Lancashire and South Cumbria Integrated Care Board

Approved 25 March 2024

Minutes of the ICB Finance and Performance Committee Held on Monday, 29 January 2024 at 1.00pm In the Windermere Room, ICB Offices, County Hall, Preston

Name	Job Title	Organisation
Members		
Roy Fisher	Chair/Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Andrew Harrison	Director of Place and Programme Finance	L&SC ICB
Stephen Downs	Director of Strategic Finance	L&SC ICB
Maggie Oldham	Chief of Transformation and Recovery	L&SC ICB
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Roger Parr	Director of Assurance	L&SC ICB
Attendees		
Neil Holt	Head of Commissioning Performance	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	**Welcome and Introductions** The Chair welcomed all to the meeting and introduced Neil Holt, ICB Head of Commissioning Performance, who attended for the performance report. Although recognising data issues when producing meeting reports, the Chair asked authors to ensure papers were submitted for the meeting in a timely manner, to enable him to have sight of the papers prior to circulation to members.	
2.	**Apologies for Absence / Quoracy of Meeting** Apologies for absence had been received from Glenn Mather. The meeting was quorate.	
3.	**Declarations of Interest** **(a) Finance and Performance Committee Register of Interests –** Noted.	

	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.	
4.	**(a) <u>Minutes of the Meeting held on 18 December 2023 and Matters Arising</u>** **RESOLVED: That the committee approved the minutes of the meeting held on 18 December 2023.** **(b) <u>Action Log</u>** The action log was reviewed and the following discussed:- 1. **Review of Performance Indicators** – Detail was presented at a recent ICB Board meeting, which was well received. Item closed. 2. **Trajectory mapping** – Due February 2024. Members raised concern regarding the timing of detailed plans for benefits trajectories being received by the Committee. M Oldham responded that members of the System Recovery and Transformation Board would receive and agree the detail on different levels of maturity, at its meeting on 20 February 2024. As the papers for the Finance and Performance Committee would be circulated prior to this, a progress update, including draft plans, would be provided to the February Committee meeting. Final detailed plans would be reported to the March Committee meeting. 3. **System Recovery and Transformation Update** – Flow chart showing process of reporting from the System Recovery and Transformation Board and Committees to be presented at the February Committee meeting. 4. **UEC Performance – Representative from the national team to attend a Finance and Performance Committee meeting** – Discussion was held regarding a focus on specific items at each future committee meeting and it was suggested to invite Jayne Mellor , who was the ICB lead for urgent and emergency care, to a future meeting, which would be discussed further within the performance report item at today's meeting. It was agreed that the item remain open until agreement was made on a UEC focus. 5. **Action Log – Performance Report** – A Patel updated that a number of conversations had been held outside of this meeting around primary care performance reporting. Part of the inequalities presentation at today's meeting would show variation in primary care, and a primary care focus was suggested at a future committee meeting. D Corcoran reported that the Primary Care Commissioning Committee had asked for an organogram for clarity as to what committees were being assured on and in which areas. In order to understand variation, members asked for a single piece of work setting out a framework for primary care including variation and an explanation as to the way forward if there was unwarranted variation. The framework would be reported to the Finance and Performance, Quality and Primary Care Commissioning Committees for clarity – D Atkinson to support this work from a governance perspective. A response would be required on any variation related to performance. A Patel reported that a number of metrics showing variation was included in the health inequalities presentation at today's meeting. It was suggested that if the committee agreed to specific insight focus sessions, the first session could be for primary care, specifically around variation in primary care performance and inviting Peter Tinson to address any issues in the absence of a framework.	**AP/DA**

