

Integrated Care Board

Date of meeting	13 November 2024
Title of paper	Chief Executive's Board Report
Presented by	Kevin Lavery, Chief Executive Officer, Integrated Care Board
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Agenda item	7
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
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Chief Executive's Board Report

1 Introduction

- 1.1 "Most people spend more time and energy going around problems than in trying to solve them." - Henry Ford, American industrialist and founder of the Ford Motor Company.
- 1.2 This report, and the Board papers show that in Lancashire and South Cumbria wants to solve problems, not just admire them. Our challenges are long-term, systemic and inherited. Providers have had deficits for more than a decade. However, the challenges are matched by amazing opportunities to improve health and care for local people.
- 1.3 I have said in previous reports that we want Lancashire and South Cumbria to have a positive, 'can do' spirit and be a place where challenges come to be solved, not to get bigger.

2 Our vision for recovery and transformation

- 2.1 We have covered our agreed [vision and plan for Recovery and Transformation](#) in previous Board meetings. Our vision is very much in line with the national [report on the state of the National Health Service in England](#) by Lord Darzi, published in late September, and the subsequent announcements from the Secretary of State for Health and Social Care to focus on moving from an acute centric to a community centric health and care system with maximum use of digital technology and a strong focus on wellness, prevention and demand management. This was supported in the past week by the Chancellor of the Exchequer in the Autumn Budget to Parliament with significant investment for the NHS, which we are working through to fully understand the impact for Lancashire and South Cumbria.
- 2.2 Our current focus on recovery is about immediate in-year savings through tight cost control on vacancies and discretionary spending across the system. We are paying particular attention to urgent and emergency care - joining up plans with hospital, place and social care to push admission avoidance and support speedy discharge. This is clearly the right thing to do.
- 2.3 However, this is not how we would be working in an ideal world. A better way would be to have a recovery and transformation plan which is signed off by the Board and NHS England which covers a three-year period, rather than 12 months. Our recovery needs to involve more fundamental transformation and

not just recovery to prevent being stuck in a repeated cycle of delivering cost improvement plans each year, instead moving towards delivering real, impactful transformational change which creates sustainability and improves patient outcomes. This was something we discussed with NHS England's Board in October.

2.4 It is important that we do not lose sight of the medium and long term. However, keeping our eye on the medium term is really difficult in times of financial challenge with impact on morale and the need for short-term decision making.

2.5 We need to invest in our people, create a positive culture and demonstrate that working in Lancashire and South Cumbria provides great leadership opportunities where individuals can thrive and deliver real transformational change which benefits our communities whilst gaining experience and enhancing careers.

2.6 There are three key elements to our recovery and transformation programme:

- **Acute reconfiguration:** we have an emerging vision of a networked acute system that levels up performance on patient safety and quality and delivers a step change in value for money. This should provide significant opportunity to improve quality and patient safety.
- **Primary and community care:** we need a radical shift from delivering services from acute into community. This is all about prevention and keeping people at home. This is better for patients. It is also better value for money. Urgent and emergency care accounts for a significant amount of acute spend, so a major reduction in demand would have a significant financial benefit.

We recognise this requires a real shift in investment to work with primary care, local authorities and community partners with a focus on delivering long-term condition management in the community. There are current challenges around the national GP contract, collective action and variation in our local GP Quality Contract, all of which are challenges we need to find solutions for. Any solutions need to allow us to level-up funding for 2025/26 onwards.

Running alongside this we must prioritise delivering services and support for mental health and learning disabilities and autism and delivering the Mental Health Investment Standard which we are committed to.

- **An efficient, effective and shared back office:** There is a considerable opportunity to modernise support services by consolidating shared services in one trust and a Single Collaborative Bank to eliminate competition between trusts. This change is well underway. Streamlining all clinical priorities and automating them is another opportunity we are looking to move forward.

2.7 It is a simple vision that is supported across the system. It is a huge change that carries significant risk. It requires courageous and agile decision making, trusts

working with the ICB in perfect harmony, skilled and meticulous execution and a positive, can-do culture.

