

Integrated Care Board

Date of meeting	2 November 2022
Title of paper	Progress Update on Delivery Board Transformation Programmes
Presented by	James Fleet - Chief People Officer
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Agenda item	Item 8
Confidential	No

Purpose of the paper

This paper provides the board with a progress update on the priority 5 delivery programmes for 22/23 overseen by the Integrated Care Board's Delivery Board, specifically:

- Programme 1 (P1) Reducing Unfunded Capacity
- Programme 2 (P2) Elective Care
- Programme 3 (P3) Clinical Network, Getting it Right First Time plans (GiRFT)
- Programme 4 (P4) Corporate Services
- Programme 5 (P5) Collaboration at Scale: Temporary Workforce, Medicines Optimisation, cost improvement programmes and Continuing Health Care (CHC).

In addition, the paper outlines the medium-term system transformation programmes which will deliver future system sustainability, through integrating health and care services effectively at Place, as well as transforming and empowering our community and primary care services. These programmes will deliver innovative and transformative service models which we know better meet the needs of our communities in the most cost effective and efficient way.

The ICB has established a Transformation Team to take forward these key work programmes collaboratively, with the full range of system partners, and drawing on the deep expertise of our multi-professional clinical leaders.

Executive summary

The ICB has established a framework to take forward the priority Delivery and Transformation programmes, which will address the short-term financial and efficiency challenges within the system, as well as drive longer-term system sustainability through the transformation of primary and community services.

This will include delivering deep integration at Place, with a major focus on prevention and the development of innovative partnership-led models for intermediate and domiciliary care with local authorities, and other system partners.

Work is being undertaken to establish a robust programme management infrastructure to support and enable the accelerated delivery of these major programmes of work, and efforts continue to establish delivery trajectories and set expectations around benefits delivery.

Recommendations

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

Integrated Care Board – 2nd November 2022

Progress Update on Delivery Board Transformation Programmes

1. INTRODUCTION

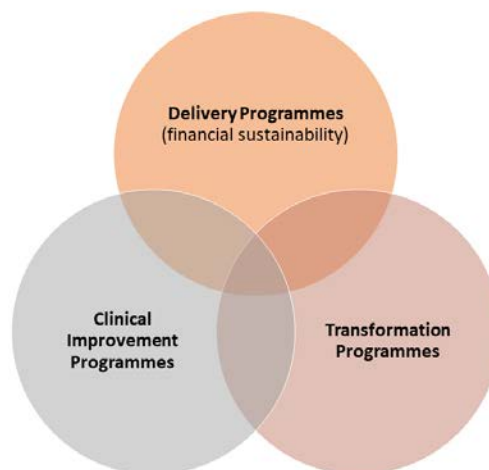
- 1.1 The Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) is committed to its vision for integrated health and care services, for the benefit of improved outcomes in population health and healthcare, tackling inequalities in outcomes, experiences and access and, in doing so, enhancing productivity and value for money. Delivering these priorities for our communities requires an immediate focus on tackling legacy issues and on achieving financial balance and sustainability so that we can focus on the delivery of ambitious and far-reaching system improvement and transformation programmes.
- 1.2 The ICB has adopted three phases of improvement and transformation activity:
 - **Stabilisation phase** – actions required in the next 12-18 months.
 - **Recovery phase** – actions required in the next 1-3 years
 - **Transformation phase** – actions to progress in years 4-7.
- 1.3 During 2021/22 the Integrated Care System (ICS) identified three key initiatives that could drive significant efficiencies and reduce waste, these were:
 - **Establishing a sustainable workforce model** for the system (One L&SC Workforce) - addressing the significant use of high-cost locum and agency through workforce initiatives
 - **Clinical excellence** - using Right Care, Getting it Right First Time (GiRFT) and model hospital data to address a number of inefficient services whilst driving quality and clinical effectiveness, and
 - **Corporate services opportunities** – through working collaboratively across providers.
- 1.4 The ICB has established an integrated delivery, improvement and transformation approach, which provides the breadth and focus of delivery required to address the immediate, short and medium-term improvement and transformation priorities for the system.
 - 1.4.1 **Delivery Programmes** – the ICB agreed five priority areas of focus to help mitigate the risks to the in-year financial position, which have been reported to the Board previously. These will also support the longer-term financial sustainability of the system. The portfolios will support delivery of major efficiency benefits, as well as improving quality and reducing costs simultaneously.
 - 1.4.2 **Improvement Hub** - there are a plethora of Clinical Networks whose focus is to deliver on the long-term plan and other national priorities.

