

Integrated Care Board

Date of meeting	19 March 2025
Title of paper	Chair's Board Report
Presented by	Emma Woollett, Chair, Integrated Care Board
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Agenda item	6
Confidential	No

Executive summary

This report aims to provide an update for the Board on the engagement and work undertaken by the Chair and any current and pertinent issues.

The report includes key areas to consider over that period and will be enhanced where appropriate by a verbal update where things have occurred after the report was published.

Recommendations

The Lancashire and South Cumbria Integrated Care Board is requested to note the updates provided.

Whic	h Strategic Objective/s does the report relate to:	Tick
SO1	Improve quality, including safety, clinical outcomes, and patient	✓
	experience	
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and	✓
	desirable option for existing and potential employees	
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and	✓
	targets	
SO6	To develop and implement ambitious, deliverable strategies	√

Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed			✓	
on the ICB Risk Register?				
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes		
N/A				

Conflicts of interest associated with this report

N/A

Impact assessments						
	Yes	No	N/A	Comments		
Quality impact assessment completed			√			
Equality impact assessment completed			√			
Data privacy impact assessment completed			√			

Integrated Care Board – 19 March 2025

Chair's Board Report

1. Introduction

- 1.1. This report aims to provide an update for the Board on the engagement and work undertaken by the Chair and any current and pertinent issues.
- 1.2. The report includes key areas to consider over that period and will be enhanced where appropriate by a verbal update where things have occurred after the report was published.
- 1.3. It will incorporate any major updates on ICB, and system governance and any decisions made under Chair's action for ratification by the board.

2. Engagement

- 2.1. Since our last board meeting in January, I've had the opportunity to spend time in Blackburn with Darwen, seeing some of the challenges faced by the local population as well as the potential opportunities. During this visit I met with the Clinical Director for Blackburn with Darwen Primary Care Networks and Clinical and Care Professional Lead. We explored various issues within primary care and the role of the local primary care provider at scale. We also discussed opportunities to further enhance the Blackburn with Darwen model of care, which focuses on bringing partners together to deliver cohesive services that meet the needs of local residents.
- 2.2. I also met with the Chief Executive of Age UK Blackburn with Darwen where we discussed the significant contribution the voluntary sector makes in Blackburn with Dawen and their role as key partner in the delivery of integrated care. I visited Memory Makers which is a group session for local people who have been diagnosed with dementia, providing a range of activities including games, crafts, history and music. The sessions have proven benefits of improving social confidence, speech and memory. The provision supports our ageing well programme, which is jointly led through Adult Social Care.
- 2.3. Whilst in Blackburn I visited Barbara Castle Way Health Centre has also been identified as a vanguard site to become a neighbourhood NHS hub. Partners are working together to review current service provision with the aim of creating an integrated health and wellbeing hub at the entrance to the site. This would support better access to prevention, wellbeing, social prescribing, care and support with wider determinants, including housing and employment opportunities. There are also opportunities to re-commission x ray and non-obstetric ultrasound (NOUS), providing access to community diagnostics. Both would support national direction expected in 10-year plan (and recent

- announcement to reduce waiting times) and ICB vision to deliver more care closer to home.
- 2.4. In February I spent time visiting South Cumbria. During this visit I went to Alfred Barrow Health Centre to meet with clinical leaders from both primary and secondary care who are leading the highly effective Morecambe Bay Respiratory Network. This is a brilliant example of left shift, taking expertise and activity out of secondary care and providing it closer to home with an enhanced primary care and multi-disciplinary team. I met with the Director of Public Health and Population Health leads for the Plan for Barrow. This is a significant national government led piece of work over the next ten years. Barrow will grow by around 30,000 people, a 50% increase, as BAE Systems expand and begin work on the next generations nuclear submarines as part of AUKUS. We have an opportunity and a duty to meet health care needs for the new population size
- 2.5. Whilst on this visit I also spent time in Kendal visiting James Cochrane Practice. I also visited the Priority Wards in Barrow, Central and Hindpool Wards whilst visiting some of the rural areas within South Cumbria. Discussions were also held around General Practice and Women's Health issues in Kendal.
- 2.6. We are still currently in the recruitment process for the North West Ambulance Service chair's role and a further update will be provided over the next couple of months.
- 2.7. I am currently also involved in the recruitment process for the chair of University Hospitals of Morecambe Bay NHS Foundation Trust.
- 2.8. And finally, I continue my regular discussions with provider chairs across Lancashire and South Cumbria. These are important opportunities to share issues, but also to discuss how we might all work more effectively and improve the governance across the system.

3. Governance

- 3.1. A full review of the board's committee structure has now taken place, and the outcomes and recommendations are presented to the board on today's agenda at Item 18.
- 3.2. I have also been working with Debra Atkinson on designing a programme of board development. We held a board seminar in February where the focus was around the work of NHS Impact and ICB and System Improvement. Discussions were held around how improvement could be applied to the ICB, considering people and culture and the huge challenge in the system which is Urgent and Emergency Care. A series of next steps were agreed around how to lead system improvement.

3.3. Since my last report, the ICB has been placed in the National Recovery Support Programme and governance and decision-making arrangements will to be structured in a way that give assurance to the board that the ICB is discharging its statutory duties over 2025/26. The review of the committee structure and our work on board development will strengthen this assurance, and NHS England will also be supporting the board by reviewing and advising on our governance and leadership arrangements. I will keep the board updated on any further recommendations.

4. Board

- 4.1. I'm pleased to confirm a further term of office for non-executive member Debbie Corcoran for a further two years until 31 March 2027.
- 4.2. An appointments process is now underway for the non-executive member vacancy and to also appoint an associate non-executive as part of board succession planning. I will keep the Board updated.

5. Recommendations

- 5.1. The Board is requested to:
 - Note the contents of the report.
 - Receive a further report at its meeting in May 2025

Emma Woollett

10 March 2025