

Subject to approval at the next meeting

Minutes of the meeting of the Integrated Care Board
Wednesday, 29 March 2023 at 9.30am
Innovation Lab, Health Innovation Campus, Health Innovation One,
Sir John Fisher Drive, Lancaster University, Lancaster LA1 4AT

	Name	Job Title
Members	David Flory	Chair
	Jim Birrell	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Roy Fisher	Non-Executive Member
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Kevin Lavery	Chief Executive
	Dr David Levy	Medical Director
	Kevin McGee	Partner Member – Trust / Foundation Trust (Acute and Community Services)
	Professor Jane O'Brien	Non-Executive Member
	Professor Sarah O'Brien	Chief Nurse
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Samantha Proffitt	Chief Finance Officer
Participants	Maggie Oldham	Chief Planning, Performance and Strategy Officer/Deputy Chief Executive
	James Fleet	Chief People Officer
	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
	Asim Patel	Chief Digital Officer
	Professor Craig Harris	Chief of Health and Care Integration
	David Blacklock	Healthwatch Chief Executive
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	Ebrahim Adia	Non-Executive Member
	Angie Ridgwell	Partner Member – Local Authorities
	Abdul Razaq	Director of Public Health
	John Readman	Director of Adult and Social Care Services
	Denise Park	Chief Executive of Blackburn with Darwen Council

Item	Note
17/23	<p>Welcome and Introductions</p> <p>The Chair, David Flory, welcomed everyone to the meeting and thanked those observing for their interest in the business of the ICB.</p> <p>The Chair reported that John Readman was unable to attend today’s meeting and was stepping down from his role as participant board member and representative of Directors of Adult Social Care due to the changes to Local Authority boundaries in Cumbria Council. The Chair thanked John for his input to the work of the ICB Board and advised that the ICB Chief Executive was in discussion with the Councils about future representation.</p>
18/23	<p>Apologies for Absence</p> <p>Ebrahim Adia, Angie Ridgwell, Abdul Razaq, John Readman and Denise Park who was due to attend on behalf of Angie Ridgwell.</p>
19/23	<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>
20/23	<p>Minutes of the last meeting held on 1 February 2023, actions and matters arising</p> <p>The minutes of the last meeting held on 1 February 2023 were approved as a correct record. All actions were noted to be complete or in progress. There were no matters arising.</p>
21/23	<p>Patient Story/Citizens Voice</p> <p>Sarah O’Brien introduced the story, which was told by Christine of her experience of the end of life care for her husband who was initially diagnosed with memory loss and then dementia and ultimately lung cancer. Christine described the excellent care and support received by the family from the staff and many different services across the community and how the advance care planning in place had been key to this.</p> <p>Sarah O’Brien explained that dying well is a key priority in the Integrated Care Strategy and how, when services are integrated and work together to wrap around the patient and the family, this supports them and can also help manage the grieving process.</p> <p>Members discussed the issues raised and commented on the need for clear communications to support people to access these services. It was also recognised</p>

	<p>that whilst this story demonstrated a positive experience, this was not the case for all families, particularly the vulnerable and those already experiencing inequalities. On behalf of the Board, the Chair thanked Christine for telling her story and asked that the ICB's Public Involvement and Engagement Advisory Committee follow up on some engagement work around those who don't have a similar positive experience.</p> <p style="text-align: right;">Action: Debbie Corcoran</p>
22/23	<p>Chief Executive's Report</p> <p>The Chief Executive highlighted emerging issues and key areas of focus, to ensure Board members are sighted on the business of the ICB and its wider operating environment and drew attention to the opportunity, at today's meeting, for members to review the draft Joint Forward Plan for Lancashire and South Cumbria alongside the Integrated Care Partnership Integrated Care Strategy and operational and financial plans.</p> <p>The report set the context for the change needed to realise the ICB's full potential and described why there is a need for change but focused on how this needs to be approached to meet the huge challenges faced, to make things better for the people that live and work in Lancashire and South Cumbria, and to successfully transform services.</p> <p>RESOLVED: That the Board note the updates provided.</p>
23/23	<p>The State of our System Report</p> <p>The Chief Executive presented the first 'State of our System' Report and his views on the current challenges faced by the Lancashire and South Cumbria system and the priorities for action to overcome those challenges. Tribute was paid to Dan Clough, Carl Ashworth and the Executive Team for their support in preparation of the document.</p> <p>The Chief Executive referred to a stark picture but with opportunities to do things differently. The report describes what a great health care system could look like and compares it to the local system. There is reference to a widening of health inequalities, winter pressures, significant staff recruitment and retention problems and financial constraints. The report refers to a system facing huge challenges and a need to do things differently focused on nine key areas and some immediate issues including cutting waiting lists, investing in community services and development of place based partnerships. The Chief Executive welcomed comments from Board members.</p> <p>Members welcomed this helpful and honest report. It was suggested that research and innovation was underplayed in the report and that a highly innovative system would attract talent. In response Sarah O'Brien described work ongoing around the need for research to underpin the work of the ICB and this will be brought back to the Board in the future.</p> <p style="text-align: right;">Action: Sarah O'Brien</p> <p>Other comments made included the need to integrate with the strategies of providers and partners across the system in addition to the ICB's own internal priorities and to link with providers in terms of education and training. It was suggested that members use this as a discussion document to share within their own areas and listen to feedback</p>

