

Integrated Care Board

Date of meeting	8 November 2023
Title of paper	Reporting from Committees: Escalation and Assurance Report
Presented by	Committee Chairs: <ul style="list-style-type: none"> • Sheena Cumiskey, Quality Committee • Roy Fisher, Finance and Performance Committee • Debbie Corcoran, Public Involvement and Engagement Advisory Committee and, Primary Care Commissioning Committee • Jim Birrell, Audit Committee
Author	Board Secretary and Committee Officers (on behalf of the Committee Chairs)
Agenda item	7
Confidential	No

Executive summary				
<p>This report highlights key matters, issues, and risks discussed at committees since the last report to the Board on 13 September 2023 to alert, advise and assure the Board.</p> <p>Each summary report also highlights any issues or items referred or escalated to other committees or the Board.</p> <p>Minutes approved by each committee to date are presented to the Board to provide assurance that the committees have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.</p>				
Recommendations				
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure committee reports. • Note the ratified minutes of the committee meetings presented to the Board. 				
Which Strategic Objective/s does the report relate to:				Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience			✓
SO2	To equalise opportunities and clinical outcomes across the area			✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			✓
SO4	Meet financial targets and deliver improved productivity			✓
SO5	Meet national and locally determined performance standards and targets			✓
SO6	To develop and implement ambitious, deliverable strategies			✓
Implications				
	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date			Outcomes
Various committee meetings as listed within the report	During September and October 2023			To provide the Board of committee business during this period
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
Report authorised by:	Committee Chairs			

Integrated Care Board – 8 November 2023

Committee Escalation and Assurance Report

1. Introduction

1.1 This report highlights key matters, issues, and risks discussed at committee meetings since the last report to the Board on 13 September 2023 to alert, advise and assure the Board.

2. Committee Reports and Approved Minutes

2.1 Quality Committee

Committee: Quality Committee	Date: 20 September 2023	Chair: Sheena Cumiskey
Key Items Discussed		
Issue	Committee update	Action
Alert		
Long waiting times in Childrens and Adults in ASD and ADHD pathways	Committee noted ongoing challenges ion these pathways and variation in waiting times across pathways. Both are on ICB Risk Registers.	Some short run additional capacity has been agreed and reassurance received on monitoring of patients whilst waiting. Work is underway to review and re-commission neurodevelopment pathways for CYP.
Scabies Outbreaks in Care Homes	This is a challenge regionally and nationally and is being exacerbated by a shortage in the medication used to treat scabies. As well as impact on individuals it could increase pressures in urgent care- pathways as it may delay discharge back to acre homes if outbreak isn't resolved.	Co-ordinated multiagency response to outbreaks is in place (health, public health and care sector colleagues working together) Shortages in treatments have been escalated nationally.
ICB has been issued a Regulation 28 notice from the Coroner (prevention of future deaths)	UEC pressures and impact on patient safety were discussed and highlight and the Reg 28 was in relation to someone who died whilst waiting to be assessed in A&E.	Committee want to see an update on ICB UEC plans and the impact (mitigation) they are expected to have on quality and safety in urgent care pathways.
Perinatal Mortality Report – 3 LSC Trusts are outliers	Following publication of national data flagging 3 LSC provider trusts as outliers, Committee received a report outlining the data for the trusts and actions been taken.	Requested a follow up report detailing impact and improvement following implementation of all actions. Noted that it was difficult for the committee to understand the impact and trends without robust data charts (eg SPC Charts).

Advise		
NHS Impact	Committee received an outline of purpose of new Improvement Board (NHS Impact).	Agreed QC should oversee implementation and impact of national improvement initiatives in LSC and ask Peoples Board to oversee development of an improvement culture.
Never Events Deep Dive	Committee received a report into a cluster of Never Events in acute providers.	Noted and supported ongoing work and shared learning across LSC.
Patient Safety Awards	Committee were notified of a number of awards at the HSJ Patient Safety awards this week for both the ICB and LSC Providers.	Noted.
Assure		
PSIRF Policies for UHMBT and NWAS	Received policies for two trusts and presentation of work to prepare for PSIRF implementation.	Policies approved.
Quality and Safety Report received	Received an update on the following areas: cancer, Infection prevention and control, maternity, children's and young people, LD&A, mortality, planned care, regulated care, mental health and safety.	Noted areas of assurance and items for escalation to alert to the Board.
Clinical Effectiveness Group Terms of Reference	Received proposed TOR and discussed purpose of this sub committee.	Approved with addition of VCFSE representative.
Primary Care Quality Group Terms of Reference	Received proposed TOR and discussed purpose of this sub committee.	Approved.
Safeguarding Annual Report	Received Annual Report and discussed need for a further discussion at the committee.	Approved.

Committee: Quality Committee	Date: 18 October 2023	Chair: Sheena Cumiskey
Key Items Discussed		
Issue	Committee update	Action
Alert		
All Age Continuing Care (AACC) and Individual Patient Activity (IPA) financial challenges	The financial position of the AACC and IPA service at month 6 is a concern, the challenge is related to historic packages that were not accounted for in budget setting and inflationary pressures on packages of care.	New model launched on 1 st October, and this will enable better oversight, grip and mitigations. Progress is being monitored through ICB sustainability meetings, Quality and Finance and Performance Committees.

Cancer Performance	Cancer performance remains challenged.	All Trusts continue to be monitored by Cancer Alliance and have improvement plans.
Primary Care incident reporting	Variation and underdevelopment of reporting of incidents within primary care was flagged to the committee and challenges for primary care in relation to the implementation of the Patient Safety Incident Reporting Framework [PSIRF]	Request the Primary Care committee to consider how to best support roll out of PSIRF and to consider the quality impact of access challenges.
Quarterly Safeguarding Update	The ICB continues to not meet statutory responsibilities in terms of Children in Care health reviews. This was a challenge across the 8 CCGs and remains a challenge in all four places. ICB staff safeguarding training remains below target.	An options appraisal for an alternative delivery model will be presented to ICB executives in November. Staff to be reminded the importance of mandatory training and for this to be a key component of appraisals
Autism Assessments	There continues to be long waiting lists for both children and adult autism assessments and there is currently no additional resource available to introduce waiting list initiatives for the adult waiting list.	GPs to be advised that the ICB commissioned adult autism pathway is suspended for the rest of 2023-24 and to refer to alternative providers. For both children and adults, a full review of Autistic Spectrum Disorder pathways including post diagnosis support is underway.
Advise		
All Age Continuing Care (AACC) and Individual Patient Activity (IPA)	The new service model has been implemented within the agreed timeframe.	To continue to receive update reports at committee
Quality Committee Risk Management Update Report	Quality Committee were advised of current risks and discussed requirements for future risk reports.	To undertake detailed discussion on specific risks at future committees.
Mersey Internal Audit Outcome Report – Serious Incident and Patient Safety Incident Response Framework Management	Quality Committee were advised of the Moderate Assurance rating and the concerns raised including the Serious Incident Policy, Training, aged old cases, reporting into Committee.	A robust action plan was presented and will be monitored, and updates received by Quality committee on plans for transition to PSIRF and plans to close open Serious Untoward Incidents.

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) Care Quality Commission Inspection - Summary Report	Quality Committee received a copy of UHMBT CQC inspection report which was published by CQC on 23rd August 2023. The overall Trust quality rating remains as 'requires improvement' but the well led domain has seen an improvement of position from 'inadequate' to 'requires improvement'.	No specific action for committee, ICB continue to work with the trust on ongoing improvements
Assure		
Patient Safety Incident Response Framework	Committee received the plans and policies for PSIRF implementation at LTH and BTH and were assured that all large NHS providers will implement PSIRF within the national time frame.	To continue to monitor implementation and to support trusts and ICB staff during the transition from the existing framework to PSIRF and to report regularly to Quality Committee.
All Age Continuing Care (AACC) and Individual Patient Activity (IPA) financial challenges	Assure the committee on the improving quality premium performance and positive impact this is having on patients and families and robust mitigations to financial risk.	Continue to embed new model and report progress and impact to committee.

Appendix A – Approved minutes of the Quality Committee meeting held on 19 July 2023.

Appendix B – Approved minutes of the Quality Committee meeting held on 20 September 2023.

2.1 Finance and Performance Committee

Committee: Finance and Performance Committee	Date: 25 September 2023	Chair: Roy Fisher
Key Items Discussed		
Issue	Committee update	Action
Alert		
Sustainability Group update	Reports from the Sustainability Group were received and considered, with an update provided on the approach being taken in the Recovery and Transformation Board.	-
Financial risk in system	In month 4, risk continued on same trajectory as in previous month, with pressures being inflation, primary care and continuing healthcare. The committee were updated on mitigations in place to deliver the 2023/24 budgetary position and address financial risks.	Greater focus to be placed on delivering the agreed financial targets.

Increase in waiting list size	Increase continued in elective recovery and community services waiting lists.	Elective recovery programme being taken forward. Work continued to reduce the 62 day backlog, with cancer being the key aim of the NHS. The ICB was currently ahead of trajectory.
Cancer 31-day first treatment target	The Committee noted with concern that the Lancashire and South Cumbria Cancer Alliance was the worst performer nationally.	-
Commissioning	Challenging commissioning position continued.	Committee recognised meeting report and the developing commissioning model had given the committee more confidence on movement.
Advise		
National and locally determined performance standards and targets risk score amended	Committee agreed to change the risk score to 25 to recognise that the consequence of the current position had moved from 'major' to 'catastrophic', given the inevitable impact on outcomes of having increasing numbers and longer waits on the various waiting lists.	Future supplementary risk reports to include narrative highlighting assurance gaps.
Non-NHS acute contracts	In accordance with commissioning intention guidelines, the ICB would be notifying providers that 2024/25 contracts would be subject to review.	Letters would be sent to providers advising potential changes in contract value.
System financial sustainability risk	Risk was reviewed and maintained at its current level.	-
Electronic Patient Record	Committee requested more information on the timescale for achieving a common Electronic Paper Record across the ICB.	-
Perinatal mortality	The Committee noted that the Quality Committee had received a report on the issue, which outlined that performance was still below average.	Further work was being undertaken to understand the situation.
Assure		
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Committee: Finance and Performance Committee		Date: 30 October 2023	Chair: Roy Fisher
Key Items Discussed			
Issue	Committee update	Action	
Alert			
Financial position	The committee was concerned at the projected ICB and provider forecasts.	Agreed that a packet of measures would be developed to address both the 2023/24 and 2024/25 positions.	
System financial sustainability risk	Based on the consideration of the financial position, the committee requested an early review of the risk score.	To be considered by Executives.	
Advise			
Neonatal services	Work is continuing in respect of the of neonatal services.	A report on maternity services will be presented to the Board in November.	
Assure			
Provider assurance meetings	Notes were received and welcomed. Consideration would be given to developing the links between ICB committee meetings and matters raised at provider performance assurance meetings.	To be considered by the Executives.	

Appendix C – Approved minutes of the Finance and Performance Committee meeting held on 29 August 2023.

Appendix D – Approved minutes of the Finance and Performance Committee meeting held on 25 September 2023.

2.3 Public Involvement and Engagement Advisory Committee

Committee: Public Involvement and Engagement Advisory Committee		Date: 25 October 2023	Chair: Debbie Corcoran
Key Items Discussed			
Issue	Committee update	Action	
Alert			
'Dying Well' Engagement Update	In line with actions agreed at a previous ICB Board meeting, PIEAC received an overview of the engagement and involvement approach in place to deliver against the Integrated Care Partnership (ICP) thematic priority of 'Dying Well'. The plan and progress being made to deliver against the National Ambitions framework/statutory guidance for ICBs in the area of palliative care was set out, with	ICB's Finance and Performance Committee to receive and consider the forward strategy and plan against the ICB's contribution to 'Dying Well', and any associated commissioning considerations.	

	its requirement that a) ICBs have a clear vision of how the package of services they commission locally delivers against the Ambitions Framework and b) actively seek out commissioning resources to achieve this. PIEAC were assured of the approach in place to develop a strategic approach at system and place level, under-pinned by systematic engagement and involvement, and recognised essential links for other ICB Board Committees to consider the forward approach and resourcing of the response to deliver the ICB and ICP's ambitions in this area.	
Public and Community Insights Report – August to September 2023	The committee received and reviewed the Public Community and Insights Report of the ICB, which shared trends and insights from ICB communications and engagement activities and corporate channels such as complaints, social media and media handling. PIEAC asked for additional assurance and understanding in relation to a continued increase in the number of complaints and PALS enquiries received by the ICB in relation to Primary Care, and these being higher than expected, when the ICBs Patient Experience team changed from 1 July 2023 to become a single, unified service made up staff transferred from NHS Midlands and Lancashire Commissioning Support Unit and NHS England (NHSE).	Deep Dive to be delivered jointly by the ICB and NHSE at the December PIEAC meeting into the higher than expected volume of complaints in relation to Primary Care since July 2023, when the service transferred into the ICB – in liaison with Quality Committee.
Advise		
Engagement and Involvement Approach to Support a Primary Care Procurement Evaluation Strategy	PIEAC received the Primary Care Procurement Evaluation Strategy (PES) approved by the ICB's Primary Care Commissioning Committee (PCCC), development of which has been informed by public involvement and engagement and includes consideration of how engagement and involvement will support procurement decisions by the ICB through the revised framework.	-
Internal Audit of Engagement with Public, Patients and Carers	Following PIEAC contributing to a self-assessment of the ICB's approach to public and patient engagement and involvement, the Committee received the resulting internal audit report from Mersey Internal Audit Authority (MIAA) for information and to enable their support for the resulting recommendations.	Relevant actions to be embedded in PIEAC's work programme, and an action plan to progress the recommendations and agreed actions in the internal audit to be received by PIEAC in six months' time. To include cross-ICB actions such as

	<p>The audit aimed to provide assurance on the methods deployed by the ICB for engaging and consulting with patients, carers and residents, including hard to reach groups, and that such engagement is clearly linked to changes in healthcare provision. Overall, the review identified that the ICB is developing effective governance arrangements over the delivery of its 'Strategy for Working in Partnership with People and Communities 2023-2026', engaging with stakeholders on matters of commissioning and redesign of service delivery in line with statutory requirements, with overall moderate assurance given. Areas of good practice were highlighted, and the report recognised the stage of the journey to develop a fuller engagement programme, which is in turn linked to the development of the ICB's place-based framework.</p>	<p>strengthening of the focus on and recording of impact measures against involvement and engagement.</p>
<p>Place Based Showcase - Blackpool</p>	<p>To deepen understanding and to support the sharing of best practice across Places in engagement and involvement, PIEAC has introduced a 'Showcase' item for each Place at future meetings. Blackpool's overview and update set out highlights of the engagement and involvement approach in place in support of the 'Working with People and Communities strategy, with input from Healthwatch giving insight into the approach to understanding and engaging in Priority Wards and other key projects. Priorities and challenges in Place were set out, along with the framework for systematic engagement and 10 steps to co-producing change with residents. Highlights included the 'Born Into Care' programme, plus 'Right Care Right Place Right Time' to understand and reduce non-emergency presentations at Blackpool Teaching Hospital NHS Trust emergency department. Findings from Healthwatch and Public Health Blackpool's engagement with young people to understand the increase in vaping by young people and approaches to reduce this, particularly in educational settings were shared and will be considered cross-ICB.</p>	<p>-</p>

Assure		
Public Engagement and Involvement Assurance Report – August to September 2023	<p>The committee received and reviewed the Public Engagement and Involvement Assurance report, with updates and assurance given across the range of activities being delivered by the ICB and our key system partners such as place based partnerships, within the framework of the ICB's Working with People and Communities Strategy. The report included an update on recruitment to the ICB's new Citizens Health Reference Group, who will embed lived experience and public perspectives in the engagement and involvement planning and activities of the ICB. The 'Engagement and Involvement Toolkit' for ICB staff reviewed at the previous PIEAC meeting has been launched and is in use. Capturing and use of lived experience at Board and Quality Committee continues, with recommendations to improve the loop back to record impact and 'You Said We Did'.</p>	-
Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan	<p>Committee received and considered the work taking place in partnership across NHS organisations to inform local people of winter campaign messages to signpost to appropriate service and support prevention and self-care. Detailed plans are in place to broadcast persuasive messages, designed to alleviate health and care system pressures in a consistent and effective way across Lancashire and South Cumbria. The campaign benefits from learning from previous experience, is aligned to nationwide messaging and can and will be adjusted in the light of significant new insight, such as that which may emerge from ongoing engagement in place. Trusts, the ICB communications and engagement team will continue to work together to deliver the plan.</p>	<p>Evaluation of the approach and its impact to return to PIEAC, recommendations made to refine reach into priority and hard to reach groups and to further strengthen shared approaches with the voluntary community and faith sectors, plus primary care.</p>

Appendix E – Approved minutes of the Public Involvement and Engagement Advisory Committee meeting held on 6 September 2023.

2.4 Primary Care Commissioning Committee

Committee: Primary Care Commissioning Committee		Date: 14 September 2023	Chair: Debbie Corcoran
Key Items Discussed			
Issue	Committee update	Action	
Alert			
Haverthwaite Practice Premises – Full Options Appraisal	The current situation with regard to the premises used by the Haverthwaite Practice and the potential options the practice has to ensure it meets its contractual obligations.	<p>Indicative support was being provided for a relocation as one of the options to secure premises for the delivery of primary medical services in Backbarrow.</p> <p>The committee would receive a business case at the October meeting in respect of the practice's intent.</p>	
Dental Access and Oral Health Improvement Programme	<p>The committee received a presentation on the work taking place in the dental access and oral health improvement programme.</p> <p>The committee recognised the degree of challenge and links back to priorities and on a system footing.</p> <p>Important to make a distinction relating to prevention and treatment in respect of the cross committee and system wide response.</p>	<p>Dental access is included on the ICB risk register.</p> <p>The challenge to the Board would be around the degree of appetite to undertake it differently.</p> <p>A focus on the existing budget in terms of need and impact could be undertaken however, the limitations around this were recognised.</p>	
Risks of Patients Being Unable to Access Routine Dental Care	<p>A report was submitted to the committee in respect of:</p> <ul style="list-style-type: none"> • The ICB's risk management approach. • Review of the risk content and risk scoring. 	<p>Agreed that the consequence risk score of 3 was too low and should be reviewed.</p> <p>Further consideration was being given as to whether the risk should be held on the Board Assurance Framework or the Corporate Risk Register.</p>	
Advise			
Group decision-making matrix – involvement and engagement testing	The committee endorsed the additions to the decision-making matrix in relation to public involvement and engagement.	-	

Assure		
Slaidburn Country Practice	The contract had been extended for a further three months until 31 December 2023.	The financial model and service specification would be submitted to the October meeting of the committee.
Market Engagement for Withnell Health Centre	To assure the committee of the process being undertaken in respect of a market engagement exercise (known as a Request for Information – RFI).	The committee approved the publication of a request for information in relation to the provision of services to patients registered with Withnell Health Centre.
LSC ICB Response to the Draft Cumberland and Westmorland and Furness Pharmaceutical Needs Assessment	Both new Health and Wellbeing Boards have a legal duty to produce two new Pharmaceutical Needs Assessments (PNA) for the two new authorities within this first year of being established (by March 2024).	Both PNAs had been read and considered and a response had been written on behalf of the ICB.
Group escalation report	Assurance to the committee of the work being undertaken by the Groups reporting to the committee.	-

Committee: Primary Care Commissioning Committee	Date: 12 October 2023	Chair: Debbie Corcoran
Key Items Discussed		
Issue	Committee update	Action
Alert		
-	-	-
Advise		
Primary Care Commissioning Committee Terms of Reference	The Committee supported suggested amendments to the Terms of Reference, to include the Chief Operating Officer in the membership, amended quoracy to at least two clinically qualified members in attendance without specifying which specific member this must be, clarification of responsibilities for the roles of GPs on the committee, and reference to the NHSE Pharmacy Manual requirements re membership on the committee.	Revised Terms of Reference recommended to the ICB Board for approval.
Application to relocate Haverthwaite Practice	An application had been received to relocate a GP practice in Backbarrow, South Cumbria, to ensure they meet their contractual requirements of having suitable premises. The patient population was supportive of this process. All assurances were in place, affordability confirmed, due process was followed, and the application was approved by the Committee.	-

Assure		
Compliance with NHS England assurance requirements	The Committee received the completed section of the assurance framework for dental, pharmaceutical, optometric and medical services for the quarter ending September 2023.	Further work will be undertaken to strengthen the assurance within the report, informed by the Mersey Internal Audit Authority audit in primary care contracting.
Withnell Health Centre Engagement	Assurance was received on the significant engagement that had been undertaken to involve and engage with patients of Withnell Health Centre as part of procurement related to the practice. Insights had been captured to enable a detailed understanding of what matters to registered patients, which will contribute to the procurement process.	Evaluation and further report to be provided at the December Committee meeting.
Primary Care Procurement Evaluation Strategy (PES)	Assurance was received that the draft PES presented for approval had been independently developed and also shaped by learning from engagement with patients, with input from senior ICB and procurement partner colleagues. Following discussion, the committee approved the PES subject to a clarification that its scope also included the provision of new services and consistency on the composition of evaluation panels.	Approved, subject to clarifications.

Appendix F – Approved minutes of the Primary Care Commissioning Committee meeting held on 10 August 2023.

Appendix G – Approved minutes of the Primary Care Commissioning Committee meeting held on 14 September 2023.

2.4 Audit Committee

Committee: Audit Committee	Date: 28 September 2023	Chair: Jim Birrell
Key Items Discussed		
Issue	Committee update	Action
Alert		
Internal audit reports	MIAA presented three completed Internal Audit Reports and the committee expressed concern that each provided only moderate assurance. A request was made that recommendations be implemented as soon as possible.	Ensure that appropriate priority is given to addressing the requisite tasks.
ICB's disaster recovery and business continuity plan	The committee noted that work is ongoing regarding the updating of the ICB's disaster recovery and business continuity plan. This was felt to be a high priority, so a request was made for a detailed position statement at the next meeting.	Report to be submitted to November Audit committee meeting.

