NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to approval at the next meeting

Minutes of the Meeting of the Integrated Care Board Held in Public on Wednesday, 3 May 2023 at 9.30am in the Savoy Suite, Lancashire County Council County Hall, Fishergate, Preston PR1 8XJ

Part 1

	Name	Job Title
Members	David Flory	Chair
	Professor Ebrahim Adia	Non-Executive Member
	Jim Birrell	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Roy Fisher	Non-Executive Member
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Kevin Lavery	Chief Executive
	Dr David Levy	Medical Director
	Kevin McGee	Partner Member – Trust/Foundation Trust - Acute and Community Services
	Professor 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
	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
	Abdul Razaq (Arrived during 41/23)	Director of Public Health
	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
	Louise Talbot	Board Secretary and Governance Manager

Item	Note
37/23	**Welcome and Introductions** The Chair, David Flory, welcomed everyone to the meeting and thanked those observing for their interest in the business of the ICB.
38/23	**Apologies for Absence** Professor Jane O'Brien.
39/23	**Declarations of Interest** 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.
40/23	**Minutes of the Previous Meeting Held on 29 March 2023, Actions and Matters Arising** **RESOLVED: That subject to an amendment to be made (remove Cllr Michael Green from the attendance as he did not attend the meeting in March), the minutes of the previous meeting held on 29 March 2023 be approved as a correct record.** **Action Log** **07/23 Patient Story / Citizen's Voice – Virtual Wards – Public Involvement and Engagement Advisory Committee (PIEAC) -** To bring back to the Board, the outcome of the formal evaluation of the Virtual Wards which was being undertaken across all ICBs. **21/23 – Patient Story/Citizen's Voice – Positive Experiences - PIEAC –** Discussions had been held regarding engagement work relating to people who do not have a similar positive experience as outlined in the patient story presented at the March Board meeting. **For both items above, Debbie Corcoran advised that the PIEAC had recently met and both actions had been included in the committee planner scheduled to be discussed at the June meeting. Through the minutes of that meeting, the Board would receive assurances that the committee has offered to provide.** All actions were noted to be complete or in progress. There were no matters arising.
The agenda was taken out of order.	

41/23	**<u>Chief Executive's Report</u>** The Chief Executive, Kevin Lavery highlighted emerging issues and key areas of focus, to ensure Board members were sighted on the business of the Integrated Care Board (ICB) and its wider operating environment. Kevin Lavery advised that a key part of the ICB's delivery was community services with a focus on community health services transformation, how the Fuller recommendations would be implemented and how the ICB partners work with the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector in a more mature way, working collaboratively and co-designing solutions. The report also provided an update on the work undertaken in developing savings and investment plans to aid financial recovery. Angie Ridgwell welcomed the report and made particular reference to the ICS strategy which also required sign-off by the local authorities and local partners which were currently going through the due process and she did not envisage any issues. She also made reference to the Hewitt review commenting that the local authorities were having collective discussions, and with the ICB Executives to share as it is taken forward. She advised that it would be helpful in respect of local authority terminology to avoid 'devolution' as it had a different context and organisations would need to work on that nuance together. **RESOLVED: That the Board note the updates provided.**
42/23	**<u>Patient Story/Citizen's Voice</u>** Sarah O'Brien introduced the story, which was narrated by the daughter of her mother who had dementia which highlighted the impact on both the patient and the family. Sarah O'Brien expressed the need to understand the impact that dementia has on carers and referred to the community health services transformation report later in the agenda and by working in partnership would improve the support and care needed. She commented that dementia was the leading cause of death and given the financial challenges being faced (£34.7bn across health and social care), true integration was required across all partners, families and carers to shape their needs. Discussion ensued and the challenges around dementia were acknowledged. It was commented that early diagnosis, earlier awareness and early care planning were key and bringing a team around people would also provide support to families. Whilst it was recognised that there was a big volume of work around this, it was a key area of work for place and neighbourhood teams to take forward. When looking at dementia at a macro level, it was commented that the rate at which it increases was faster within the BAME communities. There needed to be an understanding of communities and having a tailored approach. Reference was made to technology studies and looking at memory apps. Jim Birrell referred to incontinence products provided by the NHS not being adequate. The impact around this needed to be recognised and addressed on an ongoing basis. David Blacklock commented that it was an ongoing issue and concurred that it was

