

Subject to approval at the next meeting

**Minutes of the Meeting of the Integrated Care Board Held in Public on  
Wednesday, 5 July 2023 at 9.30am  
in the Innovation Lab, Health Innovation Campus,  
Lancaster University, Lancaster LA1 4AT**

**Part 1**

	<b>Name</b>	<b>Job Title</b>
<b>Members</b>	David Flory	Chair
	Professor Ebrahim Adia	Non-Executive Member
	Jim Birrell	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Roy Fisher	Non-Executive Member
	Professor Jane O'Brien	Non-Executive Member
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Kevin Lavery	Chief Executive
	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
<b>Participants</b>	Maggie Oldham	Deputy Chief Executive and Chief of Transformation and Recovery
	James Fleet	Chief People Officer
	Tracy Hopkins (Left during 64/23)	Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector
	Abdul Razaq (Left during 64/23)	Director of Public Health
	Asim Patel	Chief Digital Officer
	Professor Craig Harris	Chief of Strategy, Commissioning and Integration
<b>In attendance</b>	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Claire Richardson	Director of Care and Health Integration (Blackburn with Darwen)

	Karen Smith	Director of Care and Health Integration (Blackpool)
	Louise Taylor	Director of Care and Health Integration (Lancashire)
	Louise Talbot	Board Secretary and Governance Manager

Members of the public presented the Chair and the Board with a signed 75<sup>th</sup> birthday card for the continued provision of healthcare to everybody that Aneurin Bevan introduced 75 years ago. On behalf of the Board, the Chair conveyed their thanks for the card.

Item	Note
<b>55/23</b>	<p><b><u>Welcome and Introductions</u></b></p> <p>The Chair, David Flory, welcomed everybody to the meeting and thanked those observing for their interest in the business of the ICB. He referred to the 75<sup>th</sup> birthday of the NHS and the first anniversary of the NHS Lancashire and South Cumbria Integrated Care Board (ICB), pausing for a moment of reflection about what the NHS stands for and the roles everybody has in making it a success in terms of services provided for patients and communities.</p> <p>The Chair advised that the core of discussion at the meeting would be around the Integrated Care System joint forward plan and Integration at Place and he welcomed three of the four Directors of Care and Health Integration C Richardson, L Taylor and K Smith who would take the Board through the integration paper later in the meeting. J Scattergood was unable to attend the meeting.</p>
<b>56/23</b>	<p><b><u>Apologies for Absence</u></b></p> <p>Apologies for absence had been received from Dr David Levy, Angie Ridgwell, Vicki Gent, Cath Whalley and David Blacklock.</p>
<b>57/23</b>	<p><b><u>Declarations of Interest</u></b></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>
<b>58/23</b>	<p><b><u>Minutes of the Board meetings, Actions and Matters Arising</u></b></p> <p><b>RESOLVED: That the minutes of the previous meeting held on 3 May 2023 be approved as a correct record.</b></p> <p><b>RESOLVED: That the minutes of the Extraordinary Board meeting held on 21 June 2023 be approved as a correct record.</b></p> <p>J Birrell advised that the CCGs' Q1 (2022/23) and ICB Q2-4 (2022/23) accounts had been submitted (a total of nine sets of accounts for 2022/23). He conveyed his thanks to the team for the work undertaken in reaching this position.</p> <p><b>Action Log:</b>  <b>23/23 Research and Innovation – The State of Our System Report –</b> A report would be submitted to the September meeting of the Board.</p>

