

Subject to ratification at the next meeting

**Minutes of the Inaugural meeting of the Integrated Care Board
held on Friday, 1 July at 9.30am
at the Health Innovation Campus, Health Innovation One,
Sir John Fisher Drive, Lancaster University, Lancaster**

	Name	Job Title
Members	David Flory	Chair
	Professor Ebrahim Adia	Designate Non-Executive Member
	Jim Birrell	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Caroline Donovan	Partner Member – Trust / Foundation Trust (Mental Health)
	Roy Fisher	Non-Executive Member
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Kevin Lavery	Chief Executive
	Dr David Levy	Medical Director
	Kevin McGee	Partner Member – Trust / Foundation Trust (Acute and Community Services)
	Professor Jane O'Brien	Non-Executive Member
	Professor Sarah O'Brien	Non-Executive Member
	Samantha Proffitt	Chief Finance Officer
	Angie Ridgwell	Partner Member – Local Authorities
Participants	Debbie Corcoran	Public Involvement and Engagement Advisory Committee Chair
	James Fleet	Chief People Officer
In attendance	Debra Atkinson	Head of Corporate Business
	Pam Bowling	Corporate Office Team Leader (minute taker)

Item	Note
01/22	<p>Welcome and Introductions The Chair, David Flory, declared the meeting open and quorate.</p> <p>The Chair advised that in business undertaken prior to the start of the meeting the appointment of Kevin Lavery, as Chief Executive Officer, had been confirmed. The Chair and Kevin Lavery had then confirmed the appointment of the Executive Director members, the Non-Executive members and the Partner members of the Board. A</p>

Remuneration Committee meeting would be held following the Board meeting.

The Chair was pleased to announce that all member positions were filled and welcomed all to the meeting. Professor Ebrahim Adia is designate non-executive member until 1 September 2022, when he will formally take up his position on the Board.

The Chair recognised the contribution of a number of people without whose work the Board would not be ready to function today: Rebecca Higgs, Debra Atkinson, Vicki Ellarby, Neil Greaves, Hannah Brookes, Pam Bowling, Andrew Bennett, Maria Louca, Fiona Cluskey and Mark Britton.

The Chair commented that the Board was starting life as a statutory organisation at a time when health and care services were under considerable pressure. Partner members were also feeling this pressure in their organisations and faced a huge challenge across all parts of the system, including primary care, secondary care, residential care and domiciliary services. Pharmacy, optometry and dental services were also feeling the pressure.

There were significant challenges ahead. The ICB has a statutory responsibility for arranging services for the 1.8million population of Lancashire and South Cumbria across 16 boroughs and districts as well as part of the borough of Copeland and part of the district of Craven. This geographically diverse area comprises coastal towns, urban city centres and rural villages.

The Chair spoke of the need for the Board to embrace the challenges and work hard to improve the population's health and healthcare and to exceed the expectations and requirements of regulators and those who hold the Board to account. The Board also has a duty to comply with standards of business conduct in the way it works.

The Chief Executive Officer, Kevin Lavery, is a full-time ICB employee and alongside this role is the Accountable Officer for the ICB and is personally accountable to the Chief Executive of NHS England for the stewardship of the ICB's allocated resources. The Chair needs to ensure there are no conflicts in discharging these two sets of accountabilities.

Every member of the Board is an equal member and has a contribution to make in the Boardroom and in its collective work. The Chair anticipated that in discussion and in challenging the issues there would be robust debate and the Board would come together as a collective.

The Chair described today's meeting as being focused on putting in place all the key governance arrangements, organisational policies and confirmation of appointments to specific statutory roles within the board. The first business meeting of the Board would be held on 27 July.

There had been some expressions of interest from members of the public in today's meeting which was held in public and in future, meetings would be live-streamed and members of the public would be able to submit questions in advance to be dealt with in the meeting.

