

Integrated Care Board

Date of meeting	12 October 2022
Title of paper	Chief Executive's Board Report
Presented by	Kevin Lavery, chief executive officer
Author	Lisa Roberts, business manager and executive team lead contributors
Agenda item	6
Confidential	No

Purpose of the paper

This paper provides the Chief Executive Officer (CEO) with the forum to update Board members on actions since the last board 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. **Voluntary, Community, Faith, and Social Enterprise (VCFSE) meetings** - with leads from organisations across Lancashire and colleagues representing the VCFSE Leadership Group for Blackpool, Fylde, and Wyre.
- ii. **Collaborative System People Bank and Accelerated Optimisation of Temporary Workforce Systems, Processes and Practices** - progress against the establishment of a collaborative system people bank.
- iii. **The role of the Integrated Care Board and Provider Collaboration Board** - working through some immediate challenges in the way that the ICB and Provider Collaboration Board (PCB) works together.
- iv. **Black History Month** - a programme of activities to celebrate Black History Month throughout October, starting on Monday 03 October.
- v. **Workforce** - the launch of the ICB Organisational Development programme in September and NHS Staff Survey 2022 from 03 October.
- vi. **Finance** - detailing our position at the end of Month 5 and progress against the required breakeven position.
- vii. **Integrated Care Partnership** - inaugural meeting and the identification of common systemwide key themes which have been used to propose a small number of priorities to shape the 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 are 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				
If yes, please provide a brief risk description and reference number	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	
Financial impact assessment completed			x	
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	

Report authorised by:	Kevin Lavery chief executive officer
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Integrated Care Board – 12 October 2022

Chief Executive's Board Report

1. INTRODUCTION

- 1.1 I am pleased to present my monthly report to board, providing an overview of key Integrated Care Board (ICB) and Integrated Care System (ICS) areas of focus, stakeholder developments, national policy, guidance, and a horizon scan to ensure board members are sighted on the business of the ICB and its wider operating environment.

2. PROGRESS SINCE 7 SEPTEMBER BOARD MEETING

- 2.1 **October Performance report** - Work has continued in month, to further develop the Performance Report for ICB meetings. Key Performance Indicators (KPIs) have again been provided against Cancer Services, Planned Care, Mental Health services, Primary Care, Social Care and Workforce, though the report does not present all of the KPIs the ICB has to deliver against. There are significant pressures in the system as we move towards an anticipated seasonal surge. Mitigations to recover performance across the system continue.

2.1.1 Further work is needed to determine which KPIs need reporting to Board and those that can be monitored by Executive Directors and or through sub committees of the Board. A Board workshop is being planned for December which will be facilitated by NHS England (NHSE) Director of Making Data Count. It is anticipated that a new Integrated Performance Report will be introduced at the February 2023 Board meeting. The Task and Finish Group which was commenced earlier in year will continue and it is requested that this is extended to include Non-Executive Member (NEM) representation.

2.1.2 **Urgent and Emergency Care deep dive** - This paper provides the Board with a detailed overview of the Lancashire and South Cumbria (LSC) Urgent and Emergency Care (UEC) System, which is the second in a series of deep dive sessions that will be presented to the Board on key service areas. The paper provides context, constitutional requirements, performance against current key metrics, current challenges, key risks and mitigation and immediate actions. The paper is supported by a range of data to help demonstrate the current state of play.

2.1.3 **Urgent and Emergency Care Assurance Framework (Winter Plan)** – The winter of 2022 is widely acknowledged to be the most challenging to predict, and there is an acknowledgement and acceptance from NHSE Regional and National Colleagues that our responses will need to be more agile and innovative than ever before. In August and in line with the B1449 Guidance for Emergency Departments circular (Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter, and

UEC assurance framework) a capacity uplift equivalent to 7000 extra winter beds was confirmed countrywide, and as part of this, LSC were awarded £12.5m to achieve the equivalent of 282 extra beds capacity. In response to this each place-based partnership, including representatives from UEC, Acute, Mental Health, Primary Care Providers, and Local Authorities worked at pace to develop and propose surge schemes.

