NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	13 March 2024
Title of paper	Recovery and Transformation Programmes
Presented by	Maggie Oldham, Deputy Chief Executive/Chief of Recovery and Transformation
Author	Terry Whalley, New Models of Care Programme Director
Agenda item	10
Confidential	No

Executive summary

The System Recovery & Transformation Board (SRTB) met on the 20th of February to review progress on the Lancashire & South Cumbria Integrated Care System's (ICS) recovery & transformation priorities that will provide patient care and estates improvements for 2024/25 whilst also enabling the system to make progress against the 3-year financial recovery plan.

This paper focuses on the clinical strategy update that the SRTB considered, together with the approach to securing resources that will be required to support the agreed priority areas.

The SRTB discussed potential options to reduce the likely risk that there will be insufficient resources available to progress some of the more transformational new models of care that are essential for our longer-term sustainability, including the necessary shift to community centred models of care concurrently.

Recommendations

The Integrated Care Board is asked to note this paper.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	X
SO2	To equalise opportunities and clinical outcomes across the area	X
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	X
SO4	Meet financial targets and deliver improved productivity	X
SO5	Meet national and locally determined performance standards and targets	
SO6	To develop and implement ambitious, deliverable strategies	X

Implications				
	Yes	**No**	**N/A**	**Comments**
Associated risks	X			Detailed risk registers will be maintained by each programme in scope of recovery & transformation
Are associated risks detailed on the ICB Risk Register?	X			The scope of work will positively support mitigation of risks 019 (NOF ratings) and 008 System Financial Sustainability)
Financial Implications	X			The benefits delivered by the recovery & transformation programme are an essential contribution to our 3-year financial recovery plan

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
System Recovery & Transformation Board Executive Team	20 February 2024 5 March 2024	The paper was noted and the proposals within endorsed. Approved.

Conflicts of interest associated with this report
Not applicable

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			X	Appropriate QIAs will be undertaken by programmes within recovery & transformation scope
Equality impact assessment completed			X	Appropriate EIAs will be undertaken by programmes within recovery & transformation scope
Data privacy impact assessment completed			X	There is no data privacy impacts associated with this paper

Report authorised by:	Maggie Oldham, ICB Deputy CEO and Chief of Recovery & Transformation.

Integrated Care Board – 13 March 2024

Recovery and Transformation Programmes

1. Introduction

1.1 In Lancashire & South Cumbria we have a complex health system with multiple elective care centres, A&Es, separate and expensive sets of support services as well as many community and primary care facilities. We spend over £300 million on temporary staff at premium rates and spend two thirds of our money on treating illness. This shows there is an opportunity and indeed a need for us to improve the health of our population, shifting some our use of resources into primary and community services. We need a major clinical productivity and reconfiguration programme, moving toward more closely integrated clinical networks.

1.2 The Lancashire and South Cumbria Integrated Care System (ICS) is facing significant clinical, operational and financial challenges which can only be sustainably improved through the development of new models of care, to the benefit of patients and staff alike. The scale of the challenge cannot be met through purely service improvement and requires re-imagination of the construct of services to enable long-term sustainability that delivers the health outcomes that we need for our population. The four core purposes of the Integrated Care Board (ICB) are to:

- improve outcomes in population health and healthcare,
- tackle inequalities in outcomes, experience and access,
- enhance productivity and value for money, and
- help the NHS support broader social and economic development.

1.3 Prior to the establishment of the ICB in July 2022, the ICS, working with the Provider Collaborative have previously undertaken work to describe a system where we have a robust clinical strategy, where we understand the demands and expectations on services are ever-increasing alongside significant financial and workforce constraints (building in that there are currently existing differences in the quality of life for people living in different areas) and to describe what our vision for the people living and working in Lancashire and South Cumbria is. However, none of these have yet led to the full agreement of a deliverable clinical configuration blueprint that delivers on our core purpose of improving population health outcomes, reducing inequity, making the best use of resources today while meeting the needs of our population in the future in a way that supports broader social and economic development.

1.4 As an ICB, we face some significant challenges: too many services in too many places, high agency/locum use, many services with vulnerability such as work force challenges, insufficient scale – some with poor quality outcomes and we have been unable to agree or deliver the solutions required; this contributes to poor outcomes and overspend.

1.5 The ICB Board has previously noted 3 key inter-related arms to our clinical strategy each with a 1–3-year recovery focus and a long-term transformation ambition.

- New Models of Care (Transforming Care in the Community),
- Clinical effectiveness (Transforming Care in our Hospitals), and
- Quality improvement with better use of resources, leading to CQC Good or better and SOF 2 or better ratings for our services.

1.6 Combined with a fresh approach to more strategic commissioning, a rolling programme is being developed to improve fragile services and allow transition from tackling short term recovery issues to achieving our long-term clinical strategy. It is planned to break the loop and start to deliver sustainable improvement in our use of resources while at the same time tackling health inequity and improving outcomes for our population.

2 Clinical Strategy

2.1 The development of a revised clinical strategy aims to define All Age, All Condition New Models of Care that improve outcomes in population health, tackle inequalities in health outcomes, experience and access and that are **safe**, **effective**, **affordable** and that have high levels of patient and staff satisfaction. There is a balance to be struck between the level of effectiveness we can afford and the experience / accessibility we can offer with the resources available to us.

