



NHS Lincolnshire Integrated Care Board Public Board Meeting

**Tuesday, 28th May 2024
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 May 2024

Time: 9.30 am – 11.20 am

Location: The Boardroom, Bridge House, Sleaford

Chair of the meeting: 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 the 26 th March 2024	Approve	Enclosure	Dr Gerry McSorley	
iv)	Matters Arising, including Action Log	Note	Enclosure	Dr Gerry McSorley	
2. CHAIR AND CHIEF EXECUTIVE UPDATES					
i)	Chair <ul style="list-style-type: none"> Update and Overview 	Note	Verbal	Dr Gerry McSorley	9.35
ii)	Chief Executive <ul style="list-style-type: none"> Update and Overview 	Note	Verbal	Mr John Turner	9.40
3. KEY UPDATES					
i)	Public Health, including the Director of Public Health Annual Report 2023	Note	Enclosure	Professor Derek Ward	9.50
ii)	Healthwatch	Note	Enclosure	Mr Dean Odell	10.05
4. CORE PURPOSE 1: HEALTH INEQUALITIES (tackle inequalities in outcomes, experience and access)					
i)	Supporting the CORE20Plus 5 Children and Young People – Oral Health	Consider	Enclosure	Mrs Sandra Williamson and Ms Lucy Gavens	10.15
5. CORE PURPOSE 2: HEALTH OUTCOMES (improve outcomes in population health and healthcare)					
i)	Integrated Quality and Performance Report	Assurance	Enclosure	Mrs Clair Raybould/ Mr Martin Fahy	10.30
ii)	Update on the Primary Care Access Recovery Plan	Note	Enclosure	Mrs Sarah-Jane Mills	10.40
6. CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY					
i)	System Financial Management Report April 2024 (Month 1)	Assurance	Verbal	Mr Matt Gaunt	10.45
ii)	ICB Budget 2024/25	Approve	Enclosure	Mr Matt Gaunt	10.50

7. CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE (help the NHS support broader social and economic development)

i)	Update on Community Diagnostic Centres in Lincolnshire	Receive	Enclosure	Mrs Clair Raybould and Mrs Sarah Brinkworth	10.55
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8. GOVERNANCE

i)	Amendments to the ICB Governance Handbook	Approve	Enclosure	Mrs Jules Ellis-Fenwick	11.10
ii)	Briefing Summary of the East Midlands Joint Committee Meeting held on Tuesday, 16 April 2024 including Terms of Reference	Receive	Enclosure	Dr Gerry McSorley	
iii)	Report from the System Quality and Patient Experience Committee (QPEC) Development Session held on the 1 May 2024	Assurance	Enclosure	Mrs Sharon Robson	
iv)	Report from the Service Delivery and Performance Committee meeting held in March 2024	Assurance	Enclosure	Mrs Dawn Kenson	
v)	Audit and Risk Committee Annual Report 2023/24	Assurance	Enclosure	Mrs Margaret Pratt	

9. INFORMATION /CLOSING ITEMS

i)	Register of Documents Sealed 1 st April 2023 to 31 st March 2024	Information	Enclosure	Mrs Jules Ellis-Fenwick	11.20
ii)	Declaration of Interest Registers as at May 2024	Information	Enclosure	Mrs Jules Ellis-Fenwick	
iii)	Risks identified during the course of the meeting	Consider	Verbal	Dr Gerry McSorley	

10. DATE, TIME AND VENUE OF NEXT MEETING

	Tuesday, 30 th July 2024 at 9.30 am at Bridge House, Sleaford	Note	Verbal	Dr Gerry McSorley	Close
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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.



Lincolnshire
Integrated Care Board

**MINUTES OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD MEETING HELD ON TUESDAY,
26th MARCH 2024 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 Commissioning and Delegated Functions Committee
	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
	Mr Martin Fahy	Director of Nursing
	Mrs Dawn Kenson	Non-Executive Member and Chair of Service Delivery and Performance Committee (Acting Deputy Chair)
	Mr Andrew Morgan	Group Chief Executive, Partner Member, NHS and Foundation Trusts
	Mrs Margaret Pratt	Non-Executive Director and Chair of the Audit and Risk Committee
	Mrs Julie Pomeroy	Non-Executive Member and Chair of Finance and Resource Committee
	Mrs Clair Raybould	Director for System Delivery
	Mrs Sharon Robson	Non-Executive Director
	Dr Kevin Thomas	Partner Member, Primary Medical Services
	Mr John Turner	Chief Executive
REGULAR PARTICIPANTS	Ms Charley Blyth	Director of Communications and Engagement
	Mr Pete Burnett	Director for Strategic Planning, Integration & Partnerships
	Mrs Jules Ellis-Fenwick	ICB Board Secretary and Head of Corporate Governance
	Mrs Michele Jolly	Voluntary and Care Sector Representative
	Mrs Sarah-Jane Mills	Director for Primary Care and Community & Social Values
	Mr Dean Odell	Healthwatch Representative
	Mr Navaz Sutton	Chief Executive Officer, HWLincs
	Professor Derek Ward	Public Health Representative
	Mrs Sandra Williamson	Director for Health Inequalities & Regional Collaboration
	Cllr Sue Woolley	Chair of the Health and Wellbeing Board
APOLOGIES:	Dr Sunil Hindocha	Interim Medical Director

24/192 WELCOME AND INTRODUCTIONS

Dr McSorley welcomed all those present to the NHS Lincolnshire Integrated Care Board and 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 those people listening in.

Dr McSorley welcomed Mr Navaz Sutton, Chief Executive Officer, HWLincs and advised that he would be attending the Board meetings going forward.

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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.**

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MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the previous meeting held on the 30th January 2024 and agreed to:

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

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MATTERS ARISING

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

The Board agreed to:

- **Note the action log.**

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CHAIR AND CHIEF EXECUTIVE UPDATES

ICB Chair update

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

In addition to today's meeting, Dr McSorley had attended regular meetings with Trust Chair colleagues, including Mrs Elaine Baylis, Joint Chair at United Lincolnshire Hospitals NHS Trust (ULHT) and Dr Kevin Lockyer, Lincolnshire Partnership NHS Foundation Trust, both of whom were now regularly attending and participating in the ICB Board Development Sessions.

- Dr McSorley had recently participated in the Group Chief Executive interview panel and offered his congratulations to Mrs Karen Dunderdale who will commence in post from 1st July 2024 onwards and would also become the NHS and Foundation Trust Partner Member on the ICB Board (replacing Mr Andrew Morgan), and he looked forward to welcoming Karen in her new role in due course.

- NHS England had held a regional Equality, Diversity and Innovation event in West Bromwich on the 8th March 2024, which Dr McSorley had attended and participated in one of the panels discussing some of the gaps and challenges.
- Dr McSorley and Mr Turner had recently met with Councillor Martin Hill, Leader and Mrs Debbie Barnes, Chief Executive of Lincolnshire County Council as part of regular briefings and partnership working arrangements.
- The recent meeting of the Lincolnshire Health and Wellbeing Board and the Integrated Care Partnership Board (ICP) had taken place, both of which Dr McSorley attended. The Board was asked to note that the ICP was changing its working arrangements. Those changes were welcomed and the ICB looked forward to the implementation of those under the leadership of Councillor Sue Woolley
- Dr McSorley and Mr Turner had recently attended a Development Session with the LPFT Board, with open dialogue about future working arrangements between the two organisations, which was a very positive discussion, and a reflection of the positive work that had taken place to date and plans going forward.
- The first of the Community and Primary Partnerships (CPPs) workshops had taken place, which Professor Derek Ward continued to lead on, and which would be referenced under the Public Health update later in the meeting.
- A System Workforce Event was held recently and facilitated by Mr Dean Royles, with a focus on system workforce. The outcome was a commitment to a range of positive steps to address system workforce issues going into the future. Part of this linked to the work taking place with local further education colleges in terms of partnership working and Dr McSorley expressed his appreciation to Mrs Robson for attending the Colleges and University Partnership Development meeting on his behalf.

On a final note, following the February Board Development Session, progress was continuing with Audit Yorkshire on the Board development work, with planning arrangements for the April meeting being progressed. The focus for the meeting would be on the first two of the five agreed themes which is clarity on the ICB's role in the Lincolnshire system and on the ICB's strategic objectives.

Dr McSorley handed over to Mr Turner at this point to present his Chief Executive update.

Chief Executive update

Mr Turner advised that he had a few points to share with the Board, but firstly in terms of the overall progress in the NHS, it continued to be a challenging time with just coming out of winter and close out of the 2023/24 financial year in the best shape possible whilst also teeing up for the new financial and performance year starting on the 1st April 2024, which has been taking up a significant of time and effort. Publication of the formal planning guidance for 2024/25 was still awaited but that aside, the ICB was very aware of its responsibilities and performance against key targets and planning work for 2024/25 was very much all in train.

Over the last few months and since the Board last met, Mr Turner had continued to be very impressed and proud of progress the ICB and the Lincolnshire system has made. There are a vast range of key performance targets which the ICB and the system Dr required to meet, and the overall position would be covered in greater detail by Mrs Raybould and Mr Fahy under the Performance Report, but these areas included Urgent and Emergency Care (UEC), electives, cancer, mental health and learning disability and primary care recovery by way of examples. The commitment and effort by staff across the Lincolnshire system and East Midlands Ambulance Service NHS Trust (EMAS) to end 2023/24 in the best way possible was commendable.

As with Dr McSorley, Mr Turner regularly attends meetings with local provider Chief Executive colleagues as well as a number of regional and national meetings, including several that had taken place in the last few weeks.

The NHS Staff Survey results had recently been published and out of all the ICBs which participated across the country, Lincolnshire ICB was the second most recommended by its staff as a place to work, which was very positive to see. The rest of the feedback was very detailed, and the majority was positive, but there were some areas to work on and progress was already being made on those, which will build towards the staff events planned to take place at the end of June/beginning of July.

LPFT continued to be rated as the second best mental health Trust in the country. Lincolnshire Community Health Services NHS Trust (LCHS) continued to perform well and ULHT had made really good progress. Overall, Lincolnshire was in a good place.

Other areas to highlight to the Board:

- Since the Board last met the National Dental Recovery Plan had been published. The Board had discussed on many occasions previously the challenges with oral and dental health in Lincolnshire, which was replicated up and down the country. Complaints about dental access in Lincolnshire was a common theme in the reports and feedback received from Healthwatch colleagues. Mrs Sandra Williamson, Director of Health Inequalities and Regional Collaboration and Dr Sunil Hindocha, Interim Medical Director in conjunction with Dr Kenny Hume from the Local Dental Committee (LDC) had undertaken some great work in terms of developing a Lincolnshire Dental Strategy and a great partnership working arrangement had been established with the University of Lincoln on dental development.
- The National Dental Recovery Plan had been assessed by the LDC who have determined it would make quite a significant improvement in access in a relatively short period of time. Lincolnshire will be only one of two systems in the Midlands region to be allocated a dental van. In terms of oral health, there is going to be another push forward on the inclusion of fluoridisation in the water across the whole of Lincolnshire.
- Mr Turner and Dr McSorley met the previous week with the Chairs of the Four Pillars Primary Care (Medical, Pharmaceutical, Optometry and Dental). The meeting reflected on the national Dental Recovery Plan and also reflected on Pharmacy First which had recently been implemented. To date local Pharmacists were reporting positive engagement with this new service.
- The latest meeting of the East Midlands Joint Committee had taken place which currently focused on the delegation arrangements associated with Pharmacy, Optometry and Dental services. This would be further expanded to include specialised services, which would be discussed later in the meeting.
- The Better Lives Lincolnshire Leadership Team (BLLLT) had recently met and received a presentation on 'Our Shared Agreement' which is about the co-production work being progressed together.
- The Lincolnshire system welcomed a visit the previous week from Lord Victor Adebawale CBE, Chair of the NHS Confederation, who visited the Bridge Central Wellbeing Hub in Lincoln, which, as a Community Wellbeing Hub, provides grass roots level mental health support.

Mr Turner referred to a number of upcoming events at this point:

1. Launch of the new Lincolnshire Research and Innovation Hub, as led by Dr Hindocha, on the 18th April 2024.
2. The Lincolnshire NHS & Veterans Health Conference on the 24th June 2024 – the first one and sponsored by the Air Commodore from Cranwell and Mr Turner.

On a final note, Mr Turner and Mr Gaunt along with Councillor Bowkett and Mrs Jolly had attended the LinCA awards evening on the 21st March 2024. It was a fabulous evening about recognising people in our care homes and domiciliary care in the county and Mr Turner was very proud to be associated with that sector in Lincolnshire.

The Board considered the update. Mrs Pratt referred to Pharmacy First and sought clarification on when there will be an opportunity to expand the service and re-examine the protocols. Mr Turner advised that the service was only launched in January 2024 and was currently heavily prescribed by the national team but no doubt it would continue to grow and evolve over the coming years. This was supported by Dr Thomas who advised that the Pharmacy First scheme is a national programme, and the seven conditions are set down nationally, but as indicated by Mr Turner, this is likely to evolve.

The Board agreed to:

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

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KEY UPDATES

Public Health

Professor Ward provided a verbal update on key areas pertaining to Public Health and highlighted the following:

- Two service areas were currently being re-commissioned, including the Substance Misuse and Recovery service with the process recently having been completed. The new adult service will be known as Lincolnshire Recovery Partnership and Horizon for young people; both names have been developed with service users. The new partnership includes a new core partner which is Turning Point, and the new contract would commence on the 1st April 2024.
- An updated Lincolnshire Suicide and Prevention Strategy had been developed by the Suicide Prevention Steering Group and Professor Ward recommended that all members have a look at this document and the suicide awareness training. Lincolnshire County Council has taken the decision to build this into mandatory training for all managers in 2024/25. The details will be circulated to NHS partners for consideration.
- Re-commissioning of the local Healthwatch service was due to commence, with the intention to have the new provider in place by the 1st October 2024.
- LCC in collaboration with the ICB have been successful in obtaining reform funding (£1m) to support innovation and build capacity in adult social care, and the focus would be on unpaid carers.
- The engagement with the work on the Community and Primary Partnerships had to date been really positive and Professor Ward was pleased with progress. As referred to by Dr McSorley, the first of two CPP workshops had taken place on the 18th March with the second planned for the 2nd April 2024. As that piece of work develops a more formal update will be brought to the Board.
- Integrated Lifestyle Service – One You Lincolnshire is currently co-commissioned, and the contract had been extended via LCC for a further year to the 30th June 2025, but the re-commissioning of that service had already commenced, and Professor Ward would be linking in with Mrs Williamson as the ICB lead. This is for people who are on NHS waiting lists, or referred by primary or secondary care, to ensure the risks associated with those lifestyles are reduced.
- Smoke free generation funding as announced by the government – Lincolnshire will receive just over £1m which has to be spent on stop smoking services. The Public Health Team were working through that and linking in with Mrs Williamson and separately the stop smoking service in Lincolnshire.
- The Health and Wellbeing Strategy had recently been approved by the Health and Wellbeing Board and has five key priority areas, which are carers, healthy weight, homes for independence, mental health and dementia, and physical activity.
- The Lincolnshire ICP Strategy, which was originally published in 2023, had recently been refreshed and contained five strategic enablers: prevention and health inequalities, workforce and skills in the health and care sector, personalisation, digital and technology and data and intelligence.

- All the documents and associated information was available on the Lincolnshire Health Intelligence hub.

Finally, to date Lincolnshire has not had any confirmed cases of measles. Schools with the lowest uptake of the MMR vaccine were being targeted by the Public Health Team.

The Board considered the briefing. Ms Day asked what mechanisms were in place to ensure that work is not duplicated such as on women's health and systems, training suites available, such as the suicide training referred to, and are available to all partners. Professor Ward provided examples of the joint working taking place which is led through the shared approach and programme of work established in relation to Mental Health, Learning Disabilities and Autism. Mrs Connery advised that a list of the key partners is referenced in the Suicide and Prevention Strategy and through that group the training that everyone is going to do and promote was agreed. Professor Ward added that there is an agreed approach via the Integrated Care Partnership Strategy which aims to tie everything together, but progress is often influenced by the information coming down nationally via the NHS.

Dr McSorley advised that Mrs Raybould is the ICB lead for women's health. Mrs Raybould confirmed she is the Women's Health Champion and conversations have taken place with Mr Burnett and Mr Turner about organising a women's summit to agree a system response to the national strategy on women's health, which will address areas such as the menopause. There is an awareness of the various aspects of work taking place across the system and it was acknowledged this is not completely joined up. A strategy for Lincolnshire needs to be developed.

Mr Fahy referred to measles and advised that the Vaccination Team has been going out and proactively visiting all the schools in Lincolnshire to offer support. Measles, Mumps and Rubella (MMR) status can be checked with the local GP.

Dr Thomas referred to the recommissioning of the substance misuse service and asked if this is a change from the previous provider. If so, it would be helpful for the details to be circulated to primary care, particularly if a new service is commencing on the 1st April. Dr Thomas also sought clarification on whether prescribed opiates had been considered as part of that work. Professor Ward proposed to pick this up with Dr Thomas outside of the meeting, which was duly noted.

Healthwatch

Mr Odell advised that the report included in the pack of papers summarised patient experience feedback received by Healthwatch over the last two months, and he would take the document as read, but wished to highlight the following points:

- Various issues highlighted within the pharmacy services, including medication shortages, which has been acknowledged by Community Pharmacy, attributing them to global manufacturing challenges, increased demand, and various external factors such as Brexit and the COVID-19 pandemic. They also highlighted the strain on pharmacy staff, who spend significant time sourcing medications and dealing with patient frustration. Mr Odell added that it has been evidenced previously, that delays in the provision of medication causes in a hospital setting impacts on delayed discharge.
- Access to dental services continued to be a key concern and feedback had also been received on affordability, with ridiculous costs being quoted to individuals for private dental treatment.
- Separate to the above, and not covered in the report, some issues have been highlighted to Mrs Williamson in relation to NHS 111, with individuals flagging concerns about signposting, with information being given details of local dentists who have no capacity and there being urgent available appointments which are missed.

- Women's health – as previously referred in the first quarter of 2024, Healthwatch has focused on menstrual health and conducted a survey, with to date over 360 responses received; the survey finishes at the end of March. The outcome of that piece of work will feed directly into the Lincolnshire Women's Health Strategy.
- Between April to June 2024, Healthwatch will be focused on hearing the experiences of those living with respiratory conditions such as asthma and COPD as well as the link between housing and health and will be linking in with colleagues in Lincolnshire County Council.
- The latest public YourVoice@Healthwatch event will be held on the 26th April in Boston where Professor Ward will present his latest annual report - *Ageing Better in Lincolnshire adding life to years* and Mr Martin Fahy will also be a guest speaker.

On a final note, the report included in the pack contained the details of a number of positive comments received from the public and the Board was encouraged to read those within that report.

Mr Sutton advised that Healthwatch had sought charitable service to take on some further work and had just recently provided some direct support to the Care Quality Commission (CQC) on gypsy Roma traveller communities and also sex workers on their access to healthcare and their experiences. Work was currently taking place on drawing out the learning from that the outcome of that work, which will be shared with the Board at a later date.

Moving forward, Healthwatch is working with maternity services with a particular focus on infant feeding and breast feeding with the intention to draw out some of the barriers and impact being experienced by local communities, particularly in Gainsborough and East Lindsey.

In terms of vaccinations, a piece of work was being carried out on pre-school children in conjunction with Public Health. This is about getting a full picture of the mentality around childhood immunisations.

The Board considered the update. Mrs Raybould referred to the comments mentioned around medication delays and discharges and advised this does not relate to community pharmacy, only to medication given within a hospital setting on discharge.

Mrs Raybould referred to the NHS 111 issues highlighted in signposting to dental and advised that she would look into that with Mrs Williamson outside of the meeting.

Action: Mrs Raybould/Mrs Williamson

In terms of the comments on women's health, she would like to see that report, particularly in light of the women's health needs analysis work being carried out with Public Health. One of the areas being implemented currently is a Women's Health Hub pilot for Lincolnshire and the key focus of that for this year is about signposting as there are a whole plethora of women's health services available, but they are not that easy to navigate. The comments obtained will help feed into that programme of work. Mr Sutton advised that as indicated Healthwatch had been linking into the Women's Health Strategy; it is really important to ensure the intelligence from multiple partners all comes together.

Mrs Pratt sought clarification on how the ICB gains assurance on delegated areas such as Pharmacy, Optometry and Dentistry and that people who are working on its behalf are following up on issues highlighted and they are resolved satisfactorily. Mrs Williamson advised that part of the East Midlands collaboration is around Pharmacy, Optometry and Dental services (PODs) and there are governance arrangements in place that support that, with quality oversight and commissioning oversight of our joint plans. Within that arrangement there is also a hosted team that works across the East Midlands region and within that are individuals purely dedicated to Lincolnshire and that resource is utilised to specifically address some of the concerns, such as those highlighted around dentistry, where a Dental Strategy has been developed and which has its own implementation group.

The Board agreed to:

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

CORE PURPOSE 1: HEALTH INEQUALITIES

24/198

LEGAL DUTIES – INFORMATION ON HEALTH INEQUALITIES

Mrs Williamson advised that for the purposes of today's meeting, a paper had been included in the pack which provided the Board with information on the range of specific health inequalities legal duties placed on the ICB by the NHS Act 2006 (as amended, by the Health and Care Act 2022). Under Section 13SA of NHS Act NHSE is required to publish a Statement on Information on Health Inequalities (Statement) setting out:

- a description of the powers available to relevant NHS bodies to collect, analyse and publish information; and
- the views of NHS England about how those powers should be exercised in connection with such information.

The current Statement, which was published on the 27th November 2023, provides information on how powers should be exercised by ICBs and Trusts in connection with health inequalities information for the periods 2023/24 and 2024/25. The information issued sets out requirements for ICBs (and NHS Trusts) to collect, analyse and publish information relating to a small number of health inequalities for the periods 2023/24 and 2024/25 disaggregated by age, sex, ethnicity and deprivation.

NHS bodies are required to publish annual reports describing the extent to which NHSE steers on inequalities information have been addressed. NHSE has a statutory duty to conduct an annual assessment of ICBs to include the extent to which they have fulfilled their statutory obligations around Health Inequalities.

The paper presented highlighted the progress within the ICB to date:

- Work is underway within the ICB to produce the 2023/24 performance report to meet the requirements.
- A draft report will be presented to the Service Delivery and Performance Committee in March 2024, once this work is concluded.

The report will then be presented to the ICB Board and published as an additional report to the ICB's 2023/24 Annual Report

Moving forward, the report will be expanded during 2024/25 to cover other local health inequalities data e.g. other protected characteristics and work will be carried out with the providers in sharing insight to ensure their Board reports meet the requirements of the Statement and system direction.

The Board considered the paper. There was a very detailed and lengthy discussion about this paper with a recognition that this is a legal duty of the ICB and needs to be actioned, noting the requirement to publish an annual report which is separate to that of the ICB report and the requirements of the annual assessment.

In summary, the Board agreed that the data to support this work must be accurate 'one version of the truth' and needs to link into the Joined Data set, it is about performance information and how that is disaggregated from a health inequalities perspective, it needs to be considered in the context of wider determinants such as housing and deprivation, and will need to be prioritised based on resources and capacity available to analyse the data across the system and to deliver the work and effect change.

Mrs Williamson added that a timeline has been mapped out and the priorities are clearly identified and at what stage this will need to be returned to.

Dr McSorley advised that a more in-depth conversation will take place on this later in the year and drew the discussion to a close.

The Board agreed to:

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

CORE PURPOSE 2: HEALTH OUTCOMES

24/199

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 that during the reporting period there had been a number of challenges across the system, including industrial action in January and February and also other incidents such as flooding caused by storms. These challenges have been impacted on performance as indicated in the report. The reporting included in the pack was for February but as per usual practice, this had been considered in detail through the Service Delivery and Performance Committee and the update would be supplemented by the latest data.

From an Urgent and Emergency Care (UEC) winter perspective, clearly the peak period had now passed, and it had been better than previous years, both in terms of patient experience and performance.

Key areas highlighted:

- The four hour target is 76%. 71.5% was delivered for March and the reasons why this had not been achieved had already been outlined. A number of improvements in different areas had been seen, particularly in some of the Urgent Treatment Centres (UTCs) and a greater level of detail was being received through the new group way of working.
- Ambulance handover delays have continued to reduce which has had a direct impact on Category Two performance for response times. The ICB has been much lower than the East Midlands Ambulance NHS Trust (EMAS) Trust average. There had been some delays in North Lincolnshire and Goole Hospitals NHS Trust (NLAG) in particular over the last six to eight weeks but that had now significantly improved.
- Mental Health UTC at Lincoln has been a real positive for Lincolnshire where other systems in the region have really struggled with patients with mental health concerns in Emergency Departments (ED) for extended periods of time; that has not been experienced locally. Details of the best practice have been shared.
- The system had also now been moved out of Tier 2 for UTC because of evidence of sustained improvement and was now in Tier 3 (the lowest possible) which is really positive.
- Cancer has continued to see sustained improvement and reduction in the backlog. The faster diagnosis standard has improved in February and is predicted to achieve the target at the end of March.
- Industrial action did impact on some cancer performance and greater than previously, but all patients had been re-booked.
- 78 weeks elimination was very positive and there would not be any patients waiting over 78 weeks by the end of the week, unless by patient choice (where patients have chosen not to attend). This is down to some fantastic work by ULHT but also by Miss Sarah Brinkworth, Director of Planned Care to get to that position. Performance was on-track for the subsequent months.
- The target for 65 week performance had also improved but 78 weeks had been protected during the two periods of industrial action. Subject to confirmation once the planning guidance had been published, the 65 week wait target is likely to be September and the intention was to achieve that in Quarter One.

- NHS Talking Therapies, access was slightly behind plan for January and the actions to address this were set out in the report.
- Individuals experiencing first episodes of psychosis – performance was at 77% which was really positive.

On a final note, the ICB hosted a visit from Dame Emily Lawson, Chief Operating Officer at NHS England, on Wednesday, 21st February 2024, who spent time at the CDC in Grantham meeting and talking with staff, and also sat down with colleagues in the orthopaedic department. She was really positive about the improvements being made and the impact on performance.

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 highlighted the following from the patient safety quality perspective:

- LIVES – the report on the outcome of their CQC inspection was published on the 22nd January 2024 which rated the organisation as 'Requires Improvement'. A number of conversations had taken place with senior LIVES representatives in recent weeks, and a Recovery Plan was now in place. The ICB Quality Team undertook a quality visit on 16 February 2024 and no significant quality concerns were highlighted through the visit.
- In April 2023 the CQC published its inspection report which rated Magna House, a 29-bed independent mental health hospital in Lincolnshire, as Inadequate due to a number of factors. This is a private independent provider; it is not part of Lincolnshire Partnership NHS Foundation Trust. Significant work has been undertaken to support improvement and following a further CQC inspection in October 2023 Magna House is now rated as Good overall.
- Right Care Right Person (RCRP) is a framework for assisting police with decision-making about when they should be involved in responding to reported incidents involving people with mental health needs. Within Lincolnshire there is a commitment to a phased approach to implementation of RCRP. Multiagency strategic and tactical Boards are in place to oversee and agree application of the framework. Information and assurances are being requested through a number of routes, including local safeguarding partnerships. The System Quality and Patient Experience Committee will be seeking assurance regarding assessment of impact and actions being taken to mitigate any identified risks.
- Primary Care – there is now only one practice across Lincolnshire which is rated as Inadequate which is Caskgate, Gainsborough.
- Nothing to report by exception in terms of serious incidents and Never Events.
- The CQC is moving to a new single assessment framework. The ICB and providers are considering how the changes impact established ways of working with the CQC, to ensure there continues to be positive working relationships.
- The work coming out of the Midlands Nursing & Midwifery Excellence Network was highlighted, including accreditation processes; shared decision-making councils; staff recognition awards; professional development; staff wellbeing; and quality governance arrangements. For the first time in Lincolnshire a piece of work had commenced in conjunction with local authority colleagues to develop a social care network.
- Mr Terry Vine, Deputy Director of Nursing and Quality had recently had an article published in the RCN Nursing Times 'Helping general practice nursing staff find their voice in Lincolnshire' <https://www.rcn.org.uk/news-and-events/Blogs/helping-general-practice-nursing-staff-find-their-voice-in-lincolnshire-070324>
- Over the past 12 months, the Lincolnshire Medicines Optimisation (MO) team had achieved had a significant amount of collaborative work across the year including working with the acute trust to publish various shared care agreements & guidelines, linking with Community Pharmacy to roll out Pharmacy First Service across

Subject to approval by the Board at its next meeting

Lincolnshire with 100% of pharmacies providing face-to-face services signed up to provide the service.

- The Lincolnshire MO team has planned a work plan for 2024/25 that should deliver similar cost efficiencies to 2023/24 in a number of areas.

Dr McSorley thanked both Mrs Raybould and Mr Fahy for their presentation and commended Mr Terry Vine on his publication.

The ICB Board agreed to:

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

CORE PURPOSE 3: ENHANCE PRODUCTIVITY AND VALUE FOR MONEY

24/200

MONTH ELEVEN – FINANCE REPORT

Mr Gaunt presented the month eleven finance report which set out the year-to-date and outturn position of both the ICB and the ICS for the financial year 1st April 2023 to 31st March 2024.

The Board was advised that against half two (H2) reset plan, as detailed in the report, the forecast position was largely on track with some payroll related pressures coming through which were slightly above the H2 plan. This had been driven slightly by various factors, including headcount, particularly around bank and associated with some of the industrial action. This will have a bearing on our entry position going into 2024/25 financial year.

As far as the full year position is concerned, the forecast is for a £27.4m deficit, and at this stage, there is not any unmitigated risk identified. There are a few points for the Board to be aware of and the first is that at the beginning of the year the plan set was for a £15m deficit which was then adjusted part year through because of the H2 reset for a higher deficit but due to an additional allocation received from NHSE, which was intended to eliminate the planned deficit, the actual outturn position is expected to be below both the plan and H2 forecast. The position is slightly over £12m adverse position to the original plan set. This is in line with the predicted position.

The second area to highlight is that the position is reliant on a set of allocations which are due to be received in the next five days (before end year), one of which relates to surge funding and still subject to debate and is now linked to a larger issue which is the elective recovery fund. The detail in relation to the elective recovery fund is likely to be settled in the next coming days with confirmation expected by the end of the week.

The ICB will have received just under £20m additional funding than expected at the start of the year due to the success in converting elective activity in reducing backlog, but this is still subject to confirmation.

In summary, the ICB will have delivered its position as set out in the plan and as per the additional allocations referred to as part of the update.

The Board considered the update. Mrs Pratt referred to the ICB's financial duties and advised that any deficit will lead to a value for money opinion at year end, and this should be expected. Mrs Pomeroy added that in light of the financial position of a number of ICBs up and down the country, there were likely to be very few who receive a positive value for money opinion, which was acknowledged and noted by the Board.

Ms Day asked whether Mr Gaunt had any early indications at this stage what the situation might mean for the ICB and Lincolnshire system around productivity and are conversations already taking place along those lines between the Directors of Finance. Mr Gaunt advised that productivity is a function of what is invested in, what is deployed as resources and what is delivered.

Productivity metrics in this financial year have been a focus for acute productivity which shines a light on only one section of health funding. NHSE have advised that this is being put right towards the end of the second half of the next financial year and is likely to involve a more holistic set of metrics. It can be inferred from that there is likely to be an increased focus on productivity. From the Lincolnshire perspective, UEC is a large component of the cost base and if this does not change then it does place limits on the ability to improve productivity. The last published productivity metrics that applied to Lincolnshire was around 18% less productivity than 2019/20, which was a similar position to other systems across the country. Over the course of the last financial year, this had been gradually chipped away at with in-roads made.

Mr Turner commented that the work carried out by Mr Gaunt, finance colleagues and the relevant teams to get to this position is quite exceptional and should not be underestimated. This has been achieved through taking an integrated approach throughout the year to the financial challenge (four cornered approach involving clinical leaders, operational leaders, workforce and finance leaders). The Lincolnshire system achieved exit from NOF 4 last November and has continued to see really positive progress. The financial challenges will remain in 2024/25 and that four cornered approach will continue to be taken moving forward.

Productivity will be a key focus for the coming financial year, and the ICB and the system will need to engage on areas such as operational, workforce, shifting balance of care and value of money by way of examples, and will need to play a significant part the mission going forward.

The Board considered the paper and supporting verbal updates and recognised the various opportunities for various sectors to come together (as highlighted through the Frailty Strategy) and empower colleagues (such as social care and the voluntary sector) to be able to help the system work more efficiently and effectively but recognising that they too are grappling with their risk appetite and do not always have the same governance arrangements in place in many of the larger NHS Trusts.

The Board considered the report and agreed to:

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

CORE PURPOSE 4: SOCIAL AND ECONOMIC VALUE

24/201

SOCIAL FINANCE AND SERVICE TRANSFORMATION

Mr Gaunt presented a paper which has been prepared on the basis of how the ICB contributes to the wider social economic value of the county.

The Board was advised that over the last few months Mr Gaunt had been exploring how the ICB can supplement the significant resources it receives and obtains, through NHSE and Department of Health and Social Care, through effectively private funding.

In summary, social finance or investment is an approach to mobilising private capital that delivers a social dividend and an economic return to achieve social and environmental goals through innovative service transformation and is used increasingly within health and social care. It aims to leverage private capital to address challenges in areas of social and environmental need; brokered through Social Finance companies who match investors with suitable opportunities. It is used when traditional funding sources are constrained or not available.

The ICB has entered into initial discussions with two social investment companies to explore the possibility of working in collaboration with them to develop a Transformation Fund to support delivery of service transformation in Lincolnshire. Both social investment companies have had previous success working with social care and NHS Commissioners.

The intention is for Mr Gaunt to lead work with the social investment companies to develop the concept with a view to developing a business case that has clear aims, objectives, outcome measures and repayment metrics. The aim is to develop and agree a business case and implementation plan ready for mobilisation by autumn.

Mr Gaunt referred the Board to the paper and advised that Appendix A sets out broadly how the funding model would work, including the proposed framework for the Lincolnshire Transformation Fund.

The paper was for information at this stage, but Mr Gaunt was happy to receive any comments. Mrs Pomeroy asked whether this could be utilised for investments which take four-five years to come to fruition, which was confirmed as correct by Mr Gaunt.

Mrs Robson commended the concept, which appeared to be a very positive way of fuelling innovation but sought clarification on what governance process had been applied for identifying the two companies referred to in the paper. Mr Gaunt advised that this had not been subject to a governance process at this stage. The concept was introduced to the whole sector at a national meeting of Directors of Finance held nine to ten months previously and therefore there is a degree of support and endorsement for this from NHSE. This is not something which is speculative and not been used elsewhere, with active organisations using this, including one other ICB who is exploring the same model approach, and Mr Gaunt was aware that an NHS Trust organisation in Oxfordshire had used this. There were no particular concerns from a governance perspective or that this approach would fall foul of any procurement rules. It is entirely in the gift of the ICB to agree who it works with.

Mrs Pratt sought clarification on how this would work in practice in terms of the strategic objectives, and where are the gaps (workforce, digital and transformation by way of examples) on the basis of using this as complementary methodology. Mr Gaunt advised that when this was discussed with the two companies, the focus had been on the service gaps, the need for the system to grow, nurture and support the third sector and to connect organisations together, which is not necessarily currently within the gift of the NHS. The two companies had indicated they would have different approaches in terms of the support provided.

Mrs Jolly welcomed this development and offered the services of LVET and LinCA to see how this could be progressed and explored further. Mr Gaunt advised that he was happy to take up the offer and would contact Mrs Jolly accordingly.

There were some further comments received on the paper which, in summary, indicated the Board's support for this proposal in terms of looking differently at how health and social care services can be provided but this should be in addition to investment and transformation work already taking place.

The Board agreed to:

- **Note the report and that an update would be provided in three months' time.**

GOVERNANCE

24/202

NHS JOINT FORWARD PLAN 2024/25

Mr Burnett presented a paper which detailed an update on the Joint Forward Plan 2024/25 and he would take document as read but would provide some background information and highlight the position to date.

The Board was advised that the NHS Act 2006 (as amended by the Health and Care Act 2022) required ICBs and their partner trusts to prepare their Joint Forward Plan (JFP) and publish it before the start of each financial year. Last year was the first time this process applied and Mr Burnett summarised the approach taken, as outlined the paper, and that taken this year.

In summary, rather than cover all the national requirements in a single document, the Lincolnshire NHS agreed to develop separate documents, which were tailored to the target audiences – entitled the *NHS Lincolnshire Joint Forward Plan 2023 – 2028*, which was published in June 2023. This was underpinned by a number of more technical documents which primarily target health and care staff and are also publicly available:

- Allocation of Duties and Responsibilities (first published June 2023)
- JFP Delivery Plan 2023-28 (first version attached)

Once the Joint Forward Plan was published, work started on developing the JFP Delivery Plan 2023-28

- There have been three review sessions with the Lincolnshire Leaders Group (LLG), the last of which was on the 24th January 2024. Discussions mainly focused on the headline ambitions, testing whether programmes had the right balance in terms of ambition and deliverability. These ambitions have since been reviewed and refined.
- The JFP Delivery Plan 2023-28 has since been reviewed by: the Health and Wellbeing Board, the ULHT and LCHS Board in Common, LPFT's Sustainability Committee and the Primary Care Advisory Group.
- There has also been a third round of citizen engagement to inform the ongoing development and delivery of the Joint Forward Plan. This feedback has been fully considered – the table in the report summarises the changes that have consequently been made.

It is proposed that the following documents are published on the ICB website on the 28th March 2024.

- The updated Joint Forward Plan, which incorporates the updated content for Priority 1: A new relationship with the public.
- The updated Allocation of Duties and Responsibilities document.
- The JFP Delivery Plan.

Mr Burnett added that at the time of writing this report, the national 2024/25 priorities and operational planning guidance had not been published (as referred to previously in the meeting). Amended guidance for publishing the Joint Forward Plan and Joint Capital Resource Use Plan was issued on 22nd March 2024. The key amendments were set out in the paper and included the clarification of dates for preparing and publishing the 2024/25 JFPs and the opportunity to reflect on the 2024/25 priorities and operational planning guidance once published. As such, NHSE had indicated Sunday, 30th June 2024 as the date for ICBs to publish and share their JFPs and also their 2024/25 Joint Capital Resource Use Plans.

The Board considered the contents of the paper presented. Mrs Pratt commended the first step towards these objectives identified being SMART but commented that some of them have long timeframes and sought reassurance that they have clear trajectories and asked how the Board will know these are being progressed and on track to deliver. Mr Burnett advised that the intention is to take progress updates on achievement of the JFP through the System Service Delivery and Performance Committee and work is also taking place with Professor Ward's team to look at different measures of success across the ICS that ties in together the three strategies, which includes the Joint Forward Plan, the Health and Wellbeing Strategy and also the Integrated Care Partnership Strategy.

Ms Day referred to the number of plans and strategies in place across the health and social care system and asked whether this latest iteration brings those together and how is the system to not only keep track of progress and manage a significant number of objectives. Mr Burnett advised that there is a legal requirement to have the three strategies referred to in place and a considerable amount of work has been undertaken to ensure there is strong alignment between them, with prevention and health inequalities provided as examples. In terms of delivery there is an element of identifying what resource is available to be allocated to key areas.

There is a Programme Board of each of those which will oversee the delivery of their part of the plan.

Dr McSorley added that some time had been allocated at the April Board Development Session for the Board to provide some strategic oversight on the areas it wants to focus on.

The Board agreed to:

- **Approve the Joint Forward Plan, which has amended content for Priority 1: A new relationship with the public, be re-published on the ICB website.**
- **Approve the Allocation of Duties and Responsibilities document be re-published on the ICB website.**
- **Approve the publication of the JFP Delivery Plan on the ICB website.**
- **The summary of the system's 2024/25 operational plan is published once completed in May 2024 which will set out how the NHS are planning to meet the 2024/25 priorities and planning guidance.**

Dr McSorley, on behalf of the Board, expressed his appreciation to Mr Burnett and his team for pulling these documents together.

24/203

UPDATE ON THE EAST MIDLANDS ICB COLLABORATIVE ARRANGEMENTS AND SPECIALISED COMMISSIONING

Mrs Williamson presented a report which had been prepared to seek approval from the Board to progress to the formal Delegation of the 59 Specialised Services approved by the NHS England Board on the 6th December 2023. The report included a number of associated documents.

By way of some context, the paper presented built on previous discussions the Board have had on delegated commissioning and reminded those present of the strategic intention of NHSE to delegate commission responsibility to ICBs to be able to see the whole pathway approach and drive forward integration of services at a local level.

Since April 2023, the Midlands ICBs and NHS England have operated under statutory joint working arrangements to commission specified specialised services. This has included 59 Acute Specialised Services identified in the Specialised Commissioning Roadmap (May 2022) as suitable and ready for delegation. Following an agreed due diligence process it is recommended that the 11 Midlands ICBs support formal delegation of the 59 services in April 2024. This is in line with the ICB readiness submission to NHS England through the pre-delegation assessment framework and the subsequent NHS England Board approval in December 2023.

