

Subject to approval at the next meeting

**Minutes of the Meeting of the Integrated Care Board Held in Public on
Wednesday, 13 March 2024 at 1.00pm
in the Lune Meeting Room, 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
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Angie Ridgwell	Partner Member – Local Authorities
	Professor Sarah O'Brien	Chief Nurse
	Samantha Proffitt	Chief Finance Officer
	Participants	Maggie Oldham
Asim Patel		Chief Digital Officer
Professor Craig Harris		Chief Operating Officer
Lee Radford		Acting Chief People Officer
Cath Whalley		Director of Adult Services (Westmorland and Furness)
David Blacklock		Healthwatch Chief Executive
Abdul Razaq (Arrived at 26/24)		Director of Public Health
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
	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Louise Talbot	Board Secretary and Governance Manager

Item	Note
21/24	<p><u>Welcome and Introductions</u></p> <p>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).</p> <p>Lancashire and South Cumbria NHS Foundation Trust – CQC Assessment - Congratulations were conveyed to Chris Oliver, Chief Executive, the Board and staff at Lancashire and South Cumbria NHS Foundation Trust following a recent inspection by the CQC which resulted in an outcome of Good in their overall assessment. The outcome was a testament to all of the team who had worked hard to turn the position around from 'requires improvement'. Chris Oliver would pass on the ICB's congratulations to the Trust Board.</p> <p>Blackpool Teaching Hospitals NHS Foundation Trust – The Chief Executive, Trish Armstrong-Child had recently shared with Trust staff that she would be retiring from the NHS after 35 years' service. The ICB Chair and Chief Executive would be working closely with the Trust Chair and the Board in relation to recruiting a new Chief Executive. In the meantime, Maggie Oldham, ICB Deputy Chief Executive would be commencing as Chief Executive of the Trust on an interim basis from April. The Chair wished Trish Armstrong-Child a long, happy and healthy retirement and wished Maggie Oldham all the best in her new role and whilst she would be missed, she would continue to be part of the system and the team.</p> <p>Chair, Lancashire and South Cumbria ICB – As previously announced, David Flory, ICB Chair advised that it was his final ICB Board meeting as he takes up the role as joint Chair of Liverpool University Hospitals NHS Foundation Trust and Liverpool Women's NHS Foundation Trust. A recruitment process had commenced for a new Chair of the ICB and until such time that an appointment was made, Roy Fisher would be stepping into the role of Acting Chair of the ICB.</p>
22/24	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Dr David Levy, Aaron Cummins and Victoria Gent.</p>
23/24	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>
24/24	<p><u>Minutes of the Previous Board Meeting Held on 10 January 2024, Matters Arising and Action Log</u></p> <p>RESOLVED: That the minutes of the meeting held on 10 January 2024 be approved as a correct record.</p> <p>Action Log: Maternity Incentive Scheme (MIS) - S O'Brien advised that an update would be submitted to the ICB Quality Committee on 20 March 2024, and she would share the report with the Board for information (<i>completed</i>).</p>

25/24	<p><u>Patient Story/Citizen's Voice</u></p> <p>S O'Brien introduced the patient story which was in relation to an experience of support for childhood asthma/prevention and population health improvement. The patient story was presented anonymously by Springnorth (a community organisation that provides a range of outreach support working with vulnerable communities and groups across Lancashire) as part of their Champions outreach model.</p> <p>It was noted that working across children's portfolios of work across the ICB and the system, a new approach was being put in place to support children and families in relation to childhood asthma. One area included working with Springnorth to roll out a programme of asthma community champions as part of a self-empowerment programme and particularly targeted some of our vulnerable communities and aims to reduce health inequalities. Champions provide support, health advice and signposting to NHS services and is peer to peer.</p> <p>Between February and December 2023, as part of this programme, the champions supported 2,093 families and signposting to NHS asthma support. 2,046 of these have said they had an increased knowledge of asthma support as a result. This was working with some of the most disadvantaged communities and also included signposting to a range of support and services such as foodbanks,</p> <p>The anonymous story shared the recent experience of one of the asthma champions supporting a member of the community in Blackburn with Darwen. This was just one of a number of patient stories heard through Springnorth from this outreach work. It was a relevant example of integrated care in the community and the types of approaches being put in place to support those who are most vulnerable in our communities, reducing health inequalities and working in partnership with community organisations.</p> <p>J Birrell asked how widespread across the Lancashire and South Cumbria area it was available and whether it needed to be expanded further. S O'Brien advised that it was part of the children and young people's programme transformation and was not currently available everywhere.</p> <p>T Hopkins welcomed the story and the work taking place but recognised the lack of consistency across the area and stressed the importance of ensuring that support is provided elsewhere but recognised that there was more work to do.</p> <p>S Cumiskey commented that it was a helpful reminder of the importance of how we reach into communities to signpost people.</p> <p>RESOLVED: That the Board note the patient story and the work taking place across communities.</p> <p><i>A Razaq arrived at the meeting.</i></p>
26/24	<p><u>Chief Executive's Board Report</u></p> <p>The Chief Executive, Kevin Lavery spoke to a circulated report which provided an overview of the ICB's financial position, matters relating to workforce, opportunities in going forward and acknowledged the hard work undertaken by staff across the system in delivering on a daily basis as we progress through recovery and transformation. It was also acknowledged that the vision for our system, together with our strategic objectives needed to be at the forefront of our planning and as described in the ICB's NHS Joint Forward Plan.</p>

