NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to approval at the next meeting

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

Part 1

	Name	Job Title
Members	David Flory	Chair
	Roy Fisher	Deputy Chair/Non-Executive Member
	Jim Birrell	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Professor Jane O'Brien	Non-Executive Member
	Kevin Lavery	Chief Executive
	Aaron Cummins	Partner Member – Trust/Foundation Trust - Acute and Community Services
	Dr David Levy	Medical Director
	Professor Sarah O'Brien	Chief Nurse
	Samantha Proffitt	Chief Finance Officer
Participants	Maggie Oldham	Deputy Chief Executive and Chief of Transformation and Recovery
	Asim Patel	Chief Digital Officer
	Professor Craig Harris	Chief Operating Officer
	Lee Radford	Acting Chief People Officer
	Victoria Gent	Director of Children's Services (Blackpool)
	Cath Whalley	Director of Adult Services (Westmorland and Furness)
	David Blacklock	Healthwatch Chief Executive
	Tracy Hopkins	Voluntary, Community, Faith and Social Enterprise Sector
	Abdul Razaq	Director of Public Health
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Claire Richardson	Director of Health and Care Integration, Blackburn with Darwen
	Jane Scattergood	Director of Health and Care Integration, South Cumbria

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

Item	Note
94/23	**<u>Welcome and Introductions</u>** The Chair, David Flory, welcomed everybody to the meeting and thanked those observing for their interest in the business of the Integrated Care Board (ICB). **Non-Executive Member -** The Chair advised that following Professor Adia's recent departure from the ICB, a process would be put in place to appoint a new Non-Executive Member and the Board would receive updates at future meetings. **Appointment of Deputy Chair of the ICB –** The Chair advised that Roy Fisher had recently agreed to undertake the role of Deputy Chair of the ICB. **Partner Member for Trust/Foundation Trust (Acute and Community Services) -** The Chair advised that following a process via acute/foundation trusts across Lancashire and South Cumbria, full support had been received and Aaron Cummins had recently been appointed to the ICB Board as the Partner Member for Trust/Foundation Trust (Acute and Community Services). **Acting Chief People Officer -** The Chair welcomed Lee Radford who had recently been appointed as the Acting Chief People Officer to the ICB. **Chief Operating Officer -** The Board was advised that Craig Harris' title had recently changed to Chief Operating Officer. The four Place Directors, Claire Richardson, Jane Scattergood, Karen Smith and Louise Taylor were welcomed to the meeting and would be presenting the item relating to the Place Integration Deal and providing an update on progress in their respective areas. The Chair advised that one question had been received from a member of the public relating to dental access which would be picked up later in the meeting by C Harris, Chief Operating Officer.
95/23	**<u>Apologies for Absence</u>** Apologies for absence had been received from Dr Geoff Jolliffe, Chris Oliver and Angie Ridgewell.
96/23	**<u>Declarations of Interest</u>** **RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.**
97/23	**<u>Minutes of Meetings, Actions and Matters Arising</u>** **(a) Held on 13 September 2023:** **RESOLVED: That the minutes of the meeting held on 13 September 2023 be approved as a correct record.**

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	(b) Minutes of the ICB Annual General Meeting Held on 13 September 2023: **RESOLVED: That the minutes of the ICB Annual General Meeting held on 13 September 2023 be approved as a correct record.** **Action Log –** Items as relevant to the November meeting had been included on the agenda. Other items were noted for future agendas.
98/23	<u>**Report of the Chief Executive**</u> The Chief Executive, Kevin Lavery spoke to a circulated report which set out the current challenges the ICB is facing in relation to delivering an ambitious recovery and transformation plan, and focused on what needed to be in place in order for the plan to be achieved. It was noted that major change would require strong commitment and leadership, and the right culture which would be even more key as more complex programmes of transformation are developed. It was noted that there had not been enough progress in relation to the agreed recovery plan and the month six position meant that it was necessary to prepare for intervention from NHS England. It was acknowledged that intervention should add value and help to improve the year-end position and future transformation. K Lavery referred to the recent article in the Health Service Journal commenting that whilst the report content was correct, the headline was misleading. He stressed that nobody was being blamed commenting that there were deep seated challenges being faced particularly around poor health and a major financial deficit. The report covered the following areas: • The challenge of execution against the recovery plan • Preparing for intervention - Likelihood that this may be put in place. Discussions were currently taking place with NHS England (NHSE) and a meeting would be held with them in December to agree the way forward. • Organisational development – Staff survey • Chief Operating Officer – Craig Harris' job title had been updated to better reflect his portfolio. • Continuing healthcare transfer of staff and new model – A major transfer of staff from the Midlands and Lancashire Commissioning Support Unit transferred to the ICB on 1 October 2023. The team covering all age continuing care and individual patient activity service was now a team of approximately 250 staff which included existing ICB staff and 75 new staters. It had been a significant milestone for the service and many compliments had been received from external stakeholders and staff who had transferred over about the improved quality and responsiveness. The Board noted that the team had eliminated an inherited backlog and they were close to achieving the target for the time requirements for assessments. • National Allied Health Professional day • Our ambition to become a truly anti-racist organisation • Provider selection regime • Awards and recognition for our staff – 175 nominations received. Presentation to staff be held on 6 December 2023. K Lavery commented that the work being undertaken on the design of new hospitals for the future of the healthcare system was being carried out in conjunction with the recovery and transformation programme. He explained that by carrying them out together at the same