The Chair advised that in addition to membership of the Board, other participants would be invited to join meetings and Debbie Corcoran was present today as a Participant in

	<p>the business as Chair of the Public Involvement and Engagement Advisory Committee Chair (PIEAC). Executive Directors in non-statutory posts would also attend the Board meetings as Participants. These people would sit at the table and contribute to the business of the board. If required to, the Board may vote in order to make decisions but an attempt be made to work through issues and come to a conclusion and decision without voting.</p> <p>The Chair hoped that by the next meeting others would have been identified to participate in the business of the Board including a Director of Public Health, a Director of Adult Social Care, a Senior Officer of Healthwatch and a Senior Representative of VCFSE sector.</p>
02/22	<p>Apologies for Absence All members were present.</p>
03/22	<p>Declarations of Interest There were no declarations of interest in relation to the items on the agenda.</p>
04/22	<p>Establishment of Integrated Care Board (ICB) and Appointment of Board Members The Chair confirmed that as reported at the start of the meeting, in business undertaken prior to the start of the meeting the appointment of Kevin Lavery, as Chief Executive Officer, had been confirmed. The Chair and Kevin Lavery had then confirmed the appointment of the Executive Director members, the Non-Executive members and the Partner members of the Board.</p>
05/22	<p>Integrated Care Board Constitution and Standing Orders Kevin Lavery presented the NHS Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) constitution and standing orders as approved and published by NHS England (NHSE) on 1 June 2022.</p> <p>The Board was advised that the development of the ICB constitution had met all national requirements and timelines for the ICB to be ready to operate as a statutory body and in accordance with the national model template and guidance and where possible, local determination. Engagement had taken place with key local stakeholders in relation to the composition of the Board and other locally determined sections. Any variations to the constitution in light of experience going forward would need to be submitted to region for approval.</p> <p>The Chair asked that members of the Board refresh themselves with the conditions of being a member of the Board and ensure adherence to it.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • That the Board receive the constitution (incorporating standing orders) and ensure it abides to the requirements within. • That the Board note the requirement to publish the constitution. • That the Board note the process for any variations to the constitution.

06/22

Establishing Committees of the Board and Appointing the Chairs

The Chair introduced the paper which set out the committees of the Board that will be established and confirmed the Chairs of each committee. The ICB is required to have two statutory committees, an Audit Committee and a Remuneration Committee (and Remuneration Panel). In order to support the Board in discharging its duties other non-statutory committees will also be established which include the Quality Committee, the People Board, the Public Involvement and Engagement Advisory Committee (PIEAC) and a Primary Care Contracting Group.

The Committee Chairs are:

- Audit Committee – Jim Birrell, Non-Executive Member
- Remuneration Committee – Roy Fisher, Non-Executive Member
- Remuneration Panel – David Flory ICB Chair
- Quality Committee – Sheena Cumiskey, Non-Executive Member
- People Board – Professor Ebrahim Adia, Non-Executive Member
- Public Involvement and Engagement Advisory Committee – Debbie Corcoran
- Primary Care Contracting Group – David Levy, Medical Director

The Chair advised that Professor Ebrahim Adia, Designate Non-Executive Member, will be appointed as Deputy Chair of the Board, and if the Chair is absent or is unable to participate due to a conflict of interest will act in the role of Chair. It was noted that Professor Adia will be appointed to the Board on 1 September 2022, due to his current role of Chair of Lancashire Teaching Hospitals NHS Foundation Trust ceasing at the end of August 2022. Until that time, Professor Adia will attend Board meetings but will not vote.

A question was asked as to how the patient voice would be reflected at the PIEAC and whether there would be any patient or public representation on the committee. In response Debbie Corcoran, Chair of the PIEAC, explained that the purpose of the committee is to ensure that the voice of local people is at the heart of decision-making. This is currently in a development phase and work is taking place with Healthwatch to ensure there is a mechanism for a Citizens Panel across the ICB and connection to place for patient representation. Debbie stressed the importance of ensuring that any seat at the table was not tokenistic and that an appropriate infrastructure was in place.

Sarah O'Brien commented that there would be another opportunity to bring patient experience to the room, through the System Quality Group, and suggested starting Board meetings with a patient or resident story. Members welcomed this suggestion and agreed that this should commence at a board meeting in the early autumn, being mindful of the need to include the experience of those people who don't routinely access services.