59/23	<p><b><u>Report of the Chief Executive</u></b></p> <p>The Chief Executive, Kevin Lavery spoke to a circulated report which reflected on one year since the establishment of the ICB and focused on the following key areas:</p> <ul style="list-style-type: none"> <li>• Leadership and facing up to challenges</li> <li>• Improvement which is a constant process</li> <li>• Delivery which is key</li> </ul> <p>K Lavery referred to one of the early decisions taken as a Board to realign the place-based boundaries and whilst a difficult decision was taken at the time, it had since gathered pace and a significant milestone had been achieved.</p> <p>There had also been some difficult decisions regarding the financial position, system transformation and recovery. K Lavery made reference to specialist commissioning advising that the Lancashire and South Cumbria Integrated Board (LSC ICB) would be hosting the funding for the North West region (approximately £2bn per annum) which would be population based. This would be from 2024, working in shadow form during 2023/24 via a dedicated team.</p> <p>K Lavery referred to the new hospitals programme announcement recently made by the Government of two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary as part of a rolling programme of national investment in capital infrastructure beyond 2030. K McGee stressed the importance of transforming the services currently provided commenting that there had been too many interfaces and barriers to delivery in the past. He anticipated early drawdown to the funding to allow enabling works and for the transformation to commence as quickly as possible.</p> <p><b>RESOLVED: That the Board note the report and the updates provided.</b></p>
60/23	<p><b><u>Patient Story/Citizen's Voice</u></b></p> <p>S O'Brien informed the Board that the focus of the patient story related to a young person (Ben) who had had a negative experience accessing the eating disorder service but then turned the negative experience into a positive experience by helping others. Ben is a very articulate young man and has gone on to set up and Chair, the Lancashire and South Cumbria Children and Young Persons Forum. Ben's story had also been taken through the Quality Committee.</p> <p>S O'Brien commented that the story brought out a disjointed state of services with poor communication. Due to his age (17 years old), Ben was too old to access the children's service and too young to access the adult service. She referred to the work being undertaken at Place, across the ICB and via integrated care teams which should improve services. She also commented that often there are people in hidden roles such as complaints handlers and we should celebrate people in those roles as well as front line staff.</p> <p>Of particular note from the story, an issue had come to light that when Ben was looking at putting support in place with the university health service, he was required to complete a form. He contacted East Lancashire eating disorder service on four occasions asking them to sign a form but had receive no response from them. When</p>

contacting his GP, he was informed that the form could not be signed as he had been discharged from the service and was no longer in the records. Despite Ben being 17 years old, he was informed by the GP that there may be a charge for completing/signing the form. He made a formal complaint to the former East Lancashire CCG expressing serious concerns about the eating disorder service but did not receive a response from the CCG. He followed up the complaint and a complaints handler contacted Ben and actioned the matter resulting in the GP signing the form on the same day he had contacted them. The complaints handler also helped Ben make a self re-referral to the East Lancashire eating disorder service. With Ben's consent, he was then linked to Healthwatch Blackburn with Darwen who provided further links to Ben.

C Oliver advised that Ben had been appointed as Chair of Youth Voices for NHSE and had expressed a wish to work in the NHS environment in the future. With regard to the eating disorder service, C Oliver advised that it was fragmented back in 2020 and was not meeting any NHS standards for access. Following a review, there had been much improvement and a redesign of the service to an all-age service, linking to the voluntary sector and was providing a good level of delivery. C Oliver further advised that there had been a huge demand for the service during the pandemic and there was a fast-growing demand of the service post-pandemic.

It was recognised that the transition from children's services to adult services was a real problem for a lot of services and whilst relating to mental health services, it was not unique to those services. It was suggested that people such as Ben should be referred and their position on the waiting list acknowledged by the adult service and slotted in higher up the waiting list as appropriate. This was an area that should be acquired for all commissioning processes for all services. The current position was not appropriate and carried a risk.

It was commented that digital processes had an important role to play in this area whether it was via e:referrals or video consultation, recognising that there were good examples of online social platforms and families who had been through similar lived experiences. It was acknowledged that eating disorders affect all demographics and there were a number of interventions that could be undertaken. There was reassurance that significant improvements had been made within the eating disorder service and that the issue applied to a wide range of services. It was suggested that a digital stocktake be undertaken looking at which services require review and to improve facilities for adolescents and that also a review of wrap-around services that exist in the community be undertaken. It was commented that a social prescribing link worker in Blackpool provides support and ensures continuity so people do not fall through the gaps.

The story highlighted the importance of listening to people with lived experience and whilst a number of improvements had been made, there continued to be people falling through the gaps. Particular thanks were conveyed to Healthwatch, a service that does hold the health service to account. The matter relating to evidence of medical history was an issue being seen at Citizen's Advice/voluntary sector on a regular basis (costing £25-£45 for a letter) – this was often funded in Blackpool. It was acknowledged that the system required review and scrutiny with a consistent approach.

Reference was made to the eating disorders moving into a population health-based

approach and that work had commenced to understand why certain communities do not access certain services with a view to ensuring people who have need can access services.

In terms of navigation to the service, C Oliver advised that there was an initial response service in place with one contact number across all areas with the exception of Blackpool which would be going live in the Autumn. He also referred to Beat Services, the UK's eating disorder charity and the work they undertake with communities.