Advise		
Risk management	The committee received an encouraging progress report on the work undertaken to develop the ICB's risk management systems and processes.	Board to note.
ICB's Scheme of Delegation	There has been a breach of the ICB's Scheme of Delegation and Standing Financial Instructions in relation to securing interim H.R. support. New systems have been put in place to prevent future recurrences.	Staff to be reminded of need for compliance with the ICB's Governance arrangements.
Audit Committee Terms of Reference (ToR)	The ToR were reviewed and specific reference was made to the membership. In addition to the three Non-Executive Members, also included would be one Co-opted Lay Member. The quorum would remain the same with two Non-Executive Members of the Board.	To inform the ICB Board of the review and addition of a Co-opted Lay Member.
Assure		
Fit and Proper Persons Test	Work has been undertaken to ensure compliance with the new Fit and Proper Persons Framework that came into effect on 30 September 2023.	Note position and ensure that ongoing comprehensive monitoring takes place.
2022/23 Annual Auditor Reports	The final 2022/23 Annual Auditor Reports were received and it was noted that the content is in line with the drafts discussed at the Extraordinary Board meeting in June.	Board to note.

Appendix H – Approved minutes of the Extraordinary Audit Committee meeting held on 21 June 2023.

3. Summary of items or issues referred to other committees or the Board over the reporting period

Committee	Item or Issue	Referred to
Public Involvement and Engagement Advisory Committee	ICB Quality Impact Assessment (QIA) Toolkit - Working with People and Community Strategies – Combining the toolkit from the ICB strategy and QIA toolkit to ensure culture of co-production is embedded into the ICB culture.	Quality Committee
Public Involvement and Engagement Advisory Committee	'Dying Well' Engagement Update - PIEAC were assured of the approach in place to develop a strategic approach at system and place level, under-pinned by systematic engagement and involvement, and recognised essential links for other ICB Board Committees to consider the forward approach and resourcing of the response to deliver the ICB and ICP's ambitions in this area.	Finance and Performance Committee
Public Involvement and Engagement Advisory Committee	Public and Community Insights Report – August to September 2023 - Deep Dive to be delivered jointly by the ICB and NHSE at the December PIEAC meeting into the higher than expected volume of complaints in relation to Primary Care since July 2023, when the service transferred into the ICB – in liaison with Quality Committee.	In liaison with the Quality Committee

Audit Committee	<p>Serious Incidents/PSIRF audit – Received moderate assurance. Request that the Quality Committee review this in more detail.</p> <p>External audit report – Reference to CQC report and integrated care systems – link to guidance issued to be taken through the Quality Committee: https://www.cqc.org.uk/sites/default/files/2023-03/20230320_interim_guidance_assessing_integrated_care_systems_March2023.pdf</p> <p>Board Assurance Framework and Risk Management Report – There appeared to be a duplication of risks under the Quality Committee and it was suggested that the BAF be taken back through the Quality Committee for further discussion to review.</p>	<p>Quality Committee</p> <p>Quality Committee</p> <p>Quality Committee</p>
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4. Conclusion

4.1 Each of the committees has conducted their business in line with their terms of reference and associated workplans.

5. Recommendations

5.1 The Board is requested to note the contents of the report.

Committee Chairs

November 2023

Approved – 20 September 2023

**Minutes of the ICB Quality Committee
Held on Wednesday, 19 July 2023 in
Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Title	Organisation
<u>Members</u>		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
David Levy (DL) (Up to Item 13)	Medical Director	L&SC ICB
David Eva (DE)	Independent Lay Member	L&SC ICB
Geoff Jolliffe (GJ)	Partner member for Primary Medical Services	L&SC ICB
<u>Attendees</u>		
Abdul Razaq (Deputising for Mark Warren) (AR)	Local Authority Lead (Strategic Director, Adults and Health)	Blackburn with Darwen Council
Lisa Horkin	Associate Director of Harm Free Care at Blackpool Teaching Hospitals	Blackpool Teaching Hospitals NHSFT
Rakhee Jethwa (RJ)	Associate Director Continuing Healthcare	L&SC ICB
Davina Upson (DU)	Business Manager to Sarah O'Brien	L&SC ICB
Caroline Marshall (CMA)	Associate Director of Patient Safety	L&SC ICB
Harry Harrison (Deputising for David Blacklock)	People First / Health Watch Cumbria and Lancashire	Healthwatch
Rachel Melton	Integrated Service Manager and Lead Nurse Continuing Healthcare	L&SC ICB
Joseph Hannett (JH)	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Claire Moore (CMo)	Head of Risk Assurance and Delivery	L&SC ICB
Claire Lewis (CL)	Associate Director of Quality Assurance	L&SC ICB
Lisa Warner (LW)	Senior Internal Audit Manager (MIAA)	Mersey Internal Audit Agency (MIAA)
Andrew White (AW)	Chief Pharmacist	L&SC ICB
Louise Coulson (LC) (minutes)	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed everybody to the meeting and introductions were made.</p> <p>A welcome was conveyed to Abdul Razaq deputising for Mark Warren (Local Authority) and Harry Harrison deputising for David Blacklock (Healthwatch). The Chair also welcomed Davina Upson, Lisa Horkin, Lisa Warner, Claire Moore. Rakhee Jethwa and Rachel Melton who were in attendance.</p>	

	<p>The Chair recognised the broad representation at the meeting and acknowledged how partnership working was impacting on ways of working to help reduce health inequalities system wide.</p> <p>The Chair outlined the purpose of business and asked all present to consider:</p> <ul style="list-style-type: none"> - The focus on quality improvement - Commissioned Services - Wider system workstreams to reduce inequalities. 	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Jane O'Brien, Debbie Corcoran, Mark Warren, Peter Murphy, David Blacklock, Arif Rajpura and Debra Atkinson.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations of interest relating to the items on the agenda.</p>	
4.	<p>(a) <u>Minutes of the Meeting Held on 21 June 2023, Matters Arising and Action Log</u></p> <p>Minutes: RESOLVED: That the minutes of the meeting held on 21 June 2023 be approved as a correct record incorporating one minor update.</p> <p>(b) Matters Arising: Update from Finance and Performance Committee (FPC) At the FPC meeting held on 26 June, as part of the performance report, it was reported that data showed an underperformance in neonatal deaths. The latest published data showed that stillbirth and neonatal deaths were above the northwest and national levels, however, latest intelligence showed that this position had improved with work ongoing to improve this position further. The FPC asked that the Quality Committee (QC) look at still birth neonatal mortality as an action. S O'Brien would ask V Wilson to come back to QC on this action – update for QC in September 2023.</p> <p>(c) Action Log: Patient Safety Partners – Ongoing. C Marshall updated the role and recruitment position at item 10 and an update would be provided at the September meeting of the committee.</p> <p>Assurance on Secure and Non-secure Mental Health Services – First visits have been performed and the nursing team have assisted in developing continuous improvement plans. The Chair asked all present to note the report which offered assurance.</p> <p>Never Events – Discussion around never events. A deep dive is to be undertaken and brought back to Quality Committee in September 2023.</p> <p>Quality Accounts – Reports submitted and for noting.</p> <p>Quality and Safety Update – Follow up re: development of Cancer SOP for Children and Young People with cancer – D Levy will look to bring an update to September 2023 Quality Committee.</p> <p>Safeguarding Dashboard – Deferred to September 2023 committee meeting.</p>	<p>LC</p> <p>SO'B/ VW/ LC</p> <p>CMa/ LC</p> <p>CMa/ LC</p> <p>DL/LC</p> <p>MW/AD /LC</p>

<p>5.</p>	<p><u>Patient Story/Experience</u></p> <p>Patient story referred to Menopause and Hormone Replacement Therapy. Comments had been provided ahead of the meeting and themed. K Lord introduced an overview of feedback received:</p> <ul style="list-style-type: none"> - Feedback from this matter has helped to improve practice, education and has helped practitioners to take time to listen. - Primary Care networks have improved their practitioner education programmes as a result. - Regional Leaders Group, Dame Lesley Rogan spent time going through various issues relating to women’s health, recognising there are gaps in care delivery across Lancashire and South Cumbria. - Women’s Health Hub to be implemented in all areas as part of National Womens Health Strategy. Consideration to link these to Family Hubs. - Promotion of HRT needs to be considered for individuals and consideration to be given for socio-economic backgrounds of women within LSC. - Role of NHS Business Service Authority and their role in HRT prescribing. <p>The Chair thanked all present for their comments and feedback. The Chair and J Hannett will meet to discuss patient stories further and consider how they may be shared with place-based teams. The Chair summed up the discussion raising the following to note:</p> <ul style="list-style-type: none"> - Consideration of the patient experience - Population perspective - Existing perspectives into communities (what does this look like?) - Equity of access - Recommend this is shared with Public Involvement and Engagement Advisory Committee <p>RESOLVED: That the Quality Committee note the patient story and the actions being taken forward.</p>	<p>SC/LC</p>
<p>6.</p>	<p><u>Quality Accounts</u></p> <p>The Chair introduced the Quality Accounts advising that it was the role of the committee to be assured that the provider organisations are compliant with the reporting standards for Quality Account. It was noted that the submission from Ramsey [provider organisation] was outstanding. Some of the over-riding themes of the reports highlighted:</p> <ul style="list-style-type: none"> - Quality Improvement capabilities - Health and wellbeing - Patient Safety Incident Response Framework (PSIRF) improvements to outcomes is required. <p>The ICB Quality Team had supported independent service providers and continued to work with them on the production of their quality accounts for 2023/24.</p> <p>The Chair thanked the team for the reports and noted that the summaries were both helpful and useful additions.</p> <p>Discussion ensued around how the ICB wished to improve and sustain the consistency of improvements.</p> <ul style="list-style-type: none"> - Consideration for Morecambe Bay area will require more staff working across the Place Based Agenda - The Health and Scrutiny Committee have reviewed the Quality Accounts for Morecambe Bay - Plans will develop for 2024/25 as Place Based Directors, including clinical and stakeholders etc. are now in place so will gain impact. - The feedback from Local Authorities regarding how they scrutinise the Health and 	

	<p>Social Care agenda is awaited; this can vary from locality to locality across Lancashire and South Cumbria and can be dependent on the guidance from the Elected member(s)</p> <ul style="list-style-type: none"> - How do we bring in Local Authority position and monitor at a locality level - Issues being raised re co-production/collaboration, how effective is this in practice. <p>The Chair summarised the discussion and made the following points:</p> <ul style="list-style-type: none"> - Development of how we assure Quality Accounts for next year will be scheduled for Quality Committee in November 2023, with the aim of reviewing the learning from this financial year. - Refer to Public Involvement and Engagement Advisory Committee (PEIAC) request further information on the methodology for coproduction/collaboration and for this to be shared with Quality Committee for monitoring from a quality perspective. - For independent place-based providers i.e., mental health provision and what support may be provided from a system perspective, schedule for discussion at Quality Committee in November 2023 - Health Watch would like to understand how coproduction is being developed. <p>RESOLVED: That the Quality Committee was assured on the Quality Accounts presented and and supported the proposals relating to the assurance process for the following year.</p>	<p>LC refer to PIEAC</p>
<p>7.</p>	<p><u>Quality and Safety Report:</u></p> <p>C Lewis introduced the item and invited feedback on the reports presented.</p> <p>Community Care - The following points were noted from the reports from Community Care:</p> <ul style="list-style-type: none"> - Waiting list management. - Lymphedema pertaining to Morecambe Bay area. <p>Equality Diversity Inclusion (EDI) - Points of note:</p> <ul style="list-style-type: none"> - Health Equality assessment tool, using in programme and system development. - Clinical Policy development workstreams, there is a delay to this being put in place. - Committee to comment on delay. <p>Primary Care – Points of note:</p> <ul style="list-style-type: none"> - Note action plans for data. <p>Urgent and Emergency Care – Points of note:</p> <ul style="list-style-type: none"> - Five Year Strategy: North West Ambulance Service (NWS) Ambulance Quality Indicators (AQI) for recovery are a concern. - NHSE approach offer for systems in recovery – LSCICB is currently in tier 3. - Request that NWS attend September 2023 Quality Committee to provide a deep dive into UEC safety. <p>Medicines Optimisation - A White introduced and led the advising that since the ICB had been established, the previous process for Clinical Policy Development had been stood down. S O'Brien and A White would raise as an action with Craig Harris for oversight via strategy, commissioning and integration. The discussion around the medicines optimisation report raised the following themes:</p> <ul style="list-style-type: none"> - Opioid use in Lancashire and South Cumbria - General practice – Collation of data on what is not going well as the current capture is only looking at surface issues – recommend that Primary Care Commissioning Committee measures this. 	<p>LC</p> <p>S O'B / AW/ LC</p> <p>AW/LC</p>

	<p>The Chair asked the committee to consider the Clinical Policy Development Group and the workplan for Policy development. There appeared to be a lack of consistency in the commissioning of services. Consideration needed to be given to how this area of work could be reinstated. D Levy commented that it formed part of the work plan of Clinical Effectiveness Group.</p> <p>Further discussion ensued around work programmes/policy/commissioning the following points were noted:</p> <ul style="list-style-type: none"> - In relation to Community, following the ICB Board meeting S O'Brien met with Healthwatch and discussed the role of a Citizens Panel and agreement was reached one would be established to support user engagement. - Risk score relating to Primary Care dental access was challenged. Request that P Tinson reviews this risk for Primary Care. - J Hannett raised that contract review for the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) Alliance falls on an already stretched service, is opaque, the communication around this [from the ICB] needs improving. Recommend this is referred to Craig Harris for inclusion in the Strategy, Commissioning and Integration committee. - Equity of access to Dental services need to be considered. <p>A White provided a good news story relating to the Wellbeing Hub being used in Milnthorpe. The community space enabled support for the community to support citizens with substance misuse issues and has proven to be a success in reaching and supporting patients. This approach along with community cafes, supporting the populace for menopause issues. If consideration could be given to supporting this as a staff story, the staff have reported the Wellbeing Hub has improved staff morale as this is a space that serves both staff and patients well.</p> <p>RESOLVED: That the Quality Committee receive the updates and note the actions being taken forward.</p>	<p>PT/LC</p> <p>CH /LC</p>
<p>8.</p>	<p><u>Risk and Escalations</u></p> <p>C Marshall introduced the item and advised that there had been a further Never Event since the previous committee meeting and she provided the detail accordingly. The ICS will hold a learning event to establish why there has been a cluster of Never Events across LSC. A deep dive in relation to Never Events will be presented at Quality Committee in September 2023.</p> <p>RESOLVED: That the Quality Committee note the report and the actions being taken forward.</p>	<p>CMa /LC</p>
<p><i>C Moore joined the meeting. The agenda was taken out of order.</i></p>		
<p>12.</p>	<p><u>Risk Management Report</u></p> <p>C Moore introduced the report to the committee which was divided into the ICB's six strategic objectives. It was noted that:</p> <ul style="list-style-type: none"> - Three held on the risk Quality Committee, appendix A - Risk register, now on Smartsheet's and therefore the risks are automated and can be linked to dash boards for reporting purposes. <p>S O'Brien explained the Quality Committee risks in more detail:</p> <ul style="list-style-type: none"> - Of the 15 risks, 12 are on the Corporate Risk Register and three the Board Assurance Framework (BAF). Themes include: - Quality of Care, as we have 4 Trusts in SOF 3 or 4 	

	<ul style="list-style-type: none"> - Economic situation due to the cost-of-living crisis and impact on health inequalities. - Learning Disability and Autism waiting times - Cancer performance - Maternity and Neo natal - Availability of mental health beds <p>The Chair provided a summary and advised that it would be for the committee to pull through risks using the BAF to inform the corporate risks thus ensuring the committee has oversight. Clarification was sought as to whether there were any mitigations in relation to the risks to be considered. D Levy asked the committee to note the issues around lack of workforce in primary care and for this to be raised with the People Board.</p> <p>G Jolliffe asked that the fragility of the Care Sector be considered as it was fundamental to the pressure on hospitals and the economic situation. A deep dive had been agreed for an update at November meeting of the Quality Committee.</p> <p>S O'Brien updated the committee with a potential care home closure advising that there was a mixture of issues, lack of staffing, quality of care and financial sustainability. A deep dive would be undertaken regarding the care home bed availability and potential closure and would be presented to the committee J Brennan.</p> <p>RESOLVED: That the Quality Committee receive the report noting the actions being taken forward.</p> <p><i>C Moore left the meeting.</i></p>	<p>DL/ CMo</p> <p>GJ/ CMo/ LC</p> <p>SO'B/ JB/ LC</p>
The agenda reverted to its original order.		
9.	<p><u>Visits – Assurance on Secure and Non-secure Mental Health Services</u></p> <p>Dr D Levy introduced the item and highlighted several elements for attention alongside a report from Healthwatch. The learning process from the data review had been seen as excellent. D Levy thanked the nursing team responsible for the visits and recognised how the ICB had strived for excellence on developing learning from the visits.</p> <p>The Chair asked the committee to note the report on the second visits reviews and ensure there is follow up from actions identified from the first visits. The continuous improvement would need to be captured and fed back to the ICB Board.</p> <p>RESOLVED: That the Quality Committee receive the report and was assured that the visits ensured that quality of care was added to the service.</p>	CL/LC
10.	<p><u>PSIRF – Update</u></p> <p>C Marshall introduced the item and highlighted elements from the reports:</p> <ul style="list-style-type: none"> - Coordinating commissioning for sign off for NWS, other areas to proffer any feedback re: coordination across the North West. - How incidents will be reported until PSIRF sign off C Marshall will pick this up with NHSE - East Lancashire Teaching Hospital (ELTH) and University of Morecambe Bay Trust (UHMBT) have implemented the same data collection and collation, in line with PSIRF principles. This will meet the implementation deadline for autumn 2023. ELTH is a Lead for implementation of PSIRF for Trusts nationally. - Request Patient Safety Team (PST) review and assess the PSIRF reports from providers and report this into Quality Committee. 	CM / LC

	<ul style="list-style-type: none"> - D Levy queried whether the National Team had considered the inclusion of all providers in PSIRF for example this may prove to be very challenging for providers such as hospices etc. <p><u>Patient Safety Partners - Role and Recruitment Update</u></p> <p>Some Trusts in LSC are experiencing challenges in recruiting to the Patient Safety Partner role with a variation on funding/reasonable expenses to be paid. In response to Dr Levy's query C Marshall advised that all providers with a Standard NHS Contract will be expected to implement PSIRF which will be included in all contracts. Work is underway to find a balanced and proportionate response for those providers who do not have the infrastructure/volume of incidents.</p> <p>The Chair thanked the committee for their comments and summarised as follows:</p> <ul style="list-style-type: none"> - Acknowledged the progress made by provider organisation across LSC and the supportive work of the Patient safety Team. - Committee agreed that independent sector PSIRF Policy and Plans would not be brought into Committee but would be reviewed by the Patient Safety team who would make a recommendation to Committee. - The approach to supporting NWS. - Volunteer route for the Patient Safety Partners with updates to be included in the quarterly reports. <p>RESOLVED: That the Quality Committee receive the report.</p>	
11.	<p><u>Continuing Health Care (CHC) / Individual Patient Activity (IPA)</u></p> <p>R Jethwa introduced the report and highlighted key areas of change and updates to the new Continuing Health Care (CHC) service model implemented from 1st October 2023. The following points were discussed.</p> <ul style="list-style-type: none"> - Update on recruitment / workforce. - Review of the fast-track performance. - Phased recovery has been agreed by NHSE and they are happy with progress. Now hitting these agreed trajectories and thus providing a high level of assurance. <p>J Hannett raised on issues in relation to 11b. Appendix item, disputes need to look at this document, for people raising a dispute do they understand this. Action: J Hannett and R Jethwa to pick this up outside of committee and feedback.</p> <p>The Chair summed up the points raised by the committee's discussion.</p> <ul style="list-style-type: none"> - Thanked both R Jethwa and R Melton for the reports. - Pleased to note the reports and the progress that has been made and starting to see impact. Endorse the three reports provided. - Huge thanks to the team and the progress that has been made. - Assured that the statutory function of CHC is starting to be met. <p>RESOLVED: That the Quality Committee endorsed the reports and noted the assurances to be reported to the ICB Board.</p>	<p>JH/RJ/ LC</p> <p>SO'B/ LC</p>
13.	<p><u>AMR Board Terms of Reference</u></p> <p>S O'Brien introduced this item and discussed specifics to LSC in relation to C Difficile rates which had risen. Within the ICB footprint, Lancashire Teaching Hospitals (LTH) had the highest rates. D Levy commented that this is a top 5 issue. A White thanked the committee for their support and would provide a quarterly report to the committee.</p>	<p>AW / LC</p>

	<p>RESOLVED: That the Quality Committee approve the terms of reference and advise the Board via the triple A report.</p> <p><i>Dr D Levy left the meeting.</i></p>	SO'B / LC
14.	<p><u>Quality Impact Assessment Policy</u></p> <p>C Lewis spoke to a circulated report advising that the policy had been developed from the pilot conducted. The policy would be reviewed in six months' time and would be added to the committee workplan.</p> <p>RESOLVED: That the policy be approved subject to the following amendments:</p> <ul style="list-style-type: none"> - Amend the risk score, all risks need to be seen not just those graded 15 and above. - Governing Body – remove as no longer applicable. - Paragraph 6.11 on the Quality Impact Assessment – amend the wording from should to must. 	CL/LC
15.	<p><u>Individual Funding Request Service Accumulative Performance Summary Report Q4 2022 23</u></p> <p>A White introduced and explained that the report was still under development.</p> <p>After a brief discussion the Chair summed up the following points.</p> <ul style="list-style-type: none"> - Need to link this to the ICB Clinical Development Policy Group - Clarification on the ask in respect of the table on page 6 of the document. - Further expansion on the So What? Element i.e., How is this impacting patient care? <p>RESOLVED: That the Quality Committee note the report which was still under development.</p>	AW / LC
16.	<p><u>Items for Risk Register</u></p> <p>Item 7 - Risk relating to primary care for dental access not seeing any impact, therefore consideration of the risk score was required. P Tinson be asked to review.</p> <p>RESOLVED: That the Quality Committee note the item for inclusion.</p>	LC / CMO
17.	<p><u>Committee Highlights Report to the Board</u></p> <p>Item 5 – Patient Story – Women’s Health – focus on women’s health and need to deliver on national strategy – Advise.</p> <p>Item 6 - Quality Accounts – Assured</p> <p>Item 8 - Never Events – Alert</p> <p>Item 9 - Visits to Mental Health Facilities both secure and non-secure – Assured.</p> <p>Item 10 – PSIRF Implementation – on track – Advise.</p> <p>Item 11 - All Age Continuing Health Care (AACC)– Assured and endorsed three policies.</p> <p>Item 12 – Fragility of Care Sector G Jolliffe asked that the fragility of the Care Sector was considered as this is fundamental to the pressure on hospitals and the</p>	SC/LC

