

Blackburn with Darwen CCG Governing Body & East Lancashire CCG Governing Body
 Meeting in Common

Report Title:	Lancashire and South Cumbria Integrated Care System Strategic Plan Development - Update Report	Agenda No:	4.1
Meeting Date:	13 November 2019		
Summary of Report:	This paper provides an update to the Blackburn with Darwen Clinical Commissioning Group Governing Body and East Lancashire Clinical Commissioning Group Governing Body on the planning process to respond to the NHS Long Term Plan in Lancashire and South Cumbria.		
Report Recommendations:	Members are asked to: <ul style="list-style-type: none"> ▪ Note the approach being taken to develop a Strategic Plan for the Lancashire and South Cumbria Integrated Care System ▪ Note the current position and next steps in the process. 		
Financial Implications:			
Procurement Implications:			
Report Category:	Support and recommend/forward the report.	Tick	x
	Approve the recommendations outlined in the report.		
	Debate the content of the report.		
	Receive the report for information.		
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Lancashire and South Cumbria Integrated Care System

Strategic Plan Development - Update Report

Background

This paper provides an update to the Blackburn with Darwen Clinical Commissioning Group Governing Body and East Lancashire Clinical Commissioning Group Governing Body on the planning process to respond to the NHS Long Term Plan in Lancashire and South Cumbria.

The Lancashire & South Cumbria Integrated Care System (ICS) is required nationally to submit an ICS Strategic Plan by the 15th November, in response to the NHS Long Term Plan (LTP) and the local needs of our population over the next five years. The plan comprises three key components; a quantified delivery plan (finance, activity & workforce), a metrics plan based upon performance and outcomes, accompanied by a written strategic narrative.

The ICS drafted a set of early partnership priorities called 'Our Next steps' which was circulated to CCG Governing Bodies, Provider Trust Boards and Health and Wellbeing Boards in the of Spring 2019 (Appendix 1). This document acknowledged that further work was required by the partners to support the development of the ICS Strategic Plan. In responding to the priorities set out in the Long Term Plan, the current stage of work also builds upon existing plans in each of our local Integrated Care Partnerships to improve outcomes, join up health and care services and make best use of the resources available.

Overview - Vision and Objectives

Our vision for Lancashire and South Cumbria is that communities will be healthy and local people will have the best start in life, so they can live and age well.

At the heart of this are the following ambitions:

- We will have healthy communities
- We will have high quality and efficient services
- We will have a health and care service that works for everyone, including our staff

The ICS Strategic Plan builds upon the eight partnership priorities set out in the ICS 'Our Next Steps' document, to agree the ambition and approach to respond to the strategic challenges facing our ICS. The success of the partnership priorities is vital to enable delivery of plans set out across the system.

The strategy also sets out the programmes and plans to deliver against the aims and objectives of the NHS Long-Term Plan and to meet the health and wellbeing needs of our local Lancashire & South Cumbria population. Recognising the significant ambitions in the Long Term Plan to improve the health of the population and transform the delivery of health and care services, the process of developing the Strategic Plan is intended to create a clear set of priorities for the partner organisations to pursue over the next five years.

Our Approach

The process to create the ICS strategic plan has been taken forward in three key stages of development. These are:

1. First Draft ICS strategic plan submission – 27th September 2019
2. Refinement and modelling of plans – October-mid November 2019
3. Final Draft ICS Strategic Plan submission – 15th November 2019

It is expected that there will be further iterations of the ICS plan on the basis of feedback from NHS England/Improvement, continued work on finance, activity and workforce plans and updated action plans for the priority programmes in the ICS.

Stage 1. Draft ICS strategic plan submission

The first stage is completed, and a draft of all three components of the ICS strategic plan were submitted for review to the NHSEI regional team on the 27th September.

Individual CCG and Provider organisations were asked to submit a draft of their finance, activity and workforce plans to confirm the resources under each of these categories. The metrics plan was a mixture of both ICS level and organisational level submissions for performance and outcome measures. In addition, each Integrated Care Partnership/Multi-specialty Community Provider (ICP/MCP) has provided an updated summary of its plans for integrated health and care in each area.

