NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to approval at the next meeting

Minutes of a Meeting of the Integrated Care Board Held in Public on Wednesday, 15 May 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	Roy Fisher	Acting Chair/Non-Executive Member
	Kevin Lavery	Chief Executive
	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
	Dr Geoff Jolliffe	Partner Member – Primary Care
	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	Chief Operating Officer
	Lee Radford	Acting Chief People Officer
	Abdul Razaq	Director of Public Health
	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
	David Blacklock	Healthwatch Chief Executive
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Stephen Dobson (At minute 63/24)	Chief Information Officer, OneLSC
	Louise Talbot	Board Secretary and Governance Manager

Item	Note
52/24	**Welcome and Introductions** The Acting Chair, Roy Fisher, welcomed everybody to the Board meeting and thanked those observing for their interest in the business of the Integrated Care Board (ICB). **ICB Chair –** Interviews for the substantive ICB Chair would be held on Friday, 17 May 2024. A communication would be issued once the appointment process was complete.

53/24	**Apologies for Absence/Quoracy of Meeting** Apologies for absence had been received from Debbie Corcoran, Asim Patel and Victoria Gent.
54/24	**Declarations of Interest** **RESOLVED: That there were no declarations of interest raised. Should any other conflicts arising during the meeting, the Acting Chair should be advised accordingly.** **Board Register of Interests -** Noted.
55/24	**Minutes of Previous Board Meetings** **(a) 13 March 2024** **(b) 10 April 2024 - Extraordinary Board Meeting** **Matters Arising and Action Log –** A number of actions were complete and closed. A focus would be given at the 17 July 2024 ICB Board meeting held in public in respect of children placed in inappropriate settings and, health inequalities in relation to learning disabilities and autism. With regard to the item relating to urgent and emergency care recovery and winter update 2023/24, the Board was advised that a close-down winter 2023/24 report would be submitted to the Finance and Performance Committee in May and then to the ICB Board in July. **RESOLVED: That the Board approve the minutes of the meeting as listed above.**
56/24	**Chief Executive's Board Report** K Lavery spoke to a circulated report which described the activities and interactions with regard to the ICB's 2024/25 planning and approach to the challenges presented. The report also reflected on the support required through partnership working and in particular, the role that patients and members of the public play in contributing to decision-making. The following areas were highlighted: • Working in partnership with people and communities • Supporting our staff • 2024 State of the System report • Quality Improvements • Quarter 4 Assurance Process • 2023/24 Year End and 2024/25 Planning • WorkWell Vanguard Funding • HSJ Partnership Awards – Cancer Alliance in partnership with Cyted received a bronze award for Diagnostics Project of the Year. It was noted that in addition to the Care Quality Commission (CQC) rating of 'Good', Lancashire and South Cumbria NHS Foundation Trust (LSCFT) had formally been moved from a rating against the NHS System Oversight Framework (SOF) from level three to two. Congratulations were conveyed to the Chair, Chief Executive, Board and staff at the Trust for this achievement. In respect of the WorkWell Vanguard funding, confirmation had recently been received that a partnership bid submitted by the ICB with upper tier local authority partners to join national WorkWell vanguard programme had been successful. It was noted that Lancashire and South Cumbria would be one of 15 successful vanguard systems across the country. The ICB had