K Lavery advised that the month of March provided an opportunity to take stock of achievements over the last 12 months, areas of work we were most proud of and areas where improvements need to be made. He further commented that despite all the challenges we had faced, overall, the system had performed well. The ICB's performance report showed that we are an upper quartile performer across many of the metrics against which we are judged. University Hospitals of Morecambe Bay NHS Foundation Trust had moved from a system oversight framework rating of four to three and as mentioned earlier by the Chair, Lancashire and South Cumbria NHS Foundation Trust had been judged good in a recent Care Quality Commission inspection.

It was acknowledged that financially, the Lancashire and South Cumbria system was one of the most challenged in the country however, despite managing in-year pressures from inflation, individual packages of care and not being able to reduce costs as anticipated due to the system continually being under severe pressure, forecasting remained consistent throughout the financial year and in line with the level of risk identified in April 2023. Between the seven NHS organisations in Lancashire and South Cumbria, the system had delivered financial efficiencies of £244.3m in 2023/2024, of which 63% were recurrent. This was the highest amount of savings ever delivered within the system at approximately 6.1%.

In relation to longer term planning, ICBs and their partner trusts were required by NHS England to prepare a five-year Joint Forward Plan (JFP) setting out how they propose to exercise their functions over the following five years. Each year they are required to review and/or revise it before the start of the financial year if significant changes are required. ICBs are then required to take any revised plan through Health and Wellbeing Boards as well as formal governance with NHS partners. Given the ongoing work on the 2024/25 plans and the need to align back to the JFP, it was proposed that a refresh of the JFP be undertaken during quarter 1 following which, discussion would be held at a Board meeting held in public.

K Lavery advised that a Managing Director for One LSC had been appointed. One LSC would bring many of the Trusts' central services together to support the health system. Each provider Trust would have shared ownership and responsibility for running One LSC and for setting service standards.

K Lavery referred to the recovery and transformation programmes for both clinical reconfiguration and corporate service collaboration which had credible plans in place that describe how services will be transformed over the next three years and when the financial benefits would be realised. It was acknowledged that it was a significant step forward and contributed to building confidence in our ability to recover and transform, albeit over a number of years

It was noted that within the recovery and transformation programme, there was a significant role for Places and as a Board, a commitment has been made to a roadmap leading to a Place integration deal. However, given the current challenges, K Lavery advised that he has been working with the Directors of Place and Health Integration to reassess their priorities and a realistic expectation of timeframe for the integration deal including financial delegations.

K Lavery made reference to the staff survey results which remained poor and it was acknowledged that as an organisation, it should be a lot better in this area and work was taking place to address this.

C Whalley reinforced the plea of working together in an integrated way and to avoid any duplication and take any opportunities of undertaking something once. She would pick this up with Place based Directors.

	<p>G Jolliffe acknowledged the challenging times and workload commenting that the Board does care about how people work and has the commitment of colleagues.</p> <p>K Lavery was mindful that staff had left however, there was more work than ever to take forward which was a public sector challenge. He stressed the importance of working with staff more innovatively but in the knowledge that there will not be any additional funding available.</p> <p>RESOLVED: That the Board note the report.</p>
27/24	<p><u>Board Assurance Framework and Risk Management Strategy and Policy 2024-27</u></p> <p>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 (BAF), relating to the achievement of the ICB's strategic objectives. Also provided was an update on the reporting of risks through the ICB's assuring committees, and a high-level summary of all risk management activity undertaken during the reporting period to provide the board with oversight of the management of all risks held by the ICB.</p> <p>Following a detailed review of the risks held on the BAF undertaken by the executives and Senior Responsible Officers (SROs), a focused review on the risk descriptions, risk scores, controls, assurances, gaps in controls and gaps in assurances was underway. Following this, a facilitated discussion had been held with members of the executive management team to "horizon scan" for potential future risks and opportunities aligned to the strategic objectives of the ICB and the medium- and longer-term strategic intentions to achieve these. A Board Seminar was scheduled for Q1 2024 to build on this work and the outputs would be incorporated into the updated BAF and presented within the next scheduled update to the Board in July 2024.</p> <p>Also presented to the Board was the ICB's Risk Management Strategy and Policy 2024-2027 which included the ICB's risk appetite statement. Following review and approval by the Board, the documents would be published on the ICB's website, communicated to all staff followed by implementation supported by the corporate team to ensure the ongoing and effective risk management approach of the ICB in the pursuit of its strategic objectives.</p> <p>D Corcoran welcomed the report which provided assurance and she made particular reference to risk 006 relating to the implementation of the Fuller recommendations and suggested that when reflecting on this that a 'look back' be undertaken as to what has happened since the review was initially carried out. S Proffitt advised that it had been picked by the Executives and an update would be provided.</p> <p>J Birrell welcomed the report which provided assurance around areas embedded across the organisation in comparison to the position in the previous 12 months and enabled us to provide a more robust report in the ICB's Annual Governance Statement. He sought clarification in respect of the process as to how progress was being made in delivering the strategic objectives.</p> <p>J Birrell also referred to the Risk Management Policy which had been taken through the Audit Committee for recommendation to the Board for approval. He made particular reference to the risk scoring matrix which explicitly demonstrated how risks should be scored. He commended the document highlighting other areas of good reference contained within it.</p> <p>T Hopkins commented that whilst the document provided information on the organisation's focused risks, there was also a much wider remit across the system and mitigations. She</p>

