

Subject to approval at the next meeting

**Minutes of an Extraordinary Board Meeting of the Integrated Care Board
Held in Public on Wednesday, 10 April 2024 at 11.00am
in the Lune Meeting Room, ICB Offices,
Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB**

Part 1

	Name	Job Title
Members	Roy Fisher	Acting Chair/Non-Executive Member
	Jim Birrell	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Professor Jane O'Brien	Non-Executive Member
	Professor Sarah O'Brien	Chief Nursing Officer
	Samantha Proffitt	Chief Finance Officer
	Dr David Levy	Medical Director
	Chris Oliver	Partner Member – Trust/Foundation Trust - Mental Health
	Aaron Cummins	Partner Member – Trust/Foundation Trust - Acute and Community Services
	Angie Ridgwell	Partner Member – Local Authorities
	Participants	Professor Craig Harris
Lee Radford		Acting Chief People Officer
Cath Whalley		Director of Adult Services (Westmorland and Furness)
Tracy Hopkins		Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Claire Richardson (Item 44/24)	Director of Health and Care Integration, Blackburn with Darwen
	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Louise Talbot	Board Secretary and Governance Manager

Item	Note
41/24	<p><u>Welcome and Introductions</u></p> <p>The Acting Chair, Roy Fisher, welcomed everybody to the extraordinary Board meeting and thanked those observing for their interest in the business of the Integrated Care Board (ICB).</p>

	R Fisher advised that he was Acting Chair until such time that a Chair appointment was made to the ICB.
42/24	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Kevin Lavery, Debbie Corcoran, Geoff Jolliffe, Asim Patel, Abdul Razaq, Victoria Gent and David Blacklock.</p> <p>It was noted that Sam Proffitt, Chief Finance Officer was currently deputising for Kevin Lavery in his absence.</p>
43/24	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That as the Chief Executive of Lancashire and South Cumbria NHSFT, C Oliver had a conflict of interest in respect of the item to be discussed in relation to the Blackburn with Darwen Transaction Programme – Transfer of Child and Adolescent Mental and Adult Physical Health Service Provision, it was agreed that he would take part in the discussion but could not take part in the decision-making.</p> <p>Should any other conflicts arising during the meeting, the Acting Chair should be advised accordingly.</p> <p>Board Register of Interests - Noted.</p>
44/24	<p><u>Blackburn with Darwen Transaction Programme – Transfer of Child and Adult Mental Health and Adult Physical Health Service Provision</u></p> <p>S Proffitt introduced the item advising that C Richardson, Director of Health and Care Integration, Blackburn with Darwen would take the Board through the proposal which was presented to them to approve the contractual transfer subject to Trust Board approval (Lancashire and South Cumbria NHSFT had approved the proposal and it would be taken through the East Lancashire NHS Trust Board on 23 April 2024). She further commented that discussion had been held in a closed session of the ICB Board to review and scrutinise the detailed business cases.</p> <p>Post meeting note: Confirmed that ELHT Board approved the proposal.</p> <p>S Proffitt conveyed her thanks to C Richardson for the work undertaken commenting that the proposal was in line with the ICB's ambitions and aims and, as a system.</p> <p>In line with the ICB's strategic objectives and the specific objectives of the children and young people's mental health transformation programme and the transforming community care programme, a proposal had been developed to transfer two key services, Blackburn with Darwen and East Lancashire child and adolescent mental health services (CAMHS) from East Lancashire Hospitals NHS Trust (ELHT) to Lancashire and South Cumbria NHS Foundation Trust (LSCFT) and Blackburn with Darwen adult community services from LSCFT to ELHT. The report outlined in detail the benefits for residents and the system across Lancashire and South Cumbria.</p> <p>In addition to the detailed report, C Richardson provided a verbal overview and assurance that other areas would not be negatively affected and included an update on the timescales for West Lancashire.</p> <p>The Acting Chair acknowledged the work undertaken in reaching the position proposed to the Board and conveyed their thanks to C Richardson, the team and C Oliver for the partnership work that had taken place.</p>

A Ridgwell commented that from a local authority perspective, they were supportive of the proposals and acknowledged the additional work undertaken to understand and mitigate the risk. She was pleased to hear that there would be no detrimental impact on existing LSCFT and ELHT provision for residents. The work carried out would also build on the work to explore opportunities for residents in West Lancashire and Blackpool to improve services from this learning. She was also pleased to see that residents were at the heart of the decision-making.

