Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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A Meeting of the Health Scrutiny Committee for Lincolnshire will be held on Wednesday, 21 February 2024 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL

MEMBERS OF THE COMMITTEE

County Councillors: C S Macey (Chairman), L Wootten (Vice-Chairman), M G Allan, R J Cleaver, R J Kendrick, P M Martin, S R Parkin and T J N Smith

District Councillors: S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), J Makinson-Sanders (East Lindsey District Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council), C Morgan (South Kesteven District Council) and J McGhee (West Lindsey District Council)

Healthwatch Lincolnshire: Liz Ball

AGENDA

Item	Title	Pages
5	**Director of Public Health Annual Report 2023 - Ageing Better: Adding Life to Years** *(To receive a report from Derek Ward, Director of Public Health, Lincolnshire County Council, which invites the Committee to note the contents of the Annual Report by the Director of Public Health – Adding Life to Years)*	21 - 60
6	**Joint Health and Wellbeing Strategy for Lincolnshire 2024 and the Better Lives Lincolnshire Integrated Care Partnership Strategy 2024** *(To receive a report from Derek Ward, Director of Public Health, Lincolnshire County Council (LCC) which invites the Committee to comment on the Joint Health and Wellbeing Strategy for Lincolnshire 2024 and the Better Lives Lincolnshire Integrated Care Partnership Strategy 2024, prior to their approval and publication in March 2024. Michelle Andrews, Assistant Director Integrated Care System, Public Health LCC, Alison Christie, Programme Manager Strategy and Development LCC and Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board will also be in attendance for this item)*	61 - 106
7	**Health Overview and Scrutiny: Regulations and Guidance** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to note the amendments to the health scrutiny regulations and parts of a new schedule to the National Health Service Act 2006 which came into force on 31 January 2024, together with revised guidance for health overview and scrutiny committees, and new statutory guidance for the NHS; and to agree in principle to a revised protocol being developed between the Committee and NHS Lincolnshire Integrated Care Board)*	107 - 124
8	**Health Scrutiny Committee for Lincolnshire - Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on the contents of its forthcoming work programme)*	125 - 136

Debbie Barnes OBE
Chief Executive
13 February 2024

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 21st February, 2024, 10.00 am (moderngov.co.uk)

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
24 JANUARY 2024

PRESENT: COUNCILLOR C S MACEY (CHAIRMAN)

Lincolnshire County Council

Councillors L Wootten (Vice-Chairman), M G Allan, R J Cleaver, R J Kendrick, P M Martin, S R Parkin and T J N Smith.

Lincolnshire District Councils

Councillors S Welberry (Boston Borough Council), E Wood (City of Lincoln Council), Mrs L Hagues (North Kesteven District Council), G P Scalese (South Holland District Council) and C Morgan (South Kesteven District Council).

Healthwatch Lincolnshire

Liz Ball.

Also in attendance

Katrina Cope (Senior Democratic Services Officer) and Simon Evans (Health Scrutiny Officer).

Remote attendees via Teams

Sue Cousland (Divisional Director, East Midlands Ambulance Trust), Tim Fowler (Assistant Director of Contracting and Performance NHS Lincolnshire Integrated Care Board), Neil Scott (Service Development Manager, East Midlands Ambulance Trust), Joy Weldin (Head of Non-Emergency Patient Transport, East Midlands Ambulance Service), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and David Harding (Deputy Director of Asylum and Detention, Home Office).

County Councillor C Matthews (Executive Support Councillor NHS Liaison, Integrated Care System, Registration and Coroners) attended the meeting as an observer.

57 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors J Makinson-Sanders (East Lindsey District Council and J McGhee (West Lindsey District Council).

An apology for absence was also received from Councillor S Woolley (Executive Councillor NHS Liaison, Integrated Care System, Registration and Coroners).

58 DECLARATIONS OF MEMBERS' INTEREST

Councillor R J Kendrick wished it to be noted that he was one of the Council's representatives on the Lincolnshire Partnership NHS Foundation Trust – Council of Governors Stakeholder Group.

59 MINUTES OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE MEETING HELD ON 6 DECEMBER 2023

RESOLVED

That the minutes of the Health Scrutiny Committee for Lincolnshire meeting held on 6 December 2023 be approved and signed by the Chairman as a correct record.

60 CHAIRMAN'S ANNOUNCEMENTS

Further to the announcements circulated with the agenda, the Chairman brought to the Committee's attention the supplementary announcements circulated on 23 January 2024, which referred to the following:

- That Councillor Mrs D Rodgers had been replaced by Councillor J McGhee as the representative of West Lindsey District Council; and that Councillor M Westley would be the named replacement member;
- Information requested at the previous meeting relating to the National Prostrate Screening Trial;
- Funding available for Autism Community Groups; and
- Women's health priorities for 2024.

During consideration of this item, one member expressed disappointment that the data supplied in Appendix A to the Chairman's announcements did not indicate the average number of appointments per person by age cohort, as it was felt in its present form the data did not provide the full picture. The Committee noted that data on GP activity was often referred to as 'experimental' data. The Health Scrutiny Officer agreed to check if there were any other sources of information available.

Further concern was expressed to the proposal to close the Springcliffe branch of the Brant Road GP Surgery in Lincoln, particularly when GP services were already stretched. One question posed was whether consultation was with patients of the surgery only or with the wider Lincoln community. It was suspected that the consultation would have been circulated to registered patients rather than a wider consultation. The Health Scrutiny Officer agreed to confirm the extent of the consultation.

RESOLVED

That the supplementary announcements circulated on 23 January 2024 and the Chairman's announcements as detailed on pages 15 to 24 of the report pack be noted.

61 EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE

The Committee considered a report from the East Midlands Ambulance Service (EMAS), which provided an update on current EMAS performance in the Lincolnshire Division, which included information relating to:

- A vision for the NHS Ambulance Sector, created by the Association of Ambulance Chief Executives;
- Performance improvement, including activity for Greater Lincolnshire, resourcing and hours lost as a result of delays at hospital emergency departments;
- Recruitment and retention; and
- Emergency preparedness, resilience, and response, i.e., for Storm Babet

The Chairman invited the EMAS Lincolnshire Divisional Director, and the EMAS Head of Operations for Lincolnshire Division, to remotely present the item to the Committee.

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

- The Committee noted that at paragraph 3.3 of the report, second line, there was a typographical error the date should have been 'Nov 2022';
- That a further Appendix would be circulated to members of the Committee following the meeting relating to paragraph 4.3 of the report pack;
- Confirmation was provided that sickness levels were still high. The Committee noted that the service was aiming for a 5% sickness figure which was in-line with national expectations. It was highlighted that the long-term sickness elements were because of an ageing workforce, and that musculoskeletal reasons for absence aligned to the more mature workforce; and that some staff members who were exposed to traumatic incidents had to take time away from work with support from EMAS. The Committee noted further that short-term sickness elements, were Covid, flu, cough, colds etc., as ambulance staff were constantly coming into contact with poorly patients;
- The Committee was advised that Category 2 performance was still being maintained and that for the month of January it was at 41 minutes. It was noted that the trajectory was to be closer to 30 minutes; and it was felt that quarter 4 would see that period of stability;
- A request was made for future reports to include information relating to Category 1 performance;
- The Committee was advised that 'post-handover' were actions that needed to be taken before the ambulance was available to respond to its next call. For example, re-stocking, cleaning the vehicle and paperwork;

- It was reported that there were a multitude of career options open to a paramedic, that could be in higher education, research primary care etc. The Committee was advised that the approach being taken was to make it easier for staff who chose to have multiple opportunities throughout their career, to gain more experience;
- That figures relating to the rate of participation in the most recent staff survey would be made available to members of the Committee;
- It was reported that all elements of healthcare were experiencing high patient numbers. It was noted that in some cases individuals could access alternatives to GP practices and A & E departments by employing self-care in the first instance. It was noted further that education regarding access to the most appropriate health service would be continuing across the Lincolnshire system to improve the situation;
- The Committee was advised that Appendix A to the report was a national vision for ambulance services, and that the report indicated how far advanced Lincolnshire Division was against some of the points within the national vision. Reassurance was provided that there would be no de-skilling, the workforce plan was encouraging staff to take a pathway to take them through to paramedic, specialist paramedic and even to the role of an advanced paramedic in the future, to help with skill mix and senior clinical decision making;
- Thanks were extended to EMAS staff for the services they provided;
- The Committee was advised that in relation to quality assessment on the front line, there were a range of senior clinicians who worked 24 hours a day, four duty commanders a day who were experienced paramedics and there was also the clinical leadership team. Reassurance was provided that newly qualified individuals who were on scene with a patient were contacted after a certain length of time to check if any additional support was needed or clinical advice was required. It was noted that crews all had radios should they need to make contact;
- That information relating to the percentage of staff over 50 would be made available to the members of the Committee;
- The Committee was advised that new eligibility criteria were being applied with regard to patients being conveyed to the Grantham Urgent Treatment Centre rather than going elsewhere such as Peterborough City Hospital or Pilgrim Hospital, Boston. It was confirmed that there had not been any significant issues with patient care since the new eligibility criteria had been applied;
- Presenters agreed that for future reports, figures would be included on the number of patients being conveyed to urgent treatment centres, including Grantham;
- Confirmation was provided that the Lincolnshire Resilience Forum (LRF) would hold information relating to vulnerable people, and that EMAS worked very closely with the LRF. In a flooding scenario, i.e., a care home under the threat of flooding the Committee noted that there were business continuity plans in place at the care home involving local authorities that ordinarily would be involved in such an event. It was noted that EMAS would not be involved as a 999 emergency service in events, such as evacuation;
- The Committee was advised that the recruitment figures quoted in figure 21 (on page 37 of the report pack) for November and December had been achieved;

- The Committee was advised that EMAS worked very closely with the Highways Departments and when storm conditions caused roads to be closed, workarounds were put into place, i.e., whether that was alternatives routes, or alternative vehicles;
- Reassurance was provided that the only way to ensure stability was to change the way the service worked and that was being strived for across the Lincolnshire system;
- It was highlighted that there were delays in EMAS responding, but the care received from EMAS was excellent and that this was reflected in the number of complaints and PALS interactions. It was noted that most complaints were regarding delays. It was hoped that in the future this would be reduced;
- It was reported that all ambulance staff nationally carried iPads, to enable them to access information and gain assistance. The Committee noted that staff completed the electronic patient form via the iPad, recording all the actions taken during the incident, the document was then transmitted to the hospital to become part of the patients notes. The iPad also enabled staff to see patients electronic NHS records, provided access to available pathways, provided data around medication doses and pieces of equipment etc;
- The Committee was advised that feedback cards were not used, however, what was provided through various mechanisms and interactions was the ability for people to provide retrospective feedback via the friends and family test, which was a national mechanism for feedback in terms of service users. It was also highlighted that some calls were provided with a retrospective call to see how the caller would rate the interaction. It was highlighted further that when EMAS were discharging a patient in their home, a leaflet was provided which provided follow up advice and a description of what had happened;
- The Committee was advised that when reviews took place such as the Humber Acute Services Review, EMAS were an integral part to the review process, and that risks and mitigations to any remodelling would be planned for;
- That a written response would be provided regarding 'Hear and Treat' and 'See and Treat' trajectories; and
- Confirmation was provided that the Mental Health Urgent Assessment Centre at Lincoln County Hospital was hugely beneficial to the ambulance service, and for the patient experience.

The Chairman on behalf of the Committee extended thanks to the presenters.

RESOLVED

1. That the higher rates of 'Hear and Treat' and 'See and Treat' in Lincolnshire be supported.

2. That the ambulance hours lost as a result of hospital handover remains a concern, but the Committee recognises this is a health system issue, where the East Midlands Ambulance Service's performance is dependent on the patient flows in the system. That the work done to reduce waiting times be commended.

3. That a further update be received in twelve months, and that additional information be requested with regard to the participation rates in the most recent staff survey; the age-profile of front-line staff; and the trajectories for 'Hear and Treat' and 'See and Treat'.

62 NON-EMERGENCY PATIENT TRANSPORT

Consideration was given to a report from NHS Lincolnshire Integrated Care Board (ICB) and East Midlands Ambulance Service NHS Trust (EMAS), which provided the Committee with an update on the Non-Emergency Patient Transport Service (NEPTS).

The Chairman invited the Assistant Director of Contracting and Performance, NHS Lincolnshire Integrated Care Board, and the EMAS Head of Non-Emergency Transport Service, to remotely present the item to the Committee.

The Committee noted that the ICB had taken a modified approach within areas of the contract by transforming the traditional penalty Key Performance Indicators (KPIs) within the contract to overarching aims and objectives. It was noted further that in addition there was a Local Incentive Scheme which was designed to continuously improve delivery in three key areas over the period of the contract:

- Zero re-beds;
- Delivery of a social value plan; and
- Patient and Healthcare professionals' satisfaction and partnership working.

EMAS Service Delivery Principles were detailed in Appendix A and details of the Performance of Service Delivery Principles were shown in Appendix B to the report presented.

In conclusion, it was noted that EMAS NEPTS services in Lincolnshire had seamlessly mobilised and were continuing to develop in line with the mobilisation plan and contractual requirements.

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

- The Committee was advised that with the structured contract, EMAS had to demonstrate as the contractor/provider that they were working to a local incentive scheme that included patient and healthcare practitioner satisfaction. For instance, for patients being collected from their appointment on time, if this was not achieved then when work was being done to assess patient satisfaction, patients would not be satisfied, which would mean that EMAS potentially would have a financial penalty, which would result in them losing some income from the contract. It was noted that there was not a penalty attached to each of the delivery principles. It was noted further that doing the contract this way provided a more holistic approach which helped the ICB as commissioners and EMAS have an insight into how patient satisfaction overall might work. There was recognition that there was more to be

done, but it was hoped that having EMAS as the transport provider allowed for greater synergy between patient service and the emergency service, and it also provided more career opportunities for individuals who joined the Patient Transport service who might want to progress into the emergency service. Some concern was expressed to the lack of outcomes and financial penalties. The Committee noted that the NHS was moving away from KPIs to working more collaboratively, and that the best way to find out whether that would work was to measure whether patients felt they were getting a good service or a poor service. There was recognition that this was a new way of working, but representatives were optimistic that the new way of working would provide a better service;

- It was reported that at the moment there was no consistent comparison data in terms of performance targets. However, it was highlighted that there was a lot of national work ongoing to try and pull together some national data. Representatives advised that as this developed, a request would be made to counterparts in the East Midlands region to see if they would be willing to share their data;
- It was reported that to improve performance numerous surveys and conversations with stakeholders and patients were being undertaken. The information gathered would then help the service to make improvements or develop the service further. It was also noted that the service was in the next stage of mobilisation, which would help strategically, moving from five locations to eleven locations, which would then reduce the number of journeys being undertaken without patients being on board, which would improve service effectiveness;
- It was reported that in addition to contract meetings, EMAS had monthly quality meetings at which information from all surveys captured were shared and discussed to improve performance;
- Representatives agreed to provide activity volume information for the Committee to consider;
- Clarification was provided that the NEPTS report was about patients who were eligible for patient transport. It was noted that for NEPTS there were strict criteria for patient's eligibility, which was set nationally by NHS England. It was noted further that the wider transport issue was something the ICB was aware of and that discussions were at an early stage regarding how patients could be better supported. Representatives confirmed that they were happy to share the eligibility criteria with the Committee. The Committee also agreed to including a wider transport item in the work programme;
- The Committee noted that EMAS's view was that the incentive scheme enabled the service to be held to account and enabled a more collaborative approach across the system, focusing on patient need and system need to help maintain patent flow; and
- It was reported that EMAS was continuing to grow its voluntary car scheme. The Committee extended their support to the volunteers.

The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

1. That the current performance by the East Midlands Ambulance Service against the service delivery principles be noted, and the Committee's desire for improvements to meet the delivery principles be recorded.

2. That patient feedback information, and a copy of the eligibility criteria be made available to members of the Committee.

3. That a further update report on the Non-Emergency Patient Transport Service be received in six months' time.

63 HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE - WORK PROGRAMME

The Chairman invited the Health Scrutiny Officer, to present the report, which invited the Committee to consider and comment on its work programme, as detailed on pages 178 to 180 of the report pack.

The Heath Scrutiny Officer briefed the Committee on the items for consideration at the 21 February 2024 meeting. It was noted that the update item from the Northwest Anglia NHS Foundation Trust was now being moved to the 20 March 2024 meeting, and that pressures on Services at Lincoln County Hospital would come forward from the items to be programmed list to the 21 February 2024 meeting now for consideration.

During consideration of this item, the following suggestions/comments were put forward:

- Delivery of healthcare provision and how that fits into the national picture; and
- Pharmacy Services – Sourcing prescription Medicine.

RESOLVED

That the work programme presented on pages 178 to 180 of the report pack be agreed, subject to the inclusion of the suggestions put forward by the Committee above and the requests made at Minute numbers 61(3) and 62(3).

64 HEALTH CARE PROVISION AT THE PROPOSED HOME OFFICE DEVELOPMENT OF ACCOMMODATION FOR ASYLUM SEEKERS AT THE FORMER RAF SCAMPTON

The Committee considered a report from the NHS Lincolnshire Integrated Care Board, which provided a summary of the proposed health care service provision to support Asylum Seekers at the former RAF Scampton.

The Chairman invited David Harding, Deputy Director – Asylum and Detention Accommodation Programme, Home Office to remotely present the item to the Committee.

The Committee was advised that since March 2023 there had been significant engagement with the NHS England's Department for Health and Social Care and NHS Lincolnshire Integrated Care Board (ICB) to work through the specifics of the health care provision to be provided on the site, and to reduce the impact on local health services, particularly those living in the local vicinity.

It was reported that the existing medical centre on the site had been refurbished and the expectation was that the ground floor would be used to conduct both health assessments and the first floor would be utilised for secondary or further appointments with the medical team.

Confirmation was given that due to ongoing legal challenges, there was no confirmed date at which the site would be ready for occupation. It was however noted that the Home Office had agreed a funding package with the ICB that covered both the set-up costs and costs to the end of the year.

The Committee was advised that when the site was ready to take an inflow of people, this would be done in a very controlled way, 30 individuals a day, no more than 150 individuals a week between Monday and Friday.

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

- It was reported that the medical provision on site would be in alignment with what was provided at the Wethersfield site in Essex, and essentially would be the same as would normally be expected at a local doctor's surgery. It was noted that referrals for more serious issues would be made into the local system. Confirmation was given that there would be mental health provision. Details relating to how many staff would be employed to provide primary care and mental health services and where health care professional were going to be recruited from were not known, and it was agreed this information would be requested after the meeting;
- As details relating to the funding package between the Home Office and the ICB for the provision of health services at RAF Scampton were not available at the meeting, this information would be requested after the meeting;
- Concern was expressed that staffing the medical provision at RAF Scampton would effect provision locally, as Lincolnshire's healthcare system was already under huge pressure and continued to have issues with recruiting and retaining doctors, nurses and dentists. Confirmation was provided that there would not be any reliance on primary healthcare from the wider community, and that the GP provision set up on site would be paid for separately. The Committee noted that having access to primary GP services on site would reduce the burden on GP services in the local community. Reassurance was given that the Home Office would continue to work with the ICB and healthcare to look at any further mitigations that might be needed;
- Some concern was also expressed to the fact that there was no public transport links at RAF Scampton site, or infrastructure and that because of its location, it was the wrong place for asylum seekers to be accommodated. It was confirmed that

transport would be provided for those on the site, and as this was a non-detained site people were free to come and go as they wished;

- Some disappointment was expressed that a representative from the NHS was not in attendance at the meeting;
- The types of ailments asylum seekers were going to screened for on their arrival. Some concern was expressed that Scampton was not going to be a secure location. The Committee was advised that the blood test would seek to identify a wide range of ailments, and that the first appointment would be used to go through the individual's medical history. Once the results of the screening were received, then the individual would be called back to the medical facility to go through the results of the screening. Where appropriate further treatment would be administered. Information relating to the types of ailments individuals would be screened screening for would be requested after the meeting;

Note: Councillor T J N Smith wished it to be noted that he had worked with the Rt Hon Sir Edward Leigh MP; was a member of West Lindsey District Council Planning Committee, and was a former resident of RAF Scampton.

- Whether from experience and learning from the Wethersfield Site in Essex and the Bibby Stockholm in Portland, Dorset, what had been the percentage of asylum seekers following their initial screening who had been referred to secondary or other health services and what was the ongoing impact on secondary care or other health services. This information was to be requested following the meeting;
- Confirmation was received that dentistry would only be provided on an emergency basis, due to the availability of dental services locally and nationally;
- It was reported that other staff would be on site 24 hours a day which included fully trained welfare officers and other staff who were able to pick up any other issues. It was also confirmed that a full translation service would be available to residents. Reassurance was provided that the Home Office had a lot of experience in the operation of larger sites, and that experience and learning had been used to plan and operate the site at RAF Scampton;

(Note: Councillors R J Cleaver and Mrs L Hagues (North Kesteven District Council) left the meeting at 12:31pm)

- Whether consideration had been given to organisations such as the Lincolnshire Refugee Doctors Project, who support refugees who were medically trained in their home country to register with the General Medical Council to continue their careers in the UK and support the NHS. The Committee noted that the Home Office looked for opportunities for asylum seekers to be able to link in with voluntary sector people claiming asylum. Some concern was expressed links had not been made with the Lincolnshire refugee Doctors Project, as there could be a pool of professional doctors who could be an invaluable resource. As this information was not readily available, a request would be made following the meeting; and

- A member asked for confirmation if Serco would be managing the RAF Scampton site. Confirmation was provided that Serco would be running the site and that there would be close working with Serco to ensure all their contractual obligations were fulfilled and that in terms of healthcare, the NHS were meeting their obligations.

