

Subject to approval at the next meeting

**Minutes of a Meeting of the Integrated Care Board Held in Public on
Wednesday, 17 July 2024 at 1.00pm
in the Lune Meeting Room, ICB Offices,
Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB**

Part 1

	Name	Job Title
Members	Roy Fisher	Acting Chair/Non-Executive Member
	Kevin Lavery	Chief Executive
	Jim Birrell	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Professor Jane O'Brien	Non-Executive Member
	Professor Sarah O'Brien	Chief Nursing Officer
	Dr David Levy	Medical Director
	Dr Julie Colclough	Partner Member – Primary Care
	Angie Ridgwell	Partner Member – Local Authorities
Participants	Professor Craig Harris	Chief Operating Officer
	Asim Patel	Chief Digital Officer
	Dr Sakthi Karunanithi	Director of Public Health
	Tracy Hopkins	Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector
	David Blacklock	Healthwatch Chief Executive
In attendance	Katherine Disley	Director of Operational Finance
	Sarah Mattocks	Head of Governance
	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Anthony Davison (Observing)	Director of Nursing and Quality, Commissioning and Integration, Lancashire and South Cumbria NHS Foundation Trust
	Louise Talbot	Board Secretary and Governance Manager

Ref	Item
79/24	<p><u>Welcome and Introductions</u></p> <p>The Acting Chair, Roy Fisher, welcomed everybody to the Board meeting and thanked those observing for their interest in the business of the Integrated Care Board (ICB). He informed the Board of the following:</p> <p>Update on the appointment of the ICB Chair – The process was being progressed and awaiting Secretary of State approval.</p>

	<p>Departures and Welcomes:</p> <ul style="list-style-type: none"> • Dr Geoff Jolliffe recently attended his last Board meeting as his tenure as the Partner Member for primary care finished at the end of June. On behalf of the Board, thanks were conveyed to Dr Jolliffe for the huge contribution he had made to the ICB. His passion for primary care had been phenomenal and the Board would ensure the good work he put in place continued. Congratulations were also conveyed to Dr Jolliffe as a nominee for the role of High Sheriff of Cumbria in 2025. • Dr Julie Colclough had recently been appointed as the new Partner Member for primary care on the ICB Board and she was welcomed to the meeting. • Lee Radford, Acting Chief People Officer recently attended his final Board meeting and had taken up a new role as Chief People Officer at NHS Derby and Derbyshire ICB. The Board conveyed their thanks to L Radford and wished him well in his new role. • Angie Ridgwell – On behalf of the Board, thanks were conveyed to A Ridgwell who would be moving to a new role as Chief Executive of Hertfordshire County Council. She had provided outstanding leadership at the Council and the Board was grateful for the support and forward-thinking contributions she had made. • Denise Park, Chief Executive of Blackburn with Darwen Council had joined the ICB Board as the Partner Member for local authorities. Due to a prior commitment D Park had sent her apologies to the meeting, therefore, A Ridgwell was attending on her behalf. • Abdul Razaq – Due to a change in local government representation on the Board, A Razaq attended his last Board meeting in June. Thanks were conveyed to him for his contributions to the ICB Board. • Sakthi Karunanithi, Director of Public Health at Lancashire County Council was welcomed to his first Board meeting as the public health participant on the ICB Board. • Katherine Disley, Director of Operational Finance was welcomed to the meeting and was attending the Board meeting on behalf of S Proffitt along with Sarah Mattocks, Head of Governance who was attending on behalf of D Atkinson. • Anthony Davison, Director of Nursing and Quality, Commissioning and Integration, Lancashire and South Cumbria NHS Foundation Trust was observing the meeting as part of his professional development, whilst shadowing S O'Brien.
80/24	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies for absence had been received from Sam Proffitt, Chris Oliver, Aaron Cummins, Denise Park, Victoria Gent, Cath Whalley and Debra Atkinson.</p>
81/24	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations of interest raised. The Acting Chair should be advised of any conflicts that arise during the meeting as appropriate.</p> <p>Board Register of Interests - Noted.</p>

82/24	<p><u>Minutes of Previous Board Meetings</u></p> <p>(a) 15 May 2024 – The Acting Chair advised that the following amendments would be made to the minutes as follows:</p> <ul style="list-style-type: none"> - Minute 62/24 – Lancashire and South Cumbria System Five-year Workforce Strategy: J Birrell asked that specific deliverables and timescales be included in the strategy which would need to be overseen by the People Committee to provide assurance to the Board. RESOLVED: That the Board approve the five-year workforce strategy in principle subject to the inclusion of specific deliverables and timescales to be overseen by the People Committee in order to provide assurance to the Board. - Minute 63/24 – Digital and Data Strategy 2024-29 J Birrell commented that there needed to be clarity in respect of affordability, that Lancashire and South Cumbria systems needed to be mindful of the need for connectivity with systems in neighbouring ICBs and that there would be a need to ensure that organisations do not purchase alternative systems. He referred to a statement within the accompanying Board report which stated that “initiatives evolve faster than we can implement solutions”. This would inevitably place pressure on providers to adopt the latest and best, which would undermine the ICB-wide plan to standardise. It was acknowledged that there was a lot of digital poverty, and that people can often struggle to access digital services. Reference within the strategy of empowerment was welcomed. RESOLVED: That subject to the amendments to be made as listed above, the Board approved the minutes of the meeting. <p>(b) 19 June 2024 - Extraordinary Board Meeting</p> <p>RESOLVED: That the Board approved the minutes of the meeting.</p> <p>(c) Matters Arising and Action Log – Minute 58/24 – Deterioration in life expectancy figures relating to growing health inequalities – The Board had previously been advised that following a meeting of Directors of Public Health at the Clinical Assembly in June 2024, further discussion would be held at a future Board meeting. D Levy provided an update and informed the Board that through the Lancashire and South Cumbria Steering Group Prevention Health Inequalities Steering Group, they were seeing a decline in life expectancy and other factors impacting on the population. A presentation would be given at a future meeting of the Board.</p>
83/24	<p><u>Chief Executive’s Board Report</u></p> <p>K Lavery spoke to a circulated report and highlighted the following:</p> <ul style="list-style-type: none"> • Signed off the ICB’s operational and financial plans for 2024/25 with NHS England. • Submission of the ICB’s annual report and accounts 2023/24 to NHS England. • 2023/24 end of year assurance process with NHS England – letter to be circulated to the Board. Action: Completed • NHS Adult Community Physical Health Services and Child and Adolescent Mental Health Services transactions to transfer services and staff were enacted between Lancashire and South Cumbria NHS Foundation Trust and East Lancashire Teaching Hospitals NHS Trust. Congratulations were conveyed for the work undertaken in these two very significant transactions. <p>RESOLVED: That the ICB Board note the report.</p>

