Lancashire and South Cumbria
Health and Care Partnership

Formal Integrated Care System (ICS) Board

12 January 2022, 10.00 am – 11.00 am
Via MS Teams Videoconference

Agenda

Item	Description	Owner	Action	Format
1.	Welcome, Introductions and Apologies	Chair	Note	Verbal
2.	Declarations of Interest/Conflicts of Interest relating to the items on the agenda	Chair	Note	Verbal
3.	Minutes of previous formal ICS Board meeting held on 3 November 2021, Matters Arising and Actions	Chair	Approve	Attached
4.	Key Messages	Andrew Bennett	Note	Verbal
Managing 2021/2022				
5.	Winter Situation Report	Carl Ashworth	Discuss / Note	Attached
6.	ICS Finance Report	Sam Proffitt	Discuss/ Note	Attached
Building the system for 2021/22 and beyond				
7.	National Planning Guidance for 2022/23 and ICS Planning Process	Sam Proffitt / Carl Ashworth	Endorse	Attached
8.	System Reform Programme Update	Andrew Bennett	Discuss / Note	Attached
Items for information only				
9.	Lancashire and South Cumbria System Development Programme – Highlight Report	-	Note	Attached
Routine Items				
10.	Items to Forward for the next ICS Board meeting	All	Note/ Support	Verbal
11.	Any Other Business	All	Note	Verbal

Date and Time of next formal ICS Board meeting:
Formal meeting - Wednesday, 2 March 2022, 10 am to 12.30 pm, MS Teams videoconference

Development of the Integrated Care System
Key terminology visual attached

Lancashire and South Cumbria Integrated Care System (ICS)

NHS ENGLAND

NHS England will set strategic aims and priorities and will continue to commission some services at a regional level, providing support to the NHS bodies working with and through the ICS. NHS England will also agree ICBs' constitutions and hold them to account for delivery.

CARE QUALITY COMMISSION

Independently reviews and rates the ICS.

STATUTORY ICS

LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE BOARD (ICB)

The most recent national guidance states that this is the new NHS organisation that will be established on 1 April 2022, subject to the Health and Care Bill (2021) being passed. We expect this is likely to be known publicly as "NHS Lancashire and South Cumbria" and will be accountable for NHS spend and performance and responsible for the day-to-day running of the NHS in Lancashire and South Cumbria.

CROSS-BODY MEMBERSHIP, INFLUENCE AND ALIGNMENT

LANCASHIRE AND SOUTH CUMBRIA HEALTH AND CARE PARTNERSHIP

The broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The partnership will enable partners to plan for the future and develop strategies using available resources creatively in order to address the longer term challenges which cannot be addressed by a single sector or organisation alone.

INFLUENCE

INFLUENCE

LANCASHIRE AND SOUTH CUMBRIA PARTNERSHIP STRUCTURES

System
Covers a population of 1.8m

Provider collaboratives

Service providers will be collaborating at the various different levels of system, place and neighbourhood according to need. National guidance has been published and a Provider Collaborative Board (PCB) has been established to enable partnership working of the acute, mental health and community providers across Lancashire and South Cumbria.

Place
Covers a population of 114,000 to 566,000

Place-based partnerships

Planners and providers working together across health, local authority and the wider community, to take collective responsibility for improving the health and wellbeing of residents within a place.
Our five place-based partnerships are Pennine Lancashire, West Lancashire, Fylde Coast, Morecambe Bay, Central Lancashire.

Neighbourhood
Covers a population of 30,000 to 50,000

Primary care networks

Most day-to-day care will be delivered here. Neighbourhoods will develop to bring together partners across health and social care to deliver integrated care and may align with Primary Care Networks.

Some of the information in this summary is subject to the Health and Care Bill (2021) being passed in Parliament.
A detailed glossary for Lancashire and South Cumbria is available on our website: **Lancashire and South Cumbria glossary of language**

Lancashire and South Cumbria
Health and Care Partnership

Item 3

Subject to ratification at the next meeting

DRAFT Formal Meeting of the ICS Board

Minutes of Meeting	
Date	Wednesday, 3 November 2021
Venue	Microsoft Teams Videoconference
Chair	David Flory

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Andrew Bennett	Interim ICS Lead	Lancashire and South Cumbria ICS
Jane Cass	Director of Strategic Transformation / Locality Director	NHS England and NHS Improvement NW
Gary Raphael	Executive Director of Finance	Lancashire and South Cumbria ICS
Talib Yaseen	Director of Transformation	Lancashire and South Cumbria ICS
Sam Proffitt	Director of Provider Sustainability	Lancashire and South Cumbria ICS
Roger Parr	Interim Director of Performance	Lancashire and South Cumbria ICS
Jane Scattergood	Interim Director of Nursing and Quality	Lancashire and South Cumbria ICS
Carl Ashworth	Director of Strategy and Policy	Lancashire and South Cumbria ICS
Jenny Hannon (representing Caroline Donovan)	Chief Finance Officer	Lancashire and South Cumbria NHS Foundation Trust
Kevin McGee	Chief Executive Officer	Lancashire Teaching Hospitals NHS Trust
Trish Armstrong-Child	Chief Executive Officer	Blackpool Teaching Hospitals NHS Foundation Trust
Aaron Cummins	Chief Executive Officer	University Hospitals of Morecambe Bay NHS Foundation Trust
Martin Hodgson	Interim Chief Executive Officer	East Lancashire Hospitals NHS Trust
Graham Burgess	Chair	NHS Blackburn with Darwen CCG
Peter Gregory	Chair	NHS West Lancashire CCG
Roy Fisher	Chair	NHS Blackpool CCG
Jackie Moran (and representing Claire Heneghan)	Director of Strategy and Operations	NHS West Lancashire CCG
Geoff Jolliffe	Chair	Morecambe Bay CCG
Denis Gizzi	Chief Officer	Central Lancashire CCGs
Cllr Graham Gooch	Cabinet Member for Adult Services/County Councillor	Lancashire County Council
Neil Jack	Chief Executive	Blackpool Council
Mike Wedgeworth	Non-Executive Director	Lancashire and South Cumbria ICS
Ian Cherry	Non-Executive Director	Lancashire and South Cumbria ICS
Isla Wilson	Non-Executive Director	Lancashire and South Cumbria ICS
Eileen Fairhurst	Chair	East Lancashire Hospitals NHS Trust
David Blacklock	Chief Executive Officer	Healthwatch Cumbria and Lancashire
Dr Stephen Hardwick	Chair	Local Medical Committee
Peter Armer	VCFSE Independent Chair	Voluntary, Community, Faith and Social Enterprise
In Attendance		
Peter Tinson	Director of Collaborative Commissioning	Lancashire and South Cumbria ICS
Jerry Hawker	Senior Responsible Officer, New Hospitals Programme	Lancashire and South Cumbria ICS

Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Charly Redmond	General Management Trainee	Lancashire and South Cumbria ICS
Nathan Hearn	Partnership and Integration Manager	North West Ambulance Service
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minute Taker)	Lancashire and South Cumbria ICS
Public Attendees		
13 public attendees		

Routine Items of Business

1. Welcome, Introductions and apologies

The Chair welcomed everyone to the formal meeting of the Integrated Care System (ICS) Board held virtually via MS Teams. No questions had been received relating to the agenda in advance of the meeting.

Apologies had been received from Andy Curran, Caroline Donovan and Clare Heneghan.

The Chair highlighted the current high demand for services, partly due to the response to Covid positive patients and also due to increases in respiratory illness and that the focus of this meeting was on system preparation and organisation to manage over the next few months.

2. Declarations of Interest / Conflicts of Interest relating to items on the agenda

RESOLVED: No new declarations of interest or conflicts of interest relating to items on the agenda were declared.

At agenda item 6 Michael Wedgeworth declared an interest as a Board member of a VCFSE sector body called the IMO Charity which works mostly in Pennine Lancashire on health and care in BAME communities.

Action: To be added to the Register of Interests.

3. Minutes of the previous formal ICS Board meeting held on 1 September 2021, matters arising and actions

The minutes of the previous meeting were approved as an accurate record, subject to the following amendment within the attendance list: Martin Hodgson - Chief Executive of East Lancashire Hospitals NHS Trust.

RESOLVED: The minutes of the meeting held on 1 September 2021 were approved as a correct record, subject to the above amendment.

Action Log – There were no open actions on the action log.

4. Key Messages

Andrew Bennett (AB) provided the following update:

Covid Vaccination Programme – 60% of schools in Lancashire and South Cumbria had been visited to provide the vaccination offer to young people aged between 12 and 15 years and this had recently been extended to other venues and Walk-in centres. A significant programme was underway to provide the booster to people living in older adult care homes and in residential care homes. Overall uptake rates for the booster vaccination were currently at 54%. Congratulations were extended to Jane Scattergood and the team providing the Covid-19 Mass Vaccination Programme who had been shortlisted as finalists for the Nursing Times Award in the category of public health nursing.

Health Inequalities - Partners in the ICS had launched a Health Equity Commission for Lancashire and Cumbria, working closely with Sir Michael Marmot, international leader in issues of health equity. The Commission was progressing into an evidence gathering phase and the Board would be updated on the scope of the Commission at a future meeting.

Non-Executive Director roles were due to be advertised over the next few days. It was hoped to secure experienced Non-Executive Directors to the ICB to represent different parts of the community and the system.

Proposals for Improving Primary Care Access – In relation to item 6 on the agenda, it was confirmed that the ICS plan was submitted on 28 October 2021 and a summary was included within today's meeting papers. The submission required oversight from ICS Board members, however, given the timescales this had been done by ICS Board Chair's action, following a review of the plan by the ICS Chair, ICS Lead and members of the primary care team.

Executive Team – Members were asked to note a change in portfolios within the current executive team. Gary Raphael would be working on the arrangements for setting up the ICB, whilst continuing to work on planning and support for digital and estates issues. To enable this, Sam Proffitt would take over the financial portfolio, with effect from the beginning of November 2021. Thanks were conveyed to Gary for his contribution to financial planning, recovery and the approach to system finance over the last few years. Sam was thanked for her willingness to take on the financial portfolio over the next few months as part of the transition to the new organisation.

Managing 2021/2022

5. Preparations for Winter 2021/22

Andrew Bennett provided an update to the sector report presented at the last meeting, thanking colleagues who had contributed. Updates were provided for urgent and emergency care, elective care recovery, the care sector and mental health. Information regarding Primary Care and the approach to planning for the second half (H2) of this financial year was provided in the papers associated with subsequent agenda items. A number of common risks had been identified as the winter season approached, including mitigating action from both organisations and the whole system.

Aaron Cummins confirmed that The Bay part of the system was in a strong position in terms of its planning but recognised the risks associated with the winter period and the need for close monitoring of the position.

Kevin McGee confirmed that the separate parts of the system were working together to prepare for a difficult winter. Services were incredibly pressured with Covid patients, a high number of paediatric presentations and staff who were tired. There was a need to continue to support staff and keep systems safe whilst work continued around elective recovery.

Martin Hodgson added that at East Lancashire Hospitals the acuity of patients and the numbers presenting at the emergency department were rising and there had been an increase in patients with respiratory illness. However, ambulance handovers were on track and the level of discharges remained high.

A similar picture was reported at Blackpool Teaching Hospitals where pressures were being faced around the increase in patients with Covid, challenges around flow, workforce issues and patients needing to step down into an intermediate care facility. Positive work had been undertaken around mental health pathways and same day discharge.

Lancashire and South Cumbria Foundation Trust reported a surge in demand and recognised the need to support the management of wider system pressures. Recruitment of workforce was highlighted as a key risk.

Dr Geoff Jolliffe reported that from a Morecambe Bay perspective general practice was responding well. Each practice was coping with issues in a different way, some increasing the use of telephone triage and others with more face-to-face appointments. There were many external pressures outside of the system relating to general practice with the biggest concern being around patient expectation and understanding of the position and getting the right messages to the public.

Dr Peter Gregory reported similar experiences of demand being greater than the capacity available and recent media reports having had a significant impact on staff morale. It was acknowledged that there was a variation in provision and conflicting national advice regarding managing infection control. Concern was expressed regarding the wellbeing of staff in over-performing practices as more appointments were being delivered than in the pre-pandemic period.

Dr Lindsey Dickinson commented on the mental health and wellbeing of staff being of significant concern. In Central Lancashire there was an increase in staff turnover, particularly, with reception staff, and all staff were subject to an ongoing level of abuse. However, staff health and wellbeing were being supported.

Dr Stephen Hardwick commented on the Government's drive to increase face-to-face appointments in primary care and the suggestion that under-performing practices may not receive access to additional funding. In response, the BMA was balloting its members about potential industrial action including withdrawing from the Primary Care Network (PCN) process. Dr Haradwick added that local LMCs did not particularly support this action and there was genuine concern nationally that disengagement from PCNs could affect the ability to cope in future.

Further comments were made about the need for clear plans to manage patient demand and improved communications with the public about the pressures facing primary care.

Neil Jack reported that services in residential care and care at home were fragile prior to the pandemic and this had increased due to staff leaving the care industry and more complex health needs on discharge from hospital. Financial planning was enormously challenging and most local authorities were facing significant financial issues.

RESOLVED: ICS Board members received and reviewed the situation reports, noting the mitigations that were currently in place.

6. Supporting General Practice to Improve Access for Patients

Peter Tinson introduced the item by thanking general practice colleagues in managing the challenges faced. Data showed general practice had increased appointments by over 20%, with 884,000 appointments in September 2021, compared to 734,000 in September 2019.

The paper highlighted wider debate taking place on what a sustainable operating model could look like for general practice and other community health and social care services, including opportunities for integration. A new Winter Access Fund scheme had recently been announced with £7.6m being Lancashire and South Cumbria's share, to help patients with urgent care needs to be seen on the same day. The ICS had submitted plans for funding communication schemes, supporting patients to access the right services, care navigation and sign posting, improving same day access provision, investing in voluntary sector and social prescribing and workforce.

The chair invited questions and comments.

Mike Wedgeworth declared an interest as a member of a charitable organisation 'Inspire, Motivate and Overcome' and commented on the increase of diabetes and how preventative work had been reduced during the peak of the Covid crisis.

Peter Gregory spoke of the primary care responsibility for primary prevention and how obesity and diabetes were largely preventable through lifestyle and early identification, however, unplanned demand forced capacity and

workforce away from this type of preventative work. Directing primary care resources to have the most positive impact was both a system and national problem.

The hard work of staff under difficult circumstances was recognised as were the improvements in integration and strong system working across L&SC. In response to a question as to whether the additional funding would resolve issues over primary care capacity and access, the issue of consumerist expectations on wants rather than needs and workforce constraints were highlighted as confounding factors. It was felt that most patients were happy with the service received but frustrated with telephony issues. It was noted that a national procurement solution was being developed along with improved signposting to the right places and services and additional resource into communications.