3 Progress in delivering our system vision

- 3.1 I wanted to recognise some positive steps in our recovery and transformation programme over the past weeks which demonstrate progress in delivering against our system vision:

Our emerging acute reconfiguration blueprint

- 3.2 There is a piece of work which has been developing in collaboration with the four acute provider Trusts and LSCFT, together with Lancashire and South Cumbria ICB, to deliver a clinical blueprint for all our acute services and a delivery roadmap to support this transformation. This work has been supported by external experts, Strasys.
- 3.3 The aim of the programme is to ensure we have a sustainable and viable future approach, delivering safe, effective and affordable (acute) services for local people. The links with other system programmes for care in the community transformation, place-based partnerships and the New Hospital Programme are important and interconnected. We need a joined-up approach to transformation across the health and care system which has been discussed through a series of workshops with senior leaders and clinical and care professional colleagues.
- 3.4 Emerging is an exciting proposal based on how our acute services could be configured to best serve the population in Lancashire and South Cumbria, taking a community and population health perspective, informed by data and intelligence. We expect to develop proposals collaboratively across the system, looking at how this is resourced and how we make decisions in one place, before presenting an update to the Board for sign off in early 2025.

Transfer of staff to One LSC

- 3.5 NHS acute providers in Lancashire and South Cumbria took an important step forward on 1 November in delivering a new and innovative approach that is designed to put Provider Collaborative corporate functions in a strong position in the future.
- 3.6 On 31 October, more than 3,500 staff transferred from our provider Trusts to One LSC, hosted by East Lancashire Hospitals NHS Trust, following engagement with staff. This is a very significant milestone and it is only the beginning.
- 3.7 Given our financial position as a health system, remaining as we are with all services provided independently in each Trust is no longer a viable option. Working as part of a larger coordinated service we will standardise processes, and systems. Reducing variation and duplication, we can run in a more efficient and effective way while at the same time creating opportunities for shared learning, and professional development. This, along with a Single Collaborative Bank to eliminate competition between trusts, is a good example of how we are making progress.

- 3.8 Huge thank you to Aaron Cummins, Sharon Robson, Martin Hodgson and colleagues across providers who have supported this work.

Reduction in readmissions and length of stay in South Cumbria

- 3.9 835 people had 3 or more unplanned admissions to Furness General Hospital (FGH) in 2023 which is only 0.8% of the Furness population. They accounted for 28% of unplanned admissions and 31% of bed days. Half of these patients were readmitted with 4 weeks and three-quarters within 8 weeks. 80% of the medical records revealed for these admissions that vital signs (NEWS2) were normal. Therefore, this is a very targeted group of patients from some of our most deprived areas using significant hospital resource.
- 3.10 Collaboration in South Cumbria place has established a solution for this through an integrated wellness centre and a pilot programme between University Hospitals of Morecambe Bay NHS Foundation Trust, our place team, primary care and local community partners which is having real impact and enabling the shift from hospital to community. The response is highly targeted, rapid, multi-disciplinary (bringing together teams across health, social care and VCFSE sectors) and beyond ill-health – considering social and societal factors.
- 3.11 In the first two months of a pilot programme with a group of patients has seen more than a 90% reduction in re-admissions and more than an 85% reduction in length of stay for the patients. Much of this has been achieved independently of social care by better medicine management and therapy. This work is now developing and scaling across the Morecambe Bay patch and we aiming to see examples of this approach across our other places across Lancashire and South Cumbria.
- 3.12 In addition, a new intermediate care bed facility in South Cumbria is making a huge difference in helping people return home sooner following a hospital stay. The intermediate care bed facility, hosted by Parkview Gardens residential home in Barrow, provides a place for people who no longer need specialist hospital care, but still require support, to regain their independence in a residential setting before returning home. This is not new in Lancashire however the relationships and collaboration are new to South Cumbria. Since opening in August 2024, the facility has seen around 30 citizens come through the new service with half of these now returned to their own home following a period of supported rehabilitation.
- 3.13 These are great examples to demonstrate the impact of collaboration and focusing on improving health for our population.