S Cumiskey conveyed her thanks to everybody involved in bringing the proposal together, recognising that a lot of hard work had been undertaken which had resulted in a positive outcome for the population. There was also improved satisfaction of people working across the services including people accessing those services. She welcomed the positive local authority support and stressed the importance of ensuring the whole population across Lancashire and South Cumbria receive a good and consistent service, also noting that work would be taking place in respect of West Lancashire and Blackpool.

T Hopkins concurred with the comments made and was supportive from a VCFSE perspective by taking services closer to people and communities. She sought clarification as to what it meant in practical terms and whether the transition would have an impact on current service users. She also asked how they would access the service and whether it would be the same or different. T Hopkins was mindful that there can be challenges in terms of change for people. She also asked about the progress being made across Blackpool. C Richardson stressed the importance of ensuring that children, young people and service users do not see a change and that all partners had been very clear about this by writing to staff advising that caseloads, bases and where services are delivered would not change. It was an opportunity to have better integration resulting in children, young people, families and adults having a streamlined offer and a smoother process in place. C Richardson further commented that it was anticipated that there will be a difference in opportunities of building improved pathways and improving experience. Discussions would be held with service users and staff working with children, young people and families to put plans in place to mitigate any concerns. It was noted that the East Lancashire service and clinical leads were passionate about getting it right for service users with continued improvement.

C Oliver clarified that there would be no change in terms of the estates and where people access services. He anticipated a reduction in waiting times, that there would be improved pathways and recruitment and retention in terms of workforce. He also advised that East Lancashire Child and Adolescent Services (ELCAS) had been assessed as outstanding by the CQC, that LSCFT want to be the best and it was a legacy moment for children, young people and families.

In respect of the position in Blackpool, C Oliver advised that Blackpool Teaching Hospitals provides child and adolescent mental health services and some adult mental health services. Executive to Executive meetings were being held, also working with Place and Blackpool Council and he anticipated bringing a progress report to the Board within the next 12 months.

A Cummins commented that it was a positive first test of providers working together with place-based teams and service users. He advised that the work did meet with a number of challenges, concerns, delays and barriers commenting that it was important to reflect and distil the learning in order that the good work could be replicated elsewhere. When carrying out the due diligence, real step changes were put forward and he stressed the importance of spreading the learning on pathway and service improvement. It was acknowledged that finance often has constraints and risk and work would take place in having a financial framework in place in order that negotiations can be more streamlined for future reconfigurations of services.

D Levy supported the proposal, commenting that a lot of work had been carried out and that a journey had been undertaken with patients, clinicians and provider trusts. He advised that

whilst the clinicians were initially concerned, they were since excited by the opportunities to work across the whole of Lancashire and South Cumbria to deliver the best care. It was acknowledged that there will be challenges in respect of Blackpool and he looked forward to receiving a progress update in due course.

C Richardson referred to West Lancashire and community services advising that there was a programme in place and that further information would be submitted to the Board in the Autumn. It would be part of the wider transforming community services and place development programme. She provided assurance that other areas would not be negatively affected.

In moving forward, C Richardson stressed the importance of collaboration. Whilst it had been a challenging process, there had been strong and joined up discussions which need to be part of the foundations in moving forward in terms of any future reconfigurations.

It was noted that the NHS England regional team had been involved in the work undertaken and that there was no requirement for a public consultation.

Subject to Trust Board approvals and contract modifications being made, the anticipated go live date for the services would be 1 July 2024 for both CAMHS and adult community physical health.

The Acting Chair looked forward to receiving updates on progress with the transaction.

