NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	15 January 2025
Title of paper	Improving health and care in Lancashire and South Cumbria: Clinical Vision
Presented by	Dr David Levy, medical director
Author	Dr David Levy Neil Greaves, director of communications and engagement
Agenda item	9
Confidential	No

Executive summary

This paper provides detail of the ICB's vision for improving health and care in Lancashire and South Cumbria.

We have a vision and plan for Recovery and Transformation in Lancashire and South Cumbria which 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.

Our vision is to have a high quality, community-centred health and care system by 2035. 'Community-centred' means a focus on keeping our communities well rather than a 'sick care' model which we recognise currently. An emphasis on prevention, wellbeing and healthy communities rather than solely on a specific health issue and/or clinical visit of a patient. A shift towards delivering care in the home and community over a person's lifetime, taking into account the context of family, community and the holistic person at the centre of the care and making best use of digital technology. Everything we do as a partnership is focused on improving the health and wellbeing of our population and to move towards a more equitable health and care system.

A supporting presentation describes how this is underpinned by a clinical vision and the progress towards a 2030 Roadmap for delivering transformation in Lancashire and South Cumbria

Recommendations

The ICB Board is asked to:

- Note the vision for improving health and care in Lancashire and South Cumbria
- Note the progress for developing a clinical vision to support transformation and service reconfiguration which improves health and care for residents of Lancashire and South Cumbria

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓

SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)		
M/eeting	**Date**	**Outcomes**
N/A		

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	David Levy, Medical director

Integrated Care Board – 15 January 2025

Improving health and care in Lancashire and South Cumbria

1 Introduction

1.1 This paper provides detail of the ICB's vision for improving health and care in Lancashire and South Cumbria and a supporting document which describes how this is underpinned by a clinical vision.

2 Our vision for improving health and care in Lancashire and South Cumbria

2.1 We have a vision and plan for Recovery and Transformation in Lancashire and South Cumbria which 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. This has a focus on moving from care in an acute Trust setting to a more community-centred health and care model with the maximum use of digital technology and a strong focus on wellness, prevention, proactive care and demand management.

2.2 Our vision is to have a high quality, community-centred health and care system by 2035. 'Community-centred' means a focus on keeping our communities well rather than a 'sick care' model which we recognise currently. An emphasis on prevention, wellbeing and healthy communities rather than solely on a specific health issue and/or clinical visit of a patient. A shift towards delivering care in the home and community over a person's lifetime, taking into account the context of family, community and the holistic person at the centre of the care and making best use of digital technology. Everything we do as a partnership is focused on improving the health and wellbeing of our population and to move towards a more equitable health and care system.

2.3 The best way to articulate our vision is through the eyes of our patients and members of our communities. Below are examples which represent common experiences we hear in Lancashire and South Cumbria and how our vision aims to support them better in the future:

Val's story:
Janet lives alone and has a number of long-term conditions and is frail. She is regularly admitted to hospital throughout the year when she has a fall or when conditions become worse. She is supported by family members but typically goes into hospital through urgent and emergency care and is admitted to a ward for long-periods. Sometimes she is readmitted within 4 to 8 weeks of leaving hospital and this means she deteriorates quickly and takes time to recover. She is one of

a small number of people who are using a lot of resource within the hospital and not being supported by community care in a way which prevents admissions.

Our vision for Val: She would be supported by collaboration of NHS and community teams because the data has identified her as someone at risk of admission. Care in the community and home visiting supports Val to stay out of hospital and have care which supports her needs. This means that long-stays in hospital can be avoided. When Val does have a fall and needs to attend hospital, she is discharged to a service which provides rehabilitation and then care wrapped around her with a multidisciplinary team in her home.

Tommy's story:
Tommy was born into a family with problems of domestic violence, drug and alcohol abuse. His mum was an alcoholic which led to his gran taking him in to stay with her. This meant he did not get taken into care but was known to services – he was on the edge of care.
He was not school ready when he needed to be - he could not speak well or use the toilet properly. This meant he struggled at school. He waited three years for an assessment for autism. He is often handed off to other teams and organisations and told he does not meet criterial to receive care and support. He left school, not in education, employment or training. He started to make poor health and life choices.

Our vision for Tommy: He would be supported by an integrated neighbourhood team when he was born because he was growing into a family that was high-risk. He has extra support in school and received coordinated care. He is seen quickly to check whether he has ASD. He does not have autism but he has needs and receives early help and support from services which are joined-up across local authorities and health. He is supported to get an apprenticeship. This leads to a job, positive aspirations and a better life chance.