	Members agreed not to close the item until the work had been completed or was being undertaken elsewhere. 6. **Assurance Plan** – S Proffitt confirmed that this would be discussed as part of today's meeting. Members were asked to note that there was no trajectory of savings or plans in place as to how this would be addressed. Item closed. 7. **Committee Remit** – From a clinical perspective, S O'Brien was now a co-opted member of the committee. **RESOLVED: That the committee co-opt C Harris to the membership to provide a commissioning perspective.** 8. **Provider Report** – Item on today's meeting agenda. Item closed. 9. **Winter** – Discussion had been held at a recent ICB Board meeting. JB explained this action was around the committee receiving a broader discussion to understand what the main problems were, what was being done to address issues, longer terms plans, etc, to enable the committee to provide assurance to the ICB Board. Given timescales of this winter, action to remain open for discussion in advance of next winter, prior to allocations being announced. D Corcoran reflected that the committee's role was to support and assure the ICB Board. A sharp focus was required particularly as the committee meetings were moving to bi-monthly from April 2024, and it was agreed that non-executive members meet with senior leaders, to scope the business cycle for standard business items and other important items, to ensure clarity moving forward. D Atkinson was asked to support the meeting from a governance perspective, and the senior leaders would provide a strategic focus. 10. **Financial Planning** – S Proffitt confirmed that detail regarding allocation of monies received had been provided to the ICB Board at its Part 2 meeting. Item closed. 11. **ICB Commissioning Reset** - Due February 2024. 12. **Performance Report – Children and young People** – S O'Brien confirmed detail had been received by the Quality Committee. Maternity was a standing item at Quality Committee meetings and a further update on neonatal was planned to be received at the February meeting. An assurance group to the Local Maternity and Neonatal System feeds back through the Quality Committee. Members agreed that detail could be monitored by the Quality Committee, however, members asked that some quality indicators be reported to the ICB Board. Outside of this meeting, A Patel and S O'Brien would take forward reporting to the ICB Board. Item closed. 13. **Dying Well** – It was reported that the dying well resource was stretched and it was not known if this issue had been resolved. The plan for the service would provide huge impact and value, however, could not be taken forward fully given capacity issues. Capacity issues would be discussed by ICB Executives and the executives on this committee would provide an update at the next meeting. Agreed item to remain open until confirmation received that resource had been addressed.	**DA** **DA**

5.	**<u>Key Messages and Overview of Agenda</u>** S Proffitt presented slides, providing an overview of key messages at month 9. Key messages included that the ICB had submitted a plan at the start of year with an £80m deficit. At month 9, the actual deficit in the system was £188m. The forecast position with NHS England colleagues was to achieve £198m by year end. The ICB trajectory was £90m, therefore, there were further risks to manage. Industrial action continued and there was an additional forecast of around £3m. Members were asked to note that planning guidance had not yet been received, however, work was being taken forward to review exit run rates. The starting position was circa £500m, being a circa 10% pressure – a number of local savings schemes would be required, and the impact of recovery must be looked at. To date, Trusts were largely delivering their CIPS set at 5%, however, system recovery and transformation was required to be able to make a difference to the underlying position. S Proffitt expressed that plans were being developed to take savings forward. In relation to today's meeting agenda, S Proffitt explained that the risk management report included key risks which would be discussed under relevant agenda items, being good practice. The performance report had a winter focus, and A Patel and N Holt would also present slides on health inequalities. The finance report and provider position report focused on high risk. Apologies were given for the late circulation for the planning update meeting paper, due to guidance being awaited and also gathering the information required for planning 2024/25. Plans would be submitted at the end of February/beginning of March 2024. S Downs would take members through key assumptions at this item. Recovery and transformation work was being taken forward and M Oldham would speak to the circulated report. Actions were included within the Business Sustainability Group update report and A Harrison would take members through a presentation highlighting mitigation requirements for 2023/24 and an update on QIPP. M Oldham reported that some successes had been seen in transformation programmes, highlighting that it was important to start to focus on models of care and what this would look like, which must be made as efficient as possible. D Corcoran expressed that the summary slides were helpful for direction and focus of this meeting. S Proffitt confirmed that the figures reported at this committee meeting were those that would be reported to an ICB Board meeting if it was being held within that month. From April 2024, the Finance and Performance Committee schedule would change to bi-monthly meetings and it was confirmed that the ICB Board meeting would be held in the month following the committee meeting. D Atkinson to circulate the ICB Board and Finance and Performance Committee dates to members by email for awareness of reporting timings. **RESOLVED: The Finance and Performance Committee note the key messages and overview.**	**DA**
6.	**<u>ICB Risk Management Report</u>** D Atkinson spoke to a report providing an update of risks currently held by the ICB specific to the business of the Finance and Performance Committee. A link was provided within the report to access the high-level summary risk dashboard, which summarised all risks currently held on the ICB's Board Assurance Framework (BAF) and Corporate Risk Register. The four risks held on the BAF, that aligned to the ICB's strategic objectives and relevant to the committee's work were:-	

