NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	13 November 2024
Title of paper	Half year review of progress for 2024/25 intentions and Proposed approach for 2025/26 Commissioning Intentions
Presented by	Professor Craig Harris, Chief Operating Officer
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Agenda item	9
Confidential	No

Executive summary

The ICB commissioning intentions for 2024/25, which were agreed by the Board in April 2024, described the changes that we want to see across the range of services that we commission to progress ICB objectives over coming years. Building upon this first collection and collation of system actions on service change, this report offers an update on progress on implementation during 2024/25 and sets out proposed intentions for 2025/26, covering the following elements:

- ICB commissioning teams and place teams developed a delivery plan for 2024-27 to set out how we intended to implement the commissioning intentions and thereby achieve our vision and strategic aims within our financial framework. A half-year review of delivery against this plan is included within this report, covering those intentions that will carry forward to 2025/26.

- In the light of the ongoing external review of the system financial plans, the Board agreed several collective actions to go further faster to deliver the ambitious level of savings required during the year and into 2025/26. An update against these actions is also included in this report.

- Finally, to ensure that we build a solid plan for our system in future years, the ICB has been working closely with partners to develop our system clinical strategy, co-designing with clinicians the future blueprint of the services that we provide to our population. The strategy is being received for approval by the ICB Board in November. This report sets out our consequent system strategic intentions for 2025/26 onwards that outline the future models of care that we want to commission and the immediate steps that we wish to take towards their delivery.

Recommendations

The Integrated Care Board is asked to approve the proposed system commissioning intentions process for 2025/26 onwards, and to note and support the content of the report, recognising the programme management resources required to ensure that the setting of commissioning intentions becomes an integral part of the ICB business.

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			The management of the associated risks held is detailed within the Board Assurance Framework (BAF-009 and BAF-010)
Financial Implications				

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Finance & performance committee	Update reports to meetings in December and February	Noted
ICB Board Part 2	March 2024	Noted
ICB Board meeting	April 2024	Supported
ICB Board Part 2	July 2024	Noted

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:	Professor Craig Harris, Chief Operating Officer

Integrated Care Board – 13 November 2024

ICB Commissioning Intentions
Half year review of progress for 2024/25 intentions and Proposed approach for 2025/26

1. Introduction

1.1 Going into 2024/25, the ICB set out its intended direction towards a more sustainable system, describing the actions we need to take to achieve our aims. Our ICB commissioning intentions (CIs) for 2024/25 onwards, as approved by the Board at the April meeting, listed the changes that we want to see to progress our strategic objectives across the range of services that we commission.

1.2 Since Board sign-off of the CIs, ICB commissioning and place teams have been developing a delivery plan for 2024-27 to set out how we plan to implement the commissioning intentions to achieve our vision and deliver our strategic aims within our financial framework. The outcomes of a review of 2024/25 commissioning intentions is included in this paper, setting out progress on delivery in-year and actions taken to consolidate and align actions across ICB teams and programmes, with detail on the consequent carry forward of service changes into 2025/26.

1.3 However, in the light of the ongoing review of the system financial plans, it was clear that there were collective actions that needed to go further faster to deliver the ambitious level of savings required during the year and into 2025/26. These actions related to Urgent & Emergency Care, Pathology, Independent Sector, Better Care Fund and acute/community contract reviews required the formal commissioning intentions letters to be issued by the end of September.

1.4 To ensure that we build a solid plan for our system in future years, the ICB has been working closely with partners, with the support of STRASYS, to develop an acute clinical blueprint, co-designing with clinicians the future configuration of the services that we provide to our population. The product is being received for approval by the ICB Board in November and has informed a number of system strategic intentions for 2025/26 onwards setting out the future models of care that we want to commission and the immediate steps that we wish to take towards their delivery.

1.5 The clinical transformation work and the CI review will therefore inform a full updated set of CIs for 2025/26 setting out local expectations for change alongside continued national expectations for recovery, and improvement of waiting times for elective surgery, cancer care and urgent treatment.

2. Commissioning intentions 2024/25 – Mid Year Review

2.1 The mid year review of delivery detailed in Appendix 1 reveals that only 7 programmes/projects have been stopped due to their being of lower priority or through alignment with another programme. Of the 162 open CI only 3 have been deprioritised for this year, although 45 are delayed. Four have been delivered so far, with a further 9 expected to complete in Q3 and 49 in Q4. Some 76 programmes/projects are expected to be carried forward for delivery in 2025/26.

2.2 Example of Impacts

By way of example, detailed below are some key schemes impacts.