National policy requires ICBs to work in formal collaboration regarding Specialised Services. This responsibility, it is proposed, will be enacted through the East and West Midlands Joint Committees. However, the decision to move from joint working to formal delegation is a decision for each statutory ICB Board. Given the NHS England Board decision and policy direction, all Boards who do support the recommendation will be enabled to progress.

All ICBs are expected to receive the delegation of all agreed Specialised Services (Acute, Mental Health and Learning Disabilities, and Vaccinations) by no later than April 2025. The proposed phasing of delegation, with 59 services proceeding in April 2024, provides the Midlands ICBs with the opportunity to build experience in commissioning these services with a developmental safety net of a transitional year. NHS England will provide significant support to ICBs from 2024 to 2025 as they take on these delegated functions.

The delegation of the 59 Acute specialised services is to individual ICBs, however, the formal Delegation Agreement requires ICBs to collaborate in a multi-ICB partnership. The Delegation Agreement must therefore be supported by a Collaboration Agreement and Commissioning

Standard Operating Framework, which includes NHSE as a partner in their continued role in commissioning retained services. The approach supports the requirement to consider the cross-system population needs that support safe and sustainable care in specialised provision. The Midlands have developed a joint Memorandum of Understanding (as included in the pack) as a part of the suite of delegation documents, setting out the collaborative commitment to working together to maximise the benefits of delegations for patients, populations and across complex pathways.

The delegation of specialised commissioning does not change the accountability for these services as this remains with NHS England.

The Board considered the paper and supporting documents presented. Dr McSorley advised that he attends the East Midlands Joint Committee meetings. The delegation arrangements allow a real opportunity to do further work on integration and on whole pathways for patients that provides greater strength in the whole area around inequalities, much of which had already been touched on during the meeting. It also provides an opportunity for the ICB's leaders to become profoundly engaged in the work. The practice of delegation has enormous benefits for staff working across pathways and for patients receiving a greater level of integration. The task is to exploit the clinical leadership and inequality work that can bring greater equity.

Mr Turner supported Dr McSorley's comments, adding that a significant amount of work has taken place across NHSE and the Midlands region to get to this stage. All of the 11 ICBs across the Midlands region are this week or have considered these papers. By definition the nature of these services is very complex, well advanced and important for the local population. It is anticipated that a considerable amount of work will need to be undertaken in establishing whether the needs of the local population are being met. The ICB will need to be cautious and sensible in terms of how much change is instigated and the pace of that and that will need to be managed with ICB colleagues.

Mr Turner added that Mrs Williamson's leadership on this area of work and others has been outstanding.

Mrs Kenson advised that this is an amazing opportunity to involve staff and users in terms of revising pathways and models.

Following some further comments, the Board agreed that this is clearly a baseline year and allows the ICB to scope out the opportunities and supported the need for a post-implementation review to assess progress.

The Board agreed to:

- **Delegation of the defined set of 59 specialised acute services to the ICB on the 1st April 2024 and associated Delegation Agreement.**
- **Note the Memorandum of Understanding and Collaboration Agreement between the ICBs in the Midlands and NHS England to manage the delegated services.**
- **Note the required changes to the ICB's Scheme of Reservation and Delegation and Delegated Financial Authority Limits (as per Appendix One) to reflect the arrangements for delegation.**

24/204

EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE (EPRR)

Mrs Raybould advised that it is a statutory responsibility for the Board to receive a report on a yearly basis in relation to Emergency Preparedness Resilience and Response. The Board was referred to the paper included in the pack and advised that all NHS organisations are required to undertake an annual assessment against the 2023 updated core standards relevant to their organisation. The annual assessment provides an assurance that NHS organisations are working to meet their EPRR statutory duties and obligations.

The self-assessment for providers is jointly assessed by the NHS England and the ICB, and the ICB assured by NHSE. As detailed in the paper the ICB was assessed as substantially compliant in 2023 by achieving 89% compliance across domains. A significant amount of work was undertaken to achieve this level of compliance whilst also responding to live incidents throughout the year.

The ICB has coordinated several incident responses over the past year. Some incidents have been confined within the NHS and others have required joint working with other Local Resilience Forum (LRF) members. Lessons from either exercise or response continue to be embedded within the ICB and across the Local Health Resilience Partnership (LHRP), which is jointly led by the Director of Public Health, where a dedicated workstream has been formed to focus on the identification and sharing of lessons.

On a final note, Mrs Raybould covered the work undertaken on business continuity planning and the establishment of the ICB Business Continuity Plan.

The Board agreed to:

- **Note the report.**

24/205

SYSTEM QUALITY AND PATIENT EXPERIENCE COMMITTEE

Mrs Robson presented the report from the system Quality and Patient Experience Committee (SQPEC) meeting held on the 4th March 2024. The Board was advised that the Committee focused on wider system quality assurance and oversight structures and the development of an ICB Quality Strategy, the role of the Committee in convening the system around quality improvement and improved outcomes.

Following a detailed discussion, the Committee agreed five predominant priorities for inclusion in the ICB Quality Strategy:

- Access and capacity.
- Patient flow and the associated delays.
- Patient harm associated with the delays with pathways.
- Inequalities.
- Impact of financial challenges.

The two areas escalated were highlighted in the report and had already been alluded to as part of the update.

The Board agreed to:

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

24/206

SERVICE DELIVERY AND PERFORMANCE COMMITTEE

Mrs Kenson presented a report from the Service Delivery and Performance Committee meetings held in January and February 2024. Specific areas highlighted:

- As part of the system winter plan there was a commitment to delivering the planned capacity for Virtual Wards and increased occupancy levels. Excellent progress had been made and the level of capacity was now in line with plan and occupancy between 80% and 89%.
- Three Acute Respiratory Hubs were mobilised across Lincolnshire ahead of winter in order to support the management of respiratory illness over the winter period.
- The Winter Communications Approach 2023/24 was considered. Interesting feedback had been received from patients as to why they go to certain places for their care, which is helpful intelligence.
- Health inequalities – as presented by Mrs Williamson earlier in the meeting, work is underway within the ICB to produce information which meets the requirements outlined

within the NHS England Statement on Information on Health Inequalities and information was presented to the Committee for assurance purposes.

There were no items for escalation.

The Board considered the report and agreed to:

- **Note the report.**

24/207

AUDIT AND RISK COMMITTEE

Mrs Pratt provided a briefing from the Audit and Risk Committee meeting held on the 19th March 2024 and advised that the update would focus on three areas:

- The ICB is in good shape for year-end and the relationship with the ICB's external auditors had improved in year, along with that of internal audit.
- The draft Head of Internal Audit Opinion has indicated a provision for the ICB of reasonable assurance on the operation of the ICB's internal controls and Mrs Pratt thanked everyone involved in achieving that level.
- The Committee had reviewed its Terms of Reference and approved some slight changes to the membership and quoracy, which now identified a minimum of four Non-Executive Members and at least two being present for quoracy purposes.

The Board was asked to note the update and approve the Committee's Terms of Reference for inclusion in the ICB Governance Handbook.

The Board considered the report and agreed to:

- **Note the report and approve the revised Audit and Risk Committee Terms of Reference.**

24/208

ANNUAL REPORT AND ACCOUNTS

Mrs Ellis-Fenwick presented a report which provided the ICB Board with information on the production of the ICB Annual Report and Accounts for 1st April 2023 to 31st March 2024. The Board was informed of the key requirements for inclusion in the ICB Annual Report and also the key deadlines dates and submission process.

The ICB Audit and Risk Committee will be required to consider and recommend approval of the submission of the final audited version of the ICB Annual Report and Accounts for April 2023 to March 2024. It is proposed that the Board approves the final versions at its meeting on 25th June 2024 (prior to the Development Session). The final versions must be published in full on the ICB website by 5.00 pm on the 23rd September 2024. ICBs are also required to present the Annual Reports and Accounts at a public meeting which has to take place before the 30th September 2024.

The Board agreed to:

- **Note the report, key dates and the submission process.**

24/209

ANY RISKS IDENTIFIED

It was agreed that no new risks has been identified during the meeting.

24/210

DATE AND TIME OF THE NEXT MEETING

The next formal ICB Public Board meeting will take place on Tuesday, 28th May 2024 at 9.30 am at Bridge House, Sleaford.

Chair Signature

Date

Not Delivered
In Progress
On Track to Deliver
Complete

ACTION LOG - PUBLIC

Date of Meeting:	Tuesday, 28 th May 2024
Agenda Item:	1 (iv)
Reporting Officer:	Dr Gerry McSorley, Acting ICB Chair

Date of Meeting	Minute Number	Item	Action	Lead	Due	Updates	Status
26/03/24	24/197	Healthwatch Update	NHS 111 issues highlighted in signposting to dental – to be looked into.	Mrs Raybould and Mrs Williamson	April 2024	Update to be provided at the May Board meeting.	On-track to deliver



PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	3 (i)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Director of Public Health Annual Report 2023 – <i>Ageing Better in Lincolnshire – Adding Life to Years</i>
Report Author:	Professor Derek Ward, Director of Public Health
Presenter:	Professor Derek Ward, Director of Public Health
Appendices:	https://lhih.org.uk/wp-content/uploads/2024/01/Director-of-Public-Health-Annual-Report-2023.pdf

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

Recommendations

The ICB Board is asked to note:

- Note the contents of the Director of Public Health Annual Report 2023.

Summary

Directors of Public Health in England have a statutory duty to produce an independent report on the state of health of the people they serve on an annual basis. Local authorities have a statutory duty to publish the report and the report should be as accessible as possible to the wider public.

As part of the strategic partnership with the Centre for Ageing Better and building on the insight gained from Lincolnshire Ageing Better Annual Conference, the 2023 Director of Public Health's report focused on Ageing Better in Lincolnshire.

This year's report focuses on the importance of addressing the needs of Lincolnshire's ageing population which is exhibited by evaluating the current situation for older residents within Lincolnshire as well as considering how we address the some of the key determinants that could positively impact on the health and social issues that affect our ageing population.

By using the World Health Organisation (WHO) Age Friendly Communities Framework as a guide, the report focuses on some of the key determinants of healthy ageing and what can be done to support and improve the well-being of our older residents; particularly those living in rural and coastal areas.

The DPH report describes the World Health Organisation (WHO) framework through the www.lincolnshire.icb.nhs.uk eight Age-Friendly domains within each chapter. An analysis of local data and published evidence focuses on inequality and what this means for the residents of Lincolnshire through each of the following domains:

- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation
- Communication and information
- Community support and health services
- Outdoor Spaces and Buildings

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

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

Conflicts of Interest

No conflict identified

Summary of conflicts

Risk and Assurance

Any risks are highlighted in the report.

Implications (legal, policy and regulatory requirements)

Does the report highlight any resource and financial implications?	Yes, referenced on numerous occasions throughout the report.
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	Yes, referenced on numerous occasions throughout the report.
Does the report demonstrate patient and public involvement?	No, not specifically.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable.

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Report previously presented at:			
<ul style="list-style-type: none"> • Executive LCC • Better Lives Lincolnshire Leadership Team (BLLET) • LCC Adults and Community Wellbeing Scrutiny • LCC Place DLT • LCC Health Scrutiny • Health and Wellbeing Board 			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Ageing *Better*

→ in Lincolnshire
Adding Life to Years

**Director of Public Health
Annual Report 2023**

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1 Foreword



Welcome to my fifth Annual Report as Director of Public Health for Lincolnshire. Last year my report focused on the diversity in the communities spanning Greater Lincolnshire, highlighting some of the disparities

in health outcomes and wellbeing. This year my report focuses on the importance of addressing the needs of our ageing population. We will shed light on the current situation in Lincolnshire and address the pressing health and, equally important, social issues which affect our ageing population.

The ageing agenda has always been of paramount importance in Lincolnshire due to the number of older residents. Our county experiences the dual challenge of an ageing population alongside a rural and coastal geography, where many of our older residents live. This combination of factors necessitates tailored solutions to address the distinct needs of, and support for, our older population to live and age well. However, as we will see through the lens of the Age-friendly Communities Framework, there is a positive outlook for the older population, by harnessing the potential to help improve the health and wellbeing of older people in the county.

Using the World Health Organization (WHO) Age-friendly Communities Framework, which emphasises some of the key determinants of healthy ageing and promoting the wellbeing of older individuals, as our guide, we can begin to understand the challenges within the context of Lincolnshire. Additionally, the Centre for Ageing Better in Lincolnshire is a strategic partner of Lincolnshire County Council and continues to play a pivotal role in supporting the implementation of policies and initiatives to address the needs of the ageing population.

By embracing the healthy ageing agenda and addressing the needs and challenges of our older population, we can foster a healthier, more resilient society for generations to come. We must all engage to build a future where age does not limit potential but enhances the richness of life for people in Lincolnshire.

Finally, I would like to acknowledge and thank all of those who have supported the writing and production of this year's Director of Public Health Annual Report.

Derek Ward

Director of Public Health



I am very pleased to co-present the 2023 Director of Public Health Annual Report with Derek. Our report stresses the importance of addressing the needs of our older population in Lincolnshire and additionally,

allows us to highlight the challenges experienced by Lincolnshire's adult social care workforce and unpaid carers (most often family or friends) who contribute so much to our communities. A high number of older people, particularly in our rural and coastal communities, face personal and present social care challenges, both for professional services and unpaid carers. Additionally, in their everyday lives whether getting around the house, undertaking everyday tasks or who have no other support. In this report we highlight the growth in the prevalence of preventable health conditions requiring supportive social care support. This should focus our attention on finding innovative ways to support those in most need, whilst empowering those who can be supported with a lighter touch an opportunity to retain independence, be more resilient and stay connected.

Digital Technology is playing an increasing role not just in our personal and private lives but also in transforming the health and care system in Lincolnshire. We are working with our health partners to maximise use of technology in key areas.

I echo Derek's call to action to embrace the healthy ageing agenda. It is vital that we address the needs of our older population, and the challenges they face, enabling them to enjoy rich and rewarding later lives. For health and social care services to remain sustainable for Lincolnshire's growing population of older people, substantial investment is required in new ways of working, better use of improved housing and technology, reaping a return on investment both socially and economically.

Glen Garrod

Director of Adult Social Services

2 Introduction

In this Annual Report for 2023, we will be describing how the World Health Organization (WHO) Age-friendly Cities Framework (Figure 1) can be applied to the older population of Lincolnshire. In doing so we will see that, with the right provision of services and support, there is a positive outlook for older people in the county.

The Global Network for Age-friendly Cities and Communities was established by the WHO in 2010 and connects cities, communities, and organisations around the world through a common vision of 'making their community a great place to grow old in'. (WHO, n.d.) In the UK, the Centre for Ageing Better is the affiliated network who work with partners across the Country to test out new approaches to ageing better that could be rolled out to other areas. Due to its coastal and rural population, Lincolnshire was selected as one of the three original partners along with Greater Manchester and Leeds (Centre for Ageing Better, 2023a,b).

Establishing Lincolnshire as a positive age-friendly place for our older population to live is important. In comparison to inner cities, our large proportion of older people, combined with the rural and coastal geography in Lincolnshire, add different logistical and personal dimensions to good provision of services and infrastructure that support the health and wellbeing of older people.



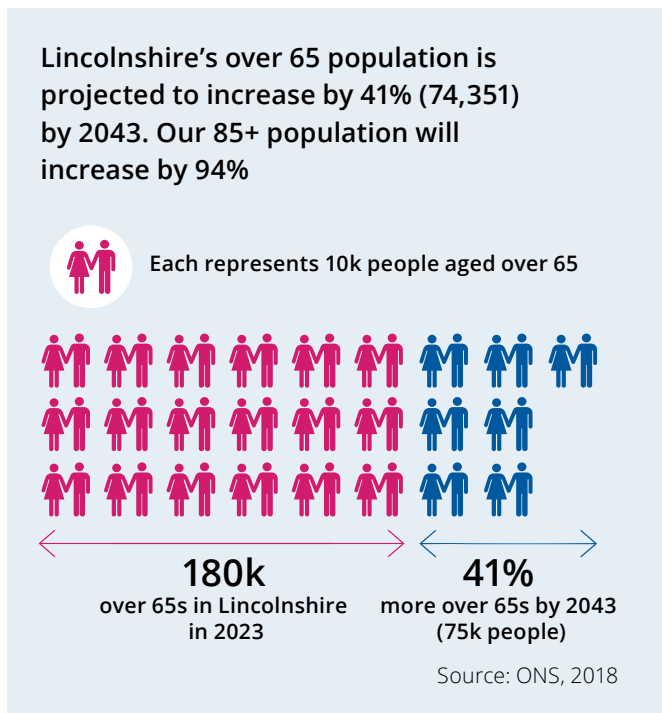
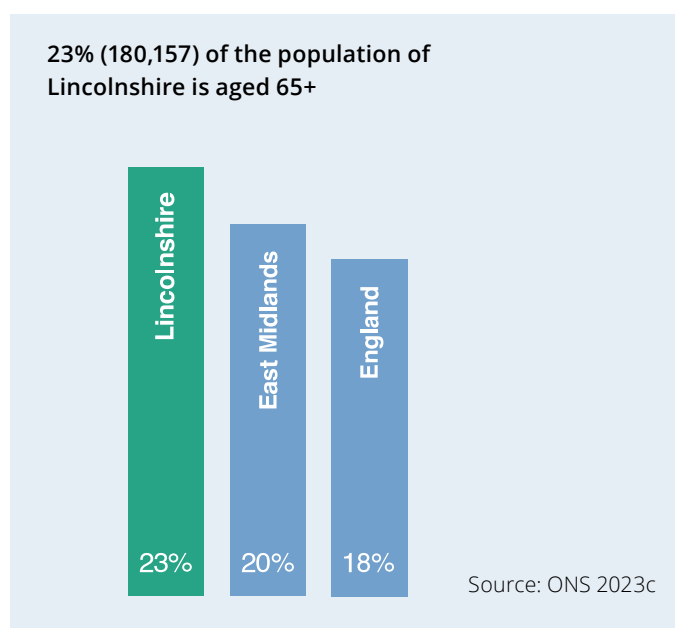
Figure 1 (Centre for Ageing Better 2023c)

Activities in East Lindsey and the legacy of that work provide an example of what is achievable. The next section in this introduction, along with each chapter in this report, describes the impact our older population, in rural and coastal settings where appropriate, has on health and social care provision in Lincolnshire and how each domain links to personal circumstances and local infrastructure. Each chapter begins with an infographic which illustrates how its theme interconnects with other domains.

3 Lincolnshire Geography and Population

Lincolnshire has a diverse population with a mix of urban, rural and coastal areas. The density of the population is relatively low due to the rurality of the county but can vary considerably between districts. Almost all our districts are in the top 30% of the least dense districts in Great Britain. In Lincolnshire, nearly a quarter (23%, 180,157) of the population are aged 65 and over, higher than the East Midlands (20%) and England (18%) and this is estimated to grow by 41% to 255,000 people over the next 20 years. The Old Age Dependency Ratio (OADR), a measure of the number of people aged 65 years and over for every 1,000 people of working age (16 to 64) is also more pronounced in Lincolnshire (39.4) compared to the England average (29.4), and East Lindsey has the fifth highest proportion of over 65s in Great Britain with an OADR of 54.8. (Office for National Statistics (ONS), 2023).

Proportion of Population Aged 65+



Lincolnshire demography presents unique challenges in rural and coastal areas, the vastness and scattered population can make it difficult for older adults to access essential services including health care, transport, and social support. Despite these challenges, the ageing population is a valuable resource, many older people actively contribute to the community and participate in voluntary activities, which can promote active ageing and enhance the wellbeing and quality of life.

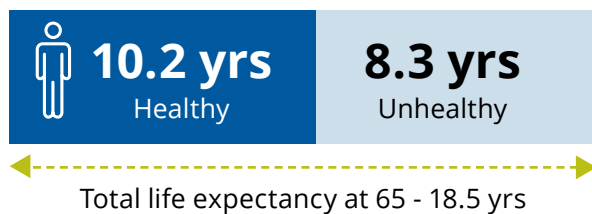
The health of our older population is of great concern particularly when we consider this alongside the projected rise in the over 65 population in the next 20 years. When we factor in the levels of disability-free, and healthy life expectancy, this tells us that both women and men in the county are likely to live at least part of their older age in ill health. In addition, inequalities impact negatively on health and life expectancy. The most deprived areas in the county,

seen on the east coast and in urban areas such as Lincoln, Gainsborough, Boston, and Grantham, have lower life expectancy and poorer health outcomes than those living in the least deprived areas (OHID, 2023). This illustrates the scale of potential reliance on health and care services over the next 20 years, not just in rural and coastal areas but in urban centres too.

Are we Ageing Well?

Life expectancy and healthy life expectancy at 65 in Lincolnshire

Male



Female



Source: OHID 2023

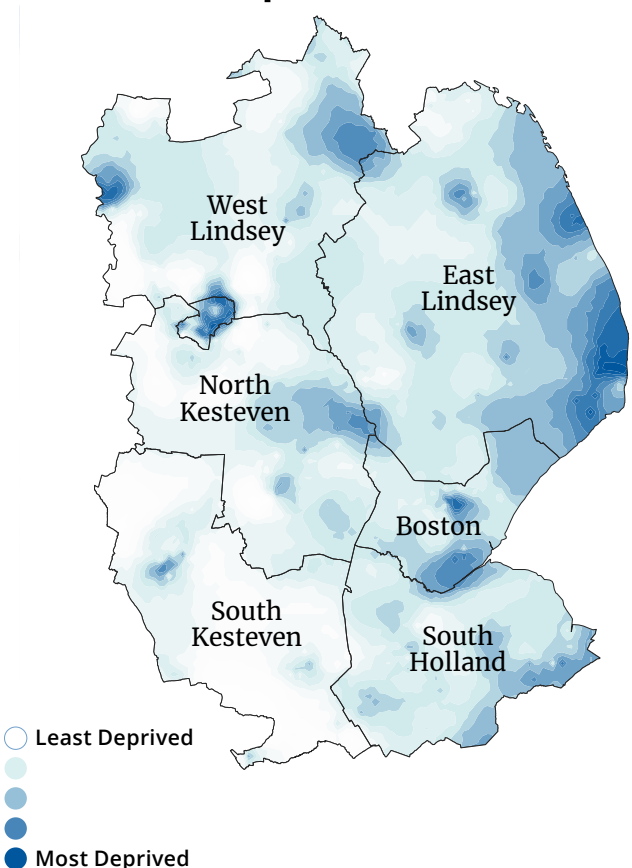
It is estimated that of all those aged 65 and over in Lincolnshire, 48,000 (27%) have a limiting long-term illness whose day-to-day activities are limited a little. This is projected to increase by 18,000 (40%) by 2040. For those with a limiting long-term illness whose day-to-day activities are limited a lot, the increase is expected to be closer to 47%, affecting 61,000 people. (Projecting Older People Population Information (POPPI) 2023). Adults aged over 65 have on average 2.6 long term conditions, those under 65 average 0.7 (NHS Lincolnshire ICB, 2023).

For older adults in Lincolnshire, the top causes for the number of years lived with disability, which are defined as years of life lived with any short-term or long-term health loss, are: low back pain, diabetes, age

related hearing loss, Chronic Obstructive Pulmonary Disease (COPD), osteoarthritis, and falls. (Institute for Health Metrics and Evaluation (IHME), 2019).

Many older people in our county live in poverty or income deprivation, this particularly affects those who rely on the state pension and pension credits. For those aged 60+ a score for local authorities can be calculated to measure income deprivation, the lower the score the better the area is performing. For Lincolnshire our income deprivation score is lower than the England average but is high when compared against similar local authorities. This measure of income deprivation is usually predominantly higher in urban areas. However, broad areas in rural parts of the county have more deprivation, particularly in the east and north. (GOV.UK English Indices of Deprivation, 2019).

Deprivation Affecting Older People



Source: GOV.UK English Indices of Deprivation, 2019

4 Community Support and Health Services



In an age-friendly Lincolnshire, providing care for older individuals is vital for maintaining their health, independence, and activity levels, and this includes easy access to a range of health and social care services (WHO, 2023). As our older population grows, the demand for community support and health services will increase (Centre for Ageing Better, 2023). This projected rise presents a significant challenge, as older people tend to develop long-term conditions and require more health and social care (NHS England, 2023). Lincolnshire faces higher prevalence rates both regionally and nationally, for many long-term conditions, and our population of over 70s will be around 100,000 by 2040 (Office for National Statistics, 2023). This presents a significant challenge for health and care services. Our rural and coastal areas encounter additional challenges related to workforce recruitment and retention including the distances required to access services.

In Lincolnshire, healthcare provision centres around hospitals in Lincoln and Boston, offering major specialties and 24-hour emergency services, while other areas provide community health clinics and support services (United Lincolnshire Hospitals Trust, 2023). However, older people in rural and coastal

communities often face long journeys to access specialist healthcare, a concern discussed further in the Transport chapter. Residents near Lincolnshire's non-coastal borders often travel to neighbouring counties for hospital care, imposing significant barriers, particularly for people without private transport.

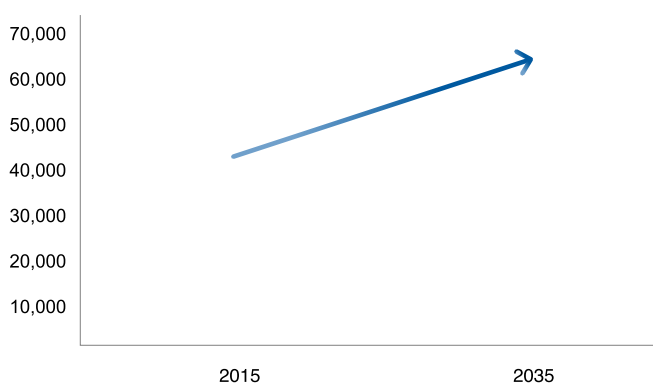
Nationally, NHS waiting lists for elective care are increasing, and progress in reducing wait times is slow (Nuffield Trust, 2023). Lincolnshire's ageing population compounds the pressure on hospital, general practice, and social care services, and the county struggles to recruit qualified staff. Challenges such as low pay and unsociable hours affect recruitment and retention in social care (HM Government, 2022). An ageing population with complex health needs adds to GPs' workloads, already affected by NHS backlogs (NHS Digital, 2023).

Lincolnshire ICS, through the work of its People Board, is addressing this issue of recruitment and retention of a skilled workforce through its One Workforce People Plan. For 2023/24 this has identified key actions to take that addresses how we attract, value, develop and retain people working across health and care.

Innovative solutions are needed, and Lincolnshire's health and social care system is already starting to adopt these. Digital technology can free home care staff to visit service users with higher needs, of particular importance to rural and coastal areas where service users are spread across large distances; and the LIVES falls response units help prevent unnecessary visits to A&E. (LIVES, 2023). Utilising our data and information more effectively through adopting population health management (PHM) approaches can address specific health needs, using evidence-based strategies to enhance outcomes and quality of life.

Challenging Need in the Next 10-15 Years

Over half of 65 - 74 year olds are expected to be multimorbid (2+LTCs) by 2035



Source: Kingston, et al., 2018

Falls Case Study

Falls are the most frequent type of accident in people over 65 and the number of injuries increases with age. It is estimated that around 53,000 people in Lincolnshire will suffer a fall each year creating a significant strain on health and care services. In 2021/22 for the age 65-79 group there were 1,095 Emergency Hospital Admissions due to a fall, for those age 80+ this rose to 1,990 (OHID, 2023d). Someone who has fallen has a 50% probability of significantly impaired mobility and 10% probability of dying within a year.

The LIVES Falls Response Team provide immediate assessment and treatment for fallers in their homes and have reduced the number of transfers to hospital for urgent care by 5%. LIVES are also proactively referring patients on to prevention and early intervention services (5.5 times more than EMAS) – helping to reduce pressure on services.

One You Lincolnshire are also piloting a programme to help older people at risk of falls through strength and balance activity.

Source: unless otherwise stated: Lincolnshire Health Intelligence Hub (LHIH), JSNA: Falls, 2023

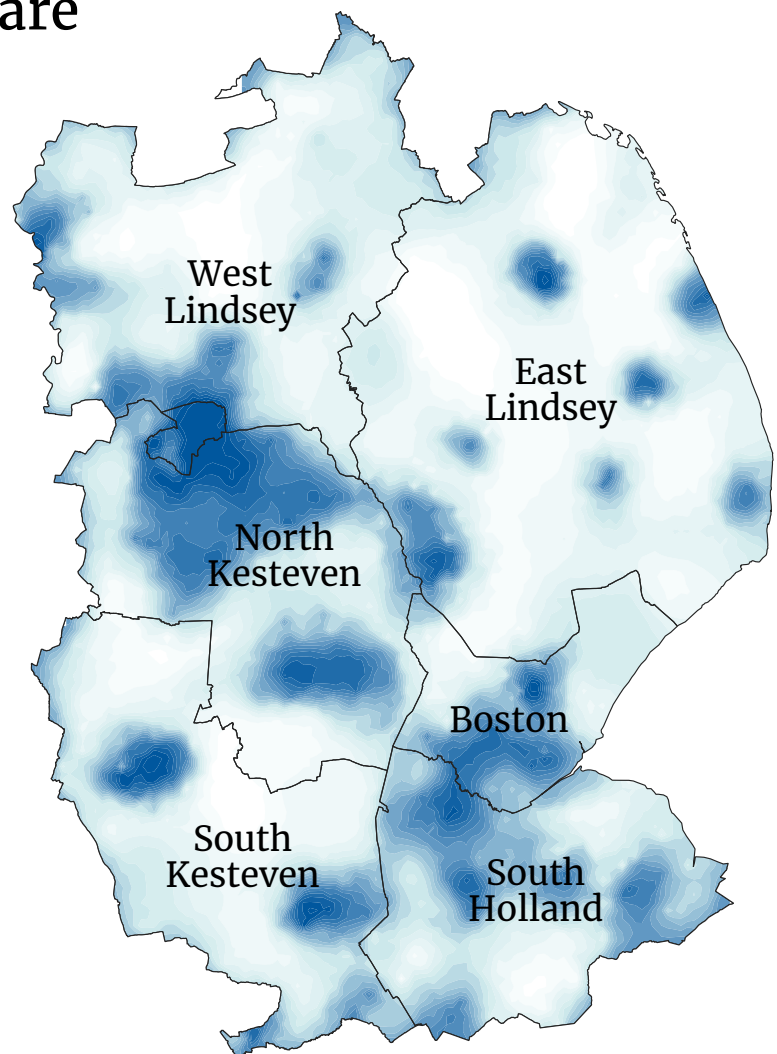
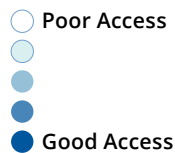


Every hip fracture costs the NHS an average of **£14.6k** (NHIR, 2023)



Each day in hospital costs approximately **£400** to the NHS (BMJ Open, 2020)

Access to any Healthcare in Lincolnshire



Key Points

- In an age-friendly world, the provision of health and care, including preventative measures, which is accessible and timely is essential in enabling older people to remain independent, healthy and active.
- Health and care services are impacted by the large ageing population who require higher levels of medical and social care.
- The county has issues with workforce recruitment and retainment in both health and care sectors.
- In rural and coastal areas, patients need to travel long distances to access hospital care.
- Service responses are in place and being developed which help reduce the impact on services.

5 Respect and Social Inclusion

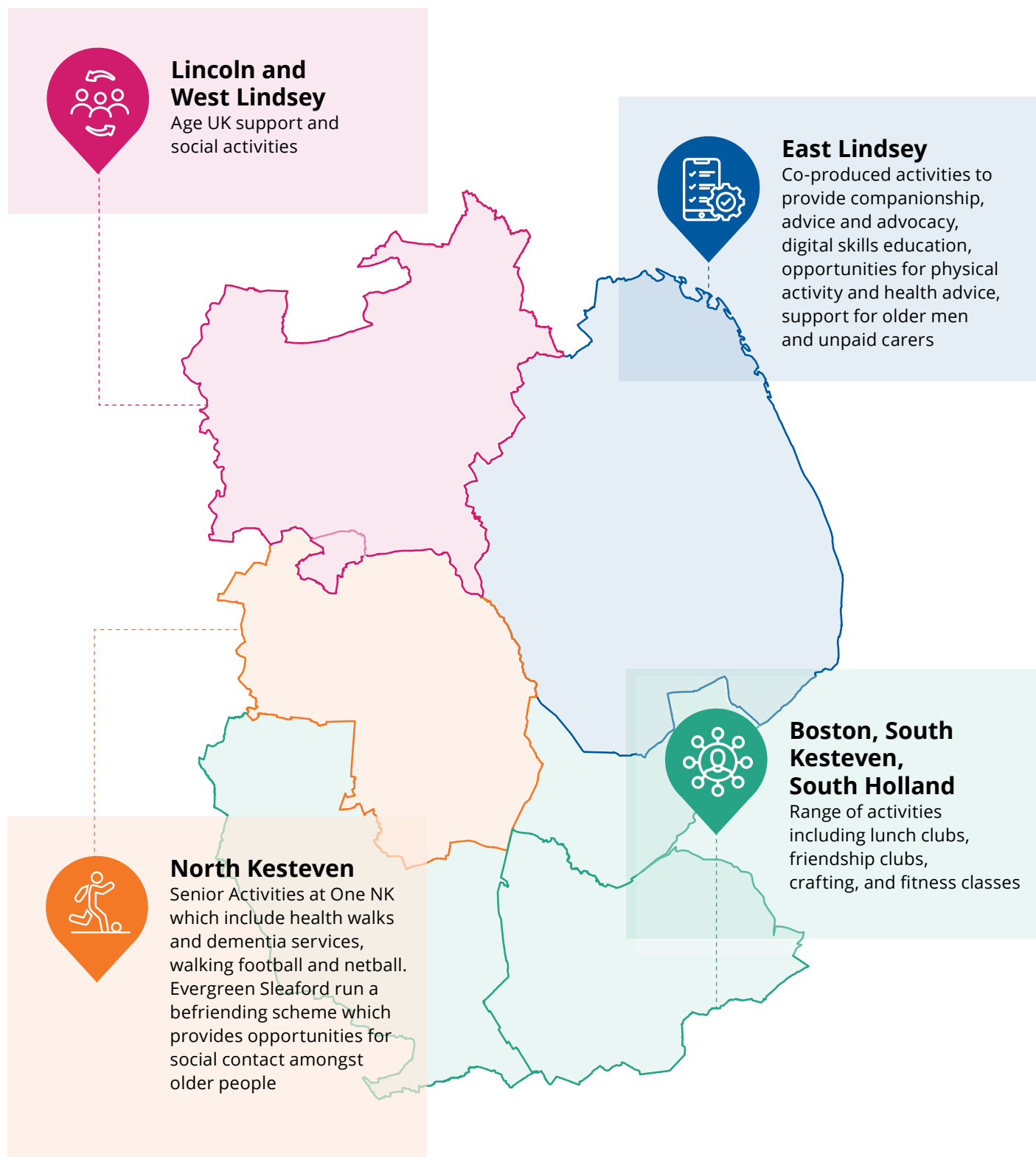


Respect and Social Inclusion is characterised by; intergenerational interactions; education about ageing; an expectation that people will appreciate the elderly; and social and economic inclusion. (WHO, 2023). Despite age being a protected characteristic, ageism remains prevalent (Centre for Ageing Better, 2023). Changing perceptions of ageing is challenging, but ensuring older people feel valued and included by their community, and are supported to stay well for longer, will reduce the need for health and social care services.

The risk of isolation increases with age, ageism can exacerbate this, leading to multiple disadvantages and isolation among older people (Age UK, 2018). There is a need to identify and include our LGBTQ+, Black, Asian and Ethnic Minorities (BAME), and migrant populations. Our older LGBTQ+ population, although relatively small in number, often lack traditional support structures and may face discrimination, impacting their mental health and wellbeing (Age UK, 2021). BAME groups, again a relatively small population compared to other areas of the country, are disproportionately affected by certain health conditions and institutional racism, necessitating recognition of their needs (King's Fund, 2023).

East Lindsey, our most sparsely populated district with market towns and seaside villages, faces unique challenges, including high levels of deprivation, especially in coastal communities, and a seasonal economy that offers limited opportunities for older job seekers (Office for National Statistics (ONS), 2023). It is the only area in Lincolnshire with WHO Age-Friendly status. This status signifies a commitment to listening to the needs of its ageing population (nearly 40% of East Lindsey's residents are aged over 60, exceeding the national average) to create age-friendly environments. In collaboration with the Centre for Ageing Better and Lincolnshire County Council, the Rural Strategic Partnership was created to focus on housing, communities, health, and work (Centre for Ageing Better, n.d.). Using a co-production approach involving older people, activities were developed to provide opportunities to make social contact and gain new skills (TED in East Lindsey). Despite barriers in remote areas, intergenerational contact facilitated by co-production can dispel negative perceptions and foster community integration, preventing ageism (WHO, 2021b). These evidence-based initiatives in East Lindsey are positively supporting the local older population,

There are a range of activities available across Lincolnshire to support our older residents



fostering mutual respect, reducing social isolation, influencing health and wellbeing services and most importantly, providing an example of how facilitating an age-friendly community approach has created a legacy which continues to shape older people's positive experiences.

Respecting our ageing population also means that we are able to safeguard them during vulnerable times. As the older population increases, it will be necessary to continue to prioritise safeguarding prevention activities with the Lincolnshire Safeguarding Adults Board and wider stakeholders. 62% of adult social care enquiries relate to the over 65 population underpinning the importance safeguarding has keeping older people safe in their communities (LCC, 2023).

Throughout Lincolnshire there are a wide variety of formally coordinated and localised activities for older people. These provide a mixture of opportunities for friendship and healthy activities designed to keep body and mind active, in turn contributing significantly to older people's health and wellbeing.

For example, Age UK in Lincoln provide a range of different activities in their Park Street Venue, which acts as both a hub for support information and offers both virtual and venue based social activities. In the Boston, South Holland, and South Kesteven districts social groups include lunch clubs, friendship clubs, crafting, and fitness classes (Lincoln & South Lincolnshire Age UK, 2023). Elsewhere, in North Kesteven, there are Senior Activities at One NK which include health walks and dementia services, walking football and netball, and over 50s activity groups (Better, 2023). Localised activities include warm spaces which are available throughout the county in diverse locations such as churches, garden centres and village halls. (Warm Spaces, 2023), and Evergreen Sleaford run a befriending scheme which provides opportunities for social contact amongst older people (Evergreen Sleaford, 2023). These are representative examples of the excellent work being carried out in the county to enable older people to live socially active lives and reduce isolation and loneliness.

Key Points

- Social interaction is crucial to reducing isolation and has potential to reduce burdens on health and care provision.
- There are potential benefits to the community in increasing activities for intergenerational interactions.
- Facilitating intergenerational contact through the coproduction of services and activities is good practice in an age-friendly community and can lead to greater understanding between age groups.
- Some older people in minority groups can be further marginalised due to social perceptions.
- There are many activities, both formally and locally organised in Lincolnshire which help to keep body and mind active which can lead to an improvement in health and wellbeing.
- 62% of adult social care enquiries relate to people aged over 65, prioritising safeguarding prevention activities is a priority for LCC.

6 Communication and Information



Our ability to communicate effectively plays a crucial role in active ageing, but modern times often bring information overload. Recognising the diverse needs of Lincolnshire's older residents and service users is essential, including those who speak languages other than English, those with limited digital technology skills, or those with dementia or sensory and physical impairments (WHO, 2023; Centre for Ageing Better, 2023). Barriers to communication and information access can stem from individual capabilities, financial constraints, poor signage and inadequate digital infrastructure (Chief Medical Officer, 2021).

Recognising and addressing these factors is crucial, particularly in our health and care settings where insufficient support can lead to increased demands or deter individuals from seeking care, leading to poorer health outcomes and inequalities (National Voices, 2023). Staff awareness of communication barriers can promote positive interactions between professionals and service users/patients.

Digital activities like online shopping, social media engagement, and accessing information, have the potential to enrich the lives of older people,

especially in rural and coastal areas with limited transport options (Haartsen et al., 2021). Digital connectivity can contribute to better overall health by reducing isolation and loneliness, a topic discussed in our social participation chapter. Some services, like GP bookings, health checks, and medication reviews, increasingly depend on online tools and apps. However, older people still primarily prefer to receive information through traditional media and personal contact, such as phone calls (WHO, 2023). Local data indicates that for Lincolnshire residents aged over 65, postal communication remains the preferred method (Experian, 2023). How service providers communicate with older residents is fundamental to their ability to interact with the Lincolnshire health and social care system.

