

Subject to approval at the next meeting

Minutes of the meeting of the Integrated Care Board
Wednesday, 1 February 2023 at 9.30am
ICB Headquarters, Chorley House, Lancashire Business Park,
Centurion Way, Leyland, Preston, PR26 6TT

	Name	Job Title
Members	David Flory	Chair
	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	Maggie Oldham	Chief Planning, Performance and Strategy Officer/Deputy Chief Executive
	Debbie Corcoran	Non-Executive and 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
	David Blacklock	Healthwatch Chief Executive
	John Readman	Director of Adult and Social Care Services

In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Councillor Michael Green	Chair of the Integrated Care Partnership (for agenda item 05/23)
	Pam Bowling	Corporate Office Team Leader (minute taker)
Apologies for Absence	James Fleet	Chief People Officer

The items were discussed in the order of the minutes and not the order of the agenda.

Item	Note
01/23	<p>Welcome and Introductions</p> <p>The Chair, David Flory, welcomed everyone to the meeting, in particular Councillor Michael Green, LCC, Chair of the Integrated Care Partnership, and thanked those observing the meeting for their interest in the business of the ICB.</p> <p>The Chair advised that 158 questions had been received regarding Withnell Health Centre in Chorley and prior to today's meeting, the Chief Executive and himself, had met with a community group representing the patients of the practice to discuss the issues raised. Three other questions had been received which did not relate to items on the agenda which would be responded to outside the meeting.</p>
02/23	<p>Apologies for Absence</p> <p>James Fleet.</p>
03/23	<p>Declarations of Interest</p> <p>There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose to declare at that time.</p>
04/23	<p>Minutes of the last meeting held on 7 December 2022, actions and matters arising</p> <p>The minutes of the last meeting held on 7 December 2022 were approved as a correct record, subject to correction of a typing error on page 2 'David Blacklock'. All actions were noted to be complete or in progress.</p>
05/23	<p>Draft Integrated Care Strategy</p> <p>The Chief Executive, Kevin Lavery, introduced the item and explained that the Integrated Care Partnership (ICP) was established in September 2022 and was required to produce a draft Integrated Care Strategy by December 2022. The draft Strategy was presented the Board and Kevin commented that this was a good piece of work carried out within a short timescale and would be developed further over the next three years.</p> <p>Councillor Michael Green commented that the ICP provided an opportunity to deliver better joined up services and tackle issues faced in Lancashire and South Cumbria (LSC) and was seen as a sea change in ways of working between the four upper tier Local Authorities across LSC, the NHS and other partners. The initial focus of the ICP was on building relationships and all partners had a collective ambition to work in different ways and achieve better integration going forward. The Strategy had been</p>

developed over a short period of time with some initial consultation with the public. The next stage will be to get a view from the community and to shape its development over the next 3 years. Councillor Green thanked everyone who had been involved in the work so far.

Craig Harris explained that the draft Strategy has been developed based on the life course approach, is a collaborative effort from partners and cross-referenced with Health and Wellbeing Boards and the ICB's plan for the future. It was noted that this is a starting point with further inclusive engagement to be carried out with partners and the public. A set of integrated delivery plans will be developed which will form the work programme of the ICP.

Angie Ridgwell commented that Local Authority colleagues are supportive of the approach taken in developing the Strategy and development of the Partnership, and the District Councils and VCFS welcome a focus on their 'voice' in the next iteration. Angie added that the priorities are broad and will need to be constrained to meet the resources available and that once the Strategy is finalised there will be a need to refine the vision and focus on communications to make it meaningful to partners and the public.

Abdul Razaq added that the Strategy co-aligns with the Blackburn with Darwen Health and Wellbeing Strategy and in terms of the intent, emphasised the need to achieve some early wins in ways of working, adding value and sharing great practice.

Tracy Hopkins welcomed the life course approach and would have liked the comments and feedback from the ICP meeting held on 12th January to be included. Tracy emphasised the need for a clear action plan and timescales in terms of the plans for wider consultation and recommended strong communications tools to ensure a clear understanding of the Strategy in the community.

John Readman endorsed the comments made recognising the good work undertaken to date and emphasized the need to be clear in terms of messaging within each sector that the Strategy is iterative and in development and to be clear about the narrative.

