

2021

Our year, our journey alongside health system partners

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Our year, our journey alongside health system partners

As part of the NHS family, we aim to make a significant contribution to health and social care systems' ability to transform and deliver services that improve the health and wellbeing of their population. 2021 saw us achieving that - and we will continue to do so.

It has, of course, been another tough year for the NHS and social care. We have played our part in the COVID response and ongoing recovery, and that will carry on as long as the challenges remain.

All this has been alongside supporting establishment of integrated care systems (ICSs). Over the next 18-24 months we will continue to work with our partner ICSs, fellow commissioning support units (CSUs) and NHS England and NHS Improvement (NHSEI) regions to co-design and transition our services to support the reorganised NHS. This will ensure our services deliver the high quality, responsive and flexible services new ICSs need.

1,900+
staff, including
leaders in their
field



**Excellent -
performance
in customer
and staff
satisfaction**



**Lead CSU for
8 health
systems**



Once again I'm immensely grateful to everyone at MLCSU for their dedication in delivering the highest quality services in what has been another challenging year for the whole care system.

While, of course, we still have COVID to deal with and recover from, it is also an exciting time as integrated care systems and boards become established. The next year will be truly pivotal.

It's wonderful to see partnerships coming together to provide the services that people need in their communities. I'm so proud that we are playing our part in that."

Derek Kitchen,
Managing Director



From a partner point of view...



I have worked with MLCSU as a CCG and an ICS customer over the whole period of its existence. The organisation has developed over this time so that it is now a valued strategic partner assisting the ICS to meet the challenging agenda it has faced in relation both to its system role and the response to Covid.

In addition to providing services to the eight CCGs in Lancashire and South Cumbria, the CSU has found creative ways to support our provider collaborative on a number of major schemes, including but not limited to the elective recovery programme and gold control, which has facilitated more effective, real time operational responses to urgent care demands across our system.

The CSU has been an important partner in helping the ICS to respond to Covid, providing senior staff to work in important roles, developing our reporting tools and enabling the vaccination programme to become a highly effective operation.

The support the CSU has provided and continues to provide to the ICS teams in relation to the on-going planning effort over the past three years has been immense. CSU senior managers are valued members of a number of our system management/transition teams, where their advice and support is always welcome. I have no hesitation in saying that 'we couldn't have done it without them'.

Gary Raphael, Executive Director of Finance and Investment, Lancashire and South Cumbria Integrated Care System



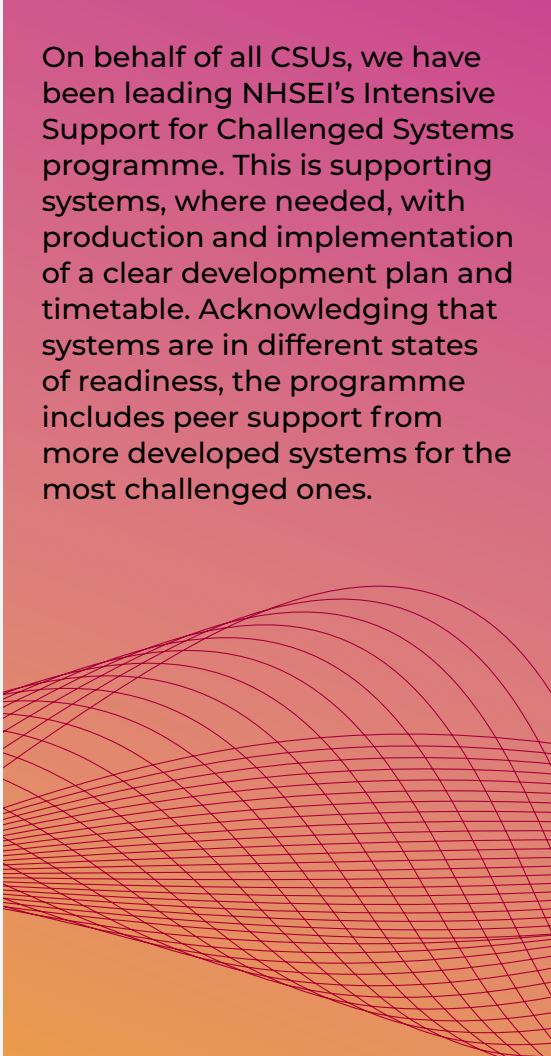


Supporting integration

Alongside pandemic support, we have been helping to address the other significant issues the NHS faces, including workforce shortages and the major organisational change involved in establishing the new integrated system.

