NHS
Lancashire and South Cumbria
Integrated Care Board

**Subject to ratification at the next meeting**

# Minutes of the meeting of the Integrated Care Board held on Wednesday, 7 September 2022 at 9.30am at the Health Innovation Campus, Health Innovation One, Sir John Fisher Drive, Lancaster University, Lancaster

| | Name | Job Title |
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| **Members** | David Flory | Chair |
| | Jim Birrell | Non-Executive Member |
| | Sheena Cumiskey | Non-Executive Member |
| | 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 | Chief Nurse |
| | Samantha Proffitt | Chief Finance Officer |
| | Angie Ridgwell | Partner Member – Local Authorities |
| **Participants** | James Fleet | Participant and Chief People Officer |
| | Maggie Oldham | Designate Chief Planning, Performance and Strategy Officer |
| | David Blacklock | Chief Executive Officer - Healthwatch |
| | Debbie Corcoran | Public Involvement and Engagement Advisory Committee Chair |
| | Tracy Hopkins | Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector |
| **In attendance** | Pam Bowling | Corporate Office Team Leader (minute taker) |
| **Apologies for Absence** | Professor Ebrahim Adia | Non-Executive Member |
| | Caroline Donovan | Partner Member – Trust / Foundation Trust (Mental Health) |
| | John Readman | Participant and Director of Adult and Care Services |

| Item | Note |
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| 27/22 | **Welcome and Introductions**<br>The Chair, David Flory, declared the meeting open and quorate and welcomed participants, Abdul Razak, Director of Public Health and Maggie Oldham, Designate Chief Planning, Performance and Strategy Officer who is due to take up post on 12 September. John Readman has also been appointed as a participant, Director of Adult and Care Services, but was unable to attend today's meeting.<br><br>The Chair referred to the current challenges facing health services across Lancashire and South Cumbria and the country and how these will be reflected upon during the meeting. The new Secretary of State for Health and Social Care, Terese Coffey, has made an introductory statement and the Chair welcomed her into the post and looked forward to hearing more about her approach and plans over the coming days and weeks. The context in which today's business is discussed is of challenges across the country not only in health services but also with the cost of living and the Board will be mindful of the impact of this on the communities and society that it serves. |
| 28/22 | **Apologies for Absence**<br>Apologies for absence had been received from Professor Ebrahim Adia, Caroline Donovan and John Readman. |
| 29/22 | **Declarations of Interest**<br>There were no declarations of interest relating to items on the agenda. |
| 30/22 | **Minutes of the last meeting held on 27 July 2022, actions and matters arising**<br>The minutes of the last meeting held on 27 July 2022 were approved subject to the following amendments:<br>1) To indicate in the minutes where individuals have joined the meeting for a specific item, their job role and organisation;<br>2) Item 18/22 – resolution – 2nd bullet point - remove wording 'negligible impact' and amend the resolution to read:<br>That the Board note the impact of this proposal on residents of West Lancashire and monitor the impact on Lancashire Teaching Hospitals. |
| 31/22 | **Chief Executive's Report**<br>The Chief Executive (CEO), Kevin Lavery, presented his first report to the Board and welcomed feedback on the format and content. The Board was updated on actions since the last meeting and on the following emerging issues and key areas of focus.<br><br>Good progress was reported with Continuing Health Care (CHC) and work continued with Mersey Internal Audit Agency (MIAA) to address the backlog of CHC reviews. It was noted that Caroline Donovan has taken the decision to step down from her role as Chief Executive of Lancashire and South Cumbria Foundation Trust (LSCFT) at the end of September and Chris Oliver will be undertaking the CEO role on an acting basis. A recruitment process will be undertaken for the CEO position, plus key non-executive roles, whose terms of office will be ending this year.<br><br>Following the Board's approval to align the Place-based Partnerships (PBP) with local authority footprints, four Directors of Health and Care Integration (DHCI) have been appointed and work is underway to identify and agree place priorities. |

