

Integrated Care Board

Date of meeting	7 September 2022
Title of paper	Chief Executive's Board Report
Presented by	Kevin Lavery, Chief Executive Officer, Integrated Care Board
Author	Lisa Roberts, Business Manager and lead contributors
Agenda item	Item 5
Confidential	No

Purpose of the paper

This paper provides the CEO with the forum to update Board members on actions since the last Board meeting and highlight emerging issues and key areas of focus, to ensure Board members are sighted on the business of the Integrated Care Board (ICB) and its wider operating environment.

Executive summary

Key updates for this month include:

- i. Workforce – progress on the staff transition to the ICB, the development of a Lancashire and South Cumbria (LSC) Organisational Development (OD) programme, appointments to the senior leadership structure, NHS staff survey 2022 and the inaugural ICB People Board
- ii. Performance – an ICB performance report with Key Performance Indicators reflective of current system challenges, planned next steps in the development of a robust reporting framework and mechanism and a 'deep dive' into GP Primary Care.
- iii. Place-based partnerships – the appointment of four Directors of Health and Care Integration and work underway to identify and agree place priorities
- iv. Finance – detailing our position at the end of Month 4 and five key areas of focus to deliver short term financial stability
- v. Integrated Care Partnership – inaugural meeting and the workplan to develop an Integrated Care Strategy

Appendix A provided the Board with an overview and links to recently published national guidance and/or policy.

Recommendations

The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
n/a	n/a	n/a

Conflicts of interest identified

Not applicable				
Implications				
<i>If yes, please provide a brief risk description and reference number</i>	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Privacy impact assessment completed			x	
Financial impact assessment completed			x	
Associated risks			x	
Are associated risks detailed on the ICS Risk Register?			x	

Report authorised by:	Kevin Lavery Chief Executive
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Integrated Care Board – 7 September 2022

Chief Executive's Board Report

1. INTRODUCTION

- 1.1 I am pleased to present my first, monthly report to Board. These will provide an overview of key ICB and ICS areas of focus, plus stakeholder developments, national policies or guidance and horizon scanning to ensure Board members are sighted on the business of the ICB and its wider operating environment.

2. PROGRESS SINCE 27 JULY BOARD MEETING

- 2.1 **Continuing Health Care** - Following the Board's decision to support the continuing health care (CHC) settlement, discussions have started on the best way to agree and settle the small number of remaining cases, with work also underway by finance colleagues across the ICB and local authority, to transact the settlement itself. Mersey Internal Audit Agency (MIAA) Solutions team are working with the commissioning support unit to address and progress the backlog of CHC reviews. Interviews have taken place, and a conditional offer has been made to appoint an Assistant Director CHC. This will be a key post for addressing CHC challenges. A further announcement will be made once HR processes have been completed.
- 2.2 **Lancashire and South Cumbria Foundation Trust (LSCFT)** - As you may be aware Caroline Donovan has taken the decision to step down from her role as CEO of LSCFT at the end of September. Chris Oliver will be covering the CEO role on an acting basis, from the end of September. The ICB will be working closely with Chris on key priorities including out of area placements (OAPs) in addition to wider funding and long-term financial planning as part of the Integrated Care System. A recruitment process will be undertaken for the CEO position, plus a number of key non-executive roles, whose terms will be ending this year.
- 2.3 **GP Primary Care Deep Dive and Performance Update** - To build upon the discussions raised by the Fuller stocktake report presented by Dr David Levy at our last meeting, the September Board agenda will take a more detailed look at some of the issues facing primary care and the strategic and tactical opportunities. In general, performance across LSC is around or slightly above the national average, however there is a growing challenge regarding increased patient demand, coupled with an ageing workforce.
- 2.3.1 In addition to a focus on GP primary care, the September Board agenda will include a wider performance update, with key performance indicators reflective of current system challenges identified in the system diagnostics paper approved at the last Board, in addition to planned next steps in the development of a robust reporting framework and mechanism.

2.4 Place-Based Partnerships - Following the Board's approval to align our Place-based Partnerships (PBP) with our local authority footprints, the following four Directors of Health and Care Integration (DHCI) were appointed to and announced to staff and stakeholders:

- Claire Richardson – Blackburn with Darwen PBP
- Jane Scattergood – South Cumbria PBP
- Karen Smith – Blackpool PBP
- Louise Taylor - Lancashire PBP

2.4.1 Although they are yet to take up post, I met with the four DHCI informally, in early August, alongside Geoff Jolliffe who has been asked to Chair a reconstituted Place Development Steering Group.

2.4.2 Discussions were largely centred around addressing operational challenges through place-based partnership delivery, with a focus on community-based services, including intermediate care, wider care sector sustainability, and the levelling up of community-based services and access across LSC.

2.4.3 It was agreed there should also be a strong focus at place on keeping people well, through a population health management approach, strong links with public health colleagues, and working more closely with partners in education and employment to improve the health and wellbeing of our residents.

