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, 10 January 2024 at 9.30am 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 Arrived during 06/24)	Non-Executive Member
	Professor Jane O'Brien	Non-Executive Member
	Kevin Lavery	Chief Executive
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Angie Ridgewell	Partner Member – Local Authorities
	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
	Abdul Razaq	Director of Public Health
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Louise Talbot	Board Secretary and Governance Manager

Item	Note
01/24	**Welcome and Introductions** 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). **Blackburn with Darwen Transaction – Child and Adolescent Mental Health Services (CAMHS)** - The Chair referred to this item on the agenda advising that the report had been withdrawn pending further discussion required with a view to resubmitting a report in due course. More work would take place with C Richardson and the team to ensure the Board had more detailed information prior to a decision being made.
02/24	**Apologies for Absence** Apologies for absence had been received from Chris Oliver and Tracy Hopkins.
03/24	**Declarations of Interest** **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.**
04/24	**Minutes of the Previous Board Meeting Held on 8 November 2023, Matters Arising and Action Log** **RESOLVED: That the minutes of the meeting held on 8 November 2023 be approved as a correct record.** **Action Log –** Items as relevant to the January meeting had been included on the agenda. Other items were noted for future Board meeting agendas.
05/24	**Report of the Chief Executive** The Chief Executive, Kevin Lavery spoke to a circulated report which was a reflection of achievements over the past 12 months, a position statement of where the ICB is currently and a look to the future and the opportunities available to drive system recovery and transformation. The proactive approach to secure support for the system through recovery and transformation would help direct the ICB in the short to longer term. He also highlighted a number of areas not covered within the report which included: • Finished 2022/23 well financially • Agreed a major place integrated deal in July • Reconfiguration of community services was on the Board agenda and a further item would be submitted to the March Board meeting. • Delivered the running costs ahead of schedule • Signed up to a three-year recovery programme with NHS England which will require major reform of clinical and community services • Transfer of over 150 continuing health care staff to the ICB in October 2023. • Strong performance through the vaccination team for older people at risk of COVID-19 • Work taking place in Barrow with investment in the shipyard and healthcare investment opportunities. • Recognition of the difficulties and pressures during the winter period across the system. Particular thanks were conveyed to provider and government colleagues for the work undertaken, and their continued support in often challenging times. • Staff awards held in December which were based on the ICB's PROUD values – People,

	Respectful, Open, Uniting, Delivering. Over 175 nominations were received across the nine award categories. D Corcoran referred to the defined and worked up plans for the building and infrastructure components of the New Hospitals Programme and asked for further detail around this. K Lavery advised that a session had been held on 12 December 2023 at which discussion took place regarding care at home, integrated neighbourhood teams and health communities. Louise Taylor had been asked to lead the work across the whole area and a senior leader from a provider Trust would be the lead programme Director. Work would take place in identifying resources for each of the workstreams and further discussion would be held at the System Recovery and Transformation Board in February. K Lavery further advised that more detailed discussion would be held at a future Board Seminar once the detail and resourcing had been agreed. He anticipated there being some investment proposals being put together very quickly. A Cummins echoed the comments made by K Lavery that the preparation and planning undertaken in October and November with system partners had put organisations in a good position over the winter period. It was acknowledged that hospital trusts in both Blackpool and East Lancashire particularly faced urgent pressures. He also referred to the industrial action over the period commenting that work was taking place to look at scaling it out in terms of future pressures. All providers were also currently discussing escalation capacity. C Whalley reiterated the comments made and that the planning and preparations had stood organisations in good stead, adding that from a local authority perspective, there was an acknowledgement of good strong relationships across the area from health and social care. Whilst they faced and continue to face many challenges, they were keeping people safe. **RESOLVED: That the Board note the report.**
06/24	**<u>Patient Story/Citizen's Voice</u>** S O'Brien informed the Board that the focus of the patient story related to an individual who had experienced difficulties in accessing health services and had a nervousness from the initial point of ringing their GP practice. They did not have a poor experience of care once they started to receive it as the frustrations were more about accessing the services they required. S O'Brien further advised that a major theme from complaints letters received related to access and she also referred to an item later in the meeting entitled 'Recovering Access to Primary Care Progress Update'. D Levy also referred to this report commenting that the number of appointments made had increased. He was mindful that there was often a barrier in making an appointment and the challenges were acknowledged. Dr Levy suggested that individuals liaise with their practice around any concerns commenting that they can also raise any issues to the ICB via the complaint process. He suggested that the GP practices could be informed that following the patient story provided to the Board, they be asked to consider how their staff ensure patients receive easy access as soon as possible. The Chair sought clarification as to how the matter had come to light and S O'Brien advised that it was through the work of the patient engagement team and highlighted at an engagement event at Place. It was noted that a layering had developed within the triage process which may be adding to some of the issues thereby creating barriers. It was not an unusual theme and whilst those layers were in place to manage demand and processes, often we do not listen or respect people's frustrations. S O'Brien commented that even with the layers in place, there needed to be basic kindness with individuals. D Blacklock asked what levers were available to try and improve the situation however, he

