

## Integrated Care Board

<b>Date of meeting</b>	15 May 2024
<b>Title of paper</b>	Chief executive's board report
<b>Presented by</b>	Kevin Lavery, chief executive officer, Integrated Care Board
<b>Author</b>	Kirsty Hollis, Associate Director and Business Support to the Chief Executive
<b>Agenda item</b>	5
<b>Confidential</b>	No

### Executive summary

This report describes the activities and interactions with regard to our 2024/2025 planning and our approach to the challenges presented.

It also reflects on the support required through partnership working and in particular the role our patients and members of the public play in contributing to our decision making.

### 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	<b>x</b>
SO2	To equalise opportunities and clinical outcomes across the area	<b>x</b>
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	<b>x</b>
SO4	Meet financial targets and deliver improved productivity	<b>x</b>
SO5	Meet national and locally determined performance standards and targets	<b>x</b>
SO6	To develop and implement ambitious, deliverable strategies	<b>x</b>

### Implications

	Yes	No	N/A	Comments
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	

<b>Where paper has been discussed</b> (list other committees/forums that have discussed this paper)				
<b>Meeting</b>	<b>Date</b>			<b>Outcomes</b>
n/a	n/a			n/a
<b>Conflicts of interest associated with this report</b>				
Not applicable.				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

<b>Report authorised by:</b>	Kevin Lavery, Chief Executive officer
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# Integrated Care Board – 15 May 2024

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## Chief Executive's board report

### 1.0 Introduction

- 1.1 We are already one month into the new financial year and whilst I have been away in, colleagues across the system have continued to work incredibly hard to meet the on-going challenges and for that I am very grateful.
- 1.2 There is a Māori saying “Kāhore taku toa i te toa takitahi, He toa takitini” which translated means “we cannot succeed without the support of those around us” and nevermore so has this been true. From ensuring that we deliver the best possible care for our patients, to working with and supporting our workforce in times when personal resilience might be feeling low.
- 1.3 I am not going to shy away from saying that the coming twelve months are going to be challenging. At a point when we may want to pause, take a breath and reflect on 2023/24 there can be no let up. We have to continue to progress our recovery and transformation plans at pace and even, dare I say it, with a sense of greater urgency and momentum, but I am convinced that we are up for the challenge.
- 1.4 We are not going to be successful if we act as lone individuals, teams or even organisations. Our success in achieving our ambitions for 2024/2025 and beyond will be reliant on a collective effort and that includes our patients and residents of Lancashire and South Cumbria who are integral to the planning and delivery of our ambitions and strategic objectives.

### 2.0 Working in partnership with people and communities

- 2.1 As part of delivering the ICB's strategy for working in partnership with people and communities, there are a number of different elements to our engagement and involvement approach that have been developed in the 18 months since the ICB was established.
- 2.2 I am keen to recognise the contributions of more than 1,400 members of the public who regularly contribute to surveys and opportunities to be involved in public involvement and engagement activities as part of our Citizens Panel.
- 2.3 Similarly, we capture lived experience and patient stories through the generous contributions of those that share their stories for our board meetings and at the quality committee who have heard from more than 20 people so far. It is not always easy to share personal experiences, especially when there has been a difficult or challenging situation for a person or their close family member, and we are grateful for the courage of those who have shared these experiences so that we can ensure that patients remain at the centre of our decision making.

- 2.4 The recently established Citizens Health Reference Group is another way that we are able to use the perspectives and knowledge from people with lived experience to feed into priority transformation and commissioning programmes. The group currently consists of 14 volunteer public advisors and there are plans to actively recruit more members in the near future.
- 2.5 As we further develop as an ICB and as a health and care system, we are keen to ensure that our residents know how they can get involved in decision making and share their experiences. This enables us to make sure our services respond to the needs of people living in Lancashire and South Cumbria, and, where things are not working so well or areas that can be improved, our commitment is to listen, reflect and embed meaningful change where we can. We aim to build on these foundations for how we engage and involve and strengthen these throughout our commissioning processes.
- 2.6 Through this report I would like to extend my gratitude to all those members of the public who have given their time to supporting the ICB through these initiatives over the past year and I look forward to continuing, and indeed extending the opportunities for, this crucial engagement and involvement work.
- 2.7 Similarly I would like to thank those voluntary, community and faith sector organisations who provide support to many individuals to enable them to participate in our work.