2.2 Collaborative partnership working is required across all parts of the Lancashire & South Cumbria Integrated Care System, including in our four Places and at scale across our system, to deliver sustainable, integrated services with good outcomes.

2.3 The clinical strategy will involve a major shift from an acute to a community centred model with a focus on the physical and mental health (including learning disabilities) and the needs and care of the people and the communities they live and work in, rather than for the convenience of organisations or services. This will include expanding care in the community to help people stay healthy for longer and caring for them through preventing ill health, managing long-term conditions, recovering from periods of intensive care and toward the end of their lives. It will support the best possible use of the two new hospitals that will be built by about 2035, through new models of care both in and outside those hospitals.

2.4 There are two critical components to this:

- **Transforming Care in the Community**, following the recent appointment of a Senior Responsible Office and Portfolio Director, this will be the subject of a deeper dive in the March System Recovery & Transformation Board. This critical portfolio will focus on creating Healthy Communities, Integrated Neighbourhood Teams and Enhanced Care in the Community in addition to considering future operational models that build on developing virtual and technology enabled solutions to enable care closer to home. The primary goal being to reduce inequity, improve healthy years and avoid acute admissions.

- **Transforming Care in our Hospitals,** the rest of this paper updates further on this element of our Recovery and Transformation programme.

3 Transforming Care in our Hospitals

3.1 The 2024/25 financial and operating planning contains three key elements to drive forward transforming care in hospitals:

- **Rolling programme to address Fragile Services**: Together, the ICB and the Provider Collaborative have agreed to prioritise **haematology**, **orthodontics**, **gastroenterology** as areas to develop and implement rapid networked solutions. It was recognised there are areas with existing networks or programmes across commissioners and providers which are being progressed in fragile services, such as stroke, CAMHS, autism and cancer where progress needs to be accelerated. Other clinically fragile services will continue to be supported to develop clinically safe, networked arrangements and collaboration across the system.

- **Rolling programme of Service Reconfiguration**: The ICB and the Provider Collaborative have prioritised **vascular, head and neck, urology and cardiac**. We have undertaken patient engagement and have more planned, and we are committed to the agreement and implementation of new models of care in these services with an aim to be in place during 2025/26.

- **Production of One LSC Clinical Configuration Blueprint / Delivery Roadmap**. Collaboratively, the ICB and the Provider Collaborative are undertaking work to ensure we can meet the needs of our population in 2035 with a clinically evidenced and appropriate configuration of services that makes the best use of all our acute resources, including the two new hospitals we expect to be built by 2035, together with our existing estate to ensure we have a sustainable and viable future delivering safe, effective and affordable (acute) services.

3.2 This work will answer a series of questions regarding the future configuration of hospital services, the role of District General Hospitals that meet the current and future needs of our population, how patients access planned care in a more consistent, effective way and tackle some of the root causes of vulnerability to some of our most vital services.

3.3 This is a complex piece of work requiring robust use of data, joint strategic needs analysis and capacity to turn this into evidence-based models of future need. This will then inform discussions with patients, the public and those colleagues delivering services to inform future models of care.

3.4 In advance of full options appraisal and detailed business cases, there are common themes within the above programmes from which the route to deliver better use of resources (productivity and efficiency) will come.

- **Workforce** –a structured new approach to the use of bank and agency staff and new roles, that reduces expensive staffing costs and variation in use of roles / bandings.

- **Service provision models** – to reduce fragility and duplication, e.g. consolidation of out of hours rotas, specialist equipment & teams, reducing management overhead associated with separate services.

- **Clinical diagnosis and treatment standardisation** – accelerating adoption of national Getting it Right First Time (GiRFT) recommendations, adopting policies and procedures from best performers (model hospital and system HRG analysis) to increase productivity and reduce unwarranted variation. This will include non-pay spend reviews to increase standardisation and maximise synergy of contracts.

3.5 We expect that this work will enable us to make better use of resources during 2024/25 and in subsequent years to even greater effect. Spending public money in the wrong way prevents us from investing in clinical innovation and improved access / pathways, and so improving productivity and efficiency as well as quality of care and safety will be the focus. This work will contribute to our financial recovery plans, but in a way that is safe, effective and results in better health outcomes for our population.

3.6 Over the next month or two teams will be better able to define and size the opportunities available to us through broader reconfiguration delivery.

4 Resources

4.1 The programme requires resources to deliver. The ICB, with agreement with the Provider Collaborative, have commissioned external support to provide capacity & capability to deliver the clinical configuration blueprint and delivery roadmap, and we have a Programme Manager supporting Vascular and Urology reconfiguration work and another now leading wave 1 of the fragile services work. The Trusts have identified Senior Responsible Officers for each programme.

4.2 Beyond that there is a need to provide further resource, and then to find the necessary capability and capacity to take forward.

4.3 The SRTB considered proposals for investment in the recovery & transformation programmes, noting the need to support the transforming care in the community and in hospitals programmes while ensuring good use of public funding in every sense.

4.4 It is recognised that resource capacity & capability may well be a constraining factor, especially when considering the need to avoid adding additional costs into the system. Partners are actively considering alternative models of delivery that could help us accelerate delivery of value with enabling costs contingent on value delivered rather than being an up-front risk.

5 Recommendations

5.1 The ICB Board is asked to note this update.

Maggie Oldham

29th Feb 2024