	recognised the difficulties around GP commissioning. He was mindful of attitudes and customer service but remembering we are in a service industry, he asked how surgeries could be supported. G Jolliffe was mindful of the issues in accessing primary care services commenting that it did not require practices to undertake more work but that they need to carry it out in a different way. Offering multiple appointments to a patient was not suitable. There had been unbearable pressures building up for a long period of time which needed to be addressed and it was important that patients have confidence in the services provided to them although sometimes, there can be difficulties in understanding some of the pathways. There were cultural issues on both sides which required further work and training. A Ridgewell commented that it was not a new issue and was not unique to GPs. When looking across the whole of the heath and care system including hospitals and accessing social care, it was a challenge for everybody. It was acknowledged that access centres do not help certain people with multiple complex issues which needed to be looked at in more detail. There was an opportunity to share best practice in order that improvements could be made. It was commented that pre-COVID-19, access was very different. Barriers were then introduced during COVID-19 which do not appear to have been removed. Improved arrangements from a technology perspective were being introduced which should improve the experience and the way in which people can access services. A Cummins referred to the community and transformation programme commenting that there was an over-consumption of resources and that clarity was required as to who was managing the pathway. He also referred to leadership and the patient voice commenting that discussion needed to be held with primary care leadership to agree a solution. *S Cumiskey arrived at the meeting.* D Corcoran sought clarification as to whether barriers had been put in the way and was keen to understand what they were. A collaborative approach needed to be undertaken to address any barriers and to look at what an excellent service looks like and to work towards it. S O'Brien advised that a number of practices undertake customer care training which is likely carried out on a rolling basis. In the past, leaflets, posters etc. were produced as signposting methods. She acknowledged the difficulties navigating services and asked how much primary care uses volunteers commenting that hospital trusts do this very well. Further discussion would be held with the primary care team. ***Action: C Harris*** **RESOLVED: That the Board note the patient story, the issues being faced, the work to be taken forward and that further discussion would be held later in the meeting in respect of recovering access to primary care.**
07/24	**<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 November 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. **Finance and Performance Committee –** R Fisher drew the Board's attention to the following: • Welcomed the information contained within the integrated performance report. • Primary care clinical measures - In order to better understand local variations, a request was made for an analysis of primary care clinical measures by place, sub-ICB, PCN and practice level. • Financial risk score – The committee agreed to amend the risk score for "Meet financial targets and deliver improved productivity" from 20 to 25. This recognised that current forecasts suggest that the original 2023/24 target outturn would not be achieved. • Committee Terms of Reference - The committee recognised the need for a member to bring the perspective of clinical and quality and agreed to co-opt the Chief Nursing Officer (or named deputy) to attend future committee meetings. **Public Involvement and Engagement Advisory Committee –** D Corcoran highlighted the following: • Priority wards – A helpful deep dive into the priority wards approach had been undertaken, the impact and future plans across the system and challenges which provided a very rich insight. • Continuing healthcare – Process for involvement and capturing patient experience – The committee received a very informative report which provided assurance on the new delivery model. The committee would receive a further update in six months' time in order to test and offer further assurance to the ICB Board. • Dental access and oral health improvement programme – The committee reviewed and was assured on the robust communications and engagement plan developed, given dental access and oral hygiene was a key challenge. The plan linked to population health, place and other parts of the system, supporting the work of the health and social care professionals in their own health conversations with patients. **Primary Care Commissioning Committee –** D Corcoran highlighted the following: • Provider Selection Regime (PSR) – Work had commenced in looking at the PSR and how it might be implemented and used in the committee. **Audit Committee –** J Birrell highlighted the following: • The tone of the recent meeting was different and the committee was starting to see more positive assurances on internal audit reports. In comparison to the previous 12 months, there was a lot more evidence on processes and systems. • Freedom to Speak Up – The Audit Committee's role was to assess the arrangements in place and further feedback would be provided in due course. • January 2024 meeting – The committee would be reviewing the interim head of internal audit opinion and the initial assessment of the annual governance statement. **People Board –** J O'Brien highlighted the following: • Belonging Plan – Acknowledged the aspirations for the NHS however, the People Board suggested that the integration of the plan needed to be system-wide and that further development was required in signing up to some key principles. A Cummins advised that the ICB's Director of Culture and Inclusion would be attending the Morecambe Bay Hospitals Trust Board meeting to present the Belonging Plan. He went on to say that there had been some positive work undertaken across the Morecambe Bay to highlight. • Nursing workforce – Acknowledged the significant difficulties locally and nationally in relation to recruiting to both undergraduate training programmes followed by permanent