Barriers to digital communication include financial limitations, inadequate digital infrastructure, and a lack of digital skills (Ofcom, 2022). For people with limited incomes, the cost of internet access or mobile phones can be prohibitive. Some areas in the county suffer from poor digital connectivity and our local digital exclusion analysis shows that communities more at risk are those within our

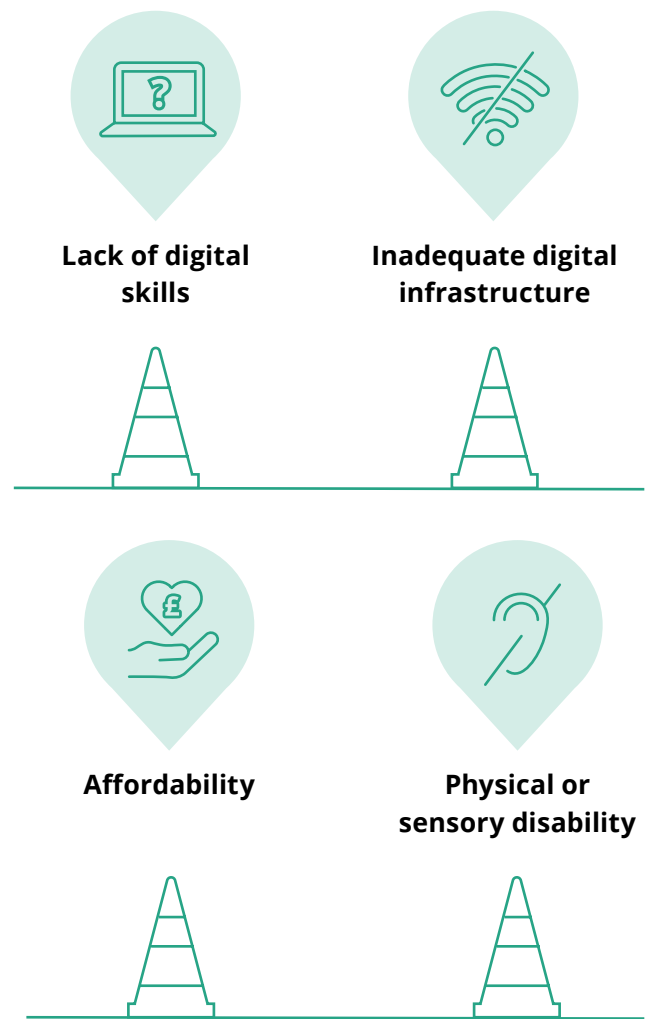
coastal and rural areas and closely aligns to areas of deprivation (Lincolnshire Health Intelligence Hub, 2023). Finally, with the prevalence of online financial abuse and scams increasing, we also need to consider the impact of scams and fraud away from digital environments. Local intelligence suggests scams are highest in our over 75 population with doorstep scams a particular concern and is a growing priority for our prevention and public safety work.

Free internet access is available in public libraries, but accessibility remains an issue for those without a local resource. The Lincolnshire Digital Inclusion Group is working to engage with vulnerable groups by connecting organisations to address digital inclusion (Lincolnshire County Council, 2023).

Digital skills are crucial, but a significant portion of the population, particularly those over 55, have never used the internet (Tabassum, N., 2020). This puts older people at risk of being excluded from essential services and communication channels. Lincolnshire offers initiatives to help older individuals gain digital skills, such as Lincs Digital - community-based learning in East Lindsey - and digital hubs provided by North Kesteven District Council (NKDC). Age UK runs a digital champion programme and Connect to Support offers online guidance for digital and technology support (Age UK, 2023b; NKDC, 2023). Despite these efforts, reaching isolated older individuals remains a challenge (Berni, J., East Lindsey District Council, 2023).

Organisations should provide resources in formats that meet the needs of older people, including adjustments for the physically and sensorially impaired. There is no reason why older people cannot access information digitally and many learn to embrace digital technology successfully, however a minority will remain unable to do so.

Barriers to Digital Communication

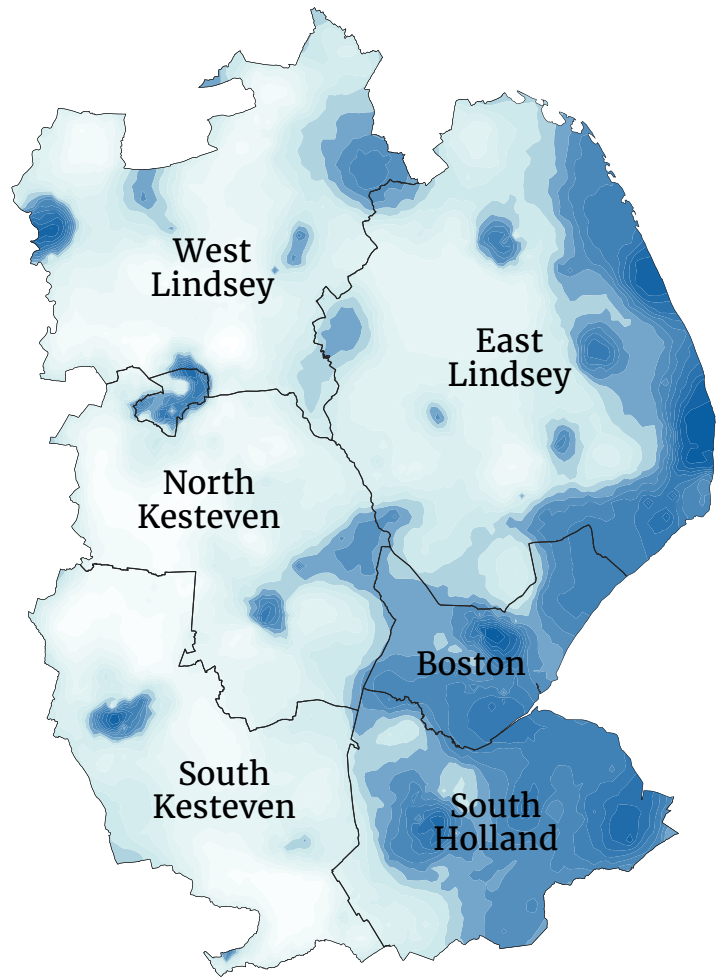


Source: Age UK, 2023

Digital Exclusion



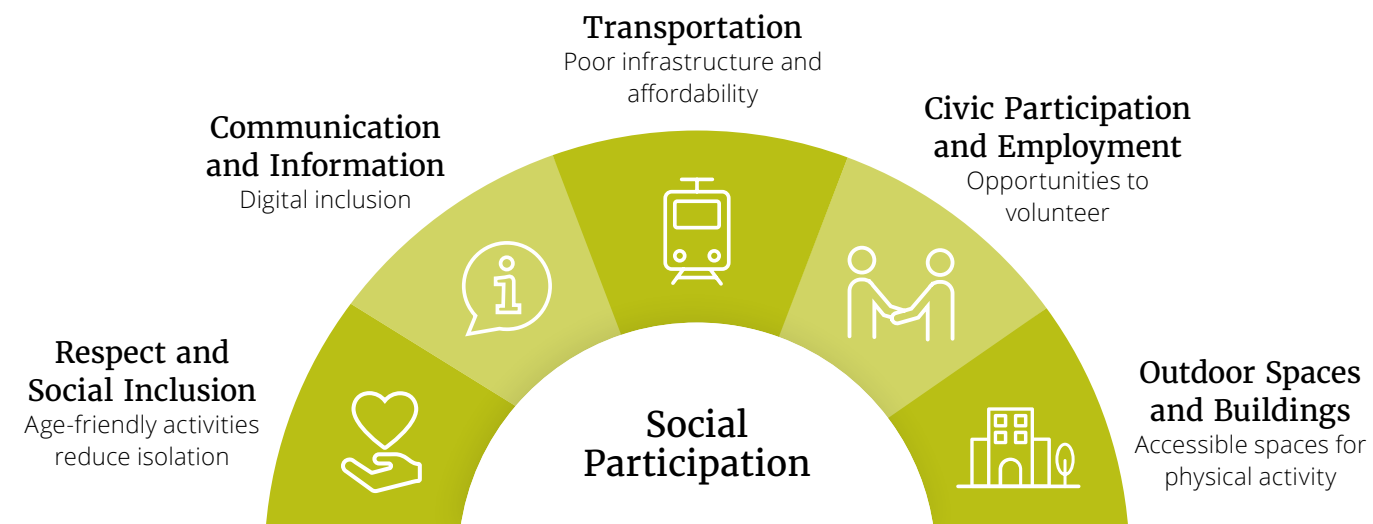
Source: LHIH 2023



Key Points

- Communication and Information is a key part of active ageing and providers should have an awareness of the range of needs and resources older people require to support our older residents who are at risk of experiencing difficulties engaging with health and social care services.
- There has been a move from traditional methods of communicating information and staying in touch, this is driving the need for older people to have good digital skills they are confident in and trust.
- 25% of over 65s do not currently use the internet, the Lincolnshire Digital Inclusion Group is working to reduce this inequality.
- Barriers to good digital communication are fourfold: lack of digital skills, inadequate digital infrastructure, affordability, and physical or sensory disability. Age is not a barrier in itself.
- The challenge is how to include those at most risk of being isolated by not having digital access, the most complex being affordability.
- It is vital that organisations recognise and respect the communication needs of individuals with physical and sensory impairment including dementia.

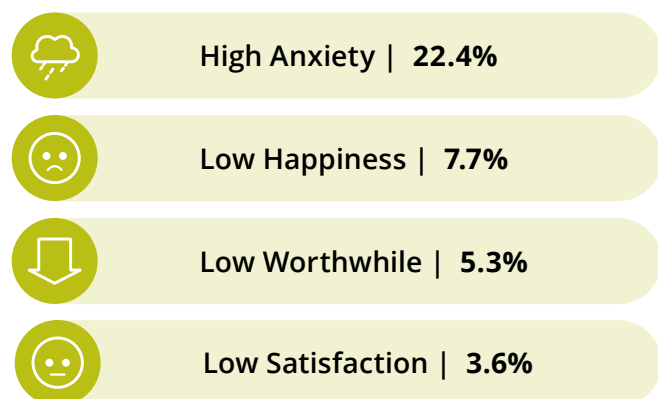
7 Social Participation



Social Participation means the engagement in leisure, social, cultural and spiritual activities in the community; which leads to the integration of older people in society, helping them feel engaged and informed. Participation levels are influenced by various factors, including access to transport, physical and mental health conditions, affordability, awareness of activities, and local facilities (WHO, 2020). The importance of social participation as a means of integration and combatting loneliness, with a focus on unpaid carers is paramount for supporting Lincolnshire’s older residents.

We know there are several factors that can lead to isolation and hinder social participation of older people, such as transportation challenges, financial constraints, limited access to information (increasingly online), personal choice, loss of a spouse and a lack of suitable opportunities. Isolation and loneliness can negatively impact health and wellbeing, creating additional pressure on health and social care services. Isolation and loneliness are not the same, but statistics indicate that 50% of individuals over 60 are at risk of social isolation, and one-third experience some degree of loneliness (Fakoya et al., 2020).

How are our communities affected?



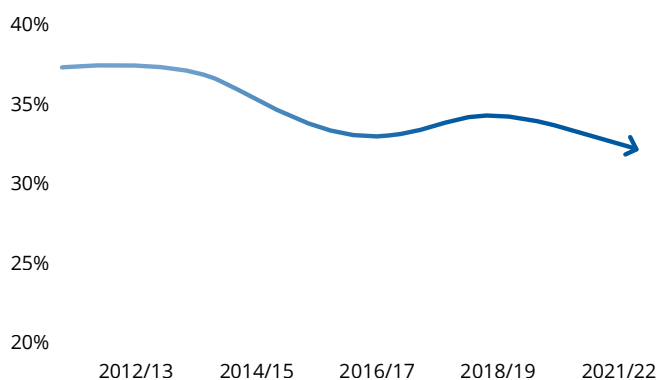
Source: OHID, 2021

The impact of social isolation on our residents’ health and wellbeing is significant. Loneliness can lead to anxiety and further withdrawal from society, making intervention critical. Health impacts are thought to be equal with other public health priorities like obesity and smoking. Loneliness is also associated with increased risks of: Inactivity, smoking, Coronary Heart Disease, Stroke and Alzheimer’s (DCMS, 2018). The prevalence of these conditions is getting worse in Lincolnshire (except for smoking). Alongside this, it is predicted by 2040, for the projected 65+ population, Dementia will affect 19,800 or 7.8% (an increase of 7,000 people) and falls that require hospital admission

will rise by 56.0% (Source: POPPI, 2023), underscoring the need to reduce isolation and loneliness to alleviate pressure on health and care services (POPPI, 2023). More concerning for Lincolnshire is that rural and coastal residents are at a greater risk of loneliness than those living in our urban areas.

Unpaid carers are seven times more likely to report loneliness and face a higher risk of worsening physical and mental health conditions due to isolation (Carers UK, 2021). Our data tells us that as our residents age they are more likely to provide unpaid care and will increase by 35% by 2040 (POPPI, 2023). A substantial number of older carers may experience limited social contact. Identifying carers with hidden needs is crucial as the ageing population and age-related illnesses increase (Carers Trust, 2023). To address these challenges in Lincolnshire, we have a range of organised social opportunities for older people, like men's sheds and walking groups, promoting intergenerational connections. Such initiatives benefit communities and emphasise the importance of investment in such services.

The % of adult carers who have as much social contact as they would like has dropped considerably over the last decade



Source: NHS Digital, 2022

Lincolnshire Carers Service Case Study

As the population lives longer, the Lincolnshire Carers Service is supporting a growing number of older carers whose adult children live with disabilities such as autism and learning disabilities. As these carers age, they are likely to find it harder to support their adult children, especially when the health and life expectancy of their children is improving over time (targeted health checks are having a big impact in this area), meaning that the long-term future of their current arrangements will be in many cases unsustainable. A new service will be implemented in Lincolnshire to support carers who are aged over 65 and are known to be living with, and supporting, an adult with a learning disability.

Key Points

Social Participation is engagement with cultural activities that foster older peoples' continued integration in society, which:

- Can help prevent the onset of diseases associated with ageing: dementia, strokes, and cardiovascular disease.
- Is a priority for Lincolnshire because people living rurally experience higher rates of loneliness and isolation.
- A new carers service will support older carers caring for their children with disabilities to put plans in place when they are no longer in a position to carry on their caring responsibilities.

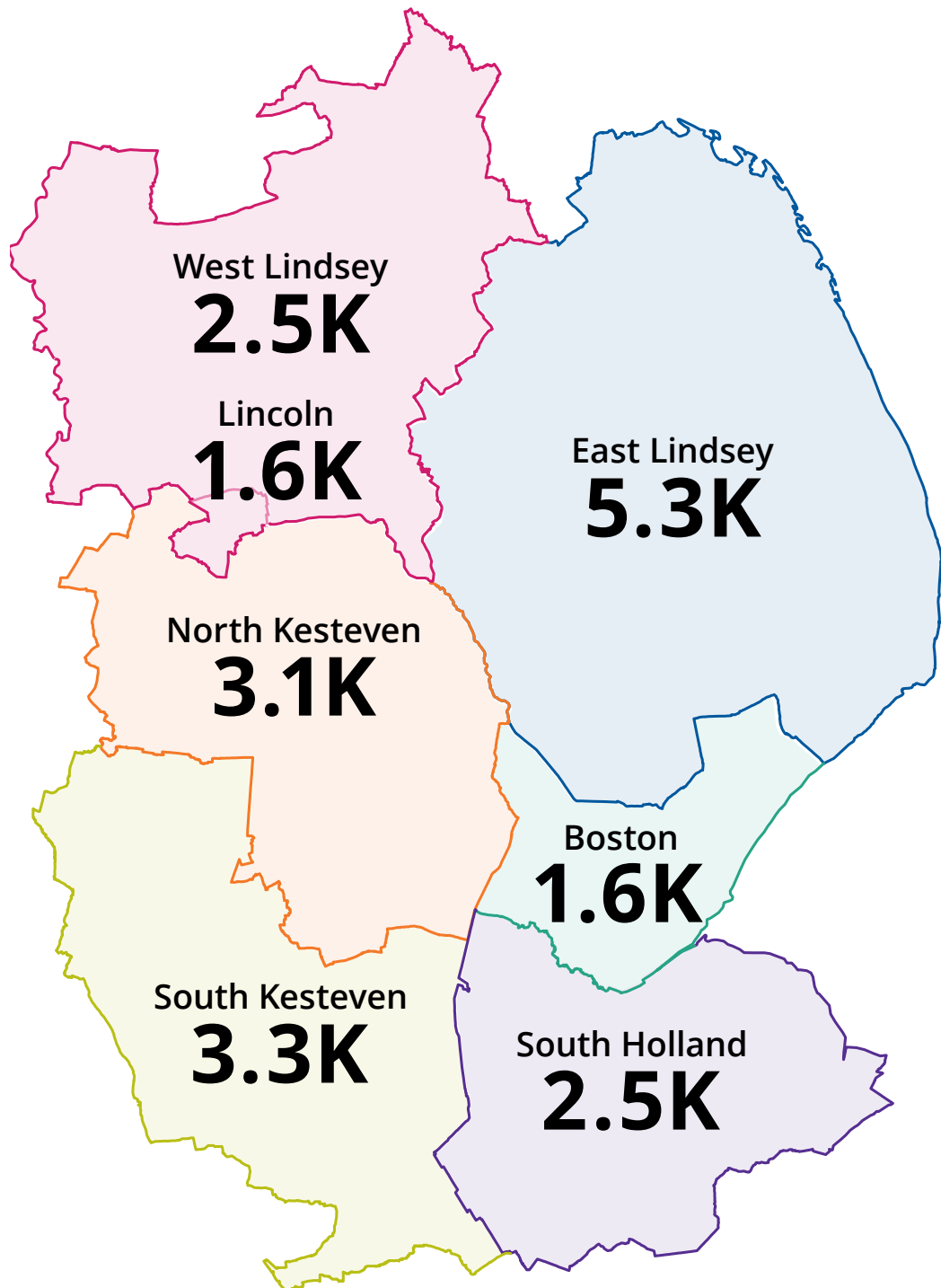
Evidence suggests isolation and loneliness are pressing public health issues, barriers to increased Social Participation include:

- Transport provision and access to information.
- An unpaid caring role which increases the risk of social isolation and loneliness.
- Isolation does not imply loneliness, but both are barriers to increased participation.

Unpaid Carers in Lincolnshire



Around 20,000 people aged over 65 in Lincolnshire provide some level of care every week, 25% of which are in East Lindsey



Source: ONS, 2023

8 Civic Participation and Employment



Civic participation, encompassing employment, political engagement, and the availability of volunteering opportunities, is vital for our older residents to contribute to their community and maintain a sense of purpose (WHO, 2020). Opportunities for civic participation can decrease with age due to ageism, financial constraints, and perhaps most relevant - the rurality of Lincolnshire (Centre for Ageing Better, 2023a).

Although there are around 17,000 over 65s still economically active, 90% of Lincolnshire's over 65 population are economically inactive, with the majority of those (96%) having retired (ONS, 2023b). Ill health significantly impacts the ability to work, for example only 59% of working age people with musculoskeletal conditions (such as arthritis) are in work (Public Health England, 2019).

For many older individuals, finding a job is challenging due to perceived limited opportunities, leading to "discouraged workers" who have lost hope of securing employment (Stickland, 2022). Discriminatory hiring practices, skills mismatches, and access issues further complicate the situation. Schemes aimed at supporting

older residents back into work can be hindered by transport and technology access (Department for Work and Pensions, 2022).

Ageism poses a significant barrier for older job seekers who can face prejudice and discrimination, limiting their employment prospects (Centre for Ageing Better, 2023b). Volunteering offers numerous benefits, including reduced mortality rates and lower long-term care needs (Filges, T., et al., 2021). It plays a significant role in the transition from work to retirement, reducing the burden on health and care services. Good practice in volunteering should include accommodating people with disabilities, unpaid caring responsibilities, and those with long-term conditions, but barriers like financial constraints, digital exclusion, and transportation issues persist (Centre for Ageing Better, 2023a). Lincolnshire Community and Voluntary Services, along with Voluntary Centre Services, coordinate volunteering and social prescribing efforts in the county, offering comprehensive options for older individuals. Social prescribing, which signposts people to local services and activities supporting their wellbeing, benefits those with mental health issues, long-term conditions, complex social needs, and

veterans (Lincolnshire Community & Volunteering Service, 2023). Although local data is unavailable, England-wide statistics show that 61% of individuals aged 65 to 74 participate in volunteering activities, and 51% of over 75s (Statistica, 2023). This suggests almost 100,000 older residents in Lincolnshire could be participating in voluntary activities.



90% of Lincolnshire's over 65s population are economically inactive with the majority of those (96%) having retired

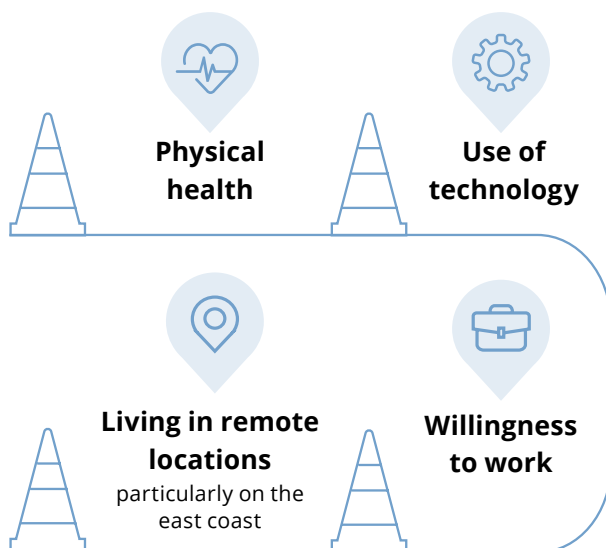
Source: ONS, 2023b



100,000 older residents in Lincolnshire could be participating in voluntary activities

Source: Statistica, 2023

The key barriers to employability for older people wanting to work

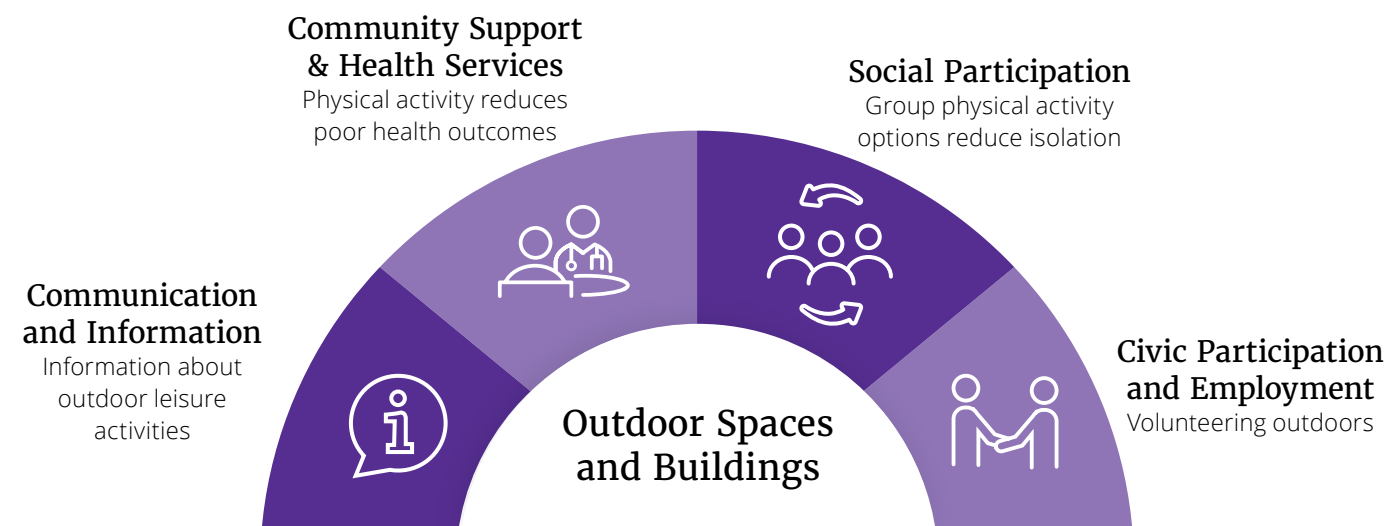


Source: Age UK, 2021

Key Points

- Civic participation and work enhance an individual's ability to contribute to society, in addition it can provide financial stability, improve health and increase social contacts.
- Options for paid employment diminish as we get older, in part due to perceptions of ageing, or a lack of opportunities which become pronounced in deprived rural areas, particularly along the east coast.
- Employability is affected by individual circumstances: physical health, use of technology, willingness to work, and living in remote locations particularly on the east coast.
- For many, retirement and reduced incomes can lead to a sense of disempowerment, this is compounded where transport is an issue.
- Older people can continue to be engaged with their local community, through paid work or meaningful and inclusive volunteering.
- Volunteering can provide: a gateway into work, new social networks, opportunities to gain new skills or pass on experience, and personal fulfilment after retirement.
- Organised volunteering networks cover the whole county providing a range of opportunities for all abilities. These include social prescribing for people with disabilities and unpaid caring responsibilities.

9 Outdoor Spaces and Buildings



In an age-friendly world, outdoor spaces and buildings play a pivotal role in ensuring a secure, pleasant, and welcoming environment for older people. These spaces should feature age-friendly elements such as well-maintained buildings, walkways, safe pedestrian crossings, and rest areas, all of which support the mobility, independence, and overall quality of life for older people outside their homes (WHO, 2023). Good practices include local businesses offering resting spots and walk audits involving older individuals identifying pavement, curb, and crossing needs (Centre for Ageing Better, 2023).

Lincolnshire, boasting an abundance of green spaces, public parks, over 2,500 miles of public rights of way, and around 50 miles of coastline (Lincolnshire County Council, 2023; Explore Lincolnshire, 2023), offers ample opportunities for outdoor activities. However, access to these spaces can be hindered by factors including disability, lack of transportation, absence of toilet facilities, and a move to car parking apps. In urban areas, concerns about personal safety and poor air quality can create additional obstacles. Addressing these barriers is essential, as local research links higher levels of inactivity to greater deprivation,

poorer health, and reduced social and community cohesion, contributing to significant health inequalities across Lincolnshire (LHIH, 2023).

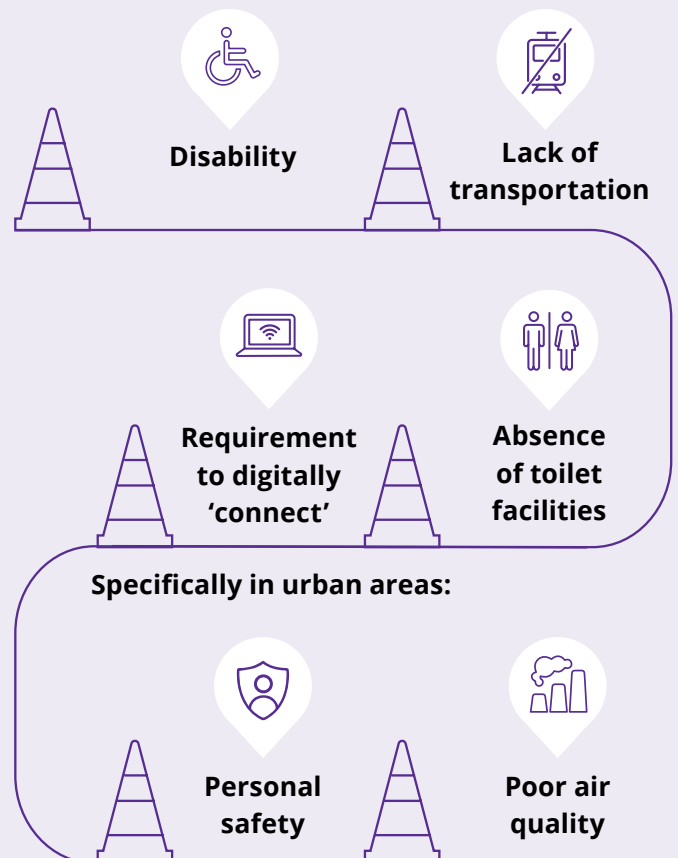
As our older population in Lincolnshire increases, a corresponding growth in disability and ill health due to inactivity is expected. This will place further strain on health and social care services. While gyms, swimming pools, and sports clubs can be costly and less accessible in rural and coastal areas, walking and gardening remain popular physical activities that are less income-dependent and more accessible (Active Lincs, 2019). Our One You Lincolnshire lifestyle service offers tailored support for healthy ageing for our over 55s and has proven effective in improving the lifestyles of our older residents (One You Lincolnshire, 2022).

Case Study: One You Lincolnshire

One You Lincolnshire are commissioned by Lincolnshire County Council to deliver interventions to help people who want to make healthy lifestyle changes.

- The One You Lincolnshire 'Move More' programme encourages people to meet the Chief Medical Officer's recommended 150 minutes of physical activity per week through a mixture of free 1-1 and group sessions, both online and in gyms/leisure centres.
- 'Move More' includes 'tailored support for over 55s' which offers advice on healthy ageing including nutrition, mental health, falls and dementia prevention'.
- An evaluation of 'Move More' shows that in 2021/22, more than 4,500 over 55s improved their physical activity status (Source: One You Lincolnshire, 2022).
- Anyone can access this service, and GP practices can refer patients to it through the social prescribing pathway. (Source: One You Lincolnshire, 2023).
- A pilot is underway to target people at risk of falls through strength and balance activities.

Barriers to physical activity for older people



Source: Age UK, 2023

In Lincolnshire...



93% of all households in Lincolnshire have access to private outdoor space



The average distance to the nearest park or outdoor space for Lincolnshire residents is **650 metres**

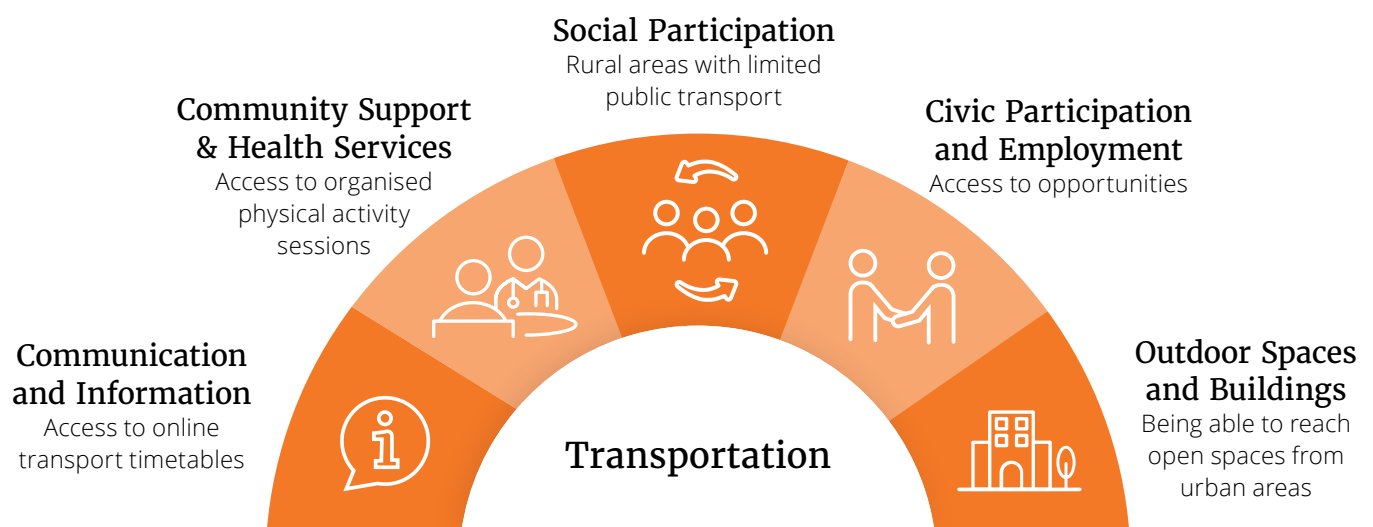
Source: ONS, 2023

Age-friendly outdoor spaces play a vital role in encouraging active lifestyles, improving the wellbeing of older individuals, and reducing the burden on healthcare services.

Key Points

- Outdoor Spaces and Buildings refers to recreational areas which provide an age-friendly environment which older people feel safe to visit.
- In the context of physical activity, Lincolnshire has good provision of outdoor spaces - parks, public footpaths and the coast - providing free or low-cost areas for exercise which benefits those living with the highest levels of deprivation.
- Provision of age-friendly facilities is necessary for older people to take part in physical activity, particularly for those with limited resources.
- In turn this reduces pressure on health and care services where the population of older people is predicted to grow by up to 48% by 2040.
- Structural barriers to older people taking part in physical activity include a lack of toilets, use of car parking apps, and poor public transport networks in rural and coastal areas.
- Human barriers include ageism, both negative attitudes towards older people, and their own perceptions relating to ageing, put them off participating.
- Social prescribing can help put older people in touch with support and advice from organisations like One You Lincolnshire and can be a way through both human and structural barriers.

10 Transportation



Accessible, affordable, and safe public transport is a crucial element of an age-friendly environment, facilitating active ageing and community engagement (WHO, 2020). This includes age-friendly driving conditions and parking facilities. It is important that transportation options are not only accessible but affordable, reliable, and convenient to meet the diverse needs of our older residents, especially in a rural county like Lincolnshire. Failure to provide suitable transportation options can lead to isolation, hinder access to healthcare, shopping and social activities, and disconnect older people from society. Transportation challenges disproportionately affect those in rural and coastal areas, where poor bus and rail networks, as well as long distances from population centres create barriers.

In Lincolnshire, transportation issues faced by our older residents can be influenced by personal circumstances including financial constraints, not owning a car or having to stop driving for health reasons, social connections, and digital exclusion which impact their ability to connect to services and social networks. Those with poor health, frailty, and a lack of local support connections are particularly affected by limited transportation options. This can lead to physical

and social isolation, loneliness, and poor mental health outcomes (Mental Health Foundation, 2023). Low income can further exacerbate transportation challenges, making it difficult for our residents to afford fuel or access affordable shopping options (Ministry of Housing, Communities & Local Government, 2019). While some provision exists for those who cannot afford private transport, such as voluntary car schemes and CallConnect on-demand bus services (Lincs Bus, n.d.), these options are stretched, especially in areas of Lincolnshire with large distances to cover between amenities, commercial centres, and health services. Post-covid, hospital transport schemes have reduced significantly, leaving many older people without a practical transport option to access hospital services, particularly those out of county.

Transport infrastructure varies across Lincolnshire, the west of the county benefiting from good connections while more rural and coastal regions lack comprehensive transportation options. As people age and their confidence in driving decreases, reliable and accessible public transport becomes even more critical. Further challenges like the withdrawal of 3G networks and the introduction of digital parking systems can create additional barriers for older individuals (BBC,

2023). This results in embedding reliance on home care provision as people are left with no transport choices. Additionally, unpaid carers are also adversely affected by poor access to transport (Watts, 2022).

Case Study – Call Connect

- Call Connect is a bookable, on-demand bus service, contracted by LCC, which has been running since 2001.
- The service runs for 12 hours daily and 6 days per week - There are 34 services county wide, which provide access to services, local communities and other transport options.
- Call Connect neatly plugs the gaps in bus service provision that conventional bus services struggle to meet, particularly in deep rural areas where population density is typically low.
- Free older persons bus passes can be used on this service – there are currently 100,000 issued in Lincolnshire, used for 2.6m journeys per year, the majority by older people.
- The £2 bus fare cap applies to Call Connect journeys.
- Contributes to a reduction in social isolation.

(Source: Lincolnshire County Council, 2023)

Ensuring accessible, affordable, and safe public transport is essential to support active, healthy ageing, community engagement, and access to essential services. Addressing transportation challenges, especially in rural and coastal areas, is crucial to promote social inclusion and wellbeing for older individuals in Lincolnshire. At a time when private vehicle ownership has never been so expensive, ensuring affordable access to public transport is of paramount importance. Nationally, there is a £2 cap on bus fares which has recently been extended until December 2024 and will go some way to ensure bus travel remains as affordable for those who need it (Department for Transport, 2023). Additionally, there is significant funding now available to LCC to make improvements to the wider bus network that should enable greater access to services across the county. LCC are currently supporting active travel by promoting the 'first mile – last mile' scheme as part of an integrated transport approach, although in rural areas this may be difficult to realise. Despite this, it is important that we continue to provide opportunities for those who are able to travel actively so that we promote and embed active travel in people's lives as early as possible.

Less than **45%** of over 85s have access to private transport



Around **half** of Lincolnshire residents are unable to access their GP by walking or public transport within 15 minutes

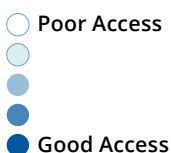
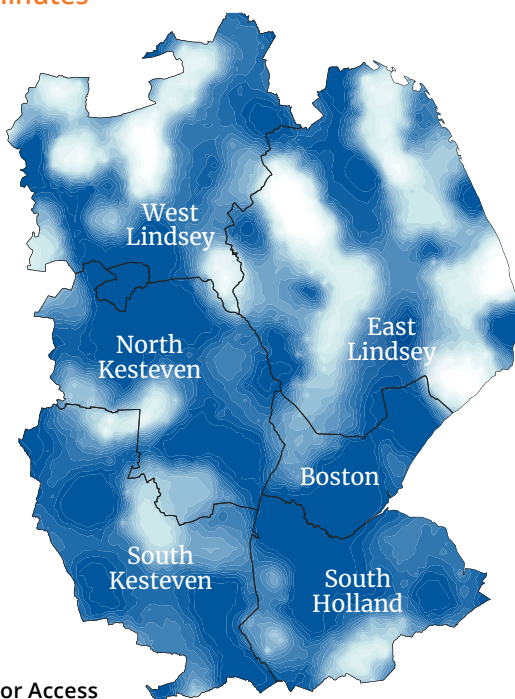


Less than half of Lincolnshire's residents can access urgent care or a community hospital within 30 minutes on public transport



Source: UK Data Service, 2022; LHIH, 2023

Access to nearest GP 15 minutes

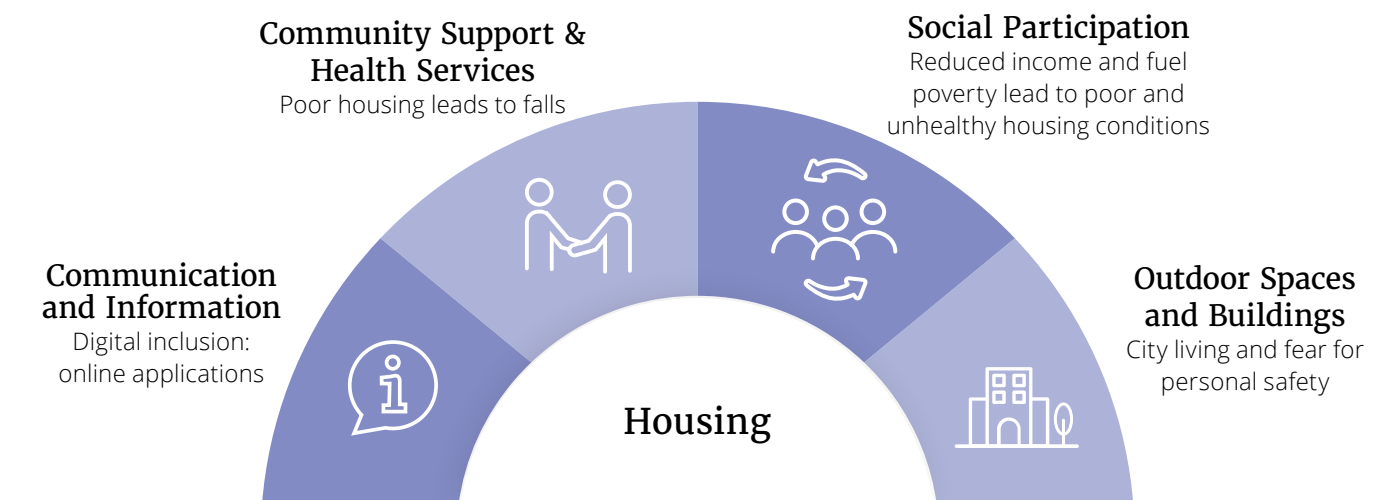


Source: LHIH, 2023

Key Points

- Transport should be affordable and accessible to enable older people to age actively and engage with their communities. People are entitled to a free bus pass once they reach retirement age, and nationally fares are capped at £2 per journey until 2024.
- Long distances to access services and social support, particularly in eastern Lincolnshire which has sparse and inconsistent rural public transport connections and a poor road infrastructure, exacerbates social isolation.
- Considerable inequalities exist between those who must rely on public transport and those with access to personal transport.
- Services in Lincolnshire include; subsidised bus routes; hospital transport schemes; CallConnect bus services; and free bus passes.
- New funding will help to improve access to the public bus network.
- High costs and long travel distances further disadvantage unpaid carers.
- Transportation barriers potentially add to the burden on delivery of home care services which are already stretched.
- LCC's integrated transport approach includes elements of active travel initiatives.