Discussion ensued regarding acute admissions and the Board was advised that there were no in-patient eating disorder beds across Lancashire and South Cumbria. The criteria was very strict however, children on paediatric wards within the acute hospitals requiring intensive mental health support were seen. The Chief Nurse at Lancashire Teaching Hospitals was working with Lancashire and South Cumbria Trust to address this however, it was in its formative stage. Through investment from the ICB, they had seen home based treatment teams through children and young people by seeing people in their own home to manage and prevent admission. It was acknowledged that the interface was not as strong however, work continued to build relationships and trust between the teams.

The Chair conveyed his thanks for Ben's story and welcomed the comments made. He asked that the matter relating to inconsistencies in charging for letters be looked into. He also commented that the complaint handler at the former CCG was crucial to Ben's experience and asked if the ICB was assured that all the live issues at the former CCGs had either been closed or passed through to the ICB. S O'Brien would take away the action relating to inconsistencies of paying GPs for health letters and the variance in charging rates. In respect of the transition from CCGs to the ICB, she advised that it was undertaken in a managed way and that live complaints were tracked. Previously, there was only one CCG that had an in-house process whilst the service for the other CCGs was provided by the Commissioning Support Unit. S O'Brien advised that there was now one integrated complaints team which was being in-housed which is part of the clinical quality team and they are involved in meetings and discussions around pathways. Information is fed through to the Quality Committee. Work continued in using the intelligence and she would request that a sense check be undertaken. S O'Brien advised that all live complaints are tracked and she was not aware of any complaints slipping through the process.

S O'Brien advised that a lot of work had been undertaken on the transition of children's and adult services but acknowledged that more could be done. The continuing healthcare team would work with the children and young people and adult teams. She referred to the example of social prescribing undertaken in Blackpool and would carry out a sense check to ascertain what was happening elsewhere across Lancashire and South Cumbria. She was mindful that more needed to be done to ensure people in our communities receive the right help to navigate their way around the system. S O'Brien welcomed the comment made in undertaking a digital stocktake to look at which services require review and to improve facilities for adolescents

**RESOLVED: That the Board note the patient story.**

61/23

**Reporting from Committees: Matters of Escalation and Assurance**

The Board received a summary of key business, decisions and progress updates from committees since reported at the Board meeting on 3 May 2023.

The Chair, D Flory commented that one year on, work had taken place with the ICB Chairs to ensure the right issues arising out of the committees were escalated to the Board. He asked each committee Chair to comment on alerts for the Board's attention.

**Quality Committee** – S Cumiskey provided the following comments:

- **Quality Impact Assessments (QIAs)** – A more consistent way of undertaking QIAs in a way that aligns with the policy was being further refined.
- **Waiting Times – Child and Adolescent Mental Health Services (CAMHS) and Autism Spectrum Disorder (ASD)** – Waiting list pressures continued due to workforce deficits. ICB teams were undertaken work to review the current pathways and continue to work with providers to mitigate risks associated with long waits.
- **Maternity Services Workforce** - Recruitment remained a challenge both locally and nationally and of the four maternity drivers, the system was struggling to meet the mobility of the staff target. The ICB People Board also had a focus on maternity services workforce. The Chair referred to the Ockenden Maternity Review report previously submitted to the ICB Board and suggested that it was timely for a stocktake on maternity services to be undertaken. S O'Brien would give consideration to timescales around this in providing an update to the Board.
- **Dental Contracting and Service Provision** - Access to services, waiting times and inequalities are all challenges. Contracting and provision to be developed by (primary care commissioning) and overseen by the Primary Care Commissioning Committee with a view for the plan to return to the Quality Committee in January/February 2024. The Board would receive an update in due course.

**People Board** – E Adia provided the following comments:

- **Workforce Succession Planning for Primary Care and Social Care** – A deep dive into the workforce perspective to be undertaken. Reference was made to the Belonging and Workforce Plan recently announced by the Government commenting that there will be investment attached to the plan. The People Board will review the plan and had commenced work on a five-year workforce strategy for the ICB.