	<p>economic situation. – Alert</p> <p>Item 13 - Antimicrobial Resistance – Advise</p> <p>Item 14 – Quality Impact Assessment Policy - Advise</p> <p>Item 15 - Independent Funding Requests lack of clinical policy group – gap affecting IFR approvals – Alert.</p>	
18.	<p><u>Reflections from the Meeting</u></p> <p>No further comments.</p>	
19.	<p><u>Any Other Business:</u></p> <p>No items.</p>	
20.	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>The meeting scheduled for 16 August 2023 had been stood down.</p> <p>The next meeting would be held on Wednesday, 20 September 2023, 2.00pm to 4.00pm, in Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved 18 October 2023

**Minutes of the ICB Quality Committee
Held on Wednesday, 20 September 2023 in
Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Title	Organisation
<u>Members</u>		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
David Eva (DE)	Independent Lay Member	L&SC ICB
Geoff Jolliffe (GJ)	Partner member for Primary Medical Services	L&SC ICB
<u>Attendees</u>		
Mark Warren (MW)	Strategic Director of Adults and Health	Blackburn with Darwen Council
Arif Rajpura (AR)	Director of Public Health	Blackpool Local Authority
Anne Dunne (AD)	Director of Safeguarding	L&SC ICB
Caroline Marshall (CMA)	Associate Director of Patient Safety	L&SC ICB
David Blacklock (DB)	People First / Health Watch Cumbria and Lancashire	Healthwatch
Claire Lewis (CL)	Associate Director of Quality Assurance	L&SC ICB
Andrew White (AW)	Chief Pharmacist	L&SC ICB
David Fillingham CBE	Chair of LSCFT	Lancashire and South Cumbria Foundation Trust (LSCFT)
Angela Parfitt	Deputy Director of Governance	University Hospitals of Morecambe Bay (UHMBT)
Sarah Rigby	Head of Governance	University Hospitals of Morecambe Bay (UHMBT)
Jackson Stubbs	Ulysses System Manager	University Hospitals of Morecambe Bay (UHMBT)
Jonathan Taylor	Head of PSIRF and Risk	North West Ambulance Service (NWAS)
Julie Butterworth	Clinical Quality, Patient Safety and Assurance Manager	North West Ambulance Service (NWAS)
Louise Coulson (minutes)	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<u>Welcome, Introductions and Chair's Remarks</u> The Chair welcomed everybody to the meeting and introductions were made. Chair	

	<p>welcomed Ashraf Karbhari to the meeting who was observing the committee as part of his development.</p> <p>In light of the Lucy Letby conviction and the conversations that have opened up due to this case, the Chair wished to highlight what we as a committee should consider any initial learning from this and asked that we pay particular focus on listening to all staff in an open and transparent culture. To consider how Freedom to Speak Up can be effective to foster a listening culture for staff to listen to one another and specially to listen to our patients and their families.</p> <p>The Chair also asked members to consider how we are being effective as an ICB committee after being formed over 12 months ago and if we could keep this focus on learning for all our endeavors as a committee.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Please note apologies have been received from D Levy, Lindsey Graham and Joseph Hannett.</p> <p>Please note J Hannett has sent an email with comments for the committee to consider which will be discussed at the appropriate points in this committee meeting.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>No declarations were raised.</p>	
4.	<p><u>(a) Minutes of the Meeting Held on 19 July 2023, Matters Arising and Action Log</u></p> <p>Comments have been received from C Marshall to amend the minutes from the meeting on the 19 July. L Coulson will incorporate these amendments received to the minutes and action log and agree that the minutes are agreed subject to these changes.</p> <p><u>(b) Matters Arising</u></p> <p>No actions from other committees have been reported for today's committee however please note the System Recovery and Transformation Board met for the first time yesterday (19 September) the Finance and Performance due to meet on the 25 September and Audit Committee to meet on the 28 September. Any actions and/or updates will be brought to the next Quality Committee on the 18 October 2023.</p> <p>Addendum comments received from Joe Hannett for inclusion in the minutes received as unable to attend in person:</p> <p>Item 5 – Patient Story J Hannett raised via email issues around the inclusion of the VCFSE Alliance – K Lord, D Rogers and J Hannett to meet to discuss.</p> <p>Item 6 – NHS Impact There are clear roles for the sector in all five areas of the table on pg. 25 of the pack; developing the vision, engaging with people, culture and behaviors, improvement training – both to and from the sector, early-warning signs – a pathway for the sector. Such involvement can be achieved through the LSC VCFSE Alliance.</p> <p>Item 7 – Patient Safety Framework There is growing concern among VCFSE providers about the requirements. No-one questions the</p>	

	<p>intent, it is the capacity within the sector driven by the way we currently procure, and particularly how we commission, services from the sector which is causing the concern. I will link in Angela Allen as she is the one who is most involved and hearing from partners in the sector with concerns. This also links with the sector capacity comment, about contracting with the VCFSE, relating to the patient story.</p> <p>(c) Action Log:</p> <p>Action 5. S O'Brien provided an update from Chris and an update on the pathways (including NWAS) and flow in urgent care will be delivered to committee at Jan 2024 committee. Action: L Coulson to add to action log and work plan.</p> <p>Action 11. Completed please close.</p> <p>Action 13.1 S O'Brien updated committee that the Quality Premium for CHC funding has met the 80% target in last couple of weeks, this is best performance in LSC for years and is ahead of the NHSE agreed trajectory.</p> <p>Action 5.4 Neonates paper will be shared with Finance and Performance Committee.</p> <p>Action 13.3. S O'Brien informed committee that this week at a national meeting with ministers present she raised the challenges of long waits for ASD pathways.</p> <p>Re comments received from J Hannett – S O'Brien will flag with C Harris</p>	
<p>5.</p>	<p><u>Patient Story/Experience</u></p> <p>Due to guest speakers and agenda being taken out of running order this item has been deferred to the October Quality Committee.</p>	
<p>6.</p>	<p><u>NHS Impact</u></p> <p>D Fillingham presented to the committee the national NHS Impact Plan as he is chair of a new national board.</p> <p>D Fillingham highlighted the 5 elements of this approach and asked the committee to consider all elements:</p> <ol style="list-style-type: none"> 1. Building a shared purpose and vision 2. Investing in People and Culture 3. Developing Leadership Behaviours 4. Building Improvement Capability and Capacity 5. Embedding into Management Systems and Processes <p>The Chair thanked D Fillingham and opened the floor to questions. Debate around the presentation with the following themes raised:</p> <ul style="list-style-type: none"> - From a Local Authority (LA) perspective the Care Quality Commission (CQC) systematic approach discussed how would this be tested at a place based level. Place Based Boards are focused on continuous improvement and will the CQC consider the system has only been put into place from December 2023. - Multi-agency working is difficult as all stakeholders involved have different processes, the LA vision of building an electronic patient tool kit is in development, as is the health and equality and co-production. Leadership skills within the system and Primary Care Networks need to be tested and Blackburn with Darwen would like to volunteer to be part of this development/early implementation. As East Lancashire Teaching Hospital (ELTH) has been a leader in implementing Patient Safety 	

	<p>Improvement response Framework (PSIRF).</p> <ul style="list-style-type: none"> - How do we connect all the priorities in the Better Care Fund and how do we gather and coordinate the patient experience and how is this transforming the system. - Require individual buy-in do we look at a local strategy that builds this into the appraisal documents, can we tailor to the system and could D Fillingham take this back to the National Team for consideration. - Primary Care are not getting enough input into this and as primary care has gone through a huge transition this needs considering, Claire Fuller is pushing this with the National Team. <p>ACTION: S O'Brien – Research culture – People Board – Note to be sent for People Board in November 2023 with a view to update Quality Committee.</p> <p>The Chair thanked the committee and D Fillingham for all the work he is doing across the system on quality improvement.</p>	
7.	<p><u>Patient Safety Incident Framework:</u></p> <p>The Chair welcome provider visitors to the committee, Angela Parfitt, Sarah Rigby and Jackson Stubs from the University Hospitals of Morecambe Bay NHS Trust (UHMBT) and Jonathan Taylor of the North West Ambulance Service (NWS) and Julie Butterworth from the ICB who leads on Quality in relation to the ambulance service and thanked them for their PSIRF plans and strategies.</p> <p>C Marshall introduced the presentations from UHMBT and NWS respectively.</p> <p>The Chair thanked both providers and asked for comments and questions from the committee.</p> <p>The themes of the discussion raised the following comments:</p> <ul style="list-style-type: none"> - Will hope to see less incidents as a continuous cycle of learning is underway. - The ICB Implementation Working Group will now move to monthly meetings with a clear focus on a Community of Practice facilitated by the Innovation Agency. In addition, a member of the Patient Safety Team will be invited and sit at all provider PSI meetings for the ICB to assure itself on the quality of the investigation and learning. - How will this be approached in Primary care – It was described that PSIRF is not mandatory for Primary Care currently however, there is Early Adopter work underway in Greater Manchester ICS Practice taking part. <p>ACTION: The committee approved and supported the provider plans and policies.</p>	
8.	<p><u>Quality and Safety Report:</u></p> <p>C Lewis introduced the reports and the following comments were received.</p> <p>a) i. CYP Committee noted</p> <p>ii. LD/A The range of services discussed. The LeDeR (Learning from Lives and Deaths of People with Learning Disabilities or Autism) Program. National platform for LeDeR looking at all aspects of how life has been lived and supported, not just circumstances around death. Focus on the quality of how patient's families are engaged with in conducting the reviews. D Blacklock did not feel assured that LeDeR is reducing the</p>	

gap in life expectancy with M Warren stating that changes need to be fewer reviews and more time deployed on resolving the issues from the themes of national and local reviews undertaken already. A White commented that discharge issues and duplication in medications remained an issue within LeDeR learning.

ACTION: S O'Brien requested lack of capital money coming down for LD/A beds to be added to action log and for this to be added to the agenda for further update discussion in December 2023.

iii. Mortality

Committee noted.

iv. Planned Care

C Lewis asked the committee to note that the dermatology contract has been issued.

ACTION: Add to work plan deep dive to be brought back to committee – Tentatively schedule Feb 2024

v. Regulated Care

There is a reduction in the number of beds across the system and lower rate of weekend discharges.

ACTION: Add to work plan deep dive to be brought back to committee January 2024

b) i. Cancer

Committee to note that the East Lancashire Teaching Hospital (ELTH) Cancer harm reviews remain outstanding. While we understand the reasons, this will be picked up by the Quality assurance team.

ii. IPC

A Rajpura discussed the scabies outbreaks in Care Homes and how homes are to fund treatment for scabies from the Public Health budget. The C-difficile and ecoli are also on track. C Marshall asked the committee to note that scabies in Lancashire and South Cumbria is not an outlier.

iii. Maternity

Two providers are awaiting their CQC inspection reports – to be discussed at Part II meeting.

iv. MH

D Eva requested further information from the Initial Response Service Programme Pathway Review and requests this returns to committee. C Lewis will request that this is brought back in November 2023.

ACTION: Request this is reviewed in further detail and brought back to Committee in November 2023.

v. Safety

C Marshall discussed and asked the committee to note the issue of a regulation 28.

ACTION: The coroner has issued a Regulation 28 directly to the ICB (Dr David Levy) in relation to a patient who died in Blackpool Teaching Hospital (BTH) Emergency Department waiting area. S O' Brien will liaise with Kevin Lavery in relation to this. ICB Board to be notified S O'Brien will inform Louise Talbot. L Coulson to add to action log.

9.	<p><u>Risk and Escalations Report</u></p> <p>C Marshall introduced key items from the risk and escalations report and took the paper as read.</p> <p>A Legionnaire case has been identified in Lancashire and South Cumbria. Legionella has been identified through a routine water test within a primary care facility in Lytham; this has resulted in the closure of the facility/surgery.</p> <p>Lancashire Teaching Hospital (LHT) legal case has been taken against the Trust.</p> <p>BTH two recent child deaths have occurred involving the Trust; the ICB Safeguarding and Children and Young People department is working closely with the Trust.</p> <p>Staff from BTH are currently undergoing criminal prosecution at Preston Crown Court – the outcome is expected towards the end of September 2023.</p> <p>S O'Brien highlighted some of the cultural issues associated with the criminal case at BTH.</p> <p>ACTION: Raise with People Board the issues around culture L Coulson to highlight to Jane O'Brien to monitor via People Board. L Coulson add to action log to ensure monitor feedback.</p>	
10.	<p><u>Risk Management Report</u></p> <p>Deferred to October 2024 committee.</p>	
11.	<p><u>ICB Safeguarding Annual Report</u></p> <p>A Dunne presented the report to committee.</p> <p>The Chair thanked A Dunne for an excellent report. The following comments were made:</p> <ul style="list-style-type: none"> - Great team, core function and multi-disciplinary. - Local plans now being developed along with accountability framework. <p>Committee approve the report.</p> <p>ACTION: Does this report need to go to ICB Board L Coulson to check with L Talbot / D Atkinson.</p>	
12.	<p><u>Never Events – Deep dive, system issues</u></p> <p>C Marshall introduced and presented the report which was taken as read. The deep dive has focused on providing an ICB/ICS helicopter view on the 13 Never Events that occurred from November 2022.</p> <p>The report makes clear that LSC ICB/S are consistent with the position regional and national however work is needed to develop ways of sharing learning across LSC and wider. An event is anticipated during Q3 of 2023/24 which will bring all relevant providers together to use this report as the basis of the discussion but mainly to agree a systematic way of sharing learning across LSC.</p> <p>The Chair thank C Marshall for an excellent piece of work.</p>	
Items for approval – 3:15 – 3:20pm		
13.	<u>Clinical Effectiveness Group (CEG) Terms of Reference (ToR)</u>	

	<p>K Lord introduced the Terms of Reference. A White noted that the membership required further work.</p> <p>Committee approved subject to changes.</p>	
14.	<p><u>Primary Care Quality Group (PCQG) Terms of Reference (ToR)</u></p> <p>K Lord presented – committee approved subject to changes.</p>	
Standing Items – 3:20pm – 3:30pm		
16.	<p><u>Items for Risk Register</u></p> <p>Item deferred to October committee.</p>	
17.	<p><u>Committee Highlights Report to the Board</u></p> <p>S O'Brien will produce and send to L Coulson for ICB Board.</p>	
18.	<p><u>Reflections from the Meeting</u></p> <p>The Chair asked for reflections on PSIRF to be brought to October's committee.</p>	
19.	<p><u>Any Other Business:</u></p> <p>None noted</p>	
20.	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 18 October 2023, 1:30pm to 3:30pm, in Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved 25 September 2023

**Minutes of the Finance and Performance Committee
held on Thursday 29 August 2023 at 2 pm
in the Coniston Meeting Room 2, County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Roy Fisher	Chair / Non-Executive Member	L&SC ICB
Debbie Corcoran (from item 4)	Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Maggie Oldham	Deputy Chief Executive Officer / Chief of Transformation and Recovery	L&SC ICB
Asim Patel (up to item 8)	Chief Digital Officer	L&SC ICB
Katherine Disley (from item 4)	Director of Operational Finance	L&SC ICB
Andrew Harrison	Director of Place and Programme Finance	L&SC ICB
Stephen Downs (via Teams)	Director of Strategic Finance	L&SC ICB
Roger Parr	Director of Performance and Assurance	L&SC ICB
Debra Atkinson	Company Secretary / Director of Corporate Governance	L&SC ICB
<u>Attendees</u>		
Terry Whalley	ICS Recovery and Transformation Programme Director	L&SC ICB
Feroz Patel	Recovery and Transformation Portfolio Director	L&SC ICB
Sandra Lishman (minutes)	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome and introductions</u></p> <p>The Chair welcomed all to the meeting, including Feroz Patel and Terry Whalley who were in attendance.</p>	
2.	<p><u>Apologies for absence</u></p> <p>There were no apologies.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p> <p><i>Debbie Corcoran and Katherine Disley joined the meeting.</i></p> <p>Feroz Patel declared that his permanent contract of employment was with Blackpool Teaching Hospitals NHS Trust, currently seconded into the ICB. Debbie Corcoran declared that her husband worked for a technology firm that delivers Electronic Patient Records.</p>	

	<p>RESOLVED: Members noted the declarations of interest relating to items on the agenda. The Chair agreed that members would remain in the meeting room whilst items relating to conflicts were discussed.</p>	
<p>4.</p>	<p>(a) <u>Minutes of the meeting held on 26 June 2023 and matters arising</u></p> <p>Minutes: A correction was required in item 11. The first paragraph should read ‘As part of an annual cycle of review during 2023/24, Claire Moore presented the risks currently held on the ICB Board Assurance Framework (BAF) and Corporate Risk Register (CRR) relating to the business of the Finance and Performance Committee, along with a committee risk dashboard, summarising those risks. The BAF holds risks that relate to the delivery of the ICBs strategic objectives and have the highest potential for external impact. The CRR holds risks that relate to the delivery of the ICBs on-going day to day business. A regular report would be provided to each Committee of the Board to ensure oversight of risk related business to that Committee. A monthly dashboard would be presented through the executive team meeting, with updates to risks being presented to committees on a quarterly basis.</p> <p>RESOLVED: That the minutes of the meeting held on 26 June 2023 be approved as a correct record subject to the above amendment to item 11.</p> <p>(b) Action log The action log was reviewed and discussion took place as follows:</p> <p>Performance highlight report: position and plans for improvement – There was no confirmed date when the dashboard would be completed. Roger Parr confirmed that the request for a prescribing and medicines management dashboard had been escalated. Roger to follow up to progress.</p> <p>Financial Assurance Framework – On agenda – Action closed.</p> <p>Month 10 – Provider Position – Report on efficiency and productivity on agenda - Action closed.</p> <p>LTHFT Turnaround Report – On agenda – Action closed.</p> <p>Integrated Performance Report – Workforce capacity in diagnostics – An update was included within the performance report at today’s meeting – Action closed.</p> <p>Month 12 Provider Position – Provider deficit at month 12 had been reported to the ICB Board as part of the committee effectiveness report at the July ICB Board meeting – Action closed.</p> <p>Performance Report – A&E performance</p> <ul style="list-style-type: none"> a) More in-depth data on 12 hour waits to be included in future reporting – included within the performance report at this meeting. b) Deep dive on 12 hour waits to be provided to the integrated assurance meeting – Jayne Mellor had drafted a report for the integrated assurance meeting which was currently with mental health colleagues to review. A meeting had been convened with mental health and commissioning colleagues. <p>Month 2 ICB finance report – Elective recovery fund (ERF) – NHS England had</p>	

	<p>confirmed that the ICB was exposed to 16% ERF clawback risk. This would be recovered from providers under PbR so not a direct risk to the ICB – Action closed.</p> <p>ICB Recovery Plan – Action related to non-core income policy and prepense to carry things from one year to the next. The work had been completed and the non-core income policy was approved. Further discussion to take place at today’s meeting. Action closed.</p> <p>Outline for scope and structure of system recovery and transformation programme – On today’s meeting agenda.</p> <p>ICB Risk Register Report – Health Infrastructure Strategy – A date to hold an ICB Board session relating to the strategy was being looked at.</p>	
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Business Items

<p>5.</p>	<p><u>Key messages and overview of agenda</u></p> <p>Sam Proffitt presented an overview of the month 4 position, highlighting key messages that would be discussed throughout this meeting. The ICB had submitted a plan at the start of the year with an £80m deficit. Reports presented at today’s meeting showed how the ICB was performing against that. Despite the high level of work and good successes in terms of schemes that had and continued to take place, the level of risk had increased in month 4. The ICB was £23m off plan and Trusts £13m off plan, with a risk of £300m against a planned £80m deficit. The biggest risk was with the ICB and the sustainability group were looking at a recovery plan. In summary, the ICB had started with over £200m of risk at the start of the year, mitigated to £172m, with schemes developed to address. £98m was high risk and half of this was now deemed as undeliverable, being a £6 impact per month until the end of the year, if this could not be mitigated. Sam continued that, as agreed by the ICB Board, apart from acute contracts given this would be a cost transfer, all contracts had been reviewed and a deep dive had been undertaken, however, the full level of finance required could not be taken out of commissioning contracts. Backlog reviews were being undertaken in place. The high level of inflation currently being seen had also contributed. A number of new pressures had emerged within prescribing and Continuing Health Care, totalling £53m for the year.</p> <p>Providers started the year with significant pressure, with cost improvement programmes (CIPs) of £190m, plus £92m of stretch to meet an £80m deficit target. Good progress was being seen on CIP delivery. The full year required £92m stretch to be delivered.</p>	
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<p>6.</p>	<p><u>Assessment of ICB inherited financial position 2019/20-2021/2</u></p> <p>Sam Proffitt presented the item explaining that the MIAA had been commissioned by the ICB to provide an independent review of the ICBs inherited and current financial position. The review included a detailed assessment of the underlying financial positions of the 8 former CCGs in Lancashire and South Cumbria from 2019/20 through to 2022/23, by identifying any significant items of non-recurrent allocations and expenditure. The opening deficit of £149m was effectively inherited by the ICB upon its formal establishment. Key drivers to the opening position were delivery of QIPP plans, loss of expertise during the CCG closure and establishment of the ICB, and a number of actions taken partly around Morecambe Bay and Blackpool where investment decisions had been made non-recurrently and locked in during the COVID pandemic.</p> <p>Sam confirmed that the review recommendations were being picked up through finance planning work and work going forward, reporting to this committee. An in-year review of non-contractual payments was underway. There was now a clear methodology of</p>	
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	<p>convergence funding. The ICB was currently resourcing non-recurrent negotiations and this year had taken a number of risks; future slippage in allocations would be looked at.</p> <p>Members discussion included that forward strategy conversations should be held with providers and Trusts, to ensure the situation and challenges faced were understood. Sam responded that a medium-term financial plan was being developed.</p> <p>Andrew Harrison reflected that the impact of national money flowing into the system during the COVID pandemic had resulted in this being embedded into resources available and had become part of core-based expectation within the system.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
7.	<p><u>Month 4 performance report</u></p> <p>Roger Parr introduced the performance report, providing the Committee with an update against the latest published performance data, highlighting that the system had significant pressure in urgent and emergency care, including industrial action and workforce. Elective recovery remained strong, and work continued. Diagnostic activity levels remained high with waiting list demands. Cancer targets continued to struggle, although constitutional standards had been updated, the pathway would not change. Urgent and emergency care delivery was just above the 76% target. Mental health issues continued with out of area treatments (OATS) and improving access to psychological therapies (IAPT). Members were made aware that East Lancashire Teaching Hospitals had recently introduced a new electronic patient record system which had impacted some data and was evident in the meeting report. The committee was assured that the ICB compared well with the North-West and leads had action and mitigation plans to areas that required improvement. Areas providing under performance associated with the System Oversight Framework (SOF) were being discussed as part of a key line of enquiry.</p> <p>The Chair commented that the layout of the report had improved and that the summary performance scorecard was useful to review performance. Discussion was held regarding focus on future performance reports.</p> <p>Sam Proffitt highlighted that many interventions had been put into virtual wards, etc, which should improve non-medically fit to reside numbers - Lancashire and South Cumbria compared well against the national picture. Trusts were looking to move some capacity to make stretch in order to deliver targets. Challenge would be put through the recovery and transformation work.</p> <p>Members discussion included:-</p> <ul style="list-style-type: none"> - Percentage of cancers diagnosed at stages 1 and 2 were really low, however, more than 21-day length of stay was high and would need to be addressed - Trusts outside of Lancashire and South Cumbria showed poorer performance than those within and it was queried whether stronger conversations with these places were required through contractual discussions - How to address community waits, which continued to grow - Looking at bowel cancer screening from an inequalities perspective - Vacancy rates at Blackpool Teaching Hospitals being exceptionally low - How cancer played into the transformation and recovery programme - IAPT remained an outlier and there was no sense of assurance on this. Access would need to be quick - Where was primary care performance being picked up to have dialogue with providers, and how was the ICB conversing to get traction and change. - Criteria to reside was significantly above the North-West value. 	