RESOLVED: That the Board:

- a) **Approve the proposal for the alignment of community (physical and child and adolescent mental) health services for Blackburn with Darwen and East Lancashire;**
- b) **Approve the contractual transfer of child and adolescent mental health services for Blackburn with Darwen and East Lancashire from their current provider, East Lancashire Hospitals Trust to Lancashire and South Cumbria Foundation Trust;**
- c) **Approve the contractual transfer of adult physical health services for Blackburn with Darwen from their current provider, Lancashire and South Cumbria Foundation Trust to East Lancashire Hospitals Trust;**
- d) **Agree to contract modifications being made to enact these transfers, permissible under Regulation 13 of the Provider Selection Regime 2023;**
- e) **Note that a Provider Selection Regime decision making record will be completed for each contract modification and a confirmation of modification notice will be published on the Find a Tender Service (FTS) website within 30 days of the contract being modified;**
- f) **Instruct the respective provider Trusts to progress agreement of the finalised Heads of Terms and develop a Business Transfer Agreement for approval by the respective Boards subject to completion of TUPE requirements: to conclude formal agreements with commissioners, regulators and both providers;**
- g) **Instruct the provider Trusts to consider and approve actions to address and mitigate risks identified through final due diligence;**
- h) **Note that all parties will enact such governance arrangements as necessary to manage the period between approval of business case and the transfer date;**
- i) **Agree to an update report outlining progress of mobilisation and current service performance being provided to all Boards within six months of the transfer.**

C Richardson left the meeting.

Finance Performance Report – Month 11

S Proffitt spoke to a circulated report and advised the Board that the system was required to deliver a revised full year deficit of £118.5m after receiving £80m of deficit funding from NHS England which was in line with the replanning exercise undertaken in November 2023. A further £30m risk to the ICB was driving a likely forecast position of £148.5m deficit for the year. It was noted that this was reflected in the current run rate and had been reported to NHS England.

As at 29 February 2024 (month 11), the ICB was reporting a system deficit of £148.8m which represented a current deficit of £67.2m for the Provider Trusts with the ICB reporting a year-to-date deficit of £81.6m. The position included industrial action costs for which an additional £5.5m of costs were to be funded.

The deficit position was being driven by in-year cost pressures including continuing health care packages, prescribing and inflation pressures and the slippage against recovery plan savings.

It was noted that despite the deficit position, the system was on plan to have delivered £238.3m of efficiency savings by the end of year. This represented 5.3% of the 2023/24 system allocation funding.

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 work continues to collectively deliver the resubmitted system target.

S Proffitt commented that the whole system had worked incredibly hard and she conveyed her thanks for the work undertaken acknowledging that there had been a 'big ask' at the start of the financial year. Consideration needed to be given as what needs to be undertaken in terms of system recovery.

J Birrell commented that whilst the ICB was not reporting a good financial position, on reflection over the last 12 months, major steps had been made in terms of the way the system had worked together collectively and that areas had generally stabilised. It appeared that there was no deterioration as a system currently however, it was not the case nationally. He further commented that collectively, the workforce remained at a level that was not increasing and that solid savings were being delivered. Whilst the headline figure was disappointing, he commented that performance appeared to be quite good. There now needed to be a focus on 2024/25.

A Cummins commented that positive work had taken place to address the financial challenge and that great inroads had been made in terms of cost controls, the management of the NHS continuing healthcare and prescribing costs and that some of this positive work was being taken into 2024/25 and beyond. Whilst they were cognisant of quality, performance and safety, it was shaping the thinking in terms of programmes of work. A Cummins advised they were close to achieving the national requirement in relation to urgent care.

C Whalley conveyed her personal thanks to S Proffitt and C Harris for the work she had been involved in with them. In terms of the plans in going forward, she commented that there was a reassuring message of working together as a system. From a local authority perspective, she was mindful of the nervousness when talking about finances and efficiencies however, she emphasised the need and commitment to work together to have a financial and sustainable future.