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| | Maggie Oldham has been appointed to the role of Chief of Planning, Performance and Strategy and Asim Patel has been appointed to the role of Chief Digital Officer. The first phase of the process to transition staff to the ICB has been completed, with a few areas still to be worked through relating to staff on secondments and fixed term arrangements.<br><br>Planning for winter pressures has begun and the Chief Executive described how the system will build upon well-established workstreams in anticipation of increased demand over coming months. A detailed paper on Winter Planning will be presented at the next meeting of the Board. Recently published NHSE guidance on the collective core objectives and actions was shared.<br><br>Abdul Razak joined the meeting.<br><br>Members welcomed the written report and commented that it was helpful in terms of bringing together relevant information and messages for the Board and other organisations across the system. Comments made included a request that the content of each CEO report be shared in a newsletter across Primary Care and that future reports include a glossary of terms.<br>**Action: Kevin Lavery**<br><br>Discussion took place about holding Board meetings in public at different venues across Lancashire and South Cumbria. The Board agreed to this in principle with consideration to be given to accessibility, information technology and public transport. The Chair suggested that Board members also visit local services as part of the day.<br>**Action: Kevin Lavery**<br><br>A discussion took place on Winter Planning. A question was asked as to how innovation is being built into the plans and addressing the wider determinants of health that affect health and wellbeing and put pressure on health and social care. Reference was made to the move from a legacy Clinical Commissioning Group (CCG) model to an Integrated Care Board (ICB) strategic model in terms of investment of resources and the importance of retaining investment in communities. It was suggested that consideration be given to how the Winter Access Fund was previously used by CCGs.<br><br>Kevin Lavery welcomed the early publication of the plans for winter by NHSE and the additional £20m and described a focus on short term actions to make a difference this year without losing sight of the longer-term strategy. He confirmed that staff in the former CCGs were continuing to work with teams across the system. Kevin McGee confirmed that whilst effort was concentrated on increasing NHS capacity, discussions were taking place through the A&E Delivery Board on what more could be done in partnership with the voluntary sector across communities.<br><br>Angie Ridgwell confirmed that in local government work had already started in terms of supporting communities to address the forthcoming issues, engaging with the NHS and VCFSE, and working closely with communities about how they can support themselves. Angie Ridgwell took an action to engage with South Cumbria to ensure they were engaged with this common theme. The opportunity to build on work already commissioned was also highlighted. |

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| | **Action: Angie Ridgwell**<br><br>Abdul Razak referred to good examples of initiatives taking place in local government and offered to share these with the Board. Working through the A&E Delivery Board, there was good integration and effort to sustain community resilience through what is expected to be a difficult time for the significant future.<br><br>Maggie Oldham welcomed the opportunity for further discussion with colleagues from partner organisations and recognised the opportunities that being a new organisation presented in terms of doing things differently and at pace.<br><br>Reference was made to the Organisational Development (OD) Programme and questions were asked as to whether this included system-wide partnerships and if staff were involved in developing these programmes. James Fleet advised that whilst there would be a system-wide OD programme moving forward, the immediate focus was on the ICB as an organisation. James added that whilst work has been ongoing on developing the structures, there has been a significant amount of uncertainty for staff and a staff satisfaction survey was to be undertaken in the autumn, the feedback from which would inform the OD and leadership development opportunities. Angie Ridgwell concurred with the comments made about the difficulties faced by staff during the transition period, in particular the senior NHS staff, and commended the staff on their professionalism and exemplary conduct during this time.<br><br>Kevin McGee highlighted a nuance in terms of reducing unfunded additional acute capacity described in paragraph 3.8 and explained that this was about right sizing both in-hospital and out-of-hospital capacity and one of the outcomes will be the ability to close unfunded acute capacity.<br><br>Reference was made to the Safeguarding Accountability and Assurance Framework and clarity sought on the interface between the ICB and the Safeguarding Boards across L&SC and the preparations for the changes relating to Liberty Protection Safeguards. Sarah O'Brien advised that the ICB has a statutory role in terms of representation on the Safeguarding Boards and communication with the ICB Board will be through the ICB Quality Committee. Work is ongoing at interpreting the guidance and implications for the ICB of the Liberty Protection Safeguards.<br><br>The Chair concluded that there were a number of issues arising from the discussion today that would be taken forward outside the meeting.<br><br>**RESOLVED:**<br>**That the Board note the updates provided.** |
| 32/22 | **Finance Progress Report**<br>Sam Proffitt presented the report on the month 4 financial performance for the Lancashire and South Cumbria system. The report covered revenue and capital positions, delivery against efficiency targets and an update on progress against mitigating financial risk.<br><br>It was noted that as at the end of July 2022 (month 4) the ICB was reporting a deficit of £47.9m which was £12.4m off the expected plan position. This position was largely |