11 Housing



Housing is fundamental to quality of life and ageing independently in the community. Suitable housing close to essential services plays a pivotal role in enabling older people to live comfortably and securely. Age-friendly adaptations support people to stay in their homes for as long as possible (WHO, 2023). When this is no longer feasible, a variety of housing options can help enable continued independent living.

Poor-quality housing, particularly cold and poorly maintained homes can significantly impact older residents, making them vulnerable to low temperatures, falls and accidents which can trigger a decline in health and potentially lead to a move into residential care (Lincolnshire County Council, 2022; UK Parliament 2018). There are many reasons people live in poor or unsuitable housing; fuel poverty where fuel costs leave people below the poverty line, lack of mains gas supply in rural areas, insufficient insulation, and poor ventilation, which may result in deteriorating living conditions (UKERC Energy Data Centre, 2023). Furthermore, those on low and reduced incomes are limited in their housing choices, typically having less desirable or poorer housing conditions than others, and finding themselves more likely to be living in rented tenures (Joseph Rowntree Foundation, 2013). Poor housing stock particularly affects older people living in the most deprived areas, along the east coast and urban areas. This means that some

older people in the county are likely to live at least part of their later years in ill health due to poor quality housing. There are a number of funds that District Councils administer, which are designed to provide support to people on low incomes to help them improve the energy efficiency of their homes.



1 in 5 homes in Lincolnshire do not meet Decent Homes Standards



14% of households in Lincolnshire in fuel poverty

Source: UKERC Energy Data Centre, 2023

Lincolnshire Community Equipment Service (LCES) provides and maintains clinically prescribed equipment such as simple aids and hoists, this collaborative service is our response to the growing demand and complexity of need seen in recent years. In the period 2022/23 around 30k people were helped by this service, and to date around 115k items of equipment have been supplied. There is a current pilot scheme with a District Council to install and maintain stairlifts and access equipment, and from 2024 a wheelchair service will also sit under the LCES team.

In partnership with the Centre for Ageing Better, local authorities and other agencies across Lincolnshire are establishing a Good Home Alliance. To help local people and professionals access a comprehensive range of housing support and information, the Good Home Hub will be available shortly, via the [Connect to Support website](#). This will help older people to make informed choices to maximise their independence for as long as practical.

Targeted support is available via the Wellbeing Service commissioned by the County Council, which includes help with small aids for daily living, minor adaptations, and other home-related needs. Financial assistance in the form of means tested Disabled Facilities Grants (DFGs) for major adaptations such as installing showers or ramps are available. Work is ongoing to streamline this funding which will ensure an equitable and consistent approach countywide. Additionally local energy advice services will help older residents to make their homes more fuel efficient and District councils have developed a common discretionary housing assistance policy to support people who fall outside the provisions of the mandatory DFG or government energy efficiency grants schemes.

The Supported Housing Act 2023 requires local housing authorities and social services providers to

develop a strategy that aims to meet demand. In 2030, the need for over 65s supported housing or Extra Care Housing is expected to increase by more than a fifth in Lincolnshire, highlighting the potential impact on health and care services if supported housing requirements are unmet (Housing Health and Care Delivery Group (HHCDG), 2021). Due to a shortage of Extra Care Housing, the county council developed a programme with a variety of partners, resulting in De Wint Court Lincoln being fully operational. Future schemes are being developed, and by the end of 2027, it is projected there will be an additional 134 homes for older residents and people with disabilities.



62% of residents (65+) who own their own home report good health status compared to only **42%** for those who rent

Source: Census 2023



The cost of residential care per week is around **£800** rising to **£1,078** for nursing care

Source: Age UK, 2023

Case Study: Lincolnshire Wellbeing Service

- The Wellbeing Service in Lincolnshire is designed to help residents to live independently, this is supported through a personal assessment, usually in the individual's home and includes identification of equipment and adaptations required and a survey of the property to assess its suitability.
- For those eligible for care and support, services may be supplied directly, or the individual may be put in touch with specialist services such as those supplying home equipment; simple aids for daily living; telecare; and the wellbeing response service.
- In the period 2022/23 9,754 referrals were made into the Wellbeing Service, an increase of 9% on the previous year; the majority of referrals (62%) are for people over 65 years.

Lincolnshire County Council, 2023



It is estimated the cost to the NHS for each cold or damp home is

£750

per year

Source: (BRE Group, 2023)



Costs for home care average around

£15 per hour

Source: Age UK, 2021

Extra Care Housing Case Study – De Wint Court, Lincoln

In Lincolnshire there are currently seven extra care schemes, with a total of 339 units of accommodation for older people. Following the development of De Wint Court in Lincoln in March 2022, the number of units available in the county increased by 20%. It is anticipated this will increase by a further 25% by the end of 2025.

De Wint Court offers 70 extra care housing units and approximately 10% of residents came from residential care, thus reducing the financial burden on local authorities as well as supporting our vision to enable people to live independent lives in their own homes.

In the first year, residents reported reductions in isolation, loneliness, and self-neglect as well as a significant increase in independence. In addition, a 30% reduction in care and support hours has been reported.

Source: Lincolnshire County Council, 2023

Key Points

- Poor housing conditions for older people can impact physical and mental health, quality of life and the ability to age independently and actively in their communities, in turn these impact on health and social care services.
- Means tested Disabled Facilities Grants, discretionary housing assistance and energy efficiency schemes are available to enable older people to remain in their homes for as long as possible.
- Supported Housing and Extra Care Housing provides older people with housing options which enable them to remain independent but with appropriate support when needed. Both are cost-effective options which help reduce the costs of providing residential care.
- Various partnerships are working together to provide more extra care housing and information resources to enable older people to live as independently as possible for as long as possible.

12 Conclusion

Collectively the domains discussed in this report highlight the challenges and opportunities in empowering ageing populations in Lincolnshire, with a focus on promoting active ageing, improving access to essential services, and creating age-friendly environments. Without this focus on supporting our population to age well, the demands upon our over-stretched health and care services and workforce will continue to rise.

‘Personal circumstances have a big impact on healthy ageing...’

We have demonstrated how a person’s individual circumstances can present opportunities to thrive in later life or become barriers to ageing well. These include financial status, physical and mental health, family and social networks, digital inclusion, and employment.

‘...but there are considerable structural challenges that older people face too.’

Elements outside a person’s control can be detrimental to ageing well in Lincolnshire. We know that living in a rural or coastal community has its benefits in terms of access to green and blue space and mitigating the onset of ageing but it can also negatively impact how older people age. For those who are digitally excluded, or without access to reliable transport options to enable access to amenities, services and social opportunities, they can become isolated. In turn this can exacerbate health inequalities and pressures on health and social care services.

What’s Next

Our analysis of the age-friendly community framework in this report has demonstrated the interdependency between domains. Throughout the report we have detailed the links between the domains, showing where we are likely to be able to make the most impact (Figure 2).

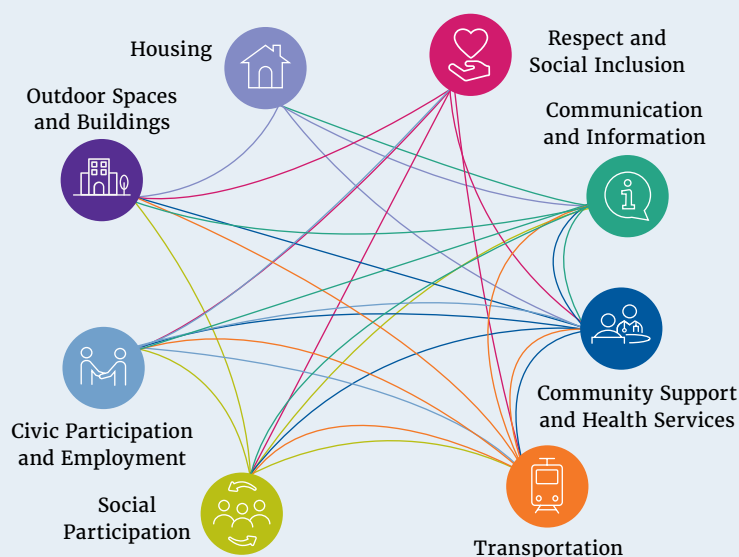


Figure 2 Interdependency between the age-friendly domains

By effecting a change or improvement in an aspect of one domain, there can be far reaching positive impacts on others, which cover all interdependent aspects of ageing well in Lincolnshire.

Whilst challenges are not insurmountable, we have the ability within LCC and across District Councils and 3rd sector organisations to prioritise specific focus areas to reasonably effect measurable impact. Within the eight domains, we can pick out some of the ‘sub-themes’ where if focussed efforts on improving opportunities were made, we could not only add years to life, but life to years.

Social isolation

In a rural county where experience of loneliness and isolation is likely to be greater, tackling social isolation through social participation and integration, through volunteering opportunities and intergenerational activity can prevent the onset of long-term conditions and reduce unnecessary utilisation of health and social care services.

Recommendation - Link up, make accessible and promote the existing services that prevent social isolation among our older residents in Lincolnshire.

Transportation

Rurality and distance between local amenities or health care provision plays a major role in health outcomes, while at the same time increasing the potential burden on the delivery of stretched care services. Promoting affordable, accessible public transport infrastructure to enable better access to health care, and green and blue spaces, will link our most isolated communities and be fundamental in reducing health inequalities.

Recommendation - Continue to champion our community public transport services to ensure it is as accessible as possible to our most vulnerable and isolated communities. Promote opportunities for active travel.

Digital inclusion

Whilst we expect issues with digital exclusion amongst our older communities to diminish, it is important to ensure the barriers to exclusion are understood and tackled. By utilising and building upon existing intelligence we can ensure 'excluded' communities are supported in the ways required to ensure they are not left behind in an increasingly digital world.

Recommendation - Continue to support efforts for the expansion of broadband and digital connectivity across Lincolnshire. Promote the many services and schemes for our communities to become digitally aware and skilled.

Housing

As our population ages we inevitably need to consider whether housing provision is suitable and sufficient. By supporting older people to make informed decisions about where they live and how they can be supported to stay in their own home, if they choose to do so (through simple housing adaptations for example), this can have a lasting impact on healthy ageing.

Recommendation - Continue to support our older residents to decide where they choose to live through our established offers.

East Lindsey has been recognised as a WHO healthy ageing area, showcasing the potential for positive outcomes when addressing the ageing agenda strategically. The local legacy of this initiative can serve as a model for other districts to learn from and potentially build upon. Sharing experiences and insights can foster collaboration among our services, leading to improved provisions and better outcomes for ageing populations across the nation.

Recommendation - Utilise the DPH report as a precursor for a Lincolnshire State of Ageing Report and support our districts to develop baseline assessment of need.

Through reviewing literature within the context of Lincolnshire and using local intelligence we have illustrated that without the strategic direction to prioritise how we support older people to live healthy, active, productive and fulfilling lives in Lincolnshire, we will only be exacerbating the burden of ill health and reliance on an overburdened health and social care workforce. This is an increasing and ever-present consideration when accounting for the increases in population growth expected in the older population over the next 20 years. As ever, these challenges often have the greatest impact on the most vulnerable or hardest to reach residents, as a result intensifying health inequalities. By gaining a more insightful understanding of what it is like to age in Lincolnshire we can start enhancing and adapting our approaches to better meet the needs of the local population. Addressing the ageing agenda in Lincolnshire is a collective effort, and we are committed to working together with all our partners to create a healthier and more inclusive environment for our ageing population. By recognising the challenges and opportunities that lie ahead, we can build a brighter future for older residents.

13 Glossary

COPD – Chronic Obstructive Pulmonary Disease

The name for a group of lung conditions that cause breathing difficulties, it includes emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways). Mainly affects middle-aged and older adults who smoke. (NHS)

Co-production This refers to a way of working, whereby everyone works together on an equal basis to create a service or come to a decision which works for them all, in the context of this report this would be older people collaborating with service commissioners. (Think Local Act Personal)

Digital Inclusion This covers three things:

- **Digital skills** being able to use digital devices such as computers and the internet
- **Connectivity** Access to the internet through broadband, wi-fi, and mobile
- **Accessibility** Services designed to meet all users' needs, including assistive technology. (NHS Digital)

Disabled Facilities Grant (DFG) Means tested grant paid by local authorities to aid owners or tenants to adapt their accommodation. (Age UK)

Extra Care Housing Assisted living (also known as extra-care housing) is a type of 'housing with care' which means you retain independence while you're assisted with personal tasks. (Age UK)

First Mile – Last Mile – Refers to the initial and final segments of a journey. People are encouraged to walk the first part and last part of a journey to encourage increased physical activity, for example, to walk to a bus stop further from their normal stop, and on the return journey get off the bus a stop early. (Journal of Urban Technology)

Fuel Poverty Relates to households that must spend a high proportion of their income to keep their home at a reasonable temperature. It is affected by three factors: household income, fuel costs, and energy consumption which is often affected by poor energy efficiency of the dwelling. (House of Commons Library)

Mortality Death. (NIHR (National Institute of Health Research))

Pension Credit Pension Credit gives you extra money to help with your living costs if you're over State Pension age and on a low income. Pension Credit can also help with housing costs such as ground rent or service charges. (GOV.UK)

Population Health Management (PHM) PHM is a way of working to help frontline teams understand current health and care need and predict what local people will need in the future. This means that care and support can be tailored for individuals, and more joined-up and sustainable health and care services can be designed to make better use of public resources. (NHS England)

Protected Characteristic It is against the law (Equality Act, 2010) to discriminate against anyone because of age, gender reassignment, marital status, pregnancy or maternal leave, disability, race or ethnic origin, religion or belief, sex, and sexual orientation. (GOV.UK)

Social Prescribing An approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect health and wellbeing. Referrals come from local agencies, charities, social care, and health services such as GPs. (NHS England)

Supported Housing Accommodation which is provided alongside support, supervision or care to help people live as independently as possible in the community. (Dept. For Levelling Up, Housing & Communities)

World Health Organization (WHO) The World Health Organization is the United Nations agency dedicated to the wellbeing of all people and guided by science, that leads and champions global efforts to give everyone, everywhere an equal chance to live a healthy life. (WHO)

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ICB Board May 2024 Healthwatch Updates

healthwatch
Lincolnshire

People sharing their views and experiences with us on Health and Social Care in Lincolnshire.

This quarter (Jan – Mar) **348** people shared their views and experiences directly with us on Health and Social Care in Lincolnshire, through our Information Signposting Team and an additional **478** people shared their experience through our Menstrual Health Survey.

The service areas commented* on the most this quarter were:

- GP Services (46%)
- All Hospital Services (36%) - (5% of all comments were about A&E)
- Social Care (12%)
- Dentistry (7%)



*Some comments relate to multiple service areas.

64% of all comments were negative and **13%** were positive. Many of the experiences shared with us this quarter were very case-specific.

People sharing their views and experiences with us on Health and Social Care in Lincolnshire.

GP Services

Access to GP appointments appeared to be a particular concern for those in the east of the county (mainly coastal and Horncastle).**

Access issues included:

- Facing long waits on the phone and by the time they connect the appointments have gone. They are then told to try again the next day (and the cycle starts again) or book an appointment online but...
- Online services are being closed early in the morning. As a result of this, some of these individuals were going to UTCs and A&E.

**During the past six months, we've held several outreach clinics on the East Coast which may explain why so many comments related to this locality.



People sharing their views and experiences with us on Health and Social Care in Lincolnshire.

Incontinence services/supplies

Both service users and professionals working in care homes raised concerns about access to incontinence assessments and supplies. Experiences were shared of having to wait months for an assessment and delays in providing supplies. As a result, care homes and carers were having to source supplies at their own expense.

Hospital services

The main issues raised relating to hospital services were waiting times for appointments (even those referred to as urgent) and cancellations. Whilst waiting for appointments, patients were worried about the impact this would have on their prognosis. Some also shared their experience of long waits for test results and the latter not being shared between services. All of which delayed treatment.

Access to NHS dental services is still an ongoing problem for many patients in Lincolnshire.



Enter and View – Visits to Grantham Community Diagnostic Centre (CDC) & Skegness Urgent Treatment Centre (UTC)

The findings from the visits to Skegness UTC and Grantham CDC highlighted several key points.

At Skegness UTC, patients appreciated the convenience of its location and the professionalism of staff but raised concerns about waiting times and signage clarity. Recommendations include reducing wait times, improving signage, and enhancing patient comfort.

Similarly, at Grantham CDC, patients valued the accessibility and cleanliness of the facility but noted issues with signage and improving accessibility.

To read the full report and the group (ULHT & LCHS) response visit our website:
<https://www.healthwatchlincolnshire.co.uk/report/2024-05-13/enter-view-visits-grantham-community-diagnostic-centre-cdc-skegness-urgent>



Enter and View – Care Homes

- Newton House,, Grantham
- Belvoir House, Grantham
- Ashridge House, Boston

Key Findings:

Positive Resident Feedback: The majority of residents rated the Care Home positively, highlighting a high level of satisfaction with their living arrangements.

Staff Approval: Residents expressed contentment with the staff's performance, indicating that they felt well-cared for and supported by them.

Respectful Treatment: Residents felt valued and respected by the staff, with many stating that they could approach them with any concerns and be listened to.

Accessible Healthcare Services: Residents reported no difficulties in accessing essential healthcare services when needed, indicating a well-organized system within the Care Home.

Visits are being planned to: Woodview Care Centre, Clarence House & The Granary and Beckfield House Residential Home



Menstrual Health Key Findings

450

Service users
shared their
views

18

Healthcare
professionals
shared their
views

DIAGNOSIS



Symptoms being “dismissed”, “normalised” or “its your age” or “that’s what periods are like”.

Lack of knowledge of and interest in the symptoms (both physical and mental) of menstrual health conditions and the impact they can have.

Respondents did not feel listened to. They knew their own bodies but felt ignored.

Long waiting times. For endometriosis especially it often took 10+, even 15+ years to be diagnosed.

PCOS diagnosed then left without any support or care.

Inequalities in the access and use of blood tests to diagnoses menopause.

Menstrual Health

Waiting Times

Regardless of the condition, the same issues around waiting times were raised. These included:

- The length of time waiting, months and even years for referrals to gynaecology or specialist endometriosis support.
- Lack of communication from services whilst waiting.
- How to wait well – how can symptoms be managed whilst waiting, and what support is available for both physical and mental health? concerns.
- Long waiting times and not being listened to or taken seriously were the main reasons for accessing private care.

Medication

Issues relating to medication focused on access:

- **Perimenopause and Menopause** - Hormone Replacement Therapy (HRT) supply issues, shortages and access to testosterone.
- **PCOS** - Inequalities in access to metformin.
- **Endometriosis** - Difficulties accessing appropriate and effective pain relief and specialist pain relief prescribed by specialist centres.

Mental Health

Respondents felt that the impact menstrual health conditions and going through menopause can have on mental health and well-being was rarely acknowledged, understood or considered.

What works well?

Good practice tended to relate to individuals and included the following:



Quick and easy access to appointments (both primary and secondary care)



Being listened to



Interested, knowledgeable and supportive professionals



Being referred when needed



Responsive, proactive care



Follow-ups and reviews

What Lincolnshire people want to see improved...

- Being listened to and taken seriously.
- Better education for primary care professionals who are the first port of call for many, on menstrual health. Greater awareness and acknowledgement of the impact these conditions can have on mental health, wellbeing, work and relationships (in the healthcare system and beyond).
- Quicker access to diagnostic tests e.g. blood tests and scans.
- More emotional and wellbeing support for those navigating these conditions.
- A dedicated hub or “one-stop shop” for information about signs/symptoms and management strategies. A place to direct queries which don’t warrant a GP appointment.
- Stronger public health messaging around the signs and symptoms of these conditions and how to stay well. This should be for everyone not just a specific age or gender.

Condition-specific improvements included:

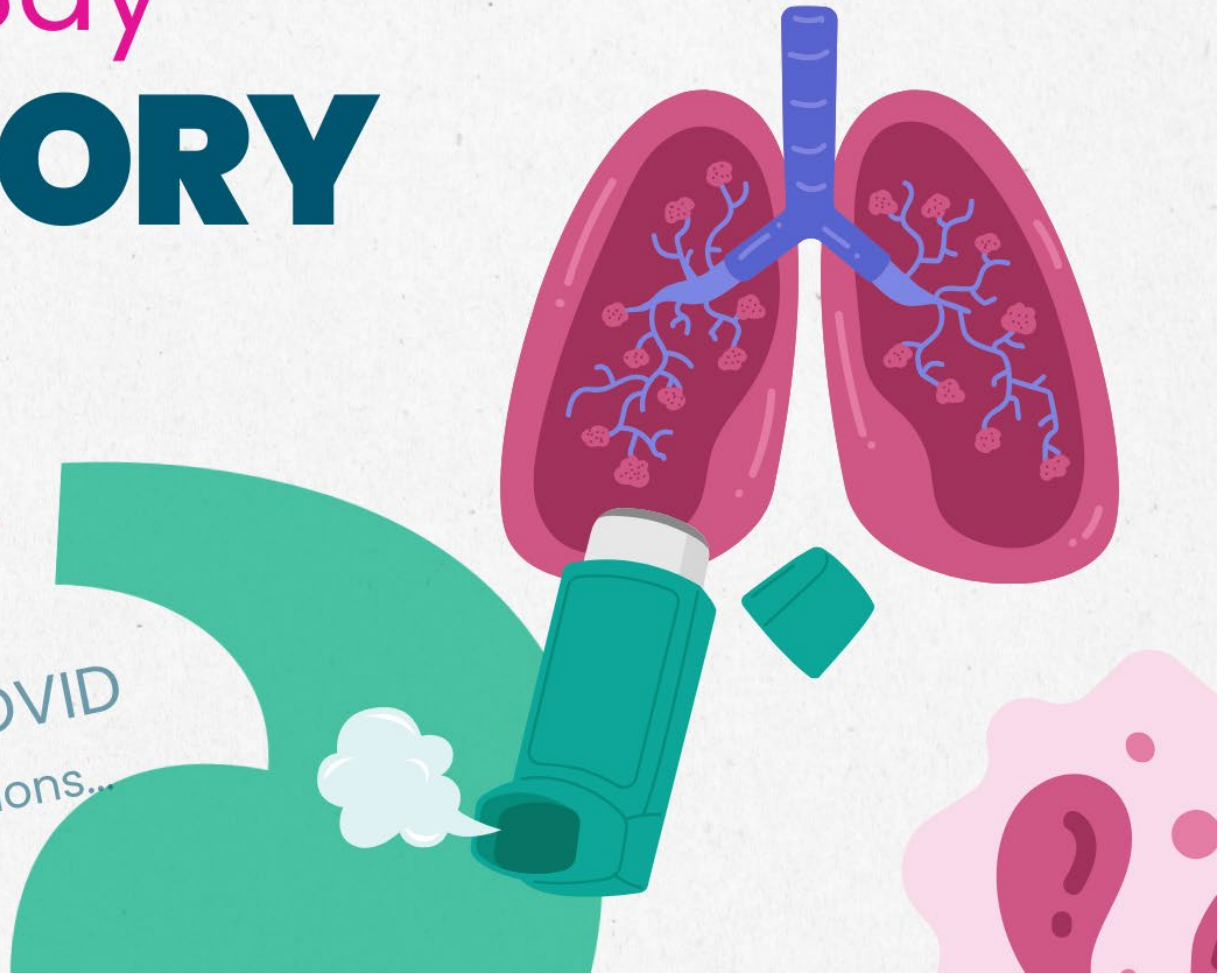
- Endometriosis - more local specialist support
- Menopause - menopause clinic and less rigid diagnostic criteria i.e. being told you are “too young”
- PCOS - more sensitive and realistic support around weight management

Have Your Say

RESPIRATORY HEALTH

Share your experiences...

Asthma COPD
Lung Cancer Long COVID
and other respiratory conditions...



<https://www.healthwatchlincolnshire.co.uk/news/2024-04-25/have-your-say-respiratory-health-share-your-experiences>

YourVoice@Healthwatch

- We welcomed more than 80 guests to the event, which hosted a marketplace for service providers and charities, as well as talks from two guest speakers.
- Prof. Derek Ward, Lincolnshire County Council's Director of Public Health, spoke about the county's plans to help our people improve their quality of life as they get older. The talk drew highlights from the Ageing Better in Lincolnshire: Adding Life to Years report.
- Martin Fahy, Director of Nursing and Quality for the NHS Lincolnshire Integrated Care Board (ICB), followed with a presentation that explained the aims of the ICB to bring together groups to take collective action and focus on prevention and early intervention, as well as tackle inequalities and equity in healthcare. The plan is outlined in the NHS Lincolnshire Joint Forward Plan 2023-2028.
- Thank You



For more information

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healthwatch
Lincolnshire

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED BOARD

Agenda Number:	4 (i)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Oral Health & Core20PLUS5 for Children and Young People
Report Author:	Lucy Gavens, Consultant in Public Health
Presenter:	Lucy Gavens, Consultant in Public Health
Appendices:	Appendix 1 – ICB Oral Health Promotion Update May 2024

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

Recommendations

The ICB Board is asked to note and consider all the information in this report and the actions being undertaken to improve oral health in children and young people in Lincolnshire.

Summary

Oral health is an integral part of general health and wellbeing. Most people are at risk of developing some oral disease (e.g. tooth decay, gum disease) in their lifetime. Poor oral health is almost entirely preventable and, despite good progress in recent decades, it remains a significant cause of pain, discomfort and disfigurement, also impacting on quality of life. Despite improvements in oral health, almost a quarter (23.7%) of 5-year-olds in England surveyed in 2022 had experience of tooth decay. There are several reasons why people suffer tooth decay including a sugary diet and poor dental hygiene.

Whilst data on the oral health of the population overall is quite limited, we have some intelligence from annual National Dental Epidemiology Programme (NDEP) surveys. Usually collecting data on children, NDEP surveys provide information on the oral health of, and inequalities within, our population. Overall in Lincolnshire, there is an East West divide in children experiencing dental decay (see Appendix 1) and there are several factors that influence this inequality including deprivation, the availability of artificially fluoridated water and access to dental care.

Locally, a range of preventative interventions are taking place to improve oral health. This is across the three stages of prevention (primary, secondary and tertiary) and include a combination of environmental and behaviour change intervention to improve oral health.

Strategically, there is a major focus on prevention and good oral health in young children as part of the plan to recover and reform NHS Dentistry, and Core20PLUS5 for children and young people has identified oral health as one of 5 areas of clinical focus.

The Lincolnshire Dental Strategy recognises the importance of oral health promotion through the 'Prevention Theme' which is delivered by the Oral Health Alliance Group.

Appendix 1 presents key findings from recent National Dental Epidemiology surveys in Lincolnshire, gives an update on water fluoridation and highlights activities to improve oral health in children and young people, in support of the Dental Strategy and Core20PLUS5.

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

Aim 1: Improve outcomes in population health and healthcare.	Oral health is essential for general health and wellbeing. Data from the Global Burden of Disease shows 'oral disorders' to be the tenth cause of Years Living with Disability in Lincolnshire.
Aim 2: Tackle inequalities in outcomes, experience and access.	Good oral health is unequally distributed across the population. There are inequalities in access, experience and outcomes across Lincolnshire.
Aim 3: Enhance productivity and value for money.	We use intelligence to understand need across Lincolnshire, and so target activity in population subgroups who have the greatest capacity to benefit from oral health promotion activity.
Aim 4: Help the NHS support broader social and economic development.	Not applicable.

Conflicts of Interest

Summary of conflicts

No conflict identified Not applicable.

Risk and Assurance

Risks are managed within the Oral Health Alliance Group and escalated to the Dental Strategy Group as required.

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?	The report highlights inequalities in oral health outcomes and sets out some of the actions being taken to improve oral health targeted towards populations with greatest need.
Does the report demonstrate patient and public involvement?	Appendix 1 includes an example of coproduction with children as part of National Smile Month 2023.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan?	No.

Inclusion

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

Report previously presented at:

Not applicable.

Is the report confidential or not?

Yes No

ICB Board

28th May 2024

*Supporting the Core20PLUS5 Children
& Young People - Oral health*



Contents

- 1 General Context
- 2 National Dental Epidemiology Programme
- 3 Water Fluoridation
- 4 Local Strategic Context
- 5 Local Enablers
- 6 Some Activities to Support Strategy Implementation & Core20PLUS5
- 7 Involving Children and Young People
- 8 Questions and Contact Information



General Context

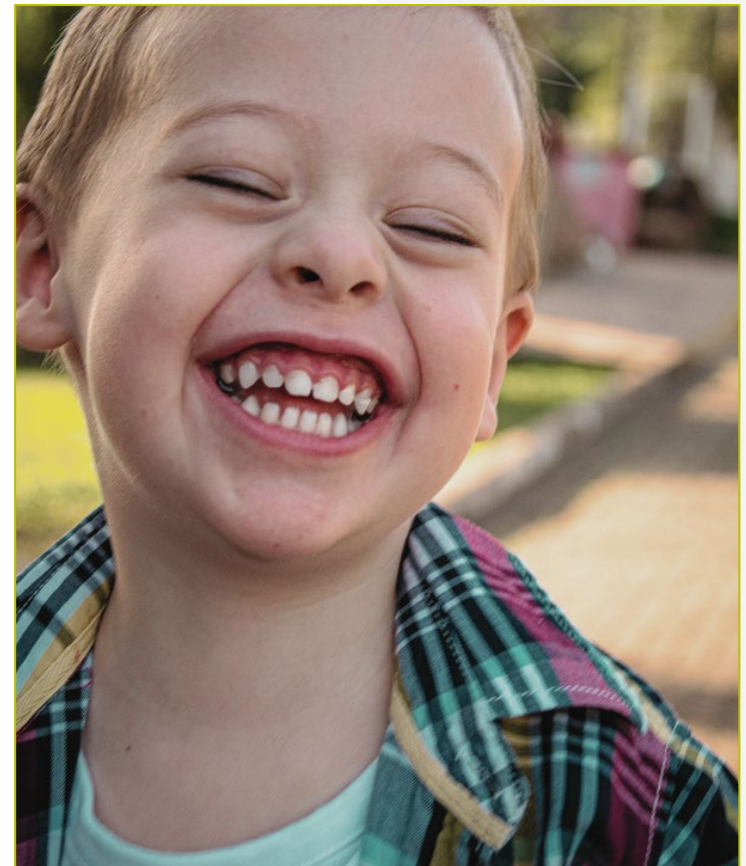
- Core20PLUS5 Children & Young People - *Oral health is 1 of the 5 clinical areas of focus - 'tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under'.*
- National Dental Epidemiology Programme - *findings from the overall surveys in England show that as deprivation increases, so does dental decay.*
- Plan to recover and reform NHS dentistry – *major focus on prevention and good oral health in young children (launch of Smile for Life).*



National Dental Epidemiology Programme

Survey of 5-year-olds:

- The 2021/22 survey found 21.2% of children in Lincolnshire (1587 children examined) had dental decay (England 23.7%). Highest levels were in Boston (32%) and Lincoln (27.1%). Lowest levels were in North (11.4%) and South (14.4%) Kesteven.
- The 2023/24 survey is currently taking place and results will be published next year.



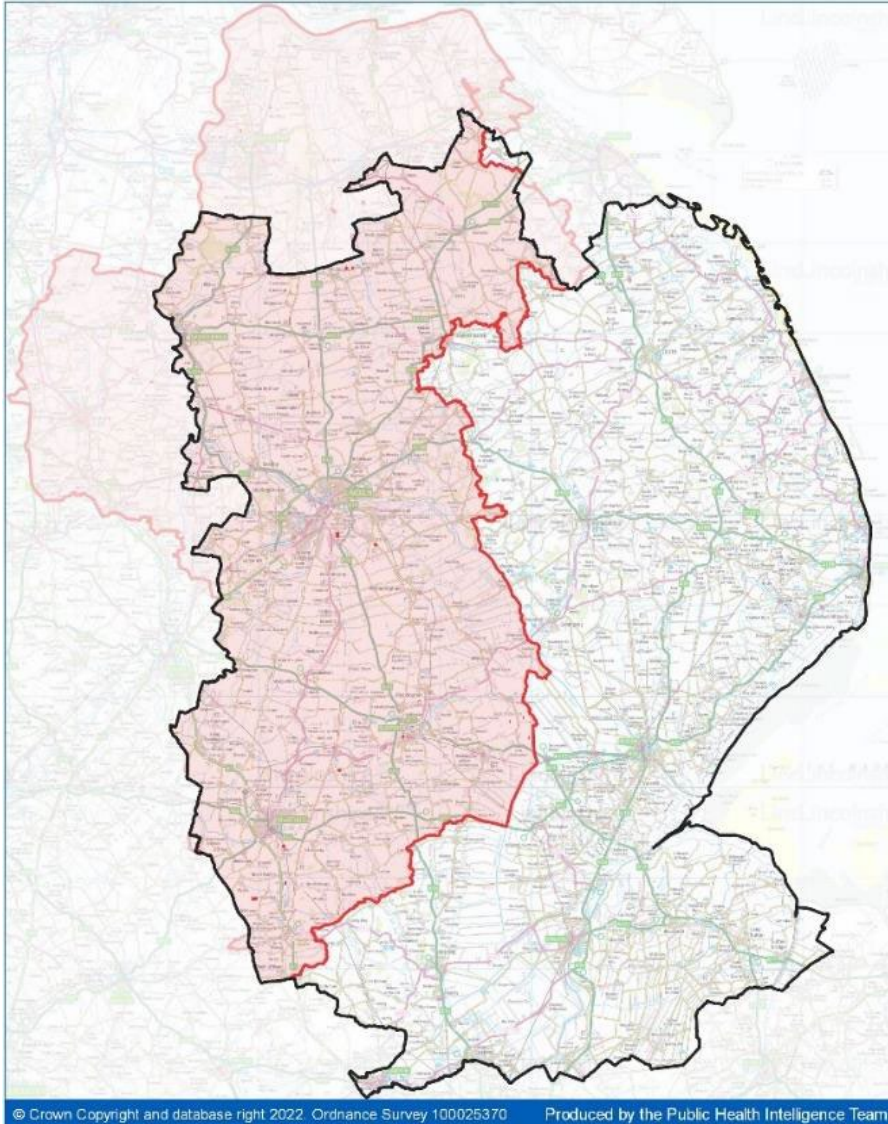
National Dental Epidemiology Programme

Survey of children in Year 6 (10/11-year-olds)

- Carried out during 2022/23.
- First survey of this age group and will form a baseline to measure trends in any future surveys.
- 16.8% of children in Lincolnshire (1489 children examined) had dental decay (England 16%). Highest levels in Boston (22.7%), East Lindsey (20.9%) and South Holland (21.8%).



Water Fluoridation Update



Water fluoridation has been described as ‘the single most effective public health measure there is for reducing oral health inequalities and tooth decay rates, especially amongst children’

In Lincolnshire, 250,000 people have an artificially fluoridated water supply.

In 2022, responsibility for water fluoridation transferred from Local Authorities to the Secretary of State.

National government are currently consulting on expansion of water fluoridation schemes across the North East.

Fluoridation & DMFT at 11 Years

Year 6 Dental Epidemiology Survey results for decayed, missing and filled teeth (data collection 2022-2023)

	Year 6 population estimate (mid 2020)	Examined	Mean D3MFT	Percentage D3MFT>0	Mean D3MFT (D3MFT>0)
England	697,980	53,073	0.30	16.15	1.84
Lincolnshire	8,564	1,489	0.3	16.8	1.8
Boston	864	185	0.5	22.7	2.2
East Lindsey	1,457	210	0.4	20.9	1.7
South Holland	1,089	220	0.5	21.8	2.2
Lincoln	997	189	0.2	14.9	1.4
North Kesteven	1,393	224	0.1	7.4	1.3
South Kesteven	1,713	243	0.3	16.0	1.7
West Lindsey	1,053	218	0.2	15.8	1.5

Fluoridation & Dental Activity

Summary of dental activity and hospital admissions for dental extractions, by areas of artificial fluoridation

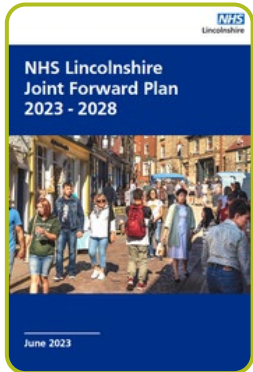
Indicator	Age group	Measure	Time period	Fluoridated			Non-fluoridated		
				Number	Population	Rate	Number	Population	Rate
Band 1 dental treatments	Adult (18+)	Crude rate per 100,000	2018/19 - 2020/21	262,192	905,229	28,964	265,661	938,776	28,299
Band 2 dental treatments				126,941		14,023	130,297		13,879
Band 3 dental treatments				20,840		2,302	23,946		2,551
Urgent dental treatments				57,299		6,330	53,565		5,708
Band 1 dental treatments	Child (<18)			133,745	218,707	61,153	115,329	220,678	52,261
Band 2 dental treatments				29,213		13,357	31,026		14,059
Band 3 dental treatments				879		402	928		421
Urgent dental treatments				6,699		3,063	7,687		3,483
Hospital admissions for dental extractions	Child (<18)	DSR per 100,000	2016/17 - 2020/21	588	384,819	154 (CI 142 - 167)	661	383,329	177 (CI 164 - 191)

Source: NHSBSA; Hospital Episode Statistics

Local Context



- Strategic Enabler 1: Prevention and health inequalities
- Oral health referred to in the life stages, e.g., infancy & early years



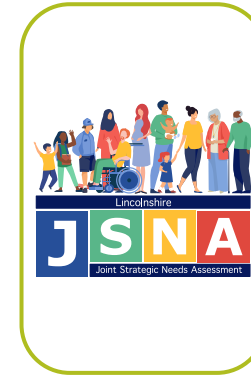
- Priority 2: Living well and staying well
- Oral health referred to in the life stages, e.g. childhood and adolescence

JOINT HEALTH AND WELLBEING STRATEGY 2024

Lincolnshire Health and Wellbeing Board supporting the people of Lincolnshire to have the best start in life, and be supported to live, age, and die well.



- Shared outcomes for improving health and wellbeing
- Life course approach



- One of the JSNA 'factsheets' is [Oral Health](#)



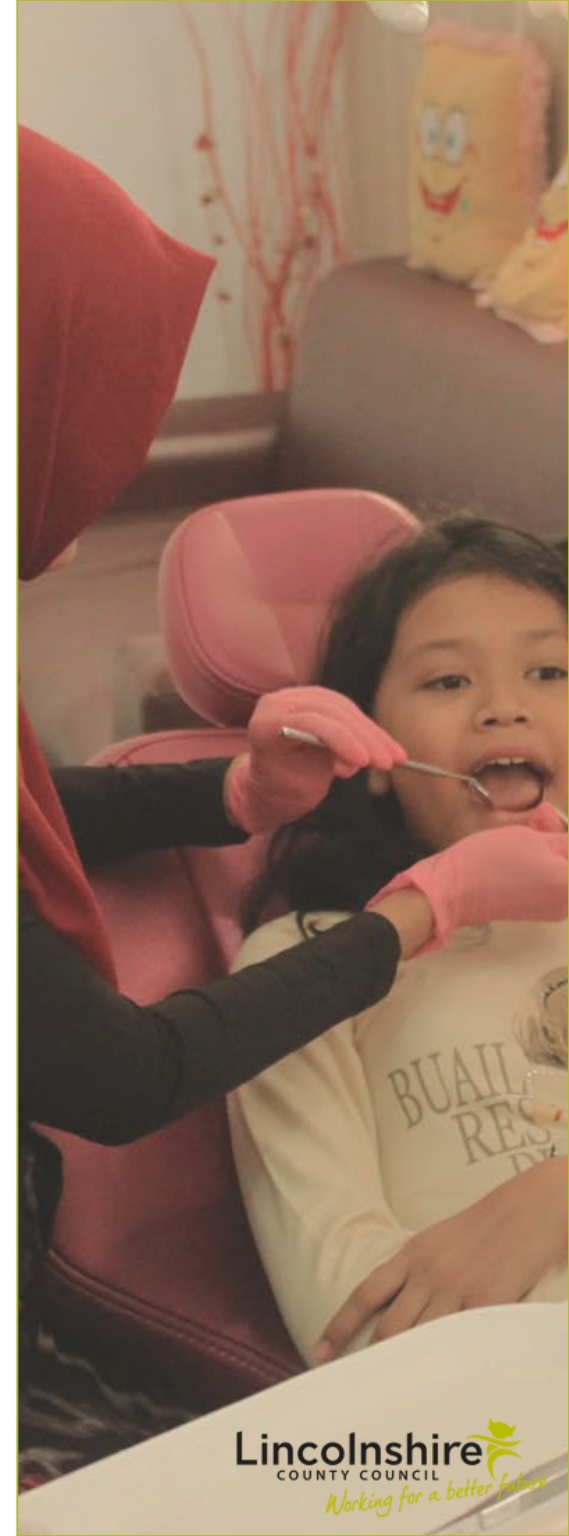
- Theme 3 - Prevention

Some Local Enablers

Lincolnshire Oral
Health Alliance
Group (OHAG)

Lincolnshire
Dental Strategy
implementation

Commissioned oral
health promotion &
epidemiology
service (Community
Dental Service)



Some Activities to Support Strategy Implementation & Core20PLUS5



Improving the populations' knowledge & understanding of good oral health



- OHAG has a planned programme of campaigns that it supports e.g. National Smile Month.
- Training for people to be 'oral health champions' e.g. with Holiday Activities and Food (HAF) providers, Family Hubs, public health commissioned services , e.g. Child and Family Weight Management Service.