	<p>Maggie Oldham reported that recovery and transformation would be discussed as a separate agenda item and the meeting report brought together a broader context in relation to some of the above points raised. The ICB Board had discussed a transforming community services scheme, which included Fuller and community, however, this had been slow to start due to resources required for administrative support to people working in these areas. University Hospitals of Morecambe Bay continued to struggle to attract social care workers to cover rural communities, depleting the ability to put in social care packages for people at home – this had been escalated and would be linked to the recovery and transformation programme.</p> <p>Maggie continued that the first integrated assurance meeting was due to be held tomorrow with providers. The meetings would provide the opportunity to explore a number of key lines of enquiry (KLOEs) specific to the scorecard of individual organisations for recovery, transformation and performance. These discussions would support provider organisations, whilst also gaining more background into the statistics presented in the performance report.</p> <p>Members agreed to include a deep dive into urgent and emergency care as part of the October Finance and Performance Committee meeting, with a member of the national team to present on Lancashire and South Cumbria’s urgent and emergency care data, performance and metrics. The meeting invite would be extended to Sarah O’Brien, David Levy and Sheena Cumisky for any impacts that may be heard on quality.</p> <p>Discussion was held around the committee having insufficient oversight into the commissioning function currently. Sam reported that the ICB Executives were aware and discussing over the next couple of weeks; Craig Harris had accountability to strengthen and take forward this area of work. It was also noted that the Primary Care Commissioning Committee did not look at finance and funding of delegated budgets; links would need to be made as to where oversight would sit on committees from a performance and finance perspective.</p> <p>As part of the programme to reduce inequalities, performance would be reviewed from the perspective of access/usage by disadvantaged groups.</p> <p><i>Debbie Corcoran declared an interest that her husband worked for a technology firm that delivers Electronic Patient Records. The Committee agreed that Debbie remain in the meeting room for the discussion.</i></p> <p>Maggie confirmed that due to the new electronic patient record (EPR) system in East Lancashire Teaching Hospitals, this had been a challenging period for the Trust. Asim Patel continued that a couple of issues from a clinical risk perspective had caused concern; this had now been resolved. Improvement would soon start to be seen from a performance data perspective. Asim explained that it was planned to roll out the EPR system across the 4 Trusts in Lancashire and South Cumbria with a staggered implementation. A general update to members on the system and the specification in the future. Resource to implement the programme and securing a company to service all Trust organisations, linking with primary care, was proving to be challenging.</p> <p><i>Asim Patel left the meeting.</i></p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	<p>MO/SL</p> <p>RP</p>
8.	<u>Month 4 ICB Finance Report</u>	

	<p>Katherine Disley introduced the report providing the committee with the latest financial position for the ICB and gave assurance that the financial risk was being appropriately mitigated through robust delivery against plans. At the end of month 4, the ICB was reporting a year-to-date deficit position of £23.7m against a break-even plan. The ICB was currently forecasting to deliver its planned full year £0.5m surplus position, which included an assumption that the risk identified as part of the planning process was fully mitigated of £75.5m and that the QIPP programme would deliver the full target of £97m. The deficit position for month 4 was being driven by in-year cost pressures, partly around mental health and prescribing, undelivered QIPP/mitigation plans, and around prior year pressures from continuing health care (CHC). A full review of the residual risk position had been undertaken with £102.8m being identified. Additional mitigations were required in order to achieve the current forecast outturn position, which would be overseen by the ICB Sustainability Group. The report described risk and summarised the deficit position. Scrutiny would be applied to CHC and prescribing forecasts to fully understand the drivers of the in-year pressures and to identify opportunities for mitigation. Cash drawdown had improved on the previous months position.</p> <p>Sam Proffitt responded to a member's comment as to whether the plan would be achieved, explaining that acute trusts were working with their Boards and that the ICB would tie in with region prior to forecasting. Sarah O'Brien was currently undertaking work that would mitigate some of the pressure being seen in-year. Inflation was one of the issues. Sam continued that following the approval of the business case last year in relation to the transfer of CHC, long term reviews would continue to be worked through to enable CHC to be transferred to the ICB with a clean system. Assurance was required that the Transfer of Undertakings (TUPE) of the Commissioning Support Unit staff would be seamless and that staff could continue with their work throughout this period, to ensure this did not impact on the savings ability indirectly. The committee gave recognition that the CHC team were undertaking the majority of the transfer work.</p> <p>RESOLVED: That the Committee note the content of the report.</p>	
9.	<p><u>Month 4 Provider Position</u></p> <p>Stephen Downs highlighted the provider position at month 4 being a deficit of £88.3m, which was £13.1m worse than the plan and being driven by 3 providers. 1 acute trust had exhausted its cash and was now receiving revenue support from the Department of Health and Social care, the remaining 3 Trusts were expected to require access to cash support later in the year. The 1% national efficiency requirement had already delivered at month 4 and reasonable progress was being made on the cost improvement programme (CIP). The capital programme was expected to deliver within the allocation available.</p> <p>Jim Birrell suggested that the stretch target should be incorporated in CIP figures and highlighted that almost no progress had been made on the stretch. Feroz Patel responded that in effect, the stretch gap was already inbuilt into provider plans. Reports were being developed for this to break down the underlining CIP requirements as well as the savings requirement for the system. Terry Whalley added that on differentiation of CIP and additional targets, individual organisations were expected, through their own endeavours, to deliver efficiency; these had been broken down separately as without collaboration they could not deliver. Stephen continued that Trusts were owning CIP this year in terms of their position and he was working with providers to ensure consistency. Detail was being reported to Trust Boards and NHS England.</p> <p>It was acknowledged that efficiency should be maximised to ensure beds did not close and collaborative opportunities would be looked at.</p>	

	<p>RESOLVED: That the Finance and Performance Committee note the contents of the report.</p>	
<p>Recovery Plans and Work to Support</p>		
<p>10.</p>	<p><u>ICB month 4 recovery plan update</u></p> <p>Andrew Harrison updated members on the status of the ICB recovery plan, highlighting increased risk to the ICB's financial position, a shift to higher risk assessment (and non-deliverability) of existing identified Quality Innovation Productivity and Prevention (QIPP) schemes, assessment of current identified areas of mitigation, requirement and processes undertaken to identify further mitigations and savings and progress to date on existing schemes. QIPP and planning assumptions which incorporated a series of high medium and low risk aspects were described in appendix 1 of the meeting report. In-year assessment at month 3 was shown in appendix 2. Appendix 3 of the meeting report showed an analysis of the work that had taken place to date. Financial challenges were presented to members of the sustainability group at a recent meeting. Leads were challenged to look at what could be delivered within a defined budget, at what could be done differently, what could be stopped and what permissions were required to take any work forward. Andrew explained that there were options to negotiate agreement with NHS providers to take money out of contracts in full in-year.</p> <p>Sam Proffitt reflected that work was ongoing and good work should be acknowledged.</p> <p>Quality of services in a more affordable way need to be provided. Andrew continued that budgets not committed to could be looked at and to avoid consequences if adjusting the appetite to risk, actions being sought and permissions required, would need to be looked at.</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Note the contents of the report - Approve the Terms of Reference of the Sustainability Group. 	
<p>11.</p>	<p><u>System recovery and transformation programme</u></p> <p>Maggie Oldham presented slides on the programme, highlighting significant pressures in the system, NHS resources and how these are used, the challenge to get to a planned £80m deficit and the approach to accelerate delivery. It was recognised that services must be provided in a much more affordable way. The Lancashire and South Cumbria system had committed to a 3-year recovery plan with national and regional colleagues. Extra controls had already been put in place, including the ICB putting in a vacancy freeze. Outcomes of the vacancy freeze would be reported to the System Recovery and Transformation Board at its meeting on 19 September. It was acknowledged that there were big challenges around culture. On a recent poll carried out by the communications and engagement team, the majority of members of the public had agreed that they would be willing to travel for a service and staff had reported they would work in an aggeragated way if the pathway for patients was good. A new model of care would be required going forward. Workforce, digital and estates workstreams were being built into the programme.</p> <p>Members raised concern that the programme was relating more on the future rather than this year. Sam Proffitt responded that a lot of good work was being undertaken, however, not all would show savings this year. Maggie continued that the granular detail of planned financial recovery would be presented to the ICB Board. Further work was required to ensure messages were understood correctly by staff and the public – great outcomes with</p>	

	<p>waste reduction was required. Maggie would bring the breakdown of the 2023/24 financial recovery plan to this committee. Sam Proffitt continued that this tied in the medium financial plan that was being pulled together, which would include when and how savings would be delivered. It was confirmed that all commissioning contracts had been looked at with each commissioning manager.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
12.	<p><u>Non-Core Funding Policy</u></p> <p>Sam Proffitt explained that the proposed policy supported the overhead allocation to the ICB's income streams, which was not funding for running costs. . Debra Atkinson raised whether a quality impact assessment should be completed.</p> <p>RESOLVED: That the Committee approve the policy, subject to clarifications to be considered under a Chair's action outside of this meeting.</p>	
13.	<p><u>Staff Expenses Policy</u></p> <p>Sam Proffitt introduced the item seeking approval for a policy which described the circumstances under which staff would be able to claim travel costs and out of pocket expenses incurred in connection to the discharge of their ICB roles and responsibilities. It was highlighted that local staff side representatives had been consulted on the policy and had no concerns or issues with the draft.</p> <p>Members discussion included that the policy must apply to all employees of the ICB. It was suggested that the daily limit for the London underground was too low and that on occasions accommodation may prove difficult to remain within limits and people's safety must be considered. Feroz Patel asked that mileage rates be aligned with acute trust mileage rates, to ensure system consistency.</p> <p>RESOLVED: That the Committee approve the policy, subject to clarifications to be considered under a Chair's action outside of this meeting.</p>	
14.	<p><u>Review of acute contracts</u></p> <p>Stephen Downs introduced the item setting out the work that was being undertaken looking at block acute contracts, which accounted to 10% of £2.5b spent. When setting the 2023/24 contracts, the ICB applied NHS England guidance, however, owing to affordability, growth funding had not been applied, therefore, fixed elements of contracts with providers had not been uplifted for growth in demand and acuity. All providers had been involved in this work and had been asked to provide evidence of block items in contracts outside of Lancashire and South Cumbria. Block items within Lancashire and South Cumbria had been reviewed across ICB finance and commissioning colleagues and regular updates would be provided to the Finance and Performance Committee. Members were asked to be aware that some providers had reported that there were services being delivered that had not been included within the above payments. Due to contractual notices required, any outcomes would not be seen until next year.</p> <p>Andrew queried that where a Trust was delivering services that had not been commissioned, whether there was a distinction between that and ones that had been commissioned, ie, during the COVID pandemic some services were stepped up, some were now integrated into the full system. Sam Proffitt responded that Trusts were looking for commissioning intentions at this stage and was unsure how to distinguish. It was noted</p>	

	that this work related to historic block services. RESOLVED: That the Committee noted the content of the report.	
Governance and Assurance		
15.	<p><u>System Financial Assurance</u></p> <p>Stephen Downs introduced the item following a review by Simon Barber, commissioned through Mersey Internal Audit Agency (MIAA), to make recommendations in respect of system-level financial assurance. Since completion of the review, various groups had been set up and the changing assurance role of the ICB meant that a number of the responsibilities of the ICB Finance and Performance Committee was being discharged by new governance arrangements.</p> <p>Members discussed the impact of the assurance role and where decisions would be taken, acknowledging that executives from other organisations were members of the integrated assurance meetings. ICB Board members must be assured on a number of issues, via committees.</p> <p>Members agreed that Sam Proffitt would discuss Finance and Performance Committee assurance with the Chair of the ICB Board, with a view to a possible review of the committee Terms of Reference.</p>	SP/DA
16.	<p><u>Finance and Performance Committee Workplan 2023/24</u></p> <p>The workplan had been circulated with the meeting papers, reflecting key items that the committee would receive, in order to assure itself that it was fulfilling its role to oversee the performance of the organisation in delivering its national targets and objectives, ensuring the effective and efficient use of resources, whilst delivering financial balance.</p> <p>RESOLVED: The Finance and Performance Committee approved the workplan.</p>	
17.	<p><u>Specialised Services Commissioning Transfer: Pre-Delegation Assessment Framework</u></p> <p>Katherine Disley introduced the Pre-Delegation Assessment Framework (PDAF) relating to the transfer of Specialised Commissioning Services, for the ICB. Stephen Downs and Katherine had been part of the finance group involved in taking this forward. The narrative in the meeting paper detailed the process followed. Since the circulation of the committee meeting papers, a slightly revised version had been made taking into account regional team feedback – members had not had sight of the revised version, however, were assured that the no detail had been altered, the changes were clarification of points only. It was noted that both Cheshire and Mersey and Greater Manchester PDAFs were virtually identical to Lancashire and South Cumbria’s. Some areas of the PDAF were requirements by NHS England. The ICB could determine internal governance arrangements for delegated services. All three ICBs would receive a specialised commissioning allocation. The final PDAF would be submitted in early September.</p> <p>Following discussion, members agreed that a stand-alone Specialised Commissioning Committee would require ICB Board consideration and approval, therefore, should not be included within the draft submission.</p> <p>RESOLVED: That the Finance and Performance Committee:-</p>	

	<ul style="list-style-type: none"> - Note and welcome the update - Note that further assurance and consideration of structural arrangements to support and underpin the PDAF was required - Approve the PDAF subject to points of clarification including that any new committee of the ICB would require ICB Board consideration and approval and therefore, should not be included within the draft submission. 	
Items for Information		
18.	<p><u>Lancashire Teaching Hospitals NHS Foundation Trust Turnaround Report</u></p> <p>Sam Proffitt reported that Kevin McGee, Chief Executive of Lancashire Teaching Hospitals, had commissioned a review of the Trust's finances. There were 22 recommendations within the report, many of which were around governance and external factors. The report had been circulated with the meeting papers to ensure the ICB Finance and Performance Committee were sighted. Sam confirmed that the ICB had not agreed to any of the ICB actions, nor had they been asked to comment.</p> <p>RESOLVED: That the Committee note the contents of the report.</p>	
19.	<p><u>L&SC Provider Collaboration Board minutes – May and June 2023</u></p> <p>RESOLVED: That the Finance and Performance Committee note the Lancashire and South Cumbria Provider Collaboration Board minutes of the meetings held on 18 May and 21 June 2023.</p>	
Standing Items		
20.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>To be agreed outside of this meeting.</p>	
21.	<p><u>Items Referred to Other Committees</u></p> <p>No items had been referred to other committees.</p>	
22.	<p><u>Any Other Business</u></p> <p>There was no other business.</p>	
23.	<p><u>Items for the Risk Register</u></p> <p>No additional items.</p>	
24.	<p><u>Reflections from the meeting</u></p> <p>There were no reflections.</p>	
Date, Time and Venue of Next Meeting		
Monday 25 September, 1 pm, County Hall, Preston		

Approved – 30 October 2023

**Minutes of the Finance and Performance Committee
held on Monday 25 September 2023 at 1.00pm
in the Coniston Meeting Room 2, County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Roy Fisher	Chair / Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Sam Proffitt (up to item 13)	Chief Finance Officer	L&SC ICB
Asim Patel (up to item 11)	Chief Digital Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Andrew Harrison	Director of Place and Programme Finance	L&SC ICB
Stephen Downs (up to item 13)	Director of Strategic Finance	L&SC ICB
Roger Parr (up to item 9)	Director of Performance and Assurance	L&SC ICB
<u>Attendees</u>		
Craig Harris (from item 4 and up to item 13)	Chief of Strategy, Commissioning and Integration	L&SC ICB
Terry Whalley	ICS Recovery and Transformation Programme Director	L&SC ICB
Feroz Patel	Recovery and Transformation Portfolio Director	L&SC ICB
Lisa Warner	Senior Internal Audit Manager	MIAA
Sandra Lishman (minutes)	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome and Introductions</u></p> <p>The Chair welcomed all to the meeting, including Feroz Patel, Terry Whalley and Craig Harris who were in attendance. Lisa Warner also joined to observe the meeting as part of the committee effectiveness review.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies were received from Debra Atkinson and Maggie Oldham.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p> <p>Feroz Patel declared that his permanent contract of employment was with Blackpool Teaching Hospitals NHS Trust, currently seconded into the ICB.</p>	

	<p>RESOLVED: - That members note the declarations of interest relating to items on the agenda.</p> <p>- That the Chair be made aware of any declarations that may arise during the meeting.</p>	
4.	<p>(a) <u>Minutes of the Meeting held on 29 August 2023 and Matters Arising</u></p> <p>Minutes: Two matters within the draft minutes of the previous meeting were highlighted:-</p> <ul style="list-style-type: none"> - It was clarified that the October Finance and Performance Committee meeting would partly be used as a deep dive into urgent and emergency care, not the full meeting. - It was queried whether the electronic patient record (EPR) system across Lancashire and South Cumbria would have staggered implementation of a 5-7 year programme. Due to the current procurement process, members were unable to comment further on this subject. An EPR update would be provided at the November committee meeting. <p>RESOLVED: That the minutes of the meeting held on 25 August 2023 be approved as a correct record, subject to the above amendment.</p> <p><i>Craig Harris joined the meeting.</i></p> <p>(b) Action log The action log was reviewed and discussion took place as follows:</p> <p>Draft Terms of Reference – Discussions ongoing. Item to remain on hold.</p> <p>Performance highlight report: position and plans for improvement – Risk was noted that the primary care dashboard had not been sighted on across the ICB committees. Roger would feedback from the committee that there was level of concern regarding availability and information, asking if support was required to complete. Concern was highlighted that data could not be pulled out. Scoping was underway for GP datasets, optometry and dentistry.</p> <p>Reporting of Contract Review – On today’s agenda – Item closed.</p> <p>Performance Report – Children and Young People – A paper had been presented to the Quality Committee at their last meeting; Sandra Lishman to circulate paper to Finance and Performance Committee members.</p> <p>Performance Report – A&E Performance</p> <p>a) Future reporting to contain more in-depth data on 12-hour waits – Item closed as detail included within performance report.</p> <p>b) Deep dive on 12-hour waits to be provided to the Improvement Assurance Group – Mental health information awaited from Lancashire and South Cumbria Foundation Trust.</p> <p>Outline for Scope and Structure of System Recovery and Transformation Board – Item closed.</p>	<p>AP</p> <p>SL</p>

	<p>ICB Risk Register Report – Health Infrastructure Strategy – Confirmed the strategy would be presented to the November ICB Board. Item closed.</p> <p>Deep Dive into Urgent and Emergency Care (UEC) – It was confirmed that Christopher Green would attend the October Finance and Performance Committee meeting to present Lancashire and South Cumbria’s UEC data. An hour would be scheduled on the meeting agenda for the whole item. Item closed.</p> <p>System Financial Assurance – The first meeting of the System Recovery and Transformation Board had been held on 19th September around financial assurance. Aaron Cummins, Provider Collaborative Board lead, was part of the membership of the Board. The next meeting would look at how to get financial assurance through providers back to the ICB. The meeting is based around how the system was delivering recovery and financial planning across the patch. Discussions were ongoing and Aaron was taking a lead from a provider point of view. It was noted that the System Recovery and Transformation Board was not a formal committee of the ICB Board. Item closed.</p> <p>Review of Performance Indicators – Work ongoing. Performance indicators would, in part, be covered at a future ICB Board Development session.</p>	
5.	<p><u>Key Messages and Overview of Agenda</u></p> <p>Sam Proffitt presented an overview of the month 5 position, highlighting key messages that would be discussed throughout this meeting. Risk had continued on the same trajectory as the previous month, with the ICB being £37m off plan and Trusts £20m off plan, a risk of £300m against a planned deficit. The next steps would be to try and reduce these figures. Inflation, primary care and continuing health care were big contributors and price increases was not something that could be managed locally. The regional position showed that although there was big inflation pressures, the pressures within Lancashire and South Cumbria ICB were larger than in other areas and benchmarking was being looked at.</p> <p>The Sustainability Group was overseeing schemes that had been developed to address the £172m risk. £98m was high risk and it was hoped that around half could be mitigated. This level was not being seen by other ICBs.</p> <p>The month 5 provider position had stayed relatively static. Slight improvement had been seen in CIPs, however, there remained a possible £200m deficit at the end of the financial year.</p> <p>The ICB Board had recently agreed mitigations, however, the impact on recovery for providers was imperative. Focus was on stretch and areas of mitigation.</p> <p>Discussion was held as to whether the committee should look primarily at the ICB financial position or include providers and it was confirmed that the ICB had its statutory role and also a system role for oversight, through the Sustainability Group. Trust Board’s would oversee delivery of plans. The ICB finance and commissioning teams were doing good work to bring this together, however, it was noted that more</p>	

	<p>urgent savings were required. Craig Harris was currently looking at strengthening commissioning, ensuring clarity be provided on any savings that could be made by recommissioning of services. The Improvement Assurance Group discuss performance, quality and finance, with the group reporting to the System Recovery and Transformation Board. Craig was ensuring any contractual notice would be provided on any recommissioned services by the deadline.</p> <p>RESOLVED: That members of the Finance and Performance Committee note the discussion.</p>	
6.	<p><u>Performance Report – Month 5</u></p> <p>Roger Parr introduced the performance report, providing the committee with an update against the latest published performance data and highlighting that in terms of elective recovery, total waiting lists had continued to increase, resulting in more activity committing future finances. A growing waiting list had also been seen in community services. Long waiters (over 65 weeks) had increased slightly in July. Diagnostic performance had fallen slightly but remained good. University Hospitals of Morecambe Bay continued to achieve the 6-week target for diagnostics. Performance had fallen in urgent and emergency care. A key line of enquiry (KLOE) had been put in around workforce sickness absence, with Lancashire and South Cumbria Foundation Trust having one of the highest sickness absence rates in the England. Statutory performance metrics was consistently not being met for Lancashire and South Cumbria. The system was performing relatively well in the North-West, but not nationally. System Oversight Framework (SOF) metrics were being followed up with KLOEs for providers, in preparation for provider assurance meetings.</p> <p>Member comments included concern regarding the deterioration in service performance, the information on cancer diagnosis being 3-years old and concern regarding time from cancer diagnosis to treatment. In response, Roger would circulate more granular detail on A&E performance with type 1 performance sites separated from other sites and the Cancer Alliance report for cancer performance including 31-day data, outside of this meeting.</p> <p>Sam Proffitt commented that the Finance and Performance Committee had an advisory role to the ICB Board and key data presented at this meeting would drive 'big ticket' items financially. These need to be aligned to programme plans and the System and Transformation Recovery Board. An understanding was required as to the Committee's focus and an assurance that areas of work were being looked outside of this Committee. Terry Whalley reported that a document was being worked up showing how system recovery transformation programmes were intending to map trajectories, in order to understand the impact on programmes, and in turn, understand the trajectory of improvement; when available, Terry would ensure the document be available to committee members for visibility.</p> <p>It was acknowledged that Trusts report criteria to reside and bed data in different ways, suggesting that there may also be different interpretation of data behind this.</p> <p>Based on finances being unable to support over capacity, Andrew Harrison</p>	<p>RP</p> <p>TW</p>

challenged the consideration of recommissioning some of the services that were achieving 94-95% when the national target was considerably lower, unless the return on improvement was demonstratable and that the position was generating additional benefits elsewhere.