Jim Birrell sought clarity on how realistic the plans for a final version of the Strategy by March 2023 are bearing in mind the need for further consultation but also the need to deliver some early wins.

Debbie Corcoran advised that, at its last meeting, the ICB Patient Involvement and Engagement Advisory Committee (PIEAC) had considered the feedback received from the engagement on the draft Strategy and provided assurance about the approach. The PIEAC acknowledged the developing process due to the timescale, that involvement and consultation will happen now and the focus on co-production. The PIEAC was keen to make sure the approach around consultation included seldom heard and hard to reach people and the valuable contribution to be made from partners in Healthwatch and Voluntary, Community, Faith and Social Enterprise (VCFSE). The detailed feedback received was cross checked with the Strategy highlighting areas where it was not reflected in the final document and it was suggested therefore that a 'you said we did' be included.

	<p>Geoff Jolliffe endorsed the Strategy recognising the plans for further development and commented on the tension between keeping it simple, due to timescales, and maintaining a sense of optimism and ambition. He added that place and neighbourhood are key to implementation and it is important for the workforce to embrace and deliver the Strategy.</p> <p>In response to the comments made Craig Harris advised that the requirement is to have a final draft Strategy by the end of March 2023 acknowledging that further work will be undertaken within 2023/24. The Strategy Development Group will build on the engagement to date in terms of a more inclusive and wider engagement programme and will have a user-friendly version of the document for different groups of people. A detailed action plan with timescales is in place. Unfortunately, the timings of submission of papers for the Board meeting did not allow for the comments made at the ICP meeting to be included in the report but revisions are being made in light of the comments made and progress reports will be provided to the Board.</p> <p>David Flory welcomed the progress made and the new and different opportunities which the development of the ICP and the Strategy presented for the communities served and emphasised the importance of the Integrated Care Board aligning its priorities and delivery programmes with the direction set by the Partnership.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board support the draft Integrated Care Strategy • That the Board note the assessment of the plan against national guidance • That the Board support the proposed roadmap for the further development and finalisation of the strategy
06/23	<p>Chief Executive’s Report</p> <p>Kevin Lavery, Chief Executive, began by making the following statement on the Withnell health centre procurement process:</p> <p>“As you can imagine, there are lots of legal implications surrounding this so we are trying to be very sure footed in finding the right way forward here. I have now received a full briefing on this issue. I have also reviewed the many emails, letters and comments made by the general public on the matter, plus the large number of questions directed to the Board. We are unable to respond to these at the moment but we will do as soon as we can but in the meantime, I want to be clear that we are listening, we are taking the issue very seriously and the questions raised deserve full answers. As of today, we have not yet signed a contract with the provider. I hope to resolve matters within the next 2-3 weeks and I will keep you informed.”</p> <p>Kevin Lavery then presented his report which covered both the ongoing winter pressures and system-wide work to mitigate risk to patients and the work being done to develop longer-term strategies seeking to align the different parts of the system and build something different.</p> <p>On winter pressures it was reported that the system has been under pressure and not met many of the service standards but has coped relatively well and Kevin Lavery praised all those working across the system for responding superbly in the most difficult of situations. Maggie Oldham was thanked for leading the efforts in the ICB,</p>