The Chairman on behalf of the Committee extended his thanks to the presenter.

RESOLVED

1. That the summary report on health acre provision at the proposed Home Office development of accommodation for Asylum Seekers at the former RAF Scampton be noted.

2. That the information provided at the meeting by the representative from the Home Office be noted.

3. In the event of this service being implemented, a report outlining any potential negative effects on either primary or secondary NHS Services be submitted to this Committee.

65 RESPONSE OF THE HUMBER AND LINCOLNSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TO THE NHS CONSULTATION ON HOSPITAL SERVICES IN GRIMSBY AND SCUNTHORPE

Consideration was given to a report from the Health Scrutiny Officer, which provided the Committee with details of the Humber and Lincolnshire Joint Health Overview and Scrutiny Committee's response to the consultation undertaken by the NHS Humber and North Yorkshire Integrated Care Board on services at Scunthorpe General Hospital and Diana Princes of Wales Hospital in Grimsby. Details of the Joint Committee's response was shown in Appendix A to the report.

During consideration of this item, members of the Committee who were members of the Lincolnshire Joint Health Overview and Scrutiny Committee expressed their concerns regarding the lack of consultation events held, the issues for Lincolnshire residents regarding travel and transport, and to the fact the response document should have identified the commonalties amongst the Councils which would have provided a firmer response to the proposed changes.

RESOLVED

1. That the Committee's disappointment be recorded with the Joint Committee process, given that in this instance five local authorities were selected by NHS Humber and North Yorkshire Integrated Care Board as participants in the Joint Committee and there was minimal or no impact on the hospital services in two of those local authority areas.

2. That the Committee's position of not supporting the NHS Humber and North Yorkshire Integrated Care Board's proposals for acute hospitals in Grimsby and Scunthorpe be confirmed, because of the potential negative impact on Lincolnshire residents and the lack of planning with regard to travel and transport.

The meeting closed at 12.47 pm.

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
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Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**21 February 2024**
Subject:	**Chairman's Announcements**

1. Information Relating to the Items Considered at the Last Meeting

Set out below is a series of information relating to the previous meeting of the Committee on 24 January 2024

(a) Brant Road Surgery, Lincoln

The Committee sought clarification on the extent of the engagement exercise relating to the proposed closure of the Springcliffe branch of the Brant Road Surgery in Lincoln. NHS Lincolnshire Integrated Care Board has confirmed that in accordance with usual practice a letter was sent to all the patients potentially impacted, with communication via text messaging or one letter per household to the addresses of all patients registered at the surgery.

This communication included information about the consultation, the details of the three patient engagement events, the survey link or how to complete paper copies and links to further information. In addition to this, copies of the letter are available at the practice, together with a copy of the *Frequently Asked Questions*. Posters are also on display at both sites. Wider stakeholders, including local councillors, have been informed by an email and they are welcome to provide feedback on behalf of the community.

(b) East Midlands Ambulance Service

On 24 January 2024, the Committee requested information on:

- Response Rates for Staff Survey
- Future National Trajectories for percentages of patients treated via 'Hear and Treat' and 'See and Treat'.

This information will be circulated when it is available.

(c) Patient Transport

On 24 January 2024, the Committee considered an item on the Non-Emergency Patient Transport service, which is commissioned by NHS Lincolnshire Integrated Care Board and provided by the East Midlands Ambulance Service. It needs to be emphasised that this service provides transport for patients in accordance with criteria set by NHS England, and there is limited discretion for NHS integrated care boards to deviate from these criteria, which are set out here: NEPTS Eligibility Criteria (england.nhs.uk).

The six criteria, as detailed in NHS England's document, can be summarised as: (i) patients with a medical need; (ii) patients with a cognitive or sensory impairment; (iii) patients with significant mobility needs; (iv) all travel for patients requiring haemodialysis; (v) in cases where there is a safeguarding concern for the patient; and (vi) patients with wider mobility and medical needs. There is limited scope for local discretion on criterion (vi), as detailed in the document.

The Committee's discussion expanded to the wider topic of patient transport in general and it was agreed that this would be considered for inclusion as part of the Committee's work programme. One of the options for patients on certain defined benefits is the NHS's Healthcare Travel Costs Scheme, with details found at: Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk) . This national scheme does not address all the issues raised on 24 January, as it is limited to patients who must meet all three criteria, which can be summarised as: (i) in receipt of a defined qualifying benefit; (ii) a referral for secondary NHS care; and (iii) an appointment date which is separate to the date when the referral was made. Again, it must be emphasised that the NHS Lincolnshire Integrated Care Board is working within NHS policies, which are set nationally.

(d) Use of Former RAF Scampton Site for Asylum Seekers

On 24 January 2023, the Committee considered a written report from NHS Lincolnshire Integrated Care. A representative from the Home Office attended to respond to questions, and there were several questions which could not be answered at the meeting, and the responses to these questions will be circulated to members of the Committee when they are available.

2. Review of High Dependency Mental Health Rehabilitation Care in Lincolnshire

On 23 January 2024, Lincolnshire Partnership NHS Foundation Trust (LPFT) announced a review of high dependency mental health rehabilitation care for females in Lincolnshire. This service is provided at The Vales, a 15-bed ward located at Discovery House, Lincoln, and is intended to provide longer ward-based rehabilitation care to those with the most severe and enduring mental health needs, helping them gain control and understanding of their conditions and support them to learn to live as independently as possible again in the future.

LPFT has stated that over the past five years it has seen the needs of its female patients in wards grow in complexity, with an increase of people with personality disorder and complex trauma needing longer term inpatient support. This has occurred in particular at the Vales, as more people with complex trauma, personality disorder and other issues such as eating disorders and autism require a more adaptive approach to those who have traditionally been supported by the Vales.

LPFT adds that whilst patients are receiving caring, compassionate and safe care, it is not always fully meeting their needs and the staff, resources and environment are not always able to meet the changing needs of the patients. This is not a problem only seen in Lincolnshire and something many NHS trusts nationally are finding.

In response to this developing need, LPFT and NHS Lincolnshire Integrated Care Board have agreed that a review is required of its local provision to ensure it can best meet the needs of service users both now and in the future.

Local targeted engagement has begun with staff and the current patients on the ward, and LPFT will be widening this to other patients who may have had a stay on the ward over the last five years, as well as those who care for them. In addition, LPFT will also be talking to other local services that might refer to or support the Vales to understand any wider impacts.

LPFT states that its engagement will be taking place over the next couple of months to understand the current situation and what future options might be, after which LPFT then hopes to develop some possible proposals for consideration and more collaborative development over the summer.

3. Psychiatric Intensive Care Unit - Reopening Update

As reported to this Committee on 24 January 2024, the plans of Lincolnshire Partnership NHS Foundation Trust (LPFT) to re-open Hartsholme Centre, Lincolnshire's male Psychiatric Intensive Care Unit (PICU), continued to be delayed due to water quality issues, caused by legionella bacteria.

On 8 February 2024, LPFT announced that due to the continued high levels of legionella at the Hartsholme Centre, LPFT is not able to re-open the ward in any capacity at this present time. Based on the progress made, LPFT is now aiming for a re-opening in May 2024, but this will depend on the results of testing.

The Hartsholme Centre was closed temporarily in October 2022, to enable staff to be redeployed on temporary basis to support other LPFT services. In May 2023, LPFT announced a plan for a partial re-opening beginning in November 2023, with the centre fully re-opened by March 2024. However, in November 2023, LPFT announced that during routine testing legionella had been found, and as a consequence there was a decision to continue with the Centre's temporary closure to allow remedial works on the water system, in the building which contains the Hartsholme Centre.

LPFT states that an extensive amount of works and a number of building-wide disinfections have been undertaken to good effect and as a result the extent of the legionella bacteria has now reduced from being systemic and building-wide to being isolated to just the Hartsholme Centre part of the building.

LPFT stated that tests during the week beginning 29 January indicated that there were high levels of the bacteria. Remedial action and regular testing will continue.

LPFT stated that it will continue to do all we can to clear the issue and re-open the ward as soon as possible and the LPFT Board is very aware of the impact this closure is having on patients, their families and the staff, who are currently redeployed supporting alternative adult wards across the division.

4. Grantham Urgent Treatment Centre

There have been some queries with regards to the Grantham Urgent Treatment Centre (UTC).

<u>Ambulance Conveyances to Grantham UTC</u>

When Grantham UTC went live in October 2023, a derogation was agreed for ambulance conveyances overnight during November. This was because NHS Lincolnshire Integrated Care Board wanted to gain information on the number of patients who would attend the UTC overnight.

This was reviewed in December, and it was agreed ambulances could convey patients to the UTC overnight and NHS England was notified, and the derogation removed. The UTC has always received patients via ambulance during the day.

Bookings via 111 at Grantham UTC

A derogation was also agreed with NHS England regarding bookings via 111. This was because there was a lead-in time to procure and install systemone (the IT system), which was needed to allow the 111 interface. This is due to be installed by 28 February 2024, which will ensure the UTC can take bookings from 111.

The decision was taken by NHS Lincolnshire ICB to open Grantham UTC in October 2023 with temporary derogations, as on balance it was better for the UTC to be open 24/7 to all walk-in patients, rather than wait until February 2024, when systemone had been installed.

A separate agenda item is planned for 12 June 2024 on Grantham UTC, at which data will be available for the first six months of its operation.

5. NHS Dental Recovery Plan

On 7 February 2024, the Government and NHS England announced that as part of the NHS Dental Recovery Plan, supported by £200 million of government funding, it would provide NHS dentists a 'new patient' payment of between £15 and £50 per patient (depending on treatment need), with the aim of treating up to 2.5 million patients in England receiving appointments over the next twelve months, including the delivery of up to 1.5 million treatments.

To attract new NHS dentists and improve access to care in areas with the highest demand, it was also announced that around 240 dentists will be offered one-off payments of up to £20,000 per year for up to three years working in under-served areas. NHS dental work will also be made more attractive with the minimum value of activity increasing to £28 (from £23).

In addition, the NHS website and the NHS App will indicate which practices are accepting new patients. The government is planning a campaign encouraging anyone who has seen a dentist in the past two years to access treatment. New ways of delivering care in rural and coastal areas will also be rolled out, including launching 'dental vans' to help reach the most isolated communities.

The Committee is due to consider an update on NHS Dental Services in Lincolnshire on 17 April, and this can include information on the impact of the above schemes in the county.

6. Pharmacy First Advanced Service

On 31 January 2024, the *Pharmacy First Advance Service* was launched by NHS England, who confirmed that 10,000 pharmacies in England had registered to deliver the service, which will enable community pharmacists to complete episodes of care for patients without the need for the patient to visit their general practice.

NHS England states that this service will save up to ten million general practice team appointments a year and help patients access quicker and more convenient care, including the supply of appropriate medicines for minor illness.

NHS England states that the Pharmacy First Service will enable community pharmacies to manage patients for seven common conditions, which are: impetigo (for ages one year and above); infected insect bites (for ages one year and above); shingles (for ages 18 and above); sinusitis (for ages twelve and above); sore throat (for ages five and above); uncomplicated urinary tract infections (for women aged between 16 and 64); and acute otitis media (for ages one to 17).

Patients will access the service by walking into the pharmacy (or where appropriate by video consultation). In addition, patients will access the service via referrals from:

- NHS 111 (online, telephone and NHS App);
- integrated urgent care clinical assessment services;
- urgent treatment centres;
- emergency departments;
- 999; and
- general practice.

NHS England will be launching a national marketing campaign from mid-February 2024.

7. Covid-19 Spring 2024 Vaccination Programme

On 7 February 2024, the Department of Health and Social Care (DHSC) announced arrangements for the Covid-19 spring 2024 vaccination programme. The DHSC had accepted the advice provided by the Joint Committee on Vaccination and Immunisation that for spring 2024 vaccines should be offered to:

- adults aged 75 and over;
- residents in care homes for older adults;
- individuals who are immune-suppressed (in accordance with set definitions).

Vaccines should be offered around six months after the previous dose (as part of the 2023 autumn programme), subject to operational flexibility, but with a minimum interval of three months since the previous vaccination.

Further details can be found at: JCVI statement on COVID-19 vaccination in spring 2024 and considerations on future COVID-19 vaccination, 4 December 2023 - GOV.UK (www.gov.uk)

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**21 February 2024**
Subject:	**Director of Public Health Annual Report 2023 – Ageing Better: Adding Life to Years**

Summary

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

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

Actions Requested

The Health Scrutiny Committee for Lincolnshire is invited to note the contents of the Annual Report by the Director of Public Health - Adding Life to Years.

1. Background

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

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

An analysis of local data and published evidence focuses on inequality and what this means for the residents of Lincolnshire through each of the following domains:

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

2. Appendices

These are listed below and attached to the report:

Appendix A	The Director of Public Health's Annual Report 2023 – Adding Life to Years

3. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Phil Huntley (Head of Health Intelligence), who can be contacted on Phil.Huntley@lincolnshire.gov.uk

Appendix A

Lincolnshire COUNTY COUNCIL

Working for a better future

Ageing *Better*

in Lincolnshire

Adding Life to Years

Director of Public Health Annual Report 2023

Contents

1 Foreword

Welcome to my fifth annual report as Director of Public Health for Lincolnshire. Last year my report focused on the diversity in the communities spanning Greater Lincolnshire, highlighting some of the disparities in heal th outcomes outcomes and wellbeing. This year my report focuses on the importance of addressing the needs of our ageing population. We will shed light on the current situation in Lincolnshire and address the pressing health and, equally important, social issues which affect our ageing population.

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

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

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

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

Derek Ward
Director of Public Health

I am very pleased to co-present the 2023 Director of Public Health annual report with Derek. Our report stresses the importance of addressing the needs of our older population people in Lincolnshire and additionally, allows us to highlight the challenges experienced by Lincolnshire's adult social care workforce and unpaid carers (most often family or friends) who contribute so much to our communities. A high number of older people, particularly in our rural and coastal communities, face personal and present social care challenges, both for professional services and unpaid carers. Additionally, in their everyday lives whether getting around the house, undertaking everyday tasks or who have no other support. In this report we highlight the growth in the prevalence of preventable health conditions requiring supportive social care support. This should focus our attention on finding innovative ways to support those in most need, whilst empowering those who can be supported with a lighter touch an opportunity to retain independence, be more resilient and stay connected.

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

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

Glen Garrod

Director of Adult Social Services

2 Introduction

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

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

Figure 1 (Centre for Ageing Better 2023c)

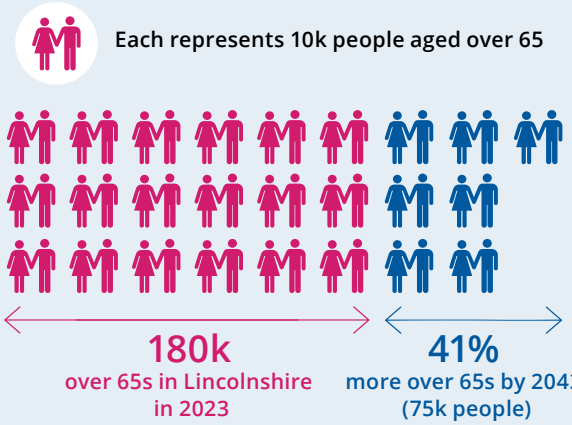
Establishing Lincolnshire as a positive age-friendly place for our older population to live is important. In comparison to inner cities, our large proportion of older people, combined with the rural and coastal geography in Lincolnshire, add different logistical and personal dimensions to good provision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

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

3 Lincolnshire Geography and Population

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

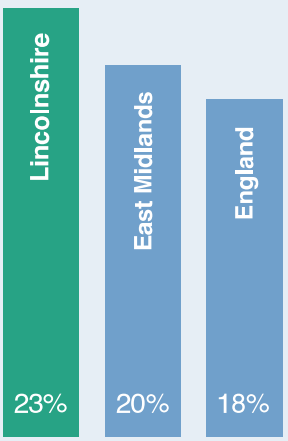
Lincolnshire's over 65 population is projected to increase by 41% (74,351) by 2043. Our 85+ population will increase by 94%



Source: ONS, 2018

Proportion of Population Aged 65+

23% (180,157) of the population of Lincolnshire is aged 65+



Source: ONS 2023c

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

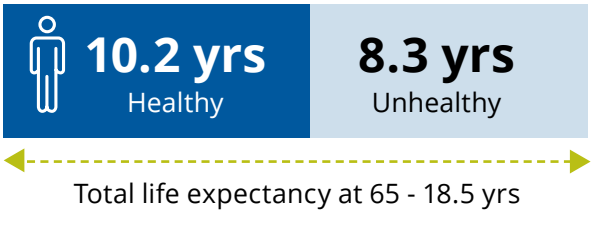
The health of our older population is of great concern particularly when we consider this alongside the projected rise in the over 65 population in the next 20 years. When we factor in the levels of disability-free, and healthy life expectancy, this tells us that both women and men in the county are likely to live

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

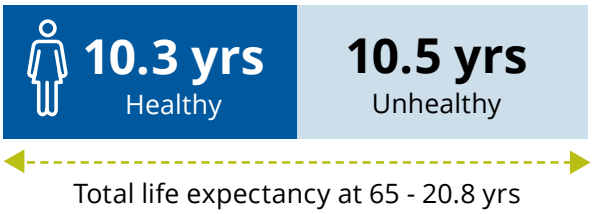
Are we Ageing Well?

Life expectancy and healthy life expectancy at 65 in Lincolnshire

Male



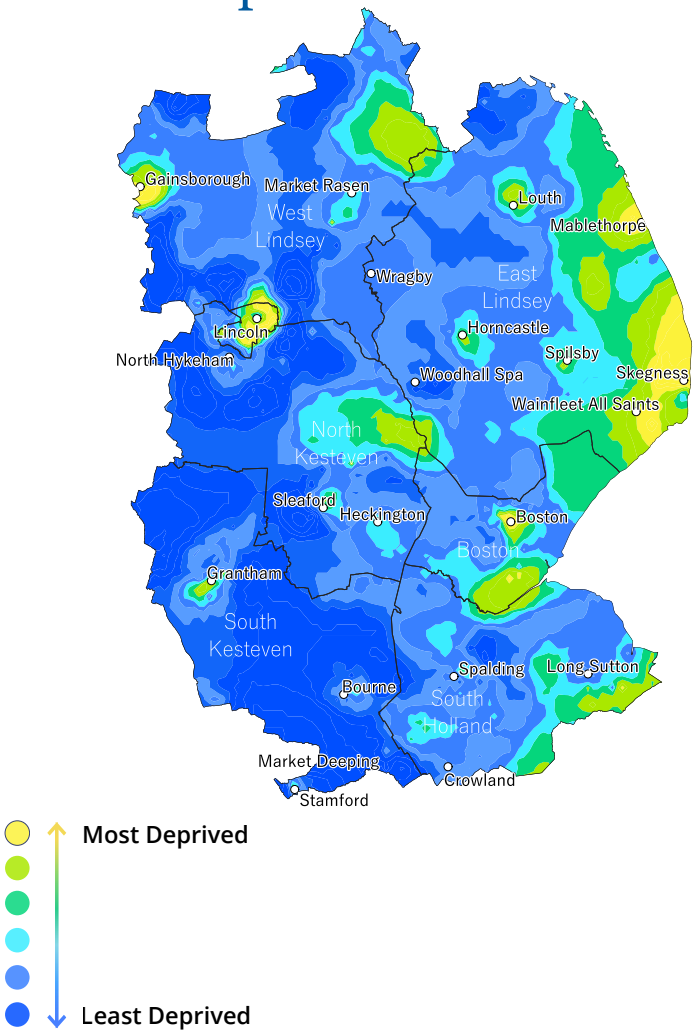
Female



Source: OHID 2023

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

Deprivation Affecting Older People



Source: GOV.UK English Indices of Deprivation, 2019

4 Community Support and Health Services

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

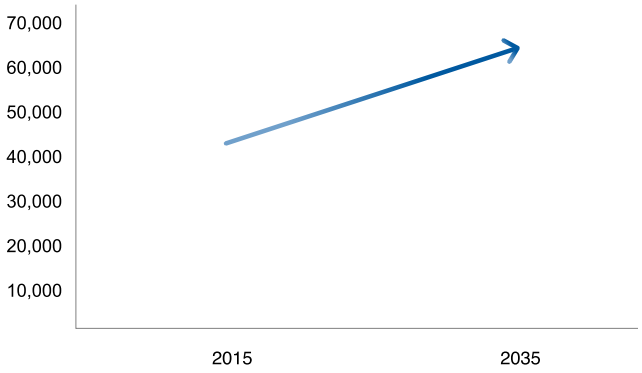
In Lincolnshire, healthcare provision centres around hospitals in Lincoln and Boston, offering major specialties and 24-hour emergency services, while other areas provide community health clinics and support services (United Lincolnshire Hospitals Trust, 2023). However, older people in rural and coastal communities often face long journeys to access specialist healthcare, a concern discussed further in the Transport chapter. Residents near Lincolnshire's non-coastal borders often travel to neighbouring counties for hospital care, imposing significant barriers, particularly for people without private transport.