**Finance and Performance Committee** – R Fisher commented on the following:

- **2023/24 Planning Update and Assumptions** – A Financial Sustainability Group had been established.
- **Cancer Diagnostics and Mutual Aid Across Hospitals** – Provide assurance to the Board that a piece of work had been commissioned to better understand the position which would be reported back to the committee. A rich discussion had also taken place regarding all diagnostics and in particular mutual aid from East Lancashire Hospitals to Blackpool Teaching Hospitals sharing radiographers/radiologists in order that patients did not have to travel in order that they could receive treatment in their own area.
- **Performance Report – 12 Hour Waits** - Concern had been expressed regarding the number of 12 hour waits seen in A&E. A deep dive will be undertaken at the next meeting of the committee. It was also commented that patients with mental

health issues were waiting longer in A&E and a request had been made of the numbers of patients waiting for physical or mental health consultations in A&E.

**Primary Care Commissioning Committee** – D Corcoran provided the following comments:

- **Meetings Held** - Two development workshops had taken place along with one Part 1 meeting held in public and two Part 2 meetings.
- **Committee Membership/Participants and Capacity** - General capacity was under review in respect of assurances in place. Two members and two participants awaiting appointment.
- **Groups of the Committee** - An assurance framework had been established in respect of the groups supporting the committee and detailed work would be undertaken to look at delegated budgets.

**Extraordinary Audit Committee** – J Birrell provided the following comments:

- **Completion of 2022/23 Accounts** – Since completed and submitted.
- **ICB 2022/23 Annual Report** – Since completed and submitted.
- **Healthcare Contract Management** - The committee was concerned at the comment made by MIAA that a request has been made to defer the planned audit because, "the whole process around managing contracts is still in a developmental stage and there is currently not a formalised structure that can be audited." Whilst it was suggested that the situation may not be as underdeveloped as this statement suggested, it was agreed that the matter needed urgent review. The Executive Team had been asked to review, the matter to be referred to the Finance and Performance Committee to assess and an updated would be provided at the next meeting of the Audit Committee. It was recognised that there needed to be a strong structure in place. K Lavery advised that it was a working progress and required check and challenge. The ICB had inherited an extremely fragmented process with almost no strategic contract. There were a number of variations, some of which were seen at the previous meeting of the Board in relation to community services. The challenges were acknowledged, and a lot of work was taking place to create a framework.

**Public Involvement and Advisory Engagement Committee (PIEAC)** – D Corcoran provided the following comments:

- **Dental Access** – Acknowledged that when the report is submitted to the Board, in addition to the Quality Committee and the Primary Care Commissioning Committee, dental access also cuts across the PIEAC in terms of patient experience.
- **Joint Forward Plan** – Discussion had been held as to how it should be strengthened and improvements will be picked up by the committee.

**RESOLVED:** That the Board note the highlight reports for those committees that had met since the Board meeting held on 3 May 2023.

62/23

**The Integrated Care System Joint Forward Plan 2023 Onwards**

C Harris spoke to a circulated report and firstly conveyed his thanks to C Ashworth, Director of Planning and the team for the work undertaken in drawing up the plan. He advised that they had listened to the comments received as part of the engagement

process, and the plan had been developed in this context.

The Board was advised that the ICB, with its partner NHS trusts, must prepare a five-year joint forward plan (JFP) to be refreshed before the start of each financial year. For this first year however, NHS England (NHSE) had specified that the date for publishing and sharing the final plan with NHSE, their Integrated Care Partnership (ICP) and Health and Wellbeing Boards (HWBs) should be 30 June 2023.

A draft Lancashire and South Cumbria (LSC) Integrated Care System (ICS) JFP was presented for the review by the Board in March 2023 prior to a three-month period of partner and public engagement (including HWBs) and further subsequent development. The plan should also be read in the context of the following documents, all of which were fully aligned with the document:

- CEO's State of our System report
- Integrated Care Partnership (ICP) Integrated Care Strategy
- Three-year financial strategy
- 2023/24 system operational plans
- System recovery and transformation programme

A 'Red Amber Green' (RAG) assessment against associated national guidance for the Joint Forward Plan was included within the report.

The Chair asked how the public engagement element of the process was undertaken and was advised that C Ashworth and the team had tested out elements of the plan, how it linked to the ICS and a number of engagements had been carried out. Place directors had also tested it through place-based teams and local authority partners. Given the timescales, there was a focus on the priorities and the pledges from the public which were understood and recognised and were representative of this.