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| | driven by slippage against savings plans for all organisations. Provider expenditure run rates across the system had increased by 2.7% reflecting an increase in temporary staffing costs associated with sickness levels and staffing escalated beds.<br><br>The risk to the financial position by the end of the year had been assessed as £178m at the time of planning. The risk had reduced to approximately £70m at month 4 which assumed delivery against the roadmap of opportunities including savings plans and system wide schemes. Further work is being done through the ICB Delivery Board to monitor the actions and deliver the year end forecast breakeven position.<br><br>It was noted that the operational pressures in the system were impacting on the financial positions, but all organisations were working to deliver their plans with a focus on ensuring recurrent impact into 2023/24. This action along with the recurrent system-wide schemes should support the longer-term financial sustainability whilst maintaining or improving quality outcomes.<br><br>It was noted that the ICB Quality Team were currently finalising an ICB Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) template and process for undertaking impact assessments against system schemes.<br><br>Kevin Lavery assured the Board that there has been no funding reduction to the Mental Health provider contract and the ICB continued to fully commit to the Mental Health Investment Standard. The non-delivery of recurrent savings in previous years along with ongoing operational pressures and an increasing cost base has resulted in financial pressures across the system. The Board welcomed this assurance.<br><br>Angie Ridgwell sought assurance as to how current inflationary pressures around energy costs were factored into the forecast, what was being done to counteract adverse movement in terms of the figures and what was needed from the Board to help reduce this forecast overspend.<br><br>Kevin McGee recognised the significant work, led by at Sam Proffitt, with providers across the system to understand the risk which has reduced significantly. He added that from a provider perspective there was a need for expediency this year in terms of the overspend and for effort across the system on the big transformation schemes to create recurrent savings which will not only address finance issues but also improve quality and safety.<br><br>Jim Birrell was encouraged that the scale of the risk had reduced but remained concerned in terms of addressing the remaining £70m risk and achieving a balanced position at year-end and asked if more detail could be provided to the Board on the transformation projects to address the issues on a recurrent basis.<br>**Action: Sam Proffitt**<br><br>Kevin Lavery agreed with the concern expressed over the challenges in 2022/23 but confirmed that the pay award was fully funded and that major projects around discharge and social care will make a difference in 2022/23, and other programmes around agency and staffing will also make an in-year difference. The shared services programme begins in October and will begin to deliver in 2023/24. The Board will be kept updated on progress of each of these programmes. |