	<p>and comments. It was noted that staff are engaging with people every day on the frontline and of the need to use this readily available information to help in decision making.</p> <p>Maggie Oldham referred to the challenge of planning for the future when dealing with the current pressures and to not lose sight of staff struggling to deal with day to day issues as a result of the way the system is currently configured.</p> <p>The Chief Executive thanked members for their helpful comments.</p> <p>RESOLVED: That the Board reviewed and noted the contents of the State of our System report.</p>
24/23	<p>Draft Integrated Care Strategy</p> <p>Craig Harris provided an update on the continued development of the Integrated Care Strategy. During February and March 2023, several routes had been used to seek feedback on the content and layout of the strategy from stakeholders, which was reflected in the document. A further period of resident engagement was currently underway to determine whether the strategy document and the priorities set out could be easily understood and were meaningful to residents, following which further updates to the language and layout of the strategy would be made. The strategy would then be presented to the Integrated Care Partnership (ICP) for approval in April 2023. It was noted that the document remained iterative and the views of members were welcomed.</p> <p>A question had been received from the public relating to this agenda item which was read out and responded to. A copy of the question and the response is attached to these minutes as Appendix A.</p> <p>Reference was made to the provider anchor institutes and the need to build on this infrastructure already in place. A commitment was sought in terms of the actions taking place and the timescales. It was confirmed that there will be an overarching action plan for the system which will be driven by place and that there will be a programme of presentations to the ICB Board from each place starting at the next meeting.</p> <p>Debbie Corcoran acknowledged the further work done on the strategy and advised that as the ICP will sign off the final strategy before the next meeting of the Public Involvement and Engagement Advisory Group (PIEAC), the PIEAC would review the assurance process and provide assurance to the Board around this.</p> <p>The Chief Executive thanked all those involved in the preparation of the Integrated Care Strategy in a short timeframe and the significant engagement with stakeholders and residents around the proposed priorities which will be taken forward by each place.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the significant engagement with stakeholders and residents in creating the Integrated Care Strategy;