	<p>along with the Executive Team and other staff who had been involved, in emergency planning operations.</p> <p>As the end of the financial year approaches it was noted that the financial risk has started to stabilise and the system is aiming to finish close to a break-even position. Looking forward to 2023/24 and beyond remains a challenge with the need to make sure the system has sustainable finance and recurrent savings.</p> <p>As a new organisation it was recognised as being vital to set a comprehensive vision / direction for the future and over the next few months discussion will take place on a state of the system review, and development of a long-term plan and 3-year financial framework for system. These will be presented to the Board in draft at the next meeting in March for final sign off in June. Attention was also drawn to the Operating Model for the Lancashire and South Cumbria Integrated Care Board and Provider Collaborative Board which is about being aligned as a system with key objectives to work together efficiently, effectively and at pace.</p> <p>Kevin McGee added his thanks to all operational and clinical staff for the work they are doing and commented that continued pressures are expected in terms of activity and staffing. Reference was made to the need to continue with the development of out of hospital capacity and the implementation of support schemes in the community were welcomed.</p> <p>Chris Oliver recognised the joint working between acute and mental health service colleagues to try to reduce delays and was pleased to report an increase in assessment at mental health centres and an additional 12 mental health beds within Lancashire and South Cumbria which will support a reduction in out of area provision.</p> <p>Debbie Corcoran referred to the update on the Mutually Agreed Resignation Scheme (MARS) and staff consultation, acknowledging the difficult time for staff and line managers, and sought assurance around the approach to communications and staff wellbeing. Kevin Lavery acknowledged that there is work to do in terms of improving staff morale and the Executive Team are listening and responding to feedback, focusing on areas such as communications, training and development. This is expected to be reflected in the Staff Survey. It was also noted that there will be further headcount reduction targets in the future.</p> <p>Jane O'Brien suggested that current ways of working in terms of operational pressures presented an opportunity to build system-wide learning and evaluation into the Integrated Care Strategy. Craig Harris responded that the intention is to evaluate and take learning, such as from Covid and the industrial action, as the Strategy is developed and that this was already happening at place in an integrated way. Craig Harris agreed to discuss this further with Jane outside the meeting. It was noted that conversations were taking place about system, as well as organisational, leadership.</p> <p>RESOLVED: That the Board note the updates provided.</p>
07/23	<p>Patient Story / Citizens Voice David Levy introduced the item, a patient's experience of the virtual ward model, and</p>

explained that this is a new model of care, managing people safely in their own home, by collaborative working between primary care, secondary care and the ICB. There are currently 180 beds across Lancashire and South Cumbria with an initial focus on patients with acute respiratory illness and frailty. The ambition is to get to 746 beds across LSC by December 2023.

The patient, Christine, shared her views and explained how, from an initial lack of understanding, she realised the benefits of being able to be cared for at home. Christine explained that she felt safe and didn't feel isolated due to regular monitoring and communication. Being at home put less stress on relatives in terms of hospital visiting. Christine described it as a very positive experience but expressed that it may not be suitable for everyone, in particular those who do not have a support network around them. Christine expressed her thanks to everyone involved and said she would recommend virtual wards to patients in her situation.

David Levy further commented that the foundations had been built and if additional resource becomes available the ambition could be to escalate to a higher number. Asim Patel added how technology can be used to make virtual care even better and there were various national models using telemonitoring solutions helping to address workforce challenges.

Discussion took place about the need for an evaluation process from a patient safety and clinical outcomes perspective and for a wide understanding of patient feedback, particularly for the vulnerable. In response David Levy confirmed that a formal evaluation process is being undertaken across all ICBs and that patient feedback from early implementer systems is good and the service model has proved to be a less expensive way of managing patients in a better way, however, it is not appropriate for all patients. Dr Levy agreed to bring this evaluation back to the Board in due course.

Action: David Levy

Dr Jolliffe added that currently the service is provider led and GPs need a clear pathway for the service to ensure it is safe and effective for patients. Sarah O'Brien added that the patients remain under the care of the specialist team and any incidents or harm would be recorded under their usual processes.

Asim Patel confirmed that data and feedback from patients is being used in terms of the approach to the eligibility criteria for this pathway. The Department and Health and Social Care published a paper on 30 January 2023 on plans to expand the service and refers to increasing clinical evidence on the safety of virtual wards.

Kevin McGee added that from a provider perspective initially there was some scepticism, but clinical teams are supportive of the development and keen to engage and the scheme is helping in terms of winter pressures and flow.

On behalf of the Board, the Chair thanked Christine for agreeing to share her experience and recognised that new ways of working such as technology enabled care was central to the strategies, plans and further development of health and social care across the system.

