

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Report of the Chief Executive
Presented by	Kevin Lavery, Chief Executive
Author	Hannah Brooks, Communications and Engagement Manager and Executive Team contributions
Agenda item	5
Confidential	No

Executive summary

This report sets out the current challenges that the ICB is facing in relation to delivering an ambitious recovery and transformation plan, and focuses on what needs to be in place in order for the plan to be achieved.

Major change will require strong commitment and leadership, and the right culture. This will be even more key as more complex programmes of transformation are developed.

There has not been enough progress in relation to the agreed recovery plan and the month six position means that it is now necessary to prepare for intervention from NHS England. Intervention should add value and help to improve the year-end position and future transformation.

Recommendations

The Lancashire and South Cumbria Integrated Care Board is 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	
Executive Management Team	31 October		Draft reviewed for agreement.	
Conflicts of interest associated with this report				
Not applicable.				
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				

Integrated Care Board – 8 November 2023

Report of the Chief Executive

1. Introduction

- 1.1 We are acutely aware that we face some major challenges around the Integrated Care Board (ICB). There are even bigger challenges within our system. We are working hard to respond to those challenges, and we have a good plan in place for recovery and transformation, which we covered in detail at the last board meeting in September.
- 1.2 Since the last formal board meeting, we have held the first two meetings of the System Recovery and Transformation Board, which brings together the leadership of all of our NHS trusts, the ICB and local government.
- 1.3 We do, however, have some real risks around the speed of implementation of our recovery plan. In the NHS, we are not used to transformational change, and we are encountering some resistance to change. Lancashire and South Cumbria has low turnover and a conservative culture, so major change is a challenge in our system. We need to work closely with our senior and middle managers in the system to build on the positive work that is already taking place and ensure they have what they need to go further, faster and truly embed change.

2. The challenge of execution against our recovery plan

- 2.1 We have got a good plan, but it is high risk and requires trusts to work closely together, major hospital reconfiguration and a switch to community services. This is nothing short of a revolution. It is not surprising that execution of such an ambitious plan is challenging. It means a major change to how we do things around here and not all the relevant staff have the necessary experience and skills.
- 2.2 As American novelist Larry McMurtry describes, “what needed to be done was simple, if not easy”. We need to make progress and move forward. To do this, we need to gain momentum. There is a lot that needs to happen and as a system we need to be on the same page.
- 2.3 The challenge is not going to go away, and as leaders we will need to be decisive in the difficult decisions that we will face over the coming years. It is likely to be a difficult experience if we are going to achieve a real step change across the system.
- 2.4 It is important that we do not come up short in this respect. One of the things that we can really focus on is getting the culture and leadership right at every

level of our healthcare system, so that we can make big and difficult decisions for the overall benefit of the people of Lancashire and South Cumbria (LSC).

- 2.5 Our central services programme is one of the more mature and well-developed programmes. The Provider Collaborative joint committee has determined what is in store, set a joint timetable and agreed that East Lancashire Hospitals Trust (ELHT) will be the host organisation.
- 2.6 However, we are now encountering some slippage which is concerning. This is a perfect example of a programme that has achieved a lot in a short space of time, but now we must ensure that the environment around the programme is right, so that we can continue to meet the challenging and ambitious objectives of the programme. This will require strong commitment and leadership and the right culture. This will be even more key as we move onto more complex programmes of transformation, like clinical service reconfiguration.
- 2.7 I am keen, therefore, that we get some strong earthed leadership development for the system – for senior leadership and high-potential managers, focused on hard skills around our agenda, such as how to roll out virtual care and zero-based budgeting, soft skills such as collaboration and engagement with clinicians as well as building a community of leaders within our system. In doing so, we will reap the rewards for years to come for people living and working in Lancashire and South Cumbria.

