

Integrated Care Board

Date of meeting	1 February 2023
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	Item 7
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 ICB and its wider operating environment.

Executive summary

My CEO report last month focused on shining a light on some examples of high performance and innovation.

This month's update to Board is two-fold, covering both the ongoing winter pressures, and system-wide work to mitigate risk to patients; and the work we are doing to develop our longer-term strategies seeking to align the different parts of our system and build something different. Indeed, this is our challenge – to deal well with the here and now crises, yet not lose sight of the future and strategic mission that the ICB was set up to address.

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 – 1 February 2023

Chief Executive's Board Report

1. Introduction

- 1.1 As an organisation, we were born only seven months ago – and yet we have achieved a lot in that time. There have certainly been some challenges, which is to be expected in our first year, but I am proud of the progress we have made so far, and I am excited for the journey ahead as we make progress towards clarity of structures and priorities and really begin to settle into business as usual as an ICB as 2023 goes on.
- 1.2 This month's update to Board is two-fold, covering both the ongoing winter pressures, and system-wide work to mitigate risk to patients; and the work we are doing to develop our longer-term strategies seeking to align the different parts of our system and build something different. Indeed, this is our challenge – to deal well with the here and now crises, yet not lose sight of the future and strategic mission that the ICB was set up to address.

2. Winter Pressures

- 2.1 We continue to be profoundly grateful for the efforts of NHS and care staff who have already gone above and beyond the call of duty to ensure our patients receive the highest standards of care throughout this difficult time.
- 2.2 The LSC executive team will continue to provide timely updates and assurance to Board members in relation to system pressures and industrial action, as this is an ever-changing landscape and as part of this, we will provide a real-time update to Board members during the 01 February meeting, and have included below some observations from the last six weeks:
- We are holding a strong performance position within the region.
 - We have coped relatively well as a system, under real pressure and have been commended for our approach as an ICB.
 - During the periods of industrial action, we performed well against ambulance handover targets and coped well with the industrial action in December and January.
 - There has been positive feedback from NWAS colleagues regarding the changes our Trusts are making and their ongoing commitment to collaborative working.
 - As a system, we held our position at Operational Pressures Escalation Level (OPEL) 3 over the Christmas and New Year period, when our neighbouring systems, at times, were in OPEL 4.
 - We experienced an increase in the numbers of patients coming through emergency pathways
 - Despite NHS and local authority colleagues working closely to support with discharges, we experienced high numbers of patients in all four of our acute trusts who were not meeting medical criteria to reside.
 - We have been undertaking regular briefing calls with our Local Authority Chief Executives and Directors of Adult Social Care to both update them

and thank them for the way their teams have responded to winter pressures

2.3 I know, you will have also heard some stark messages in January, with colleagues from all parts of the health and care system saying they have never seen it so challenging. I remain confident that colleagues are doing everything they can, but our trusts and wider system, remains extremely stretched across the board. We know there will be further challenges to come, but it is important to again acknowledge and thank those who have been involved so far.

2.4 I firmly believe that throughout these pressures it is essential that we continue to develop our longer-term plans around workforce, transformation, and organisational development, to help us to cope with pressures in a more proactive way in the future. Our job as a Board is to work with all of the different parts of our system to align and inform our strategic plans going forward, to get 'up-stream' of the problem and break the current cycle.

3. Industrial Action

3.1 I would like to again thank to our staff for their involvement in planning and managing the strikes in December and January. I am not going to comment on whether I think the action is right or wrong. I fully respect the rights of staff to take part in industrial action and appreciate the efforts of union representatives at this time and the cooperation of all involved.

3.2 Alongside the below industrial action dates for January, the GMB union are currently considering up to six further strike dates, affecting ambulance services. We have few GMB members amongst LSC ambulance staff. However, there are significant numbers in Merseyside and Cheshire. Therefore, our service levels will be affected to provide mutual aid to our neighbours. Teachers, Junior Doctors, and Firefighters are being balloted on potential strike action over pay and University staff have industrial action planned for February and March.

January 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 Highways & Rail staff	4 Highways staff	5	6 Rail staff	7
8	9 Ambulance staff	10 Environment Agency staff	11 Ambulance staff	12	13	14
15	16	17	18 Nurses (RCN)	19 Nurses (RCN)	20	21
22	23 Ambulance staff	24	25	26 Physiotherapists	27	28
29	30	31				

4. Falls Lifting Service

- 4.1** I am pleased to inform you that we have now implemented a falls lifting service for South Cumbria. The Going Further for Winter document outlined the requirement for all ICBs to have a Falls Response and Pickup service operating as a minimum 8am to 8pm, seven days a week across its geography. Whilst a ground breaking service had been implemented across Lancashire in recent years, the South Cumbria area had proved difficult to commission due to the sparse population, huge geography, and supply challenges. Following joint work with colleagues in the ICB, UHMB and NWS a solution was developed in conjunction with the North East and North Cumbria ICB and a six-month pilot was agreed, which started on 31 December 2022.
- 4.2** Referrals are starting to flow from the ambulance service. So now, as in the rest of the ICB, people who have fallen in South Cumbria and phoned 999 are rerouted to this service, receiving improved response and assistance times. Monitoring and evaluation are on-going and there are plans to develop the South Cumbria service to include referrals from Care Homes and Telecare clients over the coming weeks.