posts especially around learning disabilities nursing. D Blacklock referred to organisational workforce and in particular, recruiting learning disability nurses advising that a recruitment drive was being taken forward in Cumbria and he suggested that links be made across Lancashire to promote the endeavours. S O'Brien was aware of the work taking place with the University of Cumbria and welcomed this connection. She went on to say that it was a national problem and whilst recruitment take-up was low across all specialties, it was particularly the case within learning disability nursing.

- Freedom to Speak Up (FTSU) – The ICB would be taking over responsibility for supporting FTSU across primary care in Lancashire and South Cumbria from March 2024. There was currently a lack of resource and an implementation plan to achieve this requirement. Further work would take place around this.
- Committee effectiveness review - Acting on recommendations from the Audit Committee in respect of the gaps in effectiveness, the People Board would be holding a development session to review its purpose, function and effectiveness.

Quality Committee – S Cumiskey highlighted the following:

- Waits Over 12 Hours in the Emergency Department and impact on patient safety **–** Trust specific issues were being monitored at the monthly Improvement and Assurance Groups (IAGs) with escalation to the ICB System Recovery and Transformation Board.
- Children placed in inappropriate settings – Good progress was being made in the system to respond to the needs in this area. V Gent sought clarification as to how we keep relationships going and how we take forward joint working. It was acknowledged that it was a difficult area across the country where one size does not fit all and she welcomed any bespoke solutions, thoughts or innovations to improve the situation. S O'Brien advised that there were four children in acute beds for a long period of time and there had been difficulties in placing them in appropriate settings. Whilst there was a financial cost associated, the harm to children and the time placed on the teams was huge. She also welcomed any innovative working and suggested that a future Board could have a focus on children and young people and to look at the some of the issues being experienced. ***Action: S O'Brien***
- Primary care quality – There had been an increasing number of incidents within primary care which required input of ICB staff, particularly relating to the volume and complexity of the work and the need to understand the mitigation to ensure sufficient capacity for staff. Consideration was being given to ensure the right resources were available to respond to them. D Levy commented that they were seeing a number of new complex issues coming through within primary care in respect of FTSU. Discussion would need to be held with the professional standards team as it was consuming a significant amount of the team resources.
- Health inequalities – The committee had received the Learning Disabilities Mortality Review [LeDeR] Annual Report and noted that mortality rates remain worse than national average. Further work was required to address health inequalities in this group of people. D Blacklock commented that there were constant failures to improve on people with learning disabilities and that the mortality rates of our most vulnerable people were poor. He was keen to understand or seek more assurance about how to move the dial on this suggesting that there could be a focused agenda on learning disabilities and autism at a future meeting. S Cumiskey and S O'Brien would give this further thought in terms of the detail. ***Action: S O'Brien***
- Quality and safety report - ICB has statutory responsibilities regarding palliative care however, the funding was not currently ring-fenced and current resources were sub-optimal. The ICB had received a further Regulation 28 in relation to an overdose death in Greater Manchester which had been sent to the three North West ICBs and other partners. There needed to be learning across the wider system about what could be done differently in the future. J Birrell suggested that further discussion be held around the reasons why this was happening. The Chair referred to the sub-optimal funding and

