

Approved 16 April 2025

Minutes of the ICB People Committee Held on Wednesday, 29 January 2025 at 13:00 to 15:00, On Microsoft Teams

Members		
Jane O'Brien	Chair/ICB Non-Executive Member	LSC ICB
Debbie Eyitayo	Chief People Officer	LSC ICB
Fiona Ball	Workforce, Training & Education Transformation Lead	LSC ICB
Ruth Keeler	Associate Director OD, Training & Education	LSC ICB
Kate Smyth	Non-Executive Director	LTHTR
Joe Hannett	Lancashire & South Cumbria Voluntary, Community, Faith and Social Enterprise (VCFSE)	VCFSE
Angela Allen	Lancashire & South Cumbria Voluntary, Community, Faith and Social Enterprise (VCFSE)	VCFSE
Becky Lumberg	Staff Side Representative	LTHTR
Bernie Miller	Staff Side Representative	LTHTR
Naveed Sharif	Associate Director of Culture and Inclusion / Representing ICB Director of Culture and Inclusion, Wellbeing and Inclusion Group	LSC ICB
Claire Richardson	ICB Place Director	LSC ICB
Kathleen Gulson	Primary Care Workforce Lead	LSC ICB
Attendees		
Sarah Mattocks	Head of Governance	LSC ICB
Liz McMullin (Deputising for Stephen Sandford)	LSC AHP Workforce programme lead	LSC ICB
Claire Moore	ICB Head of Risk Assurance and Delivery (up to item 5)	LSC ICB
Feroz Patel	Transformation and Finance Director	LSC ICB
Louise Coulson (Minutes)	Committee and Governance Officer	LSC ICB

Item No	Item	Action
54 24/25	<p><u>Welcome, introductions and Chair's Remarks</u></p> <p>The Chair welcomed all to the meeting and introductions were made.</p>	
55 24/25	<p><u>Apologies for Absence / Quoracy of meeting</u></p> <p>Apologies for absence had been received from Debbie Corcoran, Andrea Anderson, David Levy, Jane Scattergood, Tracy Hopkins, Cath Whalley, Kate Quinn, Sarah O'Brien, Stephen Sandford, Aisha Choudhary, Chris Cutts, Mike Burgess, Lisa Ward and Debra Atkinson.</p> <p>The meeting was quorate.</p>	
56 24/25	<p><u>Declarations of Interest</u></p> <p>(a) People Board Register of Interests - Noted.</p> <p>RESOLVED: That there were no declarations of interest relating to the items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	

<p>57 24/25</p>	<p>(a) <u>Minutes of the meeting held on 30 October 2024 and matters arising</u></p> <p>K Gulson advised that the correct title for the group referenced at minute 40 24/25 was Lancashire and South Cumbria ICB PINC Workforce Steering Group.</p> <p>K Smyth asked for the discussion that took place at the last meeting regarding health inequalities to be captured in more detail.</p> <p>RESOLVED: That the minutes of the meeting held on 30 October 2024 be approved as a correct record subject to the amendments agreed.</p> <p>(b) <u>Action Log</u></p> <p>42 24/25 - Oversight and Assurance Dashboard Subgroup to have oversight of data and review what metrics are required for the data reporting and capture. Progress Update - Work on the establishment of subgroups was underway and an update would be provided at the next meeting (Q1 2025/26)</p> <p>43 24/25 - Workforce Insights, Planning and Transformation Update from subgroup. Progress Update – An update regarding staff passports would be provided at the next meeting (Q1 2025/26)</p> <p><u>Referrals from other committees</u> AC/51 – 24/25 – Internal Audit – Mandatory Training: Audit to be completed February 2025. Progress Update: The audit findings will be shared at the next meeting (Q1 2025/26)</p> <p>QC/142- 24/25 - Social care workforce recruitment and retention agreed to close. The careers agenda has been updated and taking a view of the health inequalities across the system has highlighted those from disadvantaged backgrounds. The application deadline is Jan 2025 to accept 500 applicants within each window of application. The ICB is offering work experience and schools support in areas where greater support is required e.g. Barrow-in-Furness, Blackpool and Burnley with a view to recruit to future AHP (Allied Health Professionals), paramedics etc. For clinical and non-clinical roles in emergency medicine. There is also a plan to advertise recruitment via social media for hard to fill roles.</p> <p>Those actions that were proposed to close were agreed based on the update provided within the action log.</p>	
<p>58 24/25</p>	<p><u>LSC ICB Risk Management Update</u></p> <p>C Moore spoke to the report which outlined the ICB's arrangements for risk management advising that these were now well established and provided the framework for the oversight and management of risks at all levels across the organisation.</p> <p>It was noted that risks which were assessed as having the potential to impact on the achievement of the ICB's strategic objectives were held on the Board Assurance Framework (BAF).</p> <p>There was one risk held on the BAF in relation to the business of the People committee.</p>	