2.1.4 Plans were collectively discussed by scheme proposers, place-based representatives, and the Portfolio 1 Steering Group. Schemes were individually assessed on deliverability and return on investment; mapped against the Not Meeting Criteria to Reside figures (NMC2R) in their relevant acute provider hospital; considered alongside other schemes in that same locality and any other identified community service/out of hospital challenges within that place, and then themed to understand shared risks and opportunities across our system.

2.1.5 The LSC system has taken a co-ordinated approach to both the completion of the first Urgent and Emergency Assurance Framework and the Winter Planning rounds. Working collaboratively through two systemwide Planning and Delivery Groups, namely the Portfolio 1: System Bed Optimisation and Winter Transition and the Resilience and Surge Planning Group (RSPG). The mechanisms for planning, actioning, and assuring against the multi-part UEC Framework were met for the first submission which was 26 September, and we are on track for subsequent monthly submissions. Updates on emergent risks and progress against the schemes will be reported to ICB at regular intervals. Our performance over winter is a significant risk for the system and will be high on the national political agenda, so I have asked Maggie Oldham as the chief of planning, performance and strategy to take a proactive lead on this.

2.2 ICB Organisational Development (OD) programme – The ICB OD and Leadership Development Programme was launched in September, supported by the North West Leadership Academy, and will engage the entire extended leadership team (43 leaders). I have written to these leaders outlining the aims and objectives for the OD programme and emphasising the important role of all participants. During October each executive leadership team member will be engaged via one-to-one development conversations with members of the Leadership Academy and the completion of an online leadership strengths self-assessment.

2.3 Meetings with Voluntary, Community, Faith, and Social Enterprise (VCFSE) colleagues - I attended a round table session with VCFSE leads from organisations across Lancashire on 14 September. Emergent themes from these discussions included culture, partnership and procurement, the relationship between these, and examples where contradictions in one area undermines trust and progress in the others. Cautious but genuine optimism was expressed, and actions agreed including regular, structured and “senior” conversations with the sector at key points throughout the year and action groups focused on spending for impact and prevention, championing innovative VCFSE approaches. The asks back to the ICB focused on increasing investment in

prevention over the coming years, adopting a prevention first stance in all policy and practise and an open-mindedness about what prevention looks like and how this work is actually done.

2.3.1 I also met with colleagues representing VCFSE Leadership Group for Blackpool, Fylde and Wyre, where similar themes emerged. There is a sense of optimism about the direction the ICB has set out and the potential role of the VCFSE sector. People talked about being 'hopeful cynics' and how they have seen so many initiatives come and go whilst the VCFSE sector continues to do what it can with limited resource, remaining hopeful that things will change. We also talked about how the VCFSE often feels like an untrusted and undervalued partner. This led to a discussion around commissioning between the NHS and VCFSE and how it is short term, often onerous and disproportionate in terms of reporting. This results in the sector feeling more like temporary staff than trusted partners. We discussed how we move to better commissioning and agreed that it needs to be long term. This meeting concluded with a call to action for the VCFSE to find two or three 'quick-wins' to action locally that could make a difference and would act as a catalyst for change. It was also agreed that this dialogue we have started should continue.

2.4 Lancashire and South Cumbria Foundation Trust (LSCFT) – Chris Oliver (Interim Chief Executive, LSCFT) and I met with Claire Murdock (CEO CNWL and National Mental Health Director and Learning Disability and Autism SRO NHSE) to reassure her that LSC has passed on all financial allocations and that there has been consecutive real-term year on year increases in funding to LSCFT and mental health more generally. We also assured Claire of the progress being made in building LSCFT provision to reduce Out of Area placements (OAPs).

2.5 Inaugural ICB People Board meeting – The first meeting of the new ICB People Board took place on 27 September, Chaired by Professor Ebrahim Adia, with James Fleet (ICB chief people officer) as the Executive lead. Board members are directed to the Chairs report containing key messages from this meeting.

2.6 Inaugural ICB Quality Committee meeting – The first meeting of the new ICB Quality Committee took place on 21 September, Chaired by Sheena Cumiskey, with Sarah O'Brien (chief nurse) as the Executive lead. Board members are directed to the Chairs report containing key messages from this meeting.

