

Report to:	ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Dr Amanda Doyle, Chief Clinical Officer of Blackpool and Fylde and Wyre CCGs and Chief Officer of the Lancashire and South Cumbria Integrated Care System
Date of Meeting:	10 October 2018

LANCASHIRE AND SOUTH CUMBRIA INTEGRATED CARE SYSTEM UPDATE

1.0 Purpose of the report:

1.1 To update the Committee on key areas of progress across the Lancashire and South Cumbria Integrated Care System.

2.0 Recommendation(s):

2.1 The committee is asked to note this update, identifying any further issues for scrutiny.

3.0 Reasons for recommendation(s):

3.1 To ensure that the committee is apprised of developments, progress and future plans at Lancashire and South Cumbria Integrated Care System (ICS) level.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? N/A

4.0 Other alternative options to be considered:

4.1 Not applicable

5.0 Council priority:

5.1 The relevant Council priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

6.1 Context

It should be noted that the Lancashire and South Cumbria Integrated Care System (L&SC ICS) is not an organisation; it is a partnership of health and care organisations across the system working together to improve the health and wellbeing of the L&SC population. The L&SC ICS is comprised of:

- Five Integrated Care Partnerships (ICPs) – Fylde Coast, Morecambe Bay, Pennine, Central and West Lancashire, covering a population of 1.7m.
- Eight CCGs
- Five NHS Trusts
- Four upper tier Local Authorities and district councils
- NHS England and NHS Improvement
- Wider partners such as voluntary, charity, hospices and education

Across L&SC, there are a number of challenges with poor health throughout the area, with widespread health inequalities and an ageing population with complex needs and consequent increasing demand on both health and social care services. There continues to be a rise in demand for mental health support both in community and inpatient settings. There are also difficulties in recruiting and retaining adequate workforce levels across the region.

6.2 ICS progress to date:

a) Governance and system architecture

Establishment of:

- An ICS governance framework
- An ICS executive team comprising of: Chief Officer, Executive Director for Transformation, Executive Director for Commissioning, Executive Director for Finance and Investment, Executive Director of Health and Social Care Integration (role yet to be advertised), Medical Director, Director of Nursing and Care Professionals and Director of Delivery, Performance and Assurance
- A L&SC ICS Board including representation from the four upper tier Local Authorities – meeting monthly. Broad areas of responsibility for the board is around assurance and delivery, sustainability, transformation and ICS design and implementation
- A Joint Committee of CCGs with powers delegated from constituent CCGs to make legally binding decisions for the L&SC population
- A Partnership Forum, comprising of senior representatives from a wide range of statutory and third sector organisations, primary care and local Healthwatch
- A Social Partnership Forum bringing together trade unions, NHS Employers and staff-side representatives
- General practices across L&SC working in Primary Care Networks (neighbourhoods of populations between 20k to 50k)
- A L&SC approach to Urgent and Emergency Care performance, improvement and assurance

- Development and implementation of a L&SC strategic framework which details the key portfolios of work at L&SC level, underpinned with key priorities for each