	worked closely with colleagues from the Lancashire Skills and Employment Hub, NHS providers, upper tier authorities, Chambers of Commerce, the Growth Hub (Boost) and the voluntary and community sector to prepare the submission. Funding of £4.6m had been awarded for the two-year programme, with an estimated target of 5,000 beneficiaries. D Blacklock made reference to the engagement with people and communities within the report and commended the work taking place. He suggested that the process in relation to hearing the voice of people could be strengthened. He asked what we know from people, their lived experience and also what we don't know and whether engagement had taken place with people and what they have told us. S O'Brien advised that a workshop had been held via the ICB's Public Involvement and Engagement Advisory Committee at which consideration would need to be given as to how reports could be strengthened to demonstrate engagement and how they are presented. D Blacklock also referred to the leadership programme within the report and asked whether it would be opened up to the voluntary and faith sectors. K Lavery advised that the idea of the leadership programme was that it was system-wide and would require funding from other system partners, not just for colleagues within the NHS. The ICB was funding 50% and he welcomed further discussion outside of the meeting. **RESOLVED: That the ICB Board note the report.**
57/24	**<u>Patient Story / Citizen's Voice</u>** S O'Brien introduced the patient story in which Tom shared that he has had heart failure and multiple other conditions and has been supported by the remote monitoring service in the Fylde Coast. The story highlighted the obvious concern and challenges he experiences from managing multiple conditions and in particular, weight-loss. Tom's initial experience of using the digital remote service was not positive with resistance to using technology however, having received training and support, he became more comfortable with using devices and felt supported by the access it provides for his care. **Background to the service:** The remote monitoring service in Blackpool had been agreed in conjunction with GP practices within the Fleetwood and Wyre Integrated Primary Care Networks (PCNs) which received support from the ICB. Fylde Coast Medical Service (FCMS) partnered with Docobo to provide patients with remote monitoring equipment in their homes, for example, blood pressure monitors, weighing scales and pulse oximeters as required. FCMS visit the patient to conduct a baseline assessment and teach the patient how to use the equipment. Patients have access to a patient helpline available seven days a week. The patient submits readings and FCMS monitors for abnormalities/alerts. A regular review of patient records and medication, with escalation to the patient's GP via computer desktop alerts from EMIS (medical system). GP practices do not need to schedule home visits to housebound patients and patients are managed by exception by the practice due to the FCMS escalation process. It was noted that it represented a financial and efficiency saving and there were wider health and care system benefits in terms of admission avoidance and unnecessary bed occupancy. The Acting Chair welcomed the patient story and the work taking place via FCMS and partners. He asked if it could be expanded to other areas of Lancashire and South Cumbria. The Board was advised that if it was successful, it was anticipated that it could be replicated elsewhere. **RESOLVED: That the Board note the patient story.**

58/24	**Reporting from Committees: Escalation and Assurance Report** The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 13 March 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. 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. **Audit Committee –** J Birrell referred to an alert in respect of the ICB's projected 2023/24 financial outturn and it was noted that the external auditor was likely to highlight significant risks in terms of the organisation's financial sustainability and its approach to improving economy, efficiency and effectiveness. The auditor may also identify the significant risk regarding the 2024/25 financial plan as it is currently not forecasting a balanced position and is dependent on mitigations that in some cases require further development. **Quality Committee –** S Cumiskey highlighted the following alerts: • **Speech and Language Therapy waiting times** - Continued to remain a significant challenge with 396 children waiting over 52 weeks and the challenges also impact on the children and young people (CYP) Autism waiting times. A short-term funding request for a waiting initiative had been submitted through the ICB's Commissioning Resource Group to mitigate risks. An end-to-end pathway review and redesign of CYP neurodevelopment would address some of the challenges. • **Life expectancy figures** – Deteriorated across the area and concerns had been raised relating to growing health inequalities. Directors of Public Health would lead a discussion at the Clinical Assembly in June 2024 on inequalities and life expectancy and consider what else the system may need to do to address this. It was acknowledged that it was a strategic objective of the ICB and further discussion would be held at a future Board meeting which was welcomed by the Board. **Action: A Razaq/D Levy** • **Learning Disability Healthchecks** – Variability in quantity and quality remained a risk. Work to address this continued with the ICB's learning and disabilities autism team and primary care however, consideration may need to be given to additional actions to be undertaken. • **Children and Young People with Special Educational Needs and Disabilities** – Consideration needed to be given as to how we ensure the most vulnerable receive the best support across the population in an integrated way. • **Update on the formal response to the national Valporate alert** – There was a requirement for a second specialist opinion/support when prescribing valproate for women of childbearing potential was currently not being met across LSC due to operational pressures. A risk score of 16 would be added to the ICB corporate risk register which could be mitigated to six if the full action plan was implemented through involvement with primary care. • **Corridor Care and Boarding of patients (additional patients on a ward) -** Remained an operational challenge in Acute Trusts. Many steps are taken to ensure adequate nursing care is in place however, the Quality Committee recognised that it was not an acceptable situation and required a whole system response to address this. The quality team continued to monitor incidents relating to corridor care and to seek assurance from Trusts. It was noted that the draft ICB recovery plan described an ambition and related actions to eliminate corridor care by 2025. • **Thrombectomy Service (Lancashire Teaching Hospitals)** – The report stated that the expansion to a seven-day service had not yet been commissioned and the Trust was unable to fully mitigate the risk associated with a limited thrombectomy provision. D Levy advised that expansion of the service had been commissioned however, the Trust had been unable to recruit the workforce and, there was a risk to patients as a 24/7 service could not be provided.