	<p>was mindful that there were areas being undertaken at local authority level which may be absent from the document and sought clarification as to whether we were looking at organisational risk or wider system risk that other partners could provide an overview around. S Proffitt welcomed the comment made and would give it further thought.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the report and the progress of the ICB’s risk management systems and processes. • Note the Board Assurance Framework and the risks held in relation to the achievement of the ICB’s strategic objectives. • Note the summary provided in relation to risks held on the ICB’s Corporate Risk Register (including a heat map and high-level summary dashboard). • Approve the ICB’s Risk Management Strategy and Policy 2024-2027 and risk appetite statement and note the actions planned to support its implementation.
28/24	<p><u>Integrated Performance Report</u></p> <p>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 second half year (H2) plan and the latest position against a range of other published performance metrics. He conveyed his thanks to the frontline staff across the system for their continued support and hard work.</p> <p>A Patel highlighted the following:</p> <ul style="list-style-type: none"> • A refresh of the integrated performance framework and the integrated performance report was being undertaken with the appropriate balance scorecards. • The Lancashire and South Cumbria Elective Recovery Strategy had identified six key areas of focus that would maximise and optimise elective capacity whilst building on the system-wide approach to the management of waiting times and capacity. These were: <ul style="list-style-type: none"> • Referral optimisation • Waiting list management • Out-patient transformation • Theatre transformation • Surgical hubs • Use of the independent sector <p>S O’Brien advised that robust discussion had taken place at the Quality Committee in respect of vaccinations and measles, commenting that there should be caution as a Board in terms of the level of reassurance on the statistics provided. She further commented that the vaccination rate was reasonable although some areas had low uptake and children will be more vulnerable, particularly as some children do not have their health checked. She advised that work was taking place on learning disabilities health checks which was variable and not where it should be currently.</p> <p>A Patel referred to discussion held at a recent meeting of the Finance and Performance Committee in relation to a deep dive on health inequalities and vaccination and the difference in vaccination uptake in different communities and ethnic communities. He stressed the importance of including this type of reporting which would provide the Board with a better lens.</p> <p>The Chair referred to the previous Board discussion held in July 2022 in respect of health checks for people with learning disabilities commenting that the position currently appeared to be below the aggregate. S O’Brien advised that learning disability reports are taken</p>

	<p>through the Quality Committee however, further detailed work was required, and an update would be brought back to the Board in due course.</p> <p>A Razaq made reference to a weekly measles group he attends that covers planning preparedness and response. He advised that there were currently ten cases of measles across the North West however, the main clusters were in the London and West Midlands areas. There were a number of cases across the ICB's footprint, in particular the East Lancashire area and work was taking place with the ICB and NHS England on the response at local Place level and across inclusion groups. He stressed the need to reach into communities and undertake further work. A Razaq also commented that alongside the measles findings, vaccination rates post-COVID-19 were not where they should be hence the outbreak situations. He further commented that any funding at Place level would be welcome.</p> <p>G Jolliffe commented that further work was required in respect of learning disabilities in primary care to identify the issues and seek resolution. Consideration would need to be given about how it can be more effective, and S O'Brien would take it away as an action.</p> <p>C Oliver commented that improvements needed to be made in respect of out of area placements as individuals are transferred when at crisis point. He advised that work at LSCFT was taking place to the reduce the length of stay. He further commented that people are either homeless when admitted or can result in being homeless when they are discharged due to length of stay in hospital.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • 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.
29/24	<p><u>Finance Performance Report – Month 10</u></p> <p>S Proffitt spoke to a circulated report and advised the Board that as at 31 January 2024 (month 10), the Integrated Care Board (ICB) was reporting a system deficit of £208.5m which was £120.0m worse than plan and represented a current deficit of £133.5m for the Provider Trusts with the ICB reporting a year-to-date deficit of £75.0m.</p> <p>It was noted that the system stretched itself at the start of the year to deliver a number of recovery savings schemes in order to meet the original £80m deficit plan.</p> <p>The month 10 deficit position was being driven by new in-year cost pressures including inflation pressures on continuing health care and prescribing costs and the slippage against recovery savings schemes as they take time to develop and deliver. Approval had been received for an additional £5.5m of costs incurred supporting the recent industrial action activity.</p> <p>It was noted that despite the deficit position, the system was on plan to have delivered £244.3m of efficiency savings by the end of year. The system was required to deliver a revised full year deficit of £198.0m which was in line with the replanning exercise undertaken in November 2023. There remained £30m risk to this position and work continued to mitigate the risk by the end of the year.</p>