	unacceptable and needed to be addressed. Tracy Hopkins advised that link workers know what is available in the community and can connect people quickly. She acknowledged however, that there can be disparity about what is available across Lancashire and South Cumbria particularly relating to social prescribing link workers and there was a real opportunity to work in partnership. The Chair referred to memory clinics and sought clarification regarding accessibility in different areas. Chris Oliver referred to the service specification of the memory assessment service provided by LSCFT which was a one stop clinic, assessment undertaken and the patient leaves with a diagnosis. He recognised that in other areas however, the provision of service was fragmented. Chris Oliver suggested that a review of one stop clinics/service specifications be undertaken across Lancashire and South Cumbria also looking at how the information is disseminated via GPs to ensure there is awareness of the clinics. Kevin McGee commented that a large proportion of patients in hospital have dementia as well as other medical conditions. He advised that there are a number of dementia friendly wards where the environment is adapted for dementia patients. He commented that there did not appear to be a seamless service between hospital to the primary care setting and the need to look at how we have those integrated services and have a seamless transfer. Sarah O'Brien noted the comments made relating to early diagnosis, use of technology, incontinence service and support, out of hospital support and best practice around memory assessment clinics which would be part of the community health services transformation. **Action: Sarah O'Brien** **RESOLVED: That the Board note the patient story and the actions being taken forward as part of the community health services transformation.** *A Razaq arrived at the meeting.*
43/23	**<u>Committee Minutes and Summary of Committee Business</u>** The Board received the report on a summary of key business, decisions and progress updates for committees/groups held during March and April 2023. The report provided a summary of the discussion and key decisions taken at the Quality Committee held on 19 April 2023; Audit Committee held on 24 April 2023, Public Involvement and Engagement Advisory Committee workshop and committee meeting held on 22 February and 25 April 2023 and the Primary Care Contracting Group held on 14 March 2023 and 20 April 2023. It was noted that no meetings of the People Board or Finance and Performance Committee had been held since previously reported to the Board. In addition, approved minutes of the following meetings were provided - Quality Committee held on 15 March 2023 and the Audit Committee held on 16 March 2023. Each of the Committee Chairs drew attention to key matters discussed at the meetings:

Quality Committee – Sheena Cumiskey referred to patient safety and the opportunity it presented for taking a system wide view. The committee was increasingly looking at safety, experience and care from a system basis in a more person-centred way rather than 'siloed'. Discussion had also taken place in respect of the escalation of out of area placements which would not cease for those with a learning disability and autism need due to the lack of beds within Lancashire and South Cumbria. Work was being undertaken to address this by 2025 and in the meantime, mitigations had been put in place in care provision.

Audit Committee – Jim Birrell advised that the Q1 CCG and Q2-4 ICB accounts, whilst the process had not been seamless, was progressing well. In terms of assurance to the Board, there were good systems in place. He drew the Board's attention to the alert section of the report and in particular, some aspects of governance that the committee was monitoring.

The ICB was into its second half of the business year and the Chair sought clarification as to why the opening balances were not yet known. It was commented that it related to the availability of the audit. Sam Proffitt was confident that it would be completed but recognised the tight timescale for completion.

People Board – Not met since the previous ICB Board meeting.

Public Involvement and Engagement Advisory Committee – Debbie Corcoran provided a verbal update advising that work had taken place regarding the integrated care strategy and the committee had looked at the work of the second stage involvement and engagement and was assured overall around the processes. They will link back to the integrated care partnership to offer support around ethnicity as it was felt there was a much stronger voice around information and data gathered from different ethnic groups. Internally, further discussions would be held with the communications and engagements team and population health teams as they had undertaken some positive work and by working together, we can offer better support to the integrated care partnership by not carrying out pieces of work twice.

Assurances were given relating to the ICB's communications and engagement strategy.

The committee also received an insights and assurance report which provided information on delivery of services at community level and commended the report which was available on the ICB website.

In respect of advice to the Board, work would continue regarding place conversations linking in with the Director of Health Integration.

Debbie Corcoran also referred to the patient stories and it was recognised that as important hearing the stories was letting people know what has been done to make improvements. The PIEAC was working with the Quality Committee in order to have systematic feedback to patients so that they know they have been heard and what we are doing about it.