3. Preparing for intervention

- 3.1 So far, we have been using a range of NHS England (NHSE) financial controls around discretionary spend, consultancy, contract renewals and staff vacancies across the LSC NHS system. We voluntarily adopted these measures in an attempt to improve our financial position.
- 3.2 Although the three-year recovery plan that we agreed with NHSE is a good one, the execution of the plan has fallen short of what we expected. There is a lot of risk within the plan, due to the underlying deficit.
- 3.3 Unfortunately, we are not making enough progress and our month six position means that we are now preparing for intervention from NHS England.
- 3.4 Intervention is not how it should be done. It is much better to get it right first time, rather than intervene after the event.
- 3.5 We need to make sure that any intervention adds value and helps improve our year-end position and our future transformation.
- 3.6 We need targeted support from specialists and experts from the national team, who are able to take an objective view of specific areas that would benefit from intervention. We will therefore ask for support in relation to certain areas of commissioning, transformation programmes that are encountering barriers, and the trusts in our system that are most financially off-plan.

4. Organisational development: a way to go

- 4.1 We are currently in the annual NHS Staff Survey period and in July we ran one of the quarterly NHS Pulse Surveys. This, alongside our monthly wellbeing check-ins with staff has shown that staff satisfaction and morale remains low.
- 4.2 As chief executive of the organisation, I take responsibility for the results of our surveys and have already begun working with our leadership team to look at how we can improve the experiences of our staff.
- 4.3 We have a way to go to get some of this right, but we are committed to listening to our staff and are making our organisation a great place to work for everyone.

5. Chief operating officer

- 5.1 We have updated the job title for Craig Harris to better reflect his portfolio. Although there is no change to Craig's portfolio or responsibilities, his job title is now chief operating officer, or COO. The updated job title is more akin to what is used in other NHS organisations and is intended to help people better understand Craig's role and portfolio.

6. Continuing Healthcare transfer of staff and new model

- 6.1 On 1 October the All Age Continuing Care (AACC) and Individual Patient Activity (IPA) service provided by Midlands and Lancashire Commissioning Support Unit (MLCSU) transferred into our ICB. This means that the AACC and IPA service has now become a team of circa 250 staff. This also includes existing ICB staff and 75 new starters.
- 6.2 Four place-based Continuing Healthcare (CHC) teams will operate across the ICB. Discharge to assess, children and young people's continuing care and IPA teams will operate at system level with place-based links.
- 6.3 A senior leadership team has been established within the ICB led by the director of adult health and care and the associate director of AACH and IPA.
- 6.4 This has been a significant milestone for the service and many compliments have already been received from external stakeholders and staff who have transferred over about the improved quality and responsiveness.
- 6.5 It should also be noted that the AACC team has met their NHSE quality premium trajectory and aim to achieve this consistently across all place teams from Q4 as approved by NHSE, which is another milestone achievement.

- 6.6 The board will be aware that we have got significant financial challenges in the CHC area, with high inflation on packages and increased volumes and some of that is associated with the transfer from MLCSU to us. At the same time, we are confident that that the new model is working really well. Already, we have eliminated the backlog and we are close to hitting our target for the time requirements for assessments. The new model has already received numerous compliments from stakeholders from across the system.

7. National Allied Health Professional Day

- 7.1 In the week leading up to Allied Health Professionals (AHPs) Day on Saturday 14 October, our AHPs showcased the breadth and depth of their system working innovation through events and social media, with a focus on 'AHPs in the right place, at the right time, with the right skills'.
- 7.2 AHPs represent our third largest workforce across the ICB. They are integral to helping us move forward with new multi-professional clinical and care models that will holistically support the needs of our communities both now and in the future.
- 7.3 It is important to acknowledge the impact that AHPs have in patient care, inspire the future workforce and ensure AHPs play a central role in health and care transformation. Our allied health professions are art therapists, dramatherapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, prosthetists and orthotists, paramedics, physiotherapists, diagnostic radiographers, therapeutic radiographers, speech and language therapists.
- 7.4 Katherine Simcock, principal speech and language therapist at Lancashire and South Cumbria NHS Foundation Trust won the 'AHP leadership for equality, diversity and inclusion award' the prestigious Chief AHP Officer Awards, announced as part of the national celebrations.
- 7.5 Katherine's work included a focus on the evidence base for language used to talk about autism. Through co-production with people in Lancashire and South Cumbria, Katherine produced a language guide to help professionals talk to autistic people about their preferences for language whilst continuing to recognise that every person is an individual and language is not 'one size fits all'. This is a great example of the way in which we are keen to see our teams work across Lancashire and South Cumbria, and rightfully so, has earned national recognition.