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| | David Levy drew attention to the transformation work taking place under Portfolio 3, streamlining Clinical/Care Networks. Significant opportunities have been identified in high volume pathways where there are unwarranted variations. Activity was now taking with Medical Directors to seek clinical engagement to progress this work using Getting It Right First Time (GiRFT) evidence.<br><br>Abdul Razak emphasized the need to maximise Covid and Flu vaccination rates in order to mitigate demand in terms of acute and primary care activity.<br><br>Geoff Jolliffe highlighted a risk in Primary Care which would not show in terms of overspend, rather by way of changes in the way services are delivered with reduced staffing, diminished services and less satisfaction.<br><br>Tracey Hopkins explained how the Citizens Advice Bureau in Blackpool were supporting staff from Blackpool Teaching Hospitals in terms of financial resilience as a result of the current cost of living crisis.<br><br>In response to the points made, Sam Proffitt concurred that the impact of the cost of living rise will be key and there will be continuing pressures in that regard. With regard to the £70m risk, this is about 'grip and control' and the timings of the savings plans coming to fruition. In terms of what is needed from the Board, it is about coming together across the system and involving the voluntary sector and other partners as Place-based Partnerships are developed. There is also a need to ensure that all opportunities are explored such as use of the Better Care Fund.<br><br>**RESOLVED:**<br>**That the Board note the report.** |
| 33/22 | **Establishment of the Lancashire and South Cumbria (LSC) Health and Care Partnership and Development of our Integrated Care Strategy**<br><br>The Chief Executive provided an update on the requirement for the LSC Integrated Care Board and the upper tier local authorities in Lancashire and South Cumbria to ensure that an Integrated Care Partnership (ICP) is established for LSC, and that this Partnership develops an Integrated Care Strategy by December 2022. The paper set out progress in the establishment of the Partnership and asked the Board to approve the terms of reference. The paper also described the statutory requirements in relation to the development of the Integrated Care Strategy, including the timeframe.<br><br>Kevin Lavery explained that the ICP is a broad alliance of organisations and representatives jointly convened by local authorities and the NHS. The inaugural meeting of the ICP will be in September 2022 and the ICP is expected to publish an initial interim Strategy by December 2022. Kevin explained that, recognising the tight timescale, work already available in the system will be used to develop an initial Strategy initially which will evolve over time. The Joint Strategic Needs Assessment will be used to set out how the assessed needs of residents are to be met. Lancashire and South Cumbria has a good foundation with the ICS having been a pathfinder organisation and has well-functioning Health and Wellbeing Boards. The Board has already identified, strengthening the community side of the system, as a top priority.<br><br>Angie Ridgwell concurred that this was a joint collaboration and the local authority were |

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| | working actively and engaged with the Terms of Reference. It was noted that County Councillor Michael Green had been appointed as the Chair of the Partnership for the first year.<br><br>David Blacklock referred to the interconnections between the various Boards and Groups and a need for a clarity of purpose of each, to avoid duplication and streamline governance where appropriate. Debbie Corcoran also highlighted the need for transparency for the public. In response Kevin Lavery advised that many of the Boards and Groups are statutory so there was a need to make the statutory system work well, co-populating groups to avoid discussion on the same item and streamlining of discretionary areas. It was agreed that a glossary of terms and a visual of how the ICP and its strategy fits within the wider ICS and the various groups and Boards would be prepared.<br><br>**Action: Kevin Lavery**<br><br>Members considered the content of the Terms of Reference and a number of points were raised relating to the need to reflect that the ICP is a statutory committee of the NHS and Local Authorities, about meetings held in public, voting rights and members/participants. It was agreed that these points would be followed up outside the meeting and revised Terms of Reference brought back to the Board in December with the Integrated Care Strategy For approval.<br><br>**Action: Kevin Lavery**<br><br>In conclusion the Chair welcomed the progress made and noted the comments and agreed actions which would be taken forward outside the meeting.<br><br>**RESOLVED:**<br>**That the Board note the contents of the report.** |
| 34/22 | **Performance Reporting:**<br>**a) Future Approach**<br>Kevin Lavery advised that the purpose of this paper was to present an initial Integrated Care Board (ICB) performance report. It was noted that more work is required to further develop the ICB performance framework and to develop a balanced scorecard which will enable the Board to maintain oversight for the ICB's strategic priorities. Attention was drawn to the next steps section of the paper which outlined the work that will be led by Maggie Oldham, Chief of Planning, Performance and Strategy, to further develop a robust reporting framework and mechanism.<br><br>Kevin Lavery outlined the current performance against key NHS metrics in the following seven areas, including actions being taken to improve and mitigate risk:<br>• Cancer Services<br>• Mental Health Services<br>• Planned Care<br>• Social Care<br>• Primary Care<br>• Urgent and Emergency Care<br>• Workforce<br><br>Members considered the content of the report and offered the following comments and observations. |

Support was expressed for a short, focused report with the ability to access additional information as required. There was also support for information to be provided on the breadth of performance with a high-level summary report identifying areas of risk, opportunity and where outcomes are not being achieved and what is being done about them. There was a request for qualitative data backed up by anecdote and insight from professionals. It was expected that the report would be strategic with the Place-based Partnerships focusing on the detail in localities to be able to identify any variations going forward. Executive summaries, exception reporting and deep dives into specific areas of focus were also suggested.