Primary Care Contracting Group – David Levy referred to access to dental services

	and further discussion would be held at the Quality Committee which was welcomed. **Action: David Levy/Sarah O'Brien** David Levy advised that the Primary Care Commissioning Committee had recently been established and would be chaired by Debbie Corcoran. Preparatory sessions were taking place and meetings would be held in public with the first meeting scheduled in the coming weeks. **RESOLVED: That the Board note the highlight reports for those committees that had met since the last Board meeting.**
The agenda reverted back to order.	
44/23	**<u>Community Health Services Transformation</u>** It was noted that a core ambition of the NHS Long Term Plan was to move more care out of hospital into community settings, therefore, enabling the shift from care within acute hospital settings to a greater emphasis on people being supported within their communities. Sarah O'Brien and James Fleet presented a report which provided an overview of the current variation in the community health service offer to outline the vision and work plan for transforming services to better meet the health and care needs of communities across Lancashire and South Cumbria, as well as support greater efficiencies in the use of patient capacity and resources. A comprehensive baseline of community services to identify gaps and unwarranted variation would need to be undertaken in order that each of the four place-based partnerships are supported by appropriately resourced community health teams working within agreed 'system wide principles' for delivery and some shared system outcome measures. The report also sought approval to progress with an immediate and significant piece of work to stabilise, strengthen and integrate the provision of community services within Blackburn with Darwen through a contract transaction between Lancashire and South Cumbria NHSFT and East Lancashire Teaching Hospitals NHST in Autumn 2023. It was noted that Chris Oliver and Kevin McGee would be involved in the integration via the Partnership Board. There also needed to be strong patient representation from both patients and carers. There was overall support for the transformation of community health services recognising that there would need to be a degree of double running which may have implications on investment decisions. It was also recognised that safeguards would need to be put in place, having a standardised approach and an understanding of the core principles and systems in place. It was noted that in order to have a truly integrated service, the patient record system needed to be up to date. Tracy Hopkins welcomed the report highlighting that there will be a lot of challenges as to how it will be delivered. She commented that the management of the role and voluntary sector was lacking and asked that consideration be given to social enterprises, hospices and all outreach work but acknowledged that resources were

limited. There needed to be an overall picture and clear understanding of where resources will be used recognising that it was not about filling the gap but about accessing statutory community health services with the whole emphasis on who will provide and receive the service in order that nobody is left behind.

Kevin McGee referred to previous work he had undertaken in setting up community services in East Lancashire and when comparing and contrasting with Central Lancashire, integrated services were not in place and there was a lack of investment at that time. He welcomed the integration adding a nervousness at the end of the year in having to manage that lack of capacity across Central Lancashire.

Consideration needed to be given to other areas that the ICB does not commission that were equally important such as care.

Reference was made to the patient and carer reference groups which would also be used to ensure a high level of engagement and the four place-based partnerships that will also be closely engaged and consulted with throughout the programme. It was commented that there also needed to be input from clinicians.

Angie Ridgwell welcomed the report commenting that the ambit of work did not mention dentistry, ophthalmic, BCFs or care services and she sought clarification as to whether they needed to be included in order to transform services. She also sought clarification around timings and the immediate problems that needed to be addressed. Angie Ridgwell commented that there were slightly different nuances of geographies and asked whether there was consistency. She was mindful that the work would need to brought back to the Board to consider and within a cost envelope.

Sam Proffitt supported the direction of travel recognising that there needed to be very strong finance, procurement and contracting support. She commented that it was about making sure it was the best in terms of the best outcomes for patients and to ensure that it was not about investing more but making sure it worked across the system and making it sustainable. In respect of procurement contracting, conversations had taken place with the Executives and it was part of the ICB's transformation programme. There would need to be a risk share agreement in order to stabilise organisations.

Sarah O'Brien welcomed the comments made and provided her observations:

- It was not just about double running and teams would need to work differently in both a vertical and integrated way.
- ICB Board members bring their expertise and understanding to develop and make the ambition a reality.
- In drawing up the proposal, there was a requirement to include children's community services and whilst it did not include mental health at this stage, it was interlinked. At the current time, the transformation work would focus on physical community services but with a recognition of mental health also.
- It was the starting point and general direction of travel as to how the programmes would work. There will be an overarching structure with potential dates/timelines which would include all elements of expertise via an overarching Transformation Board.
- Consideration would be given as to how to take forward the patient record.
- Recognise that voluntary sector representation needed to be more robust and