Clarification was sought as to whether there was a framework in place to assess how the ICB was meeting the requirements of the plan and reporting to the Board. C Harris advised that delivery plans would be monitored metrics via committees of the Board. Evidence would be based on delivery and oversight of the monitoring with a view to bringing formal progress updates to the Board. It was also pointed out that expected timescales should be included and how strategies will be delivered and at pace should provide the public with more comfort.

Discussion had been held at the PIEAC about community centred services recognising that some needed to be centralised as this appears to be more preferable to the public. about delivery of services. A number of respondents to the engagement process disagreed that they lived in a health community and the PIEAC asked that it be discussed at the People Board.

A Razaq welcomed the plan and advised that it had been taken through the respective Health and Wellbeing Boards and had a strong focus on population health and community services. He asked that the document be accessible in terms of equality, diversity and inclusion. In going forward, it would be welcomed if the plan was integrated with the place-based partnerships and their priorities. Also, with the local authorities and measuring timescales in the next ten years to have some quick wins and how it is being delivered in terms of joint investments.



	<p>J Birrell commented that the ICB's strategic objectives should be included in the plan which was noted.</p> <p>S O'Brien welcomed the plan commenting that there appeared to be a lot of complicated language within it. She referred to the patient story earlier in the meeting advising that it needed to contain more easily understandable language and that documents similar to the plan needed to be more joined up. She further commented that we should be ambitious and take for granted that people receive world class care. People want to be treated with kindness and compassion and have access close to home. This would be the test and to see less stories of services being too complicated to navigate.</p> <p>T Hopkins recognised that a lot of work had taken place in aligning the plan with other strategies however, she sought clarification as to how many plans there needed to be in place, asking people to provide input into plans that all mean the same. The plan was a public facing document and consideration needed to be given as to how it can be shaped.</p> <p>J O'Brien reinforced the comments made about communication and that the plan did not state what was required in terms of working differently and to address cultural needs. She commented that it was about working wider than their own organisation and required a mindset shift and ways of working that were different.</p> <p><b>RESOLVED: That the Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the comments made on the Joint Forward Plan along with the updated contents for 2023 and supported its publication as the ICS plan for the next five years.</b></li> <li>• <b>Note the RAG assessment of the plan against national guidance and the intention to align the development of the Joint Forward Plan delivery plan with the System Recovery and Transformation Programme</b></li> <li>• <b>Support the next steps.</b></li> </ul>
63/23	<p><b><u>The Place Integration Deal</u></b></p> <p>The Chair, D Flory welcomed and introduced three of the four Directors of Place, C Richardson, L Taylor and K Smith. J Scattergood was unable to attend the meeting.</p> <p>K Lavery also welcomed the Directors of Place who would be presenting the Place Integration Deal and acknowledged it as an important milestone for consideration by the Board which, if approved, the three-year programme would move us towards providing better services across primary care and the need to have services at place and neighbourhood level.</p> <p>The Board was provided with a report which set out a vision for the four Lancashire and South Cumbria places and put forward a Place Integration Deal describing the way places will operate as part of the ICB. The report outlined the key content of the Place Integration Deal:</p> <ul style="list-style-type: none"> <li>• <b>Why</b> the Place Integration Deal is key to meeting national and local expectations and ambitions, and in delivering our vision</li> </ul>

- **What** will be planned and delivered in places
- **How** the Place Integration Deal could be implemented through a phased approach

The Place Integration Deal will enable delivery of improved experiences and outcomes for our residents through moving resources and decision-making closer to our communities, and by greater involvement of our communities in decision-making.

Implementation of the Place Integration Deal was likely to be a two to three-year journey for our places and key partners. A phased approach to implementation of the Place Integration Deal, and the high-level risks and mitigations associated with this programme of work were outlined in the report.

Once agreed, the Deal would pave the way for further innovations in integrated working with local government and wider partners in place, which will be critical to ensuring our residents have healthy communities, high quality services and a health and care service that works for them.

It was noted that work had taken place over the last 12 months and plans had already been implemented with good outcomes for the public. It was the first time ever that as councils they came together to joint commissioning which would enable stability in the care market by responding to one Deal and driving the best financial value.

The Board welcomed the Place Integration Deal, particularly the work that had taken place to date and the future delivery of improved experiences and outcomes for local people. Clarification was sought as to how it will work with Integrated Neighbourhood Teams and a request that it be taken forward at pace.

Reference was made to inequalities and whether there will be discretionary funding around this. Also, whether there is the ability to build additional funding for specific factors.