Contributions to this first stage of work were also requested from each of the programmes operating across the whole ICS. Understandably, these at varying points in their development. Several programmes are established (e.g. Stroke, Learning Disability) while others are at a much earlier stage of consideration.

For these reasons, system leaders agreed to develop the first draft of the Strategic Plan under a “do minimum” scenario, allowing a period to create a baseline position from which to understand where further work would be required to firm up and model ideas into plans. ICS and local leads worked together to agree the baseline assumptions under which this baseline stage of the plans would be drafted.

The developing narrative has identified a number of clear priorities for the ICS partners to take forwards. These can be categorised broadly into three types:

- Service priorities– responding to service commitments in the Long Term Plan and addressing local needs
- Enabling priorities – action designed to strengthen the delivery of front line care, promote innovation and workforce development
- Efficiency priorities– programmes devised to improve the financial stability of the Lancashire and South Cumbria system

There is a recognition that the system needs to agree priorities over the whole of the five year period – it is not possible to take action on every issue immediately. On this basis, the submission identifies a number of early priorities for action over the next two years as follows:

Category	Priority areas
Service Priorities	Healthy neighbourhoods, primary and community services Urgent and Emergency Care Cancer Mental health and learning disability Planned Care Maternity Stroke Fragile specialist services

Enabling Priorities	Workforce Prevention and population health Digital Estates Communications and Engagement Leadership and Organisational Development
Efficiency Priorities	Reducing demand pressures Remodelling outpatient activity Improving operating theatre efficiency Redesigning Musculo-skeletal services Developing Shared Service models

During stage one, colleagues from the NHS England and Improvement (NHSEI) regional team have conducted two checkpoint reviews to oversee and advise on the development of the draft plan.

As a result of the work undertaken at stage one, the ICS partners were able to set out an aggregated baseline position across Lancashire & South Cumbria and where further work was required ahead of the next submission. Plans would need to ensure that:

- The ICS can demonstrate how partners will focus resources on improving population health and taking action to reduce health inequalities;
- Assumptions about the availability of the health and care workforce are retested;
- Partners make a collective commitment to the efficiency priorities set out above;
- These proposals are designed to reduce significant financial deficits in the system which are not in line with the ICS financial control total;
- There are realistic expectations about the levels of activity required to meet the needs of the population.

This work has been agreed for development in stage two.

Stage 2. Refinement and modelling of plans

The objective of stage two is to build upon the baseline position established at the end of September. Planning leads are now modelling the impact of our key priorities (service, enabling, efficiency) on expected outcomes as well as the financial, activity and workforce position.

Inevitably for some programmes in the early phases of development, it may not be possible to assess the impact in enough detail to meet the final plan submission date but details will be included within the strategic narrative so that the ICS doesn't lose sight or commitment to these programmes.

Further work is required to set out the ambitious nature of the partners' plans to improve the health of our communities, whilst at the same time being clear about the workforce, finance and demand challenges the system needs to tackle.

Stage 3. Final draft ICS Strategic Plan submission

Stage three pulls together the work from stages one and two to produce a final draft ICS strategic plan for submission as part of a national process on the 15th November. This version of the plan will be shared with all partners and submission will be overseen by the ICS Board.

In addition to these technical submissions, the ICS is also drafting a public summary document outlining the plans for public, patient groups and other stakeholders.

As indicated above, it is expected that there will be further iterations of the ICS plan on the basis of feedback from NHS England/Improvement, continued work on finance, activity and workforce plans and updated action plans for the priority programmes in the ICS. This may lead to a further review of the core assumptions in the plan.

Engagement

Throughout the development of the ICS Strategic Plan there has been engagement with wider stakeholders (universities, voluntary, community, faith and social enterprise sector, police, local Healthwatch). There has also been extensive direct engagement with staff, patients, public and partners to involve them in plans within each of the five local areas over the past two years.

Between May and September 2019, staff from partner organisations were actively involved in discussions regarding the key messages from the 'Our Next Steps' document. This included the development of a toolkit of materials to support system leaders, leaders from ICP/MCPs and Primary Care Networks (PCNs) to hold discussions and collate feedback from staff and partner organisations.

