

Approved 18 January 2023

Minutes of the ICB Quality Committee Held on Wednesday, 16 November 2022 in Boardroom 1, Chorley House, Leyland

Name	Job Title	Organisation
<u>Members</u>		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Dr David Levy (DL)	Medical Director	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
Dr Geoff Jolliffe (GJ)	Primary Care Partner – GP, Barrow-in-Furness	L&SC ICB
Debbie Corcoran (DC)	Chair, Patient Involvement and Engagement Advisory Committee	L&SC ICB
Mark Warren (MW)	Local Authority Lead - Strategic Director, Adults and Health	Blackburn with Darwen Council
<u>Attendees</u>		
David Eva (DE)	Independent Member	L&SC ICB
Peter Murphy (PM) (Arrived during Item 3)	Acute Provider Representative - Executive Director of Nursing, Midwifery, Allied Health Professionals and Quality	Blackpool Teaching Hospitals NHSFT
David Blacklock (DB)	Healthwatch - Chief Executive	People First / Healthwatch Cumbria and Lancashire
Dr Arif Rajpura (AR)	Public Health Representative - Director of Public Health	Blackpool Council
Joe Hannett (JH) (Named deputy for Angela Allen)	VSCE Representative - Partnerships Manager	Community Futures
Caroline Marshall (CM)	Associate Director of Patient Safety	L&SC ICB
Claire Lewis (CL)	Associate Director, Quality Assurance	L&SC ICB
Catherine Silcock (CS)	Deputy Director of Nursing, Midwifery and Allied Health Professionals	Lancashire Teaching Hospitals NHSFT
Louise Talbot (LJT)	Corporate Governance Manager	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 meeting and in particular Joe Hannett, voluntary sector representative as the named deputy for Angela Allen who was unable to attend meeting.</p> <p>David Eva was welcomed to his first formal meeting of the committee as an independent member.</p> <p>The Chair also welcomed Catherine Silcock, Deputy Director of Nursing, Midwifery and Allied Health Professionals at Lancashire Teaching Hospitals NHSFT who was shadowing Sarah O'Brien.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies had been received from Andrew White and Angela Allen (Joe Hannett attended as the named deputy).</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations of interest relating to the items on the agenda.</p> <p>The Chair asked that any declarations of interest arising during the discussion be highlighted and would be included in the committee's conflicts of interest log.</p> <p>(a) Quality Committee Register of Interests – A register had been drawn up which provided a list of declarations of interests of committee members. The Chair advised that it did not list those in attendance however, they were asked to declare any interests as relevant at each meeting. The register would be updated regularly and would be included on each committee agenda.</p> <p><i>Peter Murphy arrived at the meeting.</i></p>	
4.	<p><u>(a) Minutes of the Meeting Held on 21 September 2022, Matters Arising and Action Log</u></p> <p>Discussion took place in respect of working in partnership with other ICB committees, in particular the Public Involvement and Engagement Advisory Committee (PIEAC) complimenting the work of the Quality Committee and avoiding duplication of work. It was recognised that the PIEAC focusses on patient experience and committee Chairs would need to ensure there was a flow of information across the committees. In the event that committees receive the same information, that consideration would be given to ensure that there is a common and pragmatic approach in terms of actions to be taken and that each committee considers it from the lens of their key responsibilities. From a Quality Committee perspective, the Chair was mindful of its statutory responsibilities, in particular the assurance elements and having system oversight. Where there was a joint focus, the Quality Committee would focus on effectiveness and safety and the PIAEC would focus on experience. Support was given in having a</p>	

