

Subject to approval at the next meeting

**Minutes of the Meeting of the Integrated Care Board Held in Public on  
Wednesday, 13 September 2023 at 1.00 pm  
in the Lune Meeting Room 1, ICB Offices,  
Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB**

**Part 1**

	<b>Name</b>	<b>Job Title</b>
<b>Members</b>	David Flory	Chair
	Professor Ebrahim Adia (Arrived during 79/23)	Non-Executive Member
	Jim Birrell	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Kevin Lavery	Chief Executive
	Aaron Cummins	Partner Member – Trust/Foundation Trust - Acute and Community Services
	Professor Sarah O'Brien	Chief Nurse
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Dr David Levy	Medical Director
	Angie Ridgwell	Partner Member – Local Authorities
	Samantha Proffitt	Chief Finance Officer
<b>Participants</b>	Victoria Gent	Director of Children's Services (Blackpool)
	Cath Whalley (Arrived during 77/23)	Director of Adult Services (Westmorland and Furness)
	David Blacklock	Healthwatch Chief Executive
	Abdul Razaq	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
	Alison Brown (Observing)	Associate Director of Quality and Safety, East Lancashire Hospitals NHS Trust
	Louise Talbot	Board Secretary and Governance Manager

Item	Note
73/23	<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. Aaron Cummins was welcomed to the meeting, attending on behalf of Kevin McGee, Trust/Foundation Trust Partner Member and also Alison Brown, Associate Director of Quality and Safety at East Lancashire Hospitals Trust, who was shadowing Sarah O'Brien.</p> <p>Thanks were conveyed to Professor Ebrahim Adia who would be leaving his role as Non-Executive Member at the ICB in the near future.</p>
74/23	<p><b><u>Apologies for Absence</u></b></p> <p>Apologies for absence had been received from Roy Fisher, Sheena Cumiskey, Jane O'Brien, Maggie Oldham, Kevin McGee and Tracy Hopkins.</p>
75/23	<p><b><u>Declarations of Interest</u></b></p> <p><b>RESOLVED:</b> 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>
76/23	<p><b><u>Minutes of the Board Meeting, Actions and Matters Arising</u></b></p> <p><b>RESOLVED:</b> That the minutes of the previous meeting held on 5 July 2023 be approved as a correct record. (As the meeting was not quorate until Professor Adia arrived at the meeting, he gave retrospective approval to the minutes after the meeting).</p> <p><b>Action Log:</b>  <b>23/23 Research and Innovation – The State of Our System Report</b> – Item on the agenda – action to be closed.</p> <p><b>60/23 Patient Story/Citizen's Voice:</b></p> <ul style="list-style-type: none"> <li>- <b>Charging for completion of patient letters/forms</b> - S O'Brien advised that the primary care team had reviewed the variations and guidance would be taken through the Local Medical Committee for review following which, a communication would be included in the ICB's weekly GP Practice Newsletter – action to be closed.</li> <li>- <b>A sense of complaints received including the transition of children's and adult services across Lancashire and South since the establishment of the ICB</b> – S O'Brien advised that there had not been any complaints of this nature since establishment – action to be closed.</li> </ul> <p><b>61/23 Maternity Services Workforce</b> – S O'Brien to give consideration to timescales in providing an updated to the Board.</p> <p><b>63/23 The Place Integration Deal</b> – An update report would be provided at the November 2023 meeting of the Board.</p>

**77/23** **Report of the Chief Executive**

The Chief Executive, Kevin Lavery spoke to a circulated report and ahead of the ICB's Annual General Meeting, and in light of NHS England's annual assessment of the ICB's performance, celebrated the success of the organisation, acknowledged the hard work of colleagues working across the system, and highlighted the need to review progress.

It was recognised that in order to provide a sustainable long-term health and care system, there needed to be a reset and fundamental change of the ICB's approach, looking at transforming ways of working to promote a community-centric approach, with more prevention and better use of health and care partners. It was also acknowledged that difficult decisions would need to be made, backed up by the evidence that showed that the quality and safety of services will not be compromised.