2.4.4 This group will come together again towards the end of September where we will review the place development and delivery plan, which contains a timeline of actions for 2022/23 and 2023/24 associated with the transition into four place footprints, delivery in place and development to support the maturity and evolution of place. The reconstituted Place Development Steering Group, which will bring stakeholders together to advise on, and proactively support, the development of places and identify opportunities/risks from the perspectives of different sectors will then meet towards the end of 2022. Winter planning and discussions on identifying early priorities will also be progressed to enable the Directors to work together, to agree two or three areas of priority for the LSC place-based partnerships to focus on this year and looking ahead to next year.

3. OTHER KEY AREAS OF ICB FOCUS

3.1. Staff Transition to the ICB - The first phase of the process to transition staff from the eight CCGs to the new ICB has been completed. Following a detailed piece of work to review and 'map' CCG job roles to the new ICB structures, all staff received a letter from myself week commencing Monday 22 August welcoming staff to the ICB, confirming their role and reporting arrangements, and outlining the guiding principles for the staff transition process. The Chief People Officer and Chief Nurse hosted a live session with over 50 staff on Tuesday 23 August to address any immediate queries, and the Chief People Officer chaired a full staff briefing session on Thursday 25 August, to address any outstanding

queries and also brief staff on the next steps for developing the detailed structures and working arrangements for teams. Over 400 staff members joined the sessions, with positive feedback from staff welcoming the clarity, as well as the focus on opportunities for team and individual development within the ICB. Team meetings will be in place for all teams by the end of September.

- 3.2. ICB OD Programme** - The Chief People Officer and Head of Communications are working with the North West Leadership Academy to establish an ICB OD programme, to include leadership development opportunities (including a structured programme, mentorship and development events), as well as programme of staff engagement events and activities, including staff survey and a staff awards event in May 2023. This programme will be formally launched in September.
- 3.3. Senior Leadership Structure** - Appointments have now been made to the vacant Executive roles within the ICB. Maggie Oldham has been appointed as Chief Planning, Performance and Strategy Officer and Asim Patel to the role of Chief Digital Officer. Interviews for the Chief of Health and Care Integration are taking place in early September. The majority of third tier roles have now been filled, with regular comms updates to the wider organisation. We held a first meeting of the extended senior leadership team (tiers 1-3) in July to launch a number of our priority work programmes, this wider leadership group will continue to meet regularly to build momentum and traction across the ICB's priority work areas, including our five delivery and transformation programmes.
- 3.4. NHS Staff Survey 2022** - The ICB is working with the Picker Institute Europe to run its first annual NHS Staff Survey in Autumn this year. The NHS Staff Survey is run independently each year across the entire NHS nationally and provides valuable insight into how people experience their working lives and to help inform improvements in staff experience and wellbeing. All ICB employees will be invited to complete an electronic survey and results will be published in early Spring 2023. We will be working closely with our teams across the ICB to achieve as high a response rate as possible, this feedback will inform our OD and leadership development activities, as well as help shape interventions to support the health and wellbeing of our people and strengthen equality, diversity and inclusion, as part of building a dynamic culture of engagement for all teams and individuals within the ICB.
- 3.5. ICB People Board** - The first meeting of the new ICB People Board will be taking place on 27 September. The ICB People Board will be chaired by Professor Ebrahim Adia, with James Fleet (ICB Chief People Officer) as the Executive lead. The People Board will draw together senior partners and stakeholders from across our system to collaborate on establishing and delivering an ambitious, sustainable and transformational workforce strategy for Lancashire and South Cumbria.
- 3.6. Clinical and Care Professional Leadership Framework** - Work continues on the development of an interim Clinical and Care Professional Leadership Framework, led by Dr David Levy, which will be shared with the Board in the autumn of 2022 for implementation in January 2023.

3.7. Financial Progress - The main financial headlines are provided for the board below, which will be covered in detail as part of the September agenda and as a standing item at each future meeting. At the end of July (month 4) the ICB is £12.4m off the expected plan position, this position is largely driven by slippage against savings plans. Expenditure run rates across the system have increased by 2.7% reflecting an increase in temporary staffing for most organisations. The risk to the financial position by the end of the year was assessed as £178m at the time of planning.

3.7.1. A roadmap of opportunities including savings plans and system wide schemes has been developed which is being used by the Directors of Finance to assess the level of risk each month. The risk has been reduced at month 4 to approximately £70m assuming a number of plans are delivered. Further work is being done through the Delivery Board to monitor the actions and further mitigate this risk. The operational pressures in the system are impacting on the financial positions but all organisations are working to delivery their plans with a focus on ensuring recurrent impact as we enter into 2023/24. This action along with the recurrent system wide schemes should support the longer-term financial sustainability whilst maintaining or improvement quality outcomes. A new assessment process has been implemented to ensure all plans and schemes are thoroughly tested to ensure there is no detrimental impact on quality and equality.