<p>systematic approach to ensure the two committees work in partnership and to avoid duplication. It was further commented that when conversations are held to be explicit about what they are wanting to achieve from neighbourhoods up through the system.</p> <p>Discussion had been held about quality improvement architecture and whilst some areas were clear, some were less clear. SO'B advised that her team would draw up a diagram to reflect this recognising that it would evolve over time.</p> <p>Reference was made to the work being undertaken with the Foxton Centre following the sharing of experience of people at the previous meeting. KL explained that she would be meeting with Cath Coffey (Foxton Centre) and Fleur Carney (ICB Director of Mental Health), with a particular focus around the specifics relating to dual diagnosis. It was recognised that there wasn't one solution and there needed to be signposting across the system, working with multiple providers. KL would draw up key outcomes and actions and would bring back to the committee.</p> <p>RESOLVED: That Dr Arif Rajpura declared an interest as Chair of the Changing Futures Board. LJT would record on the conflicts of interest committee action log. He remained in the meeting.</p> <p>In respect of Changing Futures, AR advised that there needed to be more collaboration including third sector involvement, also suggesting that the Foxton Centre engaged with Changing Futures.</p> <p>Being part of the third sector, DB was not in agreement with AR's comment explaining that one of the reasons it had not worked well in the past was because the way services are commissioned does not facilitate positive working between third sector organisations as they are placed in competition with each other rather than working collaboratively. KL envisaged a different approach and there needed to be a long-term solution. AR agreed that it needed to be collaborative rather than competition.</p> <p>AR further commented that Changing Futures was exercising sustainability and he was mindful that the contract was scheduled to end in March 2024.</p> <p>RESOLVED: That Mark Warren declared an interest as Changing Futures is hosted by Blackburn with Darwen Council. LJT would record on the conflicts of interest committee action log. He remained in the meeting.</p> <p>MW referred to the work being undertaken by Changing Futures which had not been carried out in England before and provided support to some of the most complex people, bringing stakeholders together across the NHS, local authorities and other partners in an innovative way. He also referred to the Changing Futures contract and stressed the importance of mainstreaming services. MW further commented that having an ICB quality approach would make a difference and measuring Changing Futures and that consideration would need to be given as to how it could be taken forward.</p>	<p>KL/ Quality Team</p> <p>KL</p> <p>LJT (✓)</p> <p>LJT (✓)</p>
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<p>5.</p>	<p><u>Patient Story/Experience</u></p> <p>The Chair referred to two case studies that had been included with the meeting papers relating to Personal Health Budgets (PHBs) requesting that committee members read and reflect on. The following comments were made:</p> <ul style="list-style-type: none"> • Recognition that the families had many battles and there was a level of ‘fighting’ across services which should have provided more support. • Helped with an understanding of the functioning of CHC PHB from lived experience of accessing these services. A question was asked regarding the experience relating to CHC if patients don’t have PHB and the risk around transition. • Local authority assessments – eligibility confuses people and there was a real opportunity to join up the operation of CHC further with the local authorities. • There was a need for expert advocacy for individuals and families. • Reflecting on the wider cultural issue, who are the experts in their care needs and how to involve and listen better to people, <p>The Chair welcomed the comments made.</p> <p>RESOLVED: That the Quality Committee note the patient stories/experiences, noting the issues and variation across LSC in respect of continuing healthcare and personal health budgets recognising that there needed to be more joined up work taking place across services.</p>	
<p>6.</p>	<p><u>Risks and Escalations</u></p> <p>RESOLVED: That the declaration of interest relating to Peter Murphy, Executive Director of Nursing, Midwifery, AHP and Quality at Blackpool Teaching Hospitals NHSFT representing the Provider Collaborative Board in respect of the section relating to Blackpool Teaching Hospitals NHSFT be noted. LJT would record on the Conflicts of Interest committee action log. He remained in the meeting.</p> <p>CM spoke to a circulated report which informed the Quality Committee of current and emerging escalation/risk concerns across LSC.</p> <p>CM advised that a Never Event had been reported through Lancashire Teaching Hospitals NHSFT. She provided the committee with an overview of a Never Event which was categorised as low harm and advised that further information was awaited. CM advised that all Trust Boards are required to report Never Events in the public domain. The definition of a Never Event is:</p> <p><i>Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.</i></p> <p>JH referred to the service gaps with potential impact to Children in Care and</p>	<p>LJT (✓)</p>