2.3 CAT 2 Mean Performance improvement through appropriate deflections of incidents into alternative pathways of care, increasing use of “Hear & Treat” and “See & Treat” with corresponding reductions in conveyance to Emergency Departments.

Ongoing Actions

2.4 The Lancashire and South Cumbria ICB Ambulance Improvement Working Group (AIWG) has been convened to ensure that discussions and decisions around the operational and strategic issues affecting ambulance performance have a dedicated forum to specifically focus upon the system issues which effect this.

Focus upon Delay Related Harm

2.5 Workshops for Acute Trust Non-Executives are currently being planned. The workshop will be data led and focus upon the tangible effects on patients of delayed waiting times and on how reducing delays has a positive effect on reducing the length of stay.

Additional Funding

2.6 North West ambulance service will receive an additional **£2.9m** for the remainder of 2024/25 in November 2024. The national ambulance team have modelled the performance improvements that could be realised from this funding as follows:

- **0.8%** increase in resource hours on the road
- **28** seconds improvement in C2 response time
- Final 24/25 C2 trajectory would be **28.34**

Impacts

2.7 NWAS has agreed, as a result of the additional NHSE funding, to reduce CAT2 mean to 00:28:34 by March 2025; however, this is predicated on hospital handover times being

reduced across the region. NWAS do not have the appropriate capacity to respond to incidents within the community whilst their ambulances and crews and waiting outside hospitals. The impact of an improvement in CAT 2 mean times and reduced handover times is a reduction of patient harm for all patients; particularly the undifferentiated harm for patients waiting for ambulances in the community.

2.8 Improvements in NWAS referral pathways to alternatives to ED will ensure patients are conveyed to the appropriate setting and reduce conveyances to the ED. This links to the Single point of access programme of work and involves an awareness for ambulance crews of the alternative provisions in place and improved communication between system partners of timely acceptance of appropriate patients. The impact of these actions combined will ultimately improve patient flow and reduce patient harm; but needs to be linked to the ongoing improvement programmes of work being led by place delivery teams, ECIST and the National Winter Rapid Improvement Offer at BTH.

UEC Commissioning Intention impacts from 2024/25

2.9 A new UEC 5-year strategy 2024-2029 was approved by the ICB Board on 11 September, following its development through collaboration with system partners, our established UEC governance arrangements and engagement with key stakeholders. Associated UEC improvement plans for 2024/25 have been developed through local UEC Delivery Boards and the plans are currently being implemented to support improvement in UEC performance, quality and cost. In addition, through partnership working, £21.2m has been allocated to providers to enable additional capacity and resilience across our UEC pathway, which includes investments to help redirect appropriate activity to community settings to support admissions avoidance and hospital discharge. It is intended that these initiatives will help our system's response to the upcoming winter pressures and the achievement of the two national objectives for UEC in 2024/25 i.e. 4-hour A&E performance (78% in March 2025) and Category 2 ambulance response times (average of 30 minutes across 2024/25).

2.10 Please see Appendix 2 in relation to primary care commissioning intentions and associated impacts.

3. Further intentions for 2024/25

3.1 In the light of the ongoing review of the 2024/25 system financial plans, it is clear that there were collective actions that needed to go further faster to deliver the ambitious level of savings required during the year and into 2025/26. Baseline analyses and reviews are either in train or completed with reportable actions. These actions required the publication of further commissioning intentions – these are set out below.

Context

3.2 Commissioning Intentions (CIs) are an integral part of the commissioning cycle, and it is well recognised as the process of assessing needs, planning, prioritising, purchasing, and monitoring health services, to get the best health outcomes. (england.nhs.uk)

3.3 In principle, the setting of intentions is reliant upon a set of strong strategic objectives, cognisant of population health needs and national guidance, and are set within the

overall financial context. The timeframe and process of gathering CI's is not exclusively a single ended point in the commissioning cycle but is an opportunity to collaborate and innovate with partners and stakeholders at a number of gateways within the commissioning cycle, although, typically CI's will be captured and communicated as a collective set of intentions and signed off, at an agreed point in the planning cycle.

3.4 CIs should not be confused with traditional national tariff counting and coding requests, which are submitted annually no later than the 30 September, instead CIs should be iterative, and viewed as an opportunity to review services, adjust and develop opportunities with all providers and partners, and be inclusive of both NHS Trusts, independent sector and community providers. The NHS standard contract service development improvement plan (SDIP) provides a framework and platform to develop our plans in year.

