

County Offices
Newland
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LN1 1YL

4 March 2024

Lincolnshire Integrated Care Partnership

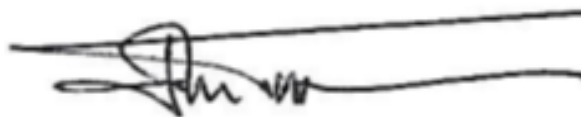
A joint committee of the NHS Lincolnshire ICB and the Council

A meeting of the **Lincolnshire Integrated Care Partnership** will be held on **Tuesday, 12 March 2024 at 3.45 pm in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely



Councillor Sue Woolley
Designated Representative for
Lincolnshire County Council



John Turner
Chief Executive
NHS Lincolnshire Integrated Care Board

MEMBERS OF THE BOARD (Voting):

Lincolnshire County Council: Councillors: Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety, Procurement and Migration), Mrs S Woolley (Executive Councillor NHS Liaison, Integrated Care System, Registration and Coroners) (Chairman), W H Gray, C E H Marfleet and Mrs S Rawlins

Lincolnshire County Council Officers: Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Martin Samuels (Executive Director - Adult Care and Community Wellbeing), Heather Sandy (Executive Director of Children's Services) and Professor Derek Ward (Director of Public Health)

NHS Lincolnshire Integrated Care Board: Dr Gerry McSorley and John Turner (Vice-Chairman)

Primary Care Network Alliance: Dr Kevin Thomas

NHS Providers in Lincolnshire: Andrew Morgan and Kevin Lockyer

Healthwatch Lincolnshire: Dean Odell

District Council: Councillor Richard Wright

Police and Crime Commissioner: Philip Clark

Chief Constable representative, Lincolnshire Police: Julia Debenham

Greater Lincolnshire Local Enterprise Partnership (GLLEP): Professor Neal Juster

Higher Education Sector: Professor Neal Juster

NHS E/I: Adrian Perks

Voluntary & Community Sector: Emma Tatlow

Lincolnshire Care Association: Melanie Weatherley MBE

**LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP AGENDA
TUESDAY, 12 MARCH 2024**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interest	
3	Minutes of the Lincolnshire Integrated Care Partnership meeting held on 5 December 2023	5 - 10
4	Action Log	11 - 12
5	Chairman's Announcements	13 - 14
6	Integrated Care Partnership Strategy <i>(To receive a report from Michelle Andrews, Assistant Director ICS, Lincolnshire County Council and Peter Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board, which asks the Partnership to approve the Integrated Care Partnership Strategy)</i>	15 - 38
7	Integrated Care Partnership Future Operating Model <i>(To receive a report from Michelle Andrews, Assistant Director ICS, Lincolnshire County Council Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board, which invites the Partnership to agree proposals to move to a new operating Model from March 2024)</i>	39 - 50

Democratic Services Officer Contact Details

Name: **Katrina Cope**

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E Mail Address katrina.cope@lincolnshire.gov.uk

Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Lincolnshire Integrated Care Partnership on Tuesday, 12th March, 2024, 4.00 pm \(moderngov.co.uk\)](#)

All papers for council meetings are available on: <https://www.lincolnshire.gov.uk/council-business/search-committee-records>



**LINCOLNSHIRE INTEGRATED CARE
PARTNERSHIP
5 DECEMBER 2023**

PRESENT: COUNCILLOR MRS S WOOLLEY (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs W Bowkett (Executive Councillor Adult Care and Public Health) and W H Gray.

Lincolnshire County Council Officers: Martin Samuels (Executive Director - Adult Care and Community Wellbeing), Heather Sandy (Executive Director of Children's Services) and Professor Derek Ward (Director of Public Health).

NHS Lincolnshire Integrated Care Board: Dr Gerry McSorley and John Turner (Vice-Chairman).

NHS Providers in Lincolnshire: Karen Dunderdale.

Voluntary & Community Sector: Emma Tatlow.

Care Sector: Melanie Weatherley MBE.

Officers In Attendance: Michelle Andrews (Assistant Director – ICS), Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer) (Democratic Services), Lucy Gavens (Consultant - Public Health) (Public Health), Clair Raybould (Director for System Delivery, Lincolnshire Integrated Care Board) and Charlotte Horn (Public Health Officer, Adult Care and Community Wellbeing).

11 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P A Bradwell OBE, C E H Marfleet, Andrew Morgan (Nominated Chief Executive, representing NHS Providers in Lincolnshire), Kevin Lockyer (Nominated Chair, representing NHS Providers in Lincolnshire), Dean Odell, (Healthwatch Lincolnshire), Julia Debenham (Representative of Lincolnshire Police) and Professor Neal Juster (Representative for the Higher Education and Greater Lincolnshire Local Enterprise Partnership).

It was noted that Karen Dunderdale, (Director of Nursing Lincolnshire Community Health Services and United Lincolnshire Hospitals NHS Trust) had replaced Andrew Morgan (Nominated Chief Executive, representing NHS Providers in Lincolnshire) for this meeting only.

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LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP
5 DECEMBER 2023

12 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this point in the meeting.

13 MINUTES OF THE LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP MEETING HELD ON 26 SEPTEMBER 2023

RESOLVED

That the minutes of the Lincolnshire Integrated Care Partnership meeting held on 26 September 2023 be agreed and signed by the Chairman as a correct record.

14 ACTION LOG

RESOLVED

That the Action Log presented be noted.

15 CHAIRMAN'S ANNOUNCEMENTS

The Partnership was advised that the Chair and Vice-Chair had recently attended an Integrated Care Partnership Conference, the feedback from which had been that Lincolnshire was in a good place with regard to the Integrated Care Partnership, the Integrated Care Board and the Integrated Care System compared to other areas in the country.

Congratulations were extended to all colleagues and partners who had contributed to the recent announcement by the Quality and Performance Committee of NHS England, that Lincolnshire ICB should transition from Segment 4 to Segment 3 of the NHS Oversight Framework. That Partnership noted that the transition had also featured in the *Health Service Journal*, which was great news for Lincolnshire.

RESOLVED

That the Chairman's Announcements as presented on page 13 of the agenda pack be noted.

16 LINCOLNSHIRE WINTER PLAN 2023/24

Consideration was given to a report from Clair Raybould, Director of System Delivery, NHS Lincolnshire Integrated Care Board, which provided the Partnership with an update on Lincolnshire's Winter Plan 2023/24.

Attached at Appendix A to the report was a copy of the Lincolnshire Integrated Care System Winter Preparedness Plan for 2023/23 for the Partnership to consider.

The Partnership was reminded that the Lincolnshire Integrated Care System (ICS) Winter Plan had been developed collaboratively and was influenced by national best practice, guidance issued by NHS England and learning from previous winters within the system.

The Plan for 2023/24 as in the previous year focused on the avoidance of patient harm by adopting an approach that focused on clinical risk, as recommended by clinicians. The Partnership noted that this approach had been commended by regional colleagues during the Winter Assurance visit that had taken place on 10 October 2023, as well as the comment that the plan had been the most integrated plan the NHS East Midlands Regional Team had seen.

During consideration of this item, the Partnership was advised that improvements had been seen concerning category 2 ambulance response times. It was noted that the improving times were having better outcomes for patient and emergency departments, not only for patients and families, but also for staff working in departments, as staff had more time to care for patients, and as a result they were now experiencing an increased level of job satisfaction.

RESOLVED

That the Lincolnshire Integrated Care System Winter Preparedness Plan for 2023/23 be received.

17 NATIONAL 'SMOKEFREE GENERATION' ANNOUNCEMENTS AND WHAT THAT MEANS FOR LNCOLNSHIRE

The Partnership considered a report from Derek Ward, Director of Public Health, which provided an update on the National 'Smokefree Generation' announcements and what the implications were for Lincolnshire.

Appendix A to the report provided the Partnership with a copy of a Plan to a Page document which identified a whole system approach to tackling Health Inequalities through Tobacco Control.

Page 46 provided details of the proposed next steps for Lincolnshire for the Partnership to consider.

The Partnership was advised that if the legislation was passed, it would have the single biggest impact on the health of the population since smoking in public places had been banned. It was noted that to ensure that the right balance was struck between protecting children and supporting adult smokers to cease, a consultation was on-going until 6 December 2023. Details of what the consultation comprised of were shown on page 45 of the report pack.

It was reported that the increase in funding for Lincolnshire was significant, an additional £1.07 million would be provided to Lincolnshire County Council for 2024/25.

**LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP
5 DECEMBER 2023**

During discussion, the following comments were noted:

- That enforcement activity would be strengthened by an added investment of £30 million to support agencies such as local trading standards, HMRC and Border Force to take action to stop underage sales and tackle the import of illicit tobacco and vaping products; and
- Confirmation was provided that the £1.07 million per year was additional to the money already put into 'One You Lincolnshire' and the funding that goes into the acute based model.

RESOLVED

That the proposed next steps as detailed on page 46 of the report pack and the proposed system approach to delivering the smokefree generation agenda be supported.

