NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to approval at the next meeting

Minutes of a Meeting of the Integrated Care Board Held in Public on Wednesday, 11 September 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	Emma Woollett	Chair
	Roy Fisher	Deputy 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 (left during 114/24)	Non-Executive Member
	Sam Proffitt	Deputy Chief Executive/Chief Finance Officer
	Professor Sarah O'Brien	Chief Nursing Officer
	Dr David Levy	Medical Director
	Dr Julie Colclough	Partner Member – Primary Care
	Aaron Cummins	Partner Member – Trust/Foundation Trust – Acute and Community Services
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
Participants	Professor Craig Harris	Chief Operating Officer
	Asim Patel	Chief Digital Officer
	Dr Sakthi Karunanithi	Director of Public Health, Lancashire County Council
	Tracy Hopkins	Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector
	Cath Whalley	Director of Adult Services, Westmorland and Furness
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Louise Talbot	Board Secretary and Governance Manager

Ref	Item
102/ 24	**Welcome and Introductions** Emma Woollett introduced herself and was delighted to have been appointed as the Chair of Lancashire and South Cumbria Integrated Care Board (ICB). She acknowledged that there were significant challenges and looked forward to meeting those challenges with colleagues across the system. She also looked forward to meeting colleagues over the next few months.

	The Chair thanked Roy Fisher who had stepped into the role of Acting Chair in the interim period and she also extended her thanks to him for the support he was providing to her. The Chair welcomed everybody to the Board meeting and thanked those observing for their interest in the business of the ICB. She commented that the meeting had a relatively light agenda which would provide an opportunity to discuss items in more detail. It was also noted that following the Board meeting, the ICB would be holding its Annual General Meeting (AGM) from 4.30pm to 6.00pm at which the ICB's Annual Report and Accounts for 2023/24 would be presented. Everybody observing the Board meeting was welcome to stay for the AGM. In relation to public questions, a question pertaining to remarks in the July Chief Executive's report was received about the bleak financial situation and the commitment to recovery and transformation, and if it was possible to indicate whether increased resources could be provided for prevention measures as a feature of transformation. The Chief Executive, K Lavery, would address the question under his report and a written response would be provided to the individual following the meeting.
103/ 24	**<u>Apologies for Absence/Quoracy of Meeting</u>** Apologies for absence had been received from Denise Park, Local Authority Partner Member and regular participants David Blacklock and Victoria Gent. The meeting was quorate.
104/ 24	**<u>Declarations of Interest</u>** **RESOLVED: That there were no declarations of interest raised. The Chair would be advised of any conflicts that arise during the meeting as appropriate.** **Board Register of Interests -** Noted.
105/ 24	**<u>Minutes of the Board Meeting Held on 17 July 2024, Matters Arising and Action Log</u>** **RESOLVED: That the minutes of the meeting held on 17 July 2024 be approved as a correct record.** **Matters Arising and Action Log –** The Chair stressed the importance of ensuring actions were completed in a timely manner. Actions listed as proposed to close were agreed and other actions would be addressed as soon as possible.
106/ 24	**<u>Report of the Chief Executive</u>** K Lavery spoke to a circulated report which included the following: • National support provided and the work around recovery and transformation • Response to the Southport • New Hospitals Programme • General Practice contractual dispute and actions • ICB governance arrangements • Gambling Harms Workplace Charter • Health Service Journal (HSJ) had announced their shortlists for their annual awards which include local organisations and teams.