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	time, would enable us to right size budgets and ensure there is the right health and care model for the future. K Lavery further commented that both recovery and transformation were ambitious change programmes and nothing had been undertaken in the recent past at this scale. It would require clear leadership and the staff would require the right support and tools to carry out the work. A Cummins welcomed the clarification from the recent article and referred to a number of conversations that had been held in the last 24 hours about where we are at in the system. He supported the comments made and stressed the importance of putting pace around clinical transformation and clinical models. A Cummins sought clarification as to how those conversation could be held whilst at the same time, managing the system. He suggested that attempts were made at doubling the efforts in November and December which could lead to a better position. K Lavery referred to the provider selection regime which would come into force on 1 January 2024 (a set of new rules for procuring health care services), an item of which he suggested could be discussed in more detail at a Board Development Session. He advised that there needed to be caution in undertaking this in areas where there is already extensive mixed market provision however, it would be right for the voluntary sector and social enterprises. **RESOLVED: That the Board note the report.**
99/23	**<u>Patient Story/Citizen's Voice</u>** S O'Brien informed the Board that the focus of the patient story related to dental treatment in Lancashire and South Cumbria and was a lived experience story given by Jane (anonymous): *Jane had always had an uneasy relationship with dentists and dental care, and although she looked after her teeth her experience of dentistry arose from the need to have a filling. Because Jane was anxious about dental treatment she requested sedation on the NHS and had the filling. She began to experience tooth pain, and learned that she had suffered nerve damage. Jane was given antibiotics and had to have root canal treatment, but did this under sufferance as she was not able to receive sedation on the NHS for this and was very anxious about the procedure. She continued to have infections and antibiotics and she lost confidence in her care and struggled to find a dentist. Jane finally received treatment for her infections however, they have continued. Private dental care has cost her nearly £4,000 and the expense and the treatment did not resolve her pain or problems. Jane was advised to have a dental implant, and learned in the process that young children are losing their teeth due to poor dental hygiene and care. Her experience of poor dental care and the problems she had faced affected her mental health, causing her to be depressed and anxious, and it has also affected her self-esteem and confidence.* Discussion ensued and it was acknowledged that oral hygiene was a real concern and rates in children were higher. The complaints annual report included difficulties in registering with an NHS dentist which continued to be a real challenge. A Razaq referred to an Oral Health Improvement Strategy in the Blackburn with Darwen area which was a five-year strategy, the outcome of which showed that there were improved dental decay rates in children by 10% and also resulted in winning an award for this achievement. He also acknowledged that there continued to be significant challenges being faced. It was acknowledged that whilst work was taking place at a local level relating to oral health, it was also important to specify the problems at a national level.

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	Cath Whalley arrived at the meeting. **RESOLVED: That the Board note the patient story and the work being taken forward.**
100/23	**<u>Reporting from Committees: Matters of Escalation and Assurance</u>** The Board received a summary of key matters, issues and risks discussed since the last report to the Board in September 2023 to alert, advise and assure the Board. Each summary report also highlighted any issues or items referred or escalated to other committees of the Board. Minutes approved by each committee to date were presented to the Board to provide assurance that the committees had met in accordance with their terms of reference and to advise the Board of business transacted at their meetings. **Quality Committee –** S Cumiskey highlighted the following: **Alert:** • Long waiting times for Children and Adults in ASD and ADHD pathways. • The ICB has been issued a Regulation 28 notice from the Coroner (prevention of future deaths). • Perinatal Mortality Report – 3 LSC Trusts are outliers. • All Age Continuing Care (AACC) and Individual Patient Activity (IPA) financial challenges. • Safeguarding – Not meting the statutory responsibilities relating to children in care health reviews. **Assure:** • Patient Safety Incident Response Framework – All large NHS providers will implement PSIRF within the national timeframe. **Advise:** • Never Events Deep Dive V Gent referred to the long waiting times for children and young people on ADHD pathways and advised that the delays were having an impact in the wider sense of the system. A robust inspection around SEND had been undertaken however, the ramifications were significant. The Chair asked that a focus be placed in this area when reviewing the plans and priorities for 2024/25. S O'Brien advised that the ICB has a legal responsibility to ensure pathways are followed and when SEND inspections are undertaken, they are a joint inspection with the ICB and the local authority and that both herself and V Gent receive notifications. S O'Brien agreed that it should be one of the key priorities. **Finance and Performance Committee –** R Fisher highlighted the following: **Alert:** • Financial Position - More of a greater focus on delivering greater financial targets. **Advise:** • System Financial Sustainability Risk – Risk score increased to 25. **Public Involvement and Engagement Advisory Committee –** D Corcoran highlighted the following: **Alert:** • Dying Well Engagement Update • Public and Community Insights Report – Deep dive to be delivered into the higher than expected volume of complaints received in relation to primary care.