08/23	<p>Operating Model for the Integrated Care Board and Provider Collaborative Board</p> <p>Kevin Lavery explained that in October 2022 the LSC ICB commissioned a programme of support to develop clarity about the respective roles of the ICB and the Provider Collaborative Board (PCB) in the ICS and to define the optimal operating model. The programme of work took place during November to December 2022 and the report described:</p> <ul style="list-style-type: none"> • The context and objectives of the work. • The approach taken to deliver the programme. • A summary of the outputs of a workshop with ICB and PCB leaders held on 19 December 2022 to discuss the priorities agreed for joint effort between the ICB and PCB and the operating model to deliver those priorities. • Conclusions and recommendations <p>Kevin Lavery welcomed the report and was pleased with the high level of participation from leaders across the system and support for the direction of travel and recommendations. Partners demonstrated both commitment and capability and an openness to doing things differently. A joint response and action plan for the ICB and PCB will be developed in terms of priority projects and resources to make it happen.</p> <p>Kevin McGee and Chris Oliver expressed their support for this piece of work and for the development of an action plan and it was noted that the report was being submitted to the PCB for endorsement the following week.</p> <p>Discussion took place and Board members welcomed and supported the work undertaken. Additional comments made included the need for principles for ways of working, links to integration, clarity on who is doing what and the holding of each other to account. The report referred to the PCB focusing on a small number of clear priority programmes. The need for these priorities to be set in collaboration with the ICB and for the Board to be provided with assurance around delivery, was highlighted. The need to make connections with place development and primary care was noted as important and urgent work to be done. Whilst it was acknowledged that the work described only looked at the relationship between the PCB and the ICB and that the whole system will be involved going forward, it was suggested that the wider system should have been involved at the start of the process and to the need for integration across the system to bring about transformation. The need for clinical leadership across the whole system to be aligned was also highlighted.</p> <p>Sarah O'Brien responded on the need for the wider population health work to be done at place, noted that providers would be members of the place-based partnerships and that this requires a different way of working. It was noted that workshops are being planned around system leadership.</p> <p>David Levy emphasised that the scope of this work was about how the ICB works with the PCB and that the work which is needed across the system on services such as vascular and pathology needs to be done in partnership with agreement on a common way forward to get the best deal for the population. It was confirmed that conversations are taking place with clinical leaders about this.</p> <p>Concern was expressed at the lack of evidence that people had been involved in the</p>
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	<p>process and the need to ensure robust engagement alongside this work. It was also suggested that reference to the need for providers to be getting the basics right and of the need for personal and engaging leadership.</p> <p>Kevin Lavery summarised and responded to the discussion points raised by emphasising that the scope of the work was deliberately narrow and focused on the bureaucracy and how it can work well to be able to deal with current issues in terms of the ICB and PCB. He confirmed that there is parallel work ongoing in place and it is likely that a similar piece of work will be undertaken on place-based partnerships. The issues around the wider system were acknowledged and it was confirmed that many of the priorities set out in the report will feature in the long-term plan.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the contents of the report • That the Board approve the recommended next steps.
09/23	<p>Health and Care Integration: Summary Update</p> <p>Craig Harris presented the report and provided a summary of the priorities of the Health and Care integration (HCI) function of the Integrated Care Board. Part one of the paper provided an overview of the role and function of the HCI directorate and outlined the opportunities and commitment to partnership working across the ICB and the wider Integrated Care System (ICS). The paper also outlined the future arrangements for the development of the Integrated Care Partnership (ICP). Part two of the paper provided assurance to the Board on the progress made in the development of the four place-based partnerships and the next steps for development.</p> <p>It was explained that the HCI team is primarily focussing upon supporting the development and function of the ICP, further developing the four place-based partnerships and creating strategic long term partnership arrangements with key stakeholders such the VCFSE sector with a focus on health and care integration with some significant successes to date. In terms of development of the four place-based partnerships, the previously agreed narrative is being reviewed and refreshed and work is ongoing to identify priorities and develop an operating model in place.</p> <p>A discussion followed and the Board expressed their support for the ambition and integration, emphasised the importance of developing the operating models and the need to move at pace alongside primary care and communities. Attention was also drawn to the reference in the appendix at point 6 on the need for sharing of data and information on population health. It was also recognised that this next stage of development will bring together the state of the nation, long-term plan and 3-year strategy.</p> <p>Comments were made about the need to determine the resource requirements at place and to move to devolved budgets once the operating model is agreed in order to support decision making and to re-build relationships with partners.</p> <p>Kevin McGee commented that as the majority of hospital services are locally based, it is important to get this right at place.</p> <p>Angie Ridgwell confirmed that the Local Authorities fully endorse this work and need</p>

