



NHS Lincolnshire Integrated Care Board Public Board Meeting

**Tuesday, 28th January 2025
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 January 2025

Time: 9.30 am – 11.15 am

Location: The Boardroom, Bridge House, Sleaford

Chair of the meeting: Dr Gerry McSorley, ICB Chair

AGENDA

Item		Action Type (For Approval, Assurance, Discussion or Information)	Enc	Presenter	TIME
1. Introductory Items					
i)	Welcome, introduction and apologies		-	Dr Gerry McSorley	9.30
ii)	Confirmation of quoracy		-	Dr Gerry McSorley	
iii)	Declarations of Interest	Information	-	Dr Gerry McSorley	
iv)	Minutes of the previous meeting held on the 26 th November 2024	Approve	✓	Dr Gerry McSorley	
v)	Matters Arising, including Action Log (if appropriate)	Note	-	Dr Gerry McSorley	
2. Chair and Chief Executive Updates					
i)	Chair's Report	Note	-	Dr Gerry McSorley	9.35
ii)	Chief Executive's Report	Note	-	Mr John Turner	9.45
3. Key Updates					
i)	Public Health	Note	-	Professor Derek Ward	10.00
ii)	Healthwatch	Note	✓	Mr Navaz Sutton	10.10
4. Population Health Planning					
i)	Health Inequalities VCFSE Grant Fund	Consider	✓	Mrs Sandra Williamson/ Ms Emma Townend	10.20
5. System Oversight and Assurance					
i)	Integrated Performance, Quality and Finance Report – October 2024	Assurance	✓	Mrs Clair Raybould/ Mr Martin Fahy/ Mr Matt Gaunt	10.40
ii)	Emergency Preparedness Resilience Response (EPRR) Annual Report 2024/25	Assurance	✓	Mrs Rebecca Neno	11.00
iii)	NHS and Armed Forces Update 2024/25	Note	✓	Mr Pete Burnett	11.05

6. Governance					
i)	No specific items				
7. Committee Highlight Reports					
i)	<ul style="list-style-type: none"> Audit and Risk Committee System Quality and Patient Experience Committee, including revised Terms of Reference Service Delivery and Performance 	Assurance Approve	✓ ✓	Committee Chairs	11.10
		Assurance	✓		
8. Information/Closing items					
i)	Risks identified during the course of the meeting	Consider	-	Dr Gerry McSorley	11.15
9. Date, Time and Venue of the next meeting					
	Tuesday, 25 th March 2025 at 9.30 am at Bridge House, Sleaford	Note	-	Dr Gerry McSorley	Close

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

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

Special Resolution - The Board will be asked to consider the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest' - (Section 1(2) Public Bodies (Admission to Meetings) Act 1960)

Items in the private part of the meeting are either commercial in confidence or relate to individual staff and patients.

**MINUTES OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD MEETING HELD ON TUESDAY,
26th NOVEMBER 2024 AT 9.30 AM AT BRIDGE HOUSE, THE POINT, SLEAFORD AND VIA
MICROSOFT TEAMS**

PRESENT:	Dr Gerry McSorley	ICB Chair and Chair of the Primary Care Commissioning and Delegated Functions Committee
	Mrs Sarah Connery	Executive Board Mental Health Member
	Ms Anita Day	Non-Executive Member
	Mrs Karen Dunderdale	Group Chief Executive, Partner Member, NHS and Foundation Trusts
	Mr Martin Fahy	Director of Nursing (Chief Nurse)
	Mr Matt Gaunt	Director of Finance
	Mrs Dawn Kenson	Non-Executive Member and Chair of Service Delivery and Performance Committee (Acting Deputy Chair)
	Mrs Julie Pomeroy	Non-Executive Member and Chair of Finance and Resource Committee
	Mrs Margaret Pratt	Non-Executive Member and Chair of the Audit and Risk Committee
	Mrs Clair Raybould	Director for System Delivery
	Mrs Sharon Robson	Non-Executive Member and Chair of System Quality & Patient Experience Committee
	Mr John Turner	Chief Executive
REGULAR PARTICIPANTS/ ATTENDEES	Ms Charley Blyth	Director of Communications and Engagement
	Mr Pete Burnett	Director for Strategic Planning, Integration & Partnerships
	Mrs Jules Ellis-Fenwick	ICB Board Secretary
	Mrs Lisa Foyster	Head of Strategic Development – Ageing Well and Long Term Conditions (item 4 (i) only)
	Mrs Michele Jolly	Voluntary and Care Sector Representative
	Ms Sarah-Jane Mills	Director for Primary Care and Community & Social Value
	Mrs Rebecca Neno	Deputy Director, System Delivery and Winter Director (item 5 (iii) only)
	Mrs Sarah Starbuck	Head of Primary Care Commissioning and Development (item 4 (i) only)
	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:	Cllr Wendy Bowkett	Partner Member, Local Authority
	Dr Sunil Hindocha	Medical Director
	Dr Kevin Thomas	Partner Member, Primary Medical Services

24/267 WELCOME AND INTRODUCTIONS

Dr McSorley welcomed all those present to the NHS Lincolnshire ICB 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.

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 as published on the website. The Questions and Answers facility was also 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.

242/268 CONFIRMATION OF QUORACY

Dr McSorley confirmed the meeting was quorate.

24/269 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 no interests were declared.**

24/270 MINUTES OF THE PREVIOUS MEETING

The Board considered the minutes of the previous meeting held on the 24th September 2024 and agreed to:

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

Dr McSorley advised that the questions and responses submitted by members of the public to the Board meeting in September were appended to the minutes for information.

24/271 MATTERS ARISING

Dr McSorley presented the Action Log which included two items. Ms Day referred to item 24/258 and advised that the action was marked as complete, but she did not recall having received the information. Mrs Raybould advised that this had been actioned towards the end of the November meeting, but by way of explanation the data included in the report was dated back to April 2023 and based on information available at that time and did not reflect seven points of data.

24/272 CHAIR AND CHIEF EXECUTIVE UPDATES

ICB Chair update

Dr McSorley advised that firstly this is the last meeting of the Board in public in the current calendar year. Secondly, there were a number of points to bring to the Board's attention:

- There are currently two vacancies for Non-Executive Directors on the ICB Board, one to replace Mrs Pratt, Chair of the Audit and Risk Committee who is sadly leaving at the end

of March 2025, and the other to replace Dr McSorley's role as Chair of the Primary Care Commissioning and Delegated Functions Committee. Both roles are currently out to advert and the intention is to appoint to both those roles by the end of January/early February 2025.

- Dr McSorley had attended a number of NHSE national and regional meetings and webinars on behalf of the Board in the last period, both face to face such as one with the Chair and Chief Executives across the region at Leicester, but also various meetings of ICB Chair and Chief Executives across the region. Since the Secretary of State for Health and Social Care's recent speeches there have also been a number of webinars and on-line meetings over the past few weeks relating to arrangements for ICBs and Trusts around the performance and accountability framework in preparation for the NHS 10 Year Plan following publication of the report by Lord Darzi in Autumn.
- Dr McSorley has also been involved as usual in the monthly meetings of regional Chairs.
- There has been a significant amount of work happening around the new NHS Operating Model.

In short a lot of activity taking place following the arrival of the new government earlier this year and the prospects for the coming months ahead.

Other points of interest for the Board's information:

- NHSE has recently published two new reports, namely Insightful Board guidance for ICBs and providers. These provide in one place what Boards of Integrated Care Boards and providers should be looking at, and how to use it to drive better outcomes, better productivity, and better decisions. These documents would be considered in a forthcoming Board Development Session.
- From a local perspective, Dr McSorley had attended a number of Lincolnshire meetings, most notably colleagues at the three local authorities one in Greater Lincolnshire organised a Growth Summit which took place a few weeks ago in Woodhall Spa.
- There has been meetings on the joint work with colleges and universities around developing further a concordat, and there have been some very helpful and productive sessions with the Lincolnshire Leaders Group (LLG) particularly focusing in on the work that Professor Ward has been leading on Community and Primary Partnerships. It was a very productive session and built on the excellent foundational work that Professor Ward and his colleagues have undertaken over the last six to nine months.
- Dr McSorley had attended the recent meetings of both the Lincolnshire Health and Wellbeing Board and the Integrated Care Partnership Development Session.
- As part of the review of the ICB local Board Committees, Dr McSorley joined and observed the Audit and Risk Committee.
- Dr McSorley and Mr Turner would be attending the NHS Confederation Annual Conference the following day and there were further events planned in the coming week with one taking place in Birmingham relating to engagement on the 10-year Plan, which provider colleagues will also be attending and other representatives from the ICB.
- Dr McSorley and Mr Turner recently met with the new Chair of the East Midlands Ambulance Service (EMAS) and those discussions highlighted the significantly improved work and continued improvement in the relationship between the two organisations regarding ambulance provision in the county, which has been a long standing issue for both EMAS and for Lincolnshire residents and staff and we were able to reflect on the good work over the last period and the plans going forward.

On a final note, there is a planned All Boards Session being held across Lincolnshire on the 11th December which would bring the ICB and provider Boards colleagues all together. It is anticipated to be a really worthwhile and interesting day and an agenda and programme for that event were currently being pulled together and would shortly be published.

There were no questions received on Dr McSorley's update, who 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 highlight to the Board, the first of which followed Dr McSorley's reference to the various speeches made by the Rt Hon Wes Streeting, Secretary of State for Health and Social Care and Amanda Pritchard, NHS Chief Executive recently. The highlights from those speeches and the subsequent conversations that have taken place have clearly underlined the government's commitment to the NHS and the Secretary of State's personal commitment to back and support the NHS. Clearly through the budget process the new government has made some particularly difficult decisions, which amongst other things are designed to ensure that the NHS moves forward in the right way. The Lord Darzi report was also referenced and the focus being now very much on the development of the NHS 10-Year Plan.

Wes Streeting has committed to three 'strategic shifts' for the NHS which includes moving care from 'hospital to community' (being referred to as Neighbourhood Health) and from 'analogue to digital' and from 'treatment to prevention'. These sit alongside transformation and productivity where improvements are expected in return for the extra money being given to the NHS. The recent speeches had also included various commentary around a sweeping performance review of the NHS with league tables which will help patients decide where they want their treatment and also on NHS managers and leaders and the need to attract and retain the best. Whilst stating his support for managers and leaders there will be no tolerance for consistently poor performance and there was a commitment to establishing a college for leadership. In summary, a really clear agenda which set out expectations for all of those working in the NHS.

Alongside that, Amanda Pritchard had indicated the emphasis on delivery, on working differently to achieve what is needed for local populations in year with a very sharp focus on the waiting times such as Urgent and Emergency Care and Cancer along with financial responsibilities. She has also set out give specific asks which Mr Turner ran through:

- Living within the money.
- Embedding improvement.
- Maintaining quality and safety.
- Working better with primary care.
- And making the most of opportunities.

It is important to note the £20 billion boost identified for the NHS as part of the Autumn Budget 2024. Information is currently awaited on how all of that will flow through the NHS. Clearly there are implications as described nationally by colleagues in primary care but also in the voluntary and care sector and this would be returned to in further detail later in the meeting.

Other points to highlight:

- There has also been a lot of work undertaken nationally on the NHS operating model to describe the responsibilities and accountabilities between NHS England, ICBs and NHS Trusts with the intention to clarify some confusion which exist. Having reviewed the documentation that has been published to date, the intentions set out are suggesting organisations should work in way which is already happening in Lincolnshire.
- Mr Turner, Mrs Connery and Mrs Dunderdale attended a face to face meeting in September with Wes Streeting and Amanda Pritchard in Birmingham.

On a personal note, Mr Turner sits on the national leadership and Management Development Advisory Group, which was just for the Board to note.

Finally from the national perspective, there were currently a number of bills and legislation going through Parliament, including the revised Mental Health Act and the Assisted Dying Bill which will have implications for the NHS as well as for palliative and end of life care, hospices and obviously society at large.

Mr Turner highlighted the following from a local perspective:

- The Winter Plan for 2024/25 had been produced and an assurance visit had been undertaken by NHSE regional colleagues a few weeks previously. The Winter Plan was included in the pack of papers for the meeting and a supporting verbal update would be provided by Mrs Neno, Winter Director later in the meeting.
- The last Quarterly System Review Meeting (QSRM) had taken place with NHSE regional colleagues the week before and had considered matters in relation to performance, finance and winter planning.
- Dr Sadie Aubrey had taken the decision to step back as the Chair of the Primary Care Network Alliance (PCNA) and Dr Kavel Patel had been appointed as her successor. Mr Turner had recently spoken to Dr Patel and looked forward to working with him going forward.
- Mr Turner congratulated Mrs Raybould and her team for hosting the first Women's Health Conference last week. The event was very well attended, and feedback has been really positive.
- The ICB launched on Monday that week a new engagement exercise to understand the health needs and aspirations of people in Stamford and surrounding areas. The exercise aims to ensure that health services remain fit for the future.
- Skegness Community Diagnostic Centre (CDC) formal opening day was scheduled to take place later that week, which was a huge step forward. The new CDC in Lincoln was scheduled to open up in January 2025.
- The ICB has continued to engage with UK active and Support England and the Department of Health and Social Care (DHSC) about its ambition to be an exemplar integrated care system for physical activity. Dr Hindocha and Mrs Emma Tatlow from Active Lincolnshire represented Lincolnshire had a further development session on that the previous week.
- Congratulations were offered to United Lincolnshire Teaching Hospitals NHS Trust (ULTH) on winning two recent national Veterans in Health Awards, with Board Members remind the first Lincolnshire Armed Forces Conference took place at RAF Cranwell in June. This week the whole of the NHS in Lincolnshire is supporting a Veterans 'Step into Health' Day at Lincoln County Hospital.
- Mr Turner has upcoming meetings with Alison Hands, Chief Executive of Lincs Co-op regarding all the work that is being developed jointly, which was progressing well.
- There is an upcoming Connected Cultures meeting scheduled to take place in early December underlining support for colleagues from diverse ethnic backgrounds.
- Lincolnshire Partnership NHS Foundation Trust (LPFT) would be holding a 'No Wrong Door' Conference on the 4th December 2024.

On a final note, Mr Turner advised there had not been any questions received from members of the public on this occasion.

Mr Turner referred back to his earlier comments about the Autumn Budget at this stage and invited Mrs Jolly to provide some comments on issues flagged with the ICB by Lincolnshire Care Association (LinCA) and Lincolnshire Voluntary Engagement Team (LVET). In particular, its respective members in relation to the implications of the Autumn Budget 2024 on the social care provider market and the VCFSE sector across Lincolnshire. Mrs Jolly thanked Dr McSorley and Mr Turner for the opportunity to provide a few words and advised that financial pressures introduced in the Budget, if not fully addressed, could undermine the stability and sustainability of social care services and voluntary sector services and support across Lincolnshire.

While the additional wage increases are essential to retain and attract talent, the resulting costs place severe financial strain on providers who already operate within tightly fixed fees set by Local Authorities. Unlike industries such as leisure or retail, where businesses can adjust prices to offset increased expenses, social care providers rely on Local Authority fees to maintain financial sustainability. This can only mean that services will decrease or stop entirely placing more demand on NHS and Local Authority services.

Mrs Jolly added that the voluntary and care sector is very adept at obtaining funding from other areas, and recently submitted a bid for national lottery funding and the response that came back indicated that for the £338m they have available, this had already been exceeded by £1.4billion.

It was also important to note that, while NHS employers will be compensated for the increased NI contributions, there has been no commitment to do the same for social care providers or charities. In this context, while assurance is awaited that the additional wage costs starting in April 2025 will be fully funded to support the sector's stability, LinCa and LVET wanted to ensure that both the Local Authority and the local ICS are fully aware of the risks involved.

Mrs Mills advised that she had recently spoken to Mr Chris Wheway, Chief Executive at St Barnabas Hospice who had indicated that the financial impact on their organisation is going to be £350k.

The Board considered the briefing and Mrs Pratt advised that the comments by Mrs Jolly really brought home the tensions in the budget and if the Lincolnshire system is to achieve the Secretary of State's ambition towards more community based care, then it will be essential to really get into the strategic planning of how all of this will work practically on the ground and will in turn potentially test organisations appetite for risk. Mrs Pratt also referred back to the five asks as set out by Amanda Pritchard which played into the concerns raised by Mrs Jolly. In short all health and social care and voluntary sector organisations need to re-examine their services and position.

On a separate note, Mrs Pratt asked whether there was any opportunity for the Board to be briefed on the consultation process taking place in Stamford. Mr Turner advised that it is an engagement process, not consultation (an open conversation). North West Anglia NHS Foundation Trust (NWAFT) run Stamford Hospital and they have been fundamental to the ICB in developing the documentation and process for this engagement work, along with primary care. The process will run to the end of January and once the feedback has been sifted through and sorted, information on the outcome will come back to the Board.

Mr Gaunt asked whether Mrs Jolly had any sense of the range of the financial impact she referred to in relation to the independent care and voluntary sector. Mrs Jolly advised that the position in Lincolnshire was yet to be crystalised but what she could share is that using an Age UK model as that is a national charity, some exercises have been actioned through that avenue and with £12m for 120 organisations considered alongside how this might look in Lincolnshire, which has varied sizes and some of the smaller voluntary sector organisations, they would not perhaps be negatively affected because of the threshold. However, if this is considered looking at the eight hours for an individual to then be impacted by the new national minimum wage and their NI increases, there are a lot of people in those sectors that work eight hours or more. Combined with the announcement this morning about trying to get the inactive back into the workplace, where rising costs are being seen in employing people then this is clearly going to be a real challenge. It is therefore difficult to be clear on the exact impact at the current time.

Ms Day asked whether what the latest position was in relation to national insurance and the impact on primary care. Mr Turner advised that he was not aware of any changes in relation to primary care.

There were some comments at this stage on the significant challenges facing all health and care and voluntary sector organisations, but no specific questions raised. Dr McSorley drew the discussion to a close.

The Board agreed to:

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

Public Health

Professor Ward presented the usual verbal briefing from a Public Health perspective, which on this occasion would cover the headlines from two broad areas. The first related to the new Smoke Free legislation which was currently going through Parliament.

Linking this to Mr Turner's update on finance and the comments about living within budgets, smoking kills, placing a huge burden on the NHS and costs the economy billions every year in lost productivity. The Board was recommended to look at the headlines of the legislation - <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation/stopping-the-start-our-new-plan-to-create-a-smokefree-generation>

One of the key areas expected to receive push back on with this sort of legislation is by the tobacco lobby, with one of the arguments this is about choice. It is important to recognise that nicotine is almost uniquely addictive, and most smokers want to quit, but cannot do so due to an addiction to nicotine that started in their teenage years. The government has made clear they wish to create a smokefree generation unaffected by the extraordinary harms of addiction-driven smoking, and tackle youth vaping. This legislation lays out a route to prevent addiction to smoking before it starts, to support smokers to quit and to stop vapes being marketed to children.

Secondly the vast majority of people now do not smoke. At a national level 88% of the population do not smoke, so in effect the argument being 12% will be supported to smoke. This is an important distinction to have in minds and the proposals on secondary legislation around smoking in public which is related to the length of exposure and strength; if you can smell it then you are exposed to it.

One of the tools to help people addicted to nicotine to stop smoking is vaping - and because the harms of smoking are so great, it is safer to vape than smoke, but vapes are not risk free. So, if people smoke, swap to vaping, if they don't smoke, don't vape.

The second areas related to infectious diseases, which the Lincolnshire system collectively needs to keep an eye on. The latest headlines which are shared with Public Health weekly indicated that the following:

- COVID: there has been a reduction nationally in the number of cases, with the same position reflected locally. Whilst the peak in cases has been seen, the number of cases may potentially increase over the winter period, although they are not expected to reach anywhere near the levels seen previously.
- Flu: the number of cases of flu has increased and is expected to do so over the coming weeks heading into winter. From a Lincolnshire perspective the uptake for flu and COVID vaccines has been relatively positive. Whilst flu cases have increased, the emerging picture is that the number of cases matches relatively well to the uptake of the vaccines, which is likely to provide protection.
- Measles: the number of confirmed cases of measles had decreased. The numbers in London had dropped but there had been three confirmed cases in Lincolnshire this year. Professor Ward reiterated the message about getting the vaccine.
- MPOX: no cases had been reported in Lincolnshire and there had only been a small number confirmed nationally. Public Health continue to work in collaboration with NHS and NHSE colleagues on this.
- Whooping cough; there have been some cases, but the numbers are decreasing nationally and across the Midlands region including Lincolnshire.
- Other viruses were on the increase which is expected at this time of year. Professor Ward emphasised the preventative measures to be taken to avoid getting a virus.

The Board considered the update. Mrs Raybould referred to the 88% and sought clarification on what percentage of those are using vapes; is that information available as there seems to be a large amount of children and young people vaping. Professor Ward advised that the percentage is nowhere near that size in Lincolnshire, but it is known that a nationally a quarter of 11-15 year olds have tried vaping. Vaping is better than smoking tobacco, but it is not widely known that vapes contain nicotine. Ultimately quitting smoking is much better.

Councillor Woolley asked that as it is not widely known that vapes contain nicotine whether it is possible to raise awareness of that. Professor Ward advised that it was understood that as the legislation passes through Parliament there will be a national Communications Strategy produced, and there is a push through the Associations of Directors to have a national communications programme. In the past this has tended to just be through social media on a small scale, there really needs to be a national push. Raising awareness can be promoted through local communications though and Professor Ward would be happy to support that.

Mrs Kenson referred to the 88% who do not smoke and asked whether this was the population as a whole or in Lincolnshire, which was confirmed as being in the UK. In Lincolnshire the population who smoke is around 14% which is slightly higher than the national position, but the smoking rates are very different depending on the groups of the population. In the most deprived areas the rates tend to be around 30-35% (which is a 1/3 of the Lincolnshire population). There are also high rates of women smoking whilst pregnant and a huge amount of work is taking place to tackle that.

Mrs Blyth referred back to Mrs Raybould's comments on children and young people and advised that ultimately it would be far better to clamp down on those retailers selling vapes to under 18's. It is really important to have some clarity on that with the ICB's partners across the ICS as whilst communications can be pushed out, if something is available, it is available and will be purchased.

Professor Ward advised that through Trading Standards this does continue to be pushed and through the Public Health grant some of the enforcement criteria is funded and retailers have been closed down. It is also part of the legislation is to ban single use vapes and there will no reasons for anyone above the age of 18 to do that as it is not cost effective.

Healthwatch

Mr Sutton presented the latest Healthwatch report and advised that he would take this as read but wished to highlight some key areas to the Board for information.

During September and October 228 people shared their experiences of health and social care with us. An additional 67 people have shared their experiences through their Mental Health Survey focusing on new fathers, military families, veterans and those working in farming and agriculture so far. Out of the 228 experiences shared to the Information Signposting Team, the key themes remained largely unchanged from previous updates to the Board, so these would not be covered in any particular detail. That aside, there has been a slight increase in the feedback coming through from GP services in the East Coast and Sleaford, which was being looked into to understand whether this related to a specific GP service or clinic. The outcome of that review would be reported to the ICB Board once concluded.

Mr Sutton referred to the section of the report which referenced a recent case study in relation to mental health support for prisoners. Whilst the individual was a prisoner at HMP Lincoln, their healthcare came under Nottingham Healthcare NHS Foundation Trust and the issues identified had been flagged with them; it was simply raised with the ICB Board as the patient was receiving treatment in Lincolnshire.

Other areas highlighted:

- Menstrual Health Survey – this had been mentioned on several occasions now, so the Board was fully aware of the work undertaken. A copy of the report was made widely available at the Women’s Health Conference and Healthwatch had also attended a national conference where their report featured in a conversation at that event. Following on from that Healthwatch has been asked to contribute to other workstreams.
- Neurological Health Survey – Healthwatch will be holding a webinar on the 9th December to present the findings, which will come back to the Board.
- Mental Health Survey – Healthwatch to date have heard from 75 people. They are particularly keen to hear from: new fathers, serving military personnel and veterans and those working in farming, agriculture and or horticulture. The survey closes at the end of December.
- Target projects – Pelvic Health, Infant feeding and Childhood Immunisations

Mr Sutton referred to Dr McSorley’s comments earlier on in the meeting about the discussions held with EMAS and the improvements and steps forward taken and advised that Healthwatch had some feedback and had worked closely with the ICB Contract Lead on this. A response had been received which indicated that some of the issues raised by members of the public had already been addressed.

The Board considered the update. Professor Ward commented on the childhood immunisations project and advised this will feed into the work being done collectively with the shift towards the ICB taking on the responsibilities/lead.

The Board agreed to:

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

Mrs Lisa Foyster and Mrs Sarah Button joined the meeting at this point for the next meeting.

POPULATION HEALTH PLANNING

24/274

UPDATE ON THE FRAILTY STRATEGY

Dr McSorley welcomed Mrs Foyster and Mrs Button to the meeting, who both introduced themselves.

Mrs Mills advised that the paper presented had been produced to provide the Board with an update on the development of the Lincolnshire Older People’s Strategy and the progress in delivery of this, how learning is captured which impacts future implementation of this and other pathways.

The Lincolnshire Older People’s Strategy has been co-produced with colleagues from across the health and care system, as well as patient and public representatives. It is based upon clinical evidence and best practice from elsewhere. Its key focus is prevention, proactive identification and management of Frailty, with a view to improving patient outcomes and experience, reducing overall deterioration, improving coordination of care and reducing unnecessary hospital admissions. It also positively aligns with the Health Secretary’s ambition in terms of prevention, working in neighbourhoods, and transforming how people are supported as they get grow older and links with the work on health inequalities but specifically population health management. This has had a huge influence in understanding this population group.

Mrs Mills handed over to Mrs Foyster and Mrs Button at this stage to run through a presentation which had been pulled together to share with the Board the teams progress, experience, learning and reflections of the delivery of the Lincolnshire Older People’s Strategy, providing both the opportunity to understand what needs to be done, but also understand how this has been approached as a way of learning for other areas of work including Long Term Conditions (LTCs) and Palliative End of Life (PEOL)

The following was highlighted:

- What is Frailty.
- The Case for Change.
- Strategy and Delivery Model (Five Pillars - Proactive Care, Primary Care, Single Point of Access (SPA), Integrated Care and Integrated Workforce).
- Identifying how progress has been made.
- Lessons Learnt.
- Considerations for the ICB and Next Steps.

It was noted that progress against the delivery of the plans for each of the pillars was included in the report.

Mrs Mills advised that some fantastic progress has been made over the 12 months, but more importantly the whole approach has shifted. This has been very much about working from the community with people, with General Practice, with Primary Care Networks and colleagues in those communities to start to better understand the needs of those patients and pulling in the right capacity rather than this being driven by the ask coming from the acute. Some of the learning from that is in the past it has been common practice to design structures where as in reality there needs to be mechanisms in place to facilitate really easy access to the right clinicians. Some of the work that is happening more broadly in the interface will create the conditions for that. One of the specific learning areas is about the approach to planning and links closely to the work being undertaken by Mr Feargus Mack, ICB Associate Director Planning & Transformation in bringing the system together to make sure everything is aligned to support the Lincolnshire Older People's Strategy rather than individual organisations looking at their piece of the jigsaw and not sequencing the right work. It was recognised this will create challenges for organisations as this will need to be prioritised potentially over organisations own internal priorities and that dialogue is on-going.

From an ICB perspective the learning has been that this is about serving the needs of the population, not about structure and frame of organisation delivery. It is about building the foundations of integrated community care (now being referred to as neighbourhood health).

As a further note, it has been observed that stronger connections need to be made with social care, specifically for people with loss of cognitive function and this is one of the priorities going forward. There also needs to be greater alignment across the different portfolios and as referenced during the presentation the national team are interested in looking at the ICBs data set around care homes and the level of detail it can go down to, as it is possible to specifically identify each care home and where they have a variation in terms of levels of calls to GP's or urgent care admissions. This enables the ICB to get into continuous quality improvement.