Getting the culture right

- 3.14 It is really important that if we want to focus on delivering change in the right way then getting the culture right is crucial – both within the ICB and in partnership across the health and care system. As an ICB we took an important step forward to improve the culture across the organisation and to improve

experiences for our staff across the organisation at an all-staff development day at the Winter Gardens in Blackpool. For the first time we were able to bring more than 600 members of our staff together to connect with colleagues, hear more about our vision and consider their own individual commitments to the long-term vision in addition to contributing to discussions around the values and behaviours that we want to see within our organisation going forward – and what an iconic venue to hold our event.

- 3.15 I would like to repeat my thanks from the day to our staff and board members who attended the event, as well as the colleagues who could not join us because they were maintaining business critical services. Plus a big thank you to our facilitators who hosted the tables, our speakers, the National Centre for Creative Health for funding the creative aspects of the day, to Winter Gardens for their help and support in delivering the event and finally a huge thank you to the event planning group who put a lot of time and effort into arranging a day which ran very smoothly.
- 3.16 It is important that we consider how we support organisational development and working with colleagues across our health and care system. We will be developing proposals for how we support leaders and staff as part of our Recovery and Transformation programme and will keep the Board updated on this important work.

4 NHS England Board visit to Blackpool

- 4.1 In October, NHS England held their board meeting in Blackpool, which was followed by a number of [visits to local services from their board members](#). During the visits, we had the opportunity to showcase the innovative and collaborative approaches being taken to improve the health of the local population – demonstrating our commitment to the vision I have described above.
- 4.2 Blackpool is one of the most challenged areas in Lancashire and South Cumbria, as well as nationally, but there is great work coming together to address some of the stark issues. For example, residents of Blackpool have the lowest life expectancy in England, and, pertinently, the lowest 'healthy life expectancy' of 46.5 years, which means people are living with a disability or poor health at a much younger age.
- 4.3 The group of delegates, which included the NHS England chief executive Amanda Pritchard, chair Richard Meddings, deputy chair Sir Andrew Morris, and chief nursing officer Duncan Burton, visited Blackpool Teaching Hospital, Trinity Hospice, Whitegate Drive Health Centre, The Harbour mental health hospital, FCMS and Broadway Pharmacy, and Revoelution community group where they were shown how the collaborative ways of working between the NHS and the council are starting to have a positive impact.
- 4.4 The visits encapsulate some of the real opportunities we have across Lancashire and South Cumbria through collaboration and partnerships, and

highlight where we need to transform how we work. It was important to us to highlight some of the realities that our communities are facing, but we also wanted to showcase a number of services that are achieving some amazing things, despite the difficult circumstances. It was also an opportunity to spend time with those who have the position and influence to support us and help us to be able to do more and go further.

- 4.5 The board was really impressed with the range of visits and services they got to see, which included opportunities to speak to frontline staff and patients. Arranging seven national visits over three days was no easy task, and I want to say a particular thank you to the organisations, partners and communities who hosted the visits and showcased their services. In addition, I would like to thank the team involved in the planning of the visits, including Maria Louca, Fiona Cluskey, Jill Gardner, Neil Greaves and other members of the corporate, Blackpool place and communications and engagement teams.