	K Lavery extended a welcome to Emma Woollett, recently appointed as Chair of the ICB, and thanks were conveyed to Roy Fisher who had acted as interim Chair since the end of March. He also welcomed Debbie Eyitayo who would be commencing as Chief People Officer on 18 September 2024. K Lavery referred to a question received regarding the bleak financial situation and the commitment to recovery and transformation, advising that there was no additional money available. He referred to the positive work taking place in respect of hypertension and blood pressure with more work to do. He also made reference to urgent and emergency care commenting that A&E departments were receiving an increase in presentations and that the system was a national outlier and could overwhelm the acute sector. Work was taking place to have joined up urgent and emergency care plans and in respect of admission avoidance which was a key priority area. Work was also taking place to review and realign budgets. S Karunanithi commented that there was an intention to work with the Board from across the system to release budgets, undertake core areas and work together and that it was not just around the urgent and emergency care system. T Hopkins welcomed the endorsement of the Gambling Harms Workplace Charter. The awareness that gambling harms affect people's health was acknowledged and it was an important step to recognise this as an organisation. She further commented that it was important to support staff who see the harm caused first-hand. **RESOLVED: That the ICB Board note the report.**
107/ 24	**<u>Patient Story/Citizen's Voice</u>** S O'Brien introduced the patient story in relation to experience of chronic disease management and monitoring relating to urgent and emergency care. Melanie shared the story of her husband Chris, who was a nurse and died from an unmonitored heart condition. She raised concerns about feeling let down by the system in the way urgent and emergency care, condition management and monitoring were delivered by NHS services. The story spoke to the improvements to be made in relation to transforming care in the community, virtual wards and remote monitoring, in addition to improved condition management. The Chair conveyed her thanks for the patient story and opened up the discussion which included the following comments: • An isolating experience for the patient who had a number of co-morbidities, when services were not joined up for the patient. • There appeared to be a lack of safeguards in the system and there needed to be an assurances that services were not overlooked or missed. • It was important that there was a robust move to ensure there are fail-safe systems and whilst the digital and data strategy was ambitious, it needed to be implemented as soon as possible. • Reference was made to long term condition management in respect of remote monitoring across some sites from 2021. Much progress had been made across the system and it was pleasing to see that it was not only part of the digital strategy but also part of the urgent and emergency care strategy in terms of care in the community. S O'Brien advised that the issues were during Covid however, it was not an isolated case. There was knowledge from a number of indicators where services have been under pressure and the patient experience team had reviewed a number of areas. She further commented that steps were being taken which were part of the driver behind the urgent and emergency care strategy. S O'Brien referred to virtual care commenting that people can be monitored remotely with technology. She stressed the importance of continually listening to stories and feedback

	from families and acknowledged that there could be improvements. **RESOLVED: That the ICB Board note the patient story.**
108/ 24	**<u>Reporting from Committees: Escalation and Assurance Report</u>** The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 17 July 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. 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. **Audit Committee – 25 July 2024 –** J Birrell highlighted the following: • **Alert -** Assurance mapping exercise was being taken forward. • **Advise -** Following two audits, a deep dive relating to all age continuing care would be taken to the Audit Committee to ascertain if areas of concern were being addressed. **Quality Committee – 24 July 2024 –** S Cumiskey highlighted the following: • **Alert -** Lancashire Teaching Hospital (LTH) rate of Clostridium difficile (Cdiff) Infection, for which a full improvement plan is in place. • **Alert -** Capacity to meet the growing demand for Education, Health and Care Plans (EHCP) and limited assurance of system ability to consistently meet SEND responsibilities. D Corcoran sought clarification as to whether quality and impacts were being looked at and whether there was an opportunity to have additional EHCP in place. S O'Brien referred to quality advising that the role as designated clinical officer was to quality assure health aspects and that the statutory partners, ie, health, social care and education come together accordingly. The challenge was the volume and, therefore, targets were not being met and she suggested that there would be value for the ICB Board to consider this further. S Karunanithi also commented that there was an opportunity to work in collaboration with other education and health partners to reduce waiting times. C Whalley stressed the importance of developing the conversation in respect of EHCPs and about increasing numbers in terms of future demand, referencing housing needs and supporting individuals. She questioned who to engage in career opportunities and to consider how to be innovative in terms of a lifelong opportunity. C Whalley also commented that she would be keen to be involved in this which was supported. • **Alert -** Thrombectomy – D Levy advised that a rapid quality review had taken place led by a regional team. LTH had a rota in place which runs four weekends out of six with others who provide cover to meet the gaps. A new consultant would commence in post in December with a further post commencing in spring 2025. • **Alert -** Sodium Valproate reviews based on current guidance had not yet implemented – D Levy advised that further discussions were taking place and the position monitored. The Chair advised that there needed to be a broader discussion around this. • **Alert -** Due to the number of items of business, monthly Quality Committee meetings had been reinstated in order that the committee could have the detailed quality of discussion. **Finance and Performance Committee – 28 August 2024 –** J Birrell advised that R Fisher would be returning as Chair of the committee. Discussion continued in respect of the financial position, system recovery and transformation and the pace in which to undertake this work.