Reference was made to the care market and what it will mean over the next 12 months, moving through winter and wrapping around systems. It was acknowledged that the fundamental working at Place was working with communities and helping flow which would need to be worked on very quickly and supported going into next winter particularly those areas that do not require formal delegation.

It was commented that the wider determinants, not just health would also need to be considered and prioritised, for example, housing in Blackpool is impacting people's lives on a daily basis. If the Deal is looked at in a round, the ambitions will be achieved.

It was acknowledged that local employment was a key priority for Place but was also a challenge and there was a requirement to improve employment as an anchor at Place. Apprenticeships were moving forward which are a key part of the Long Term Plan which was very dedicated and focused on delivery. Good organisational development work was being taken forward in each of the four Places.

S Proffitt referred to the financial aspects and delegations of the Deal which were supported by herself and the Board and she had had a positive meeting the previous day about what it will mean. Whilst she was comfortable with the timelines, there

needed to be further work around resourcing, clarity on the operating model and to delegate safely over the next few years. S Proffitt recognised the financial challenges and although the ICB was one year into its establishment, whilst still building, by undertaking the Deal in the right way and safely, if areas can be moved at a faster pace, they will be.

It was pleasing to see that the principles of subsidiarity were in place and ensuring the money is directed to the right places. Whilst we had moved from five to four Places, it was still a large footprint with pockets of deprivation and it was, therefore, important that funding is directed to those areas.

It was suggested that reporting needed to capture where delivery had been undertaken in an integrated way. It was also suggested that a Place Development Oversight Group be established to oversee the implementation of the deal and that a Place readiness assessment needed to be refreshed and agreed. Consideration would be given in providing the Board with an update around this.

The Chair welcomed the positive discussion held commenting that The Place Integration Deal was ambitious, driven, expectations were high, stakes were high and was crucial as a system. He acknowledged that there was real energy and determination and he conveyed his thanks for the report and looked forward to receiving updates on progress in the future.

**RESOLVED: That the Board:**

- **Note the report.**
- **Approve the proposed Place Integration Deal including the direction of travel, the scope in relation to the ICB and early priorities for delivery in places.**
- **Note that the next steps following Board approval will be to develop a phased approach to implementation of the Place Integration Deal.**
- **Note the associated risks and mitigations.**
- **Receive a further report on progress on delivery of place priorities and implementation of the Deal in November 2023.**

**64/23 Integrated Performance Report**

M Oldham spoke to a circulated report which summarised key aspects of system performance. In particular she questioned how the ICB addresses unwarranted variation advising that the Executive Team had considered how they work alongside providers and focus on the drivers of unwarranted variation and provide assurance to the Board around this.

As we move into Q2, individual integrated assurance meetings would be held Chaired by either D Levy or S O'Brien and from those meetings, an aggregated report will be drawn up and provided to other committees. A Transformation and Recovery Board will also be established which will report to the ICB Board.

M Oldham took the Board through the report and highlighted areas for their attention.

*Abdul Razaq left the meeting.*

It was pleasing to see that the assurance framework was moving to system level and important that it is nuanced in terms of comparisons. It was recognised that the strikes had affected service provision and work would take place in bringing back what had been lost. There would need to be an understanding of the capacity requirements which will also have a knock-on effect on the financial position.

Reference was made to the impact of out of area placements at Lancashire and South Cumbria NHSFT. They also continue to see learning disability patients in mental health beds and as at that day, 14 mental health beds could not be used for mental health admissions. An incident management group had been established at the Trust and C Oliver would share the details with M Oldham.

S O'Brien referred to the balanced scorecard, in particular diagnostics and cancer advising that they continued to be monitored. Also, sickness and vacancy rates and through the People Board, they would be monitored to determine what could be taken forwarded as a system. She further advised that learning disabilities and autism was a difficult aspect of nursing to attract as a profession.

*Tracy Hopkins left the meeting.*

S Proffitt stressed the importance of the links with performance and finance commenting that whilst performance was relatively better, it was not the case in terms of the financial pressures particularly around urgent care pathways and there needed to be a focus on solutions. She further commented that it was not about closing capacity but about moving capacity to the right place and that they needed to be tied together with a system approach.

It was noted that often there is a focus on secondary care and it was suggested that a methodology in looking at primary care performance be explored. The work could start at neighbourhood level, aggregate at place level then bring back to the Board in order that they are informed of any issues.