These networks are funded by NHS England (NHSE) but aligned to ICS footprints. With the establishment of the ICB we have agreed that the oversight of these networks' objectives and progress with those objectives should sit with the ICB. The Medical Director and Chief Nurse are establishing an Improvement Hub to provide oversight of these networks and alignment with other key pieces of work to ensure the improvements being driven across clinical pathways are aligned with ICB ambitions and priorities, improving outcomes and are aligned to delivery and transformation programmes avoiding duplication of effort. In addition, the provider collaborative has a programme of improvement, and this work is also being aligned with the Improvement Hub and system priorities.

1.4.3 Transformation programmes – a team has been established within the ICB to take forward major transformation programmes that will deliver the future vision for health and care services within LSC. The priority transformation programmes are:

- Transforming the primary and community services infrastructure and driving innovation in out-of-hospital provision.
- Transforming the workforce model to create a sustainable, efficient, and agile 'one L&SC workforce', through innovative ways of working, hybrid roles, more flexible career pathways and employment models.
- Transforming our hospital estate.

ICB Integrated Delivery, Improvement & Transformation Approach



2. THIS PAPER:

2.1 Sets out the framework that the ICB has established to take forward the priority delivery and transformation programmes, which will address the short-term financial and efficiency challenges within the system, as well as drive longer-term system sustainability through the transformation of primary and community services. This will include delivering deep integration at Place, with a major focus on prevention and the development of innovative partnership-led models

for intermediate and domiciliary care with local authorities, and other system partners.

- 2.2 This paper provides an update for the Board on the status of each of these key programmes, along with the identified benefits and trajectories.
- 2.3 It updates Board members on the work that is being undertaken to establish a robust programme management infrastructure to support and enable the accelerated delivery of these major programmes of work.
- 2.4 The paper also sets out the key next steps for discussion and support.

3. 2022/23 DELIVERY PROGRAMMES

- 3.1 Five priority areas have been identified as the focus for delivering efficiency savings as part of the stabilisation phase, with dedicated resources and clear programme plans for delivery. The five 'portfolios' were described in the 27 July Finance Board paper to the ICB, and delivery against these portfolios is monitored by the ICB Delivery Board, jointly chaired by the ICB Chief Executive Officer (CEO) and Provider Collaborative Board (PCB) CEO.
- 3.2 These five, high priority portfolios, along with some additional opportunities for short term financial gains, provide a financial recovery roadmap for the system in the medium term. Furthermore, working closely with Directors of Finance across the system, and with clear responsibilities and accountabilities for delivery, this roadmap will enable the system to take a view on the most likely residual full year risk. The ICB Quality Team is leading work to support completion of Quality Impact Assessments (QIA's) and Equality Impact Assessments (EIA's) for the system delivery and transformation programmes.
- 3.3 Whilst each of these priority portfolios have a clear scope, defined ICB leadership and indicative benefit trajectories, they are currently in different phases of the planning, mobilisation and delivery cycle.
- 3.4 The table below summarises the status of the five delivery portfolios that have been established to mitigate, as far as possible, the in-year financial risks that have been reported to the ICB Board, and support delivery of longer-term financial sustainability for the system. The delivery status for each of the priority programmes is referenced as being in either the *Planning*, *Mobilisation* or *Delivery* phase.
 - 3.4.1 *Planning* describes a programme that has a defined scope, objectives but does not yet have the delivery leadership and resources fully in place to mobilise.
 - 3.4.2 *Mobilisation* describes a programme that has the required delivery resources in place and is being formally mobilised to deliver imminently (i.e., within the next 2-3 weeks), including engagement with system partners and key stakeholders and having a formally constituted steering group in place. A clearly defined delivery trajectory has not yet been finalised.
 - 3.4.3 *Delivery* describes a programme that is fully mobilised and is now delivering against a clearly defined trajectory. These programmes are subject to formal review through the Delivery Board.

