NHS
Lancashire and South Cumbria
Integrated Care Board

Turning challenges into opportunities

The state of our system report

An overview of the health and care system in Lancashire and South Cumbria in 2023

www.lancashireandsouthcumbria.icb.nhs.uk

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Introduction

I want to be up front with you. We are a system approaching a cliff edge and will need to make fundamental changes to avoid falling off.

We have only just come into existence. NHS England devolved roles and functions to new integrated care systems and we want to make the most of the opportunity we have been given.

We are facing serious challenges. Some result from the pandemic while others are no different from what our health and care system has been facing for some years now. **These challenges are obvious.** I don't want you to read this report and think 'here we go again, it's the same old story', although you could be forgiven for doing so.

We will talk a lot about financial challenges in this report. However, the underlying issue is how services are configured. The financial challenges are merely the symptoms not the root cause of the problem.

There is good news. We have an opportunity here to steer the car away from the cliff edge and turn headlong into a genuine opportunity to make a difference to generations to come. We can overcome the challenges we face and improve the system for everybody living in Lancashire and South Cumbria.

I was born in Newcastle upon Tyne and brought up in nearby North Tyneside. The 1970s were tough times on industrial Tyneside. The staple industries of coal, shipbuilding and heavy engineering were in steep decline and unemployment was at a record high. In the early 1980s there were riots in the West End of Newcastle and the Meadow Well Estate where I attended primary school. Yet it was not all doom and gloom. Most of Tyneside was dominated by Victorian two-up two-down terraces and ugly 1980s concrete blocks. I was inspired by the attempts to reinvent Newcastle as the Brasilia of the North and one development in particular, the Byker Wall. It was designed by the architect Ralph Erskine, focusing on people and communities in sharp contrast to the brutalist genre of the time. It used lots of soft landscaping, vibrant colours and was quirky. It won international acclaim and was listed by UNESCO as one of the outstanding buildings of the 20th century. And it stood the test of time, being named Britain's best community in 2017. The Byker Wall showed that public services can make a difference and transform people and communities.

No public service is as important as health.

> "It was the best of times, it was the worst of times…"
>
> Charles Dickens, A Tale of Two Cities.

The NHS really matters, and it shapes people's lives. The brand itself is much loved and part of British heritage and culture. During the pandemic the NHS rose to the challenge and performed superbly. Staff worked long hours in the face of incredible pressure and danger. The vaccination programme was innovative and rolled out swiftly. It literally saved tens of thousands of lives. The NHS came together as a system, as never before. Organisational boundaries were ignored, and staff put patients and communities first. This was the NHS at its

very best. We want to use the spirit that helped us overcome the pandemic to excel in the post-pandemic period.

This is how I have approached what we need to do in Lancashire and South Cumbria since I came here in March last year.

I wanted to return to the UK from New Zealand where I had been working at Wellington City Council. Then, in 2020, COVID-19 arrived, and the borders were closed. But once those borders reopened and the opportunity came to work for NHS Lancashire and South Cumbria, I jumped at the chance.

The region really spoke to me and the more I learned about Lancashire and South Cumbria, the more excited I became to come and work here. I could see the NHS was blessed with excellent leaders and staff across the board who were keen to work together to achieve something special. I wanted in, and that's in spite of all the challenges and tough decisions we face.

As an organisation born during the pandemic, it was not the perfect timing to carry out a major structural change. We are performing poorly as a region. We have significant financial and workforce challenges. Outcomes have got worse during the COVID-19 pandemic and the differences in people's health – or health inequalities – have grown wider in some areas and look set to get worse thanks to the cost-of-living crisis.

There are significant differences in the number of years people can expect to live a healthy life across our area. In some of our neighbourhoods, healthy life expectancy is just 46.5 years. More than 20,000 people living in Lancashire and South Cumbria have five or more long-term health conditions and in some places the number of children living in poverty is as high as 38 per cent.

We need to work hard on preventing people becoming ill in the first place. Services are creaking under the pressure and have been for some time, so we have to do our best to keep people well. While an ambulance at the bottom of a cliff can help people who fall off the cliff, a fence at the top would be more beneficial.

"While an ambulance at the bottom of a cliff can help people who fall off the cliff, a fence at the top would be more beneficial."

We will rise to these challenges and we will overcome this adversity. Coming into an environment like this presents opportunities. I have been around long enough to know you should never waste a good crisis – **this is our opportunity to make a real difference to the performance of NHS services in Lancashire and South Cumbria and to the health and lives of the people who live here.**

The hard work has already begun. We have a clear strategy to tackle some of our key issues focusing on prevention and integration of health and social care. We are working towards the NHS Long Term Plan and have already started to develop local plans and budgets which will set us on the right path to achieve what we need to.

Our system finance colleagues have worked miracles to balance the books for 2022/23, but as attentions turn to 2023/24 things start to look more and more challenging and we will have to work even harder over the next three years under harsher financial conditions.

There is lots to do and it will not happen quickly. Bear with us for together, we will succeed.

Kevin Lavery

Chief Executive, NHS Lancashire and South Cumbria Integrated Care Board

PART 1:
What does great integrated care look like?

What is an ICB?

The Lancashire and South Cumbria Integrated Care Board (ICB) was established on 1 July 2022 under the Government's Health and Care Act 2022. It is one of 42 ICBs in the country and replaced the eight clinical commissioning groups (or CCGs) that previously existed across the region. The ICB has since taken on responsibility for planning and buying NHS services for the 1.8million people living in Lancashire and South Cumbria.

The perfect ICB

We are a new organisation. While we are formed from eight clinical commissioning groups that existed under the previous structure, we are new and different. We want to take this opportunity to develop an ICB that is not just good, but great. This is a once-in-a-generation change and an opportunity we are determined to grasp by using the solid foundations we have available to us.

An international review of integrated care models suggests that high-performing community-centric integrated care systems should have:

- A clear vision.
- A strong community focus, working in perfect harmony with a high performing hospital system.
- A clear focus on quality with recognised quality management systems in place.
- Multi-professional teams across health and social care working to agreed protocols and pathways.
- Aligned financial incentives.
- A digital infrastructure that supports care pathways and measures and monitors in real time.
- Rigorous guidelines that enhance compliance, recording and reflection.
- Accountability for performance across and within organisations.
- Defined populations with active participation of patients.
- Partnerships between clinicians and management that bring the best from both and don't confuse meetings with action.
- A workforce designed to enhance integration for the patients, not just the clinical team or organisation.
- A family of high-performing delivery partners with a strong role for local government, the voluntary sector and lived experience.

So, if we are aiming for perfection locally, what does that look like?

For starters, people will **live longer and healthier lives.**

The **health and social care system will work for everyone,** everywhere, with no postcode lotteries.

