mr Turner as the ICB Chief Executive in respect of a number of concerns raised about fluoridisation from a public health perspective. Currently half of the county has fluoridisation and half does not (West versus East) and that is demonstrated in stark variances in dental health, e.g. between Lincoln and Boston. Changes to the Health Act in 2021 resulted in responsibility for this area transferring back to the Secretary of State for Health and Social Care.
- Health Protection – in terms of outbreaks of infectious diseases currently across the county, the Board Members were no doubt aware of the COVID ba.2.86 variant which was causing some concern because of the mutations in the spike rating. It was still early days but there was currently no indication of the number of cases increasing in the UK or across the rest of the world, which was positive. Professor Ward emphasised the need for individuals to have their COVID vaccine where applicable.
- Influenza – there was nothing new to report currently. The vaccination programmes for flu and COVID have been brought forward because of the new variants around COVID.

In terms of reports, two key documents were currently being reviewed and the Board was recommended to view those - the Joint Health and Wellbeing Strategy for Lincolnshire and also the Integrated Care Strategy. Those two documents set the strategic direction for both health and social care for the rest of the year.

On a final note, the Director of Public Health Annual Report was just being drafted and would focus on ageing well. It was hoped to present this to the Board early in the New Year.

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

Healthwatch

Dr McSorley asked Mr Odell to present the Healthwatch report at this point, which was included in the pack of papers. Mr Odell advised that he would take the report as read, but wished to highlight the following points:

- Access to NHS Dental and GP services continued to be the top concerns for many patients.

- Healthwatch were currently working on a response to GP access in conjunction with the ICB and Local Medical Committee (LMC) which will include evidence of actions being taken to improve the situation, and the wider context in educating the public on the current challenges being faced.
- Healthwatch were also looking to produce an updated guide to support local people in accessing primary care.
- Hospital services – waiting times and communication seem to be the two areas where the most concerns have been flagged and some examples of the type of issues being experienced was summarised in the report.
- Mental Health services – some people did not feel their mental health needs were being met or supported by services, including Crisis and trauma support for veterans.

All comments received have been shared with the relevant services and organisations and the responses received were summarised in the report.

Mr Odell advised that as a result of the feedback received about mental health services, they have commenced a project to explore further experiences of community mental health services in Lincolnshire, which included the launch of two surveys – one to service users, carers, patients, relatives and friends and the other to professionals. The surveys close on the 6th October. The outcome would be shared in due course.

The Board was referred to page two of the report which summarised the details of some of the positive experiences shared with Healthwatch during the last month. These included positive comments on dental services and good experience received from a practice and its staff.

On a final note, the Healthwatch Forward Vision event was scheduled to take place on Tuesday, 31st October 2023 at Bishops Grosseteste University, Lincoln. The Healthwatch Annual Report will be presented along with plans for the coming year and a focus on transforming health and social care together. There would be a number of panel members present, including Mr Turner, Mrs Connery and Mr Morgan.

The Board considered the update. Mrs Pratt thanked Mr Odell for his informative report and sought clarification on the structural process for addressing any gaps, such as autism as referred to in the report. The Board discussed the comment and whether this was a performance or strategy issue. Mrs Connery advised that it is both a performance and strategy issue. The specifics can be picked up but the whole point of bringing the report to the Board is to connect and pick up the themes. In terms of the comments about maternity mental health, the detail provided a good insight to the issues, and Mrs Connery had triangulated that to the LPFT performance report. In respect of perinatal, LPFT had 100% positive feedback in terms of the friends and family test as an example and the average wait is 2 ½ weeks which is in line with the current standard.

Mrs Connery highlighted two areas of positive traction at this point, LPFT had received funding for a perinatal trauma and loss service, which commenced in April 2023 working in partnership with ULHT and midwifery The next aspect is the Family Hubs which are being funded through the government and putting in peer support workers around perinatal mental health.

In summary, there appeared to be an issue with signposting, and Mrs Connery advised she would discuss this outside of the meeting with Healthwatch to ensure people were being directed to Lincolnshire perinatal services.

Mr Burnett advised that the ICB does work closely with Healthwatch on feedback and themes and information received informed key documents, such as the Joint Forward Plan as an example. The more strategic level information informs priorities and areas that need to be addressed and the ICB continued to work hand in glove with Healthwatch on the engagement in terms of those types of reports.

Mrs Blyth and the Communications and Engagement Team have also established a strong working relationship with Healthwatch to ensure that the work of both comes together with the evidence provided.

Mrs Raybould advised that there several ways in which the feedback is progressed, but this has to be taken into context. Where a theme is identified then this is triangulated and taken through the appropriate Committees and programmes, such as Urgent and Emergency Care as an example, to gain an understanding of the issues.

Mrs Robson and Mr Fahy assured the Board that there is a process in place for the consideration of thematics and the type of feedback referred to by Mr Odell, and examples of how this is dealt with was outlined for the Board's information. In summary the correct route is through the System Quality and Patient Experience Committee.

Following some further comments on the engagement work being undertaken across the system and how the information is captured and taken forward, Dr McSorley drew the discussion to a close.

The Board agreed to:

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

Mrs Button and Mrs Newton joined the meeting at this stage.

CORE PURPOSE 1: HEALTH INEQUALITIES

23/143 PCN HEALTH INEQUALITIES

Mrs Williamson introduced the next item and advised that the update to the Board would cover the Primary Care Networks (PCNs) approach to tackling health inequalities as part of the Core20PLUS5. PCNs are uniquely placed to deliver this as they know their respective local communities and through working closely with system partners will be able to make a difference to their patients.

A presentation was received from Mrs Sarah Button, Primary Care Programme Lead and Mrs Alex Newton, Locality Delivery Manager, briefing the Board on the PCN approaches to tackling health inequalities. They explained that each of the PCNs have an assigned lead and gave some examples of the good work already happening.

East Lindsey's PCN recently held a successful 'pop up' clinic in a factory for the staff to perform health checks, aware that this group of people were not often in contact with health services. The clinic identified thirteen people with high blood pressure. They are now repeating this approach with care home staff across the area. Apex PCN held a Saturday clinic, targeting people suffering from obesity. They had 128 people attend, from which 62 expressed an interest in taking part in weight loss support schemes. To date, 30 of these people have already started a programme.

There were many other examples provided which the Board noted with interest, along with the next steps which included the approach to sharing and learning, further development of the PCN Health Inequality Leads Network and looking at how approaches to health inequalities can be embedded in practice.

Dr Thomas advised that the ICB PCN Team had provided a significant amount of support to primary care in respect of embedding health inequalities, which was appreciated. In terms of the challenges it was acknowledged that there is a requirement to have clear governance in place to safeguard both the PCNs and patients, particularly when a different approach to delivering a service is being used. However, the governance and regulatory requirements do sometimes tend to prohibit innovation.

Mrs Newton advised that alongside there are real opportunities to drive health inequality work across PCNs, including through shared learning from successful initiatives.

Professor Ward advised that discussions had been taking place as part of the health inequalities about ensuring the right governance arrangements were in place and a paper was being presented to the Integrated Care Partnership (ICP) meeting taking place later today which outlined the proposed approach for taking forward the Prevention and Health Inequalities priority. This is one of the five enablers set out in the Lincolnshire Integrated Care Strategy and it is proposed that a Prevention and Health Inequalities Executive Group is established to drive this work forward. This will be Co-Chaired by Professor Ward and Mrs Williamson to bring this work together.

Professor Ward further commented on the ambition that the ICB had previously discussed on implementing the Hewitt Review with the move towards 1% of the ICB budget being spent on prevention and advised that the governance arrangements being developed would support that approach. Dr McSorley acknowledged Professor Ward's point and advised that there would no doubt be an opportunity to pick this up as part of a future discussion by the Board on financial and service planning.

Councillor Bowkett asked whether the PCNs had considered doing things differently to better facilitate the attendance of patients for tests, such as cervical screening, with many women now working longer hours and not always able to attend during normal working hours. Dr Thomas supported Councillor Bowkett's comments, but the type of changes referred to would need to be produced at scale across all areas of the county.

There was further discussion on PCN development, their approach to health inequalities and the broader work taking place in their local communities. Mrs Mills emphasised that the details presented at today's meeting were a small snapshot of the work PCNs are carrying out and starting to implement, adding that each of them are at different stages in terms of their development and maturity, and knowledge is quite varied across the patch. It was important to consider the presentation in that context.

In terms of the overall picture, Mrs Mills provided a brief update on other work taking place and proposed that Dr Thomas and the Chair of the Lincolnshire PCN Alliance, Dr Sadie Aubrey, attend a future Board meeting to provide further information and talk about the broader work taking place. This would also provide an opportunity to showcase other examples of innovation taking place across the whole of the county (referencing Ms Day's observation about the paper not detailing any projects in the South locality area and also about being able to demonstrate return on investment).

The Board welcomed the presentation and confirmed their support for the approaches being adopted and the successes being created. Dr McSorley added that the Board would look forward to receiving an update in the New Year on the broader work taking place and drew the discussion to a close.

Dr McSorley thanked Mrs Williamson, Mrs Button and Mrs Newton for their informative presentation.

The Board agreed to:

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

Mrs Button and Mrs Newton left the meeting.

CORE PURPOSE 2: HEALTH OUTCOMES

23/144 INTEGRATED QUALITY AND PERFORMANCE REPORT

Performance Section

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

As the Board was aware, the Service Delivery and Performance Committee reviews reports on performance and delivery and detailed scrutiny occurs by service area alongside quality. This report contains the key constitutional targets and information will be provided verbally in the meeting where more recent data is available on key operational targets.

As a first point of note and referring back to Mr Morgan's comments earlier in the meeting about industrial action, it was important to note that the impact was not just around the planning side but also when the actual strikes take place. This has a significant impact on patients, staff and all pathways. The ICB's main providers have protected elective capacity as much as possible and particularly long waits and cancer patients, but that is also now becoming a challenge. An impact on 78 week waits performance was also being seen and should industrial action continue then this would impact on the ability to achieve the required target for both 78 week waits, and 65 week waits by the end of March 2024.

Mrs Raybould advised that the Board were aware of the summer surge in Lincolnshire, with the impact this year being felt much the same as winter because of the sheer volume of people. This year a slightly different profile had been seen in that whilst attendances of Urgent and Emergency Care (UEC) had been very similar, the rate at which patients had been admitted had been much higher than in previous years. This has then placed additional challenges and pressures on teams to discharge those patients, particularly when going back out of the county. There had been excellent support from system partners, including adult social care and mental health colleagues even when the patients are not Lincolnshire residents which was important to acknowledge.

Some further points were highlighted in relation to UEC and cancer performance:

- Ambulance response times increased slightly to 36:49 minutes for Category Two incidents (18 minute standard), although the data in the report was for August (this is national published data) and the position since that time had deteriorated and has taken longer than normal to recover. The situation had improved in the last week which was positive. This position was reflected nationally, although Lincolnshire had been adversely impacted simply because of the county's geography.
- There were a significant number of patients (894) waiting more than 12 hours in departments in August, with less than 50% of them having their first clinical assessment within 60 minutes. All associated actions being taken were included as part of the report, including the clinical audit being led by ULHT and LCHS.
- Cancer recovery continued to make really good progress, although industrial action had impacted on this, but the backlog was reducing in numbers.
- Faster Diagnosis had also improved and was on trajectory to achieve the target at the end of September, with significant recovery in breast services.

Mrs Raybould added that she had attended a meeting of the Health Scrutiny and Overview Committee the previous week along with colleagues from ULHT who provided a presentation on cancer, which was well received. The next update was not expected until next year.

The NHS Talking Therapies (previously known as IAPT) access rate was 5.34% in June (cumulative position) - the standard is 33% by March 2024. This was above plan and national average which was in the context of increased demand and continued pressures.

The percentage of people experiencing first episode psychosis receiving treatment within two weeks or less fell to 37% in June (rolling 12 months), which is below the 60% standard but is forecast to improve as newly trained staff come on-line.

Mrs Raybould handed over to Mr Fahy at this point to present the Quality Section of the report.

Quality Section

Mr Fahy presented the Quality Section of the Integrated Quality and Performance Report and advised that he would take the same approach as Mrs Raybould and that the Board had read the report. The following key points were highlighted from the patient safety quality perspective.

- A Clinical Summit was held on the 15th August with the objective of gaining a shared understanding of the factors contributing and driving the surge in demand since Quarter One of 2023/24. The Clinical Summit was an opportunity to explore with system partners all possible mitigations to alleviate demand, with a view to developing strategies needed to enhance admission avoidance; reduce hand over delays; maximise discharge opportunities; and minimise long waits associated with patient harm. The outputs from the Clinical Summit are being used to identify areas for further development and inform areas for focus through the winter planning process.
- ADHD 360: A Rapid Quality Review meeting took place on the 2nd August 2023 with the lead provider, led by the ICB, in response to escalation of quality concerns. Enhanced oversight arrangements remain in place, but the position has improved.
- Paediatric Audiology: NLAG identified a lower than expected number of children with hearing loss as part of the Paediatric Audiology Screening in early 2023. Within the cohort of children potentially affected, it has now been identified there are four Lincolnshire children. The ICB continues to meet with NLAG and co-ordinating commissioner to ensure that patients treatment needs are being met and to receive regular updates. The Board will be kept updated on progress.
- Primary Care: Two practices are currently identified as inadequate as detailed in the report. Both practices have recovery plans in place and the Quality Team continue to work closely with them on those. Considerable improvement was expected to be demonstrated by those practices when their next CQC inspections take place.
- Serious Incidents (SIs): The number is 26 which has slightly decreased from the previous months, but this is not an unusual trend. It is expected that the number of SIs reported will reduce with the implementation of PSIRF which is the new Patient Safety Incident Response Framework which goes live at ULHT in October and the rest of the ICB's providers are on track to move forward with the new system from March 2024. The Board had previously been briefed on this new system.
- Pressure ulcers continue to make up the large majority of SIs reported. As reported previously, a programme of work from a quality improvement perspective is in place and the outputs of that will be reported later in the year.
- Never Events: There had been one event, which involved wrong site lesion removal. The correct lesion was subsequently removed, and it turned out the wrong lesion removed was in fact malignant. A review of the event was being carried out.
- Learning and Sharing: NHS England wrote to all NHS organisations on 18th August 2023 following the outcome of the Lucy Letby trial outlining steps already being taken to strengthen patient safety monitoring, including the national roll-out of medical examiners since 2021 and implementation of the new PSIRF. The letter also highlighted the importance of Freedom to Speak Up (FTSU) and expectations regarding adoption of the national policy by January 2024.
- The ICB launched its FTSU policy in December 2022, which aligns to the national policy, with the exception of only having a nominated Executive lead, rather than Executive and Non-Executive and these arrangements would need to be revisited.

- Lincolnshire NHS Trusts have well established arrangements for FTSU, and it has been confirmed the respective organisations are reviewing arrangements to ensure alignment with the expectations of the NHS England letter. Work has also commenced in Lincolnshire to consider suitable FTSU arrangements for Primary Care.
- NHS England have confirmed that Primary Care will not be mandated to implement the PSIRF framework and will continue to use the Significant Event Audit toolset until the NHSE Learning Response Tool is developed and also confirmed that the Pharmacy, Optometrists and Dental Services (PODs) will not be mandated to implement the PSIRF framework either.
- Thematic updates – Lincolnshire has been chosen by the government to be a wave one Local Authority Families First for Children (FFC) Pathfinder site, only one of three in the country with the others being Wolverhampton and Dorset.
- From 1st August 2023 the ICB started to fund prepaid prescription certificates for Care Leavers aged 18 to 25 years who are not eligible to free prescriptions under current exemptions.
- In April 2023 the newly commissioned Lincolnshire Domestic Abuse Specialist Service (LDASS) was launched, its core principles being prevention, protection, and recovery for victims of domestic abuse.
- The ICB Safeguarding Team submitted its quarterly assurance to the NHSE regional safeguarding team. The teams met in July 2023 to discuss the overarching safeguarding assurance view of the ICB, which remains RAG rated as green, which is really good news.

On a final note, Mr Fahy advised that the ICB has completed the most COVID vaccinations in Care Homes in England, which was as a result of a significant amount of work by everyone involved. Communications continued to be in place on raising awareness and encouragement for the relevant cohorts to have their vaccination.

The Board considered the report and supporting verbal updates. Mrs Pratt asked whether the initiatives PSIRF, FTSU and Duty of Candour was an opportunity to look at the Board Committee Terms of Reference in terms of strategic governance is embedded. It was acknowledged that a review of the arrangements between all of the Board Committees and how they flag risks or areas of concern is required and this work was already in train.

The Board noted that the report did not currently include any performance information or data on Pharmacy, Optometry and Dentistry and requested that this be considered outside of the meeting for inclusion. This was discussed and it was noted that the Integrated Performance Report would be reviewed to ensure it included broader primary care data but at a high level position for the Board.

Action: Mr Fahy and Mrs Williamson

The ICB Board agreed to:

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

23/145 WINTER PLANNING 2023/24

Mrs Raybould presented a report which provided an overview of the winter planning guidance for 2023/24, and outlined the approach currently being taken to Winter Planning.

Mrs Raybould advised that she would take the report as read but wished to highlight the collaborative approach being taken within Lincolnshire, which incorporates not only all NHS partner organisations from neighbouring systems, but also has strong engagement from across Adult Social Care and the Voluntary sector. As a result there are some key schemes of supporting activity that the collaborative team is progressing.

One example is the single point of access for clinical staff in Lincolnshire, which will create a simplified and reliable route for referring colleagues to access support and information.

Importantly, this will mean quicker advice, guidance and access, which will create an improvement for patients as they benefit from a much better journey through the system to services that are appropriate.

It was noted that funding has been secured by the team leading on the planning process to ensure barriers to success are removed.

Greater detail was shared upon the likely longer-term impacts of the continuing Industrial Action, particularly the increases in waiting lists. Similarly, the changing profile of people requiring emergency care was briefed to the Board. Higher acuity and therefore higher admissions is consistently being observed, and therefore services are responding to this through the current winter planning process.

There was a winter assurance visit by NHSE on the Lincolnshire system winter plan on the 10th October 2023.

The Board considered the report and commended the content. Mrs Pratt commented that under Aim Three (enhanced productivity) on the front sheet of the report there are clear benefits from this piece of work; it should not state 'not applicable,' which was noted by Mrs Raybould.

Mrs Kenson advised that the documentation on winter planning had been presented to the Service Delivery and Performance Committee and the KLOE's have already been considered in detail. The Committee also had a planned deep dive into virtual wards at its meeting taking place the following month.

Dr Thomas referred to the Single Point of Access and confirmed his support to this approach but sought clarification on whether NWAFT and NLAG were involved in this process. Mrs Raybould confirmed they are part of the Partnership Board and the team are well linked into those two organisations. The ICB is also part of those system's winter plans as well.

The Board agreed to:

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

CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY

23/146 **MONTH FIVE – FINANCE REPORT**

Mr Gaunt presented the finance report which set out the financial position of the Lincolnshire Integrated Care System (ICS) and the ICB on 31st August 2023.

Mr Gaunt advised that the year to date position was as follows:

- The ICS' plan was to deliver a £24.6m deficit at the 31st of August 2023. The ICS reported a deficit of £29.7m which represents a £5.1m adverse variance to plan.
- The ICB has reported a year-to-date £21.2m adverse variance against income and allocations. This equates to a £5.5m adverse variance against the plan, of which the ICB is the main driver.

The outturn financial position was as follows:

- The ICS' plan is to deliver a £15.4m deficit for the full financial year. The outturn position is to achieve plan.
- The ICB expects to deliver a £2.1m surplus for the full year. This is £0.2m adverse variance against the £2.4m plan.

At month five the ICS delivered £23.6m in efficiencies which equates to a £5.8m favourable variance against the £17.8m plan. Mr Gaunt summarised the unplanned costs due to the on-going industrial action, inflationary pressures and prescribing costs and advised that these factors together had driven off-plan financial performance of the system and the ICB specifically. Work is underway to identify mitigations.

In summary the ICS remains on track to deliver NOF 4 exit earlier than planned, despite being off plan, as a result of being ahead of the efficiency programme which is the key criteria against which the assessment is carried out along with the pipeline of future schemes.

The prospects for the period ahead are dependent on the ability to mitigate the risks as outlined in the report and year to date position.

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

The Board considered the report and agreed to:

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

CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE

There was no specific item on this occasion under this heading.

GOVERNANCE

23/147 PRE-DELEGATION ASSESSMENT FRAMEWORK (PDAF) FOR SPECIALISED SERVICES (PDAF)

Mrs Williamson presented a paper on the Pre-Delegation Assessment Framework (PDAF) for Specialised Services and advised that she would take the report as read but by way of providing some context, the Board would no doubt recall that ICBs are going through a process of various services being delegated to them. This commenced with the Pre-Delegation Assessment Framework of Pharmacy, Optometry and Dentistry from 1st April 2023.

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

In preparation for delegation the PDAF has been completed in the context of the first 59 services which would be delegated to the ICB from the 1st April 2024.

From a governance perspective, work has been taking place on the shadow arrangements to support the transition, working jointly with the 11 ICBs in the West and East Midlands regions and NHSE in terms of the joint commissioning arrangements. In summary, the governance is in place and will be formalised on the 1st April 2024.

The Board was advised that attached in Appendix 3 is the completed Pre-Delegation Assessment Framework (PDAF) detailing the level of readiness as of September 2023 and the expected position as of March 2024. The majority of the areas were showing as amber, but an update had been received subsequent to circulation of the papers and this identified that the only domains where further work was required were finance and workforce.

There was a considerable amount of detail to be worked through from the finance perspective to ensure the processes were in place for the allocation of funding to be received by the ICB, and associated risk management arrangements.

The Board considered the report and agreed to:

- **Note the progress on Delegation of Services from NHS England to Integrated Care Boards for Specialised Services on 1st April 2024.**
- **Approve the Pre-Delegation Assessment Framework (PDAF) for category A services for 1st April 2024 (Appendix 2).**
- **Note the Board will be asked to approve any necessary changes to the ICB Constitution and Governance Handbook to reflect the establishment of, and delegations to, the ICB's Joint Committee (including the Scheme of Reservation and Delegation) which will be presented at a later date.**

23/148 BOARD FORWARD PLAN

Dr McSorley presented the Board Forward Plan through to March 2024 and advised that this document is one of the key components in ensuring that the Board is effectively carrying out its role in leading the organisation and has plans in place to deliver its strategy and achieve a balanced budget position. It is also a key mechanism by which appropriately timed governance oversight, scrutiny and transparency can be maintained in a way that does not place an onerous burden on those in executive roles or create unnecessary or bureaucratic governance processes.

The Board Forward Plan through to March 2024 included in the pack had been prepared based on the Board meeting dates agreed for the period September 2023 to March 2024 and reflected good practice. The Board was asked to consider the document and identify any amendments/comments which will be incorporated as appropriate.

The Board considered the document. Mrs Kenson proposed that some of the content was strengthened under the four key aims in terms of visibility of some of the fantastic work that is taking place and the strategic intent as referred to earlier in the meeting, which was noted and agreed.

The Board agreed to:

- **Approve the Board Forward Plan subject to the comments received.**

23/149 SYSTEM QUALITY AND PATIENT EXPERIENCE COMMITTEE

Mrs Robson presented the report from the System Quality and Patient Experience Committee meeting held on the 5th September 2023. The majority of the contents had already been covered by Mr Fahy under his update on Quality as part of the Performance Report.

There were a number of points of escalation to the Board, but the two areas highlighted were:

- Treatment delays linked to patient harm.
- Delegation of Continuing Healthcare (CHC) and Area Prescribing Committee.

The Board agreed to:

- **Note the report.**

23/150 SERVICE DELIVERY AND PERFORMANCE COMMITTEE

Mrs Kenson presented the report from the Service Delivery and Performance Committee meetings held in July and August. The Board was advised that in July the Committee held a workshop to increase the focus on the Lincolnshire System 2023/24 Operational Plan (the Plan) having previously been agreed that the Committee would have the role of oversight and assurance on the delivery of the Plan. Discussions took place at the workshop on how that is carried out.

At the August meeting discussions took place about the developing system performance dashboard. This had really come together well and now included all the key metrics in the operational plan for 2023/24 and a one page summary of the various programmes underway.

It was agreed that the following point should be escalated to raise awareness at the ICB Board:

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

The Board considered the report and agreed to:

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

23/151 AUDIT AND RISK COMMITTEE

Mrs Pratt provided a verbal update from the Audit and Risk Committee meeting held on the 22nd September 2023 and highlighted the following points.

- The Committee received the External Auditor's Annual Report for both the former Lincolnshire CCG and the Lincolnshire ICB.
- The Internal Audit Plan for 2023/24 was received and approved. There were some issues currently with the ICB's Internal Audit Lead contact not frequently being present at the meetings, and this was in hand.
- Board Assurance Framework (BAF). The Committee asked whether the Internal Audit Plan was aligned with the BAF risks and it was acknowledged further work would be required. The auditors had provided some helpful advice in terms of how discussions and progress is documented on the on-going development of the BAF.

There were two items for escalation to the Board:

- On-going internal control issues with Continuing Healthcare (CHC) and Mental Health, Learning Disabilities and Autism (MHLDA) and high risk recommendations which had not yet been implemented. Key leads had been invited to the meeting to provide updates.

Mr Fahy assured the Board that the recommendations outstanding in terms of CHC and MHLDA were being addressed and the key leads would attend the next meeting of the Audit and Risk Committee to provide an update and further information with a view to closing those actions.

The Board considered the report and agreed to:

- **Note the report.**

23/152 ANY RISKS IDENTIFIED

The Board agreed that it needs to be able to assure itself that there is sufficient strategic assurance over the ICB's key risks. This was noted as a thematic review from the meeting and would need to be considered when preparing for future meetings.

23/153 DATE AND TIME OF THE NEXT MEETING

The next formal ICB Public Board meeting will take place on the Tuesday, 28th November 2023 at 9.30 am at Bridge House, Sleaford.

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Chair Signature **Date**

Integrated Care Board

Annual Public Meeting Bulletin | 28th September 2023

We are pleased to share the updates from September's NHS Lincolnshire ICB Annual Public Meeting below.

The Acting Chair of the ICB introduced the meeting and noted the minutes of the previous year's meeting, which were agreed. The Chief Executive provided an overview of the establishment of the ICB as well as Lincolnshire's Better Lives Lincolnshire Integrated Care System, before summarising some of the key performance highlights and service developments, which are outlined below, in accordance with our four core purposes.

The full presentation from the Chief Executive is included in the Annual Public Meeting papers **(which can be accessed via the link at the end of this document)**. There were two questions from members of the public which, alongside the responses provided, are also included in the meeting papers.

1. To improve outcomes in population health and healthcare

- Community Diagnostic Centres – the first one opened in Grantham, May 2022, with Lincoln and Skegness being confirmed as in development after the announcement of £38m funding from the DHSC in August 2023.
- Vaccination Programme – the successful covid vaccination programme in the county continues, and Lincolnshire remain amongst the most effective systems in the country for delivering protection to the priority cohorts amongst our community.

2. To tackle inequalities in outcomes, experience and access

- Improvements in delivery of Physical Health Checks for people with Serious Mental Health Illness (SMI) and people with Learning Disabilities have been significant after being identified as an area needing improvement. Work alongside our LPFT and primary care colleagues has meant a focus on this area with great improvements in performance.
- The £45m investment in ULHT's A&E department at Boston, Pilgrim Hospital is the single biggest investment in the county's health estate to date, and the delivery of this upgraded department will enable improvements to patient care and outcomes, signifying a much sought after progression in the county's urgent and emergency care offer

3. To enhance productivity and value for money

- Ongoing implementation of Acute Services Review Outcomes – the imminent opening of Grantham's 24/7 Urgent Treatment Centre signals the stability of overnight urgent access for people of the town and surrounding areas for the first time since 2016.
- NHS Lincolnshire ICB is in the top three ICBs in the country as an organisation its staff would recommend as a place to work in the NHS' national staff survey.

4. To help the NHS support broader social and economic development

- NHS 75th Anniversary – celebrated nationally and locally, with local events occurring to spotlight our self care and prevention activities, delivered alongside partners. These included volunteering and hosting of Park Runs across the county, school art competitions with visits to our County Emergency Centre and so many more community focused initiatives.
- Armed Forces Employer Recognition Scheme – alongside all other statutory NHS organisations in the county already having achieved the silver award, the ICB is progressing well towards achieving the highest Armed Forces Covenant award available, the gold award. The team congratulated ULHT for already achieving this.

To read the Annual Public Meeting papers, please click the link below:

Lincolnshire ICB Annual Public Meeting | 28 September 2023

Questions from the Board meeting held on 26th September 2023

Question One

ICB members will be aware of the proposals to industrialise West Lindsay by building the largest solar farm in Europe in Lincolnshire (https://tillbridgesolar.com).

I find it hard adequately to express the stress, misery, anxiety and depression that this is causing in local communities. If these schemes go ahead, the damaging impact on population health and well-being is hard to exaggerate. Public health analysts emphasise the importance of 'green prescribing' (access to open space and countryside) for the benefit of mental health and well-being.

I trust that the ICB will register as an interested party with the Planning Inspectorate and use its influence to oppose these schemes to prevent more pressure on its primary care and mental health services.

Response:

Thank you for your question and raising your concerns. We understand the concerns that are being expressed in relation to this development.

This is a planning development clearly for the local planning department, not for the ICB. The ICB is aware of the numerous developments which are proposed across Lincolnshire about which local residents raise with their planning authority.

Question Two

Given that stroke is a leading cause of death and disability, with stroke survivors leaving hospital with an average of 7 disabilities, many needing complex and life-long care and contributing to delays in discharge and pressures across the health and social care system, how does NHS Lincolnshire Integrated Care Board (ICB) plan to appropriately fund and resource the Integrated Stroke Delivery Network as the essential delivery mechanism for meeting guideline level standards of care and achieving the Long Term Plan's stroke commitments? What protection and security can you provide to the committed and valuable stroke network staff who are working tirelessly to improve the quality and safety of local services for this clinical priority?

Response

Thank you for your question to the Board, which is really welcomed. The matter of stroke services provision for the people of Lincolnshire has been comprehensively reviewed as part of the Acute Services Review which completed in mid 2022. We are now in the process of working with partners to implement all of the decisions made at that time.

Our Medical Director and Director of Nursing will continue to work closely with clinical colleagues to strive and support them to provide the very best care for the people of Lincolnshire.

Question Three

I am disappointed that sadly like many organisations. Your public meetings are held using online attendance only. There are 3 million people including in Lincolnshire who do not have access to the internet or a mobile phone.

Government organisations including the NHS have to fully conform to the Equality Act 2010. You cannot discriminate against anyone regardless of their age, sex, religion or disability.

I have always felt face to face meetings are more beneficial as “I may get an actual answer” rather than a prepared statement which has no connection to a live question.

I hoped the ICB would bring new ideas about communicating with members of the public who are aware of shortage of beds, staff and services across LINCOLNSHIRE and I would remind you that not everyone lives in Lincoln, Boston or Spalding. We have very diverse and isolated communities who do not have GP or dental services. We also have very poor community bus services.

I do hope you will consider having your meetings at venues across Lincolnshire in public.

Response:

Thank you for your email about our Board meetings. You may not realise that the ICB Board holds its meeting using a hybrid model whereby meetings are held both on a face to face basis and also as live virtual events through Microsoft Teams.

If you wish to join the ICB Board at one of its public Board meetings, you are more than welcome.

Further details about our Board meetings and how they operate can be found on our website: www.lincolnshire.icb.nhs.uk

Sent via email to:

Gerry McSorley, Lincolnshire ICB Chair

Gerry.mcsorley@nhs.net

From the office of Nina Morgan
Regional Chief Nurse
NHS Midlands

Cardinal Square
10 Nottingham Road
Derby
DE1 3QT

Nina.morgan5@nhs.net

18th October 2023

Dear Gerry,

Temporary Staffing Reporting to ICB Boards

Thank you for your continuing focus on and commitment to reducing agency expenditure in your system. As you will be aware, the costs of using temporary staffing are a significant driver of the Midlands' system financial deficit. This letter sets out NHS England Midlands expectations of ICB Boards actions to support the ongoing challenge of reducing temporary staff costs.

Context

At month 5 2023/24, Midlands' systems have spent £805m on bank and agency staff, £176m more than it had planned to do at this point in the year and these costs account for 13% of total workforce costs. This high spend is across both bank and agency staff which are £118m and £58m respectively overspent compared to plan. Your system is currently £2.2m below planned levels of expenditure on temporary staff costs. Bank costs are £0.8m overspent against plan and account for 9.8% of total staff costs and agency costs are £3.1m lower than planned and are 5.9% of total staff costs vs a target of 3.7%.

Midlands' systems year to date temporary staffing run rates suggest a regional outturn temporary staffing expenditure of £1.9bn for 2023/24. Your system's temporary staffing run rates suggest an outturn temporary staffing expenditure of £114.5m for 2023/24, £6.8m above plan.

This level of actual and forecast expenditure is not affordable or sustainable and urgent action must be taken to reduce these costs at system and regional level.

Action required

In light of increasing levels of price cap breaches and with agreement from the Midlands Leadership Team, each system and provider is asked to:

- Urgently review escalation processes for approving agency spend above price caps to ensure decisions are taken at the appropriate level of seniority and/or clinical expertise;
- Update organisational rate escalation ('break glass') policy ensuring this provides the appropriate level of rigour and discuss/approve this policy at Trust Board level; and

- Receive monthly reports on the top ten most expensive and top ten longest serving agency staff and the plans to replace these staff with more affordable workforce solutions.

ICB and provider Boards are asked to ensure the receipt of regular performance data against temporary staffing KPIs including performance against the national agency target that agency costs should not exceed 3.7% of total pay costs and if not already doing so to commence immediate public Board reporting of other agency specific data including:

- Reporting all off-framework agency use within the system with a view to eliminate these costs as soon as possible in-year; and
- Reporting all admin and estates staff agency use within the system with a view to minimise this expenditure as soon as possible in year.

I would be grateful if you would please respond to this letter on behalf of your system confirming that reporting arrangements are in place as described and that the review of the price cap escalation process and break glass policy has been completed or is planned.

If you have any queries on this request, please contact Dominic Raymont, Director of System Improvement, or Alex Coull, Director of Operational Finance (alexandra.coull@nhs.net).

Kind regards

Nina Morgan

Professor Nina Morgan, Regional Chief Nurse
NHS England - Midlands

Item 3 (i)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED BOARD

Agenda Number:	3 (i)
Meeting Date:	28th November 2023
Title of Report:	Reducing inequalities for people with Severe Mental Illness (SMI)
Report Author:	Victoria Sleight – Head of Community Mental Health Transformation, LPFT Sara Brine – Head of Mental Health Transformation, LICB Rachel Rogers - Programme Manager for Physical Health in Severe Mental Illness, LICB David Stacey – Public Health Programme Manager, LCC
Presenter:	Sandra Williamson, Director for Health Inequalities, Prevention and Regional Collaboration Victoria Sleight – Head of Community Mental Health Transformation, LPFT Sara Brine – Head of Mental Health Transformation, LICB
Appendices:	Reducing inequalities for people with SMI slide set

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

Recommendations

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

Summary

Background

Some people have far poorer mental health than others. In many cases, those same people have less access to effective and relevant support for their mental health. When they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm. This 'triple barrier' on mental health inequality affects large numbers of people from different sections of the population.

Reducing health inequalities in severe mental illness (SMI) is a complex issue that requires a multi-faceted approach.

Some of the ways to reduce health inequalities in SMI:

- **Improving access to physical health care:** Improving access to physical health care is an important outcome measure for tackling health inequalities in people with SMI.
    - This can be achieved by providing annual physical health checks, improving access to physical health interventions such as smoking cessation, and integrating physical and mental health care and improving the management of chronic physical health conditions.
- **Reducing premature mortality**: Reducing premature mortality in people with SMI is a key outcome measure for tackling health inequalities.

  Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes, and hypertension. It is estimated that for people with SMI, two in three deaths are from physical illnesses that can be prevented.
- **Reducing the incidence of cardiovascular disease and diabetes:** Reducing the incidence of cardiovascular disease and diabetes is an important outcome measure for tackling health inequalities in people with SMI.
- **Reducing stigma and discrimination**: People with SMI may experience stigma and discrimination, which can lead to reduced access to physical health care and poorer health outcomes.
- **Improving awareness and training among health care professionals:** Health care professionals may lack awareness and training in the physical health needs of people with SMI, which can lead to a lack of appropriate care and treatment.

National Context

Public Health England reports that patients with severe mental illness (SMI) experience significant physical health inequalities.

- Younger patients (aged 15-34 years) with SMI diagnosed with three or more physical health conditions show the highest level of inequality. They are five times more likely to have three or more physical health conditions than the general population.
- It is estimated that for people with SMI, two in three deaths are from physical illnesses that can be prevented. Major causes of death in people with SMI include chronic physical medical conditions such as cardiovascular disease, respiratory disease, diabetes, and hypertension.
- Data shows that people with severe mental illness (SMI) die up to 20 years younger than the general population, from preventable physical health conditions such as cardiovascular disease, diabetes, and cancer.

Local Context

The Public Health Fingertips Mortality profile data (2018-2020) shows that adults with an SMI in Lincolnshire are at four times higher risk of premature mortality than adults without an SMI.

The burden of physical ill health is higher in people with severe mental illness (SMI). This burden affects both quality of life and mortality. They are less likely to have their physical health needs met, including identification of health concerns and appropriate, timely screening and treatment.

As an example, amongst those with SMI, it is estimated that two-thirds of deaths are due to preventable physical illnesses such as cardiovascular disease. Compared to the general population adults with SMI aged 15-74 years are:

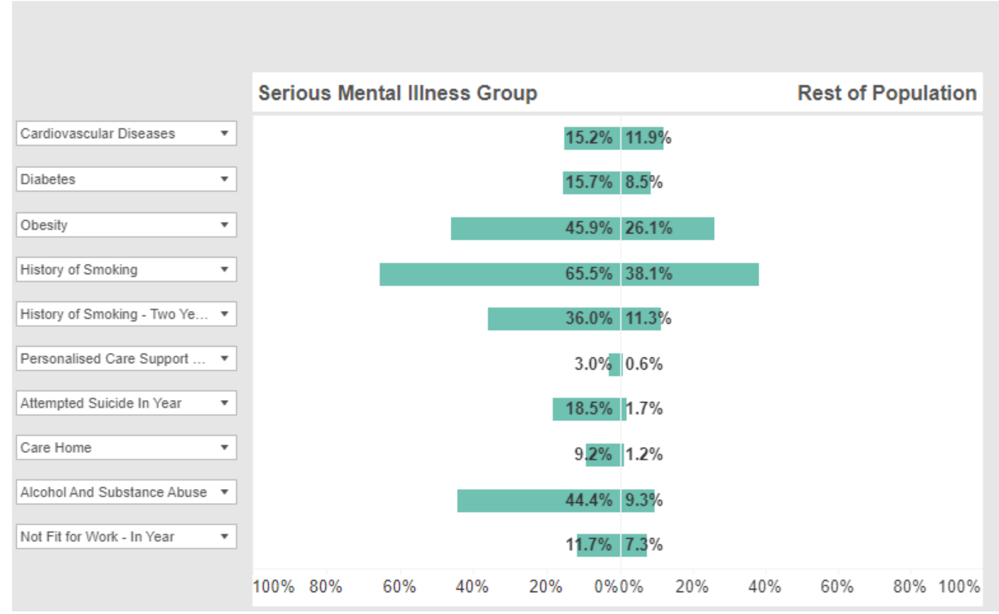
- 1.8 times more likely to be classified as obese;
- 1.9 times more likely to have diabetes;
- 2.1 times more likely to have chronic obstructive pulmonary disease; and
- 1.6 times more likely to suffer a stroke (Source: Health Matters).

Using the Lincolnshire ICS Joined Intelligence Dataset, we can show further analysis of our SMI cohort.

Table 1 shows how our SMI adult patients compare to the rest of our adult population against certain characteristics or diagnosis. For example:

- Lincolnshire SMI patients are around twice as likely to have diabetes and obesity but for CVD there is only a small increase in patients with an SMI.
- History of smoking in the last 2 years shows SMI patients are 3 times more as likely as the rest of our population.
- When it comes to alcohol and substance misuse SMI patients are nearly 5 times more likely to have this co-occurring condition as our general population.

Table 1 Comparison of SMI patient characteristics compared to the rest of the Lincolnshire Adult Population



The Population Health Management data also showed that the SMI population is over twice as likely to attend A&E as the general population and had more than double the GP encounters (GP encounters covers all activity, not just appointments).

Lincolnshire ICB continues to work with our other health and social care colleagues to develop meaningful data sets and analysis to support this area of work.

How can we improve the physical health of patients with SMI?

There are several ways to improve the physical health of patients with severe mental illness (SMI):

- **Annual physical health checks:** The National Institute for Health and Care Excellence (NICE) recommends annual physical health checks for people with SMI. These checks can help identify physical health conditions early and ensure that patients receive appropriate care and treatment.

  NHS England's approach to reducing health inequalities – Core20PLUS5 – included a focus on annual physical health checks for people living with SMI.

  - But the checks are only the first step. On their own, checks can't improve health outcomes for people with SMI or address the longstanding inequalities in care – not unless they are accompanied by the right support and follow up interventions.

- **Improving access to physical health interventions**: Primary care can improve the physical health of those with SMI by supporting a proactive engagement process for physical health checks, including those patients from health inclusion groups , supporting access to physical health interventions such as smoking cessation, and supporting the prevention agenda, for example, immunizations and cancer screening.

- **Integrating physical and mental health care**: Integrating physical and mental health care can help improve the physical health of patients with SMI. This can be achieved by providing physical health care in mental health settings, improving communication between primary and secondary care, and ensuring that patients receive coordinated care.

The Lincolnshire Mental Health, Dementia, Learning Disabilities and Autism Alliance (MHDLDA) has a clear vision to:

> *"Together we will promote wellbeing for all and enable people with a mental illness, dementia, learning disability or autism to live independent, safe and fulfilled lives in their local communities."*

A key priority for the alliance is to understand Lincolnshire's inequalities and challenge our understanding so that we are better able to support those people most at risk. To do this to best effect, it is vital that there is a focus on prevention and early intervention, maximising independence, improving quality and access, and ensuring that outcomes are meaningful to the individual and integrate physical and mental health care.

The Prevention Concordat for Better Mental Health, led by the Office for Health Improvement and Disparities, is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.

As a signatory to the Prevention Concordat for Better Mental Health Lincolnshire ICB has committed to reducing mental health inequalities by taking action to address protective factors (such as early years support, good education, good quality and affordable housing, good quality work, etc) as well as addressing risk factors for poor mental health (such as discrimination, socio-economic inequalities, child neglect and abuse, unemployment, poor quality housing and work, etc).

Led through the MHDLDA, we do this by focusing our effort on

- Needs and Assets assessment: effective use of data and intelligence: Having a clear understanding of the key mental health issues affecting local communities, and which specific interventions should be prioritised to best meet local needs.

- Partnership and alignment: Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.
- Translating need into deliverable commitments: Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations.
- Defining success outcomes: Having a clear understanding of how to measure outcomes in preventing mental health problems and promoting good mental health, and which would be most relevant to the local community.
- Leadership and accountability: Ensuring that the wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.

Current progress on Physical Health Checks

A key priority for the ICB is to ensure that SMI patients receive their physical health checks to ensure that any physical health conditions are identified early to receive the right care and treatment.

The following indicators comprise a comprehensive assessment for the SMI Health checks target, as long as they are all carried out within the preceding 12-month period:

- Blood pressure check
- BMI recorded.
- Alcohol consumption recorded.
- Lipid profile recorded (if prescribed anti psychotics/ Cardiovascular conditions/smoke or within certain BMI criteria)
- Blood glucose or HbA1c recorded.
- Smoking status

As of September 2023, QOF data showed that there were 6770 patients with an SMI registered with GP practices in Lincolnshire, this includes those in remission. This equates to 0.84% of our GP registered population.

For the purposes or reporting under the ‘Core 20 plus 5’, there were 5044 SMI patients eligible for the ‘physical health in severe mental illness’ (the most significant variance to the QOF register being the exclusion of those in remission). This equates to 0.621% of our GP registered population. Just over 52% of those eligible for an SMI physical health check had received all 6 elements at the end of September 2023.

Table 2 below shows that a significant number of patients have not yet received all six physical health checks, and although there is still time for more patients to receive their health checks this year, we will not achieve the NHSE target which is approximately 89% of the SMI register. It is a priority for the ICB to understand the reasons behind this and to identify ways in which we can support patients to receive all six health checks. This is because receiving all six physical health check aids the early identification of potential physical health conditions, interventions can then be agreed with health care professionals to stop the issues becoming more serious, and thus reducing the inequality gap. The data shows:

- that approximately 10% of SMI patients had not received a single physical health check and a further 20% had received between 1 and 3 physical health checks.
- The least likely group to get a physical health check are those with Psychosis – with the gap between those who have had all 6 checks being 3%. Patients with Bipolar are most likely to have had all six physical health checks.

Table 2: Analysis of the number of patients receiving each of the 6 physical health checks.

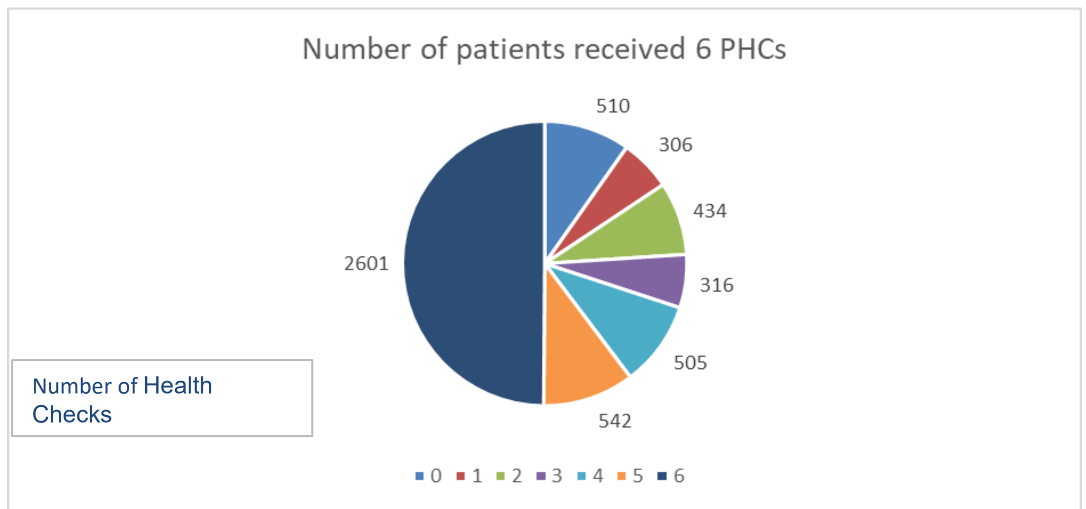


Table 3 below shows that almost 50% of the SMI patients are in the higher deprivation quintiles. Further analysis of those SMI patients who had received all 6 physical health checks versus those who have not is shown in table 5.

Table 3 Deprivation Quintile of the SMI population

Deprivation Quintile	1	2	3	4	5
% Split	23.4%	26.0%	20.5%	18.2%	11.9%

Table 4 below shows that 84% of patients are recorded as White – British & Irish.

Table 4 SMI population by ethnicity

Ethnic Group	Other Ethnic Groups	White - British & Irish	White - Other	Asian	Black	Mixed	Unknown
% Split	8.0%	84.1%	3.0%	0.4%	0.5%	2.7%	1.3%

Analysis of SMI patients who had received all 6 physical health checks (table 5) shows that in deprivation quintile 1, 46% had received all 6 physical health checks against 54% not having received them, however, there was a similar split for quintile 5 suggesting deprivation may not significantly impact on whether you do or do not take up your health check. Similarly, there was little variation when you consider ethnicity.