The report focused on the following key areas:

- **NHS England's annual assessment of the ICB** – The letter acknowledged that it was a year of transition and there will be many challenges ahead. Positive feedback had been received in respect of governance arrangements, eg, the Board's inclusion of partner members from the wider health and social care system and professional leadership from a medical and nursing perspective. Feedback was split into four fundamental purposes of an integrated care system:
  - Improving population health and healthcare
  - Tackling unequal outcomes, access and experience
  - Enhancing productivity and value for money
  - Helping the NHS support broader social and economic development
- **New Hospitals Programme**
- **The need to reset**
- **The need for tough decisions**
- **Finance and recovery**
- **Specialised Services Commissioning** – Staff will have transferred by April 2023.

*C Whalley arrived at the meeting.*

K Lavery also made reference to the following items:

- **Continuing Healthcare** – Over 100 staff would be transferring to the ICB at the beginning of October. Work was taking place in addressing some major legacy issues and the backlog of cases.
- **Lucy Letby case/Freedom to speak up** – He stressed the importance of ensuring there is a robust process across the ICB and the system particularly in respect of culture and leadership. Consideration would need to be given as to how the Board and the system will respond to this in the future.
- **Crumbling concrete (RAAC)** - There were some cases across the Lancashire and South Cumbria area and work was taking place to address the issues. The Chair asked if there was full consideration of all the premises affected. S Proffitt advised that directions had been issued by NHSE and questions had been responded to. Work had taken place with all Trusts across Lancashire and South Cumbria; issues were currently isolated to East Lancashire and Blackpool Teaching Hospitals (predominantly laundry areas in Blackpool) and it was acknowledged that there may be further issues in the future. In addition to Trusts, a review had also been

undertaken across the system, partners and primary care. There were some isolated areas, some clinical areas and arrangements were in place to decant patients where necessary. It was anticipated that the work would be completed by the end of the year. The Board was advised that RAAC was reported through capital groups.

- **Staff surveys** – A recent local staff “pulse” staff survey had been undertaken across the ICB and the NHS annual staff survey would be issued at the beginning of October. It was recognised that there had been a number of staff changes locally and staff were encouraged to complete the survey.

In terms of the need for a reset, it was acknowledged that a number of difficult decisions would need to be made. D Blacklock asked if there was a plan around this and sought assurance as how the public might be involved in those decisions. K Lavery acknowledged the challenges commenting that there was the medium term in relation to where the priorities lie and work was taking place at an early stage in putting together the medium-term budget. An engagement process would need to be drawn up around this. The other element which was more of a difficult challenge which was the in-year financial position. K Lavery was mindful of being upfront in all areas that needed addressing.

D Corcoran referred to the Public Involvement and Advisory Engagement Committee oversight working with people in communities strategy and the benefits of Healthwatch giving insight. She asked how important the recovery and transformation programme and how involvement and engagement could be taken forward. She would pick this up with M Oldham.

**RESOLVED: That the Board note the report and the updates provided.**

**78/23 Patient Story/Citizen’s Voice**

S O’Brien informed the Board that the focus of the patient story relating to menopause and hormone replacement therapy (HRT) and the positive support she received.

The Chair reflected on the challenges commenting that the story was an example of great practice that people can access these services and was positive for primary care. The challenge was covering a huge population area and different areas and a question was asked as to whether there was an intention to have similar support to everybody across Lancashire and South Cumbria. S O’Brien advised that there was limited funding available and they were looking at ways in using the money, looking at how they can virtually build on the practices. She also advised that in addition to primary care, there were a number of areas to support ladies such as via Facebook, local ladies groups, menopause café etc.

Board members welcomed the story and the support provided and they were mindful of the responsibility as employers as well as leaders. Clarification was sought as to what constitutes good practice and to ensure people access a consistent service.

Consideration was being given in developing services that are culturally appropriate to the model and access into communities.