Services will be outstanding and provided within a system that is both productive and efficient, with partner organisations working in perfect harmony.

Our **hospitals will be high-performing** with well-resourced and equally high-performing community services.

We will be a major and **growing part of the Lancashire and Cumbrian economy.**

To this end we must to develop an organisation that people want to work for – attracting and keeping the best people to create a high-performing team with a strong, collaborative, can-do culture. We will need a clear plan that is simple and realistic, but ambitious, and is underpinned by sound finances. This means we have to make some courageous decisions on savings and investments.

Working with our partners

Our ICB is a key part of the wider integrated care partnership (ICP), which is a partnership of all organisations that deal with improving care, health and wellbeing for the people of Lancashire and South Cumbria. That includes all the healthcare organisations and local authorities in the region.

Integrated Care System (ICS)

CROSS BODY MEMBERSHIP

NHS Lancashire and South Cumbria Integrated Care Board (ICB)

Established on 1 July 2022, the ICB is responsible for planning and buying health services in the region.

Lancashire and South Cumbria Integrated Care Partnership (ICP)

An alliance of organisations involved in improving the care, health and wellbeing of people in the region. Made up of NHS, local authority, voluntary sector and other key stakeholders.

INFLUENCE

INFLUENCE

Provider collaboratives

Health trusts working more closely together to jointly improve care and productivity for patients.

Place-based partnerships

Partnership of service planners and providers across specific geographical footprints, which we have aligned with the four upper tier local authority areas. These are Lancashire, Blackpool, Blackburn with Darwen, and Cumbria. Since 1 April 2023, Cumbria aligns to the new Westmorland and Furness Council and Cumberland Council.

Neighbourhoods
(or Primary Care Networks)

Partnerships of service providers including GP practices across areas covering between 30,000 and 50,000 people.

PART 2:
How do we measure up?

1.8million
people live in Lancashire and South Cumbria.

2.05million
expected population by 2033.

Above
national average for people aged 50 and older.

85+
Expected dramatic increase over the next few years of people aged 85 and older.

>90%
More than 90 per cent of people living in Lancashire and South Cumbria are white.

9%
Only nine per cent of our population are from ethnically diverse backgrounds.

Heart disease
South Asian groups have the highest mortality from heart disease and also develop heart disease at a younger age. As with heart disease, stroke incidence and mortality are also higher in the South Asian population.

1/3
Almost a third of people live in some of the most deprived areas of England.

13%
live in fuel poverty and we know children growing up in adverse conditions in our communities can experience real challenges in their development.

38%
In some parts of Lancashire and South Cumbria, the number of children living in poverty is as high as 38 per cent.

Lower
Life expectancy in Lancashire and South Cumbria is lower than the national average – by as much as almost a decade in some areas.

Births
Babies born today have a healthy life expectancy that is lower than the expected state pension age of 68. In some areas, healthy life expectancy is as low as 46.5 years.

Deaths
Rates of people dying earlier than they should is worse in Lancashire and South Cumbria than the England average.

A&E
More emergency hospital admissions than in other areas of the country.

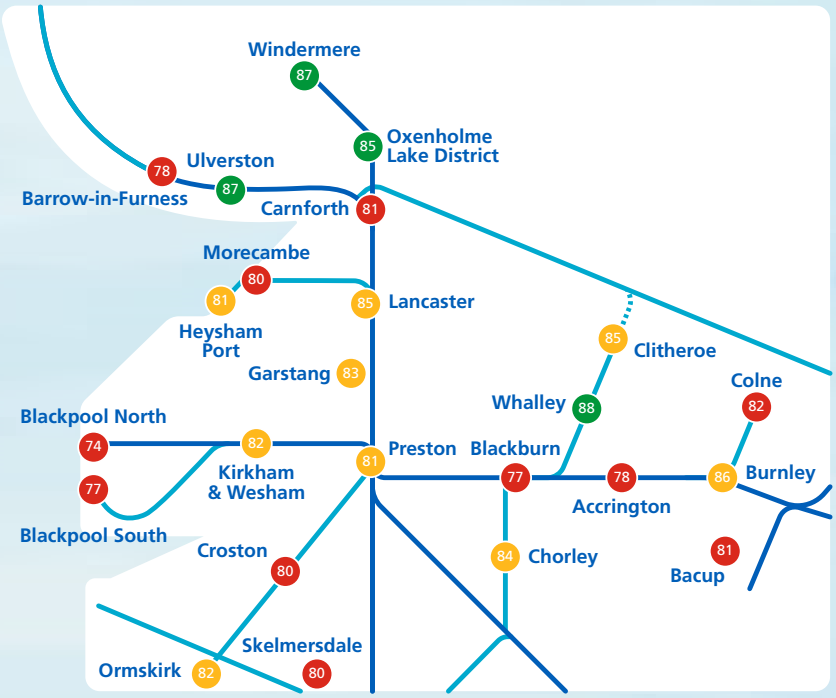
40%
of ill health is seen in people who smoke, do little physical activity, are obese or who abuse substances such as drugs and alcohol.

Health
inequalities have got worse since COVID-19 pandemic.

More
people from deprived communities admitted to hospital with the disease.

Lives on the line

Inequalities in female life expectancy in Lancashire and South Cumbria



Female life expectancy at birth (2015 — 2019)

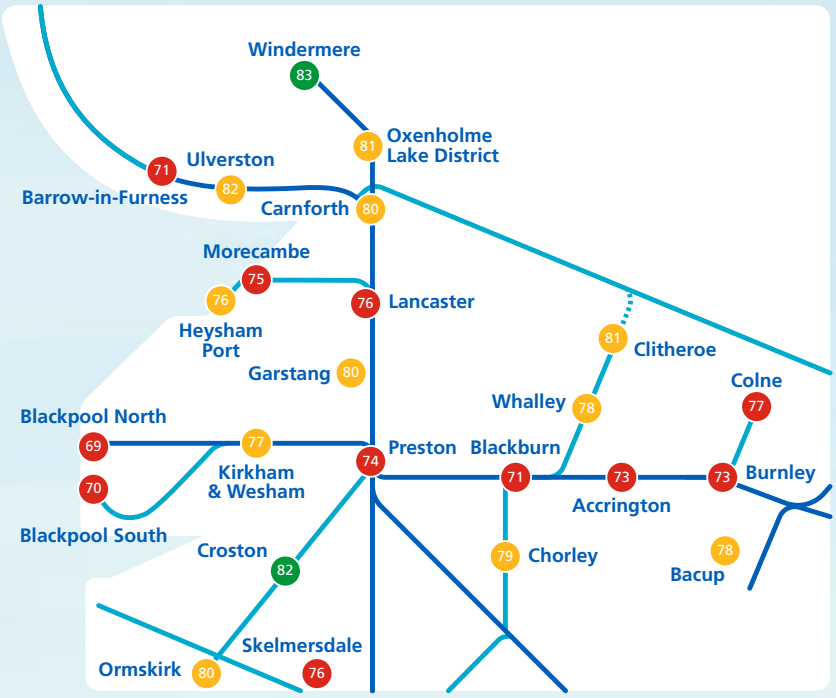
England average - 83.2 years

- Significantly better than England
- Not significantly different to England
- Significantly worse than England

The map shows life expectancy for the electoral ward covering each train station or town centre. Two places may have the same life expectancy and different significance in relation to England average. This is due to there being greater uncertainty about the figures in those wards with small populations.

