Health Inequalities VCFSE Grant Fund

Collaboration Day!

Voluntary Engagement Team
Linking Differently to Health and Care

NHS Lincolnshire Integrated Care Board

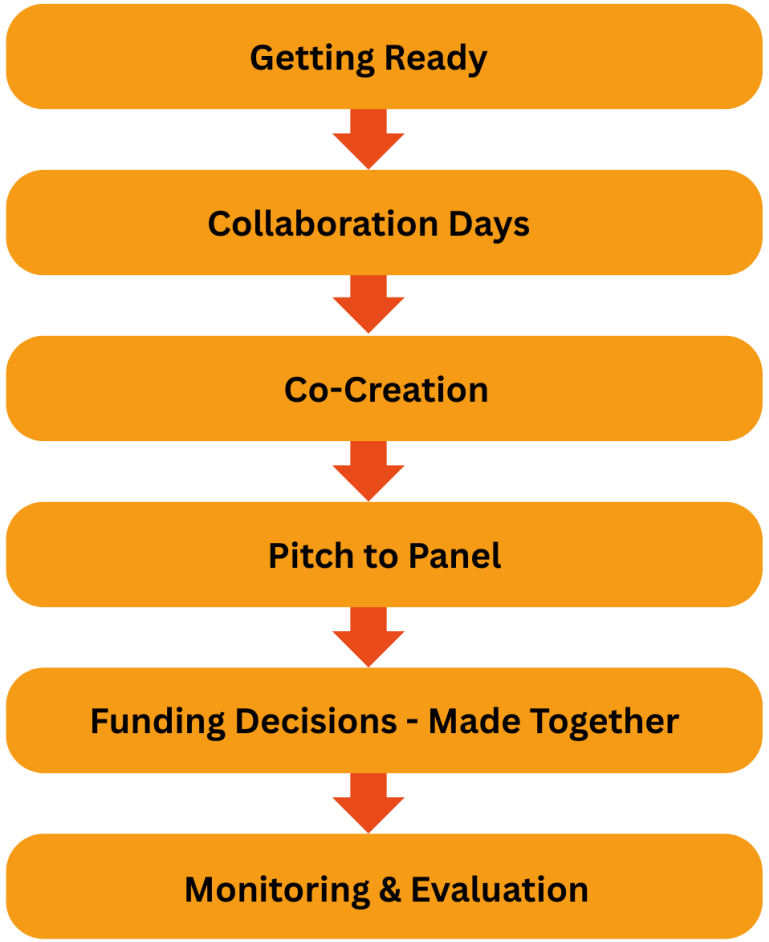
Thank you & Introductions

What to expect from today

- Health Inequalities VCFSE Grant Fund Overview
- Why we are taking this approach
- Top tips on how to make collaboration happen
- What are the challenges? What does the data tell us?
- Lunch
- What are the solutions? What can we do differently together?
- After the collaboration days, we'll share the high-level ideas widely and ask if anyone else wants to be involved.

Context of the fund

Process Overview



7 key areas of focus

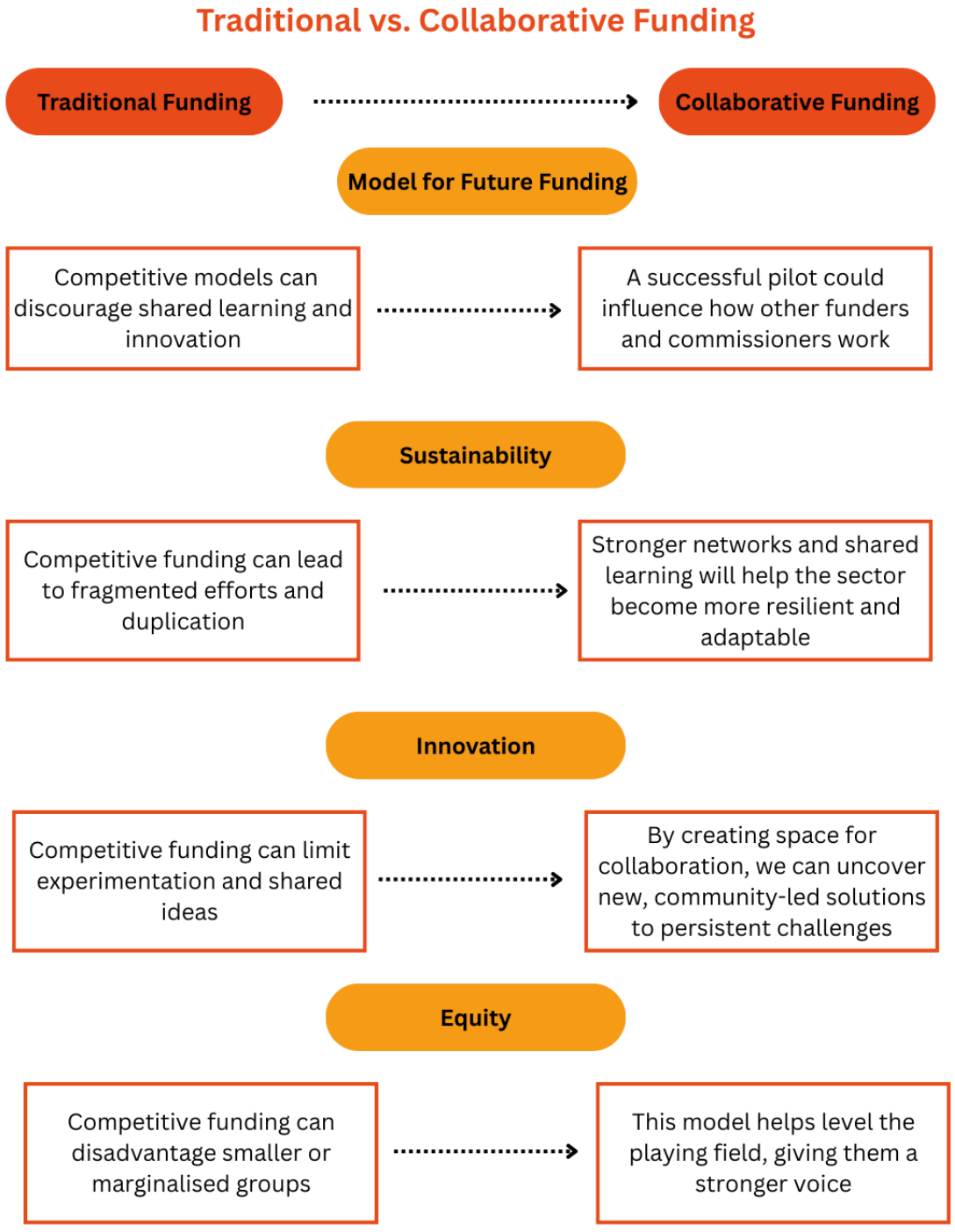
- Improve digital inclusion
- Support people with a Severe Mental Illness to attend their annual physical health check
- Support people with a Learning Disability to attend their annual physical health check
- Support most deprived / Plus communities to attend planned hospital appointments (Adults & Children & Young People)
- Support uptake of immunisations and vaccinations for adults and children in most deprived / plus communities
- Support uptake / Improve access to NHS Health Checks (40yrs+)
- Support those with musculoskeletal conditions and who are out of work

