

AGENDA ITEM NO: 9.0.

Meeting Title/Date:	Governing Body - 19 November 2019		
Report Title:	Update on the Lancashire and South Cumbria ICS Plan and Bay Health and Care Partners (BHCP) Better Care Together (BCT) 2 Strategy		
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Executive Sponsor:	Anthony Gardner	Responsible Manager:	Anthony Gardner
Committees where Paper Previously Presented:	BHCP Leadership Team.		
Background Paper(s):	NHS Long Term Plan.		
Summary of Report:	<p>The NHS Long Term Plan (LTP) was published in January 2019 and set out a range of ambitions for the NHS for next 5 - 10 years. All 'Local health systems' were asked to produce local plans for implementing the commitments set out within the LTP. For Morecambe Bay, this means Lancashire and South Cumbria Integrated Care System.</p> <p>The Lancashire and South Cumbria Integrated Care System (ICS) is required nationally to submit an ICS Strategic Plan by the 15 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 and workforce), a metrics plan based upon performance and outcomes, accompanied by a written strategic narrative.</p> <p>Due to the timing of the submission, at the time of writing this report, the ICS Plan is still in draft. An update on current progress with Plan development is set out in the report. A verbal update on the final Plan will be provided at the meeting.</p> <p>Alongside this, Bay Health and Care Partners Integrated Care Partnership (ICP) are currently undertaking a refresh of the Better Care Together Strategy, which is referred to as BCT 2. Progress is also set out in the report. As BCT needs to link to the ICS Plan, completion will necessarily follow submission of the final ICS Plan.</p>		
Recommendation(s):	To note progress with the development of the Lancashire and South Cumbria Integrated Care System Plan and the refresh of the Bay Health and Care Partners Better Care		

	Together Strategy.	
		Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register reference number)	AF196	Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N/A
Strategic Objective(s) Supported by this Paper:		Please Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
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Update on the Lancashire and South Cumbria Integrated Care System Plan and Bay Health and Care Partners (BHCP) Better Care Together (BCT) 2 Strategy

Context

1. The NHS Long Term Plan (LTP) was published in January 2019 and set out a range of ambitions for NHS for next 5 – 10 years. All ‘Local health systems’ were asked to produce local plans for implementing the commitments set out within the LTP.
2. For Morecambe Bay, this means Lancashire and South Cumbria Integrated Care System (ICS). Alongside this, Bay Health and Care Partners Integrated Care Partnership (ICP) are currently undertaking a refresh of the Better Care Together Strategy 2014, which is referred to as BCT 2.

Lancashire and South Cumbria ICS LTP Development

3. 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.
4. This ICS LTP 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 (Better Care Together – Morecambe Bay) to improve outcomes, join up health and care services and make best use of the resources available.
5. Due to the timing of the ICS Plan submission, at the time of writing this report, the ICS Plan is still in draft. An update on current progress with Plan development is set out in the report. A verbal update on the final Plan will be provided at the meeting

Better Care Together 2 Strategy Development

6. The Better Care Together Strategy was developed five years ago and with the advent of the NHS Long term Plan Bay Health and Care Partners have determined the need to refresh the Strategy.
7. In February 2019, a system workshop was held with a wide range of clinicians, managers, system partners and stakeholders. There was an agreement from the participants that the BCT strategy is still broadly going in the right direction, but recognition that it requires refreshing to take account of the National Long Term

Plan (2019), the ICS Strategy and building on from the learning of the Vanguard programme. There was a recognition that there needs to be a greater focus as an ICP on Population Health, Integration, Mental Health, Integrated Care Communities and Primary Care Networks.

8. A Morecambe Bay Needs Assessment was completed in July, which outlined the key challenges faced as a system which includes:
 - a) Significant challenge with health inequalities – 14-16 year gap in life expectancy and years spent in poor health higher in deprived communities
 - b) The 3 biggest causes of premature mortality are cancer, CVD & respiratory
 - c) Challenges with ‘lifestyle’ issues – smoking, obesity & exercise, mental wellbeing and alcohol and substance misuse
 - d) Our population is older than the national average and aging at a fast rate
 - e) Significant proportion of patients with 1 or more long term conditions, there are high levels of unnecessary hospital admissions
 - f) We need to improve the quality of care and availability of primary and community mental health care services, for children and adults
 - g) Our performance on some key national standards is poor, e.g.: cancer; urgent care; routine surgery; CAMHS access;
 - h) We are spending £70m more than we receive from Government
 - i) National recruitment shortages leading to gaps in our workforce, creating fragility in many of our services
 - j) Some key estates and equipment (e.g. theatres and diagnostic equipment) need upgrading but a lack of national capital is preventing this
 - k) We are not always maximising the use of digital technology
9. Following the needs assessment review, the ICP was clearly able to articulate a case for change and the emerging priorities for BHCP:
 - Taking more action on prevention and health inequalities through a ‘**population health**’ approach
 - Further strengthen the sustainability of **general practice** and provide improved care through **Integrated care communities** and new **Primary Care Networks**
 - Deliver care that **will prioritise real improvements** in **mental health, cancer, emergency care and planned care** and **meet national standards**
 - Improve **financial and clinical sustainability** alongside the **quality** of service delivery
 - Develop and deliver more **integrated care** locally using the new NHS infrastructure at three levels: Lancashire and South Cumbria Integrated Care System; Morecambe Bay Integrated Care Partnership; and Integrated Care Community and Primary Care Network
10. A reconciliation of all plans including national, ICS, BHCP and provider plans has been undertaken to ensure all parts of the system are aligned, which in the main they are.
11. BHCP have also undertaken engagement activity with communities, staff and stakeholders on the priorities. The overall conclusion from the engagement activity

was that there was support to continue to deliver the priorities but that the public wanted greater involvement in shaping and delivering improvement work underpinning the priorities. It was also recognised that whilst our engagement with the general public is improving, it could improve further.

12. Development of BCT continues in line with the development of the ICS Plan and completion will necessarily follow submission of the ICS Plan. An executive summary of the draft BCT 2 strategy so far is outlined in appendix 2. The Final Draft Strategy will be submitted to the Governing Body in the new calendar year.

Delivery and Next Steps

13. This intensive phase of planning activity will continue for the rest of the autumn period as set out in appendix 1. 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.
14. 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.
15. 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.
 - Finalise the BCT 2 Strategy in response to the ICS Long Term Plan.

Timeline

16. The timetable on the production of the Long Term Plans 2019 is nationally set and locally, there is support to deliver to these timescales, with a recognition that the timescale for Board oversight before the submission date is challenging. However, there is an understanding that there will be further iterations of the ICS plan required on the basis of feedback from NHS England/Improvement, with 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. The high level timeline for the Plans is for the submission of ICS Plan to NHSE/I on the 15th November; and for BCT to be submitted to partner organisation Boards in December/January.