With regard to managing patient expectations, David Blacklock suggested that the work around building stronger engagement across L&SC should be expedited, to help patients understand the changes taking place and pressures people were under but also to engage with staff to actively demonstrate the importance of compassion in the interface with patients. David offered the support of Healthwatch in this regard.

Reference was made to the low GP to patient population ratios across areas of Lancashire and the ICS was challenged as to whether a nuanced approach to allocation of the winter fund was being taken or if it was based on population per head. Peter Tinson confirmed that a nuanced approach was being taken and a range of data and local intelligence from across the system and at place had been taken into consideration.

Discussion continued regarding the pressures and problems faced in primary care. Workforce issues in general practice were highlighted and it was suggested that there was a need for a different model of care. Evidence showed that public campaigns could be beneficial and improved use of technology and digital processes was required. It was suggested that there was a need to identify and focus on those things that had the greatest impact in specific areas of L&SC. Demand management and avoidance schemes needed to be more effective, being mindful that avoidance schemes could shift the pressure to other parts of primary care.

Andrew Bennett summarised the discussion and referred to the comments about things that are being done either individually as organisations or collectively that are making a difference. The system needed to recognise and focus on these, both in the short and longer term, and understand who can take the lead and how the impact can be judged. Andrew welcomed the comments which provided a steer as to how to structure the discussion over some of these sector challenges over the next few months.

The Chair expressed his confidence from the discussion held that the system was maturing and coming together to understand and support in different parts. Learning would need to be captured, analysed and reflected upon as the system continued to be built effectively for the future.

RESOLVED: The ICS Board received the report for information

7. Emerging Shape for Lancashire and South Cumbria H2 Planning Submission

Gary Raphael (GR) introduced the report which provided an early view of the way in which the H2 plans were shaping up, so that the system could ensure that the key issues were addressed and resolved ahead of the submission on 16 November.

GR explained that since the report was written, a meeting of senior system leaders had been held where the perspective was shared and positive actions agreed. Constructive discussions had also been held with Local Authority colleagues regarding alternatives to admission and patient flow that could be supported by funding from the system rather than individual organisations.

Kevin McGee provided an update on elective recovery. Trusts were working well together, providing mutual support and detailed work was being undertaken focussing on long waits, cancer activity and urgent work. Emergency pressures would need to be balanced against elective recovery and elimination of long waits.

Additional capacity was expected in the next few weeks. All trusts had attempted to separate elective and emergency flows where possible within the estate and to ringfence elective capacity, so it was not compromised by emergency pressures. Work was also ongoing to secure additional national funding to support the elective recovery programme. Overall numbers compared well regionally and nationally. Pressures on staff continued and this would be managed on day-to-day basis.

Reference was made to the plans to step up Gold Command to cover 7-day working and Cllr Gooch expressed concern as to whether the Local Authority senior managers could cover Gold Command as their time would need be prioritised to deliver services and the expectations from Gold Command. Cllr Graham Burgess commented that it was essential Local Authority representatives were included at Gold Command, suggesting senior officers across the 3 upper tier Local Authorities could cover on a rota basis to ensure representation. Further discussion would take place outside of this meeting regarding the arrangements.

GR confirmed that the final draft would be completed by the end of this week, followed by a peer review check and challenge session early next week with submission to region by 16 November 2021.

RESOLVED: Members noted the update on H2 plans.

Items 8 and 9 – System Financial Recovery Update and ICS Finance Report

Gary Raphael (GR) provided feedback from the System Financial Recovery Board (SFRB) meeting held on 25 October. The planned financial target for H1 was met putting the system in a good place for the second half of the year however H2 would be more difficult to achieve operationally, clinically and financially. Many of the savings that enabled H1 to be met were non-recurring in nature this year, therefore, would not be available in 2022/23. Only 25% of savings this year could be recurring next year. Organisations were working on the underlying deficit and drivers and had broadly concluded that most of the savings made as a system were achievable. The SFRB accepted recommendations and provided a mandate and platform for recurring savings to be built up from now for 2022/23. The SFRB also approved a recommendation regarding the need to strengthen system-wide governance to ensure that progress is maintained on financial recovery.

The Financial Report provided further detail on month 6 (H1) financial performance for the L&SC system, covering the revenue and capital positions of all L&SC NHS partners and the position on ICS central functions. The report also considered the H2 planning process and H2 financial envelope information. Run rates were overall on a slight downward trajectory. GR was confident that the capital limit could be met as a system and any mitigating action required on substitute schemes would be taken to ensure that the envelope was spent.

Sam Proffitt (SP) highlighted the need to demonstrate continued progress into H2 and expressed confidence that there were actions which could be taken to help achieve this, albeit many were non-recurrent. Discussion at SFRB focussed on starting the transformational work required to impact on 2022/23 and beyond which would include the outputs of the diagnostic work, work around governance and the out of hospital work. Urgent and emergency care would need to be balanced against recovery and restoration, alongside staffing issues and financial resources. Work would also be undertaken recurrently to drive efficiencies.

Ian Cherry reinforced the comments and emphasised the need to continue to work on clinical pathways and staffing and corporate efficiencies.

The Chair thanked organisations for their efforts in achieving financial balance in H1 and highlighted the need to find more recurring savings in the operational context of service pressures and demands. As a system this would be tough but was vitally important to be in a strong position for the start of 2022/23.

GR emphasised that savings identified were not about closing or cutting services but making existing services more cost-effective.

Aaron Cummings added that there was demonstratable evidence that working as a system should give more confidence and assurance on delivery of the plans. There was collective responsibility at the provider collaboratives and at place around objectives, ensuring accountability and on system transformation.

On behalf of the Board, the Chair expressed appreciation to Gary Raphael in his capacity as Director of Finance for his leadership in this area which had been central and vital to the system being in this strong position and looked forward to continuing to work with him in his new role.

Building the system for 2021/22 and beyond

10. System Reform Update

(a) System Reform Programme - General Update

Andrew Bennett (AB) presented the report and provided an overview of the following key areas of work: National guidance; the Readiness to Operate Statement and System Development Plan; ICB Governance; Provider Collaboration; and communications and engagement. AB acknowledged the contribution of colleagues to the paper. The process of legislative change continued in Parliament. The current Health and Care Bill was at committee stage and therefore plans were being made on the understanding they remained subject to the legislative process.

National guidance continued to be received and included the Finance Framework, which provided detail of how NHS funds would flow in the system going forward. Finance Directors had undertaken preparatory work ahead of the published guidance, and work on the issues and implications of the guidance would now continue. Partners were being engaged regarding membership of the ICB Board and this would be followed by engagement on the broader constitution within the next few weeks.

AB advised that the expectation was to move to a shadow ICB in Quarter 4. Changes would be shared with colleagues in good time and published to ensure members of the public were kept informed.

The report included a summary of the work of the Provider Collaborative Board and a high-level update and summary of emerging programmes within the Mental Health, Learning Disabilities and Autism (MHLDA) Provider Collaboration arrangements. Work was taking place to develop an all-age strategy for each of these areas by 31 March 2022.

Cllr Gooch reported that the Local Authority were very keen to have a leadership role in the MHLDA collaboration. AB confirmed that Local Authority colleagues were on the transition board overseeing this work and taking SRO roles with many of the workstreams.

David Blacklock was encouraged by the development of MHLDA strategies, however, expressed caution for this work not to be rushed to ensure full and meaningful engagement with the people who use those services.

Isla Wilson referred to future system design and suggested that in order to get ahead of these challenges in future years at a future System Oversight Board consideration be given to revisiting the approach to out of hospital collaboration at system and at place and ensure the right people were involved including care homes, hospices and VCFSE providers.

The Chair concluded that all parts of the programme appeared to be on track and advised that over the next few weeks recruitment to the new designate roles within ICBs would begin. Interviews for the Chief Executive role had taken place and the appointment would soon be confirmed and the process for recruitment of the Executive Directors would begin shortly. These appointments would allow the ICB to operate in shadow from early in the new year. The Chair highlighted the importance of the system meeting both formally and informally, to address some of the common challenges faced and committed to continue to work with partner organisation as the new system was built.

RESOLVED: The ICS Board:

- **Discussed the report which updated on the current system development programme**

- **Endorsed the naming protocols for submission to NHS England/Improvement**
- **Endorsed the recommendations for the use of Lancashire and South Cumbria Health and Care Partnership identity.**

(b) Place-Based Partnerships: Proposed Governance and Leadership Arrangements for 2022/23
Geoff Joliffe presented the paper which set out the proposals for place-based partnership governance and leadership arrangements for 2022/23. Five options had been provided within the national guidance and the proposal for L&SC was a place-based leader supported by a place-based chair, working through a place-based partnership committee. It was expected that this core proposal would mature and evolve in the coming years. A frequently asked questions section had been included in the appendix of the paper, addressing issues previously raised.

Members welcomed and expressed their support for the proposals.

Roy Fisher emphasised the importance of socialising these proposals with all colleagues in place-based partnerships.

Graham Burgess emphasised the need for the place-based leader and chair to have experience of managing complex organisations and budgets.

Cllr Graham Gooch commented on there being a strong leadership role for local government.

It was also highlighted that some partners would span more than one place, e.g. Lancashire and South Cumbria Foundation Trust and North West Ambulance Service.

Kevin McGee added that from a provider collaboration perspective, the next steps would be to work through the detail and clarify roles and responsibilities.

The Chair concluded that the Board fully supported and endorsed the proposals and commended the excellent work that had taken place to reach this point. There was now a need to map out where decisions would be taken, how the resource allocation framework would underpin it and what the associated governance arrangements would be. This would need to be worked through collectively in a transparent way and begin the move into implementation and the appointments process.

RESOLVED: The ICS Board approved the proposals set out in section 5 (and relevant Appendices) for future ways of working from 1st April 2022, as recommended by the Place-Based Partnership Development Advisory Group and the ICS development Oversight Group.

11. New Hospitals Programme Update

Jerry Hawker (JH) confirmed the long list of options for the New Hospitals Programme had been published in combination with the expanded public engagement programme. The 'Big Chat' had been used to engage with staff and Trust members, and in the last couple of months been extended to the public. Public roadshows had been held recently across Lancashire and South Cumbria. The support of Healthwatch was recognised in co-presenting roadshows. Fantastic feedback had been received from members of the public both through the website and roadshows which was important evidence and would be used to help reduce the long list of options to a short list. There were consistent themes arising from the engagement around the importance of access and transport, particularly in areas of high inequalities.

JH explained that an evidence base was being built, understanding the cost of options and the impact as to the benefit of the population and system looking forward. Whilst the focus was on hospital facilities for Lancashire Teaching Hospitals and University Hospitals of Morecambe Bay, it was recognised that the success of the NHP was dependent on its inter-relationship with whole system delivery and to ensure that the programme was placed within the Provider Collaborative Board and the overall clinical strategy for L&SC. It was recognised that over a long-term period, success of the New Hospital Programme was within overall financial plan and infrastructure

plan and the success of our overall system delivery. The success of integrated community services, at place and NHP was a key inter-dependency if demand was successfully managed and care provided as close to home rather than in hospital.

David Blacklock had been contacted by groups and individuals with a range of concerns as to what this may mean for other local services. People had asked for a further meeting with system leaders to discuss concerns and Healthwatch would be happy to facilitate this. Engagement to date had been focussed on the location of the buildings but there was a growing concern as to the clinical strategy and what services may be provided at which site and Healthwatch were happy to continue to facilitate further conversations.

Andrew Bennett highlighted the need to consider complimentary actions around the wider strategy for services in primary and community care environments and to make connections to the New Hospitals Programme. More work would take place on this over the coming months.

Geoff Jolliffe complimented the team on the work to date and the process undertaken. He asked that time be allocated to focus on and recognise the primary care estate, workforce and strategy and to run this in parallel to the clinical strategy and New Hospital Programme.

Jackie Moran (JM) provided assurance around work taking place with Southport and Ormskirk as much of the population of West Lancashire used their services. The CCG continued to work with the New Hospitals Programme, linking with the clinical strategy and ensuring there were no gaps or duplications. Commissioners for the NHP had been looking for that out of hospital strategy and as commissioner were looking to start that work. Meetings had also taken place with some of the concerned residents in terms of estates and service solutions and this would continue.

Jane Cass reiterated the need to continue to engage and continue the dialogue with groups and citizens, as part of the engagement process and this would continue when the consultation phase was reached, if necessary.

RESOLVED: The ICS Board:

- **Noted the progress undertaken in Quarter 2**
- **Noted the progress in developing key products to support the business case (section 4).**

Items for Information Only

12. Lancashire and South Cumbria System Development Programme – Highlight Report

RESOLVED: Members received the highlight report for information.

Routine Items

13. Items to forward for the next ICS Board meeting

There were no items notified.

14. Any Other Business

There was no other business.

The Chair expressed his thanks to all for their attendance and contributions, particular in the context of the current work pressures.

Date and time of the next formal ICS Board meeting:
Wednesday, 12 January 2021, 10 am – 12.30 pm, MS Teams Videoconference

Integrated Care System Board

Date of meeting	**12th January 2022**
Title of paper	**Winter Situation Report**
Presented by	**Carl Ashworth, Strategy & Policy Director**
Author	**Carl Ashworth**
Agenda item	**5**
Confidential	**No**

Purpose of the paper
Since the December meeting of the ICS Board, the NHS has shifted back to a Level 4 incident coordinated nationally in response to the ongoing COVID-19 emergency and in the light of the potential impact on services of the Omicron variant and ongoing Winter pressures. Several NHS directives have been published setting out national and regional expectations of system actions in preparation a rapidly changing situation. This paper is intended to provide an update on the current operational position across the system and to offer assurance to the ICS Board on the actions taken across Lancashire & South Cumbria in response to the guidance received. Board members will appreciate that this position is changing dynamically on a daily basis.
Executive summary
The key themes and actions contained within national guidance are reflected in the system response described in detail within this paper, and include: • Expanding existing COVID-19 programmes, especially vaccinations • Maximising the availability of COVID-19 treatments for patients identified at highest risk • Maximising capacity across acute and community settings, with a focus on accelerating safe discharge and supporting people in their own homes • Supporting patient safety in urgent care pathways • Supporting staff and maximising their availability • Ensuring continued delivery of elective care to priority patient groups • Ensuring surge plans and processes are ready to be implemented if required
Recommendations
The ICS Board is requested to note the current operational position across the system and the actions taken across Lancashire & South Cumbria in response to the guidance received.
Governance and reporting (list other forums that have discussed this paper)

Meeting	**Date**	**Outcomes**

Conflicts of interest identified
None

Report authorised by:	Andrew Bennett

Lancashire and South Cumbria
Health and Care Partnership

WINTER SITUATION REPORT

1. Introduction

In the middle of December 2021, the NHS shifted back to a Level 4 incident coordinated nationally in response to the ongoing COVID-19 emergency and in the light of the potential impact on services of the Omicron variant and ongoing Winter pressures. Several NHS directives have since been published setting out national and regional expectations of system actions in preparation for, and responding to, a rapidly changing situation.