Action: Sarah O'Brien

In response to a question as to whether there would be an ICB finance or investment committee it was confirmed that this would be kept under review once the rhythm of business of the ICB was established.

With regard to primary care commissioning Dr Jolliffe encouraged the use existing local knowledge and intelligence. Dr Levy responded that the ICB was working closely with NHSE and had already discussed some local issues. The Primary Care Contracting Group would have a link to the Quality Committee and celebrate the good work that has taken place as well as addressing the challenges. It was noted that legacy CCG Primary Care Commissioning Committees had provided comprehensive handover

	<p>documents. Kevin Lavery added that there will be a report on setting the direction for primary care at the next Board meeting.</p> <p>Kevin McGee commented that there are similar Board-level committees in provider organisations and highlighted the importance of their relationship and to set the tone for the future.</p> <p>James Fleet added that the People Board would set the tone for engagement with the people agenda across the system and noted a suggestion of including a 'staff story' within the agenda.</p> <p>Resolved:</p> <ul style="list-style-type: none"> • That the Board note the establishment of the Audit Committee and Remuneration Committee and Panel and approve their Terms of Reference. • That the Board approve the establishment of the non-statutory committees and their Terms of Reference and the establishment of the Primary Care Contracting Group. • That the Board approve the appointment of the Chair of each committee and Deputy Chair of the Board. • That the Board note the appointment of the Deputy Chair of the Board. • That the Board note the members of committees or sub-committee that that exercise the ICB commissioning functions will be approved by the Chair.
07/22	<p>Integrated Care Board Governance Handbook and Associated Documents</p> <p>Kevin Lavery introduced the ICB Governance Handbook and the associated documents for approval and publication and encouraged colleagues to familiarise themselves with the content. The documents, which provided further details on how governance arrangements in the ICP would operate, had been subject to an assurance process with NHSE. There had been some local flexibilities and it was noted that the documents may be amended in the light of experience.</p> <p>Sam Proffitt highlighted the Operational Scheme of Delegation, which is interim and subject to review and change as the ICB begins to operate in a statutory form, and the Standing Financial Instructions which are designed to ensure regularity and propriety of financial transactions. The Functions and Decisions Map sets out which key decisions are delegated and taken by which part or parts of the system. It was noted that in addition to the three key policies contained within the Governance Handbook, work had taken place to bring the CCGs legacy Complaints Policies into one, and this Policy would be ready to go live from today.</p> <p>It was confirmed that the ICB was ready to operate in terms of its role as a Category 1 responder for Emergency Preparedness, Resilience and Response (EPRR).</p> <p>Sarah O'Brien commented that she was confident with the level of rigour in terms of closedown and handover from the CCGs and the strong receiver arrangements.</p> <p>Kevin Lavery provided an update in terms of development of the organisation structures which he envisaged would be finalised by the end of August 2022. Expressions of interest in the third-tier senior leadership roles were currently being invited from staff identified as being at risk. With regard to appointments to and</p>

governance arrangements at the place-based partnerships, there was further work to be done however the arrangements would need to be in place by the end of year as delegation would take place from April 2023.

RESOLVED:

- **That the Board approve the ICB's Governance Handbook and the associated governance documents and arrangements in particular:**
 - **The Functions and Decisions Map**
 - **The Overarching Scheme of Delegation and Operational Scheme of Delegation**
 - **Standing Financial Instructions (SFIs) and Losses and special Payment Guidance**
 - **Conflicts of Interest Policy and Procedures (incorporating Gifts and Hospitality)**
 - **Standards of Business Conduct Policy**
 - **Public Involvement and Engagement Policy**
- **That the Board note the requirement for the ICB to publish its Governance Handbook and the associated documents within it.**
- **That the Board note that the Governance Handbook and the documents within it may be amended at any time (with approval from the Board) to reflect any changes to the content to any section or document within it.**

08/22

Lancashire and South Cumbria Clinical Commissioning Groups Policies for consideration and adoption

Kevin Lavery introduced the paper and advised the Board on the outcomes of a review of a wide range of policies previously in place across the CCGs and recommended the adoption of selected aligned policies. A further list of policies was under development and arrangements for future policy management and review were proposed. Kevin expressed his appreciation to the CCG staff for their work on this.