### **3.0 Supporting Our Staff**

- 3.1 Since my last report, the results of the staff survey, which took place last November, have been published and it is fair to say that they were not where we would hope they would be. Since the previous year's results, which were on the back of organisational change and at a time when we were mid restructure, we had hoped the work undertaken through the Big Conversation programme, the launch of our PROUD values and the fabulous staff awards day in December, would have supported staff to have a more positive experience of their work life. However, our results, albeit a slight improvement on the previous year were disappointing and not reflective of where we want to be as an organisation.
- 3.2 The Executive team take these results very seriously and it is important that we act quickly but in a measured way, to demonstrate to our staff that we do listen, we do care and that their positive experience of work is very important to us.
- 3.3 When analysed at a Directorate level, there is significant variability in the survey results. Some are performing well above average and some are below. It is therefore important that we take areas of good practice, learn from and build upon them across the organisation. We are launching a series of roadshows under the banner of the Big Conversations to be led by the Executive team and

senior leadership team which we hope will give colleagues the confidence to speak with us openly so that we can address their concerns and issues.

- 3.4 We have also established the People and Culture Group which is made up of volunteers from each ICB Directorate who are willing to be ambassadors for building a positive culture within our organisation. This group together with our network groups, our freedom to speak up guardians and the continued excellent work of our health and wellbeing team will be crucial to creating an inclusive and compassionate culture and making the ICB a great place to work.
- 3.5 Widening our support to staff across Lancashire and South Cumbria, together with the Chief People Officer, I have been working with an educational institution to develop a leadership programme that is earthed in the specific challenges we face in our system, such as the need for significant clinical reconfiguration and a shift to community centric models of care. This is an exciting initiative which is in the final stages of planning which demonstrates our commitment to investing in and developing our local talent. Once finalised, I will be able to share the detail ahead of launching with our colleagues and partners.

#### **4.0 2024 State of the System Report**

- 4.1 Last year, I shared '[Turning challenges into opportunities: The state of our system](#)', which set out my observations of how we were measuring up as a newly established ICB, and what we needed to do differently to embed meaningful change for our residents. Naturally, the report was set within the context of a number of immediate issues that we encountered alongside the development of our long-term ambitions, including waiting lists, budget, workforce and difficult decisions that need to be made.
- 4.2 The intention is to share an update each year, and I am currently working on a version that is almost ready to be shared with the board. This will provide members with an opportunity to share any comments or feedback before the final version is published, towards the end of May. This year's report will review progress over the last twelve months, look at the power of place and how our they can support recovery whilst continuing our journey of transformation and delivery of our strategic objectives.

#### **5.0 Quality Improvements**

- 5.1 We have again had some really good news for our system which demonstrates continued excellent progress on quality improvement. Lancashire & South Cumbria Foundation Trust (LSCFT) have formally been moved from a rating

against the NHS System Oversight Framework (SOF) from level 3 to 2. On behalf of the ICB Board we extend our congratulations to colleagues in LSCFT.

## **6.0 Quarter 4 Assurance Process**

6.1 As Board will be aware, throughout the year, there are a series of assurance meetings with our regional NHS England colleagues. At this time of year, we would normally be preparing for our quarter 4 meeting. However, in recognition of system pressures and the on-going series of meetings with national NHS England colleagues, the decision was taken to stand down the formal assurance meeting and will instead be based on a desk top review, there may be additional questions requiring response which will be directed to relevant officers. There will then be a shorter meeting with the NHS England regional team towards the end of June. We will keep the Board apprised as we progress through this process.

## **7.0 2023/2024 Year End and 2024/2025 Planning**

7.1 We have recently submitted the draft accounts and annual report which, subject to external audit, shows that we have delivered a significant ICB and system deficit, the detail of which is included in the Finance Performance Report and will be discussed later in this agenda. This is not a position that any of the Board would have wanted, nor is not something we are used to, but we are owning the problem and through our recovery and transformation programme it is our ambition to turn the dial and deliver significant improvement

7.2 One positive message to take away from 2023/24 is that financially, and again subject to audit, we finished the financial year where, twelve months previously, we said we would. When we submitted our 2023/24 plan we highlighted to the Board and NHS England the significant risks that were within our planning assumptions. These risks came to fruition and we were not able to fully mitigate them.