<p>Looked After Children and sought clarification in respect of the business case being submitted for 'interim' funds to address backlog of RHA assessments. SO'B advised that this had been approved but it was an interim arrangement until additional demand had reduced. Work was taking place with local authority colleagues to determine whether the numbers of children would settle or whether a review of the level of investment would need to be undertaken.</p> <p>Reference was made to quality oversight visits within the report and whether there was involvement of the Lancashire Learning Disabilities Consortium. SO'B would check and advise the committee.</p> <p>JH referred to vulnerable community services and asked for the definition of community seeking clarification as to what it referred to within the report. SO'B clarified by giving an example of a small service commissioned by one CCG with gaps in workforce she advised that several contracts via the former CCGs were coming to an end and required a review.</p> <p>Clarification was sought as to whether Never Events were reported to the System Quality Group (SQG) and SO'B advised that no they would be reported here. The SQG was more about learning and reflection. A question was asked as to the type of report the committee would wish to have sight of being mindful of avoiding duplication of work produced by Trusts. It was suggested that themes be provided to the committee including a log of how the committee addresses any actions.</p> <p>PM advised that PSIRF (Patient Safety Incident Response Framework) would be implemented imminently and suggested that a solution be found in summarising the information contained within PSIRF. SO'B and PM would review future reports with respective Directors of Nursing. This was welcomed as it would provide the committee with additional assurance.</p> <p>DB referred to learning disabilities and in particular, annual health checks. Whilst he welcomed the increase in the numbers of annual health checks, further work would need to be undertaken with people with learning disabilities in order that they can take control of their lives, stressing the importance of supporting people to be empowered. The experience of people in respect of quality visits was raised and added value in terms of what they can bring. Assurance was required that people with lived experience are included as quality checkers. SO'B, CM and KL noted the comments made and would take forward.</p> <p>DC welcomed the report and referred to the relationship between risks and escalations and, quality and safety. She sought clarification as to why, for example, delayed transfers of care had not been included in the risks and escalations report. SO'B advised that escalation report should have very few issues and that quality and safety contained the majority of issues and quality overview.</p> <p>There was a requirement to move the escalation report to escalation only with a view to having more information in the quality report. SO'B extended an invitation to committee members to visit the team to discuss further if required.</p>	<p>SO'B</p> <p>SO'B/ PM</p> <p>SO'B/ CM/KL</p>
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	<p>JO'B sought clarification in respect of assurance that issues were being dealt with and ensuring the correct questions were being asked. SO'B advised that the majority of issues were dealt with by provider organisations and any issues that required escalation would be taken through the ICB Quality Committee.</p> <p>The Chair welcomed the report and discussion along with the work taking place to provide assurance to the committee. She also welcomed the helpful discussion in respect of the links back to quality reporting commenting that there were good opportunities to make it more informed about what is happening and co-production.</p> <p>DE sought clarification relating to timescales and the Chair commented that running through all of the work was assurance that issues were being escalated that required escalation and followed through in a timely manner.</p> <p>RESOLVED: That the Quality Committee receive the report, noting the actions being taken to mitigate risks.</p>	
7.	<p><u>Continuing Healthcare (CHC)/Individual Patient Activity (IPA) – Update and Case for Change</u></p> <p>SO'B spoke to a circulated report and gave a presentation regarding current performance within Continuing Healthcare (CHC) and Individual Patient Activity (IPA), highlighting risks relating to performance and service demands. She also presented a case for change to the service delivery model with indicative costs and benefits. Support was sought from the Quality Committee for the proposed model ahead of the ICB Board meeting in December. The presentation covered:</p> <ul style="list-style-type: none"> • Quality Premiums KPI data • History of the service and the consequences • Case for change • Options appraisal: <ul style="list-style-type: none"> • Option 1 - Do nothing – result in continued poor performance, high-cost packages of care, not meeting statutory responsibilities, high complaints and disputes, no oversight/ownership over data and lack of quality assurance and patient outcomes. • Option 2 - Invest in MLCSU – No oversight/ownership of data (ICB cant access data), fragmented relationships, not fit for future integrated model, inability to recruit and retain staff, lack of confidence in the ability to recover the position and variation of service delivery across the ICB. • Option 3 (Preferred option) – End to End CHC ICB service integrated and delivered at place. Reduction in variation, quality oversight and assurance, ownership of the data, ownership of the service, workforce resilience, grip and control over brokerage and finances, step approach to Integrated CHC teams and better outcomes for the population. • Methodology • Comparison of current integrated service delivery • ICB business model for CHC • Current funding • Benefits of more investment • Current staffing and costs v New model • Proposed model risks 	