	<p>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 continued to take place to collectively deliver the resubmitted system target.</p> <p>J Birrell commented that the position was consistent with previous discussion. He referred to capital expenditure and in particular, whether there were plans in place to manage the spending allocation in-year. S Proffitt advised that work was taking place with the providers and attempts would be made to land it as close as possible to the year-end total allocations in order that opportunity isn't lost regarding the allocations.</p> <p>A Ridgwell commented that over the last few years, the NHS and local authorities have worked productively in terms of risk sharing. For 2024/25, she advised that the environment would be very different within local authorities and would be much more constrained. Work was taking place with S Proffitt and the team around this.</p> <p>RESOLVED: That the Board note the report.</p>
30/24	<p><u>Recovery and Transformation Programmes</u></p> <p>M Oldham spoke to a circulated report. The System Recovery and Transformation Board (SRTB) met on 20 February 2024 to review progress on the Lancashire and South Cumbria Integrated Care System's (ICS) recovery and transformation priorities that would provide patient care and estates improvements for 2024/25 whilst also enabling the system to make progress against the three-year financial recovery plan.</p> <p>The report focused on the clinical strategy update considered by the SRTB, together with the approach to securing resources required to support the agreed priority areas.</p> <p>The SRTB had discussed potential options to reduce the likely risk that there would be insufficient resources available to progress some of the more transformational new models of care that would be essential for our longer-term sustainability, including the necessary shift to community centred models of care concurrently.</p> <p>M Oldham advised that a review of effectiveness of the SRTB would be undertaken and S Proffitt would give this further consideration along with a comprehensive review of the work undertaken to date.</p> <p>RESOLVED: That the Board note the report.</p>
31/24	<p><u>Reporting from Committees: Matters of Escalation and Assurance</u></p> <p>The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 10 January 2024 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.</p> <p>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.</p> <p>Quality Committee – S Cumiskey highlighted the following:</p> <ul style="list-style-type: none"> • Alert: <ul style="list-style-type: none"> - With S O'Brien now attending Finance and Performance Committee meetings, there was an integrated approach about value and have the best outcomes for people we serve. - Quality and safety report – Unplanned closures of pharmacies – the Primary Care

Commissioning Committee had been asked to review and mitigate risk.

- Dental access had previously been taken through the Board and more focused work was taking place.
- Safeguarding – Recognise the ongoing challenges regarding non-compliance of statutory and corporate parenting responsibilities in South Cumbria. Mitigations were in place with North East and North Cumbria ICB and statutory partners. Also noted that National PREVENT funding was being reduced and work was taking place with partners to continue with PREVENT training. It was also noted that Children in Care [CiC] health reviews remained an area of challenge and were not currently meeting statutory targets. Plans to in-house the safeguarding team for CiC were being operationalised. The Quality Committee had suggested that there be a Board development session on safeguarding and SEND as both are key statutory functions.
- Risks and escalations – There had been two Regulation 28 notices issued to NHSE/ICB and other partners by coroners in relation to NWAS emergency services related deaths. The Quality committee noted actions and increased pressures across urgent care pathways and would monitor action plans in relation to the serious incidents.
- Paediatric Hearing Services Improvement Programme - Improvement plan in place with prioritisation of waiting list, eg, babies less than 4 weeks. The team to continue to monitor and report back to the committee in six months' time. Learning from this programme to be undertaken to consider other hidden 'fragile' services.
- Patient Safety Incident Response Framework – Backlog of serious incidents remained high and further discussion to be held at the Quality Committee to determine how it can be mitigated.
- Never Events – Immediate actions were being taken to mitigate risk and system-wide learning to be shared.
- **Assure:**
 - Maternity services – Local Maternity and Neonatal System (LMNS) – The Quality Committee received assurance regarding LMNS oversight of Trust maternity services including quality visits and were assured of progress against national Ockenden plans.
- **Refer to People Board:**
 - Maternity - High levels of sickness in maternity relating the mental health of staff was raised at a recent NHSE assurance meeting and members requested that this be referred to the ICB People Board as to how the ICB can support these staff members from a well-being perspective.