Source: www.localhealth.org.uk

Inequalities in male life expectancy in Lancashire and South Cumbria



Male life expectancy at birth (2015 — 2019)

England average - 79.7 years

- Significantly better than England
- Not significantly different to England
- Significantly worse than England

The map shows life expectancy for the electoral ward covering each train station or town centre. Two places may have the same life expectancy and different significance in relation to England average. This is due to there being greater uncertainty about the figures in those wards with small populations.

Source: www.localhealth.org.uk

A need for service improvement

Lancashire and South Cumbria is a 'quiet achiever' within the north west of England for the delivery of services, with the exception of cancer. This is okay. But okay is not good enough. Not good enough by a long stretch. We want to be a top performer nationally in all areas.

We have some of the worst health outcomes in England. The standard of care people receive can vary depending on where they live. This is not acceptable. According to the latest reports from the Care Quality Commission (CQC), four of the hospital trusts in Lancashire and South Cumbria are rated as 'requires improvement', while one – East Lancashire Teaching Hospitals NHS Foundation Trust – is rated 'good'.

This difference in standard can only serve to keep those health inequalities in place.

For the past 30 years and until very recently, hospital trusts worked against each other in competition. Every hospital wanted to provide every service, but the number of clinicians to support each service is limited. This is expensive, adversely affects quality and starves services of much-needed investment. Only in recent years have hospitals started to collaborate across geographical areas to address these issues, establishing regional centres of excellence and working together, rather than against each other.

All our hospitals were built many years ago and some are no longer fit for purpose. For example, Royal Lancaster Infirmary has an emergency department designed to look after 40,000 patients a year, but is currently seeing 60,000, while Furness General Hospital was built for 25,000 patients per year but sees 36,000. Across north and central Lancashire, 95 per cent of beds are occupied, while the rate of bed occupancy recommended by the National Institute for Care Excellence (NICE) is 85 per cent.

A lack of space means standards of care for mental illness across emergency departments is not good enough and limited facilities such as single rooms and toilets and showers makes for a poorer experience for patients and increases the risk of infections spreading.

Winter pressures

Winter always sees great pressure on the health system and the winter of 2022/23 has been one of the most pressured the NHS has ever seen.

In Lancashire and South Cumbria we have been able to manage the pressures within hospitals and in primary care reasonably well through a number of initiatives, such as the establishment of virtual wards and improvements to hospital discharge processes. Our system control centre (SCC) manages demand and capacity and ensures adequate oversight of operational pressures at all times, ensuring rapid decisions are made to respond to any emerging challenges.

Bed occupancy in hospital remains high and delays in transfers from ambulance to hospital departments remain longer than they should be. In short, there are more people needing to get into hospital facing delays due to the time it takes to get people out of hospital.

A rise in flu cases over winter also placed extra pressure on services, with growing hospital admissions, along with the unanticipated increase in the number of cases of children with invasive group A strep.

Workforce

Across Lancashire and South Cumbria, NHS hospitals employ around 40,000 people. We are currently facing significant problems with both recruiting the people we need and then keeping them.

Nine per cent of vacancies remain unfilled – above the national average of 6.9 per cent – and more than 20 per cent of our staff are over the age of 55 and will therefore retire in the not-too-distant future.

In addition, hospital trusts are competing with each other for the same staffing pool – for example nurses in one trust receive a financial 'golden hello' when they join. High numbers of vacancies, competition and some of the highest levels of sickness absence in England leads to high levels of agency staff usage, which comes at a considerable cost.

There are more than 5,000 staff employed in general practices in Lancashire and South Cumbria either directly through practices or by primary care networks. Almost half of those are in an administration and clerical roles while 20 per cent are GPs. With more types of clinician now av
patients within primary care, th
primary care workforce, has in
seven per cent, which is higher
national average.

The number of GPs in Lancashire and South Cumbria reduced by 5.2 per cent from September 2019 to September 2022, however the number of GPs in training has increased by 60 per cent for the same period. While not all GPs go on to work in the area they train, with more than 300 trainee GPs currently training and 151 of these qualifying between April 2023 and March 2024, we hope a good number stay in the region.

A quarter of the general practice workforce is aged 55 and older with a similar proportion aged 45 to 54, meaning half of the current workforce will have retired within the next two decades.

Some of our workforce challenges are linked to national issues and are mirrored across many parts of the UK, however the condition of our infrastructure and the reputation and quality of our services do not help us to recruit and retain the calibre of staff we would like.

Finance

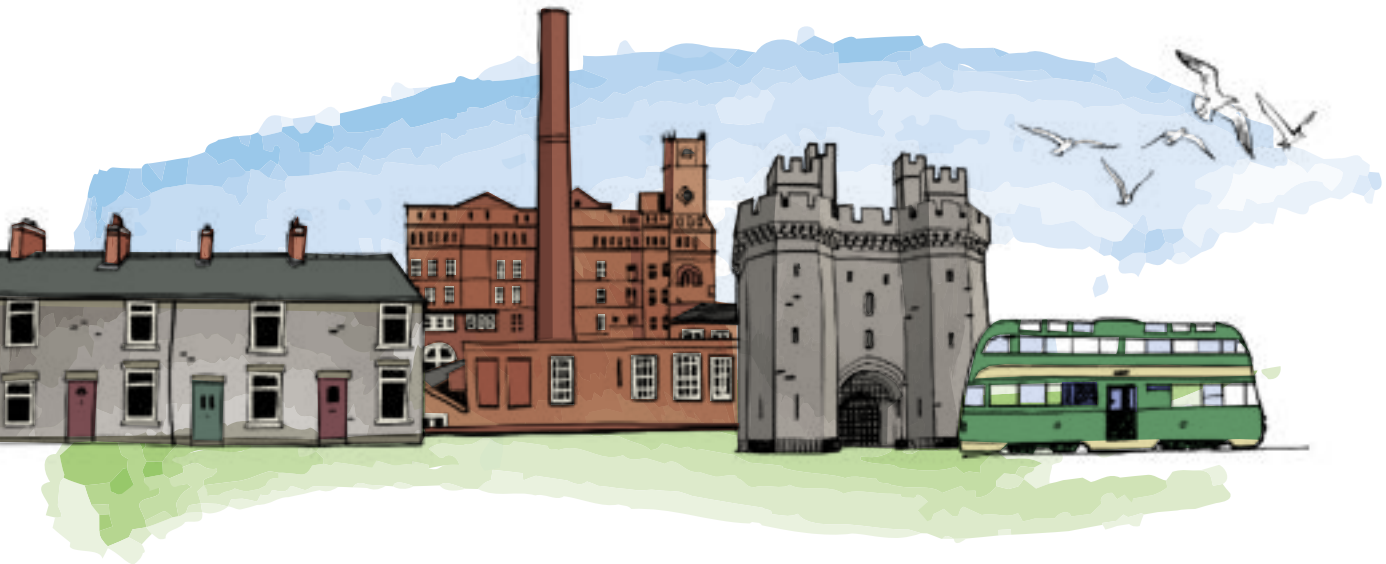
Prior to the COVID-19 pandemic, the Lancashire and South Cumbria health and care system was consuming more financial resources than it was allocated. In the financial year 2019/20, the hospital trusts were overspending by a total of £171million.