Our support for system integration during 2021 includes:

- enhanced provider collaboration, supporting the alignment of cancer pathways in priority areas across four acute trusts in a system, providing a blueprint for supporting other systems and a provider mutual aid approach
- business intelligence reporting, for example reports and dashboards supporting system cells in Lancashire and South Cumbria
- identification and implementation of system efficiencies (back-office set-ups and processes, workforce utilisation and patient pathways)
- support to ICS executive teams with ICS development and transformation
- digital transformation programme support to NHSEI North West (NW) and Midlands for Digital First projects across multiple systems, for example Digital First in primary care.



On behalf of all CSUs, we have been leading NHSEI's Intensive Support for Challenged Systems programme. This is supporting systems, where needed, with production and implementation of a clear development plan and timetable. Acknowledging that systems are in different states of readiness, the programme includes peer support from more developed systems for the most challenged ones.

Enabling ICS development

We have engaged with ICSs throughout 2021 and developed services to support them in what will be a huge transition in 2022/23. We have a key role to play in supporting introduction of the new Integrated Care Boards (ICBs) and other system architecture, greater system working and close-down of CCGs. We will continue to collaborate with our fellow CSUs to bring the best of brand CSU to all partner organisations. To ensure we remain trusted delivery partners, we will continually review and develop our offers, engaging with ICSs and ICBs about their needs as they evolve.

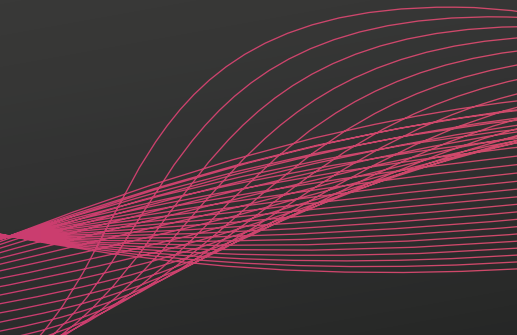
We bring an agile approach to the fast moving ICS agenda. Our support for systems in transition includes:

- financial close-down of CCGs
- mapping of functions and services across from CCGs to the ICB
- aligning where CCGs have differing policies and procedures
- human resources/organisation development and governance for new ICS arrangements
- recruitment for new ICB posts
- staff and stakeholder communications
- safe transfer of staff from CCGs to ICB, including due diligence for technical transfer, staff and trade union consultation, and health and wellbeing support for affected staff
- information governance regarding data collection and record transfer
- collation of ICT asset information
- website reconfiguration or archiving
- continuation of daily business support.



Providing people management

Our People Team has been supporting the transition to ICBs in Leicester, Leicestershire and Rutland; Shropshire, Telford and Wrekin; Cheshire and Merseyside; Lancashire and South Cumbria; and Staffordshire with:

- regular health and wellbeing surveys, and subsequent development of an appropriate action plan for delivery across the current CCGs and developing ICBs
 - navigation of the complex transition and due diligence requirements, providing local guidance documents and reports to support decision making, particularly regarding CCG governing body disestablishment
 - a coordinated approach to recruitment to high level ICB posts
 - appropriate training to support a diverse and inclusive approach to recruitment (working with the MLCSU Equality and Inclusion Team).
 - Having supported development of a People Strategy and a business case for the establishment of England's first integrated community-based care provider, Dudley Integrated Health and Care NHS Trust, we continued to support transition of services and staff into the new organisation.
 - Experts from our Organisation Development Team and Strategy Unit supported the Black Country and West Birmingham (BCWB) system to create a robust and comprehensive five-year People Strategy using an innovative 'Futures-Planning' approach and extensive involvement of stakeholders. The strategy focuses particularly on where the system's organisations overlap in coming together to deliver integrated care.
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Delivering fast resource

We have refocused existing resource, supporting our staff to deliver in different roles and flexing services for new delivery with multi-team offers.



