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, 13 November 2024 at 10.30am in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB

Part 1

	Name	Job Title
Members	Emma Woollett	Chair
	Roy Fisher	Deputy Chair/Non-Executive Member
	Kevin Lavery	Chief Executive
	Jim Birrell	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Professor Jane O'Brien	Non-Executive Member
	Sam Proffitt	Deputy Chief Executive/Chief Finance Officer
	Professor Sarah O'Brien	Chief Nursing Officer
	Dr David Levy	Medical Director
	Dr Julie Colclough	Partner Member – Primary Care
	Aaron Cummins	Partner Member – Trust/Foundation Trust – Acute and Community Services
Participants	Professor Craig Harris	Chief Operating Officer
	Asim Patel	Chief Digital Officer
	Dr Sakthi Karunanithi	Director of Public Health, Lancashire County Council
	Tracy Hopkins	Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector
	Debbie Eyitayo	Chief People Officer
	David Blacklock	Healthwatch Chief Executive
In attendance	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Davina Upson	Board Secretary and Governance Manager

Ref	Item
119/ 24	**Welcome and Introductions** The Chair welcomed everyone to the Board meeting and thanked the members of the public for observing the meeting both in the public gallery and via the live stream. She commented that this was Debbie Eyitayo's first public Board meeting since commencing in the post as ICB Chief People Officer, and further advised that she was pleased to announce Chris Oliver, Chief Executive, Lancashire and South Cumbria NHS Foundation Trust had been reappointed as the Partner Member, Mental Health Trust. In relation to the patient story the Chair advised this related to waiting list management and the need for better coordination between hospital and primary care services, which would resonate

	with members as improved working was required across the system. In relation to public questions, 4 had been received since the board last met however these did not pertain to the agenda for the meeting and would be considered and responded to through the patient experience team. The focus of the agenda was noted regarding the progress of commissioning intentions for this financial year and planning for over the winter period and members were requested to keep introductions of items brief to maximise time for discussion.
120/ 24	**<u>Apologies for Absence/Quoracy of Meeting</u>** Apologies for absence had been received from Denise Park, Local Authority Partner Member, Chris Oliver, Mental Health Partner Member and regular participant Cath Whalley. The meeting was quorate.
121/ 24	**<u>Declarations of Interest</u>** The Chair noted that no declarations of interest had been advised of prior to the meeting but requested that should these arise during discussion that these are advised of. **RESOLVED: That there were no declarations of interest raised. The Chair would be advised of any conflicts that arise during the meeting as appropriate.** **Board Register of Interests -** Noted.
122/ 24	**<u>Minutes of the Board Meeting Held on 11 September 2024, Matters Arising and Action Log</u>** **RESOLVED: That the minutes of the meeting held on 11 September 2024 be approved as a correct record.** **Matters Arising and Action Log –** All actions listed as proposed to close were agreed.
123/ 24	**<u>Minutes of the ICB Annual General Meeting Held on 11 September 2024</u>** **RESOLVED: That the minutes of the Annual General Meeting held on 11 September 2024 be approved as a correct record.**
124/ 24	**<u>Patient Story/Citizen's Voice</u>** The Chair commented that the story served to remind us of our core purpose: to improve the quality of care and services for our patients and that every decision made today should be guided by this principle to ensure that regardless of where a patient resides, they receive the highest standard of care. S O'Brien introduced the patient story which focused on the experience surrounding waiting list management and the need for better coordination between hospital and primary care services. Advising that the through the story Mr B brought out the challenges in the NHS both locally and nationally, the impact this had on individuals, the frustrations which occurred due to being passed between services and asked that members considered these impacts when discussing commissioning intentions and stressed the importance of the experiences of the population when designing services.

	Further to the video being shared discussion was opened which included the following comments: - A very powerful story which highlighted the potential of digitalisation to resolve issues related to communication and service delivery, through improved digital strategies to enhance patient experience and operational efficiency. - Fragmentation of services often lead to clinicians being unable to see the 'whole' patient due to the involvement of various specialties. A suggestion was made to implement an updated single patient system to address this issue, with discussion to work towards GPs implementing longer appointment time slots for patients with comorbidities to better understand their overall health needs and coordinate care. - The focus should have the person at the center of the care which is commissioned, and this be incorporated into any model moving forward. - A specific case was highlighted, involving a patient who waited 10 years for a hip replacement with concerns raised regarding the extended wait time and the potential impact on the patient's condition. The importance of timely access to care and reducing patient anxiety was emphasised, noting that through digital support there could be rapid dissemination of scan results to patients and clinicians. ***Dr S Karunanithi joined the meeting.*** A Patel advised of a shared care record being in place, however the current capabilities of this record would need to be reviewed and areas identified for improvement, focusing on data sharing, interoperability, and user experience. **RESOLVED: That the ICB Board note the patient story.**
125/ 24	**<u>Chair's Report</u>** The Chair advised this was the first Chair's report since she took up appointment in September 2024 and this would be produced and shared for every Board meeting. Noting that the report aimed to provide an update for the Board on engagement work undertaken by the Chair and any current and pertinent issues. The report included key areas relating to engagement, governance and an update relating to non-executive members tenures. In addition to the content of the report the Chair recognised the significant pressure which the system is experiencing, particularly around our financial performance. She commented that the system had inherited a very significant deficit and, while grip and control were key, the long-term answer was not continual cutting of costs but a fundamental transformation. She expressed a commitment from the Board to prioritise patient-centered care, focusing on prevention and providing care in the most appropriate setting and improvement of efficiencies through a networked approach. As incoming chair, her immediate focus was to ensure that the governance structures supported this transformative approach whilst providing for the ability to deal with the immediate pressures. No questions were raised in relation to the content of the report. **RESOLVED: That the ICB Board note the report.**