3. ICB DELIVERY BOARD UPDATES

3.1. Collaborative System People Bank and Accelerated Optimisation of Temporary Workforce Systems, Processes and Practices – The recommendation to establish a collaborative system people bank, alongside a targeted programme of work to optimise temporary workforce systems and processes and deliver rapid efficiencies was approved as one of the five priority programmes by the ICB Board on 27 July. Furthermore, establishing collaborative

system banks and reducing reliance on high-cost agency staff are expressly prescribed within the NHS 2022/23 priorities and operational planning guidance.

3.1.1. A collaborative procurement process, involving a multi-professional group of leaders, is being undertaken during October to review the range of potential collaborative bank models, as well as potential delivery partners, against a number of key measures including; quality, cost, performance, and delivery (efficiencies), timescales and sustainability. Following the completion of the procurement process a proposal will be presented to the ICB Board and Provider Collaborative Board (PCB) for support and approval to implement at pace.

3.1.2. After seeking legal advice, we have communicated our intention for the ICB to be the contracting body for this procurement, which will speed up the process and avoid the need for five separate Trust Board decisions. Potential changes to the PCB governance structures to enable members to make and enact future collective decisions in one place, such as a Committee in Common, will be worked through as part of the wider piece of work outlined in section 4.1.

3.1.3. We have encountered some reticence and nervousness that has delayed the establishment of a collaborative system people bank, whilst agency spend across LSC for 2022/23 is predicted to be well above the NHSE target of £80m. As we previously reported to the Board, the introduction of the Agency Rate Card had started to drive down system costs for 2022/23 but they have started to rise again over the last few months. If this trend continues, agency spend is likely to remain around the 2021/22 figure of £113m, meaning urgent action is required for us to move forward with the arrangements for temporary staffing.

3.1.4. We are committed to working collaboratively with PCB and Trust colleagues to fulfil, at pace the commitment made to the Board on 27 July. This is a key programme of work and one where significant savings can be realised whilst being supported and informed, by the steering group made up of clinical, operational and workforce leadership colleagues

3.2. Getting It Right First Time (GIRFT) – This is a national NHS programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking and presenting a data-driven evidence base to support change. Four high-volume clinical pathways for Lancashire and South Cumbria have been agreed with the Medical Directors. These are Respiratory, Frailty, Cardiac and Orthopaedics and ambitions in relation to each of these have been set for 2023 and 2024. A LSC GIRFT Clinical ambassador has been appointed to take this work forward.

4. OTHER KEY AREAS OF ICB FOCUS

4.1. The role of the Integrated Care Board and Provider Collaboration Board – The LSC system as a whole, faces huge challenges. As an organisation, the ICB was born in a pandemic with huge backlogs for planned treatment, widening

inequalities that will be further compounded by the cost-of-living crisis and the expectation that we are heading for a very challenging winter with our urgent and emergency care systems being tested to the limit by expected record numbers of patients with Covid and flu, and severe staffing shortages, all under the media microscope. As a system, LSC have been given a System Oversight Framework (SOF) score of SOF 3 by NHSE, which is derived from a number of oversight metrics relating to quality of care, access, preventing ill-health, leadership and capability, finance and the use of resources and people. Three of our five trusts are ranked as SOF 3 and in need of improvement. One trust is SOF 4 and subject to national intervention. Only one trust is ranked at SOF 2.

4.1.1. It has become clear that NHSE and government ministers will hold ICBs to account for delivery ([Next Steps in Increasing Capacity and Operational Resilience in Urgent and Emergency Care Ahead of Winter](#)) but the above challenges are also amazing opportunities. We have a burning platform and many opportunities to secure a step change in quality, performance, efficiency, and effectiveness. The ICB wants LSC to become a high performing system in short order. This means having a strong community focus with integration of health and care, investment in prevention and improved access to primary care, all delivered with a close eye on health inequalities. We also want to ensure that the five trusts are high performing, efficient and effective and work in perfect harmony, which includes actively embracing the scale of ambition that has been discussed recently by the ICB Board.

4.1.2. Timely attention is needed to enable the system to achieve its ambitions, so in addition to the medium-term system level OD programme launched in September, we will be working through some immediate issues and challenges in the way that the ICB and PCB works together. The growing financial crisis and high government expectations means that timescales will be extremely tight. Delivery at pace, speed and scale will be needed. This is not what LSC is accustomed to and there is currently no evident track record of system level performance. We are concerned that the ambition and need for pace is not recognised across the system, with a culture across the Trusts of working in isolation developed over decades.