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

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

Challenging Need in the Next 10-15 Years

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



Source: Kingston, et al., 2018

Falls Case Study

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

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

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

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

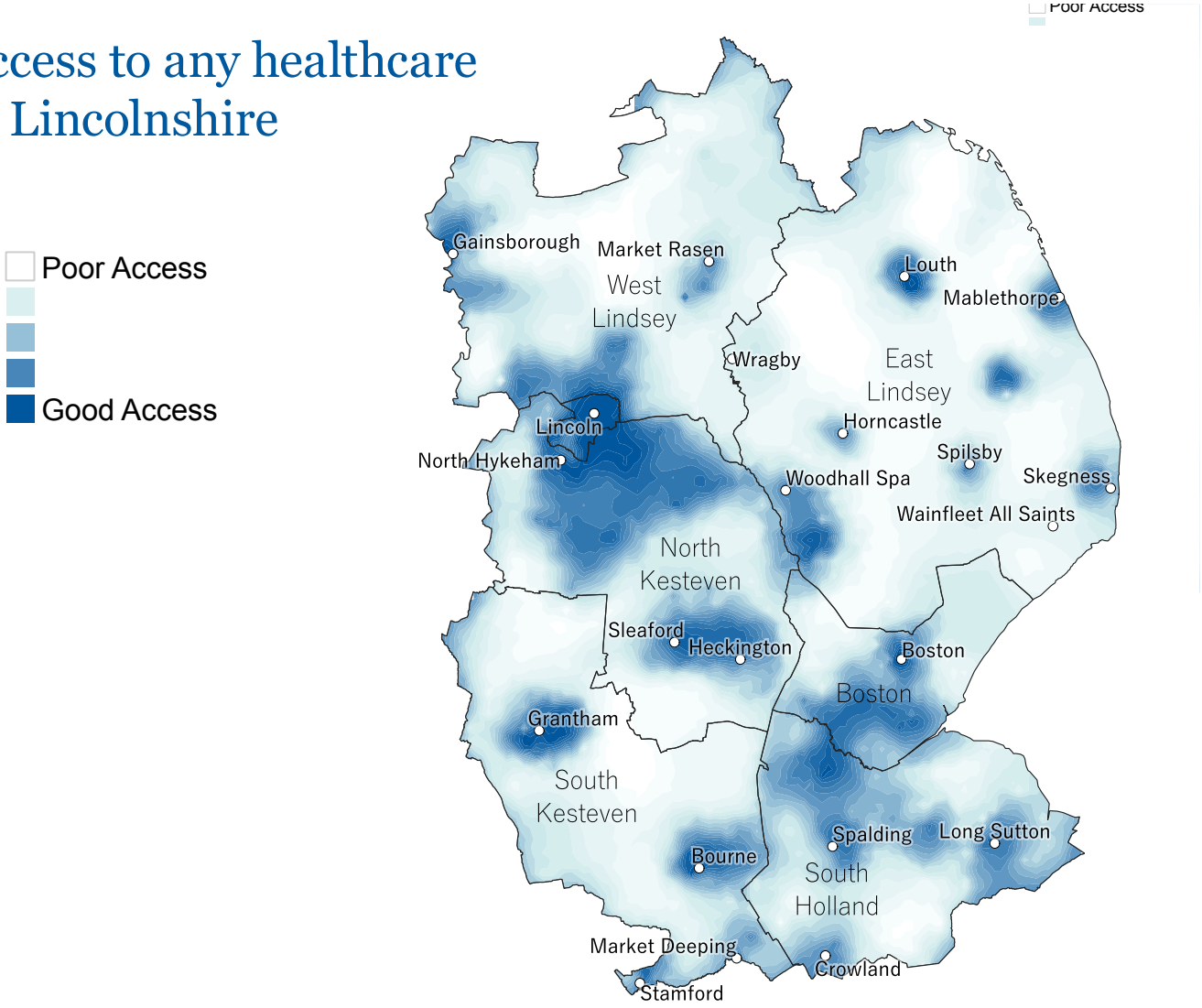
Every hip fracture costs the NHS an average of

£14.6k (NHIR, 2023)

Each day in hospital costs approximately

£400 to the NHS (BMJ Open, 2020)

Access to any healthcare in Lincolnshire



Key Points

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

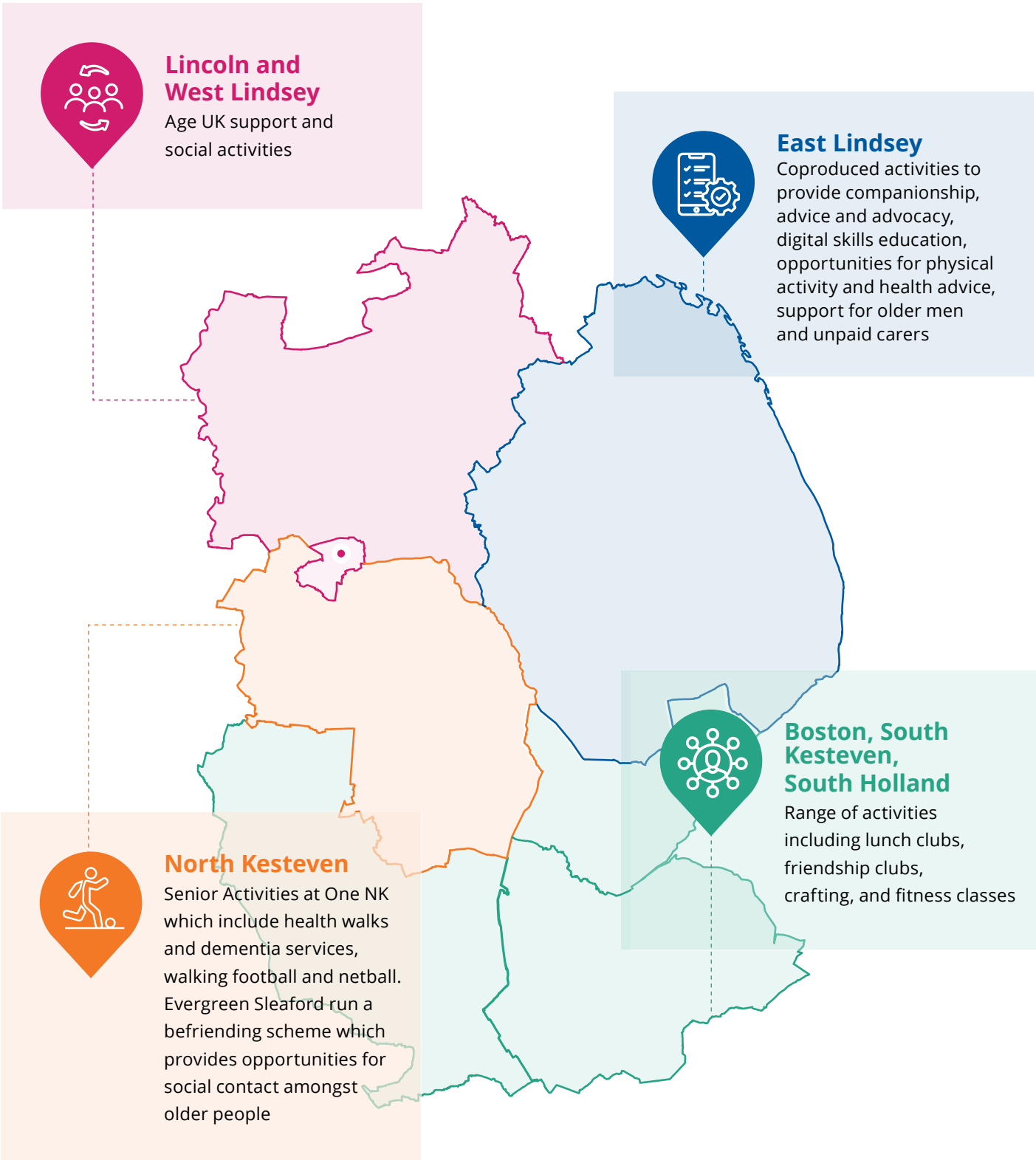
5 Respect and Social Inclusion

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

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

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

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



Lincoln and West Lindsey

Age UK support and social activities

East Lindsey

Coproduced activities to provide companionship, advice and advocacy, digital skills education, opportunities for physical activity and health advice, support for older men and unpaid carers

Boston, South Kesteven, South Holland

Range of activities including lunch clubs, friendship clubs, crafting, and fitness classes

North Kesteven

Senior Activities at One NK which include health walks and dementia services, walking football and netball. Evergreen Sleaford run a befriending scheme which provides opportunities for social contact amongst older people

These evidence-based initiatives in East Lindsey are positively supporting the local older population, fostering mutual respect, reducing social isolation, influencing health and wellbeing services and most importantly, providing an example of how facilitating an age friendly community approach has created a legacy which continues to shape older people's positive experiences.

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

Key Points

- Social interaction is crucial to reducing isolation and has potential to reduce burdens on health and care provision.
- There are potential benefits to the community in increasing activities for intergenerational interactions.
- Facilitating intergenerational contact through the coproduction of services and activities is good practice in an age friendly community and can lead to greater understanding between age groups.
- Some older people in minority groups can be further marginalised due to social perceptions.

6 Communication and Information

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

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

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

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

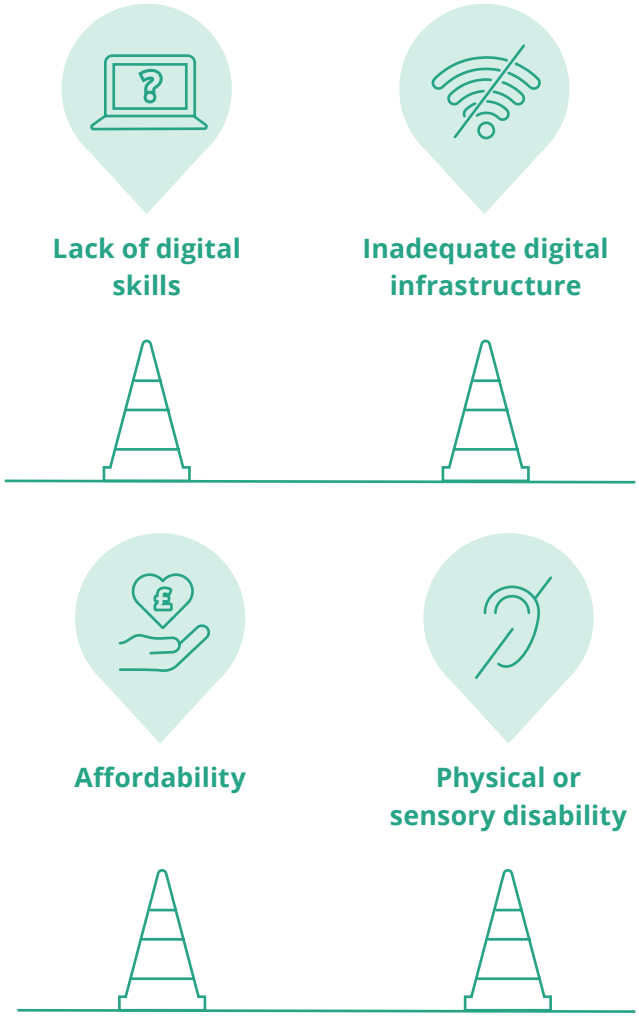
at risk are those within our coastal and rural areas and closely aligns to areas of deprivation (Lincolnshire Health Intelligence Hub, 2023).

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

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

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

Barriers to digital communication



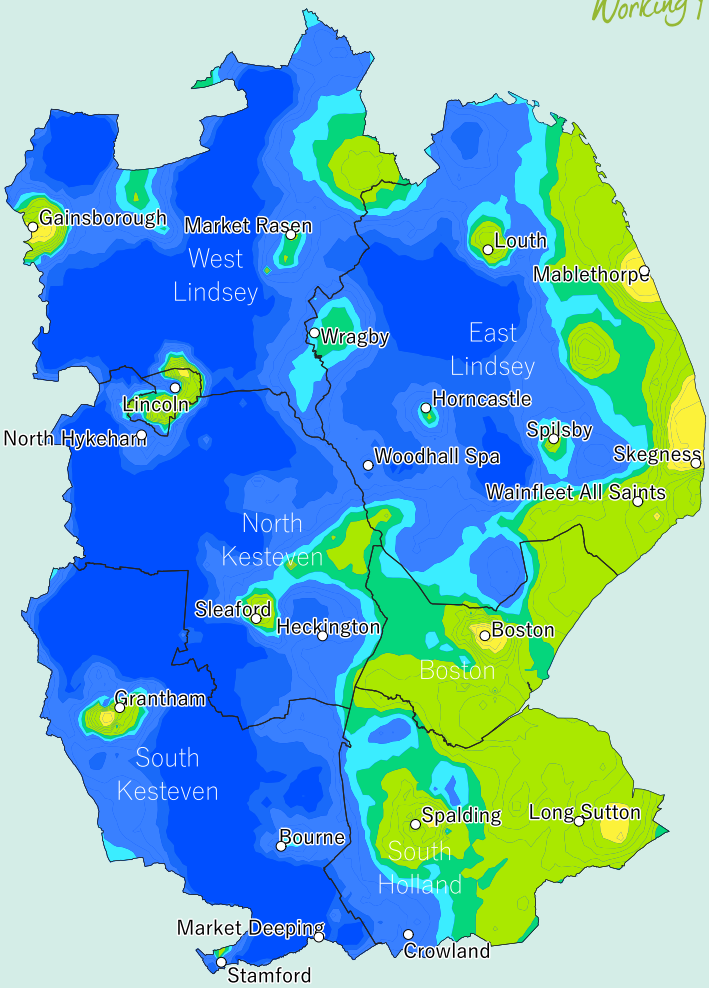
Source: Age UK, 2023

Digital Exclusion

Most Excluded

Least Excluded

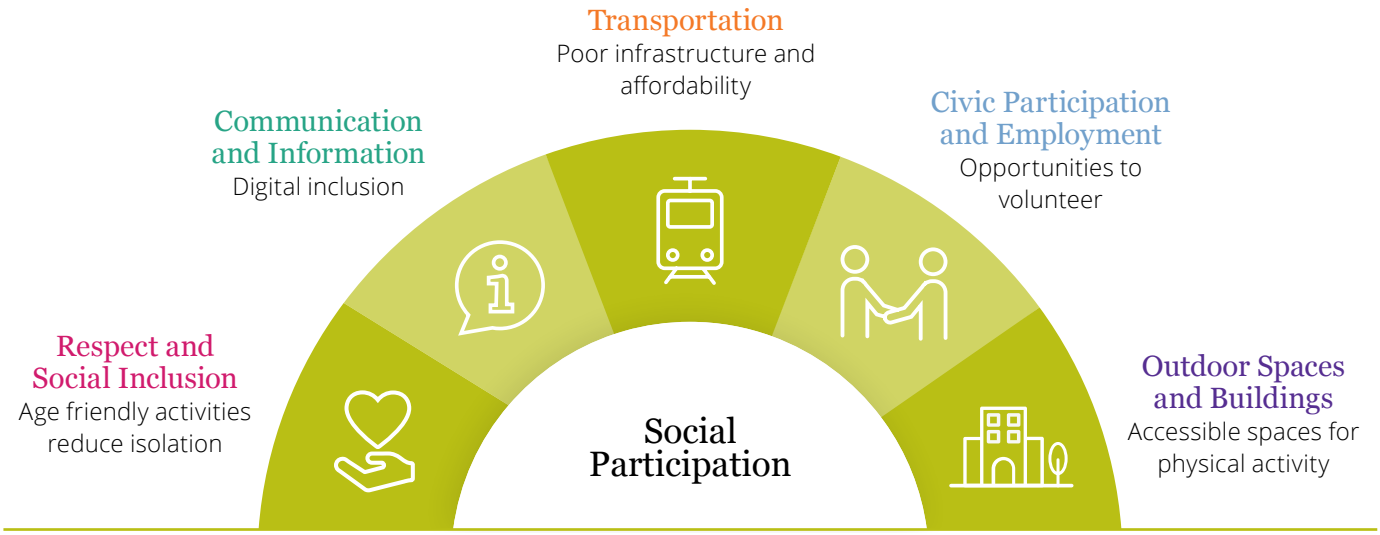
Source: LHIH 2023



Key Points

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

7 Social Participation



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

How are our communities affected?

Source: OHID, 2021

- High Anxiety | **22.4%**
- Low Happiness | **7.7%**
- Low Worthwhile | **5.3%**
- Low Satisfaction | **3.6%**

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

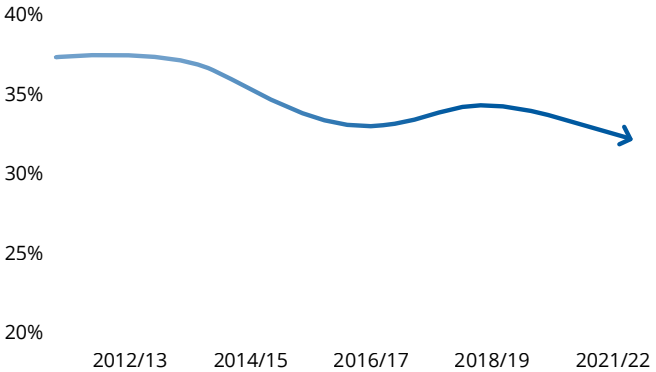
The impact of social isolation on the wellbeing of our residents' health and well-being is significant. Loneliness can lead to anxiety and further withdrawal from society, making intervention critical. Health impacts are thought to be equal with other public health priorities like obesity and smoking. Loneliness is also associated with increased risks of: Inactivity, smoking, Coronary Heart Disease, Stroke and Alzheimer's (DCMS, 2018). The prevalence of these conditions is getting worse in Lincolnshire (except for smoking). Alongside this, it is predicted by 2040, for the projected 65+ population, Dementia will affect

19,800 or 7.8% (an increase of 7,000 people) and falls that require hospital admission will rise by 56.0% (Source: POPPI, 2023), underscoring the need to reduce isolation and loneliness to alleviate pressure on health and care services (POPPI, 2023). More concerning for Lincolnshire is that rural and coastal residents are at a greater risk of loneliness than those living in our urban areas.

Unpaid carers are seven times more likely to report loneliness and face a higher risk of worsening physical and mental health conditions due to isolation (Carers UK, 2021).

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

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



Source: NHS Digital, 2022

Lincolnshire Carers Service Case Study

As the population lives longer, the Lincolnshire Carers Service is required to support many more older carers. As they become older, their caring capacity is likely to diminish, meaning that the long-term future of their current arrangements will be in many cases unsustainable. Shortly the Carers Service will be implementing a new service which will target support for this group of carers over the age of 65, who are known to adult social care and living and supporting someone with a learning disability.