In relation to data, conversations were being held directly with organisations and it was noted that some metrics could not be looked at on a month-by-month basis.

University Hospitals of Morecambe Bay had been reported to be the highest users for private beds for discharge and it was suggested that this may be due to the private beds being the patient's usual place of residence. Craig Harris explained that the right to reside was about application of criteria, feeling it may be more reflective to ensure that everything was in place so the person could be discharged that day. Targeted spotlight for detail should be discussed in the improvement and assurance group meetings held with providers. There was now a detailed improvement plan for NHS Talking Therapies and it was questioned whether this was off target for the trajectory.

The Chair expressed that some time ago performance reporting changed to different domains, which had improved sight of the report and members now needed to change the way they looked at the report. It was important for committee's to be sighted on current discussions and where conversations were taking place, receiving feedback for assurance. Feedback was required to questions/comments raised by the Committee and it was suggested that the performance report be looked at differently, looking at intelligence coming out of the system review meetings.

In summary, the Committee felt uncomfortable from a performance perspective and required assurances.

RESOLVED: That the Committee note the performance report.

(a) Risk ICB-010: National and locally determined performance standards and targets

Following the presentation of the Month 5 Performance report Claire Moore presented a supplementary risk briefing outlining the risk to the 'improvement and sustainability of NHS trust performance against key measures'. This was a risk which was held on the ICB's Board Assurance Framework and aligned to the Strategic Objective 5: meet national and locally determined performance standards and targets.

The report outlined that following review of risk ICB-010 by the risk owner, there was no proposed change to the risk score of 20 (consequence 4 x likelihood 5). In addition to the controls in place, there were currently 4 open actions held to further support the risk mitigation. The risk had been assigned a target risk score of 16, with a target risk date of 29 September 2023.

Following discussion the committee agreed that assurance could not be provided to the ICB Board that the risk would be mitigated down to target risk level by the

RP

	<p>assigned date; members also discussed the information provided in the performance report and it was therefore proposed that following a full review, the current risk score should be increased to 25.</p> <p>It was agreed that the format of the supplementary report was helpful and that future reports should include a narrative highlighting any gaps in assurance which would also provide an audit trail.</p> <p>Claire expressed that it was planned to look at the ICB Board risk appetite at the October ICB Board development session, to inform further work going forward, in terms of ICB risk management.</p> <p>RESOLVED: That the Finance and Performance Committee:-</p> <ul style="list-style-type: none"> - Agreed to amend the consequence score to 5 - Agreed to amend the risk score to 25 - Note the reports. 	
7.	<p><u>ICB Finance Report – Month 5</u></p> <p>Katherine Disley presented the finance report, highlighting that at month 5, the ICB was reporting a year-to-date deficit position of £37.1m against a break-even plan. It was forecast to deliver its planned full year £0.5m surplus position, which included the assumption that the risk identified as part of the planning process was fully mitigated of £75.5m and that the QIPP programme would deliver the full target of £97m. The deficit had worsened by £13.4m from month 4 and was being driven by in-year cost pressures and undelivered QIPP and mitigation plans. The report narrative provided an understanding on where the shift was on programme spend.</p> <p>Katherine continued that the finance team were trying to articulate where there was overperformance with the independent sector and the ability to draw down additional Elective Recovery Fund (ERF) monies. Sam Proffitt reported that prescribing and inflation were two of the reasons for being an outlier and that Katherine was undertaking work to understand why Lancashire and South Cumbria ICB was different to other areas. Continuing health care was on a similar trend to other areas, however, Lancashire and South Cumbria was a big outlier; the team were looking at trying to understand the driver behind this, in preparation for the next meeting with NHS England.</p> <p>The Chair reported that an issue had been raised with the Quality Committee on the continuing health care overspend. Sam reiterated that she had been working with Sara O'Brien and teams, however, it remained unclear why the overspend was larger for the ICB, compared to elsewhere with similar demographics. Detailed analysis of key operational issues that were driving financial pressures had been presented to the ICB executives; Katherine would circulate to members outside of this meeting to inform and understand granular detail. It was confirmed that the ICB Board had held lengthy discussion on continuing health care spend at a recent meeting, agreeing that this was a concerning position, and actions had been agreed in principle. Recovery mitigation was a focus at the ICB Board meeting.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	KD

<p>8.</p>	<p><u>Provider Position – Month 5</u></p> <p>Stephen Downs presented the meeting report updating members on the year-to-date position at month 5 being a deficit of £105m, £19.9m worse than plan. The year-to-date deficit of £105m was £20m higher than the year-end forecast, meaning that the provider sector must trade with a £20m surplus over the period month 6 to month 12, being significant risk. £47.6m of efficiencies had been delivered. All acute trusts were now drawing cash, reflecting the trading position. Stephen highlighted that a number of steps applied to organisations who wished to change forecast and providers were aware that they could not change forecast in month 6. The year-to-date deficit was now ahead of the outcome forecast. Providers had suggested that they would overspend by £106m, and a lot of work was being undertaken to reduce this position. Stephen was working with providers on the end of year position.</p> <p>RESOLVED: That the Committee note the contents of the report.</p> <p><u>(a) Risk ICB-008: System Financial Sustainability</u></p> <p>Following the presentation of the Month 5 Finance Report and Month 5 Provider Position report, Claire Moore presented a supplementary risk briefing outlining the risk to “System Financial Sustainability”. This was a risk which was held on the ICB’s Board Assurance Framework and aligned to the Strategic Objective 4: Meet Financial Targets and Delivery Improved Productivity.</p> <p>Claire advised members that risk owners had reviewed the risk and there was no change in the current risk score of 20 (consequence 5 x likelihood 4). In addition to the controls in place to mitigate this risk, there were 2 open actions held to further support risk mitigation; (the full risk detail was provided in full in the appendix to the paper). The risk had been set a target risk score of “15” with a target date of 31 March 2024.</p> <p>Sam Proffitt reported that work continued regarding mitigation, and it was recognised that work would need to be undertaken around assurance and oversight. ICB mitigations had been included in the Sustainability Group update report at this meeting.</p> <p>RESOLVED: That the Finance and Performance Committee:-</p> <ul style="list-style-type: none"> - Note the content of the report. - Agree to keep the risk at a scoring of 20 but recognising the deteriorating position and that it was unlikely that the ICB would meet the planned targets. A further review would be undertaken over the next few months. 	
<p>9.</p>	<p><u>Approach to Medium Term Financial Planning</u></p> <p>Stephen Downs presented a report setting out the approach to medium term financial planning. Allocations for next year had been published, along with high level guidance.</p>	

Roger Parr left the meeting.

The report highlighted the roll forward of assumptions and the timeline to reach a baseline model by October 2023. It was hoped to take a version of the medium-term financial plan to the November meeting of the ICB Board. Concern was highlighted that the system was significantly overfunded, with this year being £200m over target. The system was the second highest funded in the country, in terms of allocation per head of population, reflecting funding received during the COVID pandemic. Strategic decisions need to take place with system providers including advising that there would be £150m funding taken off over a 3-year period for convergence. In relation to the funding split, it was planned that the ICB write an options paper for the Provider Collaborative Board to agree a preferred option with providers and the final decision lying with the ICB. It was confirmed that convergence funding had been included within provider contracts this year.

Sam Proffitt expressed that a medium plan in the calendar year was important and Stephen was working with providers to ensure a robust proposed financial plan could be presented to the ICB Board. Table 4 within the meeting report showed the net uplift before convergence to be estimated at 0.7%, more efficiencies need to be factored into this figure, with answers coming out of recovery and transformation work. A financial trajectory was being worked up, which would be brought to this committee on completion.

Members noted that there were a number of areas where convergence could not be applied, the difference would either be taken by the ICB or this could be applied to a the variable element. Stephen continued that currently, overfunding was driven by CCG and provider excess funding received during the COVID pandemic. Convergence of £25m has been applied by NHSE and c.50% of this has been transacted through contracts and the remainder in the QIPP plan.

Jim Birrell expressed that in order to see where there was overspend in the acute sector, it would be useful to see options on convergence and also an analysis of how the £4.5 billion was being spent in which healthcare grouping.

RESOLVED: That the Finance and Performance Committee note the contents of the report.

10. Sustainability Group Update

Andrew Harrison updated on actions taken as a result of the previous month 4 meeting report, describing the actions agreed to move forward with mitigations and enhanced delivery against the existing forecast for schemes seeking to address the financial challenge in the ICB budgets. To ensure there was full expectation of opportunity at place, contracts were being reviewed both in year and being prepared for next year. Contractual intentions would need to be in place by 30 September 2023. Teams had been asked to identify if finances could be drawn from other contracts in preparation for winter, inroad had been made in efficiencies, however, investment had not been identified. Core cancer funding would be reviewed and scrutinised. Scrutiny had been identified on mental health spend, although there was no further scope for slippage. A meeting was due to take place

	<p>later today to look at the further £7m requested for primary care. Frailty was being looked at to identify further money and Directors of Nursing were setting up a task and finish group to try and reduce the usage of discharge to assess beds. There was no common position on procedures of clinical value; the Medical Director would take forward a process with his team and would seek to ensure these were removed. It was acknowledged that these may generate financial efficiencies for providers, rather than the ICB, however, would potentially free up slots for elective care.</p> <p>Andrew confirmed that policies of limited clinical value work had been led by NICE guidance. Part of the public communications and engagement would include evidence base around change in services. It was expected that some of the public consultation could be replicated by those who had already implemented the policies.</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Note the contents of the report - Endorse the actions identified to be undertaken further to the Sustainability Group meeting of 13 September 2023. 	
<p>11.</p>	<p><u>System Recovery and Transformation Financial Update</u></p> <p>Sam Proffitt spoke to a paper providing a current assessment of the benefits and the actions being undertaken to improve the assessment of the financial impact of the system recovery and transformation programmes. Due to many of the programmes being legacy programmes, this had not reflected much savings. Programmes were being looked at in relation to both financial savings as well as having a benefit on performance. It was noted that the central support savings programme had documented savings and had undergone a collaborative bank rate reduction process demonstrating £6m savings. Programmes were being re-reviewed with a view to providing clear objectives, and over the next 3-4 weeks, information would drive up the medium-term financial strategy. Sam expressed that the next steps were for teams to develop financial and improvement opportunities; a Head of PMO was being recruited to support the prioritisation process.</p> <p>It was confirmed that both community and Trust diagnostics were being funded at the same level.</p> <p><i>Asim Patel left the meeting.</i></p> <p>It was confirmed that the ICB Board had been alerted on the financial assessment of the programmes at their last meeting.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
<p>12.</p>	<p><u>ICB Contract Management</u></p> <p>Craig Harris explained that contract management processes had been and continued to be developed over the last 6 months and a contract repository had</p>	

been created. Work was being undertaken looking at potential reductions within non-NHS acute contracts and a strategic letter of intent was in the process of being worked up to advise potential changes in contract value, with a view to be sent to providers on Monday. Quality impact assessments are being brought to executive team meetings and engagement would take place with whole sectors on health care contracts. Work would take place with individual contract providers, to enact on 1 April 2024. There was now a new schedule for contract monitoring arrangements for acute and non-acute providers. An accountability framework was being drafted to ensure all work had taken place within the required timelines, to ensure no slippage. To date, over 100 contracts had been reviewed and a lot of work had taken place with providers both in and outside of Lancashire and South Cumbria. It was not expected that all savings would be delivered, and providers need to be advised, with a period of transition built into programmes of any change. Craig continued that a separate report would be brought to the committee in relation to specialist commissioning.

It was reported that consideration was being made in terms of a strategic and commissioning forum/committee oversight.

Debbie Corcoran expressed that focus needs to be on the recovery plan and what would make the biggest difference. An understanding and assurance was required to the current situation and it was suggested to provide an overview paper to future meetings. Craig confirmed that acute contracts for 2023/24 could not be adjusted.

RESOLVED: That the Committee note the detail of the position statement report and support:-

- That consideration be given via Commissioning Resource Group (CRG) to the future role of commissioners in the contract management process
- That the relationship between the ICB and CSU contract management teams and business intelligence and performance functions be clarified and the ICB specification for CSU business intelligence support be confirmed
- That a monthly or quarterly contract performance dashboard be developed and reported to the CRG
- That alignment between contract and quality management processes be strengthened
- That better links between the contract management function and ICB directorates be established to improve management of non-clinical contracts
- That the outcomes from the review process inform the ICB's future commissioning intentions by October 2023 and the ICB procurement pipeline and that commissioning and contracting colleagues will use the outcomes from the reviews to support contracting planning for 2024/25 and
- That further recommendations on the processes for management of the mandated patient choice regulations and Provider Selection Regime be brought to the Finance

	<p style="text-align: center;">and Performance Committee.</p> <p>Members noted that the ICB executive team had endorsed the key principles and outcomes from the Start Chamber ICB contract review process.</p> <p><i>Craig Harris, Sam Proffitt and Stephen Downs left the meeting.</i></p>	
13.	<p><u>ICB Risk Register Report</u></p> <p>Claire Moore explained that the item supported the agreed cycle of risk management updates, previously agreed through the ICB Board. In addition to the supplementary risk reports presented to the committee, there were a further 2 risks that related to the business of the committee which included a risk around Physical and digital infrastructure (including Cyber Security and EPRR), and the delivery of the Lancashire and South Cumbria system wide estates plan and LSC Health Infrastructure Strategy. Both risks had been reviewed by risk owners and there was no proposed changes to the risk score. It was noted that no target date had been set for the cyber security risk and the target date for the system-wide estates plan/health infrastructure risk had passed. Claire would follow up with risk owners for an up-to-date position.</p> <p>The committee commented that risks aligned to agenda items was helpful. Further discussion on risk appetite would take place at the next ICB Board Development session.</p> <p>RESOLVED: That the committee note the content of the report.</p>	
14.	<p><u>System Finance Group Minutes – 25 August 2023</u></p> <p>RESOLVED: That the Committee note the minutes of the System Finance Group at their 25 August 2023 meeting.</p>	
15.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Report to be agreed outside of this meeting.</p>	
16.	<p><u>Items Referred to Other Committees</u></p> <p>No items had been referred to other committees.</p>	
17.	<p><u>Any Other Business</u></p> <p>There was no other business.</p>	
18.	<p><u>Items for the Risk Register</u></p> <p>No additional items.</p>	

19.	<u>Reflections from the meeting</u> Given timings, no reflections were made.	
Date, Time and Venue of Next Meeting		
Monday 30 October, 1 pm, County Hall, Preston		

Approved 25 October 2023

**Minutes of the meeting of the
ICB Public Involvement and Engagement Advisory Committee (PIEAC)
held on Wednesday, 6 September 2023 at 10:00am to 12:30pm in the Lancashire and
South Cumbria Integrated Care Board (LSCICB) Offices, Lune Meeting Room 1,
County Hall, Preston**

Position on Committee	Name	Title/Role
Members	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Roy Fisher	Non-Executive Member of the ICB (Committee Vice Chair)
	Professor Sarah O'Brien	Chief Nurse
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement (Insight)
	Tricia Whiteside	Non-Executive Director (Lancashire Teaching Hospitals NHS Foundation Trust) – representing NHS provider Non-Executive with a role for patient experience or public engagement
	Heather Crozier	Place representative for Lancashire (Integrated Place Leader - North Lancashire)
	Michaela Goodridge (named deputy on behalf of Pauline Wigglesworth)	Place representative for Blackpool
	Philippa Cross	Place representative for Blackburn with Darwen (Head of Partnership Development)
	Sarah James	Place representative for Central Lancashire
Participants	Naz Zaman	Representative of Voluntary, Community, Faith and Social Enterprise (VCFSE)
	Andrew Bennett	Director of Population Health
	Lindsay Graham	Advocacy and Engagement Director (Healthwatch)
In attendance	Debra Atkinson	Company Secretary /Director of Corporate Governance
	Sarah Mattocks	Head of Governance
	David Brewin	Head of Patient Experience
	Catherine Wright	Transformation Programme Manager (Virtual Wards)
	Nathan Skelton	Communications and Engagement Manager
	Louise Coulson (Minutes)	Committee and Governance Officer

No	Item	Action
1.	<p>Welcome and Introductions</p> <p>Welcome was conveyed to Andrew Bennett who was attending on behalf of Population Health.</p>	
2.	<p>Apologies for Absence</p> <p>Amanda Bate, Pauline Wigglesworth (Michaela Goodridge deputising) and Lindsey Dickinson.</p>	
3.	<p>Declarations of Interest</p> <p>(a) Public Involvement and Engagement Advisory Committee Register of Interests</p> <p>There were no declarations of interest relating to items on the agenda.</p>	
4.	<p>(a) Minutes from the previous PIEAC meeting held on 28 June 2023</p> <p>Agreed with one amendment to the statement on page 5 – N Greaves and T Whiteside agreed to speak outside of the meeting about developments to the insight reporting.</p> <p>(b) Matters Arising and Action Log</p> <p>Matters Arising</p> <p>The Chair and committee expressed thanks to Sam Plum for representing Westmorland and Furness Council at the committee. Steph Cordon will join future committees, on behalf of the Council.</p> <p>Updates for Action Log:</p> <p>01 – Link with new Place Based colleagues to ensure inclusion in place-based reports – Place Based Leads are meeting with D Corcoran and N Greaves on 08/09/2023 to discuss reflections and actions from the committee.</p> <p>02 – D Brewin will update the committee re: overview of Advocacy Services.</p> <p>03- Insight report – N Greaves will arrange to meet with T Whiteside to discuss recommendations.</p> <p>04 – Chairs Report to People Board – NHS Joint Forward Plan – completed.</p>	
5.	<p>System and Strategic Update</p> <p>(a) ICB Working in Partnership with People and Communities Strategy and Toolkit</p> <p>N Greaves introduced and updated the committee. The ICB has approved a revised strategy for working in partnership with people and communities which has now been published. Further work has been completed by the ICB Board to ensure implementation of the strategy and toolkit has been developed to embed this within teams and staff across the organisation. An engagement framework, quick start guide, demographic insight report and an inclusion glossary have been produced to support staff across the ICB to embed the principles of the strategy in their work. Teams across the ICB have</p>	

tested the tools providing rich insights. The ICB Communications Team and the team supporting the New Hospitals Programme have worked with the Business Intelligence (BI) Team at Midlands and Lancashire Commissioning Support Group (MLCSU) to develop the draft demographic report which is shared as a draft and is expected to be completed in October.

Chair thanked N Greaves and opened questions and comments. The comments and questions are themed:

- The demographic element of Insight Report was well received.
- Department for Work and Pensions (DWP) data which was included in the report provided a useful indicator to aid understanding.
- How do we now use this intelligence, from a system perspective?
- Data should be triangulated before engagement.
- The toolkit is excellent.
- How the toolkit will be shared is through internal communications and direct support to teams on specific areas of work
- Learning from Local Authority Reviews, Children and Adult Services takes time.
- Co-production, co-design is still in development with partners and stakeholders.

Chair thanked the committee for the comments and questions and summed up;

Requested that this is reflected in the AAA Escalations to ICB Board Report and the elements relating to Quality Assurance (to share with Quality Committee) and the data on death inequalities is shared with the ICB Board.