126/ 24	**<u>Report of the Chief Executive</u>** K Lavery spoke to a circulated report which included the following: - Vision for recovery and transformation, three key elements to recovery and transformation programme - Progress in delivering our system vision - Our emerging acute reconfiguration blueprint - Transfer of staff to One LSC - Reduction in readmissions and length of stay in South Cumbria - Getting the culture right - NHS England Board visit to Blackpool - New Hospitals Programme - Incident management response to our financial position - State of the art facility for adults with learning disabilities - Listening and involving local people - Partnership agreement with Healthwatch Together - Learning lessons from the military and supporting the Armed Forces - Staffing update - Black History Month - Cancer Alliance achievement K Lavery recognised the variable performance across the system, the challenging financial position and shared his own commitment to ensuing that as a system we are recognised for overcoming these challenges. Particular reference was made to: - Having an efficient and effective shared back office, with thanks expressed to A Cummins and S Robson for their work in relation to consolidating shared services in one trust and a single collaborative bank to eliminate competition between trusts. It was noted that this change was well underway. - The emerging acute reconfiguration blueprint, which has an aim to ensure the system has a sustainable and viable future approach, delivering safe, effective and affordable (acute) services for local people. Work is underway to develop proposals collaboratively across the system, looking at how this is resourced and how we make decisions in one place, before presenting an update to the Board for sign off in early 2025. - The reduction in readmissions and length of stay in South Cumbria, referencing the excellent work undertaken through an integrated wellness centre and a pilot programme between University Hospitals of Morecambe Bay NHS Foundation Trust, South Cumbria Place Based Partnership, Primary Care and local community partners. This was showing significant impact and enabling the shift from hospital to community. - Recognising the excellent staff event which took place on 8 October 2024, held at the Winter Gardens in Blackpool. This event focused on getting the culture right which was crucial to delivering change both within the ICB and in partnership across the health and care system. Staff came to together to connect with colleagues, hear more about our vision and consider their own individual commitments to the long-term vision, in addition to contributing to discussions around the values and behaviours that we want to see within our organisation going forward. S Proffitt highlighted the significant contributions of staff in shared services, emphasising their role in driving efficiencies by undertaking something once. She acknowledged the importance of creating a positive and supportive work environment, including opportunities for professional development and succession planning. A Cummins acknowledged the significant achievements made in clinically led transformation both with service level improvements and large-scale initiatives like One LSC. He recognised the need for a consistent approach to decision-making and service delivery across providers to

	make decisions as a system. D Blacklock sought clarity on the back office infrastructure services, with a focus on what was included within this scope. S Proffitt advised that the principle revolved around consolidating resources and adopting standardised approaches by streamlining services which were being undertaken at several organisations to maximise efficiencies. She noted the opportunity available within the next stage to further enhance the operating model that enhances service quality, experience for users and fosters a positive work environment, commenting that the use of artificial intelligence and other technologies would be explored to provide support. T Hopkins referenced the Chancellor's Autumn Budget and welcomed the investment into the NHS. However, she raised concerns about the pressures faced by the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector due to increased employer National Insurance contributions from April 2025. She highlighted that the sector cannot pass on these costs to service users, posing a significant risk to the entire system and advised that letters had been submitted to Rachel Reeves, Chancellor of the Exchequer, lobbying for a change in policy. T Hopkins requested support from colleagues regarding this wherever possible. Dr S Karunanithi supported the comments from T Hopkins and stressed the number of service providers who are from the voluntary and private sector from whom the NHS rely on to support services, citing the drug and alcohol service as an example, potentially impacting prevention and follow-up care. K Lavery acknowleged the investment identified by Rachel Reeves as a positive development, however, it was noted that this investment is likely to be earmarked for new initiatives and may not address the immediate financial pressures faced by the sector. **RESOLVED: That the ICB Board note the report.** The Chair commented on the agenda format which had been altered to incorporate the assurances from the relevant committees at the most appropriate section within the agenda.
127/ 24	**<u>People Committee (30 October 2024): Escalation and Assurance Report</u>** The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 11 September 2024 to alert, advise and assure the Board. The summary report also highlighted any issues or items referred or escalated to other committees of the Board. Minutes approved by the People committee to date were presented to the Board to provide assurance that the committee had met in accordance with its terms of reference and to advise the Board of business transacted at their meetings. J O'Brien reminded members that the committee reviewed workforce across the system with representation from all partners. It was noted that the most recent meeting held was the first one attended by the ICB's new Chief People Officer, D Eyitayo. The meeting received reports from the three subgroups of the committee (Organisational Development and Education, Culture and Inclusion and Workforce, Planning and Transformation), commenting that the subgroups would be connected to the strategy and data and would feed into future reports to the Board. J O'Brien highlighted the following: • **Advise** – review compliance with mandatory training, which was a referral from the Audit committee. • **Assure: Culture and inclusion** - to embed an approach across the system in line with the