Further analysis of this data will be undertaken in the coming months to understand if there is a link between deprivation and ethnicity and whether you take up your offer of a health check or not.

Table 5 Analysis of SMI patients who had received all 6 health checks by deprivation quintile and ethnicity.

Deprivation Quintile	Most				Least
Ethnicity	1	2	3	4	5
Yes	46.43%	52.05%	52.11%	51.37%	46.91%
1 - White	38.96%	45.43%	46.06%	46.11%	41.36%
2 - Mixed	0.34%	0.38%	0.28%	0.00%	0.46%
3 - Asian or Asian British	0.00%	0.15%	0.28%	0.42%	0.00%
4 - Black or Black British	0.34%	0.46%	0.28%	0.32%	0.77%
5 - Chinese or Other Ethnic Groups	0.17%	0.15%	0.09%	0.00%	0.15%
Not Recorded	6.63%	5.48%	5.14%	4.53%	4.17%
No	53.57%	47.95%	47.89%	48.63%	53.09%
1 - White	45.17%	40.64%	41.47%	40.74%	46.45%
2 - Mixed	0.25%	0.46%	0.09%	0.42%	0.15%
3 - Asian or Asian British	0.17%	0.38%	0.28%	0.32%	0.31%
4 - Black or Black British	0.42%	0.61%	0.28%	0.53%	0.15%
5 - Chinese or Other Ethnic Groups	0.17%	0.08%	0.28%	0.42%	0.46%
Not Recorded	7.39%	5.78%	5.50%	6.21%	5.56%

To support people with SMI to access annual physical health checks and to understand more about the impact and need to do so, there is now a dedicated programme manager in place for this area of work to drive this agenda forward. The work plan aims to deliver the following:

- Continued improvement in the number of adults receiving an SMI physical health check, including looking at how we can target those not currently taking up the offer of a health check.
- Ensuring the delivery of or referral to appropriate recommended interventions.
- Ensuring that personalised and strength-based conversations and approaches are embedded into the health check and their care and treatment.

The Focus and Key Actions for the next 3 years are:

The Lincolnshire Integrated Care System is committed to improving the physical health of the local SMI population, in order that together we can challenge the status quo and reverse the current trajectory of escalating morbidity and mortality rates in these vulnerable patients.

- Resolving data completeness and reporting issues as already discussed with NHS England. (Note: These will not be fully resolved until April 2024 when NHSE move away from manual submission and re-issue guidance.)
- Work is under way to have in place data sharing arrangements between primary and secondary care and the feasibility of a shared register is being explored. Validation of SMI registers is also being explored.
- Stakeholder engagement to understand why patients do/do not engage with SMI health checks and barriers to accessing them with a view to having an evaluation report to feed into development of options for provision of health checks.
- Targeted support to practices who are under performing to explore reasons for this and explore where further support can be provided.
- To understand why there are a high number of partial health checks with the aim of supporting practices to reduce these.

• Development of communications material for practices to raise the profile of SMI health checks and development of a reporting framework to share data with practices and PCNs on their performance against the NHSE and local targets. • To develop interventions to help support those individuals with an SMI to manage their physical and mental health – supporting early intervention and supporting people to engage with regular physical health checks in order to identify and treat risk factors, and prevent longer term complications.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	Tackling health inequalities for those with a diagnosis of SMI will support improving outcomes in population health.
Aim 2: Tackle inequalities in outcomes, experience and access.	It outlines the approach that is being taken to tackle inequalities for those with a diagnosis of SMI.
Aim 3: Enhance productivity and value for money.	Through the utilisation of a PHM approach, we anticipate that we will be able to target the need where it is greatest for those with a diagnosis of SMI.
Aim 4: Help the NHS support broader social and economic development.	Through ensuring that there is a Mental Health informed society which enables greater understanding of inequalities faced by those with a diagnosis of SMI. Economic development in Lincolnshire will be supported through investment into wider organisations to support with meaningful interventions, education and promotion of self-efficacy.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	Not applicable.
Risk and Assurance	
There is a risk that if inequalities for those individuals with an SMI are not addressed, that the healthy life expectancy gap and associated quality of life, will widen further in Lincolnshire.	
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Continued and sustained resource is required to support those individuals with a diagnosis of SMI and to ensure that consideration is given to all to pay attention to their MH and wellbeing across their life course.
Does the report highlight any quality and patient safety implications?	Not applicable.
Does the report highlight any health inequalities implications?	The report highlights the approach that is being taken to tackle health inequalities for those with an SMI.
Does the report demonstrate patient and public involvement?	As noted in the report
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Continued work to pay attention to the Lincolnshire System Greener NHS Plan will be given due consideration when working with all organisations that support those with an SMI.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes ☐ No ☒			

Reducing Inequalities for People with Severe Mental Illness

Sara Brine, Head of Mental Health Transformation, ICB
Victoria Sleight, Head of Community Mental Health Transformation, LPFT

WHAT WE WILL TALK ABOUT

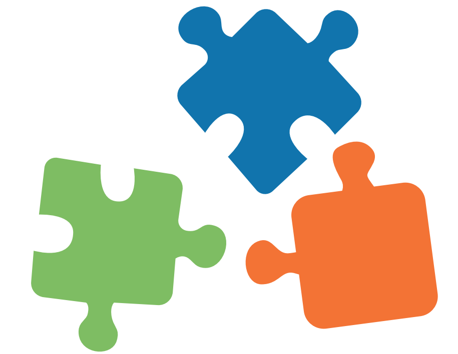
1. Mental Health Dementia Learning Disabilities and Autism Alliance - The Vision
2. The Lincolnshire Prevention Concordat
3. Working within a Population Health Approach to reduce Health Inequalities for those with an SMI
4. What the data tells us
5. SMI Physical Health Checks
6. Case Study
7. Any Questions?

Vision

Together we will…

promote wellbeing for all and enable people with a mental illness, dementia, learning disability or autism to live independent, safe and fulfilled lives in their local communities.

Prevention Concordat for Better Mental Health



Concordat Domain	Example Local Actions
Understanding local needs and assets	• JSNA and PCN profiles produced and being reviewed. • MHWCIF and Suicide Prevention Funded projects.
Working together	• Mental health promotion campaigns across partners on shared messages, linked to MHDLDA priorities. • Suicide Prevention Strategy to be published.
Taking action on prevention/promotion of mental health and well-being and tackling inequalities	• Five Ways to Wellbeing Framework for good mental health. • System training offer via adult health transformation programme. • Embedding prevention in SMI Health Check programme.
Defining success and measuring outcomes	• Seven domain framework published by OHID in Fingertips here. • Seek to support this with research evidence locally.
Leadership and accountability	• Prevention Concordat Delivery Group with representatives from MHDLDA along with district councils and experts by experience

Mental Health Population Profiles

- Evidence base to ensure that we are funding in the right way
- Ensures that we address Health Inequalities at a locality level
- Developing a Health inequalities workstream using a PHM approach.
- Enables systemic working within communities
- Working with NHSE to lead and support other areas to develop

SLH Mental Health PCN Profile

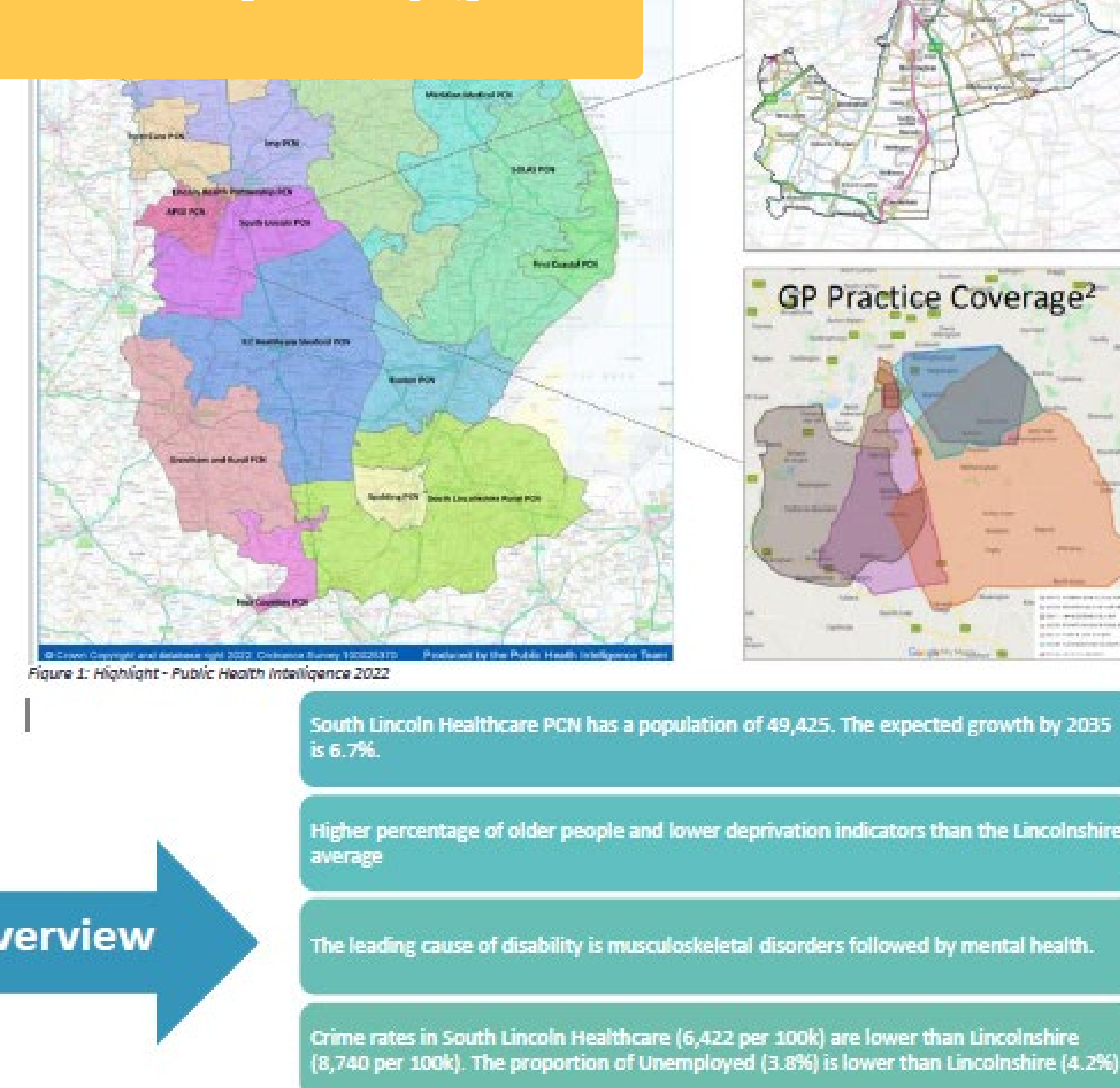


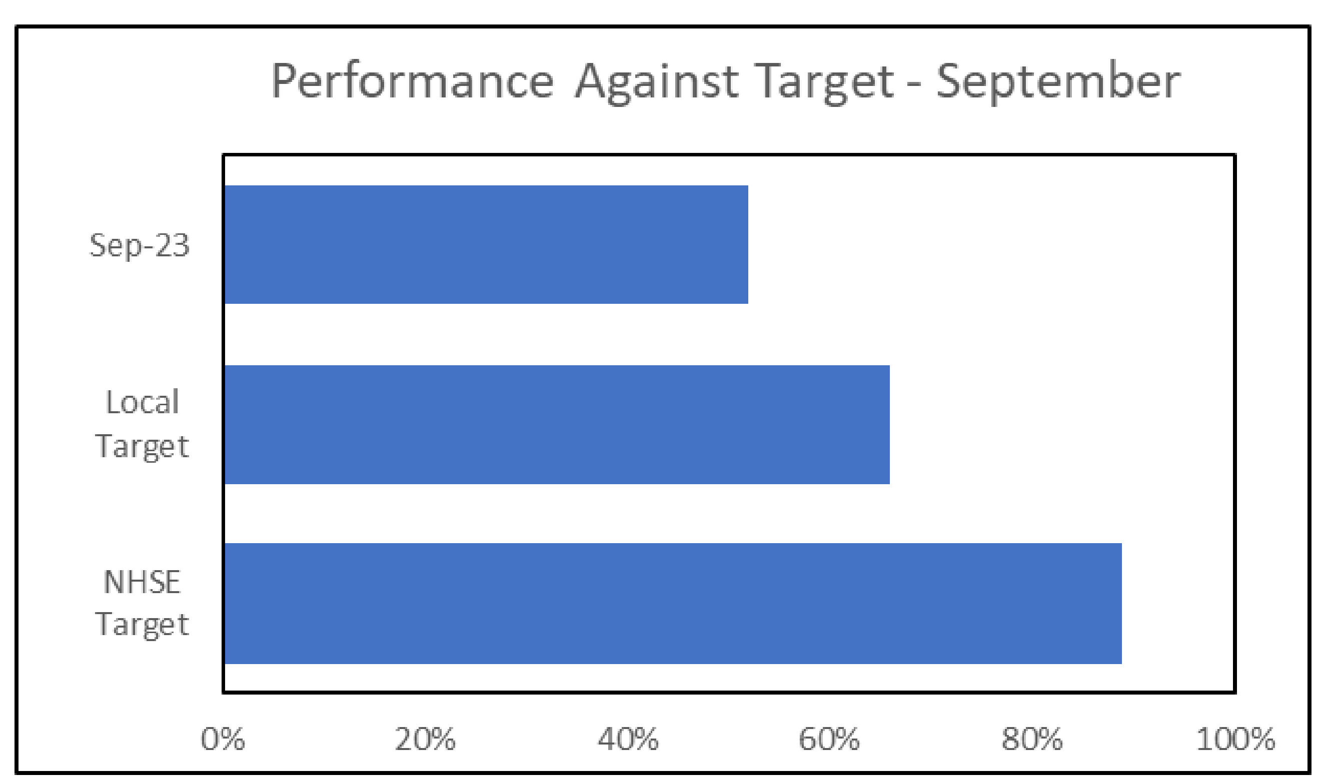
Figure 1: Highlight - Public Health Intelligence 2022

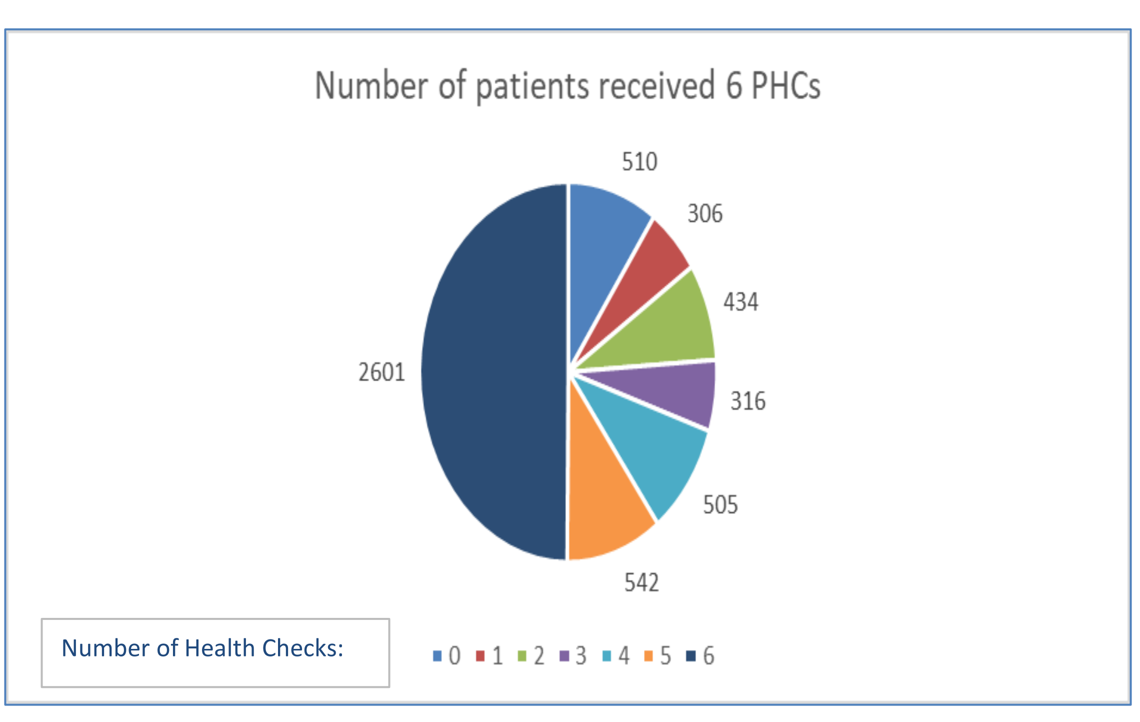
overview

- South Lincoln Healthcare PCN has a population of 49,425. The expected growth by 2035 is 6.7%.
- Higher percentage of older people and lower deprivation indicators than the Lincolnshire average
- The leading cause of disability is musculoskeletal disorders followed by mental health.
- Crime rates in South Lincoln Healthcare (6,422 per 100k) are lower than Lincolnshire (8,740 per 100k). The proportion of Unemployed (3.8%) is lower than Lincolnshire (4.2%).
- South Lincoln Healthcare has higher life expectancy (81.9 years) than Lincolnshire (81.6 years). Premature mortality is lower in South Lincoln (305.5 per 100k) than Lincolnshire (325.6 per 100K)

SMI Physical Health checks Current Performance

Lincolnshire ICB has an NHSE target to deliver 4507 SMI physical health checks by 31 March 2024.



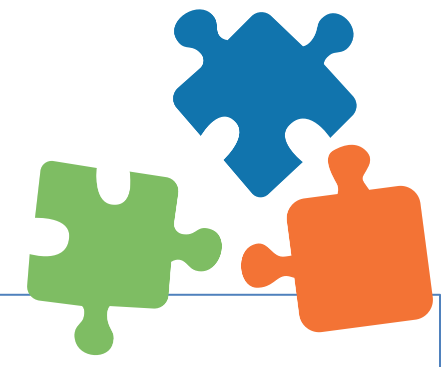


- This NHSE target is 89% of the current SMI register of 5044 (excluding those in remission).
- This is a challenging target. Last year the ICB achieved 58% and performance at the end of September is at 52%.
- The ICB has drawn up a revised 3 year plan which has been submitted to NHSE. This includes a local target to deliver 66% of health checks by the end of the current year.
- Not all patients are receiving all 6 health checks. Partial checks do not count toward the NHSE target and it will also mean that not all patients physical health conditions are understood or being appropriately managed.

Domain	Number of people have had this aspect completes	% of people that have had this aspect completed, who are on SMI register (5044)
Alcohol	3,601	71.4%
Blood Glucose	3772	74.8%
Blood Lipids	3619	71.7%
Blood Pressure	4001	79.3%
BMI weight	3597	71.3%
Smoking	4923	97.6%
Full PH check	2638	52.2%

Based on national data published on the 9th of November 2023- 'People on the GP mental health register at 30th September 2023 to have received health checks in the preceding 12 months' Physical-Health-Checks-SMI-Q2-2023-24.xlsx (live.com)

Next Steps



Some of the Challenges:

- Capacity within primary care to deliver more health checks
- Capacity to support meaningful and person-centred interventions that make a difference to this patient cohort, ultimately reducing their health inequality
- Enabling practices to be able to engage with patients to attend SMI health checks and support patients to understand the benefits of attending their health checks on a regular basis
- Varying levels of partial health checks within practices, meaning that the health check does not count toward the NHSE target. This therefore means that not all patients physical health needs are understood and may not be fully managed by the individual and their care team
- To develop interventions that help support individuals with an SMI to manage their physical and mental health

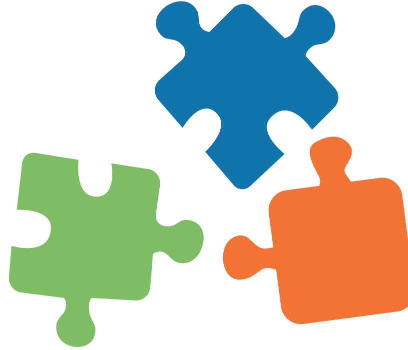
Focus and Key Actions:

There is a detailed action plan for this programme of work covering the next 3 years which is regularly updated and shared with the Lincolnshire Physical Health in SMI Steering Group. Current priorities include:

- Work is under way to have in place data sharing arrangements between primary and secondary care and the feasibility of a shared register being explored. Validation of SMI registers being explored, including whether funding can be provided to support practice to undertake a one-off validation exercise.
- Stakeholder engagement to understand why patients do/do not engage with SMI health checks and barriers to accessing them with a view to having an evaluation report to feed into development of options for provision of health checks.
- Targeted support to practices who are under performing to explore reasons for this and whether further support can be provided.
- To understand why there are a high number of partial health checks with the aim of supporting practices to reduce these.
- Development of communication and engagement material for practices to raise the profile of SMI health checks and development of a reporting framework to share data with practices and PCNs on their performance against the NHSE target.

Lincolnshire Community Mental Health & Wellbeing Transformation

About Carl "I want to get a life back for me and my son"



Who is Carl?

- Dad to a 3 year old
- Previously in the army
- Self employed prior to CPM
- Close to his father
- Proud independent 50 year old
- Likes socialising – having a laugh
- Enjoys movies, gaming, diamond art, Important to have a purpose
- Loves travel
- Incredibly driven, kind and funny

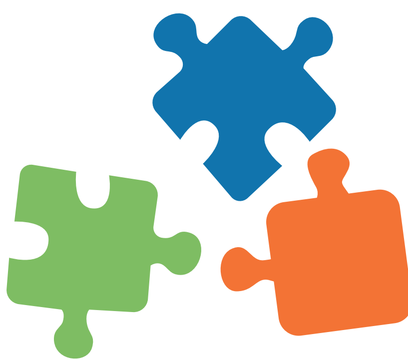
Carls personalised and prioritised goals:

- **To be more independent**
- **To manage own mental health more independently and remain abstinent from alcohol**
- **To live in appropriate independent home**
- **To be an active part of the community " I want to give back"**

Considerations and understanding the wider context:

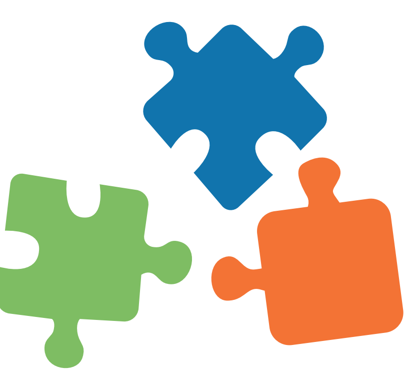
- Functional Neurological Disorder
- CPM central pontine myelinolysis – Brain injury - right sided) dense weakness, speech difficulty, poor mobility, seizures, right hand non functioning, dependent upon care support for all transfers and personal care
- Impaired memory and some symptoms of cognitive deterioration (due to high levels of anxiety and depression with feelings of significant hopelessness and frustration impacting upon ability to self advocate.
- History of Personality disorder, Anxiety and Depression and Alcohol dependency
- Extensive history within MH services acute services
- Limited social network
- Living in residential care home following hospital admission for a brain injury as did not have a home to be discharged to.

What we did:



- Holistic Assessment
- Personalised care plan
- Carls Prioritised Goals and plan
- Referral to advocacy
- Education for mental health and physical health conditions and management
- Safeguarding – medication and care
- Dialectical Behavioural Therapy and Cognitive Behavioural Therapy based interventions
- Wheelchair referral
- Equipment review and provision
- Upper limb rehab (previously hand therapy practitioner)
- Activities of Daily Living rehab
- Housing – identified and obtained
- Reports for applications
- Signposting to information
- Consistent communication and collaboration with the wider network

12 months later……



- Has remained in settled own warden controlled flat – with option for supported living.
- Worked with social prescribing team to connect to community opportunities
- Purchased a scooter to increase independence and take control of his physical and mental health and wellbeing.
- Enrolled onto the Development Plus truth Poverty commission, feeling accomplished in giving back to the community and in being productive.
- Mental health is stable – insight and skills developed to manage independently no carers required.
- Increased independence, confidence and self-esteem.
- Has son to stay regularly – is happy in his personal life.
- Advocates for self and others
- Carl is going on a cruise next year!

QUESTIONS?

Monthly Report November 2023

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Location of comments:

Location data is mapped using postcodes of services. The map points are coloured according to the sentiment of the comment:

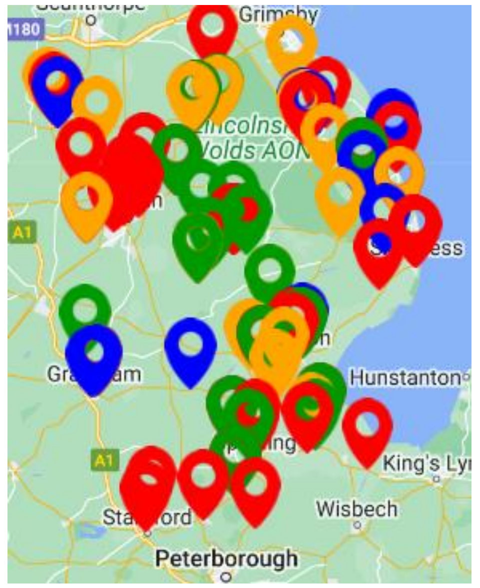
Positive - green

Negative - red

Mixed - orange

Neutral - blue

Unclear - grey



Call us on **01205 820892**
info@healthwatchlincolnshire.co.uk
www.healthwatchlincolnshire.co.uk
HealthwatchLincolnshire HealthwatchLinc

Overview

Monthly Report

During September and October 2023 Healthwatch Lincolnshire received **143** patient experiences directly to our Information Signposting Team. This is a summary of the key themes raised by patients, carers and service users during September and October 2023 about services in Lincolnshire.

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

Overall Sentiment

17% of all comments were **positive**
53% of all comments were **negative**
12% of all comments were **neutral**
17% of all comments were **mixed**

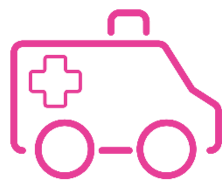
Sep - Oct 2023 – Feedback Service Themes Sentiment

28%
Hospital Services (All services)

41%
GP Services

10%
Community Health Services

6%
Accident & Emergency



4%
Patient Transport

11%
Dentistry

53%
Mental Health & Learning Disabilities

10%
Social Care

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

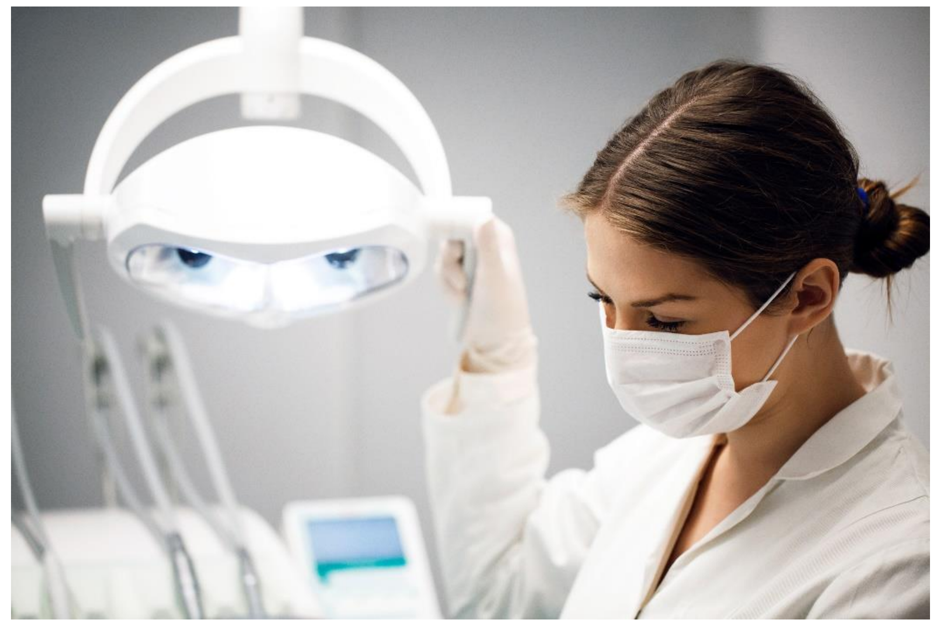
NHS Dentistry

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

"Patient contacted by Healthwatch Lincolnshire following posting a video on Tiktok about the failure of NHS Dentistry in Lincolnshire. Patient relayed their experience of being a carer of a teenager between 13-18years who for the last 5 years has been trying to access orthodontic assessment because of front teeth being crowded and other teeth growing on top of front teeth and needing braces. Did get orthodontic appointment, but Dentist stated that did not meet criteria for treatment with braces and was thrown off the waiting list. Patients carer appealed against this decision, and made a formal complaint. Visited Orthodontist in last 2 weeks and had to beg for treatment, now has resolution. Carer expressed frustration that the system is failing teenagers in Lincolnshire and that there needs to be a resolution. That the public of Lincolnshire pay into a pot of money through taxes that pay for services, that Lincolnshire was the worst county for access to dental care for 13–18-year-olds. States that had to take time off work and school for these appointments, travel costs incurred."

"Parent looking for an NHS dentist for their 2-year-old, whose teeth need looking at as discoloured. Can drive but not too far."

"So, if we visit a dentist and our teeth need scaling/cleaning dentists are paid to undertake this task or have a hygienist complete it on their behalf, so why are some patients then being charged additionally for this service i.e., above the Band 1/Band 2 pricing."



GP Services

41% of comments related to GP services. Many of these were case-specific and did not provide many broad overarching themes.

COVID boosters and flu vaccination

People got in contact with us during September and October to share their difficulties of being able to book an appointment for these vaccines, eligibility and location of vaccination sites. These concerns have been shared with NHS Lincolnshire ICB. *Many of these issues were for those in the south of the county.*

**"Having received the NHS COVID booster vaccination, for vulnerable people. My spouse and I are unable to access a vaccination in this town of Spalding.
Our surgery have NO supply and do not expect to have any, nearby pharmacies are not available on gov website.
119 can't help.
There is No walk in site in our town, so we are required to travel to other towns or a city. We are advised that there is no waiting list to be informed when and where the vaccine will be available in Spalding.
Last winter we ended up shielding for a long time, because this town was amongst the last to receive supplies and the vulnerable were not , even then prioritised. Why are Spalding 's vulnerable residents discriminated against in this way?"**

**"A vaccination service of some sort... I'm incensed that we are being strongly encouraged to get our booster COVID vaccination if we are over 65, yet when we try and book, we are being sent on a 60 mile round trip to receive it. My spouse is 80 this year; has already had to go up to Holton-le-Clay to receive one of their vaccinations, another two they were able to receive locally. Now they are trying to send them up there again. Was on the vulnerable list when the pandemic started and has not been allowed to drive for nearly a year for medical reasons. That means we would have to pay for the local voluntary car service to take them up there, which will cost about £36. By all accounts at the local voluntary car service are taking calls regularly from very elderly people who are being told to get up to Holton-le-Clay, no questions about how they will get there.
This is happening whilst 8 miles down the road, at Alford, or Spilsby and other places, people registered with certain surgeries are able to get their vaccination very locally. One 90 year old I spoke to who was trying to book a car is actually registered at the Alford surgery but, because they are not on any social media, they did not know about the local facility and, when they phoned up the surgery to check, they chose not to tell them that although they weren't offering vaccinations, and could get one locally. How can they be encouraging us to get this vaccination, and then making it incredibly difficult to do so?"**

Accessibility

A broad theme discussed about many services this month was accessibility. Comments covered translation services in primary care, the environment of healthcare settings and preferences around communication.

"Healthwatch contacted by Citizens advice Spalding on behalf of client. Consent given by client to share information and email GP surgery on their behalf. Client Russian speaking and communicated via translator used by Citizen's advice. Client has endometrial cancer and going into hospital for extensive operation at Pilgrim Hospital this week. Lives in shared accommodation, shared bathroom facilities and is alone. Has depression and mental health issues has accessed GP but offered counselling only in English, surgery state that can only be in English and no translation service available. Client has recourse to public funds. Discussed with client that getting taxi to hospital, information about hospital car service. Has friend as emergency contact for the hospital, advised that hospital will ask about support on discharge."

"Patient has autistic relative who they are a carer for. This relative has other sensory processing issues, light sensitivity, mental health issues and anxiety. Previously Healthwatch have helped the family enable visits to the GP Surgery to be safe and reasonable adjustments were made by the Surgery. Recent environmental changes at the Surgery particularly a change in lighting and access to the room that there relative is seen in has made visits to the GP very difficult and triggered migraines and extreme anxiety in their relative. Patient has suggested adjustments in lighting and other ideas but feels these have been dismissed by deputy Practice Manager. GP who knows their relative's case and has been very helpful and supportive previously is on holiday until next week. Relative feels that reception staff finding it difficult to understand that reasonable adjustments need to be made for relative's visits. Having Occupational Therapist and a multi-agency approach really helped last time. The relative has had to move colleges recently because of the same issues."

Our Involvement Officer ran a drop-in/ cuppa and chat session for the carers of adults with learning difficulties who use the services of the Thistles Market Garden Centre, Boston. It was an opportunity for carers and service users to find out what we do at Healthwatch and how they can share their personal experiences of health and care and help us shape the services in Lincolnshire.

The group shared the following:

- Service Users expressed that where possible they would like health and care professionals to interact with them directly.

- All expressed positive experiences at local dentists (Boston) and local Surgeries (Parkside, Greyfriars, Liquorpond Street).
- Some would like to be able to check in themselves using the IT screens but expressed that they would need support to do so and made not to feel that they had to rush to do so.
- The dentist at Pump Square made them feel welcome and supported them when they got anxious or nervous. Some said that distraction techniques such as using their IT devices helped them.
- This particular group liked to give feedback in person and did not always feel that service providers gave them enough time to do so at a place/time that best suited them.
- All expressed that they are people first and may need things to be explained to them in a different way or via a different format (e.g., pictorial, sign language, visual such as videos). Letters and conversations could get complicated if too busy or too noisy. Allow extra time for them in an appointment.

To read our report about peoples' experience of the accessibility of health and care in Lincolnshire, click here.

Mental Health Services

53% of comments related to mental health services. The majority of comments were from our Community Mental Health Survey.

"Over the last two years, it is not just physical health services that have been under pressure. The lack of support available to help with people's mental health also appears to be worsening. From the feedback received both nationally and locally by Healthwatch England and Healthwatch Lincolnshire, members of the public have highlighted their concerns over access to mental health support services, the resultant waiting times and the apparent lack of support whilst waiting.

*During the last two years, **120** people **shared their experiences of mental health services in Lincolnshire** with our Information Signposting Team. **62% of the experiences were negative and just 10% were positive.***

*Furthermore, at the beginning of 2023, we carried out a cost of living survey. The results highlighted that **the cost of living was negatively affecting respondents' mental health and well-being.***

- ***81% of respondents agreed that the rising cost of living was causing them to worry/feel anxious.***
- ***69% reported a decline in their mental health.***

As a result of the rising cost of living, respondents had:

- *Stopped paying for private services such as counselling.*
- *Reduced how often they saw family and friends and participated in social activities, leading to, for some, a growing sense of isolation.*

*To read our cost of living report, **click here**.*

With all this in mind, we wanted to gain further insight into experiences of mental health services in Lincolnshire.

The reports are currently with relevant service providers for their comments. Once these comments have been received the reports will be made public. Check out our website to stay updated: Healthwatch Lincolnshire.

Waiting Times and Communication

Long waiting times for treatment and the lack of communication whilst waiting were two concerns raised again this month. Both concerns were having an additional negative impact on commenters' wellbeing as they were unsure how this would affect their health.

"Patient has multiple health problems. Referred to Cardiology in January 2023 and still waiting for an appointment. Patient asks what has happened to the 18 week waiting list for referrals. Has a serious heart condition and cannot wait. Patient concerned that they are a diabetic and they can have silent heart attacks."

"Relative concerned as spouse has been diagnosed with progressive cancer, surgery not an option and since diagnosis has not had a face to face appointment to know what is going to happen, was supposed to have a face to face appointment today to discuss treatment plans with Consultant, received a call just before setting off to say appointment cancelled due to illness. Has had 7 weeks since diagnosis with little or no communication. Spouse very worried and affecting mental health, has been provided with another appointment at the end of the week, however relative concerned that this might get cancelled again."

Positive Stories

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

"Patient attended Lincoln Hospital for an appointment which had been pre-booked by 111 for my toddler relative. We were greeted by a friendly reception team and despite a full waiting room were seen promptly by a nurse who was also friendly and efficient. Reception team were happy for us to wait outside the building due to volume of people and the doctor when ready called my mobile to let us know they were available. I cannot recommend Doctor we saw enough - their manner was warm and welcoming, they made us feel that we could ask as many questions as we wanted and I wasn't made to feel rushed at any time. Overall, we received fantastic service from all we saw."

"Patient reports very good experience with all staff at Urgent Treatment Centre at Johnson Hospital, Spalding. Patient has to take relative who they care for on a regular basis who has complex physical and learning disabilities. Care received from all professionals and reception staff excellent."

"Had an appointment to have a tooth removed this morning. All staff at the practice are very kind and friendly. Dentist had the tooth out very quickly and virtually pain free. Great service."

"Relative of siblings that have had Type1 Diabetes from being young children would like to compliment care received from GP, diabetes specialised teams in hospital, over the last 10 years. Feels that follow up and screening for retinopathy good."

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"Patient has macular degeneration. Attends eye clinic at Lincoln Hospital every 8 weeks. Always gets a phone call after every appointment and always pleased with the service. Appointments always on time and staff reassuring. All care and experiences rated as excellent and would be likely to recommend to family and friends."

"Patient previously been through A&E in mid June 22 with severe jaundice. After several MRIs throughout the next year, patient was seen by a Consultant in September 23 where everything was explained and patient was informed they would be listed for a procedure. Didn't really expect to hear anything until 2024, received a phone call to go through certain questions, and the following week provided with a letter for pre-assessment and a date for procedure, both for Oct 23. Patient commented that since their last MRI things have moved very quickly."

"Patient is undergoing cancer treatment at the moment. Has been attending the mobile unit at Spalding where they have found the staff to be really supportive but due to a reaction on last treatment session, will have to attend Pilgrim Hospital for the rest of their round of chemo. When arranging the appointments, the team ensured that the same day of the week was booked so that the patient's routine was adhered to and ensured that their carer / relative would be available to accompany them."

"Patient who is living with cancer themselves is undergoing bereavement counselling through the Butterfly Hospice following the death of their partner last year from brain cancer. They asked for support from the Butterfly Hospice to help them through their bereavement and have been able to access one to one, face to face counselling for a number of sessions. At first it was weekly and now is fortnightly. The patient has also been told that they can be introduced to a bereavement group for additional support when the time is right for them. The patient could not praise the Hospice enough for all that they have done for them and their partner last year."

Healthwatch Lincolnshire Update

Forward Vision Event

On the 31st of October at Bishops Grosseteste University, we held our Forward Vision Event. The event was titled "*Transforming Health and Social Care Together*". There was a short presentation of our annual report and plans for next year, **click here to watch the video**. This was followed by a panel discussion with Lincolnshire's Health and Social Care leaders covering current challenges, positive work, and a chance to ask the panel questions.

Panel members, left to right: Andrew Morgan (CEO of ULHT and LCHS), Sarah Connery (CEO of LPFT) and John Turner (CEO of NHS Lincolnshire Integrated Care Board).

We would like to say a huge thank you to everyone involved in making the event happen and all those who attended on the day especially:

- **The panel members: Andrew Morgan (CEO of ULHT and LCHS), Sarah Connery (CEO of LPFT) and John Turner (CEO of NHS Lincolnshire Integrated Care Board). Due unforeseen circumstances there was no representation from Social Care on the day).**
- **The stallholders.**
- **Our volunteers Michael, Maureen Cassidy and Wendy Cottam.**

Questions along with answers for the day (and those that we did not have time to ask) will be shared soon.

Volunteering

The total volunteering hours for September and October are an outstanding **308 hours! In the past two months, our volunteers have attended 44 events. This year we've covered 212 events so far - an amazing achievement, thank you to everyone.**

This is what our brilliant volunteers have been up to (events they have attended):

- St Barnabas coffee mornings, various locations.
- Sensory Garden Centre meet with LD for feedback.
- Volunteer recruitment venue: Louth and Gainsborough
- Flu Clinic drop in Woodhall Spa
- Readers Panel
- Sensory Services coffee drop in.
- Aged UK coffee and cake drop-in.
- Volunteer recruitment Market Rasen and Woodhall Spa.
- Enter and View Care Homes, Grantham, and Boston.
- YMCA Safe Place Conference.
- Boston Young Carers Conference.
- Kidney Cancer Group initial coffee morning.
- GP Drop in Spalding.
- Forward Vision Event Lincoln.

Our response to GP access concerns

Access to GPs is a longstanding public concern. GPs are usually the first port of call and gateway to being referred for specialist support. Unfortunately, people report barriers to access, poor communication from the practice, and a lack of choice.

People with disabilities and those rurally isolated have all shared stories with us about facing specific barriers to accessing GP services.

We want to make sure that people can get the care they desperately need. We also want the public to be able to choose the type of appointment that best meets their needs – whether that's in person or remotely.

Our evidence

For a long time, GP access has been the most common issue people talk to us about. The pandemic had a major impact on access to services. In some cases, these changes led to improvements, but in other ways exacerbated issues. For example, access to GP services has become easier and more convenient for those who prefer remote appointments, using digital technology. However, where a patient prefers a face-to-face or feels there is a clinical need to be seen in person, they often report access becoming harder.

Key themes include:

- Difficulties making a GP appointment, including waiting several weeks for a non-urgent appointment. People struggle to get through on the phone, and those who work or have caring responsibilities can find it especially difficult if they are expected to ring at 8 am. When people eventually do get through, there are no appointments left.
- This can create an unhealthy cycle of people having the same problem day after day, or result in attendance at Urgent Treatment Centres, A&E or put off seeking help with potential long-term harm, missed diagnoses and impacts on mental health.
- People's preferences for face-to-face appointments are not met. Many felt that their conditions/issues could not be resolved over the phone or using digital services. They also felt a GP would be the most appropriate person to deal with their problem.
- Older people, people with limited English, those who are digitally excluded, those without access to the internet, and disabled people also face additional barriers to access, leading to increased inequalities.
- Although some people prefer digital appointments, there are still challenges. People told us that they did not get confirmation that their online request had gone through, were not contacted by a member of staff to discuss the issue they raised and did not appreciate the fact that they had no idea when a clinician would ring them back. Others found digital services impersonal and would prefer to speak to someone in person.

What action we have taken:

We responded to your concerns about GP services in multiple ways. Firstly, we shared your concerns with the practice managers to help them try to resolve the issues. For practices where booking an appointment over the phone was difficult, we asked if there was any other way to make appointments and some allowed for appointments to be made via email.

We often hear feedback about not being able to see a GP. To address this, we have produced a document called "Who is Who at your local medical practice?".

This is available on our website here: **https://www.healthwatchlincolnshire.co.uk/advice-and-information/2022-06-22/general-practice-whos-who-free-guide**

It explains all the possible medical and non-medical roles that may be at your local medical centre and was supported by the Lincolnshire Integrated Care Board through their Senior Communications & Engagement Manager – Primary Care Team Kevin Gibson.

Healthwatch Lincolnshire Recommendations

- Patients should be able to contact their general practice more easily and quickly, both over the telephone and through digital appointment
- All GP practices in Lincolnshire should use a digital telephone system where patients receive a queue position, and a call back option and their call can be directly routed to the right professional.
- Practices still need to maintain traditional models of access and care alongside digital and remote methods and support people to choose the most appropriate appointment type to meet their needs. To avoid widening Health Inequalities through digital exclusion.
- Help patients understand more about their condition and medication to support self-care and alleviate repeat enquiries
- Ensure that information is provided and maintained on all GP websites about how to contact the GP to book an appointment and ask for help.
- Clear communication with the public around why a remote appointment may be offered and guidance to support patients get the most from these.
- Support GP practices to consider how patients may have different communication needs and adapt the method of communication accordingly.

NHS Lincolnshire ICB Response

"The National Delivery Plan for Recovering Access to Primary Care supports practices to improve access for patients by making it easier for patients to contact their practices, by phone online or in person. This is supported by funding to improve telephony systems to tackle the 8 am rush and for patients to know on the same day how their requests will be managed. Cloud-based telephony allows additional features, such as queue position and call-back options, to provide an improved patient experience.

Patients will be supported to see the right health professional or service, moving away from a 'first come, first served' process to ensure patients are assessed and triaged to allow practices to

provide the most appropriate care. This supports access or signposting to other appropriate services and allows practices to improve their ability and capacity to provide continuity of care, for vulnerable patients and those with long-term conditions.

Patients are encouraged to respond to the Friends and Family Test questionnaire or engage with their practice's Patient Participation Group to ensure they can let practices know what additional support they may need and also what is working well.

The ICB will continue to support GP practices to communicate effectively with their patients. This includes access to a wealth of health and wellbeing resources, advice and guidance on how to maintain an engaging website and social media presence, and support with building a thriving Patient Participation Group."

Lincolnshire Local Medical Committee

"Response General Practice in Lincolnshire continues to work incredibly hard to meet the needs of patients during a time of ongoing significant challenge. 92% of all contact with the NHS is via general practice with patients needing a wide range of support. While general practice in Lincolnshire is providing record numbers of appointments with over ***400,000 appointments or the equivalent of half the population having an appointment each month*** *(around 20% more appointments than pre covid-19 and the* ***highest in the midlands****) we understand that patients would like more appointments and more flexibility in their access.*

Providing this in a challenged NHS is difficult, but GP practices want to help their patients and are working tirelessly to do so. Lincolnshire General Practices are continually reviewing its services to strive to provide accessible, high quality and safe care.

It may be useful to highlight a few of the things that have changed that may make it feel like it is harder to get to a GP appointment despite those record numbers of appointments being provided.

The needs of our population have and will continue to change both in terms of increasing age and medical complexity. Nationally, there has been a 30% increase in the population of people over 70, with more medical conditions since 2010. These patients tend to value continuity of care and strong evidence as to the benefits of such continuity to their health outcomes exists. Conversely, the expectation for rapid access to one off episodes of care for younger, usually fit and well patients has increased significantly through the last few years, partly fuelled by online consultation tools, media campaigns and health concerns exacerbated by the covid-19 pandemic. The escalating needs of these very different cohorts of patients, make service delivery for general practice more challenging as we try to deploy models to help support the whole spectrum of patient medical and access needs. ***15 years ago patients had an average of 4 appointments a year with their GP. The average is now around 10 appointments per year.***

Additionally, there have been over 2100 GPs lost across the country in the last 8 years, and we have fewer GPs in Lincolnshire even in this last year, while our population has grown. ***GP practices are now looking after more patients, with fewer GPs, but providing more appointments.***

Having fewer GPs and more patients is part of the reason patients may feel they struggle to see a GP. To help support their patients despite the GP shortage, most practices now have a wide range of other team members who can help patients which may include clinical pharmacists, first contact physio therapists, occupational therapists, care co-ordinators and several other roles. Many patients are offered appointments with these colleagues rather than a traditional appointment with a GP. Seeing a clinical pharmacist, an expert in medications may not be what

patients traditionally expect when they have a medication query or need a medication review, but it is one way that general practice is modernising to give the best expert care for our patients while also supporting the reducing number of remaining GPs and their practices. The attached document is helpful to highlight this and other changing aspects of accessing your GP practice to raise awareness of available services and how you can access them.