84/24	<p><u>Patient Story / Citizen's Voice</u></p> <p>S O'Brien introduced the patient story which was a collection of public voices captured by local Healthwatch across Lancashire and South Cumbria to support the care in the community transformation programme and improving care in communities. It was noted that the video had been previously presented at the Care in the Community Transformation workshop and collated by local Healthwatch. It included voices of what matters to local people in relation to care in the community and was used to set the scene for collaboration in the workshop.</p> <p>The Board welcomed the patient story commenting that people did not talk about the NHS and that they wanted love, relationships and community housing which mattered to them and if those areas were achieved, the issues would diminish. It was further commented that there were so many assets in the system which were right for individuals and the message was loud and clear about having a holistic approach. It was not always about further investment but more about making wise investment. It was also about what was working in the community and having targeted investment. Consideration would need to be given as to how much was being taken through the prevention agenda and the need to quantify this and understand it further.</p> <p>S O'Brien commented that the key issue was about building healthier communities and not just intervention in a clinical sense.</p> <p>RESOLVED: That the Board note the patient story.</p>
85/24	<p><u>Reporting from Committees: Escalation and Assurance Report</u></p> <p>The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 15 May 2024 to alert, advise and assure the Board. Each summary report also highlighted any issues or items referred or escalated to other committees of the Board.</p> <p>Minutes approved by each committee to date were presented to the Board to provide assurance that the committees had met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.</p> <p>Audit Committee – J Birrell referred to the alerts within the report as follows:</p> <ul style="list-style-type: none"> • External Auditor's draft Annual Report - As part of its Value for Money assessment, KPMG concluded that the high level of financial risk within the ICB's initial 2023/24 financial plan constituted a "significant weakness". Looking ahead, they recommended that the ICB should only approve financial plans that have reasonable levels of risk. The ICB Board considered this as part of its review of the 2023/24 Annual Report and Audited accounts. • Business Case process - KPMG's annual report to the Audit Committee noted that the ICB lacked a formalised business case process or documentation to support decision-making on future investments. The Chief Finance Officer was taking this forward. • Data Quality - There was an outstanding internal audit high priority recommendation regarding the need for an ICB Data Quality Policy. The Chief Digital Officer was taking this forward. <p>Quality Committee – S Cumiskey referred to the alerts within the report as follows:</p> <ul style="list-style-type: none"> • Quality Committee Frequency - There was concern amongst committee members regarding insufficient time available to review agenda items in depth due to the frequency change of committee meetings to bi-monthly and the reporting cycle. This would be reviewed at the September 2024 committee, at which time three committee meetings will have taken place within the new reporting cycle. • Learning Disabilities and Autism - Further work was required to be assured that effective short and medium-term plans were in place for integrated community learning disability

services and specialist beds to ensure appropriate care in the correct places.

- **Children and Young People and SEND** – There was a critical need to address very long waiting times in community services, particularly for children with neurodevelopmental needs. Workforce shortages and a fragmented service model contribute to the issues being seen. It was acknowledged that it was a quality (safety experience and effectiveness) risk for the ICB and an inspection risk. The Board was informed that some additional resource had been approved to support waiting list initiatives however, it would not resolve long waiting times. A whole pathway review is underway and a business case would be developed by Autumn 2024. The Board noted the risk.
- **Community Services Provider Quality Assurance** – It was acknowledged that chronic wound care and lymphoedema services/pathways were fragile due to historic commissioning and workforce challenges. The Board noted that these services were part of ongoing work to review fragile community services and operational teams continue to mitigate risks.
- **Quality Impact Assessment (QIA) 6 monthly position update** – The committee received an update on QIA processes and whilst a lot of progress had been made, some teams were still not consistently conducting QIAs or using them to inform decisions. There was a requirement for further cultural change and improvement in risk mitigation. Consideration was being given to embedding the process into a wider ICB Project Management Office (PMO) function and co-ordination.
- **Clinical Effectiveness Group Report (Triple A)** - New medications for managing weight loss in obesity were noted to be available but concerns had been raised regarding the impact of this on financial recovery, on primary care budgets and capacity (potentially consuming a third of resources). The Board noted the alert and that a system position statement would be developed including clear plans regarding prescribing.

D Levy referred to a meeting with the national Medical Director the previous day at which it was noted that the national team was looking at the challenges relating to the use of weight loss drugs and whilst they were very effective, they were very expensive. Work was taking place with NICE (National Institute for Clinical Excellence).