A Ridgwell welcomed the recognition of SEND and advised that the Government was currently undertaking a round of SEND inspections and colleagues across the area were currently involved. She stressed the importance of SEND and driving it forward as it does take costs out of the system at a later stage.

As an overall observation, A Ridgwell was mindful of what appeared to be an increase in the number of alerts being reported from the committees to the Board. She asked how, as a Board they were being factored into risk management and risk appetite and whether we need to ask ourselves if it was showing a trend that required addressing.

S O'Brien referred to the SEND inspection currently being undertaken in a place area jointly by Ofsted and the CQC which she was currently leading on, on behalf of K Lavery. She advised that it was a less challenged area in terms of waiting times and that improvements had been made. A new framework of inspections had commenced the previous week and she would keep the Board informed.

C Oliver referred to the commissioning landscape in respect of neurodevelopment commenting that it would provide a real opportunity and not to lose sight on treatment. S O'Brien was mindful of this advising that it was a priority area and the Executives would need to address the long waiting times for children. Whilst investment had been made available, it would reduce the problem rather than resolve it. She advised that the Quality Committee has a number of statutory responsibilities under the ICB commenting that it was not necessarily a rise in challenges but that there were a number of them that needed to be addressed. She suggested having a Board Seminar in order that the Board has more understanding of the issues. S O'Brien also commented that there may be a requirement to draw up a business case to the Commissioning Resource Group then to the Board.

J Birrell referred to the patient safety reports, particularly noting that the backlog of serious incidents had reduced significantly and that none of the delays were with the ICB.

S Proffitt commented that there has to be a focus from both a quality and financial perspective and she was confident that there was a much more robust risk framework in place which had been supported by both the internal and external auditors. She further commented that regular reviews of risks were also undertaken which were pertinent to the relevant committee. There would also be a focus on risk appetite at a Board Seminar in June. She gave assurance to the Board that behind the alerts reported, there was a proper process in place that was working well.

S Cumiskey advised that work continued to take place to ensure that quality was at the centre stage of everything we do and that all programmes of work being developed were grounded in key areas and particularly those areas that have more difficult risks.

Finance and Performance Committee – J Birrell advised that two meetings had been held since the previous Board meeting. He referred to the following:

- **Virtual Wards –** The Board was alerted to the usage of virtual wards which was disappointingly low and were advised that a review was currently underway.
- **Committee Terms of Reference –** It was noted that the committee was planning to review its Terms of Reference in order that they better reflect the work of the committee in providing assurance to the Board and including quoracy arrangements.
- **Projected 2024/25 Financial Position -** Discussions were continuing with NHS England regarding the projected Lancashire and South Cumbria NHS 2024/25 financial position. The situation remained very challenging, but it was anticipated that the final agreed figure would be an improvement on 2023/24.
- **ICB QIPP Programme -** The ICB had a provisional QIPP target for 2024/25 of £220m and

	there would be a focus on the identification/delivery of planned savings. • **OneLSC** – It was noted that whilst progress was being made on implementing the OneLSC programme, the timetable for implementation had slipped. Liaison with project leads would continue. • **Sickness Absence Rates** - The rate of sickness absence in LSC providers was higher than both regional and national averages. A review of the options for improvement would be undertaken. • **Minutes of the Meeting Held on 29 January 2024 –** A correction was agreed in respect of the correct name of Jayne Mellor as the UEC Lead. D Levy referred to palliative care stressing the importance of ensuring that this coupled with end-of-life care was robust. Work was taking place with Marie Curie to develop a plan for palliative care and to remove variation that exists across Lancashire and South Cumbria in order that it is a better place to care as people move towards the end of their lives. **Primary Care Commissioning Committee –** The committee escalation update was noted. **People Board –** J O'Brien highlighted the following: • **Overview of Staff Survey Findings for LSC NHS Providers –** The People Board reviewed the findings and identified further reporting requirements from providers to provide assurance that cultural improvements could be made to colleagues' lived experience in the LSC workplace. • **Proposed Revised Terms of Reference of the People Board -** The People Board had reviewed its Terms of Reference and proposed a number of changes including a name change to People Committee and agreement of the new membership. **Public Involvement and Engagement Advisory Committee –** A development session was held on 25 April 2024 and actions were being taken to forward in respect of the business of the committee for 2024/25. The Acting Chair advised that for future meetings, the approved minutes of committee meetings would be accessible via a link to the Board papers on the ICB's website. **RESOLVED: That the Board:** • **Note the Alert, Advise and Assure within each committee report and approve the recommendations as listed within the report.** • **Note the summary of items or issues referred to other committees of the Board over the reporting period.** • **Note the ratified minutes of the committee meetings.**
59/24	**<u>Integrated Performance Report</u>** C Harris spoke to a circulated report which provided the Board with the latest position against a range of published performance report. The summary of key performance metrics included: • Elective recovery • Diagnostics • Cancer • Urgent and Emergency Care (UEC) • Mental Health • Children and Young People • Primary Care It was noted that performance against the 4-hour target in relation to UEC in March 2024 was 76.05%, which was an improvement on the previous month and resulted in the ICB achieving