Mrs Mills also referred to the need to clarify where the role of health begins and creating an environment where people approaching 65 start to think about health rather than illness and supporting some of the prime pumping of some of the investment.

The Board considered the contents of the documentation provided and reflected on the content of the presentation. Several members indicated they had some questions, and it was agreed that these would be pulled together as some of them may overlap, so that they could be picked up and responded to by Mrs Mills.

The questions put forward were as follows:

- Whether there is enough PDSA within this to assess how this is working and whether anything positive identified could be rolled out as an example of good practice and whilst there are Key Performance Indicators in the document there are no clear targets and whether these would be identified going forward.
- Where does technology fit into all of this, specifically into the early intervention aspects.
- Care Co-ordination roles – how will that change the workforce.

- How do we link in with the other determinants, such as housing and care support.
- How does the ICB ensures this links in with all the other strategies.
- How carers are reflected in the Strategy.

Mrs Jolly offered some sharing of knowledge and data and given there is no extra resource, there is potentially a lot of information the voluntary sector could share to offer some further insight into the work they do which would aid the ICB in its on-going work on frailty.

Mr Gaunt made some observations, specifically in relation to the numerous references to population health management, which was really welcomed, and all of the three shifts referenced by the Health Secretary as detailed by Mr Turner earlier in the meeting reaffirmed the need to put resource beyond this.

Several Board members expressed their support for the Strategy, which was really positive and reflective of the vast amount of work that had taken place to bring it to this point.

Ms Mills referred to the evidence and data and advised there was a really strong message from the Dr Claire Fuller and Professor Briggs visit to Lincolnshire (as referred to as part of the presentation) that it is not possible to argue the case if the data is not available, which demonstrates how critical it is to provide this. Through the Frailty programme data sets are being developed data sets that will enable the ICB to track impact and inform the PDSA review which is the delivery approach that will underpin the implementation of the Frailty strategy. When strategy was launched with associated delivery plan targets were not identified as the frame was to test the concept and gather evidence of what makes the difference. As implementation of the strategy is progressed the team will look to identify key targets – these are likely to be with regards to delivery of key interventions rather than performance targets.

Technology is an enabler for the Frailty strategy and will feature in development plans, key opportunities such as telemedicine are in place and from the PDSA feedback we have identified the need to support local teams to optimise the utilisation particularly in care homes. The ICB will continue to consider how technology can enhance delivery as new opportunities are identified. Alongside extending the use of telemedicine to promote self-management and early identification digital solutions will also be included to support clinical teams e.g. risk stratification and shared records.

There are a number of different care co-ordinators roles across the county. The core function of these is to support individuals with complex needs by providing a point of contact with a member of a local clinical team who can facilitate personalised care. Care co-ordination is not a new concept and is a well-established method for supporting people with complex needs and encouraging proactive rather than reactive interventions. The broader development of primary care and community provision will inform how care co-ordination develops as multi-disciplinary teams, as referenced in the Fuller report, become an established part of community provision. As the models develop there will be wider workforce implications – these are likely to include supporting existing professional groups to develop care co-ordination as part of their core role and in establishing dedicated care co-ordinator roles.

The implementation of the Frailty strategy will be phased over a new of years. The principles of the strategy seek to shift the model from reactive to proactive and to strengthen working in local communities to promote interventions that will address social determinants of health and health inequalities. With this the team link with other partners to support and inform strategic development across the Lincolnshire system, and for example are represented at the LCC Housing, Health and Aging Well Programme Board and other strategic programmes such as the prevention programme, urgent and emergency care and dementia programme. Alongside this via the proactive and primary care pillar the team are supporting developments in local communities.

In developing the Frailty strategy the role of informal carers has been recognised as key to supporting the individuals and will be a feature of the future programme plan.

Dr McSorley thanked Mrs Foyster and Mrs Button for the presentation, which was very informative and reflective of the huge amount of work undertaken to date and ambition going forward. This work fits very elegantly with the ambitions set out recently by the Secretary of State for Health and Social Care.

The Board agreed to:

- **Note the Lincolnshire Older People's Strategy**

Mrs Foyster and Mrs Button left the meeting at this stage and the Board meeting took a short break, reconvening at 11.30 am.

SYSTEM OVERSIGHT AND ASSURANCE

24/275

INTEGRATED PERFORMANCE, QUALITY AND FINANCE REPORT

Performance Section

Mrs Raybould presented the performance section of the Integrated Performance, Quality and Finance Report and advised that she would take the report as read but wished to highlight some key points. As a point of note, the report contained the latest published data, and as per usual practice a verbal update on the current position would be provided where available.

Key areas highlighted:

- UEC in October was a particularly challenging month and reflected the first winter spike, which was seen both locally and nationally, although in Lincolnshire there were less A&E attendances but more emergency admissions. This position reflected the work undertaken on the recovery plan to keep people at home, but this meant that those who did attend were very unwell. The data has been re-looked at in terms of what they mean for the forecast going forward.
- 4-hour performance for the ICB for October 2024 was 73% below the planned month trajectory of 76.3% (95% constitutional target) but higher than the regional average and in line with national performance, so relatively positive.
- Category two mean performance – the data included in the report is EMAS published Trust data; the ICB EMAS Category two mean response time was 45 minutes for October, which was better than the regional and national average despite it being a challenging month due to acuity and demand.
- Cancer – in respect of 62 day waits, the information set out in the report was now a combined target including consultant upgrades and showed an improving position and the backlog continued to decrease. Sustained improvements were being seen in cancer recovery and that had been a consistent position for several months and performance was well over the Faster Diagnosis Standard (FDS).
- Planned care - 65 week waits continued to be a key priority currently. 78 week waits have been virtually eliminated, with only one or two delays at some providers that have been related to patient choice or complexities. The position in October ended better than the planned trajectory; performance against the trajectory for November was on target with the intention to end on 151 patients. The intention is to eliminate those by the end of December but that is particularly challenging in respect of ENT which has been discussed previously.
- The NHS Talking Therapies (previously IAPT) waiting times standards were both achieved in September and still remain above the national average. The percentage of people experiencing first episode psychosis receiving a package of care within two weeks or less was 79% in September, and performance remained sustained and stable and above the regional and national target.

- GP collective action – this is particularly complex in terms of navigating what is happening as this is very difficult to normal industrial action, but there have been no visible significant impacts to date in Lincolnshire.

Professor Ward referred to the changes in the planning rules and whether the changes around cancer referrals had been factored in. Mrs Raybould advised that there not been any changes to referrals; if a patient had been referred previously the report presented to the Board would have shown a backlog of around 160 which would have related to anyone referred on a two week wait via a GP. If they had been to see a Consultant they were not included in those numbers. What is included now is anybody who has seen a Consultant and is upgraded and is put on a two week wait pathway plus screening. The target remains the same (essentially it is unpublished data).

Ms Day referred to the Category two performance and asked whether there are any other mitigations in place, for examples LIVES, that might be able to support the population until the ambulance can get to people. Mrs Raybould advised that the 58 minutes EMAS date referred to in the report relates to East Midlands (Trust level), not the ICB. The 45 minutes data is for the ICB, and the drive is towards 15 minutes handovers. All of the recovery plan in place is focused on that as in the same way the A&E issue is not a front door one, neither is the Category two mean; it is everyone's responsibility. There is always more that can be done, and Mr Turner had previously shared with the Board information on the work taking place with LIVES and EMAS which forms part of usual business. Further information on this and other initiatives could be found in the Winter Plan which was included in the pack of papers for the meeting and would be considered later in the meeting.

Quality Section

Mr Fahy presented the quality section of report and advised that like Mrs Raybould he would take the report as being read but wished to highlight the following headlines:

- The Care Quality Commission (CQC) undertook an unannounced assessment at Lincoln County Hospital to review Urgent and Emergency Care Services. No significant or immediate patient safety concerns were reported back to the Trust as a result of the visit. Whilst there was good patient care observed throughout the different areas within the department there were some initial actions identified which the Trust are taking forward including, ensuring that the National Early Warning Score process is fully embedded; The Trust was working with the CQC and the ICB Quality Team to address those issues.
- The Childrens Commissioner published a report in October 2024 on waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions. The link to the document was included in the report and Board Members were recommended to have a look at the document. The report highlights the increase in demand for assessment and support within the context of wider challenges in relation to Special Educational Needs and Disabilities (SEND) and draws attention to the significant waits for assessment and diagnosis experienced by children and young people.
- Whilst this is a national report, from a Lincolnshire perspective there is recognition of the themes coming through the report and the need to focus work locally within this national context. While the drivers of this increased demand for assessment and support in health services are complex and varied, this report highlights how shortcomings in the wider Special Educational Needs and Disabilities (SEND) system have contributed to creating a diagnosis-led, rather than needs-led, model of support – with health, education and social care often not prioritising the integrated, early support that children with neurodevelopmental conditions need. In this context, long waits for assessment and diagnosis are delaying children getting any help.
- The Summary Hospital Level Mortality Indicator (SHMI) was updated nationally in May 2024 and now included deaths attributed to COVID-19, which had previously been omitted. This may have contributed to a trending increase at ULTH since May which has continued this month. However, the Trust remains in the 'as expected' range.

- ULTH & NWAFT have a higher trending C-Diff rate which is above the national average, however annual trajectories have now been published and most have increased from last year, reflecting the acknowledgement of a national increase in cases. ULTH are under their set trajectory.
- Nothing significant to escalate in respect of primary care other than to highlight the update on Gosberton and Richmond surgeries, both of whom were working well with the ICB Quality Team to address the concerns raised following their CQC inspections, and which is moving in the right direction.
- Quality Improvement – Children’s Safeguarding Front Door; progress has been with ensuring there is health representation at Children’s Safeguarding Front Door strategy discussions with an appointment to the ICB Safeguarding Practitioner post, with the individual due to start in December 2024.
- New Statutory Medical Examiner Process for Primary Care non-coronial deaths implemented from 9th September 2024. Highlighted improvements required from several General Practitioners regarding quality of death certificate and timeliness of issue/amendments.
- Primary Care Quality team supporting are Medical Examiners Officers to support Practices where issues have been identified. Webinar and FAQ available and provided to Practices on the new processes.
- Joint Targeted Area Inspections (JTAI) are undertaken in accordance with Section 20 of the Childrens Act 2004 by Ofsted; Care Quality Commission (CQC); His Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS); and His Majesty’s Inspectorate of Probation (HMIP). JTAs are used to evaluate multi-agency safeguarding arrangements and follow a theme. Work is taking place across the Lincolnshire Safeguarding Childrens Partnership (LSCP) and Lincolnshire Domestic Abuse Partnership (LDAP) to prepare should Lincolnshire be advised a JTAI is to take place in relation to the latest theme of children who are victims of domestic abuse. LCC Public Health have confirmed completion of assurance visits to all funeral homes in Lincoln with no significant concerns identified.
- Quality and Patient Thematic Update - Development of the Primary Care Quality Early Warning System (QEWS) which is proactive tool to be rolled out to all the ICB 81 Practices to look and identify where there might be challenges around patient safety concerns or issues around how CQC ready they are for CQC inspections and addressing any areas that need addressing beforehand.
To date 12 practices have moved forward with it and the NHSE Regional Team are really interested in seeing how this model works.
- Vaccination Programme – Flu at 49% with the regional average being 40%, COVID at 47% with the regional average being at 34%, so made good progress to date. Messages are constantly reinforced about getting the vaccine to both staff and members of the public and there are numerous opportunities to get these.

The Board considered the quality section of the report. Mrs Pratt referred to the thematic section of the report and asked how the escalation process will work through in terms of the Board receiving assurance about any issues. Mr Fahy advised that there is a Primary Care Operational Group which sits under the System Quality and Patient Experience Committee (SQPEC) which meets on a monthly basis. The framework being used is similar to the CQC well led one and any areas of concern flagged would be considered by the Primary Care Operational Group and dealt with where possible by the teams involved in a supportive manner. The escalation process would be through the SQPEC which reports to the Board.

Mrs Dunderdale commented that on the day of the CQC visit at Lincoln County Hospital Emergency Department it was one, if not the most busiest of days and therefore a true review inspection of what was happening on the ground when they visited. The care the patients received was commented on by the CQC as being excellent of the patients they saw. However, as the Board may have seen over the last few days in a national news bulletin and the CQC survey of patient experience in emergency departments, this had indicated that ULTH across all sites had a worse than expected patient experience, which was not totally unexpected as whilst

the care being given was good, patients were waiting to be seen far longer than they should. Improvements were being seen as alluded to by Mrs Raybould in the Performance Report but clearly waiting times were not where they should want to be.

Mrs Pomeroy sought clarification on the position in terms of staff uptake for the COVID and flu vaccinations in comparison to previous years. Mr Fahy advised that uptake was disappointingly not at the same levels seen in previous years for staff. Lincolnshire is one of the best performance in the East Midlands region, but work was actively taking place between the ICB and its key partners to promote the importance of having the vaccinations to improve the position, and this would continue right up until Christmas and early into the New Year.

Professor Ward added it was really important that those eligible for the new RSV vaccine take up the opportunity to have it, as respiratory issues has seen the largest spikes over the last few weeks, and this has a significant impact on the acute sector. Mr Fahy added that uptake is currently at 33%.

Mr Gaunt advised that there was nothing to cover on finance in the public session of the meeting.

The ICB Board considered the report and agreed to:

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

24/276

PROCESS FOR REVIEW OF CQC S48 (CALOCANE) REPORT

Mrs Connery advised that following the previous paper presented to the ICB Board on the 24th September 2024, the latest report included in the pack provided an update on progress and to provide the Board with on-going assurance on not just LPFT, but also the system. The report also meets the request from NHSE that the system action plan is shared within the ICB Public Board Meeting before the end of quarter three (end of December). As there is no formal meeting in December, the report had to be presented to the Board at this meeting.

Mrs Connery advised that she would take the report as read and just highlight the key points.

- The transition from the self-assessment to the action phase has taken place and detail to that effect was included in the report, which does indicate 'draft' but that is a reflection of the timing of the report as previously indicated but also demonstrates the report is interactive and will be continuously adjusted moving forward.
- There are 14 domains and the key themes within those was pulled out in the main body for the report for information.
- The CQC carried out unannounced visits and inspections to three of LPFT's community teams the previous week. No formal feedback had yet been received on the inspections.
- A key theme for learning is around how to ensure that just because service users might disengage from services or be hard to engage with, that is not justification for discharging them. This was definitely a theme of the review when the CQC visited the previous week.
- The report provides a real clarity on the gaps in service provision, and a very keen focus on making sure that the actions set out are delivered; hence the short timeframes identified in relation to those areas rated amber or red. Everything possible was being actioned within the resources available. Furthermore a system wide learning event was being planned.

Mrs Connery advised that the Crown Prosecution Service (CPC), report on the back of the tragic events was very much focused around what happens within secondary mental health services, but as with the usual practice in Lincolnshire, the intention is to approach this in a holistic way, person-centred way. This is something LPFT and the ICB are jointly leading together on.

Mrs Connery concluded her presentation and advised that she was happy to respond to any questions or comments. Mr Turner advised that NHS England had requested that this report was presented in public, and this meeting was the last one to be held in the current calendar year, but in reality the work involved was still very much in progress with much yet to be actioned. The work described would not in reality be completed until December/January and proposed that the ICB Service Delivery and Performance Committee receive a further update in the New Year. Mr Fahy advised that the System Quality and Patient Experience Committee (SQPEC) have taken over the oversight and assurance process for this piece of work and an update was included as an item for discussion on the agenda for the next meeting.

Mrs Pratt congratulated Mrs Connery and the team for the way the report had been formatted and the way in which it read, which indicated embedding this as business as usual going forward.

Mrs Kenson sought clarification on whether there was a requirement to have a separate assertive and assessment centre or was this is central function/move away from that. Mrs Connery advised this is very much a community based but specialist model.

The Board considered the report and agreed to:

- **Note the report and the current position.**

Mrs Neno joined the meeting at this point to present the next item on the agenda.

24/277 WINTER PLANNING 2024/25

Dr McSorley welcomed Mrs Rebecca Neno to the meeting who had joined the Board to present the next item on the agenda – Winter Planning 2024/25.

Mrs Neno advised that the Lincolnshire Integrated Care System (ICS) Winter Plan for 2024/25 has been developed collaboratively and influenced by national winter guidance issued by NHS England as well as applying learning from previous winters within the local system, regionally and nationally. The format of the ICS Winter Plan had been commended and at the request of NHSE had been shared with other system colleagues as an example of good practice.

The ICS Winter Plan had been presented at a number of events, committees, and forums and was formally submitted to the NHS England Regional Team on 23rd October 2024, as well as being the cornerstone of the Winter Assurance Event which took place during November led by the NHS Regional Team with a presentation provided by Mrs Raybould and several members of the ICS Team present. Regional colleagues also visited several clinical areas.

The ICS Winter Plan had been assured by NHSE and on the whole the assurance visit went very well and positive comments were received on how it is reflective of true system working.

Regional colleagues did identify some recommendations following the walk around the clinical areas. Some of those were around interprofessional standards and ensuring these are embedded moving through the winter period, some were about how activity is counted at the 'front door' and also around the terminology used to describe an integrated UTC and Emergency Department, not just co-located.

The Board was advised that as part of the governance process, the ICS Winter Plan would be presented to the Lincolnshire Health and Wellbeing Board in a few weeks' time and the three new additional risks for this year would be highlighted. These relate to the fragility of some of the services, particularly within the mental health area on the East Coast, the impact of GP collective action which in the main, remains an unknown entity and difficult to quantify, and also the risk of the public not knowing where to access services.

A key theme of the Winter Plan is prevention which had already been alluded to earlier in the meeting and it would be remiss not to mention was the need for those eligible to get their vaccinations as this is important to delivery of the plan.

The capacity and demand modelling continues to suggest three key areas of focus for the system during winter which are critical in ensuring the urgent care system can manage the anticipated pressures. Those are:

- Attendance Avoidance.
- Admission Avoidance.
- Reduced Length of Stay.

Mrs Neno provided some examples of the work being undertaken to bring those three areas to life for the Board's information.

On a final note, information was included in the Winter Plan on the Urgent and Emergency Care Winter Communications Plan for 2024/25. Mrs Neno invited Mrs Blyth to comment on this section of the Winter Plan. Mrs Blyth advised that essentially the aims of the communications is a reflection of the joined-up communications work already happening across Lincolnshire into a single point of reference for stakeholders. This iteration of the Plan includes specific actions around the winter period and has been developed as a whole Lincolnshire NHS communications system, with all partners signed up to supporting and delivering the activities within it. This winter, the approach had been segmented into five key areas:

- Talk before you Walk.
- Core Communications Approach.
- Escalation Management Approach.
- Data-driven behavioural change campaign.
- Staff communication.

Mrs Blyth provided a summary of the work underpinning those five areas.

Mrs Neno advised this concluded the presentation of the ICS Winter Plan and asked whether there were any questions. The Board considered the documents presented. Mrs Pratt asked about the work being undertaken to reduce length of stay and the risk appetite associated with this. Mrs Raybould advised that part of the ULTH rapid improvement offer is about supporting clinicians about how they reduce length of stay, but also that communities in the service are safe to receive the patients. Mrs Neno added that there is also a dimension to this in that when patients are fit to be discharged, the family and public need to work with the teams involved to enable that to happen. It is really important note to elongate people's stay in hospital.

The Board agreed to:

- **Note the Lincolnshire ICS Winter Plan 2024/25.**

Mrs Neno left the meeting.

GOVERNANCE

24/278

STANDARDS OF BUSINESS CONDUCT AND CONFLICTS OF INTEREST POLICY

Mrs Ellis-Fenwick advised that as required by the Health and Social Care Act 2011, 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.

On the 17th September 2024 NHS England issued updated guidance on Managing Conflicts of Interest in the NHS. This guidance is intended to protect patients, taxpayers and staff and to cover health services in which there is a direct state interest. It is applicable to ICB's, NHS Trusts and Foundation Trusts and NHS England.

In light of the publication of this updated guidance, the ICB Board Secretary and Deputy Board Secretary have reviewed the ICB Standards of Business Conduct and Conflicts of Interest Policy and made a number of amendments to bring the policy in line with this guidance. All changes have been tracked in red for ease of reference.

The ICB Board was asked to consider the revised document and approve this for inclusion in the ICB Governance Handbook and publication on the ICB website and intranet. The updated guidance will also be communicated to staff who will be required to familiarise themselves with the content.

The Board considered the updated document. Mrs Pratt advised that following the changes to the NHS-wide guidance she was no longer able to continue working for the ICB in her capacity as a Non-Executive due to a separate role with NHS England which constituted a conflict of interest. The Board noted Mrs Pratt would be stepping down in the coming months.

The Board agreed to:

- **Approve the updated Standards of Business Conduct and Conflicts of Interest Policy.**

24/279 COMMITTEE HIGHLIGHT REPORTS

The Board received the Committee highlights reports from the following Committees:

- Service Delivery and Performance
- System Quality and Patient Experience
- Audit and Risk Committee
- East Midlands Joint Committee

The Committee Chairs advised that they would take the reports as read and there was nothing specific to highlight to the Board, with the majority of areas touched upon during the Board meeting.

Mrs Williamson advised there was nothing specific to highlight to the Board from the East Midlands Joint Committee report from the meeting held on the 15th October 2024.

Dr McSorley provided a verbal update from the Primary Care Commissioning Committee meeting held the previous week and highlighted the following for the Board's information:

- The Primary Care Recovery Access Plan was considered by the Committee and to provide the Board with a sense of the scale of the work that is underway at the moment, to the end of September 2024 over 2.7 million appointments were provided in primary care. There are 300,000 appointments a month in Lincolnshire, which is above the plan for the year at £2.4 million. Colleagues in primary care are delivering increased access.
- A considerable amount of work has also taken place in primary care around patients being able to register on-line. The number of patients self-referring to one of the seven pathways accessible to them has also increased, e.g. physiotherapy. Pharmacy First data has also indicated that patients are increasingly utilising pharmacy services. There has also been an increase in dental activity that is being delivered in Lincolnshire.

All of this is very positive and links to the Frailty Strategy considered earlier in the meeting, and the work around the GP strategy development.

The Board agreed to:

- **Note the reports and verbal update.**

24/280 ANY RISKS IDENTIFIED

The Board considered whether there were any new risks identified during the meeting. Dr McSorley flagged the risk identified regarding the discussion held by the Board earlier in the

Subject to approval by the Board at its next meeting

meeting relating to social care and voluntary sector colleagues. This was acknowledged and considered, and it was agreed that as that situation plays out this risk need to be considered for inclusion on the ICB Corporate Risk Register. In the interim the situation would remain closely monitored.

24/281 DATE AND TIME OF THE NEXT MEETING

The next formal ICB Public Board meeting will take place on Tuesday, 28th January 2025 at 9.30 am at Bridge House, Sleaford.

The Board agreed 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.

Chair Signature

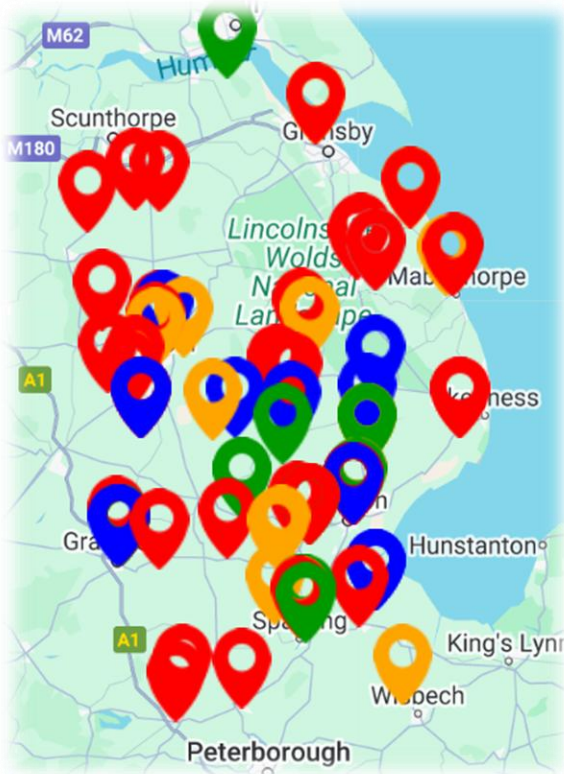
Date



ICB Board January 2025 Healthwatch Updates

healthwatch
Lincolnshire

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



Location mapped using service postcodes.
Pointers coloured according to sentiment:

- Positive - green
- Negative - red
- Mixed - orange
- Neutral - blue
- Unclear - grey

November and December 2024

Between November and December 2024 **104** people shared their experiences of health and social care with us. An additional **85** people have shared their experiences through our Mental Health Survey focusing on new fathers, military families, veterans and those working in farming and agriculture.

Out of the 104 experiences shared to our Information Signposting Team, **45% were negative** and **21% were positive**. The remaining were neutral, mixed or unclear.

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

- All Hospital Services (53%) - (13% of all comments were about A&E)
- GP Services (37%)
- Mental Health (13%)
- Dentistry (10%)
- Social Care (8%)

*Some comments relate to multiple service areas.



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

Asylum seekers, access to services and HC2 forms

- Sudden dispersal of large groups of asylum seekers to Louth and surrounding areas.
- Services are still learning how to meet the needs.
- HC2 forms (for free prescriptions) are delayed due to rapid relocations.
- Asylum IDs allow free prescriptions, but many providers (pharmacies, GPs, hospitals) are unaware of this process.

"I had a young person of 18 from Afghanistan who has arrived with a mental health crisis and was unable to access a prescription because they were asked to pay. The practice pharmacist was very helpful but clearly this issue was unknown, and both the practice pharmacy and Boots pharmacist insisted he had to show his HC2 before they would give the prescription free of charge. We paid in order to expedite, but it is of great concern to us as clearly these individuals have no funds beyond the £7 a day they receive for food, clothing, communications, transport, etc."

"Another individual told us he had been on Bibby Stockholm (barge housing asylum seekers) long enough to receive his HC2 and understood the system. He also told us the Co-op pharmacy had taken his asylum ID as evidence, so clearly some are more tuned in than others."

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

Access to dental services for care homes

- Raised concerns over difficulties accessing dental care for residential patients – both preventative and emergency care.
- 111 not able to help very often and when they do it seems the appointments are a long distance away which makes it hard to get the resident there.
- Question raised about dental services for care home residents and the need for regular checks.

"Dental access for care home residents. This is becoming very difficult to access for a number of residents especially when there are few dentists who will take on patients generally but seems to be getting worse for residential care home people. Lack of emergency appointments when required. Both staff and relatives have spent hours trying to get an emergency appointment for residents. They have made contact with NHS 111 but do not find them very helpful and when they do get an appointment offered it is a very far distance away and this is a challenge then to get the person to that practice.

Is there a service for care home residents where a visiting dentist will come into the home for routine checks? Is there a dental hygienist service that visits care home residents as part of the oral health campaign and preventative dental care? Care home manager used to have one who attended on a regular basis at the home in Spalding that they managed but is at a loss to find someone again to come to the Boston care home."

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

Accessing defibrillators

- Individual had cardiac arrest whilst playing football.
- **Wrong codes for defib access were given by ambulance control.**
- The individuals had to smash open the door to gain access, injuring one of them.
- Reported that this delayed treatment by a valuable 10 minutes.
- Ambulance response was 20 minutes, and the individual is now recovering in hospital.

"A relative was a referee at local walking football match played at Haven High School in Boston last week. One of the players, collapsed on the pitch and was having a cardiac arrest.

*Two other members of the team went to find the defibrillator (defib) that was situated in the school. They maintained contact with ambulance control, they found the defibrillator, they were **given 5 wrong codes by ambulance control that did not open the door to the defibrillator**. They ended up smashing the door to gain access to the defibrillator, injuring one of them in the process, the defibrillator was taken to the pitch side.*

This cost a valuable 10 minutes when they were trying to save someone's life."