	<ul style="list-style-type: none"> • That the Board note the changes that have been made to the document to date; • That the Board note the next steps and timeframes to finalise the strategy; • That the Board note the content of the strategy when receiving papers on the strategic and operational plans of the ICB.
25/23	<p>Draft Lancashire and South Cumbria NHS Joint Forward Plan</p> <p>The Chief Executive explained that the ICB, with its partner NHS trusts, must prepare a 5-year Joint Forward Plan (JFP) to be refreshed before the start of each financial year. For this first year, however, NHS England has specified that the date for publishing and sharing the final plan with NHS England, their Integrated Care Partnerships (ICPs) and Health and Well-being Boards (HWBs) should be 30 June 2023. The draft LSC ICS Joint Forward Plan was presented for the review and support of the Board prior to a three-month period of partner and public engagement and further subsequent development. It was noted that the plan should be read in conjunction with other items on the agenda: the State of our System report; the ICP Integrated Care Strategy; the three-year financial framework (part 2 agenda); and 2023/24 system operational plans (part 2 agenda)</p> <p>The Chief Executive expressed his thanks to colleagues in the planning, finance, HR and communications teams alongside Carl Ashworth in pulling the report together. The final version of the plan will be presented to the July Board meeting.</p> <p>Members commented that the document was a good starting point containing lots of helpful information, however, in some areas it was quite complex and there was a need for further refinement. It was noted that the Public Involvement and Engagement Advisory Committee (PIEAC) would be able to give assurance around the partner and public engagement and make suggestions on how the document could be improved.</p> <p>Further comments were made about the need to balance between oversight as a system trying to achieve the same things through place and neighbourhoods. There was reference to taking targeted action with partners across the four aims for Integrated Care Systems and the need to be clear on how these are going to be delivered, as some complemented each other but others conflicted, particularly around access. A need to connect the five pillars with the strategic objectives was also noted, which will be supported by the contribution of the programmes and projects at place. It was also suggested that the recommendations from Marmot be threaded in and that there is a need to measure outcomes and be accountable.</p> <p>The Chief Executive thanked everyone for their contributions and confirmed that there will be further opportunities for discussion. The Chief Executive referred to the need to have realistic ambitions, that there would be trade-offs and the intention would be to produce a more refined document with a reduced number of key priorities.</p> <p>The Chair supported the need for a focused prioritised plan recognising the context of a national system which requires an approved plan on which the organisation would be held to account for delivery.</p> <p>RESOLVED:</p>

	<ul style="list-style-type: none"> • That the Board reviewed and commented on the contents of the draft Joint Forward Plan. • That the Board noted the RAG assessment of the plan against national guidance. • That the Board supported the use of the draft Joint Forward Plan as the basis for consultation with providers and the population. • That the Board supported the next steps outlined in the draft JFP and summarised at section 7 of the paper.
26/23	<p>High-level Budget for 2023-2024</p> <p>Sam Proffitt presented the high level budgets for 2023-24. The paper contained the latest funding and expenditure plan for all commissioned services and running costs for 2023-24 which have been used to develop the ICB high level budgets and set out the planning guidance and assumptions reflected in the ICB plan and the continuing work that is required before the final plan submission.</p> <p>It was noted that a number of actions have been taken to manage financial risk of £76m after the delivery of a £44m QiPP plan to achieve a balanced budget for 2023/24. The budget also identified the need for further work over the next few weeks to mitigate £50m to cover excess inflationary pressures. The Chair added that further discussions are taking place on the process required to deliver the remaining £50m and referred to the challenge in terms of investing but also disinvesting in some areas.</p> <p>Discussion took place about Quality Impact Assessments (QIA) and it was confirmed that all schemes as part of the QiPP or mitigation of risk have been reviewed by the Executive Team and are subject to QIA. Sarah O'Brien advised that there is a robust process in place for QIA within the Quality Function, including final sign off by the Medical Director and Chief Nursing Officer and consideration is being given to additional scrutiny via the Quality Committee.</p> <p>Roy Fisher, as Chair of the Finance and Performance (F&P) Committee, confirmed that the committee had reviewed the position, recognised the challenges and that there was more work to be done, but recommended the Board support the proposed budget.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the contents of the report • That the Board approve the high-level budgets for 2023-24 • That the Board support the work to develop robust delivery plans to deliver the agreed mitigations and return on investment • That the Board support the continuing conversations with NHSE in respect of excess inflationary pressures. <p>ICB Chair's Action – Accommodation Lease</p> <p>The Board received a report which set out the arrangements for the signing of the lease agreement for the ICB's accommodation space at County Hall Preston.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the update on the lease agreement