Portfolio	Potential Benefits/ Savings opportunity	ICB Lead	Senior Responsible Officer (SRO) (Programme Director)	Delivery Status	Delivery Trajectory
P1 Unfunded Capacity	£80m recurrently	Sarah O'Brien, Chief Nurse/ Kevin McGee, PCB CEO Lead	Kevin McGee (Amanda Thornton)	Mobilisation phase Steering Group established. Programme Director in post.	Indicative trajectory in Q3 22/23
P2 Elective Care Recovery	Protect against £15m loss of ERF Initially opportunity to optimise £10m additional income	Maggie Oldham, Chief of Strategy, Planning & Performance	Kevin McGee (Gary Doherty)	Delivery phase Steering Group established Work continues identifying productivity and mutual aid initiatives that will support Trusts in their efforts to undertake at least 104% of pre-pandemic elective activity.	Indicative trajectory in Q3 22/23
P3 Streamlining Clinical / Care Networks	£4m recurrently (EBIs) £80-100m including GiRFT opportunities	David Levy, Medical Director	Andy Curran (Ed Parsons)	Delivery phase Steering Group established Strong clinical leadership engagement. Short-term efficiencies identified by reducing interventions with limited evidence base (EBIs). Developed GiRFT priorities and now finalising delivery plans with Trusts.	Indicative trajectory Q4 22/23
P4 Corporate Collaboration	£40m recurrently	James Fleet, Chief People Officer	Jonathan Woods (Margie Burdis)	Mobilisation phase Programme Director in post from Nov 22. Clear scope, remit and programme structure in place building on work undertaken by PCB. System working session for all corporate service leaders diarised for Nov 22.	Indicative trajectory from Q3 2023/24
P5a Temporary Workforce Optimisation	Indicative estimate £36m over 3 years (*benefits profile to be finalised through	James Fleet, Chief People Officer	Kevin Moynes (Terry Whalley)	Mobilisation phase Market testing exercise launched October 22. Full market procurement exercise due to launch Nov 22, with provider selection in early Dec 22.	Quick win benefits released from Q4 2022/23 Collaborative bank benefits

	procurement exercise)			Quick win optimisation workstream to be launched rapidly in Nov.	from Q1 2023/24
P5b Medicines Optimisation	£20m recurrent	David Levy, Medical Director	Andrew White (Brent Horrell)	Delivery phase Steering Group established Strong clinical leadership engagement.	Some benefits now being delivered.
P5c CHC	£6m recurrent	Sarah O'Brien, Chief Nurse	Sarah O'Brien (Jane Brennan)	Mobilisation phase Delivery Partner engaged (MIAA). Programme Lead in place. Backlog reviews to be undertaken from Oct 22.	Trajectory expected in Q3 2022. Currently a cost pressure rather than savings emerging.

3.3 For most of the programmes firm trajectories have not yet been developed, due in part to delays in appointing programme leads and delivery teams. Establishing robust delivery trajectories for all of the programmes is now a priority.

3.4 The ICB is committed to ensuring that all the above programmes are accelerated into the delivery phase as quickly as possible, to enable full-year effect benefits to be delivered in 2023/24.

3.5 Through robust programme management and governance arrangements, the Delivery Board as well as the newly established Finance and Performance Committee, will hold the nominated ICB lead and SRO accountable for the timely progress, traction and delivery of the identified saving trajectories, and wider performance and quality benefits.

3.6 Deep-dives into these programmes will be presented to future ICB Board meetings, to provide Board members with the opportunity to understand the remit, progress and delivery of these workstreams in greater depth.

4. SYSTEM TRANSFORMATION PROGRAMMES

4.1 The ICB has identified three strategic transformation programmes which will be key to delivering the ICB's ambitious vision for health and care within Lancashire and South Cumbria. The three priority transformation programmes are:

- New Hospitals programme.
- Transforming Primary and Community services.
- Workforce transformation.

4.2 Under the leadership of the ICB's Director of Transformation, these large-scale system-wide transformation programmes draw on thought leadership, system and workforce innovation, research and technology, partnerships and clinical leadership expertise from within the ICB and the wider system.

4.3 The transformation programmes require system leadership and commitment from partners to support far-reaching change and innovation in service models,

infrastructure, and workforce arrangements. These are adaptive leadership programmes, which will generate and inform system thinking and design, through engaging system partners and stakeholders at all levels.