Why are we doing it in this way?

This **collaborative approach** is designed to:

- **Champion co-production** with people who have lived experience
- **Build trust** and shared ownership across the sector
- **Reduce duplication** and encourage complementary working
- **Enable joined-up responses** to complex, overlapping issues
- **Support smaller and underrepresented groups** to have a real voice

Even if groups apply individually, the ideas will be shaped **collectively** – with lived experience at the heart of every proposal.



Collaboration – an introduction

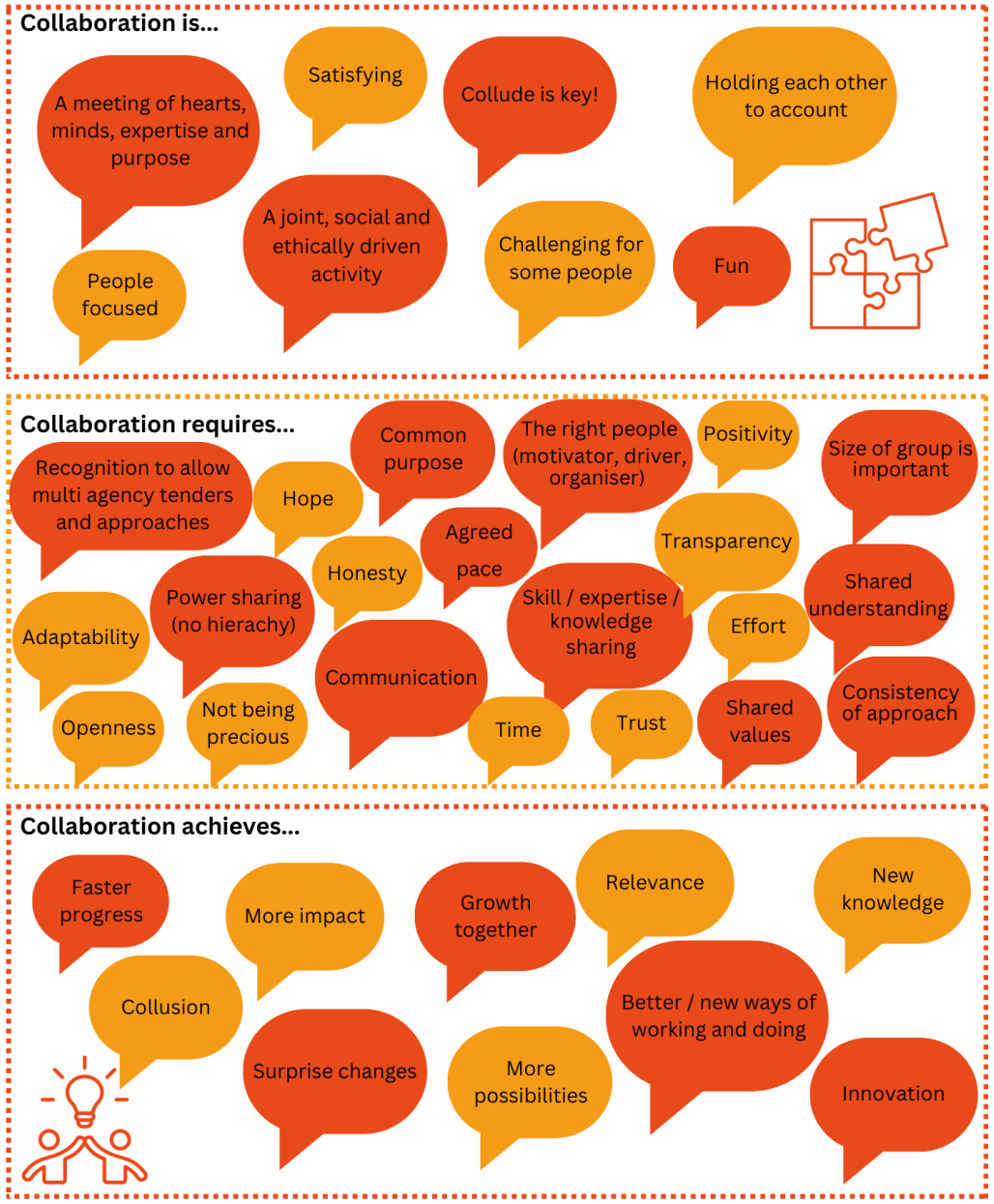
https://youtu.be/AMG8ObDmbaM

Collaboration – what our members tell us...

Voluntary Engagement Team
Linking Differently to Health and Care

Collaboration in a Competitive World

LVET Learning and Development Session



Over to the data…

Health Inequalities VCFSE Grant Collaboration Day

NHS
Lincolnshire
Integrated Care Board

Wednesday 16th July 2025

Our Vision for Lincolnshire:

To increase life expectancy and quality of life for people living in Lincolnshire and reduce the gap between the healthiest and least healthy populations within our county.