Primary Care Commissioning Committee – 29 August 2024 – D Corcoran advised that there were no items under alert and highlighted the following:

- **Advise** – Decision-making matrix review completed for the five supporting committee groups with changes approved relating to the Primary Medical Services Group.
- **Assure** – Community pharmacy assurance framework annual visit summary report received.
- **Assure** – The committee was assured via the first annual delivery assurance report 2023/24 since the budgets were delegated to the ICB from NHS England.

People Committee – 31 July 2024 – J O'Brien reminded the Board that the People Committee (formerly People Board) terms of reference had been updated to reflect this newly established committee. She highlighted the following:

- **Alert –** VCFSE capacity – Workforce voluntary sector numbers were reducing. If additional involvement from the voluntary sector was required to help develop the workforce strategy, it was noted that this sector would struggle with capacity. T Hopkins commented that there were a lot of workforce challenges which mirror across stakeholders, partners and volunteers. In addition to workforce, she suggested that further discussion be held at a future Board meeting as to what it looks like across Lancashire and South Cumbria as a VCFSE.
- **Alert –** Social care training investment – A presentation was given in respect of the funding which was due to end and options for the future would be explored. It was acknowledged that the voluntary sector carries out a lot of work and if a solution cannot be found in relation to funding, it could result in workforce challenges.
- **Advise –** Risk around primary care workforce – The committee would review this in more detail. R Fisher suggested looking at the impact of bringing nurse practitioners into the workforce to provide support to GPs and asked if this area could also be review. A Cummins stressed the importance of workforce planning and transformation and welcomed the appointment of the new ICB Chief People Officer. He asked if all Chief People Officers across the system could consider what the workforce transformation piece would look like.

  D Corcoran referred to a Primary Care Commissioning Committee capital workshop that had been recently held at which the budget was agreed and to review resources for 2025/25, further commenting that this could support that piece of work in respect of workforce planning and transformation.

- **Assure –** Freedom to Speak Up - The committee received a report relating to the staff survey results and linking to staff speaking up.
- **Assure –** Three committee sub-groups had been established to look at focused areas of work relating to organisation development and education group; culture and inclusion steering group and; workforce insights, planning and transformation steering group.
- **Assure –** Anti-racism framework.

Public Involvement and Engagement Advisory Committee – The next meeting would be held on 25 September 2024.

North West Specialised Services Joint Committee – 5 September 2024 – A verbal update was provided and C Harris advised that a development session had been held rather than a business meeting. J Birrell referred to the Oversight Group at which thrombectomy was the only element of alert. He further commented that the group continued to develop and evolve, and the work undertaken by D Levy and D Atkinson to align all elements of governance was immense.

The Chair conveyed her thanks to the committee chairs and acknowledged the huge amount of business undertaken between Board meetings.

