

ICB Public Involvement and Engagement Advisory Committee

Date of meeting	28 February 2024
Title of paper	Communications and engagement support for Recovery and Transformation
Presented by	Neil Greaves, Director of Communications and Engagement
Author	Neil Greaves, Director of Communications and Engagement
Agenda item	6
Confidential	No

Executive summary

This report provides an update to the Public Involvement and Engagement Advisory Committee on the Recovery and Transformation Programme for Lancashire and South Cumbria and key system priority programmes of work. The paper describes work underway to develop an updated vision and narrative which supports senior leaders to engage with leaders, partners, staff and public and which will underpin clinical and care professional engagement.

The paper also describes the continued work to embed the principles of working in partnership with people and communities in the priority programmes of work and preparation work which is required to prepare for potential pre-consultation and formal consultation activities.

Advise, Assure or Alert

Assure the committee:

- The engagement and involvement support being provided to ICB priority programmes of Recovery and Transformation
- Preparations for pre-consultation engagement and formal consultation processes are being developed to support service change and transformation which are expected in the future

Recommendations

The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents of this report and the information regarding priority system programmes
- Note the approach to communications and engagement to support these programmes with a focus on embedding engagement principles
- Note the work being undertaken to prepare for potential future service change and ensuring processes for delivering the ICB's duty to involve are in place at an early stage

Which Strategic Objective/s does the report contribute to		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	✓
3	Make working in Lancashire and South Cumbria an attractive and desirable	✓

	option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	✓
5	Meet national and locally determined performance standards and targets	✓
6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?	✓			Reputation and engagement risks are included as part of ICB risk management process and therefore captured within the risk register
Financial Implications			✓	

Where paper has been discussed

Meeting	Date	Outcomes
Recovery and Transformation Board	20.02.2024	Approach to developing a common system narrative and updated vision was discussed and direction of travel endorsed.

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:

Neil Greaves, Director of Communications and Engagement

ICB Public Involvement and Engagement Advisory Committee- 28 February 2024

Communications and engagement support for Recovery and Transformation

1. Introduction

2.1 Since July 2023, the ICB Board has established a Recovery and Transformation Programme and plan for Lancashire and South Cumbria which has been discussed in ICB Board meetings. This is a three-year recovery and a long-term transformation programme to embed new models of care and achieve financial sustainability.

1.1 In September 2023, a report to the Public Involvement and Engagement Advisory Committee provided an update on the approaches being put in place to embed the principles of working in partnership with people and communities into the priority Recovery and Transformation programmes. This report provides a further update on the progress to support a broader conversation about the vision and how the system will deliver ambitious plans.

3. Recovery and Transformation programmes

3.1 A vital success factor for improved delivery pace for this programme is clarity of leadership and decision making. The Recovery & Transformation Board, supported and informed by the Steering Group and Clinical Advisory Group, will provide the overarching leadership for the ICB and PCB Joint Committee.

3.2 The following priorities have been identified as part of our Recovery and Transformation Programme. These programmes are being supported by a Governance and Operating Framework and a small multi-disciplinary task and finish group will assess programmes against a criterion of clear, deliverable objectives, key milestones, and a positive Return on Investment (ROI).

1. Transforming care in the community

Community services transformation will focus on three areas:

- **Healthier communities:** Connecting residents to each other and services available from local partners and local groups, activities, and events. Providing a forum for ideas to emerge from the community. Encouraging residents to take control of their health and wellbeing.
- **Integrated Neighbourhood Teams:** Bringing together teams and professionals to improve care for neighbourhood populations. Primary, community, secondary and social care, domiciliary and care staff, population health and VCFSE partners. A team of teams, sharing

information and resources to improve health and wellbeing and tackle health inequalities.

- **Enhanced care in the community:** Supporting people to recover and increase independence through time-limited enhanced support based on the person's needs to enable them to remain at home or as close to home as possible. Brings together care teams to deliver reablement, crisis services, home-based and bed-based support. An initial focus on vital and vulnerable services as part of the community fragile services work is looking at podiatry, nutrition and dietetics, and bladder and bowel.

2. Acute services reconfiguration

Acute services are working in collaboration to transform clinical services and improve outcomes, safety, and efficiency through centres of excellence and surgical hubs which provide high quality of care.