b) Transformation

- L&SC are part of the first wave of Integrated Care Systems – with a supporting Memorandum of Understanding and associated transformation funding
- Development and implementation of Improving Health and Care at Scale Framework for L&SC which utilises data in the planning and delivery of proactive care to achieve maximum impact. Specific areas of focus for 2018/2019 – 2019/2020 include neighbourhood level integration, improving transfers of care, stroke, diabetes, suicide, social prescribing, patient activation, personal health budgets and personalised care and support plans.
- Pathology Collaboration development – the four NHS Trusts across L&SC have formed a partnership to deliver a single ‘cold’ pathology service across the patch working with staff and external partners to provide a streamlined, sustainable service which is clinically and cost effective and is part of a national strategy led by NHS Improvement.
- Diagnostics service developments with a focus on two main priorities – interventional radiology (IR) procedures clarification and pathways for out of hours emergencies. Following extensive clinical engagement and review, there are agreed IR procedures locally, agreed IR regional pathways for out of hours intervention in trauma, vascular, urology and gynaecology. Work is underway to implement these across the area and identify other out of hours emergency pathways for review.
- A review of Endoscopy services has been completed which has resulted in endoscopy action plans in each NHS Trust, a Nurse Endoscopist collaboration and a focus on bowel screening – which directly links with the Cancer Alliance. In addition to this, a separate workstream has been set up review the GI bleeds out of hours pathway. There is a specific focus on workforce development within diagnostics and strong clinical leadership in driving the diagnostics work forward – supported by digital innovation. The diagnostics workstream have been awarded £500k in transformation funding to improve time to diagnosis in lung cancer.
- End to end stroke services development, co-designing with clinicians and other stakeholders a care model for future service delivery, with the introduction of hyper-acute stroke services
- Maternity services development, committed to implementing the Local Maternity Services agenda and embedding a focus on health improvement, ill health prevention and safeguarding in all women’s and children’s care, thus providing the best start for the L&SC population
- Development and implementation of the L&SC Digital Strategy (including robust community engagement across the patch – including the Fylde Coast) to:
 - Empower people
 - Support the front line
 - Create the future
 - Integrate services
 - Manage the system more effectively
- Roll out of the L&SC Digital Healthy Schools Programme (St George’s High School in Blackpool is part of this programme)
- Digital priorities bid (provider digitisation) – development and submission to access national transformation funding (£13.54m across 2018/2021)
- Development and co-production (with patients and wider stakeholders) of the L&SC Cancer Delivery Plan

- Development of a World Health Organisation Collaboration focused on economic opportunities in addressing the wider determinants of health (led by the Director of Public Health at Blackburn Council for L&SC)
- Development and implementation of a L&SC Public Consultation Strategy
- Development and implementation of a L&SC Communications and Engagement Strategy
- Supporting the development of the central transformation programme 'Our Health Our Care'
- CCG policy harmonisation across L&SC – with decision making delegated to the Joint Committee of CCG's
- Development and submission of L&SC capital priorities (wave 4) and L&SC Estates and Infrastructure Strategy
- Commissioned urgent and emergency care external support for Trusts across L&SC – to improve performance and resilience ahead of winter
- Commissioned an external mental health diagnostic (via Northumberland, Tyne and Wear NHS Trust) reviewing mental health provision across the patch – to improve quality, safety and performance
- Development and implementation of a L&SC financial strategy
- Development and implementation of a L&SC Commissioning Framework

c) High level financial picture - closing the £387m gap

The committee asked to receive an update on the position around closing the £387m gap in funding (as outlined in the STP submission in 2016). In 2016/2017 the original STP financial templates estimated a £387m shortfall in 2018/2019 if nothing was done to mitigate the forecast position. By 2020/2021, the estimate was that health could be in deficit by £443m if nothing was done.

Based on the action identified then, it was thought solutions could be implemented that would reduce the shortfall in 2018/2019 to a net deficit in health services of £92m. The actual deficit in 2018/2019 based on this year's plans is a deficit of £132m, which is £40m worse than the 2016/2017 estimates, but £255m better than the 'do nothing' scenario.

d) Next steps

Work will continue across the L&SC ICS to drive the transformation agenda forward across the key portfolios. However in light of the publication of the long term plan, the governance, structures and priorities will be reviewed across the L&SC ICS to ensure alignment with the ambitions and priorities indicated in the long term plan.

6.3	Does the information submitted include any exempt information?	No
7.0	List of Appendices:	
7.1	None included	
8.0	Legal considerations:	
8.1	Not applicable	

9.0 Human resources considerations:

9.1 Not applicable

10.0 Equalities considerations:

10.1 Not applicable

11.0 Financial considerations:

11.1 No additional comments outside of the above.

12.0 Risk management considerations:

12.1 Not applicable

13.0 Ethical considerations:

13.1 Not applicable

14.0 Internal/external consultation undertaken:

Not applicable

15.0 Background papers:

15.1 Not applicable