(b) System Recovery and Transformation and place-based integration

N Greaves introduced the report highlighting the work underway to support the place-based integration by the communications and engagement team working with place teams to create communications and embed place updates across the organisation. More work is underway to work with places to develop engagement and involvement plans which are unique to each place. On Recovery and Transformation, there is work commenced to support embedding the principles of the strategy for working with people and communities in NHS Trusts work to transform clinical services – starting with Head and Neck, Urology and vascular services and have already undertaken some insight work with the public regarding clinical service changes. As the programmes develop, the ICB will have open and transparent conversations with the public and will seek to engage and involve local people in the work around recovery and transformation and the priorities and is committed to the principles of working with people and communities.

Chair asked the committee to consider how this sits with the recovery and transformation programme and will request M Oldham to attend the next PIEAC, to give a more detailed update on the programme as this is currently being established.

P Cross noted that the Communications Plan has proven useful at a place-based level but believes teams are still establishing therefore the message to stakeholders is still developing. However, the value of the Engagement coordinators is producing green shoots resulting in robust co-production.

S O'Brien highlighted to the committee the community supported offered to patients via the menopause café, the initiative in Milnthorpe to support patients recovering from

	<p>substance misuse and various community-based initiatives throughout Lancashire and South Cumbria.</p> <p>Chair thanked the committee for the rich conversation and requested:</p> <ul style="list-style-type: none"> - The reflections are shared with M Oldham. - Show case where possible the work being undertaken to highlight how the ICB and partners are on a journey with the public. 	
6.	<p>Standing Assurance and Insight Reports:</p> <p>(a) Public Engagement and Involvement Assurance Report: June to July 2023</p> <p>D Rogers introduced the report highlighting the engagement at Place and how the Population Health Team have proven to be highly influential at a neighbourhood level, with co-production with the Withnell Health Centre patient steering Group proving to be invaluable. The <i>Lundy Model of Participation</i> is also in use by Lancashire County Council and is underpinned by the Human Rights Act 1998.</p> <p>D Rogers introduced the paper highlighting a gap in the Communications and Engagement team in South Cumbria. Plans are developing as to how the area is supported. The priority wards initiative is working well across each of the places and he highlighted these as a good example of engagement taking place in our most vulnerable communities by the population health team.</p> <p>S O'Brien stated that the Lundy Model is used when producing the Deep Dive into Children and Young People and this is aligned to the engagement principles and is a good model, we intend to use for other areas of work around children and young people. The example was provided of how in maternity and Neonatal an ICB Maternity Advocate is meeting with families.</p> <p>N Greaves asked the committee to note the New Hospital Programme and Recovery and Transformation work will be discussed at ICB Board next week.</p> <p>Andrew Bennett recommended a deep dive into the priority wards work in population health management for a future committee meeting.</p> <p>Action: Priority wards project to be an item for a future PIEAC agenda</p> <p>(b) Public and Community Insights Report: June-July 2023</p> <p>D Rogers introduced the paper highlighting the insights from ICB channels and the insights which have been captured from engagement work which has taken place in particular listening events in places and the reports from local Healthwatch.</p> <p>David Brewin presented the section of the report on complaints, MP letters and FOIs showing the key themes. The committee was advised that the increase in complaints received was a result of primary care complaints being transferred to the ICB from NHS England on 1 July 2023. The resource which has been provided to support this is not felt to be sufficient. The complaints annual report was also attached as an appendix to the insight report for information.</p> <p>Chair invited comments and the following themes emerged from the discussion:</p> <ul style="list-style-type: none"> - Welcome the assurance in this report. - The Boards are a long way from the communities and this is proving to be challenging, hopefully overtime this group can open the learning and it can be reported to the committee. - Issue around engagement fatigue - patients do engage and then don't necessarily come back, there are issues around patients reliving trauma through this process. 	

	<ul style="list-style-type: none"> - The insight re: trends need further clarity. 	
7.	<p>Deep Dive: Virtual Wards Patient Experience C White introduced the report and discussed the data with the committee.</p> <p>Chair opened for questions and comments, the following points were forthcoming:</p> <ul style="list-style-type: none"> - Need more data as some elements lacked baseline to provide conclusive results in the infographics, if only 1% needs strengthening. - Need to understand how the virtual wards are working from a patient's perspective. - Performance for virtual wards needs to be monitored via Finance and Performance Committee and from a quality-of-service perspective this needs to be monitored via Quality Committee. <p>Chair asked the committee if they were assured in relation to the outcomes highlighted within the report and is this a solution for patients being discharged from hospital.</p> <ul style="list-style-type: none"> - The framework is in place. - Presents a positive picture although recognise more patient insight is needed. - Need to refer to Primary Care Commissioning Committee re: Fuller. - T Whiteside wished to express her thanks for the significant improvement. 	
8.	<p>I Care: Hearing the Voices of Unpaid Carers in South Cumbria and Carers Charter for Lancashire and South Cumbria L Graham presented the report and highlighted key themes and recommendations from the report.</p> <p>L Graham described how the insight from the Healthwatch I Care project has been used by a multi-agency group to develop a carers' charter which is presented to the committee as a draft as this is likely to be developed as a wider partnership of which the ICB is one organisation.</p> <p>Sarah O'Brien stated that if this is identified by the partnership as a priority group, the decisions which would need to be made to understand the impact on this targeted community group would need exploration prior to ICB endorsement.</p> <p>Chair requested comments and suggestions:</p> <ul style="list-style-type: none"> - There was an acknowledgement of the engagement work Healthwatch had undertaken in South Cumbria. - There was recognition that this was qualitative with relatively small numbers with very little reach into health inclusion groups and more work is needed with unpaid carers in full time employment. - There were updates from places about similar work which is underway to engage with carers in some of the other places in Lancashire and South Cumbria. - On the carers charter there was a discussion about broader engagement being needed to include the health inclusion groups and more targeted communities in order for this to be adopted by the ICB. - There was a discussion that as this is being developed by a multiagency group it would be more likely this would be agreed as a partnership first (suggested the ICP) and then the ICB will need to describe more specifically what adopting the charter would mean to the ICB as an organisation. 	

9.	<p>Committee Effectiveness (a) In ICB context: NHS England annual assessment of the ICB and ICB Annual Report D Atkinson introduced the outcome of an annual assessment of Lancashire and South Cumbria ICB by NHS England. The committee was asked to note the contents of the report. The following key points were highlighted from the annual assessment for the committee to be aware of:</p> <ul style="list-style-type: none"> - The annual assessment does not include any ratings. - There are many positives which have been highlighted in the report in relation to the establishment of the ICB and progress which has been made by the organisation in 2022/23. - The annual assessment recognises positive work of the ICB in the elements relating to the work of this committee – public engagement and involvement. This includes the establishment of the Public Involvement and Engagement Advisory Committee being positive and demonstrates the ICB’s commitment to engaging and involving local communities along with the engagement approaches being developed by the ICB. <p>(b) Committee Effectiveness Review D Atkinson introduced the outcome of a committee effectiveness review and a survey which was undertaken with Public Involvement and Engagement Advisory Committee members. The key findings were shared with the committee:</p> <ul style="list-style-type: none"> - The review took into consideration the maturity of the ICB and aimed to improve governance and committee effectiveness - The membership response which was only 50% and therefore there is more work to be done. - An area of further work is the interdependency of the committees and more work will be undertaken to ensure the interactions between the ICB committees work well – particularly in relation to actions and agenda items. <p>(c) MIAA 2022/23 Patient and Public Engagement Checklist – and associated review N Greaves provided an update on an audit of ICB patient, public and carer engagement including an internal assessment being undertaken using a checklist produced by MIAA based on national guidance. The Chair asked the committee to note the content and approach, and the draft checklist would be sent to members in a separate email following the committee for comment.</p> <p>Action: N Greaves to circulate the engagement checklist internal assessment for comment by committee members</p>	
10.	<p>Committee Workplan Deferred to next meeting.</p>	
11.	<p>Committee Highlights Report to the Board Advise / Alert / Assure</p> <ul style="list-style-type: none"> - Complaints - Alert – NHSE not fully updated ICB before hand over - Virtual Ward – Advise - Discharge – Alert 	
12.	<p>Items referred to other committees There were no matters.</p>	
13.	<p>Any Other Business There was no further business.</p>	

14.	<p>Items for the Risk Register</p> <p>N Greaves recommended that a risk needed to be added to the risk register relating to public and patient involvement in transformation programmes and a workshop is in place to do this.</p> <p>Action: risk to be added to the ICB risk register relating to engagement and involvement of people in service transformation</p>	NG
15.	<p>Reflections from the meeting</p> <ul style="list-style-type: none"> - Was the committee challenged? - Have we made a difference? <p>T Whiteside commended the work of the communications and engagement team and the progress which has been made.</p>	
16.	<p>Date, Time and Venue of Next Meeting</p> <p>Wednesday 25 October 2023 (10 am – 12 noon, Meeting Room 1, County Hall, Preston, PR1 8XJ)</p>	

Approved – 14 September 2023

**Minutes of the ICB Primary Care Commissioning Committee Held in
Public on Thursday, 10 August 2023 at 10am in Meeting Room 1,
ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<u>Members</u>		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Lindsey Dickinson (Named deputy for Dr David Levy)	Associate Medical Director	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Claire Lewis (Named deputy for Kathryn Lord)	Associate Director of Quality Assurance	L&SC ICB
<u>Participants</u>		
Amy Lepiorz	Associate Director Primary Care - Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Collette Walsh	Associate Director Primary Care - Blackburn with Darwen and Lancashire (East)	L&SC ICB
David Blacklock	Chief Executive, People First, Healthwatch Cumberland, Healthwatch Westmorland and Furness and Healthwatch Lancashire	Healthwatch
<u>In Attendance</u>		
Sarah Mattocks	Head of Governance	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
Louise Coulson (Minutes)	Committee and Governance Officer	L&SC ICB

Item	Note	Action
Standing items		
1.	<p><u>Welcome, Introductions and Chair’s Remarks</u></p> <p>The Chair, D Corcoran declared the meeting open and quorate and welcomed everybody to the meeting held in public including David Blacklock from Healthwatch who was attending his first meeting.</p> <p>Two contacts had been made via the website which included one question which did not relate to the agenda items for this meeting and, therefore, would be responded to outside of the meeting.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Dr David Levy (named deputy Lindsey Dickinson attending), Corrie Llewellyn including her named deputy Sara Baldwin, Kathryn Lord (named deputy Claire Lewis attending), Neil Greaves, Dr Peter Gregory, Donna Roberts, Craig Harris, Umesh Patel, David Bradley and Debra Atkinson.</p> <p><i>Post meeting note:</i> Amanda Bate was unable to attend the meeting at short notice.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair should be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted</p>	
4.	<p>(a) <u>Minutes of the Meeting Held on 20 July 2023 and Matters Arising</u></p> <p>RESOLVED: The minutes of the meeting held on 20 July 2023 were approved as a correct record subject to the additional underlined wording being included at minute 3.1 in respect of Slaidburn Country Practice, “Market testing was last completed in October/November 2022, <u>using the atypical population methodology and basis,</u> and with limited interest.”</p> <p>(b) <u>Matters Arising</u></p> <ul style="list-style-type: none"> Committee Membership/Regular Participants – The Chair advised that Ian Cherry (currently Co-opted Lay Member on the ICB Audit Committee) had been appointed as the Lay Member/Deputy Chair on the Primary Care Commissioning Committee and would be joining the committee in September. 	LJT (✓)

	(b) Action Log – A number of items had been completed and closed on the action log.	
Governance and Operating Framework		
5.	<p><u>Group Decision-making Matrix – Involvement and Engagement Testing</u></p> <p>Due to unforeseen circumstances, A Bate was unable to attend to present the item. It was, therefore, deferred to the September meeting of the committee.</p>	AB/ LJT (✓)
Commissioning Decisions		
6.	<p><u>Decisions made/direct remit of Primary Care Commissioning Committee</u></p> <p>(a) Slaidburn Country Practice – Service Specification – C Walsh provided a verbal update and advised the committee that the current contract for the Slaidburn Country Practice was due to expire on 30 September 2023. Following the decision made in principle by the committee on 20 July 2023 regarding contract award, due to unforeseen circumstances detailed discussions to progress this had not yet been held with the incumbent provider of Slaidburn Country Practice.</p> <p>Work had been undertaken in relation to the funding methodology for the practice ahead of discussions with the incumbent provider which it was expected would take place at the end of August/early September 2023.</p> <p>The committee was advised that there may, therefore, be a slight delay in respect of the contract award. A definitive timetable would be established once the discussions have concluded. C Walsh advised it was not anticipated that the delay would impact beyond three months of the original timetable. Therefore, the new contract start date would be 1 January 2024 at the latest.</p> <p>C Walsh sought approval from the committee in principle to grant an extension of the current contract up to a maximum of three months for the current service delivery, with delegated authority under Chair’s action to progress the extension in conjunction with Dr D Levy as the Executive lead, if it was required. A further update would be provided should the extension be enacted.</p> <p>RESOLVED: That the Primary Care Commissioning Committee agreed to delegate via a Chair’s action if required as outlined above.</p> <p>For transparency and awareness, that the update be included in the key decisions made by the committee to be published on the ICB website after the meeting.</p>	<p>CW/ DC/ DL (✓)</p> <p>SM (✓)</p>

<p>7.</p>	<p><u>Group Minutes and Any Recommendations from the Groups via Alert, Assure and Advise</u></p> <p>(a) Dental Provision South Cumbria – Additional Sessions Request - A Lepiorz presented this item which proposed an extension to the number of sessions commissioned from Miss Julie Forde (the provider) due to dispersed patients arising from the closure of the Grange-over-Sands practice on 31 March 2023.</p> <p>The committee was advised that the provider was currently commissioned to provide five additional sessions on a weekly basis and had identified that patient demand was greater than the additional capacity commissioned. The provider had put forward a proposal to help alleviate the current pressures and to provide additional dental capacity for the benefit of the local population.</p> <p>The report included four options for consideration. Option four had been recommended to the Committee, and it was recognized that an offer to support three further additional sessions (eight in total) had been made ahead of today’s review, on an interim basis for four weeks, pending consideration of the report. Option four would allow the senior delivery assurance manager and the dental clinical advisor to work with the provider to increase sessions up to a maximum of 12 per week based on a safe staffing model.</p> <p>The Chair invited questions from the committee and the following points were made:</p> <ul style="list-style-type: none"> • Due to the nature of dental commissioning and classification as a private provider, comprehensive patient lists are not available as part of the contractual arrangements therefore, there can be no accurate capture of patient requirements or numbers. • The use of social media regarding the closure of the Grange-Over-Sands practice would be withdrawn as this produced enquiries from patients throughout the country. • Ongoing clinical audits were being performed to capture quality of care and profile of patients receiving treatment. • Although providers were given a dental budget, they rarely fulfil 100% of the contract value. There was some funding that could be invested throughout the year. It was noted that national team requires all contractors to achieve 100% of the list however, there was no additional money provided. Whilst it was important to avoid an overspend, it was equally important not to have any remaining funding. Further discussion in respect of the funding of dentistry would be held at the September meeting of the committee. • There was a necessity to support a wider conversation about funding in the longer term and to have a focus on patient need rather than demand. It was acknowledged that there was funding for typically between 50-60%of the population in relation to access to dental services and further discussion was required to support future strategic investment of this funding by the ICB in response to requests from 	<p>AL (✓)</p>
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practices

The Chair welcomed the comments made. The committee recognised the issues around access to dental services and were assured in respect of the demographics and to deliver to feed into future dental access plans.

Assurance was sought in respect of quality and patient experience which would be captured via clinical audit reporting back to the Primary Care Commissioning Committee and the Quality Committee.

RESOLVED: That the Primary Care Commissioning Committee approve additional sessions, up to the total value of 12 additional sessions per week, which includes the temporary increase agreed previously - until the end of March 2023. These sessions would only be available to patients within the Lancashire and South Cumbria Integrated Care Board geography. The committee noted that there were no revenue consequences for the ICB.

(b) Primary Care Capital Investment Proposal - J Gaskins presented this item which sought approval to offer a Primary Care Improvement Grant as recommended by the Lancashire & South Cumbria (L&SC) Capital Working Group. The working group had reviewed a grant application from North Shore Surgery requesting approval to issue an improvement grant totalling £25,316 for the practice. The request includes conversion of the former medical records storage room to clinical space and is the type of scheme expected following the Lloyd George medical records digitisation programme. The approval of the improvement grant would be passed onto the NHS England team to formally authorise the grant agreements with the practice.

The following comments were made:

- Clarification was sought as to whether the ICB had developed a strategic approach to capital investment in primary care, and how the request aligned with the recommendations in the Fuller Report along with the recommended approach to capital funding. In response it was noted that whilst further work was required in respect of some aspects of the ICBs strategic approach to capital, for this particular type of request there was strategic alignment. It was also important to note the scheme had no revenue consequences or the ICB as the space was within what was already reimbursed.
- It was noted that this request and others previously received in 2023/24 broadly reflected the levels of spend in comparison to previous years. There is a need for the ICB to draw estate and digital proposals more closely together and view the primary care capital resource as a single resource, the use of which should align to the strategic aims and objectives going forward. .
- Community health partnerships were working with the ICB to look at strategies in line with the Fuller Report implementing a phased

	<p>approach.</p> <ul style="list-style-type: none"> • Clarity was required in understanding the definition of occupancy as it appeared to be contradictory. • It was commented that there is a space eligibility calculator based on patient list size which calculates reimbursement however, it was out of date and didn't reflect new roles and ways of working. It had been flagged through the regional team as challenges with the calculator were a national issue. This had fed into a discussion nationally around the additional roles reimbursement scheme (ARRS) and the Directed Enhanced Services (DES) and the impact of these on the eligible space calculation. • It was noted that for major capital schemes in addition to NHS funding alternative options included, amongst other options, third party developers. It was acknowledged that the estates requirement was broadly in a good position but required further understanding of potential obstacles. • It was recognised that the next three years were pivotal for the ICB. <p>The Chair welcomed the discussion and requested that further detail be provided to the committee on capital and estates demand and current position, for further scrutiny in respect of the 2023/24 position, and the balance and funding splits in order that the best value on the use of funding could be undertaken. There was also a request that a 2024/25 projection be carried out in order to have a greater understanding of the strategic view to enable informed conversation and build understanding into the workplan to allow the committee to make robust decisions. It was also noted that supportive capital investment sessions will be held and that deep dives were planned. J Gaskins would liaise with D Roberts with a view to providing a report to the committee to help them understand the decision-making criteria and a flow of the 'asks' and pipeline coming forward.</p> <p>RESOLVED: That that the Primary Care Commissioning Committee approve the request and note the actions being taken forward as outlined above.</p> <p><i>Post meeting note: Due to timescales and the information required, a report would be submitted to the October meeting of the committee.</i></p> <p>(c) Group Escalation and Assurance Report – P Tinson referred to the escalation and assurance report which provided an update on areas of work from the Groups underpinning the committee. The following comments were made:</p> <ul style="list-style-type: none"> • D Blacklock referred to primary care and dental access for asylum seekers and their experiences and asked if there was data available as to how they were being supported. The Primary Medical Services Group would be asked to consider capturing available feedback to the committee in respect of access in the local community. It was commented that there may be information in the Five Year Forward Plan. 	<p>DR/ JG</p>
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	<ul style="list-style-type: none"> Reference was made to the Primary Care Network (PCN) access plans and that PCNs were being encouraged to include population data in their plans. There was a necessity to acknowledge that a very western centric approach may be applied to how the data is captured and it was suggested that the committee looked at lessons learned to reflect how primary care access could better serve a diverse population requirement. In respect of the Investment Impact Fund (IIF), the chair requested confirmation of the decision making responsibilities in relation to requests from practices and PCNs for such discretionary payments. Update: Contained in the decision making matrix – Primary Medical Services Group but recognising that there are also now the wider ICB financial recovery governance arrangements in place. <p>RESOLVED: That the Primary Care Commissioning Committee note the report.</p>	PT (✓)
Other Items for Approval		
8.	<i>None to be considered.</i>	
Items to Receive and Note		
9.	<p><u>Primary Care Budgets 2023/24 – Quarter 1 (April – June)</u></p> <p>J Gaskins presented this item which provided the committee with the Quarter 1 position (April-June) 2023/24 primary care budgets. He referred to Quality, Innovation, Productivity and Prevention (QIPP) and the variances at the end of Quarter 1 as some schemes of work had only just commenced. The Chair requested a more detailed breakdown of the budget lines to enable the committee to have greater clarification of spend and a similar request was made for any funding requests received.</p> <p>G Jolliffe asked if there were any visible possibilities of overspend and J Gaskins advised that the challenge related to QIPP and across different places. There was a risk of overspending in Quarter 1 however, work was taking place collectively to mitigate the risk.</p> <p>It was noted that in relation to dispensing, the overspend position was replicated nationally and to a certain extent inflationary costs were beyond the control of the ICB with a year-on-year increase of 15%.</p> <p>It was commented that de-prescribing on safe medicines was seeing an 11% growth on the same items and the impact of inflation on said items and the issues of supply and demand were also contributing factors. Over recent years there had been a big impact on stock levels for medication and the national position was not improving.</p>	JG

	<p>Reference was made to Internal Medicine Training (IMT) for doctors which may level out and if proved successful, the position may improve.</p> <p>The Chair requested clarification of budget lines within the report and it was noted that the Finance and Performance Committee would likely draw out this information. Assurance was also required in respect of profiling for the full financial year.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the report and the actions to be taken forward.</p>	JG
Standing Items		
10.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Alert - Dental Provision - The committee to alert the ICB Board of the request from the provider to provide an additional 10 sessions (in addition to the 5 sessions currently commissioned) of dental care for the benefit of patients that previously received NHS dental care from a practice in Grange-over-Sands.</p> <p>Advise – Capital Working Group – The committee to advise the ICB Board of the approval to award an improvement grant to North Shore Surgery, Blackpool.</p> <p>Advise – To provide an update on the current position regarding Slaidburn Country Practice.</p> <p>Assure – Group escalation and assurance report and Primary Care Budgets 2023/24 – Quarter 1 (April – June) report received.</p>	
11.	<p><u>Items Referred to Other Committees</u></p> <p>It was recognised that other committees have focus in some similar areas.</p>	
12.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	
13.	<p><u>Items for the Risk Register</u></p> <ul style="list-style-type: none"> • Hyperlink to the Risk Register to be included on the agenda. L Talbot to advise on the cycle of the Risk Register being submitted to the committee. <p>Update: Cycle included on the committee workplan and managed by L Talbot. Hyperlink will be included within each risk update.</p> <ul style="list-style-type: none"> • Financial situation of the country accounting for situations beyond the control of the ICB, eg, the risks around the climate crisis and air pollution to health which are not included in the ICB Risk Register. S Mattocks 	LJT (✓)