Maggie's story:
Tommy's gran, Maggie, is now 78. She is quite frail and she has multiple long-term conditions. She lives in an upstairs flat and children live away except for Tommy's mum who is an alcoholic. She feels lonely and isolated.
She has people who look after her – her GP, district nurses and social care – but these are not joined up. She often misses health appointments because she has poor vision and cannot read the letters properly.

Our vision for Maggie: As she gets older, Maggie receives extra support from multi-disciplinary teams from local authority, voluntary sector and health when there is early detection for her multiple long-term conditions. These are managed through digital technology which she is supported to use by community partners. She receives care from a single team in a location where she can go for multiple assessments at the same time which are well coordinated and easy to access. Teams are supported by digital tools and shared care records. She was referred to a voluntary sector group by the neighbourhood team where they would take

her out of the flat. She is part of a local group and dances meaning she did not feel isolated. Because Tommy is doing better, he visits every week.

2.4 Our vision will enable collaboration that supports frontline multi-disciplinary teams and wider partners to best meet the needs of residents like Tommy and Maggie and therefore moving towards a more equitable health and care system.

2.5 **We face significant challenges**

2.6 Delivering this vision in the face of significant challenges across health and care will require transformation and collaboration across the health and care system. These challenges provide a compelling burning platform for change which is required at pace.

2.7 There are significant health and wellbeing issues within Lancashire and South Cumbria and the COVID-19 pandemic has made these worse, with health inequalities widening in some areas and more people living with multiple and complex long-term conditions, much of which is a result of the wider determinants of health, such as deprivation and poor housing. This has led to widening in existing differences in the quality of life for people living in different areas, a huge backlog of appointments and other work and outcomes from long-term conditions getting worse. In some of our communities, healthy life expectancy is as low as 46.5 years, which means that the frail population often includes people who are not elderly. The difference between areas which are most deprived and least deprived is stark with people in more deprived areas living more than 10 years longer in ‘not good’ health.

2.8 The demands and expectations on services are ever-increasing alongside significant financial and workforce constraints. We have faced many of these challenges for some time and we cannot solve them without changing the way we work as an entire health and care system.

2.9 If we do not change the way we deliver services, we will have an unsustainable challenge. Our population will continue to change over the next 25 years. People aged over 85 with multiple conditions are a small group but a big user of acute, primary and social care services -this group is set to double in 25 years. Over 65s, which occupy almost half our acute beds, is a group that we predict will increase by 40per cent over the same period. If we keep our current delivery system, we would need 60per cent more beds by 2038. This would mean three new hospitals in addition to the two new hospitals already agreed as part of the New Hospitals Programme. This is clearly not possible.

2.10 As a system, we understandably talk a lot about financial challenges because Lancashire and South Cumbria has the most challenging financial position in the country. However, the underlying issues are how services are configured and culture. The reliance everyone places on hospitals needs to change. However, this is not just about hospitals; care in the community and primary care need transformation. We need to move away from a culture of six or more organisations

working in splendid isolation towards a positive ‘can do’ culture where Lancashire and South Cumbria becomes a system where difficult problems come to get solved, quickly and through collaboration.

2.11 **We have real opportunities to deliver positive change**

2.12 We need a radical shift from delivering services in acute settings into community to deliver our vision. The move to a more community-centred model of care is all about prevention, keeping people at home and delivering care closer to home. This is better for patients. It is also better value for money. The ambition to improve quality and reduce health inequalities should be the focus and will be a driver for financial sustainability rather than simply focusing on the money.

2.13 We have an emerging vision of networked acute system services that level up performance, patient safety and quality and deliver a step change in value for money. Our acute clinical vision for the system and a clinical blueprint has been developing in collaboration with the four acute provider Trusts and LSCFT, together with Lancashire and South Cumbria ICB. This work has been supported by external experts, Strasys. The links with other system programmes for care in the community transformation, place-based partnerships and the New Hospital Programme are important and interconnected. This is an approach that starts with the needs, behaviours and motivations of the users of our services to arrive at new models of care that best meets those needs in a sustainable way.

2.14 The New Hospitals Programme provides an opportunity for our population to benefit from cutting-edge facilities and the absolute best in modern healthcare through high-quality, next generation hospital facilities and technologies as part of a programme of national investment. However, this programme requires the transformation to be delivered to ensure the new hospitals are fit for the future.