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	Advise: • Place Based Showcase – Blackpool – Very positive update received. **Assure:** • LSC Winter Communications and Engagement Strategy and Plan **Primary Care Commissioning Committee –** D Corcoran highlighted the following: • **Assure:** • Primary Care Procurement Evaluation Strategy – Approved. A review of the implications of the provider selection regime will be undertaken. **Audit Committee –** J Birrell highlighted the following: **Alert:** • Internal Audit Reports – Three completed internal audit reports received moderate assurance. Work was taking place to ensure appropriate priority is given to addressing the requisite tasks. • ICB's disaster recovery and business continuity plan. **Advise:** • Risk Management System – Encouraging progress being undertaken. **Assure:** • 2022/23 Annual Auditor Reports – No new concerns. **RESOLVED: That the Board note the highlight reports and ratified minutes for those committees that had met since the Board meeting held on 13 September 2023.**
101/23	**Board Assurance Framework** S Proffitt spoke to a circulated report which provided an update on the risk management activity undertaken during the reporting period of those risks held on the Board Assurance Framework, relating to the achievement of the ICB's strategic objectives. It included a summary of the risks reported through the ICB's assuring committees, to provide the Board with oversight, and supported the risk management reporting arrangements approved by the Board in July. The report also included an update on the work undertaken following the Board seminar held on 4 October 2023 at which the Board considered its risk appetite. Following approval by the Board, the risk appetite statements would be published and used to further support the effective risk management approach of the ICB in the pursuit of its strategic objectives. J Birrell commented that the Board Assurance Framework should be about delivery of the strategic objectives which would need to be picked up. A Cummins commented that a similar process was undertaken at UHMBT whereby a review of the Trust's strategic objectives is undertaken to check back on the delivery of objectives and a view was then taken as to whether any changes needed to be made. He went on to say that in an operating environment there can often be changes hence the requirement for a six-monthly review. It was noted that a review had been held at the Finance and Performance Committee regarding four BAF risks relating to the business of the committee including the impact to the achievement of the strategic objective relating to national and locally determined performance standards. Deteriorating performance, relating to 31-day cancer targets had been highlighted in the month 5 performance report. The committee did not feel that the risk score and target risk date accurately reflected the current position or that performance was on trajectory for the reduction of this risk in line with the target date set. As a result, the Executive Management Team approved the increase in the risk score from "20" to "25" and

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extended the target risk date to 31 March 2024. D Levy highlighted the challenges which had been included in the report, commenting that consideration would need to be given to reduce the risk, particularly as we move into the winter months.

It was commented that the financial position was not solely the responsibility of the Finance and Performance Committee but all of the committees and the Board. The Chair welcomed the discussion commenting that once we see the results of the mitigations, the risk score for finance could be reviewed. The difficulties in respect of performance were noted and the position against the national oversight framework was of concern. Board members were mindful that the decision to move to a risk score of 25 was not taken lightly. The Chair paid tribute to the staff across the system for their continued hard work under tremendous and continued pressure.

Whilst not disputing the findings and the score applied, M Oldham commented that the same set of metrics are set across organisations and it could be confusing for the community and the broader NHS if the ICB's score with those same set of metrics is higher and she had received queries and questions around this higher score. M Oldham commented that it was a consistent risk that had not improved over a number of months. The Chair was mindful that there needed to be consistency internal to the ICB. K Lavery referred to the quarterly regional assurance meetings with NHSE commenting that the ICB's performance was above average or good in most areas. In terms of the oversight framework, he advised that it was not where we needed to be but had improved as UHMBT had moved to SOF3. He asked if the Finance and Performance Committee could consider this as a broad area of performance and that it be broken down into performance areas which might be more helpful to the committee to highlight which require attention.

S Proffitt commented that it demonstrated the current position and the developing process and that further thought would need to be given. Whilst it raised good challenge, there needed to be consistency across.

D Corcoran welcomed the discussion particularly around consistency and across committees. She commented that when the review is undertaken that consideration be given as to how dynamic it was. When reviewing the document across the three months, whilst one risk score had decreased, others had remained the same and she suggested that it should also include any differences in the narrative in order that Board has an overall picture of the journey.