	<p>It was suggested that future patient stories be supplemented with insights nationally, local and best practice as it may lead to conversations.</p> <p>S O'Brien welcomed the comments made and recognised that more work needed to be undertaken in terms of awareness. With regard to good practice, she advised that it was not available before and was mindful of having a consistent approach and the noted point made about culturally appropriate was not widespread enough.</p> <p><b>RESOLVED: That the Board note the patient story and the work being taken forward.</b></p>
79/23	<p><b><u>Reporting from Committees: Matters of Escalation and Assurance</u></b></p> <p>The Board received a summary of key business, decisions and progress updates from committees since reported at the Board meeting on 5 July 2023.</p> <p>In the absence of S Cumiskey and R Fisher, the Board noted the updates in the report relating to the Quality Committee and the Finance and Performance Committee. The Board also noted the updates in the report in respect of the Primary Care Commissioning Committee (PCCC). D Corcoran gave an overview of the items on the agenda for the PCCC meeting the following day, 14 September 2023, the papers of which had been published on the ICB website.</p> <p><b>Public Involvement and Engagement Advisory Committee</b> – D Corcoran provided a verbal update from the meeting held on 6 September 2023:</p> <ul style="list-style-type: none"> <li>• <b>Alert</b> - Whilst the complaints annual report had been received at the committee for the first time, the number of primary care complaints received were higher than anticipated and work was taking place to understand the nature of the complaints.</li> <li>• <b>Advise</b> - Healthwatch presented an overview of I Care: Hearing the Voices of Unpaid Carers in South Cumbria and Carers Charter for Lancashire and South Cumbria which had been commissioned by the ICB place based in South Cumbria. There was some insight and learning and suggestions made to the ICP following which, the ICB would be asked to consider recommendations. It was likely that it would lead to a charter around carers.</li> <li>• <b>Advise</b> - At the June meeting, discussion had been held about community ambassadors but with a caveat that more learning may need to be undertaken to understand this better. Reference was made to an event on co-production in Blackpool which had resulted in the approach being revised based on that learning.</li> <li>• <b>Assure</b> - Work had taken place to look at virtual wards in more detail and feedback provided both nationally and locally. There had been positive feedback in respect of assurance and patients value the flexibility. The approach would be enhanced as it should have better reach.</li> <li>• <b>Assure</b> – There was assurance in respect of the MIAA 2022/23 patient and public engagement checklist and associated reports and also reporting on the insights reports and richness of the reports being issued.</li> </ul> <p>The Chair commented that a regular theme coming through was access to dentistry. Dr D Levy advised that a report had been taken through Executives, the Quality Committee and was due to be taken through the Primary Care Commissioning Committee the following day. He advised that there had been significant issues</p>

	<p>inherited from colleagues in NHSE about how dental services are commissioned and how dentists are recompensed. Work would need to take place around contracts and within the ICB, we would look to see how we can use the resources we have to ensure patients can access dental services. It was anticipated that the report would be submitted to the Board in November.</p> <p><i>Professor E Adia arrived at the meeting.</i></p> <p>The issue around access to dental services was acknowledged and particularly seeing a lot of patients asking for help for their children as they are unable to access a dentist.</p> <p>Dr D Levy further advised that a comprehensive stocktake would need to be undertaken and that all agencies were signed up to this.</p> <p><b>RESOLVED: That the Board note the highlight reports and ratified minutes for those committees that had met since the Board meeting held on 5 July 2023.</b></p>
80/23	<p><b><u>Integrated Performance Report</u></b></p> <p>C Harris spoke to a circulated report which provided an update against the latest published performance data. The following key areas were highlighted:</p> <ul style="list-style-type: none"> <li>• <b>Elective Recovery</b> - The number of patients waiting continued to increase although the proportion of long waiters had continued to reduce. Figures relating to the end of June 2023 position, indicated that there were 2 x 104+ week breaches reported for L&amp;SC ICB patients - though these patients were not waiting at any of the 4 main L&amp;SC acute providers who all reported zero 104+ week waiters at the end of June and 157 x 78+ week breaches for ICB registered patients and 2,145 patients waiting over 65 weeks.</li> </ul> <p>Locally the ICB appeared to be performing well above average for day-case procedure rates (British Association of Daycase Surgery [BADS] specific procedures) and for capped theatre utilisation rates when compared to peer systems and national performance.</p> <p>Of particular note was the recognition of colleagues during the periods of industrial action. There had been sustained progress and the response from the providers and the system had been excellent. The Board welcomed this feedback.</p> <ul style="list-style-type: none"> <li>• <b>Diagnostics</b> – The performance in June 2023 has remained relatively static compared with the May 2023. The performance at ICB level is higher than that for the North West and National performance.</li> <li>• <b>Cancer</b> - In June 2023 only UHMB, ELHT and LTHT met the faster diagnosis standard. None of the Trusts have met any of the other three core cancer standards (2 week wait, 31 day first treatment, 62 first treatment).</li> <li>• <b>Urgent and Emergency Care</b> – Performance in July was 77.5%, which was a slight improvement on the previous month. LSC is performing better than the North West and England average. The percentage of patients spending more than 12 hours in an emergency department remains within the ‘expected range’ albeit at levels higher than in the Apr-Oct 2021 period.</li> <li>• <b>Mental Health</b> – There has been an increase in the number of OAPs for MH patients</li> </ul>

in May 2023 as predicted. The dementia prevalence target continues to be met with the ICB being slightly above the North West position and above the national position. The number of people receiving a health check on a LD register for the ICB is below both the regional and national positions. The latest figure for IAPT shows that the ICB continues to be in the lowest quartile nationally.