	working was taking place in looking at all NHS commissioned services and the voluntary sector. Sarah O'Brien would liaise with Tracy Hopkins. • In respect of engagement, Sarah O'Brien would liaise with David Blacklock to agree how Healthwatch can be involved. • In terms of dentistry, ophthalmic, BCFs and care services, there would be four transformation workstreams in place which would include inter-related transformation work. • The comment made about nuances of geography was noted. James Fleet advised that they were in the process of working through and empowering all four work programmes. The first meeting of the Transforming Community Care Board would be held in June and would report to the ICB Board. He also advised that there was some focus on deep dives to be taken through the ICB People Board. Kevin Lavery welcomed the proposals commenting that there were close to 100 community contracts in place with different service levels, different base levels. The transformation would set the broad direction of travel and updates would be brought back to the Board for further discussion. He also commented that the style of undertaking this area of work was important as different areas such as East Pennine have a clinical culture and would see community services as the preferred option. The Chair stressed the importance of the way in which staff work in the community which was vitally important. Discussions would be held with a view to finding the resource solution that would be fair and transparent and important to the strategy document. **RESOLVED: That the Board:** • **Note the current challenges due to variations in the resourcing, contracting and delivery models for community health services across Lancashire and South Cumbria.** • **Note the two distinct projects as components of the Community Transformation Programme.** • **Support and approve the immediate piece of work to stabilise and strengthen the provision of Community Services within Blackburn with Darwen, through a contract transaction between LSCFT and ELTH in Autumn 2023.** • **Note the potential for future business cases to address gaps in resource allocation to community health services.**
45/23	**<u>Implementation of Fuller Stocktake Report</u>** David Levy spoke to a circulated report which provided an update on the development and delivery of a clear plan for transforming the provision of care for the Lancashire and South Cumbria population in response to the Fuller Stocktake Report recommendations. Since July 2022, the ICB had undertaken extensive engagement with stakeholders, who had co-produced an Integrated Neighbourhood Care Delivery Framework.

	The Framework was launched at a Lancashire and South Cumbria wide event on 19 April 2023 attended by over 200 colleagues from a wide range of partner organisations. In response to the Fuller Stocktake Report recommendations, the ICB's approach to the phased development of Integrated Neighbourhood Teams (INTs) was based on a Core20PLUS5 analysis of the most deprived neighbourhoods. The report was developed jointly between primary care and population health teams, describes the ambition and expected outcomes of the delivery of INTs. David Levy advised that there had been particular interest from the national team as the ICB was ahead in terms of development and delivery in comparison to the rest of the country. He took members through the development journey including the work undertaken across both primary care and community services. Debbie Corcoran asked how delivery would be achieved to ensure there remained a system approach. David Levy referred to the INT model (paragraph 3.4 of the report) commenting that there was much consistency of thought to what constitutes a fully evolved model and they would pick the best and learn from that. Tracy Hopkins welcomed the focus on deprivation, particularly the micro communities where there was real need. She was also in agreement that the direction of travel should be community services and health checks commenting that they would need to look at the context around this as there was abject poverty in some communities then the "so what" for people. She would not wish to raise expectations and then there be no follow up to services. She asked how we ensure all services are connected up and David Levy was mindful of the importance of ensuring it is undertaken correctly and by doing it together will be much be easier. Jim Birrell commented on the sequence of governance and whilst there needed to be standardisation, it should be shaped to place first. David Levy advised that the Place Directors were aware of the recommendations which were subsequently signed off by the Executive Team. Asim Patel stressed the importance of having a digital and data infrastructure in place and consideration would need to be given as to how the information is used in respect of prevention. Key messages were how we use the shared care record system, population health record and where we can pinpoint at ward level around long-term conditions. Kevin McGee was both positive and supportive of the recommendations which linked to community services discussions on integration. He further commented that there needed to be a link to Primary Care Networks (PCNs), Integrated Neighbourhood Teams (INTs) and hospitals, and whilst pathways had been addressed, he made a plea on behalf of the Provider Collaborative Board for their involvement in providing support as it will alleviate pressures of flow through hospital. David Levy advised that work was taking place with hospitals looking at having in-reach specialists, geriatricians and respiratory physicians. Geoff Jolliffe welcomed the work being undertaken and whilst it did not answer all the issues in primary care around workforce workload and provision of care and funding,