People Board – J O'Brien provided a verbal update as follows:

A development session was held on 31 January 2024 to look at the purpose and function of the People Board. Clarification has been sought as to whether it was a committee for workforce issues across the ICB or the system. Further discussion would be held in March however, it was recognised that the People Board needed to be a system-wide strategic Board/committee rather than operational. Areas being taking forward included population outcomes, addressing health inequalities and new ways of working with a focus on system working – 'one workforce'. There was a strong ethos on partnership working and consideration would be given as to what the system can do in respect of health and wellbeing and mitigate the problems in this area.

Sub-groups would be established to take forward workforce issues and it was proposed that the March meeting of the People Board would be to provide feedback, review and finalise the membership and focus on the priorities in going forward.

Public Involvement and Engagement Advisory Committee – D Corcoran highlighted the following:

There were no matters of alert to report.

- **Advise:**
 - ICB recovery and transformation programme - The committee had requested regular updates, with consideration of the under-pinning approach to engagement and involvement in the Programme a focus in the committee's development session planned for April.
 - Complaints – A review of the approach by committee Chairs of the PIEAC and Quality Committee with the senior responsible officer to be undertaken to support clarity and linkages.
 - Insight - Co-production and engagement - Maternity and Neonatal – The report outlined that the Quality Committee has agreed robust reporting and oversight in this area. The PIEAC can contribute and provide support as required in relation to involvement, co-production and engagement approaches.
- **Assure:**
 - Place Deep Dive – Blackburn with Darwen (BwD) - Consideration was being given as to how best to share the best practice and learning easily and systematically across Places, within the ICB and across the system.

Primary Care Commissioning Committee – D Corcoran highlighted the following:
There were no matters of alert to report.

- **Advise and Assure:**
 - Withnell Health Centre Public and Patient Engagement - The committee received a report summarising the approach and insight through the public engagement exercise that was undertaken during September and October 2023, working closely with the patients of Withnell Health Centre. There had been significant engagement with the patient group and a number of lessons learned from the previous process undertaken. Assurance was shared that the approach to engagement and involvement had been robust, supported by the Withnell Patient Steering Group, and adhered to the ICB's principles of working in partnership with people and communities. Further discussion would be held at the Primary Care Commissioning Committee on 14 March 2024.

Audit Committee – J Birrell highlighted the following:

- **Alert:**
 - Mandatory training – Work was underway to improve the ICB's oversight of mandatory training. It was estimated that at the end of December 2023, 81.2% of staff were compliant with their training requirements, against a target figure of 92%. Progress of the new arrangements would be monitored.
 - Audit of 2023/24 ICB accounts - External Auditors have a legal duty to inform the Secretary of State when an ICB breaches its Break-even Duty. Given that the ICB has revised its 2023/24 plan to an agreed £49m deficit, a referral would be made in respect of Lancashire and South Cumbria. Whilst it will not impact on the unqualified audit opinion of the accounts, it meant that the ICB will have a qualified regulatory opinion as part of the accounts submission.
- **Advise:**
 - Three audit reviews were considered. It was noted that there were currently 46 audit recommendations outstanding. The position would be monitored.
- **Assure:**
 - Head of Internal Audit Opinion - MIAA anticipated issuing an assessment of Moderate Assurance, which was an improvement on the 2022/23 rating of Limited Assurance. It was also based on the history and track record that the ICB does not have. It was anticipated that by year 4, the opinion should be higher than moderate. It was recognised that there was clear evidence that the ICB had moved forward however, there was more to do.