Our research projects

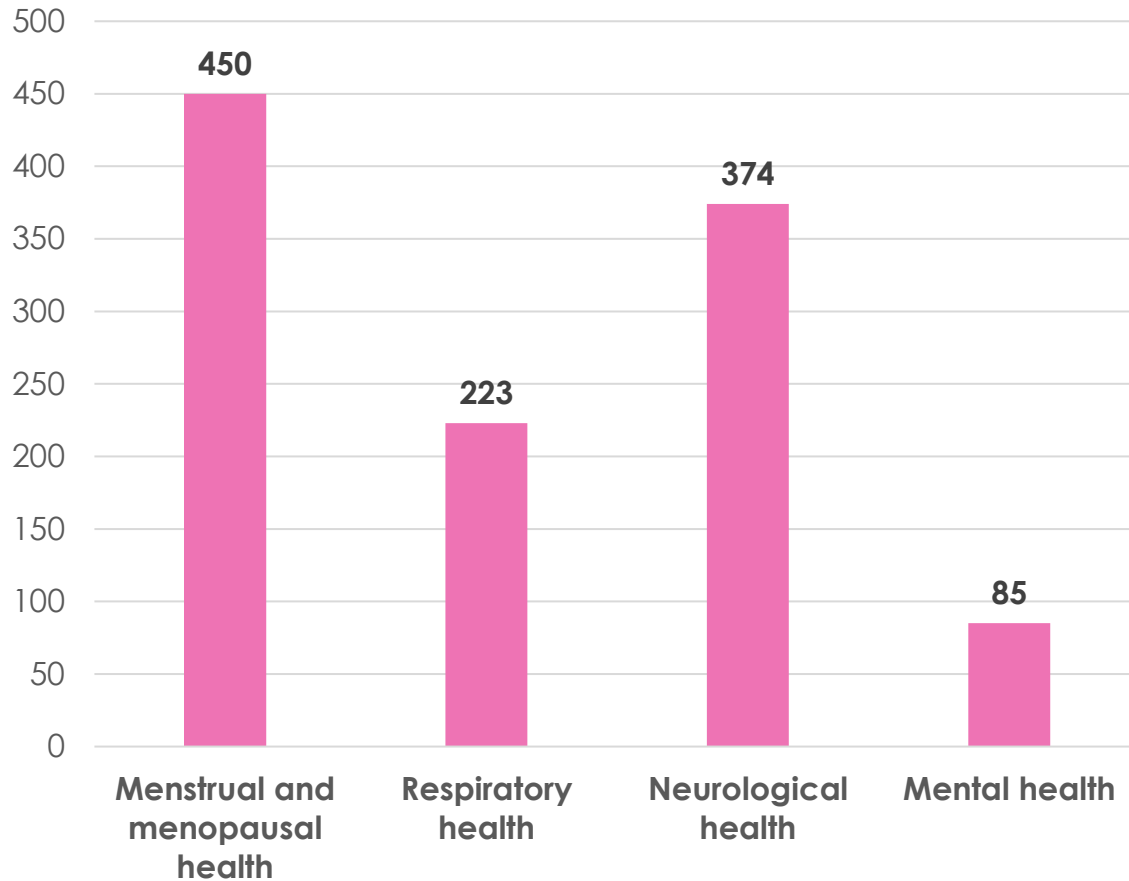
Webinar – Summary presentations

Watch summaries of findings from the first three campaigns on our YouTube channel HWLincs or click the pictures below.

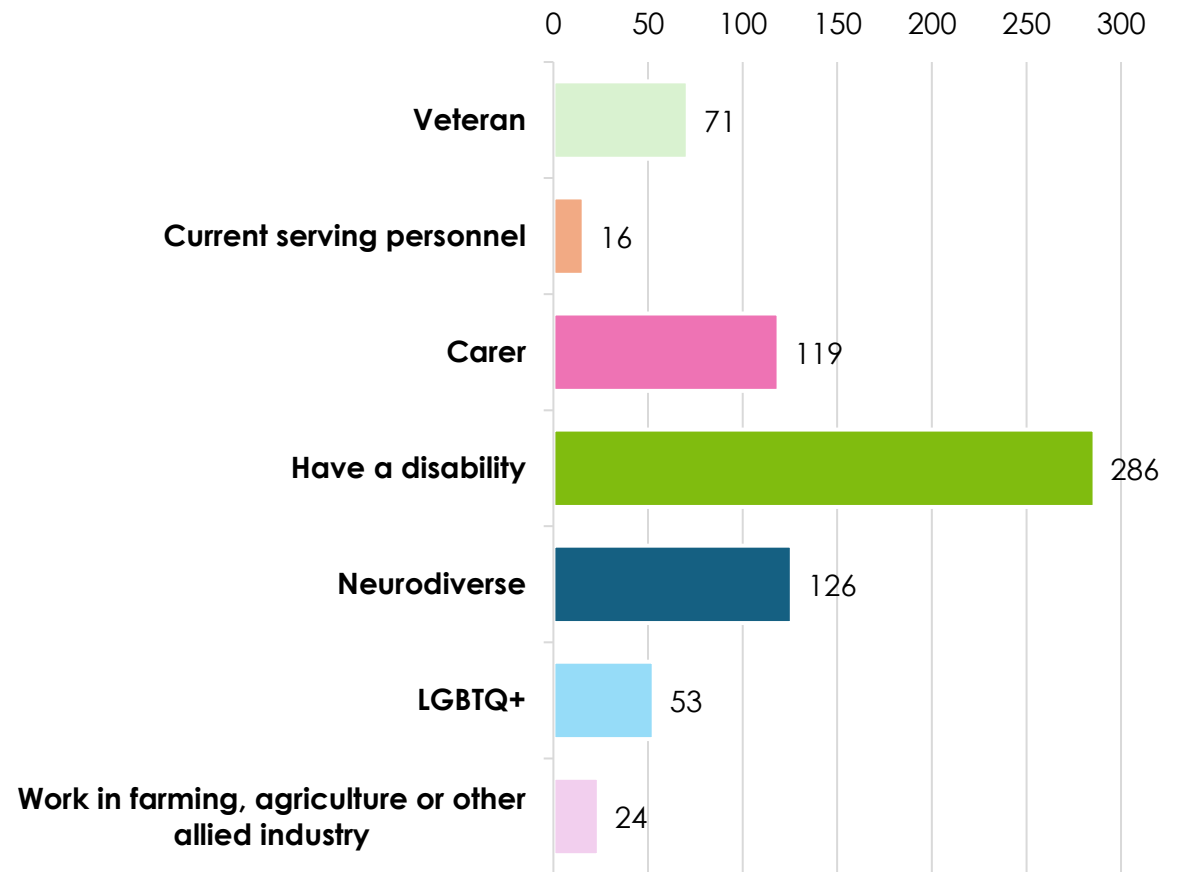
 <p>Menstrual and Menopausal Health Project findings June 2024</p> <p>healthwatch Lincolnshire</p>	 <p>Respiratory Health Project findings August 2024</p> <p>healthwatch Lincolnshire</p>	 <p>Neurological Health Project findings December 2024</p> <p>healthwatch Lincolnshire</p>
<p>Menstrual and Menopausal Health</p>	<p>Respiratory Health</p>	<p>Neurological Health</p>

Our research projects

How many service users shared their views?



Who shared their views?



Our research projects

Key themes



Diagnosis

Being listened to and there can be a long journey to a diagnosis came through across all the research projects.



Waiting Well

Many report long waits for additional tests and treatment, and felt more interaction and support could be offered during this time.



Support

There is a consensus that support should be more holistic, and be more locally available, providing equitable access for all.

Infant Feeding

- Report finalised.
- In total:
 - 850 responses (KPI: 300-500)
 - 12 in-person interviews (KPI: 2)
 - 2 focus groups (KPI: 2)
- An overview of the findings has been presented to the LMNS.
- The findings of the work have fed into the Infant Feeding Strategy, which picks up on many areas highlighted through this work.
- A fantastic impact of the work is that the postnatal toolkit that has been produced covers the topics respondents wanted to hear about. Great example of public voice findings influencing development and being acted upon.



Infant Feeding Engagement Project Findings By HWLincs



Current HWLincs Focus

Pelvic Health

To help develop the Perinatal Pelvic Health Service, we are working with Better Births to gather intelligence on pelvic health knowledge and experiences people go through.

This survey is for anyone in Lincolnshire who has been pregnant or had a baby in the past two years.

So far 172 people have responded, 45 of which have said they are happy to be involved in this work further.

Survey closes 3rd February.



Scan the QR code to complete!

HW
Lincs

VOICE
CONFERENCE 2025

BISHOP GROSSETESTE UNIVERSITY
LINCOLN

12 FEBRUARY 2025
9.30AM - 2.30PM



<https://www.eventbrite.co.uk/e/hwlincs-voice-conference-tickets-1106359524119>

For more information

Healthwatch Lincolnshire
Rooms 33-35
The Len Medlock Centre
St George's Road
Boston
PE21 8YB

www.healthwatchlincolnshire.co.uk

t: 01205 820 892

e: info@healthwatchlincolnshire.co.uk

 @HealthwatchLinc

 [Facebook.com/HealthwatchLincolnshire](https://www.facebook.com/HealthwatchLincolnshire)

healthwatch
Lincolnshire

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	4 (i)
Meeting Date:	Tuesday, 28 th January 2025
Title of Report:	Health Inequalities VCFSE Grant Fund
Report Author:	Emma Townend, Interim Health Inequalities Programme Lead
Presenter:	Emma Townend, Interim Health Inequalities Programme Lead
Appendices:	Appendix 1 – Interim Evaluation Report Appendix 2 – Presentation

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 asked to note the information around engaging with our communities who face health inequalities, in partnership with Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) through the Health Inequalities VCSE grant funds.

Summary

Context

NHSE Requirements for ICBs and the VCFSE sector:

- "The sector has a key role in tackling the wider determinants of health by reaching people who experience health inequalities and removing barriers to accessing services." - NHS England, working in partnership with people and communities guidance

VCFSE organisations are essential to supporting a greater shift towards prevention and self-care as well as supporting the redesign of care based on population health needs and health inequalities.

In 2023, Lincolnshire Integrated Care Board (ICB) approached Lincolnshire Voluntary Engagement Team (LVET) to explore a new approach to addressing Health Inequalities in Lincolnshire.

LVET is a collective of over 150 Voluntary, Community, Faith, and Social Enterprise (VCFSE) organisations in Lincolnshire, focused on health, care, and wellbeing. Their four strategic goals are to advocate for the sector, build resilience, connect and communicate and demonstrate impact and value.

LVET plays a crucial role in creating healthy, supportive communities and was commissioned to manage and administer the Health Inequalities VCFSE Grant Fund.

LVET and partnerships with VCFSE helps us address health inequalities and strengthened partnership work:

- **Investment** – by creating Health Inequalities VCSE grant fund and allocating bids over the first year to a range of VCFSE organisations. The fund had a total value of £100,000 with LVET utilising £15,000 to manage the grant process, supporting grantees and coordinating the monitoring and reporting of grant outcomes, leaving £85,000 available for VCFSE organisations. Grants were aimed to support the reduction of Health Inequalities, with the focus on the Core20Plus5 population groups and clinical areas, along with key inclusion groups for both adults and children. Each VCFSE organisation could apply for up to £5,000 or work with up to two organisations for a total of £15,000.
- **Relationships & Expertise** - Channeling the fund through LVET have brought significant benefits, including increased flexibility, adaptability, and enhanced reach and impact in Lincolnshire.
- **Prevention** - The VCFSE sector plays a vital role in prevention and engaging marginalised or underserved groups, with trusted community relationships. LVET's wide network and deep local knowledge enable a community-focused, flexible, holistic and innovative approach to addressing health and social care needs.
- **Gathering insights** – working in partnership with voluntary sector helps to gather insight from local people and communities to support the Core20PLUS 5 approach for Adults and Children and Young People.

The progress we have made:

- There were two phases of the Health Inequalities VCFSE Grant Fund where the grant funding was awarded by a panel which consisted of one member from the Health Inequalities Team and two members from LVET, with an additional panel member joining the second phase from Lincolnshire Community Foundation. Due to the high volume of applications received, the panel ensured assurance of the programme by evaluating applications against the criteria. Once applicants were informed that they were successful, due diligence documents were also requested. To date, £50,000 was distributed in phase 1, and the further £35,000 was distributed in phase 2.
- The reporting framework was developed in collaboration with the organisation to ensure it was both achievable and effective in measuring impact and outcomes. Applicants appreciated this approach, with many finding it refreshing and well-received.
- This grant funding programme has encouraged flexibility and innovation in community organisations, resulting in a diverse range of projects with varying activities and timelines.

- There were 10 successful applicants in phase 1 and 8 successful applicants in phase 2, with projects focusing in different areas for Adults and Children & Young People. The projects range from organisations supporting autistic people through weekly strength training (Darkside Rising) to providing free blood pressure checks at Lincoln City Football Club Stadium for match days (Lincolnshire City Foundation) and many more. Projects funded through the programme are all at different stages.
- LVET aims to demonstrate the value and impact of this programme by using the Social Value Engine (SVE) which is a tool that has been developed by Rose Regeneration and East Riding of Yorkshire Council. The SVE combines the Cabinet Office's Social Return on Investment (SROI) guide with over 350 peer reviewed financial proxies, accredited by Social Value UK. All projects and the overall programme are being entered into the SVE, with results to be shared in due course.

Examples of our 'investment fund' projects and outcomes, including some case studies showcasing some direct quotes from participants who have taken part in the projects can be found in Appendix 1.

Some common positive outcomes across the projects include:

- Increased Mental Health, emotional wellbeing and confidence of groups
- Increased development of day-to-day skills
- Increased social connections and ability to interact
- Increased health education and awareness e.g. blood pressure identification or knowledge around healthy eating
- Increased knowledge and awareness around access to services for people living in high deprivation areas

Next Steps

LVET are focused on bringing together partner organisations for collaboration from links in current projects, they will also continue to capture the positive outcomes and value from all ongoing projects.

The Health Inequalities Programme has allocated a further £100,000 to continue Health Inequalities VCSE grants for 2025/26.

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

<p>Aim 1: Improve outcomes in population health and healthcare.</p>	<p>The Health Inequalities VCFSE Grants are aimed to support the reduction of Health Inequalities, with the focus on the Core20Plus5 population groups and clinical areas, along with key inclusion groups for both adults and children. As the grants are focused around our Core20PLUS population groups, this helps with improving population outcomes and reducing health inequalities.</p>
<p>Aim 2: Tackle inequalities in outcomes, experience and access.</p>	<p>Healthcare inequalities are part of wider inequalities and relate to inequalities in the access people have to health services and in their experiences of and outcomes from healthcare.</p>

	The Health Inequalities Programme recognises the value and important part that the VCFSE sector has and its ability to reach communities. The Health Inequalities VCFSE Grant fund supports groups that are at risk of poor access, experiences and/or outcomes and the reduction of health inequalities.
Aim 3: Enhance productivity and value for money.	There is a clear business case for improving equity and that reducing health inequalities can contribute to an improved financial position both in the short term and long term. For example, focusing on increasing early identification of high blood pressure in our health inclusion groups could help as this avoids emergency admissions and costs on tertiary services.
Aim 4: Help the NHS support broader social and economic development.	Michael Marmot's work calculated the NHS treatment costs of health inequalities to be in the region of £5.5bn a year, productivity losses in the economy to £33bn, while a further £32bn a year is spent on higher welfare payments. The VCFSE Grant fund supports the reduction of health inequalities and strengthening community resilience, social inclusion, skills development and innovation and partnership.
Conflicts of Interest	Summary of conflicts
No conflict identified	N/A
Risk and Assurance	
Risks are managed within LVET and are reports into the Health Inequalities Programme governance arrangements.	
Implications (legal, policy and regulatory requirements)	
Does the report highlight any resource and financial implications?	No implications identified. The whole £100,000 allocated has been used.
Does the report highlight any quality and patient safety implications?	No
Does the report highlight any health inequalities implications?	Yes – details provided within the appendix
Does the report demonstrate patient and public involvement?	Yes- demonstrates the importance of community working.
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:			
Health Inequalities Programme Board			
Is the report confidential or not?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Appendix 1

Health Inequalities VCSE Grant Fund

Interim Evaluation Report - September 2024

Context

In 2023, Lincolnshire Integrated Care Board (ICB) approached Lincolnshire Voluntary Engagement Team (LVET) to **explore a new approach** to addressing Health Inequalities in Lincolnshire.

Who are LVET and Why?

LVET is a collective of Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations in Lincolnshire who have a focus on health, care or wellbeing. LVET have over 150 members, from large to micro-organisations based all around the county, offering a whole range of activities. LVET have four strategic goals; to advocate for the VCFSE sector, to build resilience, to connect and communicate and to demonstrate impact and value. LVET are a **vital component** in creating healthy communities that care for each other and were commissioned to manage and administer the Health Inequalities VCSE Grant Fund.

There were **significant benefits** with the fund being channelled through LVET, such as increased flexibility, adaptability and enhanced effectiveness, reach and impact of the funds. The VCFSE sector has a huge role, and significant experience, in both prevention and working with groups not accessing services, or who are marginalised in some way, as well as having trusted relationships with communities. LVET has a wide reach into the VCFSE sector, working with organisations who have hyperlocal knowledge of their communities and the people they work with to holistically understand their needs. It allows for a more community-focused, flexible and innovative approach to addressing health and social care needs.

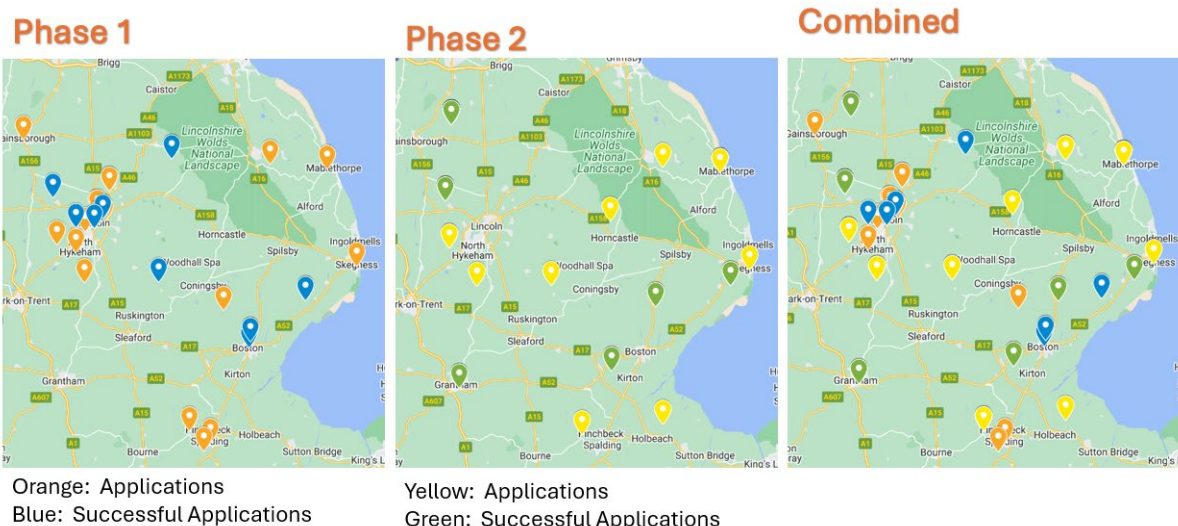
What for?

The fund has a total value of **£100,000** with LVET utilising £15,000 to manage the grant process, supporting grantees and coordinate monitoring and reporting of grant outcomes, leaving **£85,000 available for VCFSE organisations**. Grants aimed to support the reduction of Health Inequalities, with the focus on the Core20Plus5 population groups and clinical areas, along with key inclusion groups for both adults and children. Each organisation could apply for up to £5,000 or work with up to two organisations for a total of £15,000.

Applications

There were two phases of the Health Inequalities VCSE Grant Fund, as although we received £147,668 worth of applications in the first phase, many didn't meet the criteria. Therefore, £50,000 was distributed in phase 1, and the further £35,000 was distributed in phase 2 (where we received £114,897 worth of applications).

This diagram demonstrates the spread of applications across Lincolnshire:



We were keen to keep both the application process and reporting feedback as simple as possible, which was well received across the sector, and we have received incredibly positive feedback. We also took learning from phase 1 and embedded this into our approach with phase 2, such as explaining the criteria further and streamlining some questions. We also requested due diligence documents after the organisation had been informed they were successful to avoid time being spent unnecessarily, again something which was appreciated by applicants.

The panel consisted of one member from the Health Inequalities Team and two members from LVET, with an additional panel member joining the second phase from Lincolnshire Community Foundation.

The reporting framework was developed together with the organisation to make sure it was achievable whilst measuring the impact and outcomes of their work. This approach was warmly received by the applicants, with many commenting how refreshing it is to have a reporting framework of this nature.

Progress to date

We encouraged as part of the programme for people to be flexible and innovative in their thinking, which led to applications on a wide range of activities, as well as timescales. From the funding, some of the projects have completed, some are mid-way through, and some are just beginning. Appendix 1 details a summary of timescales for all projects.

For the projects which are completed, part-way through and enough data to report on, we have collated this into some infographics below the progress data.

As part of this fund, we felt it was important to **demonstrate the value and impact** the programme had. We are also using the [Social Value Engine \(SVE\)](#), a tool developed by Rose Regeneration and East Riding of Yorkshire council which brings together the Cabinet Office's guide to Social Return on Investment (SROI) with 350+ peer-reviewed financial proxies and is accredited by Social Value UK. We are currently in the process of inputting all projects, as well as the programme, into the Social Value Engine and will share in coming weeks.

LVET is on track with the amount allocated to perform the management and administration of the Health Inequalities VCSE Grant.

	Organisation	Project Summary	Current Progress September 2024	The expected outcomes / impact includes (but not limited to) ...
Phase 1	The Askefield Project	<p>The project will aim to work with 10 young people who struggle with mainstream education and have mental health and social interaction issues (not necessarily diagnosed). The project will assemble a Toylander 90 Land Rover kit over 10 sessions.</p> <p>Health Inequality Focus: CYP Mental Health, living with learning disabilities or special educational needs and disabilities, living in a farming, rural or coastal community.</p>	Project Completed – see below for outcomes.	<ul style="list-style-type: none"> • Children and Young people to feel better at the end of the sessions than before • Ability to interact with other young people on a collective activity • Improved mental wellbeing, confidence and self-esteem for children and young people
	BID Services	<p>The project will deliver 8 accessible health workshops for Lincolnshire's Deaf Community living in / around the following areas: Lincoln, Boston, Mablethorpe and Grantham. These will be delivered in partnership with local health / specialist providers.</p> <p>Health Inequality Focus: Sensory Impairment, chronic respiratory disease, hypertension, maternity health</p>	4 workshops out of 8 delivered, with a total of 21 attendees – see below for outcomes so far.	<ul style="list-style-type: none"> • Increased awareness of health and care services • Increased understanding of how to access health and care services • Improved confidence and self-esteem of people involved in the workshops
	The Butterfly Hospice Trust	<p>The project will start a Children and Young People service within the hospice so the family (who are affected by a life-limiting condition) can be supported as a whole. This will include setting up the service and specialist training as well as delivering 1:1 support to CYP.</p> <p>Health Inequality Focus: CYP Mental Health</p>	Delayed start due to change of personnel – project start August 2024 for 12 months which felt the best option to achieve the best results for the people they are supporting.	<ul style="list-style-type: none"> • Increased number of resources to support children and young people • Increased understanding on what is happening for children and young people • Increased emotional wellbeing and reduced social isolation for children and young people

	Darkside Rising	<p>The Divergent Project will support 16 autistic women, aged 14 or over. This will be through weekly strength training sessions. Participants will either self-identify as autistic or have a formal diagnosis.</p> <p>Health Inequality Focus: Hypertension, diabetes, CYP neurodivergent</p>	Project Completed – see below for outcomes.	<ul style="list-style-type: none"> Improved mental health for participants after the sessions Decreased anxiety and depression symptoms after the sessions Positive impact on their physical health
	Glint	<p>The project will support 10 young people (14-21) who are experiencing low level mental health issues which means they're finding it difficult to engage with education. This is through equine facilitated learning and therapy programmes.</p> <p>Health Inequality Focus: CYP Mental Health, living in a farming, rural or coastal community, CYP neurodivergent, care Leavers</p>	Several clients had sessions booked and subsequently cancelled for a variety of reasons which led to a change in approach and delivery. Most of the work has been delivered with group sessions rather than 1:1s, with the final 3 clients starting in June for 6 x 2-hour sessions.	<ul style="list-style-type: none"> Children and Young People to feel better at the end of the sessions than before Improved mental wellbeing, confidence and self-esteem for children and young people Ability to interact with other young people in group sessions
	GoGro CIC	<p>The project will deliver an 8-week community-based healthy eating cookery course at both Ermine Community Library and Birchwood Library. The course will enable participants to improve their health and wellbeing through better knowledge of healthy eating and improved skills and confidence.</p> <p>Health Inequality Focus: Hypertension, diabetes</p>	Ermine project is almost complete and gone well. Birchwood had a delayed start due to venue issues and due to begin the 8-week course in the next few weeks.	<ul style="list-style-type: none"> Increased knowledge of healthy eating Ability to make healthy meals from scratch at the end of the course Increased emotional wellbeing, confidence and reduce social isolation for those involved
	Green Synergy	<p>The project will support 8-17-year-olds with neurodiverse needs, learning and physical disability needs who are struggling with their mental health to have access to green spaces and experience trips to improve their mental health, wellbeing and confidence levels.</p>	Projected completed, with 36 sessions delivered to date and 118 children and young people who have engaged with these	<ul style="list-style-type: none"> Children and Young People to feel better at the end of the sessions than before

		Health Inequality Focus: CYP Mental Health, living with learning disabilities, special educational needs and disabilities	sessions – see below for outcomes so far.	<ul style="list-style-type: none"> • Increased social connection between children and young people • Improved emotional wellbeing and confidence for children and young people
Lincoln City Foundation	The project will deliver 3 x free blood pressure checks for Lincoln City Football Club fans who are attending a home matchday fixture at the LNER Stadium.	Health Inequality Focus: Hypertension	Project Completed – see below for outcomes.	<ul style="list-style-type: none"> • Increased awareness of blood pressure risks • Early identification of high blood pressure • Increased awareness of other community based activities
The Nappy Library	The project will support parents with the opportunity to receive cloth nappies, and will do this through additional free hire kits, a small selection of free nappies and discount codes with key retailers. The project will also look to run information events which double as a parent support group.	Health Inequality Focus: Maternity Support, living in a farming, rural or coastal community	Project ongoing, with the Nappy Library being busy and positive feedback including “I’m so glad I found you!”, with people appreciating the option to try different brands and types of cloth nappies – see below for outcomes so far.	<ul style="list-style-type: none"> • Increased number of families using cloth nappies • Improved access to cloth nappies for those living in areas of high deprivation • Reduced social isolation for parents / carers
The Network	The project will deliver 1:1 support to 18–29-year-olds, who are lonely, isolated or at risk of mental health crises who aren't currently engaged with appropriate services. They will be offered person-centred support, tailored to their own outcomes, but likely to include moving into work, volunteering, training, accessing relevant benefits, joining social sessions, building confidence or reducing crisis risk.		Project Completed – see below for outcomes.	<ul style="list-style-type: none"> • Improved wellbeing for participants achieving their own goals • Improved emotional wellbeing and confidence of young people involved • Improved access to services for young people in high areas of deprivation