	<p>to make sure that a voice is given to District Councils and VCFS and that Local Authorities align their resources appropriately.</p> <p>David Flory was encouraged by the positive comments and referred to the ambition expressed by the Board in July 2022 when the new place configuration was agreed. The Chair drew attention to the letter from Sir David Pearson, System Transformation Advisor, NHSE, at Appendix C and the clear message to continue with the work as quickly as possible.</p> <p>Kevin Lavery confirmed that the ambition is for a world class community centric health and care system with place at its heart, however, he expressed his discomfort with the pace to date which had been impacted by the re-alignment of places and delay in commencement of place directors. Kevin emphasised the need to focus on the system budget going forward, to look at the community side, for a serious devolution programme and ambitious investment programme, a step change in prevention and real progress on integration. It was acknowledged that there will be tensions and a need to be honest about what is possible but it is moving in the right direction.</p> <p>RESOLVED: That the Board note the contents of the report and support the next stages of development as set out in the report.</p>
10/23	<p>Finance Report: Month 8</p> <p>Sam Proffitt presented the report on the month 8 financial performance for the LSC system and advised that the Finance and Performance Committee had met on 16 January 2023, the discussion from which, had supported the development of the paper. The following key points were highlighted from the report.</p> <p>The ICB is reporting a system deficit of £66.5m at the end of November which is £55m worse than plan. This represents a current pressure of £19m for the ICB and £36m across the Provider Trusts. The deficit position has remained relatively static at the end of November. There has been continued activity since the last Board in developing and progressing delivery against the ICB and Provider recovery plans to mitigate the collective system risk and achieve the year-end financial targets.</p> <p>The current operational pressures are impacting on the ability to deliver plans, increasing the risk but across the Providers and in the ICB additional focus has been put onto the actions required to achieve the targets.</p> <p>The initial risk identified at planning stage was £177m for the system, this is currently assessed at £40m and through joint working it is anticipated that this can be reduced further. The system had a historic surplus of £27m and the system is exploring the potential for utilising this against any residual risk at year end. This position will be confirmed as part of the month 10 (end of January) reported position.</p> <p>It was noted that plans for 2023/24 are being developed and it will be essential that the system begins to impact delivery of the large efficiency schemes in the last quarter of 2023/24 and work is being undertaken on the system wide transformation and PMO to support this.</p>

	<p>Roy Fisher, Chair of the Finance and Performance Committee, referred to the significant amount of work ongoing to achieve a break-even position at year end. It was reported that at the last Finance and Performance Committee meeting members requested an improvement in terms of the performance reports received and further work is ongoing on the development of the report.</p> <p>Jim Birrell commented on the expectation of achieving the year-end financial targets but expressed concern over the lack of recurrent savings being delivered and sustainability in terms of the challenges ahead.</p> <p>The Chair added that the current expenditure trends are unlikely to change and this needs to be reflected in the broader discussions around planning for 2023/24.</p> <p>RESOLVED: That the Board note the contents of the report and the actions required to mitigate the financial risk.</p>
11/23	<p>Performance Report</p> <p>Maggie Oldham presented the report on the performance of the LSC health care system during November 2022 and added more up to date information where possible. It was noted that the position on performance was discussed at the Finance and Performance Committee and the comments made had been taken on board.</p> <p>Maggie Oldham expressed her thanks to everyone working in the system across health and social care for their hard work and efforts describing the current period as extraordinary with significant pressures due to winter, exacerbated by the impact of industrial action.</p> <p>In terms of performance some improvements were reported in compliance with key standards. Industrial action in other sectors has had an impact on staff and a lot of effort is taking place to keep services running 24/7. In terms of comparison with others, the LSC system compares well in terms of activity that has had to be stepped down due to strikes.</p> <p>With regard to performance during the period, the following key points were highlighted. During December and January, urgent and emergency care experienced unusual patterns of activity with high spikes at LTHFT and BTHFT. Reasons for this included the Strep A outbreak, impact of the cold weather snap, early start to the flu season and a spike in Covid in December. From mid-December to early January there was a spike in the number of beds occupied and a range of strategies and approaches were utilised to tackle the identified challenges in terms of urgent and emergency care access. There were practical constraints in terms of patients waiting for admission with significant waits in A&E and for admission. Over the coming months data on this will be reviewed closely and brought back to the Board.</p> <p>Following this spike in activity, it was reported that performance is now good across urgent and emergency care indicators compared to other areas of the country. This is due to winter plans, virtual wards, mutual aid and publicity around the effect of strikes. Reference was also made to the improvements in ambulance handover times.</p>

The need to continue to maximise the benefits seen through the platform of the strike action was highlighted and it was noted that over 50% of beds are occupied by patients not meeting the medical criteria to reside. An improving position in terms of elective performance was reported. The LSC system was commended by Professor Tim Briggs, NHSE Director, for the stepped change in theatre utilisation and in clinical engagement. A need for improvement in compliance with cancer targets at LTHFT was noted.