4.1.3. We are bringing in some specialist support to help us work with the PCB to define the roles and responsibilities of the ICB and PCB, links with regional and system level leadership and how this would work in practice; defining what optimal collaboration would look like for our system and how to avoid duplication of effort, resources, and leadership through a system operating model and decision-making infrastructure. We anticipate that reviewers will seek to interview key members of the ICB and PCB Boards at executive and non-executive levels and some key people at NHSE.

4.2. NHS Staff Survey 2022 - The ICB is launching its first national staff survey on Monday 3 October. I have written to all staff, alongside James Fleet (chief people officer) outlining the purpose of the survey and to give a firm commitment that the feedback will be used to inform the ICB's People Strategy, including ways to embed dynamic staff engagement and a culture which supports well-being,

inclusivity, as well as the development and progression of staff at all levels. We are expecting some challenging responses on the back of Covid and a prolonged period of organisational change, but I am fully committed to listening to staff concerns and addressing them decisively and swiftly, adopting a listening into action approach.

- 4.3. Black History Month** - ICB colleagues have developed a programme of activities to celebrate Black History Month throughout October, starting on Monday 3 October. This includes working closely with partners from across the system to support a range of initiatives which are being led by providers and wider system partners; the full programme of events was shared with the People Board in September. At the same time the ICB welcomes Aisha Chaudhary, who joins us on 3 October as our director of culture and inclusion. Aisha has supported the work to develop the Black History month programme and will be playing a key role within her first few weeks, alongside Naveed Sharif and other colleagues. This is a great opportunity to celebrate the huge and critical contribution of our diverse workforce across the system.
- 4.4. Senior Leadership Structure** - Interviews for the chief of health and care integration took place in early September and a conditional offer has been made. More details will be provided once HR checks have been completed. This concludes the recruitment to executive level positions, and we are hoping to have all executives in post by 1 November 2022.
- 4.5. Financial Progress** – At the end of August, the system finances are £35.1m worse than planned and although the system continues to forecast a breakeven position, the level of risk for the year remains currently at £70m which has reduced from the £177m of risk identified at planning stage. The level of operational pressures impacted by Covid, which has continued to persist through into the first half of the year, is impacting on the systemwide financial run rate. This is adding challenge to the delivery of the financial targets, but work is continuing to mitigate the risks.
- 4.5.1.** In addition to organisations own savings plans, the Delivery Board is overseeing the five programmes of work to address some of the current financial risk. Every organisation is asked to ensure plans are in place for full delivery of the savings plans and ensure they are delivered recurrently by the final quarter of 2022/23 to avoid pressures emerging in 2022/23.
- 4.5.2.** The focus for the ICB Delivery Board has been on System Flow, Optimising Elective recovery, and the development of a new model for a workforce bank. Whilst these shorter-term programmes have been the more immediate focus, there are developing programmes around Streamlining Clinical Networks and a corporate platform which will support longer term financial sustainability and improved quality. Further details are provided in the finance report.

4.5.3. There remains significant risk that the planned cost savings for 2022/23 are weighted to the final two quarters of the financial year and I am concerned that much of the savings to date have been realised by one-off balance sheet savings.

5. INTEGRATED CARE SYSTEM UPDATES

5.1. Lancashire and South Cumbria Integrated Care Partnership (ICP) – The first meeting of the ICP was held on 30 September where members acknowledged the tight timescales associated with the development of an LSC Integrated Care Strategy; with a draft strategy required by the end of December, for approval in early 2023. It was agreed that we adopt a simple approach that builds on existing work, acknowledging that it will take two to three years to reach a level of sophistication. Members agreed to engage residents and staff on the following key themes within a life-course framework for the strategy:

- **Starting** - A focus on supporting children and their families in the first 1000 days of a child's life, with a holistic consideration of factors influencing health, wellbeing, and school readiness.
- **Living** - A focus on supporting people into employment and staying in work, prevention of ill health, tackling health inequalities, and high-quality care that supports people to stay well in their own home, with radical and innovative approaches to integrating care provision.
- **Leaving** - A focus on supporting people to choose their preferred place of death

5.1.1. During October 2022, resident and staff engagement will take place on these suggested priority areas, using a combination of online surveys, existing groups, and market stalls. Our resident engagement will be led by Healthwatch. Feedback from this engagement will be reviewed at the next meeting of the ICP in October 2022.