To ensure rapid and appropriate response to workforce and consultancy requests we launched TalentOne in June. This flexible resourcing service optimises use of CSU staff skills, associates and partner suppliers. By the end of December we had used TalentOne to fill 75 assignments.



Our Recruitment and Personalised Healthcare Commissioning teams, together with NHSEI, developed a virtual continuing healthcare (CHC) workforce via the Bring Back Staff returners programme. The rapid recruitment, induction and training process brought candidates from many healthcare professions on board in two to four weeks to begin roles with partner organisations. This NHS CHC Workforce Development Programme was shortlisted for Workforce Team of the Year in the Nursing Times Workforce Awards 2021.



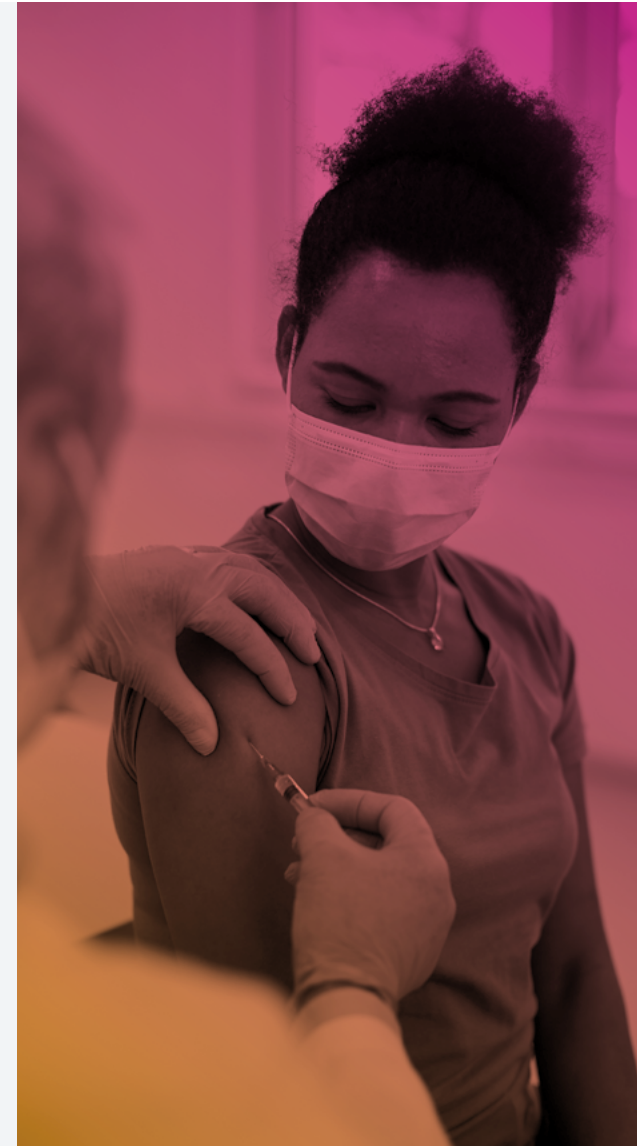
To achieve a convenient and direct reach to all our clients we launched our own digital app, MDL, in 2021. This gives our clients instant service information and news according to their notification preferences, and gives us instant feedback. MDL can be downloaded for Apple and Android devices by [clicking here](#) or pointing your phone's camera to this QR code:



Assisting the COVID response

Our teams have been involved in more than 150 COVID-related projects, including the more recent focus on system restoration and recovery.