18 LINCOLNSHIRE DRUG AND ALCOHOL PARTNERSHIP (COMBATTING DRUGS PARTNERSHIP)

Consideration was given to a report from Lucy Gavens, Consultant in Public Health, which provided an update on the work of the Combating Drugs Partnership.

The report advised how Lincolnshire was performing in relation to key drug and alcohol outcomes; and the progress the Lincolnshire Drug and Alcohol Partnership was making against its six local priority actions. It also provided some details on specialist treatment, recovery, and family support services in Lincolnshire.

Appended to the report were the following documents: Appendix A – an update from the Lincolnshire Drug and Alcohol Partnership December 2022; Appendix B – a copy of the Lincolnshire Drug and Alcohol Partnership Terms of Reference 2023; and Appendix C - a copy of the Substance Misuse Grant Monies Exception Report from March 2023.

In conclusion, it was noted that collaborative working had facilitated a more rounded understanding of the nature of alcohol and drug related harms in Lincolnshire, and it was shaping a local response that was a balance between health and criminal justice focus. It was noted further that there was still more work to be done, but the refreshed Drug and Alcohol Strategy that was being developed by the Drug and Alcohol Partnership would put Lincolnshire in a strong position to keep making improvements to reduce drug and alcohol related harms.

During consideration of this item, some of the following comments were noted:

- What work was being done with rough sleepers. The Partnership noted that some of the national grant funding received was specifically earmarked for rough sleepers and those at risk of rough sleeping. The Partnership was advised that there were some important offers in Lincolnshire that could be supplemented through the grant

funding. The Partnership noted that housing related support was important as this was able to provide a more rounded support. Along with this the drug and alcohol treatment services also reached out to the most vulnerable population of rough sleepers. There was recognition that there was more to do in this regard, particularly around working with the community directly;

- Support was extended to the proportion of extra funding being allocated to extending the reach for children and young people; and
- That there was a tailored offer of support right across a whole range of different services provided that had all been brought together in the Combating Drugs Partnership approach, as it was recognised that different people at different times required different levels of support and intervention.

RESOLVED

That the Lincolnshire Drug and Alcohol Partnership (Combating Drugs Partnership) report presented be noted.

19 LINCOLNSHIRE INTEGRATED PARTNERSHIP FORWARD PLAN 2023/24

The Chairman invited Partnership members to contact Alison Christie, Programme Manager, if they had any items they wished to have included on the Forward Plan.

RESOLVED

That the Forward Plan as presented be noted.

The meeting closed at 4.07 pm.

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Lincolnshire Integrated Care Partnership - Actions from 27 September 2022

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
27.09.22	9	<p>Lincolnshire Integrated Care Partnership Forward Plan</p> <p>Members of the Partnership were invited to contact either Alison Christie, Programme Manager, Strategy and Development or Katrina Cope, Senior Democratic Services Officer if they had any items they wished to be included on the Forward Plan.</p>	No requests received.
06.12.22	16	<p>Winter Plan 2022/23</p> <p>One member highlighted that the messaging for flu vaccinations needed improving as some residents were getting confused with the messages they were receiving. The Chief Executive of the Integrated Care Board agreed to investigate the matter.</p>	
	17	<p>Lincolnshire Integrated Care Partnership Forward Plan</p> <p>Partnership members were encouraged to contact either Michelle Andrews, Assistant Director Integrated Care Systems or Alison Christie, Programme Manager, if they had any items they wished to have included on the Forward Plan.</p>	No requests received
28.03.23	25	<p>Lincolnshire Integrated Care Partnership Forward Plan</p> <p>Partnership members were invited to contact either Michelle Andrews, Assistant Director Integrated Care Systems or Alison Christie, Programme Manager, if they had any items they wished to have included on the Forward Plan.</p>	No requests received.
13.06.23	33	<p>Lincolnshire Integrated Care Partnership Forward Plan</p> <p>Partnership members were invited to contact Alison Christie, Programme Manager, if they had any items they wished to have included on the Forward Plan.</p>	No requests received

Lincolnshire Integrated Care Partnership - Actions from 27 September 2022

Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
26.09.23	7	<p>Winter Planning 2023/2024 Receipt of an approved copy of the winter Plan for 2023/2024</p> <p>Engagement with the voluntary sector earlier in the process.</p>	Further update on the winter plan at the meeting on 5 December 2023
	10	<p>Lincolnshire Integrated Care Partnership Forward Plan 2023/2024 Partnership members were invited to contact either Alison Christie, Programme Manager or Michelle Andrews, Assistant Director - Integrated Care System, if they had any items they wished to have included on the Forward Plan.</p>	No requests received
	19	<p>Lincolnshire Integrated Care Partnership Forward Plan 2023/2024 Partnership members were invited to contact Alison Christie, Programme Manager, if they had any items they wished to have included on the Forward Plan.</p>	No requests received

Agenda Item 5

LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP – 12 MARCH 2024 CHAIRMAN'S ANNOUNCEMENTS

Appointment of Group Chair

With effect from Monday 1 April 2024, Elaine Baylis will be appointed as Group Chair for Lincolnshire Community Health Services NHS Trust (LCHS) and United Lincolnshire Hospital NHS Trust (ULHT). This appointment has been made by NHS England following an open recruitment process. It comes as part of a move to a group arrangement between the two organisations, which will be established later in 2024. Elaine has served as Chair of ULHT for the past five years and was previously LCHS Chair until March 2023.

This appointment means that recruitment can begin to the substantive group chief executive role, as the two organisations have also introduced shared decision-making.

Older People's Housing Review

As chair of the Integrated Care Partnership, I was invited to contribute to a roundtable discussion of the Older People's Housing Review on 25 January 2024. This was arranged by the Department of Health and Social Care's Adult Social Care Policy Team, in conjunction with the NHS Confederation ICS Network. The session was led by Prof. Julianne Meyer who is leading an independent taskforce. The taskforce was launched in May 2023 and is in the process of developing recommendations for government and is due to be published in Spring 2024.

The roundtable was part of a range of engagement opportunities with experts and stakeholders to help Prof. Meyer understand how government can improve the provision of older people's housing. I was able to emphasise Lincolnshire's long and well-established commitment to housing and the positive partnership relationships we have developed with, amongst others, the strategic partnership with the Centre for Ageing Better, the Housing Health and Ageing Well Delivery Group and our investment in Extra Care Housing across the county.

Housing Strategy – Surrey County Council

I received an approach by Cllr Sinead Mooney, Cabinet Member for Adult Social Care at Surrey County Council asking for a meeting to discuss our Housing Strategy. Along with Anne-Marie Scott, Assistant Director Prevention and Early Intervention, I met with Cllr Mooney on 12 February to share Lincolnshire's approach and learning.

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Lincolnshire Integrated Care Partnership

A joint committee of the NHS Lincolnshire ICB and the Council

Date:	12 March 2024
Subject:	Integrated Care Partnership Strategy
Report by:	Michelle Andrews, Assistant Director ICS, Lincolnshire County Council and Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board

For decision	X	For discussion	For information
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Summary:

The Health and Care Act 2022 requires the Lincolnshire Integrated Care Partnership (ICP) to develop an integrated care strategy setting out how assessed needs can be met by partners across the Integrated Care System including the Integrated Care Board (ICB), local authorities, community and voluntary sector, and NHS England.

In December 2022, the ICP approved the interim ICP strategy for publication. The ICP guidance acknowledged that 2022-2023 would be a transitional year, and that ICPs would need to refresh and develop the strategy further during 2023, as ICS arrangements developed and matured.

This report presents the final Integrated Care Partnership Strategy and asks the Partnership to approve the document prior for publication.

Actions required:

The Integrated Care Partnership is asked to approve:

1. the Integrated Care Partnership Strategy (Appendix A),
2. the publication of the Integrated Care Partnership Strategy on the Lincolnshire Health Intelligence Hub alongside the Joint Introduction document and the Joint Health and Wellbeing Strategy.

1. Background

The Health and Care Act 2022 requires the Lincolnshire Integrated Care Partnership (ICP) to develop an Integrated Care Strategy setting out how assessed needs of the local population can be met by partners

across the Integrated Care System by the Integrated Care Board (ICB), local authorities, the community and voluntary sector, and NHS England.

Updated [guidance on the preparation of integrated care strategies](#) was published by the Department of Health and Social Care (DHSC) on 1 February 2024. This has been reviewed to ensure the updated strategy follows the requirements sets out in the guidance.

The guidance emphasises the role of the strategy is to...

“set the direction of the system across the areas of the ICB and ICP, setting out how commissioners in the NHS and local authorities, working with partners, the voluntary, community and social enterprise sector, and other partners, can deliver more joined-up, preventative, and person- centred care for their whole population, and across the life course.”

The ICP strategy should reflect and complement, but not supersede, the Joint Health and Wellbeing Strategy (JHWS) and take account of the evidence in the Joint Strategic Needs Assessment (JSNA). Therefore, a review of the ICP strategy was undertaken alongside the development of the new JHWS following the publication of the JSNA in March 2024.