	RESOLVED: That the ICB Board: • **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.**
109/ 24	**<u>Integrated Performance Report</u>** A Patel spoke to a circulated report which provided the Board with the latest position against of published performance metrics including: • Elective recovery • Diagnostics • Cancer • Urgent and emergency care • Mental health • Children and young people • Primary care C Whalley referred to a multi-agency discharge event within Lancashire and South Cumbria with housing and adult social care colleagues as a live piece of work. It was acknowledged that people should not stay in hospital more than required and recognition for input in the 'not meeting the criteria to reside'. She advised that on behalf of adult health colleagues, there was a commitment to improve this situation. R Fisher referred to neurodiversity which had been discussed at the Quality Committee commenting that the numbers of assessments were increasing. He referred to a private unregulated sector that undertakes assessments and asked as a Board whether it could have an impact on this. There needed to be national level awareness in respect of this as it also increased the pressure on the NHS. C Oliver referred to the waiting list information provided which related to acute and did not encompass neurodevelopment. He was pleased to note that reference was included in the report in relation to patients clinically ready for discharge. A Cummins was mindful of financial recovery however, it was important to ensure there was continuous improvement of services and being mindful of the pace of delivery. He also referred to the issue of variation and that there needed to be more sharing of innovation and best practice with a commitment from the Provider Collaborative which he would take forward. A Cummins questioned how to break out of the cycle of the short term, specifically referencing the Lord Darzi report in terms of diagnostics. It was acknowledged that it intended to be the platform for the new 10-year health and care plan and coupled with the operational framework and other requirements and he was mindful that it was part everybody's role as the new policy is created and there would be opportunities through the Autumn. S Karunanithi was mindful that some of the discussion needed to focus on prevention, eg, cancer, screening, flu vaccinations, smoking and other areas where there are the biggest health inequalities. A Patel advised that there was a lot of data available that could be looked at which would enable better conversations. He further advised that from a community reporting perspective, data quality was stronger. A Patel suggested that a piece of work be taken forward as a Board and via the committees to recognise the targets and to monitor that feature in the report. **RESOLVED: That the ICB Board** • **<u>Note achievement against key performance indicators for Lancashire</u>**

	and South Cumbria. • **Support the actions being undertaken to improve performance against metrics in this report** • **Support the actions being undertaken to extend metrics to areas of prevention.**
110/ 24	**<u>Finance Report – Month 4</u>** S Proffitt spoke to a circulated report advising the Board that the final financial plan was submitted on 12 June 2024 and 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. It was noted that until this resource was received, the system would report against a deficit plan of £175m. It was noted that the system was forecasting to deliver the full year planned position at month 4. As at 31 July 2024 (month 4) the ICB was £4.5m behind plan which represented a year-to-date deficit of £85.2m for the Provider Trusts and a year-to-date deficit of £29.1m for the ICB. 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. The report also 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. A Cummins advised that the Provider Collaborative had met separately and as part of the intervention and investigation work, full Boards were collectively working to achieving the plan, being mindful of the pace at which it needed to be undertaken whilst maintaining service quality and delivery. It was acknowledged that phase 2 would need to be undertaken at a greater pace and that consideration would need to be given as to how intervention work could be carried out with improvement by the end of the year which was an area of concern. The Provider Collaborative would work alongside the system. The Chair commented that consideration would also need to be given to longer term. C Whalley made reference to the pressures across the system and for local authorities, advising that there was close collaboration however, she was mindful that consideration needed to be given to the decisions being made across organisations that do not unintentionally have consequences elsewhere but could result in moving the problem across the system. T Hopkins referred to the workforce and sought clarification as to how much they understand the challenges across the system and also asked what the consequences would be of not meeting the plan. S Proffitt commented that there was an awareness that the solutions were not in-year, and she too was mindful about delivery of the plan and communication. She stressed the importance of delivering the plan, to have long term sustainability and create the narrative. It was recognised that there were also capacity issues. C Oliver advised that all trusts would have a list of priorities and that an improvement approach/methodology be undertaken with people. **RESOLVED: That the ICB Board note the report.**
111/ 24	**<u>System Recovery and Transformation</u>** S Proffitt spoke to a circulated report which 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 will deliver our agreed deficit plan: Trust Cost Improvement

Plans (CIP), ICB Quality Innovation Productivity Prevention (QIPP) and the additional System Recovery projects necessary to mitigate risks and/or support Providers in their efforts to deliver their savings.