Key Points

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

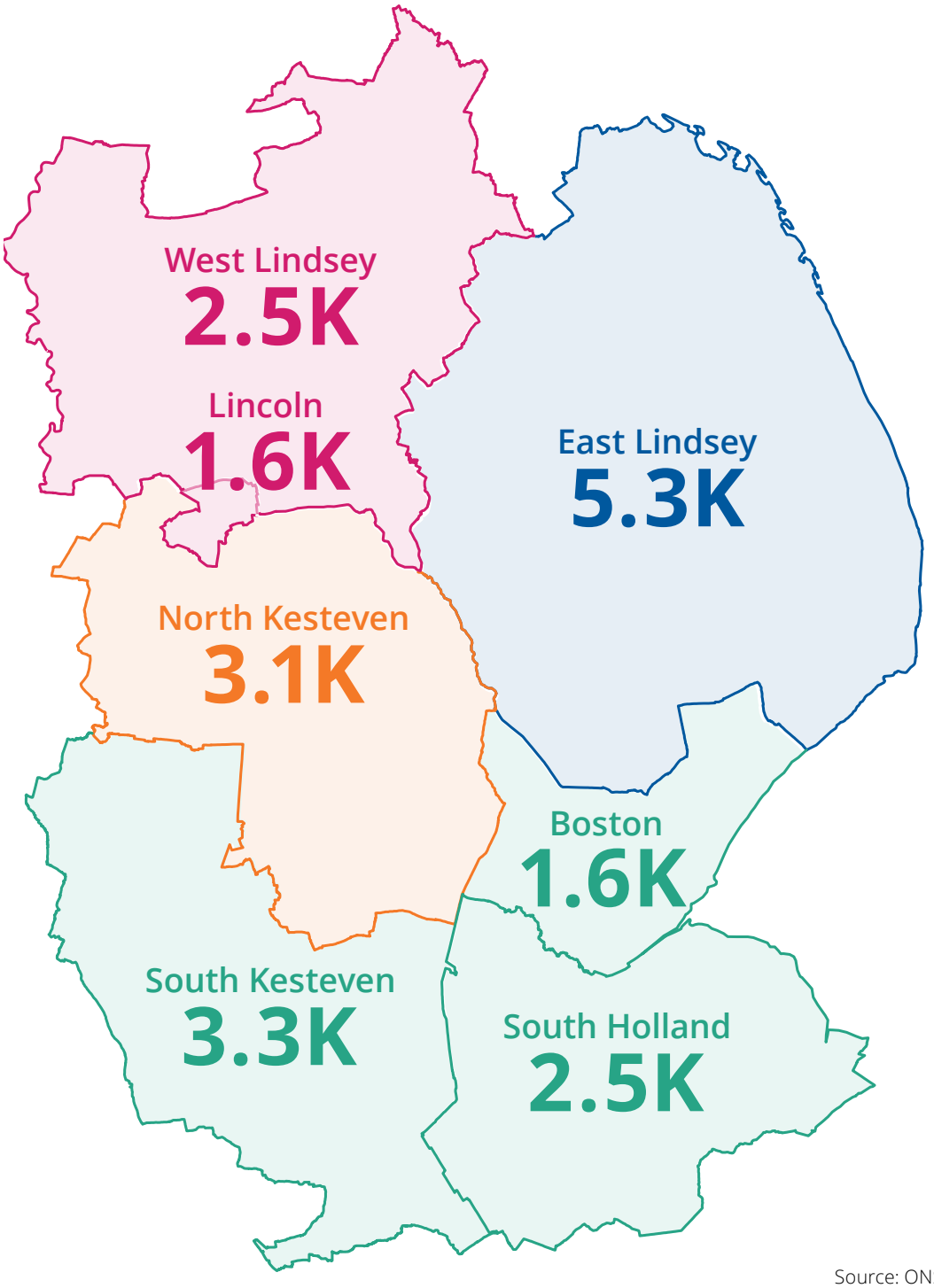
- can help prevent the onset of diseases associated with ageing: dementia, strokes, and cardiovascular disease.
- is a priority for Lincolnshire because people living rurally experience higher rates of loneliness and isolation.

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

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

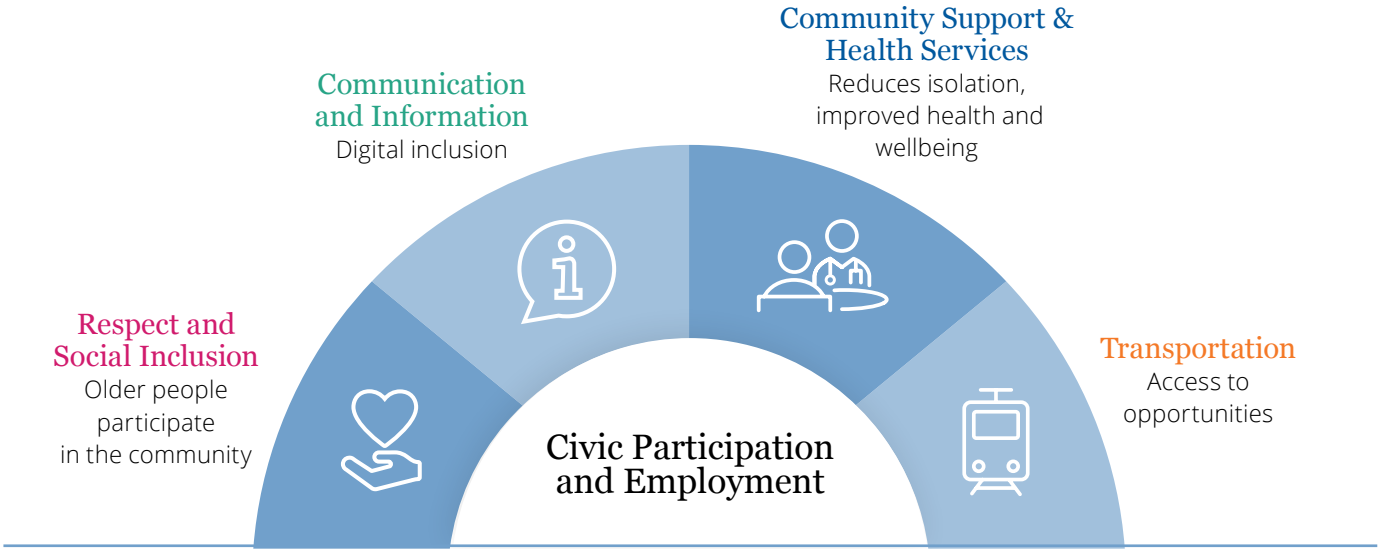
Unpaid carers in Lincolnshire

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



Source: ONS, 2023

8 Civic Participation and Employment



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

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

For many older individuals, finding a job is challenging due to perceived limited opportunities, leading to "discouraged workers" who have lost hope of securing employment (Stickland, 2022). Discriminatory hiring practices, skills mismatches, and access issues further complicate the situation. Schemes aimed at supporting older residents back into work can be hindered by transport and technology access (Department for Work and Pensions, 2022).

Ageism poses a significant barrier for older job seekers who can face prejudice and discrimination, limiting their employment prospects (Centre for Ageing Better, 2023b). Volunteering offers numerous benefits, including reduced mortality rates and lower long-term care needs (Filges, T., et al., 2021). It plays a significant role in the transition from work to retirement, reducing the burden on health and care services. Good practice in volunteering should include accommodating people with disabilities, unpaid caring responsibilities, and those with long-term conditions, but barriers like financial constraints, digital exclusion, and transportation issues persist (Centre for Ageing Better, 2023a).

Lincolnshire Community and Voluntary Services, along with Voluntary Centre Services, coordinate volunteering and social prescribing efforts in the county, offering comprehensive options for older individuals.

Social prescribing, which signposts people to local services and activities supporting their wellbeing, benefits those with mental health issues, long-term conditions, complex social needs, and veterans (Lincolnshire Community & Volunteering Service, 2023). Although local data is unavailable, England-wide statistics show that 61% of individuals aged 65 to 74 participate in volunteering activities, and 51% of over 75s (Statistica, 2023). This suggests almost 100,000 older residents in Lincolnshire could be participating in voluntary activities.

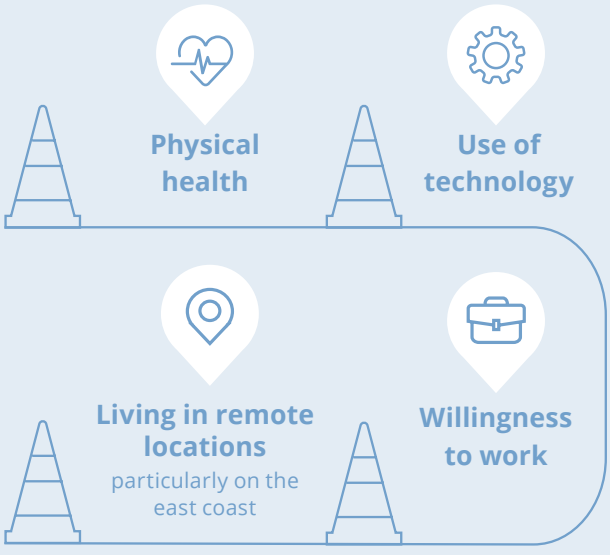
90% of Lincolnshire's over 65s population are economically inactive with the majority of those (96%) having retired

Source: ONS, 2023b

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

Source: Statistica, 2023

The key barriers to employability for older people wanting to work

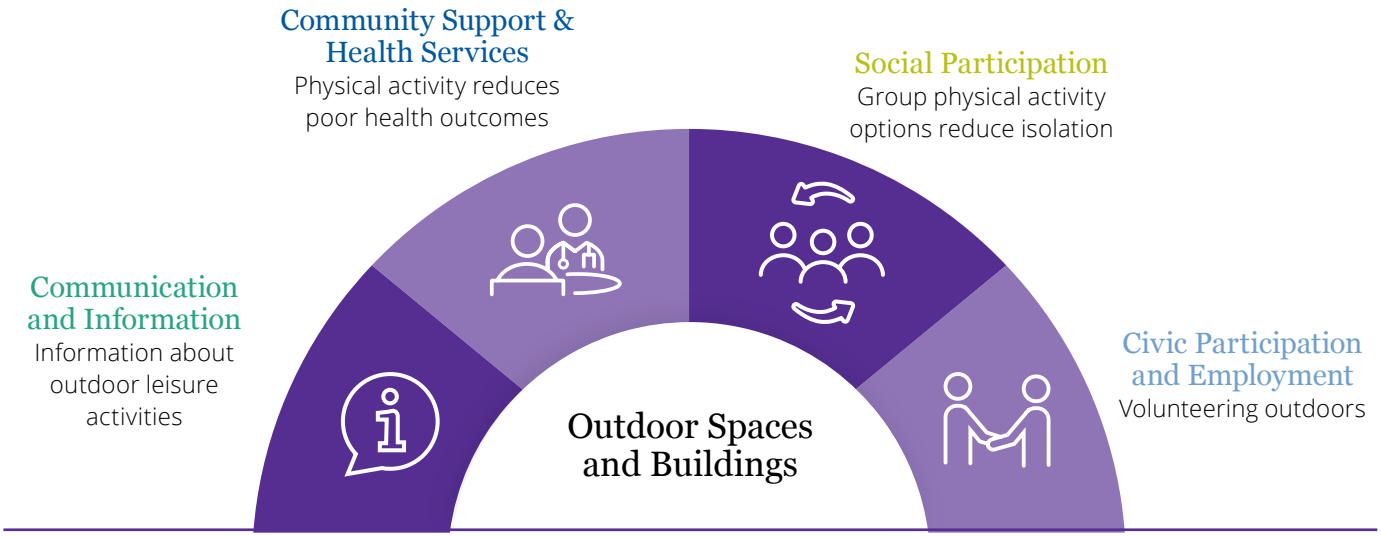


Source: Age UK, 2021

Key Points

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

9 Outdoor Spaces and Buildings



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

Lincolnshire, boasting an abundance of green spaces, public parks, over 2,5000 miles of public rights of way, and around 50 miles of coastline (Lincolnshire County Council, 2023; Explore Lincolnshire, 2023), offers ample opportunities for outdoor activities. However, access to these spaces can be hindered by factors including disability, lack of transportation, absence of toilet facilities, and a move to car parking apps. In urban areas, concerns about personal safety and poor air quality can create additional obstacles. Addressing these barriers is essential, as local research links higher levels of inactivity to greater deprivation, poorer health, and reduced social and community cohesion, contributing to significant health inequalities across Lincolnshire (LHIH, 2023).

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

Case Study: One You Lincolnshire

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

- The One You Lincolnshire 'Move More' programme encourages people to meet the Chief Medical Officer's recommended 150 minutes of physical activity per week through a mixture of free 1-1 and group sessions, both online and in gyms/leisure centres.

- 'Move More' includes 'tailored support for over 55s' which offers advice on healthy ageing including nutrition, mental health, falls and dementia prevention'.

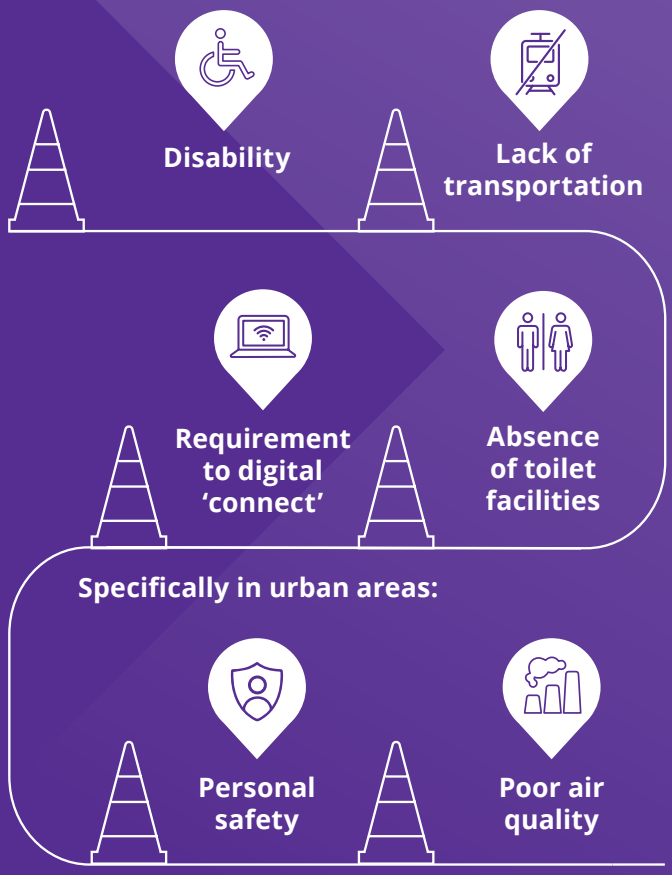
- An evaluation of 'Move More' shows that in 2021/22, more than 4,500 over 55s improved their physical activity status (Source: One You Lincolnshire, 2022).

- Anyone can access this service, and GP practices can refer patients to it through the social prescribing pathway. (Source: One You Lincolnshire, 2023).

- A pilot is underway to target people at risk of falls through strength and balance activities.

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

Barriers to physical activity for older people



In Lincolnshire...

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

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

650 metres

Source: ONS, 2023

Key Points

- Outdoor Spaces and Buildings refers to recreational areas which provide an age friendly environment which older people feel safe to visit.

- In the context of physical activity, Lincolnshire has good provision of outdoor spaces - parks, public footpaths and the coast - providing free or low-cost areas for exercise which benefits those living with the highest levels of deprivation.

- Provision of age-friendly facilities is necessary for older people to take part in physical activity, particularly for those with limited resources.

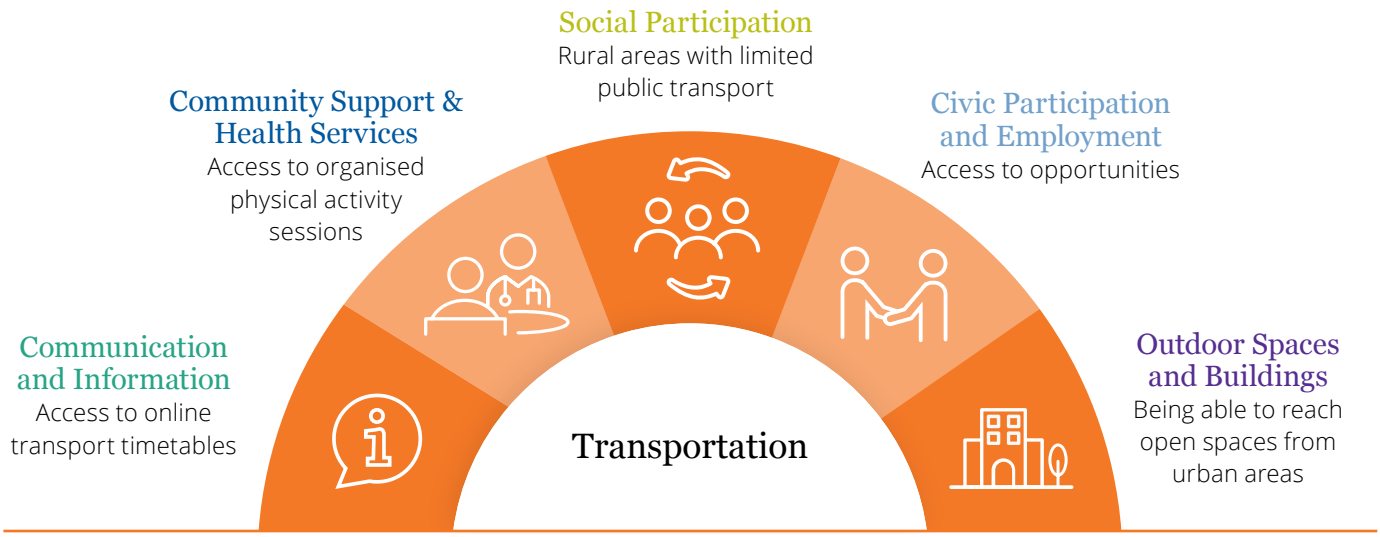
- In turn this reduces pressure on health and care services where the population of older people is predicted to grow by up to 48% by 2040.

- Structural barriers to older people taking part in physical activity include a lack of toilets, use of car parking apps, and poor public transport networks in rural and coastal areas.

- Human barriers include ageism, both negative attitudes towards older people, and their own perceptions relating to ageing, put them off participating.

- Social prescribing can help put older people in touch with support and advice from organisations like One You Lincolnshire and can be a way through both human and structural barriers.

10 Transportation



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

In Lincolnshire, transportation issues faced by our older residents can be influenced by personal circumstances including financial constraints, not owning a car or having to stop driving for health reasons, social connections, and digital exclusion which impact their ability to connect to services and social networks. Those with poor health, frailty, and a lack of local support connections are particularly affected by limited transportation options. This can lead to physical and social isolation, loneliness, and poor mental health outcomes (Mental Health Foundation, 2023). Low income can further exacerbate transportation challenges, making it difficult for our residents to afford fuel or access affordable shopping options (Ministry of Housing, Communities & Local Government, 2019). While some provision exists for those who cannot afford private transport, such as voluntary car schemes and CallConnect on-demand bus services (Lincs Bus, n.d.), these options are stretched, especially in areas of Lincolnshire with large distances to cover between amenities, commercial centres, and health services. Public transport infrastructure varies across Lincolnshire, the west of the county benefiting from good connections while more rural and coastal regions lack comprehensive transportation options. As people age and their confidence in driving decreases, reliable and accessible public transport becomes even more critical. Further challenges like the withdrawal of 3G networks and the introduction of digital parking systems can create additional barriers for older individuals (BBC, 2023).

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

Ensuring accessible, affordable, and safe public transport is essential to support active, healthy ageing, community engagement, and access to essential services. Addressing transportation challenges, especially in rural and coastal areas, is crucial to promote social inclusion and well-being for older individuals in Lincolnshire.

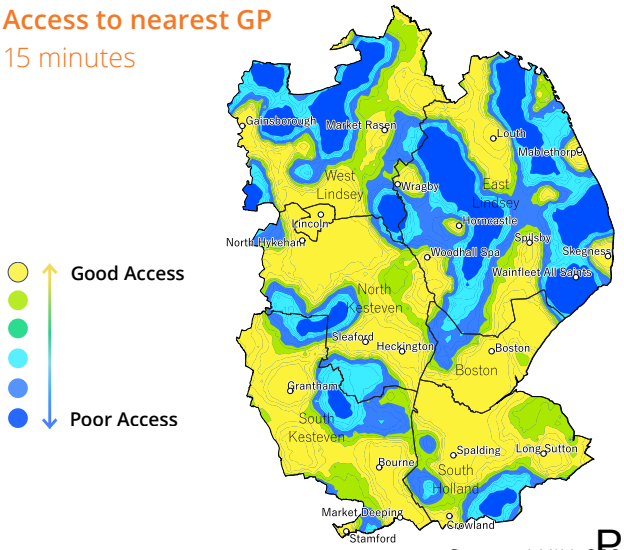
Less than 45%
of over 85s have access to private transport

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

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

Source: TBC

Access to nearest GP
15 minutes



Source: LHIH, 2023

Key Points

- Transport should be affordable and accessible to enable older people to age actively and engage with their communities.
- Long distances to access services and social support, particularly in eastern Lincolnshire which has sparse and inconsistent rural public transport connections and a poor road nfrastructure, exacerbates social isolation.
- Considerable inequalities exist between those who must rely on public transport and those with access to personal transport.
- Services in Lincolnshire include; subsidised bus routes; hospital transport schemes; CallConnect bus services; and free bus passes.
- High costs and long travel distances further disadvantage unpaid carers.
- Transportation barriers potentially add to the burden on delivery of home care services which are already stretched.

11 Housing

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

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

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

14% of households in Lincolnshire in fuel poverty

Source: UKERC Energy Data Centre, 2023

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

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

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

The Supported Housing Act 2023 requires local housing authorities and social services providers, to develop a strategy that aims to meet demand. In 2030, the need for over 65s supported housing or Extra Care Housing is expected to increase by more than a fifth in Lincolnshire, highlighting the potential impact on health and care services if supported housing requirements are unmet (Housing Health and Care Delivery Group (HHCDG), 2021). Due to a shortage of Extra Care Housing, the county council developed a programme with a variety of partners, resulting in De Wint Court Lincoln being fully operational. Future schemes are being developed, and by the end of 2027, it is projected there will be an additional 134 homes for older residents and people with disabilities.

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

Source: Census 2023

The cost of residential care per week is around

£800 rising to **£1,078** for nursing care

Source: Age UK, 2023

Case Study: Lincolnshire Wellbeing Service

- The Wellbeing Service in Lincolnshire is designed to help residents to live independently, this is supported through a personal assessment, usually in the individual's home and includes identification of equipment and adaptions required and a survey of the property to assess its suitability.

- For those eligible for care and support, services may be supplied directly, or the individual may be put in touch with specialist services such as those supplying home equipment; simple aids for daily living; telecare; and the wellbeing response service.