During the pandemic, funding was provided to cover all the costs in the system but this masked the true underlying position that has not been addressed. The underlying financial risk at the beginning of 2022/23 was more than £300million and the additional funding we are receiving is being tapered out over the next three years.

Our underlying position will continue to worsen unless we take action. Our distance from target is the highest in the UK at more than seven per cent which means we are deemed to be over-resourced. This is in addition to the requirement to make savings to cover pressures brought about by inflation.

As a system, for 2022/23, we received recurrent funding from NHS England of £3.5billion. This is funding we expect to continue in future years. We received a further £200million in non-recurrent funding (one-off payments for this year alone) to support the recovery of elective services following the build-up of waiting lists during the pandemic, COVID-19 and service developments. When this is added to the £800million that service providers received from neighbouring systems and directly from NHS England, we have a total of £4.5billion of funding to deliver services for the population of Lancashire and South Cumbria.

Our workforce has grown over the past two-and-a-half years. We now employ nine per cent more staff and have a pay bill that is 15 per cent higher. Our challenge is to make best use of the people we employ in the system. This means the answer to the operational challenges we face is to not spend more money – we don't have it. In Lancashire and South Cumbria we have demonstrated time and again that we can be innovative and use quality improvement science to improve the quality and productivity of services – we must use this experience and push even harder in the coming years.



PART 3:
What should we do differently?

We are a system facing huge challenges. Our expenditure is more than our income and the only way to overcome this is through fundamental reform of the health and care system.

This will include a focus on nine key areas:

1.
We need a step change in out-of-hospital services

2.
There needs to be a much stronger focus on prevention

3.
Make best use of the limited resources we have

4.
We need all our trusts to be the best they can be

5.
Strengthening of place and neighbourhoods

6.
Support for our workforce

7.
Improvements to our buildings and infrastructure

8.
Improve our use of digital solutions

9.
Lift the bureaucratic burden

We need a step change in out-of-hospital services

Unfortunately, very little integration of health and care services exists within Lancashire and South Cumbria. The out-of-hospital sector has been financially squeezed significantly for well over two decades and this lack of funding has left large gaps in the numbers of care workers available to look after people in their homes.

Most care services are provided by voluntary organisations and private companies in a sector that is extremely fragile and unfortunately this leads to some companies going bankrupt, leading to disruption for patients and job losses for their staff.

We have an opportunity now as a single organisation across the whole of Lancashire and South Cumbria to become far more integrated in the way we work with our colleagues in the five upper tier councils. By maintaining local government investment and taking advantage of the council tax increases for care, as well as making some additional investments ourselves, we can improve wages for staff in the care sector and increase our capacity both in terms of the number of beds available for people leaving hospital and entering social care and the number of people able to receive care at home.

By enhancing, strengthening and promoting flexible career pathways and roles available to people working in the health and care sector, we can make people's jobs more flexible and empowering so they can work across multiple roles and within different environments to support both health and social care services. This will provide more attractive propositions for people looking for a new career and help us address some of the workforce challenges outlined earlier in this report.

Primary care, which includes general practice as well as dentistry, pharmacy and optometry, is the first port of call for the vast majority of people when they need support with their health. However, for many years the organisation of these services has been fragmented, with responsibility for securing services shared across CCGs and NHS England. ICBs are now responsible for commissioning all four elements of primary care which will help to ensure a more coordinated approach to managing these services.

Within general practice in particular, GPs could be forgiven for feeling especially frustrated with the establishment of ICBs. They may feel they are losing some of the influence they had within the CCGs. This comes on top of a major recruitment and retention challenge which mirrors and in some cases is worse than that being felt across our trusts.

We are continuing to develop our response to last year's Fuller Stocktake – a review by Dr Claire Fuller on primary care intended to support improvements nationwide – and will work with our primary care services to streamline access to care and advice, provide more proactive and personalised care to help people stay well for longer.

Some of our services which look after the most vulnerable people in Lancashire and South Cumbria are straining under the pressure.

Continuing healthcare (CHC) – packages of care funded by the NHS for those who have specialist requirements due to their age or a long-term condition – currently has a backlog of more than 2,500 cases awaiting assessment. This is despite a 28-day deadline which is currently in place for funding decisions to be made. The way CHC has been dealt with has been flawed for some time. Some CCGs were providing this service locally but without sufficient financial or staff resource while some outsourced to the CSU which has been unable to manage the process well enough.

It is critical we quickly build an in-house service to manage CHC in a consistent way across Lancashire and South Cumbria so we can quickly fix this backlog.

In addition, we are faced with challenges around children with special educational needs and disabilities (SEND) and safeguarding, which are subject to inspections by both Ofsted and the CQC and as an ICB we have a statutory responsibility to ensure services are good enough. High profile mistakes can be devastating, as was seen in the Baby P case, and long waiting times for some services which currently exist will be picked up by inspections if we do not get these sorted out.

We already have a chief nurse in place who will be the lead executive for SEND and safeguarding and is working closely with our five main councils to develop stronger partnerships. These will be strengthened further by the development of the four place-based partnerships. We will need to work closely with our colleagues in SEND services to address waiting times to avoid further scrutiny and criticism.

It is **critical** we quickly build an in-house service to manage CHC in a consistent way across Lancashire and South Cumbria so **we can quickly fix this backlog.**

There needs to be a much stronger focus on prevention

We need to recognise that we cannot do everything. Therefore, we will need to prioritise our efforts. We need to identify some obvious priorities, such as stepping up our preventative work on tackling smoking, obesity and early detection and intervention for chronic disease such as cancer and heart disease.