NHS – 3 Key Shifts

1. Hospital to community
2. Analogue to digital
3. Sickness to Prevention

Health Inequalities – Strategic Objectives

Our work aligns with the five national Strategic Priorities for Health Inequalities and the Core20PLUS5 approach

Five Strategic Priorities

Strategic Priority 1: Restore NHS Services inclusively

Strategic Priority 2: Mitigate against digital exclusion

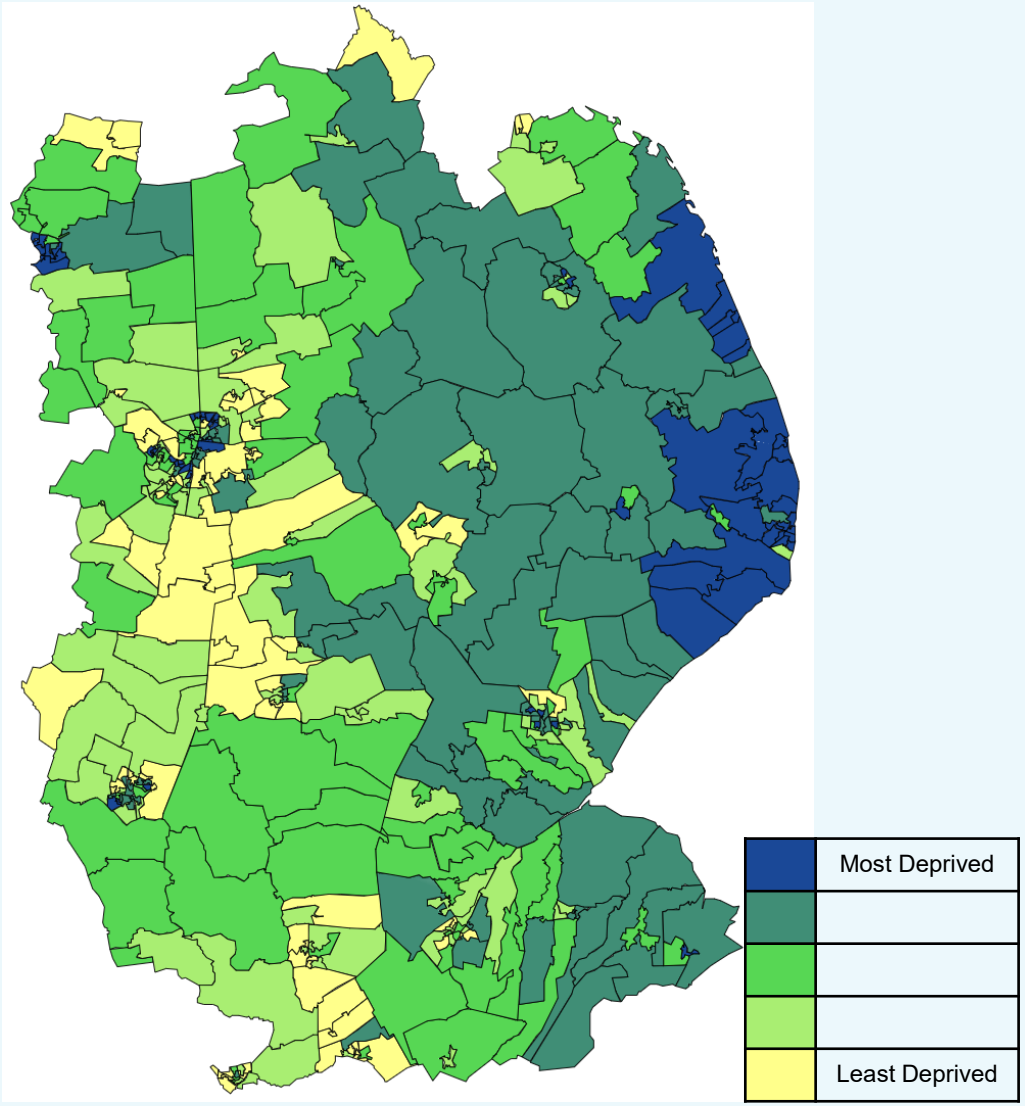
Strategic Priority 3: Ensure data sets are complete

Strategic Priority 4: Accelerate preventative programmes

Strategic Priority 5: Strengthen leadership and accountability

- **Priority 1: Restoring NHS services inclusively**
  - ➢ NHS performance reports should be broken down by patient ethnicity and IMD quintile
- **Priority 2: Mitigating against 'digital exclusion'**
  - ➢ Ensure providers offer face-to-face care to patients who cannot use remote services
  - ➢ Ensure more complete data collection, to identify who is accessing face-to-face / telephone / video consultations (broken down by patient age / ethnicity / IMD quintile / disability status / condition)
- **Priority 3: Ensuring datasets are complete and timely**
  - ➢ Improve collection of data on ethnicity, across primary care / outpatients / A&E / mental health / community services / specialised commissioning
- **Priority 4: Accelerating preventative programmes**
  - ➢ Flu and Covid vaccinations
  - ➢ Annual health checks for people with severe mental illness (SMI) and learning disabilities
  - ➢ Continuity of maternity carers
  - ➢ Targeting long-term condition diagnosis and management
- **Priority 5: Strengthening leadership and accountability**
  - ➢ System and provider health inequalities leads to access Health Equity Partnership Programme training, as well the wider support offer, including utilising a new Health Inequalities Leadership Framework (to be developed).

Deprivation in Lincolnshire



Digital Inclusion

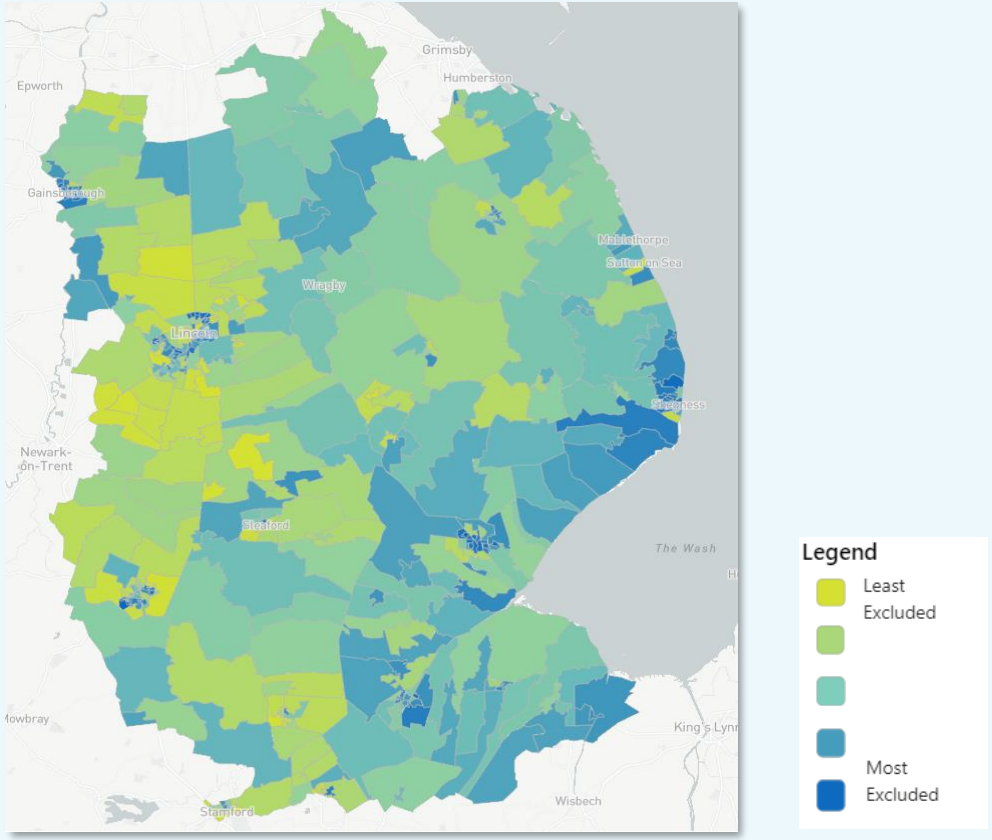
Digital exclusion refers to the lack of access, skills, capabilities needed to engage with digital devices or digital services.