6. FOR INFORMATION

6.1. Recent Press Coverage – As you may be aware, the BBC broadcasted a Panorama programme on 28 September which showed patients being abused while in the care of an NHS Trust at the Edenfield Centre in Prestwich. Greater Manchester Mental Health NHS Foundation Trust are taking these allegations very seriously and since being contacted by the BBC earlier this month, have put in place a number of immediate and ongoing steps to ensure patient safety. They are also working closely with local and national partner organisations including NHSE, the Care Quality Commission, the Ministry of Justice, NHS Greater Manchester (ICB) and the Bury Safeguarding Unit to ensure the safety of services.

6.1.1. NHSE have also contacted all ICBs asking for a review of safeguarding to be urgently undertaken including freedom to speak up arrangements, advocacy provision, complaints, Care, Education and Treatment reviews

(CETRs), Integrated Care and Assessment Treatment services (ICATS) and any other feedback on services. Oversight for the review will sit with the LSC Quality Committee, with a full report provided to the December ICB detailing the findings of this review and any actions required.

6.2. Lancashire and South Cumbria ICB Constitution - Following commencement of the Health and Care Act (2022) a review of the model constitution that was published by NHSE in May 2022 has been undertaken. The review has identified several small amendments which NHSE have asked ICBs to make.

6.2.1. These changes relate to minor technical references to various sections of the Act, and one clarification on the definition of Health Care Professional. As these are minor technical changes, NHSE have advised that they do not fall within the scope of the guidance for ICBs making amendments to their constitutions. The ICB Constitution has therefore been amended as outlined above and the updated version has been submitted to NHSE and published on the ICB website.

6.3. ICB Governance Handbook – Inclusion of Memorandum of Understanding (MOU) - An MOU between NHS LSC ICB and NHSE (North West Region) has been included within the ICB Governance Handbook. The MOU sets out the arrangements between NHSE and the system in respect of the SOF. It provides clarity on the expected oversight arrangements and support offers and escalations processes in respect of the four segmentations of the framework. In addition, the MOU describes the relationships between the system and NHSE regional team and the interfaces that underpin how the ICB and NHSE will work together to discharge their duties.

6.3.1. It is expected that this relationship will differ according to the system, levels of delegation and maturity. It is anticipated that whilst this document begins to set out these arrangements, a more detailed Operating Model will further develop these relationships and ways of working for the future. The detailed arrangements will be kept under regular review and the agreement will be updated periodically to reflect those developments. The MOU is intended to align and be supported by the NHSE SOF, the ICB Constitution and other published guidance, without duplicating content.

6.4. Mental Health Partner Member - Further to the announcement that Chris Oliver will be acting into the role of Chief Executive of LSCFT from 1 October 2022 until a full recruitment process is undertaken, it has been agreed that Chris will also act in the role of Partner Member (Mental Health) on the ICB. The ICB will undertake a full joint nomination and appointment process for this partner member once a substantive Chief Executive has been appointed to LSCFT. This will be undertaken in line with regulations and the arrangements set out in the ICBs constitution.

7. GOOD NEWS STORY

7.1. Innovative New Test to Detect Oesophageal Cancer Launched in Lancashire and South Cumbria - LSC ICB working with partners, including the Innovation Agency, have secure £500,000 funding from the Small Business Research Initiative Healthcare fund to pilot an innovative new test called Cytosponge, which helps to detect oesophageal cancers. This procedure is offered to people classed as high risk on current endoscopy waiting lists, delivered in community settings, via GP practices.

7.2. The test is a quicker procedure than an endoscopy in hospital and can identify the 80 to 85 per cent of patients who do not have cancerous cells, giving peace of mind and avoiding unnecessary hospital visits, whilst also ensuring that the 15 to 20 per cent of patients who need to attend hospital for an endoscopy go onto much shorter waiting lists. A video with a case study of a patient undergoing the test is available here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/news-and-media/latest-news/sponge-string-cancer-test-launches-gp-practices>

9. RECOMMENDATIONS

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

Kevin Lavery
12 October 2022