There are more ways to access help, support and appointments from GP practices and the NHS than ever, but sometimes navigating all those options can be confusing or there may be barriers for patients to access those options. There is lots of work ongoing to help this all be easier, more clear and more convenient for patients. However, even if a patient can access their GP practice in multiple ways at a time convenient for them, the crucial thing is there needs to be a GP or one of our other colleagues to provide an appointment. We want to provide safe care and that means that your GP, as much as they want to help you, cannot safely give an appointment to every patient who requests one.

***Most GPs work 10-12 hour days and if you are the last patient of 100 that day, fatigue can affect decisions and your GP does not want to do something that may risk your safety**. I am sure we would all rather have an appointment with fresh, alert GP making sound decisions and that is one key reason why we can't give everyone an appointment who requests one.*

The above are just a few of the challenges on your GP practice that affect your ability to access and get an appointment, but be sure, your GP practice wants to help you and shares your frustrations around the current challenges of the NHS.

Your GP practice supports and continues to be actively involved in processes to improve and modernise the NHS to provide you with the best care and to improve working conditions for GP practice staff to stop them leaving. Please do be aware that the GPs, receptionists, nurses, practice managers and rest of the staff working in your practice are working hard to help you despite the pressures placed on them by a lack of national investment in the NHS.

They need the support of you, our patients to lobby MPs and government to robustly invest in the NHS and general practice so we can boost the GP and wider NHS workforce and our patients can access the right person at the right time and get the care they need."

Next steps

We will continue to feed insights into ongoing NHS England and Lincolnshire ICB work on GP access issues. We will also be re-producing an updated guide to support patients and the public better understand the roles and support GP practices and the wider system can offer. We will also be revisiting our recommendations in the new year to understand what improvements have been made to GP access in Lincolnshire.

To read the document in full-check out our website.

Key issues we'd like you to tell us about

Issue	Description	Equalities focus	Healthwatch Lincolnshire action
Urgent Care	Patient experience across A&E, Urgent Treatment Centres, Ambulance services, Patient transport	Rurality	UTC Mystery Shopper Report publish November 2023.
Medication	People's experience of trying to get the medication they need.	TBC	Social media-focused posts as well as care home Enter and View activity.
Social Care	General experiences of social care in Lincolnshire including Unmet Needs/ Assessments Enter and View Activity in Care Homes	TBC	Our next Yourvoice@healthwatch will focus on What is Social Care? We will also be commencing a rolling program of Enter and View activity across several Care homes
Mental Health	Community mental health including Children, young people	Rurality	Community Mental Health report to be shared soon
Completed Work			
Accessible Information Standard	People's experiences of getting care information in a format they can understand or being provided with support.	Digitally excluded, those with Learning disabilities and sensory impairments	
Cost of Living	Impact of the cost of living on peoples health and wellbeing	Low income	Report findings launched in April 2023 – continuing to monitor
Dentistry	Experiences of people accessing dental services and whether extra NHS funding improves people's experiences. Policy changes announced.	Low Income Rurality	Campaign, focus group, seldom heard engagement – Reported in February 2023 including providing evidence in Parliament at the Health Select Committee. Continued involvement with the Lincolnshire NHS Dental Strategy .

Demographics

In addition to location data, for those who consent, we are now able to collect demographic data from the individuals who contact our Information Signposting Officer.

Demographic	Number of people	Demographic	Number of people
Age		**Ethnicity**	
18 to 24	**4**	**Mixed/Multiple ethnic groups: Asian and White**	**1**
25 to 49	**22**		
50 to 64	**20**	**White: British/English/Northern Irish/Scottish/Welsh**	**24**
65 to 79	**14**		
80+	**4**		
Gender		**Carer**	**8**
Male	**27**	**Long term condition**	**30**
Female	**46**		
Birth Sex			
Current same as birth	**24**		

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Item 5 (i)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5 (i)
Meeting Date:	28th November 2023
Title of Report:	Integrated Quality & Performance Report – November 2023
Report Author:	James Singleton, Performance Manager
Presenter:	Clair Raybould- Director for System Delivery Martin Fahy- Director of Nursing
Appendices:	Performance & Quality Report

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

Recommendations

The Board is asked to:

1. To note the key issues set out in the paper and the actions in place to support improvement.
2. To discuss any areas the board would like committees to seek further assurance on.
3. To note ongoing the ongoing impact of industrial action.

Summary

This report is underpinned by the reporting that is received at the Board Committee for Quality and the monthly Service Delivery and Performance Committee. It also shows the latest analysis of key system operational performance and quality indicators covering normal variation, trends and shifts in performance over time for key metrics and measures across a number of areas of ICB delivery.

The report is designed to provide assurance to the Board that there full understanding of the drivers for performance and the high level actions in place to address off track performance and quality in areas that are likely to have the most significant impact for patients.

Urgent & Emergency Care

- The percentage of Lincolnshire patients seen at all providers within 4 hours was 68% in October. The Lincolnshire plan for delivery of the 76% by March 24 is based on ULHT and LCHS activity. Against this trajectory we achieved 67.7% against the October plan of 68.6%.
- Ambulance mean response time for EMAS Category 1 was 09:11 minutes against a standard of 07:00 minutes; Category 2 mean response time was 52:44 minutes. The expectation is that on average all Category 2 calls should be responded to within 30 mins by the end of March 2024.
- Two hour ambulance handover delays increased at both Lincoln and Boston, although significant increase have been seen at Pilgrim Hospital, Boston.
- There were a significant number of patients (1288) waiting more than 12 hours in departments in October following a decision to admit into hospital.

Cancer

- At the end of October, 220 patients were waiting over 62 days, decreasing from 253 in September.
- The number of patients waiting 104 days decreased to 58 from 83 in September.

Elective backlog

- The total waiting list size for Lincolnshire patients at all hospitals decreased by 23 to 120,302 in September.
- The number of patients waiting more than 78 weeks increased by 34 to 225 in September.

Mental Health

- The NHS Talking Therapies (previously IAPT) access rate was 9.37% in August (cumulative position)- the standard is 33% by March 2024. This was above plan for the month of August (2%) but below the cumulative plan (9.7%).
- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less fell was 53% in September (rolling 12 months)- below the 60% standard but an improvement from 38% in August.

Primary Care

- Richmond Surgery had a CQC inspection report published in October and have been rated 'Inadequate'.
- Branston Surgery had a CQC inspection report published in October and have been rated as 'Good'.

Incidents

- There has been a single never event reported by One Health in October 2023. The never event reported related to an incorrect spinal injection.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	✔
Aim 2: Tackle inequalities in outcomes, experience and access.	
Aim 3: Enhance productivity and value for money.	
Aim 4: Help the NHS support broader social and economic development.	
Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance			
Risks to the achievement of performance standards are outlined in the body of this report and where required are incorporated into the Risk Register at programme and ICB level.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	No		
Does the report highlight any quality and patient safety implications?	Quality and patient safety implications directly associated with the issues outlined in this report are set out in the body of the report.		
Does the report highlight any health inequalities implications/	Health inequalities implications directly associated with the issues outlined in this report are set out in the body of the report.		
Does the report demonstrate patient and public involvement?	Not applicable- although through normal operations there has been engagement and communications directly particularly in relation to winter pressures		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an equality impact assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Report previously presented at:			
Not applicable			
Is the report confidential or not?			
Yes ☐ No ☒			

Integrated Performance & Quality Report

November 2023

22/11/2023

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- Performance Dashboard — Page 4
- Key Performance Updates — Page 5
- Quality — Page 10

Executive Summary

Overview

The November ICB OQAG quality & performance report incorporates constitutional standards, quality and safety measures and elective recovery activity, and presents system performance updated to October where available.

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- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less fell was 53% in September (rolling 12 months)- below the 60% standard but an improvement from 38% in August

Primary Care

- Richmond Surgery had a CQC inspection report published in October and have been rated 'Inadequate'
- Branston Surgery had a CQC inspection report published in October and have been rated as 'Good'

Incidents

- There has been a single never event reported by One Health in October 2023. The never event reported related to an incorrect spinal injection.

Lincolnshire ICB Performance Dashboard

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

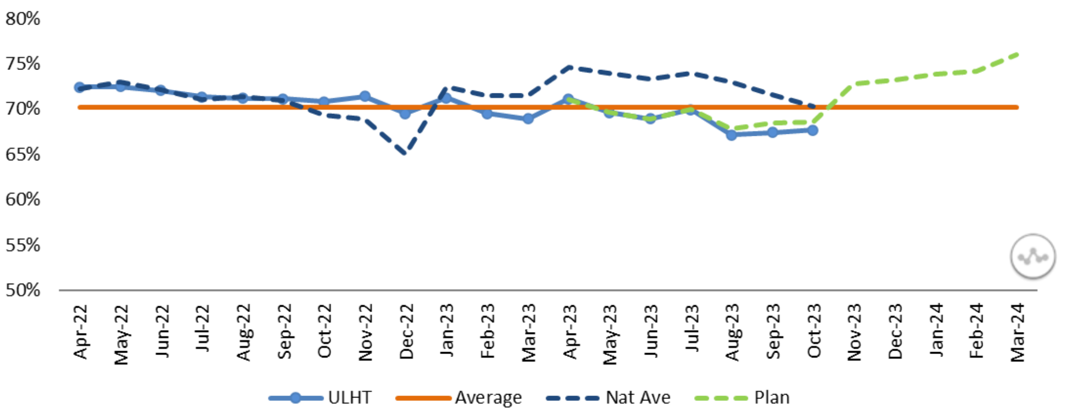
Programme	Indicator	Constitutional Standard	Standard/Plan	Period	Performance	Midlands	England	Trend: Sparkline	Trend: Variation
Urgent & Emergency Care	A&E admission, transfer, discharge within 4 hours (ULHT+LCHS+SMG)	●	95%	Oct-23	68.3%	68.4%	70.2%		
	A&E admission, transfer, discharge within 4 hours (ULHT+LCHS)	●	67.8%	Oct-23	67.7%	68.4%	70.2%		
	Ambulance response times - Mean response time- Category 1 (EMAS)	●	00:07:00	Oct-23	00:09:11	00:08:48	00:08:40		
	Ambulance response times - Mean response time- Category 2 (EMAS)	●	00:18:00	Oct-23	00:52:44	00:49:42	00:41:40		
Cancer	Patients receiving treatment for cancer within 31 days of decision to treat	●	96%	Sep-23	87.6%	88.5%	89.7%		
	Patients receiving treatment for cancer within 62 days of an urgent GP referral	●	85%	Sep-23	51.1%	56.1%	59.3%		
	% of patients told cancer diagnosis outcome within 28 days (ICB)	●	75%	Sep-23	71.4%	71.6%	69.7%		
Planned Care	RTT: % of incomplete pathways within 18 weeks	●	92%	Sep-23	52.2%	55.2%	57.6%		
	Percentage waiting six weeks or less for a diagnostic test	●	99%	Sep-23	72.2%	68.3%	73.7%		
	Patients waiting over 65 weeks for treatment (ICB) (% of total ICB waiting list size)		-	Sep-23	2.07%	1.44%	1.41%		
	Patients waiting over 78 weeks for treatment (ICB) (% of total ICB waiting list size)		-	Sep-23	0.19%	0.08%	0.13%		
	% of patients not treated within 28 days of last minute elective cancellation (ULHT)	●	0.8%	Q2 23/24	21.48%	28.2%	23.0%		
Mental Health	NHS Talking Therapies access - people that enter treatment (ICB)	●	2.00%	Aug-23	2.16%	N/A	1.76%		
	NHS Talking Therapies- recovery rate (ICB)		50%	Aug-23	49.3%	N/A	49.9%		
	People experiencing first episode psychosis waiting to start a package of care (ICB)	●	60%	Sep-23	53.0%	N/A	69.0%		

Key Performance Updates November 2023

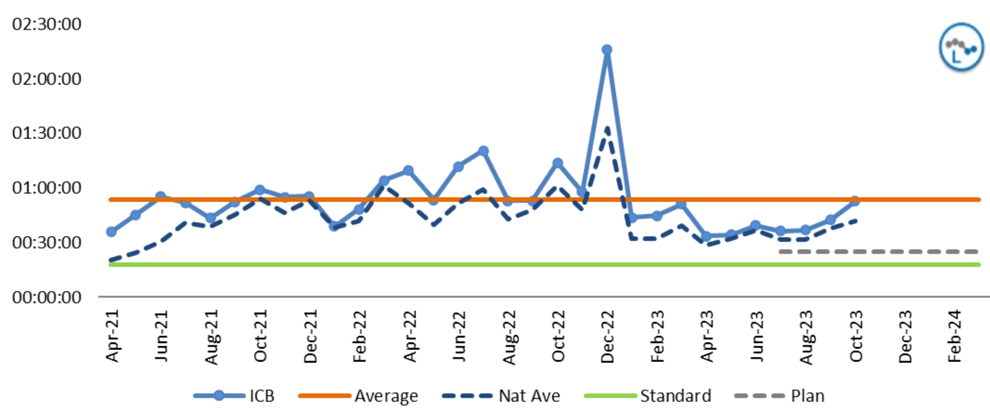
Programme	Indicator	Cause Identified	Key Actions Being Taken
Urgent Care	Ambulance response times – Cat 2 mean response time	• The Lincolnshire ICB performance remains over 30mins. The October position for Lincolnshire shows that the average response time increased in October to 01:11:44 from the September position of 58 minutes 31 seconds. • However, November position to date (as at 20th November) shows an improved average response time of 43 minutes and 56 seconds. • There has been sustained pressure over all EMAS systems in the region and as a result strategic conveyancing has been invoked more than usual. As a result, the Northern Lincolnshire system has at times impacted.	• EMAS recovery plan delivery ongoing with work to commence on local development of a CAT2 recovery trajectory and longer-term plans • Joint ULHT and EMAS review of options for ED co-horting • Work continues on pull model of calls from EMAS to CAS to avoid attendance of crews and conveyance to Eds • Revised ED & flow recovery plan started on 8th November
Cancer	Cancer 62 day backlog	• The backlog position has continued to decrease and currently stands at 197, we remain below our projected trajectory with the ask from NHSE to get to 217 by the end of March 2024. • All tumour sites have seen a reduction in backlog however colorectal continues to account for the largest percentage of the backlog at 34%, second largest being Urology accounting for 17% of the backlog.	• ULHT / ICB continue to lead an intensive support programme for cancer focussing on 28-day Faster Diagnosis Standard and patients waiting over 62 day backlog. Focus now on 8 specialities Colorectal, Urology, H&N, Lung, UGI, skin, gynae and Breast. • Daily PTL meetings are in place with colorectal team to ensure patients are moving through their pathways in a timely manner.
Planned Care	Patients waiting over 78 weeks for treatment	• Main priority continues to be the elimination of 78 week waits. This continues to be challenging but is a much-improved position across all Providers. • Systems are now focussed on virtually eliminating 65 week waits by the end of March 2024. The actual number of patients waiting over 65 weeks is now decreasing and the overall cohort who would reach 65 weeks by end of March is on trajectory to be zero.	• An outpatient sprint is underway at ULHT for Q3 with a focus on increasing clinic slot utilisation, reducing DNAs, increasing PIFU rates and reintroducing directly bookable new appointments. • Additional capacity is being provided both internally and via mutual aid from alternative providers for most challenged specialties including Gastroenterology and ENT. • Validation of waiting lists has continued to ensure that those patients given appointments are clinically required. This is for both outpatients and diagnostic tests.
Mental Health	Early Intervention in Psychosis	• The service was relying on bank and agency to meet the 2 week target and issues with staff availability saw the decline in performance, this has been addressed through recruitment of permanent assessment clinicians and therefore this is now improving. August and September are showing well above target, but as a rolling 12 month figure will see time to reflect in the target.	• Previously reported actions to recover have been achieved.

Urgent Care

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



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



Current position

- CAT2 30 mean performance – The Lincolnshire ICB performance remains over 30mins. The October position for Lincolnshire shows that the average response time increased in October to 01:11:44 from the September position of 58 minutes 31 seconds. However, November position to date (as at 20th November) shows an improved average response time of 43 minutes and 56 seconds.
- There has been sustained pressure over all EMAS systems in the region and as a result strategic conveyancing between Lincoln County Hospital and Pilgrim Hospital, Boston has been invoked more than usual. Whilst there is no recovery trajectory in place the system continues to monitor and work with EMAS on sustainable delivery.
- T1 performance has shown deterioration through October and has failed to achieve its October recovery trajectory. The November recovery trajectory is 49.2% with actual performance currently at 37.4% and highlights the significant challenge the system faces in delivering this.
- The number of patients waiting more than 12 hours in EDs continues to increase in October although improvements have been seen during early November which the system is aiming to sustain throughout November. Flow through EDs has been impacted by a number of different factors including the available ED estate compared to volume of patients, high numbers of patients in EDs each morning both waiting to be seen and waiting for admission from the previous day, the lack of flow through to inpatient areas (weekend discharge targets not met) and high numbers of escalation beds in use (outliers impact flow).

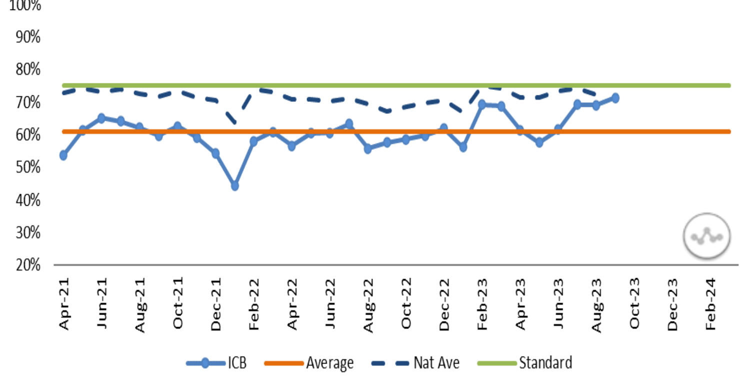
UEC Recovery Plan actions

The system focus includes:

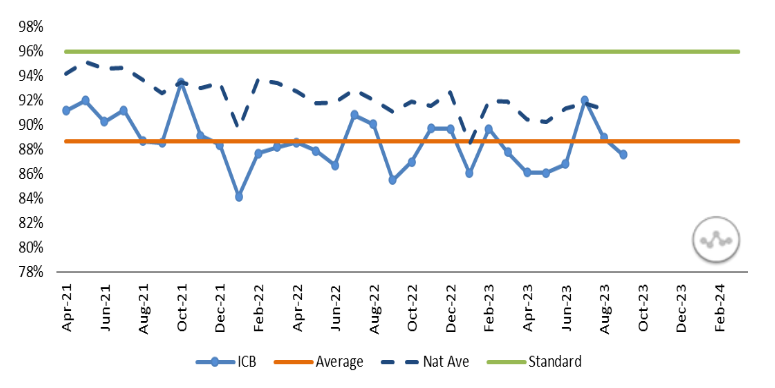
- EMAS recovery plan delivery ongoing with work to commence on local development of a CAT2 recovery trajectory and longer-term plans. Revised ED & flow recovery plan started on 8th November.
- Joint ULHT and EMAS review of options for ED co-horting
- Perfect Days in ED early-mid November
- Specialist Paramedics starting to deliver remote triage to increase efficiency
- Introduction of NHS Pathways in November
- Head injury pathway being agreed between ULHT and EMAS to reduce conveyance for this cohort with planned go live end November
- Work continues on pull model of calls from EMAS to CAS to avoid attendance of crews and conveyance to EDs
- Ongoing daily focus for delivery of the ED recovery plan
- Joint ULHT and LCHS review of front door triage at co-located sites, with additional capacity in EDs to further support those moved through to access assessment and specialty areas or to remain in UTC with support
- Relaunched professional standards in ULHT with processes for monitoring and accountability
- Expansion of SDEC hours
- Clinical audit completed for patients waiting more than 12 hours in ED and review of pathways
- Further senior review of long waiting patients with a DTA applied
- Continued focus on criteria led discharge and SAFER processes, including Medically Optimised v Discharge Ready dashboard
- Implementation of 5 new funded initiatives: HCP Single point of access, additional PC capacity for winter, additional patient transport, additional pathway 1 capacity and additional active recovery bed and complex patient bed capacity

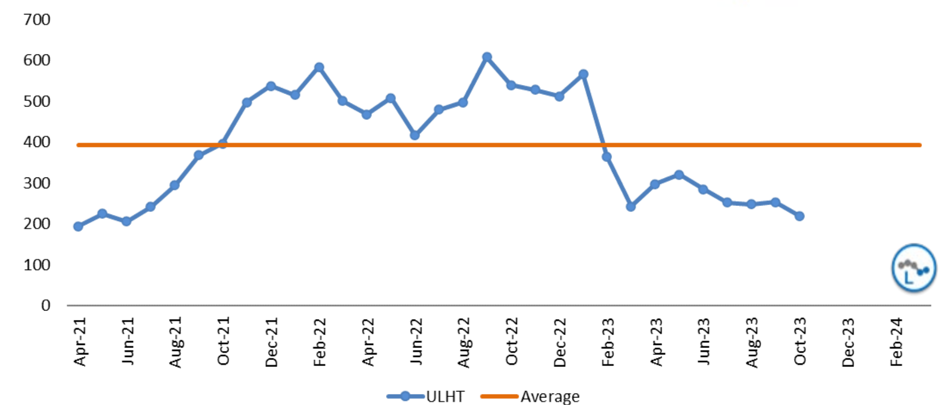
Cancer

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



Patients receiving treatment for cancer within 31 days of decision to treat (ICB)

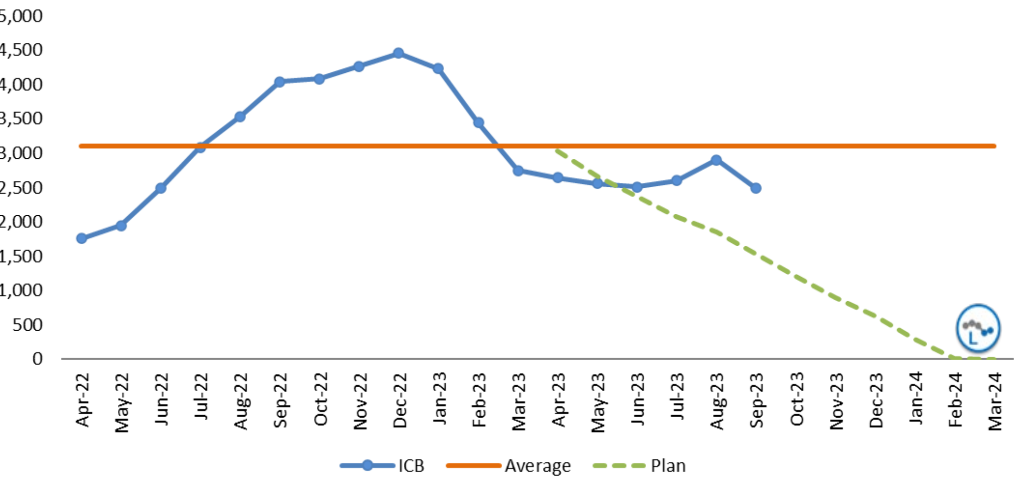




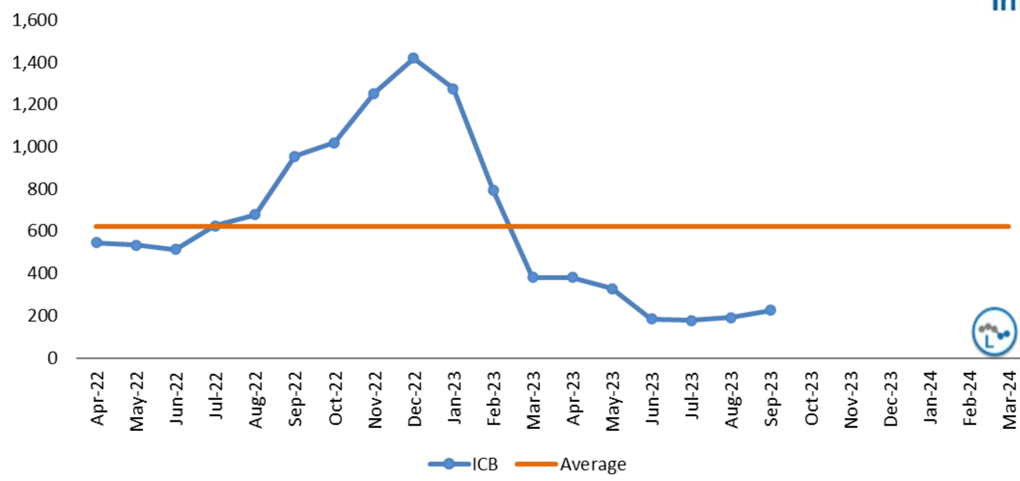
Current position	Actions to recover
• The backlog position has continued to decrease and currently stands at 197, we remain below our projected trajectory with the ask from NHSE to get to 217 by the end of March 2024. • All tumour sites have seen a reduction in backlog however colorectal continues to account for the largest percentage of the backlog at 34%, second largest being Urology accounting for 17% of the backlog. • A number of services are fragile including gynae, breast, Upper GI and oncology but are currently coping. • A number of tumour sites are struggling to meet 28 FDS – gynae, lung and urology. • All tumour sites are experiencing pathology delays. • Teams are continually juggling competing priorities. • Recruitment to fixed term roles has not been achievable for all tumour sites leaving gaps mainly in administrative roles however a number of clinical roles are impacted.	• ULHT / ICB continue to lead an intensive support programme for cancer focussing on 28-day Faster Diagnosis Standard and patients waiting over 62 day backlog. Focus now on 8 specialities Colorectal, Urology, H&N, Lung, UGI, skin, gynae and Breast. • Gynaecology trial pathway changes have demonstrated an improvement in waiting times for 1st appointments and increased FDS performance, the trial has been signed off at system level to continue as BAU. • Investigating a HRT pathway to further support gynae performance. • Two new pathologists have been recruited and are awaiting start dates. • ICB cancer team working with ULHT to support tumour sites who are not meeting FDS and are struggling with a backlog. • New lung pathway due to go live on the 20th November, this will improve capacity within lung when triage CNSs have completed their training with consultants. • Additional funding has been awarded by NHSE to support gynae, lung & breast. • Daily PTL meetings are in place with colorectal team to ensure patients are moving through their pathways in a timely manner.

Planned Care

Patients waiting over 65 weeks for treatment (ICB)



Patients waiting over 78 weeks for treatment (ICB)



Current position

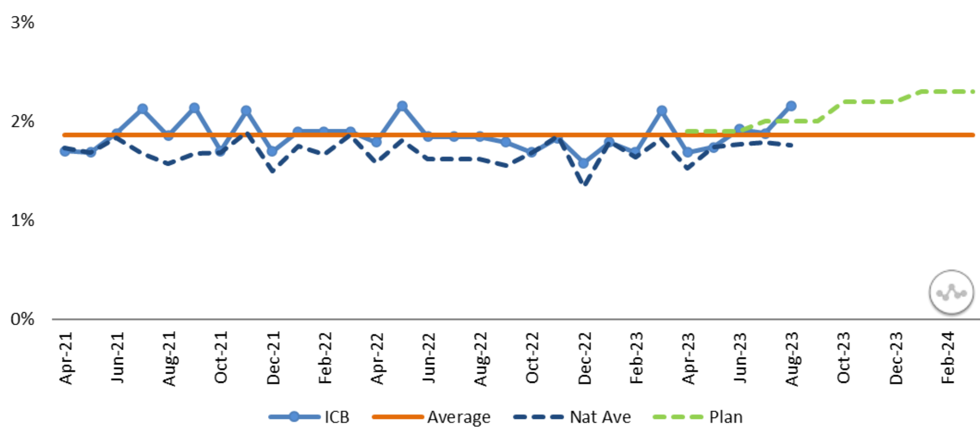
- Main priority continues to be the elimination of 78 week waits. This continues to be challenging but is a much-improved position across all Providers.
- Systems are now focussed on virtually eliminating 65 week waits by the end of March 2024. The actual number of patients waiting over 65 weeks is now decreasing and the overall cohort who would reach 65 weeks by end of March is on trajectory to be zero.
- Patients are being offered the opportunity to move Provider where they have been waiting over 40 weeks and meet certain criteria as part of a national programme. However, uptake is low due to geography and limitation on distance patients are willing to travel. Patients continue to exercise their right to choose even if this may mean waiting longer for an appointment.
- The national ambition for diagnostic recovery is for 95% of patients to be seen within 6 weeks by March 2025. Within Lincolnshire we are also working to a regional ambition of 85% of patients to be seen within 6 weeks by March 2024.

Actions to recover

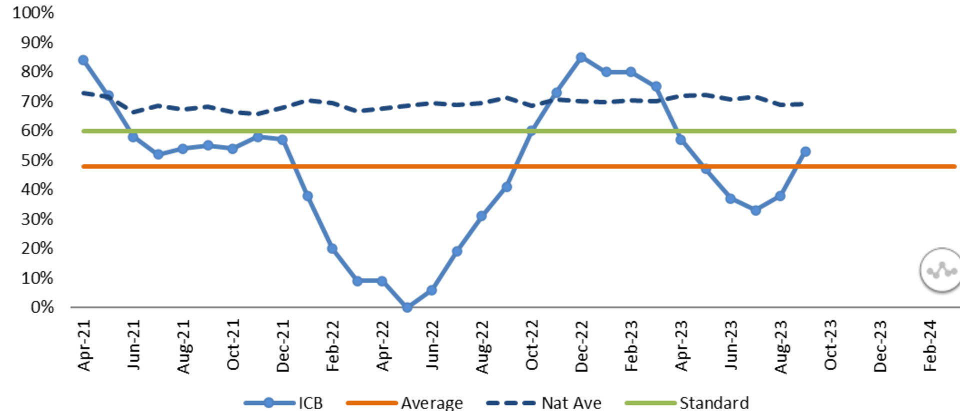
- All Providers are focused on outpatient recovery as this continues to be the biggest area of challenge nationally and is still where most patients are currently waiting.
- An outpatient sprint is underway at ULHT for Q3 with a focus on increasing clinic slot utilisation, reducing DNAs, increasing PIFU rates and reintroducing directly bookable new appointments.
- NWAFT are now achieving above national standard for majority of the outpatient standards.
- NLaG remain ahead of trajectory to eliminate 65 week waits and have a local target to eliminate 52 week waits by March 24 ahead of the national ambition.
- System performing well on providing specialist advice to GPs and is consistently above the national target of 16% of new outpatient attendances.
- Additional capacity is being provided both internally and via mutual aid from alternative providers for most challenged specialties including Gastroenterology and ENT.
- Validation of waiting lists has continued to ensure that those patients given appointments are clinically required. This is for both outpatients and diagnostic tests.
- Percentage of patients seen with 6 weeks for a diagnostic test has improved 5% on previous month.
- Echo, endoscopy and non-obstetric ultrasound continue to be the current areas of challenge, however remedial actions are in place and improvement in outcomes are being seen.

Mental Health

NHS Talking Therapies- Access (ICB)



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



Current position

NHS Talking Therapies

- The service has 15 current vacancies with 18 new trainees starting in October, who will have reduced but increasing activity.
- A significant element of the service increasing access rates is for two thirds of the extra referrals coming from our long-term conditions pathway, access to training has been a challenge to ensuring we have enough staff working in this part of the service.
- Waiting times are longer than we would like for treatment, the balance is to ensure this is addressed and not only increasing the numbers to meet the access rate.
- According to modelling the service remains short of 30 staff even when all vacancies are filled and trainees up to capacity to meet national target and 16 staff for the local target.

Early Intervention in Psychosis

- The service was relying on bank and agency to meet the 2 week target and issues with staff availability saw the decline in performance, this has been addressed through recruitment of permanent assessment clinicians and therefore this is now improving
- August and September are showing well above target, but as a rolling 12 month figure will see time to reflect in the target.
- Recruitment has been really successful and the service nearly entirely recruited to, including posts in the most recent business case. The service now has lots of new staff and we working with the team closely to help them mature, patient are safe and being cared for, we are now open to referrals from all parts of the county, as we had to step down in some areas and the activity picked up by our other teams.
- In all a significantly improved position, next phase of the work is to ensure compliance with NCAP audit, which are the quality measures for the service, for example CBT-P, family therapy, employment, education, physical health, carers support, outcome measures.

Actions to recover

NHS Talking Therapies

- Recent relaunch event and promotional activity (Oct 2023)
- To appoint to a new role to ensure promotion and comms and working closely with primary care to ensure all people suitable for the service are referred or signposted to the service. (Dec 2023)
- Ensuring enough staff are trained in long-term conditions, this is now a requirement for all new staff into the service when they have gained relevant experience. (March 2024)
- Service to complete demand and capacity exercise to fully understand required capacity to increase access and ensure waiting times are minimised. (Dec 2023)
- Work with commissioners to secure further expansion to meet the suggested staffing numbers from NHSE, currently 30 staff short. (March 2024)

Early Intervention in Psychosis

- Previously reported actions to recover have been achieved.

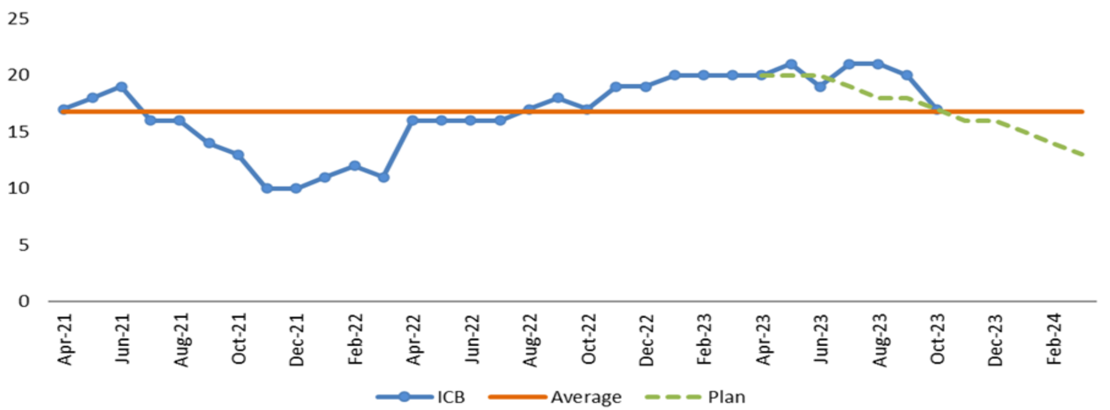
Lincolnshire ICB Quality Dashboard

Special Cause Concerning variation | Special Cause Improving variation | Common Cause

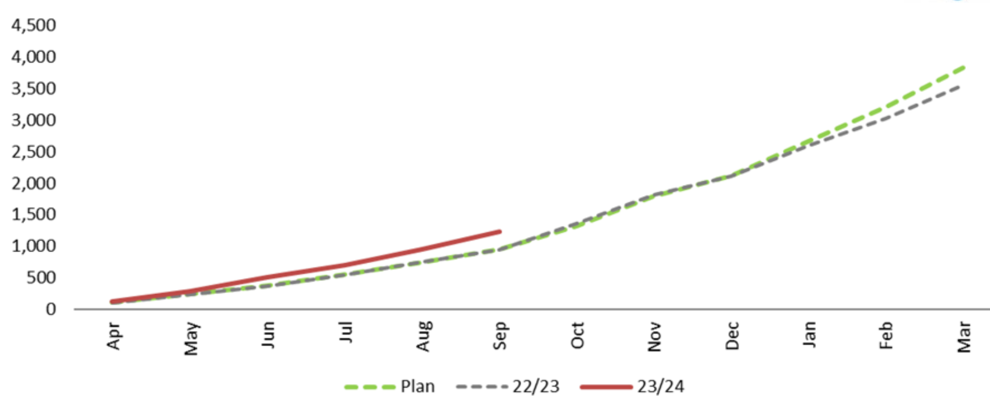
Programme	Indicator	Constitutional Standard	Standard/Plan	Period	Performance	Midlands	England	Trend: Sparkline	Trend: Variation
Incidents	Never events (ULHT)		0	Oct-23	0	N/A	N/A		
	Never events (NLAG)		0	Oct-23	0	N/A	N/A		
	Never events (NWAFT)		0	Oct-23	0	N/A	N/A		
	Serious Incidents (ICB)		-	Sep-23	25	N/A	N/A		
Mortality	Summary Hospital Level Mortality Indicator (SHMI) (ULHT)		-	Jun-23	1.0331	1.0224	1.0010		
	Hospital Standardised Mortality Ratio (HSMR) (ULHT)		100	Sep-23	95.35	N/A	N/A		
	Summary Hospital Level Mortality Indicator (SHMI) (NLAG)		-	Jun-23	1.0294	1.0224	1.0010		
	Summary Hospital Level Mortality Indicator (SHMI) (NWAFT)		-	Jun-23	1.0400	1.0224	1.0010		
Infection, Prevention, Control	MRSA Cases (ICB 12 month rate per 100,000)		-	Sep-23	0.29	0.39	0.85		
	C-Diff Cases (ICB 12 month rate per 100,000)		-	Sep-23	21.54	28.21	27.52		
	E-Coli Cases (ICB 12 month rate per 100,000)		-	Sep-23	29.69	36.12	37.83		
Learning Disability	Number of inpatient care for people with a learning disability and/or autism (ICB)		17	Oct-23	17	N/A	N/A		
	Cumulative Learning Disability Healthchecks (ICB)		957	Sep-23	1233	N/A	N/A		
Patient Experience	Patient experience of GP services (ICB)		-	2023	70.9%	N/A	71.3%		
	Friends & Family Test: A&E Recommended (ULHT)		-	Aug-23	68.9%	82.4%	81.6%		
	Friends & Family Test: Inpatient Recommended (ULHT)		-	Aug-23	88.5%	96.2%	94.1%		
	Friends & Family Test: Maternity Recommended (Birth) (ULHT)		-	Aug-23	100.0%	94.1%	93.8%		
	Friends & Family Test: Community Recommended (LCHS)		-	Aug-23	90.0%	92.6%	94.2%		
	Friends & Family Test: Mental Health Recommended (LPFT)		-	Aug-23	90.7%	86.1%	86.8%		
Primary Care	Primary Care CQC- number of practices rated as 'Inadequate' by CQC		0	Oct-23	2	N/A	N/A		
	Primary Care CQC- number of practices rated as 'Requires Improvement' by CQC		-	Oct-23	3	N/A	N/A		
	GP Appointments- percentage seen by a GP		34.4%	Sep-23	33.3%	N/A	N/A		
	GP Appointments Mode- percentage seen face to face		67.3%	Sep-23	71.4%	N/A	N/A		
	GP Appointments- time from booking to appointment same day		23.3%	Sep-23	40.0%	N/A	N/A		
	GP Appointments- time from booking to appointment < 2 Weeks		78.6%	Sep-23	73.9%	N/A	N/A		
	Enhanced access provision per 1000 of the PCN adjusted population (ICB)		60	Sep-23	70.4	N/A	N/A		
	The percentage of available GP enhanced access appointments utilised (ICB)		80%	Sep-23	77.3%	N/A	N/A		

Learning Disability & Autism

People with a learning disability/autism receiving inpatient care (ICB)



Learning Disability Annual Health Checks (ICB)



Current position	Actions to recover
LD Inpatients • There are currently 17 LDA ICB Inpatients, against the planned trajectory of 17. • There are currently 16 LDA IMPACT inpatients, 2 above the planned trajectory of 14. • There are currently 0 LDA children & young people (CYP), with a planned trajectory of 3. • Work with NHSE Provider Collaborative on process and better ways of working together so that data is accurate and timely, • Lincolnshire ICB continue work with the provider market to find the most appropriate accommodation for those LDA cohort with discharge plans in place [RAG-rated GREEN]. • Learning from Safe and Well Reviews and Care (Education) and Treatment Reviews amongst others drive the strategic and operational planning for the Lincolnshire LDA cohort of patients.	**LD Inpatients** • Transforming care Liaison service recruitment ongoing. • DSR and Community CTR process working well with significant impact on admission rates (98% avoidance with Community CTR). • Inherent Jurisdiction work remains ongoing to support and provide legal framework for discharges. • Ongoing work between ICB and LCC with current and new providers for appropriate community accommodation that suits the needs of the LDA cohort. • Future provision work ongoing to feed market requirements. • Ashley House being considered as therapeutic respite for 16-25 year olds.
LD Annual Health Checks • Delivery YTD (up to the end of September) is 1,233 Health Checks, ahead of the YTD plan 957 (+276). • Currently 290 above last year's YTD position.	**LD Annual Health Checks** • Regional data has flagged a relatively low level of health actions plans recorded for Lincolnshire patients – this will be picked this year to understand whether this is a coding issue, to review the quality of HAPs and support practices to improve where required. • LD health check will be included in GP practice quality visits in 23/24.

Insight and Signals – Quality and Patient Experience

Paediatric Audiology:

NHSE Midlands has undertaken an audit of Paediatric Audiology with all providers within the region. Lincolnshire ICB and Trust ULHT Medical Directors have met to review the outcome of the ULHT audit, which had highlighted some areas for improvement. The outcome of this work has provided assurance of the Trusts current position and the action it is taking to address areas of learning and improvement highlighted through this process.

NHSE are revising the Paediatric Hearing Service Guidelines and NHS Lincolnshire ICB have contributed to the review of these revisions.

Regulation 28's:

ULHT reported 2 Regulation 28s to the October System Quality and Patient Experience Committee (SQPEC). One related to monitoring of blood gases; the other to having checks in place to prevent duplicity of prescribing between settings. The Trust will maintain oversight of response to these through its internal quality governance arrangements and learning will be shared through the Lincolnshire System Quality Group.

Reopening of PICU:

In November 2022 LPFT placed a temporary closure of its Psychiatric Intensive Care Unit (PICU) due to staffing challenges. It was expected the unit would reopen November 2023, however, the Trust have confirmed this has been delayed whilst necessary water safety measures are implemented. It is now anticipated PICU will reopen in the new year.

ADHD 360:

ADHD has previously been reported to Board in relation to the Rapid Quality Review process undertaken. Enhanced oversight arrangements have now been stood down and a framework for routine quality oversight established. CQC undertook an unannounced inspection August 2023, publication of report awaited.

Lincolnshire Academy of Clinical Excellence (LACE) has been commissioned to undertake a piece of work to review the Lincolnshire ADHD pathway. Lincolnshire will also be engaging in regional work on ADHD.

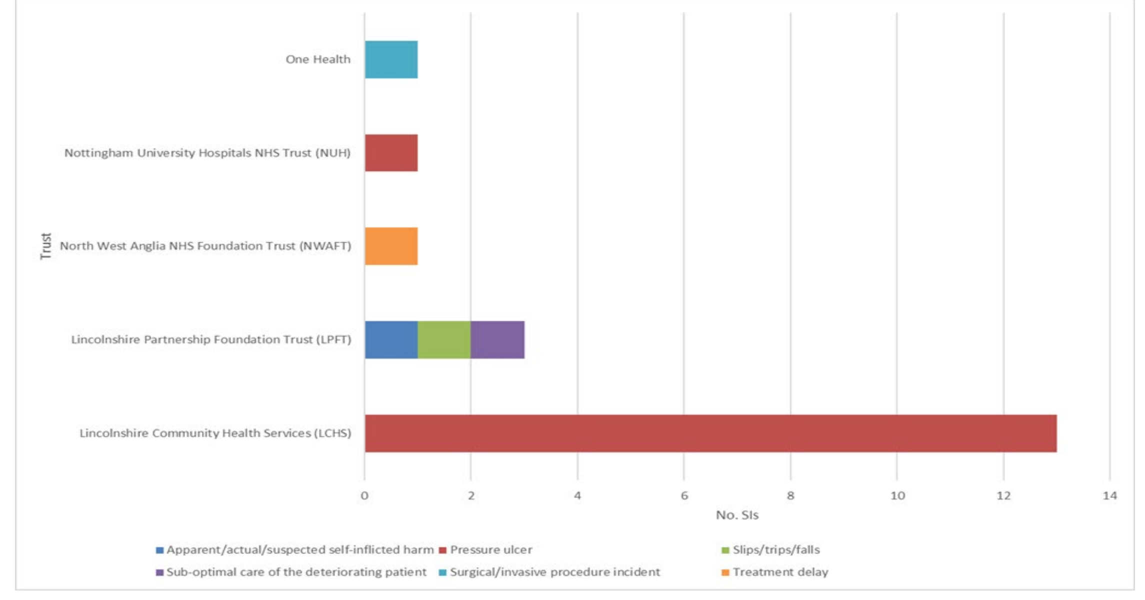
RAF Scampton:

The ICB is continuing to work with system partners to ensure plans to safely mobilise services at RAF Scampton are in place.

Insight and Signals – Primary Care

Practice	CQC Rating	Information to note
Caskgate	Inadequate	CQC published report 2nd August 2023 following inspection of the Practice 24th May 2023. The report rated the practice as Inadequate and the CQC issued section 29 warning notices 7th June 2023. Areas of concern relate to safeguarding; medicines management; oversight of prescribing practice; Medicines & Healthcare products Regulatory Agency (MHRA) and patient safety alerts; patient records; secure storage of patient notes and other confidential documentation; and premises safety. The Practice have responded appropriately to CQC level of concern and extensive support plan now in place with ICB and LMC. The support plan has included regular meetings with the Practice senior team to help support the improvement plan. Specialist support from Medicines Optimisation, Safeguarding and Infection, Prevention and Control. Additional funding agreed through Section 96 funding to support resilience and delivery of the CQC action plan, including locum funding; coding and workflow; Advance Nurse Practitioner capacity; and note summarisation. Long term estate strategy is being developed for the practice with the ICB engaging with local partners to identify possible solutions.
Richmond Practice	Inadequate	The Practice had an inspection 25 May 2023 and the CQC report published 13 October 2023 rates the Practice as Inadequate overall, with Inadequate in Safe and Well Led; Requires Improvement for Effective and Responsive; and Good for Caring. The CQC have placed the Practice into Special Measures; warning notices were issued 27 June 2023 relating to Safe Care and to Governance. Concern areas identified relate to infection prevention and control, emergency response, resuscitation (DNACPR) documentation and outstanding patient reviews. A support plan is in place and the Practice are responding positively. This has included the ICB meeting regularly with the senior team to help support their improvement plan and specialist support from Infection Prevention and Control; and Nursing and Quality Teams to support new lead nurse.
Branston Surgery	Good	The Practice has previously been reported to Board following Inadequate rating and being placed into Special Measures following CQC inspection in November 2022. A full re-inspection took place 28 June 2023 and the report published 18 October 2023 rates the Practice Good overall with Good for Effective, Caring, Responsive and Well Led; Requires Improvement for Safe. The practice has been taken out of Special Measures. Due to the practice bringing in eHarley Street onto their partnership, this has meant that they have benefited from the infrastructure that this has provided to develop and support their improvement plan. Support from the ICB has been to ensure that plan is localised and links in with the relevant local ICB teams such as Infection Prevention and Control and Safeguarding. The ICB have held regular meetings to gain assurance and CQC also commented that they were assured with the engagement and regular updates provided.

Insight and Signals- Serious Incidents



- There has been a total of (n=19) serious incidents reported between 11 October 2023 and 7 November 2023. This figure represents a decrease when compared to the previous report (n=25).
- The reporting rate of serious incidents may in part be affected by organisations transitional work from the Serious Incident Reporting Framework to the Patient Safety Incident Response Framework. Full transition to the Patient Safety Incident Response Framework will commence from 1 October 2023 for some organisations, with all organisations managed under the NHS Standard Contract required to transition by 31 March 2024.
- Pressure ulcers continue to account for most of the serious incidents reported in relation to Lincolnshire patients, with a total of (n=14) pressure ulcers reported. This figure is slightly higher when compared to the last report (n=10). Most of the pressure ulcers were reported by LCHS (n=13), with a single pressure ulcer reported by Nottingham University Hospitals NHS Trust.