	<p>to liaise with risk leads in the corporate governance team. Update: There is a risk on the risk register regarding population health which references the current economy and fuel poverty. This risk is monitored and scrutinised by the Quality Committee and is also referenced on the BAF. This risk captures the elements within population health which are within the gift of the ICB to manage.</p> <ul style="list-style-type: none"> • Risk of the financial situation of the country - community pharmacy and people being unable to heat their homes and the impact this may have on health. Update: As above the current economical crisis is covered within the risk assessment for population health. • Capital risks within the L&SC ICB footprint. Update: Potential risk area of capital flagged to corporate risk leads to consider with primary care team. • The capacity to support the infrastructure team. Update: Potential risk area of infrastructure flagged to corporate risk leads to consider with primary care team 	<p>SM (✓)</p> <p>(✓)</p> <p>(✓)</p> <p>(✓)</p>
14.	<p><u>Reflections from the Meeting</u></p> <p>It was requested that all papers capture patient feedback and quality as standard in order that assurance on these is provided.</p>	ALL
15.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 14 September 2023 at 10.00am-11.00am in Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved 12 October 2023

**Minutes of the ICB Primary Care Commissioning Committee Held in
Public on Thursday, 14 September 2023 at 10am
in Lune Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<u>Members</u>		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Lindsey Dickinson (Named deputy for Dr David Levy)	Associate Medical Director	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
<u>Participants</u>		
Prof Craig Harris	Chief of Strategy, Commissioning and Integration	L&SC ICB
Amy Lepiorz	Associate Director Primary Care - Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Donna Roberts	Associate Director Primary Care – Lancashire (Central)	L&SC ICB
Wayne Kirkham	Senior Primary Care Manager	L&SC ICB
David Blacklock	Healthwatch Representative	Healthwatch Cumberland
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
<u>In Attendance</u>		
Sarah Mattocks	Head of Governance	L&SC ICB
Nicola Feeney	Pharmacy Delivery Assurance Manager	L&SC ICB
Sarah Bloy	Head of Primary Care	L&SC ICB
Nick Barkworth	Local Professional Network Manager	L&SC ICB
Clare Granger	Dental Clinical Fellow	L&SC ICB
Leanne Fawcett	Dental Delivery Assurance Manager	L&SC ICB
David Armstrong	Primary Integrate Neighbourhood Care - Senior Delivery Assurance Manager	L&SC ICB
Phil Hargreaves	Head of Estates	L&SC ICB
Claire Moore	Head of Risk, Assurance and Delivery	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
Observers	3 members of the public in attendance	-

Item	Note	Action
Standing items		
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair, D Corcoran declared the meeting open and quorate and welcomed everybody to the meeting held in public. She welcomed Ian Cherry, Non-Executive Member and Deputy Chair of the Primary Care Commissioning Committee who was attending his first meeting.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from David Levy (Lindsey Dickinson attended as the named deputy), Andrew White, Colette Walsh (Wayne Kirkham attended as the named deputy) and Umesh Patel.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That it be noted that both D Corcoran and I Cherry were members of the former Preston Clinical Commissioning Group's Primary Care Commissioning Committee which was held in common with the former Chorley and South Ribble Clinical Commissioning Group's Primary Care Commissioning Committee. There had, therefore, been contact with A Robinson in the past in respect of commissioning decisions related to Withnell Health Centre. It was noted that whilst there was no material conflict, the information would be recorded in the minutes. The Secretary would also record the information in the committee conflicts of interest log.</p> <p>The Chair asked that she be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</p>	LJT (✓)
4.	<p>(a) <u>Minutes of the Meeting Held on 10 August 2023 and Matters Arising</u></p> <p>RESOLVED: That the minutes of the meeting held on 10 August 2023 were approved as a correct record.</p> <p>There were no matters arising.</p> <p>(b) <u>Action Log</u></p> <p>Committee Membership/Regular Participants:</p> <ul style="list-style-type: none"> - Membership – Head of Delivery Assurance – P Tinson advised that the post was currently being progressed via the Vacancy Panel followed by the Establishment Panel. - Regular Participants – Clinical Advisor for Ophthalmic Services – P Tinson advised that former NHSE clinical advisors had transferred to the ICB on 1 September 2023 and the ophthalmic advisor role was being progressed via this process. <p>Primary Care Capital Investment Proposal – To be added to the workplan for consideration at the October meeting of the committee as a more strategic conversation is required. To be removed from the action log.</p>	LJT (✓)

	<p>Primary Care Budgets 2023/24 – Action being taken and information to be incorporated in the next quarterly update. D Corcoran and I Cherry to liaise with J Gaskins outside of the meeting to gain a clearer understanding. To be removed from the action log.</p>	<p>DC/IC/ JG</p>
<p>Governance and Operating Framework</p>		
<p>5.</p>	<p><u>Group Decision-making Matrix – Involvement and Engagement Testing</u></p> <p>N Greaves spoke to a circulated report which summarised engagement and involvement approaches with members of the public to support decision making for the Primary Care Commissioning Committee and its groups.</p> <p>It was noted that the ICB had agreed a Strategy for Working in Partnership with People and Communities which had been refreshed and agreed in August 2023. It had been developed with wide engagement and involvement with partners including NHS, local authorities, Healthwatch, Voluntary, Community and Social Enterprise (VCFSE) and members of the public. It also aligned with national guidance for working in partnership with people and communities by NHSE which sets out the legislation for ICBs.</p> <p>N Greaves advised that the communications and engagement team had reviewed the decision-making matrix for the Primary Care Commissioning Committee and the report recommended an additional section which had been suggested based on examples of good practice, feedback from current engagement and alignment with the principles of the strategy for working in partnership with people and communities.</p> <p>D Corcoran also advised that when the committee terms of reference were refreshed, the importance of involvement and engagement was recognised in terms of decisions, therefore, sharing clarity with communities and the public.</p> <p>D Blacklock sought clarification as to how far the involvement of people could be taken commenting that there were areas around the country where members of the public can set questions and mark responses in procurement exercises. N Greaves advised that work continues with the public to develop the ICB’s approach to involving and engaging with the public in primary care commissioning. It was anticipated that the ICB could then be reassured by the community around involvement. He further commented that there was an appetite in this area and work would continue to build it further with some of the communities and embed across the ICB.</p> <p>D Corcoran welcomed the work taking place. She asked N Greaves to review the decision-making lines as some referred to more than one person taking decisions. She advised that the ICB’s Public Involvement and Engagement Advisory Committee (PIEAC) had supported a toolkit for ICB staff in terms of involvement and engagement and she suggested that it would be useful if the decision-making process was also built into that toolkit.</p> <p>RESOLVED: That the Primary Care Commissioning Committee endorsed the additions to the decision-making matrix in relation to public involvement and engagement.</p>	<p>NG (✓)</p>

Commissioning Decisions		
6.	<p><u>Decisions made/direct remit of Primary Care Commissioning Committee</u></p> <p>(a) Update on Slaidburn Country Practice - W Kirkham provided a verbal update. The committee had agreed at its meeting on 10 August 2023 that the Primary Care Commissioning Committee Chair and Executive Lead could take an action to extend the existing Slaidburn contract for a further three months until 31 December 2023 if required. This was to enable the successful conclusion of financial negotiations with the preferred (incumbent) provider. The negotiations were progressing, and since the previous meeting of the committee, it was considered that the extension would be required and, therefore, agreement was received from the Chair and Executive Lead.</p> <p>It was noted that the finance model and contract value were currently being finalised and the atypical nature of this rurally isolated practice was recognised.</p> <p>As the locally enhanced service specification was inextricably linked to the financial model, there was a plan to submit both items to the October meeting of the committee.</p> <p>RESOLVED: That the Primary Care Commissioning Committee receive the update and note the action taken by the committee Chair and Executive Lead.</p> <p>(b) Market Engagement for Withnell Health Centre – D Roberts spoke to a circulated report which provided the committee with background information in respect of the procurement process for Withnell Health Centre, the contract for which is with Dr Ann Robinson until 30 September 2024.</p> <p>D Roberts advised that to ensure continued access to General Medical Services for patients currently registered with Withnell Health Centre, the committee was required to decide the best option to secure ongoing service provision. To inform this decision, it was proposed that a market engagement exercise be undertaken. She commented that to ensure the option decided upon could be carried out within the proposed timeline, the request for information would be published in October 2023. It would also allow for the finalisation and sign off of the ICB’s new procurement evaluation strategy (PES) in October 2023.</p> <p>D Roberts referred to the procurement options and timeline included in the report commenting that there had been questions in respect of the impact and significance of the provider selection regime on the planned approach. Latest information received was that the new provider selection regime would not come into effect until the end of 2023 and D Roberts commented that consideration would be given on the forward approach.</p> <p>D Roberts referred to the request for information (RFI) which was a form of market engagement that is used to establish the capability and capacity of a market in relation to a specific service, with the findings used to inform the most appropriate procurement option and the development of the service specification/service model. It was intended that the outcome of the RFI would be presented to the committee in December 2023.</p>	<p>WK/ LJT (✓)</p>

<p>I Cherry commented that the RFI appeared time consuming and sought clarification as to whether there was support available to providers to respond, recognising the time commitment required. D Roberts advised that the RFI was not onerous and that the majority of bidders were used to completing RFIs.</p> <p>C Harris was mindful of ensuring organisations do not have an advantage over another, commenting that it was open competition. The RFI is a light touch process testing the market in order that there was assurance that the next options taken were the right ones. He further commented that without testing the market we would not have an indication on appetite. He was mindful of the level of complexity and that the provider selection regime should further resolve issues of this nature in the future. Whilst the ICB was unable to provide support to individual providers, it could provide guidance. D Roberts advised that there would be flexibility should the provider selection regime be implemented sooner.</p> <p>J Gaskins sought clarification as to whether the process could be taken forward without undertaking a risk assessment. N Greaves advised that the timelines were set out around the communications and engagement that required completion and that a piece of work was being undertaken around this. He advised that they were ahead of the schedule in terms of taking the work forward but was mindful that December and January would not be the best months to go out due to flu, winter etc. He thanked the community and voluntary groups for their support and advised that the committee would in future receive information on the work taking place including GP satisfaction surveys.</p> <p>D Corcoran referred to involvement and engagement and asked if the committee could receive an overview at the next meeting as it would provide an insight into the process. N Greaves noted this request and advised that the Withnell steering group would be meeting at the end of September and detail from this and work-to-date can be provided to give the committee assurance. P Tinson also advised that discussion is ongoing with the ICB's communications and engagement team in respect of the procurement evaluation strategy (PES) and the role of involvement and engagement within it.</p> <p>D Corcoran welcomed the update along with the clarification and assurance given on potential barriers to responding fully and the rationale around this. The committee was assured on the current approach to engagement and would be provided with an update at the October meeting in order that the committee was satisfied on progress.</p> <p>RESOLVED: That the committee approve the publication of a request for information in relation to the provision of services to patients registered with Withnell Health Centre.</p> <p>(c) LSC ICB Response to the Draft Cumberland and Westmorland and Furness Pharmaceutical Needs Assessment – N Feeney spoke to a circulated report. Cumbria County Council ceased to exist on 1 April 2023 and had been replaced by two new authorities:</p> <ul style="list-style-type: none"> • Cumberland Council; and • Westmorland and Furness Council. <p>The changes meant that both new Health and Wellbeing Boards had a legal duty to produce two new Pharmaceutical Needs Assessments (PNA) for the two new</p>	<p>NG (✓)</p>
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<p>authorities within this first year of being established (by March 2024).</p> <p>The committee was advised that the ICB uses the PNA when determining routine applications to join the Pharmaceutical List and had, therefore, been asked to comment on the new PNAs as a recognised interested party.</p> <p>Reference was made to paragraph 3.1 in the report: <i>In conclusion, the ICB is supportive of the conclusions made within the PNA but would welcome a strengthening of wording to remove any ambiguity.</i></p> <p>.....within the draft PNA..... would be added.</p> <p>N Feeney advised that the same timelines will be followed as with other local authorities and the new LCC PNA was due in 2025, work commencing in 2024.</p> <p>I Cherry made reference to a number of Lloyds pharmacies closing, potentially leaving patients without pharmaceutical services and asked if it had been taken into account. N Feeney advised that most of the Lloyds branches had taken new ownership.</p> <p>RESOLVED: That the committee note the contents of the report, approve the response as drafted and note that paragraph 3.1 within the report be amended to clarify any ambiguity.</p> <p>(d) Haverthwaite Practice Premises – High Level Options Appraisal – S Bloy spoke to a circulated report advising that Haverthwaite Surgery in Backbarrow, South Cumbria, had contacted the ICB in respect of some issues with their existing premises. The report provided a very high-level options appraisal and the practice had indicated that their preferred option would be to relocate to different premises and the report sought indicative ICB support to progress this option.</p> <p><i>At this juncture, the committee was reminded that Dr G Jolliffe had previously declared an interest in this item as he had worked in the South Cumbria area and was aware of the practice. It was agreed that the interest did not exclude Dr Jolliffe from participating in discussions or decision-making, and that it would be recorded in minutes for absolute transparency and the committee declarations of interest log.</i></p> <p>J Gaskins referred to paragraph 2.5: <i>The ICB is responsible for reimbursing the rent of primary medical services providers for any eligible space up to a value set by the District Valuer. The current rent that is reimbursed is £33,900 per annum. The level of rent is low reflecting the current state of repair of the premises. If the premises were brought up to standard the ICBs financial obligations would be in the region of £50,000 to £55,000 per annum.</i></p> <p>He commented that if the current building premises had had regular maintenance, the ICB would have paid an increased contribution to rent reimbursement, and he was mindful of the committee understanding that it is the bridge around this and there needed to be clarity in terms of next time.</p> <p>G Jolliffe suggested undertaking an assessment as to whether in addition to the practice needs, a relocation could add value to the delivery and approach of the Primary Care Network and neighbourhood teams in that area. S Bloy advised that work had already commenced and there will be consideration of the strategic context in any application and consideration of support.</p>	<p>NF (✓)</p> <p>LJT (✓)</p>
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	<p>P Tinson commended the work undertaken by S Bloy and the communications and engagement team in terms of engagement which would form part of the work in respect of the location further into the process. S Bloy advised that engagement via a patient survey had already commenced, and face to face engagements undertaken including MPs and there was currently a 50% survey response rate. A full report would be submitted to the October meeting of the committee.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Note the current situation with regard to the premises used by Haverthwaite Surgery • Provide indicative support for a relocation as one of the options available to the practice to secure premises for the delivery of primary medical services in Backbarrow • Note that the committee will receive a business case at the October meeting in respect of the practice’s intent. 	SB (✓)
7.	<p><u>Group Minutes and Any Recommendations from the Groups via Alert, Assure and Advise</u></p> <p>(a) Group Escalation and Assurance Report – P Tinson spoke to a circulated report which highlighted alerts, advice and assurance from the groups reporting to the committee. Thanks were conveyed to the Group Chairs for their input into the report.</p> <p>RESOLVED: That the Primary Care Commissioning Committee receive the report.</p>	
Other Items for Approval		
8.	<i>None to be considered.</i>	
Items to Receive and Note		
9.	<p><u>Dental Access and Oral Health Improvement Programme</u></p> <p>D Corcoran reminded colleagues of discussions held in respect of access to dental services in prior Committee meetings, with the matter also discussed at the ICB Board, Quality Committee and PIEAC. It was noted that the ICB has accountability around dental services and there had been frustrations from patients trying to access dental services. The Primary Care Commissioning Committee had asked for a deep dive to be undertaken and to understand and address any commissioning issues.</p> <p>A Lepiorz introduced the ICB’s item for this area of work, and the complex areas of primary care in terms of commissioning were acknowledged. It was noted that the challenges with access to NHS dental services were well documented and the Primary and Integrated Neighbourhood Care team had identified improving dental access as a key priority programme.</p> <p>N Barkworth, C Granger and D Bradley gave a presentation which provided an overview on how dental services are commissioned, the background to the services in place and also offered an overview of the dental access and oral health improvement programme. It was anticipated that an update be submitted to the October meeting of the committee depending on the level of engagement undertaken.</p>	

D Corcoran welcomed the presentation, acknowledged the degree of challenge and recognised the input and engagement from a variety of people. She also made reference to the discussion held at the Quality Committee in terms of impact, Finance and Performance Committee in respect of contracts and performance and the ICB Board holistically across including population health and prevention. D Corcoran sought clarification and a focus on commissioning challenges and decisions the committee can take.

C Harris stressed the importance of being clear on what we are trying to achieve, acknowledging the ICB's core commissioning responsibilities and specialist commissioning. He was mindful that the public want good access to a dentist and there needed to be simplified arrangements in place even if the background work is complex. C Harris commented that there needed to be a commissioning strategy that sets it out in simple terms.

N Greaves advised that Healthwatch had published a detailed report in 2021. A communication would be issued with key themes asking which of the five projects they wish the communications and engagement team to be involved in. Consideration needed to be given on our insight, how we respond and also how we respond to key concerns not just our successes.

D Blacklock sought clarification as to the ICB's advice to members of the public in respect of access to dental services. He further commented that success criteria has to include that people have the right information to make a choice. P Tinson commented that we need to be realistic as to what is and is not achievable and ensure everybody has access to urgent dental care. It was acknowledged that not everybody has access to routine dental care.

K Lord commented that there were two elements, ie, prevention support and asked whether we were involving education, pre-schools etc. Also in relation to contracting units of activity, whether there was a defined quality element of the contract and do we measure quality of outcomes. She sought clarification as to how it is measured and how it is fed through.

I Cherry welcomed the report and presentation and made particular reference to prevention versus treatment. He referred to the links to different stakeholders, public health etc and sought clarification as to who the key players were. He further commented that it was about embedding good habits, giving away free dental items in schools and seeking ideas from children. He also referred to water fluoridation and whether it needed to be revisited.

Reference was made to the alert to the ICB Board which needed to be a strong statement in respect of the current situation and risks.

L Fawcett referred to the NHS Dental Services Business Services Authority in respect of the dental assurance framework and clarified that they do look at the quality aspects of the contract and meet quarterly. Any areas of slight concern are flagged and D Bradley picks up and undertakes more detailed review including targeted record checks with practices. A daily communication is undertaken. D Bradley advised that if there was underperformance, remedial actions would be put in place.

D Corcoran welcomed the discussion, particularly the overview as to how commissioning is undertaken but recognised the degree of challenge and links back to priorities and on a system footing.