- In the period 2022/23 9,754 referrals were made into the Wellbeing service, an increase of 9% on the previous year; the majority of referrals (62%) are for people over 65 years.

Lincolnshire County Council, 2023

It is estimated the cost to the NHS for each cold or damp home is **£750** per year (BRE Group, 2023)

Costs for homecare average around **£15** per hour

Source: Age UK, 2021

Extra Care Housing Case Study – De Wint Court, Lincoln

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

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

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

(Source: Lincolnshire County Council, 2023)

Key Points

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

12 Conclusion

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

> ‘Personal circumstances have a big impact on healthy ageing…’

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

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

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

What’s Next

Our analysis of the age friendly community framework in this report has demonstrated the interdependency between domains. Throughout the report we have detailed the links between the domains, showing where we are likely to be able to make the most impact (Figure 2). By effecting a change or improvement in an aspect of one domain, there can be far reaching positive impacts on others, which cover all interdependent aspects of ageing well in Lincolnshire.

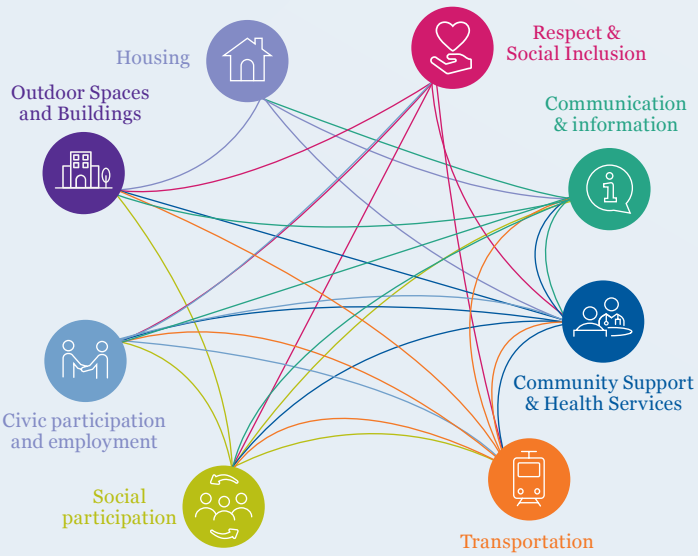


Figure 2

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

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

Social isolation

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

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

Transportation

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

RECOMMENDATION Promote our subsidised travel hospital transport schemes and support the expansion of voluntary car schemes to improve access for our most isolated communities.

Digital inclusion

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

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

Housing

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

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

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

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

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

13 Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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Lincolnshire
COUNTY COUNCIL
Working for a better future

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Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**21 February 2024**
Subject:	**Joint Health and Wellbeing Strategy for Lincolnshire 2024 and the Better Lives Lincolnshire Integrated Care Partnership Strategy 2024**

Summary:

The purpose of this report is to present the Joint Health and Wellbeing Strategy for Lincolnshire 2024 and the Better Lives Lincolnshire Integrated Care Partnership Strategy 2024, and to ask the Health Scrutiny Committee for Lincolnshire to comment on the documents prior to their approval and publication in March 2024.

Actions Requested:

The Health Scrutiny Committee for Lincolnshire is asked to:

- Comment on the draft Joint Health and Wellbeing Strategy attached in Appendix B prior to it being presented to the Health and Wellbeing Board in March 2024 for approval.
- Comment on the draft Better Lives Lincolnshire – Integrated Care Partnership Strategy attached in Appendix C prior to it being presented to the Integrated Care Partnership in March 2024 for approval.
- Note the proposals for publishing both strategies on the Lincolnshire Health Intelligence Hub.

1. Background

1.1 Context

A statutory duty under the Health and Social Care Act 2012 (amended by the Health and Care Act 2022) requires the local authority and the Integrated Care Board (ICB) to produce a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA). The purpose of the JHWS is to inform the strategic commissioning for all organisations who commission services to improve the health and wellbeing of the people of Lincolnshire and reduce health inequalities.

Following the introduction of Integrated Care Systems (ICS) in 2022, the Health and Care Act 2022 requires the Lincolnshire Integrated Care Partnership (ICP) to prepare and publish an Integrated Care Partnership Strategy for the footprint of the ICS. The ICP strategy sets the direction for the system detailing how the ICB and the local authorities, working with providers and wider partners, will deliver more joined-up, preventative and person-centred care for the local population. The strategy presents an opportunity to reach beyond 'traditional' health and social care services by considering the wider determinants of health.

In Lincolnshire, Lincolnshire County Council shares the same geographical boundary as the ICB. In line with the Health and Care Acts of 2012 and 2022, we are required to have both a Health and Wellbeing Board (HWB) and an Integrated Care Partnership (ICP). Whilst each is required to publish its own strategy, our local ambition is to align the HWB and ICP by connecting the JHWS and the ICP strategy to avoid duplication and gaps. Each strategy retains its own identity with:

- the JHWS focusing on 'the what' – i.e. the population health and wellbeing priority areas the health and care system will focus on based on the evidence in the Joint Strategic Needs Assessment; and
- the ICP strategy setting out 'the how' – i.e the key enablers that the health and care system will focus integration efforts on, to support the delivery of the JHWS and its priorities, and the system's overarching ambition and aims.

The shared system ambition is:

For the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well.

Underpinning the shared ambition, four aims have been identified that set the strategic direction for the health and care system in Lincolnshire. These aims are to:

- Have a strong focus on prevention and early intervention.
- Tackle inequalities and equity of service provision to meet population needs.
- Deliver transformational change in order to improve health and wellbeing.
- Take collective action on health and wellbeing across a range of organisations.

Given the linkages between the strategies, the two documents will be published together along with a shared single introduction, attached as Appendix A, which includes:

- a foreword from Cllr Woolley and John Turner as Chair and Vice Chair of the HWB and ICP,
- contextual information about Lincolnshire, including health and wellbeing detail linked to the JSNA, and
- overview of the shared ambition and aims, and information on how the two strategies fit together.

1.2 Joint Health and Wellbeing Strategy

Lincolnshire's current JHWS was produced by the HWB in 2018. Following the publication of the new Joint Strategic Needs Assessment (JSNA), in March 2023, the Board agreed to review the strategy. To inform the development process, a JSNA prioritisation exercise was undertaken during Spring 2023. This involved mapping all 36 JSNA topics according to their potential impact on the Lincolnshire population and the recent direction of travel (improving or worsening). The findings were then discussed with partners and stakeholders at a prioritisation workshop. Based on the feedback, a recommendation report was presented to the HWB in June 2023.

Based on the recommendation report, the HWB agreed:

- The priorities in the JHWS 2018 were still valid and relevant but the number of priorities would reduce from seven to five by combining the two mental health and dementia priorities into one priority.
- The Housing and Health priority would be renamed Homes for Independence.
- The new strategy would use a life course approach to reflect the JSNA.

The five priorities in the JHWS are:

JHWS Priority	JHWS Delivery Group
Carers	Carers Steering Group
Healthy Weight	Healthy Weight Partnership
Homes for Independence	Housing, Health and Ageing Well Delivery Group
Mental Health and Dementia	Mental Health, Dementia, Learning Disability and Autism Alliance
Physical Activity	Let's Move Lincolnshire

The JHWS Delivery Groups were tasked with engaging with relevant partners to develop the priority objectives and outcomes. The draft JHWS 2024, attached as Appendix B, will be presented along with Appendix A to the HWB on 12 March 2024 for approval.

1.2 Integrated Care Strategy

Lincolnshire's interim ICP 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 during 2023 system partners would take the time to reflect its contents so a final strategy document could be published in 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 C.

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

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

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 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, barriers and challenges are addressed and will develop success measures to track progress and provide evidence demonstrating our ambitions are being delivered.

1.3 Publication

Appendices A to C make up the suite of documents that will be approved by the HWB and ICP in March 2024. Once approved, the content will be published on the Lincolnshire Health Intelligence Hub (LHIH). From a single landing page, the viewer will be able to navigate to the individual strategies and between the documents. The content will be published as web pages, with the option to have a downloadable pdf version. The webpage approach will make it easier to link the strategies with the JSNA and other evidence sources housed on LHIH.

Links to the relevant landing page on the LHIH will be added to the Council's and ICB's website so people are also able to access the information via that route.

2. Consultation

This is not a direct consultation item.

3. Key Strategy Documents

Both strategies are statutory requirements and have been developed using the evidence of need identified in the Lincolnshire Joint Strategic Needs Assessment.

4. Conclusion

The Health Scrutiny Committee is asked to comment on the two draft strategies prior to their sign off at the HWB and ICP on 12 March 2024.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Shared Introduction – About Lincolnshire
Appendix B	Joint Health and Wellbeing Strategy for Lincolnshire 2024
Appendix C	Better Lives Lincolnshire - Integrated Care Partnership Strategy for Lincolnshire 2024

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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

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JOINT HEALTH AND WELLBEING STRATEGY & BETTER LIVES LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY INTRODUCTION

ABOUT LINCOLNSHIRE

Our Shared Ambitions and Aims

There is a long history of joint working in Lincolnshire between the Local Authority, the NHS, and wider partners. We have worked hard to build the relationships need to support the people of Lincolnshire to enjoy the highest quality health and wellbeing for themselves, their families, and their communities. We are pleased with the progress we have made and are confident we have developed the right principles and values to guide us.

However, we know that more needs to be done to give everyone the very best start and every possible opportunity to live a long and healthy life. We also know that to have the best chance of achieving this we need to think and work differently with each other and with our communities.

To help guide us in our work we have developed a shared ambition…

For the people of Lincolnshire to have the best possible start in life, and be supported to live, age and die well…

Underpinning our ambition, we have defined four aims that set our strategic direction for the health and care system in Lincolnshire. These aims are:

- Have a focus on prevention and early intervention.
- Tackle inequalities and equity of service provision to meet population needs.
- Deliver transformational change in order to improve health and wellbeing.
- Take collective action on health and wellbeing across a range of organisations.

In Lincolnshire, the County Council shares the same geographical boundary as our integrated care board this area is the basis for our integrated care system and as such we are required to have both a Health and Wellbeing Board and Integrated Care Partnership. Each are required to publish its own strategy and our approach is to connect the Joint Health and Wellbeing Strategy and Integrated Care Strategy to avoid duplication or gaps. Each will maintain its own identity with:

The Joint Health and Wellbeing Strategy continues to set out on 'the what' i.e. the population health and wellbeing priority areas the health and care system will focus on based on the evidence in the Joint Strategic Needs Assessment (JSNA); and

The Integrated Care Partnership Strategy sets out 'the how' i.e. the key enablers the health and care system will focus integration efforts on to support delivery of the JHWS and its priorities, and the system's overarching ambition and aims.

We encourage you to adopt and use both strategies in whatever way you can to further improve the health and wellbeing of the people of Lincolnshire.

Cllr Sue Woolley
Chair of the Lincolnshire Health & Wellbeing Board and Integrated Care Partnership

John Turner
Vice Chair of the Lincolnshire Health & Wellbeing Board and Integrated Care Partnership

Overview of the Health and Care System in Lincolnshire

Lincolnshire Health and Wellbeing Board

Under the Health and Social Care Act 2012, the Health and Wellbeing Board for Lincolnshire was established to act as a forum in which those who are responsible for improving and protecting the health and wellbeing of local populations and communities, can do so in a joined up effective way.

As a formal committee of the county council, the Health and Wellbeing Board for Lincolnshire includes representatives from Lincolnshire County Council, NHS Lincolnshire Integrated Care Board (ICB), local NHS Providers, Police and Crime Commissioner, District Councils, Healthwatch Lincolnshire, Higher Education, Local Enterprise Partnership, Care Sector and NHS England.

The functions of the Health and Wellbeing Board for Lincolnshire are:

- to encourage persons who arrange for the provision of any health and social care services in the area to work in an integrated manner;
- to provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging joint commissioning;
- to prepare and publish a Joint Strategic Needs Assessment (JSNA);
- to prepare and publish a Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy aims to inform and influence decisions about the commissioning and delivery of health and care services in Lincolnshire, it highlights the factors that need a multi-agency system response in order to ensure the greatest impact on those segments of the population who will benefit most from support and interventions within the priorities identified. By taking this approach as a system we are collectively focusing on the needs of the people who require additional support. In addition, we aim to tackle the factors that affect everyone's longer term health and wellbeing. To do this we have adopted a life course approach.

Lincolnshire Integrated Care Partnership

The Health and Care Act 2022 formally established Integrated Care Systems (ICSs) in England from July 2022 comprising two statutory bodies exercising statutory functions:

- Integrated Care Board
- An Integrated Care Partnership (ICP)

The Lincolnshire Integrated Care Partnership (ICP) is a joint committee of Lincolnshire County Council and NHS Lincolnshire Integrated Care Board (ICB), our wider membership reflects that of our Health and Wellbeing board.

The Lincolnshire ICP is the forum for the organisations that make up the Lincolnshire Integrated Care System (ICS), known as 'Better Lives Lincolnshire', to come together as equal partners to plan actions in support of the delivery of integrated health and care, and overall ambition and aims of the system. Underpinning the work of the ICP are the five system enablers set out within the integrated care partnership strategy this aims to be the vehicle to drive system change and bring together our collective ambition.

Health and Wellbeing in Lincolnshire

About Lincolnshire

As a large rural and coastal county, the geography of Lincolnshire and its population demographics present specific challenges with regard to the health and wellbeing of our population, and this contributes to some of the health inequalities identified within the Lincolnshire JSNA. The inequalities seen in older age groups, people who live in more deprived areas and people who live in rural areas coalesce in many coastal areas. Few areas in the UK combine all these factors in the way that Lincolnshire does.

In 2019, the Index of Multiple Deprivation (IMD), which shows overall deprivation, ranked Lincolnshire 91st out of 151 upper tier local authorities in England, where 1st is the most deprived. The general pattern of deprivation across Lincolnshire is in line with the national trend, in so much that the urban centres and coastal strip show higher levels of deprivation than other parts of the county. The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe, are amongst the most deprived 10% of neighbourhoods in the country.

For more information click here

Our Population

Lincolnshire has a resident population of 768,400 (Census 2021), with a 49% male and 51% female. We have an older population than a lot of other authorities (27th out of 174 upper tier local authorities), with 23% of residents over the age of 65. As a result, Lincolnshire has the highest level of care homes in England (293).

The diversity of the population has increased in recent years because of new and emerging communities. In the 2021 Census, 89% of residents identified themselves as White British and a further 6.7% as White Other this is primarily made up of Eastern European communities.

For more information click here

Health and Wellbeing in Lincolnshire

The Lincolnshire JSNA provides an overview of the health and wellbeing of Lincolnshire's population.

Education, Employment and Skills

Education, employment and skills levels are key determinants of social-economic outcomes and can play a pivotal role in a person's health and wellbeing. They can influence social mobility, economic independence, housing and income levels.

In Lincolnshire, although standards have risen over time, our children have performed less well on average than their peers nationally at every key stage. Raising attainment for all pupils is crucial to maintain and improve socio-economic cohesion and the productivity of communities in Lincolnshire. School leaver and

graduate retention locally is known to be a challenge with the perception of more opportunities in larger cities within easy reach of the local area such as Peterborough, Nottingham, Sheffield and Hull.

Within certain groups (aged under 25 and over 50) in Lincolnshire unemployment rates remain high and despite progress, skills gaps still persist. Rurality and access to employment opportunities are barriers in some parts of Lincolnshire. The proportion of residents aged 16-64 who have no qualification is slightly above the national average, with areas with the highest proportion of residents with no or low qualifications being concentrated to the East.

More than 30% of residents in Skegness and Mablethorpe have either no qualification or are qualified to NVQ level 1. Some of these patterns are observed hyper locally within small pockets across the county. The proportion of residents of working age qualified at NVQ Level 4+ is around 10% lower than that nationally, however the proportion of residents aged 25-39 with a level 4 qualification or above is around 20% lower than that nationally.

For more information:
JSNA Schools & Achievement
JSNA Employment

Housing

Lincolnshire has 333,600 households. It is estimated that of the private housing stock 18% have a serious hazard likely to cause illness or harm, 17% are low-income households, 10% have fuel poverty, 9% have falls hazards and 9% have excess cold.

Lincolnshire has high rates of fuel poverty, particularly in deprived areas where the quality of the housing tends to be poorer and in rural areas where properties are often not connected to mains gas. Poor quality, cold or overly hot housing can cause or exacerbate acute and chronic health issues leading to increased visits to GPs, hospital admissions or reliance on medications. There is a shortage of housing for older people, and a significant shortage of housing for sale or shared ownership compared to those for rent.

There is also a shortage of housing with care, both for rent and for sale, including extra care / 'assisted living' schemes with 24/7 care available on-site and housing schemes that offer bespoke care services, even if these are not full on-site 24/7 care.

There are also around 200 caravan sites, and nearly 25,000 static caravans on the Lincolnshire coast (the largest concentration in Europe) with a permanent population of over 6,000 people. It is estimated c.30% of local caravan residents live with long-standing illness, disability or infirmity and nearly a quarter have health issues affecting mobility.

For more information:
JSNA Homelessness
JSNA Housing Standards
JSNA Unsuitable Homes

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JOINT HEALTH AND WELLBEING STRATEGY 2024

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

INTRODUCTION

The Joint Health and Wellbeing Strategy (JHWS) enables the Health and Wellbeing Board to champion the shared ambition and aims and sets out a direction of travel for health and wellbeing in Lincolnshire. The purpose of the JHWS is to:

- Provide a context, vision and overall focus for improving the health and wellbeing of local people and reducing health inequalities at every stage of people's lives.
- Identify shared priorities and clear outcomes for improving health and wellbeing and reducing inequalities.
- Support effective partnership working that delivers health improvements.
- Provide a framework to support and drive the innovation required to enable change.
- Support board members to embed these priorities within their own organisations and reflect these in their commissioning and delivery plans.

Life Course Approach

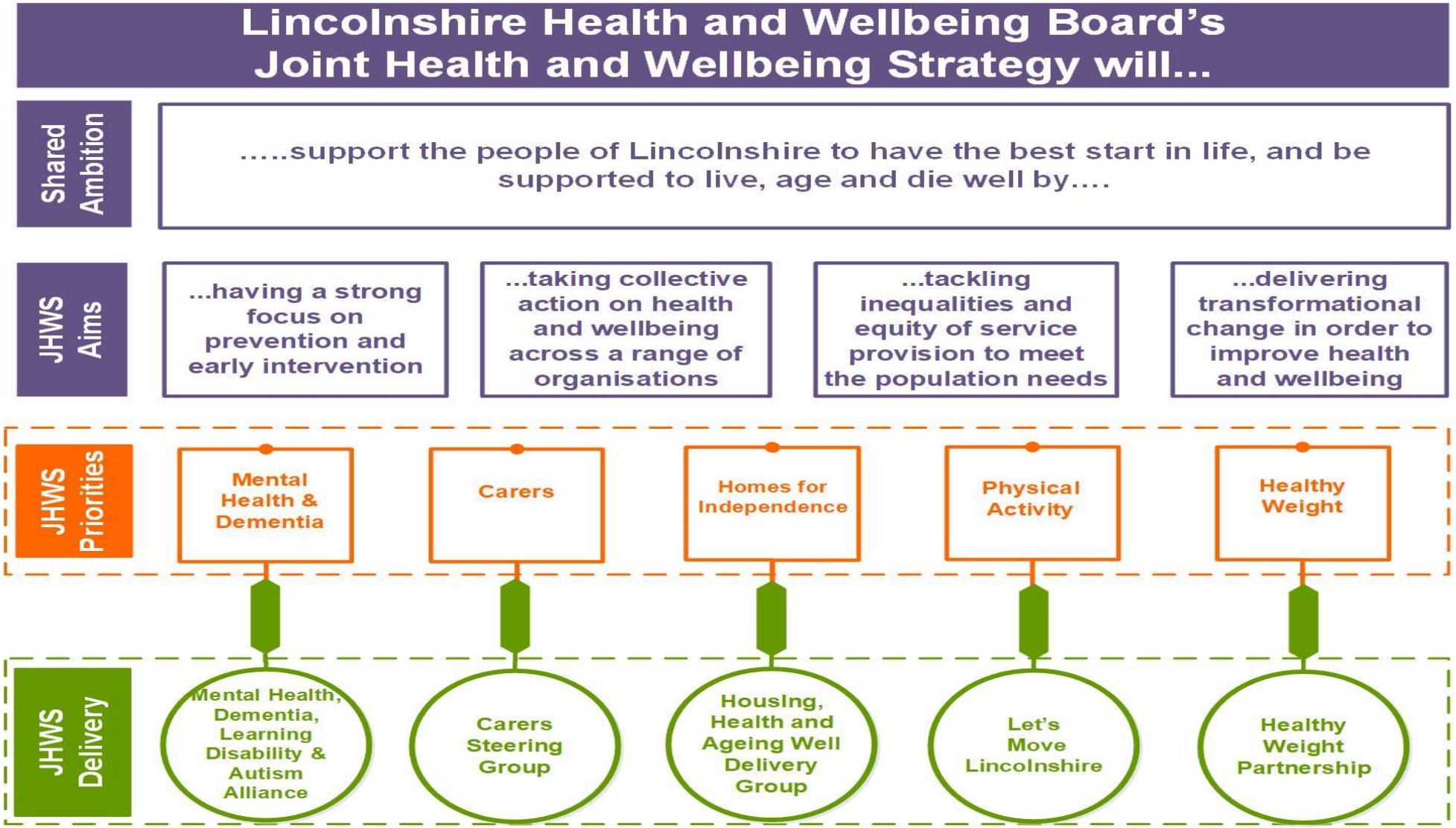
Health and wellbeing are fundamental to a good life from pre-birth to old age. At a very early age our health can be affected by many factors, including socio-economic and environmental factors, maternal health, family and social networks therefore it is critical to promote and improve health at all ages. This includes the transition points such as becoming parents, children starting school, transitioning to young adulthood to adulthood, working, retirement. Evidence shows that the need and demand for health and social care services increases with age.