Finance and Performance Committee – J Birrell referred to the alerts within the report as follows:

- **Financial plan update** – It was noted that whilst agreement was still to be reached on the ICB's 2024/25 financial control total, NHS England had outlined that it intended to recover deficits through a combination of reduced capital and revenue allocations. For Lancashire and South Cumbria, the 2024/25 capital allocation would be reduced by £10m whilst the revenue recovery, (which would not commence until next year), would be limited to 1% of the total allocation, which equated to c£44m. Further consideration would be given once the control total had been agreed.
- **System Recovery and Transformation Programme** - The programme has developed significantly in recent months and the committee noted the progress on the development of system-wide projects, eg, transforming care in hospitals and developing new models of delivery that could increase short term capacity. The work included oversight of projected 2024/25 savings in excess of £500m. However, it was highlighted that significant risks and challenges remained in delivering the package. The Finance and Performance Committee would monitor progress and highlight any major financial concerns to the Board, (the Quality Committee would also be monitoring progress).
- **Virtual Ward Utilisation** – The rate was 52% in May but with much variation across Places. Work continued to encourage greater use of the facility.
- **Transforming Care in Hospitals** - Work on fragile service remediation was moving forward however, progression was slow. Consideration was being given regarding ways of speeding up the exercise.
- **Quoracy at meetings** - New quoracy arrangements to ensure the Finance and Performance Committee was consistent with other ICB assurance committees were

recommended for approval. The Board approved the proposal.

- **Urgent and emergency care investment plan 2024/25** – Reports on progress would be taken through the Finance and Performance Committee. The Board approved the proposed investment plan.

Primary Care Commissioning Committee – D Corcoran referred to the following within the report, advising that there were no alerts to report from the meetings held on 1 May and 13 June 2024.

- **Advise – Primary Care Capital Report 2024/25** – Approval of the proposed initial apportionment of the defined and ring-fenced primary care capital allocation for 2024/25 totalling just over £3.1m. A development session would be held to ensure it aligned and was the best use of funding available.
- **Assure – Primary Care Assurance Framework Annual Submission** – All areas were compliant and evidenced with a RAG (Red, Amber, Green) rating of green.
- **Advise – Pharmacy Access Programmes** – The committee received an overview of the pharmacy access programme. One of the key work priorities for the primary and community care team covered commissioning of services, the challenges facing community pharmacy and an overview of the pharmacy access programme. Access to and uptake of the main services prioritised varied (Pharmacy First, Medicine Supply Service, Hypertension Case Finding and Contraception). A referral was made to the Public Involvement Engagement and Advisory Committee (PIEAC) to consider involvement and engagement in service delivery and promotion to local populations where available.

People Committee – It was noted that the People Committee had not met since last reported to the Board. The next meeting would be held on 31 July 2024.

Public Involvement and Engagement Advisory Committee – D Corcoran referred to the following within the report, advising that there were no alerts to report from the meeting held on 26 June 2024.

- **Advise - Committee Effectiveness: embedding learning from the development workshop in April 2024** - The committee agreed a series of actions as a result of a development workshop which took place on 24 April 2024. The actions included the establishment of two sub groups to focus on reaching diverse communities and engaging with audiences who are digitally excluded.

A Ridgwell referred to audiences who are digitally excluded and suggested that consideration be given to using community libraries as they have ICT facilities available. T Hopkins commented that it was helpful to know about the diverse digital exclusion and asked whether it would be taken through the committees or submitted back to the Board. She asked that there be sight of the recommendations coming out of this area of work. D Corcoran advised that updates were included from the sub groups into the triple A report or via best practice webinars and sessions. She also advised that other areas were being explored other than place. She would liaise with the communications team.

North West Specialised Services Joint Committee – The Board was reminded that from 1 April 2024, the Lancashire and South Cumbria ICB along with the two other North West ICBs became responsible for the commissioning of 59 specialised services. A number of services that had been delegated needed to be planned for the population of the North West region. A North West Specialised Services Joint Committee (NWSSJC) had been formed as a committee of the three North West ICBs Boards. A summary report was provided in respect of the Joint Committee meeting held on 6 June 2024.

The Acting Chair asked if there was a Non-Executive Director on the committee as he noticed that the meeting had been Chaired by an Executive officer. J Birrell indicated that he is the