The following principles were suggested. A single data set used by all organisations across the system. Provision of assurance to the Board but with clarity about risks and changes. To look at congruence as the current data set does not demonstrate the issues that are being seen in areas such as mental health and primary care.

It was suggested that there is learning from NHS providers, on an integrated performance report which would give the Board key metrics, a short scorecard approach along with deep dives.

It was also commented that the performance report will be driven by the organisation's strategic objectives, ICP Strategy and the outcomes framework and that it is viewed through a health inequalities lens.

It was stated that specifying the format of the report in advance should be avoided. Assurance should be provided in a few key areas, such as clinical outcomes, patient safety and productively and in addition information be provided to identify issues in the system before they become a problem or failure.

The following key indicators, currently not featured in the report were highlighted: Child and Adolescent Mental Health Services, Safeguarding, SEND and Children's Services.

James Fleet added that this report presented an opportunity to be more innovative and include more holistic KPIs around staffing capacity to demonstrate the full breadth of the challenge and cultural KPIs, in terms of moral, motivation and wellbeing and people transformation. Work on this was beginning via the People Board.

The need for accountability, openness and transparency was highlighted by sharing successes and challenges with patients and the public and for communication and engagement around how the ICB is seen to be and is accountable to the public for the quality and performance of the system.

Reference was made to the number of inappropriate out of area placements with the position in LSC being an outlier and the need for the Board to be kept updated on this. David Levy explained that whilst this had been a challenge, performance was improving and there were plans to expand inpatient capacity and transformation in ways in working to increase community support to avoid hospital admission.

Attention was drawn to the cancer metrics, all of which are rated as red and to the

significant increase in referrals for suspected cancer. It was noted that the Cancer Alliance is developing recovery plans to improve performance of cancer services recognising the increase in demand.

The Chair recognised the high motivation of the Board to understand the performance of the system, what is being done about it and how the Board discharges its responsibilities and accountabilities.

Kevin Lavery acknowledged the detailed conversation and reflected that there are three related but different levels of information for different audiences. Firstly, there is information for the Board about delivery of the strategic priorities using the concept of a balanced scorecard. Secondly, managers need more detailed information about management issues, such as workforce, and thirdly, what is right for the public.

Maggie Oldham emphasised the need to get this right but also to have a report that is useful quickly and suggested that further consideration be given in a workshop setting in addition to looking at what other ICBs and high performing organisations are using as metrics. The intention is to settle on a format and then evaluate, review and re-format as necessary. A review will also be undertaken of where information and data are currently being received, so that where appropriate, exceptions only can be brought to the attention of Board.

**RESOLVED:**

**(a) That the Board note the initial summary of key performance metrics for Lancashire and South Cumbria.**

**(b) That the Board note the ongoing work to further develop the performance framework.**

**(c) That the Board endorse the development of balanced scorecard to support the ICBs approach to quality and performance reporting.**

**b) Deep Drive on Primary Care Access**

David Levy introduced the paper by setting out the context that primary care is responsible for 90% of NHS activity for which it receives about 8% of the NHS budget, of the challenged and deep-seated issues within the primary care workforce and of fragility in the service.

Primary care faced challenges before Covid, and the pandemic brought further challenges for GPs and their teams. The threshold for patients to engage with primary care teams had fallen and patient expectations for response times had risen. The opportunities presented by the Fuller Report and the development of that work was said to be part of the solution and a further report on this will be presented at the next Board meeting. Members were advised that the current operating model is not resilient or sustainable and needs to be addressed as an ICB.

A number of key metrics were shared with the Board including appointments, workforce which showed an increase in primary care teams but fewer GPs as a WTE and an aging workforce, challenges in terms of getting through to a GP practice by phone and overall patient experience. It was noted that a detailed complementary slide set and action plan is available to support these metrics.