Kevin McGee suggested that the report would be helped by the inclusion of national and regional comparative data; whilst the LSC system is under significant pressure, performance is significantly better than other parts of the country. The emphasis now is to continue to manage through winter but to focus on elective recovery and to eliminate 78-week waiters by the end of March 2023.

Chris Oliver commented that the improving picture described was mirrored in mental health services, particular in terms of reducing attendances at A&E and reducing admissions. Part of this was due to the initial response service which the ICB invested in and the street triage service which has seen positive results in Pennine and is now being rolled out to other parts of LSC.

Learning Disability and Autism: Current Position

Sarah O'Brien explained that the NHS Long-Term Plan specified areas of focus and improvement in relation to people with a learning disability and/or autism and there are also nationally driven programmes with a focus on the developments required to reduce health inequalities. The NHS (led by the ICB) and system partners have a crucial role to support people with a learning disability and/or autism live longer, happier and healthier lives.

The ICB has a dedicated Learning Disability and Autism team that support delivery of all these programmes and report trajectories to NHSE on inpatient admissions and discharges, completion of annual health checks and Learning from the Lives and deaths of people with learning disabilities and autistic people (LeDeR).

It was noted that there were challenges to achieving performance against NHS trajectories across the CCGs which still exist and whilst there are some mitigating actions in place, further service developments and potential investment will be required to ensure the ICB can deliver on this agenda.

Attention was drawn to the section of the report on annual health checks for people with a learning disability and current performance, associated challenges, risks and required service improvements. David Levy responded to an action agreed at the last Board meeting following concerns expressed about performance as at November 2022. Further enquiries have demonstrated that those areas with low performance have plans in place to deliver health checks and achieve the target by the end of March 2023. It was confirmed that this position will be closely monitored.

Members welcomed this report and discussion ensued. David Blacklock suggested the need for a deeper understanding of the number of people who declined an annual health check and asked about the governance arrangements for The Learning

	<p>Disability and Autism Strategies.</p> <p>Debbie Corcoran also asked how learning from the Strategies is being used going forward and encouraged a levelling up of services and a system-wide approach, in particular around assessment, referring to the excellent services available in East Lancashire.</p> <p>John Readman commented that whilst it is right for grip and control to be at this level, operationally the work is carried out at place and reiterated the support from Directors of Adult and Children’s services working alongside the NHS on this agenda.</p> <p>Chris Oliver asked that the strong focus of LSC ICB on mental health, learning disability and autism should be noted and referred to the Autism Capacity and Demand analysis, commissioned from NICHE, which will be helpful in terms of the inherited budgets from CCGs and levelling up of children’s and young people’s services. Chris Oliver advised that following recent media attention on the unacceptable treatment of people with learning disabilities and/or autism in care settings, Chief Executives have discussed support in acute trusts and Chief Nurses are following this through.</p> <p>Sheena Cumiskey highlighted the need to not only focus on the services provided, but to be mindful that people with learning disabilities and/or autism should be part of everything that is done and integration at place is key.</p> <p>Sarah O’Brien responded to the points raised. In terms of people declining the offer of an annual healthcheck it was confirmed that health facilitation teams are working closely with primary care to look at this. With regard to strategy, some of it is iterative and place is where adult health and social care teams work together and deliver in an integrated way. In terms of oversight, responsibility for this sits in different areas and there is more work to do mapping this out as a system. The Strategies are being considered at the forthcoming ICB Quality Committee recognising the need to make sure that they are widely promoted and inform the services going forward. In terms of levelling up the analysis work by NICHE will be important and is likely to come back to the Board at some point in the future.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the summary of key performance metrics for Lancashire and South Cumbria. • That the Board support the actions being undertaken to improve performance against high risk metrics identified in the report. • 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.
12/23	<p>Resilience and surge planning/Urgent and Emergency Care Board Assurance Framework</p> <p>Maggie Oldham provided an update on the status and progress of the Urgent and Emergency Care (UEC) Board Assurance Framework, ‘Going further on our winter resilience plans’, local resilience and surge schemes, and a recent supplementary</p>