- We provided nursing and pharmacy expertise to the Lancashire and South Cumbria mass vaccination programme, work that earned a shortlisting for a Nursing Times Award in the public health nursing category.
- The Equalities and Inclusion Team supported the national NHSEI Vaccination Equalities Team as well as ICS vaccination programmes.
- When delays with the national technical platform posed a risk to rapid rollout of the national COVID vaccination programme, Cheshire and Merseyside Health and Care Partnership asked us to build a contingency infrastructure on the pre-existing SimplyBook online scheduling software. This bridged the technical gap so patients could book their vaccines while development of the national booking solution continued. As a result, we were asked to assist with its deployment in other areas.
- We provided large-scale recruitment services to support the mass COVID vaccination roll-out in Cheshire, Merseyside, Shropshire, Lancashire and Staffordshire. Between January and June 2021, our 40+ recruitment team built specifically for this purpose processed approximately 2,500 applicants.



Reducing waiting lists

- Collaborating with NECS CSU, we supported NHS trusts to clinically review and prioritise inpatient waiting lists, implementing shared patient-clinician decision making. The North West was the quickest region to progress this and move into the diagnostics phase of the programme.



152,000
patients reviewed



I have been so impressed by this team, they have been so responsive, and really engaged with providers and this has given really great results and the feedback has been excellent.

Sue Moore, Programme Director for Clinical Validation, NHS England and NHS Improvement



- Our innovative use of automation is helping to cut hospital waiting lists. Using a combination of automated call (chatbot), risk stratification and artificial intelligence, we help organisations prioritise and clinically validate waiting lists efficiently while maintaining quality of care. This solution saves huge amounts of time and staff resource, reducing hospital costs.

The successful pilot project with Worcestershire Acute Hospitals NHS Trust quickly cleansed the waiting list, enabling clinicians to prioritise seeing the most in-need patients in the manner those patients preferred. Approximately 10 per cent of patients either no longer needed to be on the waiting list or wanted to come off it and 68 per cent were happy with a telephone consultation.

The project is being extended to Wye Valley NHS Trust and East Lancashire Hospitals NHS Trust. We are now testing the use of artificial intelligence to reduce the amount of clinician time needed to prioritise patients on the cleansed list.

Accelerating recovery

- The Strategy Unit has been working with University Hospitals Coventry and Warwickshire NHS Trust to evaluate and help further develop their ground-breaking approach to addressing inequalities in how they manage their waiting list. Along with partner IPSOS MORI, we are also working with their population to better understand their view about how socioeconomic and other factors should determine 'who gets treated first'.
- We helped the four ICSs across the North East and Yorkshire region to implement a regional outpatients transformation programme to accelerate return to near-normal activity levels for non-COVID health services. Our project management support focused on increasing virtual consultation and patient-initiated follow-up and improving advice and guidance. Following this, South Yorkshire and Bassetlaw ICS was asked to assist the National Advice and Guidance team.



Providing ongoing support

- We supported the Neighbourhood Accelerator programme for vulnerable patients with ongoing COVID symptoms in the Lancashire and South Cumbria ICS area. The system we created for referring post-COVID patients to Lancashire and South Cumbria NHS Foundation Trust has given GP practices a quick and easy way to capture the data required and has improved patient access by creating a streamlined process.
- As part of the ongoing response to the COVID pandemic, St Helens Borough Council and St Helens Clinical Commissioning Group (CCG) needed urgent communications support. We delivered successful engagement and social media campaigns and provided strategic public relations advice in multi-organisational stakeholder meetings.

Being of the NHS, for the NHS we invest in an Innovation Fund each year using money from our contingency to benefit the wider NHS. Recent or planned investments from the fund include:

- waiting list prioritisation support for acute trusts
- business intelligence support for Lancashire and South Cumbria ICS's GOLD command room
- digital innovations
- improvements in technology to support patient engagement
- support for contracting for outcomes in orthopaedic surgery.

Our Innovation Fund for 2021/22 is expected to exceed £1million.

Offering services matched to need

We have built our service offers over almost 10 years of responding to NHS need. Our response to the COVID pandemic has resulted in expansion and enhancement of our range of support, demonstrating how we can have significant impact as true system partners.