	whilst this could apply to every area, he sought clarification as to how we have the right awareness raising and discussion without it being pressure group issues. He further commented that the route was the intelligence and insight which then feeds through to S O'Brien and broader discussions about choices and resources. K Lavery was mindful that it was a significant area that we should not lose sight of and could be a transformation area that could produce benefits for patients. The Chair conveyed his thanks to the committee Chairs and the Executives for the updates to the Board acknowledging that the committees were covering a lot of depth and breadth within their respective remits. **RESOLVED: That the Board note the highlight reports and ratified minutes for those committees that had met since the Board meeting held on 8 November 2023.**
08/24	**<u>Infrastructure Strategy 2023-2040</u>** S Proffitt spoke to a circulated report which was the Lancashire and South Cumbria ICB Infrastructure Strategy 2023 to 2040 which built on the previous infrastructure strategies of 2018 and 2019. She advised that detailed discussion had been held at a recent Board development session and following final approval by the Board, the strategy would be submitted to NHS England. It was noted that the strategy would assist NHS England and the Department of Health to better understand the long-term aspirations and objectives of the ICB in terms of its capital and estate. The Board was advised that the 17-year timeline set out in the strategy aligned with key local and national dates including those of the New Hospital Programme, some of the existing building contractual dates for working with partners and the dates that the NHS has committed to be at in respect of a Net Zero Carbon. S Proffitt advised that the following six infrastructure principles supported the strategy: • Our Infrastructure is transformational • Our future is digital, smart, and intelligent • We have usership of the right infrastructure • Our future is green and environmentally sustainable • Our future infrastructure is affordable and financially sustainable • Our infrastructure shapes healthier places. S Proffitt also referred to the core, flex and tail categories which had been established by NHS England to assist integrated care boards, integrated care systems and Trusts/property owners in categorising their infrastructure and estate. There was also an intention that they would assist investment and disinvestment planning along with providing critical challenge for future investment prioritisation and decisions. In terms of usership, consideration would need to be given as to how buildings are used across the system. General discussion ensued and it was acknowledged that whilst it would take time to realise ambitions, consideration needed to be given as to what could be undertaken now within the financial constraints available. Also, consideration needed to be given in terms of the Green agenda and whether it was being used to its maximum potential, eg, staff travelling to work together, battery cars etc. In respect of buildings, there is often a reluctance from professionals sharing space, eg, if a

	building is open 12 hours per day, it should be used 12 hours per day, therefore, maximizing its use. S Proffitt welcomed the comment about space utilisation advising that all providers across the system have Green plans. A Ridgewell welcomed the strategy which was very comprehensive commenting that the task was to recognise it as an effective lever to those areas we are committed to. She was mindful of not replicating what we have currently into modern facilities. There needed to be a shift around children with complex needs to local places and it was a real opportunity to use it wisely even if those assets are repurposed or receipts generated. She commented that the next focus would be around community work in the locality commenting that true partnership in respect of the Better Care Fund and providers was really essential. The Chair referred to core, flex and tail and in particular, focused on the tail properties. He sought clarification as to whether there was something more proactive that could be undertaken for those properties that were not used as much. S Proffitt advised that work was taking place with partners at NHS Property Services and that the infrastructure strategy was in a position to start being used as the engagement document in terms of how we work with partners. Estates was a key enabler and the voluntary sector was key to this work which was a very positive step forward. R Fisher welcomed the joint working and referred to the primary care centres in Blackpool where there were GPs based in two buildings including access to social care. C Whalley welcomed the discussion advising that similar discussions to those being held in Lancashire would be held in Cumbria. She commented that it was vitally important that children and adults were in local and appropriate places as they can often be placed a long way from home. J Birrell sought clarification on the way forward, the detail and frequency of receiving updates to the Board. Whilst the strategy would be agreed in principle, K Lavery and S Proffitt would consider the actions to be taken forward. ***Action: K Lavery/S Proffitt*** **RESOLVED: That the Board approve the ICB Infrastructure Strategy 2023 to 2040.**
09/24	**<u>Blackburn with Darwen Transaction – Child and Adolescent Mental Health Services (CAMHS)</u>** **RESOLVED: That the Board note that the item had been withdrawn as advised at the beginning of the meeting.**
10/24	**<u>Resilience and Surge Planning – Winter 2023/24</u>** C Harris spoke to a circulated report which provided an overview and update of the various programmes of work underway to support urgent and emergency care recovery, performance and winter pressures in Lancashire and South Cumbria. It was noted that at the time of writing the report, the position statements were up until and including November 2023. C Harris conveyed his thanks to A Cummins and C Whalley in respect of the planning undertaken. C Harris referred to the further 11 days of industrial action which had resulted in real challenges relating to elective care and cancellation of operations/procedures. There had also been an incident of a fire on Christmas Day and flooding at hospital trusts and thanks were conveyed to the provider organisations – NHS, primary care providers, the voluntary