[Lincolnshire’s interim strategy](#), was published in January 2023. It set out five enablers which partners in Lincolnshire’s health and care system agreed to focus their integration efforts on to deliver the shared ambition and aims. It was acknowledged that the first year of the strategy would be a transition period and so, during 2023, system partners would reflect on the contents of the document before the final strategy is published in March 2024. This period has provided time for system partners to refine their thinking on ‘how’ we work collectively. The updated strategy is presented in Appendix A.

Five strategic enablers have been identified, each describes why it is important to the system and what will be done to support the system to achieve our collective ambition and aims. The refreshed strategic enablers are:

1. Prevention and Health Inequalities
2. Workforce and Skills in the health and care sector
3. Personalisation
4. Digital and Technology
5. Data and Information

Each enabler will have a System Responsible Officer (SRO) and a delivery lead. Their role will be to support and challenge the system and to embed this thinking into all we do as well as taking actions in line with “what we will do” set out for each strategic enabler. The SRO and the delivery lead for each strategic enabler will be tasked with ensuring delivery arrangements are in place, barriers and challenges are addressed and success measures are developed to track progress and provide evidence demonstrating our ambitions are being delivered.

Once approved, the ICP Strategy will be published on the [Lincolnshire Health Intelligence Hub](#) (LHIH) alongside the JHWS. Links to the relevant landing page on the LHIH will be added to the ICB’s and county council’s website so people are also able to access the information via that route.

2. Conclusion

The ICP is required to develop an integrated care strategy setting out how assessed needs can be met by partners across the Integrated Care System. This paper asks the ICP to approve the final iteration of the strategy and its publication on the LHIH.

3. Consultation

The draft strategy was presented to the Health Scrutiny Committee for Lincolnshire on 21 February 2023 and a statement from the Committee on the strategy is provided in Appendix B.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Integrated Care Partnership Strategy 2024
Appendix B	Statement on the Integrated Care Strategy from Health Scrutiny Committee for Lincolnshire

This report was written by Alison Christie, Programme Manager, who can be contacted on alison.christie@lincolnshire.gov.uk

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DRAFT CONTENT

Better Lives Lincolnshire Integrated Care Partnership Strategy

February 2024

DRAFT

Introduction

Our Integrated Care Partnership Strategy for Lincolnshire has been developed with partners from across our Integrated Care System. This is the second iteration of the strategy, the first of which was developed in 2022 and published in January 2023 following the establishment of the new integrated arrangements as set out in the Health and Care Act 2022. It was acknowledged that the first year would be a transition period and during that time the system partners would take time to reflect on its contents and would be refreshed in 2024. This period has provided time for system partners to refine our thinking on “how” we will work collectively to deliver improved health and care outcomes for our population.

The strategy brings together our system thinking to one place ensuring we have stronger connectivity between statutory bodies, the voluntary, community, social enterprise (VCSE) and independent sector. There are many organisations, large and small across our county that support the delivery of health, care and wellbeing services at a local level, and we need to maximise the capacity and capabilities available to the people of Lincolnshire.

Five strategic enablers have been identified, each describes why it is important to our system and what we will do going forward to support us in achieving our collective ambition and aims. As part of implementing this strategy, each of the strategic enablers will ensure engagement and co-production is embedded into the delivery arrangements as they develop.

The refreshed strategic enablers are;

- 1. Prevention and Health Inequalities,**
- 2. Workforce and skills in the health and care sector,**
- 3. Personalisation,**
- 4. Digital and Technology,**
- 5. Data and Intelligence.**

As part of this refresh we are reviewing our performance matrix to support this joint work.

Please see Appendix 1 to see our current Integrated Care System measures. These are under review as part of the refresh of this strategy.

Strategic Enabler 1: Prevention and Health Inequalities

Why is this a strategic enabler for our system?

Prevention is the 'golden thread' that runs through the Better Lives Lincolnshire strategy and underpins its focus on improving health and wellbeing and tackling inequalities. A person's physical and mental health and wellbeing are influenced throughout life by a diverse range of social, economic and environmental factors, collectively known as "the wider determinants of health". Addressing the wider determinants of health will help improve overall health by helping to improve the conditions into which people are born, live and work. Addressing these determinants throughout the life course allows us to consider the critical stages, transitions, and settings where large differences can be made in promoting or restoring health and wellbeing. This life course approach underpins how we plan to deliver the priorities set out in the Joint Health and Wellbeing Strategy (JHWS). We recognise that there are a wide range of protective and risk factors that interplay in health and wellbeing over the life course. By altering policies, environments, and societal norms, inequalities that affect health during the life course can be reduced – an approach shown to benefit the whole population, both now, and in the future.

What will we do?

This means, taking action: to protect and promote health promptly, especially during important transition periods, and appropriately across the life course. By creating healthy environments and improving conditions of daily life together as a society, we will see a reduction in health inequalities throughout the life course. Our delivery of this enabler will focus around four themes:

Theme 1: Preconception, infancy, and early years (0 to 5 years)

Theme 2: Childhood and adolescence (5 to 19 years)

Theme 3: Working age (16 to 64 years)

Theme 4: Ageing well.

Theme 1: Preconception, infancy, and early years (0 to 5 years)

What happens during pregnancy, and the first few years of life influences physical, cognitive, and emotional development in childhood and may influence health and wellbeing outcomes in later life. In addition to the critical events that shape an individual's health trajectory, the number and sequence of exposures to risk and periods of increased susceptibility, some of which occur before birth or are genetically inherited, are also crucial. The preconception stage presents an opportunity for professionals to encourage women and men to adopt healthier behaviours in preparation for a successful pregnancy and positive health outcomes for both them and their child.

We will therefore focus on interventions such as:

- Being aware of screening before or during pregnancy.
- Being up to date with all vaccinations before and during pregnancy.
- Taking folic acid supplements.
- Eating a healthy diet and being physically active.

- Giving up smoking, and reducing or stopping alcohol consumption.
- Expanding oral health promotion activities.

The earliest years of life set the tone for the whole of the lifespan. There is strong evidence that intervening in the first 1,001 days of a child's life can make a difference over their whole lifetime. During this period, the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experiences are therefore vital to ensure children are ready to learn, ready for school and have good life chances. It is shaped by several factors such as sensitive attuned parenting, effects of socio-economic status and the impact of high-quality early education and care. Improving children and young peoples' mental wellbeing has a positive effect on their cognitive development, learning, physical health, and their mental health, social and economic prospects in adulthood. It is known that poor social and emotional wellbeing in young children can lead to behaviour and developmental problems and, later in childhood severe depression, anxiety, self-harm and other poor mental health outcomes.

The areas we will focus interventions on include:

- Increase the uptake of infant and early childhood vaccinations.
- Improve speech, language and communication skills in the under 5s.
- Prioritise early intervention with additional investment in children's centres and family hubs.

Theme 2: Childhood and adolescence (5-19 years)

Children and young people face many new challenges and experiences as they grow and develop. Growing up includes experimenting and trying new things, but adolescence can be a very difficult time for some. We know that approximately one in seven young people experience at least one mental disorder, while emotional disorders – such as anxiety and depression – are commonplace. If left unaddressed, these problems often persist into adulthood. Adolescence, defined as the transitional phase between childhood and adulthood, is a time when young people begin developing habits that will carry over into adulthood. Healthy behaviours initiated in childhood, such as physical activity and healthy nutrition, should be maintained during adolescence.

Considering this, we will focus our interventions on:

- Tackling vulnerabilities and adverse childhood events (ACEs) and safeguarding children
- Improving educational attainment.
- Increase the uptake of primary and secondary school-age vaccination.
- Increase motivation, confidence, and physical competence in relation to physical activity.
- Supporting young people's mental health and emotional wellbeing.
- Tackling tobacco, alcohol and drug use.
- Reducing the number of teenage pregnancies and improving outcomes for young parents and their children.

Theme 3: Working age (16-64 years)

Emphasis on healthy behaviours does not end after a good start in life – it is equally important to make good choices and behaviours at later stages of the life, too. Adulthood is an important

time for building assets, reducing risks and for intervening early. Adult life is a time of significant opportunity to build resilience for older age, to reinforce the improvement in skills and individual empowerment provided by a good start, but also to achieve greater health equity among the existing adult population. In particular, it is essential to reduce stress at work, reduce long term unemployment through active labour market programmes, and address the causes of social isolation. Professionals can ensure that they “make every contact count” (MECC)¹, using everyday interactions to support people in making positive changes to their physical and mental health and wellbeing, as well as promoting services such as the NHS Health Check.

The NHS Health Check offers the opportunity to assess the top seven risk factors that drive premature death and disability in England for the 15 million people in midlife. Risk factors include: pulse rhythm, blood pressure and cholesterol levels. Patients are supported to understand their risk of cardiovascular disease (CVD) and make positive behavioural changes that can prevent and delay the onset of CVD. For example, everyone having an NHS Health Check should benefit from personalised support and, where appropriate, access to services such as stop smoking, weight management, physical activity, alcohol support or diabetes prevention.

Our interventions will focus on:

- Working with employers to develop a healthier, highly skilled workforce.
- Improving wellbeing and mental health.
- Preventing musculoskeletal (MSK) conditions by helping people stay fit, active and healthy.
- Improving uptake of screening 7.

