

Integrated Care Board

Date of meeting	13 September 2023
Title of paper	Chief executives' board report
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Agenda item	5
Confidential	No

Executive summary

Ahead of the ICB's annual general meeting, and in light of NHS England's annual assessment of our performance, this report celebrates the success of the organisation, acknowledges the hard work of colleagues working across the system, and highlights the need to review our progress.

In order to provide a sustainable long-term health and care system, we need to reset and fundamentally change our approach, and transform our way of working to promote a community-centric approach, with more prevention and better use of our health and care partners.

Difficult decisions will need to be made, backed up by the evidence that shows that the quality and safety of our services will not be compromised.

Recommendations

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

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	x
SO2	To equalise opportunities and clinical outcomes across the area	x
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	x
SO4	Meet financial targets and deliver improved productivity	x
SO5	Meet national and locally determined performance standards and targets	x
SO6	To develop and implement ambitious, deliverable strategies	x

Implications

	Yes	No	N/A	Comments
Associated risks			x	

Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
n/a	n/a		n/a	
Conflicts of interest associated with this report				
n/a				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	
Report authorised by:	Kevin Lavery, chief executive officer			

Integrated Care Board – 13 September 2023

Chief executives' board report

1. Introduction

“Progress is impossible without change, and those who cannot change their minds cannot change anything.”

- 1.1 As we approach our annual general meeting and consider the feedback from NHS England's annual assessment of the ICB 2022-23, we are faced with an opportunity to reflect on the great work and progress that has been made since the establishment of the ICB.
- 1.2 It is clear that colleagues across the system are working hard to improve the quality of our care provision and outcomes for people in Lancashire and South Cumbria. There is much to be proud of, but this is also a good time to review our progress. There is more that we need to focus on across our health and care system and fundamentally change the way we do things around here to ensure that our health and care system is affordable in the future.
- 1.3 There are several items on the agenda for today's board meeting that lend themselves to the forward view that we must take, for both the short and medium term. This includes the New Hospitals Programme, the system recovery and transformation plan and the Working in Partnership with People and Communities strategy 2023-2026.

2. NHS England's annual assessment of the ICB

- 2.1 In late July, we received a letter from NHS England with the annual assessment of our performance in 2022-23. The letter acknowledged that it was a year of transition and there will be many challenges ahead. We received positive feedback around our governance arrangements, for example our board's inclusion of partner members from the wider health and social care system and professional leadership from a medical and nursing perspective.
- 2.2 The feedback was split into the four fundamental purposes of an ICS.

Improving population health and healthcare

Performance in areas such as 104-week waits, 78-week waits and plans to eliminate 65-week waits by March 2024 were praised. Urgent and emergency care was noted as more challenged, though it was highlighted that performance exceeds the national average.

Our Quality Committee was also observed as delivering its functions in a way that secures continuous improvement in the quality of services.

Our working with people and communities strategy, along with the establishment of our Public Involvement and Engagement Advisory Committee, was highlighted as ensuring the voice of local people and resident is actively embedded and valued in decision making.

Tackling unequal outcomes, access and experience

It was recognised that we include prevention and improving population health as a cross-cutting priority and that we are focused in driving down inequalities in access, outcomes and experience for people in Core20plus communities.

Enhancing productivity and value for money

We were recognised for remaining within our cash limit and within our capital resource limit, as well as maintaining within our running cost allowance.

Unsurprisingly, it was acknowledged that the year ahead is already proving challenging from a financial aspect, with the need for all system partners to work together. We were also encouraged to begin developing our medium-term financial plans to achieve our system clinical ambitions in a sustainable manner.

Helping the NHS support broader social and economic development

The ICB's work with providers and place-based partners to embed anchor approaches and share good practice was recognised. The Lancashire and South Cumbria ICB Green Plan was also referenced as outlining how the ICB will support NHS England and the UK government to fulfil the emission goals.