- There has been a single never event reported by One Health in October 2023. The never event reported related to an incorrect spinal injection.
- ULHT transitioned to PSIRF from 1 October 2023, as a result, there have been (n=0) serious incidents reported by the Trust.
- There has been a continued decrease in reporting of serious incidents by LPFT this month (n=3) reported in comparison to (n=4) included in the report last month. As illustrated in the graph above, there has been single serious incidents reported in relation to apparent/actual/suspected self-inflicted harm; slip/trip/fall and sub-optimal care of the deteriorating patient.
- In addition, it is noted that there were a number of serious incidents reported in relation to Lincolnshire patients by other providers:
    - North West Anglia NHS Foundation Trust (NWAFT) – Single Treatment Delay incident reported.
    - Nottingham University Hospitals NHS Trust (NUH) – Single Pressure Ulcer incident reported.

Learning and Sharing

- The October 2023 SQPEC identified the need for a Lincolnshire Quality Strategy, which will inform the oversight requirements of the Committee. A collaborative approach will be used to develop the Quality Strategy over the coming months and it is recognised this will need to link to the ICS strategic priorities, as well as meeting the National Quality Board (NQB) requirements.
- NHSE undertook a Patient Safety stocktake with LICB nursing and medical leads in October 2023 to establish current position against national and regional priorities; highlight areas for improvement; and identify support available. LICB was able to provide a wide range of evidence in relation to the key lines of enquiry and feedback from the process was overall positive, with useful advice where there is opportunity to strengthen current Patient Safety arrangements.
- On 30th October 2023 NHSE Midlands undertook a visit with Lincolnshire Local Maternity and Neonatal System (LMNS) stakeholders. The regional team facilitated and guided discussions to identify national and local priorities and associated measures, to enable the LMNS to provide assurance to the ICB. Representatives from across the system participated in the visit to provide expertise and guidance in the development and implementation of local measures.
- In May 2023 ULHT identified an issue with internal referral email inboxes. The Trust reported this as an SI and have undertaken extensive work to review all clinical and corporate shared inboxes. The process has included clear internal governance arrangements to ensure appropriate Executive oversight of the review and outcomes. The review has included a harm review process which to date has identified 3 low harm cases. NHSE have received regular updates during the review period and learning will be shared via the November 2023 Regional Quality Group.
- During September/October 2023 System partners came together to support the care needs of a young person requiring an Eating Disorder (ED) bed. ED provision for young people under the age of 13 years is very specialised with limited options nationally. Regular meetings, chaired by the ICB Director of Nursing and Quality, facilitated a collaborative approach to meeting the individual patient needs until appropriate transfer of care could be arranged. Learning from the approach will be used to inform future ICS arrangements, where collaboration is required to achieve positive outcomes for CYP.

Quality and Patient Experience Thematic Update

Primary Care

There is a requirement for all Practices to have a Support Level Framework diagnostic within the next 12 – 18 months (requirement from May 2023 Recovering Access in Primary Care, NHSE). To address this the intention is to amalgamate these new requirements with the already established ICB and Lincolnshire Medical Council (LMC) quality assurance and improvement processes for General Practice. This will enhance current processes and avoid duplication of work for Practices.

Demand and activity remains high for Primary Care, with a proportion of activity relating to patients on long waiting lists for procedures. A Primary Care Access Recovery Plan is in place which sits alongside recovery plans for elective and unplanned and emergency care.

A process for Health Professional Feedback is well established with General Practice and a focus for learning themes from this continue to relate to discharge from hospital in relation to information, either incomplete, delayed, or on occasions absent; and appropriateness of actions referred on to GP. The Transfer of Care Hub are working to reduce incidence of these issues; and also work is taking place through the Medical Director interface meeting that has been re-established with Primary and Secondary Care.

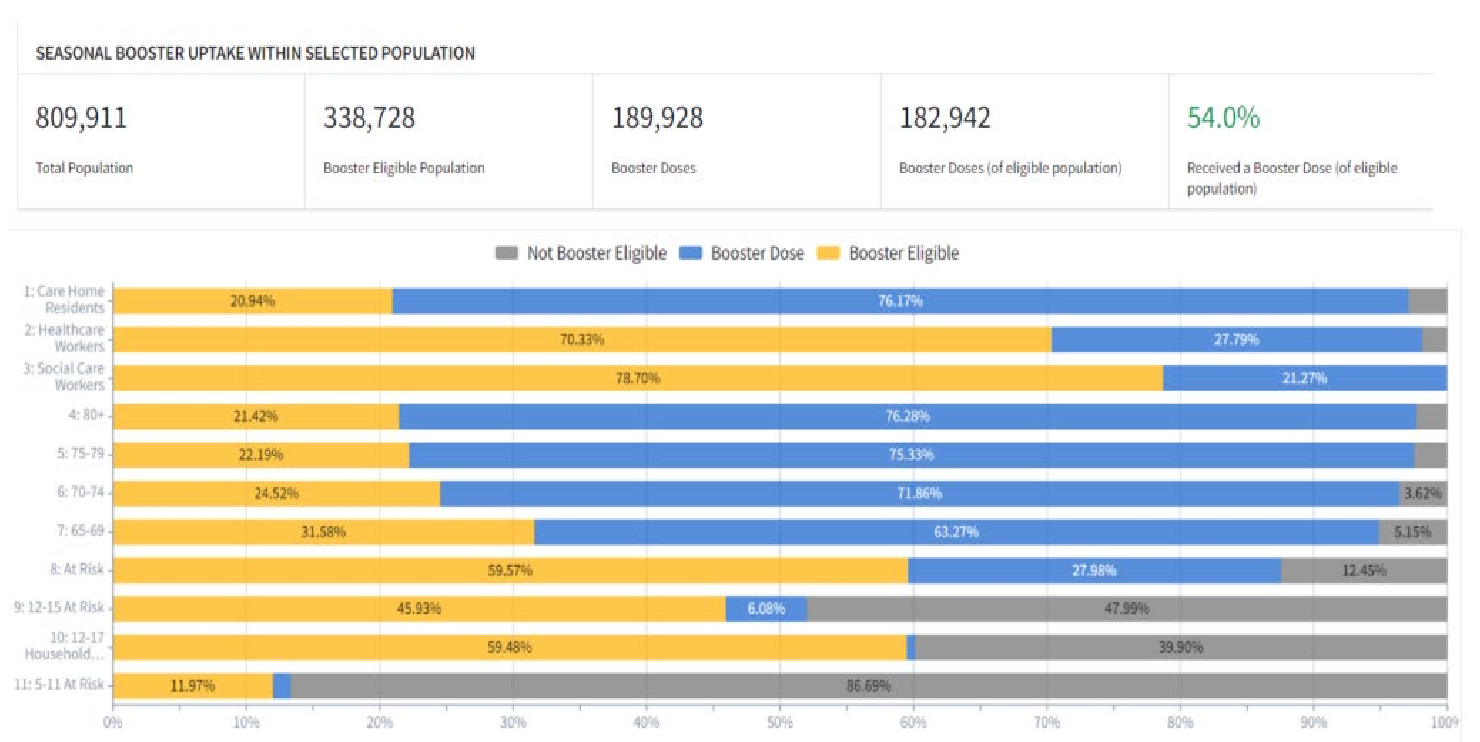
The ICB Nursing and Medical Director are working with the LMC to establish processes with the ICB Safeguarding team to facilitate timely sharing of Primary Care information into Childrens Services Front Door safeguarding strategy meetings. This is part of a wider programme of work that is looking to improve the sharing of health information from all providers to meet the Front Door decision making requirements. The work has been initiated in response to a risk highlighted through the Lincolnshire Safeguarding Children's Partnership (LSCP).

With the delegation of PODs (Pharmacy; Optometry; and Dental) the ICB is undertaking work to consider what is required to address sustainability challenges highlighted through Community Pharmacies and the ICB is working to mitigate the effect of changes in regulations and workforce challenges impacting on unplanned closures. A Pharmacy Strategy for Lincolnshire is in the process of being developed.

NHS Dental Service availability remains an area of significant challenge in Lincolnshire. Across system partners good work continues on the dental strategy for the ICS which focuses on four workstreams – workforce; access; prevention; and integration.

Work is taking place to scope the Freedom to Speak Up arrangements that need to be in place for Primary Care, that will align with the expectations set out by NHSE. Proposals will be considered through the Primary Care People Group.

Covid-19 Vaccinations



*Data correct as at 12/11/2023

Update

- The Autumn booster programme went live 11th September 2023 with Care Home visits and is due to run until 17th December 2023

- All eligible patients are now able to book appointments at vaccination centres

- This is being be delivered in partnership by PCNs, the Mass vaccination centres, the Hospital Hub and Community pharmacies, as has been the case in previous phases of the vaccination programme.

- The following groups are eligible for an Autumn booster covid vaccination
  - aged 65 or over
  - pregnant
  - aged 5 to 64 years and at high risk due to a health condition
  - aged 5 to 64 years and at high risk due because of clinical vulnerabilities
  - aged 5 to 64 years and live with someone who has clinical vulnerabilities
  - aged 16 to 64 years and are a carer
  - living or working in a care home for older people
  - frontline health and social care workers

Item 5 (ii)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5 (ii)
Meeting Date:	28th November 2023
Title of Report:	Lincolnshire Winter Plan 2023/24
Report Author:	Rebecca Neno, Deputy Director for System Delivery, ICB
Presenter:	Rebecca Neno, Deputy Director for System Delivery, ICB
Appendices:	Winter Plan

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

Recommendations

Members to consider work undertaken in preparation of Lincolnshire's winter plan and advise any other areas of consideration for inclusion.

Summary

The Lincolnshire Integrated Care System (ICS) Winter Plan has been developed collaboratively and influenced by national best practice, guidance issued by NHS England and learning from previous winters within our system.

The health and social care system continues to experience significant levels of pressure and the continued impact of managing increased demand, COVID-19 and elective recovery has led to a challenging summer; particularly in the context of constrained capacity due to infection prevention and control (IPC), workforce issues and the rising cost of living. In addition, the Lincolnshire system has been placed into Tier 2 in relation to Urgent and Emergency Care and Tier one for Cancer and Planned Care.

We recognise that we need to ensure that services can respond to the increases in demand expected during winter and resilience over winter can only be achieved through partnership working across the health and social care system. As partners of the ICS, we are committed to working together to manage these challenges.

The purpose of the Winter Plan is to highlight the predictions for winter demand and set out our planned response, with extra initiatives, capacity, and information to manage the urgent care and patient flow pressures that the system will inevitably see. The plan is designed to supplement the ongoing improvements and developments in urgent and emergency care.

This year, as we did last year, we have focused on the avoidance of patient harm by adopting an approach that focuses on clinical risk, as recommended by our clinicians at our clinical summits. This approach was commended by regional colleagues during our Winter Assurance visit that took place on 10th October 2023 as well as the comment that the plan was the most integrated the NHS E Midlands Regional Team had seen.

The Winter Plan 23/24 clearly sets out the actions and schemes that will be delivered during winter 23/24 and describes the governance mechanisms to help identify early issues and the need for course corrections.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	This report aligns with the core purpose of an Integrated Care System which is to improve outcomes in population health and healthcare
Aim 2: Tackle inequalities in outcomes, experience and access.	The winter plan will support health and care services to build capacity and operational resilience for winter for the benefit of patients and service users
Aim 3: Enhance productivity and value for money.	Not applicable.
Aim 4: Help the NHS support broader social and economic development.	Not applicable.

Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance

The development of a Lincolnshire Winter Plan supports mitigation of risk 1.04 on the corporate risk register – safe and effective delivery of services in the emergency departments. The winter plan will support performance improvement and achievement of planning targets which have been agreed, but acknowledging constitutional targets remain in place.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No – Winter monies managed by UEC SRO
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	No
Does the report demonstrate patient and public involvement?	No
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not Applicable

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐

Report previously presented at:
Lincolnshire ICB Executives 26th October 2023 BLLT 8th November 2023 SD&P Committee 15th November 2023
Is the report confidential or not?
Yes ☐ No ☒

Lincolnshire Integrated Care System

Winter Preparedness

2023-2024

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Executive Summary

The Lincolnshire Integrated Care System (ICS) Winter Plan has been developed collaboratively and influenced by national best practice, guidance issued by NHS England and learning from previous winters within our system.

The health and social care system in Lincolnshire has experienced significant levels of pressure over the summer period with the continued impact of a range of industrial action. We recognise that we need to ensure that services can respond to the ongoing increases in demand expected during winter and that resilience over the winter period can only be achieved through partnership working across the health and social care system. As partners of the ICS, we are committed to working together to manage these challenges.

The purpose of this Winter Plan is to highlight the capacity and demand assumptions for winter and set out our planned response, with extra initiatives, capacity and information to manage the urgent care and patient flow pressures that the system will inevitably experience. The plan is designed to supplement the ongoing improvements and developments in urgent care in line with the Nation UEC Recovery Plan requirements and is inclusive of those requiring both physical and mental health care. During October 2023 NHS England Midlands Regional team conducted a Winter Assurance Visit in relation to this plan and whilst highlighted some opportunities for further development they described our plan as the most integrated they had reviewed.

Urgent action is required to address the Category 2 ambulance response times, and the amount of time that patients are spending in our Emergency Departments so that our residents receive the best possible care and experience improved outcomes.

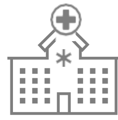
This year we have again focussed on the avoidance of patient harm by adopting an approach that focuses on clinical risk, the main areas of risk in the Urgent and Emergency Care pathway remain as follows:

Risk 1
Patients are waiting for ambulances in the community

Risk 2
Patients are waiting on ambulances prior to entering Emergency Departments

Risk 3
Patients are waiting in Emergency Departments for assessment and treatment

Risk 4
Patients are waiting in Emergency Departments for admission



Risk 5
Patients are waiting for discharge into the community

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    4.3 Front Door Demand
5. Winter Response and Initiatives
    5.1 Specific Support for Care Homes
    5.2 Primary and Community Care
    5.3 Hospital Care & Discharge
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    5.5 System Co-ordination Centre
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7. Governance & Escalation
8. Risk Management
9. Communication
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1.Introduction

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care. We recognise the importance of all local health and care providers and commissioners working together to provide the best services we can.

This document outlines our collective response to urgent and emergency care during anticipated peak times of demand to ensure patients get the safest, most effective, and efficient services. This winter we recognise that we will need to manage patients wherever appropriate and safe to do so within their own homes or usual place of residence, provide health and care in an integrated way and relying less on acute inpatient services. This plan sets out how we will ensure services provided by each of the partners that make up our system will be resilient through this winter. We have arrangements across all Lincolnshire ICS partners to manage patient flow between our services. Working together, we use the Operational Pressures Escalation Levels (OPEL) system which identifies the actions we all need to take when we are under increased pressure.

We learned much from the pandemic and from our responses. Perhaps most importantly it showed us that, on a day-to-day basis, all our partner organisations in Lincolnshire are stronger and better when we work more closely together. We have a shared commitment and determination to ensure people are cared for in the right place at the right time, so that they can achieve the best health outcomes.

During 2023 we developed our system Urgent and Emergency Care strategy which clearly articulates our vision for Urgent and Emergency Care for the next five years and our ambitions and enablers which will help us achieve this vision. Quite simply our overall vision for Urgent and Emergency care in Lincolnshire is:

"System Partners in Health and Care from across Lincolnshire have together committed to support people who present to our services in an emergency or with urgent needs to access safe, seamless, compassionate and timely care in the right place from the right team."

In addition to our vision, we have also articulated our clinical ambitions, which are detailed over the page, these set out the manner for the way we will deliver Urgent and Emergency Care within Lincolnshire.

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Clinical Ambitions

- ✓ **Our team members have optimal time and resources to provide great care, in line with agreed professional standards.**
- ✓ **Our patients and team members are treated with respect, kindness, and compassion.**
- ✓ **Our Teams work collaboratively across the whole system, to join up care in a way which matters to our patients and those who matter to them.**
- ✓ **All patients are cared for in an appropriate and safe environment, minimizing the risk of hospital acquired infection and harm.**
- ✓ **Patient records are shared across clinical teams to enhance patient safety and reduce the need to share the same information multiple times.**
- ✓ **Where possible care is delivered 'closer to home', if patients need a stay in hospital, they are admitted quickly to the right bed to meet their clinical needs and when they are ready, they are discharged home without delay.**

At a system level we will work together to drive delivery of the plans set out in this document, managing risk and daily patient flow between all our partners through our System Co-ordination Centre. The System Co-ordination Centre is clinically and managerially led and will ensure a continuous focus on this plan so we can deliver the safest, most appropriate care we can over the winter months.

2. Context

The purpose of this winter plan is to demonstrate the Lincolnshire system approach to operational management of winter, detailing the specific pressures anticipated for our system and how we intend to mitigate them to ensure we deliver our vision for Urgent and Emergency Care across the county.

Urgent and Emergency Care is under significant pressure locally and nationally and we have faced one of the busiest summers ever with increasing numbers of attendances at our Emergency Departments and high levels of wider system demand within primary, community and mental health. As a result, we have been challenged in meeting our Urgent and Emergency vision and the associated performance metrics that measure success.

In addition to the expectations around Urgent and Emergency Care we also need to deliver our commitments in relation to cancer care, elective (those needing operations) and outpatient care, maternity and children's and young peoples care and mental health, learning disabilities and autism. These services are currently being delivered within the operational framework of regular Industrial Action that sees the focus on protecting Urgent and Emergency Care pathways, but resulting in significant disruption to other services meaning our population is waiting longer for planned interventions.

Winter 2023/24 is expected to bring additional demands with potential for high influenza and other infectious disease rates, alongside anticipated norovirus outbreaks and COVID 19. The Lincolnshire system has the following in place to support management of risks in relation to infectious diseases:

- ✓ **Arrangement with primary care out-of-hours provider to prescribe flu prophylaxis to those meeting the clinical requirements.**
- ✓ **COVID19 Medicines Delivery Unit (CMDU) moving to 7 day service for winter.**
- ✓ **Care Home Infection Prevention and Control (IPC) support including local outbreak management support, with dedicated Senior Health Protection Nurse for each setting.**
- ✓ **Integrated Health Protection approach and IPC collaborative in place.**
- ✓ **Integrated Care Board (ICB) engagement in all outbreak meetings across the system.**
- ✓ **Provider policies and processes to maintain safe services in line with the National IPC manual for England.**

As we continue to operate in a post-pandemic environment, there is an ongoing focus on protecting those in society who continue to be more at risk of severe COVID-19 infection or other infectious diseases. To achieve this, our planned and targeted vaccination programmes continue throughout the county. Delivering a sustainable COVID-19 vaccination programme is a key element of health protection and therefore we will continue to make

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vaccination services accessible to all eligible groups. The Lincolnshire COVID-19 vaccination programme has been very successful in ensuring good uptake amongst our population and we continue to be one of the best performing systems both regionally and nationally.

Our Covid vaccination strategy includes:

- ✓ **Care home residents and staff to be prioritised early in the programme and vaccination offered by the 22nd October 2023**
- ✓ **Vaccination delivery through a combination of PCNs, community pharmacies and vaccination centres. There will be two fixed centres and one roving team to support care homes and housebound patients as well as providing access in areas with lower uptake.**
- ✓ **Ensuring we have a skilled and competent workforce to deliver the programmes safely**
- ✓ **Develop a coordinated vaccination programme that incorporates co-delivery of other vaccinations when possible and that Makes Every Contact Count (MECC) by incorporating appropriate health advice/screening in line with the NHS Core20PLUS5 approach.**
- ✓ **Provision of clinics for complex patients and at-risk children**
- ✓ **A robust staff vaccination plan, delivered via a hospital hub model, for both COVID and Influenza.**

Due to national monitoring of a new coronavirus strain, the Covid vaccination programme for 23/24 was brought forward and commenced on 11th September 2023. This is a precautionary measure that brings the Autumn 2023 covid vaccination programme in line with the influenza vaccination programme.

Uptake targets for Covid vaccination are 76% of all eligible cohorts and we expect to achieve or exceed this based upon previous performance.

The influenza vaccination programme started in September for adults aged over 65 and those identified as at risk and at the beginning of October for our eligible school aged children. All 82 practices will be offering influenza vaccines with some practices offering them alongside Covid vaccines.

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3. Preparation for Winter 2023/24

Building on our learning from last winter, and the work undertaken throughout the year including our Urgent and Emergency Care Strategy and the Urgent and Emergency Care prioritisation work completed by all system partners, the following preparatory work and actions has been undertaken:

- ✓ **July: Attendance at Regional event to review learning from winter 2022/23 and indication of expectations for Winter 2024**
- ✓ **August: System Clinical Summit facilitated by the ICB Director of Nursing and Medical Director.**
- ✓ **August: System Winter Workshop to review the requirements of the NHS England winter letter 23/24 and determine and agree priority areas of focus for the winter plan.**
- ✓ **September: Development and submission of the Lincolnshire System responses to the NHS England key lines of enquiry (KLOEs) and revised demand and capacity assumptions.**
- ✓ **September: Development and submission of 5 business cases to the NHS England regional team to access non-recurrent funding to further support the winter period.**
- ✓ **September Regional winter event with early indications of national expectations.**

In July 2023, NHS England wrote to all Integrated Care Systems setting out the national approach to deliver operational resilience across the NHS this winter, building on the Urgent and Emergency Care Service (UEC) Recovery Plan published in January 2023. The winter resilience letter set out four key areas of focus which include the delivery of 10 High Impact Interventions. Each system was required to undertake a maturity self-assessment against these ten interventions and plan to accelerate delivery ahead of the winter period. The Lincolnshire self-assessment was completed collectively by all system partners and demonstrated that while several interventions are already quite mature within the system, there were some that required significantly more development such as Acute Respiratory Hubs and the Single Point of Access.

This self-assessment was used as a basis for the development of our additional bids for non-recurrent winter monies during September 2023 in which we secured an additional 1.8million for the following developments:

- ✓ **Development of a health and care professional Single Point of Contact to help navigate admission avoidance pathways across the county.**
- ✓ **Additional Active Recovery Beds (dedicated care home beds with therapy input).**
- ✓ **Additional non-emergency transport to ensure no one is not discharged or taken to appointments due to transport issues.**
- ✓ **Bespoke same day access within Primary Care.**

Additional investments are detailed within section 5 of our winter plan.

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4. Capacity & Demand Modelling

We have undertaken detailed modelling of capacity and demand to test whether services can manage the winter pressures effectively, minimise ambulance handover delays, and excessive delays in the Emergency Departments including waits for admissions. This year's challenge has been made more complex with the post-pandemic recovery, compounded by significant increase in walk-in demand and the uncertain landscape in relation to ongoing Industrial Action.

The modelling included revisiting the key metric assumptions from our 23/24 operational planning submission and rebasing them using the learning year to date. We will continue to refine and redefine our modelling work throughout the winter period considering:

- ✓ **Further Urgent and Emergency Care programme and winter initiatives as they come online and whether they are having the assumed level of impact.**
- ✓ **The impact of ongoing Industrial Action**
- ✓ **The position against Elective and Cancer Recovery plans**
- ✓ **The emerging assumptions and projections around infectious diseases such as Influenza, Covid and RSV**
- ✓ Met Office **forecasting for excessive cold weather periods, as a predictor of increased respiratory conditions resultant of cold weather**

The capacity and demand modelling suggests three key areas of focus for our system during winter which are critical in ensuring our urgent care system can manage the anticipated pressures:

- ✓ **Demand Management to reduce unnecessary use of the acute trusts (prehospital)**
- ✓ **Best practice for in-hospital Flow (in hospital)**
- ✓ **Continued delivery of the Discharge Requirements (post hospital)**

All actions detailed later will be clearly embedded within one of these key areas of focus for consistency and impact.

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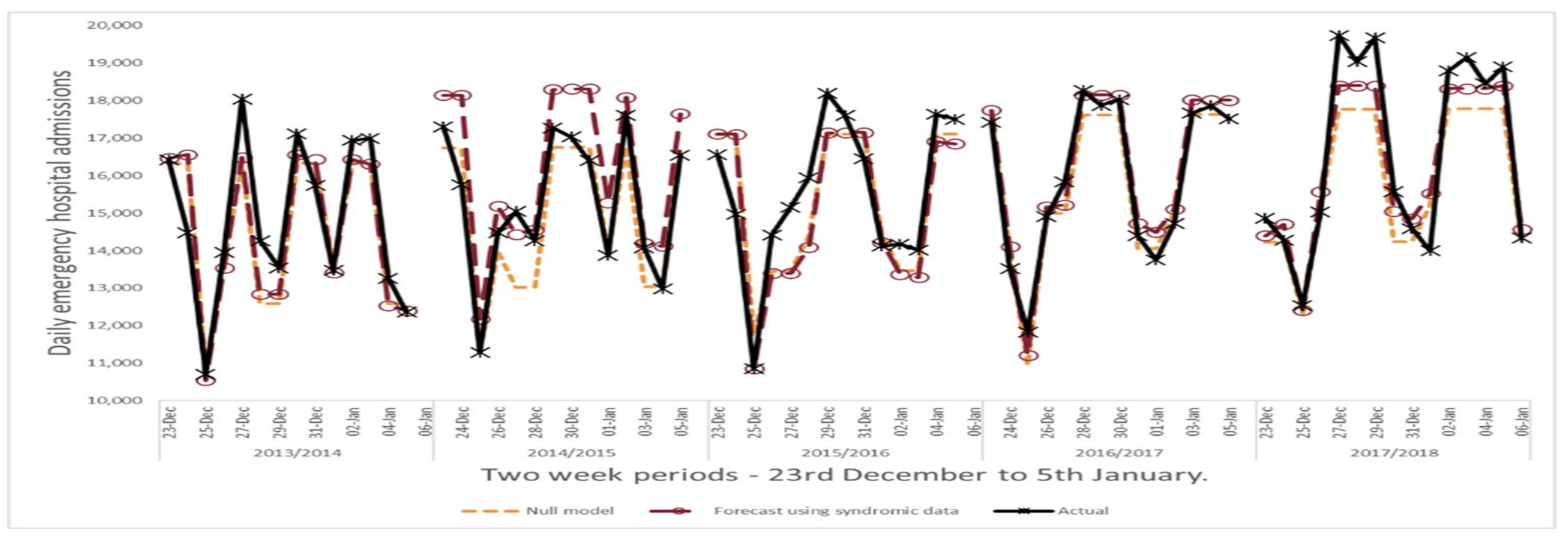
4.1 Trends, Forecasts, and Impact of Respiratory Disease

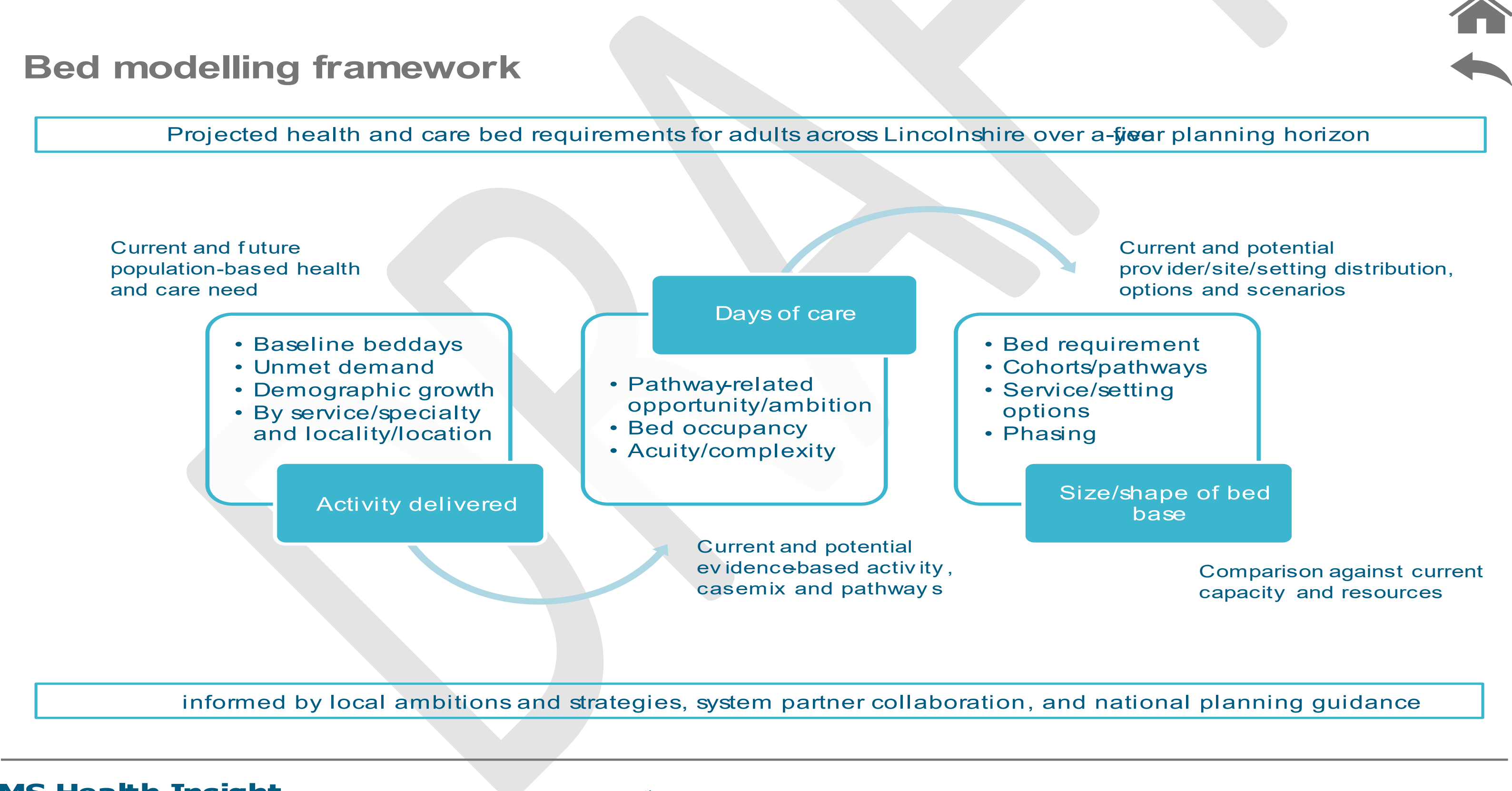
Predicting trends and peaks in demand during the winter period is essential to further mitigate risks and system pressures. As ever it is difficult to reliably determine what the winter 2023/24 period may look like through an Influenza, Covid and RSV lens, however early indications predict this winter is likely to be similar to last year from an infectious disease perspective. This means we are likely to see high rates of Influenza, Covid and RSV during late December and early January, particularly as a result of Christmas, New Year and schools returning in early January.

This correlates with trends from previous years prior to the pandemic as syndromic surveillance demonstrates as per the chart below. This articulates a peak in demand from 23rd. December to 5th January each year, indicating the need for additional capacity to support patients during this period. This anticipated peak in demand is also reflected in the East Midlands Ambulance Service modelling (appendix 1) which shows the highest demand expected between 22nd December and 1st January.



4.2 Bed Modelling

During 2023 the system embarked on an ambitious project to understand the adult bed requirement across the health and care system in Lincolnshire over a 5-year planning horizon. As can be seen in the diagram below this was a complex but necessary piece of work to ensure enough adult bedded health and social care capacity for the coming years. Inputs into this modelling were typically fluid but included baseline bed numbers pre pandemic and post pandemic, population projections across the county and at district level, throughput and utilisation assumptions looking at how improvements in length of stay or demand management could change the number of beds required as well as consideration of our ambition to provide care closer and within peoples own homes where safe to do so and seasonal variations. Broadly, this modelling demonstrates the need to slightly reduce the number of acute hospital beds whilst expanding the virtual ward capacity over the next 5 years. It confirms no specific need to immediately increase bed capacity throughout the winter period but rather concentrate on actions to increase community capacity and ensure a small increase in adult bed base to help cope with the expected peak in demand in late December / early January as detailed earlier.

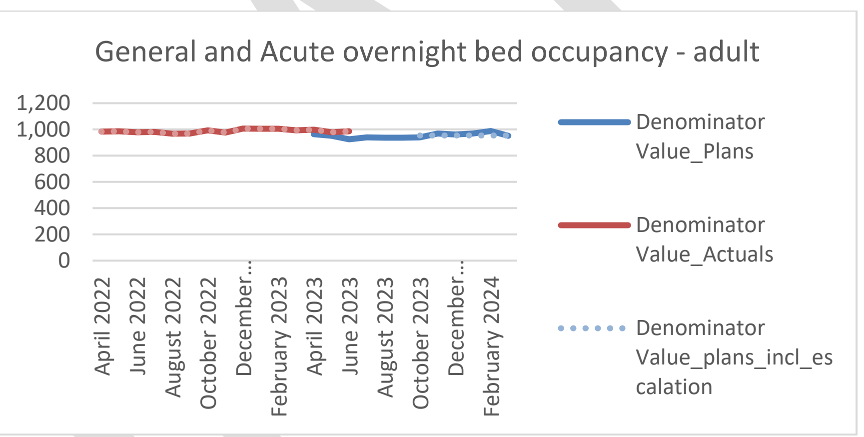


This work has been used to inform our current planning assumptions which also include our available estate, which is often limited due to the age and configurations of our NHS estate in Lincolnshire and our available workforce, as well as our assumptions in relation to elective care (operations and procedures that require an overnight stay) that must continue, and such beds protected during the winter period.

Our plan demonstrates that we require:

- ✓ **968 beds (936 adult and 32 paediatric) across Lincoln County Hospital, Pilgrim Hospital Boston & Grantham District Hospital**
- ✓ **An option to open 18 escalation beds during peak winter demand.**
- ✓ **Lincoln County Hospital and Pilgrim Hospital Boston to continue to initiate the continuous flow (+1) policy daily, enabling more patients to move through from the Emergency Department to reduce congestion and safeguard flow.**

The graph below demonstrates that we are slightly tracking above plan for bed occupancy which is being monitored closely through our governance groups for any necessary changes to the above plan to be considered.



From a community perspective and in addition we will also be mobilising the following to support our bed assumptions and anticipated demand:

- ✓ **Additional 30 Active Recovery Beds within care homes within Lincolnshire with wrap around therapy provision, this will mean we will have 70 Active Recovery beds available during the winter period.**
- ✓ **10 complex behaviour beds to support those patients with nursing requirements.**
- ✓ **Additional 11 Community Hospital Escalation Beds to support peak winter demand.**

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5. Winter Response and Initiatives

Throughout 2023/24, Lincolnshire has received an additional investment of 13.71 million to support key schemes and improvements that should improve outcomes and experience of Urgent and Emergency Care, this money is being utilised to fund some new schemes and support work that was previously underway to expedite its delivery. The 13.71 million is made up of:

- ✓ **9.9 million to support key schemes and improvements which was secured as part of operational planning which includes a continuation of funding of the non recurrent monies received during 22/23 of 6.08 million, this allowed us to continue with some schemes that demonstrated impact during winter rather than stopping them at the end of March 23.**
- ✓ **2.01 million for the development of frailty services across our county.**
- ✓ **1.8 million of non-recurrent winter monies for 23/24 based upon specific business cases as detailed earlier such as the development of our Health Care Professional Single Point of Contact.**

Through the work undertaken, as detailed in section 3, to prepare for Winter, a focused action plan has been developed which provides clarity on how the above money is being spent to ensure our residents can access high quality and timely physical and mental health and care during the winter period. This action plan has been structured across key settings including, care homes, primary and community care, hospital care and discharge and key enablers and is detailed in the following sections.

5.1 Specific Support for Care Homes

Keeping people well at home is a key strategic component of the Lincolnshire ‘Home First’ strategy and that includes people where a care home setting is their own home and usual place of residence. When those living in care homes become ill, staff should have swift access to health care support. In Lincolnshire the Clinical Assessment Service (CAS) has a dedicated service (CAS for care homes) available for care home staff where senior clinical advice can be accessed swiftly. This model has been in place for several years, but we will be taking the opportunity to ensure staff are reminded to use this rather than dialling 999 where appropriate. We have also invested in CAS this year with increased capacity and skill set that will further support care home staff and wider system professionals to support people without the need for inpatient care wherever appropriate and safe to do so. Digital telehealth has also been available across Lincolnshire for several years but during this winter period we will ensure that this strategy is maximised.

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Specifically, our action plan to support care homes include:

- ✓ **Continued work with care homes to promote use of Clinical Assessment Service for care homes and utilisation of community response services such as Urgent Community Response, frailty virtual ward and mental health services.**
- ✓ **Digital Tele Health to be maximised where available to support conveyance avoidance.**
- ✓ **Care Home staff to be trained and confident in use of falls equipment.**
- ✓ **Maximise utilisation of the previously rolled out IV training to Nursing Homes.**
- ✓ **Care Homes should have access to specialist nursing support to care for terminal patients in their preferred place of care.**
- ✓ **Everyone in a care home to have a care plan in place and for those at the end of life a decision about their wishes documented.**

Each care home has an identified 'wrap around' PCN led Enhanced Health in Care Homes Team which undertakes weekly meetings with the care home and Multi-Disciplinary Team (MDT) discussion to proactively manage any identified patients for who there may be health concerns. Falls in care homes remains a priority and this year 80 care homes have received raiser lifting equipment from the ICB to assist with Falls Response. An overarching Policy has been agreed to assist with staff training, which is almost complete and will complement our bespoke commissioned falls service across our county.

In addition, we have an Urgent Care Mental Health community response in place also to support care homes to help prevent their residents being unnecessarily admitted to hospital. This is also available through the CAS for Care Homes model and additional support is also available through our Out of Hours community services to ensure care homes are fully equipped and supported to help residents stay out of hospital where clinically appropriate to do so.

5.2 Primary and Community Care

The expansion of community capacity and increase in utilisation of community services is key in delivering our ambition to reduce reliance on acute services. We know that increasing numbers of patients are accessing our Urgent Treatment Centres and demand across community services is growing. Wherever possible we need to work with wider system colleagues to ensure that wherever appropriate and safe to do so we are accessing alternatives to attendance and admission, supporting people in their own home or within community settings through:

- ✓ **Consistent Risk Stratification of patients to proactively identity and support those that are vulnerable and High Frequency Users by Care Co-ordinators within PCNs and neighbourhood teams.**
- ✓ **Implementation of Acute Respiratory Hubs to manage people within the community where clinically appropriate to do so with acute respiratory infections such as Influenza, Covid and RSV.**
- ✓ **Maximise utilisation of our 2-hour Urgent Community Response service and other community-based admission avoidance pathways.**
- ✓ **Implementation of a Frailty Assessment Unit within Lincolnshire.**
- ✓ **Maximise utilisation and capacity of Virtual Wards across Lincolnshire.**
- ✓ **Commissioning review of our Urgent Treatment Centres and Out of Hours Service to ensure current model is most clinically and cost effective through the lens of increasing demand.**
- ✓ **Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways.**
- ✓ **Extension to the hours of our LIVES falls service which now operates additional hours from 8pm – 2am and 6am – 8am, covering a 20-hour period rather than 12 hours.**
- ✓ **Increasing the availability of same day access to appointments within Primary Care.**

We heard clearly from our clinicians at our clinical summits that admission avoidance pathways need to be simplified, whilst we implemented a simpler system through our Directory of Services last winter our clinicians told us it was still to complex. As part of additional monies, we have been successful in a business case to introduce a Single Point of Contact for Health Care Professionals to help navigate admission avoidance pathways to help keep their patients out of hospital when clinically indicated to do so. We will evaluate this model following winter and if appropriate expand this further for wider reach.

A primary development to help people stay closer to their own home whilst receiving health and care was the introduction of the Virtual Ward model during 2022. We will continue to deliver on our commitment to further develop virtual wards, where patients can receive specialist led care within their homes. So far, we have launched virtual wards for cardiology, frailty, respiratory, complex neurology and general medicine equating to a plan of 145 acute beds, we are committed to this model of care and continue to explore ways we can continue to expand and enhance this service. A capacity of 172 beds is planned by March 24

For this Winter we have implemented Acute Respiratory Hubs in 3 locations across Lincolnshire that that will provide timely and appropriate care for service users with suspected acute respiratory infections. The key objectives of the Acute Respiratory Hubs being to provide same day access, treatment and advice as needed to service users and reduce pressure across the system by reducing demand for ambulance conveyance, GP appointments, Emergency Department attendances, and hospital admissions, for patients who can be appropriately managed in the community. The hubs have been sited where there is identified high demand for acute hospital attendances or admissions, or where there is high prevalence of COPD or Asthma.

The Acute Respiratory Hubs using a ‘hub and spoke model’ are available in the following areas of Lincolnshire:

- ✓ **Gainsborough & Lincoln**
- ✓ **Mablethorpe, Skegness & Louth**
- ✓ **Bourne, Deeping, Holbeach, Gosberton & Swineshead**

We are currently developing a new Frailty Assessment Centre which will be based at Grantham Hospital, this will consist of a 8 chair-based service where people can be referred as an out patient and receive specialist frailty assessment and intervention without being admitted to an acute hospital. We anticipate that this service will be operational by the end of October 2023. In addition, we are also developing an 8 bedded based service as part of the model so where patients require an overnight stay, they can be accommodated within the unit rather than transferring to an acute hospital bed, anticipate that this part of the centre will be fully operational prior to the Christmas and New Year period.

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5.3 Hospital Care & Discharge

The initiatives funded in 2023/24 as either part of the UEC programme or the winter specific work include a range of schemes that will support the front door, hospital ward processes and discharge support. The front door initiatives aim to ensure that only those that require treatment in one of our Emergency Departments remain there, and those that can be cared for elsewhere are supported to do so. This includes care in our Urgent Treatment Centres, in the community, but also in other acute assessment areas, such as our Frailty Same Day Emergency Care service. Where patients are admitted to inpatient areas for care we will ensure that they are discharged in a timely way with the correct level of support and with full assessments taking place outside of the hospital setting.

In addition, we have also invested to:

- ✓ **Reduce the number of patients experiencing long waits in our Emergency Departments by ensuring our senior clinical decision makers are available at our front doors and re-invigorate 'Breaking the Cycle' to protect Non-Elective Flow.**
- ✓ **Maximise utilisation and impact of Clinical Navigators employed by East Midlands Ambulance Service, a scheme we introduced during last winter, to ensure people arriving on ambulances are directed to the most appropriate place within the hospital.**
- ✓ **Ensure dedicated space (rapid handover space) within our Emergency Departments are available so that in times of escalation people can still access hospital care and not be waiting on ambulances unnecessarily.**
- ✓ **Extend Frailty Same Day Emergency Care service to cover 7 days per week at Lincoln and Boston.**
- ✓ **Minimise delays for people being discharged from hospital across all pathways by expanding our Transfer of Care Hubs by increasing staff and hours of operation to respond to the growing requirements for additional support that patients need upon discharge from hospital.**
- ✓ **Increase the number of Active Recovery Beds by 30 within care homes with wrap around therapy provision and additional GP support, this will mean we will have 70 Active Recovery beds available during the winter period.**
- ✓
- ✓ **Implement 10 complex behaviour beds to support those patients with nursing requirements be discharged from hospital in a timely way.**
- ✓ **Secure additional non-emergency transport during winter months to ensure no discharges fail due to lack of transport capacity.**

During winter 2022/ 23 we implemented Active Recovery Beds within Lincolnshire, which received ministerial and national interest. During this winter we will be further expanding the number of Active Recovery Beds available within the county. The service supports a person to transfer to the most appropriate setting and will provide care led reablement that cannot be provided in a person's own home for a short period of time, The level of reablement service provided to each person during their stay will be based on a comprehensive care plan with input from the multi-disciplinary team.

The core principle of the service is to maximise an individual's independence and enable a person to resume living in their own home safely in a time-efficient manner. The active recovery beds are not intended for all hospital discharges. The purpose of these is to support those with complex needs requiring an integrated response and enable them to live at home independently with a reduced level of statutory services.

The service will also be accessible to those in the community where a short period of stay in a bed-based reablement setting would prevent an unnecessary admission into hospital. This means the service will also be available for use by the community services such as Adult Care Community Teams (including out of hours teams), the Falls Response Service and East Midlands Ambulance Service.

Aims of the Active Recovery Bed service are:

- ✓ **To improve outcomes for those who are medically fit and who, with a short period of intensive reablement in a bed-based setting, can return and remain in their own home safely, with a reduced package of care.**
- ✓ **To facilitate the timely discharge from acute care (e.g., from hospital for those who no longer require acute medical intervention) which should not be delayed by the requirement for a further period of assessment or an action to be taken to enable a return home.**
- ✓ **To improve outcomes for those who experience delays in discharge due to awaiting a community social care reablement service or a new homecare package. Ensuring that those people continue their recovery in a setting where reablement and support to return to a level of independence.**
- ✓ **To increase the prevention of unnecessary admissions (including readmissions) to hospital of people in crisis, who could safely be looked after elsewhere (e.g., in an Active Recovery Bed) and supported to be re-abled at home.**
- ✓ **Maximise Pathway 1 discharges from inpatient settings by increasing community capacity to support patients who, once medically optimised, require a short period of bed based reablement. The purpose of the reablement is to allow them to resume living at home safely in a time efficient manner and where possible with a reduced package of care.**
- ✓ **Reduce the length of hospital stays.**
- ✓ **Reduce the rate of readmission to acute settings.**

During 2022 ULHT implemented 'Breaking the Cycle' this is an approach consistently being implemented across England to move patients waiting beds to wards even if a bed space is not available. There will be a focus on re-invigorating this approach ahead of Winter 2023/24 to maintain patient safety and ensure that patients are cared for upon their specialist wards rather than often overcrowded Emergency Departments, improving patient outcomes and experience.

5.4 Mental Health

The implementation of the Mental Health Urgent Assessment Centre in Lincolnshire has been a great success and ensures that those patients with a mental health need only, do not need to attend our hospital Emergency Departments and instead they can attend a more appropriate environment which provides a better patient experience and improved outcomes. The service currently cares for adults but will move to an all-age model for winter 2023.

Patients in Lincolnshire will continue to be supported by robust crisis and home treatment teams and the planned integration of those services with NHS111 during the winter will further support people to access the right service in a timely way. Lincolnshire already has established 'crisis alternatives' in place, such as our Night Light Cafes which are safe spaces that offer an out-of-hours, non-clinical support service and are staffed by teams of trained volunteers who are available to listen. They can also 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. There is a network of Voluntary, Community and Social Enterprise (VCSE) services in operation across the county which have been purposefully targeted at areas of deprivation and those with the greatest need.

Two crisis response vehicles are in operation across our county to respond to those with urgent mental health needs alongside a trained nurse who is based within the Police Control Room to support any calls and required response to 999.

We also invest significantly in our VCSE over the winter period by creating warm spaces within our wellbeing hubs, allowing our community connectors to establish targeted additional capacity in the form of initiatives to support people over the winter period, alongside additional capacity in some of our wider mental health and wellbeing VCSE projects which provide activities tackling suicide prevention, social isolation, befriending or other wellbeing support.

Key activities to increase resilience of the winter period include:

- ✓ **Expanding the Mental Urgent Health Assessment Centre (MHUAC) to provide an all-age service (including CYP).**
- ✓ **Embedding the additional CYP workers in the Mental Health Liaison Teams.**
- ✓ **Increasing CAMHS capacity to meet rising demand.**
- ✓ **Reopening the male Psychiatric Intensive Care Unit (PICU) by the end of Quarter 4.**
- ✓ **Employing dedicated staff to run the CVR and PCR functions.**
- ✓ **Expanding alternatives to specialist crisis services, including the expansion of crisis cafes across the county.**
- ✓ **Expansion of VCSE support to create warm spaces within our wellbeing hubs.**
- ✓ **Online resource to help people to navigate support and training - www.haylincolnshire.co.uk**
- ✓ **Integrate Mental Health Support with NHS111 and supplement the local mental health helpline.**
- ✓ **Mental health UEC champions to raise awareness, provide visibility and interface with system partners.**

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5. System Co-ordination Centre

System Co-ordination Centres (SCC) were introduced across England in 2022 to ensure the safest highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all acute, community, mental health, primary care, and social care services.