David Levy drew attention to the need to understand the variation in the commissioning policies and clinical practice and the work that he had begun with the Medical Directors and with primary care on opportunities for getting best value, around interventions of limited clinical value. Debbie Corcoran looked forward to opportunities for the patient and public voice to play in, noting the already well-established engagement process for commissioning policies.

Discussion took place about unwarranted variation and reference was made to the use of data and to the GIRFT programme. It was concluded that this was an important priority area for the Board and a framework or report was required to provide a clear line of sight as to what could be done to support this change.

It was noted that work was taking place on the development of a performance report for the next meeting. It was expected that there would be a 'performance on a page' with a deep dive into a different topic at each meeting.

Reference was made to the work taking place by the Executive team on the development of a quality improvement approach across the system, to drive improvement in quality, finance and performance.

	<p>Resolved:</p> <ul style="list-style-type: none"> • That the Board support the transfer of policies summarised at Appendices A and B and adopt them in their current form on behalf of LSC ICB, on the understanding that a further review process will be undertaken between July and October as the ICB operating model is finalised. • That the Board support the establishment of a policy register to be maintained within the ICB corporate function. • That the Board consider and agree the decision-making committees for the review and management of policies post 1 July 2022
09/22	<p>Appointment of Special Lead Roles on the Integrated Care Board</p> <p>David Flory presented the report and explained that to support the ICB in discharging its statutory duties there were a number of special lead roles that required named individuals to undertake responsibility on behalf of the Board for the oversight of specific areas. The paper outlines the roles that are both mandatory and best practice and the named individuals who will undertake the roles on behalf of the LSC ICB.</p> <p>RESOLVED: That the Board approve the appointment of the named individuals to the special lead roles:</p> <ul style="list-style-type: none"> i. Senior Information Risk Owner (SIRO) - Samantha Proffitt ii. Caldicott Guardian - David Levy iii. Freedom to Speak Up Executive Lead – James Fleet iv. Freedom to Speak Up Non-Executive Lead – Jane O’Brien v. Equality, Diversity and Inclusion Executive Lead - James Fleet vi. Equality, Diversity and Inclusion Non-Executive Lead - Ebrahim Adia vii. Conflicts of Interest Guardian - Jim Birrell viii. Senior Non-Executive Director - Sheena Cumiskey ix. Health and Wellbeing Guardian - Ebrahim Adia
10/22	<p>Appointment of ICB Founder Member of the Integrated Care Partnership</p> <p>The Chair introduced the paper which set out the requirements of the LSC ICB in relation to the establishment of an integrated care partnership, as described in the Health and Care Act 2022. The Chair proposed the appointment of the Chief Executive of the LSC ICB as the ICB founder of the integrated care partnership.</p> <p>RESOLVED: That the Board approve the appointment of the Chief Executive of the LSC ICB as the ICB founder member of the integrated care partnership.</p>
11/22	<p>2022-23 ICB Budget Summary</p> <p>Sam Proffitt presented the paper which provided a high-level summary of the 2022-23 ICB Operational Plan. The plan was submitted on 20 June 2022 and delivers a balanced full year position with expenditure across all spend categories remaining within the total system allocations. It was highlighted that there is risk for both Providers and the ICB in delivering a balanced financial position and this will be outlined in detail as part of the full budget paper requiring approval at the 27 July 2022 Board meeting.</p> <p>RESOLVED: That the Board note the contents of the budget summary pending approval of the full budget on 27 July 2022.</p>

12/22	<p>Any Other Business</p> <p>The Chair invited each member and participant to describe one of the things they would like the Board to achieve in its first year of operation and what perspective they could contribute.</p> <p>The Chair thanked the members for their responses and said he hoped to be able to bring the best out of everyone collectively as a Board and to find a way of meshing together the different perspectives, skills and experiences.</p>
13/22	<p>Date and Time of Next Meeting</p> <ul style="list-style-type: none"> • Wednesday, 27 July 2022 • 9.30am to 12noon • Health Innovation Campus, Lancaster University, Lancaster, LA1 4AT

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