	Northwest BAME anti racism framework. This was noted as an important development as it moves away from a passive stance and encourages people to do more, with zero tolerance to poor behavior. East Lancashire Hospitals NHS Truist was highlighted as an exemplar. • **Assure: Work well programme** - A presentation was received at People committee on a joint project supported by the Department for Work and Pensions and the Department of Health to remove health and other barriers to employment. The ICB had been selected to pilot this work, and we have access to a work and health coach to review what adjustments could be made to support staff into work. S Cumiskey thanked J O'Brien for the clear explanation which was provided and commented that the revised position on the agenda worked well. **RESOLVED: That the ICB Board:** • **Note the Alert, Advise and Assure within the People 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.**
128/ 24	**<u>Commissioning Intentions:</u>** **<u>Half year review of progress for 2024/25 intentions and proposed approach for 2025/26</u>** C Harris spoke to a circulated report which provided members with an update on progress on the commissioning intentions implementation during 2024/25 and set out proposed intentions for 2025/26. Particular reference was made to: ▪ The ICB commissioning intentions for 2024/25, which were agreed by the Board in April 2024, and described the changes that we want to see across the range of services that we commission to progress ICB objectives over coming years. ▪ A half-year review of delivery against the plan, included within this report, covering those intentions that will carry forward to 2025/26. ▪ Board agreement, in the light of the ongoing external review of the system financial plans, of several collective actions to go 'further faster' to deliver the ambitious level of savings required during the year and into 2025/26. These were included in the report as priority areas (Urgent and Emergency Care, Pathology and acute contract review). ▪ The work undertaken by the ICB, working closely with partners, to develop the system clinical strategy, co-designing with clinicians the future blueprint of the services that is provided to our population. The output of this work, a blueprint for clinical services, had been discussed and supported by the ICB Board in November. Included within the report were the consequent system strategic intentions for 2025/26 onwards which outlined the future models of care that we want to commission and the immediate steps which need to be taken towards their delivery. ▪ The imperative that commissioning for transformation is included within the commissioning intentions, recognising the ICB's core role as a strategic commissioner of services. C Harris noted that this was the second year of designing commissioning intentions in the ICB as an evolving and developing process. The paper described a process which would become an integral part of ICB business, allowing for in year commissioning intentions to aid recovery whilst also allowing transformational opportunities for longer term sustainable and continuous improvement. The process of developing commissioning intentions would continue until January 2025 with full provider engagement, and the final commissioning intentions would be shared for formal ICB Board sign off in early 2025.

	D Corcoran commented on the helpful and well written paper and highlighted the importance of including details on public engagement to understanding public perceptions to be able to incorporate this feedback into decision-making processes. C Harris acknowledged this point. A Cummins expressed his gratitude for the early discussions on the design of the commissioning intentions, which had also been well received from the Provider Collaborative Board. He referred to the importance of leveraging the commissioning intentions to reduce unwarranted variation and stressed the need to ensure that clinical blueprints included clear expectations for delivery and recommended a stronger focus on large strategic shifts rather than focusing on all pathways. Finally, he requested clarity on expected resolution timescales relating to the GP collective action due to the significant risk and impact on providers. A Cummins recognised the contributions of P Tinson, Director of Primary Care, who had been working with local teams. C Harris recognised the points made by A Cummins and advised that there would be clarity on strategic intentions and allocation of resources within the limited financial envelope. In response to the GP collective action C Harris advised that he had been made aware that the potential impact could take effect from 1 December 2024 and provided assurance that he was working closely with teams regarding this to ensure mitigation was in place. J Birrell congratulated C Harris and the wider team on the work which had taken place to facilitate transformation through commissioning, commenting that whilst this had not been resolved he felt that there were significant opportunities to ensure the change took place. He further commented that discussion would be required at Board in January 2025 surrounding Primary Care given the importance of this area. C Harris advised of a presentation which would be provided to a partnership board next week and he would ensure that the vision for Primary Care is sighted to board. J Birrell referred to the Commissioning Resource Group and queried if this linked directly to the ICB Board. C Harris advised that currently the reporting line is to the ICB Executive meeting and consideration would be given to the reporting structure as part of the review for commissioning. Dr S Karunanithi queried whether there would be an opportunity to develop a shared commissioning intentions with local partners and communities. S O'Brien echoed the comments from D Corcoran surrounding the importance of engagement with stakeholders when evolving to a smaller number of commissioning intentions and suggested that the strategic intent needed to link to the Triple A's from committees, such as Special Educational Needs and Disabilities (SEND), which is a challenge within the system and an important agenda. Noting this would require significant transformation and different commissioning pathways alongside collaboration with local government. C Harris provided commitment to work with S O'Brien on the Neurology pathways as this provided a prime example of an area to work with local authority partners and other sectors. J Colclough recognised the pressures across the system and the importance of delivering care closer to home, however also noting that the pressures are also felt across primary care services. K Lavery commented on the potential to deliver the Darzi vision of community centric care and the importance of engaging with primary care partners, with workshops being held across primary care, from which the insights would be shared with Board. He noted that at the Clinical Assembly held on 6 November 2024, the discussion centred around locally enhanced services and inequalities in funding, with proposals made for shifting long-term conditions to community settings. K Lavery recognised the significant challenges but also noted the opportunities to