5. Operating model for LSC Provider Collaborative Board (PCB) and Integrated Care Board (ICB)

- 5.1** I wanted to share some observations from the workshop, provided by Dame Ruth Carnall, and Paul Gray which are fully supported by both Kevin McGee and I, to set the context for the report and recommendations which will be discussed in more detail as part of the February agenda.
- 5.2** The workshop took place on 19 December, amidst a peak in operational pressures. Despite this, colleagues were focussed and contributing throughout which was extremely encouraging and a really good sign of commitment to making the PCB and ICB work. It would have been very easy to be "elsewhere".
- 5.3** There was a real openness to doing things differently, no one was defending the status quo and nor was there any sense of 'if only other people would do something'. Tensions between PCBs and ICBs are also evident in other systems, we are not unique, but we do need a continued focus on trust and relationships to move past this, underpinned by a robust operating model that we and the wider system understand.
- 5.4** Partners demonstrated both commitment and capability but there remains a significant challenge around capacity. The changes discussed on the day will be very demanding on leadership time and especially on clinical leadership, but this will be key to our success. The feedback that Kevin McGee and I have received from the day has been universally positive with all colleagues immensely grateful to Ruth and Paul for their facilitation and leadership.
- 5.5** The Board will be receiving the report as part of the February agenda. The critical issue is what we do differently going forward. I have agreed with Kevin that we

will do a joint response and action plan for the ICB and PCB. This is a powerful statement about how we will move forward together.

6. LSC Integrated Care Board (ICB) and Integrated Care Partnership (ICP) Meeting with Lord Markham

- 6.1** On 22 December 2022, David Flory, ICB Chair, Cllr Michael Green, Chair of the LSC Integrated Care Partnership and myself, met (virtually) with Lord Markham, Parliamentary Under Secretary of State, House of Lords. It was a positive meeting, centred around our performance and specifically elective recovery, actions linked to the Adult Social Care Discharge Fund, winter resilience plans and relationships with our local government colleagues.
- 6.2** I took the opportunity to provide an overview of our ambitions for the LSC system, the productivity improvements we have identified and the associated reinvestment of improvement savings into our hospital and community services. Financial and process freedoms that would help us as an ICB to move faster, better, and smarter, were also discussed. These included the slimming down of targets, 'single-pot' funding allocations to replace separate allocations received throughout the year, and more flexibilities around how we deploy this funding. I am hoping we will get opportunity to explore this further with the Minister and will keep you updated on any developments.

7. Integrated Planning Approach

- 7.1** This month, the Board is considering our draft **Integrated Care Strategy**, the first of a number of reports that, over the next few formal and informal meetings, will set out how we intend to deliver the four key aims of the ICB over the next 10 years, and detail what we need to do in 2023/24 to start us off on that journey.
- 7.2** I am preparing my first '**State of the System report**' which I will share with you in March, with key themes presented at the February Board development session. This personal report will set out what good integrated care looks like and how we match up; what we should do differently, and the immediate priorities that we will action within our whole system plan. This report will become an annual fixture to coincide with the sign off of the reviewed/updated Joint Forward Plans, before the start of each financial year.
- 7.3** All ICBs are required to work with their NHS partners to set out a **five-year joint forward plan**, guidance for these plans was published in December 2022 (see Appendix A). ICBs are required to publish these plans by 30 June 2023. Locally, we have consolidated and aligned the development of a five-year joint forward plan with a number of other national and local planning requirements, into our **whole system plan** which will include:
- a ten-year plan and vision for the ICB
 - the five-year joint forward plan with local provider Trusts
 - the NHS response to the Integrated Care Strategy with local authority and other partners (as presented on today's agenda)
 - the three-year financial framework

- 7.4 We will bring a summary of the developing 'whole plan' to the February Board development session and to the March Board, prior to formal sign off at the June Board. Just before Christmas, we also received national guidance on the development of our system **Operational Plans for 2023/24** (see Appendix A). These plans need to include detailed activity, performance, workforce, and financial plans across all of our providers; with particular focus on three priority areas, covering recovery, restoration, and increased productivity for the NHS in 2023/24.
- 7.5 Our plans will need to set out how, within our published allocations, we will achieve a set of 31 objectives that sit within these three priority areas. Objectives are also set for use of financial resources and workforce. Current operational pressures and the financial constraints within which our plans will be developed, will make this a particularly difficult planning round. Nonetheless, I am committed to working closely with our partners to ensure that we deliver maximum benefit to our population from within the £4.5bn we spend on their behalf.
- 7.6 Draft operational plans are required by the 23 February, with final versions at the end of March. We will bring an update on draft plans to the March Board development session, prior to the approval and submission of final plans.

