

Approved 23 November 2022

**Minutes of the ICB People Board Held on
Wednesday, 28 September 2022 in Boardroom 1, Chorley House, Leyland**

Name	Job Title	Organisation
<u>Members</u>		
Professor Ebrahim Adia (EA)	Chair/Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Deputy Chair/Non-Executive Member	L&SC ICB
James Fleet (JF)	Chief People Officer	L&SC ICB
Trish Armstrong-Child (TA-C)	Provider Collaborative CEO Lead - Chief Executive	Blackpool Teaching Hospitals NHSFT
Sam Baron (SB)	Local Authority Workforce/People Director - Director of Quality Improvement and Principal Social Worker	Lancashire County Council
Emma Davies (ED)	Director of Workforce Delivery	L&SC ICB
<u>Attendees</u>		
Mike Burgess (MB) (represented Chris Cutts)	North West Head of Workforce Transformation	NHSE and Health Education England
Dr Peter Gregory (PG) (Named deputy for Dr David Levy)	Associate Medical Director (Primary Care)	L&S ICB
Kathryn Lord (KL) (Named deputy for Sarah O'Brien)	Director of Quality Assurance and Safety	L&SC ICB
Naveed Shariff (NS)	EDI Representative	
Rebecca Lumberg (RL)	Staff Side Representative	UNISON
Maggy Heaton (MH)	Staff Side Representative	RCN Steward and Safety Representative / RCN Board Member - North West / RCN Council Member - North West / Blackpool Teaching Hospitals NHSFT Staff Side Chair
Adam Burgess-Evans (AB-E)	Deputy Director of People	M&L CSU
Travis Peters (TP)	Equality and Inclusion Business Partner	M&L CSU
Debra Atkinson (DA)	Company Secretary/Director of Corporate Governance	L&SC ICB
Louise Talbot (LT)	Corporate Governance Manager	L&SC ICB
Tracey Sullivan (TS) (Observing)	Executive Assistant to the Chief People Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed everybody to the first formal meeting of the ICB People Board, introductions were made and he provided an overview of the People Board's remit:</p> <ul style="list-style-type: none"> • To provide the ICB with assurance that it is delivering its functions and undertaking its responsibilities to deliver the workforce-related activities that are carried out by the ICB as an employer itself and to work collaboratively with other partners across the Integrated Care System. • Agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the Integrated Care System to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers. • Ensure that the ten people functions are delivered and that the ICB and system partners are meeting the strategic workforce priorities in the NHS, as set out in the People Plan. • Provide regular assurance updates to the ICB and system partners, in relation to activities and items within its remit. 	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from David Levy (Peter Gregory attended as the named and briefed deputy), Sarah O'Brien (Kathryn Lord attended as the named and briefed deputy), Debbie Corcoran, Chris Cutts (Mike Burgess was in attendance and also represented Chris for the meeting), Julia Owen, Kevin Moynes and Paula Roles.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations of interest made.</p> <p>It was noted that a register of interests for the People Board would be appended with the agenda at future meetings.</p>	
4.	<p><u>Scene Setting – Summary of National Guidance Relating to ICB and ICS People Functions</u></p> <p>DA spoke to a circulated report which was a high-level summary of published national guidance and requirements in relation to the NHS people functions and the role of the ICB and wider system partners in delivering both national, and local workforce priorities and ambitions.</p> <p>A draft framework was also presented which described how the various local, regional and national requirements fit within this context.</p>	

DA advised that the Integrated Care System (ICS) strategy would be drawn up by the end of December and the People Board would be required to inform the strategy relating to workforce which would be the main focus of the next meeting.

DA/
LJT

JO'B welcomed the report and sought clarification on the ICB's role in delivering across the wider system. DA advised that the ICB has a statutory role around its workforce and the ICS strategy links with the Health and Wellbeing Boards. The White Paper on integration was awaited which would take us to joint roles in health and social care which was a 2024/25 ambition.

JF referred to the schematic (Appendix B) which demonstrated collaborative working and system leadership. Work needed to take place with partners and it was recognised that there were a number of practical elements that would need to be addressed. Whilst it was the start of the journey, JF stressed the importance of wider engagement and the schematic demonstrated how it would be undertaken. Reference was also made to the 10 People Functions which continue to remain as the focus and working with partners accordingly.

TA-C welcomed the new system working, recognising that everybody was at the same starting point and that clarity around levels of importance would need to be drawn out. It was not just about health and that those outside of the NHS have similar principles. It was recognised that all organisations have workforce issues and that it was about developing relationships and being clear about which statutory frameworks we are working towards. TA-C commented that we would need to look at the four key frameworks, work differently, grow our own workforce, consider growth for the future and improve belonging to the system.