	improve delivery of care. **RESOLVED: That the ICB Board note the content of the report and approve the proposed system commissioning intentions process for 2025/26 onwards.**
129/ 24	**<u>Urgent and Emergency Care – Winter Planning 2024/25</u>** C Harris spoke to the circulated paper which provided an overview and update on the various programmes of work to support UEC recovery and winter planning during 2024/2025. He drew attention to the following: ▪ On average, system wide performance from April to September is 77.95% and Lancashire and South Cumbria was ranked six out of 42 Integrated Care Boards nationally for four-hour performance in September 2024. ▪ For Category 2 ambulance response times, Lancashire and South Cumbria had achieved 24 minutes and 3 seconds for the period 1 April to 27 October 2024. ▪ With regard to Winter Planning, systems had been requested to continue work to return to agreed 2024/2025 plans. NHS England had confirmed that delivery priorities for this winter remain unchanged from those agreed in system plans. ▪ NHS England North West had established fortnightly meetings with ICBs in the region which are co-chaired by C Harris and the University Hospitals of Morecambe Bay collaborative improvement board. Importantly, these link to recovery and sustainability and improving the Urgent and Emergency Care pathway as well as admission avoidance and supporting NWAS. ▪ Monitoring continues, in line with the updated UEC high impact interventions maturity assessment guidance published in August 2024. Oversight of progress continues via local UEC Delivery Boards and the system wide UEC Collaborative Improvement Board. ▪ The levels of risk within UEC changes on a daily basis. Assurance was provided that mitigations are in place to focus on continued delivery throughout the winter period. C Harris provided assurance that there were no concerns or risks in relation to the delivery of the improvement plans. D Corcoran queried how the system was supporting the scheme delivery regarding the reference to staff being difficult to recruit and whether this had been raised through the ICB People Committee. C Harris advised that cross site working had been facilitated to address geographical disparities in workforce and this had proved successful with critical care staff for example. J Birrell noted the ambition set through stretch targets to eliminate the 12-hour trolley waits and corridor care and requested detail on the current position. Assurances were provided that the ambition remained, with some improvements seen. C Harris advised of the new processes implemented for patients who have been waiting for 72 hours or longer, aimed at expediting their care and discharge. The unique challenges posed by mental health patients and the impact on 12-hour breaches were recognised, and it was noted that collaborative efforts with mental health trusts are underway to address these issues and reduce waiting times. A Cummins referenced the work which had taken place in South Cumbria surrounding capacity changes on the back of UEC improvements and emphasised the importance of sharing this learning and deploying similar ways of joint working. S Cumiskey valued the discussion and noted the importance of evaluating the impact of the improvement initiatives to ensure sustainable improvement. This was recognised by C Harris, who confirmed that evaluations would commence in quarter 3. Clarification was provided that the terms stranded and super stranded are used interchangeably

	by providers with acknowledgement that this could cause some confusion. The Chair commented on the intention to bring a paper to the January 2025 Board meeting with recommendations about the UEC Capacity Investment Funding 2025/26, aligned to Commissioning Intentions 2025/26, which had been requested by the Finance and Performance Committee. **RESOLVED: That the ICB Board note the content of the report, including an intention to bring a paper to the January 2025 Board with recommendations on the UEC capacity investment funding 2025/26. Received assurance that oversight of progress continued via place UEC Delivery Boards and the system UEC Collaborative Improvement Board**
130/ 24	**<u>System Recovery and Transformation</u>** The report provided a status update from the Recovery and Transformation Board to the ICB Board regarding ongoing financial recovery efforts for 2024/25. S Proffitt advised the system had received support from NHSE to evaluate financial risks in the 2024/25 financial plan and to identify necessary interventions to ensure plan delivery. The system had approximately £160 million of high risk schemes within the overall savings plans of over £530 million. It was noted that the initial four-week Phase 1 of NHSE's support had been completed, during which the focus was on assessing financial risks and identifying potential interventions. Following these initial findings, the Recovery and Transformation Board is now focused on a 12-week Phase 2 intervention stage, prioritising the implementation of the identified opportunities and interventions and overseeing externally commissioned support working within the system. S Proffitt advised that further to the Government's autumn budget, details are awaited relating to the additional investment, including the impacts of the increase to National Insurance contributions which T Hopkins raised earlier in discussions. She also referenced the historical pressures and the withdrawal of the COVID funding (for which capacity has not been reduced) which results in further pressures requiring mitigation. S Proffitt noted the importance of balancing all aims of the recovery and transformation process, including quality and outcomes measures, the importance of which had been highlighted in the patient story received today. All schemes were subject to a Quality Improvement Assessments (QIA) to assess potential impacts on quality and mitigate associated risks. It was reported that the expected savings had not been achieved as anticipated. Month 6 (M6) data showed that the additional control measures had not delivered the impact required. S Proffitt commented that if this trajectory continued into October and November 2024, there was a high likelihood that the financial plans would not be achieved S Proffitt commented that the work on the commissioning operating model as part of Phase 2 intervention was critical. All reporting was taken through the Recovery and Transformation Board and there was engagement with all commissioners across the ICB to take transformation forward effectively. The transformation roadmap is being developed to set out the vision in more granular way, with clear aims fed into the commissioning intentions. This would be brought to Board in March 2025. The Chair recognised the importance of this work and the opportunities which it would provide.