Health Inequalities are compounded by digital exclusion as it can lead to more barriers for people accessing healthcare services.

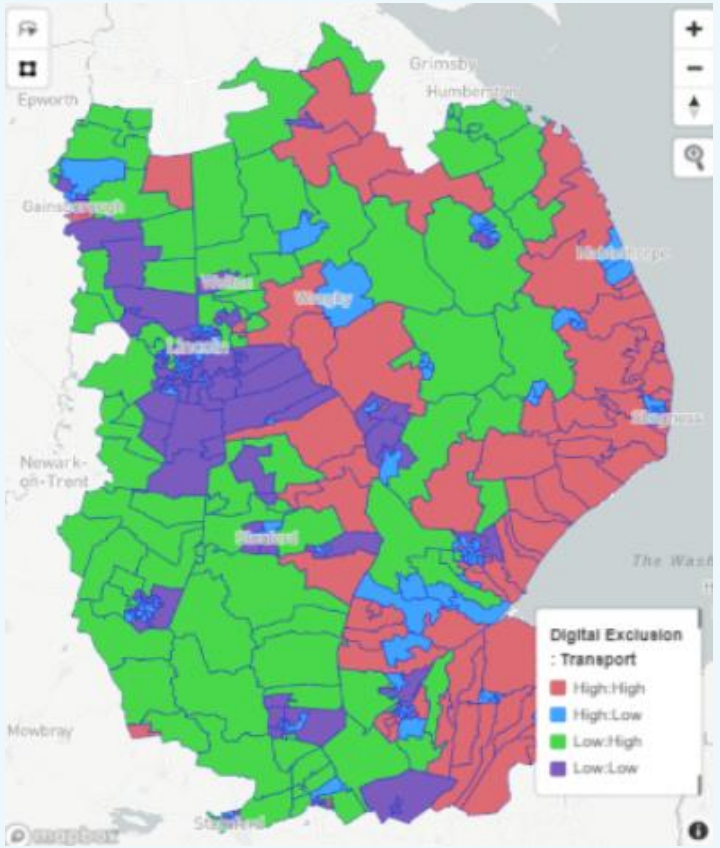
People are digital excluded due to a lack of skills, knowledge and confidence

- Access to devices with internet connectivity and Wi-Fi
- Attitudes and previous experience
- Affordability
- Language barriers
- Sensory and visual impairments
- Some physical disabilities
- People choosing to opt out of using digital technology due to choice
- Digital Safety including trust, safeguarding, fear of scams
- Infrastructure

Digital Inclusion



The map below shows the different levels of those at risk of Digital Exclusion across Lincolnshire. 21.3% of Lincolnshire's population live in the most digitally deprived areas.



The map below shows the combined effect of transport barriers and digital exclusion in Lincolnshire.

Lincolnshire Digital Health Toolkit, Public Health Intelligence

Planned Care

Planned care appointment (also known as elective or non-emergency care) is a healthcare appointment or procedure scheduled in advance, rather than being needed urgently. This includes things like outpatient appointments, scheduled surgeries, and diagnostic tests.

During 2021/2022, nearly 7.5 million outpatient appointments were missed by patients across UK, often for reasons outside of their control and often linked to health inequalities.