As outlined earlier, a key part of our five-year plan is on transforming the health and care service in Lancashire and South Cumbria from a reactive service to a proactive service, using all the tools we have at our disposal to help people to stay well and live happier, healthier lives.

By working more closely with our partners in local government – which holds the responsibility for public health teams – we can design new and improved prevention strategies to support people living across the region to make healthier choices.

Make use of the resources we have

We have a total of £4.5billion of funding to deliver services for the population of Lancashire and South Cumbria. However, in spite of our valiant efforts, we are not getting the best outcomes for this funding on behalf of our population.

We have people waiting too long in A&E, people in mental health beds in different counties, our elective services could be more productive if we organised ourselves differently, we are reliant upon expensive temporary staffing, while the significant majority of the population can get a GP appointment when they want one, some cannot, and the wait for a cancer diagnosis and treatment is unacceptable.

The financial challenge is big but there are significant opportunities to reduce the cost of services by improving the way in which clinical services are delivered and the way support services are organised while maintaining and/or improving quality. As a system, we are currently spending more than £300million on expensive agency staff rather than employing people. And we have seven organisations all with their own corporate teams, such as finance and human resources, rather than working collectively. And we know we have hundreds of patients waiting in beds to be discharged either to home or into a care setting.

We are going to ensure we get maximum benefit for the £4.5billion we are spending and take a good look at the impact of previous investment decisions. The tendency is to focus our operational planning process on new initiatives and growth rather than what we already spend. The data shows we can do better regarding services and outcomes that are not currently delivering an acceptable level of service and outcomes for the money we spend.

We need all of our trusts to be the best they can be

There are differences in the ratings given by the Care Quality Commission (CQC) to our providers and the services they deliver:

Blackpool Teaching Hospital (BTH)	Requires improvement
East Lancashire Hospital Trust (ELTH)	Good
Lancashire and South Cumbria Foundation Trust (LSCFT)	Requires improvement
Lancashire Teaching Hospital NHS Foundation Trust (LTH)	Requires improvement
University Hospitals Morecambe Bay (UHMBT)	Requires improvement

On top of this, NHS England and Improvement rates service providers under what is called the 'system oversight framework' (SOF) which assesses them based on a number of key metrics and provides an overall rating. Current ratings across Lancashire and South Cumbria providers are as follows:

Blackpool Teaching Hospital (BTH)	3
East Lancashire Hospital Trust (ELTH)	2
Lancashire and South Cumbria Foundation Trust (LSCFT)	3
Lancashire Teaching Hospital NHS Foundation Trust (LTH)	3
University Hospitals Morecambe Bay (UHMBT)	4

The SOF rates trusts as:

1. Consistently high performing.
2. Plans in place to meet the challenges.
3. Significant support required.
4. In actual or suspected breach of licence.

The way our services are arranged means we have large variation in outcomes between trusts. This difference in performance only serves to maintain those health inequalities being experienced across our communities in Lancashire and South Cumbria.

We need our providers to deliver a rapid improvement to their performance and expect that they will all be rated 'good' by the CQC and in SOF 2 by 2025/26.

Strengthening of place and neighbourhoods

Partnership working is key to the success of the health and care sector across not just Lancashire and South Cumbria, but the whole of the UK.

The Lancashire and South Cumbria Integrated Care Partnership aims to deliver more joined up and proactive care closer to where people live. This requires moving resources, such as money and staff, to support promoting good health and preventing ill health. We cannot do this without changing the way our organisations invest, provide and manage their services, from GP practices to accident and emergency departments, specialist centres to local authorities, hospitals to urgent treatment centres, and everything else in between.

We detailed in part one (page 5) the different places that have been established so we can build integrated health and care services around local communities.

These are the 41 neighbourhoods (aligned with primary care networks), four place-based partnerships, and the wider Lancashire and South Cumbria ICB footprint.

Neighbourhoods

We have already seen, both nationally and locally, the benefits of neighbourhoods – which see frontline professionals such as GPs, nurses, therapists, social workers and people from the voluntary, community, faith and social enterprise (VCFSE) sector come together to support people's health at a local level.

As well as improving care planning and outcomes for patients, the neighbourhoods allow partner organisations to work together as a multidisciplinary team, which provides opportunities to support primary and community services which have been under significant pressure for several years.

We want to use neighbourhoods to help us learn how best to work with local people to improve their health and wellbeing, making the best use of the unique assets available in our very varied communities. This has worked very well so far in some areas of Lancashire and South Cumbria and it is our aim to make this a distinct characteristic of our partnership.

Aligned with neighbourhoods, primary care networks are partnerships of GP practices, and it is our ambition that this way of working will help us to stabilise general practice. By working together, staff will learn new skills and new ways of working to support the workforce challenges.

Through neighbourhoods and primary care networks we can deliver new service improvements and achieve clear positive impacts that will benefit our local population.

In Lancashire and South Cumbria, we are supporting the development of the 41 primary care networks, most of which have been well established for some time and were an essential part of the COVID-19 emergency, providing millions of life-saving vaccinations to people living across the region. By strengthening our neighbourhoods, we can help partners work together even more within communities, helping people to stay healthy and reduce the number of people who need to visit services in hospitals.

Place-based partnerships

Prior to the development of the ICB there were eight CCGs in Lancashire and South Cumbria which were aligned to five place-based partnerships based primarily on the hospital trust that looked after their populations. This has now been amended to align with upper-tier local authority (Lancashire, Westmorland and Furness, Cumberland, Blackburn with Darwen, and Blackpool) boundaries to allow for a better integration of council-run services, such as social care and public health.

This means local authorities can play an active role in the way the health system is set up, allowing for a better understanding of the needs of local communities and a more effective engagement with local councillors and democratic leaders.

Place-based partnerships will be the primary footprint for the design of local health services. In the coming months and years, we need to devolve community health services to place and wherever possible join it up with local government. We also need 'double devolution' with most of the service delivery happening at local neighbourhood level, with only those things that are best done on a larger scale taking place across Lancashire and South Cumbria.

Other partnerships

We recognise there is no single factor, no one organisation that can guarantee the health of every community or person. Health and wellbeing is heavily influenced by education and work opportunities, lifestyle behaviours and the environment, including quality of housing – as well as the ability of people to look after their own health and access good care when they are ill.

As a collective we aim to improve partnerships across the public sector so we can respond effectively to the range of complex challenges that our communities, staff and organisations are facing.

We want local people to have confidence that the right services and support are available to all people living in Lancashire and South Cumbria. And to do this we need to work together in a much better way than we have been in recent years.