The Lincolnshire SCC ensures that there is robust oversight of all system pressures and is operational 8am – 8pm, 7 days per week, reporting to the ICB Deputy Director for System Delivery with escalation to the Director for System Delivery and Senior Responsible Officer for Urgent and Emergency Care.

After 8pm a full operational handover to ICB Strategic and Tactical on call ensures that there is full visibility of pressures and risk going into the overnight period. On-call commanders in the ICB attend provider escalation calls throughout the overnight period as required for support in addition to usual escalation processes.

The Lincolnshire SCC lead on monitoring demand, capacity and pressure within the system as follows:

- ✓ **Daily system calls 0930 and 1300hrs – early warnings of current and potential issues that are logged and actions raised for that day.**
- ✓ **Level of escalation for each provider discussed on system calls – reasons for level and how we can work as a system to de-escalate where necessary.**
- ✓ **Extra system calls added if continued high demand.**
- ✓ **Attendance at Regional Reporting and Escalation Call at 10am each day**
- ✓ **Continued monitoring of demand using a range of digital options and dashboards including but not limited to SHREWD Resilience dashboard and East Midlands Ambulance Service arrivals screen to pre-empt any delays.**
- ✓ **Transport issues being flagged on the system calls to pre-empt any discharge delays due to transport.**

In addition to the operational management of the system the SCC also have dedicated staff to help rapidly diagnose issues, complete lessons learnt through rapid cycles of improvement, this is a fundamental element of the SCC as we strive to improve our performance across the county and ensure our patients receive timely access to urgent and emergency care.

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6. Workforce

We are considering workforce through two lenses as part of the winter planning, firstly how our workforce feel, particularly when under pressure and making sure they have the right support to remain well and in work and secondly how we will move our workforce around where needed if critical services are understaffed. This is particularly a risk in relation to the current Industrial Action across some professional groups, but mainly within Lincolnshire, impacting our medical workforce predominately but we are aware we are asking people to work differently and for sustained periods to help keep patients safe, which may increase stress and anxiety.

Keeping our staff well this Winter is part of supporting residents and patients across the system. All organisations are putting a strong emphasis on the importance of having wellbeing conversations with team members to support their physical and mental health and signposting them to our collection of services across the system where necessary. We are providing the following support to our people:

- ✓ **Leadership development of managers to ensure that they are having the right conversations with their teams and signposting appropriately.**
- ✓ **Flu vaccination will be made available to all eligible staff via our Hospital Hubs, via GP, or Pharmacy**
- ✓ **COVID vaccinations to front line teams across the system.**
- ✓ **Continuing to operate a hybrid way of working which includes, for those that can, a mixture of working from home and office based.**
- ✓ **Our system Wellbeing Hubs, provided by our Mental Health Trust have a range of support from financial wellbeing to mental health support and ideas for physical activity.**
- ✓ **Each organisation has an Employee Assistance offer which staff can access as well as Occupational Health.**
- ✓ **We have a number of cultural ambassadors, Mental Health First Aiders and Mentors across the system who are all offering their support for one-to-one conversations where needed.**

We have a Memorandum of Understanding in place across the Lincolnshire health and care system which allows the sharing of workforce across individual organisations. This was used successfully within the Covid pandemic and would be utilised again to mitigate against any potential escalation in demand or shortage of workforce.

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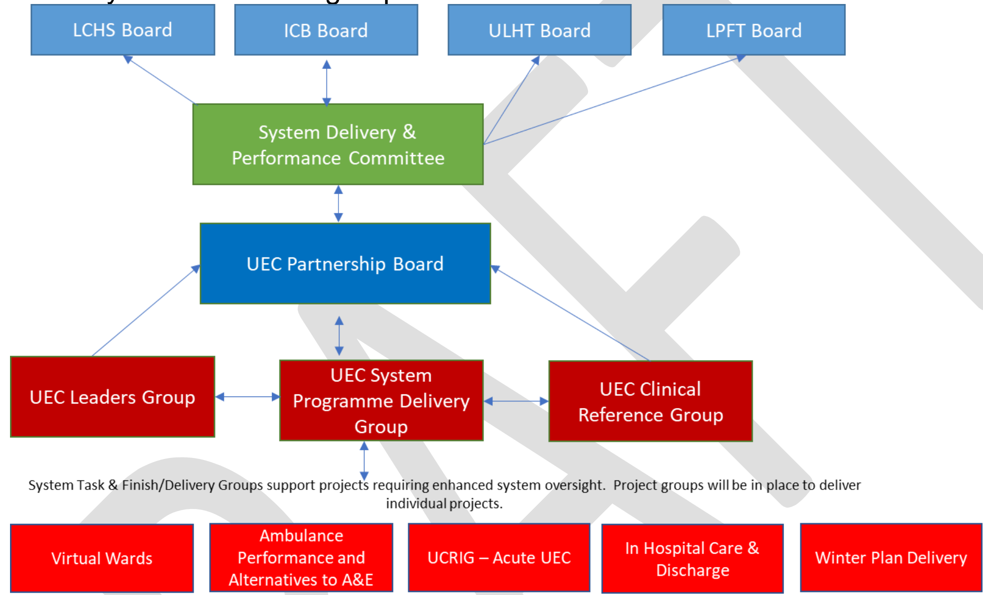
7. Governance and Escalation

The ICS Urgent and Emergency Care Partnership Board (UECPB) has strategic responsibility for overseeing the development and mobilisation of robust winter capacity and resilience plans. To ensure adequate governance controls are in place we have reviewed the governance structure in readiness for winter, and the winter plan delivery task and finish group will be re-instated ahead of winter.



While our UECPB meets monthly, the UEC leaders group and the UEC clinical reference group meet weekly, providing strategic and clinical leadership and guidance whilst maintaining oversight of system pressures and risk. The Lincolnshire system-wide escalation management plan which sets out the operational management arrangements when part(s) of the Health and Care System experience pressure, over and above business as usual is in place. This will be reviewed on release of the updated national action cards, and ahead of winter. Formal trigger points are set out in the plan with agreed actions that each partner within the system must take to maintain patient safety, quality of care and expedite patient flow in a proactive as well as a reactive way. There are four levels of escalation:

LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
PLANNED OPERATIONAL WORKING	MODERATE PRESSURE	SEVERE PRESSURE	EXTREME PRESSURE

This escalation plan sets out the procedures across the ICS to collectively and safely manage day to day demand and any significant surges by having a clear escalation and de-escalation plan where every system partner knows what they should be doing and when, taking responsibility for their individual and organisational actions and contributing to a shared risk management approach across the system.

8. Risk Management

The System Urgent and Emergency Care programme maintains a risk register which will be routinely reviewed as part of programme delivery but also in the context of winter, the Urgent and Emergency Care Leaders Group will have ownership of the risks in relation to this plan.

As this plan articulates there are a number of unknown variables at this point in time that are likely to be influential on the success of our winter plan and the ability of the system to deliver safe and effective care during the winter period. These include:

- ✓ **Measuring impact of the Urgent and Emergency Care programme and winter initiatives and whether the outcomes of each scheme deliver the assumed improvement.**
- ✓ **The impact of ongoing Industrial Action**
- ✓ **The position against Elective and Cancer Recovery plans**
- ✓ **The emerging assumptions and projections around infectious diseases such as Influenza, Covid and RSV**
- ✓ **Met Office forecasting for excessive cold weather periods, in relation to the severity of the winter, as a predictor of increased respiratory conditions resultant of cold weather**

As a result, the overarching risk is:

‘As a result of demand exceeding capacity and despite all the additional investment and service developments detailed within this plan, we may still be unable to mitigate against all risks, previously outlined, to ensure our patients receive safe, timely and accessible care’.

Risk 1
Patients are waiting for ambulances in the community

Risk 2
Patients are waiting on ambulances prior to entering Emergency Departments

Risk 3
Patients are waiting in Emergency Departments for assessment and treatment

Risk 4
Patients are waiting in Emergency Departments for admission

Risk 5
Patients are waiting for discharge into the community

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9. Communication

Our Lincolnshire system communications and engagement approach this year has two prime approaches. Firstly, our core approach:

- ✓ **Support the Urgent and Emergency Care services and promote this to all audiences across the whole of Lincolnshire including all partner organisations.**
- ✓ **Look at the business-as-usual demands and include the promotion of national campaigns such as choose well, NHS 111 online, self-care and Waitless.**
- ✓ **Develop internal and external communications support for key operational initiatives across the System this winter.**

Secondly, we will develop a behavioural change/social marketing campaign which is driven by data, to target in a focused and trackable way, people who are using Urgent and Emergency Care services inappropriately and offer them alternatives. This will be in addition to the broader approach as detailed in our first section, to generate maximum impact and return. We will target based on:

- ✓ Highest inappropriate self presenters(demographics).
- ✓ Geographical areas in which most inappropriate self-presenters reside.
- ✓ GP practices to which most inappropriate self-presenters are registered.
- ✓ Conditions/ complaints which most inappropriate self-presenters report.

Working with our informatics and population health management team we are building a picture of the above cohorts, including behavioural characteristics to focus what and how we inform them of alternatives, and where and when we place our messages. We will also develop creative (linked to the prime national campaigns) to increase interest.

Examples of some of the planned activities in support of both elements described above include:

- ✓ **Develop a visual campaign to engage with each of the target audiences and conditions which have been identified through the data.**
- ✓ **Development of bespoke social media assets targeting the conditions presenting mostly which can be treated in other settings.**
- ✓ **Develop a range of short videos using health professionals to educate and help change the behaviour of the frequent attenders.**
- ✓ **Use paid for targeted leaflet drops in the areas directly around our Emergency Departments and Urgent Treatment Centres.**
- ✓ **Use paid for social media in times of increased pressure/activity.**
- ✓ **Develop printed materials to be circulated to holiday camps such as Butlins which operates year-round.**
- ✓ **Have materials available in a range of languages to engage with the population for whom English is not their first language.**
- ✓ **Identify champions within the system to act as advocates for the campaign.**

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In times of escalation, we will apply our pre-agreed guidelines and discharge appropriate communications as outlined below:

Operational Pressures Escalation Levels	
OPEL 1	• Promotion of the range of services that are available • Promotion of WaitLess • Messaging posted on social media every 2/3 days
OPEL 2	• Promote self-care • Promote NHS 111 online and NHS 111 • Promote Use your Pharmacy • Promotion of WaitLess • Messaging posted on social media every 2 days
OPEL 3	Increased promotion of all level 2 actions and including the below: • Accessing services locally • Discharge Messaging – internally and externally • Messaging posted on social media every day
OPEL 4	Increased promotion of all previous messaging and including: • Messaging around how busy services are and to use alternatives • Call for staffing support internally across the system • Internal messaging with social care • Will use specific paid for targeted social media activity • Use Next Door to get messaging out • Use LRF colleagues to increase message spread • Prioritise social media messaging across the system • Offer proactive/reactive media interviews • Messaging posted on social media four times a day

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10. Conclusion & Evaluation

The Winter Plan will be monitored via our governance routes and operationally, daily, through the System Co-ordination Centre activities and specifically via:

- ✓ **System oversight through the Urgent and Emergency Care Partnership Board and associated sub governance groups**
- ✓ **Fortnightly monitoring of the Winter Plan initiatives via the Urgent and Emergency Care Leaders Group, with escalation where required.**
- ✓ **Ongoing monitoring of Demand and Capacity to understand performance and delivery over the winter period and the impact of existing, planned and any further initiatives and change.**
- ✓ **Robust capacity and demand modelling, revisited on a routine basis.**
- ✓ **Urgent and Emergency Care Partnership Board review of the Urgent and Emergency Care programme dashboard monthly.**

This winter plan sets out the starting point for the management of winter 2023/24 in Lincolnshire across the health and care system. We acknowledge that our assumptions around demand and the impact of the planned initiatives may not be completely accurate, but we will ensure ongoing review of demand, capacity, and impact of interventions.

We will utilise all available resource to ensure that we are delivering safe and accessible services to our patients and that we improve their experience and outcomes. The Urgent and Emergency Care programme governance will ensure that there is robust oversight of the delivery of this plan, with both strategic and clinical leadership as guidance. We will review the plan early next year to ensure we can identify the learning and impact.

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Appendix One

Predicted EMAS Demand

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	01/11	02/11	03/11	04/11	05/11	06/11	07/11	08/11	09/11	10/11	11/11	12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11	25/11	26/11	27/11	28/11	29/11	30/11
	117	134	128	117	118	123	136	114	134	132	107	118	131	121	127	144	130	118	139	133	121	136	109	127	99	117	113	109	100	128
2021/2022 Hospital Activity	113	138	140	128	142	144	123	125	140	139	129	134	132	128	147	127	127	124	137	124	127	125	128	138	119	127	134	130	127	112

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01/12	02/12	03/12	04/12	05/12	06/12	07/12	08/12	09/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	20/12	21/12	22/12	23/12	24/12	25/12	26/12	27/12	28/12	29/12	30/12
	109	117	107	114	119	105	118	102	109	122	116	124	107	101	110	100	85	96	100	87	112	136	109	110	107	105	73	111	89	99
2021/2022 Hospital Activity	118	121	108	121	128	135	138	132	119	125	129	112	128	135	117	126	129	139	148	156	134	132	111	120	134	137	137	118	139	141

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
	01/01	02/01	03/01	04/01	05/01	06/01	07/01	08/01	09/01	10/01	11/01	12/01	13/01	14/01	15/01	16/01	17/01	18/01	19/01	20/01	21/01	22/01	23/01	24/01	25/01	26/01	27/01	28/01	29/01	30/01
	97	105	100	108	99	112	109	120	104	74	114	106	112	105	106	119	109	120	121	118	120	106	121	112	124	115	120	110	124	107
2021/2022 Hospital Activity	116	123	129	125	132	104	129	130	126	132	122	138	117	125	136	129	125	122	125	119	137	134	126	150	122	127	127	121	139	126

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu
	01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	13/02	14/02	15/02	16/02	17/02	18/02	19/02	20/02	21/02	22/02	23/02	24/02	25/02	26/02	27/02	28/02	29/02
	119	119	105	125	98	119	113	132	109	125	114	103	96	114	119	131	118	105	92	100	125	117	119	108	119	119	125	111	124
2021/2022 Hospital Activity	138	118	113	132	120	140	134	134	128	118	115	122	122	142	112	122	117	126	126	110	121	129	136	125	124	148	115	115	125

Boston Pilgrim and Lincoln County Hospital Activity (incl Uplift)	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	01/03	02/03	03/03	04/03	05/03	06/03	07/03	08/03	09/03	10/03	11/03	12/03	13/03	14/03	15/03	16/03	17/03	18/03	19/03	20/03	21/03	22/03	23/03	24/03	25/03	26/03	27/03	28/03	29/03	30/03
	135	108	112	109	120	110	104	126	109	113	120	121	128	109	129	110	122	114	106	115	123	114	112	112	111	106	106	112	116	122
2021/2022 Hospital Activity	116	112	127	142	126	141	125	125	119	108	127	125	117	120	116	110	117	104	120	116	130	114	106	113	110	84	105	129	114	107

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Item 5 (iii)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5 (iii)
Meeting Date:	28th November 2023
Title of Report:	Primary Care System Level Access Improvement Plan
Report Author:	Nick Blake, Programme Director – Primary Care
Presenter:	Nick Blake, Programme Director – Primary Care
Appendices:	Appendix 1 – Primary Care System Level Access Improvement Plan (SLAIP)

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

Recommendations

The Board is recommended to:

1. Review and consider approval of the appended draft Primary Care System Level Access Improvement Plan.
2. Note the progress on developing a local approach to improving the interface between primary and secondary care services in line with the Primary Care Access Recovery Plan and the recommendations of the Academy of Medical Royal Colleges.

Summary

The Lincolnshire Primary Care System Level Access Improvement Plan

"Following the publication of the Delivery plan for recovering access to primary care in May 2023, integrated care boards (ICBs) are required to develop system-level access improvement plans. This aligns with their leadership responsibilities and accountability for commissioning general practice services and delivery as well as, from April 2023, community pharmacy, dental and optometry services."
NHSE, 2023

The Primary Care Access Recovery Plan (also known as the Delivery Plan for recovering Access to Primary Care) was published in May 2023 and sets out sets out an ambitious package of measures to tackle the "8am rush" to contact their GP practice for an appointment and help improve patient satisfaction with access to their GP practice.
The national Plan covers four key areas:

1. Empowering patients to manage their own health
2. Implementing Modern General Practice Access
3. Building Capacity
4. Cutting bureaucracy

Delivery of the Plan is the responsibility of NHS England, Integrated Care Boards (ICBs) and Primary Care Networks (and their GP practice members). Actions and who is responsible for delivering them are detailed in a national checklist[1]. One ICB action in the Plan is the development and publication of a System Level Access Improvement Plan for Primary Care. This plan should set out what the ICB and PCNs are doing to deliver the Primary Care Access Recovery Plan and how this is being monitored and assured.

ICBs are required to submit SLAIPs to public Board meetings over October and November, with the 27 November Board date the most appropriate for the Lincolnshire plan. It is recognised that these Plans will be iterative and develop further over time – the current plan will change and updates will be provided to the Board in future.

The Lincolnshire plan aims to sets out the local delivery of the Primary Care Access Recovery Plan within the context of the Lincolnshire Joint Forward Plan and the development of the five-year system delivery plan. The longer-term plan includes the development and implementation of the Fuller recommendations on proactive and integrated care.

The initial focus of the System Level Access Improvement Plan is on access to GP practices: extension of community pharmacy services is included within the scope of the plan in relation to empowering patients and reducing demand on GP practices where care can be effectively and appropriately provided by a pharmacy, e.g. carrying out blood pressure checks.

The intention is for all four pillars of primary care – GP practices, community pharmacy, community optometry services and dental practices - to be included in future iterations of the plan, with a particular focus on developing the opportunities presented by the integration of primary care services.

The plan document (Appendix 1) describes the local approach to delivering the key areas set out within the national Primary Care Access Recovery Plan and sits alongside three impact assessment documents:

- A Health Equity Assessment Tool (HEAT)
- An Equality Impact Assessment (EIA)
- A Quality Impact Assessment (QIA)

How the Plan will address health inequalities is principally covered within the HEAT document. For ease, these assessment documents have not been included with this report but are available on request.

There has been good progress on delivery of the Primary Care Access Recovery Plan and this is reflected in the Lincolnshire System Level Access Improvement Plan, the plan also sets out next steps – these will be updated as the plan is developed further.

The draft Plan has been shared with a range of stakeholders through ICB primary care forums, feedback has included the need for an accessible summary of the Plan to be made available which is planned and for the Plan to be developed further in future to include access for dental and optometry services.

Primary Care-Secondary Care Interface Update

NHS England have asked ICB's to update their Boards on progress in relation to improving the interface between primary and secondary care services. Background information and further detail on the interface work in Lincolnshire is included within the System Level Access Improvement Plan.

[1] NHS England » Updated checklist: Delivery plan for recovering access to primary care

The ICB Medical Director, Dr Sunil Hindocha, has established a Strategic Interface Group, which includes representatives from primary care, the Primary Care Network Alliance, secondary, community and mental health providers, Lincolnshire Training Hub, the ICB and Local Medical Committee (LMC).

The strategic group has identified 4 key workstreams:

1. Operational interface issues. An operational group has been established which will be chaired by the LMC and respond to interface issues raised by clinicians.
2. Quality and Learning. A group will be established to focus on quality and learning from issues and incidents.
3. Behaviour principles. A behaviour charter is being developed that will be agreed, promoted and adopted by all system partners.
4. Communication and relationships. This is felt to be crucial in order to achieve success across the other workstreams.

A baseline exercise has been undertaken to understand what each provider's position is in relation to interface issues. One priority piece of work for this group is FIT notes and this is currently being scoped to understand what the current provision of FIT notes is across the United Lincolnshire Hospitals NHS Trust so that we can understand where provision of this needs to be improved. Linked to this is self-certification and some comms are planned to support this to avoid unnecessary requests to all providers.

Ongoing work on interface will be overseen by the Strategic Interface Group and reported through the ICB's governance structures.

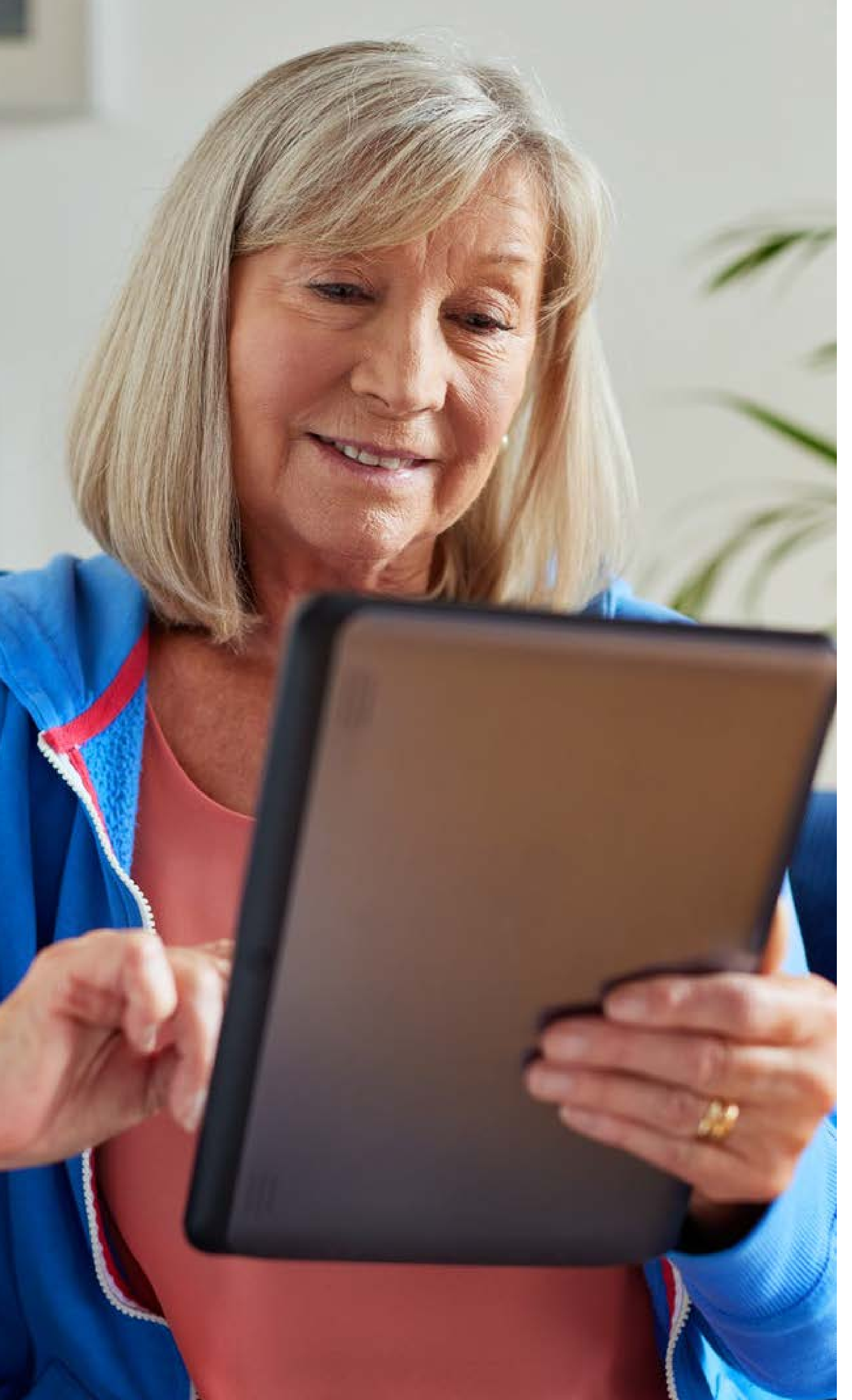
How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The SLAIP should support all four of the ICB's core aims – detail is included within the appended SLAIP document.
Aim 2: Tackle inequalities in outcomes, experience and access.	The SLAIP should support all four of the ICB's core aims – detail is included within the appended SLAIP document.
Aim 3: Enhance productivity and value for money.	The SLAIP should support all four of the ICB's core aims – detail is included within the appended SLAIP document.
Aim 4: Help the NHS support broader social and economic development.	The SLAIP should support all four of the ICB's core aims – detail is included within the appended SLAIP document.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	N/A

Risk and Assurance

There are no specific risks or issues identified beyond those associated with the delivery of the plan – these are managed through ICB governance and as set out within assurance section of the SLAIP.

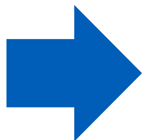
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Yes, a range of additional funding underpins and supports delivery of the Primary Care Access Recovery Plan and is summarised by NHSE here: NHS England » Primary care service development funding and general practice IT funding guidance 2023/24.
Does the report highlight any quality and patient safety implications?	The Access Recovery Plan aims to improve quality of care.

Does the report highlight any health inequalities implications/	Yes, a HEAT has been completed and appended to this report. Access to services can be more challenging for people living in rural and coastal areas and people living in more deprived communities. Access through digital routes and any inequalities should be monitored and addressed.		
Does the report demonstrate patient and public involvement?	This is referenced within the SLAIP. Further engagement through the ICB's Patient Council is planned. Further development of engagement and co-production is included within the SLAIP.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No.		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☒	N/A ☐
Has an Equality Impact Assessment been undertaken?	Yes ☒	No ☐	N/A ☐
Has a Quality Impact Assessment been undertaken?	Yes ☒	No ☐	N/A ☐
Report previously presented at:			
An earlier draft of the Plan has been shared with the Primary Care Business Management Group (7 November 2023), the Primary care Access Working Group (9 November 2023) and the Primary Care Commissioning Committee (15 November 2023).			
Is the report confidential or not?			
Yes ☐ No ☒			



Primary Care System Level Access Improvement Plan

November 2023



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Background

Primary medical care is one of the principal foundation stones of the Lincolnshire health and care system, it is the main touch point with health services for most people and Lincolnshire communities have given a clear message that primary care access and quality of services are priorities that the Lincolnshire health system should focus on. Access to primary care services is particularly important given Lincolnshire's rural and coastal geography where other services may be much further away and travel times often significant.

There are 81 GP practices in Lincolnshire providing care to around 817,000 patients, from 2019 practices have joined up around local populations into 14 Primary Care Networks with the aim of providing more joined-up care.

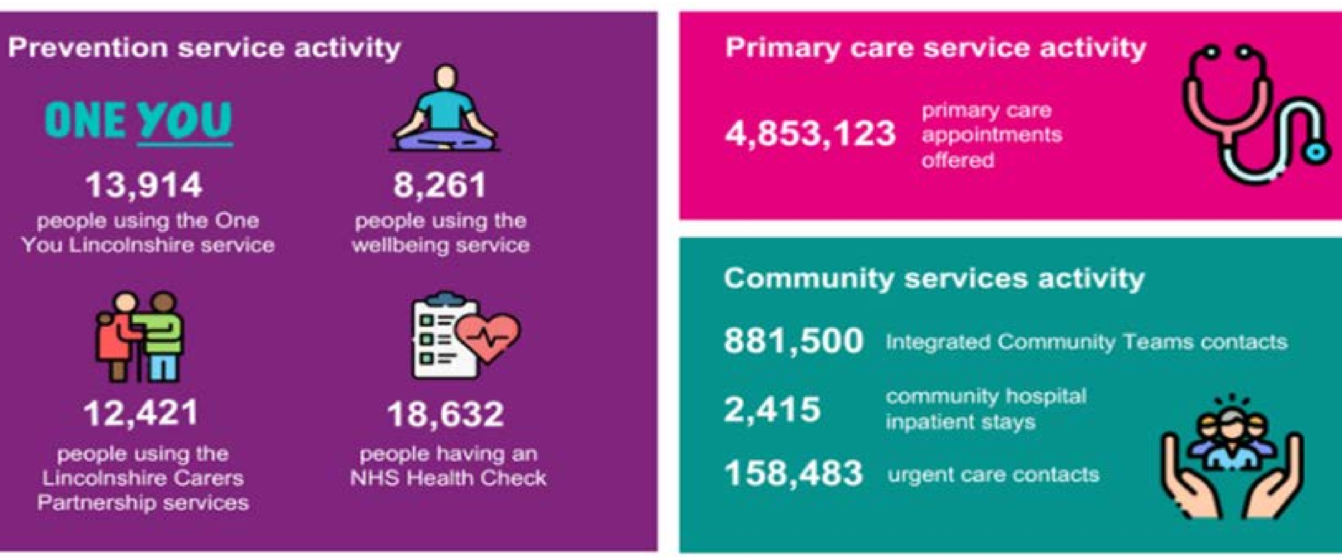
Health care activity data shows that activity within primary care services is at least four times higher than in hospital or community services: contacts with primary care services are higher than the rest of the Lincolnshire health system combined. [1]

Background

In addition to core GP services, practices are working together within Primary Care Networks and with other health and care partners to plan and deliver health management across their local populations. This integration of care provision is one of the main recommendations set out in Dr Claire Fuller's report - Next steps for integrating primary care: Fuller Stocktake report (NHSE, May 2022).[2]

Primary Care Networks can expand the primary care team with access to additional worker roles such as physiotherapists and pharmacists, provide additional care services such as enhanced care to people living in residential care homes and lead on tackling health inequalities and population health manager for their local communities. Lincolnshire Primary Care Networks have come together as the Lincolnshire Primary Care Network Alliance.[3]

[1] NHS Lincolnshire Joint Forward Plan 2023-28 (icb.nhs.uk)
[2] NHS England » Next steps for integrating primary care: Fuller stocktake report
[3] Home :: Lincolnshire Primary Care Network Alliance (lpcna.nhs.uk)



Mental Health services activity

67,102 community team contacts for people with SMIs (adult)
15,304 crisis team contacts (adult)
89,963 IAPT sessions
16,788 CAMHS activity - community
5,626 CAMHS activity - crisis
183 mental health inpatient beds in Lincolnshire

Ambulance service activity (for Lincolnshire residents)

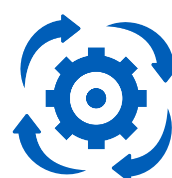
190,593 calls to the services
143,869 times an ambulance or other vehicle attend on scene
58,134 journeys to hospital - see, treat and convey

Acute services activity

694,776 outpatient appointments
288,102 surgical interventions and diagnostic procedures
141,361 A&E attendances
68,309 non-elective admissions

Background

In May 2022 Dr Claire Fuller published her review of primary care services and her vision for improving access and care. The Fuller Stocktake is clear on the challenges facing primary care, including increasing demand and low staff morale, and gives recommendations to support primary care to thrive centred around three essential offers:



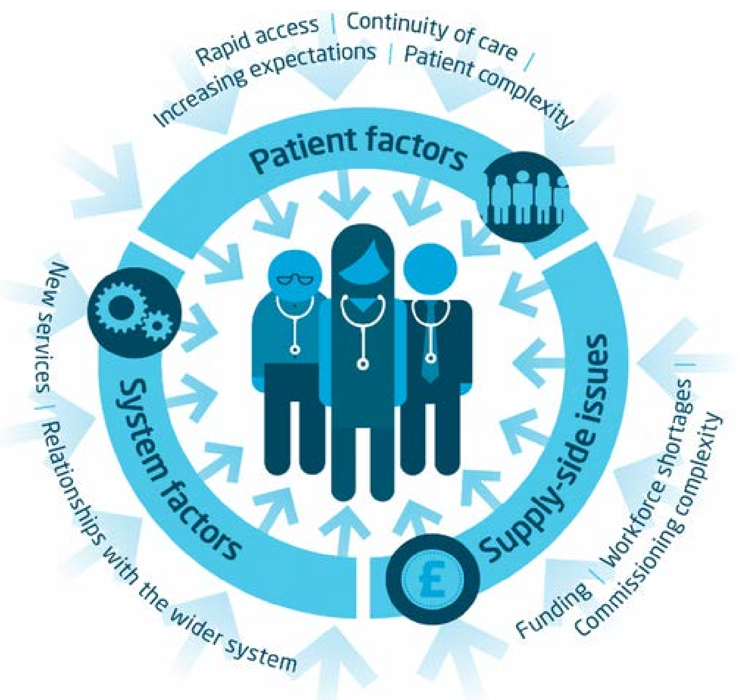
Streamlining access to care for people who get ill but only use health services infrequently

Providing more proactive, personalised care with support from a multi-disciplinary team

Helping people to say well longer through a joined-up approach to prevention

Increasing demands on general practice over the past five years – not just a heavier workload but the increasing complexity and intensity of work – coupled with insufficient funding has led to a feeling of crisis. The NHS is finding it difficult to recruit and retain full-time GPs and patients report difficulties in accessing care.

Kings Fund, 2023



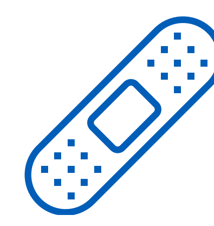
Background

Following on from the Fuller Stocktake and building on the theme of access to GP practices, , NHS England published the Delivery Plan for Recovering Access to Primary Care [4] in May 2023, with two central ambitions:

Tackling the 8am rush for people trying to contact their GP practice

For patients to know on the day how their request will be managed

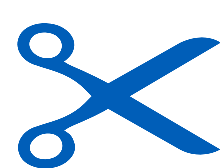
The Primary Care Access Recovery Plan supports all three offers set out in the Fuller Stocktake with a focus on streamlining access and taking the pressure of GP practices so they are able to put in place the wider reforms. The Plan has four commitments:



Empower patients ·and providing them with the means to manage their own health and access some services without needing a referral

Implement Modern General Practice Access through digital telephony, online consultations and support via the General Practice Improvement Programme

Build Capacity by training, recruiting and retaining primary care staff and prioritising primary care facilities when local authorities consider how funds from new housing developments are allocated



Cut bureaucracy to give general practice teams more time to focus on patient care

[4] NHS England » Delivery plan for recovering access to primary care

Background

The Primary Care Access Recovery Plan sits alongside recovery plans for elective and unplanned and emergency care – coordinating the work on the three plans is critical to improving health care for the Lincolnshire population and is being delivered through the Lincolnshire Joint Forward Plan 2023-2028.

The Health and Care Act 2022[5], as part of progressing the integration of health and care, delegated commissioning functions for a wider range of primary care services to Integrated Care Boards. This includes community pharmacy, optometry and dental services alongside general practice and primary care networks. Although broadly beyond the initial scope of the Primary Care Access Recovery Plan, other than some elements of community pharmacy development, this provides an opportunity for further integration of primary care services and access in future.

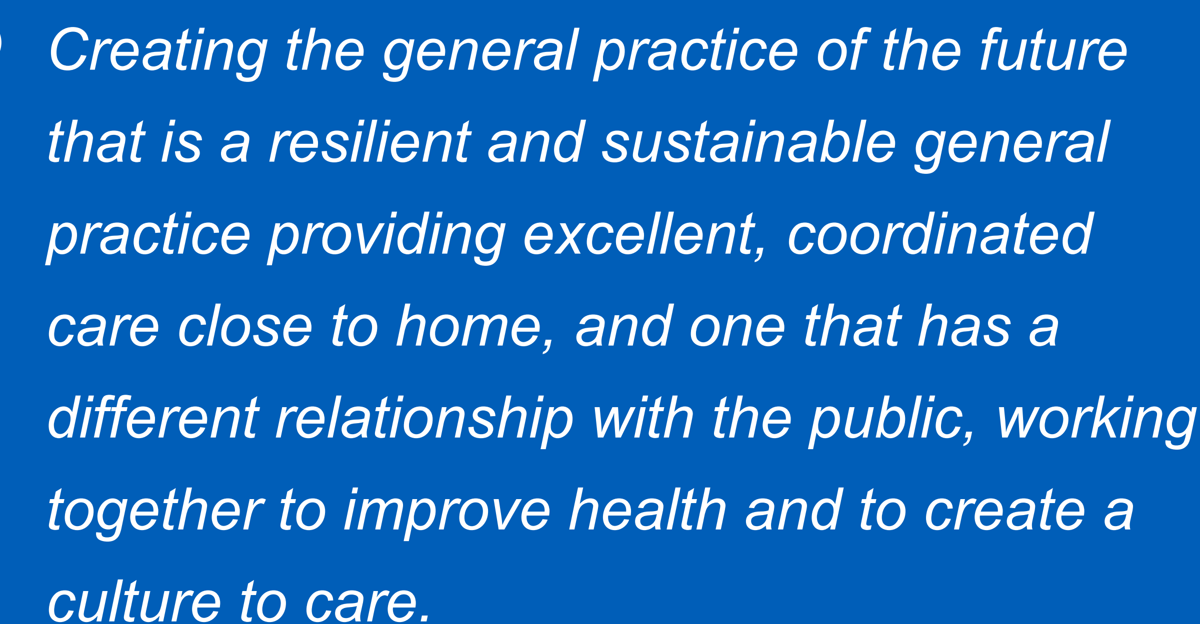
Tackling health inequalities is a system and primary care priority and the Access Recovery Plan provides an opportunity to identify and address inequalities relating to primary care access and care. A Health Equity Assessment Tool review has been carried out as part of developing the Lincolnshire plan – implementing the plan should improve access for the population and help in addressing health inequalities.

The assessment has highlighted that the increased use of digital access routes may have an impact on some communities, e.g. people with disabilities including sensory impairments, people with limited digital access or people whose first language isn't English.

Work to monitor and address equity issues around access, care outcomes and patient experience with GP practices, Primary Care Networks and system partners, will be central to implementing the plan (please see the accompanying Health Equity Assessment Tool for further detail).

5] Health and Care Act 2022 (legislation.gov.uk)

Vision and Improvement Approach



Creating the general practice of the future that is a resilient and sustainable general practice providing excellent, coordinated care close to home, and one that has a different relationship with the public, working together to improve health and to create a culture to care.

Lincolnshire GP and PCN Collaborative

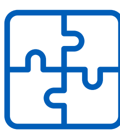
The Lincolnshire Joint Forward Plan is one of three Better Lives Lincolnshire strategies and describes how Lincolnshire NHS and partners will support the delivery of system ambitions and aims over the next five years (2023 – 2028).

The Plan sets out five priorities:

A new relationship with the public

Living well and staying well

Improving access

 **Integrated community care**

A happy and valued workforce

Vision and Improvement Approach

Strong and resilient primary care is the foundation of delivering all five priorities: improving access and integrating community care in particular, link to the Primary Care Access Recovery Plan and the Fuller Report recommendations.

Given the importance of primary care as the main touch point for health services local, delivery of the access recovery plan underpins and is central to the wider health and care system transformation programme. The Primary Care Access Recovery Plan also supports Living Well and Staying Well priority - to improve health and wellbeing outcomes for the people of Lincolnshire adult social care, public health and the voluntary sector are central to and interdependent with accessible and resilient primary care.

Making sure people receive the right care, at the right time and in the right place is key to delivering the best possible results for people. This is particularly important in a large rural county like Lincolnshire where people often have to travel long distances with limited access to public transport, which can be frustrating for people and also means clinicians have less time for clinical activity.

Joint Forward Plan, NHS Lincolnshire, 2023

Vision and Improvement Approach

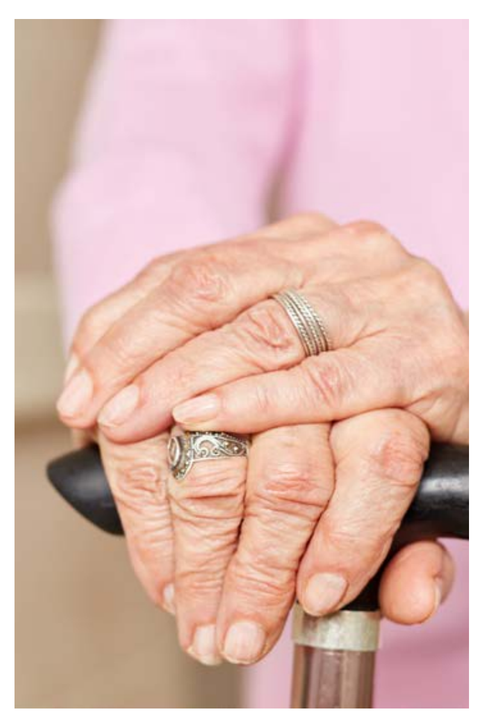
Primary Care, Communities and Social Value 5-year plan

Alongside system partners, NHS Lincolnshire ICB's Primary Care, Communities and Social Value directorate is working with primary care in developing a five-year delivery plan to support the ambitions and aims set out in the Joint Forward Plan. The initial planning process is due to be concluded in November 2023 with ongoing development of the plan over the next five years.

Delivery of the System Level Access Improvement Plan for primary care in Lincolnshire is the key focus in year one (2023-2024) and provides the foundation for the transformation if primary care services in future years - focussing on local implementation of the themes and aims of the Fuller Stocktake.

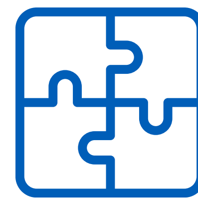
This includes opportunities to develop integrated access across the four pillars of primary care: general practice, community pharmacy, optometry and dentistry – with a commissioning strategy framework setting out how services will work together to improve patient outcomes and experience, tackling inequalities in health and access and support population health management.

Primary care sits within the broader framework of system transformation: future transformation will focus on the development of whole pathway, one team approaches. An example of this is the work to develop and roll out the Lincolnshire Frailty Strategy and collaboration across health and care services to provide seamless integrated care from prevention through to hospital care.

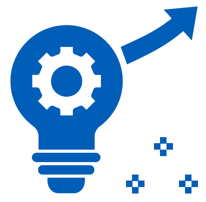


Vision and Improvement Approach

Priorities within the five-year Primary Care, Communities and Social Value delivery plan include:



Easy access to integrated primary care that support improved experience and outcomes for people living in Lincolnshire communities.



Evolution of PCNs to provide access to person centred care delivered by multi-disciplinary and multi-agency teams for local communities to reflect population need.

Development and delivery of a one-team philosophy that underpins pro-active care, prevention, early diagnosis and personalised care plans for people with long term conditions identified as frail or approaching end of life.

Key to the plan is developing and implementing a primary care resource and investment framework to enable service transformation, tackle inequalities and support primary care leaders to have the time and space to manage and deliver the required change.

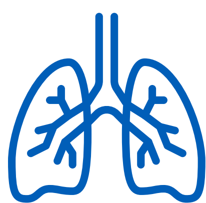
Vision and Improvement Approach

Interdependencies

There are a number of important links with other Lincolnshire system delivery plans, in particular, work across the primary care and urgent and emergency care programmes has been strengthened due to the important relationship between GP practices and other urgent care services. Access to GP practices supports wider access to urgent care and enables development of more integrated urgent care – key areas of joined up working across primary and urgent care over 2023/24 have included:

Developing and managing how NHS 111 and GP practices work together.

Supporting people discharged from hospital into care homes by enhancing GP practice support to interim and transitional care beds.



Winter planning: Commissioning Acute Respiratory Infection and Same Day Access hubs to support access to care over the winter months for the most vulnerable; developing proposals to support people who are frail and the development of a health care professional Single Point of Access to improve coordination between health and care services.

Vision and Improvement Approach

Links between the Planned Care and Cancer programmes are also developing, for example, in relation to the development of access to diagnostic pathways (coordinating Community Diagnostic Centres and primary care diagnostic services) and the development of of gastro-intestinal and lung cancer pathways.

Key to empowering patients, improving access and integrating care is the work on personalisation through the It's All About People[6] programme - personalisation is rooted in the belief that Individuals want to have a life, not a service. There are three key messages that shape why personalisation is so important to the health and care system.

Relationships: the balance between people and health and care professionals

To make a positive power shift in relationships between people and professionals to one of equal, shared decision making.

Empowerment: respecting a person's right to lead their own health and wellbeing

Personalisation is a way of working with people that focuses on their strengths and ensures they are at the centre of their care.

Mindset: a way of working that changes the conversations and focuses on what matters to you

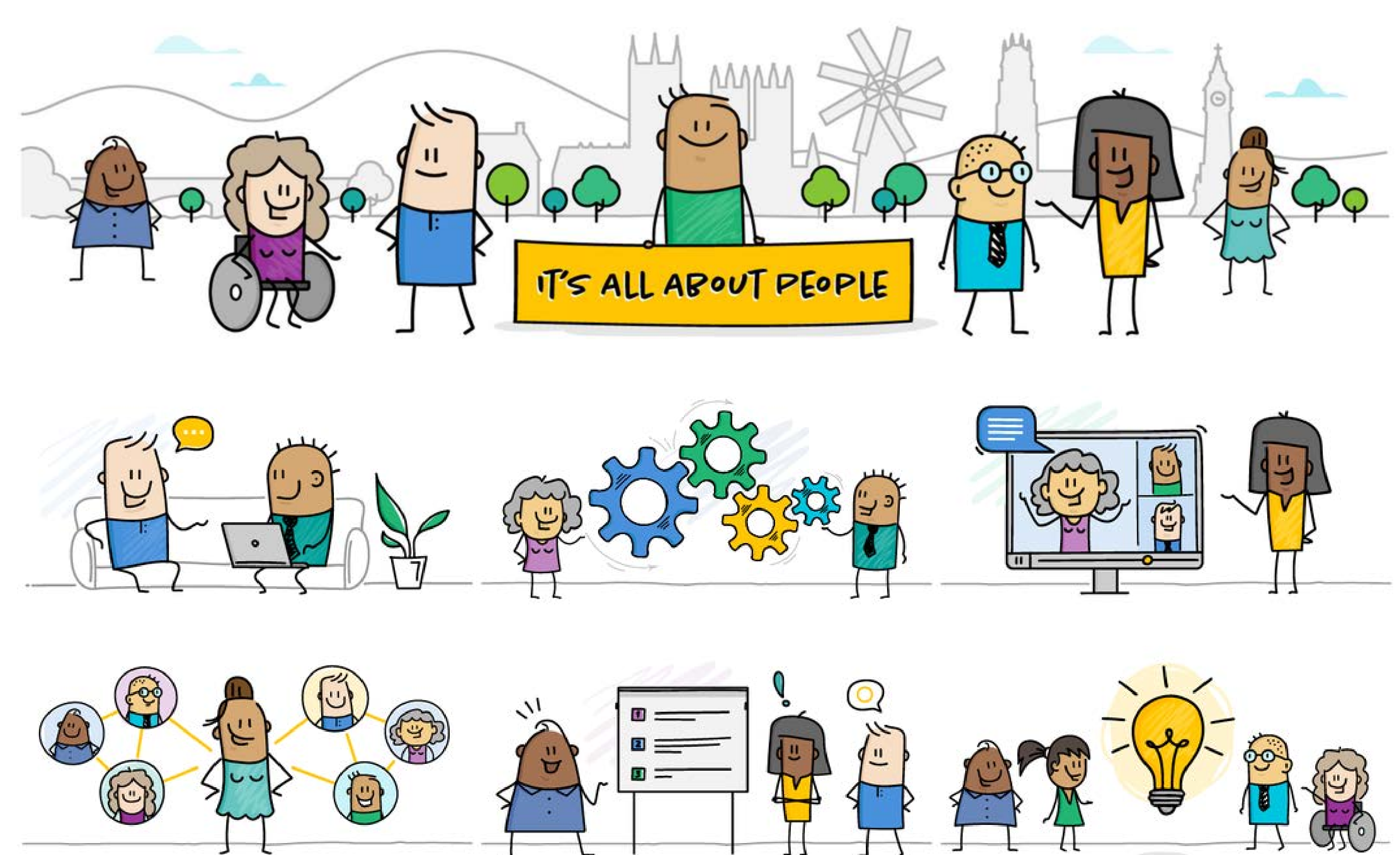
We need to have meaningful conversations with people to find their strength and assets. To explore what's important to them, their goals, and aspirations.