JF commented that work would need to commence to create Senior Responsible Officer (SRO) roles across the system and stressed the importance of delivering meaningful actions. He referred to the work of the previous People Board which was across a wider spectrum that had a number of work areas however, in going forward with the ICB People Board, there needs to be more focused work taking place.

SB commented that actions belonged to the NHS reorganisation and we were now working as an integrated system and there needed to be a cultural shift.

The Chair welcomed the collaboration and was pleased to hear the focus on hearts and minds. There were several sovereign organisations and bodies in the system and the role of the People Board will be to pool that sovereignty and share evidence for each part of the system to achieve its objectives. It was a good place to start and provided a platform and confidence in going forward.

RL referred to Health Education England (HEE) and the announcement in respect of the reduction in workforce and whether it would affect delivery of workforce development and training. She also asked if TUPE transfer would provide opportunities to work closer and whether it was a challenge that needed to be factored in. JF recognised that it was a difficult time for colleagues at HEE commenting that there was a real opportunity for the system in obtaining resource and input from HEE. There were staff embedded within the ICB and an MoU

	<p>would be signed off for additional resource. As a result of that process, it was anticipated that the ICB would receive more resource, also with the support from Mike Burgess, JF did not envisage any issues.</p> <p>MB commented that there 19,000 staff across NHSEI, NHS Digital and HEE. Workforce development funding would be taken through the People Board, continuing from 1 April 2023 however, it was an anxious time but there were also opportunities to be taken forward.</p> <p>NS commented that there were good opportunities from a collaborative aspect however, there was a professional impact on the protected characteristics and it was important to ensure that the impact was minimised. BAME and disability have differential experience during these processes and engagement and conversations would need to be held. JF to discuss in more detail later in the meeting. He suggested that DA enhanced the diagram in respect of inclusion networks.</p> <p>TA-C anticipated that the People Board would facilitate new ways of working in an integrated system commenting that bigger organisations could take on some of the smaller areas on their behalf, ie, if there were significant issues around care home providers and in the event they are unable to retain staff as they don't have training facilities etc, the system would need to address this. She commented that we should be curious about why some receive better services than others.</p> <p>KL commented that whilst the People Board was well represented, whether there was a requirement to have a primary care workforce lead, suggesting Peter Tinson could fulfil this role. This was recognised and it was agreed that primary care representation was required.</p> <p>RESOLVED: That the People Board:</p> <ul style="list-style-type: none"> • Receive the report, noting the national requirements. • Adopt the draft framework as a basis to agree the focus of the Lancashire and South Cumbria people priorities and work programme for the remainder of 2022/23. • Agree that primary care representation was required. • Agree that a multi-agency work group be established to develop and deliver programmes of work. 	<p>DA</p> <p>DA/ LJT</p>
<p>5.</p>	<p><u>Terms of Reference of the People Board</u></p> <p>The attached Terms of Reference of the People Board were approved by the Board on 1 July 2022. Following preparatory arrangements in establishing the People Board, a further review of the membership and other representation was undertaken as follows:</p> <ul style="list-style-type: none"> - Membership – Proposal to include the ICB Director of Workforce Delivery and the Provider Collaborative CEO Representative. - Other Representatives – Proposal to include the Strategic Workforce Lead. <p>The Chair highlighted the following where representations was still required:</p> <ul style="list-style-type: none"> • Primary Care Workforce Lead (Member) 	