Improving people's health is not the sole responsibility of the NHS and requires much more work from different partners to keep people well. This goes back to those social determinants of health, such as housing, education and income.

The voluntary sector has a crucial role to play here. These organisations are nimble and can connect with under-represented groups in a way that is difficult for statutory agencies.

Research and innovation

Lancashire and South Cumbria has untapped research potential with its diverse population which makes our area perfect for research and innovation. We must work together as a system to attract prominent research studies, trials and projects which will be of benefit locally and will also help shape the future of services on a much wider scale.

A number of partner organisations are aiming to make Lancashire and South Cumbria a pilot region for the Academy of Medical Sciences (AMS) review proposal of providing dedicated research time for staff (20 per cent of consultants with 20 per cent of their time protected for research in each NHS trust).

Hospital research leaders have committed to advancing individual and regional research, innovation and development by working together in a much more effective way to seize new and exciting opportunities for the region.

Lancashire and South Cumbria has untapped research potential with its diverse population which makes our area perfect for research and innovation.

Support for our workforce

To meet our ambitions for the next five years, we need to address the recognised challenges faced by our workforce and make the health and care system in Lancashire and South Cumbria a great place to work.

It is essential we grow, develop and support our current workforce through innovative approaches to recruitment, retention, development and support, as well as taking an integrated approach to demand and capacity planning for our future workforce.

Equality, diversity and inclusion is a real priority and we are committed to developing a diverse and representative workforce at all levels and across all parts of our system. We are implementing a comprehensive Belonging Strategy which is working closely with the established inclusion networks from across our provider trusts, local authority and wider partner agencies.

It is very important that we create opportunities for everyone in our communities, with careers and employment programmes designed to reach out to different groups of people. The Workforce Race Equality Standard (WRES) data is reviewed and all organisations within the Lancashire and South Cumbria NHS have an action plan to improve their WRES position. All our organisations are supportive of staff with disabilities and most are accredited as Disability Confident employers.

As a system we have analysed our current workforce, looked at how staff move around the system and held discussions with training providers and higher education institutions to understand the numbers of candidates expected to join the system, alongside leavers' data, staff turnover and future demand profiling. This analysis has confirmed that the local health economy continues to experience significant shortages in the workforce which will not be resolved without us taking specific action.

We are looking at ways to make our employment offer more attractive. This will include flexible and portfolio career packages and agile working patterns for the majority of support services, where appropriate.

In order to bring the nursing vacancy rate down to five per cent we will invest in developments to address the shortage of nurses both in hospitals and in care homes, working closely with chief nurses within our wide range of partners.

Also, hospital trusts in Lancashire and South Cumbria are taking part in a national staff retention programme while an agreed consistent approach to agency and 'bank' staff has been developed.

We are working together with the hospital trusts in Lancashire and South Cumbria on a range of activities to improve the experience of staff at work. The joint approaches to recruitment, flexibility and the use of agency or bank staff are designed to support reducing the pressure on existing staff and will help in terms of staff retention. We will also take note of the findings from the NHS Staff Survey, the results of which were published in March 2023.

We know that sickness absence in Lancashire and South Cumbria is higher than the national average for England and so all employers have a range of health and wellbeing services in place. These include services to support with financial issues and workplace health issues, particularly focusing on mental health and musculoskeletal conditions that can be brought on or affected by work.

To help with shortages in some areas of the workforce, service providers have already started to use people's skills in different ways and to develop new roles. This includes roles such as nursing associates, physician associates and assistant practitioners, which can support GPs, nurses and other health professionals to look after lower-risk patients, freeing them up to spend more time with their most complex cases.

In addition, the national additional roles reimbursement scheme (ARRS) allows primary care networks to fund staff that work across all GP practices within their network.

This more flexible approach can also help us develop a more sustainable workforce, for instance clinical teams may work across more than one trust to make sure there are enough staff to provide care for patients. This approach already exists for some services, such as stroke and maternity, where there are clear opportunities for better use of a smaller number of people.

New roles will be created to cover a wider remit both in terms of geography and the service they provide which will support gaps in the workforce.

We will also look to make better use of technology to reduce the amount of time clinical staff have to spend on administrative tasks.

As a system we are investing the apprenticeship levy – Government support to enable organisations to offer more apprentice work placements – to help us grow our own workforce. These apprenticeships cover all manner of roles, clinical and non-clinical, from administrative functions to nursing. We will also continue to work with schools and colleges to promote health and social care careers and to keep developing that pipeline of future employees.

Improvements to our buildings and infrastructure

We are looking to the future and, alongside our partners across the health and care system, have developed a health infrastructure strategy to take us up to 2040. Our strategy helps us address challenges in terms of our ageing hospital buildings, issues with specific sites and our aim of keeping up with the best healthcare facilities across the globe.

The development of the strategy has helped us to understand the condition of all our buildings – including hospitals, GP practices, community services hubs and offices – so we can plan what work is required, where and when. An investment of £2.9billion is required over the next 10 years.

We will also be reviewing all of our hospital sites to meet the NHS commitment of being net zero carbon by 2040.

Due to the COVID-19 pandemic, the way the NHS uses administrative buildings for its corporate and management functions has changed. Many of our staff now work either from home or in a hybrid or 'agile' way, without a permanent desk in an office building. We will look to make changes and reductions to our office accommodation where appropriate to reduce the amount of money being spent unnecessarily.

In addition, the New Hospitals Programme offers Lancashire and South Cumbria a once-in-a-generation opportunity to transform some of its oldest and most out-dated hospital buildings and develop new, cutting-edge hospital facilities.

This will help us to offer the absolute best in modern healthcare, providing patients with high-quality, next-generation hospital facilities and technologies. Hospital buildings will be designed in a way to meet demand while remaining flexible and sustainable for future generations. They will also be aimed at helping to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.

It is our ambition, through the New Hospitals Programme and the wider health infrastructure strategy, to make Lancashire and South Cumbria a world-leading centre of excellence for hospital care. We know hospitals are recognised as being an essential part of the healthcare system, but only by working in close partnership with other organisations can we have the, world-leading hospitals that we can boast about.

Improve our use of digital solutions

We know that by using digital solutions we can really improve the way we deliver services and connect with our patients.

The possibilities really are endless when it comes to digital, from creating shared community resources and enabling virtual appointments, to installing sensors in buildings to understand how busy they are.

Through system-wide digital insights we can use real-time information to change how care is provided, where resources are coordinated and plan future care. All partners involved in caring for patients will be able to access shared records, for example medication history and information on long-term conditions, so information from one organisation will directly benefit care provided by another.

Digital will change how staff interact with patients, supporting timely messaging and improving the experience for patients. Through increasing the number of virtual consultations and care more patients can be seen in their own homes or remotely at facilities more convenient for them.