This paper is intended to provide an update on the current operational position across the system and to offer assurance to the ICS Board on the actions taken across Lancashire & South Cumbria in response to the guidance received.

2. Key national and regional guidance received

Since the December meeting of the ICS Board, the following key letters have been received by the ICS setting out expectations of systems:

- C1487 Preparing for the potential impact of the Omicron C-19 variant and other winter pressures, which included notification of the shift back to Level 4 NHS emergency response
- Associated letter setting out required steps to ensure the successful ramp-up of the vital COVID-19 vaccine programme
- B1272 - Accelerating the numbers of people discharged home
- NWICC 11996 – letter from Amanda Doyle on 31st December setting out agreed NW actions to deliver national expectations in light on ongoing pressures

The key themes and actions contained within this guidance are reflected in the system response described in detail within this paper, and include:

- Expanding existing COVID-19 programmes, especially vaccinations
- Maximising the availability of COVID-19 treatments for patients identified at highest risk
- Maximising capacity across acute and community settings, with a focus on accelerating safe discharge and supporting people in their own homes
- Supporting patient safety in urgent care pathways
- Supporting staff and maximising their availability
- Ensuring continued delivery of elective care to priority patient groups
- Ensuring surge plans and processes are ready to be implemented if required

3. Current operational position

Over the Christmas and New Year period, health services across L&SC have experienced unprecedented operational challenges that are over and above typical winter pressures. As of the 3rd January 2022, key themes were as follows.

- High staff sickness rates of between 10 and 12 %, with around 50% being due to staff or family members testing positive for COVID, although impact varies across providers and across departments.

- Bed occupancy by COVID positive patients increased to 350 from 170 on 27th December – this reflects a doubling of numbers over 7-8 days.

- Congestion in Emergency Departments is increasing rapidly – there was a 14% deterioration in 4hr performance in the 24 hours to 3rd January.

- Congestion in EDs is leading to extended waits for ambulance handovers.
- Hospital G&A beds are extremely pressurised and occupancy is very high, with some Trusts having no admission beds with which to decongest ED.
- Ability to deliver significant levels of elective care is diminishing quickly, with access being prioritised for P1 and P2 admissions, cancer patients and 104-week waiters.
- There are ongoing extreme waits for MH beds in ED and on acute wards due to lack of available beds.
- Primary Care is reporting high staff sickness rates with some difficulties accessing lateral flow tests to allow staff to return to work.
- Several care sector providers are closed due to COVID outbreaks amongst residents and staff with high staff sickness rates amongst domiciliary providers – overall this is reducing the ability to respond to demand for discharge from hospital.

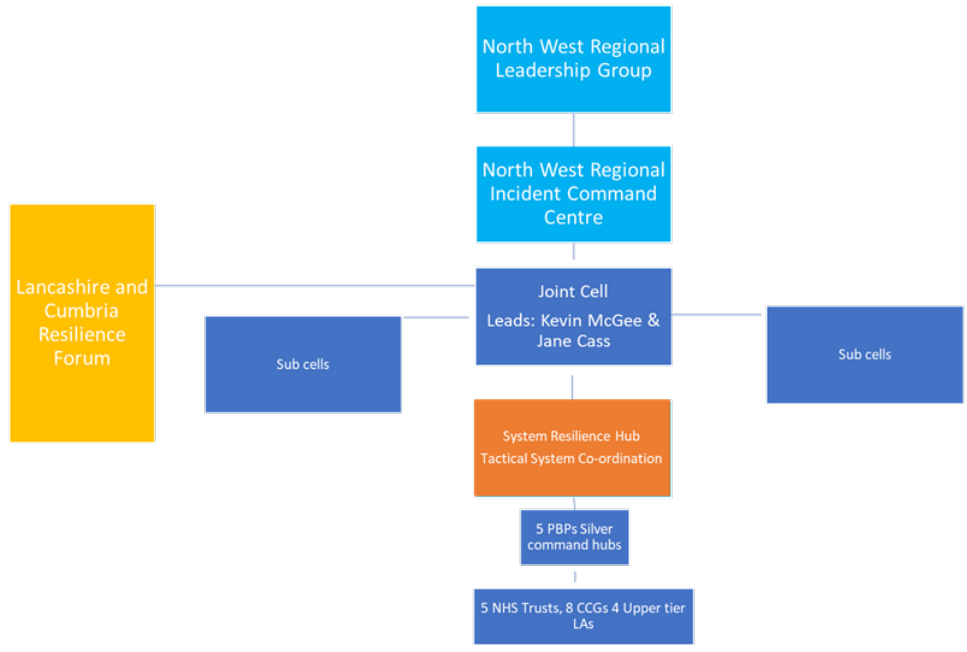
4. System preparations to mitigate Omicron demand and Winter pressures

In response to these operational pressures, and in line with National and Regional guidance, partners across the L&SC health and care system have delivered and continue to work together closely to manage ongoing demand and to mitigate associated risks.

System operational and tactical oversight

The Hospital and Out-of-Hospital Cells have been combined to provide a single point of system command and control across all health and care settings, including social care. Meetings of the joint cell were held three times a week in late December and through the Christmas period, with the frequency stepped up to daily meetings from 5th January onwards. The updated governance structure is as below:

Governance arrangements for Tactical & Operational System Co-ordination Winter 2021-22



LSC ICS continues to operate the System Resilience Hub (formerly known as Gold Command) across all providers (including NWAS) and commissioners aiming to:

- Maintain business continuity across the whole system in response to COVID-19 and winter
- Co-ordinate the development of achievable improvement initiatives and plans
- Direct the tactical-level response across LSC
- Tactical review, assessment & management of operational pressures & surges
- Coordinate & mobilise mutual aid across sectors
- Live intelligence & forecasting to support decision making

The Hub reports to the Joint Hospital and Out of Hospital cell and operates 7 days a week – 8am-6pm Mon-Fri, 8am-12.30pm on weekends. Outside of the hours, there are system director on-call arrangements in place that connect to organisational on-call rotas.

Operationally, the Hub connects with each PBP's silver command structure via the local ICCs/transfer of care hubs where the main operational connection with local primary, community and social care providers is made.

Expanding COVID-19 vaccination and treatments

The COVID-19 booster rollout has been accelerated in the face of the Omicron variant. As at the end of December, Lancashire and South Cumbria had given almost 800,000 booster doses which is around 70% of the eligible population.

Across the ICS, in response to national directives, vaccination capacity doubled over the space of a week from 10,000 vaccines to 20,000 a day. This was achieved with the support of all pillars of the vaccine programme – primary care, community pharmacy and large vaccination centres.

Primary Care Networks have significantly stepped up the capacity and availability of appointments to support the booster programme, many joining the National Booking System and also offering walk-in clinics to make the vaccine programme even more accessible to local people. Primary care is also running pop-up services to increase vaccine availability in local areas – an example of this was a clinic at a farmers' auction in South Cumbria.

Community pharmacies have also significantly stepped up and increased opening times and days of operation. Community pharmacy is also staffing two pop-up articulated lorry vaccination sites in Blackpool and Blackburn.

The large vaccination centres have also increased throughput and opening hours and the three hospital hubs – Blackpool, Chorley, and LSCFT's Ribble House in Bamber Bridge – have increased their public offer.

There has also been significant support from partner organisations supporting the vaccination programme to increase:

- Embedded military, police, and fire planning resource within the existing NHS core vaccination team to provide further support and resilience regarding the increase of capacity
- Deployed military personnel, as well as staff from Lancashire Fire and Rescue Service; Cumbria Fire and Rescue Service; and local authority administrators have enabled us to rapidly increase the available capacity in these sites.
- Working with Directors of Public Health to make sure free transport is available to patients who can show evidence they are travelling to or from a vaccination appointment. Range of services being used depending on locality including buses and taxi services.

It is important to note that there continues to be more people coming forward for first and second doses of the vaccine - on average around 1,000 people per day. This has further increased the protection of people in Lancashire and South Cumbria as well as the rest of the country. In its December update, the UK Health Security Agency (UKHSA) estimate that, as of 24th September, 127,500 deaths and 24,144,000 infections have been prevented through the COVID-19 vaccination programme.

We have also pursued the introduction of new treatment for COVID-19, following the publication of guidance on neutralising monoclonal antibodies or antivirals for non hospitalised patients with COVID-19. To date, LSC ICS has implemented four COVID Medicine Delivery Units (CMDU's) to deliver these treatments to eligible patients.

Maximising capacity across acute and community settings

ICS partners are working together to maximise capacity across all settings and to support flow through the system.

The ICS Urgent & Emergency Care improvement programme is well established and includes 4 key schemes in place across all sites:

- Pre-hospital admission avoidance (including 2 hour rapid community crisis response)
- ED & Front door (including expanding Frailty in reach services into ED, mental health improvement schemes, Ambulance handover collaborative in place to support delivery of six point plan, and no corridor care)
- In patient flow – including development of Priority Admissions and Discharge Unit, and NHSEI support to ward and board rounds as part of Criteria to Reside project
- Enhanced Supported discharge – including additional bed capacity both in and out of hospital for surge and rehab. Also expanding our hospital home care services

The ICS-wide Hospital Peer network is supporting L&SC Trusts to maximise pathway 0 activity, focusing on good medical engagement in decision making, robust site management and implementing criteria to reside consistently over 7 days. Transport co-ordination across acute sites has been improved to ensure that transport does not result in failed discharges and maximises our Home First delivery.

Acute bed surge capacity

Trusts across the system have developed and are in the process of escalating additional surge capacity to meet current high levels of demand. Additional G&A bed capacity has been released from within the existing bed base via implementation of capacity protocols across all trusts and further optimisation of discharge pathways. Efforts are being made to identify temporary facilities in e.g. restaurants/gyms which could be utilised for the care of lower acuity patients.

In addition, plans are underway to establish 100 bed 'field hospital' capacity on the Royal Preston Hospital site for use 'in extremis'.

A surge plan is in place for phased escalation of critical care beds to meet patient demand. Assurance for a total of 96 general Adult CC beds plus 24 cardiac critical care beds is in place. To support critical care capacity and efficiently meet patient demand, enhanced perioperative care beds and enhanced respiratory care beds have been opened on all sites.

It should be noted that any increasing infection or transmissibility rates of COVID-19 may adversely impact staffing availability and subsequently bed availability.

Elective care

In dealing with increasing numbers of COVID patients, Trusts have been working to protect and ringfence elective capacity by increasingly moving elective activity to green sites such as Kendal and Burnley, whilst additional COVID ward capacity is being created.

The Independent Sector (IS) is providing detail on weekly capacity to Acute providers with a view to transferring any elective activity at risk. Work continues to streamline the process of transferring patients from acute to IS provider and monitoring of utilisation is ongoing. They continue to adhere to IPC and testing guidance, staffing rotas under constant review to mitigate any potential absence and non-F2F appointments increased to reduce infection risk and maintain capacity. Our IS Providers are aware of the immediate pressure and are keen to support.

Acute staff are supporting initiatives to increase discharges and providing support for out of hospital bed capacity by stepping into COVID virtual ward roles.

However, the impact of staff sickness and isolation, together with bed pressures caused by increased covid admissions, is such that Trusts are now considering some level of reduction in elective restoration, with a focus on maintaining care for priority groups, including P1 and P2 patients, cancer care and over 104-week waiters.

COVID Virtual Wards and Oximetry at Home

Given rapidly rising Omicron numbers, all ICSs were asked via national guidance to put in place comprehensive coverage of both COVID Oximetry @ home and COVID Virtual Ward (CVW) pathways – the pathways can be differentiated as follows:

	COVID oximetry @ home	COVID virtual ward
WHERE	Primary care supervised	Hospital supervised
WHO	Lower acuity/complexity	Higher acuity/complexity
WHEN	Community diagnosed patients	Emergency hospital patients
AIMS	**Safe admission avoidance and self escalation**	**Early supported hospital discharge, safe admission avoidance**
HOW	Patient self monitoring/escalation **Earlier deterioration presentation**	Monitored service Reliable deterioration recognition
WHAT	Supportive treatments	+/- Dexamethasone, LMWH, O2 and other appropriate treatments

+ Plus lighter touch pathway available to any adult aged 18-64 that has tested positive and has not been double vaccinated. This pathway is fully self managed and escalated

Source: Peter Tinson

Guidance anticipated that there would be:

- full step up of CO@h patient self-monitoring services by 31 December 2021 for all patients who met the SOP
- expansion of the CVW pathway, meeting an initial yardstick that CVW patients are equivalent to a minimum of 15% of COVID inpatients to enable all eligible patients to benefit by 31 December 2021

Current delivery of both pathways varies across L&SC – action is underway across our place based partnerships to continue to communicate CVW and CO@H service availability and referral pathways and to clinically review service utilisation to identify and address any issues regarding uptake.

Out of hospital capacity

For primary care, we are continuing to implement all Winter Access Fund schemes where they do not adversely impact on vaccination provision, including:

- The Community Pharmacy Consultancy Service rollout across Primary Care Networks by March 2022.
- Support for workforce planning and leadership development
- Development of care navigation and signposting
- Increase in urgent care, same day and extended access appointments
- Additional resource to support administrative workforce

Pending national guidance we have also developed local clinical prioritisation guidance which has been circulated to all general practices and have developed and circulated to all practices a communications toolkit which builds on national material.

Several schemes have been developed with Local Authority partners to enhance discharge arrangements, including:

- personalisation and carers support into our discharge teams to mitigate our anticipated further fragility in the domiciliary care sector
- added VCFSE discharge and community capacity through Age UK
- increasing capacity in District Community hubs
- increasing the affordable warmth scheme and funding low level digital technology monitoring solutions
- ongoing dialogue with all our hospices in further increasing capacity in the community for end-of-life care.

Mental health capacity

To maintain acute care pathways for mental health and learning disabilities we are working across the system in a number of ways:

- 24/7 MH crisis line continues
- Twice weekly MH discharge meeting to enable discharge of those patients who are medically fit
- Weekly meeting for LDA to support those patients who are medically fit and to plan for discharge
- Weekly meeting in place to discuss Eating Disorder patients due to increased demand
- Silver / Gold meetings now in place within LSCFT
- Ongoing support / monitoring to ensure MHLDA patients are vaccinated

Supporting our staff

System arrangements are well developed to ensure workforce availability, business continuity in the event of increased staff absences and health and wellbeing support for staff:

- HR Directors are working closely with operational teams re staffing availability to ensure that there is sufficient staffing available
- Escalated bank rates /enhanced bank offers have been considered and are in place in some trusts to support staffing levels
- All trusts on health Roster - ongoing monitoring of rosters and fill rates is taking place
- Monitoring of bank and agency availability and fill rates also taking place
- Cover for temporary staffing offices is in place
- Covid MOU is in place and will support staff movement/mutual aid

- OH/ H&WB departments will continue to provide H&WB support to staff, whilst national offers for H&WB support can be accessed via apps and/or external support helplines.