- **Children and Young People** - The levels of smoking at time of delivery are higher than national levels and significantly above in Blackpool. The latest published data shows that stillbirth and neonatal deaths are above the north west and national levels, however the latest intelligence shows that this position has improved with work ongoing to improve this position further. The population vaccine coverage for children under 5 continues to be above both the regional and national figure.
- **Primary Care** - L&SC is reporting a greater number of general practice appointments per 10,000 population than the North West average and actual appointment volumes are higher than the original 2022-23 plans submission. However, despite this, our rate of appointments per 10,000 population is well below the national average and L&SC is consistently within the lowest performing quartile compared to other ICBs.
- **Workforce** - Across the system we have higher sickness absence rates than regional and national average. However, our vacancy and turnover rates tend to be lower than the national benchmark.

C Harris advised that the full performance report was routinely submitted to the Finance and Performance Committee. The targets were recognised and it was acknowledged that there were some areas where little or no improvement was being made. The recently established System Recovery and Transformation Board was addressing those areas.

C Oliver referred to out of area placements which were having a real impact on patient experience, quality and families living out of the area. He made reference to length of stay and advised that work was ongoing with local partners across the integrated care system.

From a local authority perspective, A Ridgwell referred to discharge of patients from hospital to their place of residence and was mindful of the fragility of the care sector. She advised that the local authority continued to work with colleagues to ensure discharge was effective. She further commented that there was too much emphasis with social care and secondary care with a focus on people admitted into then discharged out of hospital. A Ridgwell advised that as a system, they needed to look at it in more detail but not at the expense of the local system. She reminded colleagues that prior to the COVID-19 pandemic, organisations agreed an intermediate care strategy however, there appeared to be no progress made and collectively as a system, it needed to be progressed and delivered.

Reference was made to long waiting lists resulting in patients feeling worse whilst waiting. A question was raised as to whether there was more that could be done whilst they are waiting and more signposting. It was commented that providers do keep in contact with individuals and recognise the anxieties. Reference was made to the elective recovery programme which was a multi-pronged and issues will continue to be addressed to commission the right support to enable providers to deliver the right services.

A Cummins supported the comments made by A Ridgwell and he described the measures that had been put in place to manage risk. A key component was to work more effectively, to pick it up at place and address the interface of social care. He further advised that there was a lot of effort on the ground.

The Chair asked that future reports included total waiting list size commenting that movement of this was a predictor of the future and C Harris would action this request.

The Chair referred to urgent and emergency care (UEC), in particular people spending more than 12 hours in an emergency department and whilst it remained within the expected range, levels were higher than reported in the April to October 2021 period. He asked if enough was being undertaken for everybody and whether success was that we match expectations or that we match standards for everybody, also whose expectations they were. C Harris welcomed the commented advising that the former CCGs had a requirement to report 12-hour breaches. Consideration would be given as to the language used in future reports. He advised that a significant amount of work had been undertaken in respect of the UEC and it should not be an area where we see tolerances as it should be a zero tolerance. From a quality and patient safety and harm perspective, S O'Brien advised that continued monitoring was undertaken and any concerns are reported.

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

**81/23 Finance Performance Report – Month 4**

S Proffitt spoke to a circulated report and advised the Board that the health system continued to manage a high level of financial risk to meet or improve upon the £80m deficit plan for 2023/24. As at 31 July 2023, the ICB was reporting a system deficit of £112m which was £36.8m worse than plan. It represented a current pressure of £13.1m for the Provider Trusts who had a combined deficit of £88m, with the ICB reporting a year-to-date deficit of £23.7m against a break-even plan.

S Proffitt advised that a lot of work was taking place around the financial plan and significant risk was recognised. It was acknowledged that the transformation agenda, will take 3-4 years to embed into the system. She commented that at the start of the year, high risks were set out and there was recognition that bringing the financial position into balance would be difficult. S Proffitt could see some risks coming out of the plan and she conveyed her thanks to everybody for their continued support.