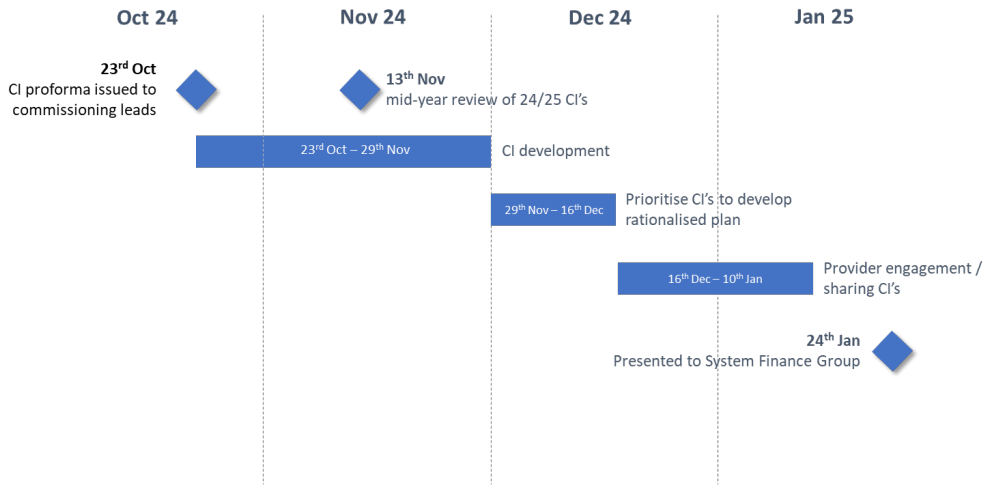
3.5 In line with the national timetable and usual contractual notice periods, the ICB issued strategic commissioning intentions letters to all 5 of the main provider trusts on the 30th September 2024, these broadly set out commissioning proposals for the forthcoming contract year 2025/26.The key focus of the commissioning intention letters detailed the emergence and implementation of a new co designed UEC strategy aligned to UEC improvement plans, alongside the continuation of block reviews, so that the ICB is clearer on the full scope of service lines and that the level of activity reconciles back to contract values. Finally, the ICB letter also described the intentions linked to the pathology programme.

3.6 In response Providers have countered to the ICB, and whilst acknowledging the financial challenges in Lancashire & South Cumbria, nevertheless, their responses also highlight areas that they believe are currently underfunded or require further negotiation. As a result of the correspondence, and as an opportunity to collaborate, a face-to-face workshop was held on the 15 October with the five Trust Chief Executives to further describe the system challenges in respect of future transformation and redesign so that services continue to deliver safe, effective, and best value opportunities for our patients that recognise the financial challenges that the system faces and starts to scope plans for the coming year. Some of these ambitions will be contingent on the planning guidance and will be revisited once this has been issued.

4. Future Proposals

4.1 The timeframes and key process steps for undertaking development, review and finalisation of our commissioning intentions is outlined below in figure 1:

Figure 1



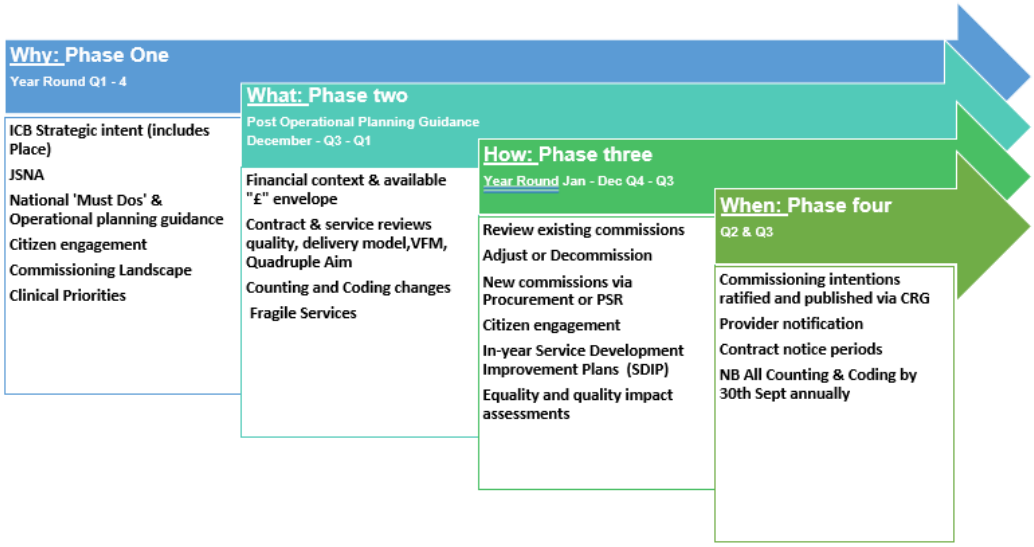
4.2 There is new director leadership for the commissioning intentions under the Chief Operating Officer, which has created a useful point to pause, allowing us to build on the current process and further refine, however recognising that it is the intention that CI's become an iterative process on an annual cycle, which will need sufficient resource aligning to them.