The report also described the emerging findings for Phase 1 of the NHS England national support programme and the steps to agree the scope of Phase 2.

The Board was reminded that across the ICB and NHS providers, the system was required to deliver £531m of savings in 2024/25 to achieve its deficit plan of £175m as agreed with NHS England.

The ICB had submitted a plan for 2024/25 that required the delivery of a large portfolio of provider and ICB savings plans. Achieving this and supporting organisations to deliver against their plans was the focus of the Recovery and Transformation Programme in-year. Work was ongoing to develop the plans with oversight from the System Recovery and Transformation Programme Board which meets twice each month. S Proffitt advised that it shaped the requirements through recovery and transformation enabling the system to achieve its aims to:

- Reduce waste and duplication;
- Improve quality; and
- Transform services to ensure long terms clinical, operational, and financial sustainability.

S Proffitt stressed the importance of seeing an impact of the plans during September and October whilst also maintaining momentum in relation to the long-term strategy and to ensure that the commissioning and operation models continued to support this.

It was noted that from the outset, the scale of the CIP/QIPP plans had meant there was a high-risk plan however, there were sufficient opportunities to deliver the plan.

All organisations remained committed to delivering the plan but the breadth of initiatives, the management capacity and the current pace of delivery meant there was a material risk without urgent action.

The findings from Phase 1 of the national support programme reinforced what had previously been reported to the ICB Board in relation to risk and pace and Phase 2 of the national support programme would provide targeted and tailored support to mitigate the risks and deliver the plan.

J Birrell advised that the Finance and Performance Committee was very supportive of the programme and it was noted that all Provider Collaborative Board members were also on board. It was acknowledged however, that the plans were extremely difficult to deliver and that it was important to see movement by the end of October. It was acknowledged that there was no other option within the programme and J Birrell conveyed his thanks to the individuals who had drawn up the plan.

S Karunanithi conveyed his thanks for the work undertaken in drawing up the plan and acknowledged the work undertaken. Whilst recognising the timescales, in the event that the benefits were not achieved, he sought clarification in respect of the consequences and what preparations were potentially in place to address this. S Proffitt advised that the figures were showing approximately £20m deficit each month and whilst she did not have the month 5 figures, early indications were that they were in line with previous months. In terms of month 6 for September, it was anticipated that the run rate of £20m would decrease. S Proffitt advised that they were looking at the scope of holding discretionary spend and other areas in the event that the plan cannot be achieved. She commented that it was not an unachievable plan but would require tension and manpower to achieve.

A Cummins stressed the importance of having a collaborative approach in delivering capacity reductions.

