

Integrated Care Board

Date of meeting	3 May 2023
Title of paper	Chief Executives' Board Report
Presented by	Kevin Lavery, Chief Executive Officer, Integrated Care Board
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Agenda item	7
Confidential	No

Purpose of the paper

This paper provides the CEO with the forum to update Board members and highlight emerging issues and key areas of focus, to ensure Board members are sighted on the business of the ICB and its wider operating environment.

Executive summary

Last month's report set the context for the changes needed to realise our full potential. It talked about why we need to change, but focuses on how we need to approach this, to meet the huge challenges we face, to make things better for the people that live and work in Lancashire and South Cumbria, and to successfully transform our services.

A key part of our delivery is community services; so, this month we are focusing on Community Services Transformation, how we implement the Fuller recommendations, and how we partner with the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector in a more mature way, working collaboratively and co-designing solutions. This report also provides an update on the work undertaken in developing savings and investment plans that will aid our financial recovery.

Recommendations

The Lancashire and South Cumbria Integrated Care Board are requested to note the updates provided.

Governance and reporting (list other forums that have discussed this paper)						
Meeting	Date				Outcomes	
n/a	n/a				n/a	
Conflicts of interest identified						
Not applicable						
Implications						
If yes, please provide a brief risk description and reference number	Yes	No	N/A	Comme	ents	

Quality impact	V	
assessment completed	X	
Equality impact	V	
assessment completed	X	
Data privacy impact	V	
assessment completed	X	
Financial impact	V	
assessment completed	X	
Associated risks	X	
Are associated risks		
detailed on the ICB Risk	X	
Register?		

Report authorised by:	Kevin Lavery Chief Executive
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Integrated Care Board – 3 May 2023

Chief Executives' Board Report

1. Introduction

"Think globally and act locally"

- 1.1 We need to embody the idea that instead of waiting for grand breakthroughs to 'fix the world,' we should consciously implement solutions into our everyday decisions and actions. Most big solutions are often a series of smaller steps, we have a number of examples of this on today's agenda. "The man who moves a mountain begins by carrying away small stones."
- 1.2 Today's agenda is all about community, and includes;
 - Community Services Transformation paper Including an outline of the transaction of services for Blackburn with Darwen
 - Fuller implementation Report on key priorities and deliverables identified following the launch event on 19 April
 - ICB and VCFSE partnership agreement High level principles for working together. Sets out a different and more mature way of working and the intention to work collaboratively and to co design solutions.
- 1.3 In addition to this, the July Board will receive our LSC ICB Place Delegation/ Devolution proposal, which is currently in development, led by our Directors of Health and Care Integration and the LCS Integrated Care Strategy.

2. LSC Integrated Care Strategy

- 2.1 Work to develop the LSC Integrated Care Strategy has been underway since September 2022. We have acted on the feedback received during development and have created two documents: the full Integrated Care Strategy, and a shorter summary document which identifies the key points from the integrated care strategy in simple language.
- 2.2 The full strategy document will be available to everyone, but it is envisaged that the shorter summary version will be of greater relevance to the public, partners, wider organisations within the integrated care system and our places as they work to align other strategies and develop implementation plans.
- 2.3 ICB Board members endorsed the working draft at the 29 March meeting and will receive the full Integrated Care Strategy and the summary document in July for formal adoption, both of which were approved by the Lancashire and South Cumbria Integrated Care Partnership on 17 April 2023 and have been published on the ICP website.

3. Strategic challenges within our system

- 3.1 ICB Board members recently held a Board-to-Board session with their Lancashire Teaching Hospitals (LTH) counterparts where we discussed the main strategic challenges in that part of the system. Community services sit separate to the Trust which often results in disjointed and fragmented services, despite the best efforts of our colleagues at LTH and Lancashire and South Cumbria Foundation Trust (LSCFT) as the community services provider. Urgent Care out-of-hours services are commissioned through a separate, private provider, and historically there has been very little in the way of intermediate care provision. Our role as an ICB is to ensure we do not look at these challenges individually, but as a whole system a think global, act local approach.
- 3.2 The other trusts on our patch are firmly knitted into the community services provision for their populations, so this is a structural weakness that needs addressing. We are looking at how to best support the Trust in addressing this quickly and safely. Given the performance and budget challenges we are facing this needs to be a priority. We will undertake a transformation piece of work for services in Central Lancashire, working towards vertically and horizontally integrated community services, by April 2024.

