NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to approval at the next meeting

Minutes of a Meeting of the Integrated Care Board Held in Public on Wednesday, 19 March 2025 at 1.00pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB

Part 1

	Name	Job Title
Members	Emma Woollett	Chair
	Roy Fisher	Deputy Chair/Non-Executive Member
	Kevin Lavery	Chief Executive
	Jim Birrell	Non-Executive Member
	Jane O'Brien	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Professor Sarah O'Brien	Chief Nursing Officer
	Andy Curran	Interim Medical Director
	Dr Julie Colclough	Partner Member – Primary Care
	Aaron Cummins	Partner Member – Trust/Foundation Trust – Acute and Community Services
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Denise Park	Partner Member – Local Authorities
Regular Participants	Professor Craig Harris	Chief Operating Officer
	Debbie Eyitayo	Chief People Officer
	David Blacklock	Healthwatch Chief Executive
	Victoria Gent	Director of Childres's Services (Blackpool)
	Tracy Hopkins	Voluntary, Community, Faith and Social Enterprise Sector
	Dr Sakthi Karunanithi	Director of Public Health (Lancashire County Council)
	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Neil Greaves	Director of Communications and Engagement
In attendance	Davina Upson	Board Secretary and Governance Manager

Ref	Item
23/25	**<u>Welcome and Introductions</u>** The Chair, Emma Woolett, opened the meeting and welcomed everybody to the Board meeting, thanking the members of the public who were observing the Board meeting either in person or through the live stream. A Curran was welcomed to his first ICB Board meeting due to providing interim support to the role of medical director during March 2025 further to Dr D Levy leaving the ICB to undertake a national role. She acknowledged the significant work which Dr D Levy had undertaken whilst at the ICB.

	The Chair commented on the national announcement last week regarding the Department of Health and Social Care (DHSC), NHS England (NHSE), ICBs and providers which signaled a requirement to cut 50% of the ICB running and programme costs. She recognised this would cause understandable confusion and distress amongst staff and expressed her disappointment that this was leaked to the press before the ICB was able to make the announcement. The Chair noted the three key principles which she and the Executives were committed to in relation to the required reductions: • Function-Based Approach: The work would be undertaken based on the functions needed to deliver the ICB's role. • Clarity: Efforts would be made to provide clarity as quickly as possible. • Frequent Updates: Updates would be shared as soon and as often as possible. The Chair thanked the gentleman who had provided the patient story for the Board meeting and noted that he was in the public gallery observing the meeting. There had been two questions received from members of the public in relation to agenda items 15 (Finance Report – Month 10) and 16 (Special Educational Needs and/or Disabilities Position Statement) and the Chair advised these would be addressed when those items were introduced.
24/25	**Apologies for Absence/Quoracy of Meeting** Apologies for absence had been received from regular participants Asim Patel, Chief Digital Officer and Cath Whalley, Director of Adult Services (Westmorland and Furness). It was noted that A Cummins would be in attendance for the first 90 minutes due to the requirement for him to attend UHMB Board meeting which commenced at 2.30pm, it was confirmed that the meeting would remain quorate.
25/25	**Declarations of Interest** 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 were advised of. **RESOLVED: That there were no declarations of interest raised which related to the business items on the agenda. The Chair would be advised of any conflicts that arise during the meeting as appropriate.** **Board Register of Interests -** Noted.
26/25	**Minutes of the Board Meeting Held on 15 January 2025, Matters Arising and Action Log** **RESOLVED: That the minutes of the meeting held on 15 January 2025 be approved as a correct record.** **Matters Arising and Action Log:** **Reference 9: Quality Governance Framework –** Agreed to close as this was held on the Board Planner. **Reference 10: Non-Medical Criteria to Reside (NMC2R) –** Agreed to close as the updated was included within the UEC improvement scheme report