- 2.3 The main recommendation for us as an ICB was the need to focus on driving continued improvement in access to services, both physical and mental health, and in both primary and secondary care – alongside a relentless focus on productivity and value for money.
- 2.4 Table 1 (see next page) sets out how we are performing as an ICB against the national targets, national average and north west average.
- 2.5 Performance on most key metrics is generally a little above average or good. Cancer has been a problem area for us, but is now fast improving.
- 2.6 This is a testament to the hard work of staff working across the Lancashire and South Cumbria health and care system over the last year; we are making real progress and it is being recognised regionally and nationally, so I would like to thank all colleagues for their efforts.

Table 1: ICB performance

Performance metric	Target	Lancashire and South Cumbria ICB	North west average	National average	Comments
Winter and UEC					
Not meeting medical criteria to reside		8.57%	15.61%	14.13%	Jun-23
A&E 4 Hour Standard (76% Recovery Target)	76.00%	77.49%	73.00%	73.99%	Jul-23
Average ambulance response time: Category 2	00:18:00	00:25:22	00:25:22	00:31:50	NWAS Aggregate
Virtual ward occupancy	80%	45.30%	45.92%	64.10%	28/07/23 Snapshot
Virtual ward Capacity per 100k		26.0	20.19	18.9	28/07/23 Snapshot
Cancer					
2 week wait referrals (93% Standard)	93%	89.36%	84.47%	80.52%	Jun-23
31 Day First Treatment (96% Standard)	96%	88.07%	91.31%	91.35%	Jun-23
62 Day referral to treatment (85% Standard)	85%	52.31%	59.44%	59.24%	Jun-23
% meeting faster diagnosis standard	75%	76.14%	70.25%	71.35%	Jun-23
Elective recovery					
65-week wait (% waiting 65+ weeks)	0% (by Mar-24)	0.93%	1.76%	1.29%	Jun-23
Day case rate [BADS Procedures]		82.50%	77.90%	80.40%	Feb-Apr23
Capped theatre utilisation	85%	77.60%	75.00%	76.40%	Rolling 3 months to 30/07/23
Discharge to patient initiated follow-up		3.31%	2.27%	2.57%	Jun-23
Mental health					
Under 18s supported through NHS funded mental health with at least one contact	24,118 contacts in 1 year	26,120 (+8.3% above trajectory)	GM: +1.1% above trajectory C&M: -19.2% below trajectory		May-23
Dementia diagnosis	66.7%	68.8%	GM: 71.5% C&M: 65.8%		July-23
SMI health checks		58%	GM: 63% C&M: 52%		% against LTP
Primary care					
GP patient survey: positive experience		75%	73%	71%	2023 survey
GP patient survey: ease of getting through to GP practice by phone		54%	51%	50%	2023 survey

3. New Hospitals Programme

- 3.1 Since my last report, we have taken a big step forward for Lancashire and South Cumbria, now that we have funding envelopes for the two new builds.
- 3.2 The key next stage is to complete land acquisition. We are in the process of submitting a business case to enable us to drawdown capital funds so that we are able to acquire land, which will enable works to start at the earliest opportunity. This will put Lancashire and South Cumbria in a very strong position to progress the project and, if the opportunity arises in due course to accelerate it, then land ownership would be vital.
- 3.3 Today's agenda includes a report on the latest position of the New Hospitals Programme, with more detail about the timelines and key milestones. As the programme progresses there will be a number of key decisions for us to take as a board and we will continue to receive updates as the programme develops.
- 3.4 In August, our New Hospitals Programme team facilitated a ministerial visit from Lord Markham, Parliamentary under-secretary of state for health and social care, and other members of NHS England and the Department of Health and Social Care as part of a roadshow taking place across the country.
- 3.5 The aim of the event was to update stakeholders on the national programme and what this means for Lancashire and South Cumbria. The day also gave us an opportunity to update national colleagues on the work happening in Lancashire and South Cumbria and to share the experiences of what it is currently like to work and be treated in our current facilities, as well as talk about the programme and any issues or barriers to our progress.
- 3.6 An afternoon stakeholder session included an invitation to non-executive directors of the ICB and trusts, and I know that many of you attended the session. I would like to extend my thanks to everyone involved in helping the day to run smoothly.
- 3.7 The New Hospitals Programme timeframe marks out the progress we need to make in those 12 years. By then, we need to have transformed our delivery model to fit the growing needs of the population; so that the demand for services does not overwhelm the system.