	<p>nominated Non-Executive Director on the committee. C Harris advised that the intention was that there would be a Non-Executive Director Chairing the meeting. It was acknowledged that the committee was still in its formation and that transactions and payments continued to be maintained. The Lancashire and South Cumbria ICB had developed its own Specialist Commissioning Oversight Group in order that business can be transacted in advance of the committee. Exception reporting would be submitted to the Board.</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none"> • Lancashire Teaching Hospitals NHS Foundation Trust had been issued with a Contract Performance Notice regarding delivery of mechanical thrombectomy. A NW-wide Rapid Quality Review involving all three NW providers was planned. D Levy provided an overview of mechanical thrombectomy and advised that there were difficulties in recruiting a workforce to work 24 hours, seven days per week. It was anticipated that the review would commence in September. The Board was advised that the Quality Committee had discussed the matter in terms of the quality aspects along with the ICB’s responsibilities and accountabilities. • The Thirlwall inquiry to review issues surrounding the Lucy Letby case would start hearing evidence in September. Whilst it was recognised that it was not within Lancashire and South Cumbria, there was a potential impact across the whole of the country. Colleagues were mindful of it as a learning and overview of child deaths and that monitoring was of the paramount importance. • For 2024/25, the current NW Specialised Commissioning team would continue to be hosted by NHS England, with budgets and commissioning responsibilities delegated to ICBs. A national Target Operating Model for retained specialised commissioning was in development. This would inform the form and function of the NW regional Specialised Commissioning Team that will transfer to the Lancashire and South Cumbria ICB in April 2025. • Work continued towards the introduction of new Alzheimer’s drugs. <p>S O’Brien referred to the procurement process for a Complex Termination of Pregnancy Service for the population of the North West which had been halted and was under review. A new process was planned to commence in Quarter 2 of 2024/25 under the Provider Selection Regime. She asked if there were any gaps in the service due to the delays and C Harris would check and advise accordingly. Action: Completed</p> <p>Post meeting note: The pause in procurement does not leave a gap in service. Women who require this service will continue to access care in Birmingham until a NW provider has been identified through the procurement process.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure within each committee report and approve the recommendations as listed within the report. • Note the summary of items or issues referred to other committees of the Board over the reporting period. • Note the ratified minutes of the committee meetings.
86/24	<p><u>Board Assurance Framework</u></p> <p>S O’Brien spoke to a circulated report which provided an overview of the work undertaken since the last report to the Board in March 2024, including a full review by the Executive Management Team of all risks held on the Board Assurance Framework (BAF) and demonstrated how the revised BAF had captured any inherent risks as reported to the Board in March which were relevant during the 2023/24 reporting period.</p>

It was noted that following the extensive review, the BAF had been re-focused to reflect 10 principal risks aligned to the delivery of key priorities and actions that will support achievement towards the ICB's six strategic objectives.

During April to June 2024, the Board was further apprised of the work undertaken in the development of a framework for defining key deliverables against each strategic objective. Progress against the associated key deliverables collectively support the basis of the assurances provided to the Board in the achievement of the ICB's strategic objectives.

In accordance with the ICB's revised Risk Management Strategy and Policy, the BAF would be reported bi-annually and would include the risks to the achievement of the ICB's Strategic Objectives and all operational risks held by the ICB which had been assessed at a risk score of 20 or higher".

S O'Brien acknowledged the work undertaken by the Executives, D Atkinson and the corporate governance team commenting that the BAF had vastly improved. It was noted that there were currently risks scored at 20 held on the ICB's Operational Risk Register that meet the threshold for corporate oversight and reporting to the Board.

Reference was made to Strategic Objective 3 (SO3) "Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees" and it was acknowledged that there continued to be workforce challenges. It was recognised that there were gaps in primary care workforce data and no information available in the mitigating actions as to what was being taken forward to address the issue. It was suggested that discussion would need to be held at the People Committee however, it was acknowledged that there had been a recent transition from People Board to People Committee, therefore, a possible timing issue in relation to discussions to be held also with the cross-over of the Chief People Officer role.

J Birrell welcomed the BAF commenting that it had much improved. He made reference to the Integrated Care Partnership (ICP) Board meetings which whilst they are referenced in the BAF, there was no formal mechanism for feeding back and he suggested that the Board had sight of the minutes of those meetings. C Harris advised that a refresh of the ICP had been undertaken with a new set of priorities and there was a proposal in the Joint Forward Plan to include the ICP plan with a view to it being reviewed at a future meeting during 2024/25. K Lavery advised that there had been some changes to the ICP Board terms of reference which would have implications for the ICB. Further consideration would be given to the Board receiving feedback.

RESOLVED: That the Board:

- **Note the report and the full implementation of the ICB's updated Risk Management Strategy and Policy.**
- **Note the significant review of the BAF and assurances provided in relation to risks previously held on the BAF and mapping of inherent risks.**
- **Note the two risks scored at "20" held on the ICB's Operational Risk Register that meet the threshold for Corporate Oversight and reporting to the Board.**
- **Note the implementation of the Delivery plan and that assurance and oversight of progress will be through structured reporting to the Board or named committee on a quarterly basis.**
- **Review and comment on the Board Assurance Framework and the risks held in relation to the achievement of the ICB's strategic objectives.**

87/24	<p><u>Finance Report – Month 2</u></p> <p>K Disley spoke to a circulated report advising the Board that the final plan submitted on the 12 June 2024 delivered the agreed system control total of £175m deficit which NHS England had confirmed would be cash and resource backed to enable Lancashire and South Cumbria to report a break-even position.</p> <p>It was noted that the system had remained within the planned position at the end of the second month of the financial year.</p> <p>K Disley advised that as at the 31 May (month 2) the ICB was £1.2m better than the plan which represented a current deficit of £37.1m for the Provider Trusts and the ICB reporting a year-to-date deficit of £15.8m.</p> <p>It was noted that delivery of the agreed control total was dependent on the release of £530.8m of efficiency savings, £260.8m for providers and £270.0m for the ICB.</p> <p>The report provided an overview of the current financial position, focusing on the year-to-date deficit position, delivery against the efficiency programme and the risk associated with the full year target for the system.</p> <p>J Birrell commented that the savings plans were likely scheduled for delivery towards the last quarter of the financial year which may result in more risks. The position would be monitored. Clarification was sought as to whether there would be any slippage and if so, how it would be recovered.</p> <p>RESOLVED: That the Board note the report.</p>
88/24	<p><u>Joint Capital Resource Use Plan</u></p> <p>K Disley spoke to a circulated report advising that in line with the amended 2006 Act, there was a requirement for ICBs to publish the Joint Capital Resource Use Plan (JCRUP) before or soon after the start of the financial year and to report against them within their annual report. The report described the background to the JCRUP 2024/25 along with a copy of the plan.</p> <p>D Corcoran sought clarification as to how the funding would be directed to primary care and K Disley advised that there was some support to primary care via a separate programme for development that had a separate funding stream. It was suggested that more detailed information be submitted to the Board in respect of the primary care capital investment. D Levy advised that there was little available in terms of capital, further commenting that there will be a further expansion of medical students and GP trainers. Early discussions had been held with the ICB estates team in respect of the impact on primary care with a view to having further discussions with the regional team.</p> <p>RESOLVED: That the Board approve the report.</p>
89/24	<p><u>System Recovery and Transformation</u></p> <p>K Lavery spoke to a circulated report which informed the Board that across the ICB and NHS Providers, there was a requirement to deliver £531m of savings in 2024/25 to achieve the deficit plan of £175m as agreed with NHS England.</p> <p>The report provided the Board with an update on progress made by the System Recovery and Transformation Programme, including a summary position of the three main components that would deliver the agreed deficit plan:</p>