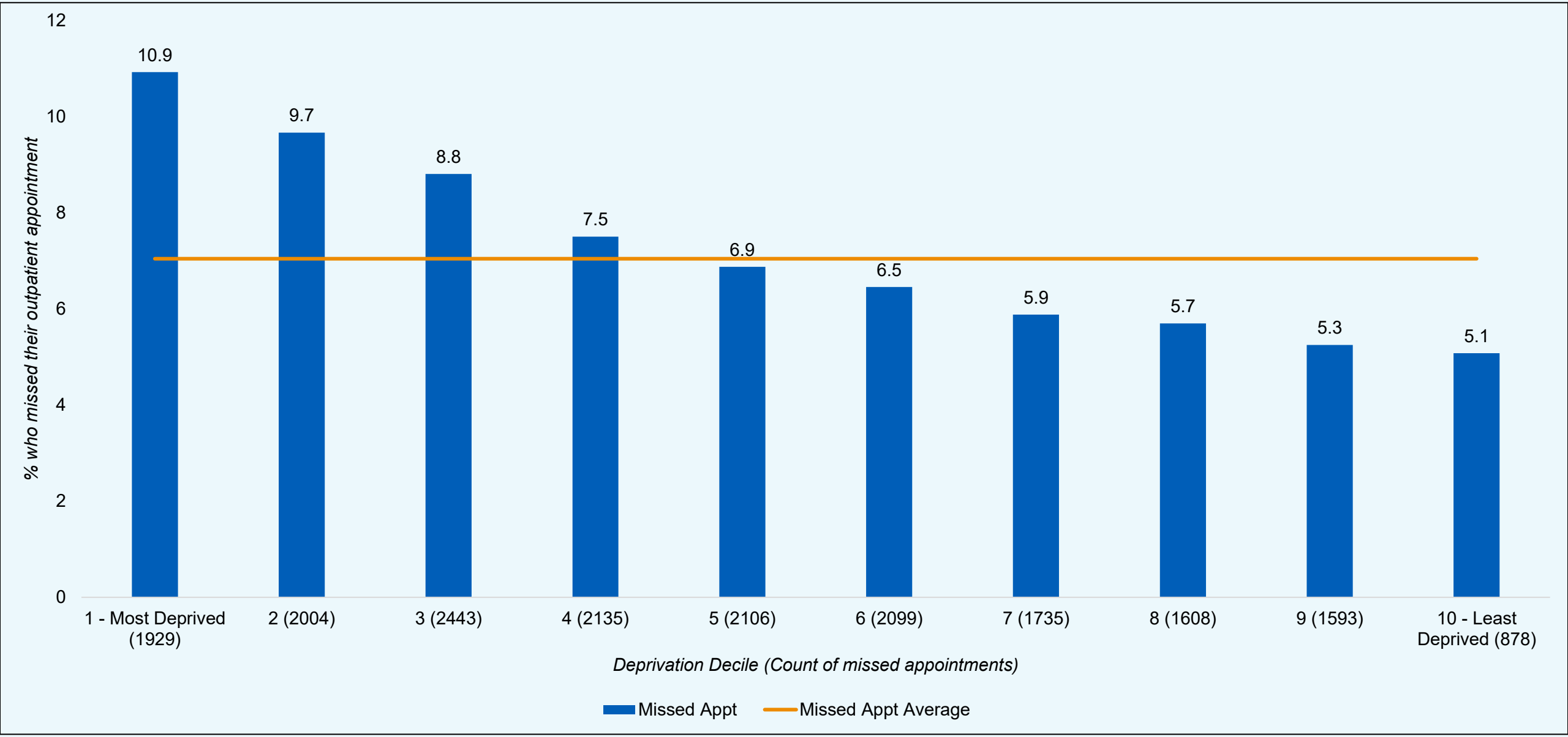
United Lincolnshire Hospitals Trust 'Did not attend' rates are at **9.1%** (June 2025) VS the national target of **6.4%**.

Reducing instances where people miss their outpatient appointments is a priority focus of the Elective Recovery Plan and 'Restoring services inclusively' is one of the five national NHSE Health Inequalities strategic priorities.

An analysis conducted by the Kings Fund 2023 found that **people in the most deprived areas were twice as likely to experience a wait of more than one year** compared to people in the least deprived.

In Lincolnshire 15% of the population live in the 20% most deprived areas which are mostly concentrated on the East Coast with some urban concentrated deprivation in Lincoln, Gainsborough and Boston.

Outpatient missed appointments for Adult routine appointments (August 2022 to July 2023)



Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2023 and 2024

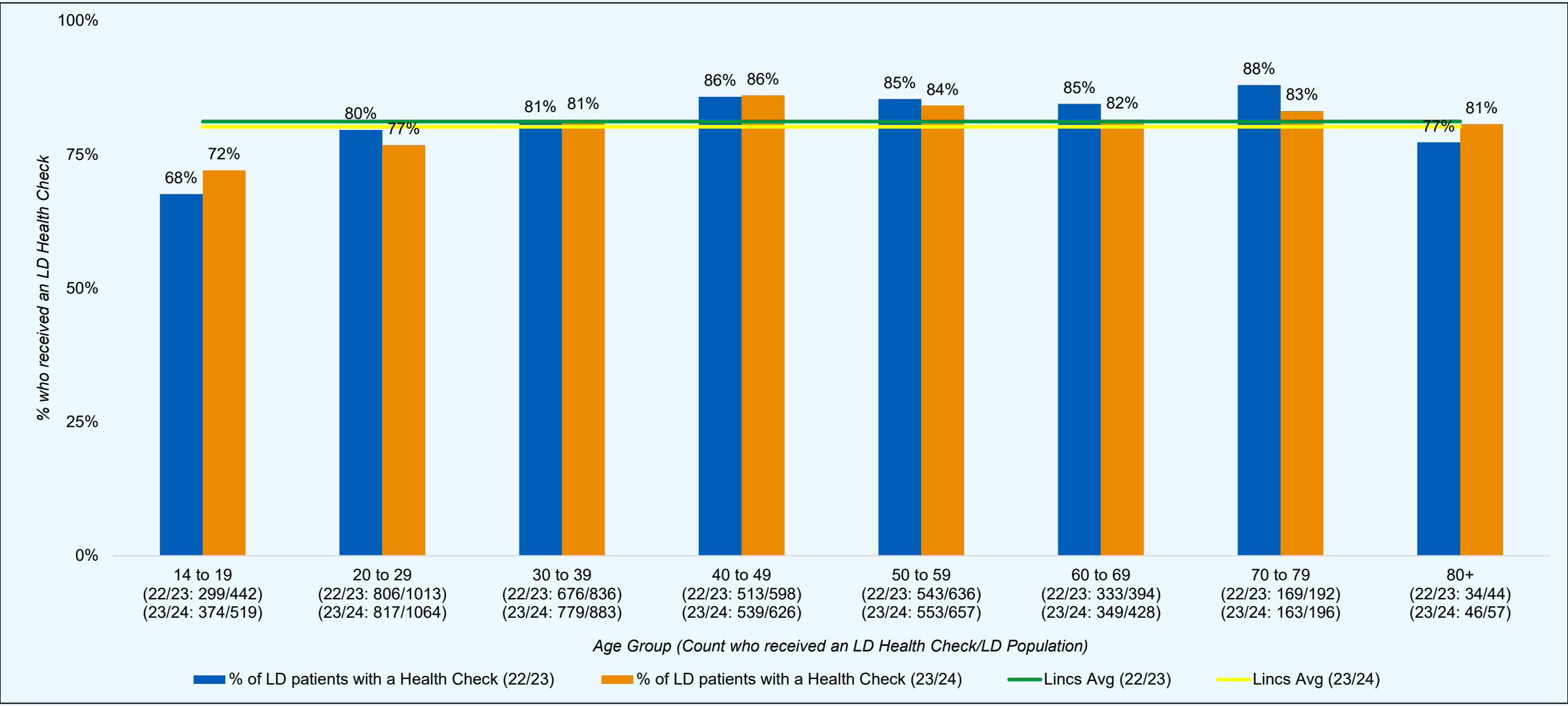
LD Health Checks

Health checks for people who have a learning disability (who are aged 14 or older) are important to identify any health problems early to prevent premature illnesses or mortality.