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| | Geoff Jolliffe welcomed the paper and commented that there were long standing problems around primary care made worse by the pandemic. The increase in demand had not been met with a commensurate growth in workforce and funding and NHS data showed that less GPs were doing more work. Geoff highlighted the need to address three key elements: an increase in demand and why that is happening; a decrease in capacity to meet the demand; and the model of delivery. Whilst further debate will take place through the Fuller Report workshops to come up with solutions, there are other issues which are derived nationally like the GP Contract. The Board were encouraged to give some focus to the issues and to take note of the Kings Fund Report 'Levers for change in primary care'.<br><br>Debbie Corcoran explained that one of the roles of the new Public Involvement and Engagement Advisory Committee is to look at key areas and provide assurance to the Board. This will be done through an Insight Report at each meeting looking at public experience, data, intelligence and anecdotes from various sources and escalate any issues to the Board for a strategic response. The Committee will be looking at primary care at its first meeting in October.<br><br>David Blacklock drew attention to work done in the previous year by Healthwatch, commissioned by CCGs, on attendance in A&E and people's experience of urgent care, and urged colleagues to use this information which is available to them.<br><br>Kevin McGee commented on the need to be clear on the future strategy around primary care, for there to be clearer measurements, and accepting that primary care is busier, consideration needs to be given as to whether primary care is doing what the system needs it to do. Furthermore, the report refers to patients not having their long-term conditions reviewed and this is fundamental in terms of the health of the population and has a significant impact on hospital attendances. The development of a holistic workforce in primary care is positive however this must be additionality and not take staff from the acute sector. In response Geoff Jolliffe advised the Board to focus on addressing the issues by changing the clinical model for primary care but not challenging the business model.<br><br>Sarah O'Brien added that the paper lacks a "so what" in terms of the impact of the lack of access. This is the impact on A&E, on NWAS, on clinical outcomes and on variation across the patch. There is a need to build on this report and ensure the deep dives assist the Board in its decision-making.<br><br>Angie Ridgwell left the meeting.<br><br>Geoff Jolliffe added that there is a lot of data available around workforce and workload which could be shared in a workshop setting for a further deep dive into primary care. He also highlighted a need to work with the public around new models of care and to look at what can be taken off primary care to allow GPs to focus on what they need to do and take pressure off the system.<br><br>David Levy responded to the points raised. Whilst being aware of the issues around the impact, due to the deep dive paper being relatively short it was difficult to reflect these in detail, however, he agreed that this should be built into future deep dive reports. David concurred that there is a lot of data available in primary care and this is |

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| | being used by the primary care teams as part of the Fuller Report workshops.<br><br>The Chair thanked members for their contributions and welcomed the model of a deep dive report. The Chair highlighted the importance of coming back to the Board with the next steps, having looked at the evidence and reflecting on the questions and observations received.<br><br>**RESOLVED:**<br>**(a) That the Board note the deep dive information and provide feedback.**<br>**(b) That the Board note that it will receive a further Fuller stocktake update report at its October meeting which will identify plans to deliver the opportunities identified for the benefit of patients, primary care, and the wider system.** |
| 35/22 | **Summary Report of Committee Business**<br>The Board was provided with a summary of key business and decisions for committee/groups held over July and August and updated on the progress of other committees in readiness for their inaugural meetings.<br><br>The report provided a summary of the discussion and key decisions taken at the Audit Committee held on 26th July and following Chairs' Action and at the Primary Care Contracting Group (PCCG) meetings held on 15th July and 4th August. The report also provided an update on progress relating to the Quality Committee, People Board and Public Involvement and Engagement Advisory Committee in readiness for their inaugural meetings from September/October.<br><br>**RESOLVED:**<br>• **That the Board note the summary of discussions and key business of Audit Committee and PCCG**<br>• **That the Board note the progress of other committees of the Board in readiness for their inaugural meetings from September/October** |
| 36/22 | **Any Other Business**<br>There was no further business. |
| 37/22 | **Date and Time of Next Meeting**<br>• Wednesday, 12 October 2022<br>• 9.30am to 12noon<br>• Health Innovation Campus, Lancaster University, Lancaster, LA1 4AT |