Theme 4: Ageing well.

There has been a steady increase in average life expectancy in recent decades, a positive public health success story. However, increases have slowed considerably since 2011. Longer lives benefit society in many ways; financially, socially and culturally, because older people have skills, knowledge and experience that benefit the wider population. There is an opportunity to better utilise increased longevity as a valuable resource - challenging ageism and the view that retirement is about ‘sitting more and moving less’. The older a person is, the more likely they are to experience chronic disease and disability, of body and brain. As life expectancy rises, we must promote the concept of productive healthy ageing; improved health and wellbeing, increased independence and resilience to adversity, the ability to be financially secure through work and accumulation of resources, engagement in social activities, being socially connected with enhanced friendships and support and enjoying life in good health.

We will focus interventions on areas that include:

- Improving access to gainful employment.
- Protecting health by improving housing and the built environment.
- Increasing awareness and uptake of vaccinations.
- Maintaining functional ability for healthy brain and body.
- Preventing falls, preventing loneliness and social isolation.

¹ Make Every Contact Count (MECC) is an approach to behaviour change that uses the day-to-day interactions that health and social care staff have with people to support them in making positive changes to their physical and mental health and wellbeing.

Strategic Enabler 2: Workforce and skills in the health and care sector

Why is this a strategic enabler for our system?

Public sector employment underpins the local economy of Lincolnshire. This includes many in the health and care sector. The health and care sector is vital for local employment, and we know there is existing and growing demand for the workforce and skills that cannot be met by the current working age population. Data for 2021 shows nursing and care occupations continuing to report the highest number of vacancies. An increasingly frequent issue reported by employers is the lack of care staff with the ability to drive. Data for January 2022 suggests caring occupations continue to be one of the toughest roles to fill. Adding to this is the challenge of an ageing and retiring population across Lincolnshire. It is predicted this older population will account for approximately 90% of replacement demand over the next decade, the remainder being the result of new positions being created.

[https://www.greaterlincolnshirelep.co.uk/assets/documents/Greater Lincolnshire Local Skills Report January 2022.pdf](https://www.greaterlincolnshirelep.co.uk/assets/documents/Greater_Lincolnshire_Local_Skills_Report_January_2022.pdf)

New technologies are shifting the demand for labour toward higher skilled occupations especially in terms of digital skills. To stay competitive in the labour market, people will need to retrain and upskill more often. Equally, working conditions and salaries will need to be sufficient to attract people to work in the health and care sector.

What will we do?

Our approach as an ICP to tackling these issues and delivering this enabler is to progress in two key areas:

Theme 1: To inspire and support young people to stay, study and work in the Lincolnshire health and care sector.

Theme 2: Collectively take action to address the skills gap within the health and care sector.

The Lincolnshire Health and Care System People Board will be a vehicle to drive improvements specifically in health and care organisations, covering challenges such as recruitment and retention. Although this sits outside the direct scope of the ICP, the necessary connections will be made to ensure work remains aligned.

Theme 1: To inspire and support young people to stay and work in the Lincolnshire health and care sector.

The challenge of retaining graduates and young people is, in part, exacerbated by a perception that the health and care sector does not offer sufficient career growth opportunities within Lincolnshire. Currently, the health and care sector does not sufficiently inspire younger people about the career opportunities available on their doorstep. A lack of awareness about local opportunities can contribute to an individuals' long-term worklessness. To meet the high replacement demand for health and care services in Lincolnshire, we need to inform younger people (as young as primary school age children) about the occupations, careers, and growth opportunities Lincolnshire can offer.

To support the delivery of this, we will work with partners to:

- Continue the expansion of the [Enterprise Adviser Network](#) (see page 2 of the Local Skills Report, 2022) across Lincolnshire - this will include ensuring Enterprise Advisers fully understand the careers and opportunities in the health and care sector, so they feed into schools' career programmes, as well as looking to increase the number of Enterprise Advisers from the health and care sector who are able to showcase organisations and opportunities to the local community.
- Use the Greater Lincolnshire Careers Hub to promote opportunities and careers in the local health and care system – this will include careers fairs, facilitating links between schools and the sector, organising experiences such as visits to the Lincoln Medical School and improving information held about local jobs and careers so young people can access it and feel informed.

Theme 2: Collectively take action to address the skills gap within the health and care sector.

An increase in job vacancies and a shrinking workforce demands an immediate focus to support the health and care sector employers to find new staff whilst retaining those already in the workforce. This is true of a wide range of occupations and at all levels. Literacy and numeracy skills in Lincolnshire are below those recorded nationally. With fewer jobs available for people with only basic qualifications, upskilling will allow them to participate in the local health and care system labour market. Apprenticeships have broadened the route into skilled employment, and so it's vital the local health and care system builds on the recent Apprenticeship Strategy. This will include maximising the impact of apprenticeship budgets, offering flexible apprenticeships, new levy transfer mechanisms, and incentives to increase apprenticeship opportunities for people of all ages.

Digital skills have long been seen as crucially important - the need for such skills to avoid social and labour market exclusion has been emphasised by the COVID pandemic. There has been an increased preference for working, learning, and engaging remotely on digital platforms. There is also an increasing need for the ability to use of digital technology in the health and care of patients. A need which has impacts for staff with little or no digital skills.

Working with partners to address the skills gap, we will:

- Develop skills priority statements for the local health and care sector to maximise future opportunities for local people, and focus on upskilling and retraining workers.
- Raise awareness, and act on, the priorities put forward in the [Apprenticeship Strategy](#) - in particular, those that are relevant to the health and care sector.
- Ensure a quality online offer to maximise the uptake and delivery of this approach.
- Encourage businesses to develop and implement workforce and skills strategies.
- Build on the recommendations of the Digital Skills Workshop to plan specifically for the health and care sector e.g. finding new ways to bring learning to people, target intergenerational groups, and create a digital skills strategy for the health and care sector.

Strategic Enabler 3: Personalisation

Why is this a strategic enabler for our system?

People tell us that their voices are not always heard and don't feel they are educated or informed well enough in a way that's meaningful to them, to be able to make decisions about their care, health, wellbeing, situation and or longer-term outcomes.

Personalisation and delivering personalised care help address some of these challenges and is rooted in the belief that individuals want to have a life and not a service.

It's a way of working that changes the conversation from "what's the *matter* with you?", to, "what *matters* to you?" This is a significant change in the way we work together and should be considered an integral way to how we deliver services.

What will we do?

Delivering this enabler will focus on four key themes:

Theme 1: A new relationship with the public

Theme 2: Making decisions together and 'what matters to you?' conversations.

Theme 3: Supported self-care and self-management

Theme 4: Community Development

Working with people, the aim is to evolve the relationship and conversations between the people of Lincolnshire, professionals and the health and care system to one which focuses on people's strengths and assets and 'what matters to them'. This will provide a positive shift in the balance of power and decision making to enable individuals to have more choice and control in order to live their best life.

Theme 1: A new relationship with the public

Together with the people of Lincolnshire, we are developing '[Our Shared Agreement](#)': a shared view on what the best wellbeing, care, and health looks and feels like, for individuals and collectively as a community.

At its core, 'Our Shared Agreement' describes the foundations of the evolving relationship between health, care, communities, and the people of Lincolnshire that is rooted in partnership, education, personalised care and in making decisions together.

Our Shared Agreement, and the five foundations listed below, have been co-produced with Lincolnshire people and have been shaped by what people and staff have told us is important to them.

1. Being prepared to do things differently
2. Understanding what matters to ourselves and each other
3. Working together for the wellbeing of everyone
4. Conversation with and not about people
5. Making the most of what we have available to us

It is important that we then use this way of working to develop and co-produce services together, we continue to develop stronger relationships with the public, users of services, carers, volunteers, staff and community groups and work alongside them to improve the development, delivery, and accessibility of health, care and wellbeing services.

This will be achieved by applying the principles of enduring education, co-production, and engagement.

If you'd like examples of how we're bringing 'Our Shared Agreement' to life, or would like to get involved, please click here.

If you'd like more information or would like to get involved in co-production, please click here.

Theme 2: Making decisions together and 'What matters to you?' conversations.

As the complexity and uniqueness of the needs of people and carers continue to change, and expectations towards health, care and wellbeing evolve, we need to work together to ensure people have information that is relevant, meaningful, and accessible to all, to enable informed and timely shared decisions making.

Making decisions together ensures that people are supported to make decisions that are right for them, ensuring their values, beliefs and culture are understood.

Co-production is a collaborative process where people and professionals work together to reach a decision about their support, care, or treatment.

The conversation brings together:

- What the person knows best; their experience, knowledge, preferences, personal circumstances, strengths, and goals.
- Professional expertise and knowledge of available care or treatment options, including timescales of delivery, evidence of success, and the risks, benefits, and expected outcomes of each option.

"What matters to you?" conversations aim to discover what's important to the person their carers and those who are important to them; to explore their strengths, wants, wishes and goals to live their best life.

Making decisions together and "what matters to you?" conversations enable a much better understanding of people's strengths, their wishes and their potential, which can be realised by collectively agreeing realistic outcomes and goals.