	<p>Finance and Performance Committee – R Fisher drew the Board’s attention to the following:</p> <ul style="list-style-type: none"> - Consideration needed to be given as to the reporting timescales of data to the committees of the ICB. - Consideration was being given to the Finance and Performance Committee being a more forward-looking committee in terms of finance and performance. The Non-Executive Members had met with ICB officers about the future direction and the future emphasis the committee might discuss. It was acknowledged that there needed to be a commissioning perspective and the Board was asked to approve the proposal to co-opt the Chief Operating Officer, Professor Craig Harris, to the Finance and Performance Committee in this respect. <p>A number of items arising out of committee meetings were referred to other committees of the Board which were highlighted within the report.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the highlight reports and ratified minutes for those committees that had met since the Board meeting held on 10 January 2024. • Approve the proposal to co-opt the Chief Operating Officer to the Finance and Performance Committee.
32/24	<p><u>Draft ICB Budgets 2024/25</u></p> <p>S Proffitt spoke to a circulated report which provided the latest funding and expenditure plan for all commissioned services and running costs for 2024/25 which had been used to develop the ICB high level budgets. It set out the planning guidance expectations and assumptions reflected in the ICB plan, and the continued work required prior to the final plan submission on 21 March 2024.</p> <p>The paper reported a £95m planning gap after assuming high risk mitigations could be delivered in-year. It was noted however, that it had not yet been finalised as final planning guidance was awaited and further discussions planned with NHSE. S Proffitt advised that the Board was requested to approve the draft high-level budgets for 2024/25 on the basis that further discussion was required and a solution identified. She further advised that it was not possible to spend more than is allocated.</p> <p>The Board was informed that the review of contracts would be included when the commissioning intentions were finalised. More meetings would be held with NHS England to finalise the financial position.</p> <p>The Chair sought clarification as to whether approval at the proposed level ensure that the expenditure as at 1 April 2024 was legal. It was confirmed that it was legal.</p> <p>J Birrell did not feel comfortable rolling forward the allocations, particularly as there did not appear to be a change in the strategic direction. He stressed the importance of agreeing that further work needed to be undertaken over the next 12 months in terms of service development. S Proffitt advised that there were a number of investments however, they were not moving across budget lines. Whilst they were in the plan in going forward, they were more around the margins and that there were no big plans on recovery at the current time. A Ridgwell shared the concerns expressed by J Birrell and suggested taking the matter outside of the meeting. The Board was being asked to sign off the proposed high-level budgets to legalise expenditure. She suggested that there may be a requirement to seek more private advice in respect of the responsibilities as Board members in this regard.</p>

	<p>The Chair welcomed this suggestion.</p> <p>The Chair sought an update on all age continuing healthcare. S O'Brien advised that there was a requirement to have a continuation of programmes and work was being undertaken around this including equality impact assessments, quality impact assessments and QIPP schemes which had all been woven in accordingly and, consideration was being given as to how it should be managed. She acknowledged the work undertaken by the team, referring to historic settlements with local government and the backlog of 4,000 reviews which had all been completed. In terms of incomplete referrals, productivity had improved and there were none over four weeks (previously there was a high number of over 12 weeks). S O'Brien advised that the QIPP work on continuing healthcare would be a continuum and savings would be achieved. She reminded the Board that the team had been brought in-house and a lot of positive work had been carried out.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the report. • Approve the draft high-level budgets for 2024/25. • Support the work to develop robust delivery plans to deliver the agreed mitigations and return on investment. • Support the continuing conversations with NHS England in respect of the timescale for full system recovery.
33/24	<p><u>Urgent and Emergency Care Recovery and Winter Update 2023/24</u></p> <p>C Harris spoke to a circulated report which provided an overview of and update on the various programmes of work that are underway to support Urgent and Emergency Care recovery, performance and winter pressures in Lancashire and South Cumbria covering:</p> <ul style="list-style-type: none"> • Urgent and Emergency Care recovery plan delivery and assurance, including the NHS England priority areas of focus to be achieved by March 2024 • Urgent and Emergency Care capacity investment funding • Winter preparedness and actions agreed by system leaders following the Lancashire and South Cumbria winter workshops • The implementation status of the ten high impact interventions to support Urgent and Emergency Care recovery. <p>It was noted that on 25 January 2024, the ICB received a letter from NHS England thanking teams and its partners for their outstanding leadership throughout the winter period. It highlighted that nationally, four-hour performance had been better in every month this year compared to the same month last year, and category two ambulance response times in December significantly improved in comparison to the previous December. Whilst significant progress was recognised, the letter outlined the expectations to deliver 76% performance against the four-hour standard by March 2024, and improve category two ambulance response times to an average of 30 minutes over 2023/24, as set out in the Urgent and Emergency Care recovery plan and the operational planning reset which took place in November 2023.</p> <p>In addition to continuing to deliver the programme of transformative improvement as set out in the Urgent and Emergency Care recovery plan, the letter highlighted an immediate action and focus on ensuring that every Emergency Department is operating as effectively as possible to achieve the expected performance levels this year. Trusts had been asked to review their own internal systems and ensure that they have the following five key initiatives in place:</p> <ul style="list-style-type: none"> • Streaming and redirection • Rapid assessment and treatment

- Maximising the use of Urgent Treatment Centres
- Improving ambulance handovers
- Reducing time in department.

The letter also outlined the key areas in which the national team would place a particular focus on in terms of oversight and support offers to improve performance, which includes:

- Access and instructions to optimise Getting It Right First Time urgent and emergency care data, supporting identification of opportunities at system level related to the five initiatives set out at 3.3
- A series of online integrated urgent and emergency care masterclasses during February 2024 linked to the five key initiatives
- Virtual drop-in sessions to provide access to subject matter experts.
- Improvement support pack with various resources to support rapid delivery of the five priority initiatives.

C Harris advised that the letter from NHS England had been shared with the Trust Chief Operating Officers and co-chairs of the four Urgent and Emergency Care Delivery Boards, requesting their support to oversee the required actions at place.