	sector and council partners – working jointly to address patient flow and discharge, also managing in the community and response to A&E. The Board welcomed the report and update which was much more positive than expected during the winter months. For the system to have coped as well as described, particularly with the further industrial action was commended. S O'Brien advised that there had been a focus at the Quality Committee in respect of safety in urgent and emergency care and the ICB was receiving more Regulation 28 reports in respect of harm. On speaking with regional colleagues, she advised that they discuss the 10 high impact actions and it was important that these are in place and monitored. A Ridgewell was pleased to see that there was relatively high performance in the system and partnership working particularly as we continue to experience challenges. She referred to Appendix A within the report (urgent and emergency care investment capacity investment funding) and did not have a sense as to whether the metrics were in a positive or negative position. She referred to the accountability and assurance to the ICB Board however, was unsure on the overall position as information was via three separate Boards. She stressed the importance of good quality social care in the community in order to avoid admission and readmission. A Ridgewell went on to say that as we pivot more community-led work, there needed to be an awareness of the implications around this. A Cummins commented that whilst there was a positive comparison to other areas, there continued to be a lot of unwarranted variation. Whilst organisations were performing well in respect of recovery and transformation, he would pick up at the Trust/ICB Improvement and Assurance Group meeting and with the infrastructure group as there could be improvements in sharing information. C Harris referred to an NHS England maturity assessment which would form part of the ICB's improvement plan. He commented that a number of programmes were being reviewed and when the transformation element is included, it would show how they have been addressed. He would pick up the comments made by A Ridgewell in terms of positives and negatives outside of the meeting advising that there was a mix of both from NHS England. In terms of governance, the System Improvement Board would map locally however, there cannot be a matched footprint. C Harris commented that work would commence shortly in having a more robust plan for 2024/25. The Chair welcomed the report and discussion which was reflective of the excellent work being undertaken by staff across the system. He commented that whilst comparisons with other areas can give context, comfort should not be drawn from this. He was encouraged that the spirit and tone showed determination to continue. **RESOLVED: That the Board note the report and update as assurance that oversight of progress and all associated requirements will be via the Resilience and Surge Planning Group, place-based Urgent and Emergency Care Delivery Boards and the Lancashire and South Cumbria Urgent and Emergency Care Collaborative Improvement Board.**
11/24	**<u>Integrated Performance Report</u>** A Patel spoke to a circulated report which provided the Board with an update on the latest published performance data against the metrics in the recently submitted H2 plan along with the latest position against a range of other published performance metrics.

	A number key headline metrics and enabling metrics were the focus of the second half-year (H2) plan as referenced in the operational guidance across urgent care, elective care and cancer. Formal Integrated Care Board (ICB) and Trust Board sign-off of key performance and capacity commitments was required, highlighting any anticipated change to those plans. A Patel advised that NHS England had published a statement on 27 November 2023 in respect of health inequalities with an overall purpose of encouraging better data quality, transparency and reducing inequalities. They had produced a number of metrics using different lenses in terms of how the data could be presented. G Jolliffe suggested having more detail and data relating to one subject, ie, all elements relating to smoking for example. If looking at stroke, to have all the drivers and arounds around it and they can move from subject to subject. S O'Brien also commented that cancer was a concern and health inequalities within it. S O'Brien commented that the quality of health checks for people with learning disabilities can be quite poor and that some of the themes coming out of the learning disabilities mortality reviews showed that there could have been preventable deaths if the quality of the health check had been better. She also referred to waiting lists for physical health waits, in particular autism waiting times for assessments and that there was a national issue and challenges around this. A Razaq advised that he is a member of the Cancer Early Diagnostics Steering Group at which discussions were taking place in respect of screening programmes, how to improve screening rates and address health inequalities along with early diagnosis work. He commented that there may be some funding available in 2024/25 working with communities to look at improving pathways. A Ridgewell found the report and dashboard helpful and was mindful of the Board's responsibility to link to our residents as their outcomes are poor consistently and have been for generations. Consideration needed to be given about how the debate around this can be generated and how to take forward in a different way. D Levy commented that if the 31-day diagnostic standard and decision to treat is delivered, the 62 day wait would be achieved. In respect of cancer waiting times, D Corcoran asked whether the Finance and Performance Committee could focus on the area of delivery to give assurance in key areas which was noted. The Chair commented that when waiting lists grow in total size, there is an issue around the total number of people waiting. The accountability framework asks that the longest waiters be reviewed however, it then clashes against some of the inequality issues and some of the clinical judgement issues. It could however, be undertaken in elective waiting lists. **RESOLVED: That the Board:** • **Note performance against the prioritised H2 metrics and key performance indicators 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 development of a performance framework.**