	A Cummins recognised the need to balance immediate control measures with long term planning and suggested a focus on reviewing the control environment to manage budget areas to ensure that any expenditure committed relates to quality impact areas. He provided reassurance that work to mobilise the plan was in train. S O'Brien welcomed the transformation roadmap which would provide a focused message to staff who are dealing with operational demands and may currently have low morale. D Levy advised members that workshops were taking place for trust clinical teams over a 6-8 week period focusing on job planning, variable pay and productivity, with the aim to provide opportunities for learning for best practice across the system and manage control costs. **RESOLVED: That the ICB Board note the content of the report, the current level of financial risk and the approach to mitigating this, both in the short-term and long-term.**
131/ 24	**<u>Shaping Care Together: Engagement Update and Terms of Reference for a Joint Committee</u>** S O'Brien introduced the paper and reminded members that approval to establish a Joint Committee of Lancashire and South Cumbria ICB and Cheshire and Mersey ICB had been received at the Lancashire and South Cumbria ICB Board meeting held on 17 July 2024 for future decisions for the Shaping Care Together programme. Since then, terms of reference had been developed for approval. These had received input from governance leads from each organisation and had been approved through the SCT Programme Board. It was noted that the paper included a summary update on the programme and the Case for Change Engagement to date. S O'Brien provided assurance that the ICB communications team had been involved in engagement events across West Lancashire and queries had been responded to. Therefore, she was confident with the level of engagement undertaken. It was also confirmed that NHSE had been involved and, following their guidance, the case for change had been presented at Lancashire Scrutiny Partnership Board. S O'Brien advised that both ICBs would have three formal members consisting of S O'Brien, K Lavery and a non-executive member who would be appointed by LSC ICB Chief Executive officer for LSC ICB. S Cumiskey sought clarification regarding how the ICB representatives would maintain a considered view with S O'Brien advising that decision making would take place at the Joint Committee which is accountable to the ICB Boards. However, she confirmed that there would be opportunities for discussion and engagement at ICB board to understand and be appraised as to the detail from the consultation. D Corcoran welcomed the arrangements especially that the Joint Committee would be held in public which she felt important given the significance and level of public interest, as this would support transparency which is critical on the decision-making journey. **RESOLVED: That the ICB Board note the update on the programme and progress made to date and approve:** • **The Joint Committee Terms of Reference** • **The proposal for the LSC ICB membership of the Joint Committee as outlined**

132/ 24	**<u>Update on the Lancashire and South Cumbria Integrated Care Partnership and Delivery of the Integrated Care Strategy</u>** C Harris noted that the report provided Board members with an update on the Lancashire & South Cumbria Integrated Care Partnership (ICP) and delivery against the Integrated Care Strategy. He advised that ICPs bring together an alliance of partners concerned with improving the care, health and wellbeing of their population, with membership determined locally. Members noted that ICPs had one important statutory responsibility, to develop, publish and keep under review their integrated care strategy. This strategy which is delivered through Places and system-wide work. C Harris advised that many elements of the strategy were being driven forward through system wide groups, for example, 'Getting to Outstanding' provided a framework for meeting many of the objectives within the Dying Well domain of the strategy. He also noted the recent introduction of 'Domain Sponsors' to better connect the ICP's 'line of sight' to existing governance, partnerships and delivery mechanisms, and to strengthen the assurance of where and how the Integrated Care Strategy is being delivered. Domain sponsors were noted to be existing ICP members who were able to link delivery of the strategy on a place, place-plus and/or systemwide footprint. It was noted that a full update would be provided at the end of the financial year with more detail on progress. J Birrell welcomed the first update paper to the ICB Board and queried whether the ICP was progressing at a similar pace to those of neighbouring ICPs, noting the lack of specific quantitative data to measure the progress. C Harris noted that the aim of this report was to provide detail on the role of the ICP and assured that significant progress had been made. The impact and outcomes would be included within the next iteration of the report. He noted that some ICPs had been established longer, so it would be difficult to benchmark progress made. The importance of the ICP was recognised. S O'Brien said she would be eager to receive more updates and commented that the overall strategy was well focused with acknowledgment of the focus on safeguarding. She raised a concern about potential duplication should here be a lack of formal connection between the ICP and existing partnership boards. C Harris recognised that this was an area which could be strengthened as part of the development for the ICP as there was currently no formal reporting mechanism. T Hopkins acknowledged the importance of the involvement of the voluntary sector in developing the ICP with a suggestion to provide specific examples of where the work is happening as this would illustrate the concept of a complex system, the impacts and how the ICP should focus its work on connections to place-based approaches. The Chair commented that the challenge would be in providing examples which demonstrated how, whilst delivered differently in different places, the underpinning deliverables are being met across the system to ensure everyone is provided with access. C Harris welcomed the suggestion and would work in collaboration with T Hopkins. J O'Brien requested that more qualitative information, such as case studies, to illustrate the impact of the ICP be included in future reports. **Action: C Harris/T Hopkins**