	S O'Brien was mindful of the huge amount of savings that needed to be made and the considerations as to where to spend limited resource and where not spend it, commenting that those decisions would need to be made in partnership with local communities. She went on to say that the most concerning consequence of making the decisions ourselves would be that somebody else who does not know the community would make that decision. **RESOLVED: That the ICB Board note the report and would continue to receive further updates on the mitigation of risks associated with the delivery of the deficit plan.**
112/ 24	**<u>Urgent and Emergency Care 5-year Strategy 2024-29</u>** C Harris spoke to a circulated report which was the Lancashire and South Cumbria Integrated Care System's Urgent and Emergency Care 5-year strategy. It was noted that the purpose of the strategy was to guide how urgent and emergency care services could be transformed over the next five years to enable people to easily access the right care and support to meet their needs. It also described challenges and opportunities for the future and set out the vision and priorities. The strategy also provided a summary of the place-based improvement plans for Year 1 - 2024/25. It was noted that the development of the strategy and place-based improvement plans were a culmination of substantial collaborative effort and commitment across the system that had brought partners even closer together to align priorities. C Harris informed the Board that there had been some big successes for urgent care and whilst it had been under extreme challenge, it was in the context of unprecedented industrial action and the dedication of front-line staff delivering services. He went on to say that it was about the personalisation of the individual and he stressed the importance of keeping this in mind and that it was not a driver, also recognising that the system was not fit for purpose. J Birrell welcomed the place plans, the aim of which was to optimise care for all patients and he was pleased to see the level of detail provided along with the inclusion of the measurables which were helpful to show as a starting point. He suggested that all the anticipated improvements listed in Chapter 6 of the Strategy be linked to performance metrics to enable progress to be monitored. S Proffitt referred to the current item and discussion in respect of system recovery and transformation both of which had been driven by place leads. She further commented that J Scattergood had worked closely with Morecambe Hospitals Trust and C Whalley. A Cummins commented that it was very much cause and effect and the actions that each partner would take forward which should then lead to reduced waiting times. He further commented that it was not about cost shunting but about safe discharge and working with primary care about how it can be managed. He acknowledged that difficult conversations had been held however, relationships remained strong. Work would need to take place in developing a scheme to make £80m savings which whilst it had not been included in the strategy, C Harris was taking it forward. S O'Brien welcomed the strategy acknowledging that there were some complicated areas and that it was a national challenge. She suggested looking at performance through both quantitative and qualitative lenses. C Oliver was pleased to see how mental health had been woven through the plans commenting however, that the risk was wider than A&E and ambulance handover and he was mindful of patients waiting for an in-patient bed. He referred to mental health assessments and reducing waiting times, and that assessment was not the issue and that it was about flow.

	C Whalley welcomed the strategy and whilst the principles and vision were the same, there needed to be recognition of the different requirements in different areas. She also referred to 'not meeting criteria to reside' which was about prior to admission to hospital and there was a wealth of information available to support patients around this. In terms of financial efficiencies, it was important to identify areas that could be undertaken differently and for the longest term. C Harris welcomed the patient stories that related to the items on the Board agenda as they brought strategies and reports to life. In respect of metrics relating to outcomes, he would ensure the strategy articulated what was being measured along with the benefits. He would also review some of the metrics, particularly mental health. K Lavery valued the discussion and welcomed the work undertaken in drawing up the strategy which had set the foundation in place. He referred to a session recently held involving health, council, primary care and other areas which was not based on place footprints so was named 'place plus'. It had been backed by good data and was a fusion of population health-based data and granular finance data but it was acknowledged that a maturity needed to be developed further. K Lavery referred to admission avoidance and stressed the importance of working with primary care, pharmacies and other services who had developed a lot of good schemes. **RESOLVED: That the ICB Board:** • **Note the robust engagement process undertaken** • **Note the inclusion of additional narrative following feedback received from the Board Seminar of the Integrated Care Board meeting on 17 July 2024** • **Note the inclusion of place-based improvement plans which underpin the delivery of the strategy for year 1 – 2024/25** • **Approve the Urgent and Emergency Care 5-Year Strategy 2024-2029.**
113/ 24	**<u>Implementing Updated Integrated Care Board Constitution and Governance Guidance</u>** It was noted that NHS England had published updated Integrated Care Board constitution and governance guidance. The revised guidance and annexed model constitution was published on 26 July 2024, and built on the guidance and model constitution issued by NHS England in May 2022. S O'Brien spoke to a circulated report which provided a summary of the updates and amendments required to the ICB's constitution and key areas to note in relation to the updated governance guidance. It was noted that in addition, guidance on Executive Lead Roles in ICBs had also been updated and incorporated as an appendix to the revised guidance. It was noted that proposed amendments to the constitution would not be implemented until an application to NHS England for variation had been approved. S O'Brien conveyed her thanks to the D Atkinson, Company Secretary and Director of Corporate Governance and the corporate governance team for the work undertaken and advised that there were no significant material changes. **RESOLVED: That the ICB Board:** • **Note the amendments required to the ICB's constitution and how these have been implemented** • **Note the key updates within the revised governance guidance** • **Support the review of the ICB's Conflicts of Interest Policy**