12/24	**Finance Performance Report – Month 8** S Proffitt spoke to a circulated report and advised the Board that as at 30 November 2023 (month 8), the ICB was reporting a system deficit of £172m which was £82m worse than plan. This represented a current deficit of £122m for the Provider Trusts with the ICB reporting a year-to-date deficit of £50m. It was noted that the month 8 deficit position was being driven by in-year cost pressures and undelivered savings schemes for Provider Trusts and the ICB. The system was still forecasting to deliver a full year £80m deficit in line with plan however, it was unlikely it would be achievable given the level of cost pressures in the system. It was noted that the current trajectory would suggest a year end deficit position nearer £258m deficit but a reassessment of the plan in November had submitted a reviewed deficit target of £198m. This required several actions to enable the system to meet this revised plan and address the £60m risk. The report provided an overview of the current financial position, the key actions taken as part of the replanning exercise and the main areas of focus for the system as we work to collectively deliver the resubmitted system target. S Proffitt informed the Board that the recovery and transformation plans would be issued in due course however, they would not be finalised prior to the remainder of the 2023/24 financial year. It was noted that there needed to be a focus in reducing the ICB's run rate prior to year-end. D Blacklock sought clarification on the impact of the position of the ICB and whether it was likely that there would be escalation or intervention. K Lavery advised that discussions were taking place with NHS England in respect of a recovery programme and agreement of the elements within it with a view to considering whether intervention would be required for 2024/25. He further commented that there was a robust approach to grip and control (integrated approach to service, workforce and financial planning) and the issues identified that needed addressing. A Cummins commented that despite best endeavours, 2024/25 will look different and a run rate improvement was required. It was recognised that there will be a different contracting round in 2024/25 and there would need to be explanations to teams as to why. He further commented that all the Trusts were addressing the issues, working with K Lavery in terms of how the focus on grip will be brought together and there was a full commitment from the Provider Collaborative Board for Quarter 4. A Ridgewell commented that there was no additional funding to compensate the pressures and that local authorities continued to face challenges. She stressed the importance of having significant leadership roles from the Executives in order that relationships are maintained, recognising the difficulties but ensuring partnership working continued. The Chair commented that it was the first moment in the statutory life of the Lancashire and South Cumbria ICB that it is in breach of its statutory duty and will be in this position by 31 March 2024. He was mindful of this position and the disservice to the people we serve which was highly frustrating, disappointing and was a low moment. He stressed the importance of ensuring the plans to address the position are delivered to ensure the ICB is not in this position again. **RESOLVED: The Board note the report.**

13/24	**System Recovery and Transformation Update** M Oldham spoke to a circulated report which provided an update on the system recovery and transformation programme. It was noted that System Recovery and Transformation Board (SRTB) met on 19 December 2023 to discuss and agree the ICB's recovery and transformation priorities necessary to accelerate delivery of the things that would make a difference in the remainder of 2023/24, would provide a solid pipeline for 2024/25 and enable the ICB to achieve its three-year financial recovery plan. It was noted that whilst positive financial improvement could be seen to date in 2023/24, with approximately £400m of savings being forecast, cost pressures in certain areas had resulted in an overall deterioration in the system's ability to achieve the planned deficit of £80m. While the ICB is above the national average in certain areas, good in some, improvement trajectories need to demonstrate that what we set out to deliver are delivered on time, with full scrutiny on areas where milestones are missed. The report set out priorities agreed at the December SRTB, with six programmes identified. It was noted that some lack specific objectives and there is limited programme capacity and capability to drive and support programmes to deliver. The SRTB discussed potential options to address both including potential partnering to boost delivery with fees at risk to be paid from savings generated. It was felt that this approach would better enable us to continue some of the good work delivered this year and accelerate those programmes most likely to deliver sufficient benefits as part of our three-year financial recovery plan. A strong emphasis was placed on accelerating current schemes, eg "One LSC Corporate Services" while adding additional schemes such as the rolling programme of fragile service improvements and service reconfigurations. It was anticipated that this approach would also enable us to begin making progress on some of the more transformational new models of care that are essential for our longer-term sustainability, including the necessary shift to community centric models of care. M Oldham conveyed her thanks to colleagues for the work undertaken as outlined above. She advised that a lot of time had been taken articulating models of care along with the consequences, recognising that some are a number of years old with culture and legacy issues. The focus of the work was to address this and should they not be appropriate for the population, consideration would need to be given as to how models of care can be changed and what they should look. She suggested that consideration be given in scheduling a seminar to discuss it in more detail. M Oldham also commented that consideration would need to be given as to what clinical effectiveness would look like. M Oldham also referred to improvements in regulatory performance in terms of the CQC, what they say about the ICB and providers and about resources. She commented that there had been a shift in ICB colleagues alongside providers in order that there is one set of schemes prioritised in those three arms. M Oldham commented that work had taking place in evidence basing where money is spent and we were starting to see the impacts. She referred to two events held in November for clinical and front line colleagues at which they were asked for feedback. In respect of the clinical feedback, it was commented that it felt different, purposeful, more logical and structured and would be more outcome focused. It was acknowledged that there was more commitment and there was a focus alongside provider and local authority colleagues. D Levy referred to a meeting held on 17 November 2023 at which leaders of provider trusts and the ICB attended and agreed to bring together pieces of work through to the regional clinical senate. He commented that as they are moved forward, there would be a clear understanding as to how the resources can be used and to work at pace.

