

31 July 2024

**Sent by email****Gerry McSorley**  
ICB Chair  
Lincolnshire Integrated Care Board

Dear Gerry

**Annual assessment of Lincolnshire Integrated Care Board's performance in 2023/24**

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "The Act"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we have had with you and your colleagues throughout the year.

This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2023/24 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of our assessment, we have summarised those areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan (JFP) which you have reviewed and re-baselined. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this.

Thank you to you and your team for all your work over this financial year in what remain challenging times for the health and care sector, and we look forward to continuing to work with you in the year ahead.

Yours sincerely

**Julie Grant**  
**Director of System Co-ordination and Oversight – East Midlands**Cc: Dale Bywater, Regional Director, NHS England Midlands Region  
John Turner, ICB Chief Executive, Lincolnshire Integrated Care Board

## **Section 1. System leadership and management**

The ICB has confidently led the system working with partners to improve outcomes by facilitating greater integration of services. Over the last year, there has been continued and ongoing improvement with the ICB exiting RSP. The ICB and system partners have worked closely with partners in the Acute and community Trust as they come together in a provider group arrangement from 2024/25.

In terms of collaborative arrangements in the East Midlands, the system is the lead for the broader collaboration with Local Authorities, Cancer Alliance, Cardiovascular Disease, Respiratory Clinical Network and Commissioning.

All the partners work collectively in strategic planning and decision-making including County/District Councils, voluntary, community and social enterprises. There is comprehensive public involvement to progress the key priorities in the ICB's JFP. The system ran a public engagement session on the 5 priorities aligned with the JFP guidance, with an event on "Transforming Health and Social Care Together" in October 2023 sharing the forward vision with partners.

Close partnership working has enabled the effective implementation of the Joint Health and Wellbeing Strategy supporting delivery of the ICB priorities: carers, healthy weight, homes for independence, physical activity, mental health and dementia. These priorities are also aligned to Lincolnshire's Integrated Care Partnership Strategy and Five Year Forward Plan.

The system has a well-established Primary Care People Group to bring together key stakeholders to agree a strategic Primary Care People Plan. The ICB works closely with key stakeholders such as PCNs, Community Pharmacies, Community Services, Secondary Care and Voluntary Sector providers.

There are two oversight groups where quality concerns are managed. The System Quality and Patient Experience Committee maintains oversight of the ICB's quality functions and responsibilities. The ICS System Quality Group identifies and escalates issues, provides assurance, identifies themes and improvement support to system partners.

Governance processes continue to evolve and mature. The ICB works very positively with providers and partners to develop and monitor the delivery of UEC, cancer and planned care.

There is strong leadership that is evident across the system for Children and Young People (CYP) with good governance alongside effective joint commissioning with the Local Authority. The system is mature, proactive, and attuned to the issues facing CYP, identifying the gaps in commissioning & provision. CYP transition work is outstanding, the 2023-28 strategy contains clear objectives. However, there are issues relating to the volume of programmes, governance arrangements, and the ability to fund the work requiring attention.

The ICB demonstrates sound understanding of the wider effects of their decision-making duty in the Annual Plan, based on the triple aims of health & wellbeing for better population health, better quality of patient care through financially sustainable services, obtaining appropriate advice, the duty to involve and consult the public. This is reflected in productive partnership working, effective public engagement and the break-even financial plan.

The ICB leads and supports the improvement of healthcare outcomes through the direct commissioning of services, collaborative working with a broad range of system partners, reviewing delivery and performance across the range of services, actively engaging with the public to understand local priorities, the challenges and the actions needed to deliver and maintain high-quality, safe services.

## Section 2. Improving population health and healthcare.

Overall, the system achieved some of its key metrics with notable exceptions in Cancer FDS (faster diagnosis standard), 4-hour A&E standard and Category 2 ambulance response times. Although these standards were not met for March 2024, the system made concerted efforts to improve the UEC (urgent and emergency care) position through action such as breach validations and focused work at the Grantham UTC (Urgent Treatment Centre). The improvements in operational pressures and responses are noted in the latter part of the year moving into 2024/25. Further assurances for 2024/25 are needed including Emergency Department quality measures and timely ambulance handovers.

Lincolnshire has continued to focus on improving capacity and reducing patient treatment times. The Elective Activity Coordination Hub works in partnership to validate and reduce long-waiters to provide reassurance and consider alternative providers, although you were unable to reach zero patients waiting over 78 weeks by the end of March 2024.

We recognise that the ICB had to put plans in place and mitigations throughout the year in response to Industrial Action.

The system exited tiering performance management arrangements due to the operational performance improvements made. The ICB needs to consider the improvement interventions that are still required to support sustainability.

Safe, effective delivery is supported through healthy challenge and supporting providers where system or wider approaches are needed. This is demonstrated in the collaborative nature of elective recovery calls where there is consistently one version of the position. There has been a collective approach to improving Cancer pathways and reducing waiting times with ongoing work to transform Cancer in the most challenged pathways. However, Lincolnshire was the only system in the Midlands not to meet the Cancer FDS standard for March 2024. The system has worked in partnership to ensure transformations are successful, implementing best practice timed pathways to reduce the waiting lists. At the end of April 2024, you were marginally below (1%) meeting the fair shares position on the 62 day backlog.

