

Subject to approval at the next meeting

**Minutes of the meeting of the Integrated Care Board
held on Wednesday, 2 November 2022 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	Non-Executive Member
	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
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Samantha Proffitt	Chief Finance Officer
	Angie Ridgwell	Partner Member – Local Authorities
Participants	James Fleet	Chief People Officer
	Maggie Oldham	Chief Planning, Performance and Strategy Officer/Deputy Chief Executive
	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
	Abdul Razaq	Director of Public Health
	Asim Patel	Chief Digital Officer
	Professor Craig Harris	Chief of Health and Care Integration
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Pam Bowling	Corporate Office Team Leader (minute taker)

Apologies for Absence	John Readman	Participant and Director of Adult and Care Services
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Item	Note
52/22	<p>Welcome and Introductions The Chair, David Flory, welcomed everyone to the meeting.</p> <p>The Chair welcomed Professor Craig Harris, Chief of Health and Care Integration and Asim Patel, Chief Digital Officer who both commenced in post on 1 November 2022 and were joining the Board as participants.</p> <p>It was confirmed that no questions had been received relating to items on the agenda.</p>
53/22	<p>Apologies for Absence John Readman.</p>
54/22	<p>Declarations of Interest There were no declarations of interest relating to items on the agenda.</p>
55/22	<p>Minutes of the last meeting held on 12 October 2022, actions and matters arising The minutes of the last meeting held on 12 October 2022 were approved as a correct record.</p> <p>A request was made that the draft minutes be circulated to members for review in advance of them being issued. This was agreed.</p> <p>On the Action Log, it was noted that a date for the EPRR session is to be confirmed, however, it is unlikely to be held before the end of the calendar year.</p>
56/22	<p>Chief Executive's Report Kevin Lavery presented his report and explained that this month it had been prepared in a personal, reflective style and welcomed feedback on the format. The report focused on seven issues, pertinent to stabilisation and recovery of the Lancashire and South Cumbria (LSC) Integrated Care Board (ICB):</p> <ol style="list-style-type: none"> 1. Cancer performance 2. Trust performance 3. Budget and system productivity 4. ICB finances 5. Operating model for the ICB and Provider Collaboration Board 6. The LSC Integrated Care Partnership 7. Winter pressures <p>The Board also received a revised Board Forward Plan, for the remainder of 2022/23 and quarter one of 2023/24.</p> <p>The Chief Executive highlighted the following key points from his report.</p> <p>The University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) are currently in Strategic Oversight Framework (SOF) 4 and early next year NHS England (NHSE) will be reviewing the SOF status and a decision will be made on whether they move to SOF 3 by April/May 2023. It was noted that the ICB Board's recommendation will be a major consideration in the decision.</p>

Kevin referred to unprecedented challenges faced by the system but also to optimism. The Integrated Care Partnership (ICP) met for the second time on 25 October 2022 and a key point arising from a discussion about digital and data was the importance of insight, not data, and the need to use predictive analytics a lot more. The ICP is on course to agree a draft strategy by December 2022.

Two of the four newly appointed Place-based Directors have commenced in post, with the remaining two due to start by Christmas, with workshops planned over the coming weeks. An update on progress with Place-based Partnerships will be provided to the Board in the new year. A National NHS Leadership event was held in October. The key issues discussed were winter pressures, the budget and the North Bristol model around A&E admissions.

The Chief Executive advised that he had recently visited the site of the former Calderstones Hospital in Whalley which is an excellent estate and a good opportunity for Lancashire and South Cumbria Trust, and for the system, and Chris Oliver agreed to share the Trust's plans for how it will benefit the system in the future.

Jane O'Brien challenged the Board in terms of thinking beyond the basics and about innovation and working smarter as a collaborative system to address the performance issues. Kevin Lavery responded that there was a need for a new approach, but to prioritise and make it sustainable. Sarah O'Brien added that there is a fundamental need to ensure that safe, evidence based effective care is provided on a consistent basis.

In response to a question about Virtual Wards and engagement and learning from patients and the public, it was confirmed that the ICB is working with providers and with the community, collecting patient stories which has provided important feedback.