		Health Inequality Focus: Care Leavers, ethnic minority backgrounds, living with learning disabilities, special educational needs and disabilities		
Phase 2	The Askefield Project	Weekly safe space to bring together young people aged 10-18 to meet and develop meaningful relationships alongside partaking in organised games and activities. Health Inequality Focus: CYP Mental health, CYP neurodivergent, CYP carers	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Ability to work with other young people in collective activities • Improved relationships and friendships built between young people • Improved emotional wellbeing and confidence of young people involved
	Disability Network CIC	A weekly community art group for 48 weeks for people living with a disability of any nature which makes them vulnerable and anticipated to have a positive impact on people's mental wellbeing, social connection, emotional expression, cognitive benefits and self-esteem and confidence. Health Inequality Focus: Living in farming, rural or coastal areas, carers, sensory impairment	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Increased skills learnt from participants • Improved mental wellbeing • Improved emotional wellbeing, confidence and reduced social isolation
	Gainsborough Men's Shed	Tools and materials to support activities within Gainsborough Men's Shed that can be used for the next 12 months or longer. Health Inequality Focus: Living in farming, rural or coastal areas, men's mental health	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Improved access to health services for participants • Increased skills learnt from participants • Improved emotional wellbeing, confidence and reduced social isolation
	GoGro CIC	Interactive online cooking club for carers across Lincolnshire over 10 weeks, teaching carers how to cook healthy and affordable meals (and a focus on some ingredients that are acknowledged to help maintain brain health)	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Improved knowledge for carers on healthy eating


	<p>Health Inequality Focus: Living in farming, rural or coastal areas, carers</p>		<ul style="list-style-type: none"> • Increased skills to be able to make healthy meals for participants • Improved emotional wellbeing, confidence and reduced social isolation
Inspired Equine Assisted Learning	<p>120 fully funded equine assisted learning sessions which will help children and young people with neurodevelopmental differences understand their true potential and manage their feelings as well as feelings of others.</p> <p>Health Inequality Focus: CYP Mental Health, living with learning disabilities, special educational needs and disabilities, neurodivergent, CYP sensory impairment</p>	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Improved ability for Children and Young People to better understand their feelings • Increased emotional wellbeing, confidence and self-esteem • Reduced social isolation for Children and Young People
Jubilee Church	<p>An 8-week project with 12- to 17-year-olds to learn how to cook, basic skills, nutrition explained simply, cooking on a budget and cooking in bulk.</p> <p>Health Inequality Focus: From minority ethnic backgrounds, children in care or care leavers, in the justice system, not in education, living with learning disabilities, special educational needs and disabilities, neurodivergent, carers</p>	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Increased knowledge on healthy eating for participants • Improved greater understanding of nutrition • Improved emotional wellbeing, confidence and self-esteem
Lincolnshire Traveller Initiative	<p>Extension of curriculum for young travellers (age 11-16) to include First Aid and Wellbeing which will cover mental health, emotional wellbeing, resilience, stress, self-esteem, healthy relationships, personal hygiene, healthy eating and the importance of physical activity.</p> <p>Health Inequality Focus: CYP mental health, from ethnic minority backgrounds, not in education, CYP oral health</p>	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Increased understanding of wellbeing • Increased skills for children and young people • Increased emotional wellbeing, confidence and self-esteem


	Mint Lane CIC	<p>Cookery skills within deprived areas of Lincoln to take action on food poverty, promote social eating, reduce food waste and create friendship through food.</p> <p>Health Inequality Focus: Homeless, temporary / seasonal residents, from ethnic minority backgrounds, CYP neurodivergent, living with learning disabilities, special educational needs and disabilities, carers</p>	Grant Agreement Signed – project in early stages.	<ul style="list-style-type: none"> • Improved cookery skills following the project for participants • Empower participants to live a healthier lifestyle • Increased emotional wellbeing, confidence and self-esteem for participants
--	---------------	--	---	--


Outcomes So Far

Assembling a Toylander 90 Land Rover with Children and Young People

  10 Children and Young People at 10 Sessions

 90% young people said they felt better for attending the project

 60% young people said they had made new friends and got out of the house

 100% parents / carers had seen an improvement in their child's mental health

Accessible Health Workshops for Lincolnshire's deaf community

 21 people attended who were all profoundly deaf 


4 sessions out of 8 delivered so far 


100% people had a better understanding of topics covered 


86% people aware of services available 


Darkside Rising C.I.C

Strength training with women 14+ with neurodiverse needs

 16 people attended over 64 sessions

 100% people reported improved mental health after the sessions

 100% people reported a positive impact on their physical health

 100% people reported decreased depression and anxiety

Children and Young People access to green spaces

118 Children and Young People supported  


36 Sessions delivered 


67 CYP described a positive impact on how they are feeling after the sessions 


41 Parents / Carers have indirectly benefitted so far 


Lincoln City Foundation

Blood pressure checks at 3 match day fixtures

 3 Home Match Day Fixtures at LNER Stadium

 180 people had their blood pressure checked

 109 High Blood Pressure Readings

 91 people signposted to GP (as not on medication and / or recently told)

nct Nappy Library

Supporting parents / carers with cloth nappies

41 families supported so far 


53 Cloth Nappy kits hired 


47 children using cloth nappies 


86% parents / carers feel less socially isolated 


THE NETWORK

To engage with appropriate services

 22 people supported through the project

 100% achieved one or more of their goal outcomes

 2 people have progressed into volunteering activity

 2 people set applying to University as a goal

Qualitative Data

These are some of the quotes provided by participants and a case study from the Network Lincoln CIO which supports people to engage with appropriate services.

“The carer said that they have never been able to get the male fan to complete a blood pressure test, either administered by themselves or at a GP, as the individual has always been too scared. The male fan willingly sat in the chair, and with Foundation staff support, had his blood pressure reading taken”
- Lincoln City Foundation, Phase 1.

“There’s no other places to go like this” - The Askefield Project, Phase 1

“I can’t praise you enough.. I don’t know where we’d be if you wasn’t here” - The Askefield Project, Phase 1

“These sessions have given each other an opportunity that they wouldn’t have usually had to get to know other people that share similar interests” - Green Synergy, Phase 1

The Network Lincoln CIO Case Study - Phase 1

Brief Background:

Client A was referred from the Job Centre to find appropriate grief support and mentoring following a sudden loss of their father. Their relationship with their mother showed signs of emotional abuse, and was let down by school systems that struggled to support them with their neurodivergent diagnoses and complex homelife.

Areas where support may be needed, identified during first conversation with A:

Mental health concerns, anxiety around social situations, lack of suitable / affordable transport, lack of Maths and / or English if needed for your desired career path, Autism / Asperger Diagnosis, ADHD Diagnosis and requirement for reasonable adjustments request

Outcomes and Impact:

- Explored housing options with A so they have a choice to exit their current situation if it gets too stressful.
- Given emotional support, and information on grief services and counselling specialised to bereavement and trauma, and through additional external funding, able to access our integrative counsellor which has been transformative.
- A has engaged with ‘Nerd Herd’, a Table Top Role Play Game, bringing passion and energy, as well as looking at starting their own games to support and involve other young people.
- A is doing the ‘hard work’ themselves and has a lot of skills they can use in the future, such as empathy, insightfulness and a great imagination
- A has started actively exploring heritage careers, successfully getting through to interview, and engaging in volunteering relevant to their interests.

Next Steps

There are four next steps:

1. Bringing together partners with purpose

We have brought together some of the groups who are delivering activities under this programme, where learning has been shared and relationships between partners developed. As themes between projects are developed, such as the link between food poverty and health, there may be more opportunities for people to collaborate and work together.

2. Data, outcomes and evidencing impact

We have collated information from the completed projects as well as had interim data from some of the projects which are still running. We will continue to work with partners to capture the outcomes and demonstrate the value these projects have had, and share this widely within the health and care system.

3. Reaching groups who didn't apply

We know there are VCFSE groups who didn't apply for the funding, and we would like to work further with them to understand why, so we can share and apply any learning to future programmes.

4. Explore further opportunities

So far, the model has been effective in offering VCFSE organisations an opportunity to work with people to address and reduce health inequalities. We have seen a range of activities to address the same problem, and have embraced the innovative and person-centred approach often found within the VCFSE sector. We would like to explore future opportunities within Health Inequalities, as well as other areas of health and care where a similar approach can be replicated.

Key Learning from the Programme

We have reviewed what worked well for the Health Inequalities VCSE Grant Fund, as well as things that could work better if we were to replicate this in the future with this and other workstreams.

<u>What worked well?</u>	<u>What could work better next time?</u>
<ul style="list-style-type: none">• Channelled through LVET and therefore wide reach into grass roots communities.• Simple application process• Simple performance monitoring framework• Contract support where needed• Promotion of VCFSE sector in addressing health inequalities	<ul style="list-style-type: none">• Clearer criteria• Bringing together partners on 'what could be done' rather than a competitive process• Aligning timescales clearer to allow for easier reporting• Joint communications between LVET and Health Inequalities Team

Appendix 1 - Summary of Awards - Timescales

Organisation		23	2024												25					
		December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
Phase 1	Askefield																			
	BID Services																			
	Butterfly Hospice Trust																			
	Darkside Rising																			
	Glint																			
	GoGro																			
	Green Synergy																			
	Lincoln City Foundation																			
	Nappy Library																			
	The Network																			
Phase 2	Askefield Project																			
	Disability Network CIC																			
	Gainsborough Men's Shed																			
	GoGro																			
	Inpired Equine Assisted Learning																			
	Jubilee Church																			
	Lincolnshire Traveller Initiative																			
	Mint Lane																			

Health Inequalities VCFSE Grant Fund

Emma Townend – Interim Health Inequalities Programme Lead
28th January 2025



Lincolnshire
Integrated Care Board



**Voluntary
Engagement Team**

Linking Differently to
Health and Care



The Why

Working in partnership with people and communities' guidance (October 2022)

The sector has a key role in tackling the wider determinants of health by reaching people who experience health inequalities and removing barriers to accessing services.

- Supporting greater shift towards prevention and self-care
- Amplify the voice of different communities and groups
- Address Health Inequalities

Grant Criteria

REDUCING HEALTHCARE INEQUALITIES



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

- MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups
- SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets
- CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations
- EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028
- HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5



Key clinical areas of health inequalities

- ASTHMA**
Address over reliance on reliever medications and decrease the number of asthma attacks
- DIABETES**
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks
- EPILEPSY**
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
- ORAL HEALTH**
Address the backlog for tooth extractions in hospital for under 10s
- MENTAL HEALTH**
Improve access rates to children's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

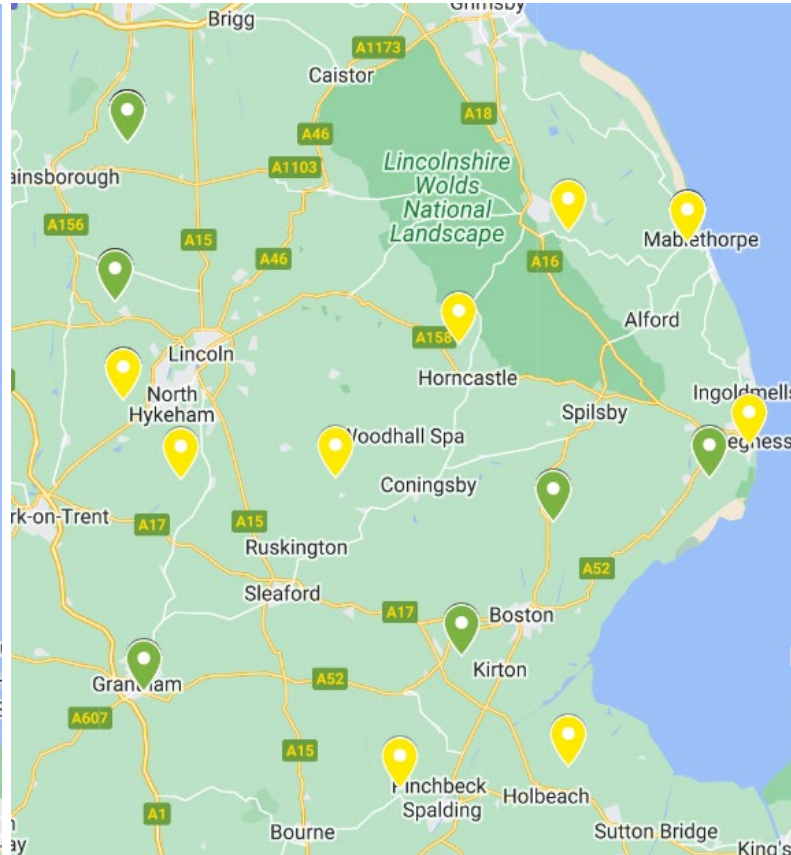
Applications across Lincolnshire

Phase 1



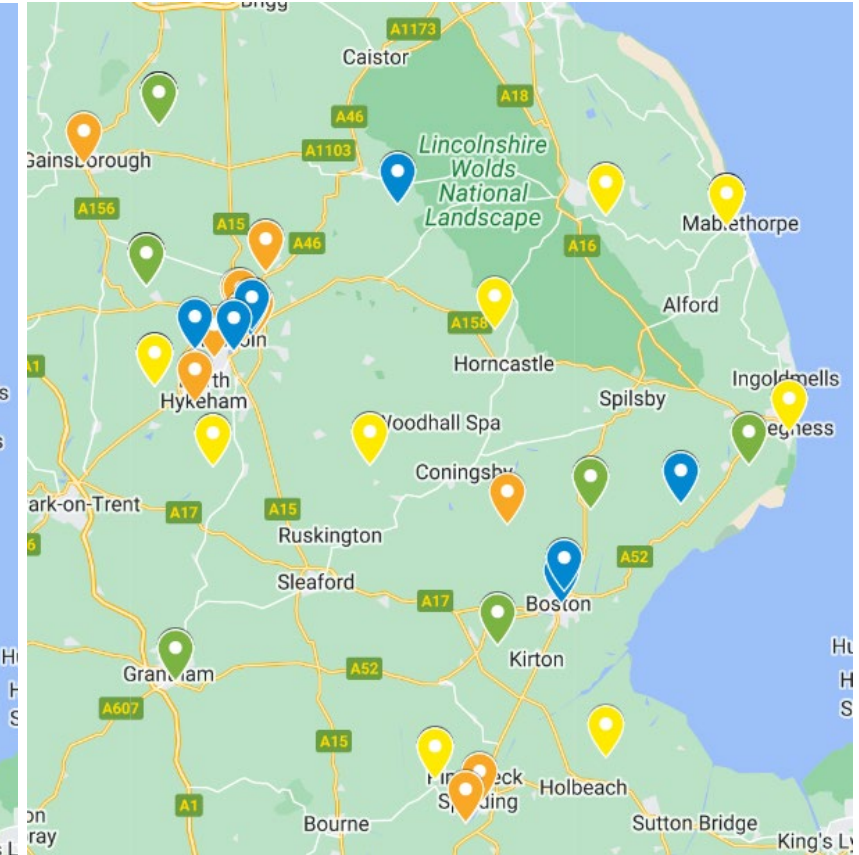
Orange: Applications
Blue: Successful Applications

Phase 2



Yellow: Applications
Green: Successful Applications

Combined

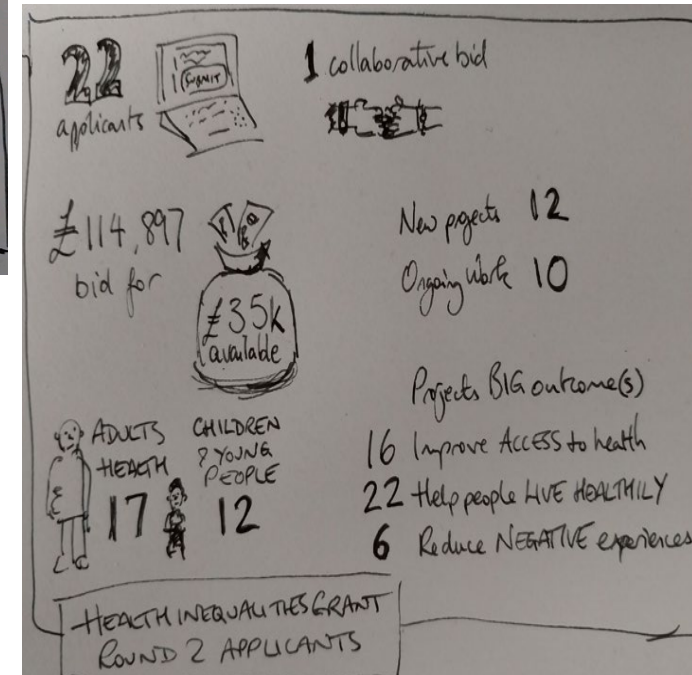
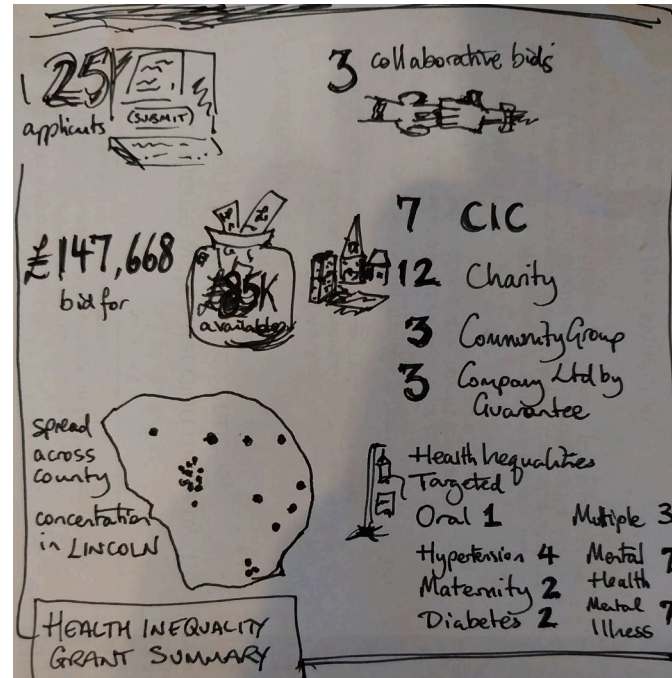


Successful Applications

Phase 1





Phase 2





Outcomes so far

Assembling a Toylander 90 Land Rover with Children and Young People

 10 Children and Young People at 10 Sessions

 90% young people said they felt better for attending the project

 60% young people said they had made new friends and got out of the house

 100% parents / carers had seen an improvement in their child's mental health

Accessible Health Workshops for Lincolnshire's deaf community

21 people attended who were all profoundly deaf 


4 sessions out of 8 delivered so far 


100% people had a better understanding of topics covered 


86% people aware of services available 


Darkside Rising C.I.C

Strength training with women 14+ with neurodiverse needs

 16 people attended over 64 sessions


 100% people reported improved mental health after the sessions


 100% people reported a positive impact on their physical health


 100% people reported decreased depression and anxiety


THE NETWORK

To engage with appropriate services

 22 people supported through the project

 100% achieved one or more of their goal outcomes

 2 people have progressed into volunteering activity

 2 people set applying to University as a goal

nct Nappy Library

Supporting parents / carers with cloth nappies

41 families supported so far 


53 Cloth Nappy kits hired 


47 children using cloth nappies 


86% parents / carers feel less socially isolated 


Lincoln City Foundation

Blood pressure checks at 3 match day fixtures


 3 Home Match Day Fixtures at LNER Stadium


 180 people had their blood pressure checked


 109 High Blood Pressure Readings


 91 people signposted to GP (as not on medication and / or recently told)

Children and Young People access to green spaces

118 Children and Young People supported 

36 Sessions delivered 

67 CYP described a positive impact on how they are feeling after the sessions 

41 Parents / Carers have indirectly benefitted so far 

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	5 (i)
Meeting Date:	Tuesday, 28 th January 2025
Title of Report:	Integrated Quality & Performance Report – January 2025
Report Author:	James Singleton, Performance Manager
Presenter:	Clair Raybould- Director for System Delivery Martin Fahy- Director of Nursing Emma Rhodes – Deputy Director of Finance
Appendices:	Performance, Quality & Finance 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 December 2024 was 71.4%, below the planned month trajectory of 77% (95% constitutional target) but higher than the regional average performance.

- Category 1 mean response times for EMAS Trust was 09:50 minutes against a standard of 07:00 minutes during December 2024.
- The Category 2 mean response time for EMAS Trust was 1 hour 6 minutes against an expectation of 30 mins (18:00 constitutional target). The Lincolnshire ICB EMAS Category 2 mean response time continued to increase as we moved into winter at 54 minutes for December 24, however this was better than the regional average despite December being a challenging month due to acuity and demand.

Cancer

- The backlog trajectory is off target with 272 patients waiting over 62 days at the end of November, this is now a combined target including consultant upgrades..
- The percentage of patients receiving treatment for cancer within 62 days of an urgent referral increased to 66.5% in November from 64.9% in October.
- The faster diagnosis standard was achieved in November, overall performance was 79.7% against the 75% standard.

Elective backlog

- The total waiting list size for Lincolnshire patients at all hospitals reduced from 114,356 in October to 112,621 in November, a reduction of 825.
- The ICB finished November with 173 patients waiting over 65 weeks against the zero plan. This was a reduction from 276 in October.

Mental Health, Learning Disabilities & Autism

- The NHS Talking Therapies waiting times standards were both achieved in November. 97.8% of patients received their first treatment appointment within 6 weeks against the 75% standard, and 99.5% received their first treatment appointment within 18 weeks, against the 95% standard.
- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less was 75% in November (rolling 12 months) which is above the 60% standard.
- Adult inpatients with learning disabilities or autism remain above trajectory at 31, compared to planned trajectory of 28.

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 & Finance Report



Lincolnshire
Integrated Care Board

January 2025



24/01/2025

Contents

- Executive Summary [Page 3](#)
- Key to Charts [Page 4](#)
- Performance Dashboard [Page 5](#)
- Key Performance Data [Page 6](#)
- Quality [Page 10](#)
- Finance [Page 17](#)



Executive Summary

Overview

The January 2025 ICB OQAG quality, performance and finance report incorporates constitutional standards, quality and safety measures, finance and elective recovery activity, and presents system performance updated to December where available.



Urgent & Emergency Care

- All Types 4-hour performance for Lincolnshire ICB for December 2024 was 71.4%, below the planned month trajectory of 77% (95% constitutional target) but higher than the regional average performance.
- Category 1 mean response times for EMAS Trust was 09:50 minutes against a standard of 07:00 minutes during December 2024.
- The Category 2 mean response time for EMAS Trust was 1 hour 6 minutes against an expectation of 30 mins (18:00 constitutional target). The Lincolnshire ICB EMAS Category 2 mean response time continued to increase as we moved into winter at 54 minutes for December 24, however this was better than the regional average despite December being a challenging month due to acuity and demand.



Cancer

- The backlog trajectory is off target with 272 patients waiting over 62 days at the end of November, this is now a combined target including consultant upgrades..
- The percentage of patients receiving treatment for cancer within 62 days of an urgent referral increased to 66.5% in November from 64.9% in October.
- The faster diagnosis standard was achieved in November, overall performance was 79.7% against the 75% standard.



Elective backlog

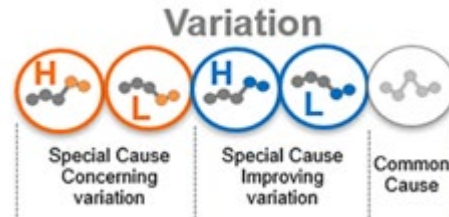
- The total waiting list size for Lincolnshire patients at all hospitals reduced from 114,356 in October to 112,621 in November, a reduction of 825.
- The ICB finished November with 173 patients waiting over 65 weeks against the zero plan. This was a reduction from 276 in October.



Mental Health, Learning Disabilities & Autism

- The NHS Talking Therapies waiting times standards were both achieved in November. 97.8% of patients received their first treatment appointment within 6 weeks against the 75% standard, and 99.5% received their first treatment appointment within 18 weeks, against the 95% standard.
- The percentage of people experiencing first episode psychosis receiving treatment within 2 weeks or less was 75% in November (rolling 12 months) which is above the 60% standard.
- Adult inpatients with learning disabilities or autism remain above trajectory at 31, compared to planned trajectory of 28.

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!	

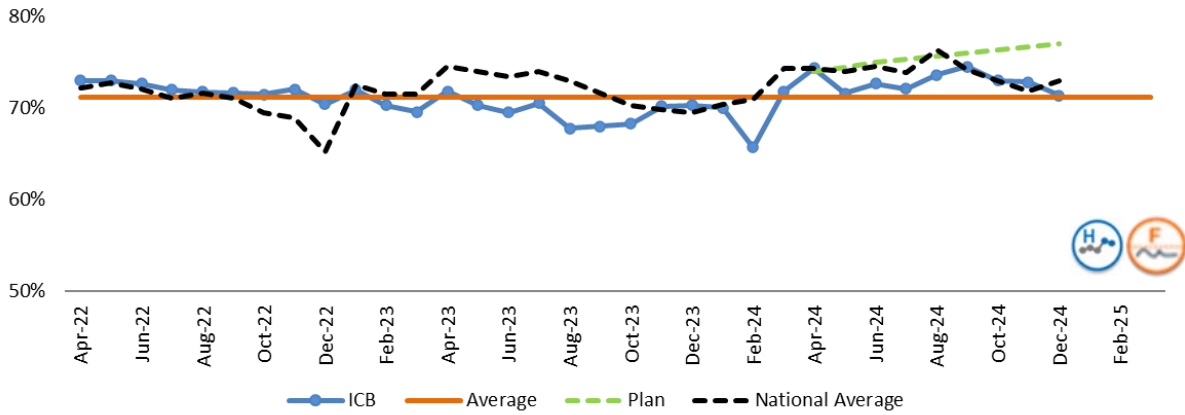
Lincolnshire ICB Performance Dashboard



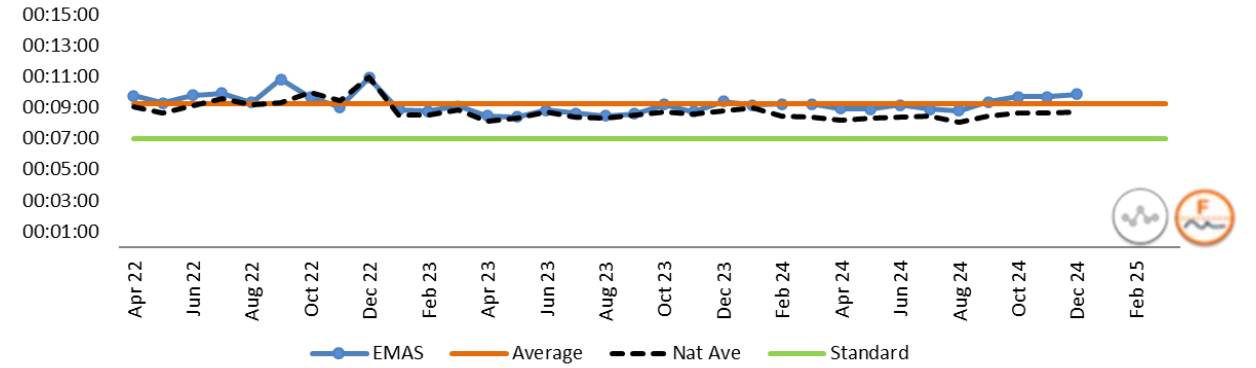
Trend

Programme	Indicator	Standard	Plan	Period	Performance	Midlands	England	Sparkline	Variation	Assurance
Urgent & Emergency Care	A&E admission, transfer, discharge within 4 hours (ICB)	95%	77.0%	Dec-24	71.4%	69.4%	73.0%			
	Ambulance response times - Mean response time- Category 1 (EMAS)	00:07:00	-	Dec-24	00:09:50	00:09:04	00:08:40			
	Ambulance response times - Mean response time- Category 2 (EMAS)	00:18:00	00:30:00	Dec-24	01:06:30	00:54:50	00:47:26			
Cancer	Patients receiving treatment for cancer within 31 days of decision to treat	96%	-	Nov-24	89.1%	89.2%	91.0%			
	Patients receiving treatment for cancer within 62 days of an urgent referral or consultant upgrade	85%	-	Nov-24	66.5%	65.0%	69.4%			
	% of patients told cancer diagnosis outcome within 28 days (ICB)	75%	-	Nov-24	79.7%	77.0%	77.4%			
Elective Care	RTT: % of incomplete pathways within 18 weeks	92%	-	Nov-24	54.1%	57.0%	59.1%			
	Patients waiting over 65 weeks for treatment (ICB) (% of total ICB waiting list size)	-	-	Nov-24	0.15%	0.12%	0.23%			-
	Percentage waiting six weeks or less for a diagnostic test	99%	-	Nov-24	74.0%	77.7%	80.4%			
	% of patients not treated within 28 days of last minute elective cancellation (ULHT)	0.8%	-	Q2 2024/25	26.6%	26.2%	22.7%			
Mental Health	NHS Talking Therapies access - first treatment appointment within 6 weeks (ICB)	75%	-	Nov-24	97.8%	N/A	91.7%			
	NHS Talking Therapies access - first treatment appointment within 18 weeks (ICB)	95%	-	Nov-24	99.5%	N/A	98.8%			
	People experiencing first episode psychosis waiting to start a package of care (ICB)	60%	-	Nov-24	75.0%	72.8%	62.4%			
	CYP with an ED (urgent) that start treatment < 1 week of referral (rolling 12 months)	95%	-	Sep-24	66%	74%	69%			
	CYP with an ED (routine) that start treatment < 4 weeks of referral (rolling 12 months)	95%	-	Sep-24	81%	69%	76%			