5. Recommendations

The ICS Board is asked to note the current operational position across the system and the actions taken across Lancashire & South Cumbria in response to the guidance received.

Carl Ashworth
4th January 2022

Integrated Care System Board

Date of meeting	**12th January 2022**
Title of paper	**ICS Finance Report - Financial Position Month 8**
Presented by	**Sam Proffitt**
Author	**Sam Proffitt**
Agenda item	**6**
Confidential	**No**

Purpose of the paper				
For noting.				
Executive summary				
This paper reports on the month 8 financial performance for the L&SC system. It covers the revenue and capital positions of all the L&SC partners and the position on ICS central functions.				
Recommendations				
The Board is asked to **note** the report.				
Governance and reporting (list other forums that have discussed this paper)				
Meeting	**Date**		**Outcomes**	
None				
Conflicts of interest identified				
Not applicable				
Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Privacy impact assessment completed			X	
Financial impact assessment completed	X			
Associated risks	X			
Are associated risks detailed on the ICS Risk Register?		X		

Lancashire and South Cumbria Health and Care Partnership

ICS Finance Report - Financial Position Month 8

1. Introduction

This paper provides an update on the latest reported financial position, an assessment of the risks and provides details on the actions required to ensure financial recovery.

2. Current Financial Performance

At this stage of the year, the ICS is forecasting to deliver the planned position. However, there is a high level of risk within this position and as such DoF/CFO leads have been assigned to lead the work to mitigate the individual risks and to support continued delivery of the plan.

The year-to-date position is currently showing a deficit of £5m which is £1.3m better than the year-to-date profiled plan. The key headlines of this position are:

- All CCGs reporting breakeven
- NWAS report a £2.7m favourable variance which relates to additional income being secured that wasn't certain at the time the original plan was submitted and therefore hadn't been included.
- LTHT report a £0.4m favourable variance due to bank and agency restoration costs not being incurred as planned.
- UHMB report a £2.1m adverse variance which is primarily due to a shortfall on ERF income which the trust is anticipating will be recovered by ICS wide mitigations.

The year-to-date and forecast outturn summary position is provided in **Table 1** and the ICP performance is provided in **Table 2**.

Table 1 – Summary financial position for M08

Financial Position Overview - M08						
Surplus / (Deficit)	Year-to-date			Forecast Outturn		
	Plan £m	Actual £m	Variance to Plan £m	Plan £m	FOT £m	Variance to Plan £m
CCGs	0.0	0.0	0.0	(0.1)	0.3	0.3
NHS Providers	(6.4)	(5.0)	1.3	(2.4)	(0.1)	2.3
System Financial Performance	**(6.4)**	**(5.0)**	**1.3**	**(2.4)**	**0.2**	**2.6**

Lancashire and South Cumbria
Health and Care Partnership

Table 2 – ICP financial position for M08

System performance Surplus / (Deficit) - M08						
By ICP	Year to Date			Forecast Outturn		
	Plan £m	Actual £m	Variance to Plan £m	Plan £m	Forecast £m	Variance to Plan £m
Central Lancashire ICP	(0.0)	0.4	0.4	(0.0)	(0.1)	(0.0)
Fylde Coast ICP	0.1	0.2	0.0	(0.0)	(0.0)	0.0
Pennine Lancashire ICP	(0.3)	(0.3)	(0.0)	(0.0)	0.3	0.3
Morecambe Bay ICP	(3.1)	(5.2)	(2.1)	(0.0)	0.0	0.0
West Lancashire MCP	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)
North West Ambulance Service NHS Trust	(2.1)	0.6	2.7	(2.3)	0.0	2.3
Lancashire and South Cumbria NHS FT	(1.0)	(0.7)	0.3	(0.0)	(0.0)	0.0
ICP Financial Performance	**(6.4)**	**(5.0)**	**1.3**	**(2.4)**	**0.2**	**2.6**

3. Efficiencies

It was anticipated earlier in the year that the efficiency requirement for H2 would need to be more ambitious than H1 and would need a level of system-wide schemes to supplement organisational schemes.

The H1 achievement was £50.7m against a target of £56.6m, a shortfall of £5.9m. The H2 plan requirement is £85.3m and at the time of planning, £39.6m (46%) was unidentified. There has been some reduction in the level of unidentified efficiencies since the plan was set. This is shown in **Table 3** reducing from £39.6m (46%) at plan to £25.9m (33%) at month 8.

Table 3 – Unidentified efficiencies by ICP at month 8

Unidentified Efficiencies - M08				
Organisation	H2 Forecast Outturn			
	Identified £m	Unidentified £m	TOTAL £m	Unidentified %
Central Lancashire ICP	10.6	6.5	17.2	38%
Fylde Coast ICP	11.1	2.1	13.1	16%
Pennine Lancashire ICP	8.5	9.0	17.5	51%
Morecambe Bay ICP	12.5	4.0	16.6	24%
West Lancashire MCP	0.5	1.7	2.2	79%
North West Ambulance Service NHS Trust	3.8	1.6	5.4	30%
Lancashire and South Cumbria NHS FT	6.5	0.9	7.5	13%
ICP Performance	***53.6***	***25.9***	***79.5***	***33%***

At month 8, we are reporting actual year-to-date savings of £18.1m which is £5m lower than the plan. The forecast outturn is showing £79.5m which is indicating a shortfall of £5.9m against the plan. The detailed performance by ICP is provided in **Table 4**.

Table 4 – Efficiency performance by ICP

Efficiencies : CIPS / QIPPS - M08										
Organisation	H2 Year to Date					H2 Forecast Outturn				
	YTD Plan £m	*YTD Recurrent £m*	*YTD Non-Rec £m*	TOTAL £m	Variance to Plan £m	H2 Plan £m	*Forecast Recurrent £m*	*Forecast Non-Rec £m*	TOTAL £m	Variance to Plan £m
Central Lancashire ICP	4.8	*1.3*	*1.9*	3.1	(1.7)	17.2	*7.7*	*9.5*	17.2	0.0
Fylde Coast ICP	2.6	*0.5*	*2.0*	2.6	(0.0)	13.1	*5.6*	*7.5*	13.1	0.0
Pennine Lancashire ICP	6.1	*0.7*	*4.6*	5.3	(0.8)	19.8	*1.8*	*15.7*	17.5	(2.4)
Morecambe Bay ICP	4.3	*1.7*	*1.1*	2.8	(1.6)	19.2	*6.1*	*10.5*	16.6	(2.6)
West Lancashire MCP	1.0	*0.2*	*0.0*	0.2	(0.9)	3.0	*0.5*	*1.7*	2.2	(0.9)
North West Ambulance Service NHS Trust	1.6	*0.5*	*1.1*	1.6	0.0	5.4	*1.4*	*4.1*	5.4	0.0
Lancashire and South Cumbria NHS FT	2.6	*0.5*	*2.0*	2.5	(0.0)	7.5	*2.4*	*5.1*	7.5	(0.1)
ICP Performance	**23.1**	***5.4***	***12.7***	**18.1**	**(5.0)**	**85.3**	***25.5***	***54.0***	**79.5**	**(5.9)**

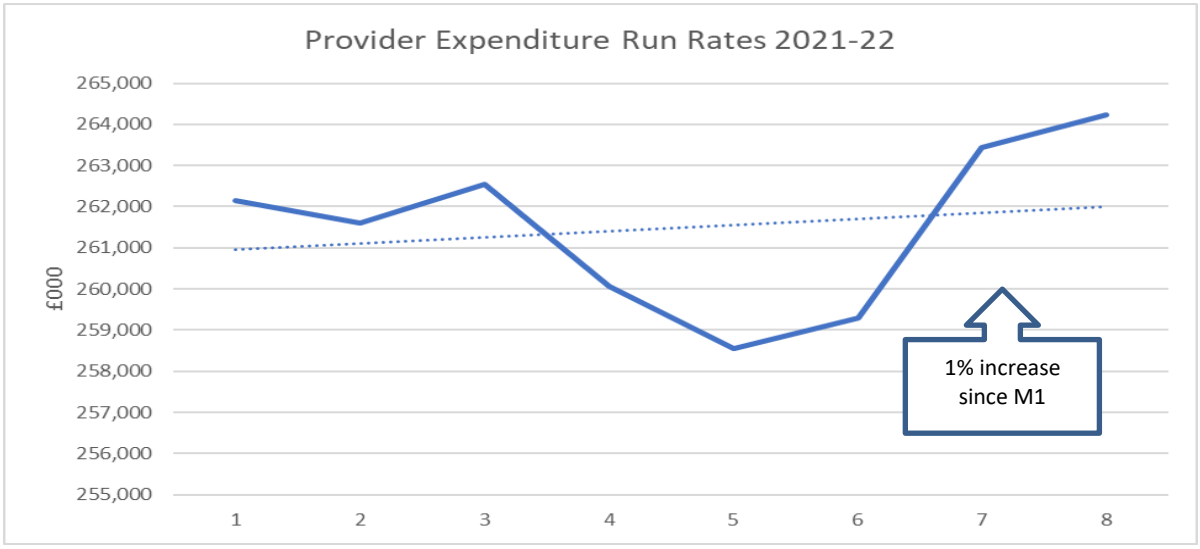
4. Run-Rate Monitoring for providers

The ICS undertakes a monthly collection of run-rate data to help understand the monthly financial performance of each of our trusts and to enable us to demonstrate the impact of the efficiency programme or other actions taken. The provider summary data and graphical presentation for months 1 to 8 in shown in **Table 5**.

The run-rate data used is adjusted for pay award, elective recovery, large new income backed initiatives and Covid costs. The data shows a small increase for month 7 and month 8 and a 1% increase since the start of the year.

Table 5 – Run-rate data for providers and graph for months 1 to 8

	M01	M02	M03	M04	M05	M06	M07	M08	% change since M1
University Hospitals of Morecambe Bay NHS Foundation Trust	37,771	37,529	36,728	36,610	36,402	37,088	37,665	38,357	2%
Lancashire Teaching Hospitals NHS Foundation Trust	54,685	54,555	55,100	55,986	56,162	55,311	56,315	55,448	1%
Blackpool Teaching Hospitals NHS Foundation Trust	47,501	47,403	48,626	45,672	45,458	45,646	47,102	47,281	0%
East Lancashire Hospitals NHS Trust	53,541	53,109	53,093	53,038	52,750	52,951	53,405	53,756	0%
Lancashire and South Cumbria NHS Foundation Trust	35,874	35,653	36,141	35,609	35,426	35,341	36,422	36,356	1%
North West Ambulance Service NHS Trust	32,765	33,350	32,846	33,157	32,358	32,965	32,522	33,037	1%
Total	**262,137**	**261,599**	**262,534**	**260,072**	**258,556**	**259,302**	**263,431**	**264,235**	1%



5. Capital

As at month 8 there is a year-to-date underspend against the capital allocation of £23.4m (32%). An in-depth review of the forecast has taken place over the last month and there is a high level of assurance around the £110.3m forecast spend. This leaves £1.6m which will need to be allocated. Spend on records digitalisation has provisionally been earmarked for this and will be confirmed in the month 9 forecast. The ICS will spend its full allocation. The current levels of capital spend by provider is shown in **Table 6**.

Table 6 – Charge against capital allocation

Charge against Capital Allocation - M08						
Capital	Year-to-date			Forecast Outturn		
	Plan	Actual	Variance to Plan	Plan	FOT	Variance to Plan
	£m	£m	£m	£m	£m	£m
Blackpool Teaching Hospitals NHS FT	13.0	6.2	6.8	21.8	18.2	3.5
East Lancashire Hospitals NHS Trust	6.5	6.2	0.3	12.4	14.2	(1.8)
Lancashire and South Cumbria NHS Foundation Trust	5.2	2.6	2.6	8.4	13.2	(4.8)
Lancashire Teaching Hospitals NHS Foundation Trust	18.4	16.3	2.1	23.5	21.9	1.6
North West Ambulance Service NHS Trust	12.4	7.8	4.6	16.9	15.3	1.6
University Hospitals of Morecambe Bay NHS Foundation Trust	18.4	11.4	7.0	29.0	27.5	1.5
	73.8	**50.4**	**23.4**	**112.0**	**110.3**	**1.6**

6. Risks

The System Finance Group agreed that one CFO / DoF would take an oversight role on the mitigating actions. This lead is the link to all the organisations reporting progress and any necessary corrective action each month to the system finance meeting.

The leads were agreed as: -

- Natural Slippage
  Andrew Harrison, CFO Fylde Coast CCGs and Morecambe Bay CCG

- MH Improvement
  Jenny Hannon, DOF LSCFT

- Capital to Revenue
  Jonathan Wood, DOF LTH

- ERF including accelerator
  Michelle Brown, DOF ELHT

- System wide opportunities using diagnostic work to support the gap
  Sam Proffitt, ICS DOF

Additional risks have emerged over the previous weeks as the system and country has moved to a Level 4 national incident. A number of additional costs are being incurred to support the roll out of booster vaccinations and a focus on supporting emergency / urgent care. A process is in place to capture any additional costs to seek to reimburse those costs. The impact on elective care activity is a further concern with an increased risk of the pandemic on the ability to reach the required activity levels.

7. ICS Central Functions

Table 7 below provides an update on the financial position for ICS central functions. Nationally funded budgets are continuing to show a year-to-date underspend, but this is now starting to reduce as transactions work through the system. We anticipate that these funds will be spent as they relate to key deliverables set by regional and national teams, but we are also working to identify if there is likely to be any slippage to help mitigate the system risks previously identified.

Table 7 – ICS Central functions summary financial position

ICS Central Functions - M08						
ICS Central Functions	Year-to-date			Full Year Forecast		
	Budget	Actual	Under/(over) spend	Annual Budget	Forecast Outturn	Under/(over) spend
	£000	£000	£000	£000	£000	£000
ICS Core Budgets						
Clinical Portfolios	209	224	(15)	313	313	0
Enabling Functions	1,209	1,082	127	6,440	6,440	0
Executive Functions	1,729	1,686	43	2,507	2,507	0
Other Support Functions	246	288	(42)	369	369	0
	3,393	3,280	113	9,629	9,629	0
Nationally Funded Budgets	8,011	5,077	2,934	11,975	11,975	0
System Funded Budgets	549	371	178	824	824	0
TOTAL	**11,954**	**8,728**	**3,226**	**22,428**	**22,428**	**0**

8. Recommendations

The Board is requested to discuss and note the contents of the report.