Generally, the health check will involve at least one healthcare professional at a GP Practice and they will check the patient's weight, heart rate, blood pressure, take a urine sample, take a small bit of blood to do a blood test, ask about other conditions such as epilepsy or asthma (amongst others), and review the patient's medications and vaccinations.

- Annual health checks for individuals with learning disabilities are essential for identifying and managing health conditions early, preventing complications, and promoting overall well-being.
- There are approximately 4,500 people with a learning disability who are eligible to receive a health check in 24/25.
- In 22/23 in Lincolnshire **81%** of the eligible population received a health check, and approximately **85%** of the eligible population had a health check in 23/24.

% of patients aged 14+ and on the QOF Learning Disability register who received a Learning Disability Annual Health Check by Age Group – Local analysis



Source: Lincolnshire ICS Joined Intelligence Dataset, NHS Lincolnshire ICB, 2023 and 2024

% of patients aged 14+ and on the QOF Learning Disability register who received a Learning Disability Annual Health Check by PCN

PCN	21/22	22/23	23/24
Apex	77%	95%	88% (280/318)
Boston	80%	83%	**74%** (237/322)
East Lindsey	87%	91%	87% (218/250)
First Coastal	84%	73%	90% (596/660)
Four Counties	87%	96%	87% (106/122)
Grantham and Rural	75%	85%	86% (284/329)
Imp	81%	85%	**82%** (285/348)
K2 Healthcare Sleaford	86%	92%	90% (324/363)
Lincoln Health Partnership	68%	93%	92% (107/117)
Meridian Medical	86%	86%	88% (303/346)
South Lincoln	83%	75%	93% (199/215)
South Lincolnshire Rural	85%	68%	**79%** (333/422)
Spalding	74%	83%	**83%** (230/276)
Trent Care	85%	85%	**81%** (231/286)
Lincolnshire ICB Average	***82%***	***83%***	***85% (3733/4374)***
England Average	***74%***	***84%***	***84%***

Source: Learning Disability Annual Health Checks - PCN-DES (Indicator HI-27)

MSK and Out of Work

Musculoskeletal (MSK) conditions affect bones, joints, muscles and spine. There are 3 groups of MSK conditions:

- Inflammatory conditions, for example, rheumatoid arthritis
- Conditions of MSK pain, for example, osteoarthritis, back pain and gout
- Osteoporosis and fragility fractures, for example, fracture after a fall at standing height.

Multiple risk factors increase susceptibility to MSK conditions; physical inactivity, being overweight or obese, vitamin D or calcium deficiency, smoking, older age, and genetic predisposition.

MSK complaints, particularly **lower back pain**, comprise a sizeable contribution to Lincolnshire's burden of disease.

More Individuals from the poorest households report MSK chronic pain, compared to the richest households (NHS Health Survey for England 2012).

MSK and Out of Work

- MSK conditions are the third-largest cause of Disability Adjusted Life Years (DALYs) (Source: Global Burden of Disease 2019) and account for 30% of GP consultations in England (Source: NHS England).

- In addition, those with pain living in the most deprived areas do so at a relatively young age: people of working age (45–64 years) are almost twice as likely to report back pain as those from least deprived areas (Source: State of Musculoskeletal Health 2017).

- Life with MSK conditions causes many to claim Disability Living Allowance (DLA), resulting in wider socioeconomic impacts.

- **Lincolnshire reports the highest % of MSK problems in the Midlands**.

NHS Health Check Programme

- The NHS Health Check programme aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment and management of the major risk factors for cardiovascular disease (CVD), for example, high blood pressure, smoking, high cholesterol and being overweight or obese.
- The prevalence of the key risk factors for CVD, for example, smoking and obesity, is higher in more deprived areas Cardiovascular inequalities in England – BHF.
- The NHS Health Check programme supports the delivery of the Prevention and Health Inequalities Strategic Enabler of the Lincolnshire Integrated Care Partnership Strategy.
- In Lincolnshire, NHS Health Checks are commissioned by Lincolnshire County Council and delivered by General Practices, who have responsibility for inviting all those eligible, completing the assessment and any required follow up, e.g. signposting/referring to services, which could include social prescribing.
- The latest NHS Health Check published data for Lincolnshire shows that during 2020/21 - 2024/25, 129,377 people were invited for an NHS Health Check, and 72,902 took up the offer (55.2%, compared to 37.5% in England).

Physical Health in Severe Mental Illness

NHS
Lincolnshire
Integrated Care Board

Nicola Devlin – Programme Support Officer

29/07/2025

'People with an SMI face one of the greatest health inequality gaps in England'

People living with severe mental illness have higher rates of

than the general population

Evidence suggests that regular physical health checks can increase quality of life and reduce mortality, where followed up by an appropriate evidence-based intervention.

Our Population and Challenges

The Annual SMI Health Check

- Core Health Check: BP, Weight, Cholesterol, Blood Glucose, Smoking and Alcohol Consumption.
- Majority delivered by General Practice, but some also undertaken by Lincolnshire Partnership Foundation Trust.
- 5250 SMI diagnosed patients in Lincolnshire (not in remission).
- Annual SMI Health Checks are currently only being delivered to 64% of the SMI population.
- People who live in the most deprived areas are less likely to have had their health check.
- Younger adults are less likely to have had their health check as uptake increases with age.

Challenges

- Lack of awareness of the annual health checks and the importance of them and where/how to access them.
- How do we support our less engaged/'harder to reach' population.
- Needing someone to 'walk alongside' the patient in terms of engaging with the health check or any interventions.
- Reasonable adjustments not made by services to support patients to attend appointments or engage in interventions.
- Building relationships and trust in people supporting with their care.
- Difficulty in accessing services due to poor transport links, lack of funding etc.

'I would Like' Statements

Overarching statement

'I would like a comprehensive annual health check that is underpinned by a personalised care planning approach. I would like the health check to be meaningful to me and for me to be supported to engage in interventions where appropriate and in a way that works for me.'

- Relationship and trust important to achieve my goals
- Make reasonable adjustments to help me to engage
- You don't need to fix me in a way that is acceptable to you
- Listen to what my goals are
- I want to be educated in my own health so I can look after and support myself to improve physical health.