During 2021 we listened closely to what our system partners were saying about their challenges. We took these on board in developing a framework of new service offers for responding to local needs. Following publication of NHSEI priorities at the very end of 2021, we are focusing on refining and refreshing that framework to support system partners to meet the ambitious targets set. We expect to launch our new offers framework in April 2022.

We have places on several national supply frameworks, including Health Systems Support Framework (HSSF) and SBS Consult 18. In the 2021 HSSF refresh, we secured a further place as a partner with PA Consulting.

The following pages show how we have added real value to the systems, and also some of the national programmes, we support.

Our refreshed offers will support system partners to achieve these priorities set by NHSEI for 2022/23:

- Invest in workforce
- Respond to COVID-19 ever more effectively
- Deliver significantly more elective care
- Improve responsiveness of urgent and emergency care and build community care capacity
- Improve timely access to primary care
- Improve mental health services and services for people with a learning disability and/or autistic people
- Continue to develop population health management, prevent ill-health and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Make the most effective use of our resources
- Establish ICBs and collaborative system working.

Providing health systems consultancy

In response to demand, we expanded our health systems consultancy services during 2021. We now have more than 200 subject matter experts plus specialist units (including Strategy Unit, Health Economics Unit, IT PMO, digital innovation, Improvement Unit) all able to provide specialist support. On 1 April we welcomed the Transformation Unit to MLCSU, bringing with it experience in supporting NHS systems and providers, particularly in the North West.

Our consultancy offer is supported by our new flexible resourcing service, TalentOne, ensuring rapid and appropriate response to requests.

Our experts and broader supply chain partners support improvement and transformation programmes across analysis, review, evaluation, improvement, clinical redesign, business case development, economics, research and data disciplines. Consultancy services are not limited to these areas - many of our core offers provide consultancy.

- The Transformation Unit worked with Cheshire East Integrated Care Partnership on the redesign of acute services across two acute trusts. Consensus was reached across acute clinical, social care, community and primary care professionals on what future services should look like and collectively achieve in quality, accessibility and sustainability.

The Transformation Unit supported Shrewsbury and Telford Hospital NHS Trust with project leadership and the production of strategic and business cases for its £500m+ Hospital Transformation Programme. Following a readiness assessment, we devised a programme plan, engaged with stakeholders and started work on improvements. We worked with internal clinical leads, the project team and architects to finalise a design for the new build.

Using clinical expertise

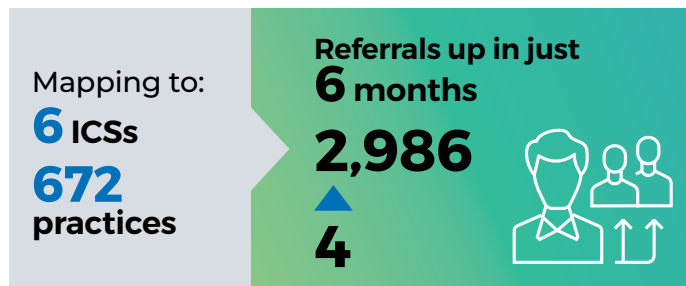
As key partners within the Lancashire and South Cumbria system, our Nursing and Urgent Care Team have been providing wide-ranging support, including:

- membership of A&E delivery boards and urgent and emergency care networks, providing clinically-led performance reports to support improvement within urgent care pathways
- bespoke and objective dashboards and reports via clinical expertise, custom-built innovative business intelligence tools, analytics and specialist insight
- lead for the development of a Safety Siren reporting mechanism alerting to variation that could lead to unintended harm or risk
- pathway reviews at Blackpool Teaching Hospital:
 - diabetes (data to support monitoring and measuring impact of future management of patients on occupied bed days)
 - frailty (including evidence base and recommendations for development of services)
 - stipulated length of stay (SLoS) for chronic obstructive pulmonary disease (provided pathway, formed multi-disciplinary team from trust and community and worked with them to implement the pathway)
 - respiratory (data dashboard and reporting mechanism to enable the programme board to monitor and manage system-wide initiatives, influenced clinical pathway development).