	D Blacklock commented on the potential lack of leadership across the system to drive the ICP ambitions forward, with a suggestion that the public presence is strengthened to raise awareness and provide more influence. K Lavery advised that the system which currently exists was established prior to ICBs. He recognised the limitations and resource constraints and acknowledged the potential for improvements to be made, noting that the focus on children with learning disabilities and autism, is a priority area for improvement which required cross system collaboration. The Chair expressed that she was keen to receive the next iteration of the report to further understand what is being delivered. **RESOLVED: That the ICB Board note the updates on delivery against the Integrated Care Strategy and development of the Integrated Care Partnership**
133/ 24	**<u>Research and Innovation Bi-annual Update</u>** S O'Brien advised that previously the Board had received two papers relating to Research and Innovation with approval being provided for the Terms of Reference in May 2024 for the Research and Innovation Collaborative and the Research and Innovation Plan on a Page. The circulated paper provided an update on the key system wide research activity since the last report and highlighted some of the regional and national work being supported by ICB colleagues. ▪ Research Engagement Networks (REN) have been funded nationally to support improving health inequalities through research by bridging the gap and building trust with communities that are underrepresented by research. A number of REN projects were outlined which have supported key partnership working between the ICB and the voluntary sector. ▪ An innovation subgroup has been established which is key to the transformation agenda and is led by Dr S Karunanithi. ▪ Support was requested regarding the opportunity to establish 'Locality Partnerships', led by ICBs and supported by the local Health Innovation Network (HiN). National work by the Innovation Ecosystem Programme described how a collaboration of organisations within the geography can operate as 'innovation ready' system. This opportunity was noted and support was provided for early discussions with Health Innovation North West as to how we can work on this together. ▪ Being part of an organisation which supports and conducts research was noted to both attract and retain workforce. A Cummins recognised the strong evidence for a flourishing culture and environment through having an active research and innovation ethos. He commented that he would wish to understand what the unique selling point was and emphasised the opportunity to link applied research with the improvement collaborative to outline more deliverables on the programme of work, offering support as required from the Provider Collaborative Board. S Proffitt commented that financial constraints can often serve as a powerful catalyst for innovation and offered to review options together with S O'Brien. T Hopkins welcomed the useful and insightful update to Board, noting the engagement with the voluntary sector didn't exist across other systems. J Colclough advised that patients embrace involvement in research within primary care as this often supports isolated patients to feel involved. Dr S Karunanithi stressed the importance of innovation, and the need to be aware of the competitive landscape to ensure positioning for investment from life science partners and other

	economic opportunities which would benefit the health and social care sector. J O'Brien expressed thanks to S O'Brien for leading on this important area which has strong links to the work on culture and values, noting the importance of fostering the research environment to develop staff. The Chair recognised the desire to embrace research and innovation and noted the importance for culture, patients and economic aspects. The Board were keen to be kept informed of progress in this area, and the future reporting on research and innovation is to be informed by the Chief Nurse **Action: D Atkinson/S O'Brien** **RESOLVED: That the ICB Board:** ▪ **Note the research and innovation activity across the system.** ▪ **Note the imminent report on Innovation Ecosystem Programme and support discussions with Health Innovation North West regarding this opportunity.** ▪ **Note the risks to research and innovation of the current financial challenges and the opportunities presented by research and innovation to support the financial outlook in the medium term.**
134/ 24	**<u>Freedom to Speak Up Annual Report</u>** D Levy advised that the circulated report provided an annual overview of the developments in relation to the establishment of NHS Lancashire and South Cumbria Integrated Care Board's (LSC ICB) speaking up processes. The report also included the developments which had been made in the Freedom to Speak Up (FTSU) workplan, including scoping the reflection and planning tool published by the National Guardian's Office, raising awareness of the service via proactive mechanisms, and responding to concerns raised. D Levy advised that the ICB systems and processes for FTSU had been audited by Mersey Internal Audit Agency and received a Significant Assurance rating. It was noted that on 2 October 2024 NHS England issued a letter to all ICB Chairs with a request to ensure that FTSU arrangements were in place for system partners in primary care, although no additional resources were offered to support this request. To allow the ICB to consider how this new requirement will be met, the FTSU policy was approved with minor amendments by the Executive Management for 6 months, with a subsequent full policy review to take place to consider this new guidance with submission to the Audit Committee for approval. D Levy commented that there had been 30 concerns raised during the reporting period September 2023 – August 2024, with the directorate breakdown highlighting the largest area reporting concerns within the ICB was within the chief nursing portfolio. It was recognised that this was one of the largest portfolios within the ICB and the recent in-housing of staff from the commissioning support unit may have generated some concerns. S O'Brien commented that the paper did not include data and the 30 concerns raised would equate to approximately 3% of staff which is a low number. She also recognised that people not speaking up is also a concern and suggested that consideration is given to this area. J O'Brien echoed the comments from S O'Brien with regard to the need to triangulate data and