Our digital team is already developing a portal to provide a digital front door for people in Lancashire and South Cumbria to engage with health services. This portal will build on the capability of the NHS app.

Lifting the bureaucratic burden

As an ICB we are required to take on the commissioning arrangements that previously existed within eight separate organisations. This means we have inherited thousands of contracts with service providers, many of which are short-term and in competition with each other.

It's a bureaucratic and expensive system that sees commissioners and providers funding staff specifically to evaluate and manage contracts. This money would be much better spent on frontline services.

We have an opportunity to change the way we commission health and care services, starting with a massive streamlining process to turn multiple former CCG contracts into a single ICB-wide contract. We also want to establish longer-term partnerships with voluntary organisations and public bodies and use a more open and transparent accounting system to reduce competition for competition's sake. We also need to identify who our high-performing partners are and look for opportunities to lengthen our relationships with them and get them to do more with us. By adding value in this way we can make the quality of services and the care people receive the top priority.

We have an opportunity here to work better with our partners to design services together and make sure they are delivered in the most effective way possible. We are also keen to further develop our relationships with the voluntary, community and faith sector and to establish more long-term partnerships.

PART 4:
Immediate issues for the ICB

Cutting waiting lists built up during the pandemic

Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment. Due to the suspension of services during the COVID-19 pandemic, a huge backlog of people waiting for their elective procedures is still causing the NHS a huge headache. We are making good headway in reducing waiting lists but there is still much to do.

Manage the budget

We need to recognise that our finances are a symptom of the way we are configured and tackle the real cause. It is essential we identify solutions that will not only support savings in a single financial year, but provide a recurrent solution for the years ahead. We will focus our attentions initially on a small number of high-value schemes such as the recovery of elective services and productivity, as well as patient flow, corporate waste and duplication of work. There is also an opportunity to remove un-funded costs which have built into the system over the last few years, primarily as a result of the impact of COVID-19.

Develop our workforce

Creating a new organisation, from eight existing organisations during a pandemic with the vast majority of the staff working from home did not make for ideal conditions. Staff morale is low. This had not been helped by gaps in the leadership – brought on largely due to the initial steps towards the early development of the ICB with many senior leaders moving into more system-wide roles.

Reduce staff costs

We inherited 800 staff from the eight CCGs and it soon became apparent that we needed to make some financial savings to live within the running costs available to us. To avoid the need to make those savings through other more difficult means, such as cuts to services, we offered staff a one-off opportunity to take advantage of a mutually agreed resignation scheme (MARS). In total, 45 members of staff accepted a package to resign from the ICB, and while this means we have to make changes to the working practices of some people who remain within our organisation, by reducing the workforce we have removed the risk of a need to cut services.

Follow through on tough decisions

Straight away we had to change some of our place boundaries. Key to our success will be our partnership working with local authorities to make the necessary improvements to social care services across the board. To make this much more simple, we have amended our place-based partnership boundaries so they align correctly with the relevant local authorities for social care – Lancashire, Cumbria (which is now split between Westmorland and Furness Council and Cumberland Council), Blackburn with Darwen and Blackpool.

A gear shift for our strategic partnerships

There has been a great deal of discussion about how we can best work together with our local NHS trusts to develop a shared and consistent approach to excellent service delivery across Lancashire and South Cumbria that will provide the greatest benefit to our patients. Through the provider collaborative board we need to support our trusts to improve efficiency, effectiveness and productivity. We will also need to change the way we work with the Midlands and Lancashire Commissioning Support Unit. The establishment of a larger organisation will mean some of the services that previously came from the CSU will transfer into the ICB. This means we will have to work with the CSU to establish what support it will provide to us across a wide range of commissioning functions going forward.

PART 5: Conclusions

The health and care system in Lancashire and South Cumbria is approaching a turning point. Created at the height of a global health crisis, COVID-19 has had a huge impact on local communities in Lancashire and South Cumbria, on partner organisations and of course on the NHS.

This has led to worse outcomes, widening in existing differences in the quality of life for people living in different areas, a huge backlog of appointments and other work and long-term conditions getting worse. **The health and care system has never been more fragile.** The workforce is tired, morale is low and the threat of even more challenging months ahead is growing.

We have some significant financial issues and have inherited a culture that simply needs to change. **Every penny we spend must be seriously considered.**

But with these challenges come amazing opportunities. By working together as a system we can make a big difference to health outcomes and inequalities. And we will. The Lancashire and South Cumbria health and care system can change the way hospitals work, can improve people's quality of life and together we can work to build a system that is faster, better, smarter and cheaper.

At the height of the crisis the NHS came into its own. Local hospitals, GP practices and community health services helped thousands of people recover from COVID-19. The NHS pioneered the most ambitious, swift vaccination programme in the world and saved hundreds of thousands of lives.