	there may be areas where they can influence areas being taken forward. He further commented that the transformation/new model of care will be a success if positive changes are made and that conversations will be critical. There needed to be both a focus and support around health inequalities and population health. David Levy was mindful that there needed to be further discussion and maximum involvement and engagement in order to bring everybody on board. It was also noted that digital and estates were key to this work. Angie Ridgwell commented from a local authority perspective that they were keen to support and whilst recognising the many challenges, there will need to be discussions in respect of resources both in financial and engagement terms and this was recognised. Kevin Lavery welcomed the report and the significant changes across Lancashire and South Cumbria commenting that neighbourhood working was centre and critical and needed to be joined up. There would need to be regular reviews and adjustments made but there needed to be a focused and robust approach taken forward. **RESOLVED: That the Board noted the update on the delivery of the Fuller Stocktake Report recommendations and supported the phased plan to develop Integrated Neighbourhood Teams.**
46/23	**<u>Partnership Agreement between the Integrated Care Board and the Voluntary, Community Faith and Social Enterprise Sector</u>** Craig Harris spoke to a circulated co-produced report which was a Partnership Agreement between the Voluntary, Community, Faith and Social Enterprise Sector and the Integrated Care Board. It set out the requirements made of the ICB by NHS England and described the process for co-creating the Partnership Agreement. The report also considered the next phase of work in collaboration with the VCFSE sector to further embed into the ICB. Tracy Hopkins very much welcomed the Partnership Agreement commenting that to have an item on the ICB Board agenda that has all the connections, links and flows was pleasing to see. It also fit in and linked across so many other items on the agenda. She commented that it was important to see the Partnership Agreement as a building block and set milestones along the way. It was the culmination of the previous work undertaken, mainly by the alliance and now there was a wider assembly, she commented that it was vital to have a sense check and have the input in producing the agreement. Tracy Hopkins advised that it was more about the process of arriving at this position and the relationships along the way that had helped them to develop. She commented that having the Partnership Agreement on paper was a vital stage and the sector getting behind it was hard to do but it had been achieved. She advised the Board that to hear colleagues from the hospice movement fully supporting the agreement along with small community groups was a huge achievement and she paid tribute to Jane Cass and working with Joe Hannett to ensure that the voices were heard. Tracy Hopkins commented that the key message was that the ICB had embraced the VCFSE and there were so many examples of good practice that could be capitalised on. She advised that if we look at the way in which the Fuller recommendations were

being implemented making sure people with health inequalities were in this scope of work, would give us a real opportunity and the role of the sector was front and centre around this. It was recognised that in order for the partnership to grow, it would need resourcing and how we move forward in terms of prevention spoke a lot about this in the agreement.

The Board welcomed the report and Partnership Agreement which was important and key to the work of the ICB.

Jim Birrell sought clarification in respect of the list of partners within the agreement as they were not all equal partners. Craig Harris advised that the partnership was with the ICB and the alliance representing the sector commenting that whilst there is a requirement to have the agreement, further consideration would need to be given as to how it will be operationalised.

Chris Oliver welcomed the Partnership Agreement and referred to community mental health transformation, questioning whether there was a requirement to pick up the pace around this.

Geoff Jolliffe asked if the VCFSE was at a stage where the Partnership Agreement allowed them to interact with the whole sector behind them across Lancashire and South Cumbria and whether that was a sign up to shared values. He also sought clarification as to whether we were enough together to give them meaningful support and how work was taken forward with the Board and the ICS health and care partnership. Further consideration would need to be given as to how the two parts of the system work together.

Tracy Hopkins commented that it was impossible to say that she was representing the whole sector and that the message was that the sector had been involved in co-producing the Partnership Agreement. She commented that it does talk to that and asked where we start in such a diverse area. She commented that although it was about the alliance and the sector was represented by the alliance, it provided a front and showed they want to be equal partners. She advised that it was the right approach for the current time.

Kevin Lavery referred to the ICS and the ICB both of which have a convoluted landscape. The local government and ICS were significant partners and there needed to be a strategic approach. He commented that there were huge opportunities to undertake it differently and was keen to see those areas coming to fruition. He further commented that prosperity was needed in order that the voluntary sector can reach those areas that the ICB cannot reach. Whilst there will be areas that cannot be funded, conversations will need to be held. He would wish to see it featuring more in the long-term plan where the voluntary sector could do more for the ICB.