4. The need to reset

- 4.1 What we need in the period between now and when we begin the design of the new hospitals, is to reset our system and reinvent to promote a

community-centric approach, with more prevention and better use of our health and care partners. If we do not change our delivery model, in 12 years we would have an unaffordable challenge.

- 4.2 We currently deliver a £4 billion budget via a hospital-centric delivery platform, with 60% of our money spent on hospitals. We have some key drivers of this, such as people over 85 with multiple long-term conditions, a generally ageing population with greater health need, increased demand and longer waits for treatment as a result of long COVID, population growth, poverty and the cost-of-living crisis.
- 4.3 This is why we need to press the reset button now. We need to look at a major expansion over the next few years of hospital at home care (virtual wards). In fact, we need to start thinking about a virtual hospital, with a single platform, and single provider rather than four separate operations.
- 4.4 We also need a significant expansion of intermediate care, with a dynamic model so that people do not end up institutionalised in care. This needs to be a system that aids early discharge, using care to get people back into the community as soon as possible, or to get them appropriate support to avoid admission in the first place.
- 4.5 The emphasis will need to be on population health, risk-based primary care and the very frail elderly. People over 85 with multiple long-term conditions are a critical driver of our whole health and care system and that population is due to increase significantly in the next 12 years.
- 4.6 If we do not change our delivery model, we will not be able to provide the care that will be needed by our population in 2035. Approaches like the Jean Bishop Integrated Care Centre in Hull and East Riding, which I mentioned in my last board report, are the kinds of examples of integration that we quickly need to explore and find ways to implement in Lancashire and South Cumbria, at pace and at scale.

5. The need for tough decisions

- 5.1 Although the way we are configured is the reason behind our challenged financial situation, we do need to change our approach to health and care because without change, outcomes and care for our residents and communities will only get worse.
- 5.2 In June, we received negative publicity due to the ICB not providing inflationary uplift for hospices. These are the sorts of choices we are going to need to make as a board. We recognise the important role that hospices play

in our health and care system and essentially the most important thing for us to do is work with the hospices to support the work they do for people in Lancashire and South Cumbria. Our conversation with the hospice leaders has been more around our long-term model and how we can provide more certainty and clarity, focusing on a outcomes-based specification with more flexibility for delivery.

- 5.3 We know that the scale of cuts is significant; for the ICB alone we are being asked to cut our running cost allowance by 30% by 2025/26.
- 5.4 As Irish playwright, George Bernard Shaw, said: “Progress is impossible without change, and those who cannot change their minds cannot change anything.”
- 5.5 All the decisions we make will be backed up by the evidence that shows that the quality and safety of our services will not be compromised, and that certain communities will not be unfairly disadvantaged by those decisions. We are committed to engaging, involving and consulting our residents and communities.
- 5.6 In July we revised our [strategy for working in partnership with people and communities](#) which builds upon engagement with public and partners throughout the past year, with support from the Public Involvement and Engagement Advisory Committee. We have processes in place to involve and engage, and our Working in Partnership with People and Communities strategy will support with keeping the public, patients, carers, staff and partners informed and involved in service change and transformation, including how we reach and involve those who are affected most by health inequalities.
- 5.7 The fact remains, we cannot continue the way we are. We must make difficult choices and we will have to stand by those choices when challenged. This does not mean that we will never review our decisions, but we must continue to make these choices in the best interests of our residents and communities and, in doing so, be aware of the need to manage media interest or political pressure. That is the only way we will be ready for our new hospitals in 2035.

