

Integrated Care Board

Date of meeting	11 September 2024
Title of paper	Chief Executive's Board Report
Presented by	Kevin Lavery, Chief Executive Officer, Integrated Care Board
Author	Kirsty Hollis, Associate Director and Business Support to the Chief Executive
Agenda item	5
Confidential	No

Executive summary				
The purpose of this report is to reflect on events since the previous Chief Executive's report to Board, to recognise the work of our ICB staff and wider system workforce, to share brief updates on some key issues which are not included in the agenda today and to highlight some good news for our system.				
Recommendations				
The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.				
Which Strategic Objective/s does the report relate to:				Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience			x
SO2	To equalise opportunities and clinical outcomes across the area			x
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			x
SO4	Meet financial targets and deliver improved productivity			x
SO5	Meet national and locally determined performance standards and targets			x
SO6	To develop and implement ambitious, deliverable strategies			x
Implications				
	Yes	No	N/A	Comments
Associated risks			x	<i>Highlight any risks and where they are included in the report</i>
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
n/a	n/a		n/a	

Conflicts of interest associated with this report

Not applicable.

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

Report authorised by:

Kevin Lavery, Chief Executive Officer

Integrated Care Board – 11 September 2024

Chief Executive's Board Report

1.0 Introduction

- 1.1 "It always seems impossible until it's done" Nelson Mandela.
- 1.2 There is so much meaning in that short sentence. Many things in life seem insurmountable until we are able to look back on them and realise what has been achieved. It emphasises the power of perseverance, the importance of self-belief and the need to challenge ourselves in order to achieve our goals.
- 1.3 Lancashire and South Cumbria ICS is perhaps facing it's toughest challenge yet and we are under the microscope in a way that as a system, we have never experienced before. I know colleagues from across our organisations are feeling this pressure particularly as many are taking their annual summer breaks whilst the work does not stop, but I firmly believe that our plans are achievable, that we will give a good account of ourselves to our regulators, that our patients will be in receipt of safe, high quality and sustainable care and we will in the future look back and say "wow – look at what we have achieved".
- 1.4 As reported previously to Board, due to our financial position, we, along with a number of other systems nationally, are classed as a high risk and this has brought additional scrutiny of our processes, governance, grip and control and our recovery and transformation plans. We are just about at the end of phase 1 of this work and are awaiting the report and recommendations. This has been an intense piece of work which has required much support from colleagues and I am grateful to everybody involved for the way they have engaged with our appointed support partners.
- 1.5 We need to take this period of national support as an opportunity. I am confident that the recovery and transformation work we already have in train will demonstrate our determination to do the right thing for the people of Lancashire and South Cumbria, our willingness to take difficult decisions and our commitment to our staff to enable them to be the very best that they can be. However, we will need agile and flexible to shift our resources to focus on emerging opportunities to go faster, further and smarter on recovery and transformation.

2.0 Response to the Southport tragedy.

- 2.1 Since my last report, we have witnessed the tragic events that unfolded in Southport on 29th July. Our thoughts and condolences remain with all those who have been affected.
- 2.2 Many of our colleagues were part of the immediate incident response and then subsequently involved in the response to the violent protests which were planned throughout our region.
- 2.3 I would like to place on record my sincere thanks to those colleagues who contributed to the response including frontline services, support services and on-call teams. Once a major incident had been declared, the response was led by police, but included all emergency services as well as local authorities and national agencies. Our response was swift, utilising well established and tested procedures. As with previous major incidents, there was much that went well and other things that could have been better and as part of the process, there will be a lessons learnt exercise to include all agencies.
- 2.4 In the immediate aftermath of the Southport tragedy, some of our colleagues found themselves in extremely difficult circumstances whilst continuing to provide care for our patients. Some colleagues experienced verbal abuse from members of the public which left them feeling anxious and concerned for their own safety. We will not tolerate racist, discriminatory or other abuse towards our staff and we will work with the relevant authorities to investigate and act upon any such cases which are brought to our attention.
- 2.5 We took immediate action to safeguard our colleagues, particularly those who are lone workers or who are based in community buildings. Additionally, we launched a significant communications exercise to remind our colleagues of the support that is available to them if they do find themselves in a situation where they have faced any discriminatory abuse.

3.0 New Hospitals Programme

- 3.1 Fairly swiftly, after taking up government, the Chancellor of the Exchequer announced a review of the NHS New Hospitals Programme (NHP). Whilst we expect the outcome of the review early in September and we cannot predetermine the findings, nor can we afford to stand still in the intervening period. As far as possible, we are therefore continuing to progress our plans in line with existing timeframes and will do so until we are told to do something different following the outcome of the review.
- 3.2 Over recent months, the NHP has focused on progressing potential sites for both a new Royal Preston Hospital and a new Royal Lancaster Infirmary.

Advisors have completed the due diligence for this phase to demonstrate the viability of potential sites. This has included further technical surveys, valuations and legal advice. Whilst preferred proposed sites have been identified, they would be subject to public consultation and the Trusts and ICB remain open to alternative sites coming forward which would be considered and assessed against the existing criteria. The business cases for the acquisition of the two sites has been supported by the Joint Investment Sub Committee (JISC) and subject to the review, we are hoping that approval to proceed will be granted in the near future.