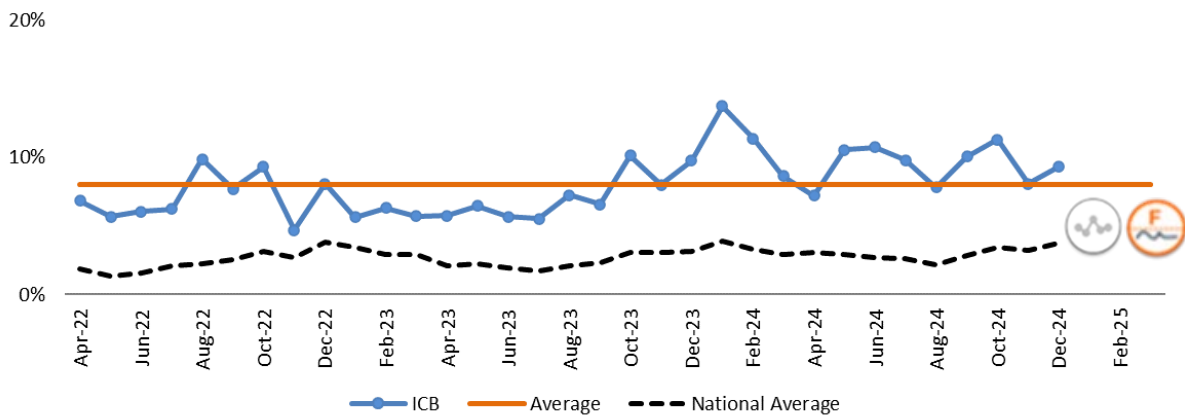
A&E admission, transfer, discharge within 4 hours (ICB)



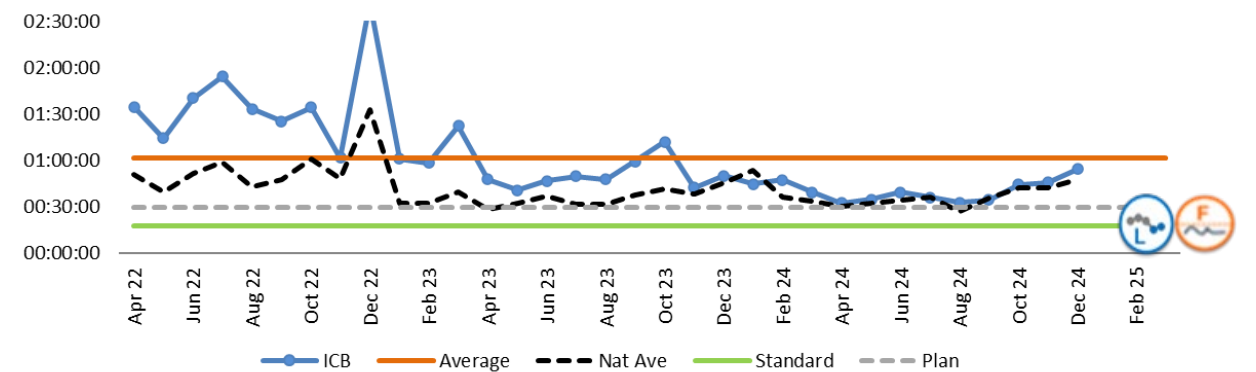
Ambulance response times - Mean response time- Category 1 (EMAS)



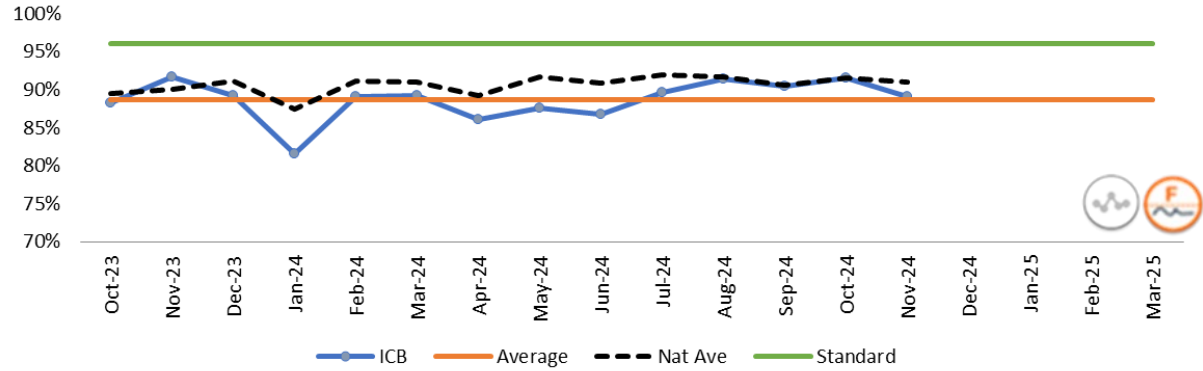
12+ hour delays from decision to admit (ICB)



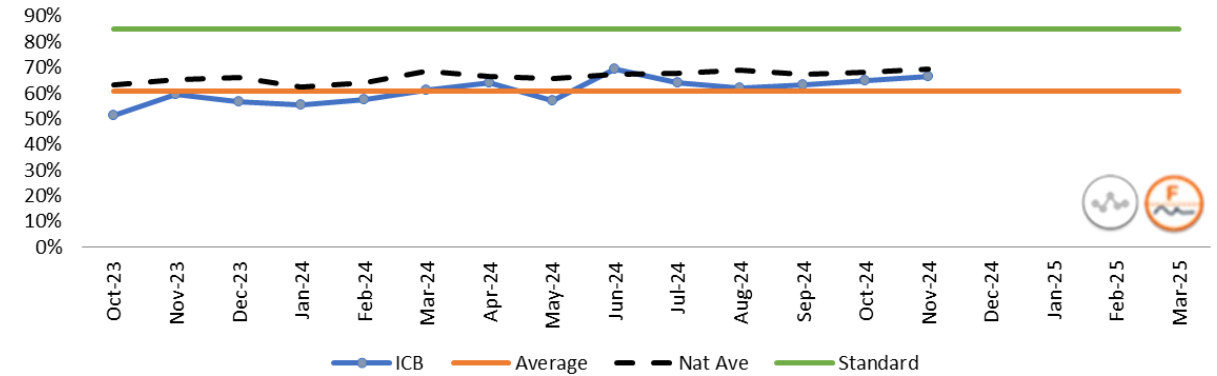
Ambulance response times - Mean response time- Category 2 (Lincs)



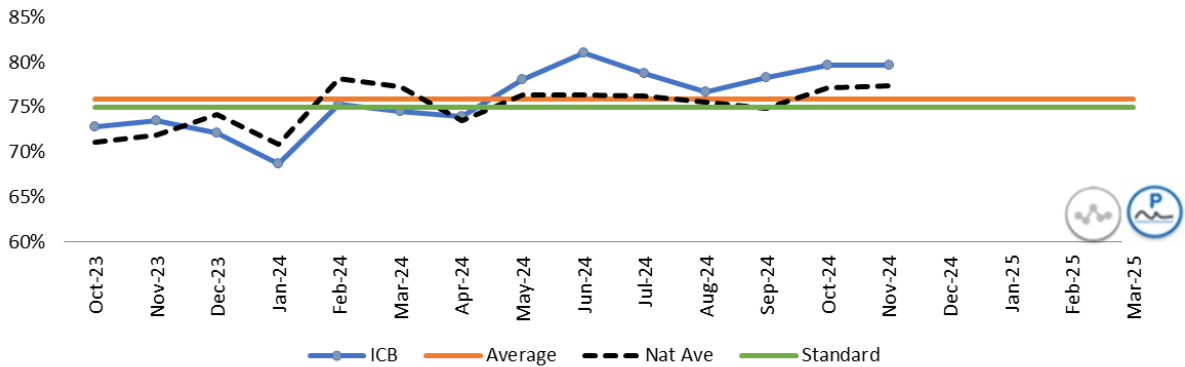
Patients receiving treatment for cancer within 31 days of decision to treat (LICB)



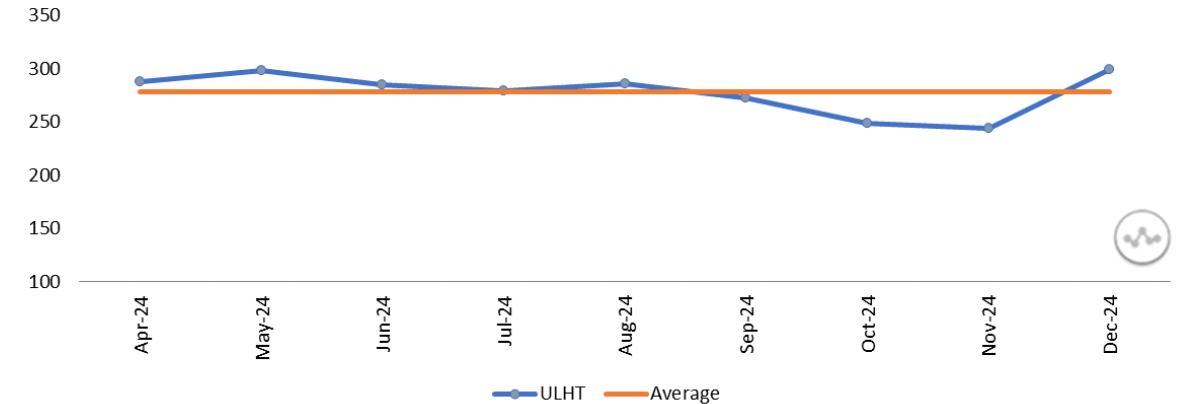
Patients receiving treatment for cancer within 62 days of an urgent referral or consultant upgrade (LICB)



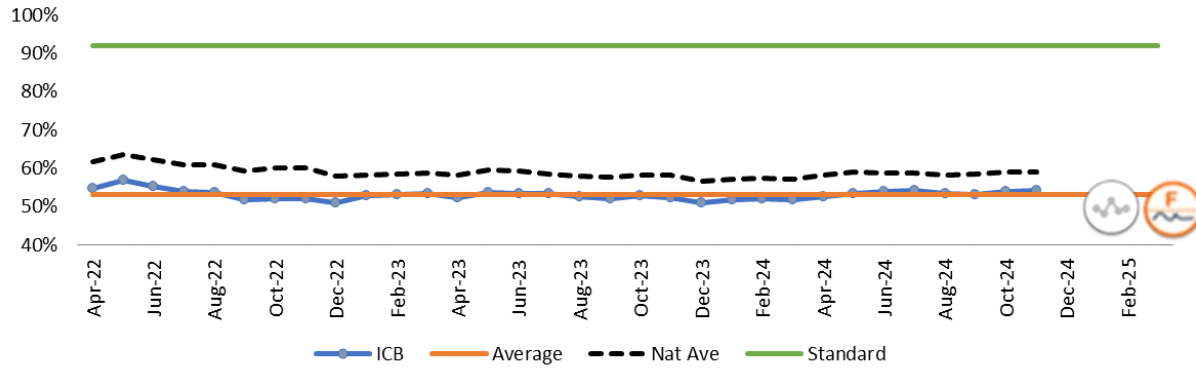
Faster Diagnosis Standard- % of patients told cancer diagnosis outcome within 28 days (LICB)



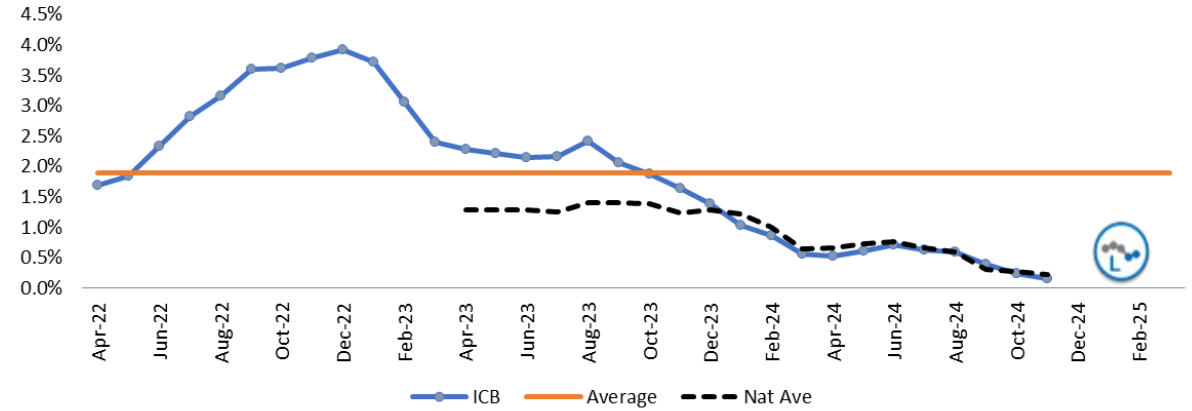
Total 62 Day Backlog (ULHT)



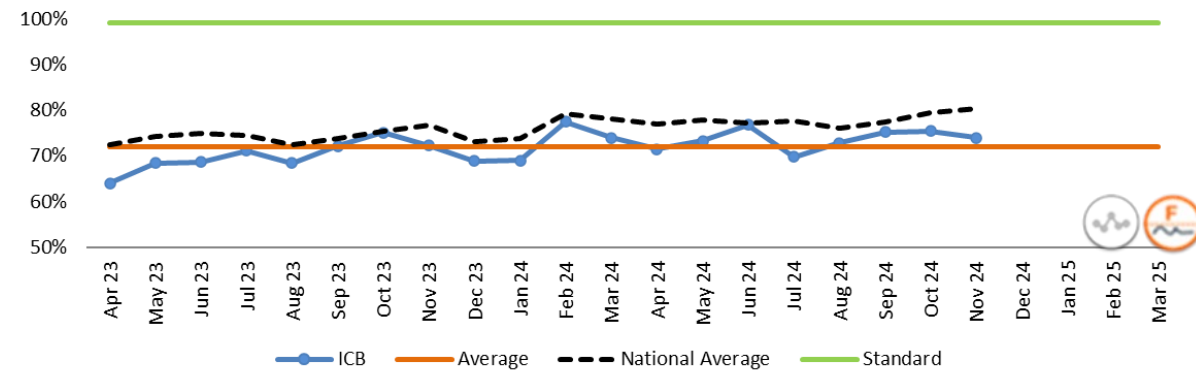
RTT- Patients waiting 18 weeks or less from referral to hospital treatment (LICB)



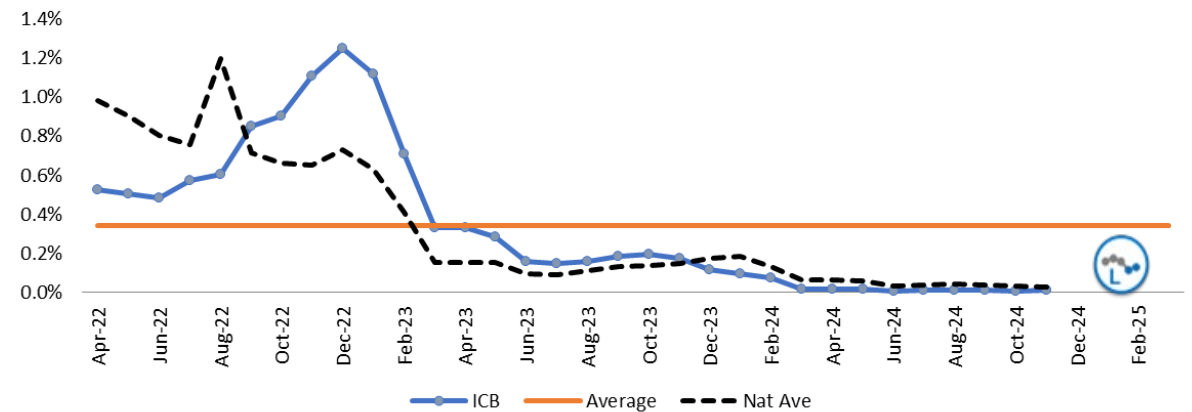
RTT- Patients waiting over 65 weeks for treatment (LICB)



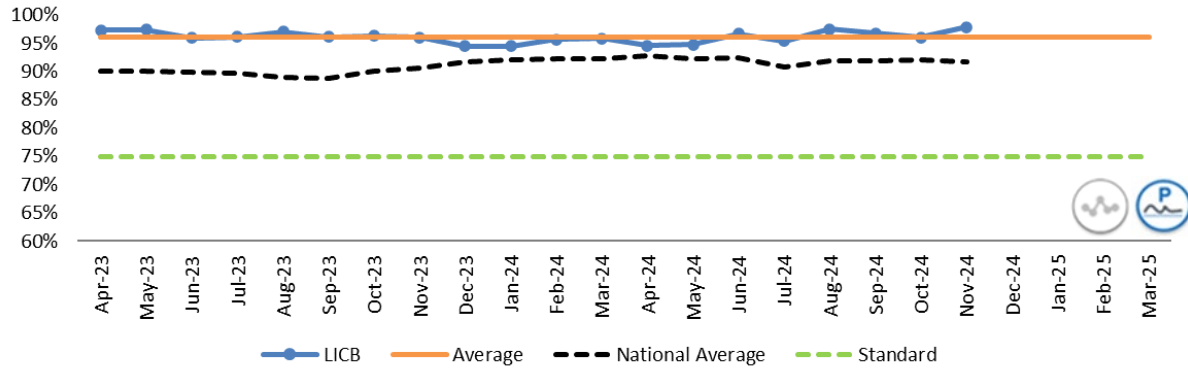
Percentage waiting six weeks or less for a diagnostic test (ICB)



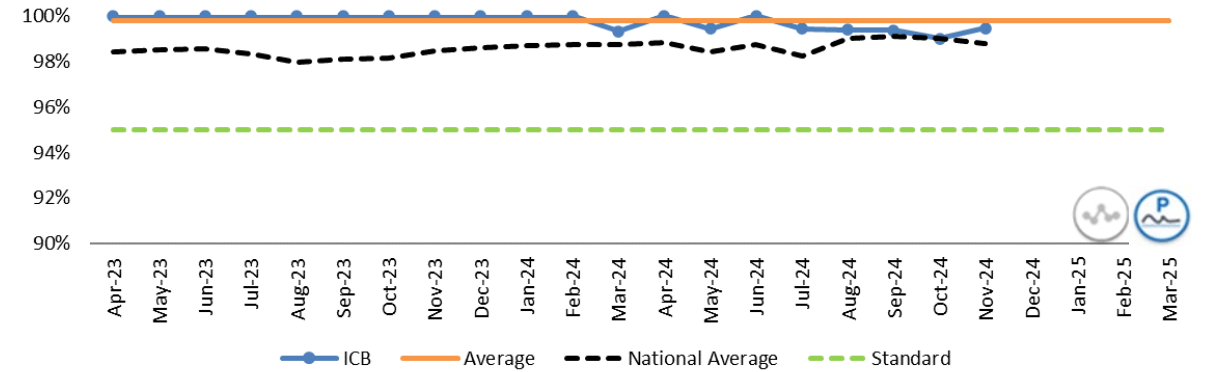
RTT- Patients waiting over 78 weeks for treatment (LICB)



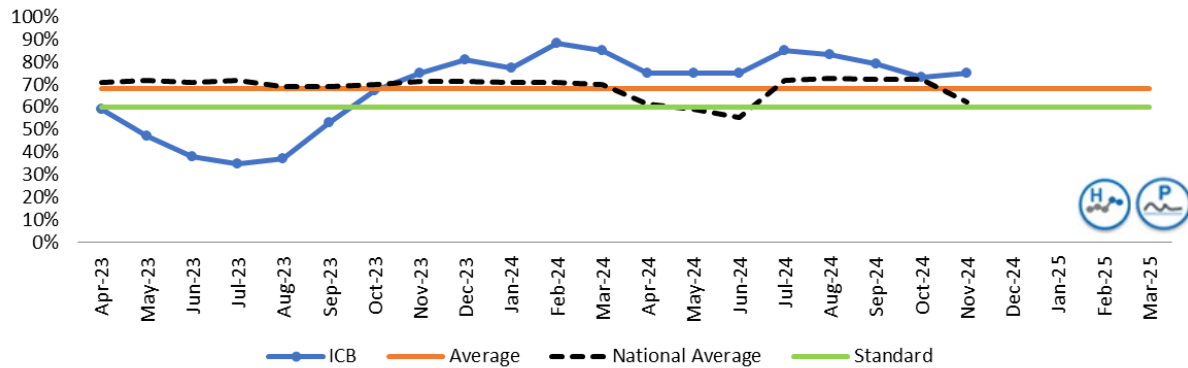
Talking Therapies: First treatment appointment within 6 weeks of referral (ICB)



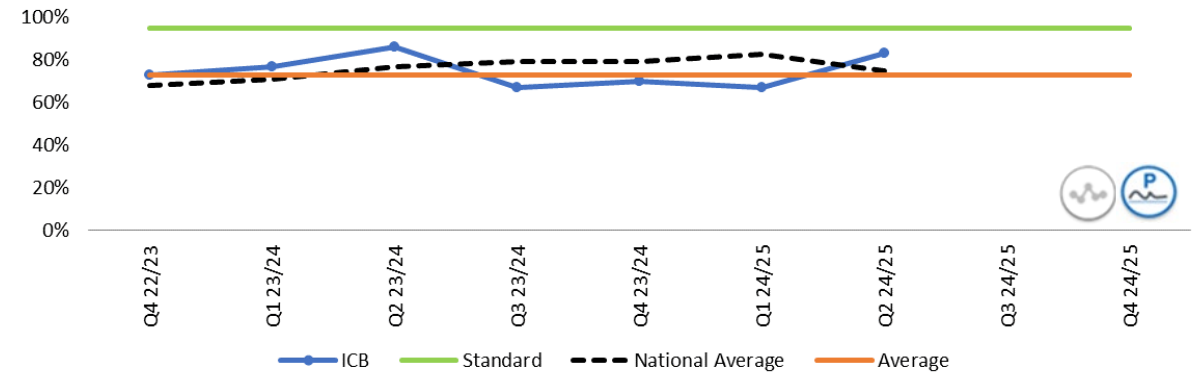
Talking Therapies: First treatment appointment within 18 weeks of referral (ICB)



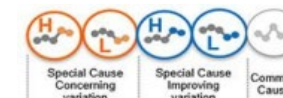
People experiencing first episode psychosis waiting to start a package of care (ICB)



CYP with an eating disorder (routine) that start treatment < 4 weeks of referral (rolling 12 months)



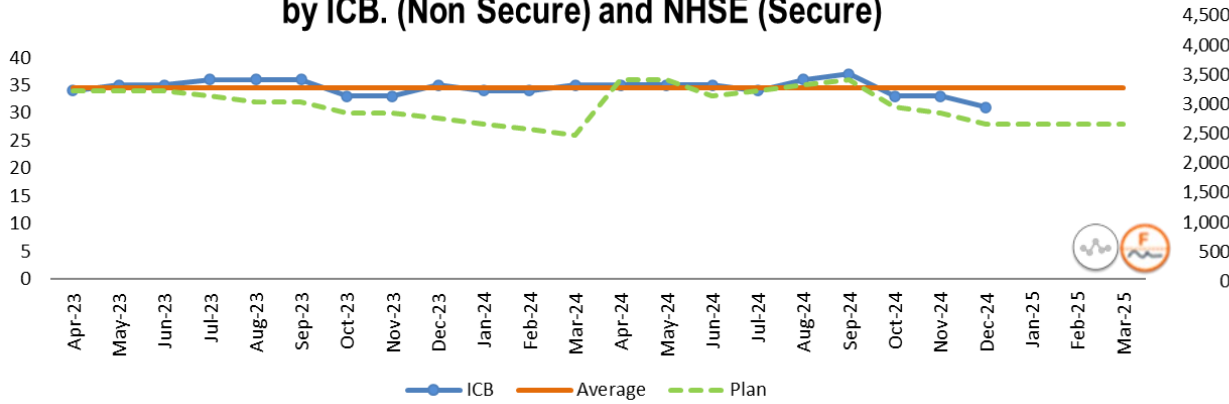
Lincolnshire ICB Quality Dashboard



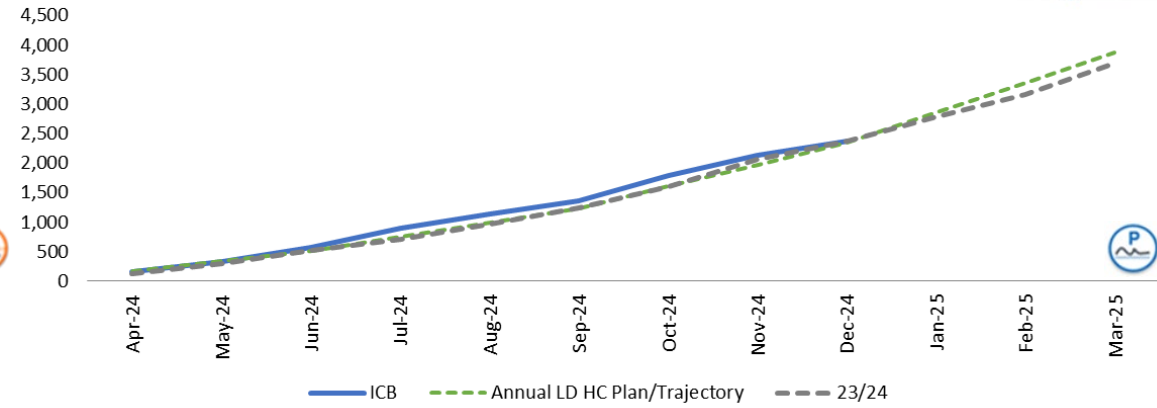
Programme	Indicator	Standard /Plan	Period	Performance	Midlands	England	Trend		
							Sparkline	Variation	Assurance
Incidents	Never events - YTD (ULHT)	0	Nov-24	3	N/A	N/A	-		
	Never events - YTD (NLAG)	0	Nov-24	1	N/A	N/A	-		
	Never events - YTD (NWAFT)	0	Nov-24	6	N/A	N/A	-		
Mortality	Summary Hospital Level Mortality Indicator (SHMI) (ULHT)	-	Sep23 to Aug24	1.0729	1.0394	1.0037			
	Summary Hospital Level Mortality Indicator (SHMI) (NLAG)	-	Sep23 to Aug24	0.8536	1.0394	1.0037			
	Summary Hospital Level Mortality Indicator (SHMI) (NWAFT)	-	Sep23 to Aug24	0.9998	1.0394	1.0037			
Infection, Prevention, Control	MRSA Cases (ULHT 12 month rate per 100,000)	-	Nov-24	0.30	1.06	1.06			
	C-Diff Cases (ULHT 12 month rate per 100,000)	-	Nov-24	30.48	33.53	31.92			
	E-Coli Cases (ULHT 12 month rate per 100,000)	-	Nov-24	42.01	42.01	31.00			
Learning Disability	Number of inpatient care for people with a learning disability and/or autism (ICB)	28	Jan-25	31	N/A	N/A			
	Cumulative Learning Disability Healthchecks (ICB)	2349	Dec-24	2366	N/A	N/A			
Patient Experience	Patient experience of GP services (ICB)	-	2024	73.0%	N/A	74.0%			-
	Friends & Family Test: A&E Recommended (ULHT)	-	Nov-24	73.4%	N/A	76.8%			-
	Friends & Family Test: Inpatient Recommended (ULHT)	-	Nov-24	90.0%	N/A	95.0%			-
	Friends & Family Test: Maternity Recommended (Birth) (ULHT)	-	Nov-24	100.0%	N/A	91.0%			-
	Friends & Family Test: Community Recommended (LCHS)	-	Nov-24	90.0%	N/A	95.0%			-
	Friends & Family Test: Mental Health Recommended (LPFT)	-	Nov-24	94.0%	N/A	87.0%			-
Primary Care	Primary Care CQC- percentage of practices rated as 'Inadequate' by CQC	0	Dec-24	1.2%	N/A	0.7%			
	Primary Care CQC- percentage of practices rated as 'Requires Improvement' by CQC	-	Dec-24	7.4%	N/A	7.4%			-
	GP Appointments- Total appointments in GP practice	511,455	Nov-24	486,110	N/A	N/A			
	GP Appointments- time from booking to appointment same day	-	Nov-24	42.0%	N/A	42.5%			-
	GP Appointments- time from booking to appointment < 2 Weeks	85%	Nov-24	84.3%	N/A	74.9%			
	Enhanced access minutes provided (ICB) (YTD)	1,999,447	Dec-24	2,075,134	N/A	N/A			
	The percentage of available GP enhanced access appointments utilised (ICB) (YTD)	80%	Dec-24	87.6%	N/A	N/A			