We noted good participation by Healthwatch, including at the Primary Care Commissioning, Quality, and Patient Experience Committees. There is also an ICB Primary Care Network Alliance with a responsible Clinical Director.

There is an established Care and Clinical Professional Directorate, and outputs shared through the Primary Care Advisory Group which includes all Primary Care services and good cross system alignment with Community and Secondary Care providers and other partners to signpost and divert patients away from General Practice to more appropriate services. For example, 83.7% of Cancer patients had wellbeing checks in Primary Care within 3-months of diagnosis and 91.2% received Cancer care reviews within 12-months of diagnosis.

ICB appointments is higher than the regional and national figures. Appointments have recovered to 129% of 2019 levels. Face to face appointments now 73% of all appointments are above regional average 72%; 37% of appointments are same day and 71% are within 14 days. 53% of practices in the area switched on Access to Records, with work needed to achieve 100% coverage.

Mental Health provides excellent assurance in most areas, including reducing Out of Area Placements. Positively the mental health investment standard was met for 2023/24. Within Learning Disabilities and Autism, a non-compliant plan\* was submitted for 2023/24, and the internal plan was not met (*\*non compliant against the national long term plan commitments*).

For CYP (children and Young People), the system made significant improvements in year, as the highest national performer. The good progress in developing community capacity is well received. The Autism diagnostic pathways are also progressing well, demonstrating grip and focus.

Annual health checks have improved, and the system is one of the region's top performers. In contrast, the LeDeR (*learning from life and death reviews of people with a learning disability and autism*) target for completing reviews within 6 months is substantially below at 10%. The ICS is planning to increase this percentage for 2024/25. For Maternity, the plan requires further attention and detail, alongside and the Equity and Equality plan which also needs strengthening. Effective safeguarding leadership is demonstrated through routine quality assurance reviews.

### **Section 3. Tackling unequal outcomes, access, and experience.**

We have noted evidence of the ICB's approach to reducing inequalities for both the protected characteristics in line with the Equality Act 2010 and key local groups disproportionately impacted by inequalities. Some examples of good practice include:

- Maternity has Enhanced Continuity of Carer service, providing support to deprived areas and BAME (black and minority ethnic) communities.
- Military Maternity Voices partnership (won an award in the Health Service Journal in 2023).
- Achieved silver level for military convenience despite only 2 years into being an ICB, with plans for close and ongoing working with the Armed Forces in 2024.
- Covid/Flu vaccinations progressed well.
- CVD (coronary vascular disease) - the proportion of patients with hypertension treated, is the highest in the region at 70% and lowest number of patients needed to be treated under 8,000.

However, for Cancer Lincolnshire has the lowest proportion of Cancers diagnosed with stage 1 or 2 at 51% and this requires further exploration by the ICB.

In terms of the progress being made against the 5 key priority areas and Core20plus5, the ICB has strong cross organisation collaboration with Public Health and the Local Authority. The development of the Virtual Health Inequalities Hub is a joint proposal between the ICB and Public Health providing Health Inequalities intelligence including analysis, insight and research supporting the ICS provider teams and transformation programmes with Health Equity Assessments.

The ICB has a system approach to addressing and reducing health inequalities, working in partnership with the Primary Care Programme and PCN Health Inequalities Leads Network and embed this approach in its commissioning strategies and policies. Wider partners are represented on the ICB and within the ICP, with health inequalities identified as one of the key priorities. The ICP strategic enablers include prevention and health inequalities, workforce and skills in health and care, personalisation, digital/technology, data and intelligence. This joined-up approach empowers each organisation to understand its commissioning responsibilities and how these contribute to delivery of the ICB's shared aims and ambitions.

There is significant evidence of quality improvements in health inequalities, EDI, cancer, EPRR, palliative and end of life care. Strategies have been aligned to the key priorities, such as frailty, community mental health and autism. The Annual Report illustrated how quality initiatives have positively impacted on user experiences of care and access for example, vaccination programmes, cancer, dementia and diagnostics.

The System Health Inequalities Programme Board consists of representatives from the ICS including PH and Local Authority. The deputy chair is from Public Health and there are Health Inequalities leads in each Provider trust.

There have been focused discussions at the Health and Wellbeing Board on how to invest more funding for preventative services specifically targeting health inequalities and in turn positively impacting on the five priorities set out in the Joint Health and Wellbeing Strategy.

Regarding public and patient involvement, 'patient voices' are embedded in the decision-making processes through patient representatives, who are key members of the JFP Steering Group,

working alongside Healthwatch, Local Authority and system leads. There is patient representation at clinical and organisational workshops to ensure the alignment of public engagement feedback with Lincolnshire system priorities. Extensive community engagement has been undertaken to understand the priorities for local people.

#### **Section 4. Enhancing productivity and value for money**

In the financial year 2023/24 the system's reported financial performance was £25.4m deficit against an initial plan of £15.4m deficit. Non-recurrent funding of £15.4m was made available to support cashflow requirements. For financial performance management purposes, the applicable financial position was £40.8m deficit. Within the reported value the ICB financial position was £30.3m deficit.