4. ICB Savings and Investment Plans

- 4.1 The ICB had the largest financial risk out of the six NHS organisations within Lancashire and South Cumbria at the start of the 23/24 financial year. We have worked to develop a programme of Quality, Innovation, Productivity and Prevention (QIPP) schemes to address this, but the challenge is significant and there are going to be some difficult decisions we need to make as part of our recovery stance that will impact services.
- 4.2 In mid-April we held a series of 'Star Chamber' sessions with each scheme sponsor and lead. The sessions were all very positive and I would again, like to thank everyone involved in contributing to the sessions. Risk associated with the nine schemes were RAG rated largely green and amber, to reflect low or medium risk level, with only one scheme currently rated as red, or high-risk, whilst further work-up of the scheme is taking place.
- 4.3 These schemes will now be closely monitored through a smaller task and finish group, throughout the year, to ensure grip and in-year delivery. Fortnightly meeting will initially be scheduled to bring together all of the named scheme leads. These will reduce in frequency once all plans are fully worked-up, being implemented and classed as low risk.
- 4.4 David Flory, Stephen Downs (Director of Strategic Finance, ICB) and I met with Amanda Pritchard (Chief Executive, NHSE) David Sloman (Chief Operating Officer, NHSE) and Julian Kelly (Chief Financial Officer, NHSE) alongside Richard Barker, Andrew Crawshaw and Nikhil Khashu, from the NHSE Regional team on 21 April to discuss the financial and non-financial challenges we face in Lancashire and South Cumbria. I will provide a more detailed update to Board members in Part 2 of the May meeting.

5. Provider Collaborative-led Savings and Investment Plans

- 5.1 In further response to the challenging financial position facing our system, we have taken the opportunity, at this early point in the financial year, to take stock of progress and delivery within the system-wide delivery programmes, being led by our Provider Collaborative Board (PCB), that will be expected to support and enhance our financial recovery during 23/24 and beyond.
- 5.2 Sessions were held with the Executive Sponsors and Programme Directors for the four key programmes of work, namely, Shared Services, Bank and Agency, Clinical Services Transformation and Elective recovery.
- 5.3 Given the scale of the challenges that we are facing as a system, and ongoing budget discussions with NHSE, it is imperative that these programmes are delivering, and that we are clear on the value of savings that will be delivered in-year, for 2023/24 and in subsequent years.
- 5.4 The schemes that offer the most in-year opportunities are around clinical transformation. We need to establish clinical networks for our specialties through centres of excellence in hospital trusts. In future years we might move to a single site model, but an early step would be operating as single entity, through establishing a clinical network, managed as one service, operating across multiple sites. This would also reduce the need for temporary medical staffing solutions and enable us to make savings on premium bank and agency rates.
- 5.5 The other area is non-clinical reconfiguration, particularly round a single shared corporate services platform across LSC. Over 3-4 years we can modernise all of these services through technology, automation, and self-service for managers, but for 2023/24 would involve bringing these services together and making some economies to deliver in-year savings. This could be done by establishing one host organisation for the system and transferring staff into the host on a secondment to begin with and making some speedy savings through vacancy management. This is under discussion with the PCB and we, as an ICB, are keen to participate.

6. Hewitt review

6.1 As you may be aware, the Rt Hon Patricia Hewitt was commissioned to undertake a review into how the oversight and governance on integrated care systems (ICSs) can best enable them to succeed. The recommendations were published in April which align very well to the priorities in our recently adopted Joint Forward Plan. We will bring an update on the full Hewitt review to the July Board for consideration.

7. Recommendations

7.1 The Lancashire and South Cumbria Integrated Care Board are requested to note the updates provided.