In conclusion, it was noted that:

- There were long standing performance challenges with CHC across LSC
- There were currently significant quality and financial risks for the ICB
- The ICB was not meeting its statutory responsibilities
- The delivery model was varied, fragmented and under resourced
- Effective sustainable transformation would require additional investment **AND** a new delivery model based on the current Blackpool model

Discussion ensued and there was overall support for the Option 3 as the preferred option. Comments included:

- Important to ensure quality was at the forefront however, the challenge will be to spend efficiently.
- When looking at admission profiles, there are extra admissions that could have been prevented.
- Perfect opportunity for greater involvement.
- Suggestion to look at the Blackpool model and experiences with a view to undertaking a small piece of work around those positive experiences which then becomes the blueprint for the future. DB would support SO'B around this.
- Clarification was sought as to what the independent advice was and whether it was sufficient.
- Demonstration of interplay in terms of who is looking at what across the Board and committees. Reinforces the principle of having patient and public involvement as an evidence base to support decision-making processes. Also their involvement in co-designing a new service which the PIEAC could develop.
- Assurances required that there will not be a cost transfer, shunting or local authority eligibility – bringing it together will help mitigate this.
- Work with social workers and local authorities and it would serve as a foundation for other pieces of work.
- As a Quality Committee, there should be links in a number of areas such as joint locality commissioning, deprivation of liberty safeguards (DOLS) etc.
- Stressed the importance of 'getting it right this time'.
- Clarification was sought as to whether there was sufficient internal expertise to understand that Option 3 was the best option.
- Reference was made to the former Blackpool CCG model advising that individual patient panels and appeals panels were in place, suggesting that consideration be given to this in going forward.
- Reference was made to independent advocacy and how the voluntary sector would be involved in the Blackpool model.
- Reference was made to co-location in terms of multi-agency and multi-service teams and trusted relationships were noted as a key to future success.
- What will we measure in terms of success?

Both the Chair and SO'B welcomed the comments made which would help strengthen the report to the Board. SO'B provided the following responses:

- Co-design – some had been undertaken in Blackpool and some was historic. It was about staffing the service adequately and SO'B gave a commitment to strengthen this. She welcomed the offer of support from DB.

**SO'B/
DB**

	<ul style="list-style-type: none"> • Complaints and feedback were reviewed which resulted in a more positive outcome across Blackpool which then shaped the proposals within the business case. • Fully agreed with the comments made about spending efficiently – pooling budgets and teams working as one and having an LSC pound which would result in the best outcome for residents. • In respect of the voluntary sector and delivery of packages, there will be lots of opportunity, deep integration and wider work with the community. • With regard to internal expertise in the system, an Assistant Director would be commencing in post in January (a previous role, successfully turning CHC around in Southampton). SO'B will have oversight and stressed the importance of having the right model, leadership, integrating at place and working together. • In respect of measuring in terms of success, SO'B anticipated that it would be around patient centred areas and engagement – people telling us that the service provided was much better. • LSC ICB was currently being monitored nationally. • There were savings to be made and there should not be inequity across the system. <p>RESOLVED: The Quality Committee:</p> <ul style="list-style-type: none"> • Noted the current under performance of continuing healthcare and the associated risks and mitigations. The report also linked to the patient stories reflected on earlier in the meeting. • Supported the proposed new model of delivery for continuing healthcare (Option 3) which would require investment and would be presented to the ICB Board on 7 December 2022. 	
8.	<p><u>Assurance on Secure Services</u></p> <p>DL spoke to a circulated report which showed patients being abused whilst in the care of an NHS Trust. The National Director Mental Health wrote to each NHSE region and ICB asking that they undertake a number of actions to help to ask ourselves what more could be done to ensure those behaviours and actions were not present in the services within LSC. DL advised that a further step had been taken across LSC ICB and a programme of visits to secure units had been drawn up to see and ensure first-hand that patients were safe. It was suggested that discussions be held with people with lived experience and this was noted.</p> <p>RESOLVED: That the Quality Committee receive the report, approve the actions being taken forward and welcomed the programme of visits to secure units.</p>	