Sam Proffitt
ICS Executive Director of Finance and Provider Sustainability
4 January 2022

Integrated Care System Board

Date of meeting	**12th January 2022**
Title of paper	**National Operational Planning Guidance 2022/23 and ICS Planning Process**
Presented by	**Sam Proffitt, Carl Ashworth**
Author	**Sam Proffitt, Carl Ashworth**
Agenda item	**7**
Confidential	**No**

Purpose of the paper
The paper sets out the 2022/23 planning guidance and revenue and capital allocations for Lancashire and South Cumbria system and details the approach to be taken to the development of the LSC ICS system operational plan
Executive summary
The '2022/23 priorities and operational planning' guidance was published on 24th December 2021. The guidance continues to support a system-based approach to operational planning for the whole of 2022/23 with a focus on restoration, recovery and restoration at a time of continued management of COVID related demand. A L&SC ICS approach to the development of s system operational plan for 2022/23 was agreed at the December meeting of the System Leaders Executive.
Recommendations
The ICS Board is asked to: • Note the requirements set out in the operational planning guidance for 2022/23 and the need to submit draft plans by mid-March and final plans by the end of April • Endorse the operational planning process agreed with SLE
Governance and reporting (list other forums that have discussed this paper)

Meeting	**Date**	**Outcomes**

Conflicts of interest identified
None

Report authorised by:	Sam Proffitt

Lancashire and South Cumbria
Health and Care Partnership

National Operational Planning Guidance 2022/23

and Lancashire & South Cumbria ICS Planning Process

1. Introduction

The '2022/23 priorities and operational planning' guidance was published on 24th December 2021. The guidance continues to support a system-based approach to operational planning for the whole of 2022/23 with a focus on restoration, recovery and restoration at a time of continued management of COVID related demand.

Technical supporting planning guidance documents and formal financial allocations have not yet been finalised or approved and are due to be published in early January. However, the following documents were also issued in respect of the financial guidance.

- Draft revenue finance and contracting planning guidance
- Draft ICB revenue allocations schedule
- Draft capital finance planning guidance
- Draft ICB capital allocations schedule
- SDF allocations schedules and guidance

Planning, contracting and other activity submissions by Integrated Care Boards (ICBs) are required to be completed before the passage of the new Health and Care Bill. These actions should be completed by Clinical Commissioning Groups (CCGs) working with designate ICB leaders and partner NHS Foundation Trust and NHS Trust organisations.

Is in important to note that the guidance has been issued as the NHS operates within a Level 4 National incident in response to the Omicron variant. The objectives in the guidance do assume currently that COVID-19 returns to a low level. Due to the current level of uncertainty in respect of the pandemic, the guidance will be subject to review. Timescales for the final plan submission have been extended to the end of April 2022 with draft plans due mid March 2022.

This paper summarises the key points form this guidance and sets out the Lancashire and South Cumbria Integrated Care System approach to the management of the planning process.

2. Priorities set out in the Guidance

The guidance continues to support a system-based approach and asks systems to focus upon 10 priority areas as shown in **Diagram 1**. These priorities represent a continued focus on recovery, restoration and transformation of services whilst continuing to respond to COVID related demand.

Diagram 1 – Ten Priorities within the 2022/23 planning guidance

3. Revenue and Contracting Guidance

NHS trusts and Foundation Trusts are individually fully mapped to a single system and the system must achieve breakeven.

The system plan submission will be the source of information for integrated care board 2022/23 (ICB) budget. Revenue allocations are due to be issued for 2023/24 and 2024/25.

Trusts will continue to be required to submit organisational plans - these plans must be in line with their system plan and will form the basis of in-year financial monitoring.

An allocation tool will be published to support systems to understand relative need in different places. This tool could help ICBs looking to allocate budgets at place or service level, and to target NHS resources towards reducing inequalities.

ICB programme allocation

ICB programme allocations are based on system funding envelopes for the second half ('H2') of 2021/22 x 2 adjusted for one off income such as H1 back pay and non-recurrent funding

An uplift has been applied to reflect an assessment of demographic and non-demographic activity requirements, inflationary pressures and a general efficiency requirement of 1.1%.

In addition to the general efficiency, a 'convergence adjustment' has been applied. This looks at the envelope against the fair share funding for the population and applies a differential percentage reduction. The level of reduction depends on how far a system is from their calculated fair share position. Lancashire and South Cumbria has been assessed as being 7.7 % over its fair share and therefore has had the high-end reduction of a further 1.1%.

Table 1 – 2022/23 Allocation

	£m
Allocation 2021/22 H2 x2 (Adjusted for Non recurrent items)	3,098
Base growth at 3.82% (Net of 1.1% efficiency)	118
Convergence Adjustement 1.1%	- 33
Other (incl H1 adjustment and Maternity transfer)	10
Total 2022/23 Allocation	**3,193**

The ICB primary medical care allocation is £295m. There have been no changes in policy to the calculation of the target formula for delegated primary medical care allocations.

For other Primary Care services the Health and Care Bill allows for the delegation of NHS England commissioning functions by agreement. This is for pharmacy, dental and general ophthalmic services to ICBs. Allocations for these services will be set at regional and ICB level.

The ICB running cost allocation is £32m. ICBs must ensure they are planning for and taking actions to manage management costs during 2022/23, as they implement their establishment and new legal framework.

ICB elective services recovery funding

£2.3billion of elective recovery funding is available nationally to support the recovery of elective services in 2022/23. Systems have been allocated a proportion of this additional funding on a fair shares basis.

Provider elective activity plans will be funded as per the aligned payment and incentive (API) rules in the national tariff with payment linked to the actual level of activity delivered. Where providers deliver activity above the agreed plan they will earn an additional 75% of tariff. Where providers do not deliver against their agreed activity plan then funding worth 50% of tariff will not be earned. More guidance is due to provide further details.

ICB COVID allocation

Systems will continue to receive a fixed system allocation for COVID-19 services based on their provider and commissioner footprints. However, this has reduced by 57% from £174m in 2021/22 to £75m in 2022/23. As referenced at the start of this report this assume that system can return to supporting a low level of Covid-19 but this will need to continue to be reviewed. Work is being

done to understand the costs associated with Covid-19 and the conditions upon which they can be reduced.

NHS England specialised services

In 2022/23, NHS England regional commissioners will maintain ownership of the commissioner allocation and commissioning for specialised services. Contracting with providers will continue on a host regional basis as per historical arrangements.

For NHS-led provider collaborative for specialised mental health, learning disability and autism services the funding will be distributed from the regional commissioner to the MHPC's lead provider (LP) to deliver services within the commissioned scope of the MHPC.

Service development funding

Systems will continue to receive SDF allocations to support the delivery of the NHS Long Term Plan commitments. The Draft Service Development funding provides £52m of development funding in 2022/23 as shown in **Table 2**

Table 2 – Draft SDF Allocations for 2022/23

SDF Funding	£000
Ageing Well	2,415
Cancer	4,963
LD & Autism	1,364
Maternity	983
Mental Health	20,412
Other SDF	6,528
Prevention	870
Primary Care	14,781
System Transformation	309
Total	**52,624**

Capital

The 2021 Spending Review confirmed:

- £4.2bn to make progress on building 40 new hospitals and to upgrade more than 70 hospitals.
- £2.3bn to transform diagnostic services with at least 100 community diagnostic centres (CDCs) across England to permanently increase diagnostic capacity.
- £2.1bn for innovative use of digital technology so hospitals and other care organisations are as connected and efficient as possible. •
- £1.5bn to support elective recovery, through for example new surgical hubs, increased bed capacity and equipment
- Around £450m for mental health, to complete the programme to replace mental health dormitories with single en-suite rooms and invest in NHS mental health facilities.

For 2022/23, the NHS capital allocation will be split into three categories:

1. A system-level allocation to cover day-to-day operational investments

2. Nationally allocated funds to cover nationally strategic projects already announced and in development or construction, such as hospital upgrades ('STP schemes') and new hospitals.

3. Other national capital investment including national programmes such as elective recovery, diagnostics and national technology funding and the mental health dormitory programme.

Table 3 – 3 year Capital Allocations

Year	Provider Operational Capital Allocation £'000	Primary Care Operational Capital Allocation £'000	System Operational Allocation £'000	Diagnostics £'000	I Tech Funding £'000	Total System Capital £'000
22/23	109,345	3,117	112,462	24,780	9,578	**146,820**
23/24	103,640	3,113	106,753	10,580	-	**117,333**
24/25	100,330	3,109	103,439	10,030	-	**113,469**

A capital fund for elective recovery has been allocated to the NW region separately and totals £98m in 2022/23, £70m in 2023/24 and £42m in 2024/25.

4. Managing the 2022/23 operational planning process in L&SC ICS

The development of the first operational plan for the Lancashire & South Cumbria Integrated Care Board will take place at the same time as the transitional and developmental work required to establish the new system itself. The planning process must therefore ensure that all partners are involved in and can influence the development of policy and strategy. Given the uncertainties during this transitional period, a high level of wider partner engagement is even more crucial to a successful outcome.

Lessons learned from previous system planning rounds suggest that:

- Across the ICS, co-ordination across numerous organisations and programmes, with a clear timeline and process, worked well via the establishment of the multi organisational and multi-functional Planning Coordination Group
- Commissioners and Providers worked collaboratively within Place based Partnerships to achieve the required outcomes and deadlines
- Bringing together BI, Finance, and Contracting teams from across the system to develop assumptions for forecasting activity trajectories worked effectively
- This approach led to greater consistency in providers interpreted the planning guidance and how they were able to transpose activity and workforce submissions from their own records to the functional templates
- Financial planning needs to be integrated better with the development of activity, performance and workforce plans
- The planning process needs to be staged e.g. obtaining agreement on principles, objectives and the shape we expect, before moving onto filling in the forms

To build upon these lessons, it was agreed at the December meeting of the SLE that the following approach will need to be taken to cover the crucial aspects of the development of system operational plans:

- Central strategy imperatives e.g. quality, finance, estates, digital, health improvement, LA/NHS priorities
- Central financial and contracting frameworks, performance and BI

- PCB responses to strategy and PCB led aspects e.g. elective recovery, financial recovery, clinical strategy and workforce
- Place-based responses to PHM strategy; service integration/development across primary, community and social care

It was agreed therefore that:

- CCG senior planning/commissioning managers will join a central planning team, led by Carl Ashworth, and take a portfolio approach to leading central requirements alongside place-based requirements
- A small PCB planning team will be established to advise, engage with and assist with wider policy/strategy discussions and assure information flows across trusts and with the central planning team
- A finance, BI and contracting team across partners will continue to work closely together, led by Sam Proffitt and Elaine Collier

5. Conclusion

A process has been put in place to develop the L&SC ICS system operational plan for 2022/23 in line with the required timescales. The further technical guidance and templates are due in early January and an update will be brought back to the February Board.

6. Recommendations

The ICS Board is asked to:

- Note the requirements set out in the operational planning guidance for 2022/23 and the need to submit draft plans by mid-March and final plans by the end of April
- Endorse the planning process agreed with SLE

Sam Proffitt

ICS Director of Finance and Provider Sustainability

Carl Ashworth

Strategy and Policy Director

4th January 2022

Integrated Care System Board

Date of meeting	**12th January 2022**
Title of paper	**System Reform Programme – General Update**
Presented by	**Andrew Bennett, Interim Chief Officer, LSC ICS**
Author	**Dawn Haworth, Senior Programme Manager Victoria Ellarby, Programme Director Karen Kyle, Morecambe Bay Place Based Partnership Director Steve Christian, Chief Integration Officer (LSCFT) Ed Parsons, Programme Director, Provider Collaborative Board Neil Greaves, Head of Communications & Engagement**
Agenda item	**8**
Confidential	**No**

Purpose of the paper

The purpose of this report is to provide the ICS Board with an update on the work of the Lancashire and South Cumbria Integrated Care System Development Programme.

Executive summary

The System Development Programme is progressing at pace, overseen by the ICS development Oversight Group, with significant work being undertaken across all workstreams. This report provides a high-level update for the ICS Board and focusses specifically on the following key areas of work:

- National guidance
- Readiness to Operate Statement and critical tasks for Quarter 4
- ICB Governance
- Provider Collaboration
- Place-Based Partnerships
- Communications & Engagement

As the December meeting of the ISC Board was not a meeting held in public, content from the December report has been retained and where appropriate, updated.

Recommendations

The ICS Board is asked to discuss the report which updates on the current system development programme.

Governance and reporting (list other forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**

Conflicts of interest identified

Implications				
If yes, please provide a brief risk description and reference number	**YES**	**NO**	**N/A**	**Comments**
Quality impact assessment completed			N/A	
Equality impact assessment completed	Yes			
Privacy impact assessment completed			N/A	
Financial impact assessment completed			N/A	
Associated risks			N/A	
Are associated risks detailed on the ICS Risk Register?			N/A	A Risk and Issues Log for the System Development Programme has been established

Lancashire and South Cumbria
Health and Care Partnership

Update Report: System Development Programme

1. Introduction

The purpose of this report is to provide the ICS Board with an update on the work of the Lancashire and South Cumbria Integrated Care System Development Programme.

2. National Guidance

The White Paper, *Integration and Innovation: working together to improve health and social care for all* which was published in February 2021, outlined how the NHS in England needs to change to enable health and care to work more closely together. This was followed in June 2021 by the *Integrated Care Systems: Design Framework* which set out how NHS organisations are expected to respond in the next phase of system development, including the anticipated establishment of statutory ICS NHS bodies from April 2022.

The Health and Care Bill (2021), is currently proceeding through the parliamentary process, having received its first and second readings in the House of Commons.

On 24th December 2021, the 2022/23 priorities and operational planning guidance was published, along with letters to ICS and CCG leaders. This guidance confirmed that in order to allow sufficient time for the remaining parliamentary stages, a new target date of 1st July 2022 has been agreed for the new statutory arrangements to take effect and ICBs to be legally and operationally established. This new target date is intended to provide some extra flexibility for systems preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response, whilst maintaining momentum towards more effective system working.

An implementation date of 1st July 2022 will mean that the current statutory arrangements remain in place until then, with the first quarter of 2022/23 serving as a continued preparatory period.

Further information is awaited, from both national and regional teams, regarding the impact of this revised implementation date on required activities. Within Lancashire and South Cumbria, partners and key workstream leads will need to consider local ambitions regarding progress and ways of working by April 2022 and in readiness for July 2022.

Some additional guidance has been published since the previous ICS Board meeting:

Published 2nd December 2021:

- CCG Transition: Records Management guidance

Published 7th December 2021:

- ICS CoA Guidance
- ICB Cost Centre Hierarchy Guidance
- Apprenticeship Levy Guidance

Published 9th December 2021:

- Supporting ICS transition to ICBs using a talent-centred approach and power point
- NHS Talent Approach Toolkit- colleague and powerpoint
- NHS Talent Approach Toolkit- manager and powerpoint

Published 16th December:

- Business Process Best Practice in the ISFE Environment

Approximately twenty further guidance documents are still awaited. Our summary of national guidance continues to be maintained and is available from the ICS Corporate Team.