S Proffitt commented that the plan had been very ambitious and that risks had been highlighted throughout the year. She stressed the importance of working in partnership in terms of recovery and transformation commenting that by focusing on clinical transformation and improvement,

	<p>the finance would follow. Reducing agency staff usage, corridor care, delayed discharges and unnecessary admissions would help bridge the financial gap which would then address both better outcomes for the population which would also drive the financial sustainability. S Proffitt advised that there needed to be a clear set of principles via a memorandum of understanding and to have a clear approach as to how risk can be mitigated.</p> <p>The Acting Chair also referred to the work taking place by the voluntary sector and Healthwatch and conveyed his thanks in helping to achieve better outcomes.</p> <p>RESOLVED: That the Board note the report.</p>
46/24	<p><u>Specialised Commissioning Delegation</u></p> <p>(a) Chair's Action – Delegation Agreement - S Proffitt spoke to a circulated report which detailed a Chair's Action taken on behalf of the Board in relation to the North West Specialised Services Delegation Agreement between NHS England and Lancashire and South Cumbria ICB, and the Terms of Reference for the North West Specialised Services Joint Committee.</p> <p>It was noted that as the ICB Board meeting held in public was taking place 10 days after delegation, there was a requirement for a Chair's Action to be taken to sign off the delegation document before 1 April 2024 and to agree the delegated responsibilities and liabilities transfer on that day.</p> <p>The report provided assurance to the Board that a Chair's Action had been taken in line with the ICB's Standing Orders.</p> <p>The Delegation Agreement and Joint Committee Terms of Reference were included in full for information with Item (b) within this minute in respect of Specialised Commissioning Operational Arrangements. Item (b) also asked the Board to approve the local governance arrangements for the ICB in relation to specialised commissioning.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Ratify the Chair's Action taken. • Consider the further recommendations in relation to operating arrangements under Item (b) within this minute. <p>(b) Delegation and Operating Arrangements from 1 April 2024 – C Harris spoke to a circulated report which provided the Board with the background and scope of delegations from NHS England to Lancashire and South Cumbria Integrated Care Board (LSC ICB) for the commissioning of a number of suitable specialised services as of 1 April 2024. Also provided was the detail on the work undertaken over the past 12 months, to ensure a 'safe' transfer of those services, including the completion of a Pre-Delegation Assessment Framework and Safe Delegation checklist, in addition to the development of a Target Operating Model for the North West, Commissioning Team Agreement and Collaboration Agreement.</p> <p>It was noted that internal governance mechanisms for the delegated services, via the Specialised Commissioning Oversight Group, were also detailed within the report.</p> <p>As referenced at (a) within this minute, a Chair's Action had been taken in relation to the North West Specialised Services Joint Committee Terms of Reference and, the Delegation Agreement between NHS England and Lancashire and South Cumbria ICB.</p> <p>C Harris conveyed his thanks to D Atkinson, Company Secretary/Director of Corporate Governance and the commissioning team for the work undertaken in readiness for delegation.</p>

C Harris advised that 59 specialised services had been delegated to the Lancashire and South Cumbria ICB. A report had been taken through the ICB Finance and Performance Committee, NHS England and three ICBs in the North West. Robust due diligence had been undertaken. He further commented that 2024/25 was a foundation year for the ICB and that staff had been aligned to the ICB however, they would transfer in April 2025. A ways of working and operating model had been implemented.

The Acting Chair acknowledged the very complex nature of specialised commissioning and thanked C Harris and the team for the work undertaken in reaching the current position.

S Cumiskey welcomed the report referring to the quality of services delivered commenting that as we move through the transition year, what it would mean and whether there would be sufficient resources to fulfil those requirements, particularly with staff aligning from NHS England and how the ICB would have oversight of quality.

D Levy advised that there were some services that the ICB had not previously been involved with but would now enable the ICB to commission whole pathways and that there were real opportunities and a chance to make significant improvements. He was mindful that there needed to be an understanding of the inherited quality issues and link specialised commissioning to the risk register as appropriate.

J Birrell referred to a report submitted to the Finance and Performance Committee which included the total amount of funding for the North West was £1.7 billion, of which the Lancashire and South Cumbria ICB proportion was £384 million which represented almost a 10% supplement to the ICB's budget.