In Cheshire we have an Associate Director of Urgent Care supporting the response to winter pressures, development of place-based models, and urgent care transformation and delivery. We have also developed a system-wide data and analytics pack.

Delivering medicines management

- NHSEI commissioned us to support implementation of the GP Community Pharmacy Consultation Service across the East of England. The service enables patients to get care for minor ailments from a community pharmacy instead of their GP practice. Through our leadership, engagement and training programme the number of referrals significantly increased.



- Our medicines management experts worked closely with Walsall CCG to optimise medicines safety and reduce waste at care homes. Working collaboratively with the CCG and care homes, we designed a new process for medication ordering and handling, which won a West Midlands Academic Health Science Network Meridian Celebration of Innovation Award. The work was part of the medicines optimisation in care homes pilot project across the Black Country.
- We launched a **Medicines Management and Optimisation website** to share tools, guidance and best practice.



Reducing inequalities

- Our Equality and Inclusion Team and Communications and Engagement Team supported innovative equality related projects across the Leicester, Leicestershire and Rutland ICS area including implementation of the Inclusive Decision Making Framework (IDMF), the YourVoice, Report and Support online tool for staff reporting experiences of harassment and discrimination, and the Active Bystander Programme.
- The Health Economics Unit has been using artificial intelligence to evaluate three heart failure algorithms, which will allow NHS trusts to better understand the drivers of mortality and subsequently improve patient outcomes.



Enabling population health management

- Our tool enabling cohort segmentation at all levels from ICS/STP to GP practice provided valuable insight to support population health management (PHM) and health inequalities projects in several regions. For example:
 - people in Morecambe Bay with multiple health and wellbeing issues who were previously unknown to services, enabling services to be matched to unmet need
 - schools with the most pupils at risk of having mental health issues
 - the most appropriate location for a new frailty service in Warrington
 - elderly people living in rural locations who are at risk of social isolation and have difficulty accessing services
 - people with respiratory conditions who are potentially living in housing with a lack of adequate heating.

Aristotle^{xi}

Our PHM analytics platform, Aristotle Xi, is enabling clinicians at a Leicestershire GP group, to identify patients who were not previously included on the palliative care register. This enables GPs to provide patient-centred reviews and end-of-life care plans for those with higher levels of risk. This has reduced hospital attendances and length of stays as well as enhancing the quality and experience of care.

Providing expert analysis

- The Health Economics Unit (HEU) is creating the first national 'impactability' models for NHSEI and ICSs. These focus on finding people most amenable to change. The HEU has also partnered with NHSEI on creation of a machine learning community to develop bespoke tools for solving NHS challenges and to share best practice. In addition, the HEU is a part of the Population Health Analytics Centre of Excellence, providing local analytical teams in ICSs with training in machine learning and complex analytical techniques.
- ICS leaders need access to high quality analysis and closer relationships with analysts in order to make evidence-informed decisions. To address this need, our Strategy Unit is supporting every ICS in the Midlands to establish a Decision Support Unit bringing together local analysts and resources. Units are then networked and supported at regional level. As part of their network programme in 2021, the 11 Midlands ICSs commissioned the Strategy Unit to report on inequities in access to mental health services for children and young people.

2021's two-week Insight Festival staged by the Midlands Decision Support Network was another huge success. The annual event included talks, workshops and panel discussions. The theme, 'Insight to action', brought together inspirational regional and national speakers to explore how insights from high quality analysis can drive change in health and care systems.



- The Strategy Unit has also been producing a 'toolkit' for NHSEI to support forthcoming national guidance on creating an 'intelligence function' in each ICS.

Enabling care planning

We are leading the shared care record (SCR) programme in Herefordshire and Worcestershire. Joining data from all health and social care organisations and hospices, it will enable care planning capabilities and a patient portal using NHS Login. Remote monitoring, artificial intelligence and automations will make use of the SCR. We are also working with academia and clinicians to formalise a case for use of the SCR platform and patient portal to drive improvements in cardiovascular services.