C Harris referred to the Lancashire and South Cumbria top three initiatives for four-hour improvement at a system level, ie, alternatives to Emergency Department, workforce and estates advising that there were also specific local actions being progressed which included:

- Maximising the use of virtual wards
- Developing 2-hour urgent community response
- Delivery of local winter plans
- Implementation of flow improvement plans
- Revising same day emergency care to accept a wider cohort of patients
- Short stay ward/acute medical unit footprint expanded to enable direct admissions from GP practices
- Urgent treatment centre relocated temporarily to increase emergency department footprint
- Prompt assessment by appropriate clinician as part of the ambulance handover process

It was noted that as previously reported, the national team is actively considering if Lancashire and South Cumbria should be escalated from Tier 3 (lowest level of intervention) to Tier 2 or Tier 1 (highest level of intervention). Within Lancashire and South Cumbria, oversight would continue via local Urgent and Emergency Care Delivery Boards and the system-wide Urgent and Emergency Care Collaborative Improvement Board.

It was acknowledged that the risk of losing the Tier 3 status remained the highest risk in relation to urgent and emergency care and processes were underway to determine whether the risk should be included on the Integrated Care Board's corporate risk register.

In respect of challenges, industrial action and very long waits will be reported to the Quality Committee. Root cause analyses to be undertaken and discussions had been held with chief officers regarding remedial action plans.

J Birrell sought clarification on the actions being taken in relation to acute respiratory. He was advised that there was a mix of areas that pick this up, ie, virtual wards pick up respiratory support and other teams that manage the respiratory element that are not acute respiratory infection. Further discussion would be held via the Finance and Performance Committee.

	<p>S Cumiskey commended all staff across the system for their continued hard work and support. She referred to the priorities relating to recovery and transformation and sought clarification as to how we ensure there are one or two areas in the system that would have the highest impact.</p> <p>T Hopkins welcomed the development in urgent and emergency capacity and also acknowledged some of the solutions in respect of admission and discharge that the voluntary sector can bring. The action to engage with them as a sector was welcomed and she anticipated that co-production work to avoid admission and to help people return home. C Harris commented that a conscious effort was made to involve the community provision and voluntary sector.</p> <p>C Harris advised the Board that whilst the figures were improving, there was by no means complacency around this and he anticipated that the trajectory would continue to improve. He further commented that the work in respect of the industrial action and managing winter had been exhausting for staff and he thanked them for their support. C Harris advised that winter reporting would be stood down in April and that there would be a focus on the emergency strategy.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the content of the report as assurance that oversight of progress and all associated requirements would be via 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 Integrated Care Board meetings.
34/24	<p><u>Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assurance Report</u></p> <p>C Harris spoke to a circulated report which provided the ICB with an update on the self-assessment and check and challenge process against the NHS England core standards for emergency preparedness, resilience and response (EPRR) and subsequent improvement plan.</p> <p>It was noted that that had been a significant change in the assurance process for the North West for 2023/24 as a revised and more rigorous analysis of evidence and compliance against each core standard had been adopted. A robust action plan had been developed to improve compliance levels for 2024 onwards, cognisant of ongoing pressures with industrial action and incident response management. The Board noted that the action plan would be monitored, enhanced, and improved through the EPRR Committee, which would subsequently support the core standards assurance process for 2024/25 and onwards, and provide enhanced assurance around compliance to the Board.</p> <p>It was noted that under the Civil Contingencies Act (CCA) 2004, the ICB is a Category One responder, subject to the full set of civil protection duties including the risk assessment of emergencies occurring, maintaining plans to reduce, control or mitigate the effects of an emergency and undertaking business continuity management arrangements.</p> <p>C Harris advised that there is a requirement for the ICB to have an Accountable Emergency Officer responsible for EPRR who should be a Board level Director and he has assumed this role.</p>