5 New Hospitals Programme

- 5.1 During the Chancellor's budget statement on 30 October, a brief reference was made to the continuing work of the New Hospital Programme. The Chancellor confirmed that the Secretary of State for Health and Social Care will set out further details of his review into the New Hospital Programme in the coming weeks, with a publication to follow in the new year. In July, both the Lancashire Teaching Hospitals NHS Foundation Trust and the University Hospitals of Morecambe Bay NHS Foundation Trust NHP schemes were confirmed as within the scope of the review. We understand that the review has provided the opportunity to ensure the national New Hospital Programme is on the soundest possible footing for delivery and that the information from the review has been fed into the Spending Review process.
- 5.2 It was noted in the published Budget report that there would be delivery of the New Hospital Programme on a more sustainable and deliverable footing, moving swiftly to rebuild hospitals wholly or primarily built with Reinforced Autoclaved Aerated Concrete (RAAC) or which are in build and that the remaining schemes (such as those for Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust) will be delivered through a rolling programme of major investment, as part of the government's commitment to providing hospital infrastructure investment. The report also confirms increased capital spending for the Department of Health and Social Care (DHSC).
- 5.3 Whilst the review is taking place, and in the period between the review ending and the outcome being confirmed and communicated, all schemes within the NHP will be supported appropriately to continue to make progress.
- 5.4 We are hoping to be able to make early decisions on land acquisition which will be a major milestone and will hope to be in a position to announce this as soon as possible.

6 Incident management response to our financial position

- 6.1 The ICB has adopted an incident management approach for our response to our financial position. This is essentially treating the financial challenge as a full-scale emergency requiring daily and weekly grip on savings programmes and expenditure control. This aims to allow for quick decisions to be made and keeps us sharply focused on delivering a savings plan for the ICB and actions which support savings plans across the Trusts. We took a similar kind of approach during the COVID-19 pandemic and although this is a different type of crisis, it is a crisis just the same and requires concerted efforts of everyone in the ICB to get behind the work required and ensure we are all pushing in the same direction.
- 6.2 We have stood up six delivery units with dedicated leadership, meeting weekly and specifically focused on delivery of our financial position:
- Acute Commissioning and Contracts
 - Primary and Community Care
 - Prescribing
 - Mental Health
 - All Age Continuing Care
 - Reserves, Grip, and Control
- 6.3 We still have a significant risk of missing out target, however, since the IMT has been stood up we have been able to make progress on our schemes which means the savings in the high-risk category has reduced by 28%. This means working better together and wrapping more support around the delivery units.

7 State of the art facility for adults with learning disabilities

- 7.1 In October, there was a groundbreaking ceremony in Preston for a new specialist acute NHS mental health inpatient facility for adults with learning disabilities. The state-of-the-art Water Meadow View building, to be completed next autumn, will be part of a £32m investment, and will allow Lancashire and South Cumbria Foundation Trust to provide those with a learning disability who require a mental health admission a place to get the dedicated help and treatment they deserve.
- 7.2 This is a welcome facility as there is currently no other specialist NHS offer like this within our patch at present, and one of the priorities of the NHS Long-Term Plan is to reduce the number of out of area placements, so we will be working closely with the Trust to develop the clinical model.

8 Listening and involving local people

- 8.1 Since late September, we have been holding a number of public engagement activities, such as events, workshops and outreach activities, to hear from local people as part of the ongoing [Your health. Your future. Your say.](#) public engagement programme. More than 200 people have attended public events so far with many more being listened to as part of local groups. These have included

conversations about our vision and priorities and listening to the challenges faced by local people – such as the patient experience example as part of today’s agenda, which came from one of our events.

- 8.2 I personally attended the Burnley event with around 40 local people where we had rich conversations about how the NHS continues to recover from the long-term impacts of COVID-19 and understanding local perspectives on the transformation we need to be fit for the future along with local and cultural challenges. Many were there from the Deaf Village, which has been supporting the local community for over 18 years and were able to share some really simple solutions to the challenges faced around access to local services – we aim to act on these.
- 8.3 We will be holding more events and activities throughout November and will ensure these insights help shape our work around transformation across our system. We are hearing that there is public support for our vision as a system and consistent themes emerging around how we improve access, join up better as services and improve the way technology supports our population.
- 8.4 Our engagement work will helpfully contribute to the national [Change NHS](#) campaign which launched in late October. This is the Department of Health and Social Care and NHS England’s engagement exercise where the public are being asked for their views, experience and ideas to help shape the long-term future for the NHS and the next 10-year plan. The headline for the campaign is “Our NHS is broken, but not beaten. Together we can fix it.” which aligns with the positive spirit of delivering change I have described above for Lancashire and South Cumbria.
- 8.5 We will be developing an organisation response to the engagement exercise which we will involve our Board and partners in developing and will be encouraging staff and members of the public to contribute.