6. Finance and recovery

- 6.1 At the end of July, we had a catch-up meeting with NHS England’s chief operating officer for the NHS, Sir David Sloman, urgent and emergency care director, Sarah-Jane Marsh, deputy CEO and director of finance, Julian Kelly, and regional director, Richard Barker.

- 6.2 We received strong support for the recovery approach that we have adopted, with a focus on clinical and non-clinical transformation and a three-to-four year timeframe. It is recognised that there is a significant amount of change and a high degree of risk in some aspects of the programme.
- 6.3 The budget remains very challenging for the ICB and for the wider system. What I can say, is that I have been really pleased with the quality of the cost improvement programmes (CIPs) and our quality innovation, productivity and prevention (QIPP). We have got better plans in all places that are being robustly monitored and assured, and I am assured that we are doing all the right things. It is such a big ask, that there remains a lot of risk.
- 6.4 I have been really impressed with senior middle managers, in our hospitals, mental health trust and in our ICB, rising to the challenge in the most difficult circumstances.

7. Specialised Services Commissioning

- 7.1 Further to the update in my last report, delegation of a large portion of specialised services commissioning from NHSE to ICBs continues with the completion of the LSC ICB Pre-Delegation Assessment Framework in August. The Finance and Performance Committee approved the framework for submission to the regional NHSE team, on behalf of the ICB board at their meeting on 29 August. This submission will now be moderated by the regional team and then considered by the NHS England board in December 2023.
- 7.2 This delegation will enable ICBs to join up the specialist elements of pathways with the prevention activity and primary, community and secondary care services they are responsible for.
- 7.3 Staff who commission the services being delegated from April 2024, or support related activity, will come together throughout England, in commissioning hubs, with LSC ICB as the host organisation for the north west hub. Given the different timeframes for delegating services and to ensure there is a stable support for delegation, the hub teams will continue to be employed by NHSE during 2024/25, whilst supporting the services delegated to ICBs as well as those retained by NHS England. This will allow us to achieve a smooth transition for NHS staff and for the people who rely on these services. All other delegation preparations and hub arrangements continue to ensure we as an ICB and host of the north west hub are 'ready to receive' delegated services from 1 April 2024.

8. Ensuring our staff have freedom to speak up

- 8.1 For many people working across the NHS, the trial of Lucy Letby highlighted a shocking and awful series of events, and our thoughts are with the families at this difficult time.
- 8.2 A letter from Amanda Pritchard, Sir David Sloman, Dame Ruth May and Professor Sir Stephen Powis, following the verdict in the trial of Lucy Letby, included a number of actions being focused on nationally to prevent anything like this from happening again. In particular:
- The national roll-out of medical examiners provides additional safeguards by ensuring independent scrutiny of deaths not investigated by a coroner;
 - The new Patient Safety Incident Response Framework will be implemented this autumn and will provide a sharper focus on data and understanding how incidents happen, engaging with families and taking effective steps to improve and deliver safer care;
 - The importance of Freedom to Speak up; which you will note is an item on today's agenda;
 - The strengthened Fit and Proper Person Test Framework, an assessment to ensure no individual is appointed as a board director unless they satisfy the requirements, which includes that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not).
- 8.3 As the statutory inquiry is carried out, we will begin to understand what went wrong and consider how we can learn our own lessons from this tragedy. We will also use this opportunity to look at our arrangements for how we engage, to ensure that all colleagues have freedom to speak up.
- 8.4 This is important for us as an organisation, not just in the wake of recent events; we have been developing this process over several months and want to continue to build an inclusive and compassionate culture. We want staff to feel safe and comfortable to raise any concerns that they have.
- 8.5 As the inquiry develops, I am sure we will revisit some of this and give careful consideration to how we can make improvements in our own health and care system.

9. Recommendations

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

Kevin Lavery

5 September 2023