

Integrated Care Board

Date of meeting	13 November 2024	
Title of paper	Committee Escalation and Assurance Reports (a) Public Involvement and Engagement Advisory Committee (b) Primary Care Commissioning Committee (c) North West Specialised Services Joint Committee (d) Quality Committee (e) Finance and Performance Committee	
Presented by	ICB Committee Chairs: (a) Debbie Corcoran, Public Involvement and Engagement Advisory Committee (b) Debbie Corcoran, Primary Care Commissioning Committee (c) North West Specialised Services Committee: Craig Harris, Senior Responsible Officer/Jim Birrell, Non-Executive Member (d) Sheena Cumiskey, Quality Committee (e) Roy Fisher, Finance and Performance Committee	
Author	Board Secretary and Committee Officers	
Agenda item	16	
Confidential	No	
Executive summary		
<p>This report highlights key matters, issues, and risks discussed at ICB committee meetings held since the last report to the Board on 11 September 2024 to alert, advise and assure the Board.</p> <p>Each summary report also highlights any issues, items referred or escalated to other committees or to the Board.</p> <p>Minutes approved by each committee to date are presented to the Board to provide assurance that they have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.</p> <p>As the next meeting of the North West Specialised Services Committee will be held on 5 December 2024, an update will be provided at the January meeting of the ICB Board.</p>		
Recommendations		
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure within each committee report and approve any recommendations as listed • 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. 		
Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓

SO2	To equalise opportunities and clinical outcomes across the area				✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees				✓
SO4	Meet financial targets and deliver improved productivity				✓
SO5	Meet national and locally determined performance standards and targets				✓
SO6	To develop and implement ambitious, deliverable strategies				✓
Implications					
		Yes	No	N/A	Comments
Associated risks			✓		
Are associated risks detailed on the ICB Risk Register?				✓	
Financial Implications				✓	
Where paper has been discussed (list other committees/forums that have discussed this paper)					
Meeting		Date		Outcomes	
Various committee meetings as listed within the report.		During September and October 2024		To provide the Board of committee business during this period.	
Conflicts of interest associated with this report					
Not applicable.					
Impact assessments					
		Yes	No	N/A	Comments
Quality impact assessment completed				✓	
Equality impact assessment completed				✓	
Data privacy impact assessment completed				✓	
Report authorised by:		ICB Committee Chairs			

Integrated Care Board – 13 November 2024

Committee Escalation and Assurance Report

1. Introduction

- 1.1 This report highlights key matters, issues, and risks discussed at ICB committee meetings held since the last report to the Board on 11 September 2024 to alert, advise and assure the Board.
- 1.2 Each summary report also highlights any issues, items referred or escalated to other committees or to the Board.
- 1.2 Minutes approved by each committee to date are presented to the Board to provide assurance that they have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.

2. Committee Reports and Approved Minutes

2.1 Public Involvement and Engagement Advisory Committee

Date: 25 September 2024		Chair: Debbie Corcoran
Key Items Discussed		
Item	Issue	Action
Alert		
-	-	-
Advise		
Demonstration of impact and the ICB's response to engagement, involvement and other insights from members of the public.	<p>Insights from local people captured by the ICB has been significantly strengthened and is being reported into PIEAC and published on the ICB website.</p> <p>Reports from local Healthwatch are being presented in a written report to the ICB via PIEAC which is providing rich insight from local and system wide engagement programmes (published on the ICB website).</p>	Insight reports to be shared with the ICB Quality Surveillance Group to consider any quality related actions which are required.
Feedback from the public of the value of supporting and guiding GP practices to have functioning Patient Participation Groups (PPGs).	PPGs can make a significant contribution to engagement and involvement in GP practices, however, not every practice has an active PPG in place and there is an opportunity to strengthen arrangements.	The ICB continues to share good practice on the GP intranet for embedding Patient Participation Groups. An audit of PPGs is planned to be undertaken in Q4 2024/25 to understand current self-assessment from GPs on having a PPG in place and opportunity to capture good practice and