	<ul style="list-style-type: none"> • Trust Cost Improvement Plans (CIP) • ICB Quality Innovation Productivity Prevention (QIPP) • Additional System Recovery projects necessary to mitigate risks and/or support Providers in their efforts to deliver their savings. <p>It was noted that the work undertaken to reset and review System Recovery and Transformation Programmes would support Trusts however, the delivery of the associated projects remained the accountability of each individual organisation.</p> <p>K Lavery informed the Board that a monthly risk assurance process was carried out with the Trusts. The level of red risk rated schemes had reduced to £51.5m due to work carried out during the first quarter however, £84m of schemes still had a medium degree of risk in addition to £7.6m of plans not yet identified. The level of risk within the ICB was primarily around the review of contracts and the demand for all age continuing care.</p> <p>It was noted that there were three areas of system transformation that were being progressed which were de-escalation of urgent and emergency care pressures, acute service configuration (including fragile service remediation) and a corporate services review. A report would be submitted to the September meeting of the Board in respect of the commissioning intentions relating to urgent and emergency care followed by further updates in the other areas over the coming months and via Board seminars. He commented that he was comfortable with the risk processes which had matured however, the biggest area of risk related to corporate services. Action: C Harris</p> <p>The Acting Chair asked that the Place Directors be asked to provide updates on progress in their respective areas and K Lavery welcomed this advising that they were involved in the monthly meetings.</p> <p>RESOLVED: That the Board note the report.</p>
90/24	<p><u>Integrated Performance Report</u></p> <p>A Patel spoke to a circulated report which provided the Board with the latest position against a range of published performance reports. He advised that the metrics within the report were discussed in difference forums across the system and the latest summary of key performance metrics included:</p> <ul style="list-style-type: none"> • Elective recovery • Diagnostics • Cancer • Urgent and Emergency Care (UEC) • Mental Health • Children and Young People • Primary Care <p>A summary of the year-to-date ambulance performance information for the ICB was also provided and it was noted that the performance measures included were those that link directly into hospital flow and admission avoidance.</p> <p>A Patel referred to the reporting on inequalities advising that there was a requirement to produce an annual report for publication on the ICB's website.</p> <p>In respect of the flu vaccination programme, it was acknowledged that there was more work to be undertaken to address deprived areas when planning future vaccination programmes.</p> <p>As the ICB was the lead commissioner for ambulance services, the Acting Chair suggested that the Chief Executive of North West Ambulance Services be invited to attend a future ICB Board meeting. Action: C Harris</p>

D Corcoran referred to domain 8 in respect of palliative care commenting that there appeared to be significant variation, particularly relating to the number of people who do not have a care plan in place. She asked if the Finance and Performance Committee could receive an assurance update in relation to palliative care as it was not a key indicator. A Patel advised that however, that information was included in the integrated performance report to the Finance and Performance Committee. D Levy stressed the importance of end of life care and informed the Board that the ICB's End of Life Team had recently won a national award. Consideration was being given as to how they could now move to outstanding. It was suggested that a specific item around end of life care/palliative care be included on a future Board meeting agenda.

Action: D Levy

D Blacklock referred to urgent and emergency care and in particular, people waiting longer than 12 hours commenting that he did not have a sense of the issues. Whilst C Harris did not have the information to hand, he advised that one of the ambitions was to have Executive intervention. He made reference to a fire in the local area which had an impact on the staffing resource resulting in longer waits.

J Birrell welcomed the improvements and detail in the reporting and conveyed his thanks to A Patel and the team. He commented that a number of questions asked at the Board were similar to those asked at the Finance and Performance Committee and that the committee had received appropriate assurance. The position was broadly moving in the right direction in respect of performance.

T Hopkins commented that whilst people were waiting for procedures, they were opting out of work. When looking at the inequalities data, she asked that consideration be given in reviewing the position of those with longer waiting times and how we keep them well. She suggested that there were opportunities in looking at other interventions in place.

It was noted that the Quality Committee was undertaking another review of standards of care.

RESOLVED: That the Board note the achievement against key performance indicators for Lancashire and South Cumbria and support the actions being undertaken to improve performance against the metrics.

91/24 Urgent and Emergency Care Recovery and Winter Update 2023/24

C Harris spoke to a circulated report which provided an overview and update on the various programmes of work to support Urgent and Emergency Care recovery during 2023/24, winter pressures and lessons learned in 2023/24 and urgent and emergency care recovery for 2024/25.

In respect of the recovery plan, C Harris referred to people waiting in corridors/boarding and advised that improvement plans around this had been included in the commissioning intentions.