Our strategy takes a life-course approach, from pre-birth to old age and is structured using the following themes **Start Well; Live Well;** and **Age Well.** For each of the priorities, objectives and outcomes have been identified setting out how the Board will work to improve health and wellbeing against the different age groups. The strategy highlights the need for age-appropriate health promotion and prevention work across the life course, and also recognises that some issues, for example housing, cut across all age groups.

How have we identified the priorities

In March 2024, Lincolnshire's Joint Strategic Needs Assessment (JSNA) was republished. Using the evidence from the new JSNA the Board undertook a prioritisation exercise. Using a prioritisation matrix, the 36 health and wellbeing areas identified in the JSNA were mapped according to their potential impact on Lincolnshire's population and the recent direction of travel (improving or worsening). Full details on the prioritisations process can be found in the Joint Engagement Approach 2023 Report presented to the Health and Wellbeing Board in June 2023.

The priorities for the strategy are summarised in the picture below:



CARERS

Why is this a priority?

An unpaid carer is anyone who provides unpaid help to a friend or family member needing support, perhaps due to illness, old age, disability, a mental health condition or an addiction. We have a legal obligation to support unpaid carers and therefore need to understand our local carer population and their needs to provide the right balance of support.

In Lincolnshire there are an estimated 70,391 (Source: Census 2021) unpaid carers and given the county's ageing population, this number is predicted to increase. Many carers do not recognise themselves as a carer, so numbers are likely to be an underestimate. This lack of realisation also makes it more likely that carers are not getting the support they need. Carers make a major contribution to society, with the value of labour provided by Lincolnshire's unpaid carers of all ages estimated to be the equivalent of £1,677m each year – more than seven times the annual budget of Adult Social Care.

Being an unpaid carer places a significant strain on the individual and can impact their own health and wellbeing and quality of life. The NHS Long Term Plan recognises that carers are twice as likely to suffer poor health compared to the general population, primarily due to a lack of information and support, financial concerns, stress, and social isolation. There can also be an adverse effect on education and employment, with many carers giving up work or foregoing education. These factors make it vital to ensure pathways and services are in place to support unpaid carers to be effective and prevent carer breakdown leading to escalation of formal care provision.

Further information – JSNA Carers page

Objectives

	We Will…
Start Well	Work in partnership to Identify carers at the earliest possible opportunity. Work collaboratively with other professionals to develop working practices, including the 'whole family approach'. Support all professionals working with Young Carers, including the transition from children to adult services.
Live Well	Raise awareness and increase the number of carers that receive support by providing good quality information, advice, and guidance. Engage with carers to identify their needs and improve their outcomes. Support working age unpaid carers to access voluntary and working opportunities.

Age Well	Improve and develop digital options that support unpaid carers. Work to improve how we identify unpaid carers and strengthen support for them to manage their own health needs which can increase as they age. Work with partners to co-produce the Carers Emergency Response Service so it is fit for purpose.

What Difference will we see?

- Carers are identified at the earliest opportunity.
- More carers supported to access or remain in employment.
- Carers are able to access information, advice, and guidance online.
- Carers have contingency conversations and plans in place should they be unable to care for an individual.

How we will deliver this

The Carers Steering Group oversees the delivery and ongoing development of the Carer's Strategy to meet the objectives of the Carers Priority. The Steering Group includes representatives from key partners, including Lincolnshire County Council, the Lincolnshire Integrated Care Board, Lincolnshire Community Health Services NHS Trust, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Carers First, Serco and the Lincolnshire Voluntary Engagement Team. The terms of reference and membership are reviewed annually to ensure membership supports the strategic aims and the delivery of actions.

HEALTHY WEIGHT

Why is this a priority?

Having a healthy weight is one of the most important things we can do to protect and improve our overall health. Being overweight increases the risk of several health conditions and obesity is believed to be the third biggest risk factor contributing to premature death. Being active is also one of the most important ways to boost our health and wellbeing and helps us to stay at a healthy weight, making these priorities intrinsically linked.

In children, obesity has long-term effects on physical, social, educational, and mental health outcomes. Problems related to childhood excess weight are likely to persist into adulthood.

At the population level, overweight and obesity are thought to cost the NHS over £6 billion a year, and to contribute towards inequalities in life expectancy and disability-free life expectancy. The causes of the high levels of obesity in the UK are interlinked, complex & multifaceted. Importantly, these causes aren't equally distributed for all; it is easier for those with more resources to stay healthier which contributes to health inequalities.

At a local level, obesity levels will be affected by a wide range of circumstances such as opportunities for physical activity and active travel, the nature of the employment market, cultural attitudes towards weight and physical activity, and access to affordable healthy food. This highlights the importance of analysing population needs at small scale as well as large, district level, scale.

In Lincolnshire, over two thirds of Lincolnshire's adult population is overweight, above England's average. A quarter of children in Reception are overweight, and this rises to well over a third of children by Year 6. Preventing the onset of unhealthy weight gain, and tackling unhealthy weight is fundamental to helping more people in Lincolnshire to benefit from long term good health and wellbeing.

Further information – JSNA Healthy Weight page

Objectives

	We Will…
Start Well	Ensure that families have access to the right information & support to empower them to make healthy choices from birth. Provide services and support to help families with children identified as being overweight or obese as part of the National Child Measurement Programme.
Live Well	Ensure everyone who wants to lose weight can access services that can help. Reduce inequalities by working to lower barriers to accessing services in areas of higher need. Ensure equity of access to specialist weight management services. Develop a 'whole system approach' by working with partners to address the factors that make it easier to gain weight.
Age Well	Ensure support is available to older adults to lose weight and to stay healthy. Ensure support is proactively offered to those who could benefit, including adults with hypertension, musculoskeletal condition.

What Difference will we see?

- Children and adults are supported to be happy, healthy & well.
- Adults, Children and families that want to lose weight are able to access high quality, effective support that gets them the help they need.
- We will help prevent diseases such as Type 2 Diabetes, cancers & heart disease, which will help people live healthier, longer lives.

How we will deliver this

The work programme will be overseen by the Healthy Weight Partnership, a delivery group of Lincolnshire's Health & Wellbeing Board.

All partners involved in Lincolnshire's Integrated Care System & Partnership have a role in building the 'whole system approach' to addressing the causes of overweight & obesity in Lincolnshire.

HOMES FOR INDEPENDENCE

Why is this a Priority?

Evidence shows that living in familiar, safe, accessible, warm accommodation that we call 'home' promotes mental and physical wellbeing and reduces hospital admissions, social isolation, and loneliness. Our vision is for people to live independently, stay connected and have greater choice in where and how they live as they age. This priority addresses aspects of housing affecting those who may need extra help to maintain their wellbeing and independence at different stages of their lives, e.g., those with health and care needs, those moving from hospital inpatient or other facilities, and care leavers amongst others.

Ensuring homes are safe, warm, and dry reduces accidents such as falls and prevents illnesses, especially respiratory conditions, including child and adult asthma and Chronic Obstructive Pulmonary Disease (COPD). The home environment is important for children and young people in determining their life chances and future development. Having a good home throughout life is important because it can determine health outcomes, reduce levels of stress, and make people feel more confident. Preventing homelessness and rough sleeping by addressing the underlying causes leading to homelessness is, therefore, a priority. Ageing in a home that supports independence has multiple benefits including familiarity, comfort, cost-effectiveness, and enabling social engagement and personalised care.

Private sector housing is a challenge as homeowners and landlords are responsible for their own repairs and improvements. There are around 29,000 low-income owner-occupied households that may struggle to maintain independence in the home due to falling behind with mortgage repayments, bills, or making repairs. Tenants might also fall behind with rents. 47,114 (13.9% of) households were estimated to be living in fuel poverty in 2021. 18% of private sector houses are estimated to contain serious hazards, of which 9% are cold homes. In addition, a reported 6,600 people live in caravans on the Lincolnshire east coast, that were not intended for permanent occupation, for a large part or all year.

Maximising levels of independence for people with care and support needs of all ages (e.g., children with disabilities, adults with mental health issues, dementia, learning disabilities, and autism and frail older people). This includes providing appropriate small aids, equipment, and home adaptations to meet people's needs through streamlined mechanisms and processes.

Further information:

JSNA Housing Conditions page
JSNA Insecure Homes and Homelessness page
JSNA Unsuitable Homes page

Objectives

	We Will…
Start Well	Enable pregnant women, babies, and children to live in a safe and warm home environment which is not overcrowded. Improve our understanding of the impact of poor housing on children's health and effectively target low-income families. Support children and young people to find, manage and maintain a suitable home when leaving care.
Live Well	Facilitate quality, choice, and diversity of housing for people with care and support needs to achieve a proportional move towards maximising independence for working-age adults. Address the underlying causes leading to homelessness and provide appropriate support for those who need it. Ensure services to support people to remain living in their current home complement each other as a system-wide approach and are easy to access by all.
Age Well	Improve services to extend people's housing choices in preparation for later life, including making better use of digital technologies. Influence delivery of housing to provide greater choice of supported housing, including more extra care housing of different levels to meet demand.

What Difference will we see?

- Children and young people will live in suitable housing that supports them to achieve their educational goals and enables them to maintain social connections.
- People of all ages will have fewer home accidents and improved health and wellbeing by being safe, warm and well at home, evident through self-reported satisfaction.
- Improved health outcomes such as lower levels of respiratory conditions associated with cold damp homes and reduced seasonal excess deaths.
- There will be a reduction in homelessness and rough sleeping and better access to support and healthcare services for those who need them.
- Older people will be supported to live independently in extra care housing, supported housing, or their own home as an alternative to care homes.

How we will deliver this

The Housing Health and Ageing Well Delivery Group (HHAWDG) continues to oversee the Lincolnshire Homes for Independence blueprint – a call to action for partners to work collaboratively towards a common aim. The HHAWDG maintains a Delivery Plan of actions to meet the above objectives for the Homes for Independence priority. Membership and terms of reference are routinely reviewed and updated, to ensure appropriate representation from all partners, effective communication, and focus.

The Lincolnshire Housing and Health Network (LHHN) is an officer group of senior housing leads that coordinates action to achieve the Delivery Plan for the HHAWDG with actions allocated to subgroups each with a named lead:

- Greater Lincolnshire Energy Efficiency Network
- Lincolnshire Healthy and Accessible Homes Network
- Lincolnshire Homelessness Strategy Group
- Lincolnshire Housing Standards Group

These groups share some people (strategic leads) and financial resources that have accelerated implementation of the HHAWDG Delivery Plan. It is recognised that additional resources may be needed to complete an ambitious programme of work.

Mental Health and Dementia

Why is this priority important?

Good mental health and wellbeing are fundamental for a happy and healthy life. Mental health problems can significantly affect any individual, their family, community, and wider society. In the UK, half of life-long mental health problems start before the age of 14, and three quarters before the age of 25. Children today have poorer mental health outcomes than previous generations. The Covid-19 pandemic has exacerbated this situation. Demand modelling suggests 1.5 million children may need initial or additional mental health support because of the pandemic.

For adults, one in four will experience a mental health problem in any year. Together with substance misuse, mental illness accounts for 21.3% of the total morbidity burden in England. People living with diagnosable mental ill health, for example depression, bipolar disorder, or schizophrenia, can be living in good mental wellbeing despite their mental ill health diagnosis. The burden of physical ill health is higher in people with severe mental illness (SMI).

Suicide is a significant cause of death amongst people with mental illness. It devastates families and communities. Suicide, and injury or poisoning of undetermined intent, is the second biggest killer of males aged 35 to 49 years (after accidental poisoning). It is also the leading cause of death for males and females aged 20 to 34 years in the UK (ONS, 2020). Certain groups of people are significantly more likely to die by suicide, including autistic people, people who misuse drugs and/or alcohol, and people living in more deprived communities.

Dementia was the leading cause of death in England and Wales in 2022. Dementia has a profound impact on an individual's life, their family, friends, and the communities in which they live. Although age is the strongest known risk factor for dementia, it does not exclusively affect older people. Young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Even though there is no cure for dementia the most recent review of evidence on dementia prevention found that around 40% of dementia cases worldwide might be attributable to 12 potentially modifiable risk factors (Lancet, 2020). This means that almost a half of predicted dementia could be prevented by tackling risk factors such as smoking, diet, physical activity, and social isolation. Early detection, diagnosis and intervention can delay the onset of complex needs that make it more difficult to support and care for an individual with dementia in their home environment.

Further information:
JSNA Mental Health and Emotional Wellbeing page
JSNA Dementia page

Objectives

	We Will…
Start Well	Provide support for perinatal mental health and developing good parent-infant relationships during early years. Support children and young people to have good mental health and wellbeing through a focus on mental health promotion. Increase access to timely and effective advice and in schools and communities. Ensure all children and young people suffering from mental illness can access a high quality, timely mental health assessment, with support and treatment in their community.
Live Well	Embed seamless pathways between children and young people and adult mental health services to ensure smooth transitions between them. Improve the range of community-based provision for adult mental health and wellbeing services and ensure care is provided as close to home as possible. Improve the uptake of Health Checks for people with Severe Mental Illness, ensuring timely follow up and intervention. Reduce the stigma surrounding suicide and ensure a range of support is available to prevent suicide and support people who are feeling suicidal. Support people to understand how to lower their risk of dementia in later life.
Age Well	Embed seamless pathways between adult and older adult mental health services, ensuring timely identification, referral, diagnosis, post-diagnosis support through to end-of-life care. Ensure appropriate peri-diagnostic support and care planning is available for all those with dementia. Promote care planning whilst people can communicate their needs and wishes.

What Difference will we see?

- Children and young people, and their families, will feel supported to access the help they need to stay healthy.
- Mental health needs are identified early so that children and young people who need help can access timely support.
- People will know how to access help and support that matters to them, and they will feel that their needs, assets, wishes and goals are respected.
- People will be supported to transition between services, with ‘no wrong door’.

- There will be fewer unnecessary specialist and crisis hospital admissions, particularly for people with a learning disability and autistic people.
- Professionals and patients (with their families and carers people are unable to make their own decisions) will work together to make decisions about care and treatment – no decisions about you without you.
- There will be fewer deaths from suicide in Lincolnshire, and people will feel able to speak openly about suicide and receive the support they need.
- Fewer people with Serious Mental Illness or a Learning Disability will die prematurely.
- More people will be aware of how to reduce their risk of dementia and fewer people will develop dementia.
- People with dementia will feel supported to live well and get the right care when they need it.

How we will deliver this

Lincolnshire has established a Mental Health, Dementia, Learning Disabilities and Autism (MHDLDA) Alliance that works together as an integrated system to address our key priorities. Our vision is that together, we will value people of all ages with mental ill health, a learning disability and/or autistic people, enabling them to live independent, safe, well and fulfilled lives in their local communities. To support with this work, the Alliance has drawn on the "No Wrong Door: a vision for mental health, autism and learning disability services in 2032".

The MHDLDA Alliance Executive Group is a partnership comprised of senior representatives in the health and care system in Lincolnshire. As a partnership we work closely together to understand challenges and opportunities in the system, to drive positive change, to continuously improve/transform what we do and to improve outcomes for the people we serve. All our work is underpinned by a strategic focus on all age prevention and early intervention (including wellbeing). We work closely with groups of people with lived experience, and over the coming years we will afford these groups greater opportunity to contribute and ensure that their voices are placed much closer to the centre of our work. Our strategic priorities were coproduced by people with lived experience and are:

- Prevention and early intervention
- Maximising independence
- Improving quality and experience
- Reducing inequalities in access, experience, and outcomes
- Improving on outcomes that matter to people

Physical Activity

Why is this a priority?

Physical activity has been described as 'the miracle cure', physical inactivity is highly correlated with health inequality. There is overwhelming evidence for the positive impact and life changing benefits being active has physically, socially, and mentally, to individuals and society.

Physical activity has health benefits across the life course; it is cumulative and helps prevent disease and early death. It helps prevent and manage over 20 chronic health conditions, from cancer to cardiovascular disease, obesity to osteoporosis, dementia to diabetes, and reduces the risk of depression by 30%. There is a proven link between physical inactivity and increased rates of multiple long term health conditions especially in adults over 50. In 2018 physical inactivity placed a £257m burden on Lincolnshire's health and care system. Tackling the challenge of inactivity requires a systems-based approach.

Physical activity is more than just structured and facility-led activity, it is all movement found in all the places and spaces we live and influenced by the systems, environments and structures that exist. Many sectors have a part to play in system change to tackle the challenge of inactivity. Having a relevant, accessible, and affordable physical activity, sport, and leisure offer that meets local need both reduces pressures on the health system and supports job creation and economic contribution. Every £1 spent on community sport and activity generates nearly £4 for the economy. There is a proven link between physical activity levels and the economic prosperity of a place, educational attainment, and improved job opportunities.

Inactivity is more prevalent in lower socio-economic groups, people with long term health conditions, those with disabilities, women and girls, minority ethnic communities, LGBTQ+ people, and adults over the age of 55. More resource and focus must be targeted at those who face greater challenges to participation. The greatest health benefits come from inactive people being moderately active.

Further information – JSNA Physical Activity Page

Objectives

	We Will…
Start Well	Develop positive experiences for children and young people to be active, working with the sport and physical activity sector, community organisations, families, and education. Support excellence in welfare, safeguarding, safety, and an inclusive offer for participants. Work together with system partners to reduce barriers and the inequalities that exist in the provision of activities for children.
Live Well	Embed physical activity options into health and care pathways and touch points, in workplace environments and in environmental policies and planning. Develop the sport and physical activity workforce to respond to and reflect the characteristics and needs of the people it serves. Advocate for a whole system approach by working with partners to address the barriers to enabling people to be more active in their daily lives.
Age Well	Focus on those experiencing the greatest inequalities, protected characteristics, and deprivation. Advocate for social change that seeks to reduce ageism and recognises a personalised and strengths-based approach. Support the sport and physical activity workforce with skills and innovation to meet the needs of older adults.

What Difference will we see?

- Increased opportunities for everyone in Lincolnshire to be physically active every day.
- More people are being active, taking part in activities tailored to their needs.
- More people are aware of the benefits of being active every day.
- More accessible, relevant activities.

How we will deliver this

The work programme will be overseen by the Let's Move Lincolnshire Taskforce that has strategic oversight of the Let's Move Lincolnshire physical activity strategy. Active Lincolnshire are the umbrella organisation supporting and enabling the sport, physical activity and community voluntary sector. Public Health including commissioned services and the ICB have key roles as system partners to embed physical activity in their systems. District Authorities have a lead role in community and public leisure provision working together through the District Health and Wellbeing strategy.

How we will report our progress

Each priority has specified several outcome measures related to their “we will” statements.

These proposed outcomes will be reviewed at regular intervals and progress for each priority reported to the Health and Wellbeing Board. In addition, an Annual Assurance Report will be presented to the Board every June.

Internal peer review will be conducted, and any issues identified will be escalated through the Health and Wellbeing Board.

Glossary

A glossary of terms is available on the Lincolnshire Health Intelligence Hub here.

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DRAFT CONTENT

Better Lives Lincolnshire Integrated Care Partnership Strategy

February 2024

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. The 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 Technology,**
5. **Data & Intelligence.**

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

Please click here for a link

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

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.

Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham,
Deputy Chief Executive and Executive Director of Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**21 February 2024**
Subject:	**Health Overview and Scrutiny: Regulations and Guidance**

Summary

Amendments to the health scrutiny regulations and parts of a new schedule to the National Health Service Act 2006 came into force on 31 January 2024, together with revised guidance for health overview and scrutiny committees, and new statutory guidance for the NHS.

The key amendment to the regulations is the removal of powers of health overview and scrutiny committees to refer matters to the Secretary of State for Health and Social Care. Schedule 10A of the National Health Service Act 2006 requires commissioners of NHS services to notify the Secretary of State of proposals for substantial change. In addition, there are new ministerial intervention powers on proposed reconfigurations.

Actions Requested

(1) To note that the following came into effect on 31 January 2024:
   (a) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provisions) Regulations 2024;
   (b) Local Authority Scrutiny – Guidance from the Secretary of State for Health and Social Care;
   (c) Schedule 10A of the National Health Service Act 2006 (in part); and
   (d) Reconfiguring NHS Services – Ministerial Intervention Powers – Statutory Guidance from the Secretary of State for Health and Social Care

(2) To agree in principle to a revised protocol being developed between the Health Scrutiny Committee for Lincolnshire and NHS Lincolnshire Integrated Care Board, with a view to an initial draft being submitted to the Committee's next meeting on 20 March 2024.