	extended thanks to D Levy, S Mattocks and R Holyhead for the considerable work undertaken to embed the process within the ICB. **RESOLVED: That the ICB Board note the annual report.**
135/ 24	**Committee Escalation and Assurance Report** **Public Involvement and Engagement Advisory Committee –** 25 September 2024 The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 11 September 2024 to alert, advise and assure the Board. The summary report also highlighted any issues or items referred or escalated to other committees of the Board. Minutes approved by the committees 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. D Corcoran highlighted the following from the report noting that there were no alerts: • **Advise –** Insights from local people captured by the ICB has been significantly strengthened and is being reported into PIEAC and published on the ICB website. Thanks were expressed to local Healthwatch for the reports which provided rich insight from local and system wide engagement programmes. There was increased focus on the experiences of people in the South Asian community and in-depth work on barriers to cancer screening being noted. • **Advise –** Feedback from the public of the value of supporting and guiding GP practices to have functioning Patient Participation Groups (PPGs). • **Advise -** Listening to public experiences of using pharmacy services and Pharmacy First scheme. • **Assure** – Requirement for the ICB to be compliant with statutory duty to involve in service transformation, reconfiguration and service change. Thanks were expressed to David Brewin for the work undertaken on the complaints report, which provided insights on complaints between the interface between GP and community pharmacy. A series of webinars was launched in September hosted by the ICB and involving partners from across the system to learn and share best practice in relation to engagement and involvement and encouragement was given for Board members to access these. **Primary Care Commissioning Committee – 10 October 2024** D Corcoran commented that the ICB board has the responsibility for the vision, strategy and transformation of primary care which drives the commissioning intentions and that the committee works within the intentions to spend the delegated budgets appropriately. The report provided assurances of the work of the committee and the decisions which had been taken within the remit. **North West Specialised Services Joint Committee –** The committee had not met since the last verbal update was provided to the Board meeting on 11 September 2024. **Quality Committee – 18 September 2024 and 25 October 2024 –** S Cumiskey reminded members of the three levels of assurance for Quality Committee, Primary assurance (Statutory functions CHC, safeguarding and SEND), secondary assurance including commissioning services and thirdly to ensure that as system assurances are provided on services to ensure they are safe, effective and provide a good experience. • **Alert –** That the rota for Thrombectomy services is not sustained every weekend and Quality Committee would receive an update report at the meeting held on 20 November

	2024. • **Alert - Children and Young People, SEND and Learning Disabilities and Autism** - long waiting times for community children's services, e.g, speech and language therapy with a significant number of children waiting over 52 weeks. Ongoing challenges and extremely long waiting times for CYP neurodevelopment (autism assessment and ADHD assessment) and long waits for adult neurodevelopment assessments. • **Alert** - Education Health and Care Plans (EHCP's) – referral numbers had increased significantly placing a huge demand on the teams. D Levy advised of a rapid quality review which took place at Lancashire Teaching Hospitals on 4 September 2024 related to Thrombectomy. He also advised that from 31 March 2025 neurology services would cease to be provided to South Cumbria. A meeting had been scheduled to address this need with Lancashire Teaching Hospitals NHS Trust, however it was noted that this trust was already under significant pressure to provide services due to shortage in workforce and long waiting times. Assurance was provided that an update will be taken through Quality Committee with escalation to Board as required. **Finance and Performance Committee – 28 October 2024** R Fisher advised: • **Alert –** That activity levels had significantly increased this year. • **Advise –** Due to the variation in primary care clinical measures in the Integrated Performance Report, the committee had requested a report outlining the most significant variations and action being taken to standardise performance. **RESOLVED: That the ICB 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.**
136/ 24	**<u>Finance Report – Month 6</u>** S Proffitt spoke to the circulated report. At 30 September 2024 (month 6) the system was £15m behind plan with a reported £42m deficit. The ICB was reporting a year-to-date breakeven with the variance from plan largely associated with several provider Trusts. The system was forecasting to deliver the full year planned position at month 6. Delivery of the agreed plan was dependent on the release of £530.8m of efficiency savings for the full year, £260.8m for provider trusts and £270.0m for the ICB. At 30 September 2024, Provider Trusts had a shortfall of £8.6m on the year-to-date delivery of efficiency savings and the ICB had met its year-to-date target. However, savings were back-ended, with delivery heavily skewed to the end of the year, which added significant risk. S Proffitt also noted that further detail would be shared at month 7 with the level of risk being assessed during the remaining 6 months of the year if the expenditure was not met in line with the plan. J Birrell raised concerns on the financial position with recognition given to the significant work being undertaken to resolve the challenging position. He stressed the crucial nature of the work to deliver financial savings this year to ensure no further impact into the 25/26 financial year. J Colclough advised that primary care services remained in budget, however she advised that