	<p>It was noted that from an NHS provider perspective, all five acute Trusts and North West Ambulance Service (NWS), declared themselves substantially compliant against the relevant core standards both in last year's submission and in the previous year. Post the NHS England panel review, all were reported as non-compliant against the EPRR core standards. All five acute Trusts and NWS had presented the outcome of the EPRR core standards assurance process to their respective Boards. They have all developed comprehensive action plans to improve their compliance which will be monitored monthly by the ICB and quarterly at the Local Health Resilience Partnership (LHRP).</p> <p>M Oldham expressed her disappointment at the outcome of the self-assessments and was mindful of multiple events that required managing following which, positive feedback on how they were consistently managed had been received. She understood however, the requirement to have evidence in place.</p> <p>C Oliver commented that there was a lot of non-compliance in respect of policy review dates which was not acceptable and acknowledged that organisations need to own and take responsibility accordingly.</p> <p>J Birrell referred to the action plan commenting that there appeared to be a lot of work to be undertaken in April. He sought clarification as to how realistic there would be compliance with the action plan to monitor, enhance and improve the ICB's core standards compliance in going forward and to provide additional assurance to the Board around the commitment of the EPRR function to improve its rating. C Harris was confident that the work would be completed in April at the latest pointing out that due to the pressures of the industrial action during March, there had been a delay.</p> <p>A Razaq referred to the work taking place across the multi-agency control of human infectious diseases plan and C Harris welcomed sight of the plan and the work being taken forward.</p> <p>M Oldham conveyed her personal thanks to the team which originally consisted of two members of staff at the beginning of the ICB but had since grown and was a team at full strength. She praised the work undertaken in managing the various incidents.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the contents of the report and • Approve the proposed EPRR Core Standards Action Plan
35/24	<p><u>Annual Review and Publication of Conflicts of Interest Registers</u></p> <p>S Proffitt spoke to a circulated report which provided the Board with the annual review and publication of the ICB's registers of interests including gifts, hospitality and commercial sponsorship and the register of procurement decisions, which are published on the ICB's website.</p> <p>The report provided an overview of the activity undertaken since the last report to the Board in November 2022 including the significant progress made in the development of the ICB's systems and processes to ensure compliance with the statutory requirements for managing Conflicts of Interest (including gifts and hospitality).</p> <p>Also within the report was an update on the ICB's arrangements for staff training following the recent launch of NHS England's online training module for Managing Conflicts of Interests for ICB staff. This will be implemented from 1 April 2024 as part of the ICB's core mandatory training requirements. The publication of the revised NHS England guidance</p>

	<p>was awaited and would inform any further updates required to the ICB’s policy for Managing for Conflicts of Interests.</p> <p>It was noted that the report also highlighted the ‘substantial assurance’ opinion provided by Mersey Internal Audit Agency (MIAA) following their review of the arrangements in place to manage conflicts of interest and gifts and hospitality. This included compliance with NHS England’s statutory guidance on Managing Conflicts of Interest.</p> <p>It was noted that the corporate governance team would continue to provide advice and guidance to all staff on any local matters relating to the management of conflicts of interest (including gifts and hospitality) and ensure it is aligned to national guidance for NHS organisations.</p> <p>S Proffitt conveyed her thanks to the corporate governance team for the work undertaken in ensuring processes were in place which had resulted in the substantial assurance opinion given by MIAA.</p> <p>S O’Brien advised that a new leadership competency framework had been published and that consideration would need to be given around this as a Board, also noting that it linked to appraisal. D Atkinson commented that it was very much linked to the Fit and Proper Persons Test framework and whilst there were also links to the appraisal framework for Chairs, the guidance and framework for Executive appraisal was awaited. It was anticipated that appraisals would be undertaken during the months of July to August as there were elements that would need to be signed off by the ICB Chair and submitted to the Regional Director by 30 September 2024.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the contents of the report. • Note the annual review and publication of the ICB’s registers of interests including the significant work undertaken to ensure compliance with the ICB’s statutory requirements for managing conflicts of interests. • Support the recommendation that all staff undertake the online training module as part of mandatory training requirements effective from 1 April 2024.
36/24	<p><u>Use of the Integrated Care Board Seal and Approval of a Special Payment</u></p> <p>S Proffitt spoke to a circulated report which included the following:</p> <p>Use of the Integrated Board Seal – The ICB seal had been used twice since previously reported to the Board on 8 November 2023, the detail of which was included within the report submitted to the Board.</p> <p>Approval of a Special Payment – It was noted that a special payment is an item that is outside the normal range of departmental activity and is not considered when monies are voted for by Parliament. As such, these transactions are subject to greater control than other payments and are mandatory disclosures within the ICB’s Annual Report and Accounts. The ICB has delegated authority to approve special payments up to the value of £95,000. All special payments up to that value must be approved by the Board, in accordance with the ICB’s Scheme of Reservation and Delegation.</p> <p>A claim of £1,149 for reimbursement had been received from an external contractor in respect of replacement of a damaged laptop. The damage occurred at the ICB’s County</p>

	<p>Hall offices and was accidentally caused by the movement of a member of ICB staff when leaving the meeting room. Other ICB staff members were witness to the event.</p> <p>RESOLVED: That the Board:</p> <ul style="list-style-type: none"> • Note the use of the ICB Seal since reported to the Board on 8 November 2023. • Approve a special payment of £1,149 in respect of a compensation payment to an outside contractor to replace a damaged laptop.
37/24	<p><u>Any Other Business</u></p> <p>On behalf of the Board, both K Lavery and R Fisher conveyed their thanks to D Flory for his leadership and navigational guidance within the ICB and sent their very best wishes to him.</p>
38/24	<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>
39/24	<p><u>Closing Remarks</u></p> <p>The Chair thanked everybody for their attendance and closed the meeting.</p>
40/24	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 10 April 2024 at 11.00am-12.30pm, 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).