A question was also asked about the experience of patients waiting for cancer treatment and how they are kept informed of delays. In response it was confirmed that the Trusts have developed cancer recovery plans, including additional capacity to address the backlog, and are 'safety netting' patients who are waiting. This work is being reported through the ICB Quality Committee. It was noted that all patients on cancer waiting lists have a harm review undertaken by a clinician. Work is also being undertaken on redesigning cancer pathways to address the ongoing issues of capacity and demand.

Reference was made to a letter from NHSE about the validation of waiting lists. Kevin Lavery advised that the 104 weeks' target had been met and providers were on trajectory to meet the 78 weeks' target.

Tracy Hopkins asked for information on the take up of Covid vaccination amongst BAME communities and Kevin Lavery agreed to pick this up outside the meeting. Abdul Razaq confirmed that the take-up by ethnic minorities was not as good as was hoped for the booster campaign but there was proactive messaging and outreach work ongoing.

Action: Kevin Lavery

Tracy also referred to the earlier point about basics versus transformation and partnership working. Tracey described initiatives that are being explored in Blackpool and innovative ways of the voluntary sector providing welfare support in terms of the discharge of patients. It was noted that Tracy and Maggie are having further conversations about this.

In conclusion members expressed their support in terms of the style of report.

RESOLVED:
That the Board note the updates provided.

57/22	<p>Patient Story / Citizens Voice</p> <p>Sarah O'Brien introduced the patient story which demonstrated how the wider holistic care that is needed by a patient gets more difficult when staff are under pressure.</p> <p>The patient story was told by Stephen and Jean who live in Fleetwood and was about Stephen's admission to intensive care. Stephen and Jean shared their experience of initially contacting 111 with an unexplained illness, issues in getting to A&E following Stephen's deterioration, his urgent admission to a high dependency unit and the uncertainty and anxiety on his family. They also described being in the relative's waiting room witnessing a fellow relative being given distressing news. They also spoke of the inspirational staff and exemplary care they received at Blackpool Teaching Hospitals.</p> <p>Thanks were expressed to Stephen and Jean for sharing their moving and insightful story.</p> <p>Sarah O'Brien spoke of the challenges which the story highlighted including the pressures on the ambulance service and the consequences of a busy hospital environment on the experience of patients and their relatives.</p> <p>Debbie Corcoran reflected that in order for the Board to gain maximum benefit from hearing stories from patients, it was important for the Board to identify themes and what could be done differently and to support staff and provider organisations with improvements. Sheena Cumiskey confirmed that this was being taken forward through the ICB Quality Committee.</p> <p>One of the issues experienced was transport to hospital and it was suggested that representatives from the North West Ambulance Service (NWAS) be invited to attend a future Board meeting. This was supported.</p> <p style="text-align: right;">Action: Kevin Lavery</p> <p>It was acknowledged that NWAS are under pressure but are performing well nationally. Geoff Jolliffe added that the ambulance service has transformed the way it works over recent years and is very effective with supportive and professional staff. He highlighted that the issues are at the interface and there is a need for a better way of getting the patient to the right place, first time.</p> <p>Kevin McGee acknowledged the poor communication experienced by Stephen and Jean but referred to the outstanding bereavement and end of life services available in hospitals in LSC and the need to make sure these services are available 24/7.</p> <p>Chris Oliver reflected on the power of the patient or service user voice and the importance of this when considering transformation schemes and not just looking at things from professional viewpoint.</p>
58/22	<p>Finance Report</p> <p>Sam Proffitt introduced the paper by briefing the Board on the current challenged financial picture nationally and of the actions taking place across the LSC system. The current level of risk for the system is £70m. Sam described the transformation programmes which are underway with partners across the system and issues around productivity and the need for recurrent savings. Actions taken to date include a strengthening of controls and a full and detailed review of the current financial position and forecast of the ICB and each provider organisation across the LSC system. In addition, ICB/peer review finance meetings are being arranged and each organisation has been asked to produce a recovery plan.</p> <p>Jim Birrell commented that there did not appear to be evidence that the savings required would be found from the recovery plans. Sam advised that internally the ICB is reviewing the recovery plans and conversations with the Trusts will continue including Board to Board meetings. A</p>

further update on the level of risk will be presented to the Board in December.