7.3 One green shoot of optimism is our improvement on CIP/QIPP delivery during 2023/24 of which over 60% is recurrent. When coupled with our recovery and transformation plans for 2024/25 this is hugely encouraging as to our ability to drive the recurrent proportion of our efficiencies even further. We were one of the first systems to embrace the operational grip and control processes around vacancies and non-pay expenditure. These will remain in place for the immediate future.

7.4 Throughout April and into May there have, and continue to be, a series of discussions with NHS England national team regarding our system financial and performances plans for 2024/2025. It is important to highlight that at the time of writing, there has been no agreement to the £198m planned deficit, however, we have been very clear that our plans contain some high-risk assumptions and will require a lot of hard work by all system partners to deliver what we have outlined as being achievable in terms of activity, quality improvements and financial performance.

- 7.5 The actions we need to deliver throughout the course of the coming year and beyond will touch on every corner of our health and care system and will require the collective effort of everyone. Our focus has to be on continuing to drive quality improvements and reducing health inequalities whilst at the same time delivering financial efficiencies to underpin a sustainable health and care system for the future.
- 7.6 Our plans may not be perfect, but we are in a much better position at the start of this financial year compared to where we were twelve months ago. We have clearly defined, system wide programmes of recovery and transformation which have programme directors, project plans containing measurable outcomes within defined timeframes and appropriate resourcing.
- 7.7 There are other programmes emerging which are not as advanced in the planning process, such as Transforming Community Care. This will be a really important workstream for the ICB and will put the power of Place at the heart of our recovery programme. Focussing on admission avoidance, eliminating corridor care and speeding up appropriate discharge will be the strategic objectives, but local delivery spearheaded by our Place teams will be the key to this programme's success.
- 7.8 Our system continues to be challenged on the "art of the possible" through going further faster during 2024/25 and we are exploring what some of those opportunities might be. As our system matures and our partnerships continue to strengthen it may be that we are able to improve our planned position, but our ideas need to be underpinned with credible plans identifying resource requirements for delivery, timelines and measurable outcomes. We have a meeting scheduled with the NHS England national team on 22<sup>nd</sup> May 2024 in Leeds to discuss this which we will keep the Board apprised of.

## **8.0 WorkWell Vanguard Funding**

- 8.1 We have recently welcomed the confirmation that a partnership bid submitted by the ICB with upper tier local authority partners to join national WorkWell vanguard programme has been successful. Lancashire and South Cumbria will now be one of 15 successful vanguard systems across the country. The ICB worked closely with colleagues from the Lancashire Skills and Employment Hub, NHS providers, upper tier authorities, Chambers of Commerce, the Growth Hub (Boost) and the voluntary and community sector to prepare the submission. Funding of £4.6m has been awarded for the two-year programme, with an estimated target of 5,000 beneficiaries.
- 8.2 The Work Well Partnership Programme (WWPP) is designed to test approaches to stemming the growth in economic inactivity in our communities, an issue that has received increasing attention in recent months. The programme will support two groups of people: those currently in work with disabilities and/or health conditions who are at risk of dropping out of

employment; and those who are newly unemployed as a result of their health. The aim will be to support individuals to stay in work and enable them to move into new roles before they become economically inactive.

- 8.3 The WWPP vanguard spans Lancashire and South Cumbria – with 7 place-based projects from across our geography proposed within a programme framework.
- 8.4 This is excellent news for our system and the programme will now move into a mobilisation phase with a view to launching in each area from October 2024. Over the following 18 months, it is expected that colleagues in the national Joint Health and Work unit will agree a monitoring and evaluation framework to track the outcomes of each vanguard community.

## **9.0 Congratulations**

- 9.1 Finally, we must congratulate our Cancer Alliance who in partnership with **Cyted** have celebrated being given a bronze award for 'Diagnostics Project of the Year' at the HSJ Partnership awards.
- 9.2 The development of the capsule 'sponge on a thread' test allows for the early detection of signs of cancer in people with Barrett's oesophagus which can lead to increased risk of oesophageal cancer. This innovative diagnostic is an excellent example of how new technology can eliminate waiting times and speed up diagnosis for our patients. Well done to all!

**Kevin Lavery**

**07 May 2024**