A survey for staff working in partner organisations (including NHS, local authority and Voluntary, Community Faith and Social Enterprise and education) regarding the partnership priorities and partnership working received 397 responses in August 2019.

At a national level, NHSEI commissioned Healthwatch England to undertake an initial engagement exercise to capture insight from local people to contribute to local plans developing across the country. In Lancashire and South Cumbria, the ICS has worked in partnership with Healthwatch Together, a partnership of the four local Healthwatches, to deliver this activity which included surveys and focus groups with 969 local people. The ICS has ensured that the insight independently reported by Healthwatch is being used to shape plans in relevant areas such as mental health, primary care and maternity services. Evidence from the report shows that access, getting the right treatment, receiving care and support at home and security of personal data are all important issues for local people.

A programme of an additional 23 targeted focus groups commenced in August 2019, commissioned and co-ordinated by the ICS and delivered in partnership with ICP/MCPs in partnership with the Healthwatch Together partnership. Audiences for this second wave of focus groups were identified based on local need and included hard to reach groups and members of the public involved in neighbourhood development. These have provided valuable local insight on the ICS vision and partnership priorities along with topics identified by ICP/MCPs, or in some areas, our emerging Primary Care Networks (PCNs). This feedback has been received and is contributing to the plan. The ICS has agreed a further 10 more focus groups at the request of ICP/MCPs to continue the ongoing collaborative cycle of engagement.

Collaborative Working

The strategic plan development process has demonstrated positive collaborative working and leadership across Lancashire & South Cumbria. This has been reflected in both the development of plans and the decision making to date.

Focused workshops and events at various intervals have been held and facilitated, both at ICS and ICP/MCP levels to bring together key stakeholders to share their current plans and ideas to support the collaborative development of the strategy.

A Clinical Congress was held on the 17th September to bring together senior clinicians from across the ICS to build upon the emerging ICS clinical strategy and support the delivery of the associated programmes. Clinicians were keen to share examples and commitment to joint working particularly where this supports plans for sustainable, safe services, greater efficiency and reduced waste in service delivery and the wider agenda to improve models of prevention and population health. The Congress acknowledged the importance of continued support for clinical leaders working on the priorities emerging from the Long Term Plan.

Delivery and Next Steps

This intensive phase of planning activity will continue for the rest of the autumn period as set out in this paper. Going forward, system leaders are working together to ensure that the priorities agreed to deliver the Long Term Plan are taken forwards with a robust approach to governance, decision-making and resourcing.

It will also be vital to ensure that for each of the major priorities, an agreed programme management approach to delivery is set out by the ICS partners confirming the work which will take place across the whole system, in each locality and/or neighbourhood. This will support the management of risks and interdependencies as well as providing oversight and assurance across all partners.

The next steps in the process are therefore as follows:

- Completion of stages two and three for the final ICS Strategic Plan submission;
- Publication of a public summary document accompanied by continued communication and engagement activity by all partners in line with the agreed plans;
- Development and subsequent application of the common programme management approach.

Recommendations

The Board is asked to:

- Note the approach being taken to develop a Strategic Plan for the Lancashire and South Cumbria Integrated Care System
- Note the current position and next steps in the process.

Mrs Claire Richardson
Director of Population Strategy and Transformation

ICS Partnership Priorities (Our Next Steps)

1. Maximise the benefits of our work in **neighbourhoods**
2. Deliver an integrated health and social care **workforce** for the future with the capacity and capability to provide sustainable care and support to our local communities.
3. Strengthen the resilience and **mental health** of people and communities
4. Establish a group model for all **hospital services** in Lancashire and South Cumbria
5. Reinvigorate strategic partnerships across the **public sector**
6. Establish a public sector **enterprise and innovation** alliance with our ICS partners, including academic partners and Local Enterprise Partnerships to deliver inward investment and support job creation
7. Bring the entire health and social care system back into **financial balance**
8. Consolidate commissioning so that our arrangements for **planning and prioritising** our resources improve our population's health and the outcomes of health and social care