	<p>A summary of the actions taken to mitigate the BAF risk was presented in the report and the full BAF risk entry was also provided within Appendix 1. A high-level summary dashboard of all risks currently held on the BAF, and those which met the threshold for corporate oversight through other assurance committees was also appended for information.</p> <p>J O'Brien asked if the committee could be assured that sufficient action was being taken to mitigate the risk. C Moore shared that the current mitigation was put to the Board when it last met earlier this month and were assured by the progress made. D Eytayo echoed this.</p> <p>J O'Brien conveyed her thanks for an informative and robust report and no further comments were made, although members noted that it was an excellent report.</p> <p>RESOLVED: That the People Committee:</p> <ul style="list-style-type: none"> • Noted the report. • Reviewed the risk held on the BAF and the actions taken to mitigate the risk. • Noted for information the high-level summary dashboard of all risks currently held on the BAF and ORR which met the threshold for corporate oversight. 	
<p>59 24/25</p>	<p><u>Review of People Directorate Governance Structure</u></p> <p>D Eytayo introduced a report which provided an opportunity to review the governance of the People function and how it provided visibility and assurance to the ICB leadership and Board regarding its workforce responsibilities, both in terms of internal ICB responsibilities as an employer as well as system level priorities.</p> <p>This report aimed to provide clarity in relation to the People Directorate's portfolio and formal meeting structure, and how the directorate reported and provided assurance upwards, ultimately to the ICB People Committee and Board. The paper also provided details of proposed changes to fill any gaps.</p> <p>It was proposed that a new People and Culture sub-committee be established to report into the People Committee, which would oversee the implementation of LSC ICB Workforce Strategy/annual workforce plan and delivery of the ICB's statutory and legal responsibilities relating to employment. This would enable the People Committee to maintain its role as a Board assurance committee. It was noted that the Chief Operating Officer and Chief People Officer would jointly chair the sub-committee. In addition, a new People Health and Care System Group would be established to focus on system facing workforce strategy and priorities. This group would also report into the People Committee. It was proposed that the group be chaired by a provider Chief Executive and System Partner of an equivalent level. Terms of reference for this group were yet to be drafted.</p> <p>It was noted that the People Directorate was in the process of developing a 12-month People Plan which would govern its work for 2025/26. The plan would have an external system focus as well as an internal focus covering the ICB's responsibilities as an employer. It was anticipated that the final draft would be presented for formal ratification at a future ICB People Committee meeting.</p> <p>D Eytayo highlighted that the 12-month People Plan would inform the work plans for the People Committee from a system facing perspective. J O'Brien noted that this would focus the business of the People Committee and thanked D Eytayo for the report.</p> <p>J Hannett sought clarification in relation to appendix B of the report specifically</p>	<p>DE</p>