RESOLVED: That the Board:

- **Support the principles and ways of working set out in the Partnership Agreement between the ICB and the VCFSE Sector.**
- **Approve the Partnership Agreement between the ICB and the VCFSE Sector.**

47/23	**Finance Report – Month 12** Sam Proffitt spoke to a circulated report on the 2022/23 year-end, month 12 (March) financial performance for the Lancashire and South Cumbria system. At the of the 2023/24 financial year, the ICB achieved the financial targets agreed with NHS England to deliver a rolling breakeven position. The ICB statutory body had achieved a break-even position, with the historical CCG surplus being utilised to offset the deficit across the provider Trusts of £26.9m. S Proffitt advised that the report was based on draft audit reports submitted and were subject to potential changes. Any technical changes would need to be approved however, she did not envisage any significant changes. Sam Proffitt advised that the position reflected the actions taken by all NHS organisations to manage the £177m risk identified at the start of the financial year. It was recognised that it had been particularly challenging with the operational pressures experienced throughout the year however, the good work across all organisations was recognised to enable the position to be achieved. It was also important to note, that much of the action to mitigate the risk had been non-recurrent in nature and further work was required in 2023/24 to ensure suitable and recurrent solutions are identified. The Chair was pleased with the year-end position and conveyed his thanks to everybody in this achievement. Chris Oliver and Kevin McGee supported the position by all providers. **RESOLVED: That the Board note the contents of the report.**
48/23	**Joint Capital Resource Use Plan 2023/24** Sam Proffitt spoke to a circulated report which described the background and provided details of the plan in respect of the Joint Capital Resource Use Plan 2023/24. It was noted that in line with the amended 2006 Act, ICBs are required to publish the Joint Capital Resource Use Plan before or soon after the start of the financial year and report against them within their annual report. The plan had also been shared with providers and the integrated care partnership. The total capital programme for 2023/24 was £184.6m. Excluding the impact of IFRS 16, the plan was £174m with the funding for: • Trust own resources £107m • Pre-approved loan funding £1m • Public Dividend Capital £63m • Primary care £3m The report provided an overview of ongoing scheme progression; risks and contingencies; business cases in 2023/24; cross system working and capital planning and prioritisation. It was noted that whilst the allocation was mainly operational capital to maintain and stand still there are some other areas of capital relating to the digital agenda such as

	front-line digitalisation; integrated care record; community diagnostics and elective recovery. Geoff Jolliffe sought clarification as to whether there was a vision relating to primary care capital expenditure to meet the Fuller Report Recommendations and Sam Proffitt advised that further clarity was required on the strategic direction and referred to the three-to-five-year plan. It was recognised that there were some real challenges which needed to be addressed. It was recognised that there was also a backlog maintenance in hospitals and other estates which were in a state of repair and money spent to maintain potentially dilapidated premises. Kevin McGee commented that once there was more clarity on the strategy, discussions could be held with NHS England with a view to having more discretion and a single funding stream. Further consideration needed to be given on the back of a more mature strategic plan. **RESOLVED: That the Board note the report and the Joint Capital Resources Use Plan 2023/24.**
49/23	**<u>Constitution and Governance Handbook</u>** Sam Proffitt spoke to a circulated report which provided the Board with a summary of changes to the Constitution and the Governance Handbook. The Chair highlighted the requirement for an additional Non-Executive Member and was pleased to advise that Debbie Corcoran had taken up this role becoming a full Non-Executive Member of the Board. Sam Proffitt advised that the variation to the ICB's Constitution had been approved by NHS England. Amendments to some of the committee terms of reference had been made and reflected in the Governance Handbook. **RESOLVED: That the Board noted the variation to the ICB's Constitution and approved the amendments to the ICB's Governance Handbook.**
50/23	**<u>Use of the Integrated Care Board Seal</u>** Sam Proffitt advised the use of the Integrated Board Seal on 19 April 2023 and it was: **RESOLVED: That the Board note the use of the Integrated Care Board Seal as follows:** • **Deed of variation and novation between Lancashire and South Cumbria Integrated Care Board and Dr Tanveer Ahmed and Shifa Surgery Limited** • **Deed of novation and amendment of contract between Dr Shikha Pitalia, SSP Health GPMS Limited and NHS Lancashire and South Cumbria Integrated Care Board**