Learning Disability & Autism

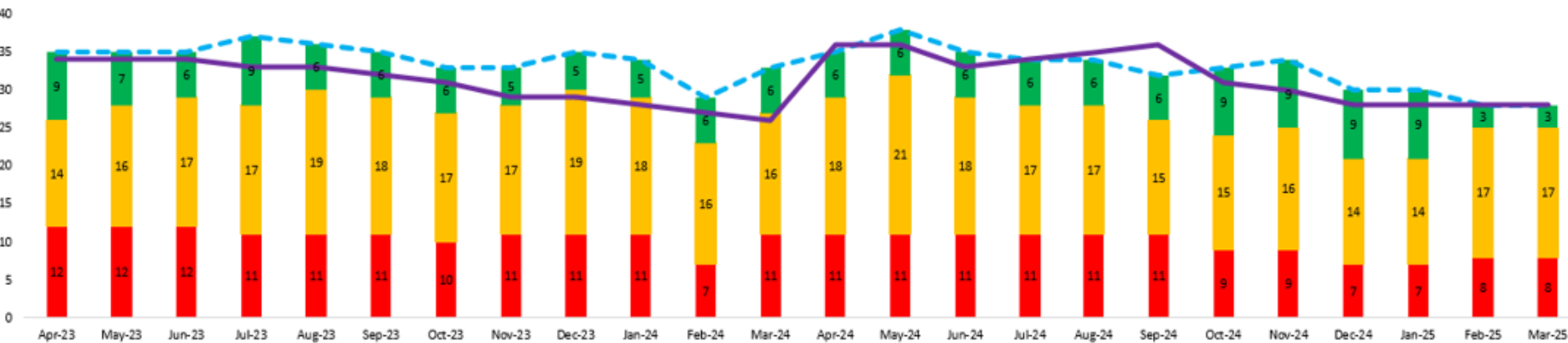
Inpatient care for adults with LD/autistic - Care commissioned by ICB. (Non Secure) and NHSE (Secure)



Learning Disability Healthchecks



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



Legal Framework / MM Judgement	---
Clinical illness - Appropriately placed	---
Market issues - Discharge plan in place	---
	Actual Trajectory
	Submitted Trajectory

RAG RATING Key	
Legal framework - This is the barrier to the discharge and may prevent the discharge from happening for several years etc.	Red
a. Those on extended S17 leave granted under the MH Act	Red
b. Those on MM judgements which will state when the ruling applies to. Looking into capacity issues as well	Red
Clinical illness - Those clients where the needs are best met in a secure environment	Yellow
Market issues - This is where we should concentrate the discharges on, as it is the lack of placement to discharge to, which is the reason why they have not been discharged	Green

Insight and Signals – Quality and Patient Experience

CQC unannounced visit in ULTH, Pilgrim Hospital ED

It was previously reported to Board that CQC undertook an unannounced visit to Lincoln County ED in October 2024. On 27th November 2024 CQC also undertook an unannounced visit to Pilgrim ED, verbal feedback on the day was positive relating to patient, staff and service. CQC reports awaited.

Ambulance Handover Delays Initial Debrief Notification & After Action Reviews

In November 2024 NHSE wrote to all ICB and NHS providers regarding the implementation of Ambulance Handover Delays Initial Debrief Notification and also After Action Reviews. There is now a requirement to notify NHSE of any Ambulance handover delays of 8 hour and over and complete an initial review to identify any immediate contributory factors at system and/or provider level; assess if harm occurred as a result of the delay; and identify actions to be taken. Guidance has also been provided as to when an After Action Reviews (AAR) for patients experiencing harm due to delays should be undertaken and emphasises the need for the review to look at the whole pathway. The ICB is working with the Trust and System partners to ensure appropriate processes and governance are in place to meet these requirements.

ULTH IPC

NHSE wrote to ULTH at the end of November 2024 confirming that following an Infection Prevention and Control visit that took place 26th September 2024 the Trust remains on enhanced monitoring and support. NHSE have identified that whilst there are some improvements, there were several areas that need ongoing focus and improvement to ensure changes are completed and embedded within practice. The ICB Health Protection team are working with the Trust and offering additional support.

CQC unannounced visit LPFT, Community Teams

CQC undertook an unannounced visit to Spalding Older Adult & Adult Community Team; and Boston Adult Community Team on 21st November 2024. No immediate feedback or concerns were raised during the visit. CQC report awaited

Children and Young People (CYP) Services

There are currently a number of challenges within CYP services being managed due to a range of factors including waiting list backlogs, increases in demand for services, areas of non-compliance with best practice guidance and workforce challenges. Service areas of concern include CYP speech and language therapy; continence; epilepsy; asthma diagnostic pathway; CYP autism diagnostic waits; clinical interventions in special schools; and UEC attendances, particularly for children aged 0-4.

Paediatric Congenital Heart Disease Pathway

A joint NHSE and ICB task and finish group has been established and is meeting regularly to review the waiting lists and backlog for this service. No immediate risks have been identified at this stage of the process however SQPEC will monitor the situation and Board will be provided with updates as the work progresses.

Children in Care

Work is ongoing across the system to address the increasing number of Children in Care (CiC) reviews, Initial Health Assessments (IHAs) and Review Health Assessments (RHAs), not completed within statutory timescales.

Insight and Signals – Primary Care

Quality Early Warning (QEW)

The Quality Early Warning (QEW) process is progressing well and is currently on track to achieve the target of having all 81 practices with a completed baseline assessment by March 31st. 56 out of 81 practices have either completed the QEW's assessment or are in the process of completing. During quarter 4 of 2024/25, the Primary Care Quality team will be exploring the development of QEW's for use within Pharmacy, Optometry and Dentistry to ensure all four pillars of Primary Care are included in the process. It is anticipated that these revised tools will be ready for use in Quarter 1 2025/26.

Collective Action

The Primary Care Quality team meets monthly with the Primary Care, Communities and Social Value teams and is liaising with partners to review the impact of collective action. There are challenges with obtaining reliable data from other providers that directly relate to collective action. There are no specific issues being highlighted from patient experience perspective, including complaints, that are above normal levels and currently there is currently no evidence of an impact on quality of care due to collective actions.

Resilience Framework

The Primary Care Quality team along with the Primary Care, Communities and Social Value teams are working with LCHG to produce a Business Continuity/Resilience framework for vulnerable GP Practices i.e. those who are single handed GP's or single clinical partner where both the contract and service provision would be compromised should the partner be incapacitated. Once developed, it will provide a rapid intervention process that can be implemented to maintain patient safety and provision of contracted services.

Enhanced Support to Practices

There are currently 3 practices, Richmond Medical Centre, Gosberton Medical Centre and the Sidings practice, requiring an element of enhanced support from the Primary Care Quality team. Issues include, appropriate responses to matters identified in CQC action plans; recall and management of patients with long term conditions; Partnership challenges; and matters such as notes and letters summarising. The ICB Primary Care Quality team uses a clinical risk-based process for prioritising the support needed by any given practice to ensure that patient safety remains the key focus.

NHSE Patient Safety Deep Dive

NHSE Midlands joined the ICB on the 27th November 2024 to undertake the annual Patient Safety Stocktake to explore, discuss and provide feedback on a range of Patient Safety initiatives both current and upcoming across the Lincolnshire System. The meeting was a whole system response with colleagues from the ICB and our healthcare providers who have specialised knowledge on a range of subjects supporting the meeting.

The feedback from the NHSE team was very positive across all of the subject areas with Research and Innovation, PIER (Prevention, Identification, Escalation & Response) and Marthas Rule areas of particular note. The NHSE team advised the ICB that the PIER programme of work, whilst focussed around the acute sector at the moment, will encompass other types of provider over the coming year.

Community Pharmacy Overview

NHSE have provided overview of Community Pharmacy which is one part of Primary Care. The information highlights that for the period April –September 2024 NHS Community Pharmacy Teams across Lincolnshire have completed

- 22,541 Pharmacy First consultations that would otherwise have happened in GP practices, urgent care settings or at NHS111.
- 1,196 oral contraception consultations were completed for Initiation and Repeat Supply, helping to improve access to contraception and help prevent unintended pregnancies.
- 15,888 Discharge Medicines Service referred from hospital trusts, thereby avoiding unnecessary hospital readmissions and resulting in better patient care, increased patient safety and saving financial costs
- 17,031 patients opportunistic Blood Pressure measures. They have confirmed high blood pressure using ambulatory monitoring in 638 of these patients so their high blood pressure can be managed.

Child Deaths

The National Child Mortality database has recently published a report about child death rates in NHS Lincolnshire ICB, broken down by age range (neonates, <1 year and 1-17 years), and averaged over the last 5 years. Over a 5-year period, Lincolnshire is below the national average death rate for all age groups.

Recruitment to a Designated Doctor for Child Death is currently taking place. As one of the two statutory partners for child death reviews, this enables the ICB to meet its statutory duty under Working Together 2023. The doctor will have a multitude of responsibilities including ensuring there is a co-ordinated approach to the Joint Agency Response for deaths.

Fertility Policy

A fertility policy outlines the NHS supported treatments available to people looking to access fertility services within their area. Lincolnshire is working with NHS Integrated Care Boards (ICBs) across the East Midlands to develop a unified East Midlands Fertility Policy. NHS Derby and Derbyshire ICB are leading the engagement work on behalf of the East Midlands ICBs. Public engagement is due to run until 10th January 2025 and feedback received through this will help inform the policy development

Quality and Patient Experience Thematic Update

LeDeR Annual Report

Learning from lives and deaths - people with a learning disability and autistic people (LeDeR) is a service improvement programme funded by NHS England which aims to improve services for people with a learning disability and autistic people. LeDeR shows that people with a learning disability and autistic people die earlier on average than other people and do not always receive the same quality of care. The LeDeR Annual Report for Lincolnshire 2024 [LeDeR Annual Report 2024](#) highlights findings and learning from LeDeR Reviews undertaken throughout the year and the ways in which the Lincolnshire Integrated Care System is delivering on local actions. Key findings from the report include:

- The median age of death for people with a Learning Disability or Autism was 65. The average life expectancy for the general Lincolnshire population is 81.
- There were 62 adult notifications received in Lincolnshire between January 2024 and November 2024. A decrease of 7 from 2023.
- 56% of people in the Lincolnshire data who died in 2024 were male and 44% female
- The top 3 causes of death for people diagnosed with a Learning Disability and/or autism in Lincolnshire were Aspiration Pneumonia, Cancer and Cardiovascular Disease.
- 61% of deaths occurred in a hospital setting. An increase of 10% from 2023. Deaths in a care home setting decreased from 25% in 2023 to 13% in 2024.
- The 2 highest percentage of deaths per population in Lincolnshire were North Kesteven and Lincoln, more than double that of some districts
- More than 6 out of 10 of those who died in Lincolnshire with a Learning Disability and/or Autism died before they were 65. This compares to around 1 out of 10 in the general population.
- 100% of people who died in 2024 in Lincolnshire identified as "White British".
- 50 of LeDeR reviews in 2024 were for patients diagnosed with a Learning Disability (81%). The remaining 15% were diagnosed with a Learning Disability and Autism

Vaccination Programmes – Seasonal & New

Seasonal Programmes

Flu

- The 2024 flu campaign began on 1st September for pregnant women and children, and 3rd October for all other cohorts.
- The start of the flu campaign for adults is later than previous years. This is due to evidence that the flu vaccine's effectiveness can wane over time in adults and flu virus circulation typically peaks in December or January.
- The flu vaccine is delivered by General Practice, Community Pharmacies, SAIS and Maternity services in Lincolnshire, with support from LCHS Vaccination & Rapid Response Team (VRRT) for Health Inequalities groups. Lincolnshire provider organisations also offer to Health and Social care staff, the uptake in this cohort is declining along with the regional and national picture.
- Uptake in Lincolnshire across all eligible cohorts compares favourably against the Midlands and National uptake figures, including over 65's at 75.9% over 3% higher than national uptake.
- The uptake in school age children is particularly strong (55.6% for primary school age and 47.6% secondary school age) 13% and 17% higher than the national uptakes respectively.

Covid-19

- The Autumn 2024 Covid-19 vaccination campaign began on 3rd October for all cohorts and completes at the end of January.
- The campaign is being delivered by PCNs, Community Pharmacies and VRRT where there are access gaps and within ante-natal clinics, and for Lincolnshire County Council care home and domiciliary care staff.
- Lincolnshire has 34 Community Pharmacies providing Covid-19 vaccination, this is an increase of 14 from Spring, and they will all continue their offer through January 2025.
- All of Lincolnshire care home residents have been offered a covid vaccine.
- Nationally uptake has reduced from last year's figures, however Lincolnshire has seen the same trend with this year's uptake currently sitting at 51.5%, nearly 8% higher than the national uptake.
- Lincolnshire uptake across all eligible cohorts is higher than the national and regional position and in respiratory patients is 5% higher than the national average at 30.7%.

New Programme

Respiratory Syncytial Virus (RSV)

- The RSV vaccination programme began on 1st September 2024.
- Maternity**
- The maternity programme is to mainly be delivered via maternity providers.
 - There are several options for ladies in Lincolnshire – ULHT led clinics based at Lincoln County and Pilgrim sites, or community-based clinics run by LCHS in family hubs in Skegness, Gainsborough and Spalding. or opportunistically by their own GP.
- Older Adult**
- The older adult programme is contracted to be delivered in General Practice, uptake by practice varies depending on their plan. Many are increasing access into 2025 as the winter vaccine season slows.
 - The response for Lincolnshire from patients for this new vaccine, so far is a positive one. To date uptake is over 50%.

Finance: Summary Financial Position (1)

Year To Date Financial Position: The ICS' YTD plan was to deliver a £9.7m deficit at month 9 and the ICS reported a deficit of £32.8m equating to a £23.1m adverse variance to the plan (£16.7m adverse variance to plan at month 8 representing a £6.4m deterioration in month).

The ICB has reported a £1.7m deficit at Month 9 against a planned deficit of £0.2m. This represents a £1.5m adverse variance against plan and a £0.3m deterioration in month (Month 8 £2.7m reported deficit against a planned deficit at Month 8 of £1.5m).

Outturn Financial Position: The ICS' plan is to deliver a break-even position against in year allocations and income for the full financial year. The position reported at M9 is achievement of this plan.

The ICB has a plan to deliver a £4.7m surplus and achievement of this plan is reported at M9.

Forecast Risks and Mitigations: There are considerable risks to the ICB reported outturn position including CHC, Prescribing and MH costs. In addition NHSE have advised dentistry underspend will be removed from the ICB allocation. Bringing these factors together the ICB likely forecast outturn position is £13.5m deficit (£18.2m adverse to plan).

The ICS overall net risk of £49.3m is reported at month 9.

The risk position identified and the way these risks are now crystallising across all NHS organisations in the system point to a system deficit consistent with the reported risk position.

Finance: Summary Financial Position (2)

Cost Improvement Plan: The ICS has a full year cost improvement plan of £84.8m and expects to deliver cost improvements of £85.1m by the financial year-end which is a £0.3m favorable variance to plan.

At Month 9 the ICS has reported £50.2m cost improvements against a plan of £53.5m equating to a £3.3m adverse variance to plan (£1.5m adverse variance at Month 8 therefore a £1.8m deterioration in month).

Capital: The ICS has a £41.0m capital allocation for the full year and is expected to utilize £41.9m by the financial year-end. At the 31st of December the plan against this was £26.6m and the reported spend is £22.1m. This equates to a year-to-date under-spend of £4.5m.

The ICS has a full year Capital Departmental Expenditure (CDEL) Limit of £116.3m. The ICS is expecting to utilize £114.8m against this. This equates to a £1.5m underutilization against CDEL. At the 31st of December the plan against this was £76.3m and the reported spend is £62.3m. This equates to a year-to-date under-spend of £14.0m.



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

Agenda Number:	5 (ii)
Meeting Date:	Tuesday, 28 th January 2025
Title of Report:	Emergency Preparedness Response & Resilience (EPRR) Annual Report 2024/2025
Report Author:	Ross Noble, ICB Head of EPRR
Presenter:	Rebecca Neno, ICB Deputy Director for System Delivery & Deputy Accountable Emergency Officer
Appendices:	ICB EPRR Policy and Framework, April 2024

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 contents of the report and acknowledge EPRR resourcing.

The Board is asked to note the ICB EPRR policy, along with its commitments and associated processes.

The Board is asked to agree NHS Lincolnshire ICB EPRR Core Standard Assurance position for 2024/2025 as Full.

Summary

This paper will provide an update of the ICBs statutory duties in relation to Emergency Preparedness Resilience and Response. Specifically, this paper will focus on:

- EPRR Assurance 24/25
- Incident Response
- Lessons Learned
- Business Continuity
- Local Health Resilience Partnership
- Training & Exercising

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	
An ICB EPRR Programme risk log is maintained by the ICB EPRR Oversight and Assurance Group with any risks escalated to the ICB Risk Management Group for inclusion on the ICB Risk Register as per policy.	
System risk log is maintained by the Health Emergency Planning Operational Group with any risks escalated to the Local Health Resilience Partnership (LHRP) as per policy.	
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?	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:	
Audit & Risk Committee – 17 th January 2025	
Is the report confidential or not?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

1. Introduction

During its third year the ICB has built on strong foundations with an effective work programme resulting in positive results for the organisation and wider system.

The category 1 responder responsibilities acquired as an ICB continue to underpin the continuous improvement of the EPRR programme. The ICB has continued to collaborate with other category 1 & 2 responders through the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP). The relationships built within these groups have contributed to successful coordination in response during multiple incidents over the past 12 months.

2. EPRR Core Standards 2024/2025

All NHS organisations are required to undertake a self-assessment against the 2024 updated EPRR core standards relevant to their organisation. The annual EPRR self-assessment provides an assurance that NHS organisations are working to meet their EPRR statutory duties and obligations. The applicable core standards vary between organisations depending on the type of services they deliver. The assessment undertaken against evidence submitted at a point in time and it should be noted the fabric of the EPRR programme requires annual revision and update.

For the ICB this assessment is against 47 core standards which are mandated by NHS England. The standards are segregated into domains such as Governance, Training and Response. NHS organisations must then demonstrate their compliance against each applicable standard by way of submitting evidence. The output from this process is a final statement of assurance for the Lincolnshire NHS System as a whole, and individual organisational self-assessments of compliance against the following criteria:

Compliance Level	Evaluation and Testing Conclusion
Fully	The organisation is 100% compliant with all standards it is expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the Core Standards it is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation is compliant with 76% or less of the Core Standards the organisation is expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

The ICB was assessed by the NHS England Regional EPRR Team as fully compliant in 2024 by achieving 100% compliance across applicable domains. As planned, this is an improvement from substantial compliance which was reported in 2023 by achieving a score of 89%.

Organisation Assessed	Compliance Achieved		Change
	2023	2024	
NHS Lincolnshire Integrated Care Board	Substantial	Full	↑

The ICB EPPR Oversight and Assurance Group that was established in 2022 continues to ensure effective challenge and scrutiny to the ICB core standards process and wider EPPR work programme. This is shaped by the ICB EPPR Policy and Framework and the progress in relation to the EPPR Core Standards during the past 2 years is suggestive of sufficient resource currently within the ICB to deliver statutory duties and requirements in relation to EPPR.

From a system perspective, compliance of the Lincolnshire NHS system against the NHS Core Standards for EPPR has been assessed as follows:

Area Assessed	Compliance Achieved		Change
	2023	2024	
Lincolnshire NHS System (Overall)	Partial	Substantial	↑
Specific plans in relation to Chemical, Biological, Radiological, Nuclear and Explosives (CBRN) and Hazardous Materials (Lincolnshire NHS System)	Partial	Substantial	↑

3. Local Health Resilience Partnership

Jointly led between the Director of Public Health and ICB Accountable Emergency Officer (AEO), the LHRP has built system wide arrangements to support an interoperable response if needed. LHRPs have convened for each quarter since the last report, with quoracy satisfied each time.

As a Category 1 responder, the ICB continues to provide a system leadership role in response along with fulfilling its own duties. The Local Resilience Forum (LRF) representation agreement remains in place to outline the NHS interface with the LRF ensuring effective coordination within a multi-agency response.

The LHRP Alerting Framework established in 2023 has been tested through both exercise and response, this is vital to ensure timely alerting from onset of a sudden impact incident.

The LHRP Risk Management Group is now fully established. Based upon the National Risk Register and working with LRF groups, we can better understand what the likelihood and impact is for Lincolnshire and develop appropriate response arrangements. During 2024 our risk management process was linked into the NHSE (Midlands) risk register, contributing to regional risk assessments, and therefore influencing regional arrangements.

4. Training & Exercising

The EPPR team continue to train and develop ICB commanders to a standard aligned with EPPR Minimum Occupational Standards. In the last year we have achieved 100% compliance in commanders attending ICB training.

Both Strategic and Tactical commanders are receiving training opportunities within health and multi-agency groups to promote interoperability. Training packages also incorporate national and community risk registers to best prepare commanders whilst acknowledging the common consequences of emergencies.

Seasonal preparedness and alerting capabilities continue to be routinely exercised across the LHRP.

The ICB developed a large-scale mass casualty exercise in October 2024 which was facilitated by the UK Health Security Agency (UKHSA) national exercise team. LHRP organisations contributed approximately 100 playing individuals, testing local arrangements in response to a mass casualty incident. Debriefing took place and lessons learned identified. These lessons will be managed by the LHRP and embedded in future iterations of planning.

During 2023/24, responsibility for Business Continuity transferred to the EPPR team. Since the redesign and mobilisation of the ICB Business Continuity Management System (BCMS) we have now exercised these arrangements. Exercise Black Condor enacted the ICB Incident Coordination Centre (ICC) and convened an Incident Management Team (IMT) in response to a cyber incident. Business Impact Assessments (BIAs) were utilised, and the newly developed corporate business continuity plan was tested. Again, lessons learned were identified and will be actively managed by the EPRRR team and oversight provided by the EPRR assurance & oversight group. ICB Business Continuity arrangements are also currently subject to internal audit and the findings will be triangulated with Core Standard recommendations to continue pursuit of best practice.

Plans are in place to contribute to large scale exercise in 2025 relating to infectious disease and pandemic response.

The LRF conduct an annual exercise, the ICB facilitated wider health participation and also contributed resource including commanders and EPRR advisors.

5. Incident Response

During 2024 a total of 7 incidents were declared by NHS organisations within Lincolnshire. These were declarations as defined within the NHS EPRR Framework (2022).

Declaring Organisation	Incident Type	Date
LCHS & ULTH	Critical / Business Continuity	30 th January 2024
ULTH (Lincoln County)	Business Continuity	5 th February 2024
LCHS & ULTH	Business Continuity	19 th July 2024
Primary Care (Glebe Park)	Business Continuity	30 th July 2024
ULTH (Lincoln County)	Business Continuity	12 th August 2024
ULTH	Critical Incident	4 th December 2024
ULTH (Lincoln County)	Business Continuity	16 th December 2024

In addition, the ICB coordinated or contributed to several other responses which didn't necessarily meet the threshold for declaration. This includes those involving multi agency partners.

Storm Henk impacted several communities within Lincolnshire. There was a requirement to respond rapidly and deploy EPRR capability to support the multi-agency response. Health partners identified vulnerable people within the affected areas and provided appropriate support.

In July, a road traffic collision in the village of Ingham resulted in a gas terminal explosion. An initial area cordon was in place for several hours until the terminal was made safe. Local authority teams set up a local reception center for residents whilst health partners identified individuals who may be vulnerable within the cordon.

Riots and public disorder took place in multiple locations across the UK during summer. Although no such disorder took place within Lincolnshire, the ICB worked with multi- agency partners to undertake risk assessments to ensure both staff and those accessing services were safe.

In August, GPs voted to take collective action. A series of actions were outlined by the British Medical Association (BMA) for GPs. EPRR capabilities were utilised to undertake risk assessments and employ coordination structures across the system. As well as several dates where Consultants and Junior Doctors took industrial action and system coordination utilising EPRR methodology was also in place.

6. Lessons Learned

The EPRR team continue to identify, track, embed, and share learning from national, regional, and local sources. All EPRR response arrangements receive annual review which incorporate any lessons learned, with the option to revise immediately should there be a critical lesson identified.

Since April 2023, 38 lessons have been progressed and embedded within the latest response arrangements. 9 lessons remain outstanding with an action plan against each. A considerable number of lessons are received from NHSE as part of the regional process. It has been noted by LHRP that these are not always pertinent to EPRR practitioners and are extremely resource intensive to manage.

7. Business Continuity

The transition to ICB has required a full review of Business Continuity (BC) arrangements to ensure organisational resilience.

High level Business Impact Assessments (BIAs) for all directorates have now been completed. These have influenced service level BIAs which now have 100% compliance.

The corporate business continuity plan has been tested and service level BC plans are a focus for 2025.

Service level business continuity leads have been identified and trained. This has allowed team ownership of their BC arrangements, EPRR oversight has ensured a consistent approach across the organisation.

It is still identified that further work is required to develop a process whereby we gain assurance of commissioned provider's / supplier's business continuity plans.

Four Key Performance Indicators (KPIs) have been developed for Business Continuity. Moving forward, these will be monitored through the ICB EPRR Assurance & Oversight Group.

- Business Impact Assessments Completed (100%)
- Business Continuity Plans Completed (In progress 2025)

- Number of BC leads trained (80%)
- Exercises Completed - x 1 annually (completed)

8. Conclusion

This paper details strong assurance that NHS Lincolnshire ICB is meeting its statutory EPPR obligations and is in a strong position to lead the system response to incidents requirement EPPR coordination. In addition, it notes the exceptional EPPR Core Standards Assurance rating received by the ICB as Fully Compliant as further assurance of activities and the associated work programme for 2025/26.



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

Agenda Number:	5 (iii)
Meeting Date:	Tuesday, 28 th January 2025
Title of Report:	NHS and Armed Forces Update
Report Author:	Jacqui Bunce – Programme Director Strategic Partnerships & Planning and Armed Forces Lead
Presenter:	
Appendices:	Appendix 1. Covenant Partnership Aims Appendix 2. Report from NHS Armed Forces Symposium June 2024

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 asked to receive this update on the work supporting the Armed Forces Family in Lincolnshire.