	A Ridgewell stressed the importance of the work being undertaken advising that LCC had changed their practice model for children and social care which had resulted in a reduction of figures. It was noted that providers would need to give further consideration if releasing money for community reconfiguration. M Oldham welcomed and acknowledged the collective discussion. She was mindful that it was an area of big structural change and particularly welcomed the changes in new models of care. Further updates would be provided to the Board in terms of actions and the outcome changes. **RESOLVED: That the Board note the report and the key actions.**
14/24	**<u>Maternity and Neonatal Services Update</u>** S O'Brien spoke to a circulated report which provided an update on the current progress and status against the national safety programme of work for maternity and neonatal services and an overview of the current CQC inspection ratings of the four maternity services. She advised that overall in the system, there are excellent midwives and neonatal nurses undertaken their roles in the best way they can in challenging situations. It was noted that in Lancashire and South Cumbria there were currently two maternity services (University Hospital Morecambe Bay and Blackpool Teaching Hospital Trusts) that had been entered onto the Maternity Safety Support Programme (MSSP) as a result of their CQC Inspection. University Hospital Morecambe Trust had an agreed exit criteria with the plan to transition to the sustainability phase of the national programme in early January 2024. Blackpool Teaching Hospitals was in the improvement phase on the MSSP and a key focus is the governance infrastructure, systems and processes. In addition, a bespoke support package is in place from the Neonatal Operational Delivery Network due to the neonatal mortality rates. It was noted that the remaining two services, East Lancashire Hospitals Trust had been rated as 'Good' with the Lancashire Teaching Hospitals awaiting the final report and ratings from their inspection in July 2023. The Local Maternity and Neonatal System (the maternity and neonatal arm of the ICB) had commenced quarterly assurance visits with each Trust to review their progress of compliance for Saving Babies Lives (SBL) Version 3 and the Maternity Incentive Scheme (MIS) Year 5. As a system for the Year 4 MIS (2022/23) Lancashire Teaching Hospitals achieved full compliance with all 10 safety actions, East Lancashire Hospital Trust achieved compliance with nine out of 10, University Hospital Morecambe Bay Trust achieved seven out of 10 and Blackpool Teaching Hospital achieved two out of 10. The programme of work on developing a LMNS data informed and co-produced Equity and Equality Plan in line with national guidance had been raised as a significant risk due to data. However, work continued to progress with the aim to have the plan published by Q3 2023/24. It was noted that the LMNS has an established and embedded governance structure which includes clear reporting and escalation routes from Trust to LMNS to ICB and the Regional Maternity Team.

	A further report would be provided to the ICB Quality Committee/Board in February 2024 to confirm the final position of compliance for SBL and MIS for each of the four Trusts. J Birrell referred to the Year 4 MIS, in particular Blackpool Teaching Hospitals achieving two out of 10 compliance in respect of safety actions and asked if improvements had been made. S O'Brien advised that the ICB lead midwife reviews this and would raise any specific issues. S O'Brien would request an update on the current position across all units. ***Action: S O'Brien*** D Blacklock referred to the independent advocacy service and welcomed this in terms of the voice of women and birthing people. However, had expressed concern at the independence of the advocacy particularly as they are employed by and are within the NHS which could be challenging. S O'Brien advised that the ICB was part of a pilot and was one of the only system in the country that had been able to recruit to the role. Assurances were provided about the role and the Quality Committee had received a story on this topic. She was mindful of the point made in respect of independence and would feed it back via the maternity structures at NHS England. She would also have a discussion with D Blacklock outside of the meeting about putting some autonomy around the role. ***Action: S O'Brien*** D Corcoran referred to engagement and involvement (former CCGs had the Maternity Voices Partnership in place) and asked whether engagement was taking place with people in the community and whether gaging people in the community. S O'Brien advised that each maternity unit would have this within their remit, further commenting that maternity groups continue to pick this up. G Jolliffe stressed the importance of ensuring progress is maintained which was crucial to maternity services. **RESOLVED: That the Board note the report and receive a further update report on Saving Babies Lives and the Maternity Incentive Scheme.**
15/24	**<u>Freedom to Speak Up</u>** D Levy spoke to a circulated report which reflected the progress made by the Guardian Team in developing a service with robust processes that are fit for purpose and strive to ensure the ethos is embraced wholeheartedly. It was noted that whilst positive progress had been made, the report drew attention to the resource implications and requirements needed for future developments of the service. The oversight of FTSU for primary care would be formally moving to the ICB in April 2024, (Primary Medical Care/Optometry/Dentistry) and it was envisaged that more resource would be required to deliver a service that would be fit for purpose. Further information was awaited from NHS England in respect of this. It was noted that there had been 12 cases to date reported through the Freedom to Speak Up Guardians and the thematic overview of concerns surrounded patient safety, bullying and harassment, poor leadership, culture, communication, and senior management issues. Concerns raised had been triaged and responded to in line with a risk stratification response. The Guardians had developed a database whereby all concerns are input following consent to enable thematic tracking and outcomes. J Birrell referred to the role of the Audit Committee to ensure robust systems and processes were in place and to that end, he advised that MIAA (ICB's internal auditors) had been asked to audit the arrangements from the perspective of the Audit Committee's responsibility. **RESOLVED: That the Board note the report.**