	the national 4-hour target. The ICB had performed better than the North West and national average. The percentage of patients spending more than 12 hours in an emergency department deteriorated but remained better than the North West position. A Cummins commented that UEC performance was an area that deserved recognition as colleagues had worked hard through the winter months. He also referred to corridor care and boarding which came at a cost and placed much higher stakes and priority in terms of recovery and transformation. Consideration needed to be given as to the work to be taken forward over the coming months. S O'Brien referred to the challenges relating to children's waiting times advising that the way in which the information is reported in this area was different and that community waiting lists were more difficult to report. She stressed the importance that as a Board they see the whole picture and challenges and not just what is reported being mindful that children were the future, and the priority was a good start in life. T Hopkins referred to the diagnostics waiting list which had increased significantly in February 2024 from the previous month and stood at 45,541 for the four main providers and 52,639 for the ICB. The increase in the waiting list was across three of the four main providers, with only Blackpool Teaching Hospitals seeing a reduction in their list. It was acknowledged that the high waiting list numbers may add to pressure on future performance. She advised that work had taken place across the voluntary sector in terms of 'waiting well' and she asked if there was an opportunity for the system pressure to be addressed by having interventions from the voluntary sector and whether children would need the treatment in the future. T Hopkins advised that a lot of work had been undertaken with partners in the voluntary sector to support people in order that they can improve their health. For example, she advised that there was low uptake for flu vaccinations across the Asian populations and she was mindful of taking forward lessons learned from the pandemic stressing the importance of mobilising this for those who were culturally appropriate. Consideration needed to be given to prevention and positive consequence. G Jolliffe referred to primary care performance advising that the country as a whole was suffering in this area. Whilst the outcomes were not positive, individuals within practices were performing well however, the capacity in place showed a different picture due to the lack of resources available. He advised that discussions were required as a matter of priority about what is in the ICB's power to support primary care. He went on to say that real risks were emerging and that there needed to be an alert to this and to show some understanding which was also across optometry, dental and pharmacy. D Levy advised that both he and K Lavery would be meeting with primary care representatives to understand the challenges and to work with Local Medical Committees where possible. **RESOLVED: That the Board note the report.**
60/24	**<u>Finance Performance Report – Month 12</u>** S Proffitt spoke to a circulated report and advised the Board that as at 31 March 2024 (month 12), the ICB was reporting a system deficit of £148.6m after deficit funding of £80m which represented a deficit of £59.6m for the Provider Trusts with the ICB reporting a year-end deficit of £89.0m. It was noted that despite the deficit position, the system had delivered £240.7m of efficiency savings at the end of the financial year with £165.9m (69%) being delivered recurrently which represented 5.3% of the 2023/24 system allocation funding. The report provided a summarised overview of the year-end position for the system.