		what is working well. Progress is expected to be reported to PIEAC in March 2025.
Listening to public experiences of using pharmacy services and Pharmacy First scheme	The ICB's primary care team has been supported to develop a survey to capture insights during October on the use of pharmacies and the Pharmacy First scheme to support further wider promotion and to understand and respond to public and patient experience.	Further public engagement being carried out to support promotion and use of service.
Assure		
Requirement for the ICB to be compliant with statutory duty to involve in service transformation, reconfiguration and service change	<p>The PIEAC is assured on the approaches the ICB has in-place for engagement and involvement of local people and how these are prioritised around the recovery and transformation priorities of the ICB and system. This has been demonstrated through the standing Engagement Assurance Report and Insight Report (published on the ICB website) as well as the standing Complaints Report, all of which are presented to and reviewed by the Committee to consider assurance gained through extensive engagement activity.</p> <p>Mechanisms for involvement provide strong foundations for transformation. This includes 55 citizen advisors, more than 1,300 people on the Virtual Citizen's Panel and engagement activities delivered in place-based partnerships. A series of local events is planned between September and November which will capture public views on key aspects of transformation.</p> <p>A framework for engagement and involvement for pre-consultation and consultation has been agreed.</p>	4 key themes identified in the enhanced Complaints Report are being responded to and learning considered with appropriate teams or system partners (relating to complaints about clinical care; prescribing and the interface between general practice and community pharmacy; access to weight loss medications and primary care services/waits; access to autism and ADHD diagnosis and support).
Sharing and learning from best practice in relation to engagement and involvement of local people	A series of webinars launched in September hosted by the ICB and involving partners from across the system to learn and share best practice in relation to engagement and involvement.	
Involving local people who are digitally excluded is a key element of the data	A group has been working across the ICB to look at examples of good practice, what the principles for good digitally inclusive care look	Further developing principles of digital inclusion for programmes of work across the ICB.

and digital strategy approved by Board.	like and sharing positive examples of this in action.	
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- **Appendix A** – Approved minutes of the Public Involvement and Engagement Advisory Committee meeting held on 26 June 2024: [Appendix A-Approved PIEAC minutes 26 June 2024.pdf](#)

2.2 Primary Care Commissioning Committee

Date: 10 October 2024		Chair: Debbie Corcoran
Key Items Discussed		
Item	Issue	Action
Alert		
-	-	-
Advise		
Dental Electronic Referral Management Service – Market Engagement Outcome Report	Outcome of market engagement considered in relation to the service, which delivers a single point of access for the processing of referrals from primary care dentists and orthodontists. Procurement options considered, and competitive process approved.	- Procurement Evaluation Strategy (PES) considered at future PCCC meeting - engagement with stakeholders and consideration of user feedback to inform service re-design - approval of application for Single Tender Waiver for contract extension up to maximum of 24 months.
General Practice Improvement Grant – Barnoldswick Medical Centre	Improvement Grant investment approved, supporting an increase in clinical capacity at the practice.	-
Assure		
Risk Management Report	Committee reviewed the management and oversight of risks held on the Operational Risk Register (ORR) relating to its business, and the risk management activity undertaken during the reporting period.	-
Group Escalation and Assurance Report	Escalation and assurance report received and noted from the 5 groups supporting the PCCC to discharge its responsibilities (Primary Medical Services Group; Primary Dental Services Group; Pharmaceutical Services Group; Primary Optometric Services Group; Primary Care Capital Group)	-

- **Appendix B** – Approved minutes of the Primary Care Commissioning Committee meeting held on 29 August 2024: [Appendix B-Approved Part 1 ICB PCCC Minutes - 29.08.24.pdf](#)

2.3 North West Specialised Services Joint Committee

2.3.1 As the next meeting will be held on 5 December 2024, an update will be provided at the January meeting of the ICB Board.

2.4 Quality Committee

Date: 18 September 2024		Chair: Sheena Cumiskey
Key Items Discussed		
Item	Issue	Action
Alert		
Thrombectomy services	<p>A rapid quality review took place at Lancashire Teaching Hospitals on 4 September 2024 and progress has been made to address risk with a weekend rota now agreed BUT this is only to cover 4 out of 6 weekends.</p> <p>The ICB Board are alerted that the rota is not sustained every weekend.</p>	<p>A fifth consultant to commence in post in December 2024 with a further in Spring 2025.</p> <p>A follow up meeting has been scheduled for January 2025.</p> <p>Progress report to be brought to committee in November 2024.</p>
All age continuing care (formerly CHC and IPA)	<p>Pressure on the team to deliver the financial position with significant savings required in 12 months, there is a high level of risk associated with AACC savings.</p>	<p>QIPP schemes being monitored through new IMT (Incident Management Team) approach.</p>
All age continuing care (formerly CHC and IPA)	<p>The local authorities do not support a proposal to cease health funding (at day 29) if a person is found no longer eligible for CHC following a review assessment which is required as part of the national framework and takes 28 days to complete. When an individual is deemed to be eligible for CHC health funding starts at day 29 in line with the national framework.</p> <p>Committee noted concerns and risks regarding relationships between the ICB and local authorities in relation to ongoing improvement work and financial recovery for AACC.</p>	<p>ICB Chief Nursing Officer and Director Nursing for Adult Health & Care to meet the four Directors of Adult Social Services to try and agree actions and manage risks and relationships.</p> <p>ICB CEO and CFO continue to meet with local authority CEOs to build relationships and collaboration.</p>