16/24	**<u>Recovering Access to Primary Care Progress Update</u>**
	
	It was noted that the NHS England (NHSE) *Delivery plan for recovering access to primary care* (published in May 2023) aimed to take pressure off general practice and make it easier and quicker for patients to get the help they need. It was largely based on practical rapid improvements to how general practice works. In accordance with the NHSE request, progress was reported to the Board in November 2023 where a further update on impact was requested to be presented to the January 2024 Board.
	
	David Levy spoke to a circulated report which provided an assessment of the impact of the various improvements to date through an analysis of local and national data sets. It concluded that it was too early within the General Practice Improvement Programme (GPIP) enrolled cohorts to identify a significant change in patient appointment or satisfaction metrics. The phasing of the programmes would likely mean that a more meaningful assessment would be available within the first quarter of 2024/25.
	
	It was noted that it was expected that the data quality of online consultation submissions would improve over the coming months.
	
	The improvement process had been well received by practices and national pilot data suggested that it would be possible to identify meaningful outcomes in future assessments.
	
	It was acknowledged that those practices that have currently enrolled in the programme were likely to be more motivated to change (either to transform practice or improve resilience) and future cohorts may have less success in converting the programme into outcomes unless provided with expert support.
	
	D Corcoran asked if there was a way to encourage and support the primary care practices that would benefit most. If it was via a voluntary scheme, some may be more open to innovation. She also stressed the importance of having an understanding of the baseline position and whether the best added value had been made. She also referred to the practice and detailed patient feedback, in particular paragraph 9.1 of the report noting that at present there was no local feedback mechanism to collate both practice and individual specific and detailed feedback on the GPIP programme. A semi-structured interview with members of a local practice revealed a number of themes to consider when looking at the future of the programme. D Corcoran would welcome feedback from the communications and engagement team which was noted by D Levy.
	
	D Levy conveyed his thanks for the comments made advising that some data was not available nationally. In terms of individuals who would benefit most, he suggested that involvement should be recommended as soon as possible. It was commented that it would also be beneficial if a focus was placed on some metrics for primary care in terms of what is going well and what was not going so well.
	
	RESOLVED: That the Board note that it was too early within the programme to assess impact however, the following be supported:
	• **Continue local support and encouragement of GPIP, both for those already enrolled and those wishing to be enrolled.**
	• **Future assessment undertaken in quarters 1 and 2 2024/25. This local assessment should complement the national evaluation and include data items from:**
	  • **General Practice Access Data (GPAD)**
	  • **Friends and Family Test (FFT) data**
	  • **Available telephony data**
	  • **GP survey data (due next September)**
	  • **Workforce data**

	• **111 in hours data** • **As well as participant and patient narrative**
17/24	**<u>Any Other Business</u>** There were no issues raised.
18/24	**<u>Items for the Risk Register</u>** **RESOLVED: That there were no items to be included on the ICB Risk Register.**
19/24	**<u>Closing Remarks</u>** The Chair thanked everybody for their attendance acknowledging that the system was under immense pressure and that it was more exacerbated during the winter period. He commented however, that the system had responded to the pressures remarkably well and commended the staff for their continued hard work. He was mindful that our role was to create the conditions that people can operate effectively in on front line which needs to be continued. The meeting closed.
20/24	**<u>Date, Time and Venue of Next Meeting</u>** The next meeting would be held on Wednesday, 13 March 2024 at 1pm-4pm, 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).