'nothing about me without me'

Vaccinations in Lincolnshire: Health Inequalities

NHS
Lincolnshire
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Why are vaccines important?

UK vaccination coverage rates have been **steadily declining** over the past 5 to 10 years. No childhood vaccines currently meet the 95% target set by the World Health Organisation (WHO) for population immunity.

Vaccines are one of the most **effective public health tools** for preventing infectious diseases like measles, whooping cough and flu. Lower uptake increases the risk of **outbreaks**, especially of diseases that were previously well controlled or nearly eliminated.

When enough people are vaccinated, it protects the whole community, including those who can't be vaccinated (e.g. the immunocompromised). If vaccination rates drop below a critical threshold, **herd immunity weakens**, and vulnerable groups face higher risks.

Embedding vaccination needs to be a normal part of preventative care at every age

What are the challenges?

1. Misinformation and vaccine hesitancy
2. Access barriers
3. Complacency and risk perception
4. Language and cultural barriers
5. Distrust in health services
6. Missed opportunities
7. Socioeconomic pressures

What does the data tell us?

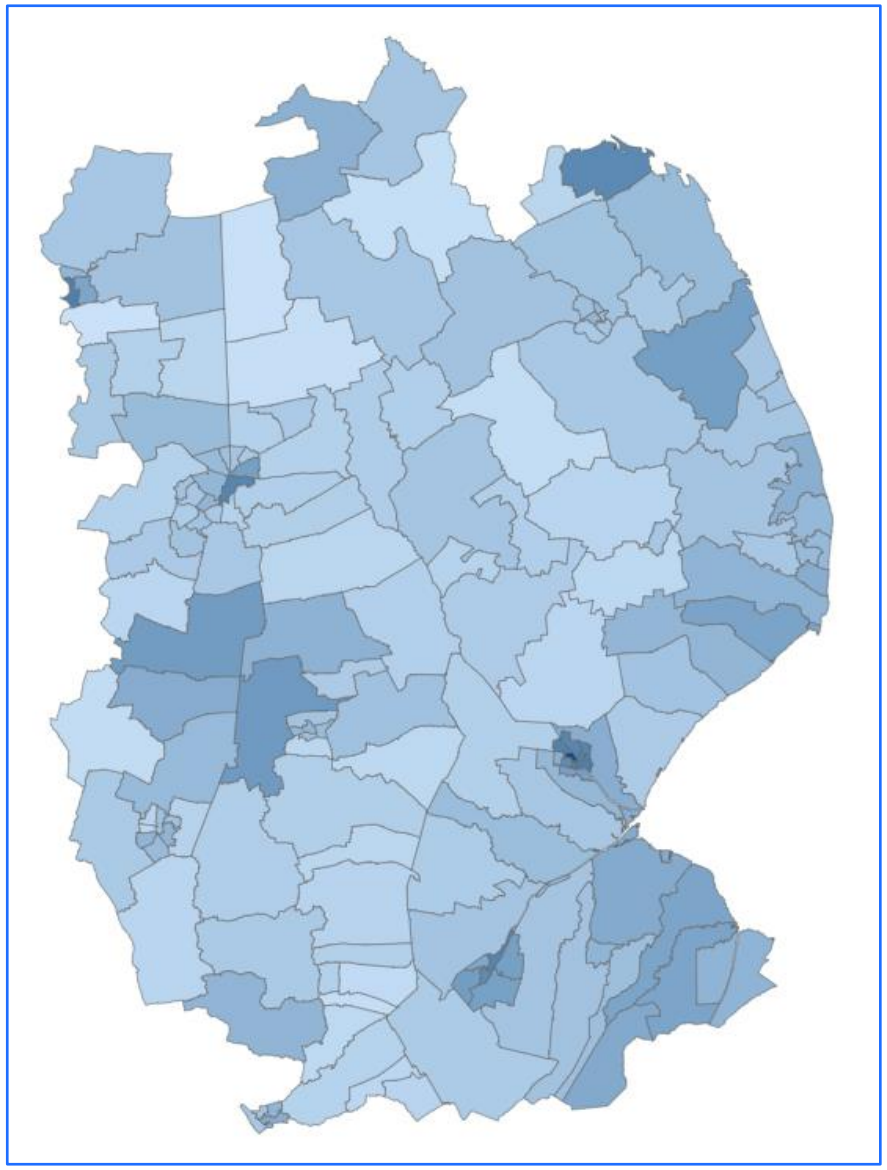


Image from SCW CHIS Dashboard 0-5 uptake (darker areas are where uptake is lower)

Communities with lower vaccination rates often overlap with those facing **social deprivation, lower health literacy, and poor access to healthcare**. These groups are already more likely to experience **worse health outcomes**, so declining vaccination uptake **widens existing health inequalities**.

Geography

Uptake ranges from 65.5% in Skirbeck ward, Boston to 96.2% in Lea ward, West Lindsey. Other areas with particularly low uptake are Central Lincoln, Gainsborough, Spalding and the East Coast.

Ethnicity

Overall uptake in Lincolnshire is 90.5% for White British children and 76.3% for minority groups. The largest minority cohort is “White – Other” where uptake is 69.9%. It is not possible to break this down further by nationality, but we know from local engagement this is largely those of Eastern European descent.

Deprivation

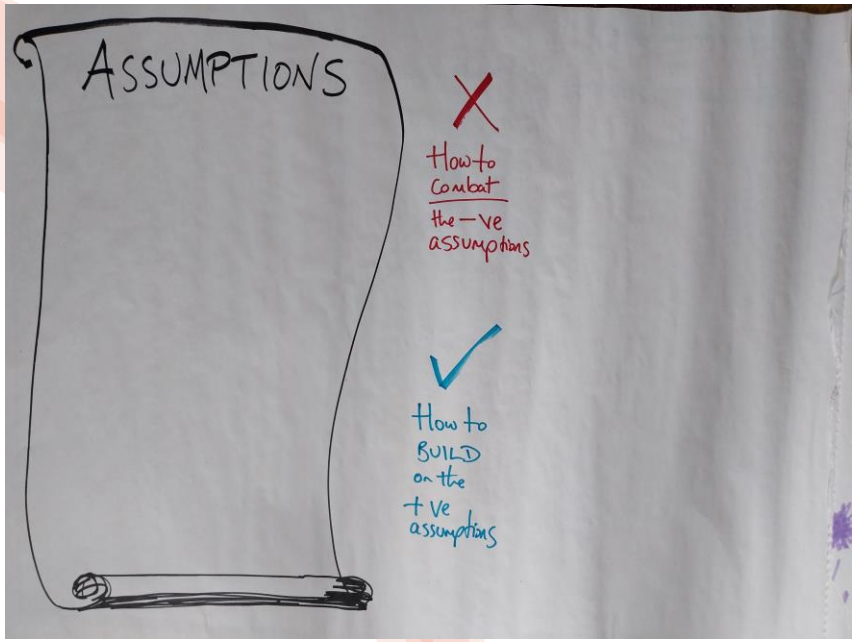
There is a difference in uptake of over 10% between those living in IMD10 and IMD1. Overall uptake in IMD10 is 90.0% compared to 79% in IMD1. Uptake gradually increases through the deciles.