<p>Children and Young People and SEND and Learning Disabilities and Autism</p>	<p>Committee were alerted to long waiting times for community children's services, eg, speech and language therapy with a significant number of children waiting over 52 weeks.</p> <p>Committee were also alerted to ongoing challenges and extremely long waiting times for CYP neurodevelopment (autism assessment and ADHD assessment) and long waits for adult neurodevelopment assessments. There had been a commitment to some waiting list initiative funding to mitigate the risk but this has not materialised due to the system financial pressures and the risks relating to long waits had not been mitigated.</p> <p>There is also a financial risk as referrals could be diverted to Right to Choose pathways which may carry a higher cost to the ICB.</p>	<p>Members requested an alert to ICB Board regarding long waits for children's services and for adult neurodevelopment assessments and the associated risks.</p> <p>Committee keen to ensure Board recognised the risks to children and determined prioritisation of CYP services and how long waits could be addressed.</p>
<p>Patient Safety Alerts:</p> <ul style="list-style-type: none"> - National Valproate alert - Neurology Services 	<p>Committee received an update, this remains an ongoing safety alert and further action is required.</p> <p>North Cumbria have served notice regarding services they provide, Neurology pathways remain 'fragile'.</p>	<p>Action Plan requested from Lancashire Teaching Hospitals and progress will be monitored at System Improvement Board</p> <p>This will be picked up at IAG (Improvement and Assurance Group) meeting with University Hospitals of Morecambe Bay and a dedicated commissioning group is required to oversee these services / pathways.</p>
<p>Advise</p>		
<p>Choice and Equity Policy</p>	<p>The policy was approved by committee with a full proof-read to be undertaken to align section numbers and page numbers.</p>	<p>Policy approved.</p>
<p>Personal Health Budget Policy</p>	<p>The policy was approved by committee with a request that should there be any comments on wording that this is communicated directly to the authors.</p>	<p>Policy approved.</p>
<p>Patient Safety Update</p>	<p>Provider policy and plans had been received and reviewed by</p>	<p>Approved by Committee.</p>

	the team in line with the agreed PSIRF checklist and deemed to meet the standard.	
Terms of Reference Version 12.0 - Improvement and Assurance Groups	The reporting mechanism for the improvement and assurance groups had changed from System Recovery and Transformation Board to Finance and Performance Committee and Quality Committee.	Approved the Improvement and Assurance Groups Terms of Reference. Any alerts would be reported into Board from the respective committees.
Suicide Prevention Findings	Committee received an update on suicide prevention work across the system and noted the action plan and actions for the ICB (health).	Chief Nurse to link with ICB leads for suicide prevention and an update on progress against health actions to be presented at a future meeting.
All age continuing care (formerly CHC and IPA)	Sustained improvement in quality measures associated with AACC for the last two quarters, consistently improving quality. Both fast track and conversion levels are down, rate of conversion to CHC is under 30 for the first time in 10 years which highlights the level of work being undertaken.	Committee acknowledged the significant quality improvement in the service.
Safeguarding children with disabilities and complex health needs in residential setting (Helsey Group Update)	Assurance provided against the recommendations in 'Systems for the early identification of safeguarding risks in residential settings.' Further work required on 'host commissioner' and on bringing health and local authorities closer in terms of shared oversight of residential settings in their area.	An ICB task and finish group has been established with an action plan in place and the risk being monitored via the safeguarding local risk register.
STOMP, Health Inequalities and CLDT Overview	Positive assurance received on the further development of STOMP work since the patient story was reviewed in January 2024.	Additional clinics have been established across LSC. Developed governance and assurance processes to ensure learning into action is embedded into practice across system partners. Partnership working with LSCFT.
Patient Safety Update	Ongoing progress in the reduction of legacy Serious Incidents that remain open on StEIS.	103 legacy serious incidents open on STEIS with no breaches of the ICB timescale in the review of