	- ICB-008: System Financial Sustainability - ICB-010: Meet national and locally determined performance targets - ICB-012: Physical and digital infrastructure - ICB-013: Delivery of Lancashire and South Cumbria system-wide estates plan and Lancashire and South Cumbria Health Infrastructure Strategy. Supplementary reports for risks ICB-008 and ICB-010 had been provided to the committee for the performance and finance items on today's meeting agenda. A range of mitigations had been set out within the meeting report around risk ICB-012 and the risk had full review. An extension to the target risk score, for risk ICB-013 had been formally approved by the ICB Board at its January meeting and a further review of the risk was underway. J Birrell queried whether risk ICB-013 should be scored an impact of 5 as this meant permanent loss of service which would not relate to the risk. D Atkinson to liaise with the risk owners to review the risk impact scoring. **RESOLVED: That the Finance and Performance Committee:-** - **Note the updates in relation to risk ICB-012** - **Note the extension to the target risk score date for risk ICB-013 and further review led by the Director of Strategic Estates, Infrastructure and Sustainability** - **Note and review the contents of the report and the supplementary risk updates provided for risks ICB-008 (parts A and B) and ICB-010.**	**DA**
7.	**<u>Performance Report – Month 9</u>** **RESOLVED: That the committee note the performance report.** **a) Presentation on health inequalities reporting –** A Patel reported that future performance reports would start to include inequality reporting going forward. In November 2023, NHS England published a paper on health inequalities reporting, which provided focus and clarity around what NHS England would like the ICB and Trusts to focus and report on. A list of 24 metrics was provided within the national document which identified if the information would be available at provider / ICB level and whether inequalities in ethnicity and deprivation could be explored through this. A presentation was shown to members to provide an initial view on some of the data that could be available relating to health inequalities. N Holt explained that caution was required when looking at inequalities around waiting list data. At first glance, variation between ethnic groups may be seen at an ICB level but in reality it may be other factors such as local provider performance or deprivation may be driving any differences. It was highlighted that variation already existed between the proportion of long waiters across the 4 main NHS providers in Lancashire and South Cumbria. Certain ethnic groups tended to reside in particular geographies and hence the relative proportion of long waiters would be skewed by the specific local provider accessed (even though within the provider there was little variation). S O'Brien asked how to tease out health inequalities and outcomes that were an inequality characteristic by certain population groups, ie, Learning Disability patients, whose health outcomes were worse and was not linked to access to healthcare. In response, N Holt explained that there was further detail available for some measures that could be explored. Additional examples of variation by ethnicity	

and deprivation were shown for flu vaccination in the over 65s, diabetes 8 care process delivery and hypertension management.

The Chair commented that public health colleagues could help with some of the understanding around variation and this presentation and discussion was a really useful start.

Members discussion and comments included:-

- Presentation was welcomed to provide a sharper lens and focus as health inequalities was driving health and social care
- Would like to see more analytical, user-friendly data, including intelligence
- Suggested the committee receive 10 best interventions that the ICB could take to improve outcomes, eg, a low level of flu vaccination uptake in Blackburn with Darwen could well have an effect on admissions
- Today's media had reported that Blackpool had the lowest life expectancy in England. It was thought deprivation was the biggest factor and a focus was required on how to address these areas to improve life expectancy of people
- Diabetes was an area that could be looked at to improve life expectancy. Evidence had shown that if 8 care processes in primary care was delivered for diabetes, outcomes would improve with value for money. It was suggested to look at 2 or 3 core areas linked to poor outcomes, ie, hypertension, diabetes and respiratory; there would be value for money and a good return for practices delivering the basic requirements
- Need to be mindful around unwarranted variation, ie, was there something causing a difference in either access to services or outcomes of that service. It was felt to be important to also look at protected characteristics and multiple deprivation when looking at variation, taking into consideration system level approach and strategic objectives
- Future ICB commissioning would be for positive outcomes and reducing health inequalities
- Resources need to be looked at the 4 different 'place' areas
- The ICB had a duty to reduce health inequalities.