[6] It's all about people :: Lincolnshire STP (itsallaboutpeople.info)

Vision and Improvement Approach

The goal for the It's All About People personalisation programme is to bring together and oversee the strategic delivery of work and projects that embed personalised strength-based approaches and ways of working across the Lincolnshire health and care system.

It's All About People and the Empowering Patients workstream in the Primary Care Access Recovery Plan complement each other – providing access to records and information alongside developing more self-referral opportunities underpins the three key messages of It's All About People.



Primary Care Network Capacity and Access Improvement Plans

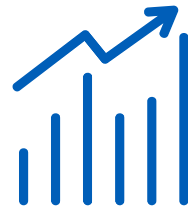
The national GP contract for 2023/24 requires each Primary Care Network to develop a Capacity and Access Plan (CAP) to focus on making improvements to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.

Plans should address any identified barriers to improvement or wider support required and link to local support offers for integrated primary care, and where commissioner support is required, commissioners should commit to providing that support. The funding provided through the National Capacity and Access Support and Improvement Payment can be used by PCNs to take forward development and delivery of their local improvement plan.

The GP contract in 2023/24 has been updated to reflect the different ways that patients now contact their practice whether this in person, online or by telephone. Patients will be treated equitably and can expect a response on the same day they contact their practice. This response may include information signposting to another service, for example a community pharmacy, based on an assessment of need. Where clinically appropriate and subject to patient choice on when they would like to be seen, patients seeking routine care should ideally have an appointment within two weeks of contact.

Plans are based on improvement in the three identified areas:

Patient experience of contact



Ease of access and demand management

Accuracy of recording in appointment books

Primary Care Network Capacity and Access Improvement Plans

The ICB produced a local template to support the development of CAPs and data packs were provided to all PCNs to support with GP Patient Survey data, online consultation data, and PCN Enhanced Access data. Ongoing support for plans is being provided by the ICB and LMC for all PCNs. PCNs are focusing on a range of measures to support access improvement including:

- **The use of QR codes to support participation in the Friends and Family Test to provide patient feedback**
- **Text messages sent after appointments to encourage patient feedback**
- **Reviewing data from people who didn't attend an appointment**
- **improvement of GP practice websites**
- **Employing further PCN additional roles**
- **Care navigation training so staff can support patients get the care they need**
- **Increasing Patient Participation Group (PPG) engagement and involvement**
- **Increasing referrals to GP Community Pharmacy Consultation Service (CPCS) and Pharmacy First**
- **Reviewing telephone call data and identifying areas to improve access**
- **Improvement in making appointments available when there's most demand**
- **Moving to cloud-based telephone systems**
- **Increased use of the NHS App**

The ICB will continue to work with PCNs to support and review the delivery of PCN plans throughout 2023/24, including th delivery of the national requirements to enable PCNs to access additional funding to improve access.

Key next steps

- Regular reviews with PCNs on delivering their Capacity Access Plans over 2023/24.
- Working with PCNs to measure and evidence the effect of their plans on patient access, experience and satisfaction.
- Supporting PCNs to benefit from national Capacity Access funding in 2023/24.

Community Pharmacy

The longer term, strategic approach to developing community pharmacy services and workforce will improve access to primary care services, particularly for more rural communities. The initial phase of this work aims to build on links between GP practices and community pharmacies and start to extend the range of services available in pharmacies.

Expanding Community Pharmacy Services - General Practice referrals into the Community Pharmacist Consultation Service (CPCS), Pharmacy First and Extended Care Services

Community Pharmacy is one of the four pillars of primary care, and it plays a key role in supporting access to services within Lincolnshire. Lincolnshire ICB now has delegated responsibility for community pharmacy services - pharmacy clinical services is a main element of the Primary Care Access and Improvement Plan (PCARP). Engagement with community pharmacies and GP practices is important to support both service provider groups.

The ICB has appointed a Community Pharmacy Clinical Lead during 2023/24 to support with engagement and leadership for this important area for patient access.

Community Pharmacy

General Practice referrals into the Community Pharmacist Consultation Service (GP-CPCS)

The Community Pharmacist Consultation Skills was launched by NHS England in October 2019, to facilitate patients needing support with minor conditions or requiring urgent access to medicines to have a same day appointment with their community pharmacist. In November 2020, the service was amended to allow referrals from general practice for minor conditions.

ICB staff work in collaboration with the Local Pharmacy Committee (LPC), Community Pharmacy Lincolnshire, staff to increase implementation and uptake of GP-CPCS and improve and grow relationships between GP practices and community pharmacy. Most GP practices within Lincolnshire have been provided with access to the PharmRefer digital tool, which has an inbuilt triage tool ensuring the appropriate minor conditions are referred to pharmacies for this service.

Collaborative communications are being developed in partnership with the Local Medical Committee (LMC) and Community Pharmacy Lincolnshire (the LPC), incorporating GP CPCS into winter planning. The aim is to reinforce referral for GP-CPCS to direct patients with minor acuity conditions to the most appropriate healthcare professional for treatment, improving capacity in General Practice for patients with higher acuity needs.

From 31st January 2024 (subject to the required IT systems being in place), the Community Pharmacist Consultation service will be subsumed into the new Pharmacy First service (Advanced service). However, this will continue to support referrals from General Practice in a similar manner t the current GP-CPCS.

Community Pharmacy

Extended Care Service

The Community Pharmacy Extended Care Service has been commissioned through the NHS England Midlands. These services allow community pharmacists to provide assessment, and where appropriate NHS funded treatment for people for a range of minor conditions within a community pharmacy instead of needing to visit their GP for advice and treatment. These services are tiered, and pharmacies may offer some or all of the tiered services.

Lincolnshire currently has 114 community pharmacies of which 47 provide elements of extended care services, including:

- **UTI service (Tier 1)**
- **Acute bacterial conjunctivitis (Tier 1)**
- **Skin conditions: impetigo, infected skin bites and eczema (Tier 2)**
- **Otitis media (ear infection) (Tier 3)**

Updates have been sent to GP practices through primary care and medicine optimisation newsletters, advising on which pharmacies in the surrounding areas provide these extended care services. With use of posters and communications to practices, Lincolnshire ICB can increase consultations into extended care service, thereby reducing requirements for appointments from general practice, improving GP access for those in greater need. In addition, once a search tool has been developed by NHSE (which will enable care navigators and/or other members of the general practice team to easily locate local pharmacies and the services they offer) referrals to extended care services can be increased. Some of the extended care service may change with the expected roll out of Pharmacy First from the end of January 2024, this will be kept under review.

Community Pharmacy Contraception Advanced Service

Since April 2023, community pharmacies have been able to offer an advanced service which allows them to manage continued supplies of oral contraception for women. Before this became a formal, advanced service, 16 community pharmacies located within the Lincoln area had signed up to pilot this, delivering 17 consultations/supply of oral contraception.

The number of pharmacies signing up to provide the contraception advanced service has continuously grown allowing women to access oral contraception without needing a GP appointment.

This service will be expanded as part of ongoing services development, and from 1st December 2023 the service will be relaunched to include the initiation of oral contraception, as well as repeat supplies. We anticipate an increasing number of community pharmacies will sign-up to offer and participate in this service during 2024.

Community Pharmacy

Hypertension Case-Finding (Blood Pressure Check) Advanced Service

Nationally the Blood Pressure Check Service delivers more than 150,000 checks per month. This will be expanded with new PCARP funding to a further 2.5 million blood pressure checks in community pharmacy to support ongoing monitoring in partnership with GP practices (subject to consultation).

90 Lincolnshire community pharmacies have signed up to provide the BP check service. In July 2023, 64 community pharmacies delivered 1,434 BP checks in Lincolnshire and 122 Ambulatory Blood Pressure Monitoring.

Lincolnshire ICB plans to expand BP checks by:

- **Supporting contractors who have signed up but not delivering the service to address any concerns/barriers.**
- **Work with contractors with low BP check figures to increase output.**
- **3 new Independent Prescriber (IP) pathfinder sites will be providing CVD prevention model, which links in with the BP check service thus expanding BP checks.**

From 1st December 2023, the service will be relaunched nationally, to make better use of skill mix and increase provision of ambulatory blood pressure monitoring (ABPM).

The Launch of Pharmacy First Advanced Service, and inclusion of Clinical Pathways Consultations

The new Pharmacy First service will launch on 31st January 2024 (subject to IT systems being in place). As well as including elements mentioned already, such CPCS and the expansion of the Community Pharmacy Contraception Advanced Service, Hypertension Case Finding Service, the new service will include Clinical Pathways Consultations (often referred to as The Common Condition Service (CCS).

This element of Pharmacy First will enable pharmacists to assess patients, offer advice and Over-The-Counter recommendations and where clinically appropriate, to supply prescription-only medicines to treat seven common health conditions: sinusitis, sore throat, acute otitis media (earache), infected insect bites, impetigo, shingles, and uncomplicated urinary tract infections in women. This will reduce the need for patients with these conditions to visit their GP. Initially, a patient-group direction (PGD) model will be used, but it is anticipated that as more pharmacists become independent prescribers in the future, a prescribing model may also be used.

Independent Prescribing in Community Pharmacies

The Lincolnshire pathfinder clinical model (acute condition and ENT condition) allows patients presenting with conditions listed in CCS access to an independent prescribing pharmacist who will be able to clinically assess and prescribe medicines outside of the PGD in line with local formulary as part of pathfinder within the NHS. Learnings from this pathfinder will be used to inform planning for the use of independent prescribers in community pharmacies in the future.

Key next steps

- Continue the work with GP practices and community pharmacies to understand the local barriers to using the Community Pharmacy Consultation Service.
- Promote the range of services available through community pharmacies to the public and within the health and care system.
- Work with community pharmacies, GP practices and PCNs to develop opportunities and support more joined-up care
- Engage on the development of and start work on developing the Lincolnshire Pharmacy Strategy.

ICB Actions: Digital

Digital solutions are key to supporting the Modern GP Access, this includes making use of the benefits offered by modern digital telephone systems and online consultation tools and messaging systems. Lincolnshire ICB has invested in online digital tools for GP practices with 87% of GP practices now using online triage , e.g. AccuRx, to support patients contacting their practices, being offered online consultations and being involved in managing conditions.

Advanced digital telephone systems are being used by 81% of GP practices in Lincolnshire and will be rolled out to all by April 2024. These systems aim to make it easier for people to contact their GP practice and provide useful data to practices so they can manage call demand more effectively to reduce phone waits for patients. Digital telephony is part of the foundation for developing Modern GP Access and key to improving access for patients.

The ICB Primary Care Digital Team is actively involved in various initiatives to support the Access Recovery Plan plans for Lincolnshire. Their ongoing collaboration with stakeholders and close coordination with the ICB’s Finance Team will help ensure that these projects progress smoothly.

ICB Actions: Digital

Cloud-Based Telephony

The GP contract now requires GP practices to install cloud-based telephony systems, these systems are important in introducing the Modern GP Access model which makes use of cloud-based telephony and online tools to provide patients with quicker and more streamlined access to their GP practice. Cloud based telephony systems provide a range of functions not available with older phone systems including things like automated booking, call recording and patient call back.

The data that these systems can provide will also help GP practices to understand when demand is greatest and which patients are struggling to contact by phone. Cloud based telephony can support more integrated care and allow GP practices to link phone systems where this supports working at scale or to support business continuity e.g., if one practice site has to close temporarily.

The Primary Care Digital Team are working closely with practices and NHS England colleagues to ensure all practices move to cloud based telephony by April 2024. Area of focus include:

Support and Procurement: Collaborating with local practices to facilitate the signing of contracts with suppliers for cloud-based telephony services. The goal is to ensure that all contracts are signed before the 15th December 2023 deadline. The Team are actively meeting with NHSE colleagues to identify areas where additional support may be necessary.

Practice Engagement: Of the 25 qualifying practices, 20 have engaged with the procurement hub, and 10 have selected a system provider. Two of these practices already have fully quoted offers.

Progress Reporting: We maintain regular communication with the Midlands Programme Management team to report progress and to address any issues that may arise during the implementation process.

Infrastructure Support: Collaboration with our colleagues in the ICB's Commissioning Support Unit ensures that we are well-prepared to provide support to practices requiring infrastructure changes for the new systems.

ICB Actions: Digital

Accelerated Access to Records

The GP contract requires practices to make access to their records available to patients from 31st October 2023. Work is ongoing with practices to support this being available.

Compliance Status: As of the end of November, 70% of practices in Lincolnshire are compliant with the accelerated access to records requirements. However, 25 practices have not yet reached the required level.

Support for Non-Compliant Practices: The Digital Team is actively working with operational colleagues to provide support to the 25 practices that are not in compliance. They are emphasising that these practices must submit a plan outlining how they intend to address the issues and achieve compliance.

ICB Actions: Digital

Online Consultation Systems

NHS Lincolnshire ICB supported GP practices to introduce online functionality and high quality online consultation systems to support patient access over the covid pandemic – these systems provide a range of functions including patient messaging, self-monitoring and online appointment booking.

Currently:

- **100% of Lincolnshire practices offer patients the ability to book or cancel appointments online with around 44% of patients enabled to do so.**
- **100% of Lincolnshire practices offer patients the ability to order repeat prescriptions online with around 50% of patients enabled to do so.**

Work is ongoing to support all practices to fully introduce online consultation systems in 2023/24.

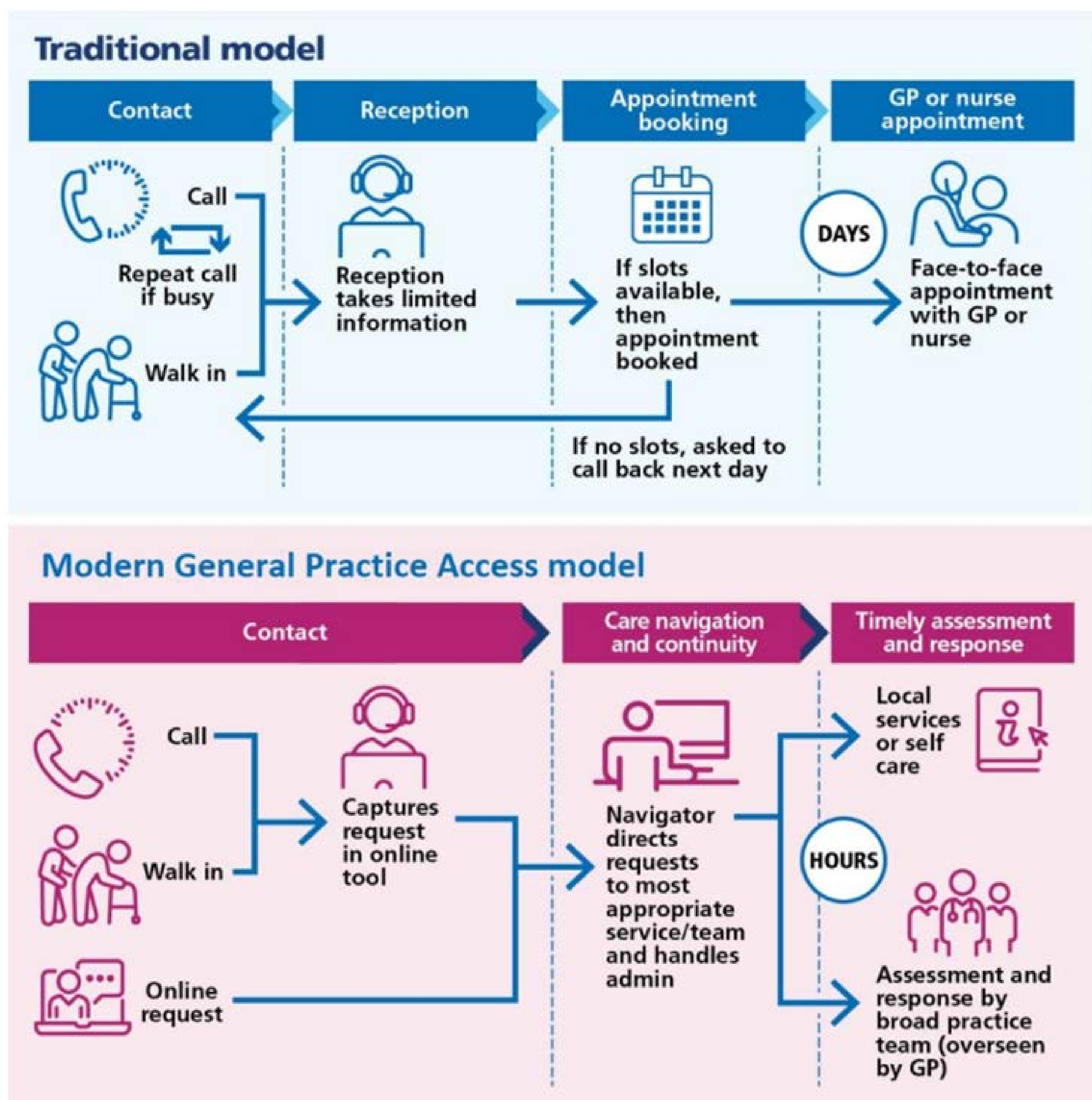
Compliance Status: Currently, only ten practices in Lincolnshire do not meet the requirements for online consultation systems mandated by NHSE. The ICB will address this issue with PCN managers during upcoming meetings to evaluate progress on their individual Capacity Access Plans.

System Selection: The Digital Team continue to provide fully funded systems of choice to all practices. In November, the Team will host a show and tell event, allowing practices to make informed choices regarding their online consultation systems for the upcoming year.

Support and Training: Comprehensive support and training are available for all practices to facilitate the adoption and optimisation of their chosen online consultation systems.

ICB Actions: Digital

The team are supporting practices to enable proactive patient access to care records over October.



Next steps

- Supporting further development of online digital tools to improve access and support patient empowerment e.g. AccuRx.
- Promoting the use of the NHS App – including promotion of online registration for patients.
- Engaging with practices and promoting patient access to records and, online patient registration and WebV.
- Development of a primary care intranet with the communications team is a priority and will support improved processes for sharing information with GP practices.
- ·Reviewing the development of PCN and practice websites.

ICB Actions: Support Level Framework and GP Improvement Programme

The Support level framework (SLF) is a tool to support practices in understanding their individual development needs and where they are on the journey to embedding modern general practice – this includes building on the digital opportunities to improve access mentioned above. The SLF has been co-produced with general practice teams. It has been clinically developed based on knowledge and experience, together with academic research and documented best practice where available. It allows Practices to understand what they do well and opportunities for improvement. Carrying out the SLF isn't mandatory for practices but can provide a helpful approach to understanding what improvements can be made.

For those practices wishing to work the through the SLF, the diagnostic will be completed via an ICB facilitated conversation with members of the practice team with honest reflection encouraged. The findings will then be used alongside available data and quality information to agree priorities for improvement and development of an action plan. The SLF covers six domains: Supporting Access, Quality and Safety, Leadership and Culture, Stakeholder Engagement, Workforce and Indicative Data.

The outputs of the SLF and action plan, focussing on up to three areas, are owned locally by the practice. The SLF is not a performance management tool. It will, however, help ensure the ICB provides the right type of ongoing support to each practice and to facilitate quality improvement where required.

Practices can also benefit from the national General Practice Improvement Programme (GPIP), this aims to support practices to better align capacity to demand, improve the working environment, improve patient experience and build capability to sustain improvement. The GPIP includes a range of support from webinars and information to hands-on support for those working in the most challenging circumstances.

ICB Actions: Support Level Framework and GP Improvement Programme

Lincolnshire GP practices have engaged positively with Accelerate, the predecessor to GPIP, and the ICB continues to support GP practices take up the current GPIP offer:

- **32 Lincolnshire practices took part in Accelerate (2022/23)**
- **12 Lincolnshire practices have attended GPIP webinars**
- **8 practices have taken part in GPIP so far this year**
- **5 practices have completed the Support Level Framework diagnostic (2023/24)**

Next steps

- The ICB continues to promote and support practice take up of the ongoing GPIP offer – including care navigation training opportunities.
- Prioritisation of practices to complete the SLF is underway – ICB Primary Care and Quality Teams will be engaging with practices from November 2023 through to 2024/25.
- ·Transition funding will be made available to practices meeting the criteria (on average, £13,500 is available for each practice to support them move to the Modern General Practice Access model).

ICB Actions: Interface between primary care secondary care services

To improve interface working, NHS England commissioned the Academy of Medical Royal Colleges (AoMRC) to undertake a rapid and clinically led review. In their published report 'General Practice and Secondary Care: Working Better Together'[7], cutting bureaucracy has been identified to help relieve workload pressures experienced by general practice teams, freeing them up to focus on patient care.

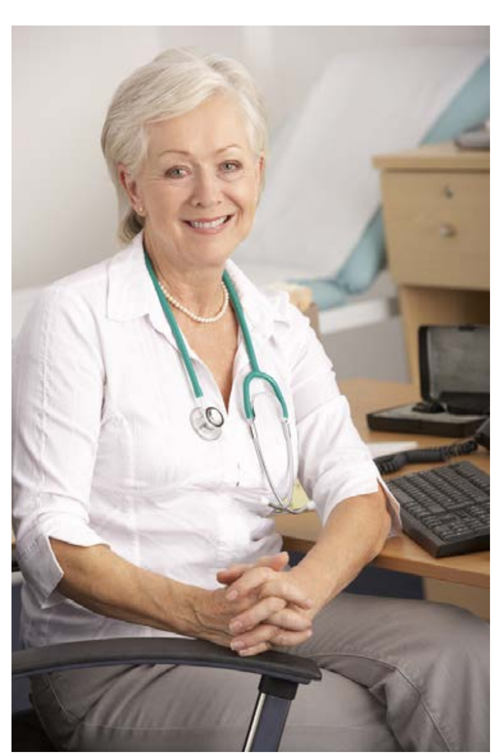
A component of this is improving the primary and secondary care interface. Four areas identified are:

Onward Referrals

Complete Care (FIT Notes and Discharge Letters)

Call and Recall

Clear points of contact



[7] GPSC_Working_better_together_0323.pdf (aomrc.org.uk)

ICB Actions: Interface between primary care secondary care services

The ICB Medical Director Dr Sunil Hindocha, established a Strategic Interface Group in September 2023, which includes representatives from primary care, the Primary Care Network Alliance, secondary, community and mental health providers, Lincolnshire Training Hub, the ICB and Local Medical Committee (LMC). In Lincolnshire we believe the opportunity for improved interface is much wider than just primary and secondary care. A terms of reference for the Strategic Interface Meeting is currently in draft.

The strategic group has identified 4 key workstreams:

Operational interface issues: An operational group has been established which will be chaired by the LMC and respond to interface issues raised by clinicians.A log has been created to capture issues, identify themes, and identify priorities. This will be reported on at the operational meetings.

Quality and Learning: A group will be established to focus on quality and learning from issues. This will also include a review of the current reporting processes to ensure they are effective and create the environment where review of incidents is a positive process rather than a blame process.

Behaviour principles: A behaviour charter is being developed that will be agreed, promoted and adopted by all system partners.

Communication and relationships: This is felt to be crucial in order to achieve success across the other workstreams. The LMC is leading on work to develop clinical networking and social events to help build and develop relationships across primary and secondary care, as well as wider clinical stakeholders.

The outputs from each of the workstreams will be reported to, and have oversight from, the Strategic Interface Group.

Next steps

- Collect, review and monitor issues raised by GP practices – ongoing.
- Update on progress to the ICB Board – 27 November 2023.
- Health care provider review current approach to managing interface issues against agreed priorities – November 2023.
- Establish quality and learning group – November 2023.
- Develop Behaviour Charter and implement – March 2024 and ongoing.

ICB Actions: Self-referral pathways

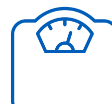
Being able to self-refer into services, where triage and assessment is not clinically necessary, empowers patients, improves access and reduces the burden on GP practices and other health services. The Primary Care Access Recovery Plan reiterated the requirement set out on NHS Operational Planning guidance for ICBs to put in place priority self-referral pathways and for the number of referrals via these pathways to increase by 50% by April 2024 (based on baselines from 2022 and 2023).

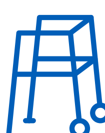
The key self-referral pathways are:

Community Musculo-skeletal (MSK) services

Podiatry

Adult hearing loss services (for those 55 years and over)

 **Weight management services**

 **Community equipment services**

Wheelchair services

Falls services

ICB Actions: Self-referral pathways

Self-referral pathways are in place for six of the seven pathways – MSK self-referrals aren't currently available, this is due to contracting and commissioning considerations and work is underway to identify how self-referral can be introduced to MSK pathways. There are other self-referral pathways available outside of the six – including community nursing services, pulmonary rehabilitation for people living with chronic obstructive pulmonary disorder and cardiac rehabilitation for people who have had a heart attack or recent heart surgery.

There were 2,111 self-referrals in June 2023, a further 265 referrals per month would mean Lincolnshire has achieved the 50% increase ambition (based on the 2022 referral benchmark). Work is ongoing to improve data capture and reporting to ensure the system has an accurate picture of self-referral activity.

To increase this number the ICB will be working with system partners, in particular Lincolnshire Community Health Services and Lincolnshire County Council, to promote these pathways and explore developing new access routes such as online self-referral.

Next steps

- Review data and providers accurately record activity – December 2023
- Promote existing self-referral pathways – December 2023
- Review other ICB approaches to MSK self-referral pathway – January 2024
- Develop MSK options appraisal – March 2024
- Identify further self-referral pathways opportunities – March 2024

ICB Actions: Workforce

Having the right range of clinical and no-clinical staff is critically important to GP practices being able to provide good care and access. As well as attracting new staff into Lincolnshire retaining existing staff and supporting them to develop the skills, knowledge and experience they need are priorities. Developing a primary care workforce plan that aligned to wider system workforce plans means opportunities to develop a system wide approach to recruiting and retaining staff and for health care services to work together to ensure Lincolnshire has the healthcare workforce it needs.

Primary Care has an established strategic workforce group, the Primay Care People Group which meets every two months and has good representation and engagement with system partners. The group co-produced and launched its first Primary Care People Plan in April 2023 which has four priorities in the first year and is aligned to the four system plan themes of Growing, Valuing, Developing & Retaining Our People[8]. The Primary Care People Plan is supported and enabled by a work programme of activities and links in with Dental, Pharmacy and Optometry strategic plans and forums. Development, recruitment and retention in rural and coastal communities is a priority theme running through this programme of work.

The following identifies some key activities within the work programme:

- **Primary care staff have access to system health and wellbeing support offers.**
- **PCN Additional Roles (ARRS) recruitment is supported through coordinated training and development offers and a centralised recruitment and support package.**
- **Lincolnshire Training Hub leadership development stocktake to underpin investment in PCN and PCN Alliance leadership and organisational development capability and a New to Leadership programme managed by the Local Medical Committee (LMC).**
- **Exploring the use of digital tools to support workforce management.**
- **Centrally promoted and managed training opportunities for primary care staff.**
- **Developing primary care HR and robust workforce planning.**

[8] Home :: Lincolnshire One Workforce (oneworkforcelincs.co.uk)

ICB Actions: Workforce

ARRS position for 23/24

There has been a historic underspend on PCN ARRS in Lincolnshire (in 22/23 this was £3.2m) so a priority for the PCN Transformation programme in 23/24 has been to maximise the utilisation of the ARRS allocation. To do this a number of measures have been put in place including:

- **1:1 support for PCNs who are showing a significant ARRS underspend to help identify opportunities to recruit additional workforce.**
- **Monthly ARRS reporting from PCNs to have an up-to-date position on the ARRS forecast. This includes reconciliation of plans against actuals and forward plans for roles which are training posts.**
- **Development of a plan for Palliative and End of Life Care Co-ordinators to utilise ARRS underspend.**
- **Work with system partners to identify opportunities to use ARRS funding to create roles that may be more attractive and roles which may fit better in other organisations – an example being explored is an opportunity to collaborate with ULHT on Clinical Pharmacy roles.**
- **Making best use of new roles such as General Practice Assistants, now have 35 WTE in Lincolnshire, many of whom are on an Apprenticeship Scheme which was established by Lincolnshire Training Hub**
- **We have a strong relationship with Lincolnshire Training Hub who have put a successful framework in place for Trainee Nurse Associates and Nurse Associates which has meant we have a healthy pipeline in place.**
- **We have invested time in developing the Health and Wellbeing Coach role and through a contract with OneYou Lincolnshire we now have 11 HWBC in post across 4 PCNs, as well as HWBCs also being directly employed by PCNs.**
- **Our success with some of the newer roles is evident as we have the highest rates of Trainee Nurse Associates and Nurse Associates, and Health and Wellbeing Coaches across the whole of the midlands region. We also have the second highest rate of General Practice Assistants in the region.**

ICB Actions: Workforce

Despite these interventions the forecast underspend for 23/24 is currently at £1.388m. Approximately £925k of this underspend is within the First Coastal PCN allocation. Trent and Boston PCNs are also showing significant underspends (£174k and £402k respectively). A proportion of the underspend will be non-recurrent as these PCNs have recruited to roles midway through the year.

The ICB and PCNA are working together to review ARRS principles that were agreed at the beginning of 2023 and are stepping up a working group to look for new ideas for non-recurrent spend this financial year.

Key next steps

- Implementation of the Primary Care People Plan – ongoing.
- Develop and implement opportunities with the Primary Care Network Alliance to reduce ARRS underspend – March 2024.

ICB Actions: Communications

The ICBs Communications team have developed a localised plan to support the local and national asks around the Primary Care Access and Recovery Plan.

National campaigns such as promotion of the ARRS roles, NHS App, and Enhanced Access feature regularly on local websites, social media, local media, and printed materials. This ensures as many local people are aware of the developments taking place across primary care. Activity is coordinated alongside partners through weekly strategic health comms meetings, which involve all NHS Trusts in the county.

GP practices are provided with significant support from the team to ensure they have access to local and national campaign materials, and have the skillset within their practices to promote these. A strong relationship with the Lincolnshire Primary Care Network Alliance ensures buy in at a senior level across all PCNs for planned communications activities. The team are also working with the Alliance to promote a number of key initiatives they are working on, including ARRS roles and the development of PCN wide schemes.

ICB Actions: Communications

Should a budget be available to support this programme, opportunities are available to take out paid for activity such as outdoor advertising, bus advertising, digital billboard adverts, posters and leaflets, radio advertising and paid for social media.

Future communications include a series of local case studies using Lincolnshire NHS staff and patients that highlight the benefits to our local population to encourage behaviour change and provide assurance to our local stakeholders about how the schemes are working post their go live dates. Plans are being developed to set up a network of community champions through funding obtained though NHS England to promote local schemes across local communities and encourage involvement.

Patients with questions or queries will be signposted to the Patient Advise and Liaison Service who will be provided with a script to answer these queries.

Efforts will be made to ensure key stakeholders - GPs, councillors, MPs, Healthwatch, executives and staff from organisations that make up the ICS - are fully briefed at each significant phase of the programme. Proactive communications with our stakeholders using our established communications routes will take place so they understand what this means for local people.

ICB Actions: Co-production and patient voice

The ICB involved a number of key stakeholders in the production of this plan, including the ICBs Patient Council, Healthwatch and the local medical committee. Access has been a key theme in discussions with them for a long time, and following their feedback they have always been provided assurance on what the ICB is doing to improve things.

The ICBs Engagement Team have a number of established routes to capture patient voice. The most established is the ICB's patient Council meetings where access to services is always a key topic of discussion. Recent discussions have included the role of care navigators and enhanced access, to name a few. Other routes include Healthwatch reports, listening Clinics undertaken in practices, and feedback via online surveys. The ICB also actively encourages involvement via its website [9], citizens panel [10], involvement champions [11], and through the ICB engagement bulletin which has over 10,000 subscribers. A summary of ICB involvement activities for 2022/23 is demonstrated in the Engagement Annual Report: People and Communities Involvement report 2022-23 [12].

Going forward, the team will continue to advise PCNs on how best to engage with patients on planning services, and the option available to support with this. This includes appointing patient representatives to their Strategic Partnership Boards, setting up PCN wide PPG groups and PCN youth PPG and Parent carers PPGs. Work will continue with PCNs to ensure patients are engaged on service changes, such as practice/branch closures and practice relocations through patient engagement/public consultation exercises.

[9] How we involve you - Lincolnshire ICB
[10] NHS Lincolnshire Citizens' Panel - Lincolnshire ICB
[11] Lincolnshire Involvement Champions - Lincolnshire ICB
[12] People and Communities Involvement report 2022-23 (icb.nhs.uk)

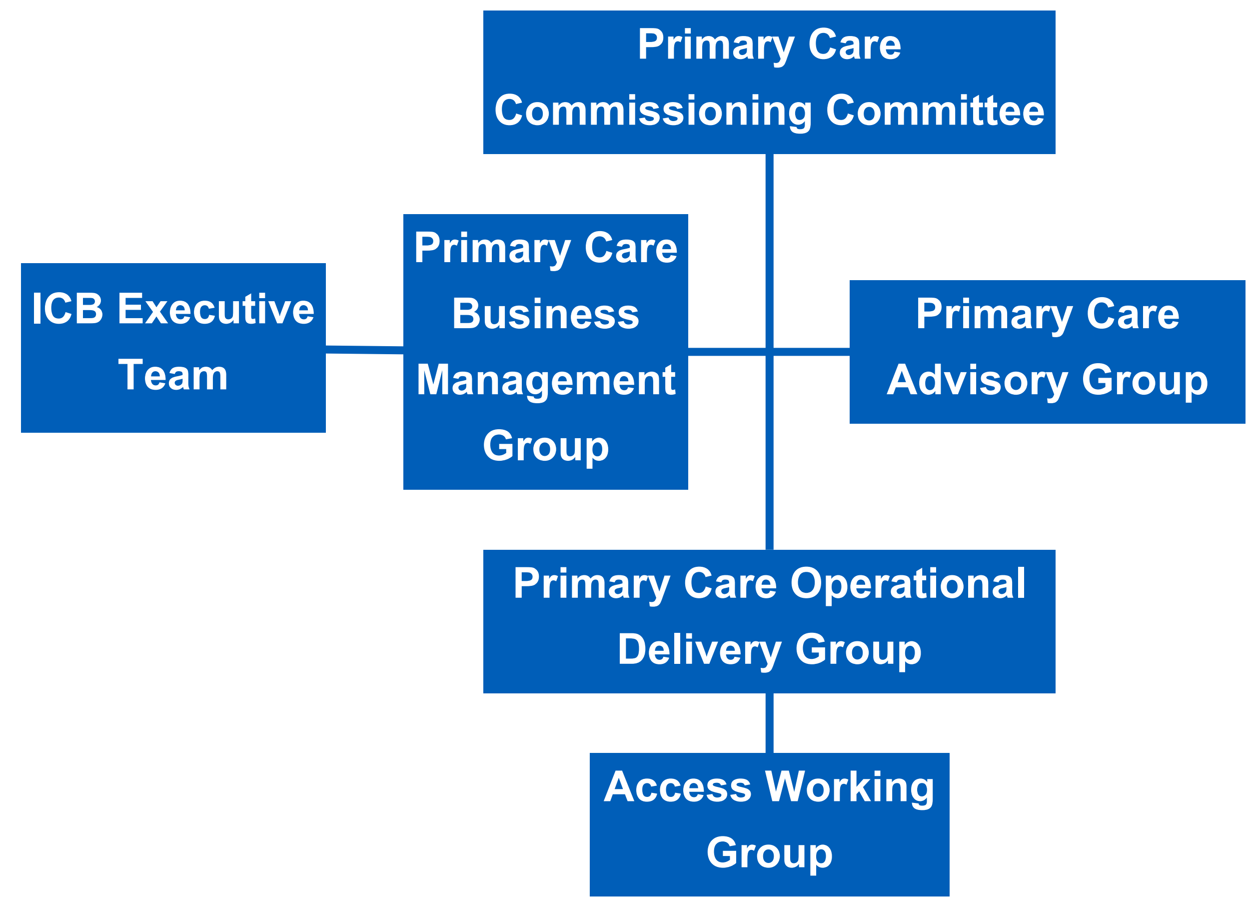
ICB Actions: Assuring delivery

Delivery of the Plan is managed and assured through Primary Care, Communities and Social Value directorate governance with progress and issues reported through to the ICB's Primary Care Commissioning Committee and the ICB Executive Team. The Primary Care, Communities and Social Value Programme Board is being stood up in November to assure and oversee delivery of the wider directorate programme – this will assure delivery of the Primary Care System Level Access Improvement Plan in future.
The ICB plans to deliver key milestones and objectives in line with national guidance[13] - progress is monitored against the ICB's delivery plan (please see Appendix 1) through monthly reporting to the ICB's Primary Care Operational Delivery Group and Primary Care Business Management Group.

PCN delivery of Capacity Access Improvement Plans is managed through regular review meetings, progress and areas for additional support are explored – the ICB's aim is to ensure PCNs are able to fully deliver their plans and achieve the criteria for the IIF Capacity Access Payment (please see the finance section for more detail).

13] https://www.england.nhs.uk/wp-content/uploads/2023/05/PRN00475-ii-delivery-plan-for-recovering-access-primary-care-190523-v1.1.pdf

The ICB is developing an Access recovery Dashboard (please see Appendix 2) to monitor key performance indicators against targets – this replicates NHS England's regional dashboard at a local so contribution to the delivery of regional targets can be tracked and managed.

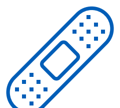


ICB Actions: Assuring delivery

Delivery priorities

The main priorities for delivery for the Lincolnshire Primary Care System Level Access Improvement Plan are:

Empowering patients



- Ongoing promotion and support for online access including online appointment and prescription management.
- Increase self-referral activity by 50% by April 2024 (based on the 2022 baseline).
- Support all practices in making prospective access to patient records available.
- Promote and enable patient access to the extended range of services available through community pharmacy, including Pharmacy First.

Implement Modern General Practice

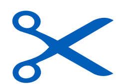
- Supporting and monitoring delivery of PCN Capacity Access Plans by March 2024.
- Promoting and carrying out the Support Level Framework diagnostic with 25% of Lincolnshire practices by March 2024.
- Promoting the National GP Improvement Programme where this will support practices to improve access, patient experience or quality of care.
- Support all 81 practices to move to cloud-based telephony by April 2024.
- Support all 81 practices to roll out high quality online consultation tools by April 2024.
- Reviewing variation in access to GP practices and PCN services and addressing inequalities in access and care with GP practices, PCNs and community pharmacies.

ICB Actions: Assuring delivery

Build Capacity

- Ongoing delivery of the Primary Care People Plan.
- Maximising the use of PCN Additional Roles funding by March 2024.

Cut Bureaucracy



- Ongoing engagement with primary and secondary care services to monitor and review interface issues.
- Agree and promote a Lincolnshire Behavioural Charter to support improved interface across primary and secondary services by April 2024.
- Agree and implement the approach to share learning and support engagement across primary and secondary care on by April 2024.

Communications and Engagement

- Further developing the communication plan to support patients and health care providers understand how access is changing and how they can benefit by January 2024.
- Working with patient groups and the wider public to agree how this plan can be co-developed and improved.
- Producing accessible versions of this plan and primary care access communications.

ICB Actions: Assuring delivery

What difference will this make?

Some of the changes set out in the plan will take time to make a difference, the ICB will keep people updated on progress and, alongside GP practices and PCNs, will carry out ongoing engagement with the public on what can be done to improve access and patient experience.

What people can expect to see as the plan is delivered summarised below:

- **More patients will be able to access a wider range of care from community pharmacies – the number of people referred to and accessing Pharmacy First will increase.**
- **More people will know about the services they can self-refer to and the number of people doing so will increase.**
- **People will know what they can do online to access primary care, people who want to use online access and need assistance will know where they can get support.**
- **Access to GP practices by telephone will improve with less incomplete calls (where someone stops waiting or where they lose connection) and the ability to request a call back.**
- **Access to GP practice appointments will improve – whether online or face-to-face.**
- **Patient experience of contacting their GP practice and attending an appointment will improve.**
- **People will see a wider range of clinical and non-clinical health professionals at their GP practice and may be supported by their GP practice to access other services where appropriate.**
- **There will opportunities for people to be more involved in managing their care with their GP practice where appropriate, with support available where this would help.**
- **There will be more information available about primary care services and other community services as well as how they can be accessed.**

ICB Actions: Finance

Funding in 2023/24 has been provided for the PCN Capacity and Access Plans through Impact and Investment funding in two elements:

- **Capacity and Access Support Payment is paid to PCNs based on their adjusted population in 12 equal payments over the financial year, this funding is unconditional but will support delivery of their CAPs.**
- **Capacity and Access Improvement Payment which will require ICB assessment against three areas of the CAP during 2023/24.**

Funding is available for Transition cover and Transformation support in 2023/24 and 2024/25 the aim of this is to help general practice move to a modern access model, the funding could be used, for example, to pay for sessional GPs, support from experienced peers or for additional sessions from current practice staff (clinical or non-clinical). The funding is to be used when the practice is approaching the point of going live with the new model, for example, to clear appointment books. The fund should support 50% of practices in 2023/24 and 50% in 2024/25. The amount of funding available to practices meeting the criteria is, on average, £13,500 – the total funding available to Lincolnshire in 2023/24 is £635,000.

Additional non-recurrent funding has been allocated for supporting practices to adopt cloud-based telephony systems.

Commitment	Workstream	Action	Due
Modern GP Access	GP Improvement Programme	Nominate practices and PCNs for intensive and intermediate transformation support using the SLF	30-May-23
	PCN Access Plans	Understand and sign-off PCN/capacity and access IIF CAIP using guidance and Anex B template	30-Jun-23
	Digital	Sign up practices ready to move from analogue to CBT, coordinate NHSE support, ID at scale ICBs.	01-Jul-23
	PCN Access Plans	Confirm level of oversight required by ICB on CAIP delivery with NHSE	14-Jul-23
	PCN Access Plans	Agree support needs with practices/PCNs	19-Jul-23
	PCN Access Plans	Co-develop and sign off CAIPs	31-Jul-23
	Digital	Coordinate nominations to care-navigator training & digital transformation leads training	31-Jul-23
	Digital	Select digital tools from Digital Pathway Framework	31-Aug-23
	Workforce	PCN ARRS plans submitted	31-Aug-23

Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Empowering Patients	Self-referral Pathways	**Establish all self-referral pathways:**	
		MSK	31-Mar-24
		Audiology for older people	30-Sep-23
		Tier 2 Weight Management Services	30-Sep-23
		Community podiatry	30-Sep-23
		Wheelchair services	30-Sep-23
		Falls services	30-Sep-23
		Optom - Ophthalmolgy direct referral	30-Sep-23
		Community equipment service	30-Sep-23
Modern GP Access	PCN Access Plans	Maximise use of transition cover and transformation funding	30-Sep-23
Empowering Patients	Digital	Prospective access to patient records (100%)	31-Oct-23

Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Cutting Bureacracy	System Level Access Plan	System Level Access Improvement Plan established - summary of PCN/practice AIPs, challenges, wider support needs, barriers, ICB actions	27-Nov-23
	Primary-secondary interface	**Interface progress report to ICB Board**	27-Nov-23
		Onward referrals	27-Nov-23
		Complete care (Fit notes and discharge letters)	27-Nov-23
		Call & recall	27-Nov-23
		Clear points of contact	27-Nov-23
		ICB CMO establishes local mechanism for support on interface issues	27-Nov-23
Modern GP Access	PCN Access Plans	ICB nominates practices for GPIP hands on support	31-Dec-23
	Digital	Deadline for high quality online consultation tools - nomination	31-Dec-23
	PCN Access Plans	Local hands-on support to practices (850 nationally) - intermediate level	31-Mar-24
	PCN Access Plans	Assess improvement and pay 30% CAP IIF funding	31-Aug-24
	Digital	Move to CBT for all practices	31-Mar-23

Appendix 1: Lincolnshire System Level Access Plan

Commitment	Workstream	Action	Due
Empowering Patients	Digital	NHS App roll-out (90% practices enabled)	31-Mar-23
	Community pharmacy	CPCS/Pharmacy First activity and roll-out	Ongoing
Modern GP Access	Workforce	Support PCNs to use full ARRS budget and report via NWRS	Ongoing
	PCN Access Plans	111 diversion system and monitoring of exceptional use set up	Ongoing
	PCN Access Plans	Agree and distribute transition cover and transformation funding (£13.5k per qualifying practice)	Ongoing
	Communications	System comms to support patient understanding - refreshed plan 31 Oct 23	Ongoing
	PCN Access Plans	Maintain up-to-date DoS and deliver training to PCNs/practices on DoS	Ongoing
	PCN Access Plans	Maximise use of ICB transition cover and transformation support funding 2/24	2024/25

Appendix 2: Access Recovery Plan Dashboard – in development

Lincolnshire Year to Date Summary

Community Pharmacy Consultation Scheme (NHS Futures – GP and 111 referrals)	
Latest	Oct-23
Achievement	11,165
YTD Target	8,014
Variance to Target	3,151

Pharmacy Blood Pressure Checks (NHS Futures)	
Latest	Jul-23
Achievement	57,179
YTD Target	
Variance to Target	

GP Practice Appts within 2 weeks - All appts	
Latest	Sep-23
Achievement	74.0%
YTD Target	85.0%
Variance to Target	-11%

# of GP practices with digital telephony	
Latest	Oct-23
Achievement	66
YTD Target	73
Variance to Target	-7

% of GP practices with high quality Online Consultation/workflow tools	
Latest	Oct-23
Achievement	71
YTD Target	81
Variance to Target	-10

Appendix 2: Access Recovery Plan Dashboard – in development

Lincolnshire Year to Date Summary

# additional GP appts	
Latest	Aug-23
Achievement	2,104,677
YTD Target	2,099,499
Variance to Target	5,178

# of additional DPC staff	
Latest	Aug-23
Achievement	-17
YTD Target	
Variance to Target	

# of additional GPS	
Latest	Aug-23
Achievement	14
YTD Target	
Variance to Target	

Item 6 (i)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	6 (i)
Meeting Date:	28th November 2023
Title of Report:	System Financial Management Report October 2023 (Month 7)
Report Author:	Rebecca McCauley, Senior Finance Business Partner
Presenter:	Matt Gaunt, Director of Finance
Appendices:	None

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

Recommendations

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

Summary

The report presents the year-to-date and outturn position of both the ICB and the ICS for the financial year at month seven 2023/24. The financial position was discussed comprehensively at the Extraordinary Board meeting on the 22nd of November 2023.

Year To Date Financial Position

The ICS' plan was to deliver a £29.7m deficit at the 31st of October 2023. The ICS reported a deficit of £39.1m which represents a £9.5m adverse variance to plan.

The ICB has reported a year-to-date £28.1m adverse variance against income and allocations. This equates to a £10.7m adverse variance against the £17.4m plan.

Outturn Financial Position

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

The ICB expects to deliver a £0.2m surplus for the full year. This is £2.2m adverse variance against the £2.4m plan.

Risks and mitigations

The ICS has reported a risk position of £69m which is built up from cost drivers known at the planning stage and those emerging through the course of the year. These are shortfalls on the Financial Recovery Plan identified at the planning stage; 'stretch' cost improvement that was unidentified at the planning stage. The benefit from the National elective incentive scheme and non-pay inflationary pressures. Over the course of the year, very significant additional pressures have arisen because of impacts of industrial action, and other operational and inflationary pressures.

After mitigations the ICS has unmitigated net risks of £32.4m.