Work on the Lancashire and South Cumbria System Development Programme is continuing to progress as far as possible without waiting for guidance. Proposals are continuing to be developed and cross-checked against any guidance that is subsequently issued where necessary.

3. Readiness to Operate Statement and Critical Tasks for Quarter 4

The *ICS implementation guidance: ICS readiness to operate statement (ROS)* (published 19th August 2021), describes how the ROS checklist should be used to enable system leaders to assess progress and transition towards establishment of the Integrated Care Board (ICB) and its associated governance arrangements from 1st April 2022. The ROS checklist requires the Lancashire and South Cumbria system to provide a RAG rating against 12 sections, each containing a number of elements that are drawn from national legal/policy requirements. These RAG ratings are required for both the current position and for the projected position as at March 2022.

The second formal submission of the ROS checklist (together with the updated System Development Plan) was made to the NHS England / Improvement North West Region at the end of quarter 3 of 2021/22. As with previous submissions, this will be followed by a peer review process. Key risks to delivery were identified as being associated with the volume and complexity of work to be undertaken before April 2022, particularly set against the context of a challenging winter period and whilst some national guidance is still outstanding.

The new target date of 1st July 2022 for the statutory arrangements means that activities within the ROS are now subject to revised timeframes, along with future ROS submissions of the ROS checklist itself. These are yet to be confirmed.

However, key tasks for quarter 4 of 2021/22 were scheduled as follows and the majority are expected to continue:

- Recruitment of ICB Executive roles
- The nomination and selection of Partner members of the ICB Board
- Completion of the ICB Constitution and governance arrangements
- Ensuring safe and effective transfer of staff, service provision and governance arrangements from multiple organisations into the ICB.
- Supporting our Place-Based Partnerships and Provider Collaboratives to be ready to operate in conjunction with the ICB.
- Working with local government to establish the Integrated Care Partnership, agreeing shared system-wide priorities.

4. Integrated Care System Governance

Each Integrated Care System is required to establish the following:

- An **Integrated Care Board**, which is a statutory organisation that brings the NHS together locally to establish shared strategic priorities within the NHS, connecting to wider partnerships across the ICS, and to improve population health
- An **Integrated Care Partnership**, which is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. Locally, we are describing this as the Lancashire and South Cumbria Health and Care Partnership.

Integrated Care Board (ICB)

Further to the nationally developed ICB Establishment Timeline, all ICSs are under an obligation to commence with the development of the new ICB's Constitution and to engage with partners to seek views on the proposals. This engagement has taken place two parts:

- Part One: The ICB Board size and composition
- Part Two: Other aspects of the constitution

Part One: The ICB Board size and composition

During October 2021, the Lancashire and South Cumbria ICS commenced this engagement, seeking comments and feedback on proposals relating to the size and composition of the future ICB Board. The proposals were updated in response to the feedback received and have now been approved by the NHS

England / Improvement North West Region. The ICB Board will have the following members:

- Chair
- Three Non-Executive Directors
- Chief Executive
- Chief Medical Officer
- Chief Nursing Officer
- Chief Finance Officer
- Two Partner Members – NHS Trusts / Foundation Trusts (one with the knowledge, skills and experience of the provision and acute and community services; and one with the knowledge, skills and experience of the provision of mental health services)
- Partner Member – Primary Medical Services
- Partner Member – Local Authorities

The ICB Board will also have a number of Participants, who may be invited to attend any or all of the Board meetings, or parts of a meeting by the Chair. At the Chair's discretion, Participants may address the meeting, but may not vote. Participants at the LSC ICB's Board meetings will be:

- Other Executive Directors / Directors of the ICB
- Director of Adult Social Care
- Director of Public Health
- An individual bringing the knowledge and perspective of the Voluntary, Community, Faith and Social Enterprise sector
- An individual bringing the knowledge and perspective of Healthwatch
- Executive Directors, Directors and/or Chairs bringing the knowledge and perspective of Place-Based Partnerships

Recruitment
Recruitment to key roles within the ICB is progressing as follows:

Chief Executive Officer – the recruitment of the new Chief Executive Officer for the Integrated Care Board (ICB) has now been completed with the appointment of Kevin Lavery who is expected to formally commence in role early 2022. This appointment is an important step in the development of the ICB towards statutory establishment next April.

Non-Executive Directors – Non-Executive Director recruitment is ongoing with interviews having taken place week commencing 13th December 2021. Appointments are expected to be confirmed in January 2022.

Other executive posts – Role profiles for the ICB Executive posts as reflected in the ICS Design Framework have been published and reviewed locally. The posts of Chief Medical Officer, Chief Finance Officer, Chief Nursing Officer and Chief People Officer have been advertised externally and with the support of a search agency. These roles are not considered to be 'suitable alternative employment' for existing 'board level' colleagues although applications can be submitted where colleagues wish to and feel they meet the essential criteria. It is expected that the process to appoint to Place Based Leadership roles will commence in January 2022 (although this timeframe is now subject to review based upon the change to national timeframes).

Part Two: Other aspects of the constitution

During November 2021, the Lancashire and South Cumbria ICS engaged on other aspects of the constitution, with a focus on the sections which have the greatest opportunity for localisation, and are mainly related to the nomination and selections process for Members of the ICB Board and the Meetings of the ICB Board. The comments and feedback received were used to inform a small number of updates prior to submitting the initial draft to the NHS England / Improvement North West Region in early December 2021. Feedback on this initial draft is now being reviewed.

Remaining sections of the Constitution will be completed during January/February 2022 (subject to legislation and the publication of remaining policy documents/regulations), along with other key documents associated with governance arrangements for the ICB (e.g. Scheme of Reservation and Delegation, Standing Financial Instructions).

Integrated Care Partnership (ICP)

Work is underway to consider the scope and purpose of the ICP, led by the four Upper Tier Local Authorities working in partnership with health colleagues. There are three key areas that are under development, which are currently being reviewed by the Chief Executives of the four Upper Tier Local Authorities, the Chair Designate of the ICB and the Interim Chief Officer of the ICS:

- Overarching principles of partnership working between local government and health
- Suggested priorities for the ICP
- The use of new and existing system architecture to support delivery of these priorities

This work is being presented to the next meeting of the ICS development Oversight Group. Once agreed in principle, it is expected that further development of this work will take place.

5. Provider Collaboration

Provider Collaborative board (PCB) development and governance
The PCB did not meet in December. At the November PCB meeting, members discussed the detailed output of the event held on 23rd September which engaged all PCB member boards in developing the six priority areas which support the delivery of the vision. The next phase of the development plan will be continued at board level with further events being planned. In addition to this, the next phase of development will look to engage both clinical and managerial staff below board level. To aid this work, a PCB narrative pack has been produced that will articulate the purpose and value that the PCB can add at every level. This is an important piece of work and includes a supporting communications plan that will target multiple staff groups

The PCB has also begun work that will review the governance architecture of the Collaborative and its members, taking into account changes in legislation and the aims and objectives that are to be delivered over the coming months and years. This will ensure that the PCB is in the strongest position to deliver much needed improvements.

PCB sub groups
There are now three key sub groups that sit under the PCB:

- PCB Coordination Group (PCB CG) – chaired by PCB lead CEO, at this group there are now appointed lead executives taken from across the PCB membership e.g – lead DoF, lead COO, etc. This group will coordinate the work of the PCB and ensure rapid delivery.
- Clinical Integration Group (CIG) – to oversee the development of the PCB clinical strategy, ensure that we have clinical services that are sustainable in terms of both quality and finances. It will also manage interdependencies between clinical transformation programmes.
- Corporate Collaboration Board (CCB) – to oversee the corporate collaboration activities – seeking to increase quality and decrease cost of our non-clinical functions.

The CIG is currently developing a work plan that focuses on quality and efficiency, fragile services, and PCB clinical strategy development. Immediate focus has been given to the clinical specialties highlighted in the system diagnostic with additional project/QI support being rapidly deployed to these areas.

The CCB has a number of programmes that will deliver before the end of this financial year. It is also planning a multi-year programme of corporate

collaboration supported by a corporate diagnostic which has been completed using the national benchmarking data. Both of the groups will benefit from the lead executives that have now been appointed through the PCB CG who will take an SRO role within the programmes of work.

In addition to these groups, the People Board will play a role in delivering aspects of the PCB work plan in the new year and the revised governance will ensure connection into the PCB.

Mental Health, Learning Disabilities and Autism Provider Collaborative Arrangements – commissioning and transformation

The ICS established the System Transition Board (STB) for MHLDA in June 2021. The partners that form part of the STB work collaboratively to plan and deliver the priority areas set-out in the Moorhouse review specific to MHLDA in context to the wider system reforms. The STB oversees two key priority areas:

Priority Area 1 - MHLDA Lead Provider Model: The Lead Provider (LP) model is when a single NHS trust takes commissioning responsibility for an agreed set of services. LSCFT has a lead provider model established and NHSE, in line with the Long Term Plan, has delegated the responsibility for commissioning of specialised services for the Lancashire & South Cumbria ICS footprint. There is now a direction of travel to adopt the LSCFT LP model for ICS led commissioning of MHLDA services in shadow form from April 2022.

LSCFT is now the Lead Provider for commissioning of two Specialist Mental Health programmes across Lancashire and South Cumbria: Children and Young People Tier 4 Mental Illness, Eating Disorder and Learning Disabilities Services (CYP), and Adult Low and Medium Secure Specialist Services (AS). The STB has endorsed the creation of a task & finish group 'MHLDA commissioning for the future' to formally review current and future governance and commissioning models for ICS led commissioning of Mental Health, Learning Disabilities and Autism services. This group is aligned to the wider system reforms and reports through to the STB. The intention is to adopt the LSCFT LP model for ICS led MHLDA commissioning in a shadow form arrangement by 1st April 2022.

Priority Area 2 - MHLDA Provider Collaborative Group: This is when provider partners will work on behalf of the ICS to deliver transformation at scale and provide a vehicle to support population health management approaches. They Group will focus on joining up health and care across the system and driving prevention and tackling health inequalities. The partners of the collaborative group will include providers of VCFSE, LA, NHS parties.

The STB is overseeing the development of System Wide All Age Strategies for Mental Health, Learning Disabilities and Autism. The strategies will be launched

by April 2022 and the approach taken has involved health and care partners from across the system. All Age System Wide Groups for Mental Health, Learning Disabilities and Autism are being developed along with a dedicated MHLDA Provider Collaborative Group. The remit for the All Age groups is to agree system wide shared priorities (and transformation) and map existing (and future) governance arrangements. Each All Age Group (3 in total) has joint SROs established comprising of a Director of Social Care and an NHS Provider executive. A Primary Care lead has also been identified for Mental Health. The All Age groups are expected to be in place by April 2022 reporting into a dedicated MHLDA Provider Collaborative Group.

6. Place-Based Partnerships

The Place Based Partnership (PBP) Development plan 2021/22 short-term actions have been completed, with a revised action plan in development for the cross-cutting actions across places and system, i.e financial framework development and delegated decision making to March 2022. This revised plan will be reviewed following the outputs of the Maturity Matrix which will identify further areas for development for 2022/23.

The Place Based Partnership (PBP) Development Advisory Group (DAG) is overseeing the repeat of the PBP Maturity Matrix which was undertaken in November, with the self-assessment process currently underway. This work will conclude with a peer-to-peer review within each PBP in January/February 2022.

The PBP DAG is also overseeing a piece of work to assist in defining the scope of services at place and system, based on the PBP Strategic Narrative approved by the ICS Board in November 2020. All Places have considered and agreed in principle the approach, with further work being undertaken across sectors, and with functional leads to agree a scope that places can start to plan for, recognising that this work will iterate and change over time

7. Communications and Engagement

An updated iteration of the strategic narrative for system reform has been shared with leaders and staff across the system to ensure consistent messaging and to support communications. This has been developed with the involvement of a multi-agency communications and engagement review group made up of representatives from organisations and sectors across the partnership. More information on the messaging around integrated care at www.healthierlsc.co.uk/integratedcare

Work is underway to develop a strategy for working with people and communities for the proposed NHS Lancashire and South Cumbria ICB, the health and care partnership and place-based partnerships. This is based on clear principles set out in the national guidance and will be developed with the involvement of a wide range of partners and stakeholders in addition to members of the public across

the system in its development over the coming weeks. This is required as part of the Readiness to Operate Statement checklist to be in place in March 2022 and the Board can expect more information on this as it develops.

The naming conventions for the Integrated Care Board – legal name and public name – have now been agreed and endorsed by NHSEI. Building on the language and glossary materials presented to ICS Board members (see appendix A), the table below outlines our confirmed position on naming conventions:

Current ICS geographical descriptor	Integrated Care Board (ICB) legal name	Proposed public name of ICB	Proposed name of integrated care System (ICS)	Proposed description/name of Integrated Care Partnership (ICP)
Lancashire and South Cumbria	NHS Lancashire and South Cumbria Integrated Care Board	NHS Lancashire and South Cumbria	Lancashire and South Cumbria Integrated Care System	Lancashire and South Cumbria Health and Care Partnership

Work has commenced to develop a strategic narrative and supporting materials to support Provider Collaboration and build greater awareness and involvement of NHS Trust Board members and staff. This is being developed with involvement of a wide range of Provider Collaboration Board members and partners across the system.

With an ongoing focus of ensuring open and transparent communications to staff most affected by the development of the ICB, a further series of colleague briefings took place at the end of November in addition to regular communications. Two more colleague briefings planned for January.

Communications to support the development of place-based partnerships is ongoing and an illustrated video has been developed to describe the common purpose of place-based partnerships. The video will be shared with a localised segment for each place-based partnership in early 2022.