C Harris referred to the 2024/25 priorities and operational guidance in respect of urgent and emergency care published in March 2024 and in particular the national objectives in this area:

- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 (2023/24 target was 76%).
- Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 (this target remains the same as in 2023/24).

In respect of investment funding in 2023/24, the Board was reminded that nine schemes were supported utilising £28.355m. The investment supported a range of schemes including discharge to assess, home first, community beds, minor treatment centre, same day emergency

	<p>care and virtual wards. The remaining £11.792m supported the extension of five schemes to maintain capacity over the Easter and May bank holiday period and to enable the continuation of key services such as clinical assessment service, minor injuries unit, DVT and discharge to assess.</p> <p>The Acting Chair referred the Board to paragraph 4.8 of the report in respect of 19 schemes that had been supported via the Commissioning Resource Group on 25 April 2024, the total funding of which equated to £21.231m and was ratified by the ICB Executives on 15 May 2024. Examples of the schemes supported included acute respiratory infection hubs, expansion of virtual wards, mental health schemes, voluntary community and social enterprise, and schemes to support admission avoidance and discharge. The value of the schemes ranged from £19,134 (lowest) to £4,140,000 (highest).</p> <p>S O'Brien suggested that a future update could include a robust section in respect of quality. She advised that there had been some high profiles of harm in the system, also referring to Regulation 28 notices from coroners. She commented that the ultimate aim was that nobody should be waiting in corridors.</p> <p>D Blacklock referred to corridor care/boarding and that the experience for people was horrendous and terrible for staff in terms of pressure and stress. He referred to the report that stated unless the target was achieved, capital investment would not be received. He was mindful of having more staff and the lack of space.</p> <p>T Hopkins commented that the solution existed outside of hospital wards and there was a need for more investment in the community. She referred to the acute respiratory infection hubs and asked where they would be located. C Harris advised that in order to provide flexibility, some would be located in a physical place and some would be virtual. He would send T Hopkins further information outside of the meeting and she would liaise with him regarding the position in Blackpool.</p> <p>RESOLVED: That the Board note the report as assurance that oversight of progress and all associated requirements would be via place-based Urgent and Emergency Care Delivery Boards and the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board. The Board would also receive further updates.</p>
92/24	<p><u>NHS Joint Forward Plan Refresh</u></p> <p>C Harris spoke to a circulated report which was the Lancashire and South Cumbria Integrated Care System Joint Forward Plan (JFP) for 2023 onwards which had been agreed by the ICB Board in July 2023 following wide engagement with system partners. It was noted that the scope of the plan covered a five-year period and the ICB was required by national guidance to publish a further iteration of the plan for 2024 by the end of July.</p> <p>Discussion with ICB Executives indicated that there should not be a full rewrite of the JFP for 2024 and that there was no intention to move the plan away from previously agreed strategic priorities. This would allow the plan to be refreshed without further extensive engagement.</p> <p>It was acknowledged that the refresh of the original plan needed to include information on progress on implementation during 2023/24, to reflect any change in direction for the new 'year 5' of the plan and to update the plan to include reference to a number of developing system initiatives which were:</p> <ul style="list-style-type: none"> Continued development of the Recovery and Transformation Programme, including the identification of fragile services across system providers.

	<ul style="list-style-type: none"> • Confirmation of the New Hospitals Programme and the associated requirement to design the 2035 system model within which LSC hospitals will operate. • Development of the system medium-term financial plan and other key enabler strategies, including the workforce strategy, the digital and data strategy, and the infrastructure strategy. • The development of place-based partnerships and their local work programmes. <p>C Harris advised that whilst there were no material changes to the plan, some structural changes had been made.</p> <p>Thanks were conveyed to C Ashworth and S Thompson for the work undertaken in refreshing the plan.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the contents of the refreshed Lancashire and South Cumbria Integrated Care System Joint Forward Plan for 2024 onwards, including the retained system strategic priorities. • Note the changes made to last year’s plan and the alignment to delivery of ICB strategic objectives. • Support the publication of the Lancashire and South Cumbria integrated Care System Joint Forward Plan for 2024 onwards.
93/24	<p><u>Shaping Care Together – Case for Change</u></p> <p>S O’Brien spoke to a circulated report in respect of Shaping Care Together (SCT) which was a health and care transformation programme operating across Southport, Formby and West Lancashire. The partnership programme was supported by Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), NHS Cheshire and Merseyside Integrated Care Board (ICB) and NHS Lancashire and South Cumbria ICB. The aim was to improve the quality of care for local residents by exploring new ways of delivering services and utilising staff, money and buildings to maximum effect.</p> <p>It was noted that the programme had produced a newly developed Case for Change, to enable the commencement of the pre-consultation engagement to gain insight from public, patients, staff and other key stakeholders to shape the options for this transformation programme. S O’Brien advised that the programme would begin the pre-consultation engagement using the Case for Change in July 2024 and that it would be a 10-week period of pre-consultation engagement involving patients, public, staff and various key stakeholders in relation to shaping future options for urgent and emergency care services in Southport, Formby and West Lancashire looking at what is and what is not working well. The engagement would be a pre-consultation business case and S O’Brien commented that there was an added complication as two ICB’s were commissioners of the services. It was proposed, therefore, that a Joint Committee of the Lancashire and South Cumbria ICB and Cheshire and Mersey ICB be established for future decisions. The Terms of Reference would be submitted to the Board in September for approval. The Acting Chair commented that consideration would need to be given in relation to conflicts of interest.</p> <p>D Blacklock sought clarification on pre-consultation engagement followed by consultation engagement and S O’Brien advised that there was a formal duty to consult where a business case may have changed.</p> <p>D Corcoran advised that the item had been taken through the Public Involvement and Engagement Advisory Committee (PIEAC). It had been highlighted as a risk in the committee minutes that there were a number of consultations and engagements on similar footprints being undertaken at the same time and there was risk of confusion and this was acknowledged.</p>