	Th Acting Chair acknowledged the work that had been undertaken and asked that the Board's support be conveyed to the teams across the ICB along with the Trusts. **RESOLVED: That the Board note the report.**
61/24	**<u>System Recovery and Transformation</u>** S Proffitt spoke to a circulated report which provided an update on the system recovery and transformation position. It was noted that the System Recovery and Transformation Board (SRTB) met on 22 April 2024 to review proposals for the Lancashire and South Cumbria Integrated Care System's (ICS) recovery and transformation priorities which would provide improvements for 2024/25 and enable the system to make progress against the 2024/25 financial recovery plan and in future years. The plan focused on: • Reducing waste and duplication • Improving quality • Transforming services to meet the needs of the people we serve. It was noted that a Recovery and Transformation Programme Board would commence in May, chaired by the ICB's Chief Finance Officer, to oversee delivery plans and track progress through a number of key measures of performance. This would build on the good progress made in 2023/24 in establishing the foundations for some of the recovery and transformation projects and assurance framework. It would also provide more coherence between the ICB and Provider Collaborative Board, and between ICB and Trust savings plans, as we seek to deliver better use of resources while improving quality and outcomes at the same time. C Oliver supported the approach in particular, identifying mental health as an urgent care improvement and being mindful of the poor experience people receive. J Birrell welcomed the work advising that the ICB Finance and Performance Committee would look at it in more detail. A Cummins echoed the comments made advising that it built on the work undertaken by M Oldham. He supported it as a direction of travel and stressed the importance of strengthening some areas as they move into the delivery phase. He also commented that quality and safety were of paramount importance whilst also addressing the financial challenges. A Cummins also commented that delivery and execution continued to be slow which needed to be addressed. All of the programmes touch every part of the system and he was supportive from a provider collaborative perspective and looked forward to mobilisation. S Cumiskey commended the work being taken forward and whilst the ICB Finance and Performance Committee would have oversight, for additional assurance there would also be a feed through to the ICB Quality Committee. **RESOLVED: That the Board note the report.**
62/24	**<u>Lancashire and South Cumbria System Five-year Workforce Strategy</u>** L Radford spoke to a circulated report which provided background information to the work that had taken place since July 2023 through a system-wide steering group on developing a multi-sector workforce strategy with a supporting training and education plan which had been co-created through extensive engagement with more than 200 colleagues in the health, social care and VCFSE sectors. It had also been supported through engagement with system Chief People Officers, CEO/SRO for workforce for the LSC Provider Collaborative, Primary Care, NWAS, NHSE, Lancashire County Council and Directors of Adult Social Care.

	It was acknowledged that by adopting a joined-up cross-sector ethos, it would benefit everybody who lives or works in Lancashire and South Cumbria and would help us to deliver our workforce ambitions, as well as our system Joint Forward Plan. The approach to delivering this step-change would be: • Working as one to deliver a 'one workforce' ethos and approach. • Working as one to attract and retain a diverse and skilled workforce. • Working as one to train and grow our own workforce. It was noted that the strategy would also inform and support the delivery of the LSC system recovery and transformation programmes of work through workforce transformation to enable greater efficiencies, reduce the usage of bank and agency staff by developing more sustainable talent pipelines and to create value for money through the development of new workforce roles. The five-year workforce strategy outlined the approach and implementation of fundamental change that will enable a system step change in attracting, developing and retaining our current and future workforces to deliver outstanding care and support to our local communities. The development of the strategy had been overseen by the People Committee (formerly People Board) for recommendation to the Board for approval. J O'Brien, Chair of the People Committee conveyed her thanks to everybody involved in the production of the strategy and she also gave an overview of the work to be taken forward. S O'Brien supported having a robust workforce strategy for the system and was mindful that the workforce was at the heart of everything we do. She stressed the importance of recruiting from the local area and being flexible in our thinking. There was also a great opportunity of working more closely with the voluntary sector. S O'Brien also commented that we need to ensure the strategy is driven alongside the recovery work. T Hopkins conveyed her thanks on behalf of the VCSFE alliance in terms of inclusivity, engagement and attendance at assembly meetings. Reference was made to WorkWell (one key part of the government's series of ambitious measures to better join up employment and health support working with local partners across the wider agenda - Lancashire and South Cumbria ICB had been selected as a pilot site). It was acknowledged that there was a gap in this area and work would take place in rolling out the work in the communities and to provide support. D Blacklock was supportive of the strategy and made reference to equity and fairness of workforces. He commented that local authorities and NHS pay and conditions and benefits often outweighed other organisations and made a plea within the commissioning responsibilities to ensure proper investment is made in contracts and to pay fair and equal wages to give people the benefits for them to keep well and stay well. L Radford referred to the plan on a page of the five-year strategy and in particular, the year one implementation commenting that consideration needed to be given as to what it will mean for people and will be delivered in the first year. He conveyed his thanks for the comments made. **RESOLVED: That the Board approve the five-year workforce strategy.**
63/24	**<u>Digital and Data Strategy 2024-2029</u>** On behalf of A Patel who was unable to attend the meeting, K Lavery spoke to a circulated report - the Lancashire and South Cumbria ICB Digital and Data Strategy 2024 to 2029. Also in attendance to provide additional detail was S Dobson, Chief Information Officer, OneLSC.