8. Recommendations

The ICS Board is asked to

- Discuss the report which updates on the current system development programme

Item 9

L&SC ICS System Reform Programme
Monthly Highlight Report

Lancashire and South Cumbria Health and Care Partnership

Workstream Summary

Worksream	ID No	Scope, Objectives, Deliverables	Workstream Leads	Programme Status
System Development	A	*Develop a statutory ICS, including a strategic commissioning function and place-based functions, in line with national publications and local thinking*	Chair = David Flory	Programme Minor Delays
Place-Based Partnerships	B	*Design and implement five mature Place Based Partnershipss within the ICS, in line with national publications and L&SC Place Based Partnerships strategic narrative*	Chair = Geoff Jolliffe	Programme Minor Delays
Commissioning Reform	C	*Plan and implement the transitional commissioning arrangements for 2021/22 and the transactional arrangements to close down eight CCGs by June 2022*	Chair = Roy Fisher	Programme Minor Delays
Acute Provider Collaborative	D	*Planning and implementing models of provider collaboration for acute services*	Chair = David Flory	Programme Minor Delays
Mental Health Lead Provider Collaborative	D	*Planning and implementing models of provider collaboration for Mental Health, Learning Disabilities and Autism services*	Chair = Isla Wilson	Programme On Track
Workforce & Organisational Development	E	*Closedown and disestablishment of 8 x CCGs across LSC, including safe and effective transfer of affected workforce to new NHS L&SC organisation*	Exec Lead = Sarah Sheppard	Programme Minor Delays
Finance	F	*Plan and Implement a Financial Framework for system, place and provider collaboratives*	Exec Lead = Gary Raphael	Programme Minor Delays
Communications & Engagement	G	*Ensuring effective communication and engagement with all stakeholders, including those staff who are affected by the transition of activities associated with the closedown of CCGs*	Exec Lead = Andrew Bennett	Programme On Track
Quality & Safety Assurance and Improvement	H	*Designing and implementing a quality improvement approach for the system*	Exec Lead = Jane Scattergood	Programme On Track

Risk & Issues - Residual Score 15 and over

Risk No	Risk or Issue	Risk Oversight	Risk Owner	Risk / Issue Description	Mitigating actions	Residual Risk Score
R0003	Issue	ICS Dev Oversight Gp	Andrew Bennett	Delay in Bill progressing through Parliamentary processes results in a further delay in the publication of national policy / guidance which RISKS a relatively short timeframe for implementation in the second half of 2021/22 which will coincide with operational pressures related to winter and the potential further pressures related to the prevalence of Covid-19 FURTHER DELAYS MEAN THAT THIS IS NOW AN ISSUE	LSC System Development Plan completed based on insight from national/regional team, and workstreams continue to make progress where possible using guidance that is available. However, significant dependency on national policy / guidance for governance, workforce and finance workstreams. Some national guidance still awaited (as at November 2021), and issue remains regarding short timeframe for implementation. Focus now on contents of Readiness to Operate Statement checklist, which outlines minimum requirements by April 2022.	15

R0055	Risk	CCG Transition Board	Andrew Bennett	There is a RISK that due to the uncertainty of the staffing structure in the new NHS LSC system, that current CCG staff leave to secure alternative employment, leaving insufficient staff to manage CCG closedown and transition, and to undertake the new responsibilities of the new system, and resulting in a loss of system knowledge and expertise.	Chief Officer and Deputy Chief Officer NHS Chorley and South Ribble and NHS Greater Preston CCGs have been appointed to the roles of executive sponsor and executive programme director for closedown. All CCGs within NHS LSC providing staff with regular communications on system development NHS LSC communications have now been estabished to provide staff briefings across the system Human Resources Reference Group established to manage the HR requirements of transition NHS LSC recrtuitment protocol in place to ensure consistent approach across the system to recruitment throughout transition Secondment policy in place for all CCGs to ensure risk assessment and approval of line manager process before staff are seconded out of the CCG Staff well-being programmes in place, including regular sharing of well-being tools, regular survery to act as 'temperature check' Regular communicatons provided to staff via CCG and system newsletters and regular presentations by each executive team Transition including Staffing movement is reported into the Quality and Performance Committee Transition document being established to captue legacy information Regular assessment of resources available over the next quarter undertaken. National OD support offered to those posts identified as not covered by the Employment Commitment Ability to monitor staff leavers via ESR reporting to monitor workforce establishment. Executives group will monitor any issues with regards to sufficient workforce Staffing issues will be monitored via this risk which the executives group will receive at each meeting and report back to the Transition Board. With regards to functions separate groups will not be established to manage these functions to closedown, instead closedown has been added as an additional remit to the existing functions group to prevent duplication of work and meetings. The executives group have agreed that assurances to staff are important when this risk assessment was approved by the group in August. A further discussion is needed now that the HR framework is available as to how we continue to positively reinforce this with staff whilst recognising that there will be a management of change policy affecting all from April 2022. A meeting is taking place between the Executive Lead for Closedown and HR leads to ensure that all HR actions are factored into the programme plan.	16

ICS Development - Objectives					
ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
A01	**Produce an agreed Strategic Narrative which describes what it means to be an ICS in L&SC**	Andrew Bennett		31/03/22	Complete
A02	**Define the ICS structure**	Andrew Bennett	National guidance published. Further review required to support design of ICS structure. Linked to requirements of ICB and broader governance arrangements. Scoping session re ICS functions on 13.10.21, which considered an approach to mapping CCG statutory functions and wider corporate functions to be undertaken by the ICB. nationally produced spreadsheet to be used to support this exercise and ensure comprehensive coverage of content of the Bill and associated guidance. Functional leads to be asked for narrative on what will be done at system/place/provider collaborative in order to shape staff-facing communications in the absence of detailed staffing resource information. Place directors to also undertake this work using strategic narrative for place-based partnerships. These will then both be used to provide a cross check against detailed work in spreadsheet, and as the basis for a comprehensive peer-review across all functions. Progess on this has been very limited during November 2021 due to ongoing delays related to data sharing agreements; delays in receiving narratives on 'what happens where' from functional leads; and capacity issues related to sickness absence and the need to prioritise work on the ICB Constitution.	29/06/22	In progress but with significant issues
A03	**Define the future functions of the LSC NHS Body, aligned to national guidance and local ways of working at system and place**	Andrew Bennett	Scoping session re ICS functions was held on 13.10.21, which noted (1) the delays related to data sharing agreements; (2) the national requirements/timeframes re a functions and decisions map; and (3) the need for us to provide greater clarity for staff. An approach was agreed which will combine use of a nationally produced spreadsheet to ensure comprehensive coverage of content of the Bill and associated guidance, coupled with local leads to create narrative on what will be done at system/place/provider collaborative. Place directors will also undertake this work using strategic narrative for place-based partnerships. These will be used to shape staff-facing communications, and to act as a cross check against the detailed work in the spreadsheet, and as the basis for a comprehensive peer-review across all functions. Due to the significant work involved in a short timeframe, this is one of the areas identified as at risk for delivery in March 2022 in the ROS checklist (NB – this is common across other systems in the NW Region) Progess on this has been very limited during November 2021 due to ongoing delays related to data sharing agreements; delays in receiving narratives on 'what happens where' from functional leads; and capacity challenges due to sickness absence and the need to prioritise work on the ICB Constitution.	29/06/22	In progress but with significant issues
A04	**Define the future ICS Governance**	Andrew Bennett	ICP (LSC Health and Care Partnership) - LCC leading a piece of work to consider priorities for the ICP and how this will fit into existing arrangements (e.g. HWBBs). Proposals to be considered at ICS OG in December 2021. ICB - Engagement completed on phase 1 of Constitution (ICB Board size and composition), and updated proposals submitted to NHSEI NW Region for agreement. ICB - Engagement commenced on phase 2 of Constitution (variations, appointments process, meetings of the ICB), with a closing date of 30 November 2021. Initial draft to be submitted to NHSEI NW Region by 3 December 2021. Work ongoing to consider possible committees of the ICB, and other aspects of governance (e.g. SoRD, SFIs, governance handbook) PBPs - place-based governance arrangements formally approved at ICS Board in November 2021. Supporting development programme also agreed.	29/04/22	In Progress but with minor issues/delays

A05	**Develop and agree ICS Leadership model & OD programme**	Andrew Bennett Sarah Sheppard	Chair of LSC ICS confirmed. Recruitment to CEO completed. Recruitment to further mandated director roles (DoF, MD, DoN) will follow in Q3/4, along with Place-Based Leaders. Design of recruitment process is underway. Clinical leadership work - T&F established and programme support secured. Project plan and timeline agreed by ICS OG. Design of OD programme at system level yet to commence, although scoping and design of place-based programme is underway.	31/03/22	In Progress but with minor issues/delays
A06	**System Development Progression - provide assurance to NHSEI & Region**	Andrew Bennett	Q2 SDP submissions made to NHSEI NW Regional Team, including: 1. An updated System Development Plan 2. A completed ROS checklist 3. Supporting narrative on our development of place-based partnerships and provider collaboratives 4. A full risk and issues log 5. An EIRA for this stage of our system development programme NW peer review held in mid-October 2021 and LSC system discussion in late-October 2021. Support offers in place (national and regional) tailored to common areas of development. Next submission due by end of Q3.	29/04/22	In Progress no issues/delays
A07	**Develop and agree arrangements for Partnership working with Local Government (LGA Support Offer)**	Andrew Bennett	Areas of focus confirmed as: Intermediate care for adults and Children's complex packages linked to transition. Work is underway with relevant leads from LSC and the LGA to deliver the intermediate care programme. Work on Children's complex packages linked to transition has been paused until after the LSC pilot has been completed. Update on Intermediate Care to be provided to ICS OG in December 2021. Engagement with local government continues across the majority of the system development programme, including ICS governance, clinical/professional leadership, place-based partnership development. Specific discussions ongoing with UTLA CEOs. LCC leading a piece of work to look at priorities of the ICP and how this links with existing arrangements (e.g. HWBBs). Session planned for November 2021 re future working arrangements and focus on HOSCs in LSC.	30/06/21	In Progress but with minor issues/delays

Place-Based Partnerships - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
B01	**Develop and agree the Place Based Partnerships Strategic Narrative**	Vicki Ellarby		30/06/21	Complete
B02	**Develop and agree the Place Based Partnerships Maturity Matrix**	Sarah James		30/03/22	Complete
B03	**Develop and agree the scope the Place Based Partnerships Development Programme**	Place Based Partnerships Programme Directors		31/03/22	Complete
B04	**Overarching Themes and Success Measures for places**	Place Based Partnerships Programme Directors	The revised timescales for the development of the Balanced scorecard have been agreed through the ICS OG on 28/9/21. This was in recognition of the need to connect to work on priority setting with the L&SC Health and Care Partnership.	31/03/22	In Progress but with minor issues/delays
B05	**How we will organise ourselves to work together as partners**	Place Based Partnerships Programme Directors		31/03/22	Complete

B06	**Place-based leadership and implementation**	Place Based Partnerships Programme Directors	The roles of the Place- Based leaders and Place-Based chair have been supported by the DAG and the ICS OG as part of the place-based partnerships governance and leadership proposals. These are due to be formally approved by the ICS Board on 3rd November 2021. Role descriptions and recruitment processes are being finalised, with recruitment for the place-based leaders anticipated to take place during Q3, 2021/ 22	31/03/22	In Progress but with minor issues/delays

Commissioning Reform - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
C01	**Define transitional Commissioning governance arrangements**	Andrew Bennett		30/06/21	Complete
C02	**Develop and agree transitional functional allocation of resources**	Andrew Bennett	Whilst any proposed significant changes will need to wait until after the establishment of the new ICB, in line with national HR guidance regarding management of change, work to develop new operating models and resourcing proposals to inform transitional arrangements for 2021/22 was due to be presented for consideration at the CCG TB and then ICS OG for agreement during October. Unfortunately it has not been possible to progress this work as planned. The work has been paused pending completion and sign-off of a Data Sharing Agreement between NHS system partners. A revised timeline for this work will be confirmed once the DSA has been agreed by all partners. Progess on this has been very limited during November 2021 due to ongoing delays related to data sharing agreements; and delays in receiving narratives on 'what happens where' from functional leads.	31/12/21	In progress but with significant issues
C03	**Agree plan for transactional close-down of CCGs in line with due diligence, checklist and guidance**	Denis Gizzi Helen Curtis	Programme plan in place, agreed by Transition Board 05/10/21. Plan has been based on the DD checklist and is in line with all released guidance to date. Reporting, monitoring and assurance will now begin.	29/06/22	Complete

Acute Provider Collaborative - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
D01	**Acute Provider collaboration models: Defining the vision and purpose**	Sam Proffitt Gemma Stanion	Vision and purpose agreed, further work to occur between NHSEI National Collaborative's Team around development with boards and clinical/ operational leaders. PCB will review governance set up ahead of 1st April and how this relates to trust. Work on progressing the comms narrative is going well and will begin to be tested in the coming weeks	31/03/22	In Progress no issues/delays
D02	**Acute Provider collaboration models: Governance, accountability and leadership**	Sam Proffitt Gemma Stanion	PCB coordination group now established, chaired by lead PCB CEO and attended by nominated executive leads. Corporate and clinical groups now set up below this and are in the process of agreeing the detailed work plans	31/03/22	In Progress no issues/delays

MH Lead Provider Collaborative - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
D03	**Workforce transition: Ensure strategic and placed based commissioning, support impacted workforce through transition .**	Steve Christian Fleur Carney	The system needs to build its commissioning model for mental health, learning disabilities and autism services from a position of certainty and consensus for staff and local organisations. The Programme has established a 3 month baseline diagnostic with the ambition in developing a target operating commissioning model proposal involving CCG/NHSE, LSCFT and ICS teams. This will comprise a 4 stage process, led by a task and finish group: 1. Baseline Current Operating Model 2. Design 3. Test 4. Publish Target Operating Model A group 'commissioning for the future' has been established to formally review current and future level governance and commissioning models for Mental Health, learning Disabilities and Autism services. This group will be aligned to the wider system reforms and report through to the System Transition Board for MH, LD&A. An initial meeting is in place for 6th October to run fortnightly. The diagnostic will assess assets to deliver an effective an commissioning function in line with principles set out in the national guidance for NHS reforms, including people and roles.	31/12/21	In Progress no issues/delays
D04	**Due diligence: Ensure clarity and consistency in commissioning approach, through further development of a governance framework**	Steve Christian Fleur Carney	As per the workforce update, a group 'commissioning for the future' has been established to formally review current and future level governance and commissioning models for Mental Health, learning Disabilities and Autism services. This group will be aligned to the wider system reforms and report through to the System Transition Board for MH, LD&A. An initial meeting is in place for 6th October to run fortnightly. The diagnostic will assess current commissioning activities and contracts through due diligence. This process will help deliver an effective commissioning function for the future in line with principles set out in the national guidance for NHS reforms. Current progress of the group: TOR for group signed off Agreed template with CCG commissioners – finalisation of contractual information ongoing – values, contract numbers, contract end date LSCFT contractual information confirmed Collation onto single spreadsheet – 1st December meeting to finalise / sign off Meeting TBC to review contractual information and commence formal due diligence process once information received Target operating Model to be finalised December 1st Agreement of proposed pathways to test TOM December 1st Jan 2022 – March 2022 test and implement new model April 1st 2022 new model goes line in shadow form	31/03/22	In Progress no issues/delays
D05	**Planning & service development: Development of collaborative commissioning intentions underpinned by aligned strategies, e.g. MH, LD & A, carers and community health and social care services**	Steve Christian Fleur Carney	Progress Each of the 3 All Age groups (MH, LD and Autism) has met twice and agreed a number of priorities to be completed during October to April. These are detailed in the programme plan held by the PMO. The group are aware of existing groups or newly developing groups that would be suitable to report into this group to ensure oversight of transformation. It has been agreed this group will receive reports from CYP, MMH and CMHT boards / steering groups to test the alignment across the system. Details of other groups are in the process of being collated and mapped. The groups have begun to consider what the future governance structure will look like and will present this proposal to STB in February 2022.	31/03/22	In Progress no issues/delays
D06	**Strategy and communication: Lead, develop and finalise a system wide all age strategy for MH LD& A and communication and engagement plans**	Steve Christian Fleur Carney	The Discovery Period will finish at the end of December 2021. This will conclude the engagement, literature review and data mapping activities. Over 80 stakeholders have been invited to two workshops organised in December (10th and 16th) to provide feedback on emerging themes from the engagement, literature review and data analysis completed to date. An additional workshop in January 2022, will present the final key themes before authorship of the draft strategies commences. Strategy authorship ('Delivery Phase') will begin as per plan in early January 2022 with draft strategies produced by mid-February and final strategies for sign-off by end of March 2022.	30/09/21	In Progress no issues/delays