	<ul style="list-style-type: none"> • That the Board note the Chair’s action to undertake the signing and sealing of the lease prior to the board meeting on 29 March 2023.
27/23	<p>Finance Report – month 11 Sam Proffitt presented the report on the month 11 (February 2023) financial performance for the LSC system. It was noted that the Finance and Performance Committee met on 2 March 2023 and the discussion at the committee supported the development of the paper.</p> <p>The following key points from the report were highlighted. The Integrated Care Board (ICB) is reporting a system deficit of £44.2m at the end of February which is £42.5m worse than plan. This represents a current pressure of £6.9m for the ICB and £35.6m across the Provider Trusts. The deficit position has improved in comparison to the previous month. There has been continued focus since the last Board in delivering against the ICB and Provider recovery plans in order to mitigate the collective system risk and achieve the year-end financial targets.</p> <p>The current operational pressures have continued to impact Provider ability to deliver plans, therefore increasing the risk. Across the Providers and in the ICB, additional focus has been put into delivering mitigating actions required to achieve the year end targets. Agreement has been reached with NHS England to utilise the system historic surplus of £27m to enable the system to deliver a rolling break-even position at 31 March 2023.</p> <p>Debbie Corcoran made reference to the planned expansion of virtual wards and to the action from the last meeting, following the patient story, regarding the outcome of the national patient feedback exercise. Debbie offered the support of the PIEAC in a piece of engagement work with patients with experience of virtual wards, and David Levy welcomed this.</p> <p style="text-align: right;">Action: Debbie Corcoran</p> <p>Roy Fisher referred to the discussion at the F&P Committee and to the increasing run rates at Lancashire Teaching Hospitals and Blackpool Teaching Hospitals Trusts and the impact this could have on Cost Improvement Plans if it were to continue. Attention was also drawn to the deteriorating cash position for Providers due to the use of non-recurrent measure in order to deliver the year-end financial position.</p> <p>RESOLVED: That the Board note the contents of the report and the actions required to mitigate the financial risk.</p>
28/23	<p>Integrated Performance Report and Resilience and surge planning/Urgent and Emergency Care Board Assurance Framework A slide-set was presented which provided an update on the Urgent and Emergency Care (UEC) Board Assurance Framework (BAF). Out of 27 demand and capacity schemes, 26 had been mobilised and funding is due to cease on 31 March 2023. The ICB has supported continuation of 9 schemes to provide additional capacity over the Easter and May Bank Holidays. It is anticipated that the 2023/24 UEC Recovery Plan which was published on 30 January 2023 will supersede the BAF. The key ambitions</p>

in the plan and the current status across LSC on each of the ambitions was described.

Action: Secretary to share the slides with members

Maggie Oldham presented an update on performance highlighting the following key issues. The system continued to be busy in UEC and electives. There was a spike in demand in December, followed by a plateau, however there had been a further peak in activity over the last 2 weeks with a 4% increase in emergency activity, which was unrelated to Covid or flu. There was an increase in 12 hour waits in A&E and continued waiting time after decision to admit. This had not resulted in an increase in admissions and occupancy was at around 93%. 50% of beds are occupied by people who have been in hospital for over 7 days and 17% have been in for over 21 days. 124 extra escalation beds remain open across L&SC. On 24 March, 351 patients were reported as 'not meeting medical criteria to reside' which is circa 12.5% of all occupied beds. In terms of activity, it was noted that in January 2023, LSC was the strongest performing ICB in the North West and performs well compared to the national average. With regard to elective recovery, it was unlikely that the target of no patients waiting more than 78 weeks at the end of March 2023, would be met. This was due to the industrial action in March and some patients being too unwell for treatment.

Kevin McGee asked that his thanks be placed on record to clinical, operational and managerial staff for the way they have worked during a difficult winter period, balancing significant operational pressures with elective and cancer recovery. Kevin also expressed concern about the forthcoming industrial action by Junior Doctors from 11 to 15 April, immediately after the Easter Bank Holiday weekend, which will take a lot of operational and clinical time to manage and will challenge the system. Communications will be issued to primary care and local government colleagues as to how the system will need to work together to support each other through this period. Chris Oliver also shared these concerns.

Board members echoed the thanks to staff and highlighted the need to focus on staff wellbeing whilst staff were working under these challenges circumstances.

Sarah O'Brien referred to the data on electives and the numbers of patients on waiting lists and to the impact on the individual, their family and economically. Sarah asked that assurance on how these patients are supported whilst waiting, is built into the report.

Sarah O'Brien advised that there had been a focus on diabetes care at the last Quality Committee meeting when performance was noted to be variable and poor and highlighted the need for information on actions taking place to improve performance.

It was noted that responsibility for commissioning of dental services falls to ICBs from April 2023 and the executive will be reviewing performance in detail and reporting to the Quality Committee to understand any challenges. David Blacklock offered the support of Healthwatch in any patient engagement work around dental services.

Reference was also made to the need to focus on admission avoidance. David Levy confirmed that the response to the Fuller Report will describe some of this work and will be shared at a forthcoming Board meeting.