8. Our ambition to become a truly anti-racist organisation

- 8.1 Every October marks Black History Month, which is a time to promote and celebrate Black contributions to British society, including our NHS colleagues across Lancashire and South Cumbria. While this is a time of celebration, it also shines a spotlight on some of differences and issues experienced by Black

people and people from other ethnic backgrounds.

- 8.2 Nationally, we know that NHS staff from ethnically diverse backgrounds experience disproportionately higher rates of bullying, harassment and discrimination when compared to their white counterparts and are less likely to be represented at senior levels within our workforce. We cannot allow this to be the experience of our people, and therefore we are committed as a senior team to challenge this behaviour and pave the way for equal opportunities for all of our people across the system.
- 8.3 Through our annual work on the NHS Workforce Race Equality Standard (WRES), we know that our ICB and provider trusts still have a long way to go to ensure that we have a representative workforce and that our people from ethnically diverse backgrounds are able to thrive in a workplace free from discrimination. We have recently completed our WRES System Report for 2023 and will be using this to formulate clear actions to improve the workplace experience of our ethnically diverse staff.
- 8.4 We are also in the process of engaging with the North West BAME Assembly's Anti-Racist Framework which will help us further in improving workplace experiences and amplifying the voices of our people from ethnically diverse backgrounds.
- 8.5 As part of our commitment to the Anti-Racist Framework, we will soon be publishing our anti-racism statement which will outline our organisation's stance. Our ambition as an ICB is to become a truly anti-racist organisation and we are fully committed to taking appropriate steps to ensure this happens.

9. Provider Selection Regime

- 9.1 The Provider Selection Regime (PSR) regulations have been introduced into Parliament by the Department of Health and Social Care (DHSC), and subject to scrutiny by Parliament, the DHSC intends for the new regulations to come into force on 1 January 2024.
- 9.2 The PSR will be a set of new rules for procuring health care services in England by organisations termed relevant authorities and will replace the existing procurement rules for NHS and local authority funded health care services. Relevant authorities are:
 1. NHS England
 2. Integrated Care Boards
 3. NHS trusts and NHS foundation trusts
 4. Local authorities and combined authorities
- 9.3 The PSR introduces greater flexibility when making decisions about how best to arrange healthcare services, with competitive tendering one of several potential

processes that may be followed.

- 9.4 To support implementation, NHS England have published draft statutory guidance (subject to parliamentary approval of the regulations) which will be supported by a set of resources including more detailed implementation tools such as process maps and template documents.
- 9.5 This will require a significant amount of planning for the ICB over the next eight weeks to ensure that we have our internal processes, contract reviews, and decision-making arrangements in place to implement the new regime. We will keep the board informed of any relevant updates in the lead up to anticipated implementation date.

10. Awards and recognition for our staff

- 10.1 I would like to finish by acknowledging some awards that our ICB staff have recently received.
- 10.2 Our ICB won an award at the HSJ Patient Safety Awards in the 'Improving Medicines Safety' category for our joint work with Midlands and Lancashire Commissioning Support Unit on enhancing inhaler prescribing practice.
- 10.3 Louise Hamer was also recently presented with the first ever 'Lads like Us' Ask Why award at the Institute of Health Visiting Evidence-based Practice Conference for showing tremendous trauma informed practice, and exercising professional curiosity.
- 10.4 Alison Marshall and Jane Shanahan won the Excellence in Pharmacy – Education and Development award at the National Conference for the Association for Pharmacy Technicians, after they collaborated across organisations and professions to share their learning and upskill the workforce in reducing harms and improving quality of life and outcomes for our most vulnerable patients.
- 10.5 Finally, Dr Andy Knox, associate medical director for population health, received an MBE last week in recognition of his services to primary care and tackling health inequalities across the region, awarded as part of The King's first birthday honours list. Dr Knox has been a leading figure in developing our population health model and the population health equity leadership academy, which launched last year.
- 10.6 As an ICB, we are keen to recognise and celebrate the hard work and dedication of our staff, and one of the ways that we plan to achieve that is through our new internal awards process.
- 10.7 In mid-September, we launched our first ever ICB Staff Excellence Awards, which centre around our new 'PROUD' values. During the nomination period we received over 175 nominations for the nine categories, and we will hold an

afternoon celebration event to announce the award winners on 6 December, which board members have been invited to.

Kevin Lavery

1 November 2023