9.	<p><u>Quarterly Quality and Safety Report including Lessons Learned and Outcomes</u></p> <p>Due to time constraints at the meeting, the Quality Committee acknowledged the report and CL advised that work was taking place between teams. Presentational slides would be sent to the committee and further consideration would be given to the content of future reports to the committee.</p> <p>RESOLVED: That the Quality Committee receive the report and provide comments on the presentational slides to CL directly and that further consideration would be given to the content of future reports.</p> <p><i>Post meeting note: The Chair met with CL regarding the content of quarterly reports to the committee. It was concluded that receiving subject-based reports on a quarterly basis would be too large for the committee to give due attention. The Chair was comfortable with the suggestion that the subjects be split into thirds and fewer subjects would be reported each month on rotation. SO'B/KL/CL/CM to agree subject/rotation outside of the meeting. The committee workplan would be updated to reflect this arrangement. In addition, escalation of items will be made as necessary outwith the cycle of subject matter areas.</i></p>	<p>LJT (✓)</p> <p>SO'B/ KL/ CL/ CM</p>
10.	<p><u>Domestic Abuse and Workplace Policy</u></p> <p>SO'B spoke to the circulated Domestic Abuse and Workplace Policy for the ICB which recognised that as an employer, LSC ICB has responsibility for health, safety, and welfare of staff at work and seeks to provide support to those affected by domestic abuse. The policy would ensure that both victims and perpetrators of domestic abuse are aware of the support available within the ICB. It also provided guidance to line managers when supporting staff who are affected by domestic abuse.</p> <p>The policy had been updated and amended to reflect LSC ICB following the establishment of the new statutory body from 1 July 2022. It also included updated guidance following the Domestic Abuse Act 2021.</p> <p>RESOLVED: That the Quality Committee approve the Domestic Abuse and Workplace Policy.</p>	
11.	<p><u>Committee Highlights Report to the Board</u></p> <p>The following items would be highlighted to the Board:</p> <ul style="list-style-type: none"> • Cross committee relationships • Output of work from the committee development session and revised workplan • Patient story/experience • Risks and escalations • Continuing Healthcare/Individual Patient Activity – Update and Case for Change - Supported • Assurance on Secure Services • Domestic Abuse and Workplace Policy – Approved 	

12.	<p><u>Reflections from the Meeting</u></p> <p>The Chair reflected on the discussion held asking whether the Quality Committee had been challenged and whether it had made a difference. The following reflections were made:</p> <ul style="list-style-type: none"> • Continuing Healthcare (CHC) – The committee contributed to the proposal recognising its responsibilities around quality and patient care, also informed by the patient stories/experience. If approved by the Board, the committee requested an update on progress once the model had been implemented and established. • System Quality Group – Provided an update from the SQG to the committee. • Population health data - Recognised the links with inequity and population health being taken through the work undertaken by Andrew Bennett. • Multiple complex needs, Changing Futures, lived experience and working with multi-agencies. • Excess mortality in the system – CVD. A quality issue and whilst not discussed in detail, it was noted that mortality was included on the committee workplan through a different lens. <p>RESOLVED: That the Quality Committee reflections be noted.</p>	SO'B
13.	<p><u>Any Other Business</u></p> <p>There were no issues raised.</p>	
14.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 21 December 2022 at 1.30pm-3.30pm in Boardroom 1, Chorley House – Subsequently cancelled.</p> <p>The next meeting would be held on Wednesday, 18 January 2023 at 1.30pm-4.30pm via MS Teams.</p>	