RESOLVED: That the Board:

- **Note the Board Assurance Framework along with the report and progress outlining the ICB's risk management systems and processes.**
- **Note the updates on risks held on the Corporate Risk Register (including a heat map and high-level summary dashboard);**
- **Note the Board development seminar and:**
  - **The ICB's strategic objectives were re-affirmed and will continue to be the focus for delivery in 2023/24 and 2024/25;**
  - **The work undertaken in the development of the Board's risk appetite statements.**

102/23 **Integrated Performance Report**

A Patel spoke to a circulated report which provided the ICB with an update against the latest published performance data. It was noted that there were a number of statutory performance metrics that were not being met consistently by the ICB as a whole or by

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	providers within the system. Furthermore, there had been a further deterioration in performance across a number of metrics since the previous month. On the whole, performance across the ICB compared well to the north west and nationally. Work continued to further develop the ICB integrated performance framework and the integrated performance report with appropriate balance scorecards. A Patel conveyed his thanks to staff across the system for their continued hard work and support. He also commented that behind each metric was the experience of a person and the families and population we serve which can sometimes be lost in a table and graph. A Patel highlighted the following key areas with the detail provided within the report: • Elective Recovery • Diagnostics • Cancer • Urgent and Emergency Care (UEC) • Mental Health • Children and Young People • Primary Care • Workforce It was commented that a lot of work was taking place to address the issues around out of area placements. LSCFT was not currently meeting its trajectory due to the pressures of industrial action and acuity of patients. It was noted that there were a number of plans in place to increase mental health beds. K Lavery stressed the importance of improving the trajectory on out of area placements. In terms of transformation and taking into consideration the discussion held around the financial position, S O'Brien referred to the section in respect of the long term planning ambitions to prevent stroke and CVD prevention, commenting that if the health economics were undertaken around this, everybody with hypertension was diagnosed and treated, there would be a significant benefit to individuals in terms of mortality, there would also be a huge cost saving in the system. S O'Brien further commented that it maybe that there isn't sufficient ambition. She sought clarification as to where or who receives the deep dive and whether it should be within primary care. It was noted that CVD was high across the region however, diagnosis and treatment was not difficult to undertake. S O'Brien suggested that more attention be paid to some of those areas and determine which committees should pick it up. A Razaq advised that public health had been working with primary care colleagues and population health colleagues within the ICB around CVD prevention and hypertension. A workshop had taken place recently regarding healthy hearts looking at the whole spectrum of the pathway from early detection prevention work up to treatment with some recommendations and as part of the overall population health work programme. He advised that it then feeds into the Prevention Health Inequalities Steering Group of the ICB, Chaired by D Levy, therefore, it sits within both population health and public health priorities within the collaborative. D Blacklock referred to the mental health and learning disabilities section of the report and in particular, he expressed concern that we appear to still be falling short with people with learning disabilities having annual health checks particularly as the mortality and life expectancy rates were still far away from where we want them to be. He suggested involving the voluntary and community faith sector as they have access to people and could provide support around this. He also referred to out of area placements and whilst there is a well developed plan to have more learning disability and treatment beds locally, it was

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	controversial following on from transforming care agenda where there was a national drive not to have them. He was mindful of retaining a focus to ensure we keep people out of the disability and treatment centres. The Chair commented that the health checks for learning disability patients were the subject of discussion at a very early Board meeting and he shared the frustration. D Levy advised that the national target was 75% and is reset to zero every April. The figure as at August was 20% undertaken so far. He advised that a lot of practices backload the work to quarter 4 and he anticipated seeing improvements as we move through the year. Work would need to take place with primary care colleagues to ensure the target is achieved however, 20% by August was worth noting and he was not concerned at this figure at the current time. J O'Brien referred to the workforce sickness absence rates which were higher than the north west and the national averages commenting that the workforce is drawn from the population including areas of poor health. She suggested looking at this in a more holistic way commenting that improvement in transformation and improvement would also lead to the same with the workforce, suggesting observing how these areas are connected. C Richardson commented that the discussion around this item related to the work being undertaken at place around hypertension. She referred to the discussion around mental health in respect of talking therapies and how we make the links across our specific population as our older adults are black and ethnic minority, male and female. The third point related to workforce and sickness absence, a lot of which related to mental health and she suggested making the connection between talking therapies and HR colleagues. K Smith also commented that learning disability health assessments had also been a subject of significant work in Blackpool through the Learning Disabilities Partnership Board and with the integrated community learning disability service. She further commented that the variation between practices had required them to go into individual practices and draw out how they organise themselves and, how some are struggling in order to build the delivery across all of the primary care practices. J Birrell stressed the importance of not getting into the mindset of thinking that being in the top quartile was acceptable and that we should aim to meet the national target. He commented that behind every target is a patient and not achieving the target was not acceptable. He referred to an article about people dying in A&E which was catastrophic and he referred to the earlier discussion about the risk score of 25 which was a fair assessment of the current position. The Chair commented that in the context of where the ICB was in comparison to other organisations was relevant to the discussions however, it was not intended to give comfort to patients waiting for more than 15 months for an operation. However, he was mindful that a system view needed to be taken but balanced with that we must not lose sight of the harm that delays can cause. T Hopkins referred to the comments made by S O'Brien in terms of prevention but recognised that services were struggling in terms of demand. She also referred to the discussion about appetite for risk and wondered if opportunities were being missed as we are locked into recovery and being in the here and now. She referred to the pressures on staff and across the workforce including the voluntary sector, the NHS and local authorities and whether there have been missed opportunities around prevention whilst trying to recover in the system. She recalled discussion held in November 2022 around winter pressures and about moving some of the resource into preventative work commenting that she did not feel that that had happened and, therefore, a result of the discussion held currently. R Fisher expressed the importance of having accessible diagnostic centres, eg, in Blackpool which were working well in primary care centres. He was mindful that there wasn't enough discussion around prevention.