1. Summary of Main Changes

Removal of Power of Referral to Secretary of State

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provisions) Regulations 2024 were laid in Parliament and came into force on 31 January 2024.

The effect of these amendment regulations is that the power of referral to the Secretary of State by health overview and scrutiny committees ceased with effect from 31 January 2024. This power had applied in instances where a commissioner or provider of NHS funded services was considering a proposal for a local substantial development of the health service or for a local substantial variation in the provision of a such a service, and the local health overview and scrutiny committee disagreed with the proposal, on certain defined grounds. The transitional arrangements in the regulations are limited to instances where a health overview and scrutiny committee had made a referral prior to 31 January 2024.

New Duties on NHS Commissioners

Part of a new Schedule 10A to the National Health Service Act 2006 came into force on 31 January 2024 and places a duty on any commissioner of NHS services to notify the Secretary of State when they propose a 'notifiable' reconfiguration of local services. This new schedule is supported by statutory guidance entitled *Reconfiguring NHS Services – Ministerial Intervention Powers*, which also came into for on 31 January 2024. This guidance is set out in Appendix A to this report.

A 'notifiable' reconfiguration is not defined in either Schedule 10A or the statutory guidance, but the guidance states that the legal test aligns with when a reconfiguration would trigger a consultation under the Health Scrutiny regulations. Thus a 'notifiable' reconfiguration is likely to be a reconfiguration comprising a proposal for a local substantial development of the health service or for a local substantial variation in the provision of a such a service.

Secretary of State Call-in Powers

Schedule 10A to the National Health Service Act 2006 also provides a new 'call-in' power to the Secretary of State, who may issue a direction to an NHS commissioning body to call in any proposal for reconfiguration, whether it is notifiable or otherwise. The Secretary of State's powers are wide-ranging, as detailed in appendix A, and include making a final decision on any proposal.

Health overview and scrutiny committees and other interested parties may request that the Secretary of State consider calling in a proposal. The Department of Health and Social Care expects that requests for call-in would only to be used in exceptional situations where local resolution has been attempted and not reached.

2. New Roles for the Health Scrutiny Committee

There are several new roles for the Health Scrutiny Committee, arising from *Reconfiguring NHS Services – Ministerial Intervention Powers*, which could include:

(a) providing advice to the relevant NHS commissioner on whether in the Committee's view a proposed reconfiguration is 'notifiable' (in effect 'substantial') or not;
(b) reaching a view on any matter raised by a member of the public or an organisation, prior to the submission by the member of the public or the organisation of their request for a call-in of a proposed reconfiguration to the Secretary of State;
(c) working with the relevant NHS commissioner or NHS provider to seek local resolution;
(d) responding to requests for information from the Secretary of State in respect of live call-ins; and
(e) making a request to the Secretary of State for the call-in of a proposed reconfiguration, in circumstances where all attempts at local resolutions had been made and local resolution has not been reached.

Impact on Committee Workload

In terms of (a) above, there are several examples in recent years where the Committee has given its advice to the local NHS whether in its view a proposed reconfiguration is substantial. It should be noted that there has been no need for the NHS to approach the Committee in circumstances where it has been clear to all that the proposed reconfiguration represented a substantial change, such as the Lincolnshire Acute Services Review. The Humber Acute Services Review programme is in the same category.

As stated in the guidance, the Department of Health and Social Care expects that requests for call-in would only to be used in exceptional situations where local resolution has not been attempted and reached. This could mean that (b), (c), (d) and (e) may be rare.

3. Other Changes in the New Scrutiny Guidance

Most of the significant changes between the previous 2014 guidance and the 2024 guidance relate to consultation arrangements for reconfiguration, where whole sections have been rewritten or removed. However, there are other minor changes. One example is noteworthy: the 2014 guidance made several references to the Francis Report on Mid-Staffordshire NHS Foundation Trust[1] and stated (in line with the Francis Report recommendation) that the Care Quality Commission (CQC) 'should expand its work with overview and scrutiny committees'. All references to the Francis Report and the CQC have been removed from the 2024 guidance, which indicates that the CQC is no longer recommended to develop relationships with health overview and scrutiny committees.

[1] The Francis Report (Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry) and the Government's Response are found at: The Francis Report (Report of the Mid-Staffordshire NHS Foundation Trust public inquiry) and the Government's response - House of Commons Library (parliament.uk)

4. Conclusion and Next Steps

The Health Scrutiny Committee has developed a strong relationship with the NHS Lincolnshire Integrated Care Board (and the NHS Lincolnshire Clinical Commissioning Group before this). This has been underpinned by a protocol, which has meant that the Committee has been advised in almost all instances in advance of reconfigurations in 'borderline' cases. It is proposed that the protocol is revised, with a view to an initial draft being considered at the next meeting on 20 March 2024.

5. Appendices

These are listed below and attached to the report

Appendix A	Reconfiguring NHS Services – Ministerial Intervention Powers *(Department of Health and Social Care – 9 January 2024)*

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

New Ministerial Intervention Powers from 31 January 2024

This guidance sets out the new process for ministerial intervention in reconfiguration of NHS services, which came into force on 31 January 2024.

Under the new process:

- a new call-in power allows the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that previously could have been taken by the NHS commissioning body;

- call-in requests can be submitted to the Secretary of State - the Department of Health and Social Care (DHSC) expects these only to be used in exceptional situations where local resolution has not been reached;

- NHS commissioning bodies have a duty to notify the Secretary of State of notifiable reconfigurations - this duty does not apply to reconfiguration proposals where before 31 January 2024 a consultation has commenced with the local authority in accordance with regulation 23(1)(a) of the 2013 regulations;

- local authorities are no longer be able to make new referrals to the Secretary of State under the 2013 regulations.

Valid local authority referral to the Secretary of State made in accordance with The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ('2013 regulations'), where a letter has been received by the Secretary of State dated prior to 31 January 2024, will continue to be managed under the current 2013 arrangements.

Summary

Powers for the Secretary of State to intervene in reconfiguration of NHS services were introduced by the Health and Care Act 2022 ('the 2022 Act') by inserting schedule 10A into the National Health Service Act 2006 ('the NHS Act 2006').

The new provisions, which came into force on 31 January 2024, put in place a new Secretary of State call-in power to intervene in NHS reconfigurations while placing duties on NHS commissioning bodies to notify substantial reconfigurations and for NHS commissioning bodies and NHS trusts and foundation trusts to provide ministers with information and assistance.

Most reconfigurations will continue to be managed at a local level and will not require ministerial intervention. Local organisations are best placed to manage challenges related to NHS reconfiguration. If organisations or individuals have concerns about a proposed reconfiguration of NHS services, they should seek to resolve any concerns through their local NHS commissioning body or raise concerns with their local health overview and scrutiny committee (HOSC). We expect NHS commissioning bodies and local authorities to take all reasonable steps to try and resolve any issues concerning local proposals.

It will be possible for organisations or individuals to write (via a call-in request form) to ask the Secretary of State to consider using their call-in power. DHSC expects this only to be used in exceptional situations where local resolution has not been reached.

This request could come from a HOSC as well, and we would encourage local organisations and individuals to continue to engage with their HOSCs where they have concerns. For any given case, the Independent Reconfiguration Panel (IRP) will be able to advise organisations or individuals on whether a request is an appropriate means of resolution.

A call-in request is highly unlikely to be considered before:

- NHS commissioning bodies and local authorities have taken all reasonable steps to try and resolve any issues
- those making a request or others have tried to resolve any concerns through their local NHS commissioning body or have raised concerns with their local HOSC

A notification or call-in request will not lead automatically to a Secretary of State intervention. Any call-in requester should provide evidence that they have tried to resolve concerns with their local NHS commissioning body or raise concerns with their HOSC. Whether or not to use the call-in power is ultimately a decision for the Secretary of State.

Paragraph 5 of schedule 10A to the NHS Act 2006 is a new power which gives the Secretary of State power to direct an NHS commissioning body to consider a reconfiguration of NHS services. This provision has not yet been commenced and timescales for commencement will be reviewed after the most recent changes have been embedded into the system.

Introduction

This statutory guidance is intended to provide NHS commissioning bodies (integrated care boards (ICBs) and NHS England) and NHS providers (NHS trusts and NHS foundation trusts) with practical guidance on the new process for ministerial intervention in reconfiguration of NHS services. The terms 'NHS service change' or 'reconfiguration' will be used interchangeably throughout the guidance.

This guidance has been issued under paragraph 7, schedule 10A to the NHS Act 2006. Accordingly, it aims to provide NHS commissioning bodies, NHS trusts and NHS foundation trusts with information about the exercise of the Secretary of State's functions and how the Secretary of State proposes to exercise their functions under the act.

This guidance may also be of interest to:

- local authorities and combined authorities
- health partners within integrated care systems and integrated care partnerships
- relevant providers of health and care services
- members of the public

This guidance will be relevant when NHS services change in a way that impacts on how services are delivered to patients, or the range of health services available. Reconfigurations should be clinically led local decisions following appropriate engagement with patients and stakeholders. NHS commissioning bodies lead decisions relating to substantial changes in the reconfiguration of NHS services.

This guidance should be read alongside:

- NHS England's Planning Service Change Guidance
- the updated Local Authority Health Scrutiny guidance
- the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 ('the 2013 regulations'), amended by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024.

Statutory NHS transactions will continue be carried out in accordance with the relevant statutory processes set out in the NHS Act 2006 and NHS England's statutory transactions guidance - any necessary approvals from the Secretary of State will be sought through those separate processes. However, any reconfiguration proposal linked to or resulting from a transaction should be considered in line with this guidance.

This guidance does not extend to social care provision as there are separate arrangements in place for ministerial intervention.

Local authorities' powers of referral to the Secretary of State have been removed from the 2013 regulations. This allows room for the new Secretary of State call-in power and a call-in request process, which is open to anyone to operate, including HOSCs. DHSC expects this only to be used in exceptional situations where local resolution has not been reached.

Local authorities' scrutiny responsibilities for service change (and wider scrutiny responsibilities) have not changed. NHS commissioning bodies' duties to involve and consult the HOSC and the public remain in place. Further, although the guidance seeks to set out important legal requirements, it does not seek to replicate the legislation (for more detail, see schedule 10A to the NHS Act 2006). This guidance will be updated no later than January 2025.

Definition of Terms

Throughout this guidance, the following definitions apply to the terms set out below:

Call-in Power – This refers to the Secretary of State's statutory power to consider a proposed reconfiguration of NHS services developed by an NHS commissioning body and take a decision.

Call-In Request – This refers to a non-statutory means for any group or individual to request that the Secretary of State consider their use of intervention powers for a proposed reconfiguration of NHS services.

NHS Commissioning Body – This means NHS England or an NHS integrated care board.

NHS Services – This means services provided as part of the health service in England.

NHS Provider - This refers to both NHS trusts and NHS foundation trusts

Reconfiguration of NHS Services - This means a change in the arrangements made by an NHS commissioning body for the provision of NHS services where that change has an impact on either of the following:

the manner in which a service is delivered t individuals (at the point when the service is received by users), or
the range of health services available to individuals.

Health overview and scrutiny committees (HOSCs) - This refers to committees set up by local authorities to discharge their functions to provide overview and scrutiny of local health services as provided for by the 2013 regulations. While these committees are most likely to be exercising health scrutiny functions in local authorities, we are aware that there are a variety of such bodies with different names and remits, including joint health overview and scrutiny committees.

Integrated Care System - Integrated care systems are partnerships of organisations (including ICBs, local authorities and their system partners) that come together to plan and deliver joined-up health and care services.

Duty to Notify the Secretary of State of Reconfiguration Proposals

Purpose

Paragraph 2 of schedule 10A to the NHS Act 2006 places a duty on the NHS commissioning body to notify the Secretary of State when they propose a notifiable reconfiguration of NHS services.

The National Health Service (Notifiable Reconfigurations and Transitional Provision) Regulations 2024 ('the notification regulations') set out when reconfiguration proposals will be notifiable (as further explained below). T he intended purpose of notification is to support ministerial decision-making in the event of a call-in request (for more details on the new call-in power, see 'The power to call in a reconfiguration proposal' below). Information provided in a notification form can support ministers to decide whether intervention is appropriate.

Most notifications submitted to DHSC will not require any follow-up or result in ministerial intervention. Notification will not lead automatically to a ministerial call-in.

Submitting a Notification

A notification is made by the NHS commissioning body – either the relevant ICB or NHS England – to the department by:

- completing the notification form published alongside this document
- emailing it to us at dhscreconfiguration@dhsc.gov.uk, cc-ing the relevant HOSC and NHS England regional contact

If an NHS provider is leading the reconfiguration proposal, DHSC expects the NHS commissioning body to submit a notification form on their behalf.

Where multiple NHS commissioning bodies are commissioning a service, the bodies should submit a joint notification approved by all the relevant commissioners but sent by a nominated lead commissioner.

After submitting a notification, the NHS commissioning body will receive a reply confirming receipt of their email. Where multiple bodies are submitting a joint notification, the nominated lead commissioning body will receive a reply. DHSC will contact the NHS commissioning body if further information is required or there are plans to consider the proposal in further detail.

What is Notifiable

The notifiable regulations set out the legal test for when a reconfiguration is notifiable. In essence, the test aligns with when a reconfiguration would trigger a consultation with the local authority under regulation 23(1)(a) of the 2013 regulations, namely when an NHS

commissioning body or NHS provider has a proposal for a substantial development of the health service in the area of a local authority or for a substantial variation in the provision of a such a service.

Making a notification to DHSC is the sole responsibility of the NHS commissioning body when they have a substantial change or variation in NHS services under consideration. However, the NHS commissioning body should consider the local authority's HOSC's views on a proposal when deciding when to notify and should (in the notification form) make it clear to the Secretary of State of the HOSC's view of whether this reconfiguration is notifiable.

NHS Reconfigurations Not Covered by the Duty to Notify

The duty to notify does not apply to all reconfigurations of NHS services. Regulation 24 of the 2013 regulations sets out exemptions from NHS commissioning bodies' and NHS providers' duty to consult the HOSC. These exemptions also apply to NHS commissioning bodies' duty to notify the Secretary of State and include:

- proposals for the establishment or dissolution of an NHS trust or ICB or any other variation to the constitution of such bodies
- where proposals relate to:
  - a trust special administrator's report or draft report under section 65F or 65I of the NHS Act 2006 (trust special administrators: reports and draft reports);
  - recommendations by a health special administrator on the action which should be taken in relation to a company subject to a health special administration order under section 128 of the Health and Social Care Act 2012 (health special administration orders).

Temporary Reconfigurations

In addition, in some scenarios the NHS provider may need to make a temporary service change due to a risk to safety or welfare of patients or staff. Under regulation 23(2) of the 2013 regulations, if the NHS commissioning body is satisfied that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff it is not necessary to consult with the HOSC.

This means that in such scenarios those proposals will also not be considered notifiable to the Secretary of State. These temporary changes do not represent a permanent or irreversible decision about an NHS service. Permanent changes would only be possible by following the due process, including appropriate engagement with people and communities.

While there is no set length for a 'temporary' service change to be in place, ministers would expect NHS commissioning bodies to develop clear plans for reverting temporary service changes or developing plans for the permanent reconfiguration of the service, following the appropriate process. Where those plans are likely to require substantial service change, those reconfigurations will need to be notified to the Secretary of State.

The NHS commissioning body and NHS provider should continue to meet their legal duty under the 2013 regulations to notify the relevant HOSC in cases where they are satisfied that a decision had to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff.

The Power to Call in a Reconfiguration Proposal

Background

Schedule 10A to the NHS Act 2006 provides a new call-in power to allow the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that could have been taken by the NHS commissioning body.

The call-in power allows for Secretary of State interventions to help unblock issues at any stage in the reconfiguration process. The aim of a ministerial intervention is to support local partners to find a way forward, to enable improvement to happen faster and produce sustainable solutions to NHS services facing challenges.

Previously, the Secretary of State could only determine the outcome of a reconfiguration following a referral from a local authority HOSC. The local authority power of referral has been removed from the 2013 regulations to allow for the operation of the call-in power and the call-in request process.

Role of the NHS

Local Solutions First - Importance of Local Resolution and Support Available

Most reconfigurations will continue to be managed at a local level and will not require ministerial intervention. This is in line with the government's commitment to ensure integrated care systems operate with a high degree of autonomy in making decisions in the interests of their populations. While this guidance focuses on what has changed in relation to ministerial intervention, the processes and principles for developing and implementing reconfiguration of NHS services remain in place.

Local organisations are best placed to manage challenges related to NHS reconfiguration. Decisions on a proposed change should be clinically led and follow appropriate engagement with people and communities.

We expect NHS commissioning bodies and local authorities to take all reasonable steps to try to resolve any issues concerning local proposals.

Those making a request or others should seek to resolve any concerns about a proposal through the relevant NHS commissioning body or raise concerns with their local HOSC.

Informal advice continues to be available to any interested party from the IRP, who can be contacted by email at irpinfo@dhsc.gov.uk.

NHS England's planning service change guidance encourages integrated working with local authorities and sets out how NHS commissioning bodies should consider the impacts of their NHS reconfiguration proposals on inequalities, health outcomes of the local population and social care.

NHS commissioning bodies and NHS providers will need to continue to meet their statutory and legal duties with respect to NHS reconfigurations, including part 4 of the 2013 regulations.

It remains the case that NHS commissioning bodies and NHS providers should be actively engaged with their HOSC from the outset and duration of a reconfiguration proposal.

Assuring Proposed Changes

NHS England is responsible for assuring substantial NHS service changes pre-public consultation. NHS commissioning bodies and NHS providers have a duty to involve the public in planned service change, including public engagement and consultation (as appropriate), and must meet NHS England's tests for service change.

The tests for service change will be agreed as part of an NHS England assurance process that will be proportionate to the proposals in question, as detailed in NHS England's planning service change guidance.

Role of the Secretary of State

How the Powers will be Used

The NHS Act 2006 gives the Secretary of State a general power to direct a call-in for any reconfiguration proposal. However, this is only intended to be used in certain circumstances, taking into account the considerations set out in 'Considerations for use of the powers' below.

The Independent Reconfiguration Panel

The IRP is sponsored by DHSC to provide independent expert advice to ministers about NHS reconfigurations. The Secretary of State has retained the IRP under the new process for ministerial intervention in NHS service change to support effective and timely decision-making. The role of the panel is to provide the highest quality independent advice to local authorities, NHS commissioning bodies, the Secretary of State and any other interested parties. The panel can provide support as follows:

- advice of the panel can be sought informally by anyone to determine if a call-in request is appropriate or to seek support to resolve issues with a proposal locally
- the panel can provide independent advice to help the Secretary of State to determine whether to use their call-in power
- in cases where Secretary of State has chosen to use their call-in power, the panel will be available to formally support the Secretary of State's decision-making by providing impartial expert advice

Requests for Use of the Powers

Most reconfigurations will continue to be managed at a local level and will not require ministerial intervention.

If organisations or individuals have concerns about a proposed reconfiguration of NHS services, they should seek to resolve any concerns through the relevant NHS commissioning body or raise concerns with their local HOSC.

In exceptional situations where local resolution has not been reached, some organisations or individuals may choose to write in to request that the Secretary of State consider using the call-in power to take a decision on a reconfiguration proposal.

To formally request that the Secretary of State consider using their power to call in a reconfiguration proposal, organisations or individuals can complete the call-in request form.

Email and letter requests for a potential Secretary of State intervention will also be considered. However, we ask that any email or letter provides the information asked for in the call-in request form. Please email requests to dhscreconfiguration@gov.uk, or write to:

DHSC Reconfiguration
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

Each call-in request will be considered upon its own merits, and will take into account the considerations set out in 'Considerations for use of the powers' below.

All written requests should state clearly how the request meets one of the following criteria:

a) there are concerns with the process that has been followed by the NHS commissioning body or NHS provider (for example, the adequacy of the content of consultation with the public or the time allowed for consultation with the public; how options have been developed);

b) a decision[2] has been made and there are concerns that a proposal is not in the best interests of the health service in the area[3].

The requester should provide evidence that they have tried to resolve concerns with their local NHS commissioning body or raise concerns with their HOSC. Whether or not to use the call-in power is ultimately a decision for the Secretary of State.

[2] That is, the point at which a decision-making business case has been approved.
[3] This may encompass wider implications than NHS services as health services should be designed in an integrated way with social care services and population healthcare outcomes as the core focus.

How a Request is Handled

All requests will receive a response confirming receipt and will be reviewed by DHSC. A call-in request will not lead automatically to the Secretary of State using their call-in power. To support ministers in deciding whether a proposed reconfiguration warrants use of their call-in power, DHSC or the IRP may ask for further information from any relevant party, including:

- call-in requesters
- the ICB
- NHS providers
- NHS England
- the local authority

DHSC and the IRP will ensure that any recommendation for use of the call-in power is separate to any future advice on the substantive issues of the proposal. Where a ministerial intervention is not taken forward, requesters may be signposted to available resources or other options to support local resolution.