		submitted Root Cause Analysis reports in July and August 2024.
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Date: 25 October 2024		Chair: Sheena Cumiskey
Key Items Discussed		
Item	Issue	Action
Alert		
Statutory Functions: SEND (Special Educational Needs and Disabilities)	<ul style="list-style-type: none"> - Education Health and Care Plans (EHCP's) – referral numbers have increased significantly placing a huge demand on the teams. This is exacerbated by capacity of Designated Clinical Officers (DCOs) and their support teams. The teams are struggling to meet demands so that they are unable to attend panels (legal duty) or complete reviews of EHCPs in a timely manner. Mitigations put in place are not managing the risk. Capacity of DCO resource has been a risk on the Childrens and Young People risk register since 2022. - Waiting times for Autistic Spectrum Disorders continues to grow in children and adults. Concerns for outcome for a Lancashire SEND inspection and risks for ICB of a poor inspection outcome. Whilst this is a national challenge it is unlikely to be taken into in an inspection. 	<p>Mitigations which have been implemented are not having the requirement impact. Further mitigation required – alert to Board regarding risk to statutory duty and need for prioritisation.</p> <p>Executives to consider movement of resource from a non-statutory function to provide admin to support DCOs with EHCPs.</p> <p>Whole review of ASD pathway underway with plans for a business case BUT this will require investment. Short run mitigations have not materialised because of financial pressures – alert board to associated risks and need for additional mitigations.</p>
Commissioned Services: Community	Chronic wound care services remain challenged with variation in provision across LSC affecting access for some patients and gaps in some areas with a potential for impact on safety and effectiveness.	<p>Added to risk register.</p> <p>Commissioners reviewing options and mitigations and report to be presented at Community Commissioning Oversight Group.</p>
Advise		
Statutory Functions: SEND	Despite challenges in meeting some SEND statutory functions the team are engaged in all SEND partnerships, have	Continue to contribute to SEND partnerships and Boards and test new NHSE Quality Assurance tool and report back to committee.

	effective internal oversight of delivery and have been selected to pilot a NHSE Quality Assurance Tool that will help ICB team with ongoing improvements	
Risk and Escalation Report	Committee received risk and escalation report outlining Never Events and a new Regulation 28 and noted actions being taken. Committee noted several concerns relating to one provider and requested a 'deep dive' and further assurance at a future meeting.	Quality team to continue to monitor commissioned services and attend Quality Committees at NHS Trust . A deep dive report relating to several concerns at one acute trust to come to December Committee.
Commissioned Services: Impacts of Pressured Services (UEC)	Committee received a report regarding a recent NHSE letter and were advised how ICB quality team are responding to asks in the letter. Many of the asks are covered by the recently approved UEC strategy.	Quality team to undertake quality visits to trusts relevant to asks in the letter in Q3 and Q4 and report back to committee.
North West Ambulance & NHS 111 Quality Assurance	This was the first detailed report to the committee pertaining to NWS. Delayed handovers and impact on patient safety was main area of concern flagged.	Continue to monitor, the work at place on UEC delivery plans and overarching UEC strategy are all mitigations to reduce risk for and from delayed ambulance handovers
CQC Special Rapid Review of Mental Health Services at Nottingham Healthcare FT	Committee received a report outlining the rapid learning from the mental health homicides in Nottingham. The paper outlined the specific requests for ICBs and progress to date and the response by LSCFT to requests for providers in the report.	Ongoing action and learning form the report. Further progress to be reported back to committee
Paediatric Hearing Services Improvement Programme	Committee received a further update on progress across LSC against this national improvement programme and were informed of imminent quality visits to trusts and potential risks associated with the programme. No harms identified to date in LSC.	Committee to continue to receive updates and monitor progress and risks associated with this national improvement programme.
Assure		
Statutory Functions: Safeguarding	Committee received three safeguarding reports: - A dashboard outlining key performance indicators for children and adults safeguarding. Challenges	Continue to monitor KPIs and mitigate risks. Implement Assurance and learning Fame work.

	<p>were flagged for children in care health reviews, court of protection queries due to increased demand and ICB staff level 3 training, but mitigations were in place across all areas to manage the risks.</p> <p>- The recently developed ICB Safeguarding Accountability and Assurance Framework. This sets out how we deliver and comply with NHSE safeguarding requirements. This was approved by the committee.</p> <p>MIAA safeguarding report. This concluded moderate assurance and committee was assured that all areas for action would be complete by January 2025.</p>	<p>Complete actions from MIAA review .</p> <p>Report back to committee quarterly.</p>
LSCFT CQC action plan progress update	Committee received an update and assurance on LSCFT progress against their CQC action plan.	Actions and improvements noted.
Quality Impact Assessment Update	Committee received and approved an updated process for QIA as part of the PMO approach in the ICB. Previous comments by committee members had been incorporated. For new schemes requiring a QIA ,the committee were assured that the QIA was embedded and would be completed. It was acknowledged for some existing schemes this was a gap and more training was required with staff.	<p>Continue to embed QIAs across commissioning processes in the ICB.</p> <p>Committee to receive 6 monthly updates.</p>