It was noted that they had seen a huge amount of inflationary impact on prescribing and continuing health care in month 4 and it was acknowledged that inflationary impact was difficult to mitigate.



	<p>It was noted that the Board needed to be cognizant that it was a whole system challenge, we must not cost shunt and need to invest and ensure the market is there to provide support.</p> <p><b>RESOLVED: That the Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the content of this report for the period ending 31 July 2023</b></li> <li>• <b>Note the high risk of approximately £200m to the year-end planned deficit position of £80m and</b></li> <li>• <b>Note the work required to further mitigate the position.</b></li> </ul>
82/23	<p><b><u>System Recovery and Transformation Approach</u></b></p> <p>Kevin Lavery spoke to a report which described the approach being taken to establish a system recovery and transformation programme which has a crucial role to play as the Lancashire and South Cumbria system has not had a sufficiently strong track record of delivering recurrent savings, nor the more challenging clinical transformations that are required.</p> <p>The approach described within the report had been developed through conversations with the ICB Executive Team, with Chairs and Chief Executives from across the system, as well as through discussions with the NHSE Regional Team.</p> <p>Reference was made to the new hospitals programme which was not just about the building project but also about what clinical specialty there will be and the type of bed numbers required. Progress was being made in respect of both clinical and community. Whilst the pressures were acknowledged across the system, good progress was being made overall.</p> <p><b>RESOLVED: That the ICB Board endorse the scope of the proposed system recovery transformation approach.</b></p>
83/23	<p><b><u>Resilience and Surge Planning – Winter 2023/24</u></b></p> <p>C Harris spoke to a circulated report which provided an update on the status and progress of:</p> <ul style="list-style-type: none"> <li>• The Urgent and Emergency Care (UEC) Recovery Plan</li> <li>• The UEC national publication: Delivering Operational Resilience Across the NHS This Winter</li> <li>• UEC Winter Incentive – Operational Measurement Guidance</li> <li>• UEC investment fund schemes</li> <li>• Lancashire and South Cumbria strategic re-design and improvement programme.</li> </ul> <p>It was noted that the national approach for 2023/24 winter preparedness sets out the areas of focus to support systems deliver operational resilience across the NHS; and is a key step to helping us achieve our two key ambitions for Urgent and Emergency (UEC) recovery:</p>

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

The national guidance outlined four key areas of focus to help systems prepare for winter:

1. Universal Support Offer - continue to deliver on the UEC Recovery Plan by ensuring high impact interventions are in place.
2. Review of operational plan submitted in May 2023, and key lines of enquiry (KLOEs).
3. Effective system working across all parts of the system.
4. Supporting our workforce to deliver over winter.

In addition to the national guidance, a UEC Winter Incentive – operational measurement has been introduced for providers with Type 1 A&E to achieve better performance over the second half of the year, in return for receiving a share of a £150 million capital funding in 2024/24.

As part of the national guidance, NHS England had requested a review of the operational plan submitted in May 2023 and completion of a number of key lines of enquiries (KLOEs) submitted to region on 10 September 2023 and formal submission to NHS England on 11 September 2023.

Reference was made to the ten high impact interventions which was where the Board was required to focus and ensure they are delivered.

C Harris referred to the high impact interventions and recovery champions which had only recently been announced and he advised that work would take place across the ICB and with providers to promote the deliverables. Detailed discussion ensued in respect of the ten interventions around being clear where they are delivered, which would be tracked, which are having an impact as there is a lot of cross over, how are they implemented in each area and devolved in order that they can be tailored and delivered that does not have a detriment to patients. There also needed to be an influence at a higher level about true integration locally.

D Corcoran commented that we often respond to a crisis and she asked if they could be transformational rather than specific challenges in winter. She asked if we could encourage different ways of working. C Harris advised that an exercise had been undertaken by grouping the interventions and having a more targeted approach. Further work would take place to refine the process. He was also mindful around the core membership and ensuring the right people were taking the discussions forward.

**RESOLVED: That the ICB Board:**

- **Note the content of the report.**
- **Accept the report as assurance that oversight of all associated requirements will be via the Resilience and Surge Planning Group and UEC Collaborative Improvement Board.**
- **Note that the ICB Executives will receive updates monthly.**

84/23

**Research and Innovation**

S O'Brien spoke to a circulated report which highlighted the generic benefits of good research practice and current strengths within the integrated care system. The report also alerted the Board to the requirements for the ICBs, advised on the actions taken to date to meet the recent guidance and the ICB legal duties relating to research.