	• **Better Care Fund Section 75 Agreement between North Yorkshire County Council and NHS Humber and Yorkshire Integrated Care Board and NHS Lancashire and South Cumbria Integrated Care Board and NHS West Yorkshire Integrated Care Board.**
51/23	**<u>Integrated Performance Report</u>** Maggie Oldham spoke to a circulated report which provided an update on the performance of the Lancashire and South Cumbria health care system. She commented that the report reflected a lot of hard work across health and social care and conveyed her thanks to everybody for their contributions. She advised that the ICB's goal across all organisations continued to improve services provided in challenging times. She also conveyed her thanks to the staff who had responded to the challenges and during strike action. Maggie Oldham referred to the four hour all types of performance and was pleased that across the country they had been able to deliver at this time. Ambulance waiting times had not improved and they were not seeing sustained improvement. It was noted that there was a requirement in 2022/23 to reduce 12-hour waits in Emergency Departments (ED) towards zero and no more than 2%. All EDs faced significant challenges in this area. The March aggregated position across the four LSC providers was 8.1%. Bed occupancy rates had reduced in April. The Chair was mindful that the report continued to be developed and there was improved scoring in the overarching picture. He referred to the discussion in respect of community services and the wide variation across the patch and sought clarification on the aggregated number. A key measure of the system was a narrowing of the variation and it was suggested that a deeper dive be undertaken via the Finance and Performance Committee. Debbie Corcoran referred to the update on agency spend and sought clarification as to how the agency plans were developing. James Fleet would receive the aggregated numbers later in the week following which they would be taken through the People Board. He advised that a lot of work and focus on agency spend had been undertaken. Debbie Corcoran also referred to hospital discharge and flow leadership scheme and the cultural focus of bringing leaders together commenting that there appeared to be a wasted opportunity as it had not commenced. Maggie Oldham advised that it was a good idea however, there were people closer to other schemes so it had not been lost but absorbed and developed in delivery through broader schemes and when it commenced it was better to be mainstream. Roy Fisher welcomed the report advising that more detailed discussion would be held at the next Finance and Performance Committee meeting. It was suggested that the

	performance report be moved higher up future Board agendas. Reference was made to Cancer diagnostics and any KPIs not included in the report which would need to be discussed in more detail at the next Finance and Performance Committee. Roy Fisher advised that consideration would need to be given by both the committee and the Board as to which KPIs they wish to have sight of. There also needed to be an understanding as to the information to be reviewed by the Quality Committee. He stressed the importance of determining how we obtain the information and then report back through the committee structure to the Board. Angie Ridgwell asked to have more insight on next iterations of the report also stressing the importance of having sight of unwarranted variation, eg, staff rates and why one Trust does better than other Trusts, what is the learning etc. Roy Fisher had also asked for this type of information in future reports. Maggie Oldham was mindful that further work was required and that the reports needed to demonstrate whether the performance sat with national standards and then have greater standards. She welcomed the comments however, it was noted that constructing the nuances would take longer. Kevin McGee commented that it was difficult to compare the four acute Trusts as they have different baskets of delivery and there were a lot of nuances commenting that there was an improvement collaborative and a lot of good practice being taken forward. Work was taking place to have a standardisation and so there isn't variation. He further commented that clinical safety was paramount and an area focus required. The Chair reflected on the system referring to ways of working and operating models which were still settling down and whilst recognising the high expectations, he commented that we needed to find a way to understand how we can build different dynamics of performance. CQC reports also needed to be built in and it was recognised that we were still not at the point where everything had come together. **RESOLVED: That the Board:** • **Note the summary of key performance metrics for Lancashire and South Cumbria.** • **Support the actions being undertaken to improve performance against identified high risk metrics.** • **Support the continuation of the Task and Finish Groups work with the input of Non-Executive Members.**
52/23	**<u>Urgent and Emergency Care Board Assurance Framework</u>** Maggie Oldham spoke to a circulated report which provided a final update to the Board on the status and progress of the Urgent and Emergency Care (UEC) Board Assurance Framework, 'Going further on the winter resilience plans', local resilience and surge schemes, and a recent supplementary template to the UEC Board Assurance Framework. It was noted that some areas were partially implemented and Maggie Oldham referred to the 10 best practices of interventions commenting that a number were reporting partial. Further work would take place to look at the variation for further discussion at the Finance and Performance Committee.

	RESOLVED: That the Board note the report and that the UEC Board Assurance Framework reporting would cease in line with the nationally required timeframe for reporting.
53/23	**Any Other Business** There was no further business.
54/23	**Date, Time and Venue of Next Meeting** Wednesday, 5 July 2023 at 9.30am to 12noon, Innovation Lab, Health Innovation Campus, Health Innovation One, Sir John Fisher Drive, Lancaster University, Lancaster LA1 4AT.

Exclusion of the public:

"To resolve, that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admission to Meetings Act 1960).