Chris Oliver highlighted the positive launch of the Initial Response Service in South Cumbria and North Lancashire, providing greater access to mental health services for those in crisis and a reduction in those attending A&E and in those detained under the Mental Health Act. Sheena Cumiskey commented on the need for a greater understanding of mental health services as this is a key area for early intervention and work in neighbourhoods and community re-design. Reference was also made to the need to improve access to psychological therapies and to ensure that the services offered are culturally appropriate.

Sam Proffitt referred to the pressures in Urgent and Emergency Care on the financial position and how the ICB and providers were working together on robust planning to ensure that capacity was in the right place.

Tracy Hopkins referred to the system pressures and the support that can be offered by the voluntary sector and advised that 4 task and finish groups have been established to understand the role that the voluntary sector can play in the different areas. The Chair welcomed feedback and learning from these groups at a future Board meeting.

RESOLVED:

- **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.**

29/23

Cancer Recovery Plan

David Levy presented a set of slides on 'the LSC 12-point Cancer Action Plan 2023/24 – Lancashire and South Cumbria Cancer Alliance'.

The slides included information on the following:

- Patient experience
- Recovery and Restoration Key Metrics
- Additional Strategic and Long Term Aims
- 12 key actions to deliver improvements

Kevin McGee welcomed the strategy which is based on a national strategy to be tailored to local circumstances and delivery across LSC and the need to consider it across the system rather than at individual organisations. In terms of the constitutional 62-day treatment target there is a need to consider how the model of delivery can be rolled out across all providers. It was noted that the LSC Cancer Alliance is now hosted by the ICB and further discussion is ongoing between the ICB and providers around the governance arrangements and a different model of cancer service delivery in the future.

Members supported the proposed actions and comments were made about the need to take the action plan into a cancer strategy and the continued expansion of community diagnostic hubs.

	<p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board approve the recommendations in the 12-point action plan, subject to further discussion with the Providers. • That the Board note that this plan requires considered utilization of the National System Development Funding for Cancer.
30/23	<p>Primary Care Commissioning Review of Governance Arrangements</p> <p>David Levy presented the paper and set out revised primary care commissioning governance arrangements for implementation from 1 April 2023. The proposals reflected the current operating model at ICB system level and would be further reviewed as places develop and begin to discharge decision making for community-based services, and when legislation is passed for the provider selection regime to come into force.</p> <p>It was noted that with effect from April 2023, NHS England (NHSE) will delegate the exercise of commissioning of Primary Medical Services and Pharmaceutical Services functions to the LSC ICB and will also delegate the exercise of Primary Dental and Primary Ophthalmic Services functions to the ICB.</p> <p>Dr Levy highlighted the following key points from the paper. To support the Primary Care Commissioning Group (PCCG) in its role, four contractor group specific sub-groups will be established. The PCCG will be a committee (PCCC) of the Board and will have appropriate finance, quality, performance and patient and public involvement. Primary Care quality assurance will remain with the ICB's Quality Committee. There are explicit regulations to membership of decision-making groups in relation to pharmacy, dental and ophthalmic services and the committee will ensure that any such members are excluded from such discretionary decisions. The ICB has a statutory public involvement duty and meetings of the PCCC will be held in public, unless a proposal or decision is deemed confidential or is commercially sensitive and will be held in a part 2 (private) meeting.</p> <p>Dr Levy advised that a question from a member of the public had been received and the question and the response were shared and are attached to these minutes as Appendix B.</p> <p>Debbie Corcoran welcomed this strengthened approach and meetings being held in public. Debbie urged transparency around this with sufficient notice of meetings, access to meeting papers and suitable meeting venues. Debbie also referred to the need for transparency around decision-making and asked for a review of the process and approach around publication of Board committee meeting minutes on the website, which at present were accessed via the ICB Board papers and offered the support of PIEAC in this regard.</p> <p style="text-align: right;">Action: Debbie Corcoran</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the contents of the report • That the Board note the proposals within the report • That the Board endorse the revised terms of reference for a Primary Care Commissioning Committee • That the Board receive a further report on any further developments or