2.15 The shift to community will require strengthening primary care and community services. This will require investment in long-term condition management and proactive case management and transformation which improves patient access and puts in place new roles which supports the primary care workforce. This will support partnership working across primary care for the benefit of our population.

2.16 Running alongside this, we must prioritise delivering services and support for mental health and learning disabilities and autism which we are committed to. Improvements to our mental health, learning disabilities and autism offer are important parts of both transformation in our hospitals and in our community. This will be an important part of both our acute reconfiguration and how we transform community care.

2.17 Integrating care in the community will help people stay healthy for longer and will support reducing avoidable admissions to hospital services. Our system ambition is to avoid anyone going to hospital unless it’s absolutely essential.

2.18 Caring for our communities through preventing ill health, managing long-term conditions better, enhancing virtual care, supporting recovery from periods of

intensive care and better management of end-of-life care will have significant benefits to our population and are the right things to do. Urgent and emergency care accounts for a significant amount of acute spend, so a major reduction in demand would have a significant financial benefit. This requires working together in our places and targeted engagement in our priority wards where we see the highest levels of inequity.

2.19 There are real opportunities to remove waste and duplication, improve quality and create an environment that attracts and retains our brilliant workforce. There is a considerable opportunity to modernise support services by creating shared services to eliminate competition between trusts. This change is well underway as more than 3,500 staff transferred to One LSC in November 2024. Streamlining all clinical priorities and automating them is another opportunity we are looking to move forward.

2.20 Transforming our services in hospitals and community provides significant benefits for staff individually and in how they work as teams. By delivering our vision and working towards more collaborative and system focused partnerships, there are benefits in relation to career development and progression opportunities and improving experiences of our staff. Providing high quality services and reducing fragility of services will help improve staff experience, reduce staff sickness rates and create places of work where staff enjoy and thrive in their roles and therefore reduces vacancies.

3 Our steps towards recovery and transformation

3.1 Our current focus on recovery is about immediate in-year savings through tight cost control on vacancies and discretionary spending across the system – much of this has been put in place 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. However, this is not how we would be working in an ideal world. A better way would be to have an agreed recovery and transformation plan which is signed off by the Board and NHS England which covers a three to five-year period, rather than 12 months. This is a priority to put in place for Lancashire and South Cumbria.

3.2 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.

3.3 Our recovery needs to involve more fundamental transformation and not just focusing on financial 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. To support this, we are developing a 2030 roadmap with a clear set of deliverables to describe our transformation journey over the next five years which moves our system to deliver against our vision and towards being a more sustainable health and care system.

3.4 We have seen positive examples taking shape, such as collaboration in South Cumbria place which has seen a solution of an integrated wellness service and a pilot programme supporting a targeted cohort of patients between University Hospitals of Morecambe Bay NHS Foundation Trust, South Cumbria place team, primary care and local community partners. This 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. In the first two months of a pilot programme with a group of patients there has been more than a 90per cent reduction in re-admissions and more than an 85 per cent 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.

3.5 Our recovery and transformation plan also recognises the 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 for our staff. 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 have taken some important steps forward to improve the culture across the organisation and to improve experiences for our staff. It is important that we now consider how we support organisational development and working with colleagues across our health and care system.

3.6 Partner, political, stakeholder and public engagement and involvement in delivering transformation across Lancashire and South Cumbria will be important to successfully implementing change. Between September and December 2024, the ICB delivered a programme of public and partner engagement to hear views on what is important to local people in relation to the vision and to understand what is important for our population. This resulted in more than 240 people attending a series of public engagement events, community groups and networks and 1,800 people sharing their views online. A report of the findings of the engagement is available on the ICB website which includes key themes from a system and place perspective which will be taken into consideration as we deliver our programme of transformation.