C Harris was mindful of the opportunities that specialised commissioning would bring commenting however, that the quality aspects were very important and that there were different ways of working in terms of quality oversight. He stressed the importance of ensuring it met the standards across the ICB. S O'Brien was mindful of previous experiences from primary care delegation and the in-housing of continuing health care, commenting that it was not only what was inherited but also what we were commissioning and the oversight of quality of services. She reminded the Board that there was a small team in place in terms of complaints and that there needed to be awareness that the ICB was inheriting three members of staff from the specialised commissioning team at NHS England. There would be an increase in workload which did not just relate to quality but also other supported teams within the ICB which was a risk and had been raised. A review of capacity and resource would need to be undertaken and C Harris commented that the foundation year would enable this to be undertaken through the governance committees in order to determine how it could be shaped.

The Acting Chair expressed concern at the increasing workload and capacity for staff within the ICB and sought clarification as to whether there were any programme costs. C Harris advised that there would be programme costs and that further consideration would need to be given around this.

C Harris advised that the Board would be kept up to date on specialised commissioning during the foundation year and the second year in terms of quality performance and finance.

RESOLVED: That the Board:

- **Note the update.**
- **Receive the North West Specialised Services Joint Committee Terms of Reference.**
- **Receive the Delegation Agreement between NHS England and the**

	<p>Lancashire and South Cumbria Integrated Care Board.</p> <ul style="list-style-type: none"> • Approve the internal governance arrangements for Lancashire and South Cumbria Integrated Care Board single commissioned services. • Approve the amendment to the ICB's Overarching Scheme of Delegation to include the Joint Decision-making Arrangements under the North West Joint Committee.
47/24	<p><u>Commissioning Intentions 2024/25</u></p> <p>C Harris advised that the ICB was developing a clear commissioning delivery plan for 2024-27 in order to set out how the ICB's vision and clinical strategy within its financial framework can be delivered. It was noted that the ICB's commissioning intentions for 2024/25 described the changes required to progress its objectives in the first year of the plan. It was proposed that transformation across the range of services that the ICB commissions, signalled the ICB's aim to undertake a single engagement with the Lancashire and South Cumbria population and partners.</p> <p>C Harris spoke to a circulated report which summarised for the first time, the ICB's commissioning intentions across system, sectors, providers and places. The information had been drawn together from multiple sources including the Joint Forward Plan priorities, draft planning guidance, ICB service commissioners, provider intentions and internal discussions on closing the system deficit and achieving sustainability through transformation.</p> <p>The Board was reminded that the commissioning intentions had been shared with them previously in draft form and it was noted that the updated documents had taken full account of the comments made by them and were presented as a final draft for review and support. C Harris also commented that work was taking place in having a 'plan on a page'.</p> <p>The Acting Chair welcomed the report acknowledging that it was a significant programme of work that the Board would wish to see delivered. In terms of the three-year delivery plan, the Acting Chair sought clarification of what might be delivered in the first year and looked forward to hearing about the progress made accordingly.</p> <p>J Birrell acknowledged the time commitment in drawing up the document however, he commented that it appeared to be low in detail and requested sight of the detailed plans behind each of the items which also needed to be consistent with the ICB's strategic objectives. He made particular reference to the significant refocusing of General Practice locally commissioned services in respect of frailty and sought clarification as to who will manage this.</p> <p>In respect of place, there appeared to be inconsistencies of what each place was developing and it was important to have a consistent standard across the patch.</p> <p>A Cummins welcomed the commissioning intentions and echoed the comment made about having timescales in place in terms of updates on delivery. The provider collaborative would work with C Harris and the team to look at what the prioritisations will look like and capacity within the system to deliver at scale. He advised that there was also connectivity across partners in terms of their roles. A Cummins made reference to commissioning for success, making particular reference to those areas that have unwarranted variation and recognised that there was a lot to do to address this within the current service configuration.</p> <p>C Oliver conveyed his thanks to C Harris and the team for the document which demonstrated good engagement had been undertaken. He made particular reference to the commitment in respect of autism which was an area that was not seen nationally.</p> <p>C Whalley commented that the document had great ambition and demonstrated working together across partners. She went on to say that there was something about recognising the</p>

principles of what we want to achieve consistently however, she highlighted that consideration needed to be given relating to variances in different places. C Whalley advised that there were pieces of work underway with a real desire to achieve in a mature system.