The Board is asked to note the work that has been undertaken and the positive progress that has been made since the last update.

Summary

The NHS has a number of statutory duties, and the paper explains the role of the ICB and the commissioning arrangements with NHS England (NHSE) and the Ministry of Defence (MoD).

Data regarding the armed forces community has improved since the 2021 National Census and the paper highlights some of the key information available currently and the need to improve the data available to support better understanding of the needs of those who have served and the families of those who have and are serving.

Significant progress has been made regarding the partnership working across the local NHS, with the local military units and with wider system partners.

How does this paper support the ICB's core aims to:			
Aim 1: Improve outcomes in population health and healthcare.	The armed forces community is part of the Lincolnshire population, and it is important to understand the needs of this group and how to support them. This paper sets out the approaches that are currently being taken		
Aim 2: Tackle inequalities in outcomes, experience and access.	A key part of the work is understanding this cohort of our population that experience and needs. They are identified as one of our core 25 plus cohorts.		
Aim 3: Enhance productivity and value for money.	Proactive preventative care and getting it right firsthand, focused on the needs of these individuals is a key tenant to our approach working with system parties		
Aim 4: Help the NHS support broader social and economic development.	Working with partners across the Partnership Covenant and the NHS locally to meet the needs of these residents. Lincolnshire employment opportunities for those transitioning from the Armed Forces is recognised as an exemplar		
Conflicts of Interest		Summary of conflicts	
No conflict identified			
Risk and Assurance			
N/A			
Implications (legal, policy and regulatory requirements)			
Does the report highlight any resource and financial implications?	A small budget has been requested for the 2025 Symposium. The ICB contributes to the County Covenant Support Officer along with District Council. This part time post is hosted by NKDC		
Does the report highlight any quality and patient safety implications?	No		
Does the report highlight any health inequalities implications?	Yes, those who have served are part of the ICB CORE 25+ group		
Does the report demonstrate patient and public involvement?	Through the Symposium and the Covenant Partnership Board there is significant engagement with armed forces family groups and public sector partners.		
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"/>			

Background

NHS Statutory Responsibilities

The Armed forces Covenant is a promise by the Nation that those who serve or have served and their families are treated fairly. The Armed Forces Covenant is a part of the NHS Constitution. For healthcare the Covenant states that the Armed Forces Community should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live. Those who are or have served should receive priority treatment where it relates to a condition that results from their service in the Armed Forces, subject to clinical need.

Legislation from the NHS Act 2006 and the Health and Care Act of 2022 gives NHS England (NHSE) and ICBs have specific responsibilities:

NHS England directly commissions all secondary care health services for serving personnel and families registered with Defence Medical Services and specific specialised services for veterans that, by law, NHS England must provide access to for those distinct populations across England. These services are directly commissioned by NHSE with providers of secondary and specialised services and include:

- All secondary healthcare services
- Specialised Veterans Mental Health service – OP Courage
- Prosthetics

NHS England sets policy, national clinical and governance standards and service specifications which providers are contracted to deliver against.

Commissioning Arrangements

For those serving and their families the diagram below sets out the commissioning responsibilities. DMS is Defence Medical Services:

	SP in England	SP Overseas	AF families with DMS in England	AF Families with DMS Overseas	AF Families with NHS GP	Reservists (whilst accepted for Primary Care)	Veterans
Primary Care	DMS	DMS	DMS	DMS	ICBs	DMS	ICBs
Community and Mental Health	DMS	DMS	NHS England and ICBs	DMS	ICBs	DMS	ICBs and NHS England
Secondary Care	NHS England	DMS & ICBs (CEOV)	NHS England	DMS & ICBs (CEOV)	ICBs	NHS England	ICBs

1. Reservists accepted for Primary care appear to NHS systems as SP
 2. Op COURAGE is a specialised mental health service and is commissioned by NHS England
 3. DMS patients overseas are provided with DMS commissioned healthcare where provision exists and or may return to England for treatment

Service charities continue to play an important role in the provision of services through sub-contracted arrangements and direct funding allocations.

NHS England commissions 4 key programmes:

1. Op Courage – Mental health and wellbeing support for Armed forces leavers, reservists and veterans. LPFT is the Midlands Regional Lead Provider of this service
2. Op Restore – Specialist care and treatment for veterans who have service-related physical health problems
3. Op Nova – Non-clinical service for veterans pre, during and post-prison custody

delivered by Forces Employment charity

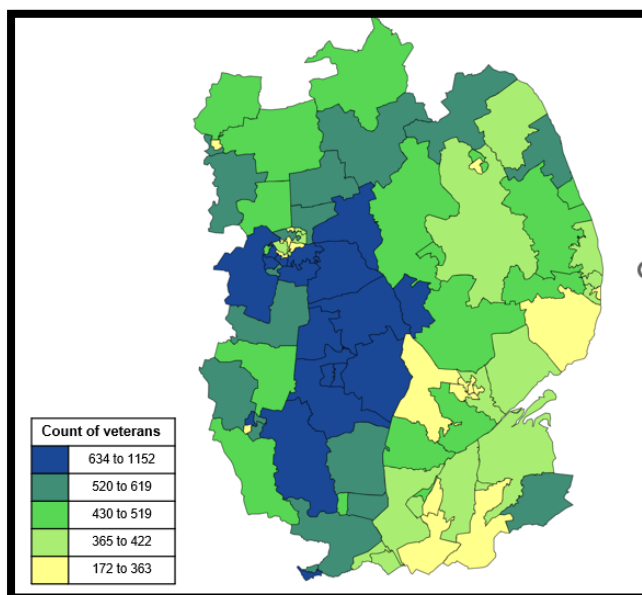
4. Op Community – 7 ICB led pilots coming to and end in March 2025. A pathfinder model with two key aspects:
 - a. To provide support to Armed Forces families (serving, veteran and reservist) through the provision of a single point of contact and care coordination support framework, offering support and guidance to navigate the NHS.
 - b. Building on existing partnerships and programmes within the NHS in England, to develop resource, tools and a framework which ICBs can use to understand the Armed Forces community and deliver on the legal obligation for statutory public bodies to give 'due regard' to the principles of the Armed Forces Covenant and Armed Forces Act (2021). Provision of an Op Community service, in part, demonstrates an ICB's commitment to this obligation and evidences the health and social care needs of the Armed Forces community in the planning and commissioning of services within the ICB footprint. The aim being equity of access to services and preventing disadvantage.

The seven pilots have been evaluated and guidance from NHSE on their expectations of taking this work forward is expected as part of the 2025/26 national planning guidance.

ICBs commission healthcare for veterans of **Armed Forces veterans and their families** registered with NHS GP practices. **Due regard** must be given to the health and social care needs of the Armed Forces community in the planning and commissioning of services. ICBs are expected to have appointed an **Armed Forces health lead**. **Jacqui Bunce** has that role for NHS Lincolnshire ICB and takes the system role in terms of the Lincolnshire Covenant

The Armed Forces Family picture nationally and in Lincolnshire

- Data – National demographics:
 - 2.4 M veterans in the UK
 - Of these, over 50% are aged 75 or older. 85% are male.
 - 2,500 who leave the Services on medical grounds per annum
 - 750,000 UK Armed Forces veterans of working age residing in England and Wales
 - 5.4 million adult spouses, partners, widowers and child dependants
 - Each NHS GP will have around 30 + veterans on their list
- Lincolnshire data and health needs

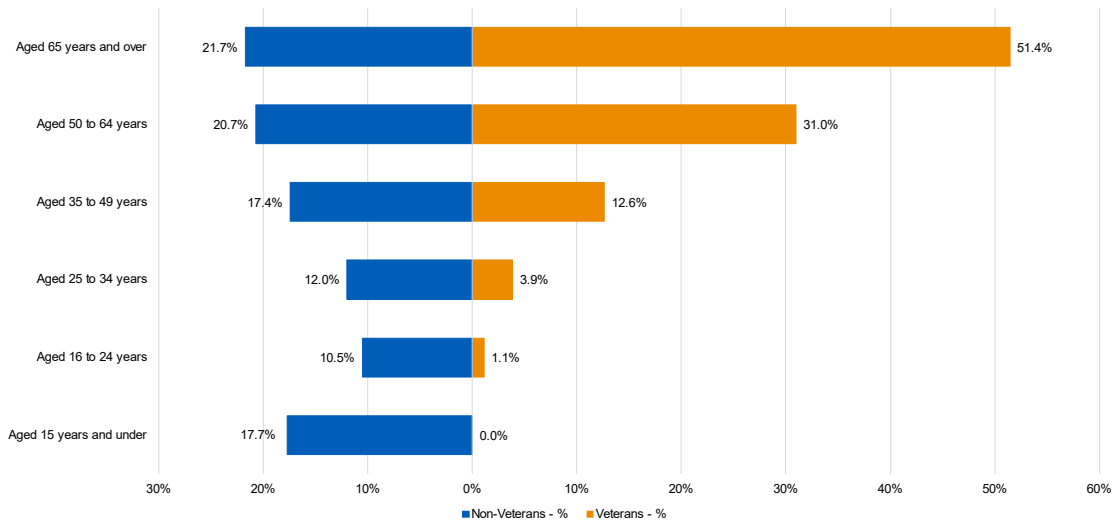


The dark blue areas represent the areas where the greatest number of veterans (across all ages) live in Lincolnshire.

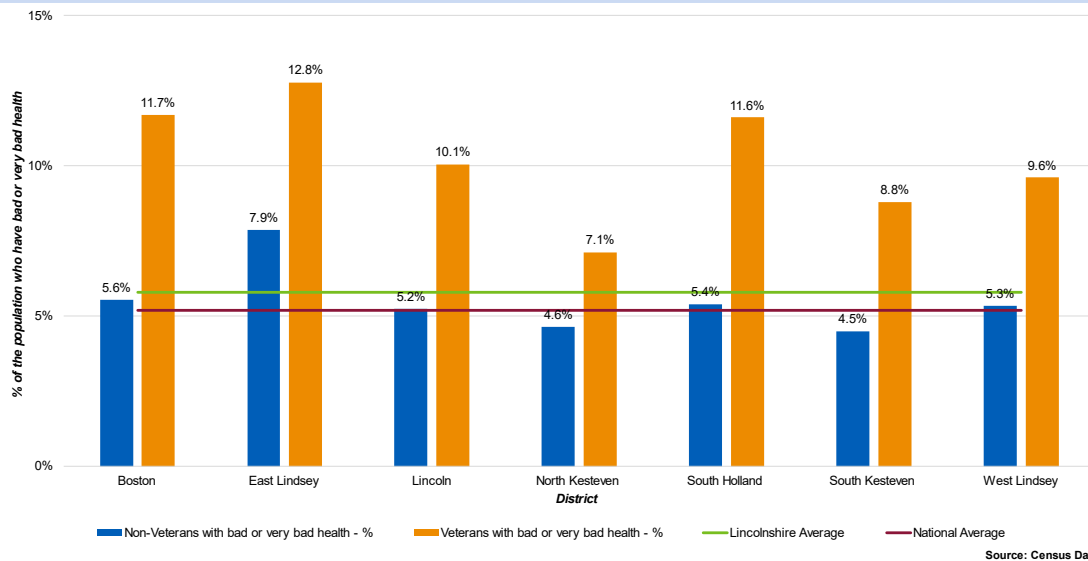
The area with the greatest number of veterans is in Coningsby and Woodhall Spa in East Lindsey.

There is a cluster of areas with a high number of veterans in North Kesteven. Nearly one-third of all veterans who live in Lincolnshire live in one of the areas marked in dark blue on this map (14129 out of 44812).

Lincolnshire Age Profile – Veterans compared to non-veterans



Lincolnshire: Veterans compared to non-veterans - Bad or very bad health



The Armed Forces Covenant Partnership in Lincolnshire

- The Lincolnshire Armed Forces Covenant Board underwent a review and restructure post the COVID pandemic. Led by the CE of City of Lincoln Council and supported by Jacqui Bunce a revised structure was established. Jacqui Bunce represents the local NHS as lead and Board member. The ICB contributes to the funding of the part-time Armed Forces Covenant Partnership Officer, hosted by NKDC. The Board meets quarterly, and the meetings are chaired by the SKDC Councillor lead.
- The aims of the Covenant Partnership in Lincolnshire have been agreed and are attached in **Appendix 1**

NHS Lincolnshire ICB achievements in the past 12 months:

- **Symposium**

The NHS and the local RAF has developed a positive relationship which has been strengthened over recent years. Supporting our Armed Forces and Veterans and meeting the Armed Forces Covenant commitment is a key priority across the whole of the NHS in England, for us in Lincolnshire as a 'military county' we attach particular importance to it.

Our ambition is for the NHS in Lincolnshire to be recognised as a leader in how we support our Armed Forces personnel, Veterans, and their families. An inaugural annual event took place RAF College Cranwell on 24th June. This provided a real opportunity to learn from each other, deepen relationships, share experiences, and explore how we build forward together.

The following aims were agreed for the event:

- To confirm our aspirations/ambition/commitment regarding the NHS and Lincolnshire to be recognised as being a place that is doing the most/best to support the Armed Forces family.
- To share our intentions for a published strategy – detailing the commitment across the NHS in Lincolnshire to the armed forces and to hear what partners would like to see included within this.
- To hear and share current understanding of the Armed Forces Community in Lincolnshire with specific reference to those who have served (veterans)
- To hear about the experience of health services for the Armed Forces Community, the challenges, and issues and to look at how things can be improved.
- To share the good practice that is happening in the County.
- To learn more about the pilot Op Community projects across the country and to discuss what an Op Community scheme could and should look like in Lincolnshire.

The attached report and actions were shared after the event and a further event will be planned for 2025. **APPENDIX 2**

- **GP Veteran Friendly Practices**

Veteran Friendly GP accreditation is a programme run by the Royal College of General Practitioners (RCGP) and NHS England to recognise and support practices in delivering the best possible care and treatment for patients who have served in the armed forces. [veteran-friendly accreditation](#)

It does not prioritise Veterans over non-Veteran patients. It does provide training and ongoing support to help practices identify their Veteran patients and make the best use of the specific treatment pathways and other services that exist for Veterans e.g. Op COURAGE, Op RESTORE. This is a voluntary initiative open to GP practices in England. Accreditation lasts for three years and requires GP practices to do the following.

- Ask patients registering with the surgery if they have ever served in the British Armed Forces.
- Code it on the GP computer system.
- Have a clinical lead for veterans in the surgery, to undertake dedicated training, stay up to date with the latest research and innovations, ensure that the practice is meeting the health commitments of the Armed Forces Covenant, and provide advice to colleagues, as well as possibly seeing veterans themselves.
- Practices should have a Care Quality Commission 'good' rating or higher

As at 14 Jan 25, 77.8% of practices within the Lincs area were accredited, up from 48% in Jan 24. This ranks Lincolnshire 6/11 ICBs in the Midlands on % of practices accredited. It is estimated that there are around 8,800 Veterans living in the catchment areas of the 18 unaccredited practices, which is about 18 % of the total Lincs Veteran population (Source: ONS). There is Midlands regional support to continue this progress towards as many Practices as possible becoming accredited.

5 PCNs have all practices accredited (Meridian, Lincoln Health Partnership, Spalding, Four Counties, K2 Healthcare Sleaford)

- **Step into Health**

The Step into Health is a collaboration between NHS Employers, NHS England, Walking with the Wounded and The Royal Foundation.

Step into Health provides support and guidance for NHS organisations to review and enhance recruitment practices, so they are able to attract members of the Armed Forces community, benefit from the transferable skills and values they bring to the workforce and showcase the NHS as the employer of choice. It is a programme which connects candidates from across the Armed Forces community with employers and new opportunities in the NHS.

The ICB and all the NHS Lincolnshire Providers are signed up to the Programme. Led by ULTH the system has held 6 monthly open days with colleagues across the system meeting prospective candidates and show casing opportunities. Lincolnshire is seen as an exemplar system and the work has been presented at national webinars. In October 2024, there was a House of Lords reception celebrating 10 years of the programme. At the event ULTH won the transition Support Award and Steve Martin was nominated by Jacqui Bunce and won the Outstanding Dedication Award. Steve chairs the ULTH Armed Forces Staff Network.

- **Health Inequalities webinars**

The Armed Forces are part of the ICBs CORE25+ health inequalities inclusion health groups. The ICB held a series of health inclusion workshop webinars for staff specifically around the Armed Forces community. These included population data and evidence; the work and role of our Military Maternity Navigator and an opportunity to highlight the Covenant, the health inequalities experienced by this group. There were speakers with lived experience who shared their stories and encouraged staff to reflect on their own practice to improved experience, outcomes, and access for the armed forces community.

- **Health data improvements**

Supported by a data analyst from the Health Inequalities Team there has been considerable progress on understanding the needs of the Armed Forces Family. The 2021 census was the first time that specific questions had been asked and data is continuing to be released. There is still more that we need to do as a local NHS regarding data recorded on GP systems and linking this to hospital records/data sets etc. Data sharing was recognised at the Symposium as a key issue/barrier and is a priority for the coming year.

- **System leadership & advocacy**

Since the ICB's development and the establishment of the ICB Lead role as part of

the Programme Director's portfolio there has been a step change in the ICB's visibility and leadership. The ICB has been recognised for its work with the Armed Forces family, its advocacy and networking. A supporting statement for the Gold Employer Recognition scheme has been received from the Chair of the East Midlands Veterans Advisory & Pensions Committee (EMVAPC) who has stated how extremely impressed they had been by the Lincolnshire Integrated Care Board's (ICBs) commitment and support to the local AF community which stands above its peers.

- **Op Community – national engagement**

As discussed above, although the ICB is not one of the seven pilot areas Lincolnshire was invited to join the NHSE Op Community Governance Group

- **Relationships with Defence Primary Care**

Over the past year the ICB lead has continued to build links and partnerships with the Defence Medical Centres locally and regional Defence Primary Healthcare colleagues. This includes discussions on greater links with the Primary Care Network alliance and local GP Practices. Several meetings have taken place. Work continues to strengthen relationships, improve pathways and data sharing.

Forward look – plans for 2025

- Employer Recognition Gold award submission. The ICB is working on its Gold award submission by March 2025. Announcements will be made around 18th July 2025
- Symposium II. Subject to funding being approved the intention is to hold a second NHS Armed Forces symposium.
- Forces Family GP champions. Whilst the GP Veteran Friendly scheme will continue to be promoted it has been suggested that we should recognise the whole armed forces family needs, especially in Primary Care and develop champions in each GP Practice to support wider awareness and facilitate improved engagement.

END

JAB Jan 2025

Lincolnshire Armed Forces Covenant Partnership

AIMS AND OBJECTIVES FOR THE FUTURE

Foreword

As Chair of the Lincolnshire Armed Forces Covenant Partnership I am pleased that our Partnership has identified aims and objectives to guide our activities and future direction in support of Lincolnshire's Armed Forces community.

Cllr Richard Dixon-Warren. Lt Col (Retd).



AIM ONE

Fair Access to Services

Data mapping and trend analysis

- Ensure partners provide timely data to enable the production of information which supports the development of current and future initiatives
- Develop easy ways for users to provide feedback on services and utilise this feedback to help improve service delivery across the partnership

Disparity or disadvantage in provision and impact on families/children

- Work collaboratively with support services across the county to help improve service provision
- Highlight where disparity exists and work with service deliverers to help provide equitability

Awareness

- Increase awareness of the ongoing and ever-changing needs of service families
- Explore the barriers to fair access:
 - understanding where the focus of effort needs to be to support current and future demands
- Explore geographic barriers:
 - Rural or remote areas may have limited access to healthcare, education and other essential service
- Explore economic barriers:
 - Low-income individuals might struggle to afford necessary services

AIM TWO

Support and Signposting (Partnership)

Community Engagement and Advocacy

- Promote military communities
- Implement a county-wide veterans engagement forum
- Capitalise on all opportunities to engage with the wider-Lincolnshire community to create understanding and engender mutual respect, common purpose and accountability

Transition into Civilian Life

- Work in collaboration with the Career Transition Partnership and other high-level agencies to help ensure the expectations of service leavers are managed and that all avenues of opportunity and support are explored
- Support the Lincolnshire Armed Forces community to make the transition as easy and equitable as possible

Funding and Future Initiatives

- Identify funding accessible to smaller organisations providing support for Armed Forces families
- Create a focal point for funding initiatives to deliver the vision for Lincolnshire
- Ensure the county is recognised as a beacon of excellence in all that it does to support the Lincolnshire Armed Forces community, making the most of funding opportunities so that stakeholders can work together to maximise leverage
- Promote and support initiatives that are military community-led

AIM THREE

Recognition of Service

Awareness/education of legal obligations (including Armed Forces Covenant)

- Raise awareness within in-scope organisations of the Armed Forces Act
- Raise awareness amongst the veteran community of the services available
- Raise awareness of veterans needs to statutory bodies and others (e.g. GP surgeries)
- Strive to be ahead of the wave in terms of understanding and identifying developing needs

Families (including service children)

- Work with other agencies to develop family support services where there is identified need
- Work with other agencies to ensure all family members are recognised, represented and supported by the services offered in Lincolnshire

Policy Influence

- Develop a calendar of regular meetings with high-level council officials and MPs
- Create an environment where the Lincolnshire Armed Forces community can drive relevant county, regional and national policy and ensure through the Board that there are mechanisms to do this

For further information please contact:
Paul Drury - Lincolnshire Armed Forces Covenant Officer

Email: paul_drury@n-kesteven.gov.uk

Armed Forces Symposium 24th June 2024

Background

The NHS and the local RAF has developed a positive relationship which has been strengthened over recent years. Supporting our Armed Forces and Veterans and meeting the Armed Forces Covenant commitment is a key priority across the whole of the NHS in England, for us in Lincolnshire as a 'military county' we attach particular importance to it.

Our ambition is for the NHS in Lincolnshire to be recognised as a leader in how we support our Armed Forces personnel, Veterans and their families. In early 2024 the then Commandant of RAF College Cranwell, Air Commodore Andrew Dickens, discussed with John Turner Chief Executive of NHS Lincolnshire ICB the opportunity to hold an inaugural annual event at RAF College Cranwell.

This would be the first time that serving Armed Forces personnel, Armed Forces Veterans, voluntary partners and the NHS would come together in Lincolnshire to review how the NHS in the county has developed to meet the health needs of the Armed Forces family. This would provide a real opportunity to learn from each other, deepen relationships, share experiences, and explore how we build forward together.

A joint planning team was established led by Jacqui Bunce – the NHS Lincolnshire ICB Armed Forces Lead along with Sqn Ldr Nightingale and Flt Lt Martin from RAF College Cranwell, and Jon Mansfield from Everyone who manages the Lincolnshire military veterans and families' wellbeing network.

The following aims were agreed for the event:

- To confirm our aspirations/ambition/commitment regarding the NHS and Lincolnshire to be recognised as being a place that is doing the most/best to support the Armed Forces family.
- To share our intentions for a published strategy – detailing the commitment across the NHS in Lincolnshire to the armed forces and to hear what partners would like to see included within this.
- To hear and share current understanding of the Armed Forces Community in Lincolnshire with specific reference to those who have served (veterans)
- To hear about the experience of health services for the Armed Forces Community, the challenges and issues and to look at how things can be improved.
- To share the good practice that is happening in the County
- To learn more about the pilot Op Community projects across the country and to discuss what an Op Community scheme could and should look like in Lincolnshire.

Organisation of the event

The event took place on 24th June – the Monday of national Armed Forces Week. Over Sixty people attended. This included representatives from:

- Medical and dental personnel from local RAF stations and the Defence Primary Health Care Region
- Chief Executives and representatives from NHS Lincolnshire Integrated Care Board, Lincolnshire Community and Hospitals Group, Lincolnshire Partnership NHS Foundation Trust and East Midlands Ambulance Trust

- NHS England,
- Public Health Lincolnshire County Council
- Voluntary Sector partners
- East Midlands Veterans' Pensions Advisory Committee
- Local Councillors including the Chair of the Lincolnshire Armed Forces Covenant Partnership

On the Day

The Symposium was a mix of presentations and workshops. The agenda was as follows:

  <h1 style="font-size: 2em; margin-left: 10px;">Agenda</h1>			
1000	Welcome & Introductions	1330	Presentation 4 NHS Services and Support in Lincolnshire Part 2: ULHT, GP Practices, Maternity Navigation
1015	RAF College History and Overview	1355	Presentation 5 Introduction to Op COMMUNITY
1030	Presentation 1 The Armed Forces Covenant and the NHS obligations and Veterans' Health Q&A	1415 - 1455	Workshop 2 – Breakout What could/should Op Community mean for Lincolnshire? What do we have now – what is missing? In developing our strategy for Lincolnshire and the Armed Forces Family what would good look like?
1105	Presentation 2 Lincolnshire's Data – What does it tell us?	1455	Refreshments & Networking
1130 - 1215	Workshop 1 – Breakout What is the data telling us about the potential issues for veterans and their families? What is the current experience of how things are for those who have served and their families in Lincolnshire?	1510	Plenary Session What are our priorities for the next 12 months and 5 years? Who and How should we engage with the armed forces community?
1220	Presentation 3 NHS Services and Support in Lincolnshire Part 1 – LPFT	1545	Summary & Conclusion
1245	LUNCH & NETWORKING	1555	Group Photograph Resigning of Covenant By NHS Lincolnshire ICB

The event had several speakers and presentations including being able to welcome Dr Jonathan Leach GP and NHSE Associate Medical Director for Armed Forces and Veterans' Health as the keynote speaker. The slide deck was shared after the meeting with all the attendees and those who had been invited but had not been able to attend. The slides were sent out to all invitees and are attached as Appendix 1.

The morning focused on what we know already – what is already happening. Dr Leach explained the way that at a national level NHS England is supporting the armed forces and the links with the Ministry of Defence and the services that NHSE is commissioning. The data that is available from the 2021 Census was shared relating to the armed forces and veteran communities along with other information that we have. Lincolnshire Partnership Foundation NHS Trust shared their role as the Regional Provider of Op Courage and the work that they do across the Midlands with partners.

The afternoon started with David James outlining his role and experience as the Armed Forces Maternity Care Navigator and he was followed by Steve Martin from United Lincolnshire Hospitals NHS Trust. ULHT has a very strong staff network that links our large hospitals with the local armed forces, veterans and their families.

There were facilitated breakout sessions to enable small mixed group conversations. The notes from each of the groups were saved and have been recorded and summarised.

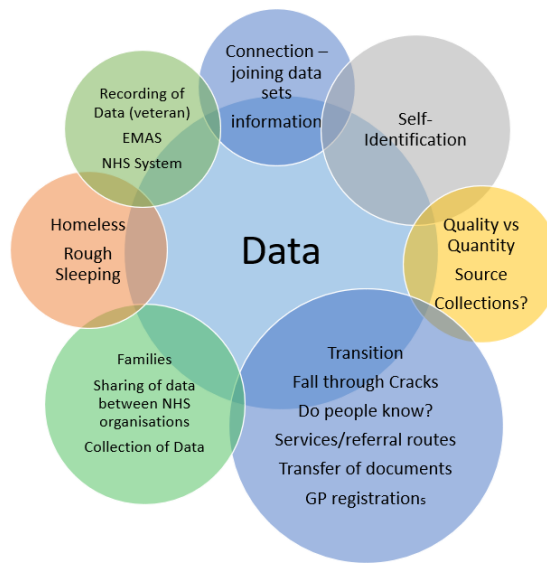
(Attached as Appendix 2)

A post event online evaluation form was created by the ICB Communications and Engagement Team, and this was circulated to all attendees with an email from John Turner. There were four on-line responses as of 26th July 2024. There were in addition direct positive thank you emails.