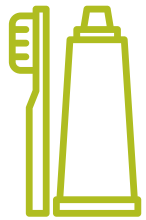


Creating healthy places



- Working with organisations to promote uptake of food & drink choices that promote oral health, e.g., School Food Standards work.

Some Activities to Support Strategy Implementation & Core20PLUS5



Supporting
behaviour
change



- Providing toothbrushing packs to
 - vulnerable groups, e.g. via food banks, HAF programme, Family Hubs, public health commissioned services , e.g. Child and Family Weight Management Service.
 - families at 8–12-month reviews (Children’s Health).
- Providing a supervised toothbrushing programme (Lincolnshire Smiles) in targeted settings, with the aim of increasing the settings.
- Delivering programmes that address oral health risk factors, for example, smoking, diet, alcohol.

Involving Children & Young People

During the 2023 National Smile Month campaign, local children were invited to design a poster. The winning designs have been developed into local resources and are being used as part of the oral health improvement work.



Any Questions?

For further information, please contact:

- Lucy Gavens
lucy.gavens@lincolnshire.gov.uk
- Emma Marshall
emma.marshall@lincolnshire.gov.uk





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

Agenda Number:	5 (i)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Integrated Quality & Performance Report – May 2024
Report Author:	James Singleton, Performance Manager
Presenter:	Clair Raybould- Director for System Delivery Martin Fahy- Director of Nursing
Appendices:	Performance & Quality Report

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

Recommendations

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 actions.

Summary

- This report is underpinned by the reporting that is received at the Board Committee for Quality and the monthly Service Delivery and Performance Committee.
- This report shows the latest analysis of key system operational performance and quality indicators covering normal variation, trends and shifts in performance over time for key metrics and measures across a number of areas of ICB delivery
- The report is designed to provide assurance to the Board that there full understanding of the drivers for performance and the high level actions in place to address off track performance and quality in areas that are likely to have the most significant impact for patients.

Urgent & Emergency Care

- All Types 4 hour performance for Lincolnshire ICB for April 24 was 74.4% achieving the planned local position of 74% (95% constitutional target).
- Category 1 mean response times for EMAS Trust was 08:54 minutes against a standard of 07:00 minutes during April 24.
- The Category 2 mean response time for EMAS trust was 33:49 minutes against an expectation of 30 mins (18:00 constitutional target). However, the Lincolnshire ICB Category 2 mean response time was 32:42 minutes during April which is more than a minute better than the trust average.

Cancer

- At the end of April 175 patients were waiting over 62 days, this is an improvement from March where we finished with 185 in the backlog
- The percentage of patients receiving treatment for cancer within 62 days of an urgent referral increased to 61.1% in March from 57.4% in February
- Overall faster diagnosis standard performance is on a steady trajectory, in March overall performance was 74.5% and the current position (unvalidated) for April is 73.6%.
- The percentage of patients being told their cancer diagnosis outcome within 28 days increased from 41.9% in March to 48.2% in April. This demonstrates we are getting better at diagnosing those with a positive diagnosis sooner

Elective backlog

- The total waiting list size for Lincolnshire patients at all hospitals remains relatively static, although improvements are being made to reduce the longer waits
- The number of patients waiting more than 78 weeks across all Providers was 20 at the end of March and all were either due to patient choice or complexity of the clinical pathway.
- The number of patients waiting over 65 weeks continues to decrease and all providers are aiming to eliminate over 65 week waits by September 2024. The number of patients waiting over 65 weeks was 644 at the end of March.

Mental Health, Learning Disabilities & Autism

- The NHS Talking Therapies (previously IAPT) access rate for 2023/24 (cumulative position) was 23.6%, below the standard of 33%. This was also slightly below plan for the month of March (2% against 2.3% plan).
- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less was 85% in March (rolling 12 months) which is above the 60% standard

Primary Care

- The outcome of CQC inspection visits to The Sidings Medical Practice on 19 October 2023 and 8 December 2023 was published 27 March 2024 and rated the Practice Inadequate

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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Integrated Performance & Quality Report



Lincolnshire
Integrated Care Board

May 2024



23/05/2024

Contents

- Executive Summary [Page 3](#)
- Performance Dashboard [Page 4](#)
- Key Performance Data [Page 6](#)
- Quality [Page 10](#)



Executive Summary

Overview

The May 2024 ICB OQAG quality & performance report incorporates constitutional standards, quality and safety measures and elective recovery activity, and presents system performance updated to April where available.



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Mental Health, Learning Disabilities & Autism

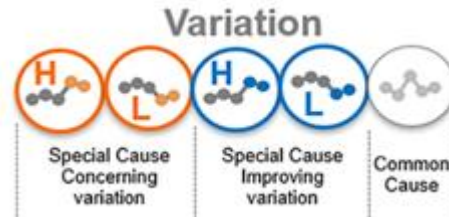
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Key to Run Charts

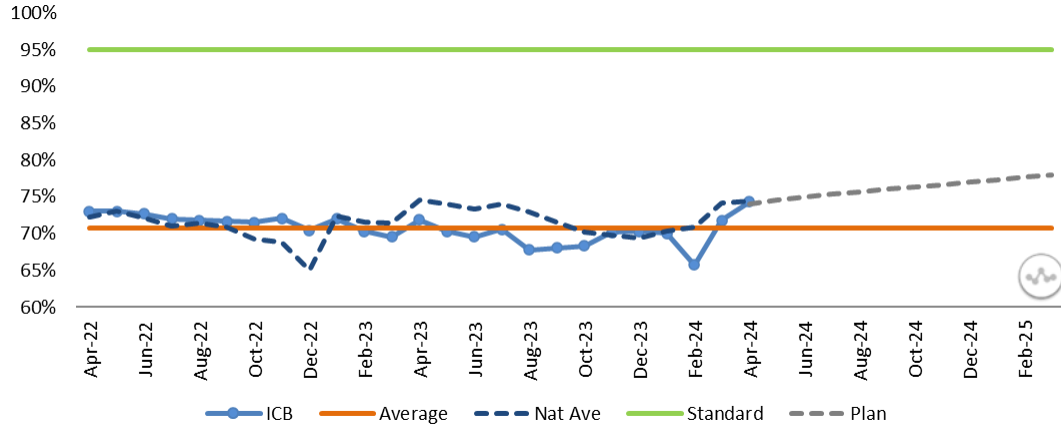


Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of a CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	

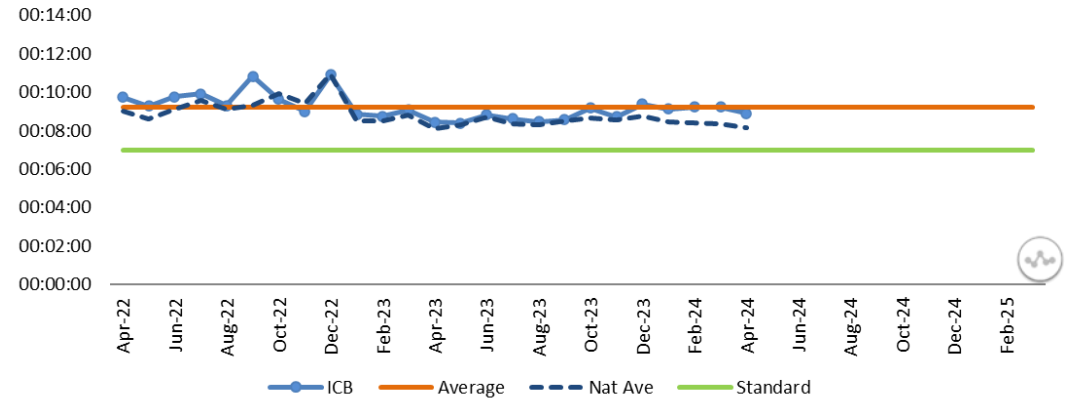


Programme	Indicator	Standard	Plan	Period	Performance	Midlands	England	Trend	
								Sparkline	Variation
Urgent & Emergency Care	A&E admission, transfer, discharge within 4 hours (ICB)	95%	74.0%	Apr-24	74.4%	73.7%	74.4%		
	Ambulance response times - Mean response time- Category 1 (EMAS)	00:07:00	-	Apr-24	00:08:54	00:08:36	00:08:10		
	Ambulance response times - Mean response time- Category 2 (EMAS)	00:18:00	00:30:00	Apr-24	00:33:49	00:30:56	00:30:22		
Cancer	Patients receiving treatment for cancer within 31 days of decision to treat	96%	-	Mar-24	89.3%	89.6%	91.0%		
	Patients receiving treatment for cancer within 62 days of an urgent referral or consultant upgrade	85%	-	Mar-24	61.1%	61.3%	68.7%		
	% of patients told cancer diagnosis outcome within 28 days (ICB)	75%	-	Mar-24	74.5%	77.8%	77.3%		
Elective Care	RTT: % of incomplete pathways within 18 weeks	92%	-	Mar-24	51.8%	54.6%	57.2%		
	Percentage waiting six weeks or less for a diagnostic test	99%	-	Mar-24	73.9%	74.1%	78.2%		
	Patients waiting over 65 weeks for treatment (ICB) (% of total ICB waiting list size)	-	-	Mar-24	0.56%	0.51%	0.65%		
	Patients waiting over 78 weeks for treatment (ICB) (% of total ICB waiting list size)	-	-	Mar-24	0.02%	0.02%	0.06%		
	% of patients not treated within 28 days of last minute elective cancellation (ULHT)	0.8%	-	Q4 23/24	30.33%	25.1%	22.7%		
Mental Health	NHS Talking Therapies access - people that enter treatment (ICB)	2.30%	-	Mar-24	2.00%	N/A	1.61%		
	NHS Talking Therapies- recovery rate (ICB)	50%	-	Mar-24	47.2%	N/A	50.9%		
	People experiencing first episode psychosis waiting to start a package of care (ICB)	60%	-	Mar-24	85.0%	0%	69.8%		
	CYP with an ED (urgent) that start treatment < 1 week of referral (rolling 12 months)	95%	-	23/24 Q3	77.0%	N/A	N/A		
	CYP with an ED (routine) that start treatment < 4 weeks of referral (rolling 12 months)	95%	-	23/24 Q3	57.0%	N/A	N/A		

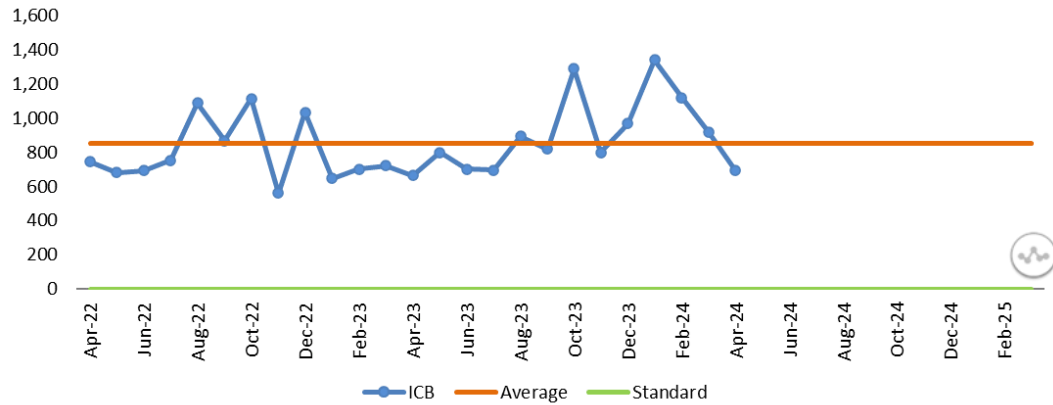
4 hour performance at all types A&E departments (ICB)



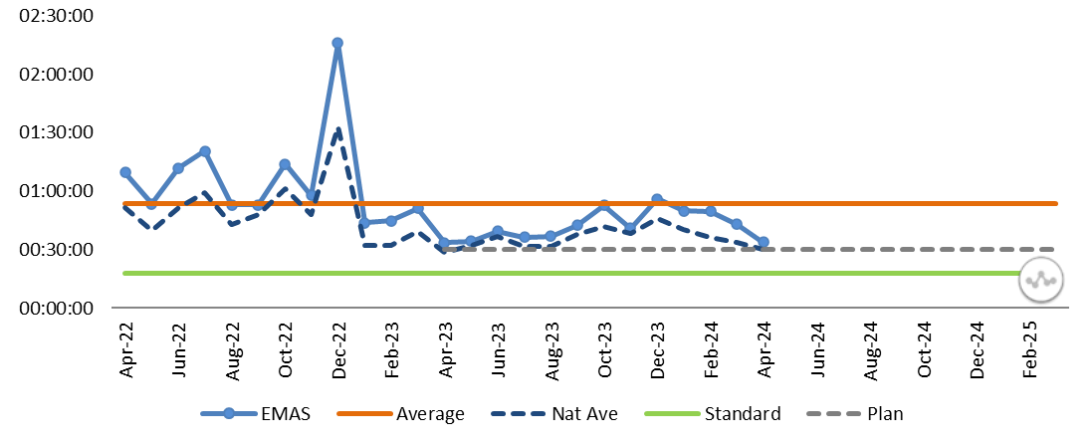
Ambulance response times – Cat 1 mean response time (EMAS)



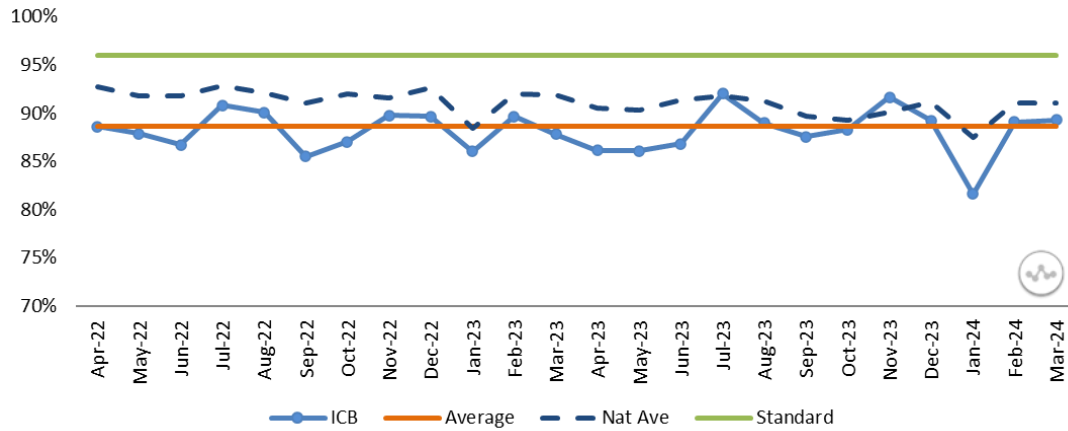
A&E attendances- patients waiting over 12 hours (ICB)



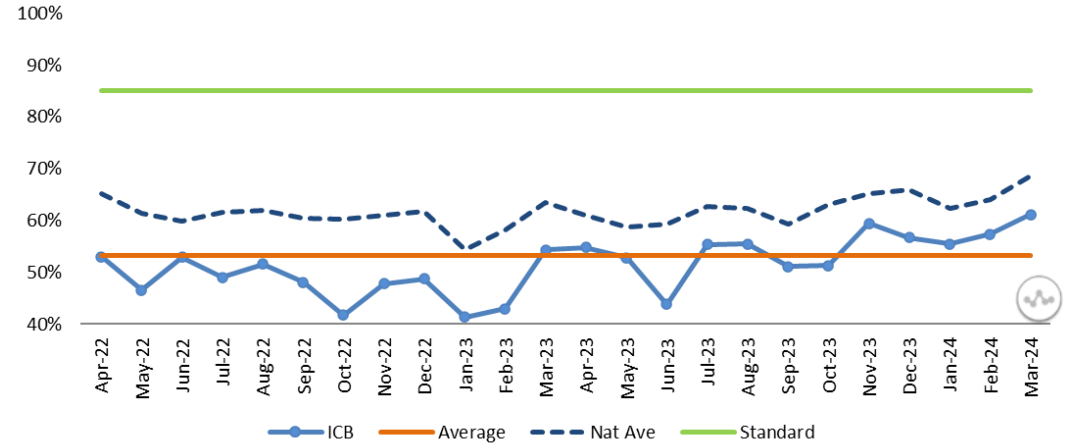
Ambulance response times – Cat 2 mean response time (EMAS)



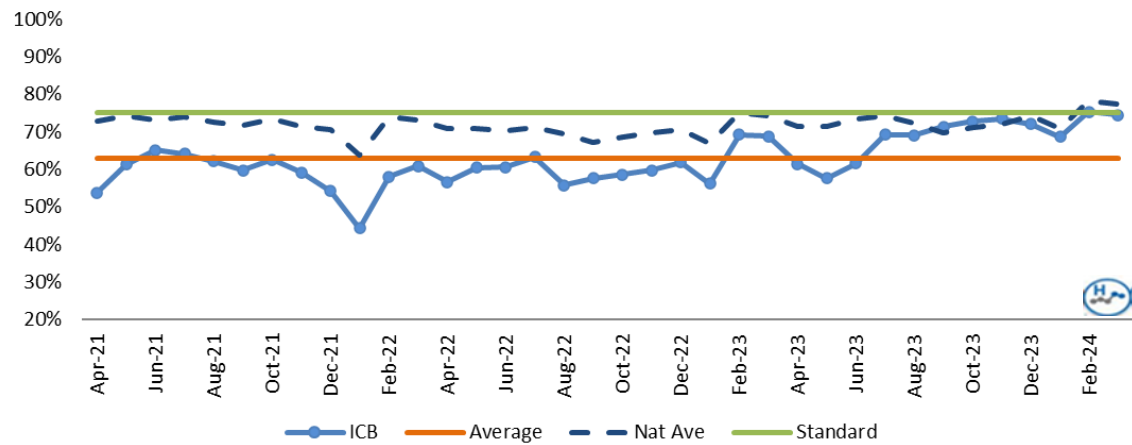
Patients receiving treatment for cancer within 31 days of decision to treat (ICB)



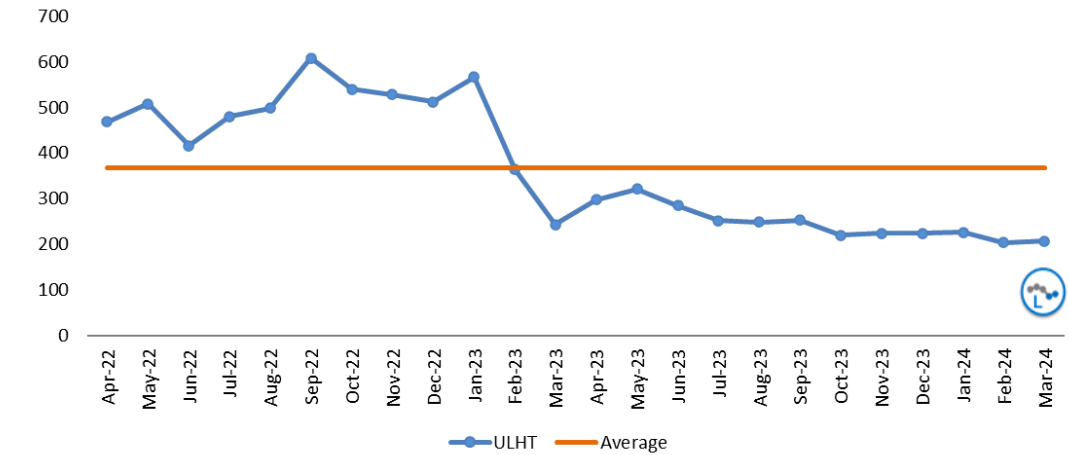
Patients receiving treatment for cancer within 62 days of an urgent GP referral (ICB)



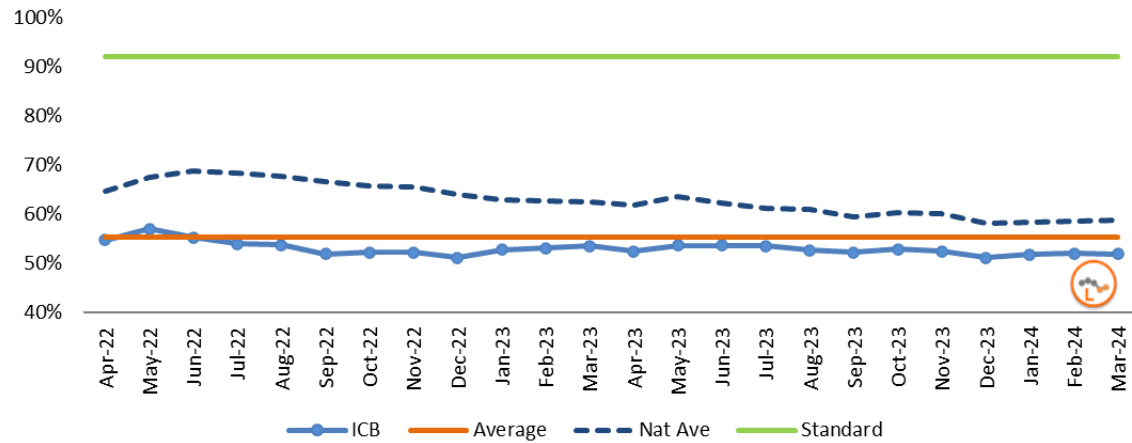
% of patients told cancer diagnosis outcome within 28 days (ICB)



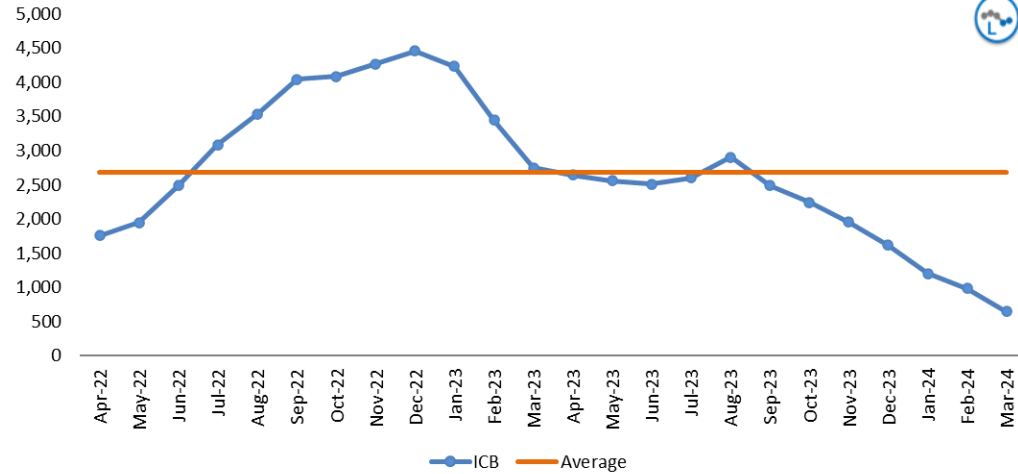
Cancer 62 Day Backlog (ULHT)



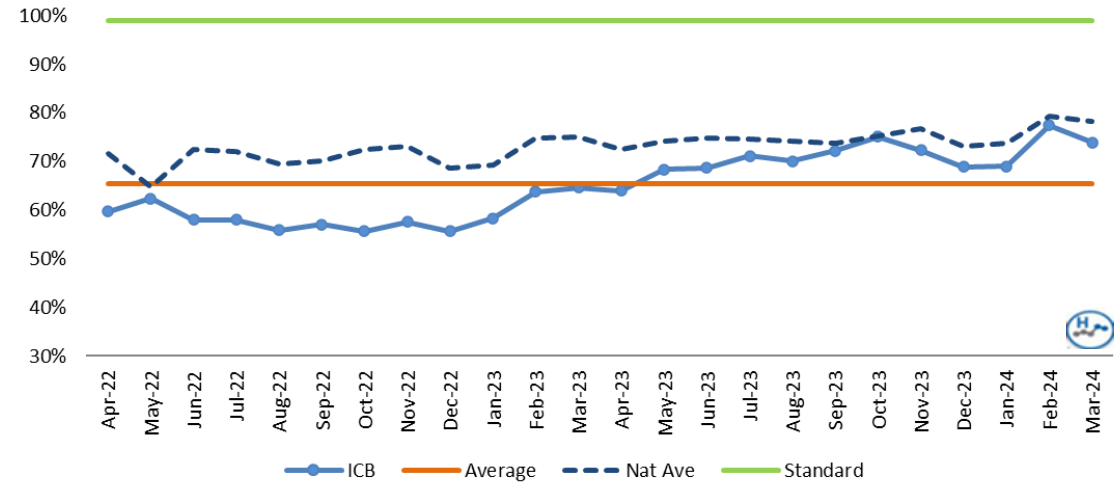
RTT: % of incomplete pathways within 18 weeks (ICB)



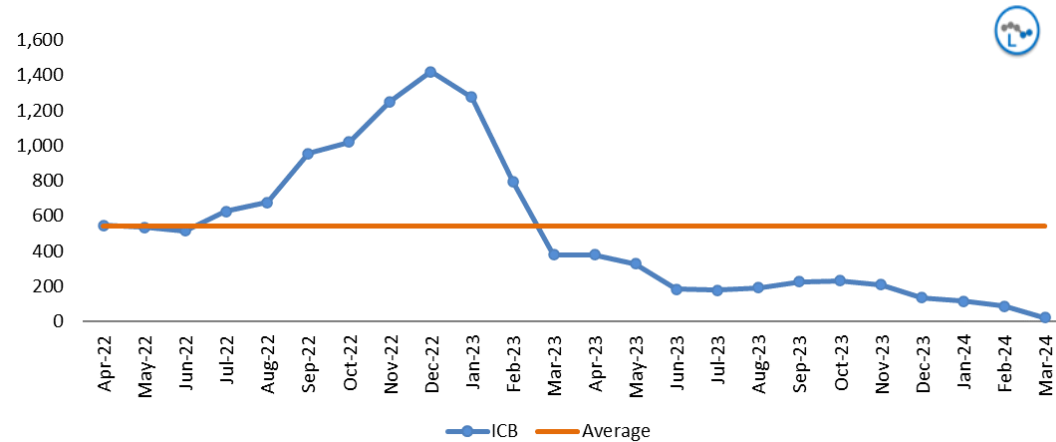
Patients waiting over 65 weeks for treatment (ICB)



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

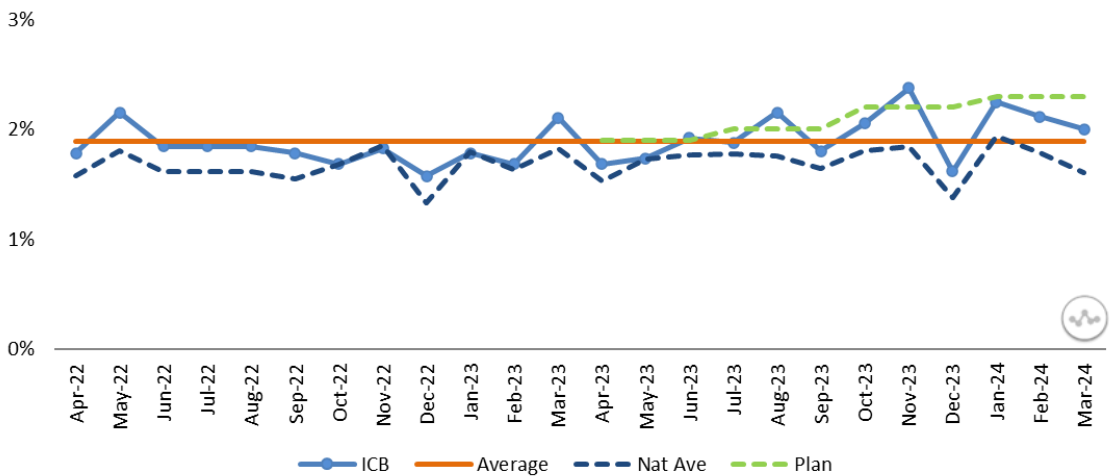


Patients waiting over 78 weeks for treatment (ICB)

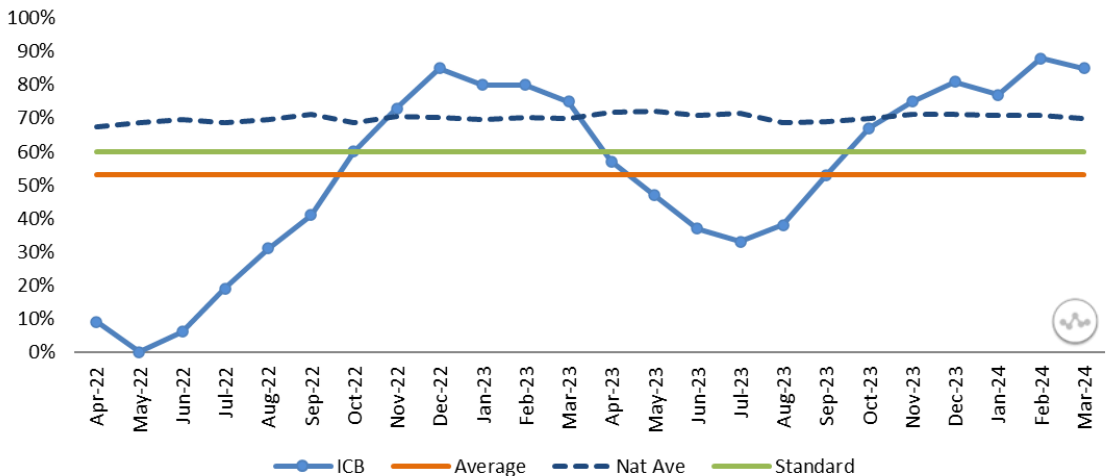


Mental Health

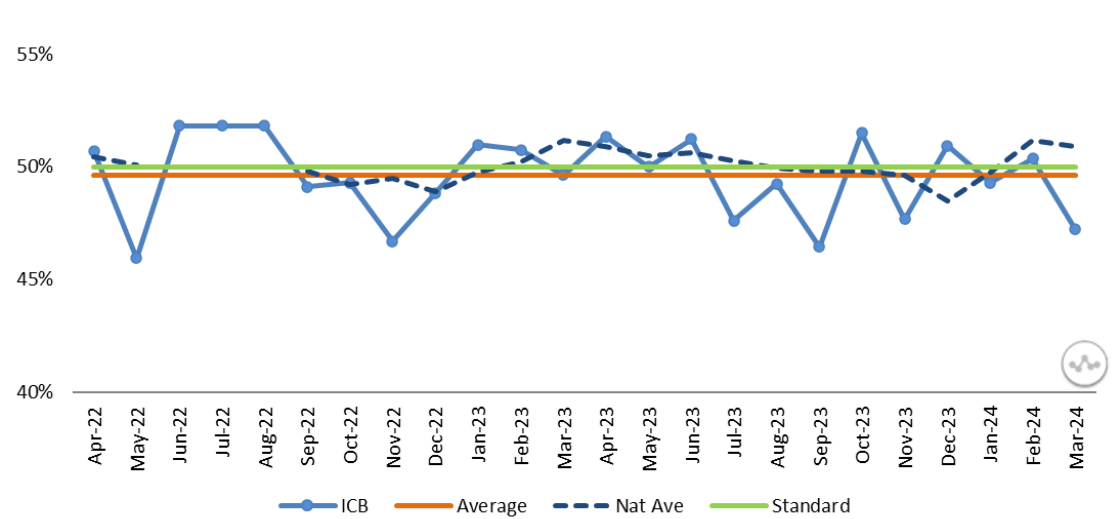
NHS Talking Therapies access - people that enter treatment (ICB)



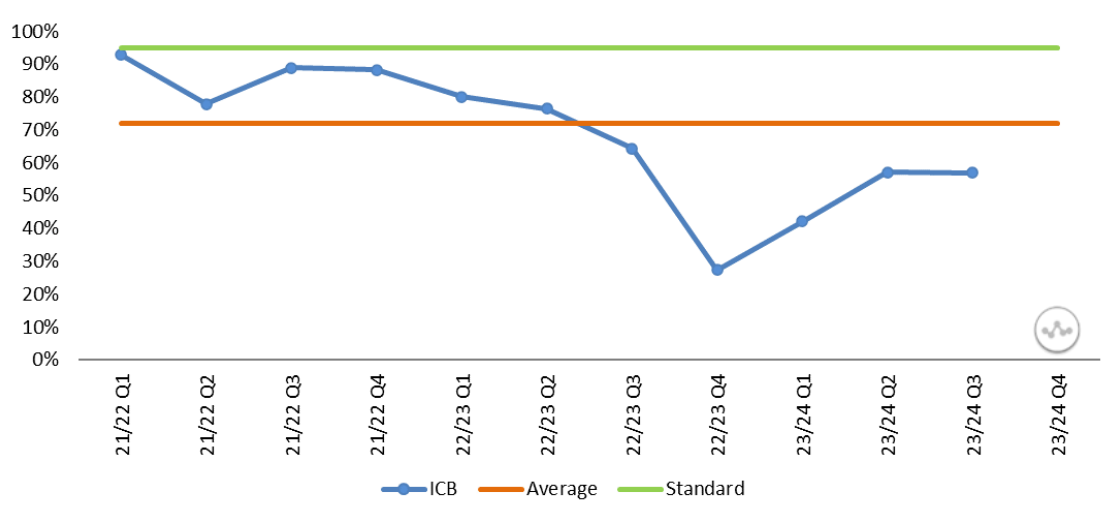
People experiencing first episode psychosis waiting to start a package of care (ICB)



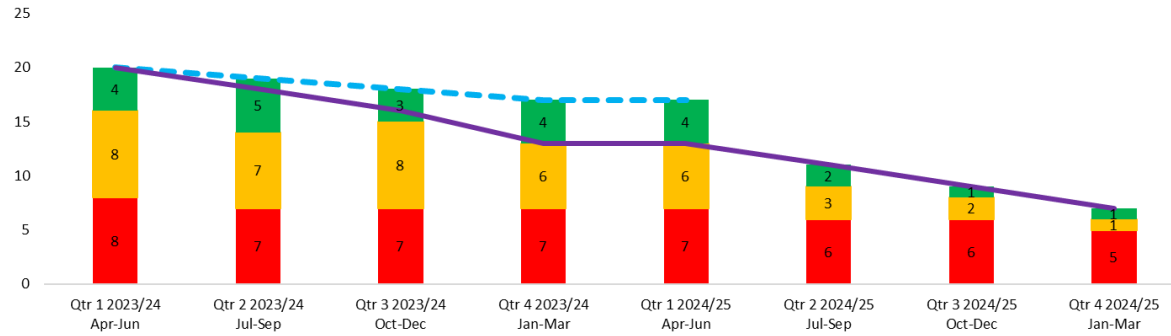
NHS Talking Therapies- recovery rate (ICB)



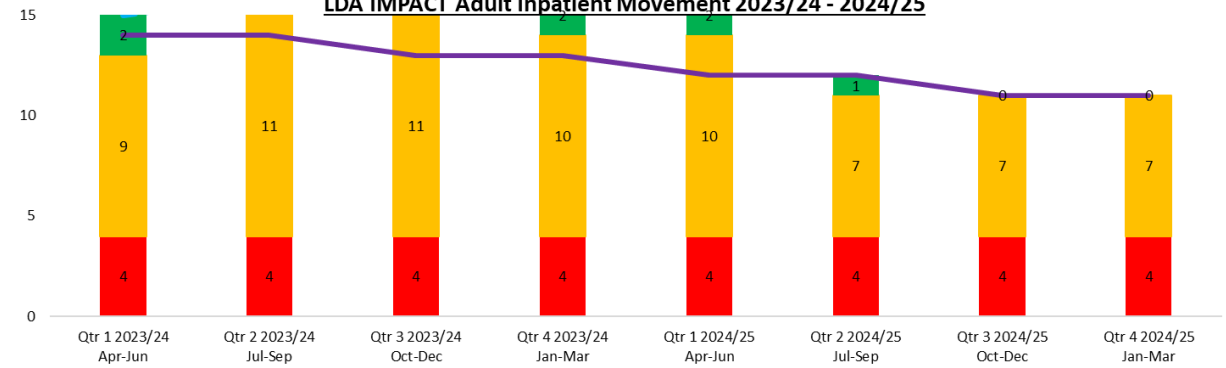
CYP with an ED (urgent) that start treatment < 1 week of referral (rolling 12 months)



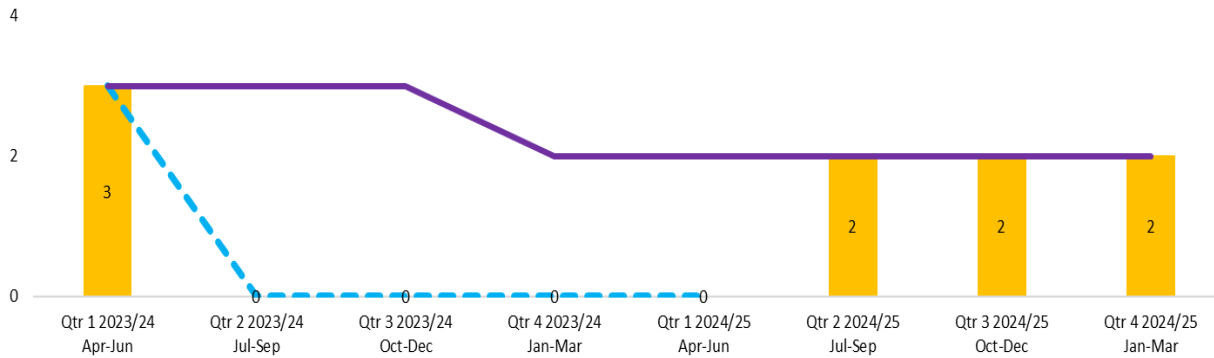
LDA ICB Adult Inpatient Movement 2023/24 - 2024/25



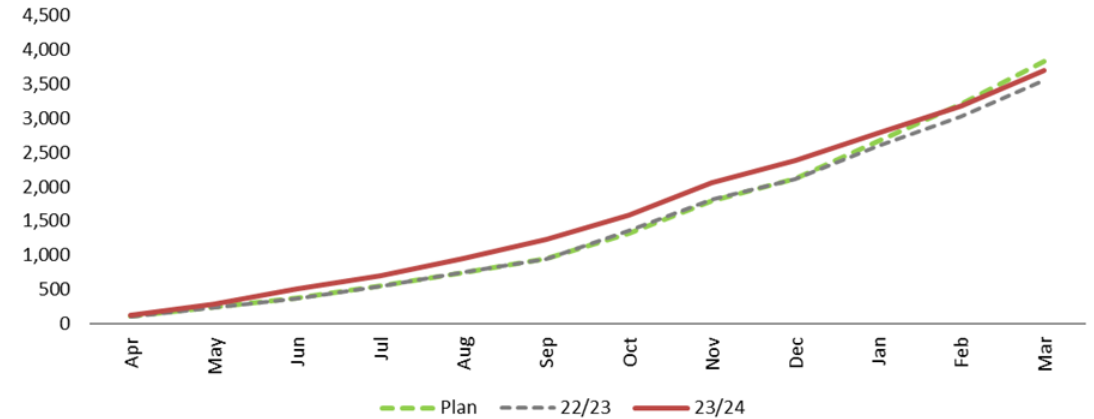
LDA IMPACT Adult Inpatient Movement 2023/24 - 2024/25



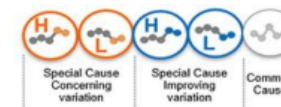
LDA CYP Inpatient Movement 2023/24 - 2024/25



Learning Disability Annual Health Checks (ICB)



Lincolnshire ICB Quality Dashboard



Programme	Indicator	Standard /Plan	Period	Performance	Midlands	England	Trend	
							Sparkline	Variation
Incidents	Never events (ULHT)	0	Mar-24	0	N/A	N/A		
	Never events (NLAG)	0	Mar-24	0	N/A	N/A		
	Never events (NWAFT)	0	Mar-24	0	N/A	N/A		
	Serious Incidents (ICB)	-	Mar-24	22	N/A	N/A		
Mortality	Summary Hospital Level Mortality Indicator (SHMI) (ULHT)	-	Dec-23	1.0441	1.0366	1.0013		
	Hospital Standardised Mortality Ratio (HSMR) (ULHT)	100	Mar-24	93.76	N/A	N/A		
	Summary Hospital Level Mortality Indicator (SHMI) (NLAG)	-	Dec-23	1.0144	1.0211	1.0013		
	Summary Hospital Level Mortality Indicator (SHMI) (NWAFT)	-	Dec-23	1.0162	1.0452	1.0013		
Infection, Prevention, Control	MRSA Cases (ICB 12 month rate per 100,000)	-	Mar-24	0.59	0.84	0.96		
	C-Diff Cases (ICB 12 month rate per 100,000)	-	Mar-24	28.84	30.08	28.96		
	E-Coli Cases (ICB 12 month rate per 100,000)	-	Mar-24	31.19	37.78	39.41		
Learning Disability	Number of inpatient care for people with a learning disability and/or autism (ICB)	13	Mar-24	18	N/A	N/A		
	Cumulative Learning Disability Healthchecks (ICB)	3822	Mar-24	3692	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)	-	Mar-24	69.0%	N/A	78.0%		
	Friends & Family Test: Inpatient Recommended (ULHT)	-	Mar-24	88.1%	N/A	94.0%		
	Friends & Family Test: Maternity Recommended (Birth) (ULHT)	-	Mar-24	96.0%	N/A	93.0%		
	Friends & Family Test: Community Recommended (LCHS)	-	Mar-24	89.0%	N/A	95.0%		
	Friends & Family Test: Mental Health Recommended (LPFT)	-	Mar-24	91.0%	N/A	86.0%		
Primary Care	Primary Care CQC- number of practices rated as 'Inadequate' by CQC	0	Mar-24	2	N/A	N/A		
	Primary Care CQC- number of practices rated as 'Requires Improvement' by CQC	-	Mar-24	6	N/A	N/A		
	GP Appointments- percentage seen by a GP	35.4%	Mar-24	31.2%	N/A	N/A		
	GP Appointments Mode- percentage seen face to face	67.1%	Mar-24	57.9%	N/A	N/A		
	GP Appointments- time from booking to appointment same day	23.0%	Mar-24	47.8%	N/A	N/A		
	GP Appointments- time from booking to appointment < 2 Weeks	81.9%	Mar-24	81.6%	N/A	N/A		
	Enhanced access provision per 1000 of the PCN adjusted population (ICB)	60	Mar-24	62.5	N/A	N/A		
	The percentage of available GP enhanced access appointments utilised (ICB)	80%	Mar-24	74.1%	N/A	N/A		

Insight and Signals – Quality and Patient Experience

ULHT: NHSE Midlands asked all providers of paediatric audiology services to undertake a desktop review and validation exercise against a set of best practice parameters, following learning in 2023 when an expert review undertaken in Scotland found failings in the standard of paediatric audiology services. Work has been undertaken since the initial desktop review to confirm the paediatric audiology service at ULHT meets the requirements and the Trust has been moved to a green rating against the NHSE Midlands desktop review of paediatric audiology services.