3.8. Short Term Financial Stability – Recognising that we face a particularly challenging task to achieve financial stability through delivery of our balanced 22/23 Plan, the L&SC ICB has established a Delivery Board, co-Chaired by the ICB Chief Executive Officer and the Provider Collaborative Lead Chief Executive Officer and comprising Executive Directors from the ICB and the Provider Collaborative, this Delivery Board will oversee the portfolio of five key areas of focus set out at July’s Board together with a Financial Recovery Roadmap which contains all conceivable measures we can take in the second half of the year as we seek to mitigate the financial risks our L&SC system faces. The 5 key areas are;

- i. Reducing unfunded additional acute capacity through a range of schemes that improve flow, increase intermediate care capacity, avoid admissions and improve community care.
- ii. Increasing our capacity to deliver Elective Care and reduce waiting lists.
- iii. Streamline our Clinical and Care pathways, using evidence such as Getting It Right First Time to level up performance through increasingly effective networks that connect primary, secondary, tertiary and social care.
- iv. Delivering a corporate services platform that delivers enhanced value for money and improved outcomes for service users as well as those who work in these critical functions.

- v. Efficiency at scale in areas such as Medicines Management, Continuing Health Care and how we use our Temporary Workforce, agency and bank staff.

3.8.1. While this is principally focused on the short-term financial challenge, it will not operate without consideration of the medium- and longer-term priorities, and it will not operate without consideration of the need to operate safely in what is likely to be a very difficult winter. More detailed updates from each of the 5 key areas will come to the Board during the second half of the year.

3.9. ICB Office Space - As you may be aware, we are currently working through a process to consolidate our office accommodation with the intention to move to two sites; a headquarters in the centre of Preston at County Hall and a second site based on the Health Innovation Campus at Lancaster. We are keen to champion co-location as an enabler to better collaboration across the system with a range of bookable touchdown workspaces available at both sites in addition to breakout areas, formal and informal meeting spaces. We predict this consolidation will save us in the region of £600,000 per year.

3.9.1. A steering group is being established led by the Strategic Estates Team with representation from disciplines including HR, digital and finance to oversee the establishment of these new premises and keep staff updated on developments as well as considering any impact on parking and transportation etc. and maximise opportunities to improve our carbon footprint.

4. INTEGRATED CARE SYSTEM UPDATES

4.1. The Lancashire and South Cumbria Health and Care Partnership, the name given to our local Integrated Care Partnership (ICP) will hold its inaugural meeting on the 30 September. The LSC Integrated Care Board (ICB), and the upper tier local authorities in Lancashire and South Cumbria have a requirement to ensure that we establish an Integrated Care Partnership (ICP) for Lancashire and South Cumbria, and that this Partnership develops an Integrated Care Strategy by December 2022.

4.2. A more in-depth outline of how the Integrated Care Partnership and the Integrated Care Strategy are being developed in Lancashire and South Cumbria is described at item 7 on the September agenda; with section one of the appended Guidance round-up providing an overview and links to the recently published guidance.

5. HORIZON SCANNING

5.1. Strategic Objectives and Risk Management - An informal session is being arranged to consider the ICB strategic objectives and the Board's approach to risk management. The session will be facilitated by Mersey Internal Audit Agency (MIAA) and the outputs will inform the Board risk appetite, risk statement and the principal risks that will be held within the Board Assurance Framework.

5.2. Winter Planning - NHS England, recognising that pressure on the NHS is already substantial and is likely to increase, has started planning for the coming Winter earlier than usual, making the most of the opportunity created by the formation of ICBs to maximise the benefits of system working. The collective core objectives and actions in recently received NHSE guidance are detailed in section 5 of appendix A.

5.3. The LSC ICB response to this challenge will, with increasing oversight from the Delivery Board, build upon well-established workstreams that were set up in anticipation of increased demand over coming months. The development of a comprehensive system winter plan will align:

- Work across the A&E Delivery Boards and the Urgent and Emergency Care network to develop robust local winter plans for reducing demand on hospital care; effective flow through acute care; and ensuring timely discharge
- Enhancements in primary care, increased virtual ward capacity and implementation of the community care 2-hour response
- improvements in discharge planning across hospitals through the Provider Collaborative
- As a contribution to the national target to increase capacity by 7,000 equivalent General & Acute (G&A) beds, rapid development of additional schemes to provide either additional bed capacity outside of hospital or to release the equivalent capacity within hospitals – these include additional community beds in Finney House nursing home and a significant collective step up in Home First capacity. It is recognised that much of the pressure on urgent and emergency care is driven by the current, significant, and growing strain in social care. Too many patients are spending longer in hospital than they need to, creating pressure along the entire pathway. The additional capacity schemes will reduce this pressure considerably.

5.4. A more detailed Winter Planning paper - including social care and discharge elements will come to the next meeting of the Board.

6. GOOD NEWS STORIES

6.1. Finally, I am pleased to announce the Lancashire and South Cumbria LAMP programme has made the shortlist for the HSJ Awards 2022. This is a great acknowledgement of the team's exceptional success. LAMP provided COVID saliva testing for NHS Staff throughout the whole of the Lancashire and South Cumbria system, working in partnership with UCLAN to generate additional laboratory workforce capacity. At its peak, over 110 UCLAN laboratory science undergraduates and postgraduates from the Schools of Natural Sciences, Forensic Sciences, Pharmacy and Biomedical Sciences, became NHS staff and gained their first taste of their potential future.

7. RECOMMENDATIONS

7.1. The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.

Kevin Lavery
26 August 2022