

Health and Adult Services Scrutiny Committee

Meeting to be held on Wednesday, 8 May 2024

Lancashire and South Cumbria Integrated Care Board – Transforming Care in our Hospitals and New Hospitals Programme Update

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Brief Summary

The following report provides an overview of the continued development of NHS Lancashire and South Cumbria Integrated Care Board (ICB). It also provides an update with regards to transforming care in our hospitals, and the New Hospitals Programme in Lancashire and South Cumbria.

NHS Lancashire and South Cumbria ICB is a statutory NHS organisation which is responsible for developing a plan to meet the health needs of the population, managing the NHS budget, and arranging for the provision of health services within a geographical area.

Recommendations

The committee is requested to note the report and consider the ongoing development of the ICB, particularly in relation to the clinical reconfiguration programme schedule.

1.1 Health and care system context

NHS organisations across Lancashire and South Cumbria have a shared vision for our population to live longer and healthier lives which will be enabled by:

- Healthy communities
- High-quality and efficient services
- Health and care services that are centred around the needs of our communities and offer high-quality employment opportunities for our workforce.

The NHS in Lancashire and South Cumbria is committed to working with health and care partners on five strategic priorities:

1. We must strengthen our foundations by changing how organisations work together and how the NHS provides services to improve our financial situation.
2. We must take urgent action to reduce the level of long-term disease, working with partners to prevent illness and reduce inequalities.
3. We must move care closer to home wherever possible, strengthening primary and community care and integrating health and care services.
4. We must make sure there is more consistent and high-quality care. We will standardise, network, and improve our pathways of care.
5. We must take targeted action to deliver world-class care for priority diseases and conditions, population groups and communities.

In order to achieve these ambitions, the way we provide care across the system will need to be transformed.

1.2 Transforming care in our hospitals

As part of our system recovery and transformation work, we are continuing to look at solutions to our root causes of fragility and consider what our population needs are, in order to determine the best way for our services to be configured. The ICB and provider Trusts are working in collaboration to transform clinical services with a move toward more closely integrated clinical networks in a way that improves patient outcomes, quality and safety, and makes best use of our resources.

This work aims to make best use of some of our specialist staff working as part of clinical networks to provide consistent and high-quality care and provide access to regular tests and monitoring for these much closer to home, such as rehabilitation in community settings for stroke patients, or in the home through technology.

Our plan contains three key elements to drive forward transforming care in our hospitals: a) rolling programme to address fragile services, b) rolling programme of service reconfigurations and c) production of a clinical configuration blueprint and delivery roadmap.

The clinical transformation programme is overseen by the Lancashire and South Cumbria ICB Recovery and Transformation Board. There is also a multidisciplinary system clinical subgroup of that Board to inform clinical models, commissioning decision-making and the New Hospitals Programme – the Clinical Advisory Group – which feeds into the Commissioning Resource Group that in turn reports to the ICB Recovery and Transformation Board.

- **Fragile service transformation:** A rolling programme has been established with programme leads to transform haematology, orthodontics and gastroenterology (as additional fragile services) by developing and implementing rapid networked solutions, in addition to accelerating the ongoing work on stroke, CAMHS, autism and cancer.
- **Clinical service reconfiguration:** We are planning to centralise some specialist surgical services, such as vascular, urology (bladder, kidney and prostate cancers), and head and neck cancers, where the evidence shows that a centralised service offers better outcomes for patients and a more sustainable staffing model. We are also looking at a new service model for cardiac services with some small levels of centralisation, combined with more treatments being available in more of our hospitals than is currently the case. Cases for change for each of these services are currently going through internal approval processes and being submitted to NHS England via the major change process as per the table below. Subsequent business cases will be developed following NHSE Stage 1 feedback and we still have a commitment to implementation of new models of care in these services being in place during 2025/26. Engagement with vascular, urology and head and neck cancer patients on those specific service pathways has been undertaken and we will be undertaking wider public and patient engagement in the summer/autumn to inform the production of the business cases. Further progress updates can be shared with the scrutiny's steering group and/or brought to formal scrutiny committee meetings to discuss outcomes, potential service models and make recommendations for the next stages around engagement and consultation.

