

Integrated Care Board

Date of meeting	07 December 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 Executive Team lead contributors
Agenda 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 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

The ICBs ambition is for Lancashire and South Cumbria (LSC) to become a world class, community-centric health and care system with great health outcomes and narrowing inequalities.

My CEO report last month focused on where we need to address performance issues, to improve quality and close the financial gap. Although the ICBs NHS System Oversight Framework (SOF) rating is SOF 3, there is a lot to be proud of and this report highlights three examples of high performance and innovation - Virtual Wards, Chatbot and Falls Lifting service.

This report also provides an update regarding the launch of the The Mutually Agreed Resignation Scheme (MARS) and consolidation of accommodation across our region. Both schemes will help us to achieve financial sustainability through recurrent savings.

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 December 2022

Chief Executive's Board Report

1. INTRODUCTION

- 1.1 The ICB's ambition is for LSC to become a world class, community-centric health and care system with great health outcomes and narrowing inequalities. We are not going to have extra resources as we have had in recent years, so there will need to be a step-change in productivity in our system, a positive, joined-up culture, high performing trusts and a joined-up partnership with local government and the voluntary sector on integration of care and health, plus investment in domiciliary care. We will also need to see a much stronger primary care system with more focus and investment in prevention and early intervention.
- 1.2 My CEO report last month focused on where we need to address performance issues to improve quality, close the financial gap and improve our NHS System Oversight Framework (SOF) rating. Despite being a SOF 3 ICB, with generally SOF 3 trusts, there is a lot to be proud of and this month I want to shine a light on some examples of high performance and innovation.

2. VIRTUAL WARDS

- 2.1 I was on a regional call last week where East Lancashire Hospitals Trust (ELHT) was held up as the 'holy grail' in terms of their utilisation of virtual wards. We need to help our other trusts to level-up, as the use of virtual wards will make a significant contribution to system pressures this winter. ELHT had an 80% occupancy rate for the period from 15-21 November, compared to the overall LSC figure of 56% for the same period.
- 2.2 We recognise that the starting point for this work varies across each trust. The success at ELHT is built on years of sustained investment in and transformation of intermediate tier home-based services, well-established relationships, a culture of working together across primary, community and secondary care, avoidance of unnecessary admissions from A&E and enabling earlier discharges.
- 2.3 A virtual ward model has been developed and implemented for LSC to incorporate best practice from across our system, including the development of sustainable workforce plans and improving admissions and referral rates which were showcased at a National Virtual Ward Clinical Summit last week, presented by colleagues from both ELHT and Blackpool Hospitals Trust (BTH).
- 2.4 We have spent a lot of time on 'hearts and minds' work with clinicians across LSC enabling us to scope options for expansion into different pathways and services from an original base of frailty and respiratory and into end-of-life care, paediatrics and eating disorders services.

- 2.5** It is very much alive and innovative and further opportunities have been identified to connect this with similar schemes implemented through our local authority partners. Alongside that, we are exploring system efficiencies and the development of a shared platform for all of our trusts to adopt as the current systems and reporting requirements are bureaucratic and onerous.
- 2.6** There are expansion opportunities (supported by national funding streams), but virtual wards should be viewed as part of the ICB and Integrated Care Partnership (ICP) longer-term solution, alongside investment into domiciliary care, intermediate care, and the whole frailty pathway, with significant Virtual Ward funding mainstreamed through the ICB 3-year budget and the Better Care Fund (BCF) which is jointly funded by health and local government.

3. CHATBOT

- 3.1** I have been really impressed with how we are working as a system to reduce the waiting times for treatment thanks to innovations such as Chatbot, which is helping to provide a greater level of control over treatment and condition management and is on track to contact 30,000 patients before the end of March 2023.
- 3.2** Chatbot was designed by Lancashire Teaching Hospitals (LTH) colleagues to reach patients on waiting lists to determine if they still require treatment; guiding patients through a series of questions designed by NHS consultants and healthcare experts. Following a pilot in Morecambe Bay and Preston, this has now been rolled out to other hospitals and medical specialties in Lancashire and South Cumbria and is being adopted by other ICBs.
- 3.3** So far, out of 13,583 validated patient contacts in LSC, almost 1,200 patients, 9% have indicated they could leave the waitlist and 22% indicated they require an appointment sooner.

4. FALLS LIFTING SERVICE

- 4.1** The NHS England's (NHSE) 'Going Further for Winter' letter required all ICBs to implement a Falls Lifting Service as part of winter resilience measures, but we are somewhat ahead of the game here with a 24/7 365 days-a-year, falls response and pick up service across Lancashire, Blackburn with Darwen, and Blackpool which is seen as a leader regionally. We are in the process of scoping and implementing the service for South Cumbria and looking to finalise a solution in the next month.
- 4.2** The service works closely with North West Ambulance Service (NWAS) call handlers to re-route patients from NWAS to the falls lifting service, who have an average response time of under 30 minutes. The alternative would be a category 3 or 4 Ambulance which may take several hours leading to 'long lies' for people on the floor which inevitably result in hospital conveyance/admissions and poor health outcomes.
- 4.3** Across Lancashire, Blackburn with Darwen, and Blackpool the service responded to 1500 call outs in October 2022. In effect this saved around a

thousand ambulance call outs in one month alone, freeing them up to deal with more urgent ill and injured patients.