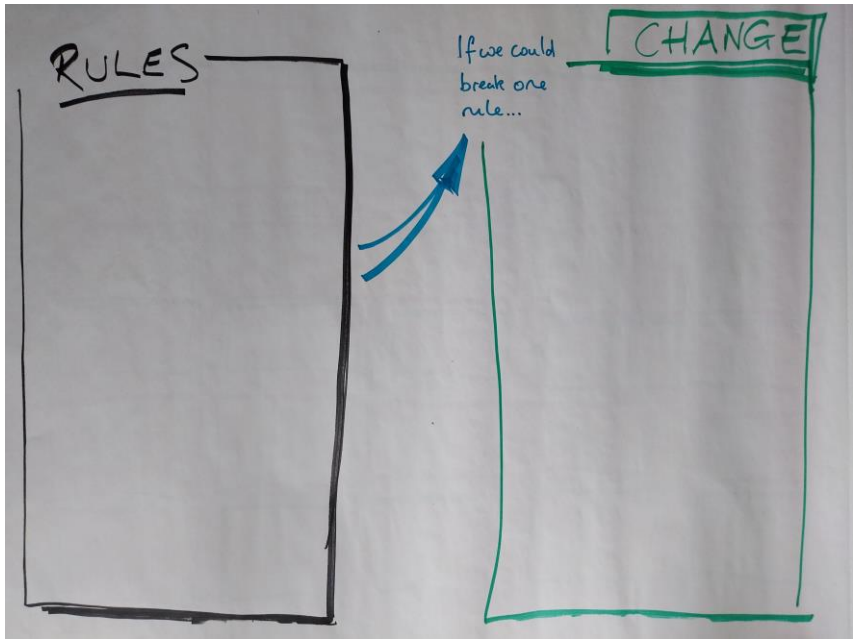
Lunch

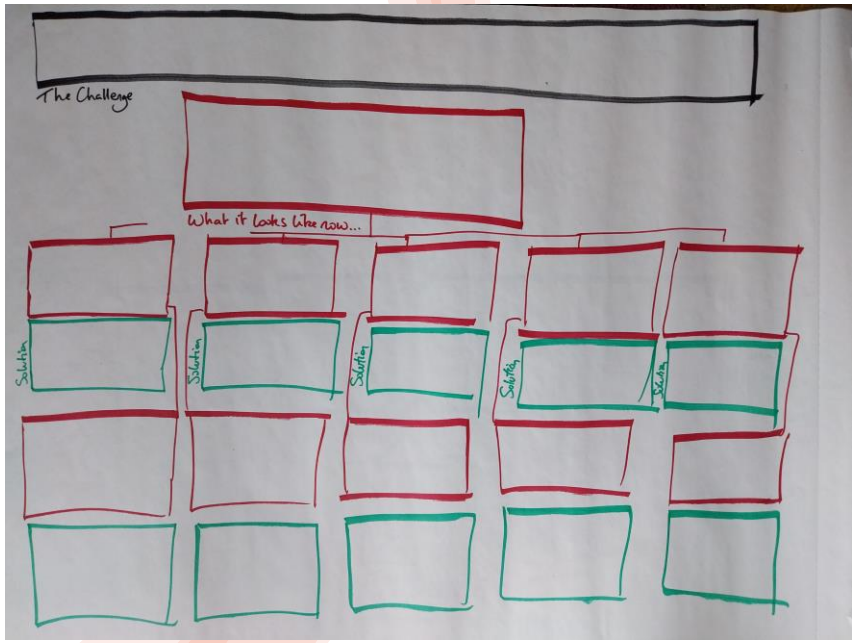

What if?
Yes!
And...
How might
we...

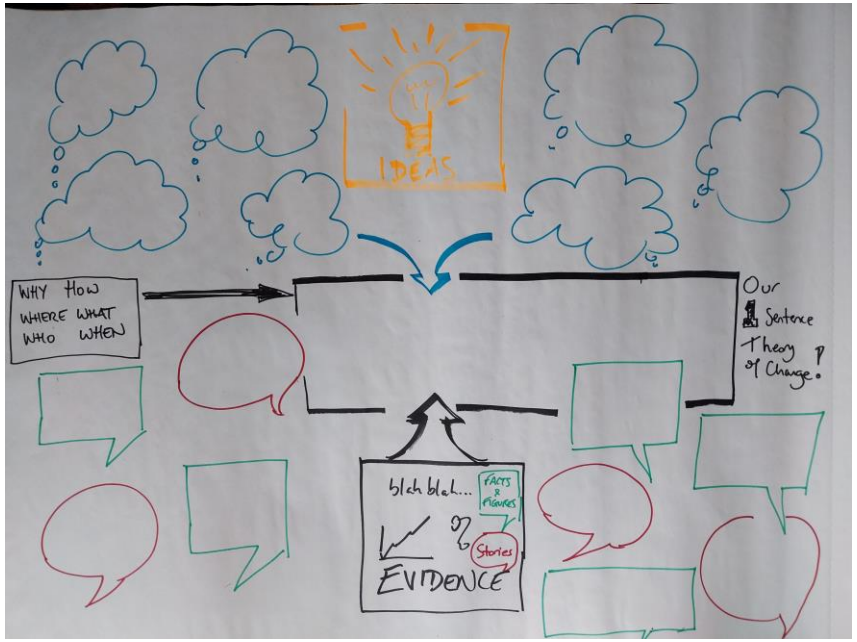
4 ways of thinking creatively

Assumptions
Break a Rule
Problem Tree
Theory of Change









What next?

Thank you