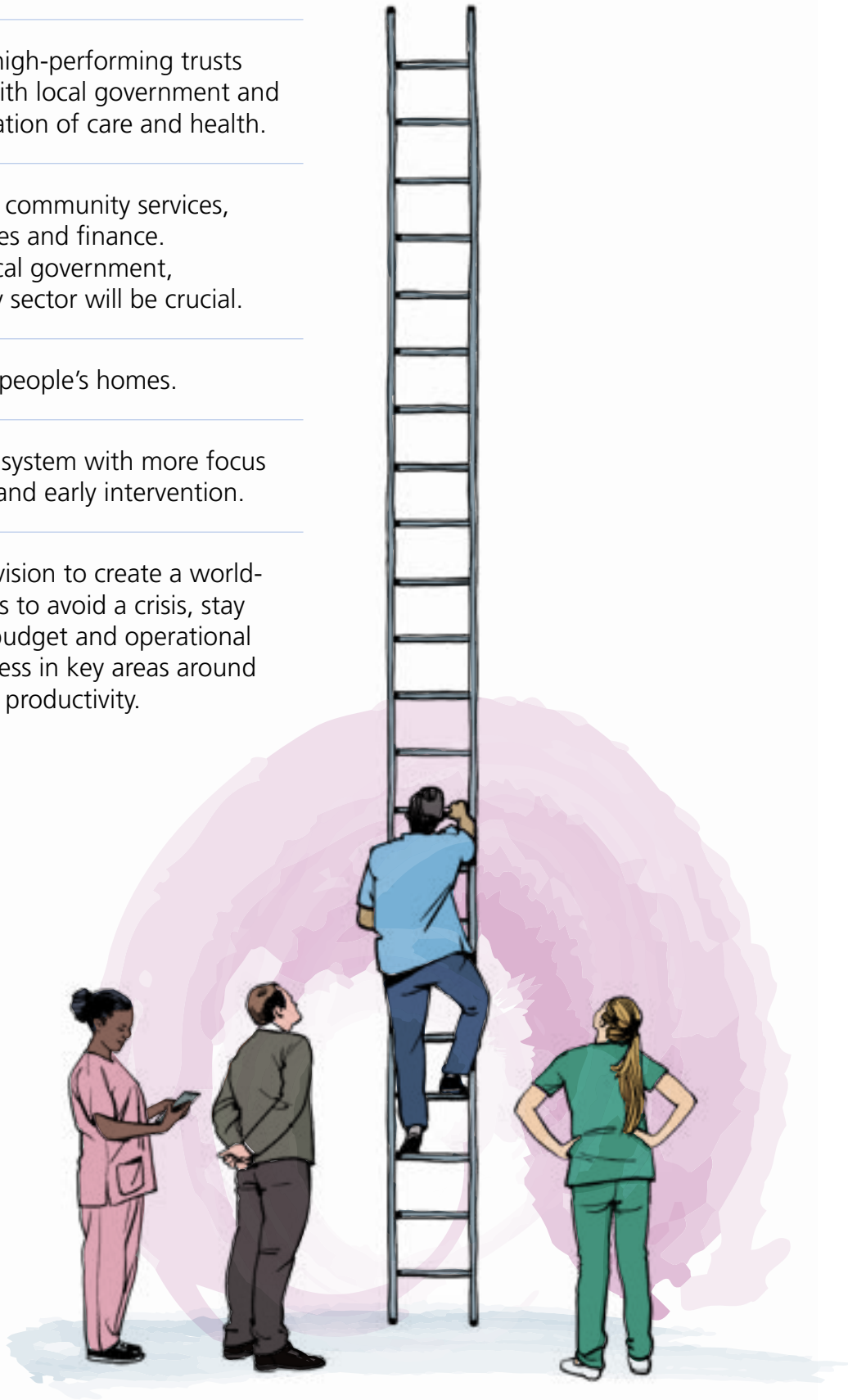
Our task now is to embrace and harness the spirit and approach adopted during the COVID-19 pandemic to convert the current crisis into an amazing opportunity.

We are a new organisation and so we are still shaping our structures and priorities. However it is our ambition and vision to have a world-class and community-centric health and care system. We want to narrow health inequalities and improve health outcomes.

But we are not going to have extra resources as we have had in recent years, so there will need to be:

- A step-change in productivity in our system – supporting staff across the system to work differently in order to increase our activity while making savings.
- A positive, joined-up culture, high-performing trusts and a joined-up partnership with local government and the voluntary sector on integration of care and health.
- A wholesale transformation in community services, clinical services, support services and finance. Collaborative working with local government, primary care and the voluntary sector will be crucial.
- Investment in care received in people's homes.
- A much stronger primary care system with more focus and investment in prevention and early intervention.

Our plan is an ambitious 10-year vision to create a world-class system. Our current priority is to avoid a crisis, stay off the national radar on winter, budget and operational performance and make real progress in key areas around inequalities, health outcomes and productivity.



What does success look like?

In five years' time, if we have successfully achieved what we set out to, we believe...

Local people will be:

- More active in managing their health and wellbeing.
- Supported to improve their long-term health and wellbeing.
- Living well in the final months of their life, in the place of their choice in peace and dignity.
- Using technology to manage their health.
- More involved in decision-making in their area.
- Benefiting from more coordinated and joined-up care.
- Supported to live longer, healthier lives with earlier diagnosis of conditions and advice on prevention.

Staff will be:

- Happier, healthier and more resilient.
- Provided with a wider range of roles and support to develop new skills and capabilities.
- Working in joined-up community teams, delivering targeted and coordinated physical and mental health care to their local neighbourhoods.
- Better able to support people they care for through much-improved access to data shared by partners.
- Attracted into working and living in Lancashire and South Cumbria.

Our partners will be:

- Able to demonstrate how public sector organisations have supported economic development and innovation, resulting in employing local people into new and different jobs in health and care.
- Able to demonstrate that they are getting the best value health and care.
- Confident that life expectancy has improved and that health inequalities have been reduced in the most deprived areas of Lancashire and South Cumbria.
- Able to demonstrate how health and wellbeing has been considered in public policies such as education, housing, economic development, transport and retail.

Glossary of terms

Term	Description
Clinical commissioning group (CCG)	The organisations that organised local NHS services until July 2022.
Commissioning	The process of planning services for a group of people who live in a particular area.
Commissioning support unit (CSU)	Commissioning support units (CSUs) provide integrated care boards with external support, specialist skills and knowledge to support them in their role as commissioners.
Continuing healthcare (CHC)	Ongoing care outside hospital for someone who is ill or disabled, arranged and funded by the NHS. This type of care can be provided anywhere, and can include the full cost of a place in a nursing home. It is provided when your need for day-to-day support is mostly due to your need for health care, rather than social care.
Elective care	Elective care covers a broad range of non-urgent services, usually delivered in a hospital setting, from diagnostic tests and scans, to outpatient care, surgery and cancer treatment.
Health outcomes	Consequences brought about by the treatment of a health condition or as a result of an interaction with a healthcare professional.
Integrated care board (ICB)	Integrated care boards (ICBs) replaced clinical commissioning groups (CCGs) in the NHS in England from 1 July 2022 as the statutory body responsible for planning and funding most NHS services in their local area.
Integrated care system (ICS)	Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. An ICS includes both an ICB and an ICP.
Integrated care partnership (ICP)	A statutory committee jointly formed between the NHS integrated care board and all upper-tier local authorities that fall within the ICS area.
Intermediate care	A wide range of services aimed at keeping patients at home rather than in hospital, or helping patients to come home early from hospital after illness or injury.

Glossary of terms

Term	Description
Neighbourhood	A smaller geographical area in line with primary care networks and usually covering a population of between 30,000 and 50,000 people.
Place	An area covered by a local authority – an area where partners can come together and take action to support local communities.
Place-based partnership	Collaborative arrangements between organisations responsible for arranging and delivering health and care services and others with a role in improving health and wellbeing.
Population health management	A way of improving the health of people in local communities by looking at which groups in the local population are most likely to become unwell, and working out how to prevent and treat ill-health.
Primary care	The first point of contact in the health service, usually a GP, practice nurse, local pharmacist, dentist or NHS walk-in centre.
Primary care network	Groups of GP practices in an area that work together, and with hospitals, social care, pharmacies and other services, to care for people with long-term conditions and prevent people becoming ill.
Provider collaborative	Partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations.
Secondary care	Care that you receive in hospital, either as an inpatient or an outpatient. This may be planned or emergency care. It is more specialist than primary care.
Social determinants of health	The non-medical factors that influence health outcomes.

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For more information, please visit:

www.lancashireandsouthcumbria.icb.nhs.uk