LIVES: Action taken by LIVES following escalation of concerns was reported to Board March 2024 and it has now been confirmed new governance is in place with EMAS that will strengthen quality oversight arrangements.

EMAS: Concerns were highlighted through the Lincolnshire Adults Safeguarding Board (LSAB) regarding high numbers of safeguarding referrals being made by EMAS, however only a small proportion meeting criteria to progress to s42 enquiry. ICB has met with EMAS to discuss the concern and EMAS has made a commitment to work with the LSAB to understand and progress the actions required to achieve appropriate safeguarding referrals whilst facilitating identification of quality concerns that require reporting through alternative routes.

Bariatric Surgery: A recent case example has identified the need to look at arrangements for people who access surgery overseas and what measures should be in place for them on their return. This work will involve review of the existing pathway for bariatric surgery and development of a policy that reflects arrangements within the context of surgery undertaken overseas.

Oliver McGowan training: From the 1st of 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. A Code of Practice has been developed nationally and a recent consultation exercise has been completed with the expectation outcomes will be shared shortly. Training will become mandatory across health and care and is expected to be repeated every three years. Lincolnshire System has received non-recurrent monies from NHSE including the expectation of securing further funding for 2024/25, however Systems are expected to identify funding for 2025/26 onwards. Memorandum of Understanding with NHSE includes expectation that by April 2025 30% of eligible staff will have undertaken Tier 1 and 2 training. Whilst progress against Tier 1 requirements is positive there remain a number of challenges; there are delays in securing capacity and infrastructure required for delivery of Tier 2 training.

Insight and Signals – Primary Care

Type of Provision	Practice	CQC Rating	Information to note
GP	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.
GP	Richmond Practice	Inadequate	The Practice had an inspection May 2023 and the CQC report published 13 October 2023 rated the Practice as Inadequate overall, with Inadequate in Safe and Well Led; Requires Improvement for Effective and Responsive; and Good for Caring. The CQC placed the Practice into Special Measures; Warning Notices were issued 27 June 2023 relating to Safe Care and to Governance. Concern areas identified related to infection prevention and control, emergency response, resuscitation (DNACPR) documentation and outstanding patient reviews. A support plan was put in place which the Practice responded to positively. However, CQC undertook a further inspection early December 2023, and the report was published 2 February 2024 rating the Practice as Requires Improvement overall and for Effective, Responsive, and Well Led; Good for Caring; and Inadequate for Safe. The CQC report noted that whilst progress had been made in relation to the Warning Notices, insufficient improvements had been made to comply with all aspects. The Warning Notices remain in place and the Practice remains in Special Measures. The ICB will continue to engage with the Practice to review support required to make the necessary improvements.
GP	The Sidings Practice	Inadequate	The outcome of CQC inspection visits 19 October 2023 and 8 December 2023 was published 27 March 2024 and rated the Practice Inadequate. Warning notices were issued by the CQC December 2023 and the Practice has been placed into Special Measures. Areas of concern highlighted in the CQC report include compliance with recruitment requirements; mandatory training; safeguarding; infection prevention and control; emergency medicines and equipment; consent processes; skills, knowledge and supervision of workforce; ineffective governance processes; and building and environmental issues. Work is ongoing with the Practice through the ICB and LMC to ensure there is appropriate support to make the necessary improvements.

Quality Improvement

- Patient Safety Incident Response Framework (PSIRF) went live from the 1st of April 2024 and is a good example of positive System working as organisations have worked together through the implementation phase.
- A positive Local Maternity and Neonatal System (LMNS) development session took place on 15th April 2024 with all LMNS partners represented. Key transformation priority areas were agreed via that session with focused work to continue to be supported, particularly in the following areas: tobacco; breastfeeding; continuity of carer with PCSP (personalised care and support planning); diabetes; weight management and physical activity; antenatal education; and ensuring robust translation/access services particularly in our more deprived communities. Assurance, oversight and monitoring continues through the LMNS for the 3 year Delivery Plan implementation; Saving Babies Lives review and compliance assurance; Clinical Negligence Scheme for Trusts (CNST) compliance with evidence submission completed by ULHT; NEWTT 2 (newborn early warning track and trigger) audit outcomes.
- The launch of the Lincolnshire Research and Innovation Hub took place 17th April 2024. The hub is a virtual place to bring together the Lincolnshire public, health and care staff, university colleagues and other partners to grow research and innovation in the county for everyone's benefit.
- This years Lincolnshire General Practice Nursing Team Conference took place 24th April 2024, Keynote speaker was Louie Brady, National Primary Care Nursing Lead at NHSE. It was very well attended with around 180 individuals from Lincolnshire general practice nursing teams and included awards presented by the ICB Chief Nurse for Clinical Educator of the Year (Gail Bowes, The New Coningsby Surgery); Good Practice (Fiona Rivers, Greyfriars Surgery); Nursing Team of the Year (Caythorpe and Ancaster Medical Practice Nursing Team); and a Rising Star Award (Susan Wilson, Market Rasen Surgery).
- Lincolnshire has been successful in securing NHSE funding for a Partnerships for Inclusion of Neurodiversity in Schools (PINS) pilot, which is aimed at improving mainstream provision so that more children and young people with special educational needs and disabilities (SEND) have their needs identified and met quickly and effectively. This is a collaborative piece of work involving Lincolnshire Parent Carer Forum (LPCF); education (40 primary schools in the Boston area); Lincolnshire County Council; and the ICB. The pilot will run until March 2025.
- Lincolnshire is nationally one of three Families First for Children (FFC) Pathfinders Families first for children (FFC) pathfinder programme and family networks pilot (FNP) - GOV.UK (www.gov.uk). This work is being led through Lincolnshire County Council with input and support from health and police as statutory partners. Significant work has been undertaken in the co-production phase of the programme, which has now moved into implementation phase. The Department for Education (DfE) has appointed an independent evaluation team to conduct an evaluation of the FFC Pathfinder and initial interviews with key stakeholders were undertaken March 2024.

Quality and Patient Experience Thematic Update

- Emergency / Urgent Care Incidents reported by Health Professionals into the ICB are reported monthly to the UEC Partnership Board to ensure any themes of concern are considered and also to provide oversight of the follow up of these reported incidents. It is emphasised that these are only incidents reported into the ICB via the Health Professional Feedback Route and/or via the Serious Incident Reporting Process. Individual organisations have their own internal incident reporting mechanisms. In consequence the ICB incident data reflected & reported only ever provides a useful snap-shot of incidents occurring.
- *The theme of incidents reported by health professionals in the last quarter fall into the following what are usual main categories:*
 - Discharge Interface issues. This is usually the most common theme of incidents reported in any period. These incidents relate to inaccurate discharge information; delay in discharge documents being received by general practice; referral to appropriate follow up service not being made; discharge without appropriate medications. Although relative to the number of discharges, the number of these incidents is low, each one has significant implication for general practice and other services, who can spend hours chasing up the correct information or securing appropriate onward referral services for example.
 - Utilising an inappropriate pathway e.g. EMAS to UTC; UTC to ED; UTC to SDEC etc.
 - Long waits for access to the next service e.g. pre-hospital ambulance handover delay; delay in availability of in-patient bed from ED; delayed ambulance conveyance from a UTC.
- All incidents reported are followed up individually through the respective organisation. Themes of issues are also relayed into the appropriate pathway /service improvement groups across the system to ensure mitigating actions/programmes of work. For example all the work to reduce ambulance handover delays by ensuring admission avoidance alternatives, internal hospital flow initiatives and effective discharge processes and procedures.
- A programme of clinical audit has also been instigated led by the ICB Medical Director to facilitate pathway improvements. For example measures to reduce ED waiting times; care of patients with urinary catheter issues; work to improve the pathway for long lie falls.

Quality and Patient Experience Thematic Update

In addition to the information about quality concerns from incident reports there is regular review of what is being reported by patients through Healthwatch pertaining to Urgent and Emergency Care (UEC) Services. This information is also reported through to the Urgent Care Programme Board as well as being triangulated with all available other quality surveillance information (e.g. incidents, complaints, friends & family feedback, relevant survey info. etc, etc) to determine focus areas for improvement work within and across organisations. Each Healthwatch issue being considered by the respective organisation too for mitigating action where necessary.

For example in the Healthwatch report received for February 2024 here are some of the issues identified:

- Louth UTC – concern over lighting for patients @ night. Care noted to be very good
 - Boston UTC – description of a very long wait, but no care concerns.
 - A&E Peterborough, Spalding (Johnson Hospital), GP – complimentary about care received. Discharge issue : IV cannula retained
 - Public confusion about routes to access Grantham UTC at night & opportunity for communication to the public about routes to access UEC services at night e.g. 111 First
 - Lincoln UTC – protracted assessment waiting time for a minor injury
 - Admission appropriateness for a frail elderly patient
 - Disability needs not being met, when patient accessed urgent care for an eye condition
 - Long waits for care described @ Lincoln ED
- GP access and NHS Dentistry Access are also frequent areas raised of concern by patients through Healthwatch. There are dedicated system work groups to continue to address any concerns in these areas, but it is useful to note that challenges in these areas do have knock on effects by increasing demand on other UEC services.

Quality and Patient Experience Thematic Update

The other vital source of information on quality for UEC Services is what is relayed from system partners into Urgent and Emergency Care Partnership Board, supporting UEC meetings and also through to the System Quality Group and System Quality and Patient Experience Committee. A quality priorities register is maintained for the system, which includes the main quality priority issues within our UEC services.

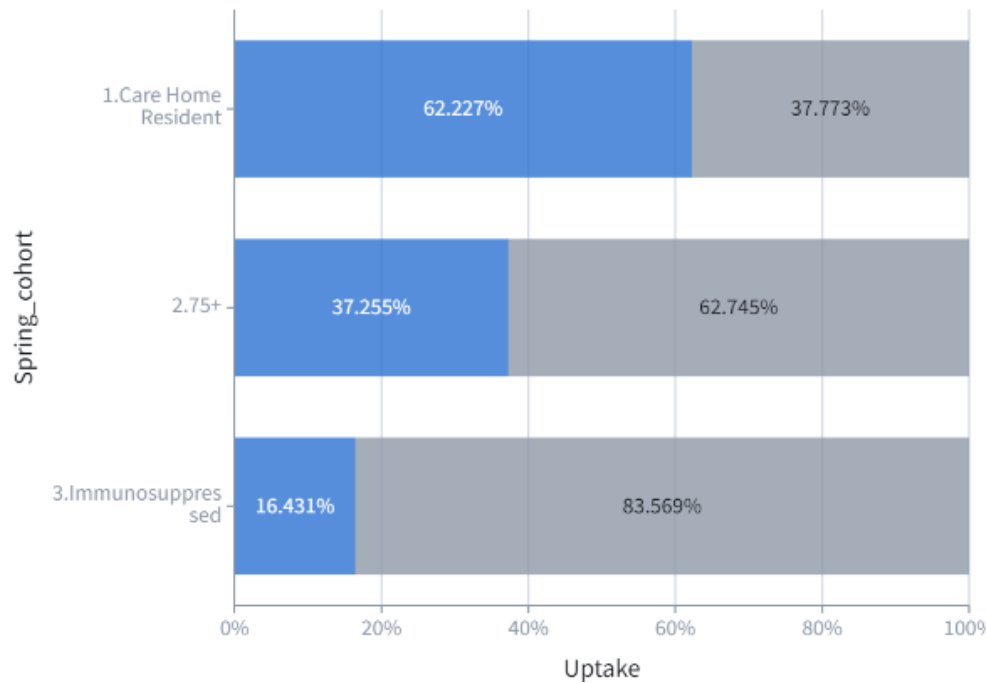
- The main issue being the actions underway to address community long waits for an ambulance, in an ambulance pre-hospital and in our EDs
- but also addressing the workforce challenges across many services
- the work to address planned care delays; GP access ; and dental access
- plus work to improve Palliative and End of Life Care
- and Recommended Summary Plans for Emergency Care and Treatment (ReSPECT).

All of which have a direct effect on the demand on and quality of Urgent and Emergency Care Services.

Covid-19 Vaccinations

System Uptake of Eligible Population 34.75%

ICS: NHS Lincolnshire Integrated Care Board



Update

- The Spring vaccination programme went live 15th April 2024 with Care Home visits and is due to run until 30th June 2024.
- This is being delivered in partnership by PCNs, the Mass vaccination centres and Community pharmacies, as has been the case in previous phases of the vaccination programme.
- The following groups are eligible for a Spring covid vaccination
 - Residents in older adult carehomes
 - Anyone aged 75+
 - those aged 6 months and over with a weakened immune system

*Data correct as at 12/5/2024

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5 (ii)
Meeting Date:	Tuesday, 28th May 2024
Title of Report:	Primary Care Access Update
Report Author:	Nick Blake, Programme Director – Primary Care
Presenter:	Sarah-Jane Mills, Director of Primary Care, Communities and Social Value
Appendices:	Not applicable.

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

Recommendations

The Board is recommended to:

- Note the progress on local delivery of the Primary Care System Level Access Improvement Plan.

Summary

Primary Care System Level Access Improvement Plan background

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 an ambitious package of measures to tackle the “8am rush” for patients to contact their GP practice for an appointment and help improve satisfaction with access to their GP practice.

- The national Plan covers four key areas:
- Empowering patients to manage their own health
 - Implementing Modern General Practice Access
 - Building Capacity
 - Cutting bureaucracy

Continuing to improve timely access to primary care continues to be an NHS priority and has been included in NHS planning guidance for 2024/25. The second year of delivery builds on the progress last year and aims to realise the benefits for patients and staff from those foundations.

- In an open letter from NHS England regarding the 2024/25 GP contract, the key areas of focus are:
- To reduce bureaucracy for practices – through protecting around half of the Quality and Outcomes Framework (QOF) indicators as well as reducing the number of the Investment and Impact (IIF) indicators from five to two.

- To help practices with cash flow – the Capacity and Access Improvement Payment (CAIP) will now start to be paid once Primary Care Networks (PCN) confirm they meet the simple criteria for payment.
- Providing PCNs with greater staffing flexibility – by widening the number of reimbursable roles and removing restrictions for some roles.
- Supporting practices and PCNs to improve outcomes by simplifying contractual requirements
- Improving patient experience of access.

Local progress and achievement over the last 12 months, during a time of increasing demands and pressures for general practices, clearly demonstrates the commitment to providing high-quality, accessible care. Monthly reports are provided to the ICB's Primary Care Commissioning Committee covering progress on delivery and performance against key performance indicators.

Delivery update

Empowering patients

Work on developing and promoting self-referral pathways is ongoing – based on the latest data (up to February 2024) the ICB will significantly over-achieve against the target of increasing self-referral numbers by 50% by 31 March 2024. However, this is in part due to a low baseline for referrals and due to the recent inclusion of some audiology referrals in the data set – this has increased the recorded number of self-referrals to around 1,250 per month. Work to improve recording consistency and completeness for other self-referral pathways is ongoing; data on self-referrals to weight management services is being developed by Lincolnshire County Council who commission Lincolnshire's the service provided by One You Lincolnshire. This should be incorporated into local reporting by October 2024. Public information and guidance on self-referral pathways will be available on the ICB's website in June 2024.

The Pharmacy First service launched on 31 January 2024 – this combines the GP community pharmacy referral scheme with an extended range of conditions that pharmacies can treat with prescription only medicines without the need for the patient to see a GP e.g., shingles, acute earache and sore throats. Coverage is good in Lincolnshire with 94% of community pharmacies signed up to provide the service, the ICB continues to work with Lincolnshire Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) on addressing issues with the roll-out including supporting with digital system issues and making training and information on the scheme available to GP practice and pharmacy staff. Data from February 2024 indicates a significant increase in GP referrals to community pharmacies in February (561 referrals compared to 368 in January), in part due to the promotional and engagement work around the Pharmacy First roll-out. There continue to be issues for patients living in rural areas where access to a pharmacy may be less convenient than their local GP practice, this is in part mitigated by pharmacies being able to carry out consultations for some conditions virtually. Pharmacy access will be reviewed and plans to reduce variation in access set out in the Lincolnshire Pharmacy Strategy being developed over the first half of 2024/25.

Data protection concerns raised by practices in relation to prospective access to patient records have been addressed and supportive guidance from the Information Commissioners Office and LMC have been shared with GP practices. Several practices are not fully compliant with the requirement, the ICB is engaging with them to ensure plans are in place to review records and enable access as soon as practicable. Delivery of plans and improvement in access rates will be monitored, capacity to review records ahead of making them available will be a factor for practices.

1. Implementing Modern GP practice access

The ICB Primary Care Digital Transformation Team have been working closely with the National Procurement Hub and GP practices to support migration from analogue telephone systems to digital systems or to improve the functionality of the digital system they already use. 17 practices have signed new contracts to move from analogue to digital systems, a further 28 practices are moving to a new digital provider or improving their systems functionality so that they comply with the national standards. All GP practices are expected to be using a digital system by June 2024, there have been some delays in roll-out due to telephone provider capacity to support changes, the National

Procurement Hub are supporting engagement with providers to ensure contracts are completed in a timely manner.

GP practices must now provide an online consultation gateway for patients during core hours: fully funded systems of choice are provided to all practices in Lincolnshire with comprehensive training and support offered to enable practices to optimise their use of online tools for their practices and patients.

The ICB Primary Care and Quality Teams are supporting GP practices review how they can improve access and services using the national Support Level Framework (SLF) diagnostic tool – this uses a questionnaire with follow up conversations to identify areas of good practice and areas to be developed. 20 practices went through the SLF process last year and visits are underway with practices this year, the process has been well received by practices who have fed back that they have valued the opportunity to review issues with the ICB. NHS England have notified the ICB that it will now be responsible for supporting GP practices to access and engage with the national GP Improvement Programme, the Primary Care team are working through how this will be managed locally.

The ICB will be reviewing delivery of PCN Capacity and Access Improvement Plans in 2023/24 against defined criteria, to enable payment of Capacity Access Payments to PCNs, criteria to be evidenced includes:

- Gathering, analysing and acting on patient experience information
- Implementing digital access tools
- Improving access data recording

As noted above the process accessing payments for 2024/25 has been simplified with payments starting once PCNs have declared criteria have been met.

Overall, GP practices continue to provide an increasing number of appointments, the target for GP appointments was achieved in 2023/24 with 5.38 million appointments provided over the year in Lincolnshire.

2. *Building capacity*

Staff numbers in GP practices have increased steadily with around 2,400 whole time equivalent roles across the County, overall staff numbers seemed to have plateaued, and workforce increases in 2024/25 are expected to be small (an additional 16 whole time equivalent roles). The main increases in staff numbers relate to Primary Care Network additional roles e.g., clinical pharmacists, physiotherapists, mental health practitioners and social prescribers. There has been a reduction in the number of GP partners, but this is offset by more trainee and salaried GP posts. Ongoing development of the primary care workforce is supported and underpinned by the Primary Care People Plan.

Work with Primary Care Networks (PCN) to make use of Additional Roles funding to expand the primary care workforce has progressed over 2023/24, and Lincolnshire has exceeded its proportion of the manifesto commitment of 26,000 additional roles in post. The total Additional Roles funding used for 2023/24 was £17.6 million, £20.3 million is available in 2024/25 and is expected to be fully used by PCNs to support primary care capacity. PCNs can use the Additional Roles funding more flexibly to recruit a wider range of roles in 2024/25.

3. *Cutting bureaucracy*

The key work for the ICB is working with system health care providers, the LMC and other stakeholders to improve the interface between primary and secondary care services. Meetings have been set up within the Care and Clinical Directorate and involving clinical leaders from across the system to identify and address quality and operational interface issues.

<p>Areas of focus for the work include:</p> <ul style="list-style-type: none"> • A system behaviour charter has been agreed across primary and secondary care. • A clinical reference guide for issuing FIT notes has been developed • An abnormal test results notification process and remote consultation principles to support reducing DNAs are being developed. 			
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?	A HEAT has been completed for the System Level Access Improvement Plan.		
Does the report demonstrate patient and public involvement?	This is referenced within the Plan. Further engagement through the ICB's Patient Council is ongoing with a co-production group now running. 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Report previously presented at:			
Not applicable – the Primary Care System Level Access Improvement Plan for Lincolnshire was presented to the Board on 27 November 2023.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	6 (i)
Meeting Date:	Tuesday, 28th May 2024
Title of Report:	System Financial Management Report April 2024 (Month 1)
Report Author:	Emma Rhodes, Deputy Director of Finance
Presenter:	Matt Gaunt, Director of Finance
Appendices:	None

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

Recommendations

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

Summary

2024/25 Summary System Financial Position

The Lincolnshire ICS plan for 2024/25 is to achieve a break-even position by the year-end (a £4.7m surplus for the ICB). The system has a target of £3.1m deficit for the period to 30th April 2024 (£0.6m deficit for the ICB). Further detail is shown in Table 1 below:

Table 1 – System Plan Phasing

	Surplus/(Deficit) £m												Total
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
ICB	-0.6	-0.6	-0.6	-0.1	-0.1	-0.1	0.8	0.8	0.8	1.4	1.4	1.4	4.7
LCHS	-0.1	-0.1	-0.2	-0.1	-0.1	-0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.0
LPFT	0.2	0.2	0.1	-0.1	-0.2	-0.1	-0.1	-0.1	0.1	-0.0	-0.0	2.2	2.2
ULHT	-2.6	-2.2	-1.1	-1.1	-0.5	-0.0	-0.1	0.1	0.2	0.2	0.2	0.1	-6.9
Total	-3.1	-2.7	-1.8	-1.3	-0.8	-0.2	0.7	0.9	1.2	1.7	1.7	3.9	0.0

There was no requirement for ICB's or providers to submit financial positions to NHS England for Month 1. It is therefore assumed that the system achieved its planned £3.1m deficit for this period.

Financial Recovery Plan

The Lincolnshire ICS has a plan to deliver £84.7m of cost saving schemes in 2024/25. The M1 performance against that plan is as follows.

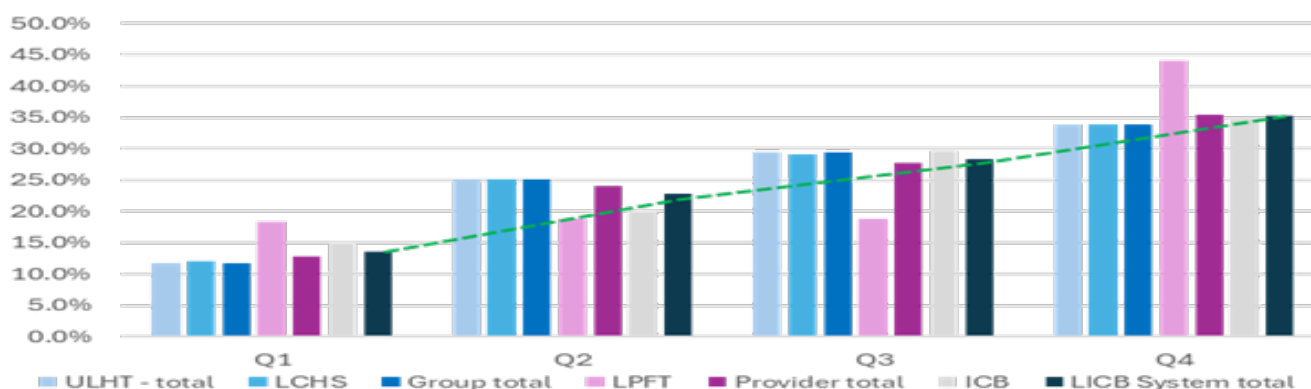
Financial Recovery Plan	Month 1			Full Year		
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m
United Lincolnshire Hospitals NHS Trust	0.80	0.80	0.00	40.10	40.10	0.00
Lincolnshire Community Health Services NHS Trust	0.28	0.25	-0.03	7.00	7.00	0.00
Group Total	1.08	1.05	-0.03	47.10	47.10	0.00
Lincolnshire Partnership NHS Foundation Trust	0.53	0.53	0.00	8.73	8.73	0.00
NHS Lincolnshire ICB	1.45	1.45	0.00	28.90	28.90	0.00
Total System Financial Recovery Plan	3.06	3.03	-0.03	84.73	84.73	0.00

Whilst it is not anticipated that the System will fail to deliver its Financial Recovery Plan, there remains a significant element of the plan which is unidentified. The latest assessment is that £63.9m of the plan has been identified with a remaining £20.8m unidentified. This plan requires each organisation to achieve 5% CIP, £9.9m of that unidentified component resides with the Providers and £10.9m with the ICB.

A risk assessment of the £63.9m is taking place and will be reported in future months.

The phasing of the System Financial Recovery Plan can be seen below. Phasing of the plan has been calculated to account for the unidentified component and allow sufficient time for savings opportunities to be sourced and worked up into credible plans.

24/25 Quarterly CIP %'s by organisation



Financial Standards

The ICB achieved the following financial targets for April 2024:

- Better Payment Practice Code (BPPC)
The ICB paid more than 99% of its creditors within 30 days of receipt of an invoice (target 95%).
- Closing Cash Balance
The ICB has a target to have no more than 1.25% of cash drawdown, or £0.25m (whichever is greater) as a bank balance at the end of each month. The ICB achieved this for the month of April with a balance of £0.08m which was 0.056% of the cash drawdown for April.

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

Aim 1: Improve outcomes in population health and healthcare.	Provides assurance on the effective use of financial resources and delivery of the financial plan, which is fully aligned to improving outcomes in population health
Aim 2: Tackle inequalities in outcomes, experience and access.	Provides assurance on the effective use of financial resources and delivery of the financial plan, which is fully aligned to tackling inequalities.

Aim 3: Enhance productivity and value for money.	Provides direct assurance on the effective use of financial resources.		
Aim 4: Help the NHS support broader social and economic development.	Provides assurance on the effective use of financial resources and delivery of the financial plan, which is aligned to 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			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
The 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>			

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	6 (ii)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	NHS Lincolnshire ICB Budget 2024/25
Report Author:	Emma Rhodes, Deputy Director of Finance
Presenter:	Matt Gaunt, Director of Finance
Appendices:	n/a

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

Recommendations

The Board is requested to approve the ICB financial budget for the financial year 2024/25.

Summary

The ICB allocation is £1,827.9m and the expenditure is allocated to organisations across Lincolnshire ICS and neighbouring systems totaling £1,823.2m. The ICB position is a surplus of £4.7m.

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

Aim 1: Improve outcomes in population health and healthcare.	The ICB financial budget allows the ICB to pursue its clinical strategy and achieve its objectives.
Aim 2: Tackle inequalities in outcomes, experience and access.	The ICB financial budget has ringfenced resources for programmes that aims at tackling inequalities in outcomes, experience and access.
Aim 3: Enhance productivity and value for money.	The ICB financial budget has been developed around the Financial Recovery Plan and embeds reward mechanism incentivising productivity.
Aim 4: Help the NHS support broader social and economic development.	The ICB financial budget includes contribution to pooled budget with the County and social care partners.

Conflicts of Interest

No conflict identified

Summary of conflicts

Risk and Assurance

Financial risks are set out within the paper and will be noted on the corporate risk register. The content of this report has been discussed at the ICB Finance and Resource Committee.

Implications (legal, policy and regulatory requirements)

Does the report highlight any resource and financial implications?	£4.7m surplus
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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Report previously presented at:

Insert details (including the date) of any other meeting where this paper has been presented, or state 'not applicable'.

Is the report confidential or not?

Yes No

1. Purpose

The 2024/25 NHS planning round concluded on the 2nd of May with a final national submission for all NHS Providers & ICB organisations. The statutory obligation for all NHS organisations remains one of breakeven within available resources; the 2nd of May plan submission for Lincolnshire ICB is for a surplus of £4.7m. At the time of writing, it is anticipated that this plan will be final, and no further resubmission will be required.

This paper provides an overview of the NHS Lincolnshire ICB budget for 2024/25 for ICB Board approval.

2. ICB Allocation

Table 1 below sets out the ICB allocations for 2024/25 as notified by NHSE and included within the plan submission:

Table 1: ICB Allocation	£ m
ICB Programme Allocation	1,478
Primary Medical Care Services	162
Delegated Primary Care Allocation	63
Running cost allowance (24/25 published values - pre-	12
Additional discharge allocation	7
Additional physical and virtual bed capacity funding	12
Ambulance capacity funding	4
Allocation baseline reset (limited public health exercise	1
Total ICB recurrent Allocation	1,739
Elective Recovery Funding	35
COVID-19 Testing	1
Service Development Fund (SDF)	41
Delegated ERF	1
Charge exempt overseas visitor and UK cross border	(1)
Depreciation/amortisation - Additional Ringfenced Fur	16
Adult Long COVID	1
Total ICB Non-Recurrent Allocation	94
Repayment of prior year deficit	(6)
Total ICB allocation	1,828

In addition to core programme allocations, the ICB has received the following:

Recurrent

- Primary Care Services allocation has increased by 3.8% from £156m
- The ICB took on delegated responsibility for community pharmaceutical services, general ophthalmic services, dental services (primary, secondary and community) from 1 April 2023. The utilisation of POD allocations remains subject to the additional rule that dental budgets are ringfenced.
- Running costs allowance was decreased by £2.7m
- Discharge funding increased by £4m as announced in 2023/24
- The system has secured £12m for virtual and physical urgent and emergency care (UEC) capacity, including services that specifically support admissions avoidance and timely discharge. Recurrent capacity funding issued in 2023/24 was updated for the cost uplift factor.

- Ambulance funding of £4m has been added to the 2024/25 ICB core programme allocation, including the cost uplift factor. In 2023/24 this was passed in full to the lead commissioner.

Non Recurrent

- Elective Recovery Funding (ERF) of £35m assumes the achievement of the level of value-based elective activity of at least 102.93% of 2019/20 baseline.
- COVID-19 testing funding for the commissioning of COVID-19 testing services for NHS use cases, performed in a hospital setting, comprising PCR testing services and lateral flow device (LFD) hospital-based testing services
- Service Development Funds to underpin the transformation of services in specific programme areas to support the delivery of the NHS Long Term Plan (£18.6m for Community Diagnostic Centres, £15m in relation to Mental Health & LD and £7.4m for other programme areas)
- Depreciation/amortisation revenue support (£15.9m), where the expenditure is in the scope of the technical ringfence as defined in the HM Treasury consolidated budgeting guidance
- From the total allocation £5.6m has been deducted as partial repayment of the 2022/23 year deficit as required by the ICB and system finance business rules.

3. ICB Expenditure

Table 2 below presents the planned programme area expenditure for 2024/25:

Table 2: Programme Spend	£ m
Acute Services	917
Community Health Services	200
Continuing Care Services	68
Primary Care	405
ICB Running Costs	12
Mental Health Services	221
Other Commissioned Services	5
Other Programme Services	5
Pipeline/Unidentified CIP	(11)
Total 24/25	1,823

The ICB expenditure plan is £4.7m less than the notified allocation for 2024/25; this position does include a sum of £9.4m in relation to additional depreciation funding. The ICB has mostly applied national contractual guidelines to negotiations including out-of-county providers; The acute programme spend incorporates an ambitious plan to deliver elective recovery at a level above the target required through national planning assumptions. The consequent Elective Recovery income that comes with the over-achievement of the national target, will be split between the ICB and ULHT in line with an agreed benefit-sharing methodology.

The ICB has also committed to an increase in Mental Health and Learning Disabilities & Autism expenditure of £21m, which is in line with the system-wide commitment to delivering the Mental Health Investment Standard requirements for 2024/25 of £164m (including £2.7m as partial delivery of the underspend from 2022/23).

The expenditure position excludes the impact of the pay reform deal with consultants, which will now be implemented; the expectation is that financial impact across system partners will be met with additional ICS allocation, as has happened in previous years.

4. Efficiency and productivity

The systems efficiency plan requires to achieve £84.7m net savings; the NHS Financial Recovery Plan (FRP) which the ICB has developed in association with its NHS partners for 2024/25, is expected to be circa 5% of an adjusted cost baseline that excludes running costs, which have already seen a 20% reduction for 24/25, SDF and Dental allocations, which are ringfenced and recouped by NHSE if unspent.

The ICB share of the FRP is £28.9m, primarily within medicines management and ERF. The ICB allows in its budget the unidentified component, £10.9m. As pipeline schemes are identified, the unidentified balance will be distributed to the service lines as appropriate.

5. ICB Risks

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

- £10.9m - Unidentified FRP efficiency
- £9.5m - Excess Inflationary Pressure (NCSO, CHC/MH Costs)
- £2.0m - Deferred Revenue Reprovision

6. Potential mitigations

- £10.9m - Identification and Delivery of CIP pipeline
- TBC – Further mitigations to be identified

7. Governance

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

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

8. Action

The Board is requested to approve the ICB financial budget for the financial year 2024/25.

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	7 (i)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Community Diagnostic Centres Update
Report Author:	Sarah Brinkworth, Planned Care Programme Director Simon Hopkinson, Communications Manager
Presenter:	Clair Raybould, Director for System Delivery Sarah Brinkworth, Planned Care Programme Director
Appendices:	Presentation – Community Diagnostic Centres

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

Recommendations

The Board is asked to note the update on Community Diagnostic Centre development in Lincolnshire.

Summary

This presentation is designed to give an update on the development of the two new Community Diagnostic Centres in Lincoln and Skegness which are scheduled to open in Winter 2024. In addition, the presentation highlights the social value to date associated with each of the new centres.

Over the past five years, demand for diagnostic services in England has risen at a greater rate than increases in its capacity.

Diagnostics are recognised as a priority in the NHS Long-Term Plan and is crucial in delivery of many key treatments. In Lincolnshire, we are developing Community Diagnostic Centres (CDCs) which will be crucial to ease these pressures and continue to diagnose patients quicker. CDCs will provide a broad range of elective diagnostic services located away from the main acute hospitals, providing easier and quicker access to tests and greater convenience to patients, as well as relieving pressure on the main hospitals by reducing outpatient referrals and attendances.

How does this paper support the ICB's core aims to:			
Aim 1: Improve outcomes in population health and healthcare.	Improve population health outcomes by diagnosing health conditions earlier, faster and more accurately.		
Aim 2: Tackle inequalities in outcomes, experience and access.	Contribute to reducing health inequalities by ensuring everyone has the same access to care and the same health outcomes.		
Aim 3: Enhance productivity and value for money.	Improve productivity and efficiency by streamlining the way we provide diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication.		
Aim 4: Help the NHS support broader social and economic development.	Increase capacity in the diagnostic service by investing in new facilities, equipment and training new staff, contributing to recovery from COVID-19 and reducing pressure on acute hospital sites. Locating these in community setting to support local collaboration, support employment, training and reduce carbon emissions		
Conflicts of Interest			
No conflict identified	Summary of conflicts		
Risk and Assurance			
No specific risks identified.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	Allocations of both capital and revenue are within the plan.		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications?	Supports the development of reducing inequality in access and provision		
Does the report demonstrate patient and public involvement?	Yes, as detailed in the supporting presentation to this report.		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Yes through estates and carbon footprint		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Community Diagnostic Centres

Update for NHS Lincolnshire ICB Board, Tuesday 28th May 2024



Community Diagnostic Centre timeline – 2021/22

- July 2021 - diagnostics is a priority in the NHS Long Term Plan, with government commitment for up to 160 CDCs around the country that will play a crucial role in delivery of treatments for cancer, cardiovascular and stroke, providing a 'one stop shop' offering services including X-ray and ultrasound.
- 25th April 2022 - Lincolnshire's first CDC opened in Grantham, part of the first wave of CDCs nationally, providing quicker and easier access for patients away from acute hospital sites, and offering X-ray and ultrasound.
- 6th May 2022 – formal opening of Grantham CDC.
- 1st July 2022 – visit to Grantham CDC by Gareth Davies MP.
- August 2022 – commitment to develop both Grantham CDC and the wider CDC programme in Lincolnshire, with various site options/locations under review by the ICB following engagement with local stakeholders. This was designed to consider the geography and demography along with tackling health inequalities across the county.

Formal opening Grantham CDC, May 2022



Dr Karen Dunderdale, Director of Nursing and Deputy CEO, United Lincolnshire Hospitals NHS Trust, and Councillor Breda-Rae Griffin, Chairman, South Kesteven District Council, cut the ribbon to formally open the new Gonerby Road Community Diagnostic Centre, Friday 6th May.

Community Diagnostic Centre timeline - 2023

- May 2023 – options appraisal utilising Public Health data and stakeholder feedback, including extensive patient and clinical engagement, covering potential future CDC sites in Lincolnshire, options agreed for Skegness, Lincoln and Boston. 24th May – workshop to discuss options with key stakeholders from ICB and ULHT, with updates then presented to both Boards and feedback shared with National Team on proposed way forward.
- July – initial design concepts released for Lincoln CDC (Science and Innovation Park) and Skegness CDC (town centre).
- August – Grantham CDC undertaken over 59,000 diagnostic tests since opening in April 2022.
- 4th August - £38m NHS investment announced by ICB for two new CDCs in Skegness (£15m) and Lincoln (£23m), which will bring great benefit to local people and represent a huge step up in additional diagnostic capacity including CT, X-Ray and ultrasound, with construction underway in December 2023 and finish Q4 2024. *We believe the £15m for Skegness is the biggest single NHS investment in the town centre for many years*
- September - international recruitment for CDCs.
- 14th September – Secretary of State for Health and Social Care visit to Grantham CDC.
- December – mobile MRI into Marisco Medical Practice (East Lindsey) and Lincoln, whilst CDCs are under construction.

Lincoln and Skegness CDC design concepts (April 24)



SoS and NHSE visits to Grantham CDC



Steve Barclay, Secretary of State for Health and Social Care, visits Grantham CDC, September 2023



Emily Lawson, Chief Operating Officer, NHS England, visits Grantham CDC, February 2024

Community Diagnostic Centre timeline - 2024

- 21st February 2024 – Emily Lawson, COO of NHSE, visits Grantham CDC.
- March 2024 - £5m investment to expand Grantham CDC services to include DEXA and state of the art CT and MRI scanners. International recruitment for ultrasound in March.
- April – more than 80,000 diagnostic tests carried out to-date. Physiological measurement commenced at Marisco Medical Practice (East Lindsey) in April. Mobile CT launched whilst CDCs are constructed.
- June – ‘ground-breaking’ events to be held at Lincoln and Skegness CDC sites, with formal opening events later in year. Physiological measurement planned roll out at Lincoln and Grantham from June.
- Winter 2024 – Lincoln and Skegness CDCs scheduled to open. Designed to support accessibility, both new CDCs utilise modular buildings located in central community locations with free car parking. Work also underway to explore options for a CDC in Boston.
- Approximately 240 staff will be employed across the CDCs and the programme will use local people in appropriate posts within the CDCs where possible.
- Part of contract with MTX (builders) is predicated on being able to demonstrate social value – see following slide for detail.