Clinical Reconfiguration Programme	Relevant Network Board	ICB Clinical Advisory Group (CAG)	ICB Commissioning Resource Group (CRG)	NHSE 'Major Change' Stage 1 Assurance Meeting
Vascular	13 Nov 2023	31 Jan 2024	29 Feb 2024	21 March 2024
Urology	27 Nov 2023	29 Feb 2024	28 March 2024	19 April 2024
Head and Neck Cancers	22 Jan 2024	28 March 2024	19 April 2024*	16 May 2024
Cardiac	11 June 2024	27 June 2024	25 July 2024	TBC July/August 2024

- **Clinical configuration blueprint.** A six-month project of clinical engagement is underway to develop the clinical configuration blueprint and delivery roadmap for over the next 10 years. This will ensure we can meet the needs of our population in the future with a clinically evidenced and appropriate configuration of services that makes the best use of all our acute resources, including planning for the two new hospitals, together with our existing estate, and ensure we have a sustainable and viable future delivering safe, effective and affordable (acute) services. This work will include the review of the clinical and fragile services above and incorporate the outcomes from the clinical engagement into the proposed blueprint.

This work is expected to enable better use of resources during 2024/25 and in subsequent years to even greater effect. It will contribute to the system's financial recovery plans, but in a way that is safe, effective and results in better health outcomes for people living and working in Lancashire and South Cumbria.

From this, a clinical strategy will be developed, which will involve a major shift from an acute-centred 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.

Clinical service reconfiguration, as part of system recovery and transformation, sits alongside the ICB's wider commissioning intentions portfolio approved by the ICB on 10 April (see [Item 7 - ICB Commissioning Intentions.pdf](#)).

The commissioning delivery plan for 2024-27 sets out how we plan to deliver our system vision and clinical strategy within our financial framework. We know that we need major investment in primary and social care to better manage demand - together with the clinical reconfiguration work detailed above - because the demand for health and care is overwhelming the current hospital centric model.

This first set of commissioning intentions aims to pave the way for the delivery of these strategic priorities. Our vision is to have a high quality, community-centred health and care system by 2035.

Wrapped around the response to our immediate challenges is the New Hospital Programme which provides us with a once in a generation opportunity. Our commissioning intentions and clinical configuration blueprint will support services to evolve to meet the needs of our patients now and in the future.

1.3 New Hospitals Programme

The Lancashire and South Cumbria New Hospitals Programme (L&SC NHP) offers a once-in-a-generation opportunity to develop cutting-edge facilities, offering the absolute best in modern healthcare. The New Hospitals Programme aims to address significant problems with the ageing hospitals in Preston (Royal Preston Hospital) and Lancaster (Royal Lancaster Infirmary). We also need to invest in Furness General Hospital's infrastructure in the context of its strategic importance and geographically remote location. This will provide patients with high-quality, next generation hospital facilities and technologies. Hospital buildings will be designed in a way to meet demand, while remaining flexible and sustainable for future generations. The aim is to support local communities, bringing jobs, skills and contracts to Lancashire and South Cumbria businesses and residents.

The NHS in Lancashire and South Cumbria welcomed the [Government's May 2023 announcement of two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary as part of a rolling programme of national investment in capital infrastructure beyond 2030](#). In addition, Furness General Hospital in Barrow will benefit from investment in improvements.

The existing Preston and Lancaster sites will remain in place and deliver services to our population until new hospital facilities are opened. The local NHS will continue to keep communities involved and provide further updates as more information becomes available.

[In August 2023, a series of national New Hospital Programme roadshow events visited Preston](#), as Government representatives arrived to discuss the next steps for building two new hospitals in our region. Lord Markham CBE and Department of Health and Social Care representatives were able to hear directly from patients, colleagues, and wider stakeholders in the various sessions.

During Quarter 4 of 2023/24, the national New Hospital Programme team have released the Hospital 2.0 library to all schemes with useful context, technical documentation and details of future releases. The L&SC NHP team have continued to support the national team in development of several workstreams and take on early adoption projects. Throughout 2024/25, the national Programme team will finalise and release H2.0 documentation, enabling schemes to apply this at a local level. This is an exciting step forwards and will allow each scheme to bring hospital designs to life. This period, the national Programme has also continued to progress the overarching Programme Business Case within central government. The L&SC NHP looks forward to receiving the outcome of this important step.

Further detailed work is underway to assess the viability of potential locations for new hospital builds for both Royal Preston Hospital and Royal Lancaster Infirmary and to develop the required business cases. There is still further work to be completed in this area and additional sites may emerge over the coming period. Further information will be shared in due course, as part of the

programme's next phase of proactive communications and pre-consultation engagement.

The Lancashire and South Cumbria New Hospitals Programme and NHS Lancashire and South Cumbria Integrated Care Board are working with NHS England and the national NHP team regarding the approach to future public consultation and will continue to work with local Health Overview and Scrutiny Committees, who are instrumental in determining the requirement to consult and the approach to be taken.

26 April 2024