	<p>D Levy commented that there did not appear to be an NHS England timeline and S O'Brien advised that there was no requirement for this and that it had been taken through stage 1.</p> <p>T Hopkins commented that there had been a lack of resources at place to be able to move an agenda forward and that this particular area of work was taking a lot of resource away from Central and West Lancashire place. She was mindful, therefore, that there would be a lot of focus on this in going forward and that it was important as to how it would be organised. S O'Brien advised that it had not been raised as a risk at the Lancashire Place Board, she did not sense any issues at the current time and that it did not negate from the work taking place in Central Lancashire.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the draft Case for Change and approve the publication of the document and commencement of the pre-consultation engagement in July 2024. • Support the establishment of a Joint Committee of the Lancashire and South Cumbria ICB and Cheshire and Mersey ICB for future decisions, noting that the terms of reference would be submitted to the Board for approval in September.
94/24	<p><u>Staff Survey</u></p> <p>S O'Brien spoke to a circulated report which provided an overview and actions in respect of the NHS national staff survey and quarterly Pulse survey results which provide a regular barometer of staff experience and are a key indicator of the engagement and culture within the ICB.</p> <p>The ICB participated in two NHS annual staff surveys in 2022 and in October 2023 and whilst there were some improvements for Lancashire and South Cumbria in 2023 (moving from bottom decile to middle decile) and overall the ICB's scores were higher than other NW ICBs in most domains, there were some areas of significant concern from the surveys which the ICB is determined to address.</p> <p>It was noted that the quarterly Pulse surveys for January and April 2024 were showing a degree of decline in scores. It was recognised that there had been significant financial and operational pressures during this time as well as industrial action and it was hypothesised that they may be contributory factors to the decline in staff survey scores.</p> <p>In response, the ICB committed to developing a significant Organisational Development (OD) plan internally and also a system-wide OD support offer which aligned with the 5-year Workforce Strategy approved by the ICB.</p> <p>S O'Brien reassured the Board that there was a lot of work taking place across the organisation to make improvements and to ensure staff feel respected and valued.</p> <p>K Lavery acknowledged that the past two years had been difficult including post-COVID-19 issues, eight CCGs coming together along with staff from the CSU and NHS England. Running costs had reduced by 30% however, the ICB had increased its workforce from 450 to over 800 staff. He advised the Board that the ICB's Executive Team was not happy with the results of the survey and they welcomed the findings. He also assured the Board that matters were being taken seriously and would be addressed through the People Committee.</p> <p>J O'Brien welcomed the report and was mindful of ensuring the ICB has an engaged and happy workforce. The process of improvements was being systematically managed with interventions in place and a commitment in making it a priority.</p>

	<p>D Corcoran stressed the importance of having an open approach and whilst initially there was a lot of concern, she was reassured of the steps being taken to improve. She requested that the update be earlier than six months in order that there was a confidence that improvements were being made.</p> <p>A Ridgwell acknowledged that the report gave hard reading however, she welcomed that there had been some improvements. She commented that there needed to be recognition of the changes that people have gone through. She linked the report to two other items on the Board agenda, ie, Equality, Diversity and Inclusion Annual Report and the Complaints Annual Report 2023/24 and suggested looking under the skin of the themes and the granularity. In particular, she referred to bullying and harassment along with freedom to speak up commenting that it could be that people feel threatened. She also asked if people were allowed to progress if they have protected characteristics. In terms of complaints, unhappy staff can result in unhappy residents. A Ridgwell suggested that as we move forward, maturing reports need to give a more comprehensive narrative which was important for the Board.</p> <p>T Hopkins agreed to the comments made and that culture trumps everything else. She was pleased that matters were being taken seriously and listened to.</p> <p>S O'Brien stressed the importance of granularity commenting that there had been a variation in respect of improvements which were happening in some areas but not in others. Feedback from staff had been positive however, there were odd pockets where some teams were not receiving the same attention. She acknowledged that there could be more information within the Equality, Diversity and Inclusion report. In respect of complaints, the ICB usually receives complaints about providers along with all age all cause continuing care and some relating to primary care. Complaints was more complex in comparison with what the council receives.</p> <p>The Acting Chair was very much supportive of the work taking place across the system to make improvements.</p> <p>RESOLVED: That the Board note the report and actions taken to date to address the areas of concern with the staff surveys and would receive a further report in six months' time.</p>
95/24	<p><u>Equality, Diversity and Inclusion Annual Report 2023/24</u></p> <p>S O'Brien advised that the Equality, Diversity and Inclusion (EDI) Annual Report 2023/24 sets out how the ICB has delivered upon its commitment to taking equality, diversity, and human rights into account in everything we do. The ICB's EDI Annual Report 2023/24 evidenced how the ICB performed in meeting its legal duties as set out in the Equality Act (2010) and the Human Rights Act (1998).</p> <p>It was noted that the annual publication of an EDI Annual Report is mandated by NHS England (NHSE) to demonstrate compliance with the Public Sector Equality Duty (Section 149 of the Equality Act 2010) and other NHSE mandated equality standards such as the Equality Delivery System (EDS2022), Workforce Race Equality Standard and Workforce Disability Equality Standard.</p> <p>Beyond compliance, the report also described the work undertaken to place EDI at the heart of the ICB and integrated care system (ICS) including the publication of the ICS Belonging Plan and the system-wide commitment to achieving awards via the North West BAME Assembly Anti-Racism Framework.</p> <p>It was noted that the report highlighted the vast amount of work being delivered around EDI in order to progress equity and parity in the ICB and fundamentally challenging any orthodoxies that do not align to the values and behaviours of our organisation.</p>