Community Diagnostic Centre timeline – social value

Lincoln – will include:

- MTX (construction of sites) expect to use/hire local labour as project progresses
- Food donation box delivered bi-monthly to Lincoln Against Poverty Foundation
- Clothes donation to Sue Ryder charity
- Will be hosting STEM events with Sir Francis Hill community and Lincoln Christs Hospital School
- Support University of Lincoln students via site visit, work placement, coursework support, talk around modular buildings and sustainability

Skegness – will include:

- Hire 5 people (full time) local to Skegness area
- Food donation to Restore foodbank and clothes donation to the Sense charity
- STEM engagement with year 9/10 students from Skegness Academy
- Will partner with Skegness Skills Hub to provide mock interviews, placements and possibly jobs/future opportunities

Charity walk – 46 miles from Skegness CDC to Lincoln CDC

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (i)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Amendments to the ICB Corporate Governance Handbook
Report Author:	Jules Ellis-Fenwick, ICB Board Secretary
Presenter:	Jules Ellis-Fenwick, ICB Board Secretary
Appendices:	Changes to the Governance Handbook

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

Recommendations

The Board is asked to:

- Approve the proposed changes to the ICB Corporate Governance Handbook.

Summary

The ICB Constitution is supported by a number of documents which provide further details on how governance arrangements in the ICB operate. This includes the Standing Orders but also the following which do not form part of the Constitution but are required to be published:

- a) **The Scheme of Reservation and Delegation (SoRD)**
- b) **Functions and Decision map**
- c) **Standing Financial Instructions**
- d) **The ICB Governance Handbook** – This brings together all the ICB’s governance documents, and includes
 - The above documents (a - c)
 - Terms of reference for all Committees and Sub-Committees of the Board that exercise ICB functions.
 - Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
 - Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other

prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.

- A list of eligible providers of primary medical services
- Committee Terms of Reference Review Dates
- Financial Procedure Limits
- Committee Handbook
- Standards of Business Conduct and Conflicts of Interest Policy.

The Board is asked to approve the following changes to the Corporate Governance Handbook:

- Scheme of Reservation and Delegation – amended to include the following detail:

Exercise the delegation of specialised commissioning services to the ICB from NHS England through the Delegation Agreement and associated governance arrangements through the East Midlands Joint Committee and associated Finance and Quality Sub-Groups and Midlands Specialised Services Commissioning Sub-Group.

- Delegated Financial Authority Limits – amendments as per Appendix A.
- Inclusion of the revised Terms of Reference for the Audit and Risk Committee and Finance and Resource Committee (as approved by the Board in March 2024).
- Inclusion of the revised Terms of Reference for the Joint Committee of the East Midlands Integrated Care Boards.

The ICB Board is asked to approve the proposed changes as detailed.

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

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

Conflicts of Interest

Summary of conflicts

No conflict identified

Risk and Assurance

No specific risks identified.

Implications (legal, policy and regulatory requirements)

Does the report highlight any resource and financial implications?	No
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	No
Does the report demonstrate patient and public involvement?	No
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No

Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Payroll expenditure - adding references to the Establishment Panel

5	Payroll Expenditure		
5.1	Pay including substantive/agency (excluding timesheets) within establishment		There is an appointment control process to support the recruitment of staff to vacancies in the establishment. Following this process will be sufficient in most cases, but please note the special cases below.
	Substantive staff on VSM contracts	Remuneration Committee	
	All off payroll/agency/consultancy staff where: <ul style="list-style-type: none"> • Consultancy spend over £50k, or • Any kind of non-clinical agency, regardless of value, or • WSM role over £750 per day. <p>Below these limits:</p>	NHS England prior approval is required in all of these cases. If supported by NHSE then budget holders can approve in line with the detailed scheme of delegation. Budget holders, in line with the detailed scheme of delegation.	Business case templates are available from Finance. They will need to be completed by the budget holder with support from the Finance Business Partner. IR35 checks will be needed for off payroll engagements – contact Financial Accounting for advice.
	Where any of the above are not met	Chief Finance Officer and NHS England	Once approved by the establishment control process, the scheme of delegation limits apply.
	Booking of bank staff from approved lists.	Budget Holders, in line with the approved establishment.	
	All other pay expenditure up to VSM rates		
	Engagement of staff NOT within establishment		
	Authority to appoint staff	Accountable Officer or Chief Finance Officer	
	Authority to permanently amend the formal establishment	Accountable Officer or Chief Finance Officer	Authorisation of establishment changes can be further delegated by the Chief Finance Officer to an Assistant Director of Finance.
	All off payroll/agency/consultancy staff where: <ul style="list-style-type: none"> • Consultancy spend over £50k, or • Any kind of non-clinical agency, regardless of value, or • WSM role over £750 per day. <p>Below these limits:</p>	NHS England prior approval is required in all of these cases. If supported by NHSE then Chief Executive or Director of Finance (who may delegate to Associate Director of Finance). Chief Executive or Director of Finance (who may delegate to Associate Director of Finance).	Business case templates are available from Finance. They will need to be completed by the budget holder with support from the Finance Business Partner. IR35 checks will be needed for off payroll engagements – contact Financial Accounting for advice.
	Where any of the above are not met	Chief Finance Officer and NHS England	Once approved by the establishment control process, the scheme of delegation limits apply.
	Booking of bank staff from approved lists.	Accountable Officer or Chief Finance Officer	
	Engagement of ICB's solicitors.	Budget Holders, up to £10,000. Over £10,000: approval by an Executive Director, or an Assistant Director of Finance / Contracting.	Court proceedings should be approved by a Board member.

Current Governance Handbook

5	Payroll Expenditure		
5.1	Pay including substantive/agency (excluding timesheets) within establishment		There is an appointment control process to support the recruitment of staff to vacancies in the establishment. Following this process will be sufficient in most cases, but please note the special cases below.
	Substantive staff on VFM contracts	Recruitment Committee	

Change to:

The appointment control process to support the recruitment of staff to vacancies in the establishment is managed by the ICB's Establishment Panel. Following this process will be sufficient in most cases but please note the additional information and requirements described below.

	Engagement of staff NOT within establishment		
	Authority to appoint staff	Accountable Officer or Chief Finance Officer	
	Authority to permanently amend the formal establishment	Accountable Officer or Chief Finance Officer	Authorisation of establishment changes can be further delegated by the Chief Finance Officer to an Assistant Director of Finance.

Change to:

Engagement of staff NOT within establishment		
Authority to appoint staff	Accountable Officer or Chief Finance Officer	Can be further delegated to Establishment Panel.
Authority to permanently amend the formal establishment	Accountable Officer or Chief Finance Officer	Authorisation of establishment changes can be further delegated by the Chief Finance Officer to an Assistant Director of Finance or to the Establishment Panel.

Consolatory payments

7	Losses and Special Payments		
7.1	Authorisation of losses and special payments, including ex-gratia payments.	See the losses procedure contained in the ICB Corporate Governance Handbook.	<p>All cases must be brought to the attention of HM Treasury in advance if they are:</p> <ul style="list-style-type: none"> • special payments greater than £95,000 (for approval); • losses greater than £300,000 (for consultation); • any case regardless of value which is considered to be "novel, contentious or repercussive" (for approval). <p>In particular, the ICB has no delegated authority to make special severance payments and retention payments and will require NHS England prior approval to make any such payment.</p>
	Losses and special payments below the HM Treasury thresholds can be approved by the ICB according to the following delegated limits.		
	In all cases, the loss or special payments will be reported to the Audit and Risk Committee and recorded in the ICB losses and special payments register.		The Director of Finance will report any cases they consider to be "novel, contentious or re-percussive" to the Chair of the Audit and Risk Committee as soon as they become aware of the case, and the case should be reported to NHS England in line with guidance.
	Greater than £50,000	ICB Board	After advice taken by lawyers where appropriate.
	£10,000 and up to £50,000	Chief Executive	
	Up to £10,000	Audit and Risk Committee or in an emergency Director of Finance or Deputy/Associate Director of Finance	

Losses and special payments		<p>Same as above.....</p> <p>In particular, the ICB has no delegated authority to make special severance payments and retention payments and will require NHS England prior approval to make any such payment.</p> <p>Then add....</p> <p>Note also that a 'consolatory payment' (where there has been injustice or hardship arising from maladministration) requires NHS England approval if more than £500 (as per paragraph 1.1.7 of the ICB Losses and Special Payment guidance).</p>
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Authorisation of travel claims

	Responsibility	Delegation Arrangements	Further Information
5.2	<p>Authorisation of travel claims (Mileage)</p> <p>Maximum value of any single monthly claim is restricted to £2,500 with no claims being older than 3 months unless approved by either the Director of Finance or Chief Executive</p>	<p>Line managers with delegated signatory as outlined in the authorised signatory list.</p> <p>Authorisation for claim older than 3 months can be delegated to the Deputy or Associate Director of Finance</p>	<p>Any expenses claimed by the Chair shall be authorised by the Chief Executive and expenses claim by the Chief Executive shall be authorised by the Chair or Director of Finance.</p>

Instead of...

Line managers with delegated signatory as outlined in the authorised signatory list.

....change this to....

Claims in accordance with the ICB policies can be authorised by line managers.

Briefing Summary of the April Meetings of the East Midlands Joint Committee

Meeting held on Tuesday 16 April 2024

1. Purpose

1.1. This **ADVISORY** report is presented to provide a summary with a summary of the East Midlands Joint Committee meetings held on Tuesday 16 April 2024.

1.2. Appointment of Chair

The East Midlands Joint Committee Terms of Reference set out that the appointment of the Chair shall be for a period of 12 months. David Sissling, Chair of Leicester, Leicestershire, and Rutland Integrated Care Board (ICB) was appointed Chair at the first meeting of the Committee in April 2023 and as such the term of office had reached the endpoint. The Committee **APPROVED** Kathy McLean, Chair of NHS Nottingham and Nottinghamshire ICB and Chair of NHS Derby and Derbyshire ICB, be appointed as Chair for with effective from the meeting on 16 April 2024 and would run for an initial period of 4 months (meetings schedule in April [month 1] and June [month 3]). At the meeting in August 2024 the Committee would be asked to approve the ongoing arrangements for the Chair.

1.3. Governance Arrangements for Joint Committee

The Committee received a paper setting out the proposed ongoing governance arrangements for Tier 1 Joint Committee inclusive of arrangements reflective of the upcoming delegation of Specialised Services. The paper focused upon the Governance documentation relating to the operation of the Joint Committee, which included the Joint Working Agreement between the East Midlands ICBs and the Terms of Reference for the Joint Committee of the East Midlands ICBs, noting alignment to the Delegation and Collaboration Agreements and the proposed Governance Framework to be established by the Committee (Tier 2 and below) which was the subject of a subsequent paper. The Committee **RECOMMENDED the APPROVAL** of Governance Arrangements for the Joint Committee of the East Midlands ICBs by the Boards of the individual ICBs.

1.4. Delegated Authority – Governance Framework for Delegated Specialised Services.

The Committee received a paper setting out the detail of the proposed Governance Framework it was recommending being established beneath the Joint Committee, and the delegated authorities that would sit at each level of this Governance Framework. Through consideration of the content of the paper the Committee **APPROVED** the proposed Governance Framework.

1.5. Specialised Services Update

Through the presentation of this paper the Committee received an **UPDATE for ASSURANCE** on the following:

- 2023/24 Month 11 Finance Report on NHSE commissioned services.
- Delegation of specialised services – Director’s Report
- 24/25 Financial Plan for NHSE directly commissioned and delegated services
- National Delegated Commissioning Group Update
- Midlands Acute Specialised Commissioning Assurance Group (MASCAG) Report
- Specialised services Quality Exception Report – East Midlands

Key points of assurance/ challenge considered by the Committee were:

- progress with delegation in 2024/25 and the work ongoing for further delegation in 2025/26

- Financial position as at Month 11 of 2023/24 noting the surplus position forecast to be achieved, and the financial planning for 2024/25 noting the allocation of monies and the inability for ICBs to account for monies within the individual ICB budget.
- The priority areas being focused upon by the Midlands Acute Specialised Commissioning Team on behalf of the 11 ICBs.
- The Quality Exception Report and the work being undertaken by the Specialised Commissioning Team in collaboration with individual ICBs.

The Committee reflected on the focus that has been placed upon understanding and managing transitional arrangements and agreed the need to shift toward a focus on the benefits to be gained through delegation and working collaboratively, and the prioritisation of establishing and delivering improved Outcomes.

1.6. Primary Care Finance and Assurance Report

The Committee received the report for **ASSURANCE**. Primary focus of discussion laid with the provision of Dental Services, planning and delivering for the coming year inclusive of progress being made with the Dental Recovery Plan, and the ongoing progress with Pharmacy First.

The Committee heard that initial feedback on Internal Audit with regard to delegation was positive, and that a formal update would be provided to the next meeting.

1.7. Update 111/999 Governance Arrangements

The Committee **NOTED** that the Midlands 111 services was now live and the positive progress with the operational governance arrangements led by Derby and Derbyshire ICB. Further discussion was required with regard to a single ICB lead across the Midlands but it was expected for this to be concluded prior to the next meeting in June 2024.

2. Recommendation

- 2.1. This briefing summary is provided for information to be noted.

Joint Committee of the East Midlands Integrated Care Boards - Terms of Reference

Document name:	Joint Committee of the East Midlands Integrated Care Boards - Terms of Reference		
Senior Responsible Owner (SRO):	Toby Sanders		
Lead:	Neil Boughton		
Version	2.0	Date:	TBC

<p>Introduction and purpose</p>	<p>The Joint Committee has been established by the ICBs as listed:</p> <p>Integrated Care Board of NHS Derby and Derbyshire,</p> <p>Integrated Care Board of NHS Leicester, Leicestershire and Rutland,</p> <p>Integrated Care Board of NHS Lincolnshire,</p> <p>Integrated Care Board of NHS Northamptonshire,</p> <p>Integrated Care Board of NHS Nottingham and Nottinghamshire.</p> <p>From April 2023, the Integrated Care Boards (ICBs) named above enter into a Joint Working Agreement (the Agreement) for the purposes of collaboratively and jointly discharging the commissioning responsibilities covering the East Midlands geographical footprint as set out in Schedule 4 of the Agreement.</p> <p>The ICBs form a statutory Joint Committee to collaboratively make decisions on the planning and delivery, including resource allocation, oversight and assurance, of Services for which they have delegated the authority to the Committee, to improve health and care outcomes and reduce health inequalities.</p> <p>Subject to Clauses 6.1 and 6.2 of this Agreement (Further Collaborative Working), the Partners may, to such extent that they consider it desirable, table an item at the Joint Committee relating to any other of their functions that is part of the Agreement to facilitate engagement, promote integration and collaborative working.</p> <p>The Joint Committee may establish sub-groups or sub-committees of the Joint Committee, with such Terms of Reference and delegated functions and responsibilities as may be agreed by the Joint Committee. Any such arrangements that are in place during the duration of the Agreement may be documented in the Local Terms (Schedule 7).</p>
<p>The Terms of Reference</p>	<p>These Terms of Reference support effective collaboration between all Partners acting through this Joint Committee. They set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Agreement between the ICBs, and other relevant Collaboration agreements between the ICBs, and the ICBs and NHSE.</p> <p>The Joint Committee will operate as the decision-making forum for exercising the agreed Joint Functions in accordance with the Agreement.</p> <p>By agreement, the Partners may use an alternative title for the Joint Committee that reflects local arrangements, for example, 'Commissioning Committee.'</p>

<p>Statutory Framework</p>	<p>The Partners have arranged to exercise the Relevant Functions jointly pursuant to section 65Z5 of the NHS Act 2006.</p> <p>The Joint Committee is established pursuant to section 65Z6 of the NHS Act 2006. Unless set out otherwise within the Agreement, the Joint Committee does not affect, and must act in accordance with, the statutory responsibilities and accountabilities of the Partners.</p>
<p>Role of the Joint Committee</p>	<p>The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the collaborative working and joint commissioning of services and any associated activities. The Joint Committee and aligned subsidiary arrangements will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these services through the following key responsibilities:-</p> <ul style="list-style-type: none"> • Determining the appropriate structure of the Joint Committee; • Making joint decisions in relation to the planning and commissioning of the services, and any associated commissioning or statutory functions, for the population, for example, through undertaking population needs assessments; • Making recommendations on population-based services financial allocation and financial plans; • Identifying and setting strategic priorities and undertaking ongoing assessment and review of services within the remit of the Joint Committee and aligned subsidiary arrangements, including tackling unequal outcomes and access; • Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and providing a forum that enables collaboration to integrate service pathways, improve population health and services and reduce health inequalities. This includes establishing links and working effectively with parties such as Provider Collaboratives and cancer alliances, and working closely with other ICBs, Joint Committees, NHSE, provider collaboratives, local authorities, and alliances. • Oversight and assurance of the services in relation to quality, operational and financial performance, including co-ordinating risk / issue management or escalation; and developing the approach to intervention with Service Providers where there are quality or contractual issues; • Ensuring effective engagement with stakeholders, including patients and the public, and involving them in decision-making; • Ensuring appropriate clinical advice and leadership, including through Clinical Reference Groups and relevant Clinical Networks; • Determining the appropriate structure of subsidiary arrangements that enable the Joint Committee to discharge its authorities and functions, and to which the Joint Committee may seek to delegate the undertaking of such authority and functions on its behalf; • Discussing any matter which any member of the Joint Committee believes to be of such importance that it should be brought to the attention of the Joint Committee; • Where agreed by the Partners, overseeing the Collaborative Commissioning Agreements set out in the Joint Working Arrangement;

	<ul style="list-style-type: none"> • Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged. • Otherwise ensuring that the roles and responsibilities set out in the Agreement between the Partners are discharged in compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee and aligned subsidiary arrangements have sufficient independent scrutiny of its decision-making and processes. • Acting as a forum for discussion and making recommendations on issues where further joint action or working between ICBs would be of benefit outside the arrangements delegated to it. This may include:- <ul style="list-style-type: none"> ○ Areas that are the responsibility of individual ICBs such as joint policy development ○ Areas that remain the responsibility of NHS England including reserved specialised services where NHS England wishes to make collaborative decisions with the ICBs ○ Links to other regional structures such as Academic Health Science Networks and Clinical networks. <p>The Partners must implement such arrangements as are necessary to demonstrate good decision-making and compliance with all statutory duties, guidance and good practice, including ensuring that the Joint Committee has sufficient independent scrutiny of its decision-making and processes.</p>
<p>Accountability and reporting</p>	<p>The Joint Committee will be formally accountable to the Boards of the ICBs for the functions delegated to the Joint Committee through the Schemes of Reservation and Delegation (SORDs).</p> <p>The Joint Committee may also report to NHS England's Delegated Commissioning Group (DCG) for Specialised Services on its proceedings and decisions relating to Delegated Specialised Services. The Chair (or another member/ alternate representative as nominated by the Joint Committee) may also attend the DCG to present reports on behalf of the committee.</p> <p>Where an ICB Board or the DCG requests that the Joint Committee provides information or reports on its proceedings or decisions, the Partners must comply with that request within a reasonable timescale.</p>
<p>Membership</p>	<p><u>Core Membership</u></p> <p>The following individuals will be the core members of the Joint Committee: -</p> <ul style="list-style-type: none"> • An Authorised Officer (the CEO) from each ICB • A Chair or a Non-Executive Member from each ICB <p>Each of the Core Members may nominate a named substitute to attend meetings if they are unavailable or unable to attend or because they are conflicted.</p> <p>Each of the Partners must ensure that the members nominated on their behalf (and any named substitutes) are of a suitable level of seniority and duly authorised to act on its behalf and to agree to be bound by the final position or decision taken at any meeting of the Joint Committee.</p> <p>One of the authorised officers from a single ICB will act as the Executive Lead for the Joint Committee, it is expected therefore that the Chair of the Joint Committee be nominated from another ICB.</p> <p><u>Discretionary Membership</u></p>

	<p>Each of the Partners may be represented at meetings by representatives (who may be officers or Non-Executive Members / Directors of the ICB) who may observe proceedings and contribute to the deliberations as required, but these will not have the right to vote. The Partners may also identify individuals or representatives of other organisations that may be invited to observe proceedings and contribute to the Joint Committee's deliberations as required. These representatives will not have the right to vote.</p> <p><u>Term of Membership</u> Members (and any substitutes appointed) will hold their appointment until the partner they represent nominates an alternative member or they cease to hold their substantive role with the relevant partner.</p> <p><u>Membership Lists</u> The Chair (or in the absence of a Chair, the Partners themselves) shall ensure that there is prepared (and updated from time to time) a list of the members and that this list is made available to the Partners.</p> <p><u>Other Attendees</u> The Committee may invite 'subject matter experts' (Quality, Finance, Governance etc.) to attend meetings to support the business of the Joint Committee as required.</p>
Chair	<p>At the first meeting of the Joint Committee, the Core Membership shall select a Chair, or joint Chairs, from among the membership.</p> <p>The Chair(s) shall hold office for a period of 12 months. At the first scheduled meeting after the expiry of the Chair's term of office, the Core Membership will select a Chair, or joint Chairs, who will assume office at that meeting and for the ensuing term. If the Chair(s) is / are not in attendance at a meeting, the Core Membership will select one of the members to take the chair for that meeting.</p>
Meetings	<p>The Joint Committee shall meet at least quarterly.</p> <p>At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Committee shall prepare a schedule of meetings for the forthcoming year ("the Schedule"). The Chair(s), or in the absence of a Chair, the Partners themselves, shall see that the Schedule is notified to the members.</p> <p>Any of the Partners may call for a special meeting outside of the Schedule as they see fit, by giving notice of their request to the Chair. The Chair(s) may, following consultation with the Partners, confirm the date on which the special meeting is to be held and then issue a notice giving not less than four weeks' notice of the special meeting.</p>
Quorum	<p>A Joint Committee meeting is quorate if the following are in attendance:</p> <ul style="list-style-type: none"> • At least one representative member (or substitute) from each ICB. • One Non-Executive Member/ Director member from any Partner ICB. <p>Attendance at meetings by telephone/video conferencing will count towards the quorum.</p>
Decisions and veto.	<p>The Committee must seek to make decisions relating to the exercise of the Joint Functions on a consensus basis. The Partners must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Committee meetings for discussions and negotiations between Partners to take place.</p> <p>Where it has not been possible, despite the best efforts of the Core Membership, to</p>

	<p>come to a consensus decision on any matter before the Joint Committee, Chair may require the decision to be put to a vote in accordance with the following provisions:-</p> <ul style="list-style-type: none"> • For decisions each ICB will have one vote with decisions being made by a simple majority of those voting. Any dissenting votes will be recorded in the minute of the meeting. Any disputes will be resolved using the dispute resolution process outline in the Agreement. <p>No Partner ICB has the authority to Veto a decision made.</p>
<p>Conduct and conflicts of interest</p>	<p>Members will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies. The NHS Standards of Business Conduct policy is available from: https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/</p> <p>Members should act in accordance with the Nolan Principles (the Seven Principles of Public Life): https://www.gov.uk/government/publications/the-7-principles-of-public-life</p> <p>Members should refer to and act consistently with the NHSE guidance: <i>Managing Conflicts of Interest in the NHS: Guidance for staff and organisations</i>. See: https://www.england.nhs.uk/ourwork/coi/</p> <p>Where any member has an actual or potential conflict of interest in relation to any matter under consideration, the Chair (with appropriate advice) will determine the appropriate action to be taken in line with the principles of proportionality and preserving the spirit of collaborative decision making. Such action could include the member not participating in meetings (or parts of meetings) in which the relevant matter is discussed, or from the decision making and/or voting on the relevant item. A Partner whose Authorised Officer is conflicted in this way may secure that their named substitute attends the meeting (or part of meeting) in the place of that member. A record of how the conflict has been managed will be recorded in the minutes.</p>
<p>Confidentiality of proceedings</p>	<p>The Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings is at the discretion of the Partners.</p> <p>All members in attendance are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the Partners.</p>
<p>Publication of notices, minutes and papers</p>	<p>The Partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Committee.</p> <p>The Chair(s), or in the absence of a Chair, the Partners themselves, shall see that notices of meetings, together with an agenda listing the business to be conducted and supporting documentation, is issued to the Partners one working week (or, in the case of a special meeting, three calendar days prior to the date of the meeting).</p> <p>The proceedings and decisions taken shall be recorded in minutes, and those minutes circulated in draft form within two weeks of the date of the meeting. The Committee shall confirm those minutes at its next meeting.</p>
<p>Review of the Terms of Reference</p>	<p>These terms of reference will be reviewed within twelve months of the committee's establishment and then at least annually thereafter.</p> <p>Any changes to the committee's decision-making membership or core functions must be approved by the partners. Other changes to the terms of reference may be agreed by the committee and reported to the Partners for assurance.</p>

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (iii)
Meeting Date:	Tuesday, 28th May 2024
Title of Report:	System QPEC (Quality and Patient Experience) Committee
Report Author:	Sharon Robson, Non-Executive Director (Chair) Martin Fahy, Director of Nursing Sarah Bates, Deputy Board Secretary
Presenter:	Sharon Robson, Non-Executive Director (Chair)
Appendices:	N/A

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

Recommendations

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

Summary

The System Quality and Patient Experience Committee took place on 1st May 2024 and focused on the following agenda items:

- Deep Dive – Palliative and End of Life Care:** a Deep Dive took place into PEOL (Palliative and End of Life) care which focused on the journey over the last four years and the integrated working supporting the specialist, core and enhanced workstreams. The majority of PEOL care services are delivered by core teams, specialist palliative care services are the wrap around support to enhance core provision necessary to ensure effective symptom management and relief of pain. The update included the vision, the feedback received from patients, families, carers and staff, current status, the successes, challenges, priorities, planned improvements and risks.

Discussions took place that the workstream emulates the Community Primary Partnerships element. Members welcomed the update in particular noting the good progress being made in particular the implementation of EPaCCS (Electronic Palliative Care Co-ordination System)

- Lincolnshire System Priorities Quality Risk Register:** the latest detail was shared with members and the following high risks noted:-
 - Right Care/Right Person
 - Urgent and Emergency Care Pathways
 - Elective, Diagnostic, Cancer and Community Pathways
 - Workforce challenges
 - Financial challenges

Two further areas that had been highlighted relate to hematology and the increase of TB, a further update on these issues was requested for the next System Group meeting. It was agreed that these would be added to the Lincolnshire System Priorities Quality Risk Register.

Discussions took place regarding the inclusion of health inequalities and ensuring that all patients have equal access to care. It was further discussed that the Register is agile and monitored on an ongoing basis. An update was then provided on the medium rated priorities.

- **Public Involvement Annual Report and the People and Communities Strategy Delivery Plan:** members were asked to endorse the NHS Lincolnshire ICB People and Communities Involvement Annual Report 2023-24 for final approval at LICB Board and approve the NHS Lincolnshire ICB People and Communities Involvement Strategy Delivery Plan 2024-25.

It was reported that the ICB has a statutory 'duty to involve' as outlined in section 14Z45 of the NHS Act 2006 and amended by The Health and Care Act 2022. The duty requires the ICB to have in place provisions for involving the public in the planning of commissioned services; and the development and consideration of proposals for changes in the commissioning arrangements which would have an impact on service delivery; and decisions which would have an impact on services.

Members were asked to recognise the breadth and scale of ICB involvement undertaken throughout the year, providing assurance that the ICB statutory duties are being met and endorse this before final approval at the Lincolnshire ICB Board on 28th May 2024.

The People and Communities Strategy demonstrates how Lincolnshire ICB will meet its legal duties to engage and consult, through understanding and empowering local communities, ensuring the patient and public voice is at the heart of service design and decision making. It also summarises the plans for the coming year and how the ICB is going to work towards delivery of each of the principles as well as key programmes of involvement activity.

NHS Lincolnshire ICB has adopted the ten principles set out by NHS England in the ICS design framework and delivering the principles will demonstrate and evidence the ICB's commitment to involving people and communities which is evidenced through our ICB People and Communities Involvement Annual Reports.

Discussions took place regarding the inclusion of patient, public involvement and engagement when setting agendas and its importance in decision making. Members endorsed the NHS Lincolnshire ICB People and Communities Involvement Annual Report 2023-24 and approved the NHS Lincolnshire ICB People and Communities Involvement Strategy Delivery Plan 2024-25.

- **Oliver McGowan Training Update:** members were asked to note the processes put in place across the system to ensure the Oliver McGowan training is implemented and the requirements outlined in the NHSE MOU is adhered to and met.

It was noted that a Code of Practice has been developed and a recent consultation exercise completed with outcomes due to be shared shortly. NHSE have asked systems to sign a MOU during 2023/24 which outlines the terms and conditions to receive financial support. NHSE has confirmed their intention to extend the MOU for a further one-year period.

An update on the current compliance was provided and discussions took place regarding strengthening proposals for those that do not attend. The system has made good progress working in partnership with Hereford and Worcester to deliver Tier 1 part 2 to gain total compliance. A further 68 sessions have been commissioned between April and July 2024 and if fully attended will lead to a further 1360 employees becoming fully compliant.

- **Right Care Right Person Update:** an update was provided on the Right Care, Right Person partnership approach which aims to ensure that people have timely access to support that is compassionate and meets their needs when in mental health crisis. There will always be some cases where the Police need to be involved (for example, where there is a real and immediate

risk to life or serious harm, or where a crime or potential crime is involved), however, Police have been increasingly called when they are not necessarily the most appropriate agency to respond. They are also not always able to handover care to a more appropriate health or social care professional in a timely manner. This impacts on the ability of the Police to carry out their other duties effectively and can result in people with mental health needs experiencing greater distress and having poorer experiences of the mental health crisis care pathway.

It was noted that there has been a phased roll out across the country and Lincolnshire started this process in 2023, but has been very much Police led. Local partner agencies have been involved, with the central aim that whilst the framework is developed locally, patient safety must be maintained and people should not be left without support. An update was provided on the steps undertaken so far. Discussions took place that currently the risks that have been highlighted so far are rated as low however this is an emerging risk and the rating may change. It was noted that the Adult Safeguarding Board has oversight for the implementation of the Right Care Right Person.

- **Paediatric Audiology Update:** it was reported that in 2023, an expert review undertaken in Scotland found failings in the standard of paediatric audiology services that resulted in delayed identification and missed treatment of children with hearing loss and as a result of this, NHSE Midlands asked all providers of paediatric audiology services to undertake a desktop review and validation exercise against a set of best practice parameters.

The United Lincolnshire Hospitals NHS Trust initial response to the review was completed by the audiology service in isolation to other core functions and was submitted in August 2023. Based on this response, NHSE identified serious concerns within the service and the Trust were asked to provide a response to these concerns. These were addressed through the development of an Audit Plan and Gap Analysis.

The ICB Medical Director and the ULHT Director of Clinical Governance, requested that NHSE approve the moving of the service from “red” rating to “green” in respect of the benchmarking exercise. The Regional Chief Scientific Officer reported that the ICB were responsible for making this decision and it was agreed to bring this to the System QPEC meeting for members to agree that all the requirements of the Gap Analysis could be moved to a green rating against the NHSE Midlands desktop review of paediatric audiology services. Members agreed to support the approach.

- **Children’s Safeguarding Front Door Risk:** members were asked to note the report and confirm whether the risk detailed below should be submitted through the ICB risk management governance processes for inclusion on the Corporate Risk Register.

It was reported that in 2022 the Designated Doctor and Nurse were made aware of concerns through health partners regarding health input to children’s safeguarding front door strategy discussions. Initial work was undertaken to scope the position and in June 2023 which highlighted that whilst Lincolnshire County Council (LCC) Childrens Health Services had a routine presence at front door strategy meetings they were intending to withdraw from this routine attendance, initially due to take effect early 2023.

The significance of the work required was understood by health partners across both the NHS and LCC and it was therefore negotiated that LCC would pause their planned withdrawal from front door strategy discussions on the understanding there was a split of cover. These arrangements initially took effect September 2023 and have been extended on a couple of occasions. All health partners (NHS and LCC) have committed to the current arrangements until June 2024, however, they have been explicit that the interim cover is stretching capacity within the teams and they are struggling to maintain other required statutory functions.

Health partners (NHS and LCC) have identified they will not be in position to continue beyond June 2024 due to competing demands for safeguarding capacity across the full breadth of responsibilities. Work has been undertaken by health partners to inform what is required for Lincolnshire to meet its statutory requirements.

This work has been undertaken in the context that Lincolnshire, unlike most other Systems, does not have a MASH (multi-agency safeguarding hub). The output from this work has been the development of a business case, which was endorsed and was considered at the ICB Financial Sustainability and Investment Panel (FSIP) in January 2024 and again in March 2024. Feedback from this process on 8th April 2024 advised the business case had been assessed against the Investment Assessment and Prioritisation Framework and the proposal did not achieve the threshold to attain a recommendation for approval from FSIP. Members agreed that the risk should be included on the Register as the system is currently exposed.

- **Patient Safety Stocktake Report:** it was reported that in August 2023, Amanda Pritchard wrote to organisations regarding the outcome of the trial of Lucy Letby. A key part of this letter was the commitment to do everything possible to prevent anything like this happening again, and ensuring decisive steps are taken to strengthen patient safety monitoring. The Midlands Region started looking at the National Patient Safety Strategy in April 2023 and had face-to-face conversations ('stocktake') with all 11 regional ICB's within the Midlands.

Discussions took place regarding the implementation of the Patient Safety Incident Response Framework (PSIRF) which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. Colleagues were thanked for their support in implementing the Framework. Discussions ensued regarding the System Mortality Oversight Groups and that these had not been established in all systems and that high level discussions are ongoing in Lincolnshire regarding implementing a System Group.

- **2024/25 Planning Guidance:** discussions took place regarding the 2024/25 Planning Guidance and that one of the requirements is in relation to a 'focus on quality and safety based on the approach set out in A Shared Commitment to Quality'. It was noted that this details a system approach and it was agreed that a Task and Finish Group would be formed to lead this area of work.
- **ULHT and LCHS Highlight Report:** an update was provided on the emerging risks in relation to Community Nursing and being reframed to clarify the position and actions required and TB Demand and Capacity with the increasing number of patients seen within the service with the new Multi drug resistant TB who will require long term follow up for 2 years. The following previously reported risks remain:-
 - Patient flow through the Emergency Departments
 - Pharmacy staffing
 - Condition of the estate – acute and community
- **LPfT Highlight Report:** an update was provided on the emerging risk in relation to Personalised Care and Support Planning (PCSP), it was noted that The Trust is working, along with system partners, to meet the PCSP standards however, in its absence whilst safe and effective care and treatment are being delivered by the Trust it falls short of the integrated holistic NHS aspirations.

Other emerging risks relate to the PICU (Psychiatric Intensive Care Unit) and the progress being made to re-open the unit. Furthermore, the safeguarding capacity and if the volume of activity and changes to models of working across all areas of safeguarding continue at or beyond their current rate the Trust Safeguarding Team does not have the capacity to meet the demand which risks delays and poorer quality support for Trust safeguarding cases, quality, timeliness and effective involvement with statutory reviews and other statutory safeguarding work.

- **EMAS Highlight Report:** an update was provided on the quality concerns that relate to serious incident/patient safety incident investigation and that there is a high incident reporting culture being sustained – with the majority being low risk with a broad range of causes. Other concerns relate to the ongoing ability to meet performance targets in Lincolnshire, Grantham UTC Plus referrals and inappropriate attendances.

- **Primary Care Update:** an update was provided on the challenges with the Caskgate Practice, Gainsborough, Richmond Practice in North Hykeham and the Sidings Practice in Boston. In addition, it was reported that demand and activity remains high in primary care with a high proportion of the activity being patients on long waiting lists for procedures.
- **Operational Quality Assurance Group Update:** an update was provided on the detail relating to three commissioned providers where there are escalated quality concerns and actions being taken in response to these concerns. The providers relate to:-
 - LCHS - Lymphoedema Service; Children & Young People (CYP) Speech & Language Therapy (SLT); Community Nursing; Palliative & End of Life (PEOL); and Looked After Children (LAC)
 - ULHT – Medicines Management; Grantham Urgent Treatment Centre (UTC)
 - LIVES

In addition, the report highlighted areas of good practice and learning in relation to Continuous Listening Model for Frailty/Older People Strategy and Women’s Health; Project Compass; and ULHT Falls prevention work.
- **System Quality Group Update:** members had been provided with a copy of the Lincolnshire System Quality Group meeting minutes from the meeting on 12th March 2024. In addition to this, a summary of the escalated quality concerns had been appended which detailed a brief summary of the risks for each organisation. Discussions took place regarding a future possible Deep Dive into Enhanced Health in Care Homes.

Items for escalation to the ICB Board:

- Temporary cessation of the People Board and the risk associated with workforce challenges and the absence of a reporting mechanism.
- Deep Dive into the Palliative and End of Life care noting the good progress being made in particular the implementation of EPaCCS (Electronic Palliative Care Co-ordination System). In addition, the work with CHC and the Fast Track process for Palliative and End of Life Care patients and the recent increase in referrals to the specialist palliative team at ULHT and the limited cover in place over the seven day week.
- Members endorsed the NHS Lincolnshire ICB People and Communities Involvement Annual Report 2023-24 and approved the NHS Lincolnshire ICB People and Communities Involvement Strategy Delivery Plan 2024-25.
- Inclusion of hematology and the increase of TB on the System Quality Priorities Risk Register.
- An update on the Oliver McGowan training and the progress made against Tier 1 and Tier 2.
- Endorse the paediatric audiology report and the previous rating to be changed to demonstrate compliance.
- Childrens Safeguarding Front Door and this being escalated with mitigations in place to secure additional workforce.
- Receipt of the Patient Safety Stocktake report.
- Right Care Right Person

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

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

Conflicts of Interest		Summary of conflicts	
No conflict identified			
Risk and Assurance			
A System Risk Register and ICB Risk Register is in place of which is shared at the meeting.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?		No	
Does the report highlight any quality and patient safety implications?		No	
Does the report highlight any health inequalities implications?		Health inequalities considered in all aspects of the work programme.	
Does the report demonstrate patient and public involvement?		Patient and public involvement and engagement is embedded within the System QPEC.	
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)		No	
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
The Board receives regular reports from each of its Committees at every meeting.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			



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

Agenda Number:	8 (iv)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Update from the Service Delivery & Performance Committee – March 2024
Report Author:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Presenter:	Dawn Kenson – Non-Executive Director and Chair of Service Delivery & Performance Committee
Appendices:	None

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

Recommendations

The Board is asked to note and consider this report.

Summary

March 2024

UEC High Impact Interventions Board Assurance

The Committee received the monthly update on the maturity levels of the UEC High Impact Interventions, all had remained the same or improved, there were no issues to note.

Winter Plan Delivery Update

A review of progress, improvements and learning had been undertaken with UEC leaders, this will inform the planning for next year. The resultant report will be presented to Health Overview and Scrutiny Committee.

Key Metrics Year End Predictions Dashboard

The Committee received the dashboard which represents the whole of the 2023/24 Operational Plan and includes all activity (in and out of county).

The Lincolnshire Key Operational Targets were discussed, the following points were highlighted:

- For UEC, the focus was on the 76% A&E 4hr delivery – this was currently at 71%.

- Work was progressing across all providers on improving performance and all colleagues (EDs, UTCs, MH teams etc.) were working to support the pathways.
- Ambulance Cat2 Mean performance was highlighted (47 mins v 30 mins target) – the numbers reported are for the Lincolnshire ICB and include patients registered with the Lincolnshire ICB but who go to N. Lincolnshire for treatment.
- Handover delays – it was noted that these were now rare (over 2 hours)
- Elective Care - 2 key areas: delivery of 78 and 65 weeks:
 - End of Feb: 78 weeks 9 actual v 15 forecast
 - End of Feb: 65-week position was higher than forecast (539 v 230 forecast) due to industrial action and focus on 78 weeks.
 - March position on 78 weeks forecasting 0 - currently every patient has a plan but there is some risk around some complex patients.
 - Forecasting 65 weeks to reach 337 by the end of March and our ambition is to get to 0 by the end of April (national expectation is 0 by end of Sept). We are at the lowest level since pre-Covid and the good progress made has been recognised by the National team.

An update on the position for Cancer was also considered:

- 62-day backlog figure stood at 177 v 170 plan (largely due to Industrial Action).
- End of March target was 217 and actual numbers were down to 200.
- 28 Day FDS at 74.73%– very slightly under plan and not flagging any new risks.

Primary Care and Frailty

The Committee received an update on developments within Primary Care:

The directorate programme shows the work being done in primary care and how this is building to support the development of community, PEOL, Long Term Conditions etc.

For primary care, priorities are aligned to the Access Recovery Plan (PCARP) which was introduced in May 2023. PCARP focuses on reducing the '8 am rush' to the GP practices and also includes different elements to ensure optimisation of capacity in general practice, including cloud-based telephony. There has been a consistent increase in the number of appointments provided by general practice, circa 9%, which is significant.