8. **Quarter 2 NHS England Regional Assurance Meeting**

- 8.1 Our next Assurance meeting with NHSE will take place on 10 February and will focus on the development of our ICB with a focus on our people, leadership, and finances; quality of care, access, and outcomes with particular focus on Elective Care recovery, Urgent and Emergency Care, Cancer, Diagnostics and Mental Health, plus areas of escalation regarding improving ill-health and reducing inequalities; and reviewing the SOF ratings of provider trusts within the ICB.
- 8.2 I will again, use this as an opportunity to have strategic-level discussions with our regional colleagues, identifying the three or four biggest issues/priorities for our system and what we are doing to address them.

9. **Financial Update**

- 9.1 The Finance report later in the agenda, provides the detail on the latest financial position which highlights that the financial risk has started to stabilise. There has been continued activity since the last Board meeting in developing and progressing delivery against the ICB and Provider recovery plans, in order to mitigate the collective system risk and achieve the year-end financial targets. We have taken further action as an executive team in January to ensure the plans for recovery of the ICB financial position can be delivered in the remaining part of the year. In addition, there has been good collective working across the providers to mitigate the risk to the year-end position.
- 9.2 The initial risk identified at planning stage was £177m for the system. This is currently assessed at £40m and through joint working it is anticipated that this can now be reduced further. The system had a historic surplus of £27m and we are

exploring the potential for utilising this against any residual risk at year end. This position will be confirmed as part of the month 10 (end of January) reported position.

10. Mutually Agreed Resignation Scheme (MARS) and Staff Consultation

10.1 The MAR scheme has now concluded with 44 applications being approved which will take effect from 31 March 2023. We will commence the staff consultation process in relation to our final ICB structures from 30 January 2023 which will run for circa four weeks. During this time, there will be a number of opportunities to engage and consult with our staff; including all staff and team briefings, as well as managers having one to one meetings with staff directly impacted by the changes proposed. We continue to work closely with staff side colleagues to ensure that they are able to advise their members effectively during the consultation period. A 20% savings target (providing £6m of recurrent savings) has been agreed within the new structures, which will be delivered through the use of MARS as well as through natural attrition and tight vacancy management.

11. Emergency Preparedness Resilience and Response (EPRR)

11.1 As a Category 1 provider the ICB are subject to the full set of civil protection duties. We are required to assess the risk of emergencies occurring and use this to inform contingency planning and put in place emergency plans. We have fulfilled this responsibility throughout December and January, in relation to numerous challenging situations; Level 3 Met Office weather alerts, water outages, potential energy outages, and industrial action, and the next few months look likely to continue in the same vein. We have described the EPRR resource requirements for our ICB and are recruiting to these posts to ensure we have the relevant expertise and capacity to meet future demands, whilst recognising that suitably qualified and trained EPRR staff are hard to come by.

12. ICB/NHS Core Standards Submission

12.1 As part of the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, providers and commissioners of NHS funded services must show they can effectively respond to major, critical, and business continuity incidents whilst maintaining services to patients. The NHS Core Standards for EPRR set out the minimum requirements expected of providers of NHS funded services in respect of EPRR.

12.2 The ICB as a category one responder has to complete a self-assessment based upon a series of questions, indicating the organisation's compliance against the standards – defined as fully (100%), partially (88-77%) or non-compliant (76% or less). The ICB has declared itself as non-compliant against the core standards as it has declared 74% compliance against the relevant core standards (i.e., out of 47 relevant standards, the ICB is declaring fully compliant against 35 standards and partially compliant against 12). This reflects the fact that the ICB is a new organisation who has only had Category One responder duties under the Civil Contingencies Act 2004 since 1st July 2022. The Head of EPRR has developed a comprehensive action plan to enable the ICB to improve its compliance against the

core standards over 2023 - 2024, but this will be subject to improved resources and investment in the EPRR function going forwards.

12.3 A monthly PRR Committee will be established in February to facilitate the monitoring of all provider action plans, as well as the ICB action plan, to ensure improved compliance heading into 2023 – 2024. The ICB EPRR Core Standards Report has been presented at the Local Health Resilience Partnership meeting as part of the EPRR Core Standards assurance process.

13. Recommendations

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

Kevin Lavery
24 January 2023