	<p>had been given a national productivity and efficiency opportunities pack bespoke to their organisation, which allowed them to think through options and possibilities for efficiencies that could be made. The team would work with providers to build this into the 2025/26 plans.</p> <p>A Allen asked if there was a plan to consolidate agency staff across all sectors and partners as part of the plan to ensure standardisation of the costs so that one agency would be used. F Patel advised that there was more cohesion across agencies managing the market rate, with a standard rate to be paid to all suppliers. Previously the market had been supplier led and resulted in various rates being charged. There was greater collaboration across all the organisations that use agencies. It was noted that from a competitions perspective one agency alone cannot be contracted with, but the market would be managed by stating the hourly which would be paid to start to take control of those rates.</p> <p>J O'Brien thanked both F Patel and F Ball.</p> <p>RESOLVED: That the People Committee note the update.</p>	
<p>61 24/25</p>	<p><u>Update on NHS England Intervention</u></p> <p>F Patel delivered a presentation to the Committee and advised that in December 2024, the Lancashire and South Cumbria Integrated Care System (LSC ICS) had been placed into Enhanced Intervention by NHSE, due to deteriorating financial performance for the 2024/25 financial year.</p> <p>F Patel described that the LSC ICS submitted a 2024/25 financial plan with a planned deficit of £175m, enabled by the ICB and providers achieving a balanced plan and supported through the provision of non-recurrent deficit support funding from NHS England. In July 2024, NHSE identified a number of systems that were at risk of delivering their finance plan predicated on size of the deficit as a percentage of net expenditure and the size of savings required by the system in the delivery of the plan. The system was enrolled in an Investigation and Intervention (I&I) process to identify actions to improve the financial position supported by PA Consulting and Simon Worthington (NHSE Nominated Lead).</p> <p>F Patel shared that despite the system establishing an incident management approach, incorporating weekly reporting and monitoring on a series of measures identified through the I&I process and adopted by the providers to improve control of expenditure, there has been limited or no improvement in the system financial position. The system faces significant financial challenges over the forthcoming months, to improve the deficit, run rate and deliver efficiencies of £87m per month (from M7) to achieve a full year plan of £530.8m of efficiencies.</p> <p>An overview of the NHSE Enhanced Intervention was shared including that NHSE had asked Stephen Hay, former Executive Director of Regulation / Deputy Chief Executive at NHS Improvement, and a Price Waterhouse Coopers (PwC) team led by Damien Ashford to perform a rapid two-week diagnostic. NHSE would continue to discuss the full extent of the support needed for the system, in both the short and medium term. This would include the respective roles of each supplier providing support in the system. NHSE will communicate with the system after the PwC / NHSE Nominated Lead diagnostic has concluded and will advise on the scope of the subsequent turnaround, and of the formal regulatory intervention which will underpin it.</p> <p>J O'Brien conveyed her thanks for the presentation and sought clarification on staff understanding the implications of intervention, given the impact this could have on staff morale.</p>	