Roy Fisher added that the ability to meet the CIPs would need to be discussed with the Trusts at the Board to Board meetings along with any mitigations. Sam Proffitt responded that the 6-month detailed review of the financial position in each organisation seeks to understand the drivers behind the current pressures and the potential actions required to mitigate the. A key focus of the provider assurance meetings is about developing plans to deliver the savings target recurrently.

Angie Ridgwell asked about the impact of an overspend on the ICB's SOF rating of 3 and invited the ICB to work proactively with the Local Authority when commissioning care in the community in order to make cost savings. Reference was also made to the Carnall Farrar report and the need to bring local government into these conversations. Sam Proffitt concurred that the ICB is aware of this report and the need to ensure that the transformation work embraces it and agreed to liaise with Angie outside the meeting regarding commissioning care in the community.

Action: Sam Proffitt/Angie Ridgwell

Debbie Corcoran requested that the report be enhanced to provide a sense of the impact that recurrent savings will have from a patient and community perspective. Sam Proffitt advised that equality and quality impact assessments are undertaken and agreed to discuss this further with Debbie outside the meeting.

Tracy Hopkins referred to lots of initiatives being undertaken by partners across the system which could be part of the solution.

Jane O'Brien asked about the process of embedding best practice and if this is done holistically or in silos. In response it was confirmed that not all processes are embedded yet but as part of the next planning round the intention is to look at this holistically alongside other partners. David Levy added that pathways of care are being reviewed by looking at the data, engaging with primary care and the voluntary sector, and working differently but maintaining an emphasis on what is best for the patient.

Kevin Lavery concurred that this was a challenging year, the current financial position was worse than plan and there were low levels of recurrent savings. Offers of support were welcomed and would be taken up. Kevin referred to a small risk of the ICB moving from SOF3 to SOF4. It was confirmed that the ICB had been upfront with providers about a strengthening of controls but did not want to introduce intrusive monitoring which would divert from the task. It was expected that the December Board report would show some signs of improvement as UHMBT were making steady progress on recurrent savings, there had been a step change in risk reduction at LSCFT and the ICB and the transformational projects were being taken forward. Kevin also stressed the importance of ensuring that the budget for 2023/24 was agreed before 1 April 2023 to ensure that it was in place for the full 12 months.

The Chair thanked everyone for their contributions to the discussion adding that the achievement of statutory duties at the end of the financial year was no longer a pass or fail so the Board should track its progress by applying two tests: firstly, are we improving or not and are we active in the process of getting better; and secondly are we doing the best that we can in the circumstances with the resource we have. This needs to be done taking a whole system view and identifying all opportunities to be more efficient and productive.

RESOLVED:

That the Board note the report and the actions required to mitigate the financial risk.