In line with previous years the ICB and its partners have commenced an exercise to confirm full year forecast.

Efficiencies

At month 7 the ICS delivered £34.6m in efficiencies which equates to a £2.9m favourable variance against the £31.7m plan. The full year plan is to deliver efficiencies of £78.9m and the outturn at month 7 is to deliver this plan.

The ICS FRP constitutes £55.0m of the total efficiency requirement but the ICS is also planning to deliver additional net contribution through its elective recovery programme and additional stretch efficiencies to deliver more than the 4.8% efficiency target against ICB allocation.

Capital

At month 7 the ICS is planning to break-even against its £31.4m full year Capital Allocation. The ICS is reporting a £6.2m underspend against its year-to-date plan of £13.4m due to slippage on some projects. It is expected that any slippage will be mitigated in full by the financial year end.

Mental Health Investment Standard (MHIS)

On 31st October 2023 the ICS is expecting to achieve its MHIS target for 2023/24. The target spend for the year is £154.2m and the ICS is committed to meeting this target.

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

Better Payment Practice Code

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

ICB Financial Duties

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

Delivery of Statutory Targets	Duty Achieved	
	Year to Date	Plan
Expenditure not to exceed income	No	Yes
Capital resource use does not exceed the amount specified in Directions	Yes	Yes
Revenue resource use does not exceed the amount specified in Directions	Yes	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	Yes	Yes
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	Yes	Yes
Revenue administration resource use does not exceed the amount specified in Directions	Yes	Yes

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

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

Aim 1: Improve outcomes in population health and healthcare.	
Aim 2: Tackle inequalities in outcomes, experience and access.	
Aim 3: Enhance productivity and value for money.	
Aim 4: Help the NHS support broader social and economic development.	

Conflicts of Interest	Summary of conflicts
No conflict identified	Not applicable

Risk and Assurance

As detailed in the main body of the report.

Implications (legal, policy and regulatory requirements)

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

Inclusion

	Yes	No	N/A
Has a Data Protection Impact Assessment been undertaken?	☐	☐	☒
Has an Equality Impact Assessment been undertaken?	☐	☐	☒
Has a Quality Impact Assessment been undertaken?	☐	☐	☒

Report previously presented at:

The month seven and full year financial position was discussed in detail at the ICB Finance and Resource Committee.

Is the report confidential or not?

Yes ☐ No ☒

Item 8 (i)

PUBLIC BOARD MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (i)
Meeting Date:	28th November 2023
Title of Report:	Paediatric Service Change
Report Author:	Peter Burnett, Director of Strategic Planning, Integration and Partnerships
Presenter:	Peter Burnett, Director of Strategic Planning, Integration and Partnerships Simon Hallion, Managing Director of Family Health, ULHT
Appendices:	• Pilgrim Paediatric Engagement Report • Equality Impact Assessment - Approved • Quality Impact Assessment - Approved

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

Recommendations

The ICB Board are requested to note the report and recommended to:

- Approve the service change to the Paediatric Service at Pilgrim Hospital Boston. This will make the temporary service model which has been in place since March 2019 the permanent model.

Summary

Background

In early 2018, significant safety concerns were raised about the paediatric service at Pilgrim Hospital, Boston, relating to a shortage of medical staff within the service and subsequent withdrawal of Tier 1 and 2 medical trainees. This resulted in Health Education East Midlands temporarily withdrawing trainees from the service.

In August 2018, staffing challenges culminated in the service model being adapted from a children's inpatient ward to a 12-hour Paediatric Assessment Unit, with children requiring a

longer length of stay generally being transferred to Lincoln hospital for part of their care. This created a 24/7 Paediatric Assessment Unit (PAU) supported by:

- An agreement to assess and discharge (or transfer) all children presenting at Boston hospital within a 12-hour time frame.
- Children requiring longer inpatient periods being transferred to Rainforest Ward at Lincoln County Hospital or other hospitals.
- A private ambulance being commissioned to provide this transfer service, although the ambulance was unable to transfer sicker/unstable children when East Midlands Ambulance Service (EMAS) services were then required.

By the Spring of 2019, it was clear that operationally the unit did/could not strictly adhere to the described 12-hour PAU model with:

- An inability to safely transfer some of the sickest children between hospital sites, with a longer than 12 hour period of treatment therefore being required;
- The rapid discharge of some children at Lincoln following transfer, resulting in an increasing number of families refusing transfer to Lincoln.

In June 2019, the service was inspected by the CQC, and it was apparent to inspectors that the service was not observing the planned 12-hour PAU model. At that point we acknowledged that the 12-hour length of stay could not be delivered for all patients.

A more sustainable longer-term model of care has now been actively developed alongside successful recruitment into the medical team and development of a more sustainable nurse staffing model. This development has notably involved service user families, and engagement with representatives of the local population, to ensure their needs are met.

In Autumn 2019, the ULHT Family Health Division worked with clinicians to agree changes to the way the service would be delivered, taking account of clinical need and the safest form of service delivery.

This change meant that for many children, a length of stay of 24 hours allowed for assessment and treatment without transfer, and for children with more complex presentations it would be safest for them to remain at Boston, often to be discharged within a further 24 hours.

This model was tested and resulted in positive medical recruitment, and gave confidence to Health Education East Midlands, who agreed the return of Tier One medical placements in August 2021.

Engagement since 2018

Over the last five years, the Family Health Division at ULHT has participated in a number of discussions with representatives of the community served by Pilgrim hospital, to discuss the developing models of care. Their honest feedback on experiences in hospital was extremely helpful in allowing us to develop an appropriate service model.

They have engaged with the below groups:

- SOS Pilgrim
- Lincolnshire Health Overview and Scrutiny Committee (HSC)
- Lincolnshire Healthy Conversation
- Lincolnshire Children and Young People's Transformation Board

The development of the model has included engagement with affected health professionals and a staff survey.

The team are also now securing real time patient/parent service feedback at point of discharge. The specific detail of this feedback will feature on the 'You said, we did' information boards in our paediatric environments as well as informing future social media activity.

Current Service Position

The model of care has further evolved since 2019. The unit now:

- Retains a rapid assessment and discharge profile.
- Allows for a small number of patients to remain longer on the ward, when clinically necessary
- Delivers a reduced length of stay, which has resulted in very few children needing to transfer from the hospital, with the exception of those children following specific specialist pathways (which was always the case)

It now offers good performance around limiting patient transfers, quick access to paediatric care for children accessing the Emergency Department, high levels of family satisfaction and a low level of complaints.

In February 2022, the service received a CQC review and was rated as "Good" both overall and across all five domains of Safe, Effective, Caring, Responsive and Well-Led.

In addition, as a stable model has been developed, the SCBU has returned to national normalised arrangements to become a full SCBU (32 week gestation).

This has been made possible due to significant improvements in the recruitment of clinical staff, which means we have a full complement of medical staff for the first time in a number of years.

Pre 2018 Inpatient model vs Current Children's Unit model

Measure	2018	Present
Number of beds	19	16 (with ability to flex to 21 at times of pressure)
Average length of stay	25 hours	22 hours
Nurse staffing	44.09 WTE	36.9 WTE (WTE reflecting bed numbers)
Medical staffing	4 consultants + agency 4.5 WTE middle tier doctors +agency	8 consultants on call 8 middle tier doctors 5 HEE trainees and non-training posts making up 1:8 rota

Hospital Transfers

A key risk when the new model of care was implemented back in 2018 was the need to transfer patients From Pilgrim Hospital to other centres for onward treatment. Following the adoption of the new models of care in 2019 the number of transfers away from Pilgrim Hospital is very low.

Transfers data from July 22- June 23 is outlined below:

Hospital patient transferred to	Qmc Paediatrics	Sheffield Children's Hospital	Leicester Royal Infirmary	Birmingham Children's Hospital	Glenfield Hospital	Lincoln County Hospital	Queen Elizabeth the Queen Mother Hosptial - Paediatrics	Qmc Paediatrics A&E
Jul-22	3	1	1	1		1		
Aug-22	3							
Sep-22	1	1						
Oct-22	3							
Nov-22	5	1						
Dec-22	2	2						
Jan-23	4		1					
Feb-23	2		1				1	
Mar-23	1				1			
Apr-23	7							
May-23	2	1		1	1	1		1
Jun-23	2		1					

- 53 in 12 months – Majority of transfers are to QMC and all but one transfer that are not to Lincoln are to access tertiary services and would have occurred prior to the service change.
- Lincoln County Transfer is to access the CAMHS eating disorder support that aligns with Rainforest Ward
- One Transfer with one repatriation of a Kent resident to their local hospital.
- All of these transfers would have occurred prior to the new model of care being put in place. There are no additional transfers due to the new model of care as there is still an inpatient facility at Pilgrim Hospital, but the empathies are on rapid assessment and discharge.

Public Consultation

Whilst the new model of care is not dissimilar to the offer of an inpatient ward, in terms of access for patients, it is still a change. Therefore, ULHT, with agreement from Health Scrutiny, launched a public consultation in June 2023 with the proposal to make the current model the permanent arrangement for paediatric care at Pilgrim hospital.

The full public consultation on the future of the paediatric service at Pilgrim Hospital, Boston was launched on Monday 12 June 2023 and ran for 12 weeks until Monday 4 September 2023.

The public consultation resulted in 108 individual responses with 74 responses from the public, and 19 from NHS staff, remain categorized as stakeholder or other.

The proposal has been overwhelmingly supported with 88 responded strongly agreed with the service change with a further 9 agreeing with the proposal.

Less than 10 responses were opposed to the proposal. Based on the text feedback in their response they may not have understood the service model as all responses wanted the service to remain in Boston, which is the proposal.

The full consultation report is appended to this paper.

Lincolnshire Health Scrutiny Committee

Lincolnshire Health Scrutiny Committee has received numerous updates on the Pilgrim paediatric service since the initial issues with the service in 2018. The committee received a presentation on the development of the proposals for the service on 17/05/23 and were offered a full presentation of the consultation on 14/06/23.

Both of these constructive meetings allowed councillors to ask questions of the service lead and determine their response to the changes being proposed.

The formal response to the consultation received from Lincolnshire HSC stated that the committee agrees with the proposals and believes that the community would be positively impacted by the proposed service model.

The Committee confirmed that the proposed change does not represent a substantial variation or development in health service provision.

HSC accepted that the new model of paediatric care at Pilgrim Hospital is not dissimilar to the pre-2018 inpatient service, but nevertheless represents a change in service provision.

The Committee is satisfied that this model is in the best interests of children and their families in Boston and the surrounding area, as well as Lincolnshire as a whole. The Committee further believes that the model of care has benefited from testing and developments since 2018. As a result, very few children, usually those with complex or specialist needs, are transferred to other hospitals for their treatment, which was always the case prior to 2018.

East Midlands Clinical Senate Report

Following correspondence with NHSE England on the proposal it was agreed to commission the Clinical Senate to undertake a Clinical Review of the service change. The full report is appended to the paper.

Overall, the Clinical Senate Review Team felt that the model of care worked in this locality within the limited framework that was described. It appears to address a health care void and allows children and young people to remain close to home which appeared to be the main driver for the Trust. The panel commended the unquestionable hard work that had gone into this service change and took reassurance from the improved CQC rating to "Good".

The aim of the review was to assess the impact of the changes in the service model since 2018, specifically on Length of Stay and Clinical Senate. However, the clinical senate wanted to conduct a full review of the pathway including an assessment of a broad range of relevant metrics and the approach to service change. This has led to some concerns being expressed in the report and is noted in the report and 4 reflected in the recommendations made:

Recommendation 1

- It is recommended that the provider conduct work to review the service holistically to robustly evaluate the efficiency and effectiveness of the service across the end-to-end paediatric pathway. This should consider all interdependencies and stakeholders at a granular level. This work should inform a detailed risk register and refresh of the model to ensure broader consideration of this patient cohort and their needs.

Recommendation 2

- It is recommended that the provider work with local public health teams to refresh their EIA and QIA. This should be based on a detailed understanding of the population and demographics of the area served and bring in data from the provider on the cohort accessing paediatric services on this site. This should be used to inform future service developments, determine the service's impact on health inequalities and confirm whether they are meeting the needs of the most vulnerable patients.

Recommendation 3

- It is recommended that the provider carry out robust capacity and demand modelling, using the outputs of recommendations 1 and 2 alongside detailed workforce strategies and bed planning. This would enable a more detailed understanding of the service to determine its sustainability and identify future actions required at the earliest opportunity to support the stability of the service. This would also enable the service to be flexible and respond to changes in demand during peak periods such as winter pressures or surge capacity needs and help build in sufficient lead times for challenging or time-consuming processes such as recruitment and training.

Recommendation 4

- It is recommended that the provider look to expand the range of metrics used to measure and evaluate the service. This should include both traditional performance metrics as well as patient reported outcome measures, quality indicators of acute paediatric care, morbidity/mortality data, outcome of urgent clinic review and its impact on the PAU attendance rates, adherence to sepsis guidelines, neonatal outcomes and regular staff and patient/carer feedback processes. The use of incident and complaints data is an important learning opportunity which should be maximised through strong communication cascades and proactive training processes.

The ICB Medical Director is working with the Paediatric Head of Service at ULHT to respond to the recommendations in the report.

Equality and Quality Impact Assessments

Both Equality and Quality Impact Assessment have been undertaken, reviewed and approved through the ULHT's Quality Committee. This was attended by members of the ICB, and the final documents have subsequently been reviewed and ratified by the ICB Director of Nursing Martin Fahy.

NHS Lincolnshire ICB

The proposal and supporting documentation were presented to the ICB Executive team. The Managing Director of the Family Health Division at ULHT was in attendance to talk and gave a detailed summary of the background and series of changes made to the model since 2018. The ICB Executive were in full agreement to support the proposal and agreed to the proposals to be presented to the ICB Board for approval, subject to the ULHT Boards support for the change.

The Proposal was presented to the ULHT Board on the 7th November who supported the model and asked that this was relayed to the ICB Board Members to assist the deliberations when considering the formal approval of the change.

Service Change Assessment

To assure a service change proposal the ICB needs to assure itself that the 5 test for service change have been meet. These are:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. Clear, clinical evidence base
4. Support for proposals from clinical commissioners
5. NHS Bed Test

The detail in this paper and supporting documentation demonstrate that all the tests have been meet.

A brief summary of the how the five test have been met are as follows:

Test	Evidence
Strong public and patient engagement	This is evidenced through the public consultation feedback and strong support for the proposal.
Consistency with current and prospective need for patient choice	The proposed service changes ensures the Paediatric Services remain at Boston Hospital thus maintaining patient choice.
Clear, clinical evidence base	The February 2022 CQC inspection rated the services as good across all domains. HEE have reinstated Tier 1 medical placements in August 2021 following a review of the department. The clinical senate report support for the model although noting the limited scope of their review
Support for proposals from clinical commissioners	ICB Executive team provided unanimous support for the proposal. The ICB Director of Nursing and Medical Director are also in full support of the proposals and the QIA has been ratified.
NHS Bed Test	There are 3 Core Beds lower than the 2018 model dure to the improved length of stay. The national guidance provides allowances for reduction in beds due to a reduction in the length of stay. The service also retains the ability to flex the beds to 21 when demand is high. This results in 2 extra beds than the 19 provided in 2018.

Summary and Next Steps

The model that has been put in place at Pilgrim Hospital has been developed in conjunction with patients, their families the wider public and key stakeholders.

The CQC and HEE inspections have been very positive, and the change is supported by the Lincolnshire Health Scrutiny Committee. The ICB Board is recommended to approve make the current service model at Pilgrim Hospital the permanent model. If the recommendation is approved the service model that is in place on the day of the Board meeting will be retained.	
How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The temporary service change has led to significant improvements in the care being provided at Boston Hospital which is evidenced in the most recent CQC Inspection Report.
Aim 2: Tackle inequalities in outcomes, experience and access.	For those living in any of the health inequalities groups, there is the potential for both positive impact (the service model allows them to remain more local) and negative (if transfer to another site becomes necessary). For children and young people, and their families, impacted by a transfer to tertiary centres or to Lincoln, the following support is available: • Financial: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres, reimbursement of travel costs if in receipt of certain benefits; • Practical: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres; • Emotional: access to chaplaincy service and signposting to community wellbeing resources, specialist wellbeing practitioners at the majority of tertiary centres; • Safeguarding: provision of Trust wide safeguarding support for families transferred to Lincoln, liaison with safeguarding teams at tertiary centres, sharing of information with those involved in safeguarding cases.
Aim 3: Enhance productivity and value for money.	The improved length of stay to 22 hours has resulted in the service requiring less beds.

	The new model of care has also resulted in the service attracting permanent staff which has resulted in the need for long term agency support to be eradicated.
Aim 4: Help the NHS support broader social and economic development.	n/a
Conflicts of Interest	**Summary of conflicts**
Conflict noted, conflicted party can participate in discussion but not in the decision.	Andrew Morgan as CEO of ULHT

Risk and Assurance

Approving the service change will support the mitigation of BAF Risk 0001 as the model which has been proven to improve quality will be made permanent.

The public consultation that was delivered jointly between ULHT and the ICB is evidence of effective engagement with the public and is evidence of delivery to mitigate BAF Risk 0002.

The main risk associated with the paper is non-approval of the service model. There is a risk to the stability and long term sustainability of the paediatric service at Lincoln if the model of care is not approved.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	Yes – since the implementation of the current service model the CQC have inspected the service and rated it good across all domains.
Does the report highlight any health inequalities implications/	Yes For those living in any of the health inequalities groups, there is the potential for both positive impact (the service model allows them to remain more local) and negative (if transfer to another site becomes necessary). For children and young people, and their families, impacted by a transfer to tertiary centres or to Lincoln, the following support is available: • Financial: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres, reimbursement of travel costs if in receipt of certain benefits; • Practical: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres;

	• Emotional: access to chaplaincy service and signposting to community wellbeing resources, specialist wellbeing practitioners at the majority of tertiary centres; • Safeguarding: provision of Trust wide safeguarding support for families transferred to Lincoln, liaison with safeguarding teams at tertiary centres, sharing of information with those involved in safeguarding cases.
Does the report demonstrate patient and public involvement?	Yes – full public consultation held on the proposal. Public Consultation report attached to the paper.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Yes – keeping services at Pilgrim hospital will reduce excess journeys that patients and their families would need to make if the service was not maintained at Pilgrim Hospital.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☒	No ☐	N/A ☐
Has a Quality Impact Assessment been undertaken?	Yes ☒	No ☐	N/A ☐

Report previously presented at:
No applicable

Is the report confidential or not?
Yes ☐ No ☒

Pilgrim paediatrics engagement report

1) Introduction

A full public consultation on the future of the paediatric service at Pilgrim Hospital, Boston was launched on Monday 12 June 2023 and ran for 12 weeks until Monday 4 September 2023.

Engagement on this matter has been continuous, and over the last five years the Family Health Division has participated in a number of discussions with representatives of the community served by Pilgrim hospital, to discuss the developing models of care.

They have engaged with the below groups:
• SOS Pilgrim
• Lincolnshire Health Overview and Scrutiny Committee (HSC)
• Lincolnshire Healthy Conversation
• Lincolnshire Children and Young People's Transformation Board

The development of the model has also included engagement with affected health professionals and a staff survey.

2) Engagement activity and response rates

Staff engagement around this service development has been undertaken outside of this public engagement process, with a series of staff meetings.

However, staff were also encouraged to fill in the survey and attend engagement events if they wished.

Public engagement around the future of this service has taken a number of different forms to enable everyone who wishes to participate to give their views.

This has included public meetings held both virtually and in person, an online survey, paper copies of surveys, direct approaches to service users and families and offers of attendance at any patient groups across Lincolnshire.

All engagement meetings have been held in a standard format, with a presentation about the current position and proposal by Divisional Managing Director for Family Health Simon Hallion, followed by an opportunity for members of the public to offer their views and ask follow-up questions.

In addition, we have carried out a public online survey (also available in paper copy), which was promoted in the local media, on social media, and shared with community groups.

We have held six engagement meetings- three in person and three virtually, which have attracted a total of five attendees. A number of them attracted no attendees, in spite of extensive advertising of these both on social media and in the local media.

We have also attended the Lincolnshire Health Scrutiny Committee, the ULHT Patient Panel, one GP practice Patient Participation Group (PPG) meeting and a joint meeting of Boston, East Lindsey and South Holland Councils.

The survey attracted 108 responses. Therefore, with events as well we have overall listened to over 163 people who have provided their views on this subject.

Group	Date	Numbers at event
Lincolnshire HSC	14/06/23	
Face to face consultation event	15/06/23	0
Virtual consultation event	21/06/23	1
Face to face consultation event	05/07/23	2
Sidings PPG meeting	12/07/23	10
Virtual consultation event	13/07/23	0
ULHT Patient Panel	18/07/23	20
Face to face consultation event	20/07/23	0
Virtual consultation event	24/07/23	2
Boston, East Lindsey and South Holland Councils meeting	01/08/23	20

3) Promotion

During the course of the consultation, we have carried out extensive communication with our staff, public, patients and stakeholders about the Pilgrim paediatrics consultation and opportunities to engage. This has included:

- Media press release issued to all local media on 12/06/23 (eliciting a good level of local online, print and broadcast coverage)
- Regular ongoing social media messaging through ULHT corporate Facebook, Twitter and Instagram accounts. Including reminder messaging in advance of each public meeting
- Ongoing advertising on ULHT website
- Stakeholder messages, asking for word to be spread to constituents, staff and on social media channels, on 12/06/23 and 18/07/23
- Staff on paediatric unit mentioning consultation to patients and families.
- ULHT staff-facing messaging including in Weekly Roundup, CEO blog, ULHT Bulletin, staff intranet and on closed staff Facebook group.

4) Findings

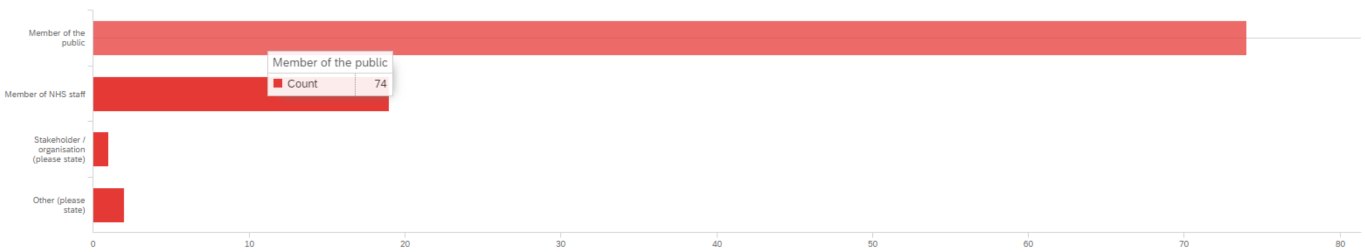
Survey

The survey was circulated using all of the channels described above and ran from Monday 12 June 2023 to Monday 4 September 2023. It attracted 108 individual responses.

The full results of the survey can be found on our website.

A summary of responses to the key questions asked is outlined below:

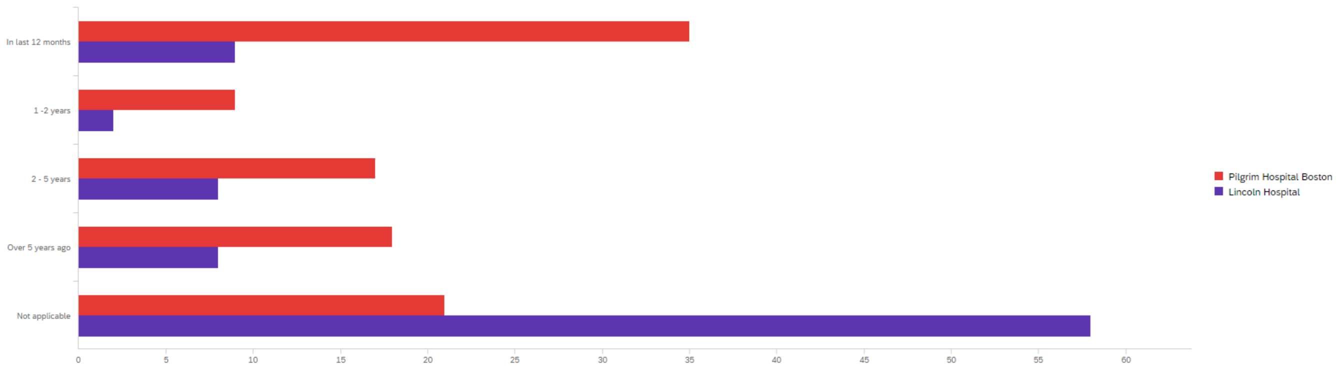
Q1 Are you completing this survey as a:



Q2 Please give us your home postcode:
Most common postcodes were:

- PE21
- PE22
- PE20
- PE11
- PE25
- PE23
- LN9

Q3 Have you previously used any children's (paediatric) services in our hospitals in Lincolnshire?



Q4 If you have used any children's (paediatric) service sin another location, please specify:

The most common answers were:

- Leicester
- Peterborough
- Grimsby

Q5 Please tell us to what extent you agree or not with the proposal for children's (paediatric) services at Pilgrim Hospital, Boston

Q6 Please tell us why you agree or disagree with this proposal

The majority said that it is important to keep the service local, that transfers to Lincoln are not good for patients and that they would like to see this service have limited impact on our Emergency Departments. A number of people said that travelling to another site is inconvenient and stressful, so should be avoided if possible.

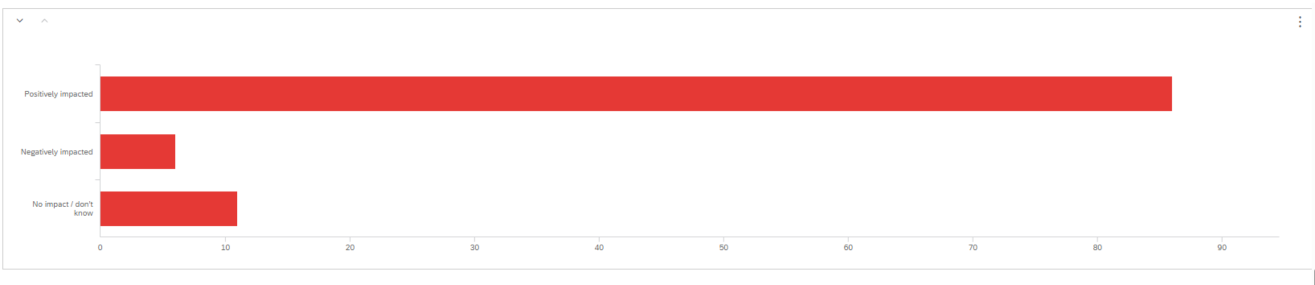
The few who disagreed with the proposals potentially did not understand them, as their text responses were all asking for services to be kept local to Boston, which is the proposal.

There was also a comment about making sure we protect and support our staff throughout.

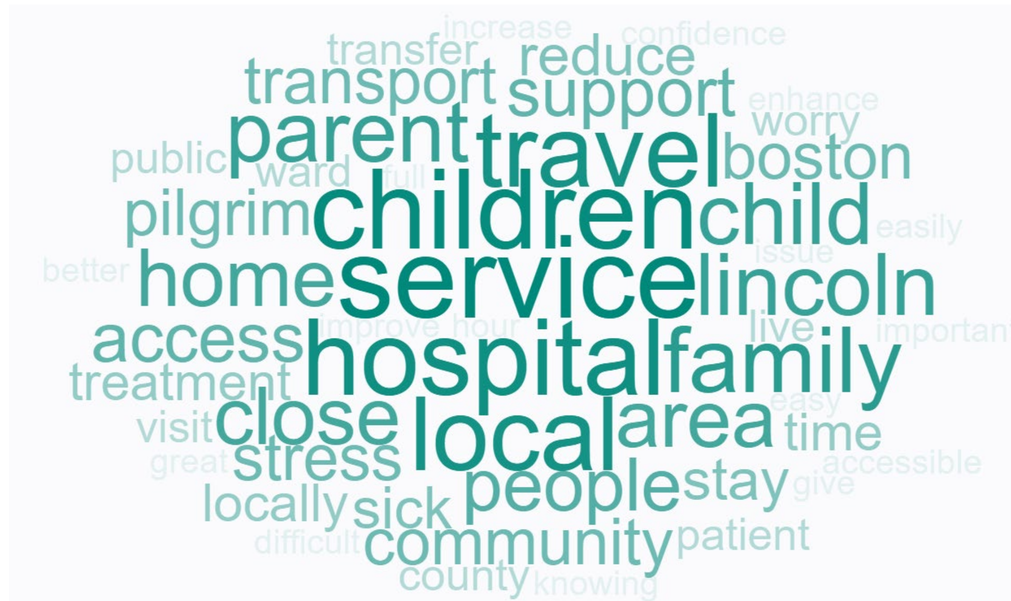
Q7 Please tell us if you have any other suggestions which you feel would address the challenges experienced by this service

- Open as a full inpatient unit
- Look after the staff and address any issues they raise
- Recruit more paediatric consultants
- Build a new facility in Grantham
- Better communication
- Offer food to parents staying in with their children overnight
- Offer supporting programmes of specialist training for nurses and doctos at Pilgrim
- Better wages for staff
- Look at offering sensory integration specialists and psychiatrists for children
- Introduce a dedicated assessment bay for children in A&E
- Enhance the neonatal unit service
- Consider putting on clinics at Skegness

Q8 Do you think you or your community might be impacted by this proposal, and if so, in what way?

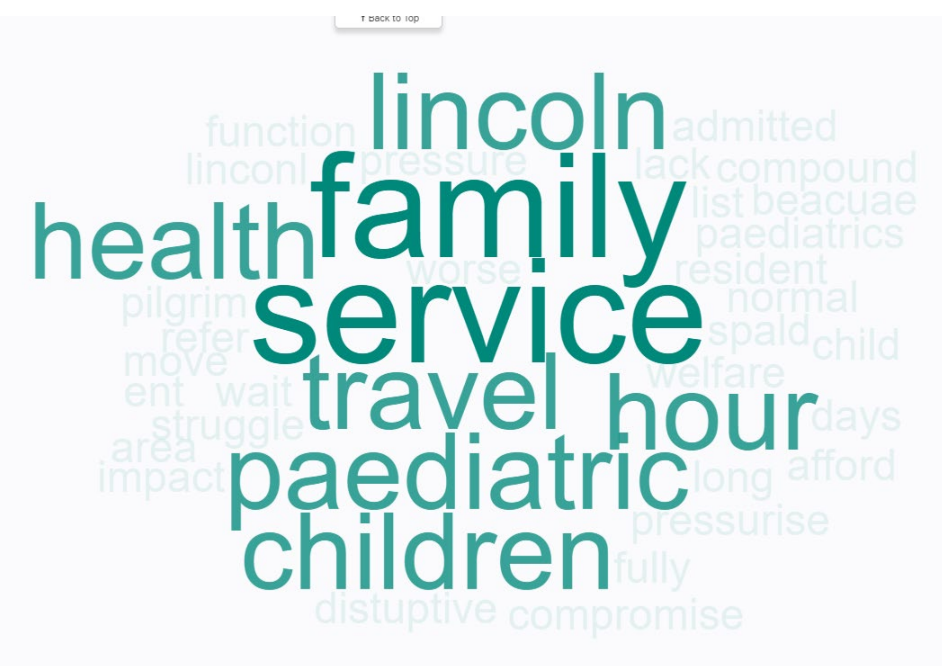


Q9 If positive, please tell us how you think you or your community might be positively impacted by this proposal



- Great to keep it local
- Not travelling to other sites helps patients- especially if they are from families with siblings
- Reassuring that there will be a full service locally- puts minds at ease and reduces worry
- Children from a lesser socioeconomic background are more likely to need and benefit from this proposal
- Reduced carbon footprint
- This should result in ever improving staffing position
- Much better for visiting to keep the service local
- Keeping a service at Pilgrim frees up the Lincoln service

Q10 If negative, please tell us how you think you or your community might be negatively impacted by this proposal and possible solutions for this



- Lincoln is too far for many families to travel
- Not having a fully functioning paediatric service impacts on the health and welfare of the children in the area. This is further compounded by lack of ENT services at pilgrim out of hours

Consultation meetings

Of six public consultation meetings that were scheduled, three attracted no attendees. The remaining three attracted a total of five attendees. A summary of the feedback from these meetings is below:

- This feels like a real success story that should be celebrated

- It is positive proof that the Trust is listening to patients and acting upon it
- The transport situation is a real factor in all aspects of planning services and still needs to be resolved.
- Need to make sure that local GPs are aware of the service level there is at Pilgrim and use it.
- The medical staffing numbers are now amazing - congratulations.
- Question about what happens to children who need CAMHS input.
- Would like to see there being a dedicated assessment bay on the ward for children coming in through ED.

ULHT Patient Panel

A presentation was made to 20 members of the ULHT Patient Panel as part of the consultation exercise.

A summary of the feedback from the panel is below:

- Congratulations on the way the staff have kept going and being successful in getting this model as a permanent situation for the children in this area.
- Know there has been a lot of hard work and dedication and emotion.
- This is very close to what a lot of us called for back in 2018 so well done.
- It is fantastic where we have got to now.
- Really good to see what has been achieved.
- All credit to the Team for turning this around from a negative position to a very positive result. Great work achieved.

Lincolnshire Health Scrutiny Committee (HSC) response

Lincolnshire Health Scrutiny Committee has received numerous updates on the Pilgrim paediatric service since the initial issues with the service in 2018. The committee received a presentation on the development of the proposals for the service on 17/05/23 and were offered a full presentation of the consultation on 14/06/23.

Both of these constructive meetings allowed councillors to ask questions of the service lead and determine their response to the changes being proposed.

The formal response to the consultation received from Lincolnshire HSC stated that the committee agrees with the proposals and believes that the community would be positively impacted by the proposed service model.

The committee said it is satisfied that this model is in the best interests of children and their families in Boston and the surrounding area, as well as Lincolnshire as a whole and commended the Trust for the successful recruitment efforts and the return of tier 1 medical placements into the service.

Other responses

- **Joint meeting of Boston, East Lindsey and South Holland Councils-** Members were very positive about the proposed model and wished to thank both the service leads and the SOS Pilgrim group for their work. They asked about possible renovation work on the ward and plans for improving mental health provision.

- **Sidings PPG-** This group felt it was reassuring to hear that this model is in place and that it is a huge improvement since the issues in 2018. They had questions about access to urgent care, numbers of patients being transferred to other sites, clinician on call arrangements and translation of patient literature.

5) Themes

Collating all of the evidence from the above described consultation exercise, it is very clear that the vast majority of respondents felt that the proposed service model for Pilgrim hospital paediatrics is a positive step which will benefit patients and families.

Many respondents congratulated the service on the progress made and welcomed the possibility of a permanent model.

Other themes that emerged from the consultation are summarised below:

- The importance of staff support and training throughout.
- The need to consider transport in any proposed services changes in Lincolnshire.
- The importance of a dedicated paediatric area in Emergency Departments, and dedicated care for children.
- The importance of dedicated mental health support for children.

Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in ***italics***. Email for all correspondence: email to inclusion@ulh.nhs.uk

A. Service or Workforce Activity Details	
1. Description of activity	Confirm new model for acute paediatric service at Pilgrim Hospital
2. Type of change	Confirm current model of care as permanent model for the hospital
3. Form completed by	Simon Hallion, Managing Director (Family Health Division)
4. Date decision discussed & proposed	Model in place for the last 2 years and, subject to Public Consultation (scheduled to conclude at the end of August, 2023) it would be confirmed as the service model from September, 2023.
5. Who is this likely to affect?	Service users x Staff x Wider Community x If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.
B. Equality Impact Assessment	
Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, agricultural workers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc. Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	Background Information In 2018, the ULHT introduced a temporary 12-hour stay PAU model for Pilgrim Hospital in response to staffing difficulties and resultant loss of medical trainees to the site. That model required that all Children and Young People (C&YP) requiring to stay in hospital beyond 12 hours be transferred to another hospital. That model moved C&YP away from their community, often to simply complete their assessment/observation phase. Recognising the higher concentration of communities with high levels of deprivation/low income and the poor public transport links, this will have undoubtedly had a negative impact for families in such circumstances. The model for consultation has been shown to offer early senior decision making, a sustained length of stay around 24 hours and to enable all C&YP presenting at Pilgrim Hospital (excepting a small number requiring specialist pathways) to receive their full care package at the hospital. Positively the model offers all groups (including protected or vulnerable groups) local access to acute C&YP services in their local hospital. The C&YP most likely to move away from the hospital care are those requiring higher level critical care support (tertiary centres), those with a complex eating disorder (specialist mental health support is Lincoln-focussed) and a small number of surgical conditions (e.g. urology/ENT acute presentations).

	The revised model led to successful recruitment across most staff groups. Recent nursing natural turnover masks the positive recruitment and has offered positive employment opportunities for staff in South Lincolnshire (or wishing to move into the area). Cultural diversity within the hospital, and the local community, has been positively impacted by the successful recruitment of overseas doctors into non-training posts at the hospital. With support, a number of the first wave of medical overseas recruits were able to secure UK based training posts and are expected to contribute to the NHS for many years. <u>Age</u> A positive impact is envisaged for this protected characteristic, recognising that this service model is developed for children and young people and will enable most children and young people to remain in their local community for care and treatment. <u>Pregnancy & Maternity</u> For this protected characteristic, there is a significant positive impact in providing a sustainable children and young people's service at Pilgrim Hospital Boston. This is in order to continue safely to provide Special Care Baby Unit (SCBU) and emergency stabilisation and transfer service, enabling consultant-led obstetric services to continue in a large, rural county with poor transport links. Also enabling paediatric emergency care to continue to be provided to CYP. <u>Race</u> A neutral or positive impact is envisaged for this protected characteristic, by providing a service model which allows most children & young people to remain within their local communities, for greater possibility of extended support to the child or young person, and their family. The Trust has a 24/7, 365 days per year Interpretation & Translation service in all languages. This service is available by telephone on-demand, plus pre-bookable video remote interpreting and where necessary, face-to-face. DA Languages is the current Interpretation & Translation service provider to ULHT. <u>Disability</u> A neutral or positive impact is envisaged for this protected characteristic, by providing a service model which allows most children & young people to remain within their local communities, including those with disabilities and long-term conditions, for greater possibility of extended support to the child or young person, and their family. This would also support disabled parents/carers and those with long-term conditions, who may benefit from remaining within their local community for additional support, where they have existing local support networks. For patient and/or their carers who are d/Deaf and use sign language, the Trust has a 24/7, 365 days per year British Sign Language (BSL) Interpretation & Translation service, and other forms of sign language and alternative communication methods are also available. This service is available by video remote interpreting and face-to-face. TOPP Language Solutions is the current Interpretation & Translation service provider to ULHT for BSL and other forms of alternative communication/sign languages. For some children and young people who are neuro-diverse (or their carer), remaining in the familiar environment of their local hospital and community

	will be of positive benefit, particularly if they are already familiar with the hospital and support is in place. Those children most likely to transfer from the hospital are those requiring higher level critical care support (tertiary centres) which was also the case before 2018. Also those with a complex eating disorder, because specialist mental health support is Lincoln-focussed, and a small number of surgical conditions (e.g. urology/ENT acute presentations). For children and young people, and their families, impacted by a transfer to tertiary centres or to Lincoln, the following support is available: • Financial: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres, reimbursement of travel costs if in receipt of certain benefits; • Practical: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres; • Emotional: access to chaplaincy service and signposting to community wellbeing resources, specialist wellbeing practitioners at the majority of tertiary centres; <u>Sex</u> There is a positive or neutral impact envisaged for this protected characteristic, recognising that women are still more likely to be the primary carer for the child or young person (although not always), and a service model which allows most patients to remain in their local community will benefit both the patient and their primary carer. The primary carer may also have other caring responsibilities, e.g. other young children, disabled children and/or older relatives who depend on the primary carer to be available locally. <u>Transgender/Gender Identity</u> There is a positive or neutral impact envisaged for this protected characteristic, as the transgender or non-binary child/young person (or their carer) can remain in their local community where they are more likely to be known in the gender they identify in. This would mean less need to repeat or explain the correct name and pronouns, particularly if they already access their local hospital, and therefore less negative impact on the patient (or their carer) from the risks of mis-gendering and use of their “dead name” if they have changed name. It is important when transferring the care of a patient to another team within ULHT or outside of the Trust, that the correct name and pronouns are included in the handover, i.e. that the patient’s gender identity is respected. Gillick competence applies. The Trust is working towards a Gender Identity policy for patients during 2023, to increase awareness of person-centred care for trans and non-binary patients of all ages. <u>Sexual Orientation</u> There is a positive or neutral impact envisaged for this protected characteristic, for children & young people (and their carers), with a model which allows most to remain closer to home. CYP services are inclusive and respect all parental and family relationships. This is in line with the focus on “who matters to you” in the Trust’s Equality, Diversity & Inclusion mandatory training.

	<u>Religion or Belief</u> There is a positive or neutral impact envisaged for this protected characteristic, for patients and carers. The Trust has a 24/7 Chaplaincy on-call service available at both Pilgrim and Lincoln, for people of all faiths and none. By developing a service model that allows most children and young people to remain in their local area, there is more possibility of support for them and their carers from their local faith communities – practical, emotional and spiritual. <u>Marriage or Civil Partnership</u> There is a positive or neutral impact envisaged for this protected characteristic. <u>Health Inequalities</u> For those living in any of the health inequalities groups, there is the potential for both positive impact (the service model allows them to remain more local) and negative (if transfer to another site becomes necessary). For children and young people, and their families, impacted by a transfer to tertiary centres or to Lincoln, the following support is available: • Financial: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres, reimbursement of travel costs if in receipt of certain benefits; • Practical: provision of accommodation and meals at Lincoln, provision of accommodation and some opportunity to access subsidised meals at tertiary centres; • Emotional: access to chaplaincy service and signposting to community wellbeing resources, specialist wellbeing practitioners at the majority of tertiary centres; • Safeguarding: provision of Trustwide safeguarding support for families transferred to Lincoln, liaison with safeguarding teams at tertiary centres, sharing of information with those involved in safeguarding cases. <u>Staff</u> No negative impacts have been identified in relation to staff, as the model allows for the service to be provided at Pilgrim site and provides opportunities for training and career development.
2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	We have regularly monitored length of stay data, C&YP transferred away from Pilgrim Hospital, patient complaints and workforce metrics, including vacancy levels. This data confirms that the model is safe, effective, sustainable and minimises any negative impacts on patients and their families.
C. Risks and Mitigations	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	No negative impacts for service users are flagging as a concern which cannot be mitigated. The turnover of medical staff into training roles will be repeated in 2 years and we are looking at proactive recruitment based on applications for training rather than confirmed places. Currently nurse staffing levels are reduced by a normal cycle of turnover recruitment underway alongside support for four non-qualified staff being supported in nurse training (qualification in 2026). Bank and agency shifts *are* utilised if required and we do move staff from Lincoln or SCBU where activity levels allow.

2. What data / information do you have to monitor the impact of the decision?	The Division will continue to monitor length of stay, transfers, complaints and workforce metrics.
D. Decision/Accountable Persons	
1. Agreement to proceed proposed?	Yes – there are no identified issues that would cause a negative impact to any person with protected characteristics from the change.
2. Any further actions required?	On the advice of the Clinical Senate a further equality impact assessment has been requested from Public Health
3. Name & job title accountable decision makers	Simon Hallion - Divisional Managing Director, Family Health Division ULHT
4. Date of decision	
5. Date for review	Initial review by Public Health as outlined above and then every 12 months.

Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

Checklist

- Is the purpose of the policy change/decision clearly set out? ☐
- Have those affected by the policy/decision been involved? ☐
- Have potential positive and negative impacts been identified? ☐
- Are there plans to alleviate any negative impact? ☐
- Are there plans to monitor the actual impact of the proposal? ☐

Quality Impact Assessment

<table>
<tr><td>QIA URN: Title</td><td colspan="3">QIA 2020-068 (updated): Confirmation of new model of service for acute paediatrics at Pilgrim Hospital, Boston</td></tr>
<tr><td>Scheme Overview</td><td colspan="3">In early 2018, significant safety concerns were raised about the paediatric service at Pilgrim Hospital, Boston, relating to a shortage of medical staff within the service and subsequent withdrawal of Tier 1 and 2 medical trainees. This resulted in an extensive public engagement exercise and the ULHT Trust Board agreeing an interim model for the delivery of paediatric services at the hospital, which was introduced in August 2018. This created a 12 hour maximum length of stay (LOS) Paediatric Assessment Unit (PAU) which replaced the previous paediatric inpatient model

In the intervening years, the Family Health division, in consultation with Trust executive, have delivered iterative changes to the original PAU model in response to medical workforce recruitment and recognition that the original PAU model was unable to deliver the services required by the local population. The proposed scheme therefore seeks to understand public support for the current service model becoming the permanent arrangement for Pilgrim Hospital - this model is built on an ethos of early senior assessment and is supported by observation and admission beds without any cap on the LOS and is more closely aligned to the inpatient model that was in existance previously.</td></tr>
<tr><td>Quality Impact Overview</td><td colspan="3">Delivery of a public consultation to gain local opinions regarding the formalisation of the current acute paediatric model on Ward 4A at Pilgrim Hospital as the permanent arrangement for that hospital site. Public consultation is scheduled to be launched 12/06/2023 and to conclude 30/08/2023.</td></tr>
<tr><td>Quality Indicators</td><td colspan="3">For our patients:
Improved continuity of care (ie no need to transfer to different site);
Improved service user satisfaction (measured against feedback KPI);
Delivery of care closer to home;
Reassurance that a full range of paediatric services will be retained at their local hospital.
For our people:
Improved staff satisfaction (measured against staff survey KPI);
Reassurance that jobs will continue to exist in current form.
For our services:
Financial savings from lack of requirement to utilise private ambulances;
Ability to embed pathways that will optimise patient flow and improve service user experience;
Ability to identify appropriate standards to measure performance against;
Reduced pressure on paediatric services at Lincoln County Hospital with likely imrovement in capacity and flow.
For our partners:
Assurance that Trust is optimising care for children, young people and their families;
Assurance that Trust is improving accessibility of services in an area of relative economic deprivation;
Ability to seek assurance against the appropriate standards.</td></tr>
<tr><td>Project Manager (Lead)</td><td>Suganthi Joachim (Clinical Lead, Family Health)</td><td>Directorate/Division/Department</td><td>Family Health</td></tr>
<tr><td>Senior Responsible Officer</td><td>Simon Hallion (Divisional Managing Director, Family Health)</td><td>QIA Completed By</td><td>Simon Hallion (Divisional Managing Director, Family Health) and Kate Rivett (Divisional Head of Nursing, Family Health)</td></tr>
<tr><td>Financial Value</td><td>No impact</td><td>Overall Risk Score</td><td></td></tr>
</table>

Approved by Director of Nursing	Professor Karen Dunderdale, Director of Nursing / Deputy Chief Executive	**Date**	12/06/2023
Approved by Medical Director	Mr Paul Dunning, Medical Director	**Date**	12./06/2023

Theme	Description	Impact	Likelihood	Severity	Score	Mitigation	Likelihood	Severity	Score
Patient Safety	**Former model (as of June 2018)** The paediatric inpatient ward at Pilgrim Hospital was heavily reliant upon a temporary nursing and medical workforce (ie provided via bank or agency) to maintain safe staffing levels. Although this provided roster coverage, it came at a potential cost to patient safety as this type of workforce frequently required a level of orientation and supervision that substantive staff did not plus it prevented the development of a cohesive team due to the transient nature of the staff combined with a low level of commitment to the service. **Proposed model (as of September 2023)** The proposed model has allowed for all medical and the majority of nursing vacancies to be filled with substantive staff which has ensured the provision of a more stable workforce that is committed to the service and has developed a team ethos. This has resulted in safer patient care as the workforce is fully orientated to the service, does not need the level of supervision that is required by a temporary workforce, and is fully au fait with Trust procedures and patient pathways.	Positive				Not applicable			
Public Image	**Former model (as of June 2018)** Access to a full range of paediatric services is important to the local community, as evidenced by the 'Pilgrim: Save Our Services' campaign that accompanied the discussion to instigate the interim 12 hour LOS PAU model. It was not possible to offer the full range of services with the former model. **Proposed model (as of September 2023)** Reassurance that the service can now be staffed safely with substantive staff - and is therefore able to deliver safe, high quality care on a consistent basis - is likely to be viewed favourably by local communities	Positive				Not applicable			

Theme	Description	Impact	Likelihood	Severity	Score	Mitigation	Likelihood	Severity	Score
Clinical Outcomes	**Former model (as of June 2018)** Evidence suggests that reliance on temporary workforce is linked to poorer clinical outcomes as required care activities are often missed by staff that are unfamiliar with local processes or because a temporary worker has not filled the shift gap and hence there are too few staff members ot deliver the required care activities. This phenomenon was experienced by patients on the childrens inpatient ward under the former model. **Proposed model (as of September 2023)** Recruitment efforts have ensured that all medical and the majority of nursing vacancies have now been filled with substantive staff which has reduced reliance on temporary workforce and hence improved clinical outcomes. Quality audits are able to evidence improvements in reduced instances of missed care activities as staff are more familiar pathway requirements/Trust processes and because shift gaps are more frequently filled demonstrating the positive impact of the proposed model.	Positive				Not applicable			
Clinical Effectiveness	**Former model (as of June 2018)** Difficulty in recruiting to nursing and medical vacancies, and the ensuing challenges associated with high vacancy rates, meant that the former model created clinical effectiveness challenges due to factors such as: 1. Inadequate nurse-to-patient ratio which is associated with increased LOS, increased mortality, increased likelihood of readmission, increased care delivery errors; 2. Increased use of temporary workforce which is associated with poorer patient outcomes due to lack of familiarity with the ward layout, lack of familiarity with local policies and procedures, lack of familiarity with patient pathways, lack of emedded working relationships with colleagues impacting upon team dynamics; 3. Lack of rapid access to senior decision makers which is associated with preventable deterioration due to lack of timely intervention. **Proposed model (as of September 2023)** The proposed model provides significant beneifits as recruitment to all medical and the majority of nursing vacancies has improved nurse to patient ratio's (as evidenced via SNCT and Safecare), decreased reliance on temporary workforce and resulted in revised pathways that support rapid access to senior decision makers.	Positive				Not applicable			

Theme	Description	Impact	Likelihood	Severity	Score	Mitigation	Likelihood	Severity	Score
	Former model (as of June 2018) Evidence suggests that reliance on high levels of temporary workforce is linked to poorer patient experience as patients are more likely to suffer harm as staff are less familiar with processes and are less likely to establish therapeutic relationships due to the transitory nature of temporary workers. Good patient experience relies upon continuity, provision of emotional support by staff they trust, provision of informaion and education and coordinated care - factors that generally deteriorate when there are low levels of substantive staff. Although it has not been possible to find unequivocal evidence of poor patient experience, it is likely that the experiences of children and families at Pilgrim Hospital mirrored evidence findings under the former model. **Proposed model (as of September 2023)** As above, recruitment efforts have ensured that all medical and the majority of nursing vacancies have now been filled with substantive staff which has reduced reliance on temporary workforce and hence improved patient experience by enabling delivery of factors that enhance patient centred care in addition to allowing training of staff to meet of exceed expectations. Service user feedback (including Care OPinion, FFT, PALS, compliments and complaints) would suggest that the majority of service users currently have a positive experience of care on Ward 4A under the proposed model.	Positive				Not applicable			
Patient Pathways	**Former model (as of June 2018)** Evidence suggests that temporary workers are generally less familiar with the pathways that exist within an organisation as they are transitory and hence never embed knowledge of how pathways work - this generally results less continuity within pathway thus creating treatment delays and increasing LOS. **Proposed model (as of September 2023)** As in previous sections, recruitment efforts have ensured that all medical and the majority of nursing vacancies have now been filled with substantive staff which has increased familiarity with patient pathways and resulted in increased efficiency and decreased LOS. Patient pathways have also improved in efficiency as a result of the learning that came from the implementation of the interim model, which drove improved efficiencies within pathways due to the limitations on LOS. This benefit will be seen in the proposed model.	Positive				Not applicable			
Accessibility	This element is not applicable as patients have always maintined access to services, although not always close to home.	Neutral				Not applicable			

Theme	Description	Impact	Likelihood	Severity	Score	Mitigation	Likelihood	Severity	Score
Inequalities of Care	**Former model (as of June 2018)** There was a risk that the the delivery of a service with inherent challenges would result in delivery of a service at Pilgrim Hospital that was of a poorer quality than the service being delivered at Lincoln County Hospital, thus creating a 'postcode lottery' for those that accessed service provided by the same Trust under the former model. **Proposed model (as of September 2023)** Recruitment efforts have ensured that all medical and the majority of nursing vacancies have now been filled with substantive staff which has resulted in a significant improvement in service quality at Pilgrim Hospital and a more equitable service to that provided at Lincoln County Hospital. This is evidenced in benchmarking of service activities at the two sites demonstrating broadly similar service delivery (with the notable exception of ENT and urology going to LCH due to centralisation of services). This demonstrates the positive impact the proposed service model will achieve.	Positive				Not applicable			
Staff Impact	**Former model (as of June 2018)** High reliance on a temporary workforce resulted in increasing resignations as staff became more anxious about their ability to deliver safe, high quality care in the face of staff shortages - this further compounded the problem of staff vacancies. **Proposed model (as of September 2023)** As a result of recruitment efforts that have ensured that all medical and the majority of nursing vacancies have now been filled with substantive staff, staff feel safer in their roles and staff turnover has stabilised. This has been evidenced in the 2022 National Staff Survey results.	Positive				Not applicable			
Staff Experience	**Former model (as of June 2018)** Evidence suggests that a high reliance on temporary workforce adversely affects the mental wellbeing of staff and their satisfaction with their roles - this was reflected in staff surveys/feedback at the time. **Proposed model (as of September 2023)** In line with other areas, recruitment to nursing and medical vacancies has resulted in increased substantive staff, a more stable workforce and an ability for staff to develop working relationships with colleagues/develop team cohesiveness which has improved staff experiences. Again, this has been evidenced in the 2022 National Staff Survey results.	Positive				Not applicable			

Theme	Description	Impact	Likelihood	Severity	Score	Mitigation	Likelihood	Severity	Score
Target/Performance	**Former model (as of June 2018)** Reliance on high levels of temporary staffing brings with it financial challenges associated with high workforce costs and increased litigation due to errors in care as well as poor compliance with essential roster metrics. Although evidence is not readily available, this is likely to have been the situation on Ward 4A at the time. **Proposed model (September 2023)** The recruitment of staff to substantive roles has helped to significantly decrease financial expenditure and has enabled improved rostering complaince and hence improved service user satisfaction to to delivery of safer, better quality care. Scrutiny via roster clinics and TSSG evidences improved performance against key KPI's relating to workforce deplyment.	Positive				Not applicable			
Equality and Diversity	Please refer to EIA	Positive				Not applicable			

Item 8 (ii)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (ii)
Meeting Date:	28th November 2023
Title of Report:	Update on Risk Appetite and Board Assurance Framework
Report Author:	Matt Gaunt, Director of Finance Jules Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance
Presenter:	Matt Gaunt, Director of Finance
Appendices:	Board Assurance Framework

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

Recommendations

The Board is asked to:
Note the update on the progress and development of the ICB's Risk Appetite and Board Assurance Framework (as attached to the paper).

Summary

Background

The Audit and Risk Committee and the Board has been regularly briefed on the progress and the development and establishment of robust risk management arrangements for the ICB, including the development of the ICB Board Assurance Framework (BAF), Corporate Risk Register and Risk Appetite.

To support this on-going work a Board Development Session was arranged to take place on Tuesday, 24th October 2023 with a focused workshop on Risk Appetite and Board Assurance Framework. This workshop was supported and facilitated by auditors from Yorkshire and Scarborough Teaching Hospitals NHS Trust) who currently provide Counter Fraud Services to NHS Lincolnshire ICB.

To inform the discussion and presentation on the day, two surveys were circulated to Board Members for their completion in respect of Risk Appetite and the Board Assurance Framework.

The outcome of the surveys and discussion held by the Board at its Development Session on the 24th October was an understanding that the ICB can only manage and mitigate its risks with the support of its partners across the ICS.

The current version of the Board Assurance Framework is attached for the Board's consideration.

Next Steps and Timeframes

A follow-up session of the Board Risk Workshop has been arranged to take place on the 19th December 2023 which will consider progress on the development of the Risk Appetite and the latest version of the BAF, with an expectation that mitigations and controls will be much clearer.

In terms of system risk, there is work to do to understand the current levels of risk appetite as it is acknowledged these are likely to be different across the provider Trusts and also the ICB. Work has commenced with a view to summarising risk appetite across the provider Trusts and the ICB as a useful positioning for the Audit Chairs to consider.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.
Aim 3: Enhance productivity and value for money.	As above.
Aim 4: Help the NHS support broader social and economic development.	As above.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance
No specific risks identified.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	No.
Does the report demonstrate patient and public involvement?	No
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No

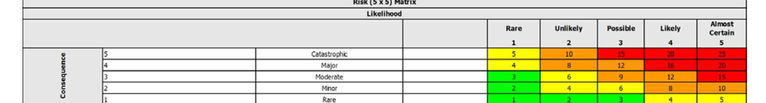
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒

Report previously presented at:
Not applicable.

Is the report confidential or not?
Yes ☐ No ☒

LINCOLNSHIRE ICB BOARD ASSURANCE FRAMEWORK SUMMARY

LAST UPDATED - 20 September 2023



Risk (5 x 5) Matrix		Likelihood				
		Rare	Unlikely	Possible	Likely	Almost Certain
		1	2	3	4	5
Consequence 5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Rare	1	2	3	4	5

ID	Version	Current Score	Change Since Last Month	Risk Title / Description	Key Controls	Gaps in Control	Assurance of Controls	Strategic Threat	Action to Address the Gaps in Controls and Assurances	Executive Lead	Date Opened	Initial Impact	Initial Likelihood	Initial Risk Score (LxC)	Responsible Committee	Operational Lead	Review Frequency	Review Date	Current Impact	Current Likelihood	Current Risk Score	Target Impact	Target Likelihood	Target Risk Score	CQC Domains	Closed Date	Risk on a Page Link
0001	1	9	[↔ arrow]	The ICB is unable to improve the quality of services to increase population health and well-being and consequently healthy life expectancy does not improve for Lincolnshire residents.	ICB Quality Lead Officers are aligned to all contracted service providers to utilise all mechanisms of intelligence about quality to assess baseline quality position for each provider. Can then work with providers to support improvements in areas of quality concern. Mechanisms to do this include attendance at provider quality committees; undertaking supportive quality visits; working on specific relevant quality improvement projects; escalating any new or off track quality improvement concerns into the ICB Quality Governance System. ICB Quality Leads are also aligned to all main ICB programmes eg. UEC; Planned Care; Cancer; MH & LD etc to ensure quality and safety required improvements inform work plans for these programmes. ICB Quality Strategy with our main quality improvement priorities agreed through the ICB Quality & Patient Experience Committee	Alignment and visibility of significant quality improvement programmes across the system. Sufficient capacity within ICB quality team to pick up extended remit for Primary Care (including Pharmacy, Optometry & Dental)	ICB Quality Governance system: overall ICB Quality & Patient Experience Committee (QPEC) receives information on quality improvement activity to assure delivery. Quality Operational Committees monitor delivery of quality improvement activity i.e Primary Quality Oversight Group & the Non PC Quality Oversight Group with upward reporting to QPEC. The system Quality Group also receives escalated quality concerns from all system providers, agrees quality improvement mitigations/ programmes and also upward reports to QPEC. Assurance on Quality Improvement Activity also occurs through respective Programme Boards and through the Clinical & Care Directorate. Effectiveness of quality improvement initiatives is demonstrated through improved performance & quality metrics (including patient voice); improved CQC ratings; improved ICB quality visit findings; improved outcome data for our patients.	Workforce - recruitment and retention challenges across several services effects capability and capacity to deliver quality improvement. Current financial constraints particularly for our smaller providers, inhibits their ability to progress quality/service improvements.	Enhance communication across ICB divisions and programmes to align QI activity and ensure priority quality improvement areas as per Quality Strategy/& QPEC agreement. ICB Quality Strategy being refreshed to outline current key priorities as agreed through QPEC. Collaboration across system partners to ensure most effective utilisation of quality improvement resources to address agreed priority QI areas. Ensure recruitment to existing vacant posts within ICB Quality Team to ensure sufficient capacity given extended remit of the team.	Martin Fahy	01 April 2023	4	4	16	Quality & Patient Engagement	Associate Director of Nursing	Monthly	August 23	3	3	9	3	2	6	All		0001 MF
0002	1	8	[↔ arrow]	The ICB fails to engage effectively with the population of Lincolnshire to help inform effective service provision in the county.	People and Communities Strategy currently being updated with latest census information and progression made on priorities and key pieces of work such as Shared Agreement. Engagement team aligned to key programmes of work to ensure involvement included in any changes to services Engagement lead sits on some Programme Boards to steer involvement opportunities. Engagement lead a member of the Operational Quality Assurance Group Ongoing development of relationships with key stakeholders, partner organisations and community groups to facilitate engagement. Building of stakeholder database - currently 10,000 patient, public, stakeholders and groups we engage directly with. Embedded regular engagement channels - fortnightly engagement bulletin sent to 10,000 database and shared with Provider Trusts and partners to share; regular use of social media and Nextdoor app; redevelopment of engagement webpages to make involvement easier and share outcomes.	Plans in place for improvement but still some limted formal evidence of engagement as currently the activities undertaken are not reported into committees / decision making bodies with public minutes Sufficient engagement capacity to provide a best practice service to all programmes. Lack of specific engagement capacity for Health Inequalities engagement Requests to support Provider Trust engagement activity. Awareness of all potential service changes requiring involvement Focus shifted to support Provider Trusts with gaps in engagement service provision.	People and Communities Strategy available to all staff and principles promoted (approved by the ICB Board at its extraordinary meeting held on the 19th July 2023 with subsequent dissemination to staff) Engagement attendance at key meetings Continued development of the stakeholder database Opportuntities for public involvement in service changes and developments made available with appropriate response rates achieved	Service changes or developments undertaken without appropriate involvement and engagement. Lack of capacity to deal with increasing demands, including support provided to Provider Trusts.	Quarterly reporting of feedback into OQAG due to start June 2023 with quality / patient experience escalations into System QPEC. Quarterly reporting of engagement activities and feedback to QPEC and quarterly / Bi-annual reporting to ICB Board to offer assurance and evidence of adhering to statutory duties to involve. Recruitment of vacant Engagement Officer Post in ICB - paused due to running costs review. Recruitment of dedicated Health Inequalities Engagement Manager (JD, person spec and job matching complete) - paused due to running costs review. Promotion of involvement, engagement and consultation requirements prior to service developments to all teams eg contracting, procurement. Details of engagements, feedback and outcomes published on ICB website to provide assurance and evidence for NHSE assesment - Involvement Annual Report produced and reported to Execs. Due to be reported to Board with subsequent publication.	Pete Burnett	01 April 2023	4	2	8	Quality and Patient Experience	Steph King	0	August 2023	4	2	8	4	1	4	Responsive		0002 PB
0003	1	12		The ICB is unable to create and implement a workforce strategy so serevices continue to operate unsustainably with significant fragility in day to day operation.	The system has an agreed People Plan that is delivered by the People Hub. The Plan and the Hub is currently under review as commissioned by the ICB CEO, given the publication of the new longterm workforce plan and the 10 ICB people functions. Recommendations report expected end of October. Providers contribute and engage with the People Plan. New SRO in place since 1.8.23 with refocussed priorities for the People Hub pending the recommendations report mentioned above. Delivery being monitored through the workforce committee and workforce dashboard with escalations and risks fed into FRP Board. Focus on attraction and retention (through the People Promise agenda) continues and this is showing success across providers. Discussions concluded with revised plan in place to be submitted to CEO's for the launch of phase 2 of the Strategic Planning tool (KPMG). Fragile Services continued to be monitored through a workforce lens regular meetings with NHSE and provider organisation representative including Acute, Community, Mental Health, primary and social care.	Refocus of the People Hub/SRO/People Leaders and a worked up 100 day plan. Assurance on strategic planning tool. A set criteria to determine the fragility of services based on workforce issues unclear/unknown - working on local intel at this stage. An holistic system level health and wellbeing offer.	People Plan activity and future focus and structure recommendations to be addressed through the Dean Royals review. All workforce/people programmes currently being monitored through the workforce committee chaired by Sarah Connery (CEO LPFT) People Promise and retention programme reports submitted to regional team on a monthly basis. Stratgic Planning tool plan to be submmitted to CEO's - week of 2nd October. Steering Group currently being put in place to mi=onitor progress of programme. Providers to monitor the fragility of services within their own organisations and escalate through the Workforce Group. Monitoring of the workforce plan submission (plan v actual) - is the plan on track and if not why. Data also fed into quarterly QSRM reports. Regular feedback to System relating to progress/new or ongoing challenges through FRP and 100 Day SRO Action	Lack of clarity on the sytem People Hub and how the team sits alongside individual provider HR/People teams. Need to avoid duplication and redundancy. Inadequete governance around workforce programmes (in the long term)- unclear path of escalation to ICB Board. Need to balance national programmes of work (and funding) alongside system focus areas. Lack of control of activity could impact on services becoming fragile and not being aware of changes in service delivery being made.	A full review of the current system processes which will include:- A meeting with providers and people leaders to confirm/challenge current fragile services list. A regular meeting with people leaders/clinical leaders to review and amend lists. Dean Royals Recommendation report. A review of the OH service and the System Health and Wellbeing offering to all staff. People Leaders engaging in workforce programmes through the workforce committee. Monthly review of workforce plan - planned vs. actuals	Claire Low	15 August 2023	3	4	12	System Workforce Group	Julie Stevens (System People Hub)	Monthly	August 2023	3	4	12	2	3	6	Well Led		0003 CL
0004	1	12	[↔ arrow]	The ICB is unable to devise and implement a sustainable service improvement and financial recovery plan to remove unwarranted variation and consequently continues to operate without full autonomy.	The ICB has implemented a weekly FRP Board to oversee delivery of the FRP. The FRP Board reports to Lincolnshire Leaders Group and ICB Finance & Resource Committee and provides robust challenge to programme SRO and delivery leads.	The ICB does not have a balanced financial plan for 23/24. ICBs are currently developing financial overviews for a 3yr period to 25/26 with an expectation of recurrent financial balance in 25/26; this work is scheduled for the end of Q2 and aligns to the requirement for NOF4 exit.	The ICB has developed a robust and detailed FRP tracker which reports against plan, in-year delivery, recurrent FYE and risk on each individual programme. The weekly FRP Board provides robust challenge on YTD delivery and forecast with a clear explanation of risks. ICB FRC and Board receive a monthly ICS finance report and the ICS has agreed a system-wide Internal Audit programme.	Potential for changes in financial funding framework (none identified at time of writing) and ongoing industrial action, restricting the ICS ability to achieve operational delivery targets and sustainable service transformation.	Development of a 3yr financial overview to 25/26 by end of Q2. FRP Board ongoing review of pipeline and FYE into 24/25, linked to achievement of NOF4 exit criteria. ICS continues to develop risk overview and has implemented the ICS Financial Framework to underpin collective delivery of the ICS objectives.	Matt Gaunt	01 April 2023	4	3	12	Finance & Resource Committee	Deputy Director of Finance	Monthly	August 23	4	3	12	4	2	8	0		0004 MG

0005	1	10		The ICB fails to exit the RSP segment four of the NHS Oversight Framework within the agreed timeframe.	Financial recovery plan has been agreed and signed off by all partners with clear accountabilities against named individuals, with a system SRO.	Strategic Threats	A detailed delivery pack is prepared each month which goes to F&RC for review and scrutiny and this is the principle assurance vehicle. The pack is prepared by programme management team and is input directly by initiative owners. Review of progress is independently assured by the Programme Director and her team.	0	Agreement Directors of finance to agree on next steps on closure of the gap and agency cap compliance Pipeline strategies completed for UEC, Frailty and Corporate Services and available to programme team FRP M6 documents, transition plan and NOF4 exit letter are completed ICB F&RC approves M6 documents and transition plan followed by LLG ratifying and agreeing the same. Submit to NHSE regional team	Matt Gaunt	01 April 2023	5	3	15	Board	0	Monthly	August 23	5	2	10	5	0	0	0		0005 MG
0006	1	12		The ICB fails to deliver against key performance targets/indicators as identified in the annual operational plan.	Detailed underpinning operational plan developed and agreed. Programme Boards/groups in place for all key programmes with SROs. National Recovery Plans published in year with local plans reflective. Winter Planning commenced early ahead of national time table. Regional meetings where performance is off track via national Tiering structures	Reporting dashboard not fully developed. Clarification on People and Digital reporting and oversight. Failure to reach national pay award in respect of junior doctors and Consultants.	Service Delivery & Performance Committee through to the ICB Board/Trust Boards monthly LLG update on delivery against plan. System and Regional Boards for key programme areas ecalate up or down as required	Capacity to deal with concurrent demand pressures over and above planned.	Monthly reporting into SDPC which is unergoing a review to strengthen reporting metrics using making data count methodology which will enable commitee to agree 'deep dives' as required to oversee plan delivery and escalte where off track. First draft has been used and next draft at September meeting New SRO for people and appointment of additional NED in progress, CEO/Chair to agree where the people and digital agenda will report.	Clair Raybould	01 April 2023	5	4	20	Service Delivery & Performance	Deputy Director for System Delivery	Monthly	August 2023	3	4	12	3	2	6	0		0006 CR
0007		0		0	0	0		0		0	01 April 2023	0	0	0	0	0	Monthly	May 2023	0	0	0	0	0	0	0		0007'!A1

Item 8 (iii)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (iii)
Meeting Date:	28th November 2023
Title of Report:	Primary Care Commissioning and Delegated Functions Committee Report
Report Author:	Dr Gerry McSorley, Chair Sarah-Jane Mills, Director of Primary Care, Communities & Social Value Sarah Bates, Deputy Board Secretary
Presenter:	Mr Nick Blake, Programme Director – Primary Care
Appendices:	N/A

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

Recommendations

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

Summary

This paper provides an update on the discussions that took place at the Public Primary Care Commissioning Committee held on 18th October 2023. The October 2023 Public Primary Care Commissioning Committee focused on the following agenda items:

- **Director of Primary Care, Community and Social Value**: it was reported that from a performance perspective there areno new concerns to note. Focused work is taking place on the dementia diagnosis rates target.

  In terms of the WebV system the Team are currently working towards all Practices using WebV to the end of October, however, support will be available through November if required.

  An update was provided on supporting digital inclusion within primary care of which includes the installation of digital health kiosks within ten Practice sites and making tablets available on loan to patients to support access to digital health opportunities.

  In terms of communications - a new intranet is being developed in SharePoint to share key information from the ICB with primary care providers which is planned to be launched in October.

  In relation to winter planning, it was reported that there is no national winter pressure funding available to primary care this year, the focus for GP Practices and PCNs will be on recovering access through the work of the Capacity and Access Improvement Plans.

It was noted that three Acute Respiratory Infection Hubs are now live, the services are operating seven days a week and are being provided by the South Lincolnshire Rural PCN, The Welby Group and LADMS (Lincolnshire and District Medical Services).

It was reported that good progress is being made with the Covid and Influenza vaccination programme.

- **Primary Care Access Recovery Plan:** an update was provided on the progress being made to support the Primary Care Access Recovery Plan. It was reported that there are four main elements to the Plan which include:

1. Empowering patients.
2. Modern GP access
3. Building Capacity.
4. Cutting Bureaucracy.

It was noted that work is taking place on the provision of access to patient records via the NHS App with 32 practices enabling this. The requirement is for all Practices to have access enabled with no more than 50% of patient's exemption coded. It was noted that some concerns had been highlighted in relation to the associated implications and that for some patients safeguards will need to be put in place.

An update was provided on the Community Pharmacy Consultation Scheme and that uptake remains low, rurality and location of pharmacies alongside the high proportion of dispensing practices are two key issues in relation to this. Discussions are ongoing with NHSE on how to improve performance and learn from other areas is ongoing.

In relation to the self-referral pathways six of the seven have been implemented. Discussions are ongoing regarding the MSK pathway due to the anticipated demand and that there are limited providers in place.

Work is taking place with the PCNA (Primary Care Network Alliance) on optimising the use of ARRS (Additional Roles Reimbursement Scheme) it is forecast at Month 6 that there is an underspend.

Discussions are taking place with the Care and Clinical Directorate to agree an approach to managing the Cutting Bureaucracy workstream such as issuing fit notes and ensuring that discharge medications are available. The Primary Care team are monitoring and collating feedback from GP Practices.

- **Quality, Patient Experience and Effectiveness:** an update was provided and the following noted:

- **Branston Practice** – had been rated as Inadequate by the CQC. A follow up inspection took place in June 2023 and the report is now with the Practice for factual checking.
- **Caskgate Practice** – had also been rated as Inadequate by the CQC. Good progress is being made against the Action Plan and support is being provided to the Single Partner.
- **Richmond Medical Practice** – the CQC report had recently been published. The Practice had been issued with warning notices prior to the publication and action has been taken to address these.
- **Hawthorn Practice** – has recently been re-inspected and the ratings improved to Requires Improvement.
- **Trent Valley Practice** - has recently been re-inspected and moved out of Special Measures.

- **Risk Register Update:** it was noted that there had been two changes to the risk register including:

  - Refugee and Resettlement Scheme and impact on primary care has been increased.
  - Spirometry risk has been decreased as there is a new commissioning approach now in place.

- **Pharmacy, Optometry and Dental Services Update:** it was noted that a high-level overview continues and work is taking place to embed governance processes and structures for these areas both regionally and locally.

  It was noted that good progress is being made on the dental strategy and that dental access recovery is starting to be seen across the region and that there has been some targeted investment and innovative solutions put in place to support this.

  In relation to the community pharmacy workstream it was reported that there has been changes to the contract in relation to the 100-hour provision. Work is taking place on developing a Pharmacy Strategy.

  It was noted that for Optometry the roll out of the electronic eye care referral form has taken place which allows Optometrists to refer direct into acute pathways.

Items for escalation to the ICB Board include:

- Primary Care Access Recovery Plan.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	Provides details of actions being taken to ensure access to high quality primary care that is essential to ensuring individuals receive timely treatment for acute conditions, support to manage any long-term condition and proactive access to interventions that will help them to stay well for longer.
Aim 2: Tackle inequalities in outcomes, experience and access.	Ensures that there is equal access to primary care for all and that where there are factors that create health inequalities that there are targeted plans to address these.
Aim 3: Enhance productivity and value for money.	Provides assurance that additional investment provided represents value for money and secures the ongoing provision of effective primary health care that is the foundation of a productive health system.
Aim 4: Help the NHS support broader social and economic development.	Strong primary care service provision supports the general health and wellbeing of the local population which in turn enables them to support the local economy. Primary care services are delivered in local communities and provide employment opportunities for local people
Conflicts of Interest	**Summary of conflicts**
No conflict identified	

Risk and Assurance	
Practices have been identified and included on the Risk Register.	
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Yes, where required additional funding has been provided by the ICB to facilitate additional support to vulnerable Practices as appropriate, where not covered via existing funding routes.
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications/	No
Does the report demonstrate patient and public involvement?	Patient and public engagement processes are utilised to secure patient experience information for each Practice that informs the Quality Risk Rating and Quality Improvement actions.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	N/A

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒

Report previously presented at:
The Board Committees regularly present reports including items for escalation and risks identified to each Board meeting.

Is the report confidential or not?
Yes ☐ No ☒

Item 8 (iv)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (iv)
Meeting Date:	28th November 2023
Title of Report:	System QPEC (Quality and Patient Experience) Committee Update
Report Author:	Sharon Robson, Non-Executive Director (Chair) Martin Fahy, Director of Nursing Sarah Bates, Deputy Board Secretary
Presenter:	Sharon Robson, Non-Executive Director (Chair)
Appendices:	N/A

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

Recommendations

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

Summary

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

- **System Quality Risk Register and Quality Risk Log Template**: a copy of the latest System Quality Risk Register was presented. An overview of the risks was presented and discussions took place regarding the detail within the Register. Further discussions ensued regarding the work that is taking place across the system with the Chairs of the various Quality Committees and identifying the key risks. It was recognised that clarity needs to be provided on the governance arrangements and the inclusion of key enablers. It was highlighted that the Risk Register will align to the development of the ICB Quality Strategy.

- **System Quality Strategy:** it was discussed that work will take place on developing a ICB Quality Strategy and that once a draft version is completed this will be shared with members for comment. It was noted that the Strategy will include the objectives/priorities and identify the associated risks. Discussions took place regarding injecting pace into completing and sharing this piece of work.

- **Healthwatch Update:** it was noted that the main themes that had been reported relate to access to GP and dental services with concerns highlighted regarding access for children for orthodontic treatment and the longer-term effect this has.

It was noted that a review has been undertaken on community mental health services of which has received over 100 responses and that the report will be presented at the next meeting.

A visit had been undertaken to the Urgent and Emergency Care department and the findings from this visit are in the process of being finalised.

Work has been taking place with two Care Homes and visits undertaken whilst providing soft intelligence in preparation for future CQC inspections.

It was reported that Healthwatch are planning a Lincolnshire Forward Vision event 2023 the theme is – Transforming Health and Social Care Together, date 31st October 2023 it will involve health and social care representatives and be a question and answer style panel event.

- **Revised Oliver McGowan Funding Allocation for 2023/24 and MoU:** a presentation was provided on the proposals to introduce the Oliver McGowan training. It was noted that from 1st July 2022 the Government introduced a requirement for CQC registered service providers, to ensure their employees receive learning disability and autism training appropriate to their role. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the Governments recommended training for health and care staff to undertake to enable providers to meet the new requirements of the Health and Care Act 2022 and that this will become part of the mandatory training across health and care and is expected to be repeated every three years.

  A System Operational Group has been created and monthly meetings are in place to oversee the implementation and operational delivery of the training across the health and care sector. Furthermore, non-recurrent monies have been received into the system by NHSE accompanied by a Memorandum of Understanding outlining the terms and conditions that the system will need to demonstrate to give NHSE a return on their investment.

- **Development Session – 21st April 2023/Audit Actions Close Down and Future Development Session:** discussions took place regarding the previous Development session and an overview of the areas discussed was highlighted. It was discussed that the momentum to progress the actions needs to be expedited.

  It was highlighted that an Internal Audit review had previously taken place by PWC on the functioning of the Committee and the key areas noted. It was discussed that all actions have been achieved and the governance mechanisms subsequently strengthened.

- **Highlight Report from ULHT (United Lincolnshire Hospitals NHS Trust):** an update was provided on the main quality concerns and risks that predominantly relate to treatment delays in both the admitted and non-admitted pathways. It was highlighted that the Urgent and Emergency Care pathways has faced periods of unprecedented demand which has exacerbated delays. It was reported that the Trust Board had discussed this area in detail at the last Development session.

  It was reported that the review of the internal inboxes had identified three cases of low harm.

  In terms of PSIRF (Patient Safety Incident Response Framework) it was noted that the Trust transferred on 1 October 2023. This coincided with a transfer over to Datix Cloud and the commencement of LFPSE (Learning from Patient Safety Events).

  It was noted that the Trust has received two regulation 28 notices.

- **Highlight Report from LPFT (Lincolnshire Partnership NHS Foundation Trust)**: it was reported that a review of Fixed-Point Ligature Incidents has been undertaken due to the noted increase in the number within the adult inpatient wards during 2023 when compared to 2022.

In terms of quality review it was noted that a thematic review is being undertaken in relation to Suicide Prevention.

An update was provided with regard to learning from incidents and the prescribing of Sodium Valproate and that it had been identified that some patients in the reproductive age group of women do not have annual risk assessments and that a Level 2 investigation is progressing.

A concern was raised in relation to the number of out of area placements for women and that a review of the pathways is being undertaken.

It was reported that a research activity is being undertaken in relation to rural and coastal mental health and the development of a research Strategy.

- **Highlight Report from LCHS (Lincolnshire Community Health Services NHS Trust):** an update was provided in relation to Childrens Speech and Language Therapy and that demand continues to exceed capacity. Discussions took place regarding the longer-term effects on patients and it was discussed if patient stories should be introduced. Options are being explored as a system and harm reviews are taking place. In relation to Learning from Incidents a Pressure Ulcer Thematic review has been undertaken, frailty and lack of recognition of palliative are identified as underlying themes. This is monitored through the Trust pressure ulcer action plan palliative has been identified as underlying themes.

  Work is taking place on the implementation of PSIRF and the updating of Datix.

  For quality improvement learning, it was noted that a deaths review demonstrates an improved position and that 100% of forms presented were recorded on S1 and reviewed. This has been an area of consistent improvement over the past year.

- **Highlight Report from Primary Care:** it was noted that capacity, demand and the fragility of Practices were the main concerns that had been highlighted. It was highlighted that the strategic risks for primary care are discussed at the Primary Care Commissioning Committee.

- **OQAG (Operational Quality Assurance Group):** it was discussed that there had been a further Regional meeting since the last update to the Committee. Of particular note was ADHD 360 and that the enhanced scrutiny has now been decreased to routine oversight. It was noted that work is taking place with LACE (Lincolnshire Academy of Clinical Excellence) in reviewing the current ADHD referral /diagnosis and treatment pathways.

  In terms of sharing learning and celebrating good practice it was noted that the ULHT Patient Led Assessment of Clinical Environment (PLACE) results for 2022 have shown marked improvement across all sites and also places the Trust in an improved position nationally which is recognised as a considerable effort considering the aged estate on all sites.

- **System Quality Group:** a summary was provided on the discussions that had taken place at the last meeting. To note was the previously raised concerns via HealthWatch in relation to communications and that LPFT had shared an excellent presentation on the wealth of communication and engagement methods utilised to understand service user experience.

  It was noted that a thematic review was undertaken in relation to Children and Young People and the current constraints on children epilepsy services were discussed and that subsequent to this funding had been secured for two Epilepsy Specialist Nurses.

  An update was provided by Public Health on Childhood Immunisations and that immunisation rates have fallen and not recovered since the pandemic. Work is underway to fully review and understand this in order that effective actions can be instigated to address this.

  In relation to EMAS an NHS Pathways pilot launch to reduce the number of Category 2 calls to Category 3 has commenced.

It was acknowledged that in terms of LCHS challenges/long waits continue within Speech and Language Services and the Lymphoedema service.

For General Practice it was discussed that demand has significantly heightened by the elective backlog and that it is imperative that General Practice is included within the Urgent and Emergency Care discussions.

Items for escalation to the ICB Board:

- Further work on developing the System Risk Register.
- Development of the System Quality Strategy.
- Update on the Revised Oliver McGowan Funding Allocation for 2023/24 and MoU.
- Main risks identified as: Urgent and Emergency Care, Waiting Times and Workforce.
- ULHT has received two regulation 28 notices.
- Recognition that both nationally and internationally evidence indicates that following pandemics and also during times of financial adversity suicides levels can increase.
- LCHS Childrens Speech and Language Therapy. Demand continues to exceed capacity.
- Primary care and fragility of Practices and that currently there are four Practices that are impacted by demand and lack of capacity.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.
Aim 3: Enhance productivity and value for money.	As above.
Aim 4: Help the NHS support broader social and economic development.	As above.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	
Risk and Assurance	
A System Risk Register and ICB Risk Register is in place of which is shared at the meeting.	
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications/	Health inequalities considered in all aspects of the work programme.
Does the report demonstrate patient and public involvement?	Patient and public involvement and engagement is embedded within the System QPEC.

Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Report previously presented at:			
The Board receives regular reports from each of its Committees at every meeting.			
Is the report confidential or not?			
Yes ☐ No ☒			

Item 8 (v)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (v)
Meeting Date:	28th November 2023
Title of Report:	Update from the Service Delivery & Performance Committee (September and October meetings)
Report Author:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Presenter:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Appendices:	None

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

Recommendations

The Board is asked to note and consider this report.

Summary

September 2023

Cancer Update

From October 2023 onwards, systems will be measured against three standards:

- 28 Faster Diagnostic standard (FDS) (from urgent referral to diagnosis)
- 31-day standard (from decision to treatment)
- 62-day standard (from urgent referral to treatment)

The FDS performance standard is 75% achievement by March 2025 with Lincolnshire currently at 71%. There is considerable scrutiny within the NHSE tiering system (Tier 2) to be achieving 70% at the end of September 2023, the significant risks to this being further industrial action and other competing priorities such as Urgent Care and Planned Care.

The Cancer intensive support team meet twice weekly to support delivery of improved performance against the standards and to reduce backlogs. Significant improvement is being achieved in some areas, for example, breast cancer performance.

The Lincolnshire Academy for Clinical Excellence (LACE) is also working with the team and this is proving to be very beneficial.

With this continuing focus, the number of patients waiting over 62-days, as at 20th September has reduced to 238. The aim is to work on further backlog reduction and improving the 28-day FDS by looking at processes, administrative flow and pathways.

Living with Cancer (LWC)

The LWC team was awarded a national Macmillan Excellence Award in the Integration category of the Macmillan Professionals Conference in November 2022. The programme was commended for its ambition, commitment to patient and public involvement, its achievements and taking a whole system approach. The team are now sharing their work and approach nationally via Macmillan webinars and workshops. The programme has also been recognised internationally with a presentation at the International Psycho Oncology Symposium Work Congress in Milan in September 2023.

Winter Planning

An update was provided on the Winter 2023/24 Planning Submission and the correspondence that had been received from NHS England.

In summary, the requirements are:

- To continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place.
- To complete operational and surge-planning, preparing for different scenarios by revising original demand and capacity in operational planning and multiple scenario surge planning for increases in demand (for flu/covid etc.).
- ICBs should ensure effective system working across all parts of the system.
- Supporting the workforce to deliver over winter.

High Impact Interventions

There are 10 high impact interventions contained within the winter plan, including the establishment of an Acute Respiratory Infection Hub. Urgent national work was being undertaken with all systems and Lincolnshire was part of the national work to deploy an Acute Respiratory Infection Hub in time for winter. Work was also underway to establish a Same Day Emergency Care (SDEC) frailty assessment centre.

The key expectations for UEC from a recovery perspective was to achieve:

- 76% of patients being admitted, transferred or discharged within 4 hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to be 30 minutes on average over 2023/24 with further improvement in 2024/25.

Several bids have been put forward to the regional team for additional winter funding schemes, the outcomes are awaited.

UEC Tier 2

Lincolnshire UEC has been moved into Tier 2 (regional) oversight, predominantly due to the high number of 12 hour waits in ED.

Performance Dashboard

The newly developed performance dashboard was presented to the committee, this tracks all the required metrics within the 2023/24 Operational Plan and provides programme narrative updates each month, enabling the Committee to focus in on areas for attention at future meetings.

From the September data and narratives, the impact of continuing challenges surrounding workforce was acknowledged and the need for ongoing focus on this across the system.

Discussion took place regarding Virtual Wards and it was agreed that a deep dive be undertaken at the October meeting.

Clarification was required regarding Urgent Community Response data quality issues. A deep dive had been undertaken by LCHS into UCR and training sessions held with all the staff, as the issues are mainly recording errors. A weekly data report would pick up the recording moving forward.

Items for Escalation to the ICB Board

- *Acknowledgement of the increasing collaboration across the system and group model.*
- *Data quality issues across providers and the possibility of exploring a shared BI function (under the provider review corporate services workstream).*

October 2023

Terms of Reference

The Committee's Terms of Reference had been revised and updated to focus on oversight and assurance on delivery of the 2023/24 Operational Plan.

BAF Risk

The ICB BAF was presented to the Committee for review in relation to risks focused on operational delivery. It was noted that the risk was all encompassing, covering all areas of current delivery.

Planned Care and Diagnostics

Success in Planned Care was largely predicated on the ability to handle outpatient demand. Work was therefore underway, expected to complete in November, to maximise the output from outpatients. This included first outpatient appointment booking, reduced follow-ups, clinic code reviews, clinic template reviews and review of consultant job plans.

The need for improved communication channels was highlighted, particularly where patients couldn't attend booked appointments, to ensure DNAs were avoided and attendance at every clinic was maximised.

Discussions also took place about PIDMAS and the likely impact of this.

Virtual Wards

A deep dive was carried out into virtual wards:

- There are five virtual wards – acute medicine, frailty, respiratory, cardiology and complex neurology.
- By the end of March, it was proposed that there would be 172 beds open.
- All wards are currently on target with exception of frailty. The frailty ward was one of the biggest of the five wards.
- It was hoped that another consultant would be available soon as this would accelerate bed opening opportunities and would ensure that these were set up for winter.
- The extra 20 frailty beds that the team could support included 10 Parkinson's patients being in a virtual ward within the community.
- Five clinical groups have been set up, one for each of the virtual wards alongside the digital and data group which then feeds into the lead provider governance and then into the ICB.

The importance of GPs being comfortable with virtual wards, rather referring their patients directly to A&E, was highlighted especially in relation to frailty and some long terms conditions. Links were also being developed with Neighbourhood teams to explore the integration of physical and mental health care for patients at a primary care level, including having a virtual mental health ward to support these patients.

Regional Winter Assurance Visit Feedback

The NHSE Regional winter assurance visit took place in October and had gone very well with the ICB receiving feedback on this from NHS England.

There were many positive points noted in relation to the system's approach, however, and the focus for required improvement was on 12hr waits in A&E, ambulance handover delays with the impact on Category 2 response times.

It was agreed that the November Committee meeting would focus on the findings of the recent audit carried out on 12hr waits in A&E, the discharge and flow of patients through the service and the winter assurance plan.

2023/24 System Plan and Performance reporting:

The final version of the Lincolnshire NHS System Plan 2023/24 was approved at the May 2023 meeting of the Lincolnshire Leaders Group, with the Committee then tasked with overseeing delivery and providing assurance feedback on a regular basis throughout the year.

To support this, reporting has been further developed to comprise two elements:

- Activity and Performance Dashboard - covering all the key metrics and standards.
- System Plan - performance on 23/24 key deliverables (across the system development programmes)

The Committee agreed that the two reports provided a clear and detailed view of activity and progress and commended the hard work and effort that had gone in to producing these given the complexity and range of activities across the system.

Bed Right Sizing Report

The Lincolnshire Bed Right Sizing project had been commissioned in February 2023 to provide system stakeholders with a shared understanding of the baseline bed position across the system and to quantify pathway-based opportunities to re-balance bed demand

and facilitate improved patient flow. The final report was presented to the Committee and it was noted that further work had been agreed on the opportunities highlighted.

Items for Escalation to the Board

- *Communication to and from patients across the system – for example, reducing DNAs for outpatient appointments/GP appointments etc. – is there a strategy for effective two-way communications?*

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in line with the core aims are being effectively discharged.
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.
Aim 3: Enhance productivity and value for money.	As above.
Aim 4: Help the NHS support broader social and economic development.	As above.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	
Risk and Assurance	
See main body of report.	
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	Yes - Health inequalities considered in all aspects of the work programme.
Does the report demonstrate patient and public involvement?	Not applicable.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an Equality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Report previously presented at:			
Not applicable			
Is the report confidential or not?			
Yes ☐ No ☒			

Item 8 (vi)

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (vi)
Meeting Date:	28th November 2023
Title of Report:	Audit & Risk Committee Update
Report Author:	Mrs Jules Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance Mrs Karen Bates, Acting Assistant to the ICB Board Secretary for IG and Risk
Presenter:	Mrs Margaret Pratt, Non-Executive Director and Chair of the Audit and Risk Committee
Appendices:	N/A

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

Recommendations

The Board is asked to note the update and progress.

Summary

The Audit & Risk Committee meeting held on 14 November 2023 focused on a number of areas including the following:

- IA Summary Internal Controls Assurance (SICA) Report
- E&Y and ICB Lessons Learnt Action Plan
- Counter Fraud Update Progress Report
- Governance Report
- Information Governance Report Q1
- Update on Risk Appetite and BAF
- Audit and Risk Committee Forward Plan 2023 – 2024
- Recovery Support Plan

Key points for noting were as follows:

Internal Audit Summary Internal Controls Assurance (SICA) Report
Progress against delivery of the plan was shared and it was noted that a number of plans were ongoing with positive engagement from ICB colleagues. One audit action remained outstanding and an update and assurance was received from Wendy Martin & Richard Eccles that this action was in hand and TIAA confirmed the status of this action would be reviewed once evidence was received and an update report will be shared at the January meeting. It was noted that issues raised about improving assurance about operation of controls at the interface with partners (e.g. CHC, PHB, BCF) would be picked up by the Chief Executive.

E&Y and ICB Lessons Learnt Action Plan
A joint action plan has been put together to improve the audit processes to deliver the audit for next year and to ensure all information is available in readiness for the walkthrough. The importance of achieving agreed milestones was emphasized and agreed.

Counter Fraud Progress Report
Ongoing PHB investigation, working towards potential interviews under caution as there is a criminal aspect to this. Investigations are still ongoing and will update at future meetings. Three incidents, one incident closed as it did not relate to the ICB, one regarding a GP surgery, however, this was not deemed to be fraud and the third is in the early stages of investigation. Fraud awareness training continues.

Governance Report
A summary of amendments to the declarations of interest register were included. There had been no declarations of hospitality or sponsorship and there were no losses to report. One waiver had been shared which was approved by the committee.

Information Governance Report Q1
Kelly Huckvale was introduced as the new IG representative who will be attending the committee going forward. The DSPT standard for 23/24 had been released end of August and are currently working through the assertions. As of September, 33 of the 108 assertions have been met. Data security training is reported at 90%.

Update on Risk Appetite and BAF
An update was provided by the ICB Board Secretary on progress and development of the ICB's Risk Appetite and Board Assurance Framework. This included details on the outcome of the Board Development Session held on the 24th October 2023 and the next steps.

Audit and Risk Committee Forward Plan 2023 – 2024
Forward plan shared with the committee. All agreed to the content and following discussion it was felt that bi-monthly meetings would remain in place but would be reviewed again in mid-2024 after the completion of the External Audit.

Recovery Support Plan
The ICB received £539k in support of the system's financial recovery. Part of the governance process to ensure the monies are spent as expected, a formal report is to be submitted to the Audit & Risk Committee to assure transparency and that the spend has delivered on the outcomes required.

How does this paper support the ICB's core aims to:	
Aim 1: Improve outcomes in population health and healthcare.	The Board's committee structure has been designed to provide assurance to the Board that statutory duties and responsibilities in

	line with the core aims are being effectively discharged.
Aim 2: Tackle inequalities in outcomes, experience and access.	As above.
Aim 3: Enhance productivity and value for money.	As above.
Aim 4: Help the NHS support broader social and economic development.	As above.
Conflicts of Interest	**Summary of conflicts**
No conflict identified	
Risk and Assurance	
As indicated in the report.	
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	Not applicable.
Does the report demonstrate patient and public involvement?	Not applicable.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has an equality impact assessment been undertaken?	Yes ☐	No ☐	N/A ☒
Has a Quality Impact Assessment been undertaken?	Yes ☐	No ☐	N/A ☒

Report previously presented at:
Regular updates provided to the Board.
Is the report confidential or not?
Yes ☐ No ☒