	• **Approve the amendments to the ICB's constitution, prior to an application being submitted to NHS England to vary the constitution.**
114/ 24	**<u>Review of Progress Against the ICB/Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance Partnership Agreement</u>** C Harris spoke to a circulated report which provided Board members with an update on progress made against the commitments included in the ICB/VCFSE Alliance Partnership Agreement over the past 12 months and outlined several actions seeking Board support. T Hopkins paid tributed to the work undertaken in relation to the agreement and the mechanisms to enact. She further commented that in the context of the ICB Board, it was essential in terms of working in partnership and that VCSE was a valuable contribution to the agenda. She also conveyed her thanks to J Cass, C Roberts and J Hannett. *Jane O'Brien left the meeting.* T Hopkins referred to the work in relation to urgent and emergency care and the way in which the system had taken the decision to top-slice the budget and that VCFSE was a by-product of the partnership. The results around more innovative ways of working were yet to bear fruit however, the work as a partnership to allocate the funding had commenced. She referred to both Blackpool and Blackburn commenting that as a sector, those areas were working to ensure people do not go to hospital. Also, the digital work with A Patel and the team by overlaying the data and making sense of health inequalities to plan services and whilst it was an early stage, there was good work taking place. T Hopkins also advised that there was a clear blueprint where we there were sector leaders across the system understanding where they make a difference and were adding value. System leadership was also looking at more collaborative working and how system leaders can be developed which was welcomed. It was acknowledged that there were challenges in respect of commissioning arrangements and recognised that short term commissioning continued. T Hopkins conveyed her thanks for the work undertaken, welcomed the equal partnership across the sectors and looked forward to the continued discussion and initiatives to transform the system. J Birrell welcomed the report and found it very encouraging. He asked how LSC ICB compared to other ICBs and T Hopkins advised that other ICBs had concentrated their focus on commissioning. She commented that where the LSC ICB was being looked at by other systems was in respect of the representational voice and relationships around this and that investment in people was an area that was accelerating, eg, an investment was enabling T Hopkins to be a Participant on the ICB Board. She advised that there was more work to be undertaken however, the ICB was ahead in some areas and was being asked how it was achieving. The Board was reminded of the importance on which the agreement was originally signed and C Harris advised that it involved all NHS organisations at varying degrees, some being more active than others, there was no resistance and the work in relation to urgent and emergency care had connected the voluntary sector. S Cumiskey welcomed the report and from a personal perspective valued the support given from the sector at the ICB Quality Committee and that it was a very different approach than traditionally undertaken in the NHS. She further commented that it was a starting point and there needed to be clarity as an ICB and as an integrated care partnership about having clear ambitions and to challenge ourselves. R Fisher commented that the work had been focused, he recognised the work undertaken and also conveyed his thanks to T Hopkins for her tenacity and hard work undertaken. K Lavery

	conveyed his thanks to T Hopkins, J Hannett and A Allen for being constructive and positive. **RESOLVED: That the ICB Board:** • **Confirm the ongoing commitment to the Partnership Agreement and note the progress made over the past 12 months** • **Support the proposed actions to strengthen the partnership between the ICB and VCFSE Alliance** • **Note the actions being taken forward by members of the ICB's Partnerships and Collaboration Team in conjunction with the VCFSE Alliance.**
115/ 24	**Any Other Business** There were issues raised.
116/ 24	**Items for the Risk Register** **RESOLVED: That there were no items to be included on the ICB Risk Register.**
117/ 24	**Closing Remarks** The Chair thanked everybody for their attendance and for her first Board meeting which she found enjoyable and appreciated the openness and level of engagement. She also commented that it was clear that there was good partnership working across the system and partners and she thanked the Board for their candor and engagement.
118/ 24	**Date, Time and Venue of Next Meeting** The next meeting to be held in public would be on Wednesday, 13 November 2024 commencing at the earlier time of 10.30am-1.30pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB. The meeting closed.

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).