59/22	<p>Transformation Programmes: Progress Update</p> <p>James Fleet presented a progress update on the priority 5 delivery programmes for 22/23 overseen by the Integrated Care Board’s Delivery Board, specifically:</p> <ul style="list-style-type: none"> • Programme 1 (P1) Reducing Unfunded Capacity • Programme 2 (P2) Elective Care • Programme 3 (P3) Clinical Network, Getting it Right First Time plans (GiRFT) • Programme 4 (P4) Corporate Services • Programme 5 (P5) Collaboration at Scale: Temporary Workforce, Medicines Optimisation, cost improvement programmes and Continuing Health Care (CHC). <p>In addition, James described the medium-term system transformation programmes which will deliver future system sustainability, through integrating health and care services effectively at Place, as well as transforming and empowering community and primary care services. These key work programmes are being taken forward collaboratively by a Transformation Team, with the full range of system partners, and drawing on the expertise of multi-professional clinical leaders.</p> <p>A framework has been established to take forward the priority Delivery and Transformation programmes, which will address the short-term financial and efficiency challenges within the system, as well as drive longer-term system sustainability through the transformation of primary and community services. This will include delivering deep integration at Place, with a major focus on prevention and the development of innovative partnership-led models for intermediate and domiciliary care with local authorities, and other system partners.</p> <p>Work is being undertaken to establish a robust programme management infrastructure to support and enable the accelerated delivery of these major programmes of work, and efforts continue to establish delivery trajectories and set expectations around benefits delivery.</p> <p>In response to a question about how public engagement will be embedded and best practice demonstrated through this activity, it was confirmed that this will be picked up through the Programme Management (PM) approach. It was confirmed that this will be an ICB function and include the deployment of programme management resource with some external support commissioned to support its set up and mobilisation.</p> <p>Kevin McGee expressed his support for these transformation programmes and highlighted the importance of this model, avoiding duplication across the system.</p> <p>The Chief Executive acknowledged the points made about quality and patients and carers being at the centre of this and commented on the need to be agile, to pick some easy wins and build confidence.</p> <p>It was noted that deep-dives into these programmes will be presented to future ICB Board meetings, to provide Board members with the opportunity to understand the remit, progress and delivery of these workstreams in greater depth.</p> <p>RESOLVED: That the Board note the contents of the report.</p>
60/22	<p>Performance Report</p> <p>Maggie Oldham updated the Board on the performance of the LSC health care system and advised that the current performance against some of the key NHS metrics that are identified as being ‘at risk’ of delivery had been explored with supporting commentary regarding actions being taken to improve and mitigate risk.</p>

It was noted that work had commenced to further develop the ICB performance framework and to develop an Integrated Performance Report with appropriate Balanced Scorecards to enable the Board to maintain oversight of progress against the ICB's strategic priorities and to respond to identified and emergent risks. This included a workshop facilitated by the NHSE National Lead for Making Data Count, scheduled for January 2023.

Maggie spoke of her reflections to date in terms of conversations taking place across the system and about the need to improve at pace with challenge and peer to peer review. Maggie referred to clear ambition, lots of ideas and good governance arrangements. Whilst there are areas of poor performance there is no criticism on front-line staff, the challenging circumstances are recognised, and Maggie looked forward to reporting continuous improvements across all the domains.

Reference was also made to the Trusts' recovery plans which are owned and sighted on by the Trust Boards. The ICB is also mindful that there is a regional performance element and a Provider Collaborative Board performance element so is keen to ensure that the ICB does not duplicate but adds value.

Comments were made that the report had improved since the last meeting and contained helpful information and noted that it would continue to be developed. The balanced score card was said to be helpful however a comment was made that it did not give any insight into the basics. It was suggested that on a rolling basis commentary be sought from one of the providers or ICB around the insights, anecdotal information and soft intelligence from those responsible for delivery. Maggie agreed to pick this up with Kevin McGee outside the meeting. In terms of providing direct assurance to the Board from Committees, James Fleet described a process whereby the provider representative at the People Board will take the workforce metrics to the Provider Collaborative Board for further consideration on outliers, trends and variation and report their response back at the next meeting of the People Board which reports to the Board.

In response to a question as to whether there is variation between wards in how patient discharge is handled, it was confirmed that this variation cannot be completely eradicated but across the system there is senior oversight on discharge and peer to peer review of outcome measures. It was commented that discharge and flow are fundamental and it is important to have a tight grip on this across the whole system. It was suggested that 'not meeting criteria to reside' could be the subject of a future deep dive.

The Chair welcomed the progress made and supported the need to get the structure right between the detailed work in committees and how this feeds to the Board. There is also a need for consideration of trajectories for improvement, whether they are challenging enough and are on course to deliver and if not, if further intervention required. In addition, there are different practices and different outcomes across the patch and the Board should look at and clearly understand where there is real variation, the reasons why and what can be done to address it.

RESOLVED:

- **That the Board note the initial summary of key performance metrics for LSC.**
- **That the Board support the actions being undertaken to improve performance against identified high risk metrics.**
- **That the Board note the ongoing work to further develop the performance framework and reporting, in particular the board workshop.**
- **That the Board support the continuation of the Task and Finish Groups work with the input of Non-Executive Members**

Winter Resilience Plans

Maggie Oldham delivered a presentation on resilience and surge planning for winter 2022/23 which covered the following areas:

- 1) National publications/progress
 - Urgent and Emergency Care Assurance Framework including six key metrics:
 - submitted to region on 26/9/22
 - £12.95m of winter funding allocated to LSC ICB
 - Going Further for Winter:
 - action plan developed, leads identified
 - winter task & finish group established
- 2) Emergent risks, known risks and mitigations
- 3) Governance and Reporting

The Chair advised that there will be an opportunity for further debate at the next Board meeting when more of the data is available.