- 4.4. The transformational programmes will define the Recovery and Transformation phases of the system's improvement and transformation journey (ref 1.2) and will involve collaborative investment/disinvestment decisions, reflecting the systems commitment to prevention and community services, and reducing the scale of hospital capacity and footprint.
- 4.5. Whilst the New Hospitals Programme is well advanced, the other transformation programmes are currently being mobilised, including developing clear work plans, outcome measures and trajectories, as well as appointing SROs with the experience and capability required to engage effectively with system partners to transform, innovate and deliver. The Primary and Community Services programme will formally launch in November, and the Workforce Transformation programme will launch in January.
- 4.6. Deep-dive sessions for the ICB Board, to engage Board members in the content of the programmes and provide assurance on the delivery will be provided at future Board meetings.
- 4.7. A summary of the major transformation programmes is provided below:
 - **Transforming primary and community services** - Previous work in the ICS recognised key drivers for change across primary and community services including access to services, unwarranted variation in outcomes, lack of historic investment in community services compared to other services and variation in funding across the CCGs. In addition, it is recognised nationally and internationally that a move away from reliance on acute hospitals will require the transformation of primary and community services, including the requirement for building greater capacity, as well as enabling innovation in service and workforce models. Transforming primary and community services in LSC is a major and far-reaching programme of work, which will shape the future of how care will be provided in our neighbourhoods and communities including for public health, primary, community and intermediate tier services (health and social care), facilitating greater prevention, less people requiring a hospital admission and therefore driving better population outcomes. As well as the opportunity to accelerate work to create and embed highly functioning Integrated Neighbourhood Teams, which meet population needs more effectively, the programme will drive a fundamental shift in intermediate services, as well as a sharp focus on prevention. This transformation work will explore a joint venture proposition with our local authorities for a public sector domiciliary care model, with a fully integrated and sustainable workforce model.
 - **New Hospitals programme** - The new hospitals programme is a well-established transformational programme. The programme (part of the Governments manifesto commitment to build 40 new hospitals) is not just about new buildings, but how a transformed hospital infrastructure can be used as an enabler to support the acute clinical strategy, improve system productivity and deliver key environmental commitments. The programme

is also acting as a catalyst to exploring new partnerships in training, education and research. After 18 months of extensive work on the hospital services design and economic modelling, the programme announced in September 2022 its preferred options for new a Royal Preston Hospital and Royal Lancaster Hospital built on new sites. Details were also announced on alternative options to refurbish the existing estates. The “Our hospitals, Our say” report was also published in September highlighting the extensive level of public engagement that continues to be central to the programme. This includes over 15,000 discussions with members of the public and over 1.4 million interactions on our social media platforms. Extensive work has been completed on a Pre-consultation Business Case which is now ready, pending a decision by Department of Health and Social Care (DHSC)/Treasury on the available level of capital. The National Programme is currently anticipating a decision to be made by the end of 2022. A focused session with Board members is being arranged to consider the options in full and next steps.

- **Workforce Transformation programme** - to establish the workforce model for the future, drawing on new ways of working, enhanced and expanded multi-disciplinary roles, enabled through new and innovative employment models and relationships (shared, hosted, networked) as well as enhanced technology to support increased employee mobility, transferability of skills, competencies and greater diversity of career pathways. This programme of work will also develop and enhance collaborative approaches and initiatives for integrated workforce planning, optimisation, productivity, as well as health and wellbeing, recognising the major risks and challenges relating to existing and future workforce capacity and capability, particularly for supporting the stabilisation and future growth of L&SC’s primary and community services.

5. ICB PROGRAMME MANAGEMENT OFFICE

- 5.1 The ICB is establishing a dynamic and agile Programme Management Office (PMO) function which will help to accelerate the scale and pace of delivery. The PMO function will include the deployment of programme management resource, risk reporting and escalation, delivery, standardisation and quality control. External support will be commissioned to support the rapid development, set-up and mobilisation of the PMO function, with target of implementing the PMO function by January 2023.
- 5.2 The PMO model will include the provision of an ‘in-house’ training function for programme managers. The PMO will be responsible for overseeing and providing assurance on the delivery of all system improvement and transformation programmes.

6. NEXT STEPS

- 6.1 Progress the 5 priority programmes into the Delivery phase, with regular reports to the ICB Delivery Board, Finance Committee (to be established) and ICB Board.
- 6.2 Fully mobilise the longer-term Community and Primary Care and Workforce Transformation programmes.

- 6.3 Establish, resource and launch the ICB PMO function for rapid set-up and delivery.
- 6.4 Deep-dive sessions with the ICB Board covering the major Transformation programmes for future Board meetings.

7. RECOMMENDATIONS

- 7.1 The Board is asked to **note** the contents of this report and to support the next steps as set out above.

James Fleet

Chief People Officer