4.3 For this financial year and between October and November, functions will be asked to consider their intentions for the new financial year, where possible the process will be automated. Following receipt of intentions, the programme team will use the quadrant prioritisation exercise to identify the key ICB priorities for 25-26, these will be reconciled to the national planning guidance with the aim of intentions being signed off by the Board in February and where appropriate built into contracts for 25/26.

4.4 Building on processes undertaken for 24-25, a streamlined proforma and prioritisation tool will be issued out to all commissioning leads by 25th October, which will initiate the process of development of commissioning intentions. This will be an iterative process where draft intentions can be reviewed and refined throughout the development period to ensure the intentions are purposeful and fully aligned to the strategic priorities for our system.

4.5 For future years the proposal is to restart the process for 26/27 in Q1 of the new financial year. One option being considered is the establishment of a CI's forum which would report to the commissioning resource group (CRG). This would provide greater visibility, assurance, and oversight of CI's so that this becomes embedded within the ICB governance and structures and not something that we do in isolation, separately, and as an addendum to our work. Through this group some new documentation will be tested including the development of a decision support tool which will be a first step to help guide commissioners to better assess priority programmes. It is proposed that the CI process will be delivered in four interrelated phases as described below in figure 2.

Figure 2



5. Commissioning for Transformation

5.1 The system clinical strategy is being considered by the Board at the November meeting. The following CIs for 2025/26 are intended to ensure delivery of the strategy.

5.2 Alongside the interventions for recovery is the programme for system transformation. The ability to shift to a strategic commissioning approach to achieve improved outcomes will be enabled by implementing the transformation programmes that are currently in train. These include the acute configuration programme, new hospitals programme and the approach to transform community care.

5.3 While the transformation ambitions may take several years to realise the full impact, they will signal a marked change in form, nature, or appearance. However, there are some emerging opportunities that can be confidently mobilised over the next 12 – 24 months that will mark the start of the transformation journey.

5.4 Transformation and innovation are firmly rooted in the intent of the ICB and the wider system but there is more work to do, and this must be done in partnership and collaboration across the system.

6. Conclusions

6.1 This is the second year of designing commission intentions in the ICB as an evolving and developing process and as described in the paper a process that will become an integral part of ICB business allowing for in year commissioning intentions to aid recovery whilst also allowing transformational opportunity for longer term sustainable and continuous improvement.

7. Recommendations

7.1 The Integrated Care Board is asked to note and support the content of the report and recognise the programme management resources required to ensure that the setting of commissioning intentions becomes an integral part of the ICB business.

Professor Craig Harris
Chief Operating Officer

Appendix 1

Count of Open or closed?	Column Labels		
Row Labels	CLOSED	OPEN	Grand Total
AACC & IPA	1	9	10
Acute Services - Planned Care		8	8
Acute Services - Urgent Care	1	4	5
Ambulance Services	1	16	17
Blackburn with Darwen place		25	25
Blackpool Place		5	5
Cancer Services		6	6
Community		8	8
CYP	2	11	13
Diagnostics		5	5
Lancashire & South Cumbria places		1	1
Lancashire Place		13	13
LD&A	1	6	7
Maternity		7	7
Mental Health		11	11
Population health	1	6	7
Primary Care		12	12
Recovery & Transformation			
South Cumbria place		9	9
Grand Total	**7**	**162**	**169**

Count of Progress if OPEN	Column Lab					Anticipated delivery timescales			
Row Labels	Delayed	Delivered	Deprioritised	On track	Grand Total	Q3	Q4	202526	202627
AACC & IPA	3	1		6	**10**	1	1	7	
Acute Services - Planned Care			1	7	**8**	1		5	
Acute Services - Urgent Care		1		3	**4**				1
Ambulance Services	9	1	1	5	**16**		7	8	
Blackburn with Darwen place	5	1	1	16	**23**	2	9	10	
Blackpool Place	2			3	**5**		3	1	
Cancer Services				6	**6**		5	1	
Community	3			5	**8**		2	1	
CYP	3			8	**11**	2		9	
Diagnostics	5				**5**		1	4	
Lancashire & South Cumbria places				1	**1**			1	
Lancashire Place	1			12	**13**	2	9	2	
LD&A	3			3	**6**		1	4	
Maternity				7	**7**			7	
Mental Health	4			7	**11**		1	5	
Population health	1			6	**7**		3	1	
Primary Care	6			6	**12**	1	4	4	
Recovery & Transformation									
South Cumbria place				9	**9**		3	6	
Grand Total	**45**	**4**	**3**	**110**	**162**	**9**	**49**	**76**	**1**

Appendix 2

Delivery Plan for Recovering Access to Primary Care

1. Introduction

The primary care commissioning intentions for 2024/25 included the implementation of the *Delivery plan for recovering access to primary care*.