The Board was advised that the ICB has recently established a Research and Innovation Group and it was proposed that this forum will enable the ICB to discharge its legal duties and will be a forum for research collaboration across system partners. There was existing research capacity and capability within Lancashire and South Cumbria but further opportunities with the establishment of the ICB and ICS to build on this and embed a robust collaborative research culture and infrastructure with the ambition of attracting and retaining the workforce and driving better population outcomes.

S O'Brien advised that a key ambition of all the strategies in place and of the National Institute for Health and Care Research (NIHR) was to grow more research and to have more clinical-academic careers especially amongst the non-medical workforce. In 2017, 4.67% of NHS medical consultants were in clinical academic posts but only 0.1% of nurses, midwives or AHPs were in such posts. The numbers were similarly very low for social workers.

It was noted that the former Clinical Commissioning Groups (CCGs) had undertaken some work around research however, Provider Trusts had a strength in this area. There had been a positive and enthusiastic response to the research innovation work and work would continue to take place to determine how it is undertaken as an integrated care system. Discussions would be held via the ICB Quality Committee with a workforce dimension to the ICB People Board.

Clarification was sought around the relative roles within the Research and Innovation Collaborative. S O'Brien advised that the Clinical Research Networks (CRN) will be coming together in 2024. There was currently no system overview across Lancashire and South Cumbria in respect of the CRN. This approach has been welcomed by the CRN and is part of the partnership. The Board noted that Tracy Hopkins is a member of the group.

A Patel referred to the use of data which was a key component for research. He commented that part of the data live strategy was to support research and population health. He also advised that the report appeared light in respect of innovation. S O'Brien commented that it was not intentional and the group had debated it in detailed. An innovation sub-group would be established and further information provided in due course. She was mindful that the group should be as inclusive as possible with different partners leading on specific aspects of work.

Professor E Adia welcomed the report and stressed the importance of having a system-wide strategy also commenting that a lot of research was driven by individual clinicians. He also commented that there needed to be clarity in respect of resources and where funding is allocated. Professor Adia stressed the importance of involving universities.

	<p>C Whalley supported the proposal in principle but was mindful that there can often be a capacity element when people are stretched due to work challenges.</p> <p><b>RESOLVED: That the Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the report</b></li> <li>• <b>Support the establishment of the Research and Innovation Collaborative and approve this forum reporting through to the People Board</b></li> <li>• <b>Receive a further report at its meeting in six months' time.</b></li> </ul>
85/23	<p><b><u>New Hospitals Programme Update</u></b></p> <p>K Lavery spoke to a circulated report which provided an update on the Lancashire and South Cumbria (LSC) New Hospitals Programme (NHP). It provided an update on key items undertaken over the period April – August 2023, in particular providing an update on the outcome of the Government funding announcement, further work on potential new site locations and the forward timelines and key milestones.</p> <p>It was noted that as the programme progressed there would will be key decisions for the ICB Board, particularly as the statutory body responsible for any public consultation. The report, therefore, provided a basis for the ICB role over the coming months.</p> <p>It was commented that the Board needed to be mindful of the specialties across the two sites and that the planning phase was crucial. It was also recognised that the programme had moved into a different stage and the governance can be complicated. Work was taking place in respect of the clinical transformation agenda.</p> <p>J Birrell suggested that when more detail was available around the integrated service model that milestones be included which was noted.</p> <p><b>RESOLVED: That the Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the report.</b></li> <li>• <b>Note the forward draft timelines and key milestones.</b></li> </ul>
86/23	<p><b><u>Tobacco Free Lancashire and South Cumbria Strategy 2023-2028</u></b></p> <p>Dr D Levy presented an updated five-year strategy for Tobacco Free Lancashire and South Cumbria (2023-28), prepared by public health/population health colleagues working in each of the Lancashire and South Cumbria local authorities and the ICB. The strategy had been devised to achieve the national Smoke Free 2030 ambition of lowering smoking prevalence in every neighbourhood to less than 5% by 2030. It was acknowledged that this ambitious vision cannot be made possible by one organisation alone, requiring a sustained and comprehensive effort from local authorities, the NHS, our service providers and communities.</p> <p>Dr D Levy gave a presentation highlighting the key priorities in the Tobacco Free Strategy:</p> <ul style="list-style-type: none"> <li>• Working together as a system for smoke free tomorrow</li> <li>• Action to address health inequalities</li> </ul>