	<p>A Allen shared a concern of the impact the current ICB financial focus could have on people working within the VCFSE sector. She commented that many commissioned services would be concerned about their future sustainability due to the current position of the ICB and the wider system being in intervention.</p> <p>J O'Brien responded that this was a helpful perspective and that she would highlight to the ICB Board the importance of considering the impact on wider system partners.</p> <p>B Lumberg highlighted the concerns being noted via members across Lancashire and South Cumbria relating to very low morale, divisions amongst individual colleagues, divisions within the workforce(s), and staff feeling this was a very Trust focused issue. She commented that staff fear they would enter a more difficult period specifically around anticipating that redundancies were on the horizon. Pressures were already intense and there was a belief that this would become exacerbated overtime. There was also a significant degree of pressure on ICB and One LSC staff. It was noted that there was a need to ensure consistent communication with staff and communicating this simultaneously with all staff across the system. Conversations were also noted to be required to understand why staff were moving from substantive roles to bank roles which was recognised could be due to the lack of flexibility in their substantive roles.</p> <p>J O'Brien stressed the importance of the leadership team supporting staff and commented that the ICB needed to be able to support managers to be able to support their staff.</p> <p>D Eytayo added that although this was a financial issue it was very much a workforce and people matter, and it was important that as a committee who support the workforce agenda that members be appraised of these updates. She referenced the issue around morale and support and stressed that her focus had been ensuring wellbeing support was in place for staff. She acknowledged that considering the position of the ICB and working across the system, things needed to be approached in a different manner to be able to embed transformation.</p> <p>C Richardson commented there was also a challenge about culture and values which was impacting on our residents as well as our staff and requested the management of this be considered as a system. She noted there was a risk that with each organisation focused on their respective financial position this will impact on partners working together effectively and that health inequalities may widen rather than reduce, when one of the fundamental aims of the ICB was to reduce health inequalities.</p> <p>J O'Brien agreed with the comments made and that this was not about doing what we have previously done but being brave and moving forwards with a transformation agenda.</p> <p>N Sharif highlighted that quality and health inequality impact assessments are a mandated requirement in terms of significant change programmes of work and this should identify some of the differential impact. He noted that research highlighted that often some of the most seldom heard and underserved communities were affected by change programmes and noted this was the case with NHS England recent findings through their change programme. He reported that the staff networks had been discussing how colleagues felt about what would happen moving forwards, with regard to whether roles were secured for example. He commented that the people impact assessment also needed to be considered in relation to both staff and residents of Lancashire and South Cumbria.</p> <p>F Ball responded to the point made previously about supporting staff and how this</p>	
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	<p>was integral to planning. Noting this was intrinsically linked to the design and delivery of the operating plan. These teams will be designing plans, alongside operational colleagues and finance colleagues to ensure the wellbeing of staff is incorporated.</p> <p>K Smyth commented as Chair of Safety and Quality Committee representing a provider Trust, that she was increasingly concerned of the impact on staff, noting there was a direct correlation between unhappy staff leading to poor quality of care for patients.</p> <p>R Keeler commented that it was important that staff and learners were considered as part of the system and how the ICB manage messaging was important. She noted that the transformation stage was underway and how this would impact on service delivery and that we need to ensure that staff remained motivated, supported and encouraged. In terms of working practices, it was discussed that silo working would hinder transformation. The Organisational Development (OD) team was working in the background on programmes across the system that would support resilience, leadership and civility and that access to peer support and coaching was to be made available across the system. It was recognised there needed to be support from managers to allow staff to attend coaching, resilience and communication training to foster a shared sense of purpose.</p> <p>C Richardson stressed the importance of consistent messaging particularly in relation to any restructures although there has been no formal discussion about this to date.</p> <p>S Mattocks advised this linked to Freedom to Speak Up (FTSU) themes, particularly around an open culture which was to be encouraged.</p> <p>N Sharif commented how this was affecting the workforce as staff were leaving the system to work elsewhere. The recruitment freeze was having an impact on staff to progress their careers.</p> <p>J O'Brien closed the item noting the key link between intervention and its impact on the workforce which formed part of the committee remit. The discussion needed to be highlighted to the ICB Board.</p> <p>RESOLVED: That the People Committee note the report.</p>	
<p>62 24/25</p>	<p><u>Update on ICB culture, values and behaviours reset</u></p> <p>R Keeler updated the committee on the LSC ICB Values and Behaviours culture reset work to date. She highlighted the key achievements so far and outlined work done to date. The presentation included feedback from workshops, indicating participants better understood the culture journey of the organisation, felt connected and committed to the shared culture journey, and had the opportunity to explore emerging core values and their meanings.</p> <p>The presentation outlined the next steps, including the executive sign off which was scheduled for the end of January 2025 for the Values and Behaviours Framework, draft and branding; noting the launch of the Values and Behaviours Framework would take place towards the end of February 2025, and the design of a toolkit in Quarter 1 2025/26 for living the behaviours.</p> <p>D Eytayo thanked R Keeler and acknowledged the amount of work that the OD Team had undertaken and noted how incredibly rich it was and how important it was to embrace the organisational values and behaviours. These values drive the culture within the organisation and impact on behaviours, staff needed to understand the importance to be able to deliver the transformation ahead.</p> <p>A Allen requested clarification, about the current culture and wellbeing support for</p>	