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	The Chair recognised that there were more people waiting for treatment and he suggested that for the next meeting, a commissioning perspective be provided. He asked if alternative providers were being considered where people could go to and be seen quicker. He also asked whether as commissioners we were being as active as we can with provider colleagues about taking responsibility for people to access services as quickly as possible as opposed to contracting with Trusts and it being their responsibility. D Levy advised that there were approximately 2,000 cancer patients referred every week on the two-week wait pathway. It was important that the pathways are designed as well as possible with the resources available and he advised that through the Cancer Alliance, work was taking place about how we can use the workforce we have to ensure we have the right people undertaking the right areas of work along the pathways. He provided some examples of good practice which were being taken forward via specialist nurses and thus freeing up doctors' time to be to pick up the surgical capacity in order to address the 31 day waits. More detail would be submitted to the Board in due course. **RESOLVED: That the Board:** • **Note the summary of key performance metrics for Lancashire and South Cumbria.** • **Support the actions being undertaken to improve performance against the high risk metrics identified in this report.** • **Support the continuation of the Finance and Performance work with the input of Non-Executive Members.**
103/23	**<u>System Recovery and Transformation Update</u>** M Oldham spoke to a circulated report which provided an update on the system recovery and transformation programme. Board members were reminded that the report presented to the September meeting outlined the strategic approach and governance for the programme. The System Recovery and Transformation Board (STRB) had since been established, had met twice to date and reports directly into the Integrated Care Board. The update summarised the key activity that had taken place since previously reported along with the key next steps: • The approach to the Quarter 2 (Q2) NHS England (NHSE) assurance meeting on 3 November 2023 in respect of recovery and transformation. • A summary of key themes arising from the Improvement and Assurance Groups (IAG). • Key headlines related to the system recovery and transformation programmes and areas of risk. • Summary of key actions up to December. M Oldham conveyed her thanks to all staff for the work taking place focusing on the immediate three recovery plans and also in respect of what transformation means for the system. She acknowledged that there were Herculean efforts taking place around models of care. She reassured the Board that work taking place was being scrutinised by the System Recovery and Transformation Board (SRTB). In terms of place and primary care, it was about making the best use of resources and she suggested that time be set aside at a Board meeting to undertake a deep dive in those areas of work. The Chair commented that the SRTB had met twice to date and advised that it is a non-statutory Board however, it brings together leadership from across providers and the ICB, and that the business helps join up elements of the system that then provides oversight to the ICB. **RESOLVED: That the Board note the report and the key actions.**

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104/23	**Finance Performance Report – Month 6** S Proffitt spoke to a circulated report and advised the Board that as at 30 September 2023 (month 6), the ICB was reporting a system deficit of £159.5m which was £71.9m worse than plan. The providers were reporting a £109.1m deficit which was £21.5m off plan and the ICB was reporting a year-to-date deficit of £50.4m against a break-even plan. It was noted that the month 6 deficit position was being driven by cost and inflationary pressures and undelivered savings schemes across organisations. The system was currently forecasting to deliver a full year £80.0m deficit in line with plan however, further efficiencies would need to be identified and delivered in order to deliver the plan. It was acknowledged that there was high level of risk in doing so but the system was continuing to work to reduce the risk. A number of actions were being taken to identify further mitigations and assess the risk to the year-end forecast. An update on would be submitted to the next Board meeting. S Proffitt conveyed her thanks to staff across the system who continued to work extremely hard during challenging times and the work being undertaking to mitigate plans. She also commented that the work taking place around recovery and transformation was moving in the right direction and she stressed the importance of driving the pace of change. **RESOLVED: That the Board:** • **Note the work being undertaken on further mitigations and assessment of risk to the forecast position with an update to the next Board meeting.** • **Note the report for the period ending 30 September 2023.**
105/23	**Place Integration Deal: Progress on Areas of Delivery** The Chair welcomed the four Place Directors to the meeting, Claire Richardson, Jane Scattergood, Karen Smith and Louise Taylor. C Richardson gave an overview of the report which had been produced to provide an update on the progress made in respect of the place-based partnerships in relation to the delivery of place priorities, with additional detail regarding work currently being delivered. She commented that the report reflected a very strong level of ambition, energy and collaboration across Lancashire and South Cumbria (LSC) but also reflected the differences in the places including different and diverse communities which meant having a different and diverse approach with a consistency of the framework across LSC. C Richardson stressed the importance of listening to residents in order that they can engage in providing the right services for the local population. K Smith, L Taylor, J Scattergood and C Richardson provided the Board with an update on progress to date within their respective places. The Board was advised that the place-based partnership teams had been working with ICB colleagues from workforce, finance, performance and governance on how to enact delegation to place, as outlined in the Place Integration Deal (PID). The report also provided an overview of the work completed and in progress as part of phase 1 of the delegations and it was noted that learning would be taken from the phase 1 'test cases' with a view to building on this to help inform the approach to further delegations. The Board was advised that it was proposed that the Place Integration Deal Delivery Group