	<ul style="list-style-type: none"> <li>• Making smoke free the new normal</li> <li>• Lancashire and South Cumbria – A United Voice</li> </ul> <p>S O'Brien referred to the references within the strategy in respect of Vapes and Vaping, which was an area of great concern. A Razaq advised that Directors of Public health across Lancashire and South Cumbria had developed a consensus statement on vaping and were holding regional conversations about having a regional consensus also. He commented that Blackpool was 30% or above in respect of consistently vaping. Through Professor Whitty, work was taking place in looking at single disposable use items. Also in terms of school resources about providing including on school curricular to highlight the problems which had proliferated over the last ten years.</p> <p>Board members fully supported and endorsed the strategy and it was recognised that there was a real need to invest in public health and population health. Consideration would need to be given as to how clear we can be on the measures and evidence and the impact. An update would be provided to the Board in approximately six months' time or sooner and Dr D Levy thanked the Board for their comments and looked forward to bringing the investment plan to the Board.</p> <p><b>RESOLVED: That the ICB Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Endorsed the Tobacco Free Lancashire and South Cumbria strategy for 2023-2028 and the commitment to the national Smoke Free 2030 ambition of less than 5% smoking rates in each neighbourhood.</b></li> <li>• <b>Noted the extensive evidence base for tobacco control to support improvements in health and reductions in health inequalities in Lancashire and South Cumbria.</b></li> <li>• <b>Noted that an ICB investment plan for 2024/25 onwards would be developed which would sustain NHS funding for treating tobacco dependency in line with the expectations in the NHS Long Term Plan</b></li> <li>• <b>Note the joint working with other partners across the ICP to support action and campaigns to address smoking rates.</b></li> <li>• <b>Note that regular reports on the progress made to implement the strategy via the Tobacco Free Lancashire and South Cumbria multi agency group be received by the Board.</b></li> <li>• <b>That an update report be provided in approximately six months' time or sooner.</b></li> </ul>
87/23	<p><b><u>Freedom to Speak Up Annual Report</u></b></p> <p>Dr D Levy spoke to a circulated report which provided an overview of the developments to date in relation to the establishment of the Lancashire and South Cumbria ICB's raising concerns processes and the role of the Freedom to Speak Up Guardians and Freedom to Speak Up (FTSU) Champions, which was part of the work to develop and open, transparent culture and continually improve care.</p> <p>The report also outlined the ICB's intention to undertake a self-assessment using a new reflection and planning tool, which was published by the National Guardian's Office in June 2022 and the implementation of any recommendations as a consequence of the Lucy Letby trial verdict.</p>

	<p>It was noted that the ICB continued to establish and embed a robust FTSU process in line with NHS England and National Guardian’s office guidance. This would ensure speaking up routes are available for all workers in NHS healthcare providers across the integrated care system, as well as ensuring ICB staff feel safe and confident to raise a concern.</p> <p>Dr D Levy highlighted three elements for consideration in respect of our staff, Trust processes and the proposed journey to pick up FTSU in primary care.</p> <p>It was noted a recruitment process had been undertaken led by the Executive and Non-Executive member with responsibility for FTSU and three guardians had been appointed. Various communications had been issued to raise awareness of FTSU and common approach across other ICBs was being agreed. Further national guidance was awaited.</p> <p>Dr D Levy advised some concerns had been received and there was currently one full investigation taking place.</p> <p>It was noted that a FTSU steering group had been established. It was suggested that consideration be given to the Board possibly receiving a one-off confidential report from across the system in order that they are aware of any issues they may require a further understanding around.</p> <p>A Ridgwell welcomed the report and process and was mindful that in the absence of data, how the Board will assure itself that the system is working.</p> <p>Dr G Jolliffe sought clarification as to how the process could be undertaken in general practice, particularly small practices where there would be very small teams. S O’Brien advised that in the former CCGs, practices nurses would approach her. Consideration would need to be given around this.</p> <p><b>RESOLVED: The ICB Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the contents of the report and in particular the timescales around the system-wide remit.</b></li> <li>• <b>Endorse the decision to report into the People Board on a quarterly basis</b></li> <li>• <b>Note that a further report would be submitted to the Board by January 2024 to report on progress against the new assurance template and the ICB three-year plan.</b></li> </ul>
88/23	<p><b><u>Equality, Diversity and Inclusion Annual Report 2022/23</u></b></p> <p>Kevin Lavery spoke to a circulated report which set out how the ICB has delivered upon its commitment to taking equality, diversity and human rights into account in every area of work during the organisation’s first operational year. The ICB’s Equality, Diversity and Inclusion (EDI) annual report 2022/23 evidenced how the ICB had performed in meeting its legal duties, as set out in the Equality Act 2010 and the Human Rights Act 1998.</p> <p>Beyond compliance, the report also described the work undertaken to establish the</p>