The Chair asked about the non-compliant area Maggie had referred to, and it was explained that this relates to the requirement for 24/7 cover for the system control room from a clinical and executive perspective. Work is ongoing on the development of plans to meet this requirement, however it was confirmed that the aim is to reduce bureaucracy and duplication and to streamline the approach where possible across the ICB and providers. Kevin Lavery added that the ICB had inherited a strong legacy in terms of the system control centre but to be wary of documenting an emerging crisis but to focus efforts on resolving it.

Chris Oliver commented on the emergent risks and in addition to the normal winter pressures the impact of the cost of living crisis on mental health services and subsequently on acute providers and A&E and the importance of working across the system.

Roy Fisher made reference to the innovative use of winter access fund money by CCGs and it was confirmed that of the 135 schemes in place for this winter, many of them were schemes that had worked well in the previous year.

RESOLVED:

That the Board note the content of the presentation.

61/22

ICB Managing Conflicts of Interest (including gifts and hospitality) report

Sam Proffitt presented an update on progress to date with the implementation of the ICB's policy for Managing Conflicts of Interest (COI), including gifts and hospitality. Thanks were extended to Debra Atkinson and the Corporate Governance Team for their work in this area.

It was noted that the ICB has policies and procedures in place for the identification, declaration and management of COI and for declaring any gifts or hospitality in line with appropriate thresholds; these are published in the governance handbook and are available on the ICB's website. Full registers of interests have been created, and remain under review whilst the ICB structures, and the roles and responsibilities that underpin those structures continue to develop. The registers of interests for the board, its committees and those staff defined as decision making in the ICB Managing Conflicts of Interest Policy, have been published on the ICB's website.

The ICB's Audit Committee received its first quarterly update on progress at its meeting in September; the board will receive an update report annually including the fully updated registers prior to publication on the ICB website.

	<p>The governance team will ensure that advice and guidance is available to all staff on any local matters relating to the implementation of the policy and ensure this is aligned to national guidance and the outcomes of any internal audit recommendations.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the contents of the report. • That the Board note the work underway to support the implementation of the policy for managing conflicts of interest (including gifts and hospitality). • That the Board note the registers for the board, its committees and decision-making staff (as defined in the policy) have been published on the ICB's website. • That the Board agree to receive annual update reports on the management of conflicts of interest
62/22	<p>Policies and Procedures Assurance Update</p> <p>Sam Proffitt provided an update and assurance on the progress of the policy management programme of work, further to the policies adopted by the Integrated Care Board at its establishment on 1 July 2022. This included a progress update on guidance, processes and oversight that are now in place, supported by a prioritisation plan to manage the ratification of existing and new policies and to enable effective management and review of all policies going forward.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the contents of the report. • That the Board note the progress made in relation to policy development and management. • That the Board note the framework to continue development and reviews of policies.
63/22	<p>Summary Report of Committee Business</p> <p>The Board was provided with a summary of key business, decisions and progress updates for committees/groups held during October. The report provided a summary of the discussion and key decisions taken at the:</p> <ul style="list-style-type: none"> • Primary Care Contracting Group held on 11 October 2022 • Quality Committee development session held on 19 October 2022 • Public Involvement and Engagement Advisory Committee held on 20 October 2022 <p>RESOLVED: That the Board note the highlight reports for those committees that have met since the last Board meeting.</p>
64/22	<p>Any Other Business</p> <p>There was no further business.</p>
65/22	<p>Date and Time of Next Meeting</p> <ul style="list-style-type: none"> • Wednesday, 7 December 2022 • 9.30am to noon • St Catherine's Hospice, St Catherine's Park, Lostock Lane, Preston, PR5 5XU