Total system efficiencies delivered were £85.0m 4.7% of system allocation. Of this total £47.9m (56.4%) was recurrent increasing the recurrent efficiency requirement in future years.

As noted, Lincolnshire successfully exited the Recovery Support Programme which had been supporting the system to address its financial challenges. The system worked hard with colleagues to deliver on actions set and has retained a robust focus around financial management since.

Lincolnshire has demonstrated a strong and effective finance function working as an effective team across the system. The ICB and partners have a positive mind-set and approach to addressing the financial challenges and there is both cohesion and shared purpose across financial professionals but also across the wider leadership team.

The tone has been set by the ICB board and the clarity of purpose and focus has helped bring leaders together. There is more to do to demonstrate a track record of delivery of the plan and continue to build credibility.

#### People and workforce

Collective work has been undertaken to maximise Lincolnshire's use of human resources. The ICB commissioned a review of the strategic workforce requirements at system level which concluded October 2023. Following a workshop in February 2024 there was agreement on the direction for the People agenda going forward into 2024/25. The system included the delivery of a workforce enabler detailed in the Joint Forward Plan, with a systemwide approach to embedding the LTWP (long term workforce plan) and System People Plan, setting the direction for the People agenda for 2024/25.

The ICS grew their substantive workforce above plan with a variance of 4.5% and increased bank workforce above plan with a variance of 81.7%. However, agency decreased below plan (-3.5%) so the total growth was above plan by 7.4%. Lincolnshire has been used as a model of best practice in terms of addressing agency use and out turned £2.6m (6.3%) below its 23/24 agency plan.

The staff survey results for 23/24 show that the ICS improved in 5 themes and were similar for three themes. They were above the regional average for 'we are recognised and rewarded', and 'we work flexibly'.

The Primary Care People Plan is aligned to system People Plan and has specific work programmes under developing and growing their people. The Mental Health provider has taken a proactive approach to new roles including Peer Support Workers and Mental Health Wellbeing Practitioners (developing an entry role to MHWP to support workforce supply).

The One Workforce Brand is embedded in partner organisations and professional faculties (AHP, Pharmacy). Delivery of the Oliver McGowan Mandatory training has been a challenge for the system; 8% of the eligible workforce for tier 1 have been trained, but there was no tier 2 delivery in 2023/24.

In respect of digital readiness, there are Health literacy programmes, digital ambassadors, increased digital and health literacy within rural populations in place. Lincolnshire have also implemented the expansion and adoption of technological opportunities in line with the Digital Strategy.

There is a named ICB executive lead for research. A strategy has been developed (March 24) and implementation plan to be published at the end 2024. The Research Leaders Group identifies research priorities. REND (research engagement network development) funding is utilised to engage diverse communities in research and scoping for additional funding.

The Lincolnshire Academy of Clinical Excellence compiles evidence to feed into strategic commissioning decisions and operational Boards.

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

Whilst not always explicit in the plans reviewed, there is a thread of supporting Lincolnshire in its social and economic development. There is ongoing work with the local authority and consideration of the wider determinants of health.

Over the last year a significant amount of work has been taken to support the provision of RAF Scampton to hold up to 800 asylum seekers. Consideration of this has been broader than health and the system has worked well together to consider all areas. Whilst a challenging area of work, the system has worked together to consider the proposal and ensure all considerations have been made fairly and consistently.

There has also been close working with the armed forces to support healthcare for those based in Lincolnshire. Further work on this is planned in 2024/25.

There is a long history of joint working in Lincolnshire between the Local Authority, the NHS, and wider partners. The ICB has demonstrated commitment in delivering engagement at all levels from working with community leaders at a neighbourhood level, through partnership working such as Lincolnshire's ICP - Better Lives Lincolnshire.

Healthwatch and the Voluntary and Community Sector are integral members of Lincolnshire's ICB and ICP Boards, participating in various committees Public Health and the Local Authority representatives also sit on the ICB. A representative of the Voluntary and Community Sector is also an integral member of Lincolnshire's ICB Board, an associate member on the ICP Board is on various committees alongside Public Health and Local Authority representatives sitting alongside representatives at every ICB board formally.

We understand that the ICB is also looking to develop a stronger relationship with the Integrated Care Partnership, this will be achieved by creating better connections through new operating arrangements for the Integrated Care Partnership and more joint development events.

In terms of sustainability the system contributes to statutory environmental and emission targets and attends the Regional Greener Board. Good progress is being made in all areas of the programme. The JFP specifically references the Greener NHS (281-284) agenda, outlining how the governance structure supports the greener priorities and a positive focus on primary care.

There has been excellent partnership working with the Local Authority. The system has eliminated Desflurane and made a 15% reduction in the inhaler emissions (although below target) and is meeting the LEV fleet ambition. The ICB Annual Report contains a summary of the programme of works.

## **Conclusions**

This has been a challenging year in many respects and in making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. This is the first full year in which you have been operating as well as the first year of your Joint Forward Plan and we are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and look forward to working with you to support improvement throughout your system.

Please can you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.