	<p>staff, and asked if this was standard or had this been developed to reflect the transformation period in the ICB, and would there be an offer for partners to access this support as several small voluntary organisations did not have the capacity to provide such resources to staff.</p> <p>R Keeler responded the health and wellbeing internal offer was for ICB staff and Trusts have such support in place. Occupational health services were offered to staff and staff can self-refer. Talking therapies, along with listening rooms were available to all ICB staff. The ICB has health and wellbeing champions to support staff. N Sharif leads the staff networks for staff who want to support specific areas of wellbeing and diversity. The freedom to speak up guardians' service was also available to support staff.</p> <p>It was noted that Ambreen Bhatti, Health, Wellbeing & Engagement Lead was also working with individual teams where required support had been identified.</p> <p>A Allen responded Public Health with Blackburn with Darwen had undertaken a consultation across the voluntary sector with volunteers and paid members of staff around their own mental wellbeing, with staff who worked in services supporting people with complex needs. She noted that similarities of experiences [for staff(s) mental health support] across organisations was missing, support services for small voluntary service organisations were not available and no clinical supervision was available. Could the ICB provide a low cost but high impact support for staff or partners in this sector to access.</p> <p>J O'Brien asked if there was wider system support to services and asked that this was included on a future meeting agenda for discussion. It was acknowledged that there should be wider ways for people working within the system to access such support.</p> <p>ACTION: A deep dive into health and wellbeing to be considered at a future meeting.</p> <p>J Hannett commented this was an ICB staff piece of work and added as a member of the Quality Committee he noted each meeting opened with a patient story. Over several months common themes of communication, compassion, understanding and handovers between services had been highlighted. He noted, sharing the People Committee workstreams on cultural values with Quality committee would be useful and would enable Quality Committee to gain insight into developments undertaken to improve both culture and staff morale. This would hopefully in turn improve patient experience.</p> <p>D Eyitayo thanked J Harnett. She noted work on cultural values was impactful across the system. Organisational focus on values and behaviours was to improve relationships when interacting with partners across the system.</p> <p>J O'Brien noted comments by K Smyth in the previous item highlighting culture and the quality and safety of care were intrinsically linked and how this was pertinent here.</p> <p>ACTION: L Coulson will share with Quality Committee that People Committee have received the culture, values and behaviours reset report and share members concerns regarding the link between culture and quality and safety of care.</p> <p>RESOLVED: That the People Committee note the update.</p>	<p>LC</p>
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Gender Pay report

N Sharif spoke to the report noting that organisations with 250 or more employees were mandated by the government to report annually on their gender pay gap. The requirements of the mandate within the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, were required to publish information relating to pay for six specific measures as detailed in the report.

It was recognised that the ICB's 2024 Gender Pay Gap would be published towards the end of the 2024/25 financial year, therefore there was insufficient time to operationalise actions to address the gender pay gap ahead of the 2025 Gender Pay Gap snapshot date (31 March 2025). Some of the actions contained within the report were likely to feature in the upcoming 2025 Gender Pay Gap Report which would be published earlier within the 2025/26 financial year.

For future reports it was intended to understand the gender pay gap, along with ethnicity and disability pay gaps and to better understand the most vulnerable parts of our workforce to ensure we place our focus on addressing these inequalities as and when identified with corrective improvement activities.

B Lumberg asked if the numbers referenced in the report reflected across other sectors or services as it was an NHS statutory requirement to provide figures on the WRES (Workforce Race Equality Standard), DES (Disability Equality Standards) and pay gap agenda that has previously been discussed. She asked if there were any areas that could be drawn upon for data comparisons or areas that are recognised as best practice.

D Eytayo acknowledged that it was a gap and an action that had been identified and this was an area of focus with a view to looking to provide a benchmark. She commented on the uniqueness of the formation of the ICB which had resulted in staff currently on pay protection for example and therefore this was not a straightforward review on pay and consideration needed to be given to this.

J Hannett noted the lack of data captured to represent the voluntary sector and whilst individual organisations may have this data it was not provided as a sector and there was a lack of coordinating such a research function. He suggested that it might be possible to provide a proxy through National Council for Voluntary Organisations (NCVO) and other data providers to ascertain how a gender pay gap could be identified. However, it was acknowledged that there was no capacity to provide this data. N Sharif advised that the ICB does receive the WRES and DES data from the provider Trusts, however whilst the ICB was not mandated to capture WRES and DES data, this is undertaken as the data was available. The new Belonging Strategic Group could look to incorporate the VCFSE data in future developments.

J O'Brien added it would be useful to look at lessons learnt; the voluntary sector would provide some invaluable insights into this.

S Mattocks advised as this was a national requirement for submission of data that it would be appropriate to ensure the detail was captured and the ICB Board alerted via the AAA escalation report.

K Smyth asked D Eytayo what data could be provided for BAME (Black, Asian and minority ethnic.) gap reports and the disabilities gap report.