T Hopkins commented that it appeared to be a commissioning for change type of document. There were ways in which areas can be transformed and investment in prevention. The involvement of the voluntary, community, faith and social enterprise (VCFSE) was welcomed. She referred to people furthest away from health equity, the move towards more longer-term levels of funding and acknowledged that work was taking place behind the scenes which was vital. With regard to urgent and emergency care, she asked if it could be teased out further also stating how it will meet the ambitions. T Hopkins also referred to mental health access and the promise that all young people who need specialist care will be able access it by 2028/29. She commented that this was too long a timescale and in her opinion was at odds with the ambitions document and, was not a promise to young people as they will be adults by 2028/29.

D Levy referred to comment made by J Birrell in respect of primary care and who was involved in managing frailty. He advised that through some of the work taking place, there were some incentives for primary care to have a frailty register and to look at the needs of these people.

A Ridgwell was supportive of the document and concurred with A Cummins' comments about having a whole system approach. She would welcome discussions in terms of working together and whilst there were some areas that may not be relevant to local government, there were others where intentions can be shaped together across organisations. A Ridgwell also concurred with the comments made by T Hopkins in respect of children and young people who are often overlooked. The number of children presenting in local government for support was rising exponentially and A Ridgwell stressed the importance of promoting independence and to look at the early years and pre-school. She would question whether there was the right balance.

S O'Brien welcomed the document commenting for clarity that maternity and children along with learning disabilities and autism link to children as well as adults. It was acknowledged that there were challenges in this area and a lot of discussion had been held at the Quality Committee meetings. It had been previously agreed to have a focused discussion at a future meeting of the ICB Board.

S Proffitt referred to the implementation of the strategic priorities and objectives which would rely on a number of key deliverables as highlighted within the report. Consideration would need to be given as to how they can be simplified and understandable for people via engagement with partners. The next piece of work on the recovery process would be to determine the detail on the metrics and deliverables. S Proffitt further commented that they needed to be streamlined but as part of 'business as usual'. She also referred to the organisational strategy which would underpin all of this.

The Acting Chair stressed the importance of undertaking a prioritisation process and alignment of priorities at place further commenting that it was a really good start and had been well received by the Board.

C Harris conveyed his thanks for the comments made advising that there was an intention to make improvements in the whole urgent care pathway in the first year. Mental health out of area placements were also a priority in the first year along with North West Ambulance Service turnaround. He also stressed the importance of ensuring people flow through the system appropriately and are not in hospital longer than required.

C Harris advised that work was underway in taking the commissioning intentions through the prioritisation framework and that further discussions would be held at the May meeting of the Board and at future Board meetings after that. He conveyed his thanks to Carl Ashworth, Director of Planning for the work undertaken in drawing up the commissioning intentions

	<p>documentation. He advised that ICB staff would be able to see the alignment of priorities. Primary care elements would be taken through the Primary Care Commissioning Committee.</p> <p>C Harris informed the Board that there was a very prescriptive set of services that children have access to. He would carry out some work in the background to ensure it is not quoted incorrectly.</p> <p>The Acting Chair asked C Harris to pass on the Board's thanks for the work undertaken in finalising the commissioning intentions for 2024/25.</p> <p>RESOLVED: That the Board approve the ICB commissioning intentions for 2024/25.</p> <p><i>C Whalley left the meeting.</i></p>
48/24	<p><u>Any Other Business</u></p> <p>There were no issues raised.</p>
49/24	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no items to be included on the ICB Risk Register.</p>
50/24	<p><u>Closing Remarks</u></p> <p>The Chair thanked everybody for their attendance and closed the meeting.</p>
51/24	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 15 May 2024 at 1.00pm-4.00pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB.</p>

Exclusion of the public:

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