

Integrated Care Board

Date of meeting	22 May 2025
Title of paper	Report of the Acting Chief Executive Officer
Presented by	Sam Proffitt, Acting Chief Executive Officer
Author	Kirsty Hollis, Associate Director and Business Partner to the Chief Executive and Neil Greaves, Director of Communications and Engagement
Agenda item	7
Confidential	No

Executive summary				
<p>The purpose of this report is to provide an update on leadership changes within the ICB and to bring to the Board's attention the latest updated position on the recently announced ICB reforms.</p> <p>There is also an update on the recently approved Local Enhanced Service (LES) scheme with General Practice.</p> <p>The report raises the profile of some areas of success and good practice which are to note and celebrate.</p>				
Recommendations				
The Board is asked to note the contents of this report.				
Which Strategic Objective/s does the report relate to:				Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience			✓
SO2	To equalise opportunities and clinical outcomes across the area			✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			✓
SO4	Meet financial targets and deliver improved productivity			✓
SO5	Meet national and locally determined performance standards and targets			✓
SO6	To develop and implement ambitious, deliverable strategies			✓
Implications				
	Yes	No	N/A	Comments
Associated risks			✓	<i>Highlight any risks and where they are included in the report</i>
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Executive Team Meeting	13 May 2025			
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: Sam Proffitt, Acting Chief Executive Officer				

Integrated Care Board – 22 May 2025

Report of the Acting Chief Executive Officer

1. Introduction

- 1.1 It is a huge privilege and with a deep sense of responsibility to be writing this report having been asked to step into the role of Acting Chief Executive Officer for Lancashire and South Cumbria ICB.
- 1.2 I am committed to supporting our staff and teams through this period of change as we focus on delivering our plan and move towards the future arrangements of our ICB and health and care system.
- 1.3 In April, Mr Lavery announced that he would be stepping down from the ICB CEO role. In his message to staff, he reflected on the three years he has worked in the ICB and everything that has been achieved during this time. He finished by thanking all colleagues for their work and support and concluded by wishing all the best for the coming months.
- 1.4 On behalf of the executive team, I would like to thank Mr Lavery for his leadership and support to the ICB since its inception in 2022. His vision of moving to a community-centred health and care system is very aligned to the recent Darzi report, as one of the three major shifts that we need to make going forward; hospital to community. We wish him the very best for the future.

2. ICB reconfiguration

- 2.1 In March, we were informed by NHS England of the intention to reconfigure ICBs to focus their purpose on strategic commissioning. This was followed by a letter from Sir James Mackey, Chief Executive of NHS England, which reiterated the critical role of ICBs and which also confirmed the need for ICBs to reduce running and programme costs by an average 50 per cent. For our ICB this equates to a 47 per cent reduction in costs (circa £35m).
- 2.2 Since then, I have attended a number of briefings at which high level timelines and expectations have been shared. On 2 May 2025, I received a draft Model ICB Blueprint from NHS England, which was shared with Board members and staff.
- 2.3 NHS England has worked with ICB leaders across the country to co-produce a draft Model ICB Blueprint that clarifies the role and purpose of ICBs, recognising the need to build strong strategic commissioning skills to improve population health and reduce inequalities, and focus on the delivery of the three strategic shifts – sickness to prevention, hospital to community, analogue to digital.
- 2.4 The blueprint describes that ICBs have a critical role to play as strategic commissioners, embedding population health approaches to reducing

inequalities and ensuring access to high quality care. It identifies functional changes that ICBs will have to manage and indicates the responsibilities they may look to grow, adapt or review for transfer. The list of responsibilities is not exhaustive or prescriptive and, where specific functions are identified, it will be for regional and system teams to work together to determine their future shape.

- 2.5 The blueprint is intended to support ICBs to create local plans to achieve the model approach by the end of May 2025, ensuring these are affordable within the reduced running cost envelope and implemented by the end of December 2025.
- 2.6 This will require a function-led approach to make sure the new form of our organisation is appropriate for delivering the future purpose of the ICB – it is clear this will result in a very different organisation in the future than what is currently in place.
- 2.7 Over the coming months we will be going through an organisation redesign process, which will involve an organisation review throughout quarter one, implementation in quarter two and transitioning into the new ICB form in quarter three of this financial year.
- 2.8 We have also been informed that a national support offer will be available to ensure fair and supportive treatment of staff affected by the transition, which includes advice on voluntary redundancy and Mutually Agreed Resignation Schemes (MARS), along with guidance on redeployment and retention where appropriate.
- 2.9 To support staff through this period of uncertainty and change, we have been open and transparent and shared as much information as possible at the earliest opportunity. This includes all-staff briefings, regular written updates and listening sessions, along with a dedicated area on our intranet with the latest updates, including frequently asked questions. The wellbeing support that is available to staff has been widely promoted, which includes access to our employee assistance service, professional support, mental health first aid training, 'resilience through change' sessions, staff networks, health and wellbeing champions and more on our health and wellbeing hub.
- 2.10 A key element of our organisation redesign plan will be to keep staff and trade union representatives involved and informed throughout the process.

3.0 Local Enhanced Services

- 3.1 On 24 April 2025, the ICB agreed a new Local Enhanced Services (LES) which reduces variation across our system in general practice investment and consistently commissions long term conditions management and expanded medicines optimisation in primary care. This is a significant step towards a left-shift in services and neighbourhood care which is essential to delivering our vision for improving health and care in Lancashire and South Cumbria. The variation in general practice investment is historic and, since the ICB's establishment, we have been working to reduce that variation. We will continue

to work closely with general practice colleagues to now progress the delivery of the new LES and closely monitor its impact across our system for improving health outcomes for our patients and communities.