	It was noted that the strategy built on a previous Digital Strategy 'Our Digital Future' published in 2018 and the Digital Transformation Investment Plan 2022-2027. There was a requirement for the ICB to produce a Digital and Data Strategy under the 'Well Led' pillar of the 'What Good Looks Like Framework' and adherence to this is assessed by the Digital Maturity Assessment (currently being submitted for 2024). The strategy supports the delivery of the ICP Strategic Priorities and the ICB Strategic Objectives and, along with workforce and infrastructure/estates, will be an enabler for other system strategies. K Lavery advised that there were four strategic priorities which were: • Single digital infrastructure • Single set of core strategic system platforms • Single data architecture • Single digital and data service delivery and support model (OneLSC) Following endorsement of the strategy, work would commence to develop costed place-based implementation plans, and to support the wider system to understand how the strategy can support delivery of their strategic priorities. K Lavery stressed the importance of having one strategy which was very much connected to the core business of OneLSC and to the wider health and care system. He also commented that the patient story told earlier in the meeting was timely. Board members welcomed the strategy stressing the importance that it was affordable and that the system was managed well without any diversion. It was acknowledged that there was a lot of digital poverty and that people can often struggle to access digital services. Reference within the strategy of empowerment was welcomed. D Levy referred to the 'so what' and what it would mean for the workforce, ie, staff, doctors in primary care, staff working on a ward and suggested that an easily understandable one page be drawn up to this effect. A Cummins referred to the improvement agenda commenting that there can often be many blockers and that the digital aspect was possibly one of the barriers to system transformation. He further commented that there needed to be practical support of a strategy referring to future capital investments and suggested that the digital strategy be used as a bellwether. Having consolidation of systems then locks in the five Boards and the establishment of OneLSC which will be the corporate platform. A Cummins went on to say that the Provider Collaborative had demonstrated the importance of working together and he welcomed the work around the digital strategy in supporting transformation. T Hopkins welcomed the report which provided a spotlight in the context of health prevention. She referred to the directory of services commenting that the strategy appeared to state that work was further on than it was currently. She stressed the importance of having an effective community-based directory that was properly resourced. She welcomed the consultation across the VCSFE however, there needed to be more about what is meant about implementing the strategy. It was noted that the aim was to implement a core Acute Electronic Patient Record (EPR) across the system and add a core set of clinical functionalities that are fully integrated to provide end-to-end seamless functionality from the moment a patient is admitted to any Trust to their final discharge. It was expected that the EPR would be a single record accessible whenever and wherever it is needed across the system's Acute Trusts and its partners. In respect of the directory of services, it was anticipated that the resource and having resilience within teams would be brought together.

	It was acknowledged that both the workforce and digital strategies should be shared with the workforce in order that they are aware of the direction of travel in terms of workforce and digital solutions. By informing staff, it was anticipated that staff and delivery should be easier. **RESOLVED: That the Board approve the strategy.**
64/24	**<u>Research and Innovation</u>** It was noted that the Health & Care Act 2022 set out the legal duties and roles of ICBs to facilitate, co-ordinate and promote research across the Integrated Care System (ICS). Lancashire and South Cumbria (LSC) ICB has been undertaking this duty through the Research and Innovation Collaborative that was approved at its September 2023 meeting. S O'Brien spoke to a circulated report advising that the Research and Innovation Collaborative meets monthly and brings together a wide range of stakeholders from across the ICS including all four HEIs (Higher Education Institutes), all five NHS Trusts, primary care, local authority representation and VCFSE colleagues. Over the last six months the collaborative had worked to identify a small number of system research and innovation priorities and to present them as a Plan on a Page. The development of the Plan on a Page had fostered collaborative system working and it was intended that a focus on four key priorities would support LSC to deliver on the aim of key national research strategies to develop a culture of research and improve population health and outcomes. It was noted that the ICB does not have a dedicated resource to support delivery of the research agenda and had developed a Memorandum of Understanding (MoU) with East Lancashire Hospitals Trust to provide support and capacity. Over the last six months, staff within the ICB had supported a number of research bids and were increasingly being asked to contribute to regional and national meetings pertaining to research and to support colleagues from across the system including our HEIs with the development of research and innovation proposals and with other work in this area. There was significant potential for LSC to significantly grow its research and innovation capacity and capability over the next few years. S O'Brien referred to social care suggesting that there needed to be more representation from local authorities. S O'Brien made reference to the Research Engagement Network (REN) programme which had been very successful. NHSE have made funding available aimed at increasing diversity in research with those communities who are typically under-represented. Collaborative work had taken place with Cheshire and Merseyside ICB on the REN programmes and ARC North West Coast, VCFSE alliance, Community futures and Voluntary Sector North West. It was noted that the work had enabled the creation of two VCFSE research co-ordinator roles across the North West and supported a number of important community-based projects, for example, one aiming to understand the barriers to involvement in research with primary school aged children with disabilities attending specialist schools. S O'Brien advised that the work in LSC to promote and support non-medical colleagues to participate in research and to pursue clinical academic careers (in line with the National Institute for Health and Care Research (NIHR) ambition) had been recognised with the Chief Nursing Officer's team contributing to regional and national forums on this agenda. Board members welcomed the report and the work being taken forward. Clarification was sought as to what was in scope and what was out of scope and S O'Brien advised that everything was in scope and that it was not about trying to do something differently that was already in place. Work was taking place in the Barrow area and C Whalley welcomed this work and would link with S O'Brien outside of the meeting if required.