Neil Greaves

7 January 2025

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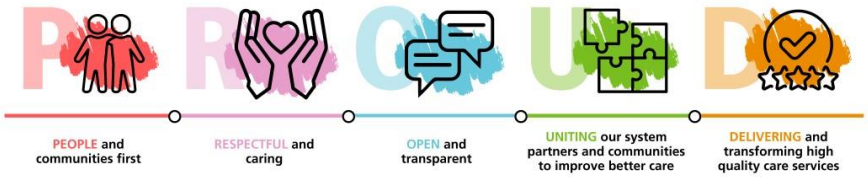
Clinical vision for Lancashire and South Cumbria

Update for ICB Board – 15 January 2025

David Levy, medical director



January 2025 national context

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We await a National 10-year plan with a shift of

- Acute to community care
- Treatment to prevention
- Analogue to digital

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Lancashire and South Cumbria context

- 2024 Blueprint for acute sector (hospital) without Mental health
- Emerging programme for a community transformation strategy:
  - Rapid roll out of admission avoidance schemes based on Barrow.
  - Improved discharge schemes.
  - Shift Long Term Condition management to community settings e.g. diabetes.
  - Review of Community services contracts commissioned by the ICB.
- Urgent and emergency care strategy and delivery plans
- New Hospitals Programme
- Each of these strategies hold interdependencies with each other.
- We cannot realise our collective ambition for transformation without joining these up in a coordinated way.

The solution

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- Planned incrementalism rather than big-bang.
- Clear, early priorities.
- Joint ICB/Provider Collaborative teams.
- Most projects would involve just an individual trust
- We need a small, dedicated, high performing team

We will develop strategic approach and reconfiguration with NHS England.

Commissioning Intentions

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- **Pathology** - move to a lead provider model with in-year savings for 25/26 where possible
- **End of Life Care** - ICB as lead with a focus on LTH services initially
- **Fragile services** - LTH to support BTH e.g. Cancer and Stroke services
- **Roadmap for Specialised Surgical Services**
  - Vascular
  - Head and Neck- ICB will commission a review
  - Urology

Requests

1. Further develop narrative

2. Develop 5 yr. Road map- LSC 2030

3. Review the next steps for clinical leadership

4. Discuss the governance arrangements

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LSC 2030
Vision and Roadmap

Context

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We know why we must transform; the case for change is clear We have already agreed our high-level ICB vision

"To have an affordable high-quality, community-centred health and care system by 2035. Everything we do is for the benefit **of improving the health and wellbeing** of the population and our people. We are committed to **integrating health and care services** to **improve outcomes**, **reduce health inequalities** and **enhance productivity and value for money"**

We have our high-level Objectives……

- Improve quality, including safety, clinical outcomes, and public experience
- Equalise opportunities and clinical outcomes across all places through integrated partnership working
- Meet financial targets and deliver improved productivity
- Make working in L&SC an attractive and desirable option for existing and potential employees
- Meet national and locally determined performance standards and targets
- Develop and implement ambitious, deliverable strategies

….. and our quintuple aim as a build on our quadruple aim.

Our progress

- The first **LSC 2030** Workshop was held 27th November attended by owners identified for the critical “pieces of the puzzle”
- Elements of commonality include the need for **pathway reform** to enable care closer to home, improved long-term condition management and reduction of inequalities.

Priorities for next 3 months

1. **Mobilise ”Deteriorating Segment”**
   - focus on identifying cohorts in palliative, end of life or frail life stages, ensuring Advanced Care Plans in place to de-escalate some UEC pressures and improve the quality of the last 1,000 days of life.
2. **Mobilise “Unwell High Consumer in Blackpool”**
   - focus on pathway reform that tackle some of the more fragile services, such as Oncology and Stroke, and enable a move toward the future acute clinical configuration
3. **Develop a Local Enhanced Service (LES) for Primary Care**
   - focus on implementation and the impact that this will have in enabling the pivot to care closer to home and the release of acute resource use.
4. **Develop One LSC Rehabilitation at Scale**
   - focus on establishing community of practice, pathway reform and reducing unwarranted variation to enable release of value

Clinical leadership:
Proposed next steps for quarter 4 2024/25

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- Trusts have recently submitted succession planning plans to NHSE regional team
- ICB to review those plans and, with Trusts to identify potential future acute clinical leaders as well as clinical leaders from the community, primary care and place
- Invite those who are considered “future clinical system leaders” into a structured programme of learning sets
- ICB to review existing clinical assembly membership and role, to develop a "London senate-like" structure with an independent chair where difficult issues are debated

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High level OD approach – 2025/26

- Continue to embed and progress internal ICB culture priorities – reset of values and behaviour standards
- ICB organisational design – ensure fit for purpose to support recovery and transformation
- Focus on cross system culture
- System leadership development
- Underpinned by actions to build staff moral and a continuous focus on building staff and leadership resilience, health and wellbeing
- Also underpinned by clear and effective staff communication and engagement reflecting the values of compassion, respect, integrity and inclusion