This ensures the right support goes to the right people at the right time reducing a reliance on statutory services and enabling people to live the life they want to live.

This link will take you to examples of good practice and personal stories and experiences of making decisions together and "what matters to you?" conversations.

Theme 3: Supported self-care and self-management

We will work with people, their carers, and those who are important to them, to encourage, educate, support, and empower them to manage their own physical and mental health conditions,

making positive changes to their lifestyles where feasible, and remaining as independent for as long as possible within their local communities.

Supported self-care and self-management is a way of working together to understand the knowledge and skills and confidence of people, their carers and those important to them, to look after their own health and wellbeing.

This can be achieved through strength-based conversations, coaching, structured education, and positive risk-taking, tailoring the response and or intervention accordingly.

Thus, supporting people and carers to grow and enhance their expertise and confidence to be able to look after themselves.

Add link to examples on the It's All About People website.

Theme 4: Community development

Recognising that the health and wellbeing of people is significantly influenced by a range of social, economic, cultural, and environmental factors, it is essential that Lincolnshire has strong and vibrant local community networks and services that are accessible and available when required.

These local community networks require further development to ensure coverage across the whole county, and that all are capable of working in partnership with and/or offering alternatives to statutory health and care services.

We know there are examples of where the local community and statutory health and care services work well together, and we want to build on this to increase coverage across the county.

We will:

- Continue to enable health and care professionals to link the people they support with someone, who will take the time to explore 'what matters to them' and support them to access community-based services. This will include the diverse range of groups and support provided by the local community, voluntary, faith and the social enterprise sector.
- Develop, agree, and utilise a clear framework for engaging with community networks that represent adults, young people and children and the places in which they live, work, go to school and play.
- Use learning from these approaches to further shape the way we develop, deliver, and evaluate services to improve our offer to local communities.
- Continue to develop our connections with, learn from, and understand local communities so we have a shared understanding of available support and how to access it.
- Continue to develop clear engagement plans so that people know what we are working on, how co-production can be utilised, and how people can get involved.

We will work with communities to understand where our help and support can be best directed and what we jointly want to achieve.

We will work with our partners and community groups to co-produce improved education, prevention, health and care delivery, and evaluation pathways. This will further strengthen relationships and support our desire for innovative and modern delivery methods that are inclusive of all in Lincolnshire. *Add a links to the Community Strategy / LVET / IAAP website*

Strategic Enabler 4 Digital and Technology

Why is this a strategic enabler for our system?

The use of technology and digital capabilities will be fundamental to delivery of an effective health and care system for the population of Lincolnshire. These technologies will assist in maximising the use of available system resources.

There is significant potential for the transformation of health and social care services through more effective and widespread use of digital technologies - by helping staff to work more efficiently and effectively to improve health and care outcomes for people. These new and integrated ways of providing care will require local health and care professionals to change the way they care for people. For example, providing information to enable the population to help themselves, and a growing role for technology in supporting people to monitor and manage their own health and wellbeing. Technology can also enhance people's experience of accessing services.

What will we do?

To ensure we digitally enable our staff and empower Lincolnshire's population we will:

- Provide public facing digital services,
- Ensure strong foundations for technology-enabled care,
- Drive digital readiness and digital inclusion.

Our approach is covered by the themes below:

Theme 1: Provide Information and advice to support ease of access and promote self-help and self-management.

Theme 2: Increase use of technology to deliver effective health and care services across the community.

Theme 3: Maximize uptake and use of Digital Care Records.

Reliable, secure, fit for purpose infrastructure is required for digital health solutions to deliver benefits for patients, service users and staff. As a large rural and coastal county, connectivity and access to digital provision is a challenge. However, as a system, we need to collectively address this.

Theme 1: Provide Information and advice to support ease of access and promote self-help and self-management.

We recognise that people need to be able to receive and find information easily and quickly if we want them to keep well, to help them access services, and to use digital tools that support their health and care needs.

- **Access to information online** – To support people to manage their health and wellbeing we will provide guidance online which is easily accessible and meaningful to them. The way in which we produce and make available information is an important part of supporting our population to maintain their own health and wellbeing. The focus will be

on providing support and advice on conditions of ill-health alongside information on how and when to access services, events or activities, as and when it is appropriate.

- There is a vast amount of information available online, however, as a system we need to improve the quality of the information to ensure it is up-to-date and easily accessible. We need to collectively ensure we signpost people to the relevant information quickly and effectively, reducing the risk of duplication or confusion which has the potential to increase unnecessary accessing of services.
- **Self-management** - Digital tools provide the ability to offer a personalised approach to self-help and self-management. Online tools can guide people to find the right support at the right time. Technology can have a role in patients, or their carers taking a more active role in the management of long-term conditions and anticipating interventions to support health and wellbeing.

Theme 2: Increase use of technology to deliver effective health and care services across the community.

To drive digital readiness and inclusion we will need to improve the digital literacy of our staff. We will have to foster a “digital mindset” and a culture that helps us to design the right solutions to support effective service provision. This will ensure our staff have the skills and confidence to use digital technologies; it will create capacity allowing services the ability to cope with rising demand; and provide the public with a wider range of digital and non-digital ways to access services.

- **Communication and engagement with professionals** - Digital technologies can expand the ability of the workforce to cope with the rising demand on services. We will provide digital tools for wellbeing, such as apps, or wearable technologies, and increase the public awareness of our digital offer. Individuals will be able to take greater ownership of their care and rely less on care professionals. It is also helpful for users to have an efficient way to communicate remotely with care professionals, particularly their Care Coordinator. While such interactions could happen via telephone, more sophisticated online approaches can bring additional benefits and support an improved end-user experience.
- **Remote monitoring** - Remote monitoring tools can help people manage their own health and care needs whilst also providing information on wellbeing for friends, family, care and health professionals. This provides assurances to friends and family, as well as alerting professionals when a person’s needs change. This means that support can be provided when needed, making better use of human resources.
- **Digital skills** - We will support our workforce to have the skills and confidence to use digital tools in their work. They will also require support in their confidence to be able to promote the use of technology with the people they work with.
- **Digital inclusion** - We will support people who access health and care services to use digital methods, championing the benefits and providing support where needed,

because people who are able to use technology to stay well, improve their recovery and make informed decisions about their use of health and care services.

Theme 3: Maximize uptake and use of Digital Shared Care Records.

The introduction of digital health and care solutions can be utilised to better deliver services, and the health benefits, in a way that is evidence led, improves quality outcomes, and can deliver savings. We will expand pilot digital initiatives where they have proved to be successful.

- **Migration of paper systems to digital solutions** will mean people's health and care records and plans can be joined up and made instantly accessible. This will improve the speed of pathways and the accuracy and availability of information. Improved interoperability will ensure that staff who need information have it, where and when they need it, to improve decision making, improve patient experience and reduce risk.
- **Access to own care record and care plan** - To truly be empowered, people will require access to their own care record and care plan, containing a summary of their care information from their care coordinator and service providers. Individuals themselves might contribute to their care record and care plan with additional information. This will require working with local people, carers, and families so they are empowered to set their own care goals and manage their own wellbeing - being a part of a multi-disciplinary team and delivering responsive and proactive care. This all supports the "what matters to me?" theme - which is a core part of Enabler 3 of this strategy.

There are close links between the way we use data and intelligence to plan and deliver services and the use of digital technology. These are set out in Strategic Enabler 5: Data & Intelligence.

Strategic Enabler 5: Data & Intelligence

Why is this a strategic enabler for our system?

Effective use of data and intelligence across the health and care system can empower decision making and improve patient outcomes. The safe, appropriate, and proportionate sharing of data is essential in order to provide direct patient care and in enabling intelligence provision for effective service planning and delivery. Effective use of data and intelligence improves timeliness and relevance of information in clinical and professional systems, helping to keep staff, patients, and service users safe.

What will we do?

To support the system in this area we have developed two themes for the purpose of this strategy.

Theme 1: Further develop the joint data and information systems and analytical capability across the Lincolnshire health and care sector to effectively deliver services.

Theme 2: Use our shared data analytical capabilities to improve how we plan, develop, and transform services to improve health outcomes for our population.

In Lincolnshire, we have an advanced, person level, linked dataset bringing together information from a range of partner organisations delivering health and care services.

We will continue to improve data sources and provide intelligence that helps us focus on people in our communities most in need of health and care support, to understand what works, what does not, for whom, and what we might do to improve services.

We will use data, analytics, and evidence to inform the planning and delivery of health and care services with a population health management approach and, in addition, explore how we can adapt these techniques to suit service needs - acting sooner to intervene, prevent poor health outcomes and reduce inequalities.

Theme 1: Further develop the joint data and information systems and analytical capability across the Lincolnshire health and care sector to effectively deliver services.