D07	**Governance and Integration: Develop and implement governance structures that support joint decision making, manage conflicts of interest, prevent further fragmentation of service delivery.**	Steve Christian Fleur Carney	As per the workforce update, a group 'commissioning for the future' has been established to formally review current and future level governance and commissioning models for Mental Health, learning Disabilities and Autism services. This group will be aligned to the wider system reforms and report through to the System Transition Board for MH, LD&A. An initial meeting is in place for 6th October to run fortnightly. The diagnostic will assess current commissioning activities and contracts through due diligence. This process will help deliver an effective commissioning function for the future in line with principles set out in the national guidance for NHS reforms. It is likely that there will be a period of shadow form of the new commissioning models from April 22 once the target operating model is agreed following transfer from CCG into ICS.	30/09/21	In Progress no issues/delays
D08	**NHS E LPC Oversight: Transition of NHSE/I specialist commissioning functions into the Provider Collaborative model by 1 st October 2022**	Steve Christian Fleur Carney	LSCFT is now the Lead Provider for commissioning of two Specialist Mental Health programmes across Lancashire and South Cumbria; Children and Young People Tier 4 Mental Illness, Eating Disorder and Learning Disabilities Services (CYP) and Adult Low and Medium Secure Specialist Services (AS). Delegated financial responsibility has now been passed to LSCFT as the Lead Provider for CYP services and AS services across Lancashire and South Cumbria. For clarity the programme has now moved into the mobilisation phase of implementation with Go-Live having been successfully achieved.	30/09/21	Complete

Workforce & OD - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
E01	**Develop critical path and key deliverables**	Cath Owen		14/05/21	Complete
E02	**Development of overarching principles and guidance (local)**	Cath Owen		14/05/21	Complete
E03	**CCG closedown/disestablishment (inc. transfer of workforce and relevant HR systems)**	Cath Owen	Awaiting national HR technical guidance in respect of formal transfer of staff and other key HR priorities - due mid-August, however this is understood to be either TUPE or a nationally supported Transfer Order. This is expected to also advise on Board level posts. Membership of CCG closedown group (managed by Helen Curtis) and have developed key actions that will be required, pending guidance (linked to critical path above) Close down activities are being planned and reported via the closedown group which reports into the CCG TB. 22/9 - HR Framework received and key HR issues being reviewed with recommendations put forward via HRRG and for approval at CCG Transition Board. This includes FTC, Secondments and Board Level posts. Workforce Due Diligence templates now available and have been included in overarching People Service Project Plan to manage workforce closedown and transition activity. HRRG TOR updated to reflect oversight needed on HR actions as part of closedown activity and key milestone reports to be provided on monthly basis to HRRG for review. Consideration at all LSC CCG Remuneration committee in respect of 'Board Level' colleagues (employed and non-employed) and agreement of next steps which will include formal consultation with employed colleagues and cessation of non-employed arrangements. Opportunities to be made available for clinicians to discuss any specific queries with regard to their arrangements.	31/03/22	In Progress no issues/delays

E04	**Recruitment into NHS LSC senior leadership team and associated governance arrangements**	Cath Owen	Chair confirmed and authorised by NHSEI subject to legislation being approved by parliament. CEO appointment likely to take place during September. Expected that national process will be issued for local implementation. 22/9 Chair appointed confirmed Chief Officer national advert published with selection process to take place in October. Preferred candidate will require national approval via established authorisation process. Further senior leadership posts and board posts will follow the Chief Officer appointment being confirmed. National position given on remuneration levels for senior posts. Chief Officer recruitment ongoing and to be confirmed by 15/11. NED recruitment pack issued nationally National role profiles provided for ICB statutory roles. Recruitment plan in draft Chief Officer appointed NED advertisements issued with closing date of 1st December, interview prior to Christmas. Recruitment plan and timescales for ICB Senior roles to be agreed with designate CEO W/c 22 November	31/03/22	In Progress no issues/delays
E05	**Organisational development**	Cath Owen	OD support programme offer made available by NHSEI for AOs and Senior Directors within CCG. OD support programme for all staff to be developed and made available by end of Q3 subject to HR technical guidance. 22/9 OD Programme for senior leadership developed nationally and regionally and continue to be expanded. Support for all other staff will be focused on Health and Wellbeing via action plan developed following regular survey across LSC and establishment of HWB Sub Group (reporting to HRRG). Sumary of support available for staff drafted and to be issued on approval from HRRG. Outplacement support to be considered by HRRG with potential to procure across all LSC CCGs.	31/03/22	In Progress no issues/delays
E06	**Staff engagement and consultation**	Cath Owen	Several communications now issued. 2 x all-staff brieifng sessions taken place with 2 further briefings planned in September. Monthly staff bulletin in place with regular provision of FAQs. Staff Side engaged and being regularly updated via establshed formal mechanisms. NW Social Partnership Forum updated on progress. 22/9 Further staff briefings have taken place with updated FAQs to be issued and regular system wide staff communication bulletin now agreed. CCG Staff Partnership Forum provided with regular monthly update and attendance at LSC and North West Social Partnership Forums have taken place to also provide update. Key communications activities and messages outline and subject to C&E review within HRRG for the purposes of planning Ongoing staff engagement and liaison with TU colleagues. Request from TU to 'publish' information as to their role and support available - being progressed via C&E team.	31/03/22	In Progress no issues/delays

Finance - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
F01	**Influence and understand the design of the system level financial framework and the implications for the financial regime**			30/06/21	Complete
F02	**Develop the system level Financial Planning Framework in response to national guidance**		Draft financial framework discussion document has been the subject of consideration at three CFO/DoF calls. Notes have been written up and awaiting feedback. National guidance received. Local recommendations being formulated. Sam Proffitt, who has taken over responsibility for ICS finance from Mid November, has convened calls on her return from leave, W/B 29/11/21 to expedite the FF work in the light of the national guidance received.	30/09/21	In Progress but with minor issues/delays
F03	**Implement the system level Financial Planning Framework in response to national guidance**		CFO/DoF calls held, notes taken and local policy recommendations being formulated.	31/03/22	In Progress but with minor issues/delays

Communications & Engagement - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
G01	**Strategic narrative documents and toolkits for use by senior leaders to set out language and messaging and to shape communications, engagement, involvement with all stakeholders**	Neil Greaves Hannah Brooks	Senior leadership toolkit completed and shared. Delivering Integrated Care Summary Document complete and shared. Place Based Partnerships common narrative updated and shared. Introductory Provider Collaborative statement agreed for internal briefings. Communications and engagement review panel being established to quality check and challenge communications and engagement approaches and materials relating to the system developments commencing in September. Developed glossary and visual of the system for leaders to address consistency of language. Endorsed next iteration of the strategic narrative agreed at ICS Development Oversight Group in November following recommendations from the Multi-Agency Communications and Engagement Review group. This will be shared with leaders and staff ahead wc 22/11/21. Work to develop a strategic narrative and messages for the Provider Collaboration Board has commenced and will be taken to a number of groups before being agreed and endorsed in January.	31/03/22	In Progress no issues/delays
G02	**Co ordinating communications and engagement plans for all stakeholders at system and place levels, including those staff who are affected by the transition of activities associated with the closedown of CCGs**	Neil Greaves Hannah Brooks	First engagement meeting on 15 June with Place Based Partnerships engagement leads and Place Based Partnerships programme directors. Outputs of the session include an approach to align Place Based Partnerships engagement plans with consistent timing, approach communications objectives and evaluation methods. Regular meetings between Place Based Partnerships Communications and Engagement leads have been established. Place Based Partnershipss have identified 2x case studies per Place Based Partnerships which are being developed along with system case studies. A survey has been developed and launched collectively which is being shared with staff across place-based partnership organisations as a tracking study of involvement and understanding of vision and purpose of the partnerships linked to the maturity matrix work. Website information developed and Place-based partnerships have asked to be embedded on their websites. Social media schedule of sharing case studies commencing this week to highlight good practice examples and impact of new ways of working. Toolkit for line managers developed and shared to support conversations with staff with key messages. Presentation shared with Multi-Agency Communications and Engagement Review Group detailing approaches with staff communications and engagement. Recommendations shared with ICS Development Oversight Group and are being embedded into activities.	31/03/22	In Progress no issues/delays

G03	**Oversight, planning and direction to support communications and engagement of system reform across LSC and consistent key messages for staff, providers, partners and public**	Neil Greaves Hannah Brooks	Monthly staff briefings established (first one sent 14.05.21) for staff affected by transition of activities from closedown of CCGs and regular wider stakeholder briefings established (first one sent 28.05.21). Bi-monthly colleague briefings established in July. Regular communications and engagement network meetings to ensure all partners up to date with key messages and language to be used to describe Lancashire and South Cumbria system. First set of MP letters from ICS Chair and Chief Officer produced with updates about system reform (shared 12.07.21). The ICS website has been updated with latest materials and documents. Delivered first Colleague briefing sessions in July and shared video of the sessions plus responses to staff questions raised. Delivered second set of Colleague briefing sessions in September and shared video of the sessions. Working with HR on responses to staff questions raised. Dates planned in November for next Colleague Briefings. Updates to the website including documents, materials, glossary, videos with leaders and case studies (Sept 2021). Survey launched within place-based partnerships to acquire greater understanding of awareness and involvement of staff across partners in relation to the partnership work at place level. Responses and results to shared with place-based partnerships and feeding into maturity matrix work.	31/03/22	In Progress no issues/delays

Quality, Assurance &Improvement - Objectives

ID No	Scope, Objectives, Deliverables	Workstream Leads	Current Activity	Finish	Current Status
H01	**Establish governance arrangements to ensure that quality and safety is managed during the transitional phase of system reform in accordance with national guidance**	Jane Scattergood	CCG extant Quality and Safety arrangements remain in place, until we reach the point where there is sufficient confidence in the new system to delegate responsibility to an ICS Quality Board. NHSEI Regional Quality oversight remains in place, NHSEI have not yet agreed the thresholds for regional involvement post April 2022 and the remit that will be devolved to ICS Quality and Safety oversight. The ICS has a newly established Quality and Performance Committee which reports to the SCC as an interim. Later on in transition we will seek to establish a Quality Board, incorporating some of NHSEI current remit, and make alternative arrangements for performance oversight with strong read across between the two. We expect guidance on ICB Quality Board TOR and membership in late November / early December; we have draft Quality Board TOR prepared to assess for compliance when the guidance is released. We have firm plans and developing TOR for a System Quality Group which will be rolled down from NHSEI QSG cadence to ICS responsibility, likely feeding into an NHSEI NW RQSG, again ready to assess against expected guidance. The ICB and System will need both a formal Quality Board reporting to ICB and a System Quality Group, with different TOR, functions and membership. We understand the deadline for providing assurance of readiness of quality function to Regional NHSEI will be 21st January 2022 and are awaiting sharing of draft KLOEs so that we can understand how that assurance should be presented.	30/06/21	In Progress no issues/delays
H02	**Ensure quality and safety activities are maintained during the transitional phase of system reform in accordance with national guidance**	Jane Scattergood	CCG extant Quality and Safety arrangements remain in place, until we reach the point where there is sufficient confidence in the new system to delegate responsibility to an ICS Quality Board. NHSEI Regional Quality oversight remains in place. The ICS Interim DoN and place based quality leads are assured of maintenance of quality and safety activity at time of reporting (24.11.2021). Vacancies within the extant quality teams are a risk to continued assurance, we need to overcome barriers to recruiting to vacant posts, in particular where we are confident that the post will be required in the new structures. This has been enabled by a revised system of essential recruitment proposed at ICS Execs on 27.09.2021 and approved with immediate effect. Quality and Safety oversight and assurance is in line with national guidance.	30/09/21	In Progress no issues/delays

H03	**Establish leadership and workforce arrangements to ensure that quality and safety is managed during the transitional phase of system reform in accordance with national guidance**	Jane Scattergood	Place based quality leaders in post in CCGs, 2x place leaders for nursing are interim, Morecambe Bay and Fylde Coast - needs formalising; placed based quality teams carrying significant vacancies, particularly - West, Fylde Coast and Pennine, some additional support recently provided to Morecambe Bay, Central team supporting West. Number of vacancies carried reducing following authorised recruitment activity; refreshed recruitment permissions system approved by ICS Execs 27.09.2021 has enabled mitigation of risk. Need to map inter-dependencies and describe governance and relationships - this requires all workstreams to move at pace so that structures, reporting, governance can be agreed and described. TOR governance and reporting in draft for ICB Quality Board in preparation of shadow functioning, awaiting national guidance for assessment against guidance. System QSG in development, will roll down from NHSEI responsibility to system. Engagement with "One Team" Quality colleagues both CSU and CCG employed underway, positive feedback on staff engagement.	30/09/21	In Progress no issues/delays
H04	**Design and implement a quality function and associated ways of working for the new NHS LSC body and associated provider collaboratives / place-based partnerships**	Jane Scattergood	ICS Quality and Nursing Structure in development, Interim ICS DoN in post, interim Lead AHP recruited, DoM 1.0 WTE approved - to recruit when permitted to advertise substantive post. Dedicated Quality post for Maternity - interface LMS and place in progress and approved. Dedicated Quality post for CYP - interface CYP Board and place to seek approval. Need to map interdependencies and describe governance and relationships. Monthly planning days with Place based Quality and Nursing Leads in place, weekly programme plan action meeting in place, detailed action driven work with re-group and report monthly. Portfolio leads identified for key topics for ICS footprint - matrix of place and topic leadership for each leader. Need to understand from NHSEI where the regional threshold will be for quality and safety oversight (SOF 4 and SOF 3). Interdependencies - particularly CHC / IPA; Primary Care; Comms and Engagement; MD & Clinical Leadership; Provider Collaborative. Safeguarding CCG teams of statutory professionals - designates and named professionals; per capita ratio will remain unchanged post transition, need to operate at Place, interface with LA and partners - system leadership and structure in place. Developmental conversations in train with Provider Collaborative, our interface and supporting the PCB QI journey. Developmental conversations in train re Primary Care quality agenda including Community Pharmacy and forward view to include breadth of delegated commissioning (Dental, Eye health, Sect 7a, Specialist) in 2023	31/03/22	In Progress no issues/delays