	the upcoming GP collective action could have an impact on this position due to limitations placed on what can be delivered. The Chair commented on the need to focus on delivering the financial position, and to do this whilst keeping an eye on the horizon to ensure balance during this turbulent period. **RESOLVED: That the ICB Board note the content of the report.**
137/ 24	**Integrated Performance Report** A Patel spoke to a circulated report which provided the Board with the latest position against of published performance metrics including: • Elective recovery • Diagnostics • Cancer • Urgent and emergency care • Mental health • Children and young people • Primary care A Patel was mindful of the increasing pressures across all areas of elective recovery and stressed that variation in performance and outcomes was strongly correlated with inequalities. Latest performance for the ICB showed that 71% of people waited less than 6 weeks for a diagnostic test, with 69.6% waiting less than 6 weeks at our 4 main providers. He advised that the performance framework was being used to focus on the variations and provided an example of primary care in Blackburn with Darwen being lower than the national capacity. The Chair welcomed the suggestion of this approach with emphasis on reducing health inequalities which could be supported through the performance report to drive changes. R Fisher recognsied that there were a significant number of positive elements regarding performance and congratulated colleagues involved in the submission of the report. It was noted that this month was prostate cancer awareness month and encouragement was given to ensure testing is undertaken, Dr S Karunanithi commented that as a system this is an area in which prevention could be improved. **RESOLVED: That the ICB Board note the content of the report and support the actions undertaken to improve performance and to focus on variation.**
138/ 24	**Audit Committee Escalation report:** **Audit Committee – 26 September 2024** J Birrell highlighted: • **Alert** – A deep dive had been focused on All Age Continuing Care (AACC). The Committee was encouraged by the information presented outlining the assurances and controls that underpin the extensive work being undertaken on AACC. It also noted that the necessary resourcing for the project was not fully identified and/or in place, which undermines the confidence of delivering within the target timescale. S O'Brien commented on the high quality of the services whilst recognising the requirement for further resources. **RESOLVED: That the ICB 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.**
139/ 24	**<u>Review of Scheme of Reservation and Delegation and Associated Documents</u>** S Proffitt advised that further to the Board approving amendments to the ICB's Constitution at the meeting held on 11 September 2024, the circulated paper provided an update on the submission of the revised constitution to NHS England. Thanks were expressed to Debra Atkinson and Jim Birrell who provided the update and had been instrumental in the work undertaken. The ICB's Governance Handbook had been reviewed to include updates in line with the Fit and Proper Persons Test, revised governance guidance on Board roles, and the terms of reference for the previously approved establishment of the joint committee for the Shaping Care Together programme. S Proffitt further advised the ICB's Scheme of Reservation and Delegation (SoRD) had been reviewed and updated to reflect clarity regarding Board approval of the financial plan and budgets, and to reflect the implementation of the Provider Selection Regime. The Operational Scheme of Delegation (OSoD) had also been updated to reflect greater clarity and detail around 'within plan' and 'outside of plan' approval routes and to reflect the implementation of the Provider Selection regime. The Chair commented on the importance for members to read and familiarise themselves with the governance handbook as the document defined how the ICB operates. **RESOLVED: That the ICB Board:** • **Note that NHS England have approved the updated Constitution** • **Approve the updates to the governance handbook** • **Approve the amendments to the Scheme of Reservation and Delegation** • **Approve the amendments to the Operational Scheme of Delegation** • **Approve the updates to the Standard Financial Instructions** • **Approve the Managing Conflicts of Interest Policy** • **Note that a procurement policy reflective of the Board approval of the updated SORD will be submitted to the Finance and Performance Committee for approval at a subsequent meeting.**
140/ 24	**<u>Armed Forces and Veteran Community Update</u>** The Chair welcomed Captain Stephen Tickle from 4 Lancs who was observing in the public gallery and advised that he would be the Military of Defence signatory to the Armed Forces covenant, the signing of which would take place at the end of the Board meeting. C Harris introduced this item commenting on the work that Lancashire and South Cumbria ICB was undertaking, working with the Armed Forces community to meet the statutory duty under The Armed Forces Act (2021). He also drew attention to the Core 20+5 Initiative which placed an emphasis on addressing inequalities and the need to focus on tackling health inequalities, including those for veterans. The signing of the covenant signaled a major milestone and demonstrates the commitment and ongoing support for partnership to increase awareness across commissioned services and develop signposting to the Armed Forces community. There are 65,500 veterans in the region,

	which includes those with serving partners/spouses, military families, veterans, reservists, and voluntary leaders in military cadet organisations. It was noted that priority areas of action for 2024/25 had been developed which reflect both the ICBs internally focused responsibilities as a major employer in the region, and its outward facing activities as a planner and commissioner of services. The Chair expressed her pleasure to receive this paper and commented that it was a positive note to finish the meeting with. **RESOLVED: That the ICB Board note the contents of the report and approve the signing of the Armed Forces Covenant**
141/ 24	**Any Other Business** There were no issues raised.
142/ 24	**Items for the Risk Register** The Chair noted that nothing additional had been identified for the risk register, commenting that the number one risk relates to managing short term versus the longer term and that this should remain to center to all considerations. **RESOLVED: That there were no items to be included on the ICB Risk Register.**
143/ 24	**Closing Remarks** The Chair thanked everybody for their insightful contributions to the meeting and extended thanks to the members of the public who had attended.
144/ 24	**Date, Time and Venue of Next Meeting** The next meeting to be held in public would be on Wednesday, 15 January 2025, 1.00pm-4.00pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB. The meeting closed.

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).