	<p>template to the UEC Board Assurance Framework.</p> <p>It was noted that a lot of emphasis is being put on the demand and capacity schemes in place across LSC and the local resilience and surge schemes which are being delivered at place to meet local needs and demand. The system is now reflecting on which winter actions and capacity schemes have had most impact and could be further optimised throughout the remainder of the year.</p> <p>Jim Birrell drew attention to Appendix A – Operational self-assessment good practice checklist and the indicator ‘partial’. It was commented that use of the word ‘partial’ did not give a true flavour of the position and it was suggested that further discussion be taken on those important issues in an assurance committee setting.</p> <p style="text-align: right;">Action: Maggie Oldham</p> <p>David Levy provided an update following the deep dive report into cancer at the last meeting and the backlogs particularly in colorectal cases at LTHFT. It was confirmed that work is being done on this with the Trust and with NHSE to ensure sufficient capacity and the ambition is to present a Strategy for Cancer at the next Board meeting.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the content of the report • That the Board accept the report as assurance that oversight of all associated requirements is via the Resilience and Surge Planning Group and local A&E Delivery Boards and for the Board to receive updates on a monthly basis.
13/23	<p>Patient Safety Incident Response Framework</p> <p>Sarah O’Brien presented the paper and advised the Board of the publication of the national Patient Safety Incident Response Framework and provided an update on the progress made in the implementation of the Framework within LSC. It was noted that there were significant changes in the Framework in terms of recording and learning from patient safety incidents and it was suggested that a Development Session be held for the Board on this subject.</p> <p>Members were informed that the national Patient Safety Incident Response Framework makes clear the role of ICBs in supporting and seeking assurance from providers within their Integrated Care System of implementation. The paper provided information on the Framework, an update on the progress LSC have made and outlined future plans that will ensure delivery of the Framework within the required timescales.</p> <p>In September 2022, the ICB Quality Committee received and supported the proposed approach to implementation of the Framework and in January 2023 received an update on the implementation work and future plans and will continue to receive quarterly updates to ensure reassurance and assurance is provided on progress against implementation within the national timescales. The need to use the Framework for wider whole system learning was emphasised.</p> <p>RESOLVED:</p>

	<ul style="list-style-type: none"> • That the Board note the contents of the report • That the Board acknowledge the progress made across LSC • That the Board support the future planned work
14/23	<p>Summary Report of Committee Business</p> <p>The Board received the report on a summary of key business, decisions and progress updates for committees/groups held during December 2022 and January 2023.</p> <p>The Chair referred to ongoing work with Committee Chairs about the process of getting the right scrutiny and assurance from committees to the Board.</p> <p>The report provided a summary of the discussion and key decisions taken at the Audit Committee held on 15 December 2022; the Primary Care Contracting Group held on 13 December 2022 and 10 January 2023; the Quality Committee held on 18 January 2023; and the Finance and Performance Committee held on 16 January 2023</p> <p>Jim Birrell reported from the Audit Committee a lack of assurance in some areas and agreed that whilst the triple A report was helpful in terms of providing assurance to the Board it needed further development. The External Auditors had expressed some concern at the last meeting on the state of certain financial systems and controls in terms of reviewing the position at year end.</p> <p>Sheena Cumiskey highlighted a good discussion at the last Quality Committee meeting on quality assurance in the current crisis and on the new Patient Safety Incident Response Framework.</p> <p>Roy Fisher highlighted that the Finance and Performance Committee had approved the Continuing Healthcare Business Case.</p> <p>Noting that a statement had already been made earlier in the meeting about Withnell Health Centre, David Levy reported from the Primary Care Contracting Group and advised that the dental deep dive had been cancelled and that as the commissioning of dental services would be picked up by the ICB from April 2023, this deep dive would be considered at a future meeting.</p> <p>RESOLVED: That the Board note the highlight reports for those committees that have met since the last Board meeting.</p>
15/23	<p>Any Other Business</p> <p>There was no further business.</p>
16/23	<p>Date and Time of Next Meeting</p> <ul style="list-style-type: none"> • Wednesday, 29 March 2023 • 9.30am to noon • To be confirmed.