	<ul style="list-style-type: none"> • Voluntary Sector Workforce Lead (Attendee) – <i>Update – JF currently taking forward with J Hannat, Community Futures in Central.</i> It was also suggested and subsequently agreed that the voluntary sector workforce lead should be a core member as their role is a big component of the health and care system. • Higher Education Institute Representative (Attendee) – <i>Update – JF currently taking forward with P Roles and C Cutts.</i> • North West Leadership Academy (Attendee) <p>Also suggested:</p> <ul style="list-style-type: none"> • Representation from the Ambulance Service <p>It was noted that community services sits under the provider Trust.</p> <p>TC-A referred to paragraph 6.2 – The People Board will – review and monitor those risks on the BAF and Corporate Risk Register – and asked whether it would be helpful to have a high-level cross correlation with the provider Trust. DA advised that a wider conversation was taking place in respect of shared risks across the system as the ICB starts to mature. She further advised that there was an obligation of the ICB Board regarding principle risks and those people under the scheme of delegation who sit under the Board.</p> <p>The Chair referred to primary care and sought clarification as to whether Primary Care Networks (PCNs) have something similar in place and PG advised that it was a working progress.</p> <p>RESOLVED: That the People Board:</p> <ul style="list-style-type: none"> • Agree that the ICB Director of Workforce and the Provider Collaborative CEO representative be included as members. • Agree that the voluntary sector lead be included as a member. • Agree that under other representatives, the Strategic Workforce Lead would be included as an attendee. • Agree that consideration be given regarding representation from the Ambulance Service. • Agree that the Primary Care Workforce Lead would need to be identified. • Agree that a further review of the membership and Terms of Reference would be undertaken in six months’ time. • Noted that the proposed revised changes of the Terms of Reference be submitted to the Board in November. 	<p>JF</p> <p>JF</p> <p>DA/ LJT</p>
6.	<p><u>People Insight: Key People Metrics and Insight for NHS Lancashire and South Cumbria ICB</u></p> <p>JF advised that there was a national requirement for the People Board to review the ICB workforce performance metrics on a regular basis. He would review the report in detail and report to the weekly ICB Executives, along with associated actions/interventions, prior to presentation to the People Board.</p>	

	<p>AB-E spoke to a circulated report which was structured around nine core areas providing insight and information relating to:</p> <ol style="list-style-type: none"> 1. Workforce overview 2. Current workforce 3. Equality, Diversity and Inclusion 4. Attendance and Wellbeing 5. Retention and Attrition 6. Temporary Staffing 7. Attraction and Recruitment 8. Experience 9. Compliance <p>It was noted that over the forthcoming months, the report would show trends and changes in data and associated actions relevant to improving the necessary workforce metrics.</p> <p>JF advised that a new ICB appraisal system would be launched and would be tracked from Q1 2023/24.</p> <p>In respect of staffing data, a staff survey would be launched imminently for the entire workforce to complete. ED advised that staff side colleagues were lending their voices to promote the staff survey and it had been agreed to adopt an action approach on the results – ‘you said, we did’.</p> <p>JF advised that the ICB was not required to make a submission in respect of the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) for 2022/23 however, would be required to submit in 2023/24. Work would take place however, in terms of infrastructure and JF made reference to celebrating Black History Month during October.</p> <p>The incoming ICB Director of Culture and Inclusivity for the ICB would work closely with Naveed in taking the agenda forward.</p> <p>JO'B asked if a high-level organogram could be produced in order to have a sense of who does what and numbers in teams. AB-E referred to the new senior leadership structure which had been put in place which should provide information around this.</p> <p>RESOLVED: That the People Board receive the report noting the weekly monitoring and subsequent actions/interventions via the ICB Executives.</p> <p><i>Thanks were conveyed to Adam for the report and he left the meeting.</i></p>	
7.	<p><u>Lancashire and South Cumbria ICS Workforce Insights Report – September 2022</u></p> <p>The Chair and JF congratulated Mike Burgess on the work undertaken in drawing up a very informative report.</p>	

MB spoke to a circulated report which accompanied the Lancashire and South Cumbria workforce insights data packs and provided the People Board with an update on key workforce aspects and insights. The report highlighted the challenges across the system around specific gaps in workforce, high sickness levels compared to other systems in the North West, changes to vacancy and leaver rates as we move from pandemic to recovery, the out-turn and workforce supply routes into the system and specific staff group intelligence to focus priority programmes. It was noted that the report should be read in conjunction with the Baseline Activity Against the 10 ICS People Functions report which detailed specific programmes and actions.

The data and intelligence in both reports lay the foundation for the pending multi-year planning process, long term planning and long-term workforce plan and the development of the ICB/ICS five-year strategy which were imminent.

It was highlighted that one of the biggest challenges for Lancashire and South Cumbria was absence, some of which stemmed from populations, the worst health indices in the country across Lancashire and South Cumbria.

MB commented that productivity would be looked at through different lenses commenting that there were a number of factors around this. He welcomed suggestions of areas for inclusion in the reports recognising that there needed to be a focus to ensure we have one workforce.

Reference was made to the medical trainee workforce and a report was produced in 2017 as a request from the previous iteration of the People Board. At that time there were insufficient numbers of doctors, nurses etc and the NHS commissioners were underfunded across Lancashire and South Cumbria and in Trust funded posts. This then led to a catalyst of discussions and from that medical apprenticeships were established resulting in good recruitment rates. Whilst there was success in delivering locally, once qualified, they return home or move away although some do move into the area from elsewhere. MB advised that Julia Owen, Chair of the LSC Collaborative Education Forum undertakes a lot of work in bringing people together. Whilst universities attempt to retain, there will always be a percentage who will leave.