	C Harris referred to citizen-led research and asked that this component be more visible on the plan on a page. S O'Brien advised that it was expected that the ICB Chief Nursing Officer drives non-medical research and she clarified that the community engagement and REN work was citizen-led. Another opportunity for the REN programme was around mental health. J O'Brien welcomed the work taking place and was mindful of problems such as coastal deprivation. Lancashire and South Cumbria was a unique map however, it was anticipated that it would attract people as it would enrich their jobs to develop their careers. She also referred to innovations enhancing care and was mindful of the excellent universities across the area which could be income generators in terms of research. T Hopkins advised that she was a member of the group and welcomed the work taking place. She further commented that citizen-led research was an objective delivered through REN and significant investment had been received. She was pleased that research and innovation was being given positioned and that it had been submitted to the Board. **RESOLVED: That the Board note the report, approve the Research Plan on a Page and note that a further report would be submitted to the Board in six months' time.**
65/24	**<u>New Hospitals Programme Quarter 4 Board Report</u>** **RESOLVED: That A Ridgwell, Chief Executive, Lancashire County Council declared an interest in this item as Lancashire County Council owns some of the land which is part of the programme. A Ridgwell remained in the meeting. The conflict was noted for inclusion in the Board and Committee's conflicts of interest log and the minutes of the meeting. Action: LJT(√)** D Levy spoke to a circulated report which provided an update on the Lancashire and South Cumbria New Hospitals Programme with a focus on the Quarter 4 period - January to March 2024. It was noted that the Q4 period had largely focused on bringing certainty to land/sites for a new Royal Lancaster Infirmary and new Royal Preston Hospital along with preparation towards associated public and staff engagement. The Programme had also progressed the implementation of a revised governance framework during the period. **RESOLVED: That the Board note the progress undertaken at Q4 and the activities planned for the next period.**
66/24	**<u>Lancashire and South Cumbria ICB Policies</u>** D Atkinson advised that the ICB has an extensive suite of policies which it maintains to support Board members and its employees to conduct their work within appropriate frameworks and delegations. The report presented to the Board included five policies for consideration and approval in line with the agreed Scheme of Reservation and Delegation (SORD). All the policies had been thoroughly reviewed by subject matter experts prior to being presented to the Board. The policies recommended for approval were: • Emergency Preparedness, Resilience and Response Policy • Business Continuity Policy • Complaints Policy • Section 106 Monies and Community Infrastructure Levy Funding Policy and Procedure for Health Facilities • Standards of Business Conduct Policy

	It was noted that the policies had review dates of May 2027 subject to any further national guidance. It was also clarified that the relevant committees recommend specific policies to the ICB Board where approval cannot be delegated from the Board. **RESOLVED: That the Board approve the policies as listed above.**
67/24	**Any Other Business** There were no issues raised.
68/24	**Items for the Risk Register** **RESOLVED: That there were no items to be included on the ICB Risk Register.**
69/24	**Closing Remarks** The Chair thanked everybody for their attendance and closed the meeting.
70/24	**Date, Time and Venue of Next Meeting** **Post meeting update:** Due to the announcement of the General Election, the proposed additional meeting to be held in public was scheduled to take place on Wednesday, 19 June 2024 had been stood down. The next meeting to be held in public would be on Wednesday, 17 July 2024 commencing at 1.00pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB.

Exclusion of the public:

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