**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 the high risk metrics identified in the report.**
- **Note the ongoing work to further develop the performance framework and reporting, in particular the Board workshop.**
- **Support the continuation of the Finance and Performance work with the input of Non-Executive Members.**

**65/23 System Recovery and Transformation Plan**

M Oldham spoke to a circulated report which provided an update on the proposals for the establishment of a "System Recovery and Transformation Board" (SR&TB) for the Lancashire and South Cumbria (LSC) system, and sought feedback from the Board.

	<p>It was acknowledged that the SR&amp;TB would have an important role to play and it was noted that the LSC system had not had a sufficient track record of delivering recurrent savings, nor the more challenging clinical transformations that were required.</p> <p>The proposals for the SR&amp;TB had been developed through conversations with the ICB Executive Team, with Chairs and Chief Executives from across the LSC system, as well as through discussions with the Regional Team.</p> <p>M Oldham advised that her role had changed and she would be overseeing system recovery and transformation. There will be a requirement to move at pace and to demonstrate the delivery of change which will improve clinical and financial performance. It was acknowledged that many of the challenges the system faced were long-standing. We would need to use the evidence of where the greatest opportunities for savings and performance improvement lie, including evidence from work by The PSC and Deloitte in 2021, as well as from the Trusts themselves, and then prioritise workstreams accordingly. The system was under national scrutiny and a review meeting with Julian Kelly had recently taken place. The Executive Team would take over the assurance from the Regional NHS England Team and distil down the key priorities to be delivered in order to deliver the pledge and to move ourselves as an extreme outlier to middle or better across LSC. There needed to be an understanding of the main drivers of the financial issues and one of the biggest areas of concern related to clinical models and whilst there were some good examples of where they worked well, there would be a cost associated with them. M Oldham advised that part of the work to be taken forward over the next three years would be to look at the model and what drives efficiency recognising that we would need to be as efficient and productive as possible.</p> <p>M Oldham commented that whilst addressing general performance, there was also a requirement to look at how improvements can be made without untoward consequences. Discussion would take place at the Finance and Performance Committee along with improved high-level reporting to the committees of the ICB to provide integrated assurance.</p> <p>K Lavery commented that there were big opportunities and whilst being mindful of the £80m financial deficit across the system, there needed to be an approach around culture.</p> <p><b>RESOLVED: That the Board note the contents of the report and the update on progress being made.</b></p>
<p><b><i>The agenda was taken out of order.</i></b></p>	
<p><b>67/23</b></p>	<p><b><u>Finance Report – Month 2</u></b></p> <p>S Proffitt spoke to a circulated report and advised the Board that the ICB was reporting a system deficit of £50.4m which was £6.3m worse than the plan at the end of month 2 (May). It represented a current pressure of £6.3m for the Provider Trusts with the ICB reporting a year-to-date breakeven position.</p> <p>S Proffitt advised that the final plan for 2023/24 which had been submitted identified a deficit of £80m. The position was agreed with NHS England but with an expectation</p>

that to continue to strive for a breakeven position given that it is a statutory duty.

A significant level of risk had been built into the plans with:

- A high level of savings totalling £287m to be delivered through each organisation's operations.
- A stretch on top of this of £168m which remained high risk and required a system approach though the recovery work being developed:
  - £76m stretch for the ICB – looking at capacity and important it is translated into tangible and robust plans.
  - £72m across the provider acute trust and
  - £20m for out of area placements

It was noted that there was an urgency to ensure system wide schemes could be delivered though the recovery work to mitigate this with an aim to improve the £80m deficit plan position. The recovery approach was being developed and would be discussed further.

S Proffitt advised the Board that it had been one of the busiest few months and she conveyed her thanks to the staff, in particular the corporate staff for their continued hard work and support.

A group had been established led by S Proffitt and S O'Brien to review plans and schemes which would then be fed back to the ICB Finance and Performance Committee. It was noted that the highest risk related to the work being undertaken on contracts. S Proffitt was also attending monthly meetings with NHSE colleagues and the national Director of Finance. Whilst good progress was being made at month 2, it was recognised that it was early in the year and whilst there was ongoing stability, regular updates will be required in terms of the progress of the plans and via the Recovery Board. S Proffitt commented that the figures will only level out if the robust plans take effect.