A Patel suggested to initially look at metrics in areas where there was visibility of impact of initial treatment/awareness. Discussion was held to the best way forward, possibly an inequalities sub-committee or for the work to be part of a team's business, led by named individuals within the ICB. Clinical effectiveness and the quality agenda would need to be understood to enable financial decisions to be made. It was raised that primary care do not complete quality impact assessments (QIA) at GP level and it was unknown where the implications of the QIA were triangulated or discussed. Business intelligence and performance highlighted what the priorities and focus should be at any time and consideration would be made outside of this meeting how to link business intelligence performance to the Board Assurance Framework and strategic objectives.

Members agreed that in order to have broader, deeper conversations, each future committee meeting would focus on a specific area of work, with health inequalities being a standard agenda item. A Patel to discuss with the ICB executive team and provide a plan for the committee to take this work forward, including 10 high impact items. The Committee agreed to focus on flu for its first focus area.

RESOLVED: That members noted the presentation and agreed to include health inequalities as a standard item on future agendas.

	b) Risk ICB-010 – Risk that improvement and sustainability of NHS Trust performance against key measures recovery is not achieved - A Patel introduced the supplementary risk report to the month 9 performance report. The Finance and Performance Committee had previously discussed the risk and reflected the scoring of 25. The Chair reflected that the Audit Committee had recently held discussion as to the reasoning for a scoring of 25, noting that the Finance and Performance Committee had held robust discussion to raise the scoring to 25 and the committee felt that this risk continued to meet the explicit definition to the score, being a 'catastrophic situation'. S O'Brien raised that the risk was around a broad definition, not solely about finance. Discussion was held regarding other risks not meeting their statutory duty which were not scored at 25. The risk was due to be reviewed by the executive management team and D Atkinson would bring an update to the committee following the review. **RESOLVED: That the committee:-** - **Note the content of the report** - **Note the work underway to fully review risk ICB-010**	
8.	**<u>ICB Finance Report – Month 9</u>** K Disley provided the headlines at month 9 from a previously circulated paper, reporting a year-to-date deficit of £60.3m against a break-even plan. The ICB was currently forecasting to deliver a full year deficit of £49m against a planned £0.5m surplus position. The residual risk position at month 9 had increased by £10m compared to the previous month, predominantly due to NHS England's regional instruction for the ICB to remove any assumptions in relation to the potential or further allocations. Stability around key areas of prescribing and continuing healthcare continued to be seen. Following migration of Continuing Health Care ADAM data to the ICB, financial analysis at month 9 was unable to be utilised, therefore, figures were based on month 8 extrapolated to month 9. Teams were working closely to validate the data to ensure robust financial figures were known at year end; K Disley confirmed that the Audit Committee were aware. Conversations relating to meeting year end targets would soon be held with local authorities and S Proffitt would report outcomes and discussions to the ICB Board. Members agreed that conversation would need to be held at the next committee meeting around planning intentions for 2024/25 and how the committee could provide assurances to the ICB Board as the target position must be met this year. **RESOLVED: That the Finance and Performance Committee note the report.** **a) Risk ICB-008: Risk that the ICB fails to meet its statutory financial duties –** D Atkinson reminded members that discussion had previously been held in relation to the risk. Since that time, work and mitigations had been undertaken, impacting the second half of year submission that would impact on quality and clinical outcomes. Members agreed that the risk score should remain at 25. **RESOLVED: That the Committee:-** - **Note the content of the report** - **Note the additional element of the risk to include Part B (Quality)** - **Review Risk ICB-008.**	