As a system we are committed to adopting evidence-based decision making into the way we plan and deliver our health and care services. By investing in the technical infrastructure and capability we have available, we will be ensuring effective processes are in place to automate manual time-consuming processes safely and securely, where it is feasible and cost effective to do so. This will increase performance and release capacity for analytical staff so they can add value to wider system models by focusing on improving the quality and understanding of data sources to help improve the health of the population. The way to do this will be to develop a shared vision for the role of intelligence in decision making, to agree the skills required to improve decision quality, and to support workforce development to upskill analysts and others on this topic.

This will support the system to:

- target our collective, finite resources to best effect and, where possible, release analytical capacity through infrastructure improvements.
- apply robust information governance to keep our information assets safe and secure.
- maximise the 'information' and 'intelligence' we achieve from our datasets by exploring the use of data science principles including artificial intelligence.
- ensure that we maximise the value of the intelligence we produce by sharing this in readily available ways with those who need it, including through our publicly accessible Joint Strategic Needs Assessment and the Lincolnshire Health Intelligence Hub website.
- provide information to front line staff in a more timely and effective way to support them to make good quality decisions with regard to the care and support they provide.
- produce actionable insights to inform Population Health Management, Health Inequalities and Personalisation and support partners (e.g. Primary Care Networks) to use the linked dataset to understand needs and disparities across cohorts of the population so we know where, and how, to focus our efforts.
- to continue to improve the quality, understanding and sources of our data to increase our analytical capabilities and better inform decision making.

Theme 2: Use our shared data analytical capabilities to improve how we plan, develop, and transform services to improve health outcomes for our population.

We will utilise a population health management methodology, to support us in enabling people to improve their health and wellbeing whilst reducing pressure on services. Ensuring the system embeds an ongoing cycle of intelligence generation through facilitated discussion with Multi-Disciplinary Teams. This will enable opportunity identification, population understanding, cohort selection, intervention development and the evaluation of outcomes.

This will support the system to:

- Understand population needs and future demands to inform service planning, commissioning, and workforce strategies.
- Evaluate the effectiveness of treatments, pathways and prevention activities for the population, and for certain populations groups, informing provision and allowing better targeting of services and interventions.
- Design appropriate models for new services to target the right conditions and risks, in the right way, at the right time.
- Identify those whose needs are not being met and those at rising risk of ill-health so that we can intervene earlier, provide services to prevent illness, avoid escalation of conditions, reduce costs and improve patient outcomes.
- Understand the value of prevention and the role of the wider determinants of health to inform our actions to address these factors and reduce health inequalities.
- Evaluate services and pilot initiatives, expanding those proven to be successful, to enable improved health and care delivery and outcomes.

Our data is further enhanced by broader intelligence and insights from published evidence, expert opinion, communities, and people. This will provide a holistic evidence base to inform strategic plans and decision making.

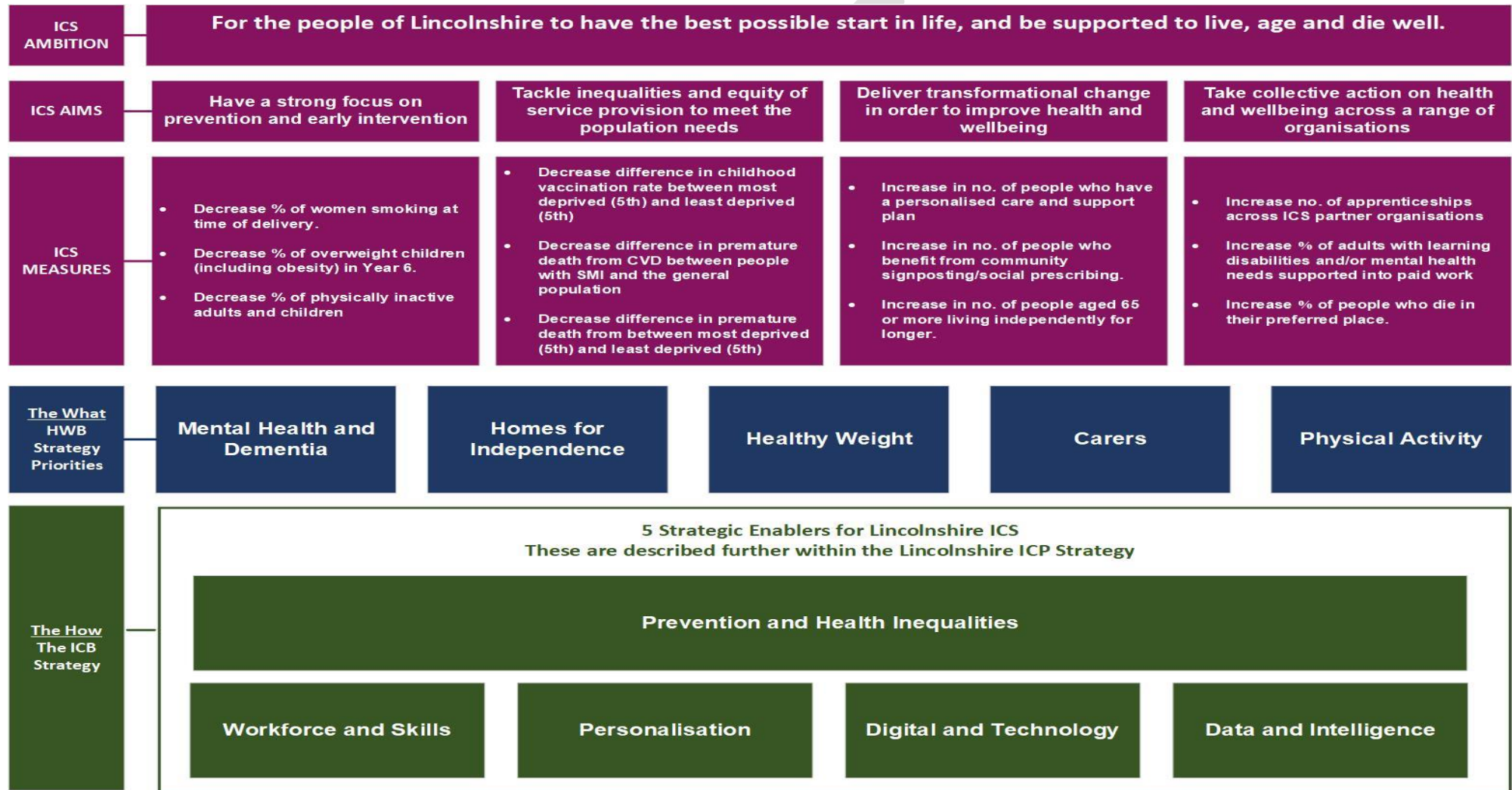
Delivering the strategy

This strategy is the second iteration of the Lincolnshire Integrated Care Partnership Strategy. It is closely aligned to the Joint Health and Wellbeing Strategy (JHWS). While the JHWS sets out the priorities for the system, this strategy sets out the how we are going to work together and what we will do to enable our population to have the best start in life and be supported to live, age and die well.

We have carefully selected five strategic enablers to ensure as a system all organisations can play their part in delivering our joint collective ambition, regardless of their size or the health or care services they provide. Our system has taken a life course approach to capture each stage of life and described why it is important in our system, and what we will do to ensure we deliver on the four aims of our ICS.

Each enabler will have a System Responsible Officer (SRO) and a delivery lead for the system. Their role will be to support and challenge the system to embed this thinking into all we do and take action in line with the “what will we do” as set out in each section above. The SRO and the delivery lead for each strategic enabler will be tasked with:

- ensuring delivery arrangements are in place,
- appropriate engagement and co-production with the communities we serve is undertaken,
- barriers and challenges are addressed,
- success measures developed to track progress and,
- provide evidence demonstrating our ambitions are being delivered.



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INTEGRATED CARE PARTNERSHIP

12 MARCH 2024

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE STATEMENT ON INTEGRATED CARE STRATEGY

The Health Scrutiny Committee for Lincolnshire supports the draft Integrated Care Strategy, including the five strategic enablers, which in turn are supported by themes. The Committee recognises that the strategy will be delivered by all partners across health and social care.

During the Committee's discussion on the draft strategy, several individual comments were made and some of these are highlighted below:

Strategic Enabler 3 - Personalisation

Strategic Enabler 3 – Personalisation includes a theme *Making Decisions Together and "What Matters to You" Conversations*. The Committee would like to stress the importance of service user, including patient feedback, in all health and care services, not just specifically focused on each service user's own care and treatment, but generally so that the views of service users can be fully taken into account in the development of all services. Ideally, as many opportunities as possible should be used to obtain feedback.

Strategic Enabler 5 – Data and Intelligence

In Strategic Enabler 5 – Data and Intelligence, there is a statement: *'Our data is further enhanced by broader intelligence and insights from published evidence, expert opinion, communities and people'*. Further to the above comment on Strategic Enabler 3, the Committee would like to emphasise that as part of the broader insights from communities and people, service user feedback is fully taken into account as part of the data and intelligence gathering processes.

Deliverability and Capacity

The appointment of a system responsible officer and a delivery lead for each strategic enabler is recognised as a means of monitoring progress. Looking forward, there are some concerns on the overall capacity of health and care services, because of the challenges of recent years, to contribute fully to the delivery of the priorities.