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	(PIDDG) oversees phase 1 activities, as part of a wider co-created workplan to ensure the collaborative implementation of the PID. It was noted that there is a wealth of work already being delivered through partnerships in places - the Place Integration Deal in action – however, more opportunities would be made available to meet the transformation recovery challenges ahead through greater delegation and pooling of budgets to support more integrated working. K Lavery referred to a section within the report in respect of governance advising that an interim arrangement was in place and work would take place to formalise the arrangements in due course. He conveyed his thanks to colleagues for the work undertaken to date commenting that whilst there was more to do in terms of engaging with Place Directors, the wider team and how we make place more central to recovery and transformation, they had come a long way since July. Looking at the transformation agenda, he commented that the Place Directors were uniquely placed and there was a real opportunity although it would need careful navigation. K Lavery was mindful of the difficult decisions that need to be made acknowledging that there was a risk of cost shunting. In terms of 2023/24 and future years, K Lavery commented that there needed to be renewed efforts in terms of funding, eg, sharing the risk, having pooled budgets and acting as if it was a single organisation. Finally, he stressed the importance of the Place Directors which were critical roles and whilst there had been a lot of good work undertaken, there was still more to do and consideration needed to be given in making it more central. J Birrell commented that it was important there was a degree of standardisation and levelling up across Lancashire and South Cumbria not just at place and sought clarification as to whether there was a process of knitting the two together. In terms of the integrated care system, he asked for an update against the integrated care partnership strategy as there may be areas that could be taken forward as a Board. C Whalley welcomed the work undertaken to date and in particular, referenced the strong relationships in South Cumbria place and the strong commitment from partners. There was also a lot of alignment with the ambitions of the ICB Board with the local authorities. She was also keen to ensure decision making was closer to residents and to see a timeline for activity. T Hopkins echoed the comments made and stressed the importance of place commenting that there were a wide range of VCSFE services commissioned by the ICB and that it would make sense to commission these locally. As work takes place in terms of the review of services and recommissioning, she asked if there would be any cuts and whether the Directors of Healthcare Integration would be involved in the decisions. T Hopkins further commented that VCFSE services should not be underestimated and that the resources and expenditure going into place would need to be outlined. K Smith acknowledged that very difficult decisions would need to be made. There needed to be a clear understanding of the decision making and impact, also why it creates risk between the organisations with a view to looking at mitigating those risks. R Fisher asked to see more pace and earlier if possible, to see the resource implications and to ascertain what the concerns might be from place colleagues. In terms of community and primary care as priority areas, if improvements were to be made to performance, consideration would need to be given as to how resources are deployed. He echoed the comments made by T Hopkins and that when looking at the financial position, consideration would need to be given as to how to demonstrate that financial resource and expenditure at place and whether the PID was achievable. S O'Brien welcomed the progress made however, she was mindful that there was variation

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	across all four place areas and work was not taking place in an integrated way although South Cumbria was slightly stronger in this respect. She stressed the importance of having strong relationships, having a shared vision and that all partners would need to commit to a different integrated way of working. S O'Brien went on to say that it was about the voluntary sector and that all partners putting resource into delivery through places; it was about people, not necessarily money. She further commented that commitment needed to be made to adult social care, continuing healthcare, complex packages of care and learning disabilities and autism and that all partners needed to sign up to this enable the move into integration at place. K Lavery strongly supported the agenda commenting that there will be a need to right size the 2024/25 budgets which would result in reductions in community and acute services. In the medium term, work would need to be carried out with the Place Directors over the coming months around cost sharing agreements which would need to be standardised across Lancashire and South Cumbria but also keeping a focus on stabilising first. The Chair commented that the key test was whether the work being undertaken in all parts of the ICB was aligned and consistent with the ICB's strategic objectives and statutory requirements. He was mindful that all the activity in place does pursue those priorities. He asked that there would need to be a vehicle to have a deeper understanding of each area in order that the Board could be fully supportive and guided. The Chair also commented that the report presented showed that the right decision was made in terms of boundaries. Whilst there continued to be difficult decisions to be made, the progress being made at place provides the Board with the confidence that it can be achieved. The Chair asked that further consideration be taken outside of the meeting about how best the support and work can be accelerated. **RESOLVED: That the Board:** • **Note the contents of the report including progress of the four LSC places.** • **Support the proposed phases of development and associated actions.** • **Receive a further report at its meeting in March 2024.** *Louise Taylor left the meeting.*
106/23	**Resilience and Surge Planning – Winter 2023/24** C Harris spoke to a circulated report which provided assurance to the ICB in respect of the robust Urgent and Emergency Care governance framework in place to oversee the impact of various programmes of work linked to the Urgent and Emergency Care recovery plan and winter planning. It also summarised the winter planning reporting processes and requirements to NHS England. C Harris advised that there were challenges managing pressures in the system and work was taking place with NWAS on deflections and diversions and, not conveying as many patients. Work was also taking place with the local authorities in terms of capacity in the system. Eight schemes across Lancashire and South Cumbria had been funded to provide capacity and resilience using this funding. The schemes included discharge to assess, home first, community beds, minor treatment centre, same day emergency care and virtual wards. A Cummins welcomed the report which provided assurance in respect of the work taking place ahead of the winter period. He commented that equivalent risk registers across acute