- 4.4 The service continues to expand and now also cover falls within care homes across Lancashire, Blackburn with Darwen, and Blackpool and Local Authority domiciliary care agencies. Further improvements are underway to identify people earlier in the referral process and to enhance the electronic links between services.

5. SPECIALISED COMMISSIONING

- 5.1 NHSE is currently the accountable commissioner for 154 prescribed specialised services. In line with the Health and Care Act 2022, there is the provision for the commissioning of these services to be delegated to the ICB from April 2023. LSC ICB submitted a Pre-Delegation Assessment Framework (PDAF) to NHSE on 4 November in readiness for the national moderation panel on 16 December 2022.

- 5.2 There are risks associated with the April 2023 timeframe arising from the lack of clarity regarding the new financial allocation methodology; the operational model including workforce arrangements; and governance arrangements particularly where services are delegated across multi ICBs. As a consequence, the PDAF submitted by LSC declared a preference for joint working arrangements with NHSE from April 2023 with delegation commencing in April 2024. At a national level, only two ICBs stated a preference for delegation from April 2023 and this has resulted in a national decision that no system will have specialised services delegated at that time.

- 5.3 Work is now commencing on ensuring that systems are ready for joint working arrangements from 1 April 2023 and focusing on three key areas: technical requirements, including governance, finance and contracting arrangements; support for areas of development identified in individual ICB PDAFs; and the development of an Organisational Development (OD) programme between NHSE and ICBs.

6. MUTUALLY AGREED RESIGNATION SCHEME (MARS)

- 6.1 The Mutually Agreed Resignation Scheme (MARS) was launched on 15 November, following endorsement by the ICB Remuneration Committee and NHSE, and agreement by the staff-side representative. This is a voluntary, one-off scheme open to all staff employed by LSC ICB. The scheme will help us to achieve financial sustainability by mutual agreement. The scheme will run until 2 December 2022, and we intend to notify staff of the outcome before Christmas. A further update to Board members will be provided at the meeting.

7. ACCOMMODATION

- 7.1 We currently have six properties that are largely empty and expensive to run. We are not an organisation of home workers, but through the introduction of agile working, we have more office space than we need, which is not necessarily in the right place or in the right style for our modern working practices. In July, the decision was taken to look at options to rationalise our estate to provide better accommodation that promotes collaboration and saves money.

7.2 This work has led to the consolidation of our buildings into two headquarters, based at the Lancashire County Council building in the centre of Preston, and the Lancaster University Health Innovation Campus, both of which have good accessibility by public transport and space that gives us the opportunity to integrate closer with our external partners, particularly local authorities, and universities. In addition, we have an indicative list of seven touchdown spaces across the four 'places' in LSC. The intention is to have a good spread of these facilities, referred to as touchdown spaces, across our patch to offer colleagues a space to work that is closer to their home. The accommodation we are moving to is vastly superior to our current accommodation and will save us around £650k per annum recurrently from 2023 onwards.

8. STAFF SURVEY

8.1 The 2022 NHS Staff Survey closed on Friday 25 November, with a final completion rate of 78.8% (372 respondents from an eligible sample of 472 staff) as an organisation. Once the results are published in January, the executive team will review the main themes and the directorate-specific feedback with a task and finish group to develop targeted actions that respond to the main concerns raised.

8.2 It is important for that we understand how our people are feeling across our organisation, so that we can take forward timely actions to improve their experience and make things better going forwards. We will be using a 'listening into action' approach to address what matters most for our people. We will focus on things that will make the greatest difference in improving the experience of our staff at work each and every day and we will be accountable for our success in delivering these improvements.

9. HSJ ARTICLE

9.1 You may have seen the recent HSJ coverage, which included reference to a staff briefing, a video of which was passed on and subsequently shared on Twitter, which is unfortunate. We removed the link as soon as this came to light and are employing Vimeo technology for future staff briefings, but we are unable to completely remove the risk of this happening again. I stand by what I said, there will be tough decisions ahead, but staff need to know that we are doing everything we can to ensure these briefings are a safe space where they are able to contribute and ask questions without this risk of this being shared with a wider audience.

10. REGISTERS OF INTEREST AND MANAGEMENT OF CONFLICTS OF INTEREST

10.1 Julian Kelly, Chief Finance Officer NHSE, wrote to ICB Chief Executives, Chief Finance Officers and Audit Chairs on 21 November requesting that all ICBs undertake an urgent self-assessment of their local register of interests and management of conflicts of interests and respond to NHSE by Monday 5 December. The letter outlined ten self-assessment questions, some of which go over-and-above the current guidelines that we are already adhering to, and we are reviewing and updating the ICB's declaration of interest register in light of this additional level of scrutiny. The Board development session in January will include a fraud awareness session, delivered by the ICB's Anti-Fraud Specialist, and will

include fraud, bribery and corruption, cyber fraud, conflicts of interest and gifts and hospitality.

11. RECOMMENDATIONS

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

Kevin Lavery
7 December 2022