- 3.3 This is a significant and exciting milestone for the Programme and the next step would be to embark on a series of pre-consultation engagement activities, where we can hear the views of our patients, population and workforce. The timeline of this will ultimately be determined by the critical dependencies, namely securing the land.
- 3.4 The NHP is not just about building new hospitals. There are two other strands to the work of the Programme which are:
- Defining the future clinical model of care within our hospitals
 - Reconfiguration of our service models to be predominantly community centric.

These two elements are just as important as the physical buildings and are key to ensuring a sustainable health and care system which better meets the needs of our patients.

- 3.5 Nor is our programme only focussed on Preston and Lancaster. To ensure the optimum model of care for our population, we need a whole system approach which is rooted in Place and utilises the best of all our services including community, primary care, VCFSE and local authorities.
- 3.6 Another innovative aspect to the NHP on which we remain connected to the national team is what is described as Hospital 2.0. This is an integrated approach to provide optimised, standardised and repeatable modular solutions for hospital design, construction and operation. A range of documentation has been received for all schemes to review and comment. Whilst a new Royal Preston Hospital and a new Royal Lancaster Infirmary are some years away and Hospital 2.0 will continue to evolve, this is a real tangible step and starts to bring the design and workings of future hospitals to life. The Programme looks forward to continuing this valued and collaborative approach with the national NHP team.

4.0 General Practice Contractual Dispute and Actions

- 4.1 Following the results of the General Practitioners Committee (GPC) England ballot on collective action, the ICB is working with partners to understand and risk assess the actions that our local primary care contractors may choose to take and the impact that might have within our health and care system.
- 4.2 During this time, “shadow” system Emergency Preparedness, Resilience and Response (EPRR) arrangements have been stood up ensure there are proportionate system oversight arrangements in place and that this is supported by place intelligence and impact monitoring arrangements. Our providers have also taken a pro-active approach to working with their local practices to assess impact and make contingency plans as appropriate.
- 4.3 The ICB has also maintained positive and constructive working relationships with GP contractors / partners and with the Local Medical Council (LMC) specifically to co-ordinate patient communications.

5.0 ICB Governance Arrangements

- 5.1 Colleagues will see a paper under item 13 on this board agenda in response to recently updated NHS England statutory guidance on ICB constitutions and governance. This updated guidance is welcomed and whilst the statutory amendments to the ICB’s constitution have been reflected, the board recognises the need for a wider review of its governance and decision-making framework, to ensure these reflect the updated statutory guidance.
- 5.2 A further paper will be presented to the next board meeting on 13 November to include a review of the Scheme of Reservation and Delegation and Operational Scheme of Delegation, the ICB’s key policies and guidance and proposals for additional policies or guidance where necessary.

6.0 Gambling Harms Workplace Charter

- 6.1 The ICB is committed to supporting our colleagues and one of our initiatives which the executive have recently endorsed is the signing of a Gambling Harms Workplace Charter (GHWPC). This is a framework of our organisation’s commitment to developing policies aimed at supporting our workforce by reducing gambling harms and includes training on key members of staff to identify and support affected members of staff. This would become another tool and resource supporting the health and wellbeing of our colleagues.
- 6.2 Benefits of implementing the charter range include improvement to staff health and wellbeing, improved productivity, promoting a positive culture and reduced stigma across our organisation as well as wider benefits such as contributing

towards the reduction in economic burden from staff absence and a positive external perception, including to potential new employees.

7.0 Good news and congratulations

7.1 Whilst there may be a general feeling of things being a little bleak of late there is still much to celebrate for our system.

7.2 The Health Service Journal have announced their shortlists for their annual awards and it is wonderful to see that a number of initiatives from Lancashire and South Cumbria have been recognised. They are:

Innovation and improvement in reducing healthcare inequalities award:

- **Fleetwood Primary Care Network** - Improving the mental health and emotional well being of children and young people across Fleetwood

Integrated care initiative of the year:

- **LSCft NHS and Lancashire County Council Family Safeguarding Service** - Family Safeguarding & Parental Mental Health

Primary and community care innovation of the year:

- **Blackpool Teaching Hospitals FT, The Centre for Early Childhood Development (A Better start), Blackpool Council** - Early Parenthood Service : Supporting Parents To Be The Best They Can BE

Trust of the year:

- **Lancashire & South Cumbria FT**

Good luck to all the nominees and we look forward to hearing the outcome after the awards ceremony later in the year.

7.3 I was delighted to be contacted by Hilary Barrett, Chief Executive Officer of East Lancashire Hospice who wanted to share some excellent news following a recent Care Quality Commission inspection. The Hospice were very pleased and proud to share that they had retained their “outstanding” rating and outcome which was testament to the hard work and dedication of the whole team of staff and volunteers and the work they do for their patients, carers and families. Our warmest congratulations on this wonderful achievement.

8.0 Welcome

- 8.1 I would like to welcome to her first meeting of our Board, Emma Woollett who has been appointed as the new Chair of the ICB. Emma commenced her appointment on 01 September and brings with her a wealth of knowledge and experience. I look forward to working with Emma in the future.
- 8.2 I would also like to offer my thanks to Roy Fisher who has acted as interim Chair since the end of March. It has not been the easiest of times and I thank Roy and indeed all the Non-Executive Members for stepping up to the challenge, covering additional meetings and for their continued support. Roy remains a member of our Board as a non-executive member.

Kevin Lavery

30 August 2024