Appendix C – Approved minutes of the Quality Committee meeting held on 24 July 2024:
[Appendix C-Approved-ICB Quality Committee Minutes-24 July 2024.pdf](#)

Appendix D – Approved minutes of the Quality Committee meeting held on 18 September 2024:
[Appendix D-Approved-ICB Quality Committee Minutes-18 September 2024.pdf](#)

2.5 Finance and Performance Committee

Date: 28 October 2024		Chair: Roy Fisher
Key Items Discussed		
Item	Issue	Action
Alert		
Activity Levels	The volumetric data within the latest	Board to note.

	<p>performance report indicate that activity levels are generally rising compared with the equivalent position last year, eg,</p> <ul style="list-style-type: none"> • Elective Cases +8.6% • Day Cases +10.1% • Non-Elective Cases -1.8% • A&E Attendances +6.4% • Out Patient Attendances +7.2% • Diagnostic Tests +11.5% • Cancer Referrals +12.8% • Total Elective Waits +0.8% • GP Attendances +5.2%. 	
Advise		
Month 6 Financial Performance	<p>At month 6 the ICB is reporting a breakeven position for both year-to-date and forecast outturn; Providers are reporting a year-to-date deficit of £42.4m, which is £15.0m behind plan but are forecasting that they will achieve their year-end targets. However, it was noted that, 'significant delivery risks are emerging' and both the ICB and the Providers are urgently considering potential alternative ways of reducing costs.</p>	Ongoing close monitoring.
Contracting	<p>Detailed 2024/25 activity-based plans are being finalised and a letter outlining the ICB's 2025/26 Commissioning Intentions has been sent to all providers.</p>	Work to continue with a view to signing-off 2025/26 contracts by 31.03.26.
Urgent & Emergency Care	<p>The comprehensive update to the Committee indicated that, inter alia,</p> <ul style="list-style-type: none"> • The ICB is currently forecasting to utilise £17.7m in enhancing UEC capacity in the current year. (It may be necessary to release further monies if pressures lead to a material deterioration in performance) • Place-based improvement Plans are progressing but remain only partially implemented • Reasonable progress is being made in the implementation of the Ten High Impact Interventions. 	Committee to review monthly updates.
Primary Care Clinical measures	<p>With regards to the variation in primary care clinical measures mentioned in the Integrated</p>	Review to be commissioned from Primary Care Team.

	Performance Report, the Committee asked for a report outlining the most significant variations and action being taken to standardise performance.	
Assure		
-	-	-

Appendix E – Approved minutes of the Finance and Performance Committee meeting held on 28 August: [Appendix E - Approved ICB F&P Committee Minutes - 28 August 2024.pdf](#)

3.0 Summary of items or issues referred to other committees or the Board over the reporting period

Committee	Item or Issue	Referred to
Quality Committee - 18 September 2024	Establish whether service users are involved in the commissioning for interpretation services - Members raised concerns relating to the level of service user engagement for interpretation services and as such informing what the ICB commissions. Whilst members were advised that these services are accessible to ICB staff and primary care staff and not all users it was suggested that perhaps this falls more within the remit of the Public Involvement and Engagement Advisory Committee (PIEAC).	Public Involvement and Engagement Advisory Committee
Audit Committee – 26 September 2024	Mandatory Training - Two separate reports to the Committee, (Managing Conflicts of Interest and Safeguarding), mentioned a relatively low level of staff compliance with basic mandatory training. Whilst noting some mitigating factors, the Committee asked that action be taken to improve performance in this area.	Board to note and People Committee to monitor progress
Audit Committee – 26 September 2024	Business Case Process - The ICB lacked a formalised business case process or documentation to support decision-making on future investments. Agreed that it would be part of the PMO office for Transformation and Recovery. A process is written up regarding prioritisation and commissioning which would be checked against the business case required processes and brought to relevant committees for approval.	Finance and Performance Committee – January 2025 meeting

4.0 Conclusion

4.1 Each of the committees has conducted their business in line with their terms of reference and associated business plans.

5.0 Recommendations

5.1 The Board is requested to:

- Note the Alert, Advise and Assure within each committee report and approve any recommendations as listed.
- 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.

**Committee Chairs
November 2024**