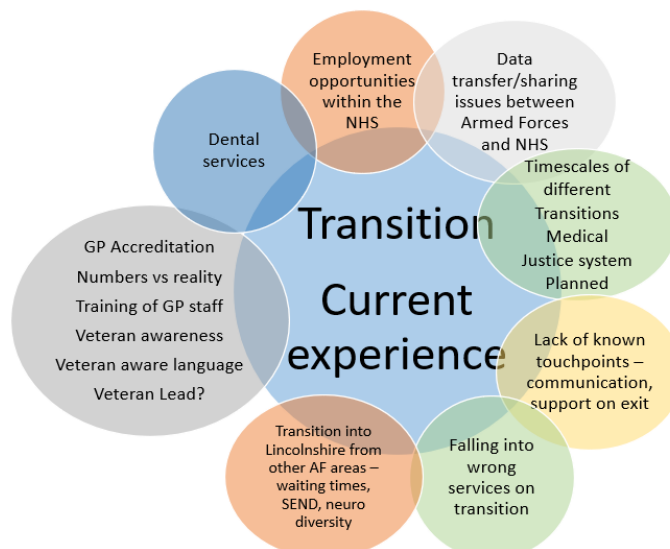
Outcomes and Feedback

The groups collated flip charts has been collated and several key themes and comments have been highlighted in the following diagrams.

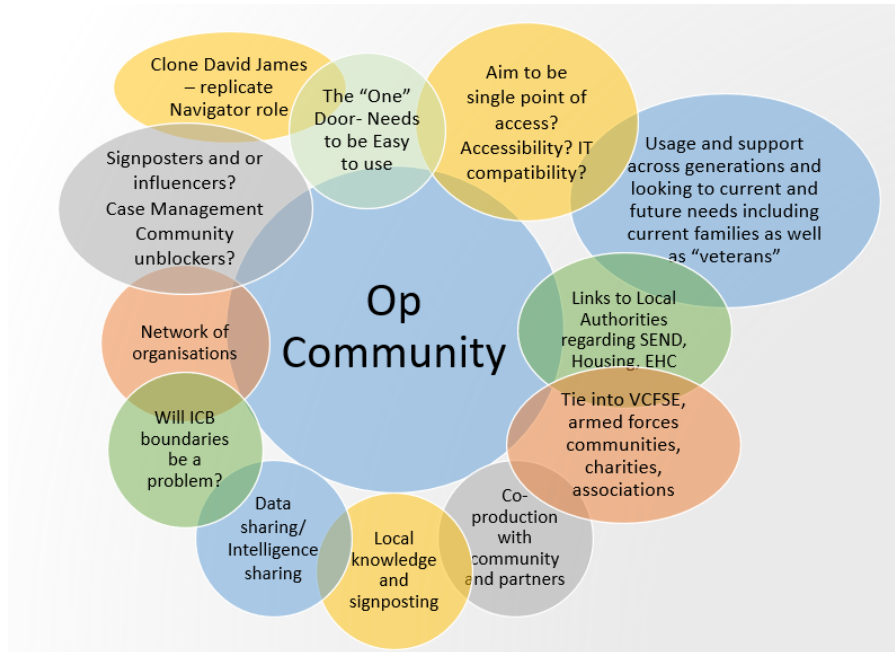
1. Data – what is it telling us, what is missing?



2. What is the current experience of Armed Forces Members, Veterans, Families of current and those who have served?



3. What could/should Op Community look like and mean in Lincolnshire



4. What is missing? What would a good NHS Armed Forces strategy look like?



Conclusions

The conference has received a very positive response and there is support for this to become an annual event. The setting of RAF College Cranwell was very positively received and the support from the staff at the College was very much appreciated. The organisation needed to enable visitors to park and be escorted to the College was very smooth.

The *comments received include:*

“but just wanted to add how incredibly well organised and engaging the day was- thank you”

“I did, indeed, enjoy the day, the presentations and group discussions. It was a most informative and enlightening event. “

The historic building added to the occasion and the use of several rooms for the breakout groups worked. The lunch was a good opportunity to network and was welcomed by attendees. It is recognised that there may be the perception that this is an RAF/NHS event and care is needed to stress that this strategy and our strategy work relates to all Armed Forces. Every effort will be made to ensure Army and Navy representation at future events. The capacity for a similar style event at RAF College Cranwell is circa 75 people. If the Symposium is to host greater numbers a different venue may be needed. To ensure GP colleagues are able to attend future events a Monday should be avoided.

Recommendations -

Access to NHS Services

- Develop the NHS Lincolnshire Op Community – learning from national pilots.
- Set up co-production group with Armed Forces Family to develop the Lincolnshire Op Community proposal.
- Review national pilots and what is in Lincolnshire already – utilise best practice from other programmes to deliver change quickly.
- Create a model for Lincolnshire includes data sharing etc
- Sign off and approve.
- Test and Review

Covenant – statutory responsibilities

- To improve the messaging regarding the Covenant to ensure better local understanding of the commitments for the local NHS. *“Those who are or who have served and their families, should face no disadvantage compared to other citizens in terms of access to NHS commissioned services.”*
- Have easily accessible information and links on the ICB website
- Provide reports to the ICB board on meeting the NHS statutory duties in Lincolnshire

Data

- Improve data and intelligence collection and sharing between current Armed Forces Medical Services and local NHS, Public Health intelligence to develop an Armed Forces JSNA.
- Improved GP Practices recording Armed Forces Families data.
- Improve Dental, Optometry, Hearing Services and Pharmacy data recording of those who have served or are members of the Armed forces Family.

- Create NHS email addresses for SMOs at each Armed Forces medical centres to improve data sharing for referral, results etc.
- Improve links between third sector and the NHS and between the various “Ops”

Transition from the Armed Forces to the local NHS

- Improve the ability to gain access to records and sharing information between appropriate partners including links to GP and NHS IT systems.
- Improve pre armed forces leaver information, advice and support working with the local stations and camps to develop transition packs.
- Improve the NHS links to in and out of county transition of Armed Forces personnel and their families learning from lessons identified in recent experiences.
- Improve links between the current “Ops” and joining the dots – person and their family to provide a holistic approach that is ‘whole person’ centric.

Education, Communication and awareness

- Develop communications plan to align with this work
- Establish a web site that links to the ICB and the Lincolnshire Armed Forces covenant
- Develop a specific Armed Forces Page on the NHS Lincolnshire ICB website

Governance

A steering group will be formed to review all the outputs and ideas, agree actions including any specific deliverables and commitments and continue to develop and enhance the work that we do.

The proposed group will be led by Jacqui Bunce – ICB Armed Forces Lead and will include:

- Gp Capt Mawson - Defence Regional Clinical Director for East Region
- Taff Davey - Ops Manager Regional HQ Defence Primary Health Care (East)
- Sqn Ldr Roe who will take over the post of Principal Medical Officer (PMO)
- Sqn Ldr Wild - Senior Medical Officer (SMO)
- Paul Drury – Lincolnshire Armed Forces Covenant Officer
- Jon Mansfield – Everyone
- Representatives from Lincolnshire Community and Hospitals Group, Lincolnshire Partnership Foundation NHS Trust and GP colleagues

Action Plan to follow once recommendations have been agreed:

- Immediate to 3 months
 - Establish the steering group.
 - Review all of the outputs and ideas, agree actions including any specific deliverables and commitments – develop action plan.
 - Present this report to the Armed Forces Covenant Partnership Board
- Next 3 to 6 months
 - Provide update to NHS ICB Executives
 - Provide update to NHS Chief Execs Group
 - Work will be reported jointly to the Air Commodore at Cranwell and John Turner as co-sponsors the symposium –
 - Planning can then start to shape next year’s event



Lincolnshire
Integrated Care Board

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

Agenda Number:	7 (iii)
Meeting Date:	Tuesday, 28 th January 2025
Title of Report:	Audit & Risk Committee Update
Report Author:	Mrs Margaret Pratt, Non-Executive Member and Chair of the Audit and Risk Committee Mrs Jules Ellis-Fenwick, ICB Board Secretary Ms Karen Bates, Assistant to the Board Secretary
Presenter:	Mrs Margaret Pratt, Non-Executive Member and Chair of the Audit and Risk Committee
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 update and progress.

Summary

The Audit & Risk Committee meeting held on 17 January 2025 focused on a number of areas including the following:

- Governance Report
- IG Quarterly Update Q3
- Update on the ICB Risk Management Arrangements
- Audit Yorkshire Counter Fraud Update Progress Report
- TIAA SICA Report including IA reports:
 - Collaboration & Partnership Working
 - Addressing Health Inequalities & Population health Management
- Update on Internal Audit Plan
- 2024/25 External Audit Update
- Social Investment – Social Finance Ltd Partnership
- EPRR Annual Report including Outcome of Core Standards

Key points for noting were as follows:

Governance Report

The latest versions of the Declaration of Interest Registers were presented and noted. An internal audit has been completed around declarations of interest and a number of changes have been made to reflect recommendations. The expected outcome of the review is Reasonable Assurance.

IG Quarterly Update – Quarter Three

The Cyber Assessment Framework (CAF), previously DSPT, had been submitted on 20 December 2024. The national team expects all ICBs to be partially compliant in the new framework. Current performance against the mandatory Data Security training is at 88%.

Update on the ICB Risk Management Arrangements

The latest update on the development of the ICB's risk management arrangements was presented. All actions from the Internal Audit review in 2023/24 confirmed as complete. Review for 2024/25 has taken place and whilst the final report is awaited, TIAA confirmed good progress has been made and the expected outcome is likely to be maintained from 2023/24 as 'Reasonable Assurance'.

TIAA SICA Report

Two internal reports had been finalised - Health Inequalities and Collaboration and Partnership. Following discussion around the management responses it was requested that an effective process be put in place to ensure the scope and ambition of each audit promotes maximum value. This will include the following elements:

- Review of quarter ahead receive draft scope (draft scope prepared by exec lead) to test interdependency.
- Review of quarter just gone for Audits received.
- Progress on bring forward actions outstanding.
- Any escalations that indicate an executive is required to attend the Audit and Risk Committee meeting.

Update on Internal Audit Plan

Following discussion on the extra 51 days it was agreed that these would be assigned to three audits; 1) Property Services, 2) Information Governance and 3) Contract Management. Six hours remain and it had been agreed that these would be used to audit recruitment and retention which would span over two financial years. The Committee approved the amendments to the plan.

2024/25 External Audit Plan

Audit has now commenced its interim audit process. Submission date for final Annual Report and Accounts is the 23rd June 2025. There is a need to fully understand the potential risks around the specialised commissioning and what impact this may have on planning.

Social Investment – Social Finance Ltd Partnership

For 2025/26 the ICB is embarking on a new arrangement where the partnership will contract with the ICB for agreed outcomes. A paper was shared with the Committee around the governance and assurance levels and following a presentation and discussion the Committee noted the great initiative and were happy for this to continue to move forward.

EPRR Annual Report including Outcome of Core Standards

The EPRR Annual Report 2024/25 was shared with the Committee and the Committee agreed to note the contents of the report, acknowledge the resourcing, note the policy with

its commitments and associated process and recommend the associated documents are shared with the Board for endorsement. Lincolnshire ICB is the only one in the Midlands region to be fully compliant.

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 indicated in the report.

Implications (legal, policy and regulatory requirements)

Does the report highlight any resource and financial implications?	Not applicable.
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 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:

Regular updates provided to the Board.

Is the report confidential or not?

Yes No

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	7 (ii)
Meeting Date:	Tuesday, 28th January 2025
Title of Report:	System QPEC (Quality and Patient Experience) Committee
Report Author:	Sharon Robson, Non-Executive Director (Chair) Martin Fahy, ICB Chief Nurse Sarah Bates, Deputy Board Secretary
Presenter:	Sharon Robson, Non-Executive Director (Chair)
Appendices:	SQPEC – Terms of Reference

To approve <input checked="" 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 and approved the revised Terms of Reference for inclusion in the ICB Governance Handbook.

Summary

The System Quality and Patient Experience Committee took place on 15th January 2025 and focused on the following agenda items:

- Lincolnshire System Priorities Quality Register:** the Register was presented and it was noted that this had been updated with further mitigations and actions. It was reported that two new risks had been added in relation to the quality and timeliness of Medical Cause of Death Certification (Primary Care) and increasing frequency of medication shortages. Discussions took place regarding the threshold scoring for the risks and that this would be included within the refreshed version that would be presented in the new financial year.
- Neuro-Diversity Pathways:** it was reported that the Clinical Care Directorate had been tasked with undertaking a review of the existing service offer for patients with ADHD and Autism across the entire age spectrum Adult and CYP. The review concluded that the current offer is not fit for purpose and therefore a re-commissioning exercise was initiated.

The plan is to develop new refreshed service specifications commencing in the new financial year. It was discussed that the review was requested due to the complexity of the current pathways in place. At present there is a mixed model with some providers located within county and others external. Furthermore, since the Covid-19 pandemic the service has seen an exponential increase in the number of referrals. It was agreed that a progress update would be shared in the Summer.

- **Health Services Safety Investigations Body (HSSIB):** it was highlighted that the purpose of the briefing was to identify the national learning report on medication not given, administration of time critical medication in the emergency department. It was noted that this is the first in a series of investigations, exploring why medications intended to be provided to patients are not given and sought to understand factors that impact on patients not receiving medications as planned. A case study was cited in relation to the administration of medicines for a patient with Parkinson's Disease. It was requested that members discuss the detail findings and recommendations within their respective organisations to ensure that appropriate measures are in place.
- **CYP (Children and Young People) Programme Deep Dive:** an overview was provided on the breadth and complexities of the CYP programme noting the areas of organisational and system risk. An update was provided on the key workstreams for the programme which includes:-
 - National CYP Transformation priorities
 - Statutory responsibility
 - Elective recovery
 - Community waiting lists
 - Health inequalities
 - Local fragile services
 - Local gaps in provision
 - Co production/feedback

A summary of the quality and patient experience issues raised within the programme were identified. Discussions took place regarding the areas highlighted and for consideration to be given for these to be reflected on the ICB corporate risk register as one risk for the quality elements of the whole programme or as individual risks. It was discussed that the risks identified would be managed and addressed through each respective organisation's Programme Boards and that if any areas required escalation these would be presented at the Operational Quality Assurance Group.

- **Dental Provision Update Deep Dive:** a Deep Dive was provided on the Dental Programme including the Lincolnshire current performance and the proposed strategic direction to deliver and implement the 3-year dental commissioning plans to improve access to general dental services. The challenges around access to NHS dental services are fully recognised at a national, regional and local level. The lack of access to NHS dentists is a national challenge, with the most critical issue being gaining access to NHS Dentistry. The main challenges include:-
 - Dental profession's discontent with current national contract.
 - Workforce/Recruitment of Dentists and wider clinical dental team.
 - Reduced levels of access for children and adults in the East Midlands post the pandemic.

It was reported that a significant amount of work is taking place to address this area and that progress is being made.

It was reported that the ICB has a refreshed Oral Health Needs Assessment to support with developing commissioning intentions and a procurement strategy to ensure that services are located in areas of greatest need within the resources available. Work is taking place across the system to look at the opportunities with a focus on prevention and "mouth matters". An update was provided on the two pilots taking place in relation to CVD and diabetes. Discussions took place regarding the governance arrangements for Primary, Optometry and Dental and that oversight is provided through the Primary Care forums and that if there were areas of escalation these would be highlighted at the Operational Quality Assurance Group.

- **System Harm Reviews, Key Themes and the Associated Learning Deep Dive:** a detailed update was provided on the harm review process, key themes and associated learning. It was reported that reviews are received from Individual Harm Reviews, Learning from Patient Safety Events (LfPSE), Patient Safety Incident Response Framework (PSIRF), Pathway/Specialty Harm Reviews, Routine Systemic Harm Review(s) and Other Types of Harm Review. Discussions took place regarding the different levels of assurance and that the report would be shared widely to encourage learning.

- **Lincolnshire Community and Hospitals NHS Group Highlight Report:** it was noted that Henrietta Hughes, Patient Safety Commissioner had visited the Group earlier in the week and that this had been a positive visit.
- **Lincolnshire Partnership NHS Foundation Trust Highlight Report:** the Trust wished to thank colleagues in the ICB with supporting them with recent cross boundary communications challenges.
- **East Midlands Ambulance Service NHS Trust Highlight Report:** it was noted that a critical incident had been declared on 6th January 2025. It was reported that Lincolnshire had been recognised as an exemplar organisation across the region for the provision of quality and service provision.
- **System Partners – Local Authority Update:** it was reported that work is taking place on the screening and health inequalities programme along with the development of a Health Protection Strategy. In addition, work is taking place on the annual assurance for Care Homes.
- **Primary Care Highlight Report:** an emerging risk was highlighted in relation to the lack of quality support resources within the regional Primary Care (POD's) team and that when this service was commissioned by the East Midlands systems, there appeared to be a lack of specific quality support resources within the team. It was noted that the issue is being raised by the regional Primary Care (POD's) team to all East Midlands systems for consideration. It was discussed that this will have an impact on the process to undertake quality assurance visits with providers.
- **Non-Emergency Patient Transport Service Update:** an update was provided on the work being undertaken to support the discharge processes and the aborted journeys for discharge bookings that are increasing due to patients not being ready at the time the patient is booked for. It was reported that a Discharge Coordinator Pilot commenced at the beginning of January and that there will be processes put in place to review the current booking methodology and allocation.
- **Operational Quality Assurance Group (OQAG) and Safeguarding Annual Report Update:** it was reported that two areas of concern had recently been highlighted that relate to ULTH – escalation of Infection, Prevention and Control concerns and DHU111 – deep dive into perceived 'inappropriate referrals'. It was noted that two new risks had been included on the Risk Log in relation to weight management and the Chief AHP role. Members agreed to endorse the Safeguarding Annual Report.
- **System Quality Group Update:** it was noted that recent thematic discussions had taken place in relation to the Lincolnshire Maternity and Neonatal Service and Children and Young People.
- **Committee Self-Assessment:** the annual Committee Self-Assessment was presented for review and endorsement. Members agreed to approve and endorse the self-assessment. It was noted that the Committee had reviewed and updated its Terms of Reference at its meeting held in November and the revised version needed to be presented to the Board for approval. The revised TOR are attached to this paper for approval.
- **Midlands Region Social Care Nursing Advisory Council:** an update was provided in relation to the CQC regulation 9A and that some homes and hospitals across the Midlands have been closing to visitors without any risk assessment or following the guidance within Reg 9A when outbreaks occur. Discussions took place that for Lincolnshire this has not been an issue and that a dynamic risk assessment is undertaken if an outbreak is declared.

Items for escalation to the ICB Board:

It was noted that the Committee had received a number of updates and progress reports at the meeting including:

- Neuro-diversity pathways for ADHD and Autism and the future commissioning intentions.

- Health Services Safety Investigations Body (HSSIB) and the national learning report on Medication not given, administration of time critical medication in the emergency department.
- The Deep Dives that were received on Children and Young People, Dental Provision and that progress is being made in terms of dental access.
- National Patient Safety Commissioner - Henrietta Hughes who had visited the Group earlier in the week of which was a positive visit.
- The work that is taking place within the local authority on the screening and health inequalities programme along with the development of a Health Protection Strategy.
- The Safeguarding Annual Report was endorsed by the Committee.
- SQPEC revised Terms of Reference presented for approval by the Board for inclusion in the ICB Governance Handbook.

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

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

No

NHS LINCOLNSHIRE INTEGRATED CARE BOARD

QUALITY COMMITTEE

(SYSTEM QUALITY & PATIENT EXPERIENCE COMMITTEE)

TERMS OF REFERENCE

1. CONSTITUTION

The Quality Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) and will be a joint Committee between the ICB and NHS providers accordance with the Boards Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is an ICB non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2. AUTHORITY

The Quality Committee is a formal Committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

3. PURPOSE OF THE COMMITTEE

The Quality Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4. MEMBERSHIP AND ATTENDANCE

Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than three members of the Committee including one of which will be a Non-Executive Member of the Board (from the ICB) and Non-Executive Members from the NHS provider organisations (Acute, Mental Health & Community trusts). Other attendees of the Committee need not be members of the Board, but they may be attendees.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

The Committee Members are:

- ICB Non-Executive Member (Chair)
- ICB Chief Nurse
- ICB Medical Director
- System Non-Executive Members (Chairs of the System Quality Committees) Representatives (1 acute provider representative, 1 community, 1 mental health and 1 primary care representative).
- ICB GP Clinical Lead
- LA representation (Chair of the Health Protection Board or Deputy Chair).
- An individual may represent more than one area.

Only members of the Committee have the right to attend Committee meetings, however all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

Attendees are:

- Directors of Nursing & Medical Directors in the NHS trusts and or their deputies
- Director of Nursing and Quality or Deputies
- Chair/Deputy Chair of the System Quality Group
- Clinical Leads Localities
- Ambulance trust (EMAS)
- HealthWatch
- Public Health Representative
- University Representative
- Safeguarding Leads
- ICB IPC Lead
- Representative of the Primary Care Liaison Committee
- Subject matter experts will be invited to attend to support focused discussions on a 'as required' basis e.g., Patient safety lead, HEE, AHSN, LMNS lead or CYP lead. Individuals may represent more than one area for these focussed discussion topics.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw when the committee needs to attend to sensitive/confidential business in accordance with its constitution.

Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

Chair and vice chair

In accordance with the Constitution, the Committee will be chaired by a Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to Chair the Committee.

Committee members will appoint a Vice Chair of the Committee who will be one of the Non-Executive Members from another Lincolnshire organisation.

The Chair will be responsible for agreeing the agenda and ensuring that matters discussed meet the objectives as set out in the Terms of Reference.

5. MEETING QUORACY AND DECISIONS

The Quality Committee shall meet formally a minimum of eight times per year, along with two development sessions. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Quoracy

There will be a minimum of two Non-Executive Members, plus at least the Director of Nursing or Medical Director, one NED NHS provider member and one Local Authority representative.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6. RESPONSIBILITIES OF THE COMMITTEE

The responsibilities of the Quality Committee will be authorised by the ICB Board. It is expected that the Quality Committee will:

- Be assured that there are robust processes in place for the effective management of quality in line with the National Quality Board (NQB) Shared Commitment to Quality.
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively, and timely action is taken to address areas of concern.
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care.
- Oversee and monitor delivery of the ICB key statutory requirements.
- Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and high-risk operational issues which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g., CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites.
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes.
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded.
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and Preventing Future Deaths /reg 28 reports).
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for patient engagement and experience .
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g., System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc).

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

All committees and sub-committees are listed in the SoRD. Each committee and sub-committee established by the ICB operates under terms of reference and membership agreed by the Board or the relevant Committee who the Board has delegated the power to make further delegations to Sub-Committees. All terms of reference are published in the Governance Handbook.

The Quality Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded.

As a Committee that fulfils delegated functions of the ICB, the Quality Committee will be required to:

- a) Provide a written report to the Board following each meeting outlining the key matters discussed, any points for escalation, assurance and/or decision and/or any new areas of risk. The Chair of the Committee shall attend the Board (public meeting) to present the report.
- b) A Committee Chair may also request an Executive lead to attend the Audit Committee to discuss significant risks or matters or issue arising from internal audit reports in greater detail

The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

8. BEHAVIOURS AND CONDUCT

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

Where a member of the Committee is aware of an interest, conflict or potential interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

The Chair of the meeting will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflicts of interests they will bring it to the attention of the Committee, and the Vice Chair will act as Chair for the relevant part of the meeting.

Any declarations of interest, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting of the Committee, will be recorded in the minutes.

Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the ICB's policy for managing conflicts of interest, and may result in suspension from the Committee.

10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed a minimum of 5 working days before the meeting having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Membership will be considered as part of TOR review processes
- Accurate and accessible minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: July 2022

Date of review: November 2022

Second review: November 2024

PUBLIC MEETING OF THE NHS LINCOLNSHIRE INTEGRATED CARE BOARD

Agenda Number:	7 (i)
Meeting Date:	Tuesday, 28 th January 2025
Title of Report:	Update from the Service Delivery & Performance Committee for November and December 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

November 2024

Board Assurance Framework (BAF) – The ICB BAF was presented for review, there were no specific risks allocated to the Service Delivery & Performance Committee for oversight.

ENT DNA Pilot – The Committee received a presentation on the methodology and results of a pilot carried out in ULTH which focused on non-attendance rates for ENT Outpatient appointments. A number of factors were identified and following a risk stratification approach in respect of the likelihood to not attend (DNA), a proactive communication exercise was carried out which saw resultant DNA rates drop by almost 8%.

Planning – The NHS Population Health Strategy and Planning Report was presented to the Committee, noting the next key milestones that will be focused on:

- Key planning assumptions for 2025/26 and the 10 year plan.
- High level priorities for 2025/26 and beyond, framed against the immediate requirements, the three 10-year plan transformational shifts (Hospital to Community,

Analogue to Digital, Sickness to Prevention) and how these relate to our population segmentation model.

Winter Update - The Winter Plan had now been agreed by all stakeholders across the System and had been published.

NHSE Regional Office recently completed a Winter Assurance Visit and had provided very positive feedback, particularly highlighting strong leadership, good staff engagement, community care, the Mental Health Urgent Assessment Centre, utilisation of Urgent Treatment Centres and the provision of a Single Point of Access for professionals.

Dashboard - The monthly performance dashboard was discussed particularly in the context of providing assurance over trajectories across the rest of the year.

Skegness CDC update - The Skegness Community Diagnostic Centre has now opened.

December 2024

Primary Care – A report was presented to the Committee to enable a deep dive into Primary Care performance.

There were three areas of performance discussed in detail - Primary Care Access, Recovery Plan Delivery and GP Collection Action. Good progress was noted across many areas of delivery, including the number of GP appointments, albeit there are variations in capacity across GP practices. Self-referral numbers continue to improve and Pharmacy First consultations are also above planned levels. LD Annual Health Checks and Dementia Diagnosis rates are also performing well. The digital work programmes have progressed with all practices having digital telephony systems and online consultation tools.

The issues of ongoing capacity and workforce challenges (including GPs, Nursing, Dental and Pharmacy) were also discussed with some progress noted in the recruitment of GPs.

Delivery Update Headlines

Cancer - The backlog position remains steady for Lincolnshire. The faster diagnosis performance standard for November was 80.74% which was above the national target and the levels had been sustained for the fifth month in a row.

62-day performance remains on track and the Committee reinforced the need for the focus on Cancer and Elective to remain through winter, despite the pressures of urgent treatment activity.

Elective - Updates were provided on waiting lists, the longest waiters being through patient choice rather than a lack of capacity.

UEC – The current performance was noted at 74.8% against a national figure of 68.6%, so Lincolnshire was holding up relatively well despite the increasing numbers of patients presenting with severe symptoms of flu, RSV, Covid and norovirus. The importance of staff vaccinations was reinforced across all our providers to protect our workforce.

Winter Update - The current position was highlighted:

- There were spikes in demand which were a combination of walk-ins and ambulance activity.

- 10 additional EMAS crews were working, enabling crews to see patients more quickly and resulting in 70% of patients not needing to go into hospital.
- Work was underway with the creation of an adult flu ward at Lincoln, this will release beds on other wards.
- An IT outage had caused a critical incident to be declared by ULTH, this caused patients to be backed up within various pathways. An immediate review was undertaken for rapid lessons learned and options drawn up to be undertaken should it ever happen again.
- The main focus at present was planning for Christmas and the New Year, including the various 'break glass' options, should they become necessary.

Dashboard - The monthly performance dashboard was discussed, particularly noting the improvements needed in two areas:

- Delay times for Dexa scans for which recovery activity had been requested.
- Mental Health Out of Area Placements – it was acknowledged that the previous increase in number was in line with expected trajectory and the planned development of step-down accommodation was key to reducing this back down. The progress on this may be delayed whilst procurement is finalised.

Planning – A verbal update was provided to the Committee in relation to Planning:

It had been announced at the Commons Health & Social Care Committee that the new planning guidance would be available in the New Year. It is anticipated that two submissions would be required, with oversight on these.

There was to be a national programme for neighbourhood health services (including neighbourhood teams; primary care; community offer; rehab and recovery; out of hospital care etc.) which was also scheduled to be released in the New Year.

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

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"/>			