NHS England (NHSE) has asked all ICBs to report progress in their October/November 2024 public boards. The structure of this update is based on NHSE expectations.

Lancashire and South Cumbria (LSC) progress is summarised below.

2. Primary care access improvement plan

- Care navigation – a training programme for all 'front of house' primary care staff has been designed and delivered.
- General Practice Patient Survey – the annual survey results were reviewed and have directly informed the improvement plan priorities, including wider ICB work such as the

Integrated Urgent Care Procurement and the programme of prioritised practice improvement support visits which commenced in September this year.

- There are several schemes which it has not been possible to progress due to the reprioritisation of Service Development Funding:
    - Support for practices to review and update their websites to ensure they clearly display patient care navigation material
    - A team of 'expert by experience' practice staff to support practices deliver modern general practice

3. Acute Respiratory Infection (ARI) hubs

- An additional 90,000 appointments have been commissioned across LSC.
- Phased delivery commenced in October 2024.
- The delivery models were designed locally to reflect population need, geography and provider working arrangements.
- They involve primary care at scale providers such as GP Federations, GP Out of Hours providers and Primary Care Networks (PCNs).

4. Integrated Urgent Care (IUC) procurement

- A joint work programme is underway with Urgent and Emergency Care commissioning colleagues to review and redesign current integrated urgent care services, including Urgent Treatment Centres (UTC) and a variety of in and out of hours same day urgent primary care services.
- This once in a decade opportunity is in response to existing contracts ending on 31 March 2026.
- It is also informed by the New Hospitals Programme, procurement of community services in West Lancashire and the ICB primary care vision.

5. Modern General Practice

- Modern General Practice is a national transformation programme which seeks to better align capacity with need, improve patient experience and improve the working environment for practice staff.
- It has several component parts:
    - Optimising contact channels (telephone, online and in person)
    - Structured information gathering (at the point of contact)
    - Using care navigation and workflow (moving away from a first come first served approach)
    - Better allocating capacity to need (fully using the multidisciplinary team)
    - Building capability in practice teams (e.g. using data and digital tools)
- Relatedly PCNs receive a Capacity and Access Improvement Payment (CAIP) to develop an access improvement plan to deliver these changes.
- Currently 5 LSC PCNs have self-declared delivery with the majority of the remainder anticipated to also declare by the end of the financial year.

6. Primary/Secondary care interface

- In response to GP collective action the ICB developed a list of high impact actions for secondary care providers to implement and mitigate potential collective action.
- The delivery of the associated action plans is being overseen by each of the local LSC primary/secondary care interface groups.
- Actions include board level leadership and introducing dedicated liaison roles.
- The LSC Big Primary Care Conversations (BPCC) also identified this as an important area of frustration and focus.
- An interface working communications pack has been produced for secondary care providers to share and promote with their clinical and care professional staff. Examples of good practice are being shared, such as Lancashire Teaching Hospitals and East Lancashire Hospitals promoting with their resident doctors via training sessions.
- Interface working continues to be routinely assessed by NHSE. The most recent autumn assessment shows some progress but much further work to do.

7. Communication

- The Choose well winter campaign has been developed and implemented across the ICB.

8. Funding

- The available SDF funding has been invested in the following schemes:
    a) Primary Care Training Hub
    b) General Practice Nurse recruitment and retention
    c) General Practitioner retention
    d) Workforce Development Managers
    e) General Practice resilience support (via the Local Medical Committee)
    f) Primary Care Provider Collaborative development
    g) Big Primary Care Conversation
    h) Care navigation training
    i) Digital catalogue and service finder
    j) Visa sponsorship scheme
    k) PCN Assembly
    l) Respiratory training

9. Governance

The work programme is overseen by the Primary Care Transformation Programme Group which reports to the Recovery and Transformation Board.

Progress has been impacted by the reprioritisation of resources (both funding and staff) to the delivery of other ICB priorities.