Voluntary Sector

The importance of the voluntary sector in delivering the priorities is acknowledged and welcome, but in certain cases some voluntary organisations have been struggling themselves, and in several cases cannot offer the services, which were on offer prior to the pandemic.

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Lincolnshire Integrated Care Partnership

A joint committee of the NHS Lincolnshire ICB and the Council

Date:	12 March 2024
Subject:	Integrated Care Partnership Future Operating Model
Report by:	Michelle Andrews, Assistant Director ICS, Lincolnshire County Council and Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board

For decision	X	For discussion	For information
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Summary:

Current operating arrangements have been in place since the Integrated Care Partnership (ICP) was formally established in September 2022. The local ambition, to align the ICP with the Health and Wellbeing Board (HWB) meeting arrangements (i.e. aligning meeting times, location, and frequency) was adopted to avoid duplication, but it is becoming increasingly apparent that this operating model has created two forums which are so similar in their membership and current operating arrangements it is, in itself, creating duplication. On reflection, the formality of these meetings does not provide opportunity for partners to meaningfully engage in joint discussions about how our system can achieve our collective ambitions.

The HWB is a committee of the council and therefore must operate in line with the council constitution. The ICP is a joint committee of the council and the Integrated Care Board and has greater flexibility to adapt an operating model to meet the needs of the partnership. The current arrangements of four formal ICP meetings per year, aligned to the HWBs, does not provide an environment that facilitates sufficient discussion, debate or collective agreement on how to drive forward the future vision of health and care in Lincolnshire. To enable this, this paper sets out proposals for a new ICP operating model for beyond March 2024.

Actions required:

The Integrated Care Partnership is asked to agree:

1. proposals to move to a new operating model from March 2024
2. to support the proposal to move to one formal and two informal meetings per year as detailed in this report.
3. the updates to the Terms of Reference as detailed in Appendix A.

1. Background

As required by the Health and Care Act 2022, Lincolnshire County Council (LCC) and NHS Lincolnshire Integrated Care Board (ICB) established the Lincolnshire Integrated Care Partnership (ICP) in September 2022 as part of Integrated Care System (ICS) arrangements. The Act retained the legal requirement for local authorities to have a Health and Wellbeing Board (HWB) as a formal committee of the council.

In April 2022, a development session with the HWB and wider system partners was held, to discuss the specific role and responsibilities of the HWB and ICP, and how the two bodies would work in a coterminous system. The level of engagement and feedback from the session was very positive. Agreement from the session supported aligned arrangements, consisting of four formal meetings per year, and these have been held since September 2022. Despite ambitions to avoid duplication or overlap, it is apparent that the current arrangements are not creating sufficient opportunity for debate or discussion.

We are not alone in thinking this. Many ICPs are reflecting on the impact their arrangements have on their system and the role they play. These are detailed in a [recent report](#) by the Local Government Association (LGA).

To lessen the impact of duplication or overlap, it is proposed to adopt a new operating model for the ICP. To capitalise on conterminous boundaries and maximise the level of engagement we have with our membership, it is proposed we reduce the number of ICP meetings from four to three per year - one would be a formal public meeting to all statutory obligations. The formal meeting would align to the HWB Annual General Meeting (AGM) by June 2025. The membership of the ICP, the chair and vice chair, would remain aligned to that of the HWB - to be reviewed and formalised at the AGM.

To create greater opportunities for partners to engage proactively we propose to use two other meetings as informal development sessions each year. This approach meets our statutory obligations and provides a greater opportunity for partners and wider stakeholders to be involved, as required. This model is in line with the arrangements made by other partnerships, specifically, those with coterminous systems.

The proposed operating model of one formal and two informal development sessions per year is illustrated in the diagram below.

Figure 1: ICP Proposed Future Operating Model



The introduction of two informal development sessions would provide partners with an opportunity to discuss issues presented by the ICP strategy itself, and come to agreement about system collaboration to maximise the delivery of the ambition and aims. The proposed draft ICP Forward Plan is shown in Table 1.

Table 1: Proposed Draft Forward Plan

<i>Date</i>	<i>Format</i>	<i>Forward Plan</i>
March 2024	Formal	<ul style="list-style-type: none"> • Approve updated Integrated Care Partnership Strategy and delivery arrangements. • Future meeting arrangements & Updated Terms of Reference
Summer 2024	Informal	<ul style="list-style-type: none"> • How do we want to work going forward? * • ICS Success Framework
Winter 2024	Informal	<ul style="list-style-type: none"> • (Pre) General Election – opportunities & challenges
Spring 2025	Informal	<ul style="list-style-type: none"> • (Post) General Election – opportunities & challenges
June 2025	Formal - AGM	<ul style="list-style-type: none"> • Reaffirm Terms of Reference • ICPS Annual Assurance Report
Autumn 2025	Informal	<ul style="list-style-type: none"> • System working and Integration*
Spring 2026	Informal	<ul style="list-style-type: none"> • System working and Integration*
June 2026	Formal - AGM	<ul style="list-style-type: none"> • Reaffirm Terms of Reference • ICPS Annual Assurance Report

**Linked to [Integrated Care Partnerships – driving the future vision for health and care](#), published by NHS Confederation and the LGA in Dec 2023 cites seven essential characteristics for an effective ICP.)*

Subject to ICP agreement to the proposals, the Terms of Reference (TORs) will require updating to reflect the reduction in meeting frequency and the introduction of regular informal development sessions. Suggested changes to the TORs are shown in red text in Appendix A.

2. Conclusion

The ICP is asked to consider the proposals to change the ICP’s future operating model.

3. Consultation

Not applicable.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Integrated Care Partnership Terms of Reference – Updated February 2024

This report was written by Alison Christie, Programme Manager, who can be contacted on alison.christie@lincolnshire.gov.uk

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LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP TERMS OF REFERENCE (updated February 2024)

1. PURPOSE

- 1.1 This document sets out the agreed principles and way of working for the Lincolnshire Integrated Care Partnership (ICP)
- 1.2 The ICP is a statutory committee of the Integrated Care System and as such its members come together to take decisions on the Integrated Care Strategy, but it does not take on the functions from other parts of the system.

2. CONTEXT

- 2.1 Under the Health and Care Act 2022, from July 2022, areas of England were required to establish an Integrated Care System (ICS). An ICS is a partnership of health and care organisations that plan and deliver joined up services to improve the health of people who live and work in each area. An ICS comprises two statutory bodies exercising statutory functions:
 - 2.1.1 Integrated Care Board (ICB): bringing the NHS together locally to improve population health and care. The functions previously performed by Clinical Commissioning Groups have been conferred onto ICBs.
 - 2.1.2 Integrated Care Partnership (ICP): a joint committee of organisations and representatives concerned with improving the care, health, and wellbeing of the population with specific statutory responsibility for preparing an Integrated Care Strategy for the ICS footprint.
- 2.2 NHS Lincolnshire ICB and Lincolnshire County Council (LCC) are jointly responsible for establishing the Lincolnshire ICP and are legally required to be members of the Lincolnshire ICP.
- 2.3 The Lincolnshire ICP is responsible for appointing additional members and determine its procedures.
- 2.4 The Lincolnshire ICP is legally required to prepare an Integrated Care Strategy for Lincolnshire.
- 2.5 Within the ICS landscape each upper tier local authority is required to maintain their duty to have a Health and Wellbeing Board (HWB) as a committee of the council. Therefore, as a coterminous system (the same geography with one HWB and one ICS), Lincolnshire's ambition is to align the functions of the Lincolnshire ICP with the Lincolnshire HWB wherever practical.

3. OBJECTIVES

- 3.1 To prepare an Integrated Care Strategy that meets the population needs identified in the Joint Strategic Needs Assessment (JSNA) and relates to and informs ICB, NHS and LCC plans.
- 3.2 To drive the direction and policies of the ICS.
- 3.3 To be rooted in the needs of Lincolnshire people, communities, and places.
- 3.4 To create a space to develop and oversee population health strategies to improve outcomes and experiences.
- 3.5 To support integrated approaches and subsidiarity.
- 3.6 To take an open and inclusive approach to strategy development and leadership, involve communities and partners, and utilise local data and insights.

4. FUNCTIONS AND RESPONSIBILITIES

- 4.1 To sign off the Integrated Care Strategy which sets out the strategic intent for the health and care system in Lincolnshire.
- 4.2 To act in the best interests of people, patients, and the system as a whole rather than representing individual interests of any one constituent partner.
- 4.3 To provide the overarching strategic partnership for the health and care system, building on the joint positive working between the NHS and local authorities during the Covid-19 pandemic.
- 4.4 To develop a clear view on the contribution of the health and social care system in preventing and tackling health inequalities.
- 4.5 To support the work of the Lincolnshire HWB by taking account of the JSNA and responding to the priorities of the Joint Health and Wellbeing Strategy (JHWS)
- 4.6 To work with broader partners on tackling the wider determinants of health and develop a framework for future approaches on these alongside the Lincolnshire HWB.