4.0 Integrated Care Partnership update

- 4.1 The Board last received an update on the progress to deliver the Integrated Care Partnership (ICP) strategy in November 2024. Under the Chair of Cllr Damian Talbot, the ICP continues to focus on delivering the ambitions set out in the [Integrated Care Strategy](#), in particular areas that can be scaled up and done once across Lancashire and South Cumbria. To do this, the ICP has held a number of deep dive sessions over the past six months on thematic areas linked to the delivery of our Integrated Care Strategy. These have included a session led by members of the Public Health Collaborative on prevention and health equity and a workshop facilitated by NHS Confederation colleagues on integrated approaches to work, skills and health.
- 4.2 As a convenor of key stakeholders and senior leaders in our health and care system, the ICP is providing a space to share learning and identify areas of good practice and approaches that can be scaled and spread to improve outcomes for our residents and communities. A further workshop is to be held in June which will provide a focus on delivery against the Integrated Care Strategy through place and existing partnerships.
- 4.3 Should the 10-year health plan be available for consideration at this time, this will also be included with an assessment of a potential refresh of the ICP strategy to ensure delivery of the ambitions set out in the plan. An update report will be shared with members at the July Board which will include the outputs from this session.

5.0 MyWishes launched to support Lancashire and South Cumbria residents to make end-of-life plans

- 5.1 One of the areas included in our commissioning intentions plan in relation to community care is about end-of-life care and the need to ensure all patients have care plans in place, which will lead to more people dying in a place they have chosen and improved experience of care quality.
- 5.2 It is therefore great to see that the Lancashire and South Cumbria MyWishes website was launched during Dying Matters Awareness Week in early May as part of our plans to improve advance care planning.
- 5.3 The website helps people to make plans for their future health and social care and supports them to communicate these with those important to them. It

facilitates will writing and documentation of their wishes for their possessions and digital accounts when they die. It can also be used to document and share advance care decisions and end-of-life choices.

6.0 Access to shared care records enhancing children's care at Derian House

- 6.1 Sharing patient records provides a significant opportunity to improve the experience for patients, who have given feedback to health and care services that having to repeat their information and medical history to different health professionals is frustrating, time consuming and can result in decisions that can affect a person's care.
- 6.2 Nurses at Derian House Children's Hospice in Chorley can now quickly access important child health information via the Lancashire and South Cumbria Shared Care Record, which will improve the care it provides for its children and could be lifesaving when needing data in an emergency.
- 6.3 Since Derian House went live with the Shared Care Record on 7 February, staff at the hospice have been able to access the records of 196 children and young people in real time – when previously they might have had to wait days to receive this information. This also means that families don't have to repeat their child's medical story over and over – and the healthcare teams can provide better, more coordinated care.

7.0 Leadership updates

- 7.1 As outlined earlier, following Kevin Lavery standing down as Chief Executive of the ICB, I have agreed to take on the role of Acting Chief Executive Officer pending the recruitment of a permanent chief executive. I am looking forward to working closely with the board and to continue to deliver our vision to improve and transform health and care in Lancashire and South Cumbria, whilst navigating the reconfiguration of the ICB.
- 7.2 In the interim, I have asked Stephen Downs to act into the Chief Finance Officer role for the ICB which has been supported by regional colleagues. I am delighted that Stephen has agreed to step into this interim role with a wealth of knowledge, skills and experience at both regional and local level.
- 7.3 There have also been other changes to the leadership team which I would like to bring to your attention.

7.4 Interim medical director

- 7.4.1 Following an internal selection process, I am delighted that Professor Dr Andy Knox has joined the board as our new interim medical director.
- 7.4.2 Dr Knox will undertake the role on a six-month basis whilst the process to secure a permanent medical director takes place. He will work

closely with our executive team during this time to ensure that the ICB maintains strong clinical leadership throughout this period of change. Andy's commitment to tackling health inequalities and improving the health and wellbeing of our communities across Lancashire and South Cumbria will help us to maintain our focus on our vision throughout what will be a challenging period of change.

- 7.4.3 Dr Knox began the role from 1 April, taking over from Mr Andy Curran, who I would like to thank for agreeing to step into the role on a temporary basis during the internal selection process.

7.5 Interim arrangements for place leadership

- 7.5.1 The ICB, along with other parts of the NHS, is facing significant change due to the NHS reforms proposed by the Government. The focus in and with each of our places remains very important, and it is hoped that our place teams will continue to deliver their excellent work.
- 7.5.2 The directors of health and care integration (DHCI) have been providing leadership across the system, leveraging their specific skill-sets and successful schemes within their places for wider benefits across the Lancashire and South Cumbria footprint.
- 7.5.3 Following the retirement of Louise Taylor late last year, there is a vacancy for the DHCI post for Lancashire. We are very grateful to Dr Sakthi Karunanithi, who kindly provided support to the ICB for Lancashire place and for leadership in shaping place arrangements since Louise's retirement until recently.
- 7.5.4 To provide ongoing support to the place teams, Jane Scattergood will provide interim leadership support for Lancashire and to cover a period of leave for Blackburn with Darwen. This is in addition to her continued leadership in South Cumbria.
- 7.5.4 We are confident in the strong group of leaders in our place teams, who will continue to provide ongoing day-to-day leadership in their places. Jane Scattergood and the place teams will continue to be supported by Professor Craig Harris and his leadership team within the ICB commissioning and operations directorate.

8.0 Recommendations

- 8.1 The Board is requested to:
1. Note the contents of the report.

Sam Proffitt

07 May 2025