TC-A welcomed the report as a starter which should challenge our assumptions on health and social care. Undertaking comparisons was also helpful. She referred to the largest sickness absence which related to mental health commenting that whilst the information builds on our strategy on what works well, there needed to be a focus on what doesn't work well. She asked that her thanks be conveyed to the authors of the report.

RL welcomed the report making reference to data from health however, it lacked information relating to social care and PCNs, therefore, she asked if the People Board could build in those areas in order that they could also compare and build systems. JF agreed that those areas needed to be picked up and had met with Mike and colleagues to look at having more depth with a view to a commitment to a truly integrated picture.

MB

SB referred to social care data which can be unreliable as it is more than a year

SB

	<p>old and she would work with colleagues in setting up key performance indicators (KPIs). Once set for her organisation, she would extract the information discuss further with JF in terms of reporting to the People Board.</p> <p>A request was made as to whether the information could be moved into a working plan with priorities and JF confirmed that it would be taken in conjunction with the report provided by ED which would resolve some of the issues but he recognised the need for a cross collaboration working group</p> <p>It was recognised that there were some outliers and JF had had discussions with HR Directors to address this issue.</p> <p>The Chair suggested that it would be useful to obtain comparative data from across the country in respect of graduates commenting that approximately 70% remain where they graduate from.</p> <p>In terms of workforce productivity data, it was anticipated that there would be more refinement of the data which would be presented to the January meeting.</p> <p>NS made reference to international recruitment and MB advised that nursing colleagues were driving the work around this. MB would take an action away to provide data and to agree what could be undertaken in going forward. It was commented that there are caveats around obtaining data, data quality and how it is used.</p> <p>RESOLVED: That the People Board:</p> <ul style="list-style-type: none"> • Receive the report which had been drawn up by the NW Health Education England People Team and provided an update across the range of key workforce KPIs, issues, challenges and insights. • Request that where individual organisations are highlighted as performance outliers against key measures, that assurance on improvement actions at both organisation and system level be provided to the next meeting. • Note that data and intelligence within the reports lay the foundation for the pending multi-year planning process, long term planning and long-term workforce plan and the development of the ICB/ICS five-year strategy which are imminent. It was noted that this approach would also provide solid assurance to the planned assurance meetings with the regional NHSEI team. 	<p>JF</p> <p>MB</p> <p>MB</p> <p>MB</p> <p>MB</p>
8.	<p><u>WRES and WDES 2022 – System Report</u></p> <p>JF congratulated both Naveed and Travis on the work undertaken in drawing up the report to the People Board.</p> <p>The report provided:</p> <ul style="list-style-type: none"> • An overview of individual Trust performance against the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard 	

(WDES) in 2022, and an overview of performance against the WRES and WDES as a system.

- An overview of WRES and WDES Action Plans across each provider Trust.
- Recommendations as to how to ensure adequate focus and resource is in place to improve WRES and WDES outcomes across the system in Lancashire and South Cumbria.

TP spoke to the circulated report which provided high level data and key findings explaining that it was the first time the team had the opportunity to produce the report across the system. He drew attention to the summary findings and the RAG ratings along with the overview of Trust action plans.

It was noted that the headline recommendation for the People Board was to consider how to develop a dedicated work programme.

DA commented that the ICB was an outlier when looking at the percentage of BAME and disabled workforce and sought clarification as to how we ensure all areas are covered and the same approach was taken. TP commented that given the organisational change, they had been advised not to carry out the WRES/WDES for 2022/23 but would take it forward in 2023/24.

SB welcomed the RAG rating commenting that Lancashire local authority was a pilot site for ADAS for racial equality standards. Whilst some areas were slightly different, she would provide a similar report.

SB

JO'B welcomed the report and suggested learning from others not just ourselves. TP advised that a piece of work had commenced in respect of best performers and NS agreed that there needed to be a deeper dive around this.

TA-C also welcomed the information and in particular, the comparative information and would liaise with colleagues within her Trust. She would also wish to understand why a RAG rating was green and what was driving that performance. She was uncomfortable around the concept of action plans as they can often be the main focus without reviewing the analysis commenting that there needed to be more maturity and sophistication around this.