	<p>integrated care system Belonging Operating Model and workstream which placed a heavy focus on equality, diversity and developing a culture of belonging across the LSC system.</p> <p>S Proffitt advised that the talent management strategy also goes hand in hand with equality, diversity and inclusion there was a real opportunity to embrace these elements of work. It was acknowledged that disability was not talked about enough which would be addressed.</p> <p><b>RESOLVED: That the ICB Board note the content of the report and approve the ICB Equality, Diversity and Inclusion Annual Report 2022/23 for publication.</b></p>
89/23	<p><b><u>Review of the Overarching Scheme of Reservation and Delegation</u></b></p> <p>S Proffitt spoke to a circulated report which explained that the ICB's constitution was supported by a number of associated documents which provided further details on how governance arrangements in the ICB would operate. The ICB Governance Handbook brought together all of these documents.</p> <p>It was acknowledged that the handbook and documents may be amended at any time with approval from the Board. The report proposed amendments to the ICB's Overarching Scheme of Reservation to reflect updated arrangements, in particular following the establishment of the Finance and Performance Committee, Primary Care Commissioning Committee and section 75 arrangements following the changes to local authorities in the counties of Cumbria and North Yorkshire.</p> <p>The report also proposed a retrospective amendment to the Operational Scheme of Delegation that was presented to the Board in July 2023, to include decision making for procurements that relate to primary care services to the Primary Care Commissioning Committee in line with its Terms of Reference.</p> <p>Discussion ensued in respect of the operational scheme of delegation and the work that was ongoing to produce the document in a more user-friendly way which was welcomed by J Birrell, Audit Committee Chair.</p> <p>Particular reference was made to the operational scheme of delegation limits up to £100m in respect of all procurements and health care contract awards. The ICB Executive Team can approve up to £100m. S Proffitt advised that the finance team had reviewed the limits, commenting that contract values were not as high as originally thought. She was, however, mindful of ensuring the balance was right and the Chair was also mindful of the role of board in significant commissioning decisions. K Lavery advised that existing financial delegations continued to remain in place and suggested that further consideration be given to the delegated limits with a view to bringing the proposal back to the November meeting of the Board for further discussion.</p> <p>In order that the Primary Care Commissioning Committee could function, the Board was comfortable in approving the proposed changes within the operational scheme of delegation in relation to primary care procurement.</p> <p><b>RESOLVED: That the ICB Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note that further work was required and discussion would need</b></li> </ul>

	<p>to be held in respect of the financial delegations in the ICBs Overarching Scheme of Reservation and Delegation.</p> <ul style="list-style-type: none"> <li>• Approve the proposed change to the Operational Scheme of Delegation in relation to Primary Care Procurement</li> <li>• Note the updated version of the ICBs Functions and Decisions Map.</li> </ul>
90/23	<p><b><u>Any Other Business</u></b></p> <p>There were no issues raised.</p>
91/23	<p><b><u>Items for the Risk Register</u></b></p> <p><b>RESOLVED:</b> That there were no items.</p>
92/23	<p><b><u>Closing Remarks</u></b></p> <p>The Chair reflected on last six months, the winter challenges ahead and the continued focus on key business in the forthcoming period. He further commented that the meeting agenda had a strong focus in those areas.</p> <p>The Chair thanked everybody for their attendance and closed the meeting.</p>
93/23	<p><b><u>Date, Time and Venue of Next Meeting</u></b></p> <p>The next meeting would be held on Wednesday, 8 November 2023 at 1.00pm to 5.00pm, Lune Meeting Room 1, ICB Offices, County Hall, Level 3 Christ Church Precinct, Preston, PR1 8XB</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).*