	changes to the governance and commissioning of primary care services
31/23	<p>Specialised Commissioning: Joint Working Arrangements</p> <p>The Board was updated on the progress made to ensure the ICB is ready to operate under joint working arrangements for specialised commissioning from April 2023. The paper included a joint working agreement in order to establish these arrangements, which the Board were asked to approve. The Board was also updated on the progress made to ensure the ICB is ready for full delegation from 1 April 2024.</p> <p>It was noted that the joint working agreement contained model terms of reference to establish the joint committee for the transition year 2023/24 and these would be developed locally and in addition the ICB is establishing a LSC Specialised Commissioning Forum. It was confirmed that the Board would be updated on progress throughout the year via the Joint Committee.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the contents of the report • That the Board approve entering into a Joint Working Agreement and progressing to work to establish statutory joint committee arrangements for the 2023/24 period • That the Board give approval to delegate authority to the Chief Executive to sign the Joint Working Agreement on behalf of NHS Lancashire and South Cumbria to enable these commissioning arrangements to ‘go live’ from April 2023
32/23	<p>Changes to Local Authorities</p> <p>The Board was updated on changes to Local Authority within the LSC ICB footprint from 1 April 2023.</p> <p>A consultation was held on proposals put forward to Government in the spring of 2021. On 21 July 2021, the Secretary of State announced plans for the reorganisation of local government in Cumbria and North Yorkshire. On 1 April 2023, three new unitary councils will be created in place of the existing county, district and borough councils that operate across these counties. These are: Cumberland Council, Westmorland and Furness Council, and North Yorkshire Council.</p> <p>It was noted that there will be no changes to the footprint of the LSC ICB or the South Cumbria place. However, updates will be required to the ICB Constitution to reflect these changes, and the South Cumbria place will need to ensure strong working relationships across all three of the councils. Work is underway to jointly develop principles/ways of working with the new councils that will ensure appropriate levels of engagement with both residents and the councils themselves in the planning and delivery of services across the South Cumbria place, as well in ICS-wide activities such as the development and implementation of the Integrated Care Strategy.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the Board note the changes to local authorities in the counties of Cumbria and North Yorkshire with effect from 1 April 2023 • That the Board note the implications for the Lancashire and South Cumbria ICB and the South Cumbria place.

33/23	<p>Integrated Care Board Green Plan and Sustainability Strategy</p> <p>Sam Proffitt provided an update in relation to progress made against the National NHS sustainability targets and invited the Board to approve the Integrated Care Board Green Plan which focuses on the following nine areas:</p> <ul style="list-style-type: none"> • Workforce and system leadership • Sustainable models of care • Digital transformation • Travel and transport • Estates and facilities • Medicines • Supply chain and procurement • Food and nutrition • Adaptation (adapting to environmental change) <p>It was confirmed that since establishment in July 2023, there is evidence of delivery across the ICB and progress in Trusts and the emerging future priorities across the nine focus areas were outlined.</p> <p>RESOLVED: That the Board approve the Green Plan.</p>
34/23	<p>Committee Minutes and Summary 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 the period December 2022 to March 2023.</p> <p>The report provided a summary of the discussion and key decisions taken at the Audit Committee held on 16 March 2023; the Primary Care Contracting Group held on 14 February 2023; the Quality Committee held on 15 February and 15 March 2023; the People Board held on 22 March 2023; Public Involvement and Engagement Advisory Committee held on 22 February 2023; and the Finance and Performance Committee held on 2 March 2023.</p> <p>In addition, the minutes of the following meetings were provided: Quality Committee held on 18 January and 15 February 2023; Audit Committee held on 15 December 2022; Public Involvement and Engagement Advisory Committee held on 26 January 2023; and the Finance and Performance Committee held on 16 January 2023.</p> <p>Each of the Committee Chairs drew attention to key matters discussed at the meetings.</p> <p>Jane O'Brien provided a verbal update from the People Board held on 22 March 2023. Key matters discussed included plans for a 5-year workforce plan and training and education plan alongside the 5-year Joint Forward Plan; an update on the system leadership programme; and a presentation on the launch of the careers platform. There will be a deep-dive into the results of the Staff Survey at the next meeting of the People Board.</p> <p>RESOLVED: That the Board note the highlight reports for those committees that have met since the last Board meeting.</p>

35/23	Any Other Business There was no further business.
36/23	Date and Time of Next Meeting <ul style="list-style-type: none">• Wednesday, 3 May 2023• 9.30am to noon• Lancashire County Council Offices (County Hall), Preston