9 Partnership agreement with Healthwatch Together

- 9.1 Building on the importance of listening to our communities, the ICB and local Healthwatch colleagues, working in the Lancashire and South Cumbria system under the umbrella of Healthwatch Together, have worked together to develop a partnership agreement which sets out the commitment to work together to realise our shared ambitions of ensuring the voices of local people and communities are heard, informing decision making and shaping our strategies and plans.
- 9.2 This is not a financial partnership and, similar to our partnership agreement with the voluntary, faith and community enterprise sector, sets out principles and ways of working which emphasise the importance of public and patient voice between LSC ICB and the five Healthwatch organisations. We will be working with local Healthwatch to publish the partnership agreement in the coming days.

10 Learning lessons from the military and supporting the Armed Forces

- 10.1 It is interesting to reflect on lessons the public sector may learn from the military and vice versa. Command and control is a phrase often used in a military service context and has links with my update about the incident management team (IMT) approach I have described above which is about good command, or grip, and control.
- 10.2 At the end of October, I had the pleasure of welcoming a large delegation from the Royal College of Defence Studies, part of the Ministry of Defence. A room full of future worldwide strategic leaders, Colonels, Brigadiers, Group Captains and Civil Servants from 17 countries heard from myself, Jane Scattergood, Jane Cass and Andy Knox, about challenges in the health system. The visit was part of a UK Study Tour during which members explore the prospects for the stability, security and prosperity of UK regions and contribute to an overall assessment of the UK. The group were fascinated by the story of the NHS and how we are addressing the challenges faced and the opportunities for learning are vast.
- 10.3 Taking this further, I am pleased that the recommendation to sign the Armed Forces Covenant is on our agenda. This gives an opportunity to reaffirm the local NHS' support for those who serve and have served and I look forward to the discussion. The covenant is a promise by the nation that ensures Armed Forces veterans and their families, are treated fairly. The ICB is currently on track to secure the Defence Employer Recognition Scheme (ERS) Bronze award in 2025.

11 Staffing update

- 11.1 On the topic of improving our organisation and system culture, I am delighted that Debbie Eyitayo has now joined us as our new Chief People Officer. Debbie's previous experience will help to support our ambitions to really develop and embed a positive experience for our staff and ensure that all voices are heard and valued. Debbie has been able to hit the ground running and was able to attend the staff development day in her first few weeks at the ICB.
- 11.2 You may have also seen that Louise Taylor, director of health and integration for Lancashire, has announced her retirement and will leave her role at the ICB and Lancashire County Council at the end of the year. I am grateful to Louise for her contribution to the ICB in its first few years of establishment and I know that throughout her career, her commitment and contributions have made a lasting impact on the communities within Lancashire.

12 Black History Month

- 12.1 As part of our celebration of Black History Month, the ICB culture and inclusion team held a series of events to spotlight the Anti-Racism Framework and our Workforce Race Equality Standard findings. There was also support for our staff through a reflection session following the race riots. To mark the end of the celebrations, there was a special session focused on this year's theme of

reclaiming narratives, where guest speakers joined us to share their lived experiences. Thank you to our culture and inclusion team for arranging these important sessions and activities throughout the month.

13 Cancer Alliance achievement

- 13.1 Finally, I was really pleased to hear earlier in October that Lancashire and South Cumbria Cancer Alliance won an award at the national dermatology awards in the 'Dermatology Education Programmes for Healthcare Professionals' category. The initiative around GP education to ensure optimisation of skin cancer pathways was praised for bridging a gap for early detection as it supports healthcare professionals to recognise and manage common dermatological conditions, including skin cancer. The programme has been well received by our clinicians and it is great to see it recognised and celebrated at a national level. I want to extend my congratulations to the team and everyone involved in developing and implementing the programme.

Kevin Lavery

6 November 2024