N Sharif referred to the anti-racism framework, advising that there was a push towards the national improvement plan which provided this focus and the deadline for submission was October 2025. The NHS improvement plan also focused on the

	<p>gap reports.</p> <p>K Smyth added the workforce committee at Lancashire Teaching Hospitals date for the gender pay gap report was brought forward as it was due to be next year.</p> <p>J Hannett added the governance around the ICB committees did not provide clarity on the delivery mechanisms or contributions by voluntary sector representatives.</p> <p>J O'Brien was mindful of this and anticipated that the new committee structures would assist in capturing and progressing such conversations going forwards.</p> <p>RESOLVED: That the People Committee:</p> <ul style="list-style-type: none"> Note the content of the report and the recommendations. Approved the report for publication on the ICB website and for upload to the Government portal 	
64 24/25	<p><u>Freedom to Speak up</u></p> <p>S Mattocks introduced the update in relation to Freedom to Speak Up (FTSU) noting this was an important part of improving the culture within the Lancashire and South Cumbria (L&SC) Integrated Care System. The report provided a quarterly update to the People Committee on themes and trends related to speaking up and against progress made in this area since the committee were last updated in October 2024.</p> <p>D Eytayo referenced there was a concern that some staff felt they were not able to raise concerns unless undertaken anonymously, and that staff are then unable to receive any feedback. She expressed that staff needed to feel psychologically safe to be able to raise concerns.</p> <p>C Richardson asked if the service has expanded to the wider system which may prove helpful from a totality perspective to capture the values and behaviours throughout the system for example the issues raised though FTSU from our commissioned services.</p> <p>S Mattocks shared that the initial focus of the service was to function for ICB staff but noted that the ICB does have a system role in speaking up and that the service would look to further develop in the future. It was noted there were various networks across both provider and non-provider across the northwest and nationally which the ICB guardians are part of.</p> <p>RESOLVED: That the People Committee note the report.</p>	
65 24/25	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p><u>Advise</u></p> <ul style="list-style-type: none"> There were no areas to advise <p><u>Assure</u></p> <ul style="list-style-type: none"> Review of People Directorate Governance Structure, Stronger governance arrangements for new sub committees to support ICB internal and system workforce plans. 12-month People in development which will guide the strategic focus of the People Committee for 25/26. Gender Pay Gap report 2024, To be published on ICB website. Freedom to Speak Up report, Cases still open with cultural and behavioural relationships type themes. Assure Board that all cases are processed in line with the FTSU policy. Report on the organisational values reset, People Committee received a 	

	<p>report on the reset of the organisational values.</p> <p><u>Alert</u></p> <ul style="list-style-type: none"> • NHSE Enhanced Intervention, Health and Wellbeing deep dive to monitor the impact of intervention. 	
66 24/25	<p><u>Items referred to other committees.</u></p> <p>RESOLVED: That there were no items to be referred to other committees.</p>	
67 24/25	<p><u>Any Other Business</u></p> <p><u>Volunteering for Health</u> – J Hannett commented that an item for volunteering for health had been submitted to the January meeting of the committee. The committee was advised that the item would be included on the next meeting agenda. This piece of work is being led by Spring North.</p> <p>Action: L Coulson to add to the committee workplan for the next meeting.</p>	LC
68 24/25	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no items identified for the risk register.</p>	
69 24/25	<p><u>Reflections from the Meeting</u></p> <p>J Hannett referred to the action logs and was mindful they do not become too cumbersome. He also commented on the importance of keeping sight of actions that feed up to committee from the sub groups.</p> <p>J O'Brien noted there was a consensus at the committee as to what collectively wished to be achieved but acknowledged that work to streamline this was still required. However, D Eyitayo's paper has proven very useful to outline how we approach this moving forwards.</p> <p>L McMullin, (who was deputising for Stephen Sandford) had found the discussion helpful and welcomed the direction it was going in. She asked that consideration be given to her attending a future meeting to provide a staff story on leadership placements.</p> <p>J O'Brien responded consideration needed to be given to how staff stories were incorporated into the committee to ensure they reflected the themes discussed at committee.</p>	
70 24/25	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>To be confirmed as dates for the 2025/26 occurrence of the committee meetings are still to be agreed.</p>	