- Black Country and West Birmingham ICS commissioned us to undertake a feasibility study and review of technology accelerated and exploited across the system during the pandemic. This included the adoption of new apps and different types of triage and consultation support. The review informed the system's operating model. We are also undertaking a feasibility study on its vision for a single integrated 'digital front door' for patients accessing various technologies.
- We have been analysing integrated datasets at Dudley CCG to create visualisation reports (information presented graphically). Using machine learning, we search the blended data to give commissioners new insight, for example on deprived Asian men's utilisation of planned and unplanned care, older white affluent people's use of mental health and A&E services, and GP socioeconomic profile against their prescribing costs.

Using digital innovation

- Eligible patients now have access to tier 2 weight management services via a web-based referral hub we developed for NHSEI. The hub uses digital technologies such as chatbots and APIs to connect different systems and create a unique digital pathway for patients. Staff have reported that more patients are completing the 12-week programme. The new tools have also saved time processing new referrals. Ethnic minority groups, men and younger people were targeted. The programme improved their health outcomes and reduced health inequalities and costs.

12-week
programme



3kg lost
on average

We have been identifying potential health and social care uses of 5G and deploying it in a rural area at the border of Shropshire and Worcestershire. The 'West Mercia Rural 5G' project is part of a Department of Digital, Culture, Media and Sports funded 5G Testbed & Trials Programme. Uses include extended reality to support remote physiotherapy sessions and wearable video and mobile telemedicine to support remote care home visits by clinicians.



Since starting work with the MLCSU 18 months ago, our working relationship has flourished. Together we have embraced a true partnership working approach managed through our open and honest communication channels and also the shared goal of delivering a high quality service to our patients. MLCSU demonstrate excellence in their technical ability and business management approach and the team take a proactive problem solving approach to improving the services delivered. We have no hesitation in continuing to work together with MLCSU.

Katharine Taylor, Senior Programme Manager – Obesity Lead, Prevention Programme, NHS England and NHS Improvement



Automating for efficiency

- Our Finance Team now uses robotic process automation (RPA) to send hundreds of weekly emails to care providers and trusts to request a response to invoice queries. This condensed 20 hours of work per week into just four minutes. Several other RPAs have been introduced, driving efficiency in the team. Automation also offers far greater accuracy in data entry.

2021 saw our finance experts named Finance Team of the Year by West Midlands Healthcare Financial Management Association. They also achieved Level 3 Future Focused Finance Towards Excellence Accreditation, which recognises the very highest culture of learning and development.

**HFMA West Midlands
branch awards 2021
Finance team of the year WINNER**



**FUTURE
FOCUSED
FINANCE**

**skills
development
network**

3

TOWARDS EXCELLENCE
**LEVEL 3
ACCREDITED**

Co-ordinating multi-organisation response

ICS System Management Hub: mobilising a “Gold Command Room” to ease system pressure

- Throughout 2021, our Nursing and Urgent Care Team co-ordinated and resourced the Lancashire and South Cumbria System Resilience Hub (GOLD Command Room), which they had mobilised earlier in the pandemic to ease system pressure. This 'system integrator' service co-ordinating a multi-organisation response has been highlighted as an exemplar by NHSEI. It is now being established on a permanent basis to support good patient flow. The team had support from our Estates, IT and Business Intelligence teams and a range of new analytics and prediction tools developed in-house. We also held sub-regional responsibility for medicines safety, mobilisation of staff, and premises for the COVID vaccination programme. Coordinating and enabling sharing across the system, the system integrator service optimised use of bed capacity, staff and other resources, benefiting patients and ensuring system resilience.
- We have continued to support the immediate COVID response in the Midlands, Cheshire and Merseyside, and Lancashire and South Cumbria. We have supported acute hospital resilience, whole system incident management and in Lancashire, incident modeling, capacity planning, non-elective management, and elective recovery.



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