	<p>D Corcoran referred to the baseline data and in particular, having an understanding as to why there were significant issues with under-representation and under-reporting of diversity monitoring characteristics of the workforce. She would welcome consideration as to why staff do not feel able to share information and whether there was a level of risk around this.</p> <p style="text-align: right;">Action: S O'Brien</p> <p>RESOLVED: That the Board note the contents of the report and approve the report for publication on the ICB website.</p>
96/24	<p><u>Complaints Annual Report 2023/24</u></p> <p>It was noted that all NHS organisations with a duty to handle complaints are required to submit a Complaints Annual Report to the Department of Health and Social Care (DHSC) each year. The legislation stipulates what should be included. S O'Brien spoke to a circulated report for 2023/24 which satisfied those requirements for the ICB.</p> <p>It was noted that 2023/24 had seen significant changes in the volumes and types of complaints the ICB had handled. In particular, the delegation of primary care complaints from NHS England in July 2023 had led to a considerable increase in activity which had led to operational pressures in the team however, the service continued to be delivered to fulfil the ICB's legal duties. It was noted that a complaints and patient experience report is considered at each meeting of the Public Involvement and Engagement Advisory Committee (PIEAC).</p> <p>Assurance was provided to the Board that the ICB has a Patient Experience function which discharges the ICB's statutory duties relating to complaints and that the Annual Report for 2023/24 could be submitted to the DHSC.</p> <p>S O'Brien informed the Board that the complaints team consisted of a small number of people, and she acknowledged the work undertaken. The themes within the report were similar to the previous year. Work was taking place to triangulate complaints in respect of SEND and dental rather than addressing them in isolation.</p> <p>D Blacklock asked if lay people were involved with the responses to complaints commenting that the level of upheld complaints within the report appeared to be low. He also asked if there was learning from complaints received and how "human" the responses were. S O'Brien advised that there was no lay input and agreed to consider this suggesting that Healthwatch could be involved. In terms of responses, S O'Brien advised that often the main response might not be the ICB's response as a clinical care professional might review the complaint. She would pick this up outside of the meeting along with the query around upheld complaints.</p> <p>J Birrell suggested that future reports should include an analysis of the main themes from the complaints received, details of lessons learned/action taken and the timeliness of responses. S Karunanithi asked if complaints had been received from any other healthcare professions. S O'Brien would ask the team to provide a breakdown of themes. In terms of learning she referred to all age all cause continuing care and the new continuing healthcare model advising that work had taken place in looking at learning however, there was more that could be undertaken. With regard to other healthcare, S O'Brien did not think that many were received, and some might be via MPs or the local council. The main sources related to patients, family or MPs.</p> <p>S O'Brien took on board the comment made about timelines and reiterated that it was a very small team. She confirmed that all responses were "human", that there were a lot of phone interactions and individuals were navigated to the correct areas. She advised that there wasn't a full PALS offer in place and that the ICB was not meeting the timescales as required to due to pressures in the team.</p>

	<p>D Corcoran referred to the regular insights report in respect of complaints that is taken through the Public Involvement and Advisory Engagement Committee suggesting that a deep dive be undertaken. This was welcomed and would provide an opportunity to share the outcomes with the Board.</p> <p>RESOLVED: That the Board note the Annual Complaint Report 2023/24 for submission to DHSC.</p>
97/24	<p><u>Fit and Proper Persons Test Annual Submission</u></p> <p>The Acting Chair spoke to a circulated report and advised that under the NHS England Fit and Proper Persons Test Framework, he was required to approve and submit an annual submission to the NHS England North West (NHSE NW) Regional Director by 30 June 2024. On completion of the annual FPPT and in accordance with the local policy, he was also required to present a report to a meeting of the ICB Board held in public. The Acting Chair advised that the report provided assurance of the completion of the annual submission.</p> <p>RESOLVED: That the Board note the completion and submission of the NHS England Fit and Proper Persons Test annual submission and declaration in line with NHS England requirements.</p>
98/24	<p><u>Any Other Business</u></p> <p>Part 2/Closed Session Board Agenda Items – D Blacklock sought clarification on the decisions taken to discuss certain Board agenda items in the Part 2/closed sessions and how the public has more understanding of this from a transparency and openness perspective. K Lavery advised that the majority of Part 2/closed session items were then submitted to the Part 1/meeting held in public. He gave an example of discussion held in respect of urgent and emergency care pressures which was a work in progress, also discussion in respect of the children’s agenda, both of which would be taken through the Part 1/meeting held in public in due course. K Lavery also advised that there were certain items that were commercially sensitive, for example, in relation to budgets.</p> <p>D Blacklock suggested that the process on the decisions to take items initially through a Part 2/closed session of the Board could be captured in a register. The Acting Chair noted the comments made and further consideration would be given.</p> <p style="text-align: right;">Action: R Fisher/K Lavery/D Atkinson</p>
99/24	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no items to be included on the ICB Risk Register.</p>
100/24	<p><u>Closing Remarks</u></p> <p>The Chair thanked everybody for their attendance and closed the meeting.</p>
101/24	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting to be held in public would be on Wednesday, 11 September 2024 commencing at 1.00pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB.</p>

Exclusion of the public:

“To resolve, that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings Act 1960).