J Birrell commented that whilst the current position was where he would expect it to be, the next two to three months were crucial. He welcomed the discussions that S Proffitt was having with the provider trusts which were encouraging and noted that the rates of spending had stabilised.

**RESOLVED: That the Board note the report for the period ending 31 May 2023.**

**66/23 Board Assurance Framework**

K Lavery spoke to a circulated report which provided an overview of progress of ICB's Board Assurance Framework (BAF) and risk management process. It also included the annual oversight framework and cycle of risk management for 2023/24 and proposed next steps to further review, develop and refine the ICB's BAF and consideration and agreement of the Board's risk appetite. A Board development session would be held in the Autumn to focus on the BAF in more detail and align with the Long Term Plan system priorities.

S Proffitt commented that the BAF was a key document to ensure the Board has comprehensive oversight of risks advising that the strategic objectives shaping the

document were not those system strategies included in the Long Term Plan. She reminded the Board of the requirement to bring eight CCG BAFs together into one, new overall ICB document which had been a difficult task to undertake. An audit had been undertaken by MIAA which resulted in the ICB not having systems and processes embedded throughout the year. S Proffitt commented however, that the work undertaken and the corporate risk register that sits behind the BAF was very good and that work needed to be taken forward in a comprehensive way which would also shape the Board agendas.

J Birrell advised that whilst good progress had been made, there was further work to be undertaken and discussion needed required to ascertain how the ICB is meeting its strategic objectives and whether the organisation is delivering what it should be. He further commented that the biggest risk related to emergency care which did not feature as a risk and was, therefore, a significant gap.

For further discussion at the Board Development Session, a question was raised as to how the BAF could remain as a live document, particularly in relation to the ICB committees that have an assurance role but also those committees that do not have this role, ie, Public Involvement and Engagement Advisory Committee (PIEAC). There would need to be a clear line of sight of where the assurance sits and to have broader input which would then provide a sharper focus from the Board.

**RESOLVED: That the Board:**

- **Note the review and progress of the ICB's risk management systems and processes.**
- **Note the annual oversight framework and cycle of risk management for 2023/24.**
- **Note the summary of the Corporate Risk Register.**
- **Approve the Board Assurance Framework.**
- **Support a Board Development Session to review the Board Assurance Framework aligned to the ICB and system strategies and to agree the Board's risk appetite statement.**

*The agenda reverted back to its order.*

**68/23 Scheme of Delegation Review 2023/24**

S Proffitt spoke to a circulated report advising that the ICB's Constitution requires that robust governance arrangements are place including a published Scheme of Delegation. Interim arrangements were put in place on 1 July 2022 to assist with the transition to a new ICB delivery structure.

Following the conclusion of the management of change programme, a full review of the Scheme of Delegation had been undertaken and a number of revisions proposed to align delegated approval limits with the current committee and directorate structures.

The following proposed changes in the following four areas had been taken through the ICB's Executive Management Team and Audit committee for recommendation to the Board for approval:

	<ul style="list-style-type: none"> <li>• Updated committee names and individual titles</li> <li>• Presentational changes</li> <li>• Changes to ICB Scheme of Delegation for all staff (delegated limits and responsibilities)</li> <li>• Amendment to procurement process</li> </ul> <p>The report focused on the changes to delegated limits and responsibilities.</p> <p>S Proffitt advised that further work would take place by the finance team on the formatting of the document to ensure that it was more 'user friendly'. She also advised that the Scheme of Delegation would continue to be reviewed in light of place delegations.</p> <p><b>RESOLVED:</b> That the ICB Board approve the proposed changes to the ICB's Scheme of Delegation for implementation and publication and note the remaining actions and issues to be resolved.</p>
69/23	<p><b><u>Any Other Business</u></b></p> <p>There were no issues raised.</p>
70/23	<p><b><u>Items for the Risk Register</u></b></p> <p><b>RESOLVED:</b> That there were no items.</p>
71/23	<p><b><u>Closing Remarks</u></b></p> <p>The Chair closed the meeting.</p>
72/23	<p><b><u>Date, Time and Venue of Next Meeting</u></b></p> <p><b>Update:</b> The next meeting would be held on Wednesday, 13 September 2023 at 1.00pm to 3.00pm, Savoy Suite, Lancashire County Council, County Hall, Fishergate, Preston, PR1 8XJ</p>

**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).*