- **Clinical reconfiguration of some specialities:** We will reconfigure some specialist surgical services sooner, such as vascular, urology (bladder, kidney, and prostate cancers), head and neck cancer and cardiac where the evidence shows there is an opportunity to offer better outcomes for patients and a more sustainable staffing model. We have committed to the agreement and implementation of new models of care in these services, with an aim for them to be in place during 2025/26.
 - **Fragile service transformation:** Establishing a rolling programme to transform clinical services, starting with haematology, orthodontics, and gastroenterology and by developing and implementing rapid networked solutions, in addition to accelerating the ongoing work on stroke, CAMHS, autism and cancer.
 - **Improvements by Getting It Right First Time (GIRFT):** More clinical networks across Lancashire and South Cumbria which will promote GIRFT, benchmarking and improvements with the development of common system-wide protocols to improve the sustainability and reliability of patient care and reduce morbidity and mortality.
- 3. New Hospitals Programme:** By creating a network of brand new and refurbished facilities, we will help local people live longer, healthier lives. By doing this, we will also make Lancashire and South Cumbria a world-leading centre of excellence for hospital care. The New Hospitals Programme is aiming to address significant problems with our ageing hospitals in Preston (Royal Preston Hospital) and Lancaster (Royal Lancaster Infirmary).
- 4. Urgent and emergency care:** If left unchecked, demand for unplanned urgent and emergency care (UEC) will continue to escalate and this represents the biggest risk to our sustainability. We will prioritise the development of our urgent and emergency care strategy including the role of future district general hospitals model, Urgent Treatment Centres, and other system assets. There will be a strong connection between the UEC needs and the solutions that need to be delivered by transforming care in the community settings portfolio.

- 5. Planned care:** This will focus on transformational elements of elective recovery including the expansion of surgical hubs, use of the independent sector, referral optimisation, waiting list management, and theatre and outpatient transformation.
- 6. Diagnostics:** A continuation of the pathology reconfiguration will remain a high priority for the Pathology Network, alongside acceleration of the digital enablement, joint procurement, repatriation of tests referred out and demand optimisation. We will accelerate work on endoscopy aligned with the gastroenterology fragile services work.
- 7. Central services transformation:** This includes the creation of One LSC which will enable the five Trusts in Lancashire and South Cumbria and the ICB to run central (non-clinical) services as a collaborative partnership.
- 8. Mental health, autism and learning disabilities:** Improving our mental health, learning disabilities and autism offer and have a reduction in Out of Area Placements which aligns to our community model.

4. Clinical and care professional engagement

- 4.1 To support the development of a clinical strategy for the health and care system which underpins these programmes and all transformation and reconfiguration across the system, there is a need to engage and involve clinical and care professionals over the coming weeks. To support this a refreshed vision and narrative is being developed with senior system leaders to enable honest, open, and consistent conversations with staff, partners and the public going forward.
- 4.2 The vision will focus on moving towards a high quality, community-centered health, and care system by 2035. The purpose of this work is to clearly articulate the direction of travel over a 3 to 5-year recovery period and longer-term period of transformation to be ready for any potential new hospitals. Describing how the programmes above will help to achieve the vision and how this work needs to be iterated with involvement of colleagues across the system and members of the public.
- 4.3 Over the coming weeks the priority will be to focus on clinical and care professional, local authority and partner engagement whilst working across communications and engagement teams in partner organisations to embed these messages in staff and public communications where relevant.
- 4.4 The consistent feedback we hear from the public in engagement activities and through formal communication channels is that there is good understanding of the national and local pressures and financial challenges on the healthcare system. Engagement with clinical and care professional leaders will lead to more developed proposals for future transformation and reconfiguration of services which will result in more valuable engagement with local public, patients, and staff.

5. Public involvement and planning for consultations

- 5.1 The priority for communications and engagement is to continue to embed the principles from the strategy for working with people and communities into these priority workstreams working closely with the PMO team to understand key milestones.
- 5.2 Much of this work has already been taking place over months and has been included in previous engagement and involvement assurance reports. Examples include pre-consultation engagement work for acute clinical reconfigurations such as head and neck, vascular and urology and work in places to support Building Healthy Communities through priority wards.
- 5.3 The ICB will take opportunities when engaging with local people in places, in engagement work which is upcoming and ongoing to embed messages within this narrative – it will underpin all our conversations with local people and insights and feedback will be captured.
- 5.4 Over the coming months, there will be a focus on engaging and involving key public and patient groups in planning for potential areas of pre-consultation engagement and formal consultation. This will help prepare for large-scale transformational change and establish principles and approaches. A workshop is already being set up for early March with a focus on the New Hospitals Programme.
- 5.5 The newly established Citizen's Health Reference Group includes members of the public contributing their perspectives into engagement and involvement and programmes of transformation. This provides an opportunity to look at how relevant perspectives are embedded into key transformation programmes and how this group can influence and advise on approaches relating to engagement and involvement.

6. Recommendations

- 6.1 The Public Involvement and Engagement Advisory Committee is asked to:
 - Note the contents of this report and the priority system programmes
 - Note the approach to communications and engagement to support these programmes with a focus on embedding engagement principles

Neil Greaves, Director of communications and engagement

20 February 2024