	<p>In terms of the alert to the ICB Board, D Corcoran stressed the importance of making a distinction relating to prevention and treatment in respect of the cross committee and system wide response. The challenge to the Board would be around the degree of appetite to undertake it differently. She suggested that there could be a focus on the existing budget in terms of need and maximizing impact however, recognising the limitations around this given the budget delegated to ICB's can not fund universal access.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the report and presentation and also the current position in respect of dental access and oral health. An update report would be submitted to the Board in November.</p> <p><i>Post meeting note:</i> <i>As a number of projects were not due to be fully mobilized until early 2024, an update would be submitted to the February 2024 committee meeting. This would be added to the committee workplan.</i></p> <p>(a) Risks of Patients Being Unable to Access Routine Dental Care – The committee was reminded that a risk associated to challenges with access to NHS dental services was currently held on the ICB's Board Assurance Framework. A report was appended which supported the main item in respect of dental access and oral health improvement programme and highlighted the current risk, the controls and assurances in place to mitigate the risk and any actions being progresses to mitigate these.</p> <p>Discussion ensued in respect of the risk to access to routine dental care which was currently:</p> <ul style="list-style-type: none"> - Consequence 3 - Likelihood 4 <p>Consideration was given as to whether the risk score was too low and the risk lead was asked to reflect on the discussions held at the ICB Board meeting and today in the Primary Care Commissioning Committee with a view to recalibrating the score. It was commented that the risk should be scored higher than 3.</p> <p>RESOLVED: That the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Note the ICB's risk management approach. • Review the risk content: Patients being unable to access routine dental care. • Agree that the consequence risk score of 3 was too low and should be reviewed in light of the discussion held. • Give further consideration as to whether the risk should be held on the Board Assurance Framework or the Corporate Risk Register. <p><i>Post meeting update:</i> <i>Following discussion and review outside of the meeting, it was clear that the risk was not correctly articulated. The risk would be closed and rewritten for approval by Dr D Levy as the Executive lead.</i></p>	<p>DL</p> <p>AL</p> <p>AL</p> <p>DL</p>
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Standing Items		
10.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>D Corcoran would liaise with the Board Secretary outside of the meeting to populate the report for the ICB Board. The report would include:</p> <p>Alert – Access to dental services Assure – Group report to the committee Advise – Commissioning decisions</p>	DC/ LJT
11.	<p><u>Items Referred to Other Committees</u></p> <p>Risk, quality oversight, and how dentistry reaches in and spans across the other committees was noted.</p> <p>There was recognition of the importance of public health and prevention and the biggest change would come from the prevention agenda with other agencies being involved and moving it forward. It was suggested that the internal team liaised with system wide partners.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the current position in respect of access to dental services which spanned across other committees of the Board.</p>	
12.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	
13.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That the risk scoring in respect of access to dental services would be reviewed. There were no other items for the Risk Register.</p>	PT/ AL
14.	<p><u>Reflections from the Meeting</u></p> <p>D Corcoran asked the committee to let her have any reflections on the discussion held outside of the meeting.</p> <p>Dr G Jolliffe commented on a point raised at the ICB Annual General Meeting about holding meetings in public across the geographical boundaries of the system. All meetings of the PCCC had been at the ICB's offices to-date, which had good transport links. The commitment to being accessible was acknowledged, however the committee noted it needed to be mindful of the logistical arrangements and potential additional cost to the organisation. Consideration could be given to holding a future meeting at a location other than the ICB's offices, once per year.</p>	ALL DC/ LJT
15.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 12 October 2023 at 10.00am-11.00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved 28 September 2023

Minutes of the Extraordinary ICB Audit Committee Held on Wednesday, 21 June 2023 in Boardroom 1, Chorley House, Leyland

Name	Job Title	Organisation
<u>Members</u>		
Jim Birrell	Chair/Non-Executive Member	L&SC ICB
Sheena Cumiskey	Non-Executive Member	L&SC ICB
Roy Fisher	Non-Executive Member	L&SC ICB
<u>Co-opted Member</u>		
Ian Cherry	Co-opted Lay Member	L&SC ICB
<u>Attendees</u>		
Kevin Lavery	Chief Executive	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Kirsty Hollis	Place and Programme Finance Lead	L&SC ICB
Liz Bateman	Head of Financial Control	L&SC ICB
Louise Cobain	Executive Director of Assurance	MIAA
Paul McGrath (Up to Item 10)	Anti-fraud Specialist	MIAA
Tim Cutler	Partner	KPMG
Debra Chamberlain	Director	KPMG
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed everybody to the meeting, including K Lavery, ICB Chief Executive. Liz Bateman, Head of Financial Control, who had been instrumental in the co-ordination and finalisation of the accounts was also welcomed to the meeting.</p> <p>The main purpose of the meeting was to make recommendations to the ICB Board In respect of the Q1 CCGs' accounts and Q2-4 ICB accounts. The Chair was mindful of the unavoidable delays in issuing papers to the committee, indeed, some documents were still awaited. Given the unique circumstances, the Chair stressed the need for the committee to be very clear about the recommendations that will be made.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Lisa Warner and Debra Atkinson.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>(a) Audit Committee Register of Interests – The committee register was in the process of being updated in respect of an entry relating to S Proffitt.</p>	

4.	<p><u>Minutes of the Previous Meeting Held on 24 April 2023</u></p> <p>RESOLVED: That the minutes of the meeting held on 24 April 2023 be approved as a correct record.</p>	
5.	<p><u>Matters Arising and Action Log</u></p> <p>ICB Annual Report 2022/23 – The Chair commented that a number of further refinements were required to the document since submission to the previous meeting.</p> <p>ICB Scheme of Delegation – The committee was advised at the previous meeting by the Company Secretary that the Scheme of Delegation states that the Board can delegate authority to the Audit Committee to approve any late changes to the annual accounts. However, agenda item 8d today suggested that this function can be delegated to the Chief Finance Officer. It was agreed that clarification on this point was required given that it is likely to happen in respect of the accounts under review.</p> <p>The Chair referred to the following items on the action log and asked that they be actioned with a view to closing before the next meeting:</p> <ul style="list-style-type: none"> - Improving Financial Sustainability in the NHS – Internal Audit Review - Sources of Assurance – External Documents <p>Freedom to Speak Up (FTSU) – The committee was advised that FTSU Champions had been appointed and an update would be provided at the September meeting.</p> <p>ICB Annual General Meeting – <i>Post meeting note:</i> To be held on Wednesday, 13 September 2023.</p> <p>HFMA Final Accounts Questionnaire/Checklist – K Disley advised that the checklist was almost completed. The Chair made reference to material judgements and estimations and K Disley would review. The final version would be issued to the committee outside of the meeting. T Cutler advised that the KPMG report is used as assurance and they did not carry material estimations. He would see it as an agenda item within their plan in March.</p> <p>Assurance Mapping Exercise – To be picked up as part of the internal audit report.</p>	<p>SP/KD</p> <p>SP/LC KH (✓)</p> <p>DA (✓)</p> <p>KD</p>
<i>The agenda was taken out of order.</i>		
10.	<p><u>Anti-fraud Annual Report 2022/23</u></p> <p>P McGrath spoke to a circulated Anti-fraud Annual Report 2022/2023 which provided details of anti-fraud work undertaken within the financial year along with the scoring against the self-assessment for the Counter Fraud Functional Standard Return.</p> <p>Of the 12 standards, nine were assessed as green and three were amber which was good overall. P McGrath advised that it was not anticipated that the ICB would receive green across all 12 standards which was a similar outcome across ICBs in the North West. He further advised that two of the three amber assessments should be easily rectified within the next couple of weeks. The remaining amber assessment related to the anti-fraud training percentage which was currently 68% compliance (medium position). Alerts had been issued to staff throughout the year and there had been a number of ‘inform and involve’ reports which continued to be issued throughout 2023/24.</p> <p>The committee was reminded that the ICB has a Counter Fraud Champion, Judith Williams, who was currently completing training.</p>	

	<p>In respect of the fraud risk assessments scored by P McGrath, he advised that high risk areas related to cyber fraud and continuing healthcare which would need to be agreed by K Disley and D Atkinson and adopted locally. He had assessed them as amber.</p> <p>The Chair welcomed the outcome of the self-assessment overall as good commenting that a key action would be to ensure the ICB achieves a higher percentage of staff completing their fraud awareness training.</p> <p>RESOLVED: That the Audit Committee approve the Anti-fraud Annual Report 2022/23.</p> <p><i>P McGrath left the meeting.</i></p>	
6.	<p><u>Internal Audit</u></p> <p>(a) Progress Report – L Cobain spoke to a circulated report which set out progress with the closure of the 2022/23 audit plan along with progress made with delivery of the 2023/24 internal audit plan. The report also provided an update on legacy and ICB internal audit recommendations. Since the previous meeting, audit work had been completed in the following areas:</p> <ul style="list-style-type: none"> • Quality Governance Phase 2 checklist • Safer Delegation Briefing Note <p>As agreed at the April meeting of the Audit Committee, there was a focus on the delivery of the reviews deferred from 2022/23. L Cobain advised that requests for deferment of the following audits had been made until later in the year and a rationale against each was provided in the report:</p> <ul style="list-style-type: none"> • Serious Incidents – Defer commencement to August • Primary Care Contracts – Defer to August • Healthcare Contract Management – Defer to commence in Q3 • Mandatory Training – Defer to Q3 <p>L Cobain advised that it was unlikely that the two audits deferred to commence in August would be completed to report to the Audit Committee in September. The other two reviews proposed to be undertaken in Q3 would be completed by year end.</p> <p>The committee expressed concern at the delays in undertaking and completing the audits however, whilst they accepted the proposals to defer, the timescales for the completion of the Q3 audits in particular was recognised and they asked to be advised of any risks and any potential control issues at an early stage. The Chair acknowledged however, that a number of audits were now flowing through in comparison to the position at the inception of the ICB.</p> <p>The Chair referred to the healthcare contract management audit and expressed concern that a request had 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 under-developed as the statement suggested, it was agreed that the matter required urgent review. It was noted that there was a structure in place and during the pandemic, a number of informal meetings had been held and work had taken place to reinstate more formal contract management meetings. The ICB Executive Team would review progress, the matter would be referred to the Finance and Performance Committee to assess and an update would be brought back to the Audit Committee in order to provide assurance. K Lavery acknowledged that the process had been fragmented and work was taking place with the Commissioning Resource Group (CRG).</p>	JB

	<p>He reminded the committee of a piece of work undertaken via internal audit during May/June 2022 looking at how commissioning could be taken forward at ICBs. He advised that some changes to the structure of portfolio would be announced imminently which would strengthen the process. Consideration would also be given at some point to enact a provider selection regime. The committee Chair welcomed the work being taken forward but also recognised the current position.</p> <p>I Cherry commented that a first deep dive could be programmed in relating to financial sustainability with a focus on contract management. The Chair suggested that the committee awaited an update on progress at the September meeting and to give the Finance and Performance Committee (F&PC) the opportunity to review. S Proffitt advised that the F&PC agenda is structured around this agenda, commenting that MIAA will advise the ICB of any weaknesses. She welcomed the route via the F&PC and to build on accordingly.</p> <p>I Cherry suggested that the committee consider programming deep dives for the year and consideration would be given to this or inclusion on the committee workplan.</p> <p>Assurance Framework Exercise – L Cobain advised that fieldwork had commenced on the draft assurance mapping and the corporate governance team was developing the Board and Corporate Assurance Framework. Discussions had been held with the Audit Committee Chair and D Atkinson to look at further alignment and identify any gaps. The Chair welcomed the work undertaken to date however, it was recognised that further work was required in a number of areas. There was also a need to assess the ICB’s risk appetite.</p> <p>The Audit Committee found Appendix E of the report – Assurance Update on Key Areas – very helpful and requested that the information continued to be included in the progress reports.</p> <p>RESOLVED: That the Audit Committee note the report and agree to the request to defer four audits as listed above.</p> <p>(b) Final 2022/23 Head of Internal Audit Opinion (HoIAO) – L Cobain spoke to a circulated report which set out the final HoIAO for 2022/23 which was in line with the draft version reviewed and accepted by the committee in April. The HoIAO stated:</p> <p>Limited Assurance: there is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls impacts on the overall system of internal control and puts the achievement of the organisation’s objectives at risk. The opinion is not limited in scope but is provided in the context of the maturity of the organisation during the time of reporting.</p> <p>The Limited Assurance opinion was a reflection of the fact that some key systems were not fully embedded at the time the assessment was made.</p> <p>RESOLVED: That the Audit Committee note the final Head of Internal Audit Opinion for recommendation to the ICB Board and also noted actions required to ensure systems are embedded in 2023/24.</p>	<p>JB/ LJT (✓)</p>
<p>7.</p>	<p><u>Mental Health Investment Standard 2021/22 - Presentation of the CCGs’ Draft Audited Returns</u></p> <p>K Hollis spoke to a circulated report which provided the Audit Committee with the final external audit opinions of the audits of the eight now demised CCGs by external audit</p>	

	<p>which was an audit of the 12-month period ended 31 March 2022.</p> <p>RESOLVED: That the Audit Committee note the reports.</p>	
8.	<p><u>Annual Report and Accounts 2022/23</u></p> <p><u>Q1 CCGs (KPMG and Grant Thornton)</u></p> <p>(a) Annual Reports and Audited Accounts - The Chair conveyed the Audit Committee's thanks to I Cherry for his support and oversight in respect of the Q1 CCGs' annual reports and accounts 2023/24 process. He also thanked the staff involved in the work undertaken in completing eight sets of statutory accounts in addition to the ICB's accounts for Q2-Q4.</p> <p>The Chair made particular reference to the continuing healthcare (CHC) creditor assessment in the 2022/23 accounts which had affected seven of the eight CCGs as a result of the ICB's nine-month audit process. The basis for assessing the year-end CHC creditor, which was agreed with the external auditor, had resulted in a need to modify the initial approach adopted in the Q1 2022/23 CCG accounts. Whilst it had a net zero impact on the ICB's financial position, it did change the reported in-year out-turn figure. More detailed information was provided at (d) within this item. S Proffitt advised that a secondary piece of work would need to be undertaken on the reasons for the historical pressure inherited by the ICB.</p> <p>Reference was also made to the reversal of approval of a primary care issue which had not been paid for in the period and whilst a relatively small item, it was a material issue to the value of approximately £1m.</p> <p>(b) ISA 260 Report/Annual Audit Report – D Chamberlain advised that there had been few changes made since reported to the previous meeting. She referred to the CHC adjustments which had been added to the appendix for both Fylde and Wyre CCG and Morecambe Bay CCG. She also advised that they are required to report any differences within the process that are above £300,000. They had incorrectly reported £287,000 in the ISA 260 document for Fylde and Wyre CCG and, therefore, it was removed in the final version and not reported to the National Audit Office.</p> <p>(c) Management Representation Letter - The three KPMG CCGs had been signed off and the final papers issued, therefore, the Audit Committee was in a position to recommend to the ICB Board for approval.</p> <p>I Cherry referred to the audit process with Grant Thornton for the other five CCGs and reported that issues were still being raised to date despite the assurance that the matters would be signed off that day. Grant Thornton were aware of the timescales however, I Cherry was mindful that KPMG would be required to undertake the ISA 510 (auditor's responsibilities relating to opening balances in the initial audit engagement) for the five CCGs but were unable to commence their work until Grant Thornton had signed off. It was suggested that S Proffitt contacted Grant Thornton to escalate the matter in order that the ICB can meet the submission deadline date of 30 June 2023.</p> <p><u>Q2-Q4 ICB (KPMG)</u></p> <p>(d) ICB Annual Report (Appendix B) and Audited Accounts (Appendix C) – K Disley spoke to a number of circulated reports and gave a presentational overview of the ICB's audit annual accounts for 2022/23. She advised that the draft unaudited ICB Annual Accounts and Financial Statements for the period ending 31 March 2023 were submitted to NHS England by the 27 April 2023. A summary of the key points to note from the draft</p>	<p>SP (✓)</p>

financial position was presented to Audit Committee on 24 April 2023 confirming that the ICB had met all statutory duties and delivered a break-even year end position.

It was noted that the audit of the ICB Annual Accounts and Financial Statements had not identified any material errors that required adjustment. However, a transaction was identified that materially impacted on the legacy CCG Financial Statements in relation to the Continuing Health Care accrual and a GP IT accrual (Greater Preston CCG only) as at 30 June 2023. The CCG Financial Statements had therefore been adjusted to remove £25.9m of expenditure and allocation with a corresponding adjustment to the opening balances of the ICB, to increase expenditure and allocation by £25.9m for the period ending 31 March 2023. The adjustments had been approved by the national NHS England team on the basis that they had a net nil impact over the 12-month period. The adjustments would be made manually to the Statements once the NHSE Accounts Directions had been received confirming the allocation adjustments for the CCGs and the ICB.

In addition, a number of minor amendments have been made predominantly in relation to disclosures and narrative. A summary of the changes were included in the report.

The Chair commented that whilst the ICB Annual Report contained all the requisite information, the content required further review with the aim of producing a more polished and easier to read document which would be addressed by the working group.

T Cutler conveyed his thanks to Liz Bateman, Katherine Disley and Kirsty Hollis for their continued support over the last year which had been resulted in a number of additional tasks to undertake.

(e) ISA 260 Report/Annual Audit Report – T Cutler spoke to a circulated report which covered the following:

- Audit was substantially complete.
- Their work on the significant audit risks had not identified any issues for attention.
- Two recommendations in relation to control deficiencies had been identified.
- One unadjusted audit difference had been identified in relation to the prescribing accrual and two adjusted audit differences in relation to the continuing healthcare accrual, which had also impacted on the part year CCG financial statements and digital.
- Their work on value for money had identified one significant weaknesses in relation to financial sustainability and governance.
- They intend to issue an unqualified Group Audit Assurance Certificate to the NAO regarding the Whole of Government Accounts submission.
- Nothing to report in relation to regularity.
- Their sign-off of the ICB audit report would depend on the conclusion of the part year CCG audits.

S Proffitt advised that the closedown discussion identified two risks and two weaknesses, referring to the Board Assurance Framework and financial sustainability. She commented that the Audit Committee should take assurance of the work undertaken around sustainability and QIPP. She went on to say that it was more about how the ICB is held to account with providers on issues of out of our control. It was recognised that there was further work to be undertaken commenting that it was a particular issues for every ICB in the country. S Proffitt advised that the recovery programme will address this.

K Lavery accepted the findings and commented that discussions were taking place with NHSE and he would be meeting with the Chief Finance Officer to take forward. He

	<p>advised that LSCICB was in a better position than other ICBs and whilst some were forecasting financial positions, there was a lot of risk. He further commented that being in deficit, discussion with NHSE will be whether we have enhanced controls and he was mindful of the potential consequences if the ICB was not be able to deliver savings and transformation.</p> <p>T Cutler advised that the Annual Audit Report was required to be published on the ICB website with the ICB Annual Report and Accounts. He reminded the committee that the content cannot be amended once the audit has been certified.</p> <p>(f) Management Representation Letter (included in Appendix C) – Included with the reports at item (d) and received by the Audit Committee for recommendation to the Board.</p> <p>RESOLVED: That the Audit Committee:</p> <ul style="list-style-type: none"> • Note that there was some outstanding work to be undertaken by Grant Thornton on five sets of CCG Q1 accounts for 2022/23 noting that it had impacted on KPMG’s ability to agree the ICB’s opening balances, effectively delaying completion of their work on the ICB’s accounts. • Recommend to the ICB Board that delegated approval be given for the Audit Committee Chair to approve the delayed accounts, subject to there being no material changes from the previously notified position. • Recommend the ISA 260/Annual Audit Reports to the ICB Board for approval. • Recommend the Management Representation Letters to the ICB Board for approval. 	
<p>9.</p>	<p><u>Audit Committee Annual Report for the Period 1 June 2022 to 30 June 2023</u></p> <p>The Chair spoke to a circulated report which provided an overview of Audit Committee activity during the year and he made particular reference to a relatively small number of items that had been and remained ongoing concerns for the Audit Committee across the year. The ICB Board would be made aware of the issues and their current status when presenting to them at the Extraordinary meeting.</p> <p>RESOLVED: That the Annual Report of the Audit Committee for the period 1 June 2022 to 30 June 2023 be noted.</p>	
<p>11.</p>	<p><u>Scheme of Delegation (SoD) Review 2023/24</u></p> <p>K Disley spoke to a circulated report which proposed changes to the ICB’s current scheme of delegation which were:</p> <ul style="list-style-type: none"> • Updated committee names and individual titles • Presentational changes • Changes to ICB Scheme of Delegation for all staff (delegated limits and responsibilities) • Amendment to procurement process <p>S Proffitt and K Disley would meet with the Audit Committee Chair outside of the meeting to provide a more detailed explanation of the document. In the event of any further amendments, the Audit Committee gave the Chair delegated authority to agree and recommend to the ICB Board.</p>	<p>SP/KD/ JB</p>

	RESOLVED: That the Audit Committee note the changes and recommend to the ICB Board for approval as and when they are agreed with the committee Chair.	
12.	<p><u>Progress on the Data Protection Security Toolkit (DSPT) Submission</u></p> <p>A Patel reminded the committee that the Data Security and Protection Toolkit (DSPT) was an annual assessment that allowed organisations to measure their performance against the national data standards. The deadline for the 2022/23 submission was 30 June 2023. A Patel provided an update on the requirements of the DSPT and was pleased to confirm that 110 out of the 113 assertions had been completed and the remaining three items had owners assigned and were all due to be completed before the deadline.</p> <p>A Patel went through the outstanding items which related to unsupported devices, penetration testing report and the completion of an internal audit in relation to the DSPT. Further detail on plan to deal with the unsupported devices was provided and A Patel confirmed that the penetration testing had been completed and he was reviewing the report. The committee was advised that a draft audit report had been received by MIAA and they provided two interim outcome ratings; one was for the veracity of the self-assessment for which a substantial rating was provided; the other rating covered the assessment of the National Data Guardian Standards. Out of the 10 standards, 9 were provided a substantial rating and one was given a moderate assurance rating.</p> <p>A Patel conveyed his thanks to the Information Governance team for their hard work in completing the assessment. The Chair thanked A Patel for the update and thanked the team on behalf of the committee.</p> <p>RESOLVED: That the Audit Committee note the current position and the work being undertaken prior to the 30 June 2023 submission.</p> <p><i>Post meeting note:</i> The ICB had since completed 113 out of the 113 requirements set out in the DSPT. It was anticipated that any other outstanding work would be completed before the 30 June 2023 submission.</p>	
13.	<p><u>Items for the Risk Register</u></p> <p>It was commented that a current risk to the organisation was that the accounts had not been closed.</p> <p>In respect of internal audit reviews for the Risk Register, it was acknowledged that MIAA could not undertake a number of audits due to the lack of development in certain areas and that checklists had been used as an interim measure. There was, therefore, a risk around systems not being auditable due to the lack of maturity. Debra Atkinson would be asked to give this further consideration.</p> <p>RESOLVED: That the Audit Committee note the comments made for further consideration.</p>	DA
14.	<p><u>Audit Committee Highlights Report to the Board</u></p> <p>RESOLVED: That the Audit Committee note the verbal summary provided by the Chair which would be incorporated into the committee escalation report to the ICB Board report on 5 July 2023.</p>	JB/ LJT (✓)

15.	<p><u>Review of the Meeting including Reflections of the Past Year</u></p> <p>The Audit Committee Chair and ICB Chief Executive reflected on the meeting and the progress of the ICB over the last twelve months:</p> <ul style="list-style-type: none"> • Good progress made and recognition of the difficult challenges faced in respect of three months of CCGs and the nine months of the ICB, moving from eight ledgers to one ledger. • Recognition of the work undertaken by staff relating to the accounts and the in-year position. • Mutually Agreed Resignation Scheme process undertaken and the ICB continues to work through the full staff restructure with some areas that require further planning. • Most challenging winter on record. • Work around place-based partnerships. • Acknowledging the requirements of the Long Term Plan. • Recovery plan work taking place. • In-housed the communications function. • In-housed the continuing healthcare team which was making good progress resulting in a reduction in the backlog and savings made. • A system in place to review the Board Assurance Framework. • Position turnaround at Lancashire and South Cumbria NHS Foundation Trust. • Acceptance of the points made by both external and internal colleagues around limited assurance and building on embedding processes throughout the organisation. • Increasingly moving into collaborative working arrangements. • Audit Committee to work with other committees to develop and synchronise deep dives into areas of concern. • Workforce plan (statutory requirement) – Currently in the process of drawing up a workforce plan with a short to medium focus in terms of its execution. • Training of nurses and doctors will require significant investment. • Work on hospital transformation programmes. • No areas of concern in respect of the final accounts however, some outstanding items to be addressed. To that end, the Board will be asked to approve delegating authority to the Audit Committee Chair re the finalisation of the CCG accounts. <p>S Proffitt conveyed her personal thanks to the finance team and in particular, Liz Bateman, Katherine Disley and Kirsty Hollis for the work undertaken and their continued support over the past year. The Audit Committee concurred with the comments made.</p> <p>RESOLVED: That the Audit Committee note the review of the meeting including the reflections of the past year.</p>	
16.	<p><u>Any Other Business</u></p> <p>There were no issues.</p>	
17.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>Thursday, 28 September 2023 at 9.30am-12noon in Meeting Room 1, ICB Offices, County Hall.</p>	