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	providers were showing winter as the highest risk. They had been used to receiving additional investment however, it was not available this year, there was no additional capacity, therefore, the risk profile was different. They were cognizant of risk shunting and further discussion would be held to explore further. J Birrell sought clarification on the impact and outcomes of schemes and whether there would be improvements made. C Harris advised that impact assessments of all schemes were available. He went on to say that in normal circumstances, there is extra winter scheme money however, this was not available. The schemes were expected to be funded separately to the winter allocation however, it had not been deployed. Further discussion would need to be held at the System Recovery and Transformation Board and the impact of the schemes could be submitted to a future meeting of the Board. C Whalley commented that the pressures did not just relate to winter but were all year round. She reinforced the work being undertaken by the whole health and social workforce and acknowledged that they were working as hard as they could to address the pressures. She advised that there were opportunities with resources available and in particular, referred to the sustainability fund. C Whalley made reference to rapid discharge referring into home care earlier which was taking place in other areas but not yet across South Cumbria. She was in discussion with J Scattergood to ascertain what they could undertake. C Whalley also made reference to accelerated funding and how it could be accessed, utilised and improve flow. She advised that funding would come through the integrated care system then delegated to the lead local authority to monitor. **RESOLVED: That the ICB Board:** • **Note the content of the report.** • **Accept the report as assurance that oversight of all associated requirements will be via the Resilience & Surge Planning Group, place-based Urgent and Emergency Care Delivery Boards and the Lancashire and South Cumbria, Urgent and Emergency Care Collaborative Improvement Board.** • **Receive further reports at future Board meetings.**
107/23	**Recovering Access to Primary Care Progress Update** David Levy spoke to a circulated report which considered the wider vision for general practice and Primary Care Networks and an overview of general practice access across Lancashire and South Cumbria (LSC). The report then followed the format of the NHSE delivery plan to describe the ICB actions taken and to be taken. The Board noted that the delivery of the actions was subject to monthly monitoring by NHSE via a series of quantitative metrics and qualitative narrative. The headline messages were: • General practices across LSC were delivering more appointments than ever with fewer qualified general practitioners but with bigger multi-disciplinary teams. • All LSC practices had completed a baseline assessment of their progress to deliver the recovering access actions. • Some LSC providers had self-referral pathways in place for the required seven community services. • Eighty four practices were being supported to implement the modern general practice model. • Fifty percent of practices had already moved to cloud based telephony with plans for all to move by the end of February 2024. • LSC practices had actively participated in national improvement programmes. In terms of the next steps, the report identified the further actions to be delivered, particularly

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	focusing on increasing the availability and use of self-referral pathways and ensuring all practices offer online booking. The main challenges were provider and commissioning capacity to deliver the actions. Also measuring the impact of the actions, recognising that more radical changes would also be required to significantly improve patient experience of accessing general practice and improve staff wellbeing. D Corcoran welcomed the report and sought clarification as to how it sat with the ICB's vision for primary care in terms of a strategy for primary care and brining it together to have a clear line of sight and approach. D Levy advised that the strategy would align with the Fuller recommendations stressing that primary care was part of much bigger community services and population health prevention. Work was taking place to build those elements in and take forward. He acknowledged that there was a requirement to have a primary care strategy but it was part of a much greater community model. D Corcoran also referred to patient satisfaction which appeared to be variable in terms of practices. She asked how the intelligence was used and whether there was a requirement to approach it differently. It was suggested that the Primary Care Commissioning Committee could take this forward. ***Post meeting note: The mixed outcomes of the survey would be taken forward by the Public Involvement and Engagement Advisory Committee rather than the Primary Care Commissioning Committee.*** It was acknowledged that there was a requirement to have 17% more GPs and the significant long-term challenges around this were recognised. **RESOLVED: That the Board note the report and receive a further report in January 2024 summarising the actual and forecast impact of the actions.**
108/23	**Dental Access and Oral Health Improvement Programme** C Harris spoke to a circulated report which informed the Board that the ICB became responsible for the commissioning of all dental services following delegation from NHS England on 1 April 2023. NHS dental services cover those delivered within primary, community and secondary care settings. It was acknowledged that access to NHS dental services is challenged nationally and locally across all sectors, with pressures in primary care services being well publicised. Work was taking place across all sectors of dental services to improve patient access and experience. C Harris commented that the NHS nationally receives funding based on around 60% of the population being able to access NHS dental services. The decline in oral health since the pandemic meant the level of funding received was currently only sufficient for around 50% of the population to be able to access routine NHS dental care. It was noted that limited flexibilities in the contract allow for the targeting of care to those facing the greatest health inequalities; this equity of access can result in a reduction in access to the general population. This is mainly achieved by allowing a small percentage of the contract value to be delivered against targeted activities. It was noted that some dentists offer payment plans. Unlike GP practices, patients are added to a database but are not registered with a dentist. It was acknowledged that challenges in dentistry were resulting in worsening health outcomes. There was also growing dissatisfaction with the current NHS contract and there was no incentive to go into dentistry as a profession. C Harris advised that a question had been received from a member of the public in respect