Considerations for Use of the Powers

Whether to call in a proposal is ultimately at the discretion of the Secretary of State. It is not anticipated that the call-in power will need to be used on a regular basis. The Secretary of State and DHSC will need to consider the use of the call-in power on the merits of each case. It is, however, likely that a reconfiguration will not be called in before:

- NHS commissioning bodies and local authorities have taken all reasonable steps to try to resolve any issues;
- those making a request or others have tried to resolve any concerns through their local NHS commissioning body or have raised concerns with their local HOSC.

To inform whether a call-in should take place, ministers may consider whether the proposed change meets at least one of the following criteria:

- there are concerns with the process that has been followed by the NHS commissioning body or NHS provider (for example, adequacy of the content of consultation or the time allowed for public consultation; how options have been developed);
- a decision[4] has been made and there are concerns that a proposal is not in the best interests of the health service in the area[5].

In addition, ministers may consider:

- whether the reconfiguration proposal is considered to be substantial;
- the regional or national significance of an NHS service reconfiguration and the impact on the quality, safety or effectiveness of services.

[4] That is, the point at which a decision-making business case has been approved.

[5] This may encompass wider implications than NHS services as health services should be designed in an integrated way with social care services and population healthcare outcomes as the core focus.

Process for a Live Call-in

A call-in intervention starts at the point the Secretary of State issues a direction letter to the NHS commissioning body which communicates that a ministerial decision to call in the proposal has been made.

Certain stakeholders, such as the relevant local authorities, will be copied into the direction letter if it is considered helpful for the stakeholder to have sight of the information included. Where a request has been made, the requester will be informed if the Secretary of State has decided to call in the proposal for consideration.

The Secretary of State may formally seek advice from the IRP on a called-in reconfiguration proposal. Where applicable, the NHS commissioning body will be given 10 working days to provide the evidence requested by the IRP.

Under paragraph 4(2) of schedule 10A to the NHS Act 2006, once a call-in has been made, the NHS commissioning body must not take any further steps in relation to a proposal except to such extent (if any) as may be permitted by the direction.

The direction letter will set out, among other matters, the steps the NHS commissioning body is permitted to take which will include the expectations around consulting the HOSC and meeting their duties to involve the public during a live call-in. Typically, the NHS commissioning body's consultation with the local authority will be paused (unless specified otherwise in the direction letter). However, it will often be important, in order to assist the Secretary of State in carrying out their call-in functions, for the NHS commissioning body to share information on the call-in with the HOSC during a live call-in to support local authorities to make representations to the Secretary of State.

The direction letter may allow the NHS commissioning body to continue to involve the public and progress proposals in some cases, but not to do anything irreversible or commence a formal public consultation (if that stage has not yet been reached).

Secretary of State Decision Following a Call-in

Before making a decision on a called-in reconfiguration proposal, the Secretary of State must provide interested parties with the opportunity to make representations in relation to the proposal, including:

- the NHS commissioning body;
- NHS England (if the NHS commissioning body is an ICB);
- the local authority whose area the proposed reconfiguration relates to
- any other person that the Secretary of State considers appropriate.

Where multiple organisations or local authority scrutiny committees are involved in making representations, it is strongly encouraged that they take a collaborative approach.

Where the Secretary of State has asked the IRP for advice following a call-in, the IRP will be responsible for writing to the individuals or organisations to seek representations and will set out timeframes for receiving these representations. During the call-in process, the Secretary of State or DHSC may also seek further information from the NHS commissioning body and NHS providers, NHS England or local authorities in advance of their decision.

When formulating a decision on a called-in proposal, the Secretary of State will consider a range of evidence collected, including any representations received. In addition, they will consider value for money and their legal duties including those that concern the need to have regard to reducing health inequalities and seeking to secure continuous improvement in the quality of health services.

From the date indicated on the direction letter, the Secretary of State must take a decision on any called-in proposal within six months or confirm that they have finished considering the proposal in cases where the Secretary of State determines that the proposal can continue.

The new power allows the Secretary of State to take decisions in relation to the called-in reconfiguration proposal. This includes deciding whether:

- a proposal should, or should not, proceed, or should proceed in a modified form
- particular results should be achieved by the NHS commissioning body in taking decisions in relation to the proposal
- procedural or other steps should, or should not, be taken in relation to the proposal
- to retake any decision previously taken by the NHS commissioning body

Communicating a Decision

Once the Secretary of State has finished considering the proposal, they will notify the NHS commissioning body, and copy the relevant local authority, and set out any decision made in respect of the proposal and the reasons for taking such a decision. This information will be published on GOV.UK. A summary of any representations received by the interested parties set out in 'Secretary of State decision following a call-in' will also be published.

There may be circumstances where it is not possible for the Secretary of State to publish a decision immediately - for example, during a pre-election period. Under these circumstances it will be communicated that the Secretary of State has finished considering the proposal and a timetable will be set for when the detail of the decision will be sent to the interested parties. A decision would then be published as soon as possible thereafter.

Follow-up After a Decision

Once the Secretary of State has made a decision on a reconfiguration proposal, the NHS commissioning body must give effect to that decision (including any outlined actions). The Secretary of State may request an update from the NHS commissioning body on progress in taking forward the decision.

The Secretary of State's decision is final. In limited circumstances, the Secretary of State may consider and intervene in the same reconfiguration more than once if there has been a change in circumstances that materially affects the original decision. Any new decision in that scenario would supersede the previous decision.

Continued Role of Local Authorities

Local authorities' powers of referral to the Secretary of State have been removed from the 2013 regulations. This allows room for the new call-in request process to operate, which is open to anyone (including HOSCs).

Local authorities retain an important role to play in integrated care systems, with membership on the ICB and as part of the integrated care partnerships. Together with other partners, they are tasked with developing an integrated care strategy to address the health, social care and public health needs of the integrated care system's population. Local authorities' scrutiny responsibilities for service change (and wider scrutiny responsibilities) have not changed. Further, NHS commissioning bodies' duties to involve and consult HOSCs and the public remain in place.

Where a reconfiguration has been called in, each local authority whose area the proposed reconfiguration of NHS services relates to will have an opportunity to make representations to the Secretary of State.

For further information please refer to the updated local authority health scrutiny guidance.

Power to Require Consideration of Reconfiguration Proposals

The powers included in schedule 6 to the 2022 Act also included a power for the Secretary of State to require an NHS commissioning body to consider proposals for a reconfiguration of NHS services.

However, this power is not currently available as that particular element of the 2022 Act has not been commenced at this time. The possibility of incorporating this new power into the regime will be considered once the transition to a system involving the call-in power has been fully embedded. This power is not part of the regime that came into force on 31 January 2024.

Duty for the NHS to Provide Information and Other Assistance

Outline of the Duty

The duty included in schedule 10A to the NHS Act 2006 requires NHS commissioning bodies, NHS trusts or NHS foundation trusts to provide the Secretary of State with any information or assistance that the Secretary of State requires for the purposes of carrying out any functions in relation to the new reconfiguration powers.

When the Duty is Applied

The duty to provide information and other assistance is available to support decisions related to ministerial interventions in NHS service reconfigurations. Requests for information will generally be made in order to collect more detailed information related to a reconfiguration proposal, such as:

- information about the NHS services impacted
- any clinical evidence base in relation to the proposals
- any useful documents or business cases that support the proposal development
- any plans for local involvement or consultation
- availability of alternative provision
- value for money considerations
- attempts to reach local resolution

After a Secretary of State intervention, an update on progress and the implementation of any relevant recommendations may also be requested.

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham,
Deputy Chief Executive and Executive Director of Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**21 February 2024**
Subject:	**Health Scrutiny Committee for Lincolnshire - Work Programme**

Summary

This report sets out the Committee's work programme, and includes items listed for forthcoming meetings, together with other items, which are due to be programmed. The Committee is requested to consider whether any further items should be considered for addition to or removal from the work programme.

Actions Requested

To consider and comment on the Committee's work programme.

1. Items to be Programmed.

(1) Use of Planning Mitigation Funding for NHS Facilities (*Added to List on 6 December 2023*)

(2) Stamford and Rutland Hospital Minor Injuries Unit (*Added to List on 19 July 2023*)

(3) Planning of Integrated Health Provision at Primary Care Network Level (*Added to List on 6 December 2023*)

(4) Pharmacy Services – Sourcing Prescription Medicine *(Added to List on 24 January 2024.)*

(5) 'Delivery of Healthcare Provision and How that Fits into the National Picture' *(Added to List on 24 January 2024)*

(6) Grantham Urgent Treatment Centre Update *(Added to List on 24 January 2024)*

2. Items Already Programmed

21 February 2024		
	Item	*Contributor*
1	Annual Report of the Director of Public Health	Derek Ward, Director of Public Health, Lincolnshire County Council
2	Joint Health and Wellbeing Strategy	Derek Ward, Director of Public Health, Lincolnshire County Council Michelle Andrews, Assistant Director Integrated Care System Public Health, Lincolnshire County Council Alison Christie, Programme Manager Strategy and Development, Lincolnshire County Council
3	Integrated Care Strategy	Derek Ward, Director of Public Health, Lincolnshire County Council Michelle Andrews, Assistant Director Integrated Care System Public Health, Lincolnshire County Council Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
4	Health Overview and Scrutiny: Regulations and Guidance	Simon Evans, Health Scrutiny Officer

20 March 2024		
	Item	*Contributor*
1	United Lincolnshire Hospitals NHS Trust – General Update and Pressures at Lincoln County Hospital	Julie Frake-Harris, Chief Operating Officer, United Lincolnshire Hospitals NHS Trust
2	Voluntary Sector Support for the NHS / Health Services	Chris Wheway, Chair of Lincolnshire Voluntary Engagement Team

20 March 2024		
	Item	*Contributor*
3	North West Anglia NHS Foundation Trust - General Update	Hannah Coffey, Chief Executive, North West Anglia NHS Foundation Trust
4	Quality Accounts – Arrangements for 2024	Simon Evans, Health Scrutiny Officer
5	Humber Acute Services Review – Outcomes of Consultation and Decision by NHS Humber and North Yorkshire Integrated Care Board	Simon Evans, Health Scrutiny Officer
6	Protocol Between Health Scrutiny Committee and NHS Lincolnshire Integrated Care Board	Simon Evans, Health Scrutiny Officer

17 April 2024		
	Item	*Contributor*
1	NHS Dental Services, including Lincolnshire Dental Strategy	Representatives from NHS Lincolnshire Integrated Care Board
2	Urgent and Emergency Care Update, including the Outcomes of the Review of Urgent Treatment Centres	Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board
3	Lincolnshire Suicide Prevention Strategy	Lucy Gavens, Consultant in Public Health at Lincolnshire County Council

15 May 2024		
	Item	*Contributor*
1	Lincolnshire NHS People Strategy	Saumya Hebbar, Associate Director of People – Lincolnshire Integrated Care System
2		

12 June 2024		
	Item	*Contributor*
1	Grantham Urgent Treatment Centre – The First Six Months	Pete Burnett, Director of Strategic Planning, Integration and Partnerships, NHS Lincolnshire Integrated Care Board
2		

17 July 2024		
	Item	*Contributor*
1.	GP Provision on Lincolnshire, including: (a) NHS Lincolnshire Integrated Care Board (b) Lincolnshire Local Medical Committee	• Sarah-Jane Mills, Director for Primary Care and Community and Social Value, NHS Lincolnshire Integrated Care Board • Dr Reid Baker, Medical Director, Lincolnshire Local Medical Committee
2.	Implementation of the Mental Health Community Rehabilitation Service	Representatives from Lincolnshire Partnership NHS Foundation Trust

11 September 2024		
	Item	*Contributor*
1	Cancer Care and Living with Cancer Programme	• Clair Raybould, Director for System Delivery, NHS Lincolnshire Integrated Care Board(to be confirmed) • Louise Jeanes, NHS Lincolnshire Integrated Care Board (to be confirmed)
2	Non-Emergency Patient Transport Service	East Midlands Ambulance Service: • Sue Cousland, Lincolnshire Divisional Director • Joy Weldin, Head of Non-Emergency Patient Transport NHS Lincolnshire Integrated Care Board: Tim Fowler, Assistant Director of Contracting and Performance

Items for Later Meetings

(1) Nuclear Medicine at United Lincolnshire Hospitals NHS Trust - (*Added to List on 13 September 2023*) – *NO EARLIER THAN OCTOBER 2024*

(2) Stroke Services at United Lincolnshire Hospitals NHS Trust (*Added to List on 8 November 2024*) - NO EARLIER THAN NOVEMBER 2024.

(3) East Midlands Ambulance Service – *(Added to List on 24 February 2024)* – 12 MARCH 2025

3. Previous Work

Set out at Appendix A is a schedule of the items covered by the Committee since the beginning of the current Council term in May 2021, as well as planned work for the coming months.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE
AT-A-GLANCE WORK PROGRAMME TRACKER

KEY TO COLOURS			
	Previous Item		Chairman's Announcement
C	Previous Consultation Item		Future Item
	Concluded Topic		

	2021						2022										2023										2024										2025		
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar	17 Apr	15 May	12 June	17 July	11 Sept	9 Oct	6 Nov	4 Dec	15 Jan	12 Feb	12 Mar
Meeting Length – Hours : Minutes	3:04	2:44	2:54	3:28	3:30	2:53	3:12	2:54	2:35	3:52	2:05	3:46	3:05	0:07	3:32	3:02	3:17	3:03	2:36	2:19	1:25	2:43	3:41	3:48	3:10	1:33	2:37	2:32	2:47													
A&E Pilgrim Hospital (ULHT)																																									
Acute In-patient Mental Health, Boston															C																										
Armed Forces Covenant Duty																																									
Ashley House, Grantham															C			C	C																						
Bourne Gellatly Medical Practice																																									
Branston and Heighington Family Practice																																									
Brant Road and Springcliffe Surgery, Lincoln																																									
CAMHS		C																																							
Cancer Care and Living with Cancer																																									
Cancer Screening – Lung Cancer																																									
Care Quality Commission National Reports																																									
Care Quality Commission Working Arrangements																																									
Caskgate Street Surgery, Gainsborough																																									

	2021						2022										2023										2024										2025		
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar	17 Apr	15 May	12 June	17 July	11 Sept	9 Oct	6 Nov	4 Dec	15 Jan	12 Feb	12 Mar
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Chief Medical Officer's Annual Report																																									
Cliff House Medical Practice, Lincoln																																									
Clinical Care Portal Data Sharing																																									
Community Diagnostic Centres												C																													
Community Emergency Medicine Services																																									
Community Pain Management Service																																									
Continuing Healthcare																																									
Covid-19 Data, Updates and Vaccinations																																									
Critical Incidents																																									
Defibrillators – Fund for Community Organisations																																									
Dementia – Enhanced Home Treatment																																									
Dementia Services - General																																									
Dental Services																																									
DPH - Annual Report																																									
DPH – Greater Lincolnshire Arrangements																																									
Early Mental Health Support Hubs																																									
Elective Recovery Plan																																									
Emergency Ambulance Services (EMAS)																																									
Fluoridation of Water Supplies																																									
Glebe Park GP Surgery, Lincoln																																									
GP Patient Survey																																									
GP Provision – Lincolnshire CCG / ICB																																									
GP Provision – Lincolnshire LMC																																									
GP Data for Research																																									
Government Announcements for NHS																																									
Government New Hospitals Programme																																									

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Grantham A&E / UTC					C		C																																		
Grantham Medical Beds (Lincolnshire ASR)						C	C																																		
Grantham Theatre Capacity																																									
Hartsholme Psychiatric Intensive Care Unit																																									
Hawthorn Medical Practice, Skegness																																									
Health and Care Bill 2021 / Act 2022																																									
Health Scrutiny Regulations and Guidance																																									
Healthwatch Lincolnshire Annual Report																																									
Healthwatch Lincolnshire Forward Vision Event																																									
House of Commons Select Committee - Dentistry																																									
Humber Acute Services Programme						C	C						C													C	C														
Humber and Lincolnshire Joint Scrutiny																																									
Industrial Action by Junior Doctors																																									
Influenza Vaccination Programme																																									
John Coupland Hospital, Gainsborough																																									
Joint Forward Plan (NHS)																																									
Joint Health and Wellbeing Strategy																																									
Lakeside Healthcare, Stamford																																									
Lincolnshire Acute Services Review				C			C																																		
Lincolnshire Integrated Care Board																																									
Lincolnshire Integrated Care Partnership																																									
Lincolnshire Integrated Care Strategy																																									
Lincolnshire Integrated Care System																																									
Lincolnshire System Recovery Support Programme																																									
Lincoln Medical School																																									
Lincolnshire NHS Strategy																																									

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	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar	17 Apr	15 May	12 June	17 July	11 Sept	9 Oct	6 Nov	4 Dec	15 Jan	12 Feb	12 Mar
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Lincolnshire People Board Strategy																																									
Lincolnshire Voluntary Engagement Team																																									
LCHS - General Update																																									
LPFT – General Update																																									
Louth County Hospital																																									
Mablethorpe Campus for Future Living																																									
Mablethorpe Dental Services																																									
Manthorpe Ward, Grantham and District Hospital																																									
Maternity Wards, Lincoln County Hospital CQC																																									
Mental Health Adult In-Patient Wards																																									
Mental Health Urgent Assessment Centre																																									
Mental Health Service Developments																																									
Mental Health Community Rehabilitation Service															C			C	C																							
NHS Backlogs and Waiting Times Report																																									
NHS Discharge Fund																																									
NHS England Announcements / Guidance																																									
NHS Free Prescriptions – People Aged 60 - 66																																									
NHS Joint Forward Plan																																									
NHS Support for Victims of Sexual Assault																																									
NHS Workforce Plan (National)																																									
Newark Road Surgery, Lincoln																																									
Night Light Cafes																																									
Non-Emergency Patient Transport Service				C																																				
NLAG – Breast Oncology																																									
NLAG – CQC Reports																																									
North West Anglia NHS Foundation Trust																																									

	2021						2022												2023												2024											2025		
	23 Jun	21 Jul	15 Sept	13 Oct	10 Nov	15 Dec	19 Jan	16 Feb	16 Mar	13 Apr	18 May	15 Jun	13 July	14 Sept	12 Oct	9 Nov	14 Dec	18 Jan	15 Feb	15 Mar	19 Apr	17 May	14 Jun	19 Jul	13 Sept	4 Oct	8 Nov	6 Dec	24 Jan	21 Feb	20 Mar	17 Apr	15 May	12 June	17 July	11 Sept	9 Oct	6 Nov	4 Dec	15 Jan	12 Feb	12 Mar
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Norton Lea Mental Health Unit, Boston															C																											
Nottinghamshire Health Services																																										
Nuclear Medicine (ULHT)			C						C	C																																
Older Adults Mental Health Services		C																																								
Ophthalmology																																										
Opioids																																										
Orthopaedics (Lincolnshire ASR)						C	C																																			
Paediatric Services (ULHT)	C																						C	C																			
Peterborough City Hospital Maternity Services																																										
Peter Hodgkinson Centre, Lincoln County Hospital																																										
Pharmaceutical Needs Assessment												C																														
Pharmaceutical Services																																										
Portland Medical Practice, Lincoln																																										
Prescriptions – People Aged 60 - 66																																										
Primary Care Network Annual Report																																										
Prostate Cancer Screening National Trial																																										
Protocol – NHS Lincolnshire ICB																																										
Psychiatric Intensive Care Unit (Hartsholme)																																										
Recruitment and Retention of Staff (Lincolnshire)																																										
Richmond Medical Centre, North Hykeham																																										
Quality Accounts																																										
Queen Elizabeth's Hospital, King's Lynn																																										
Rochford Ward, Pilgrim Hospital Closure		C																																								
Spalding GP Surgery																																										
Stamford Minor Injuries Unit																																										
Steps2Change – Talking Therapies																																										

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Storm Babet																																								
Stroke Services (Lincolnshire ASR)					C		C																																	
Suicide Prevention																																								
Suicide Prevention and Mental Health WG																																								
Talking Therapies - Steps2Change																																								
ULHT - CQC Inspection																																								
ULHT – Clinical Strategy 2024-29																																								
ULHT - General Update																																								
ULHT – Patient Flow and Discharge																																								
ULHT – Recovery and Waiting Lists																																								
Teaching Hospital Status (ULHT)																																								
Urgent and Emergency Care Recovery Plan																																								
Urgent Community Response Service (LCHS)																																								
Urology Services (ULHT)	C	C																																						
Voluntary Sector Support for the NHS																																								
Water Supply Fluoridation																																								
Woolsthorpe Branch Surgery																																								

KEY TO ABBREVIATIONS	
ASR	Acute Services Review
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
DPH	Director of Public Health
EMAS	East Midlands Ambulance Service
ICB	Integrated Care Board
LCHS	Lincolnshire Community Health Services NHS Trust
LMC	Local Medical Committee
LPFT	Lincolnshire Partnership NHS Foundation Trust
NEPTS	Non-Emergency Patient Transport Service
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
ULHT	United Lincolnshire Hospitals NHS Trust
UTC	Urgent Treatment Centre
WG	Working Group