JF suggested that the incoming ICB Director of Culture and Inclusivity for the ICB and TP link in and reach out to the EDI leads from all providers, social care etc, colleagues with a view to submitting a plan to the People Board and agree how the nine recommendations are enacted.

**AC/
TP**

The Chair welcomed the report commenting that as we start to move into the broader EDI context, improvements should be made in overall performance.

RESOLVED: That the People Board:

- **Receive the report and note the actions being taken forward.**
- **Agree the recommendations for bring together EDI leaders from all parts of the system to establish a system wide EDI programme, which will be led by the ICB Chief People Officer and the incoming ICB Director of Culture**

	<p>and Inclusivity for the ICB.</p> <ul style="list-style-type: none"> • Note that there was a strong recognition that adequate focus, resource and collaboration will be vital to driving improvements in this key area. • Recognise the opportunity to improve WRES and WDES outcomes and confirmed its commitment to look to best practice from within and outside of our system. 	
9.	<p><u>Baselines Activity Against the 10 People Functions</u></p> <p>JF advised that Paula Roles had developed the report however, as she was unable to attend the meeting, it was agreed that it would be resubmitted to the November meeting in order that she could present the report and provide a detailed update in respect of the previous work programmes.</p> <p>RESOLVED: That the report be resubmitted to the November meeting.</p>	PR/ LJT
10.	<p><u>Workforce Development Funding Allocations for 2022/23</u></p> <p>JF spoke to a circulated report which provided an update on the budget position in relation to HEE workforce development funding received by the previous Lancashire and South Cumbria ICS People Board. The report sought approval for ring fencing a portion of the remaining funding for the workforce function for the 2023/24 financial year. MB provided an updated on the process of allocating funding.</p> <p>JF advised that a team headed up by Paula Roles had carried out and implemented pieces of work for the former ICS and there was a requirement to secure the team to continue under the ICB funded via the temporary allocation.</p> <p>JO'B commented that there needed to be a different thought process as to how funding is allocated in going forward and asked that a proposed process be submitted to the next meeting. TC-A asked colleagues to be mindful of the People Board being open and transparent and, therefore, we would need to understand the intended or unintended consequences and what the improved outcome would be for the system. She would be more comfortable with a process and JF would action accordingly.</p> <p>RESOLVED: That the People Board:</p> <ul style="list-style-type: none"> • Receive the report. • Approve that a portion of the remaining funding be ring fenced for the ICS workforce function for the 2023/24 financial year. • Acknowledge that consideration would need to be given as to how allocations are made in going forward and that a process would be drawn up and taken through the People Board. 	JF

11.	<p><u>Items of Focus for November People Board and Draft Workplan – ICS OD Programme</u></p> <p>JF spoke to a circulated document which highlighted a number of areas to focus on at the next meeting including:</p> <ul style="list-style-type: none"> • Lancashire and South Cumbria Integrated Care Strategy • Freedom to Speak Up Policy and Update • Staff Partnership Forum • Staff Story <p>Colleagues were asked to advise the Chair and JF of any other items.</p> <p>RESOLVED: That the People Board approve the areas of focus for the next meeting.</p>	JF/ED to lead
12.	<p><u>Committee Highlights Report to the Board</u></p> <p>The Chair agreed that JF and LT would provide a highlights report to the ICB Board.</p> <p>Post meeting note: The following had been included in the report to the ICB Board:</p> <ul style="list-style-type: none"> • Scene Setting – Summary of National Guidance Relating to the ICB and ICS People Functions • Membership and Terms of Reference • People Insight: Key People Metrics and Insight for the ICB • ICS Workforce Insights Report • Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2022 – System Report • Workforce Development Funding Allocations for 2022/23 • Areas of Focus for the Next Meeting • New Risks identified at the meeting - No new risks identified. 	JF/ LT (✓)
13.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no risks identified.</p> <p>That any future risks identified would be conveyed to the Executive Team. The People Board would be advised on actions undertaken.</p>	
14.	<p><u>Any Other Business</u></p> <p>Black History Month – October – JF advised that a number of events were taking place across the system. NS to send the programme to LJT for circulation.</p> <p>Staff Story – Similar to the Quality Committee having a patient story/experience at each meeting, JF suggested that a staff story be given at the beginning of each People Board meeting (10 minutes), rotated around organisations. This was welcomed.</p>	NS/ LT (✓) JF/ LT

15.

Date, Time and Venue of Next Meeting

The next meeting would be held on Wednesday, 23 November 2022 at 1.00pm to 3.30pm in Boardroom 1, Chorley House.