5. MEMBERSHIP

- 5.1 Statutory members of the ICP include:
 - Lincolnshire County Council designated representative - Executive Councillor for NHS Liaison, Integrated Care System, Registration & Coroners, and Chair of the Lincolnshire Health and Wellbeing Board
 - Integrated Care Board designated representative - Chief Executive, NHS Lincolnshire Integrated Care Board and Vice Chair of the Lincolnshire Health and Wellbeing Board

All other members below are appointed by the ICP (mirroring the membership of the Health and Wellbeing Board):

- Chair, NHS Lincolnshire Integrated Care Board

- The Executive Councillor for Children's Services, Community Safety, Procurement and migration
- The Executive Councillor for Adult Care and Public Health
- Three further County Councillors
- The Director of Public Health
- The Executive Director of Children's Services
- The Executive Director of Adult Care and Community Wellbeing
- Nominated representative, Primary Care Network Alliance
- Nominated Chief Executive representing NHS Providers in Lincolnshire
- Nominated Chair representing NHS Providers in Lincolnshire
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A representative from Healthwatch Lincolnshire
- A representative from NHS England
- A representative from Lincolnshire Police
- A representative for the Voluntary and Community Sector
- A representative for the Higher Education Sector in Lincolnshire
- A representative from the Greater Lincolnshire Local Enterprise Partnership
- A representative for the Care Sector in Lincolnshire

5.2 **For formal meetings**, each non statutory member of the Lincolnshire ICP shall nominate a named substitute and provide details to the single point of contact, the Lincolnshire County Council Democratic Services Officer.

5.3 Two working days advanced notice to be given, that a substitute member will be attending a **formal** meeting of the ICP. Notification must be sent to the Lincolnshire County Council Democratic Services Officer.

5.4 Substitute members will have the same powers as ICP members.

6. CHAIR AND VICE CHAIR ARRANGEMENTS

6.1 The Chair of the Partnership will be the Executive Councillor who is the local authority designated representative and Chair of the Lincolnshire Health and Wellbeing Board.

6.2 The Vice Chair of the Partnership will be the ICB designated representative and Vice Chair of the Lincolnshire Health and Wellbeing Board.

7. ACCOUNTABILITY

7.1 Save for the statutory functions referred to in Section 4, the Lincolnshire ICP will not have decision making powers and will not exercise any functions of any other partner body. It will discharge its responsibilities by means of a recommendation to the relevant partner organisation, who will act in accordance with their respective powers and duties to improve care, health, and wellbeing of the population.

- 7.2 The Lincolnshire ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to local residents, and this should be set out in the Integrated Care Strategy.
- 7.3 Members will ensure they keep their respective organisation or sector advised on the work of the Lincolnshire ICP.
- 7.4 When required, members of the Lincolnshire ICP will take part in round table discussions with the public, voluntary, community, private and independent sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.
- 7.5 The Lincolnshire ICP will provide information to the public through publications, local media, and wider public activities and by publishing the minutes of meetings on the website of Lincolnshire County Council and NHS Lincolnshire Integrated Care Board.
- 7.6 The Health Scrutiny Committee (HSC) for Lincolnshire will continue to play a vital role as the body responsible for scrutinising health services in Lincolnshire. This includes retaining the legal duty to review and scrutinise matters relating to the planning, provision, and operation of the health service. As a joint committee of the Lincolnshire ICB and LCC, the Lincolnshire ICP will be within the scope of the HSC.

8. VALUES AND BEHAVIOURS

- 8.1 To act in accordance with the Lincolnshire ICP's values and behaviours listed in Appendix A. these were developed as an outcome of the ICP planning and development workshop held on the 26 April 2022.

9. FREQUENCY AND NATURE OF MEETINGS

- 9.1 The Lincolnshire ICP will meet in public **once a year, which will be the AGM.**
- 9.2 Additional meetings of the Lincolnshire ICP may be convened with the agreement of the Chair and Vice Chair.
- 9.3 The Lincolnshire ICP will hold **at least two informal** development or wider partnership events **per year.** These meetings will be held in private.
- 9.4 Members of the public may attend formal meetings of the Lincolnshire ICP.
- 9.5 The aim of the Lincolnshire ICP is to make its business accessible to all members of the community and partners. Accessibility will be achieved in the following ways:
 - 9.5.1 Ensuring adequate access to ICP meetings.
 - 9.5.2 Including a work programme of planned items on future agendas.
 - 9.5.3 Ensuring reports and presentations are accessible to the wider community, and of a suitable length, so the content can be understood.
 - 9.5.4 Enabling recording of meetings to assist the secretariat in accurately recording actions and decisions.

10. QUORUM

- 10.1 Any full meeting of the Lincolnshire ICP shall not be quorate if less than a third of the Lincolnshire ICP membership are present.
- 10.2 This third should include the following:
- either the Chair or Vice Chair
 - Lincolnshire County Council Executive Councillor
 - Integrated Care Board Chair
- 10.3 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Lincolnshire ICP.

11. DECLARATIONS OF INTEREST

- 11.1 At the start of all meetings, members of the Lincolnshire ICP are required to declare any interests they have in respect of matters being discussed by the Lincolnshire ICP.
- 11.2 Where any ICP member has an actual or potential personal conflict of interest in relation to any matter under consideration at any meeting (in other words, one which is not related to the role they undertake for the partner organisation), the Chair shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 11.3 Each member must abide by the policies of the organisation they represent in relation to a conflict of interest.

12. VOTING

- 12.1 Each member or substitute member shall have one vote.
- 12.2 Wherever possible, decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus, voting will take place and decisions agreed by a simple majority. The Chair will have a casting vote.
- 12.3 Except in relation to the matters referred to in Section 4.1 above, decisions of the Lincolnshire ICP will be as recommendations to partner organisations to deliver improvements in the health and wellbeing of the population of Lincolnshire.

13. CONDUCT OF MEMBERS AT MEETINGS

- 13.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interests, whether financial or otherwise, rather than the general public interest.
- 13.2 When at meetings or when representing the Lincolnshire ICP, in whatever capacity, members must uphold the seven [Nolan Principles of Public Life](#):
- Selflessness

- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

14. MINUTES AND ADMINISTRATIVE SUPPORT

- 14.1 Appropriate officer and administrative support to be provided by Lincolnshire County Council.
- 14.2 LCC Democratic Services shall minute **formal meetings** and produce and circulate an action log as part of the agenda to all core members.
- 14.3 LCC Democratic Services will send draft minutes of **formal meetings** to the Director of Public Health and Chief Executive of the NHS Lincolnshire ICB and lead officers, within ten working days of the meeting for comment.
- 14.4 The draft minutes, following comment from relevant offices (point 14.3 above), will be circulated to ICP members.
- 14.5 Draft minutes are to be approved at the succeeding, quorate **formal** meeting of the Lincolnshire ICP.
- 14.6 LCC Democratic Services will publish the minutes of **formal meetings** on the Lincolnshire County Council and NHS Lincolnshire Integrated Care Board websites.
- 14.7 The single point of contact for the ICP is LincolnshireICP@lincolnshire.gov.uk
- 14.8 Management and oversight of informal development sessions will be managed by officers from the Public Health Division. Planning for these sessions will be done in conjunction with officers from the Integrated Care Board.**
- 14.9 There is an expectation that non statutory members of the ICP will nominate deputies to attend informal sessions, if they are not able to attend.**

15. EXPENSES

- 15.1 Partners organisations are responsible for meeting the expenses of their own representatives.

16. OPERATIONAL / WORKING SUBGROUPS

- 16.1 With the agreement of the Lincolnshire ICP, operational/working subgroups can be set up to consider specific issues or areas of work to support the activities of the Lincolnshire ICP. Operational/working subgroups will be responsible for arrange the frequency and venue of their meetings.
- 16.2 Any recommendations of the operational/working subgroup will be made to the Lincolnshire ICP who will consider them in accordance with these terms of reference.

17. REVIEW

17.1 This document will be reviewed on an annual basis at the AGM, or earlier if necessary.

Partnership

- Genuine equality in the room which translates beyond the room
- All recognised as 'colleagues' despite organisational boundaries
- Implied trust
- Recognise and appreciate 'value' of what we deliver
- Embracing subsidiarity

Loyalty to Lincolnshire

- Focus on outcomes first
- Work on behalf of the Lincolnshire population; leaving organisations at the door
- Be clear on red lines; what you can and can't do including statutory requirements

Commitment

- Recognising the need to take action and focus on delivering a realistic number of priorities
- Ensuring all the right voices are 'in the room'
- Focus on being in the room, then taking action outside of it

Courage

- To challenge each other, 'call out' behaviour, or actions which deviate from what has been agreed
- To make mistakes, share responsibility and learn from them
- Hope for Lincolnshire
- To stop doing something when it isn't right for Lincolnshire

Listening, hearing and learning

- Actively listen to each other, understand challenges and learn
- Ensure we understand the impact of our actions and decisions on others
- Engage with our communities, have two way conversations, and take action

Better not different

- Ensuring change is the right thing

Prevention focus

- Recognise that the system is not always the solution
- We can be the facilitators of self care and empowerment in communities, showing leadership based on the evidence and trusting citizens to play their part
- Be prepared to 'let go'