9.	**Provider Position – Month 9** A report had previously been circulated to members highlighting that at month 9, providers reported a year-to-date deficit of £128m, against an original planned deficit of £89.1m. The forecast year end position was revised at month 9 and was now a deficit of £152.8m. S Downs reported that in relation to East Lancashire Hospitals Trust electronic patient record reporting issues, NHS England had agreed to receive data being uploaded slowly, with full data uploaded by month 12. The ICB had therefore agreed to assume that the Trust was on plan and the Trust was working to get as much data on the system as possible. **RESOLVED: That members note the contents of the report.**	
10.	**Planning Update and Assumptions** A meeting report and slides had previously been circulated to members setting out the latest planning position. Members were asked to note that NHS England's guidance had not yet been published, therefore, the full position would be reported at the February committee meeting. S Downs explained that work had identified an exit run rate of circa £500m without further action in February and March and would be taken over to 2024/25. All providers received 5% CIP and shared this between themselves. The ICB was looking at £240m going into next year, and over the next 2 months, mitigations would be looked at to crystalise into recurrent benefits next year. Concern was raised in relation to taking money out of acute contracts and S Proffitt confirmed that this would be worked with individual trusts. This would be fed into the recovery and commissioning plan, which was currently being worked up and would be reported to the ICB Board in March 2024. The assurance framework had been written to 'feed' into the commissioning plan. A further update would be provided at the next committee meeting. **RESOLVED: That the Committee note the content of the meeting report and update.**	
11.	**System Recovery and Transformation Update** A meeting report had previously been circulated to members providing the committee with an update on the system recovery and transformation programme. M Oldham reported that a paper was in the process of being developed for the ICB Board meeting which would highlight the total funding for transformation. SDF reductions had also been directed from the national team to the diagnostic programme. Programme leads and chief executive officer sponsors were currently working on potential savings from programmes. There was a range of financial savings seen, however, clinical leadership was recognised as an issue at the current time. Work would take place over the next 6 weeks with the Strategic Recovery and Transformation Board Chief Executive Officers. **RESOLVED: That the Finance and Performance Committee note the report.**	
12.	**Business Sustainability Group Update** A report had previously been circulated to members providing feedback on key discussions that took place at recent Business and Sustainability Group meetings. A Harrison took members through a presentation highlighting the major QIPP mitigation contributions for 2023/24 and providing evidence-based interventions plan on a page	

	and the prioritisation of future QIPP's. Leads had been reminded around the process for high and medium risk areas, to be completed by this year end. Ongoing discussions were taking place with local authorities around transforming care. Progress continued to be made around continuing healthcare QIPP. There remained a significant amount of SDF money that had not yet been spent and this was expected to reduce by February. Some shift was expected prior to year-end. S Proffitt continued that altogether there had been £300m pressures this year, however, there were large areas that still required work in order to meet the year-end target. ***S Downs left the meeting.*** Discussion was held around the Better Care Fund (BCF) spend and A Harrison confirmed services contributing to core principles of the BCF were being looked and a focus on this would be reported to a future meeting. To provide assurance, a slide was shown highlighting the aim, what was required to achieve, how this would be fulfilled and how to ensure it took place. **RESOLVED: That the Finance and Performance Committee note the report.**	
13.	**Lancashire and South Cumbria Provider Collaboration Board Minutes – November and December 2023** **RESOLVED: That the Finance and Performance Committee note the Lancashire and South Cumbria Provider Collaboration Board minutes of the meetings held on 16 November and 21 December 2023.**	
14.	**Committee Escalation and Assurance Report to the Board** Advise – committee work programme, integrated performance report. Alert – financial outlook, recovery and transformation. Assure – inequalities review. To be agreed outside of the meeting.	
15.	**Items Referred to Other Committees** There were no items referred to other committees.	
16.	**Any Other Business** There were no matters raised.	
17.	**Items for the Risk Register** There were no items.	
18.	**Reflections from the Meeting** The Chair thanked everybody for their attendance and contributions to the meeting.	
19.	**Date, Time and Venue of Next Meeting** The next meeting would be held on Monday, 26 February 2024 at 1 pm in the Lune Meeting Room 1, ICB Offices, County Hall, Preston.	