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	of a dental practice in Kendal that had recently closed, meaning that the nearest dentist taking patients was over 40 miles away. The patient story heard earlier in the meeting and the challenges recognised both nationally and locally tell us that there is no immediate solution to the issues in accessing dental care that this individual is experiencing. It was acknowledged that the ICB was committed to the delivery of the improvement programme outlined in the report and the Patient Experience Team would be making contact with the individual directly to respond in full to the concerns raised. C Harris further commented that work would take place with place leaders to ascertain what the opportunities are for dental access. There was general consensus that access to a dentist was the single most common issue we hear about more from members of the public and it was a significant problem across Lancashire and South Cumbria. There was inequality of access with what appeared to be a two-tiered system that had been created. The costs of dental work were astronomical and by comparison, people cannot afford to heat their homes. It was also commented that it was impossible for parents to access dental treatment for their children and there has to be a solution around this. Both D Blacklock and T Hopkins commented that it was the number one issue through Healthwatch. A Razaq commented that there were difficult challenges in respect of dental access and oral health improvement. He advised however, that there was some work taking place with the Local Dental Committee and commissioning leads in respect of the contract. It was recognised that there needed to be a national review of the contract. He also advised that there was some community focus work providing rescue for dental treatment for vulnerable groups. A Razaq referred to the patient story and the turnaround that we can work together to meet those needs. C Harris advised that a jointly developed communication plan regarding access to dental services was being drawn up. An update report would also be submitted to the Board in due course. **RESOLVED: That the Board note the report and the actions being taken forward.**
109/23	**Maternity and Neonatal Services Update** **RESOLVED: That due to time constraints, the item was deferred to the next meeting scheduled to be held on Wednesday, 10 January 2024.**
110/23	**Complaints (Patient Experience) Annual Report 2022/23** **RESOLVED: That due to time constraints, the item was deferred to the next meeting scheduled to be held on Wednesday, 10 January 2024.**
111/23	**Review of the Overarching Scheme of Reservation and Delegation and Operational Scheme of Delegation** S Proffitt spoke to a circulated report and advised that the ICB's Overarching Scheme of Reservation and Delegation and Operational Scheme of Delegation had been reviewed and updated to reflect current operating arrangements, including the establishment of the Primary Care Commissioning Committee and section 75 arrangements following the changes to local authorities in the counties of Cumbria and North Yorkshire. It was noted that the Operational Scheme of Delegation is derived from the Overarching Scheme of Reservation and Delegation and an amendment to financial limits in relation procurement and contract values were proposed within the report. There had also been

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	some minor amendments to terminology and role titles, and both documents had been reformatted and brought together under one document. **RESOLVED: That the ICB Board:** • **Approve the amendments to the ICB's Overarching Scheme of Reservation and Delegation.** • **Approve the proposed changes to the Operational Scheme of Delegation in relation to the delegated thresholds for business cases and procurements.** • **Note the minor amendments to terminology and role titles within both documents and the revised format.**
112/23	**Use of the Integrated Care Board Seal** S Proffitt spoke to a circulated report which provided information in respect of the use of the ICB Seal over the six-month period May to October 2023 (Seal numbers 07/2023 to 14/2023). **RESOLVED: That Board note the use of the ICB Seal.**
113/23	**Any Other Business** There were no issues raised.
114/23	**Items for the Risk Register** **RESOLVED: That there were no items.**
115/23	**Closing Remarks** The Chair thanked everybody for their attendance and closed the meeting.
116/23	**Date, Time and Venue of Next Meeting** The next meeting would be held on Wednesday, 10 January 2024 at 9.30am to 12noon, Lune Meeting Room 1, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB

Exclusion of the public:

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

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