Another element of the PCARP is to create alternative routes for people to access services. There are currently 7 self-referral pathways where people can identify their own need and do not have to go to see their GP first. It was noted that all but one Pharmacy had signed up to 'Pharmacy First' across Lincolnshire. Pharmacy First is a community pharmacy scheme where GPs can refer patients directly and is the type of service model that lends itself for people to just walk in. Further promotion of this will allow additional capacity in primary care and help GPs to support older people, long term conditions and end of life.

Frailty

The Frailty Strategy was launched and implementation was progressing well. New tools are being utilised including PHM data to help identify patient cohorts. There were challenges in evidencing impact and financial returns at this early stage but great strides being made on end-to-end pathways governance.

Planning

The Committee received a presentation on 2024/25 operational planning in addition to the Joint Forward Plan 2023/28 with the required timetable for submission:

Planning 2024/25:

- Detailed planning for 2024/25 has continued despite not having yet received the national planning guidance. This has been informed by:
 - Nationally: the planning update letter issued on 22/03/24, which indicated a continuation of 2023/24 priorities; the interim draft planning assumptions issued in February regarding likely priorities and targets.
 - At system level: Year 2 of the JFP Delivery Plans; Year 2 of the Medium-Term Financial Plan; relevant 2023/24 H2 reset implications.
- **Submission requirements**
 - 27/02/24: Initial high-level plan submission (headlines on finance, workforce and activity & performance).
 - 21/03/24: First full submission
 - 02/05/24: Final submission

Joint Forward Plan 2023-25

Recent progress update:

- System programmes have refined their programme delivery plans.
- The latest version of the JFP Delivery Plan 2023-28 was reviewed and received positively by the Lincolnshire Leaders Group on 24/01/24, the headline ambitions, in balance with deliverability to be tested.

Current work

- The headline strategy document (2023-28 version) and JFP Delivery Plan are currently being reviewed in light of:
 - The refreshed Health & Wellbeing Strategy and Integrated Care Partnership Strategy, which will be reviewed by the Health & Wellbeing Board and Integrated Care Partnership respectively in March 2024.
 - The third round of citizen engagement.
 - The 2024/25 national priorities and planning guidance once published.
- Legal duties document is being reviewed and refreshed as required.
- The Joint Capital Resource Use Plan is being developed.

Health Inequalities

The Committee received a detailed update on HI findings to date across various areas and progress on the formal Legal Duties around HI reporting (these stipulate the range of indicators to be reported on for providers and ICBs and include all areas under CORE20PLUS5 for adults and CYP).

The **April 2024** meeting of the Committee will be a joint meeting with the Finance and Resource Committee to scrutinise the 2024/25 planning submission.

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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	8 (v)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Audit and Risk Committee Annual Report 2023/24
Report Author:	Margaret Pratt, Non-Executive Director and Chair of the Audit and Risk Committee and Jules Ellis-Fenwick, ICB Board Secretary
Presenter:	Margaret Pratt, Non-Executive Director and Chair of the Audit and Risk Committee
Appendices:	Audit and Risk Committee Annual Report 2023/24 Audit and Risk Committee Self-Assessment

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

Recommendations

The Board is asked to:

- Note the Audit and Risk Committee Annual Report for the period 1st April 2023 to 31st March 2024.

Summary

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

As defined within the “Audit Committee Handbook (2018)”, the Committee has responsibilities for the review of governance, risk management and internal control covering both clinical and non-clinical areas.

The Code requires that the Committee should publicly report on its work and how it has discharged its responsibilities.

The Annual Report therefore outlines how the Committee has complied with the duties delegated by the Board through its Terms of Reference and identifies key actions to address developments in the Committee’s role.

The Audit and Risk Committee considered their draft Annual Report at the meeting held on the 19th March and supported the content. No amendments were received and as per good governance practice the final version is being presented to the Board for noting.

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			
No conflict identified	Summary of conflicts		
Risk and Assurance			
No specific risks identified.			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	No		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications?	No		
Does the report demonstrate patient and public involvement?	No		
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	No		
Inclusion			
Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an Equality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Report previously presented at:			
Not applicable.			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

ANNUAL REPORT OF THE AUDIT AND RISK COMMITTEE 1st APRIL 2023 TO 31ST MARCH 2024

1. PURPOSE

The purpose of this report is to brief the Board on the work of the Audit and Risk Committee during the last financial year. This report covers the period 1st April 2023 to 31st March 2024.

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

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

2. BACKGROUND

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

3. OPERATION OF THE COMMITTEE

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

The membership of the Audit and Risk Committee for the period 1st April 2023 to 31st March 2024 comprised of:

Name	Role	Period
Mrs Margaret Pratt	Non-Executive Director – Chair of the Audit and Risk Committee	Full year
Mrs Julie Pomeroy	Non-Executive Director, and Conflicts of Interest Guardian and Chair of the Finance and Resource Committee	Full year
Mrs Dawn Kenson	Non-Executive Director and Chair of the Service Delivery and Performance Committee	Full year

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

	19/05/23	19/07/23	22/09/23	14/11/23	26/01/24	19/03/24
Margaret Pratt	N/A	✓	✓	✓	✓	✓
Julie Pomeroy	✓	✓	✓	✓	✓	✓
Dawn Kenson	✓	✓	x	x	✓	✓

The following people were also in attendance:

Mrs Sharon Robson, Non-Executive Director and Chair of the System Quality and Patient Experience Committee

Mr Matt Gaunt, Director of Finance and Contracting

Mrs Julie Ellis-Fenwick, ICB Board Secretary and Head of Corporate Governance

Internal Audit representatives, TIAA

External Audit representatives, Ernst and Young

Local Counter Fraud Specialist, PwC

The Committee reviewed its Terms of Reference at its meeting held on the 19th January 2024 and made some slight changes, specifically to the membership of the Committee and the quoracy. The Membership is now no fewer than four Non-Executive Directors and the quoracy has been increased from two to three members.

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

4. PRINCIPAL REVIEW AREAS

4.1 Governance, Risk Management and Internal Control

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

In discharging these duties the Committee is required to review:

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

The ICB identifies, evaluates and controls its risks through the Committee structure it has in place. The ICB embeds risk management through:

- The ICB committees (including the Audit and Risk Committee)
- Board Assurance Framework (BAF)
- Risk Register

- Policies and Procedures
- Standing Financial Instructions, Scheme of Reservation and Delegation (including Delegated Financial Authority Limits) and Standing Orders

All staff are responsible for the identification and management of risk appropriate to their own role in the organisation. The use of Quality Impact Assessments, Privacy Impact Assessments, Data Protection Impact Assessments and Equality Impact Assessments as part of the ICB project management framework also helps to identify risks.

The Audit and Risk Committee and the Board have 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 the BAF and risk appetite has been a key part of the agendas for the Audit and Risk Committee and the Board Development Sessions, with work workshops supported and facilitated by auditors from Yorkshire and Scarborough Teaching Hospitals NHS Trust) who currently provide Counter Fraud Services to the ICB.

The BAF is a live document and has been continuously updated during 2023/24.

An internal audit review of the adequacy and effectiveness of the ICB's risk management arrangements including how it interfaces with the ICS wide risk management structures has been carried out in 2023/24. This review also considered the extent to which risk management arrangements are linked to the ICS whilst ensuring accountability at the ICB.

The outcome of the review identified adequate and effective risk management arrangements provide the ICB Board with confidence that systems underpinning risk management are effective and can be relied upon to provide assurance that the main risks to the achievement of the ICB's key strategic objectives are effectively managed.

The overall assessment was Reasonable Assurance.

In terms of system risk, work has commenced on the development of a risk appetite for the ICB which will then be compared with that of partners to seek common view where possible but understand difference where it is needed. This will provide a useful positioning for Audit Chairs to consider and will then be translated into practical application of delivery of agreed objectives and the day to day operation of the ICB.

CCG and ICB Annual Reports 2023/24

During 2023/24 the Committee reviewed and recommended approval to the Board of the CCG Annual Report and Accounts covering the period 1st April 2022 to 30th June 2022 and also the ICB Annual Report and Accounts for the period 1st July 2022 to 31st March 2023. These documents included the Annual Governance Statements applicable to each organisation.

Both documents were subject to detailed scrutiny by the ICB's external auditors and submitted to NHS England once finalised. Both documents were also formally published on the ICB's website in September 2023 in line with national requirements.

The Audit Chairs of the ICB and the NHS partner organisations have met on three occasions during 2023/24 to discuss common themes and performance issues primarily related to internal audit across the Lincolnshire system. It has been agreed to look at shaping next year's audit to establish some commonality with mandated audits.

In 2024/25 the Audit Chairs have agreed to meet on a quarterly basis and provisional dates have been identified.

6. INTERNAL AUDIT

During the period 1st April 2023 to the 31st March 2024 the Internal Audit Service was provided by TIAA who took over from PwC as the ICB's internal auditor in April 2023 as part of a Lincolnshire system procurement.

There were a number of open recommendations brought across from PwC audits which the ICB has completed during the year. They related to audits of primary care, personal health budgets, corporate governance and business continuity.

Work on the ICB audit programme was initially slow in 2023 and a detailed recovery plan was requested. At year end good progress was made and all agreed internal audits took place and the associated reports were provided. All recommendations and timescales identified in the reports have been agreed and Executive Directors identified as the responsible person for each of those to promote timely completion of the work.

Completion of the ICB Internal Audit Plan for 2023/24 has ensured the ICB has been provided with evidence for the Head of Internal Audit Opinion as part of the statutory annual accounts process and for inclusion in the Annual Governance Statement.

7. EXTERNAL AUDIT

The External Audit Service was delivered by Ernst and Young.

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

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

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

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

8. COUNTER FRAUD

The Local Counter Fraud service has been provided by Audit Yorkshire since the 1st July 2023. The first three months of the year (1st April 2023 to 30th June 2023) this was provided by PwC. The Committee has reviewed and agreed the Counter Fraud Plan and has discussed and noted regular updates by both PwC and Audit Yorkshire during the reporting period 1st April 2023 to 31st

March 2024. Recommendations have been logged on a tracker document and reviewed by the Committee at each meeting.

9. REVIEW FOR THE PERIOD 1ST APRIL 2023 TO 31ST MARCH 2024

The work programme of the Committee for the period 1st April 2023 to 31st March 2024 was aligned to the Annual Plans agreed with External Audit, Internal Audit and Counter Fraud. The Committee has completed a Self-Assessment of its work, which is attached to this report for consideration by the ICB Board.

10. CHAIR'S OVERVIEW AND CONCLUSION

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

Margaret Pratt
Non-Executive Director and Acting
Chair of the Audit and Risk Committee
May 2024

AUDIT AND RISK COMMITTEE

SELF-ASSESSMENT QUESTIONS

	Area/Question	Yes	No	Comments/Action
	Composition, establishment and duties			
1	Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes		But, the effectiveness of any ICB - only committee in assuring system-wide controls and assurance will be linked to effective partnership working and buy-in.
	Effective Functioning - Committee			
2	Does the Committee review its progress and outputs?	Yes		
3	Does the Committee review its risks regularly?	Yes		But it is based on the ICB BAF risks. Work in progress.
4	Does the Committee report regularly to the Board through verbal and written reports and make clear recommendations where necessary, including escalating items for consideration?	Yes		
5	Does the Committee effectively monitor, or ensure monitoring of, agreed actions, e.g. by use of an Action Log?	Yes		

6	Has the Committee formally considered how it integrates with other Committees and groups?	Yes but		Membership includes ICB chairs of 2 ICS service committees only. There is a separate informal forum of the Audit chairs.
7	Does the Committee receive timely and appropriate feedback from its Sub-Committees/groups?			Not applicable
8	Does the Committee provide clear direction to its Sub-Committees/groups?			Not applicable
Effective Functioning – individual members				
9	Do members appropriately challenge Executives and management on critical and sensitive matters?	Yes		Absolutely!
Compliance with the law and regulations governing the NHS				
10	Does the Committee have a mechanism to keep it aware of topical issues?	Yes		
11	Does the Committee have a mechanism to keep it aware of legal and regulatory issues?	Yes but		We are reliant of External Audit, Internal Audit and counter-fraud briefings.
Assurance				
12	Does the Committee receive timely information on performance concerns?			Not applicable
13	Are all these reports clear, concise and readily understood?			n/a
Other Issues				
14	Is there anything else you'd like to raise about the Committee and it's role? Please tell us here.		No	



PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	9 (i)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Register of Documents Sealed in 2023/24
Report Author:	Mrs Jules Ellis-Fenwick, ICB Board Secretary
Presenter:	Mrs Jules Ellis-Fenwick, ICB Board Secretary
Appendices:	N/A

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

Recommendations

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

Summary

To inform the Board of the details of documents signed and sealed during the period 2023/24.

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

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

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

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

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

The Board is asked to note that no documents were required to be signed and sealed in 2023/24.

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

Aim 1: Improve outcomes in population health and healthcare.	Not applicable.
Aim 2: Tackle inequalities in outcomes, experience and access.	Not applicable.
Aim 3: Enhance productivity and value for money.	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
No risks identified.

Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	Documents are presented for sealing by the Chief Executive when they exceed the limits as identified in the ICB Delegated Financial Authority Limits.
Does the report highlight any quality and patient safety implications?	Not applicable.
Does the report highlight any health inequalities implications?	Not applicable.
Does the report demonstrate patient and public involvement?	Not applicable.
Does the report demonstrate consideration has been given to the Lincolnshire System Greener NHS Plan? (which can be found here)	Not applicable.

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

Report previously presented at:
No

Is the report confidential or not?
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	9 (ii)
Meeting Date:	Tuesday, 28 th May 2024
Title of Report:	Declaration of Interest Register 2023/24
Report Author:	Mrs Jules Ellis-Fenwick, ICB Board Secretary
Presenter:	Mrs Jules Ellis-Fenwick, ICB Board Secretary
Appendices:	Declaration of Interest Registers 2023/24

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

Recommendations

The Board is asked to:

- Note the Declaration of Interests Registers for 2023/24.

Summary

The purpose of this report is to present the Declaration of Interest Registers for 2023/24.

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

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

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

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

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

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

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

Aim 1: Improve outcomes in population health and healthcare.	Not applicable.
Aim 2: Tackle inequalities in outcomes, experience and access.	Not applicable.
Aim 3: Enhance productivity and value for money.	Not applicable.
Aim 4: Help the NHS support broader social and economic development.	Not applicable.

Conflicts of Interest **Summary of conflicts**

No conflict identified	
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Risk and Assurance

No specific risks identified.

Implications (legal, policy and regulatory requirements)

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

Inclusion

Has a Data Protection Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has an equality impact assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has a Quality Impact Assessment been undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Report previously presented at:

Not applicable.

Is the report confidential or not?

Yes No

DECLARATION OF INTERESTS REGISTER AS AT APRIL 2024

REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

ICB BOARD

Name	Current position(s) held in the ICB i.e. Board member, Committee member, Member Practice, ICB employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk	
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To			
Blyth, Charley (not a Board Member - attendee)	Director of Communications and Engagement (Attendee)	Nil								Apr-24		
Bowkett, Wendy Councillor (Board Member)	LCC Partner Member	Nil										
Burnett, Pete (not a Board Member - regular participant)	ICB Director of Strategic Planning, Integration & Partnerships (Participant)	University Hospitals Leicester				Indirect	Wife is Director of Midwifery and Deputy Chief Nurse at University Hospitals Leicester	Jan-23	Ongoing		Note and declare	
		Nottinghamshire ICB				Indirect	Mother in law is a Primary Care Commissioning Manager	Feb-20	Ongoing		Note and declare	
		Health Innovation East Midlands				Indirect	Sister-in-law employed in a Project Management role	Jul-22	Ongoing		Note and declare	
		NEMS					Sister-in-laws partner is a Finance Manager for NEMS.	Jul-22				
		EMAS - Nottinghamshire				Indirect	Brother-in-law's partner is a technician	Jul-22	Ongoing		Note and declare	
Connery, Sarah (Board Member)	Chief Executive, LPFT - Executive Member, Mental Health	Ordinary Member - Mental Health	Nil	Nil	Nil	Nil	Nil	Nil	Nil		Nil	
Day, Anita (Board Member)	Non-Executive Member	NHS Providers:	✓				Ad-hoc Speaker/Chair on national training events	2022		Apr-24	Note and declare	
		East & North Hertfordshire NHS Trust	✓				Chair	2024			Note and declare	
		Good Governance Institute:		✓			Member of Faculty	2020			Note and declare	
Ellis-Fenwick, Jules (not a Board Member - attendee)	Board Secretary and Head of Corporate Governance (Attendee)	Sleaford Medical Group			✓		Registered patient			Apr-24	No direct decision making responsibilities in respect of primary care but will declare interest where appropriate in any meetings where the practice is discussed.	
						Indirect	Husband is a Bricklayer and Contractor who sometimes undertakes work on NHS premises.				No direct decision making responsibilities in respect of primary care or estates.	
Fahy, Martin (Board Member)	Director of Nursing	RCN		✓			Member	Jun-20	Ongoing	Apr-24	Note and declare	
Gaunt, Matt (Board Member)	Director of Finance	Nil	N/A	N/A	N/A					Apr-24	N/A	
Hindocho, Sunil (Board Member)	Interim Medical Director	Heart of Lincoln Medical Group	✓				Partner in a Practice in the ICB	Apr-22	Ongoing	Apr-24	Declare and note	
		Lincoln City Foundation			✓		Chair	Jul-21	Ongoing		Declare and note	
		Lincoln City Football Club	✓				Board Member	Jun-21	Ongoing		Declare and note	
		Timeless Partnership	✓				Previous Member	2009	2015		Declare and note	
Jolly, Michele (not a Board Member - regular participant)	Voluntary and Care Sector Representative (Participant)	Lincolnshire Voluntary Engagement Team - LVET			✓		Deputy Chair	Feb-20	Ongoing		Declare and note	
		LinCA			✓		Deputy Chair Lincolnshire Care Association	Apr-15	Ongoing		Declare and note	
		Age UK (Lincoln and South)			✓		Chief Executive	Apr-07	Ongoing		Declare and note	

		Age England Association			✓		Deputy Co-Chair	May-19	Ongoing			Declare and note	
		Cliff House Medical Practice			✓		Registered Patient	1998	Ongoing			Declare and note	
Kenson, Dawn (Board Member)	Non-Executive Member	Frimley Health NHS Foundation Trust	✓				Senior Independent Director	Jun-15	Mar-24	Apr-24		Declare and note	
		Trent Valley Surgery			✓		Registered patients - spouse and self	Jul-21	Ongoing			Declare and note	
		Turning Point	✓				Non-Executive Director	Jan-23	Ongoing			Declare and note	
		Turning Point Services Limited	✓				Non-Executive Director	Mar-23	Ongoing			Declare and note	
McSorley, Gerry (Board Member)	Acting Chair/Non-Executive Member and Deputy ICB Chair	Self Employed Management Consultant	✓				Self-Employed	2013	Present	Apr-24		Note	
Mills, Sarah-Jane (not a Board Member - regular participant)	Director for Primary Care and Community and Social Value (Participant)	Active Lincolnshire	✓				Trustee/Director	Jun-23	Ongoing	Apr-24		Withdraw from discussions/decisions regarding contract awards relating to the core activities of the charity.	
Morgan, Andrew (Board Member)	Group Chief Executive (NHS Trusts Partner member)	Nil								Apr-24			
Odell, Dean (not a Board Member - regular participant)	Healthwatch Lincolnshire Representative on ICB (Participant)	Nil											
Pomeroy, Julie (Board Member)	Non-Executive Member	Oxford Cannabinoid	✓				NED Chair			Apr-24		Declare and note	
		Dillistone Group Plc	✓				NED and shareholding <1%					Declare and note	
		Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%					Declare and note	
		Nemaura Medical Inc and Consultant to Nemaura Pharma Ltd	✓				Shareholding <1% and some consultancy					Declare and note	
		General	✓				General investments in various public companies (all<1%) but no involvement with business					Declare and note	
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands					Declare and note
		Nottingham City Care Partnerships	✓					Non-Executive Director					Declare and note. Withdraw from any discussions if the company is involved.
Pratt, Margaret (Board Member)	Non-Executive Member	Royal Norfolk and Suffolk Yacht Club			✓		Trustee	Jun-23	On-going			Declare and note	
		Lowestoft Yacht Haven Ltd			✓		Director	Jun-23	On-going			Declare and note	
		NHS Pension Land Rover Pension State Pension	✓				Not applicable	On-going	On-going			Declare and note	
		Senior Financial Governance Assessor, NHSE, Employee 0.6 WTE	✓				Senior Financial Governance Assessor, NHSE, Employee 0.6 WTE	On-going	On-going			Raise awareness of potential interest on perceived conflict in all instances. Redaction from inspections and as appropriate in Lincs ICB.	
		Mid and South Essex FT NED	✓				Non-Executive Director (office holder)	On-going	On-going			Declare and note. No direct conflict of interest as other ICB does not sit within Midlands region.	
		CIPFA Member and representative. CCAB Ethics Working Group			✓			Member and Representative	On-going	On-going			Declare and note
		Hermitage Primary School			✓			Coopted Governor	Dec-23	Ongoing			Declare and note

		Director, OKRA Consulting Ltd	✓				Director - private company	On-going	On-going			No clients with links to ICB or Lincolnshire.
		Wensum Park		✓			Company Secretary	2014	Ongoing			No links with ICB
Raybould, Clair (Board Member)	Director of System Delivery	Nil	Nil	Nil	Nil					Apr-24		Nil
Robson, Sharon (Board Member)	Non-Executive Member	Nil	Nil	Nil	Nil							
Thomas, Kevin (Board Member)	Primary Care Partner Member	Market Rasen Practice	✓				GP Partner	Aug-13	Ongoing			Declare and note accordingly
		East Lindsey PCN	✓				Clinical Director	Aug-19	Ongoing			Declare and note accordingly
		Spouse is a salaried GP at a Lincolnshire practice and employee of ULHT				Indirect	Spouse is a salaried GP at a Lincolnshire practice and employee of ULHT	Aug-18	Ongoing			Declare and note accordingly
Turner, John (Board Member)	Chief Executive	Nil	N/A	N/A	N/A	N/A	N/A			Apr-24		N/A
Ward, Professor Derek (not a Board Member - regular participant)	Director of Public Health - Lincolnshire County Council (Participant)	University of Lincoln		✓			Visiting Professor	Apr-20	Ongoing		Apr-24	Note and declare
Williamson, Sandra (not a Board Member - regular participant)	Director for Health Inequalities and Regional Collaboration (Participant)	Sidings Practice			✓		Registered Patient and family registered patients at the Practice.		Ongoing			Note and declare.
		Boston College			✓		Governor		Ongoing			Note and declare.
		Boston West Academy School			✓		School Governor	Sep-17	Ongoing			Note
Woolley, Sue (not a Board Member - regular participant)	Health and Wellbeing Board Representative (Participant)	Lincolnshire County Council	✓				Executive Member		Ongoing			Note and declare.
		South Kesteven District Council			✓		Elected Member - Self		Ongoing		Apr-24	Note and declare.
		United Lincolnshire Hospitals NHS Trust				Indirect	Close family member is employee of ULHT (son)		Ongoing			Note and declare.
		Bourne Galletly Practice				Indirect	Registered patient		Ongoing			Note and declare.

REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

FINANCE & RESOURCE COMMITTEE

Name	Current position(s) held in the ICB i.e. Board member, Committee member, Member Practice, ICB employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Cecchini, Dani	Non-Executive Member (ULHT)	United Lincolnshire Hospitals NHS Trust	✓								Declare and note as appropriate.
Doherty, John	System Finance Lead, NHSL ICB										
Gaunt, Matt	Director of Finance	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Goddard, Kate											
Harris, Michelle											
Higgins, Chris	Director of Operations (LPFT)	Lincolnshire Partnership NHS Foundation Trust		✓			Executive Director			Apr-24	Declare and note as appropriate.
MacDonald, Murray	Non-Executive Member (LCHS)	Lincolnshire Housing Partnership		✓			Chief Executive	Jul-21			
		Manby Scouts Association			✓		Chair	Aug-21			
		Lincolnshire Community Health Services NHS Trust		✓			Non-Executive Director	May-22			
Platts, Mark	Director of Finance (LPFT)	Lincoln College Board					Board Governor and Chair of the Finance Committee	03/11/2020			
		Listed Director of Lincoln College group subsidiary companies as declared below: •EE Resources (Lincoln) Ltd •Lincoln College Corporate Support Solutions Ltd •Deans Sport Health & Leisure Ltd •Lincoln Academy Limited •Lincoln College Commercial Holdings Ltd •Human Alchemy Ltd •The Drill Hall Lincoln Ltd •The Old Bakery Lincoln Limited			✓		Director	01/01/2023	Ongoing		
Pomeroy, Julie (Board Member)	Non-Executive Member	Oxford Cannabinoid	✓				NED Chair			Apr-24	Declare and note
		Dillistone Group Plc	✓				NED and shareholding <1%				Declare and note
		Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%				Declare and note
		Nemauro Medical Inc and Consultant to Nemauro Pharma Ltd	✓				Shareholding <1% and some consultancy				Declare and note
		General	✓				General investments in various public companies (all<1%) but no involvement with business				Declare and note
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands			
Rhodes, Emma	Assistant Director of Finance, NHSL ICB	Nottingham City Care Partnerships	✓				Non-Executive Director				Declare and note. Withdraw from any discussions if the company is involved.
Wilde, Sam	Director of Finance & Business Intelligence (LCHS)	Lincolnshire Community Health Services NHS Trust	✓				Director				
		HFMA Costing for Value Institute Council		✓			Member	Oct-19			
		Chair - Community Services Reference Group - NHS Benchmarking Network		✓			Chair	Nov-20			
		NHS Benchmarking Network Steering Group		✓			Co-Chair	May-22			
Winter, Richard											
Wright, Chris		Reform Think Tank, Heath Research Programme		✓			Council Member	May-22			
		Big Society Capital Ltd					Non-Executive Director	May-22			
		Catalyst Choices Community Interest Company	✓				Non-Executive Director	May-22			
		Jobs22 Limited					Non-Executive Director	May-22			
Jonathan Young	Director of Finance & Digital	United Lincolnshire Hospitals NHS Trust	Nil								

REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Name	Current position(s) held in the ICB i.e. Board member, Committee member, Member Practice, ICB employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Baker, Reid	LMC Medical Director (Observer)	LMC		✓			Medical Director	Feb-22	Ongoing		Open declaration of COI and removing self from discussions when necessary.
		East Lindsey PCN	✓				Co-Clinical Director	May-19	Ongoing		Open declaration of COI and removing self from discussions when necessary.
		Woodhall Spa New Surgery	✓				GP Partner	Aug-13	Ongoing		Open declaration of COI and removing self from discussions when necessary.
		East Lincolnshire Primary Care Trust	✓				Director	Nov-22	Ongoing		Open declaration of COI and removing self from discussions when necessary.
Bates, Sarah	Deputy Board Secretary (attende)	West Lindsey District Council	✓				Election Officer	Present		Apr-24	Note, no mitigation necessary
		The Glebe Practice, Saxilby			✓		Registered Patient	Present			Note and declare.
Bunce, Jacqui	Programme Director – Partnerships, Planning and Strategic Estate	Member of Skillington Village Hall Committee			✓		Member	2018	Ongoing	Apr-24	Note and declare.
Day, Anita	Non-Executive Director	NHS Providers:	✓				Ad-hoc Speaker/Chair on national training events	2022			Note and declare
		East & North Hertfordshire NHS Trust	✓				Chair	2024		Apr-24	Note and declare
		Good Governance Institute:		✓			Member of Faculty	2020			Note and declare
Fahy, Martin	Director of Nursing	RCN		✓			Member	Jun-20	Ongoing	Apr-24	Note and declare
Hume, Kenneth	Clinical Advisor LPM	Local Dental Committee	✓				Chair	Jul-23	Ongoing	Apr-24	Note and declare
		United Lincolnshire Hospitals NHS Trust	✓				Orthodontist	Jul-23	Ongoing	Apr-24	Note and declare
		British Dental Association		✓			Member	Jul-23	Ongoing	Apr-24	Note and declare
		Portman Dental Care	✓				Dentist	Jul-23	Ongoing	Apr-24	Note and declare

Jenks, Paul	Vice Chair of PCQAG/Member of Prescribing and Clinical Effectiveness Forum/Member of the Clinical and Care Directorate	Boots	✓				Healthcare Capability Manager and Pharmacist	Apr-24	Ongoing	Apr-24	Note and declare
		Community Pharmacy Lincolnshire	✓				Chair	Apr-10	Ongoing	Apr-24	Statutory Representative Organisation with a role to liaise and negotiate with NHS commissioners, and therefore the fundamental role in which interactions and roles within the ICB are undertaken
		Centre for Pharmacy Postgraduate Education	✓				Tutor	Apr-09	Ongoing	Apr-24	Note and declare
		Royal Pharmaceutical Society Expert Advisory Group		✓			Member	May-21	Ongoing	Apr-24	Note and declare
		National Pharmacy Competency Group		✓			Member	May-21	Ongoing	Apr-24	Note and declare
		Council of the East Midlands Clinical Senate					Member	Feb-24	Ongoing	Apr-24	Note and declare
		NHS Dental Practice				Indirect	Spouse is a Manager of a Dental Practice	Jul-24	Ongoing	Apr-24	Note and declare
Latham, Green Tracey	Chief Officer for Community Pharmacy	Community Pharmacy Lincolnshire	✓				Chief Officer	Jul-05	Ongoing	Apr-24	Note and declare
		University of Lincoln		✓			Senior Visiting Fellow	Jul-05	Ongoing	Apr-24	Note and declare
		D&T Latham-Green	✓				Freelance Consultant	Jun-05	Ongoing	Apr-24	Note and declare
Martin, Wendy	Associate Director of Nursing	Maternal and Childhealth Care Advocacy International	✓			Trustee - international medical charity that works with in-country medical/healthcare teams in poor countries to improve emergency care provision (for women and children particularly).	2010	Ongoing		Conflict unlikely with CCG activity, but if any potential conflict this will be declared to the meeting/forum Chair for advice on management.	
McSorley, Gerry	Acting Chair/Non-Executive Member	Self Employed Management Consultant	✓			Self-Employed	2013	Present	Apr-24	Note	
Mills, Sarah-Jane	Director for Primary Care and Community and Social Value (Participant)	Active Lincolnshire	✓			Trustee	Jun-23	Ongoing		Withdraw from discussions/decisions regarding contract awards	
Nicholls, Anna	Head of Service – General Medical Advice and Support Team (GMAST)										
Odell, Dean	Contract Officer, HealthWatch	Nil									
Parkin, Dr John	Clinical Lead	Herbal Medicine and Acupuncture Lincoln College				Indirect	Wife is Clinic Manager	2014	Ongoing		Declare and note.
		BMJ Best Practice				Indirect	Daughter is Marketing Manager	2019	Ongoing		Declare and note.
		University of Lincoln				Indirect	Daughter is Physiotherapy Student (Masters Degree) 2nd Year	2019	Ongoing		Declare and note.
Pilton, Kate	LMC Representative	LMC		✓		Director	2016	Date		Declare and note accordingly	
		Oxford Cannabinoid	✓				NED Chair				Declare and note
		Dillistone Group Plc	✓				NED and shareholding <1%				Declare and note

Pomeroy, Julie (Board Member)	Non-Executive Member	Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%					Declare and note	
		Nemauro Medical Inc and Consultant to Nemauro	✓					Shareholding <1% and some consultancy					Declare and note
		General	✓					General investments in various public companies (all<1%) but no involvement with business					Declare and note
		Daughter and Son in law are both doctors in training in the East Midlands					Indirect	Daughter and Son in law are both doctors in training in the East Midlands					Declare and note
		Nottingham City Care Partnerships	✓					Non-Executive Director					Declare and note. Withdraw from any discussions if the company is involved.
Rhodes, Emma	Assistant Director of Finance												
Warren, Colin	HealthWatch Representative	Everyone Cares, Lincolnshire Board Trustee				✓	Trustee	2018	Ongoing	Apr-24		Declare and note	
		Lincolnshire Partnership NHS Foundation Trust				✓	Governor	2024	Ongoing			Declare and note	
Williamson, Sandra	Director of Health Inequalities and Regional Collaboration	Sidings Practice				✓	Registered Patient		Ongoing			Note and declare.	
		Sidings Practice				✓	Family Registered Patients		Ongoing			Note and declare.	
		Boston West Academy School				✓	School Governor	Sep-17	Ongoing			Note	
		Meadow Edge Care Home				✓	Grandparents are Residents	Apr-19	Ongoing			Note and declare	
Woolley, Sue (not a Board Member - regular participant)	Health and Wellbeing Board Representative (Participant)	Lincolnshire County Council	✓				Executive Member		Ongoing			Note and declare.	
		South Kesteven District Council				✓	Elected Member - Self		Ongoing			Note and declare.	
		United Lincolnshire Hospitals NHS Trust					Indirect	Close family member is employee of ULHT (son)		Ongoing			Note and declare.
		Bourne Galletly Practice					Indirect	Registered patient		Ongoing			Note and declare.

Name	Current position(s) held in the ICB i.e. Board member, Committee member, Member Practice, ICB employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Day, Anita	Non-Executive Member	NHS Providers:	✓				Ad-hoc Speaker/Chair on national training events	2022		Apr-24	Note and declare
		East & North Hertfordshire NHS Trust	✓				Chair	2024			Note and declare
		Good Governance Institute:		✓			Member of Faculty	2020			Note and declare
Kenson, Dawn	Non-Executive Member	Frimley Health NHS Foundation Trust	✓				Senior Independent Director	Jun-15	Mar-24	Apr-24	Declare and note
		Trent Valley Surgery			✓		Registered patients - spouse and self	Jul-21	Ongoing		Declare and note
		Turning Point	✓				Non-Executive Director	Jan-23	Ongoing		Declare and note
		Turning Point Services Limited	✓				Non-Executive Director	Mar-23	Ongoing		Declare and note
McSorley, Gerry	Acting Chair/Non-Executive Member	Self Employed Management Consultant	✓				Self-Employed	2013	Present	Apr-24	Note
		Oxford Cannabinoid	✓				NED Chair				Declare and note
		Dillistone Group Plc	✓				NED and shareholding <1%				Declare and note
		Oxford Cannabinoid Technologies Holdings plc	✓				NED and shareholding <1%				Declare and note

**REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD
SYSTEM QUALITY AND PATIENT EXPERIENCE COMMITTEE**

Name	Current position(s) held in the organisation i.e. Board member, Committee member, Member Practice, employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Akram, Majid	Clinical Lead - NHSL ICB	Deepings Practice	✓				Partner	Ongoing			Declare as appropriate and exclude from any primary care decision making.
		GP Simulation Training Company	✓				Director	Ongoing			Declare. Exclude from any commissioning discussions/decisions relating to GP Simulation Training Company.
		Deepmedicine IT Company	✓				Director	Ongoing			Declare. Exclude from any commissioning discussions/decisions relating to Deepmedicine IT Company.
Bailey, Professor Di	Non-Executive Member (LPFT)	Nottingham Trent University					Emeritus Professor of Mental Health at Nottingham Trent University	Ongoing		Apr-24	Declare and note.
		Lincolnshire Partnership NHS Foundation Trust					Non-Executive Director	Ongoing			Declare and note.
Connolly, Jim	Non-Executive Director, LCHS	Riverside Consultants Ltd	✓				Owner/Director (provider of consultancy support to NHS and Adult Social Care)	Ongoing			Note. Company undertakes not to bid for work originating from the Lincolnshire system.
		Riverside Consultants Ltd					Owner/Director Riverside Coaching and Consultancy Ltd (provider of consultancy support to Health and Social Care and Individual Coaching)	Ongoing			
		CQC		✓			Special Advisor	Ongoing			Note and declare. Removal from any CQC visits within the Lincolnshire systems or providers where there are significant patient flows
		NHSE/I				Indirect	Spouse is Associate Director of Nursing with NHSE/I	Ongoing			Note and declare. Not to be engaged in any executive process involving NHSE/I.
		Jim Connolly K2 Services	✓			Indirect	Owner/Director Contractor of Services with K2	Ongoing	Jan-21	Ongoing	
Cousland, Sue	East Midlands Ambulance Service NHS Trust	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Apr-24		
Dunderdale, Karen	Director of Nursing/Deputy CEO - ULHT Quality and AHP's LCHS	Director of Nursing, Quality and AHP's LCHS	Nil	Nil	Nil	Nil	Nil				
		NHS Partnerships at Psymics				Indirect	Husband is Director	Feb-23	Ongoing	Apr-24	Note and deackare

Harvey, Sharon	Lincolnshire Partnership NHS Foundation Trust, Director of Nursing and Quality	Guidelines Expert Advisors Panel for NICE		✓			Member			Apr-24	Note and declare
		NHS England National Quality Oversight Group for Learning Disability and Autism		✓			Member			Apr-24	Note and declare
Helley, Kathryn	Director of Clinical Governace, ULHT	Nil	Nil	Nil	Nil	Nil	Nil			Apr-24	
Hindochoa, Sunil	Interim Medical Director, NHSL ICB	Heart of Lincoln Medical Group				Indirect	Spouse is a GP in a Member Practice.			Apr-24	Declare and note.
		Lincoln City Foundation			✓		Chair of Trustees				Declare and note.
Martin, Wendy	Associate Director of Nursing, NHSL ICB										
Odell, Dean	Contract Co-ordinator Healthwatch	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil		
Parkin, John	Clinical Lead - NHSL ICB	Herbal Medicine and Acupuncture Lincoln College				Indirect	Wife is Clinic Manager	2014	Ongoing		Declare and note.
		BMJ Best Practice				Indirect	Daughter is Marketing Manager	2019	Ongoing		Declare and note.
Robson, Sharon	Non-Executive Director	Nil	Nil	Nil	Nil						
Schokker, Anne-Louise	Medica Director, LPFT	Nil	Nil	Nil	Nil	Nil	Nil				
Wort, Vanessa	Associate Director of Nursing, NHSL ICB	Nil	Nil	Nil	Nil	Nil	Nil				

REGISTER OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

SERVICE DELIVERY & PERFORMANCE COMMITTEE

Name	Current position(s) held in the ICB i.e. Board member, Committee member, Member Practice, ICB employee or other	Declared Interest (Name of organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		No Change Reported & Date	Action taken to mitigate risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To		
Bailey, Professor Di	Non-Executive Member (LPFT)	Nottingham Trent University					Emeritus Professor of Mental Health at Nottingham Trent University	Ongoing		Apr-24	Declare and note.
		Lincolnshire Partnership NHS Foundation Trust					Non-Executive Director	Ongoing			Declare and note.
Buik, Sarah	Non-Executive Director	United Lincolnshire Hospitals NHS Trust	✓				Associated NED	Aug-22	Ongoing	Apr-24	Declare and note
		Horncastle Medical Group				Indirect	Spouse and self registered patients	May-17	Ongoing		Declare and note
Burnett, Pete (not a Board Member - regular participant)	ICB Director of Strategic Planning, Integration & Partnerships (Participant)	University Hospitals Leicester				Indirect	Wife is Director of Midwifery and Deputy Chief Nurse at University Hospitals Leicester	Jan-23	Ongoing	Apr-24	Note and declare
		Nottinghamshire ICB				Indirect	Mother in law is a Primary Care Commissioning Manager	Feb-20	Ongoing		Note and declare
		Health Innovation East Midlands				Indirect	Sister-in-law employed in a Project Management role	Jul-22	Ongoing		Note and declare
		NEMS					Sister-in-laws partner is a Finance Manager for NEMS.	Jul-22			Apr 2024+L9:L13
		EMAS - Nottinghamshire				Indirect	Brother-in-law's partner is a technician	Jul-22	Ongoing		Note and declare
Frake-Harris, Julie	Chief Operating Officer, LCHS & ULHT	Nil								Apr-24	
Kenson, Dawn	Non-Executive Member	Frimley Health NHS Foundation Trust	✓				Senior Independent Director	Jun-15	Mar-24	Apr-24	Declare and note
		Trent Valley Surgery			✓		Registered patients - spouse and self	Jul-21	Ongoing		Declare and note
		Turning Point	✓				Non-Executive Director	Jan-23	Ongoing		Declare and note
		Turning Point Services Limited	✓				Non-Executive Director	Mar-23	Ongoing		Declare and note
Neno, Rebecca	Deputy Director System Delivery, NHSL ICB	Allied Health South Lincolnshire				Indirect	Husband works as a Specialist Neighbourhood Nurse	Apr-22		Apr-24	Exclude from any commissioning decisions in relation to role or organisation.
Raybould, Clair	Director of System Delivery, NHSL ICB	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Apr-24	N/A
Dr Rich-Mahadkar, Sameedha	Director of Improvement & Integraton, ULHT	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Shadlock, Gail	Non-Executive Member (LCHS)	United Lincolnshire Hospitals NHS Trust					Interim Non-Executive Director	Mar-22			
		Eastlight Community Homes					Non-Executive Director	May-22			