	Reference 12: Board Assurance Framework – A Curran advised the health inequalities risk score (BAF-002) and actions had been reviewed with agreement to hold a discussion at the Quality Committee on 26 March 2025. With this update the action was agreed to be closed. **RESOLVED: That the action log was reviewed and updated.**
27/25	**<u>Patient Story/Citizen's Voice</u>** S O'Brien introduced the patient story and expressed her thanks to Gavin for providing his experience and for offering to undertake further work with the ICB. It was noted this patient story had also been shared at a recent Quality Committee meeting where members recognised that communication had not always been adequate and noted how complex it was to navigate between different services, although care was exemplary once in the system. S O'Brien noted the commitment across the system to delivering improved communication and joined up services and suggested that this would be supported by the work being undertaken by the ICB on transforming community services to ensure that services were provided closer to a home setting. S Proffitt recognised the need to review how data was shared to ensure that patients were not required to repeat their details at varying points of their care and provided assurances this would be reviewed. D Park noted the requirement to have a balanced approach where community care supported independent living. T Hopkins stressed the importance of the involvement of charities for delivering comprehensive care by working together to ensure that care was delivered in the right setting. R Fisher was mindful that timely reporting of results was provided to patients, which would be discussed with the digital team, specifically related to the shared care record to improve care for the future and what learning could be taken from this story being shared through the digital and data strategy, which aimed to improve the journey for patients. **RESOLVED: That the ICB Board note the patient story.**
28/25	**<u>Chair's Report</u>** In addition to her report The Chair commented on the significant financial pressure which the system was facing, advising that Lancashire and South Cumbria ICB had entered the National Support Programme (NSP). She conveyed the clear message that the system had not lived within its means, noting the system had overspent by £350 million when deficit support funding was excluded, which had resulted in LSC spending money that should be going somewhere else within the public sector. The Chair advised the financial situation reflected broader issues within the organisation, leading to the undertakings with NHS England (NHSE) related to financial planning, leadership, and governance. She observed the actions required to address the undertakings were largely outlined in the existing plans and strategies and, while some re-prioritisation may be necessary, the key need was to improve our delivery against plans. She stressed the importance of maintaining a clear focus on the clinical vision of reducing reliance on acute services to deliver value for money and reduce the deficit, emphasising that quality and finance were two sides of the same coin and not a choice. She also acknowledged the importance of working together

	across the system to deliver the plans, with collaboration being key between NHS organisations and partners including local authorities, third sector providers and most of all, those who used our services. She noted that some of the reasons underpinning the over-use of hospital care in Lancashire and South Cumbria were not within the gift of the NHS to address alone which required working more effectively with others to succeed. The Chair recognised the significant work which was required at a time when uncertainties prevailed and stressed the need to focus on the fundamentals of the role of the ICB and who we served, ensuring that integrity and compassion were maintained whilst addressing the problems faced at pace. J Birrell recognised the positive recent discussion held at the Board seminar in February 2025 where the focus related to the work of NHS Impact and ICB and System Improvement, with a recommendation for a lead to be appointed from within the ICB to take this work forward. He queried whether this appointment had been identified. K Lavery advised this had not been progressed due to the recent announcements related to the reductions required for the ICB, he committed to ensuing this would be addressed through the portfolio review on the senior management structure. **RESOLVED: That the ICB Board note the report.**
29/25	**<u>Report of the Chief Executive</u>** K Lavery commented on the historical deficit, noting the providers had a deficit of £170m in 2019, which had gradually increased over the past decade. He referenced the additional funding which had been received during the COVID-19 pandemic, which had subsequently been withdrawn, recognising the challenges this had created in managing the extra capacity that had been established with this funding. He commented that despite these challenges, there were opportunities to improve efficiency and effectiveness by doing things faster, better, smarter, and cheaper, referencing the patient story which had been shared which illustrated the positive impact of collaborative efforts in creating sustainable services. He stressed the importance of addressing both immediate financial challenges and long-term systemic issues to ensure sustainable and effective healthcare services for the future. K Lavery noted the formal entry into the Recovery Support Programme (RSP) and system oversight framework level 4 (NOF 4) which was recognised in December 2024, alongside three provider Trusts (Blackpool Teaching Hospitals, East Lancashire Hospitals, and Lancashire Teaching Hospitals). He advised that as a result specialised support would be received from NHS England (NHSE) and Price Waterhouse Coopers (PwC), noting that any key Board decisions, including senior appointments, would require NHSE approval. He emphasised that should the Board fail to deliver, then NHSE had the authority to remove the entire Board. It was noted the first formal meeting with NHSE was scheduled for May 2025, which would mark the formal entry into the recovery support programme with three meetings to be scheduled during the program (entry, mid, and exit stages). K Lavery stressed his and the Boards commitment to develop a credible and deliverable plan for 2025/26, noting that this plan would be signed off next week at a private Board meeting. He recognised the crucial nature in addressing the overspend in Continuing Healthcare (CHC) and the importance of long-term transformation as well as recovery. K Lavery expressed his thanks for the significant work which D Levy had undertaken and supported across the system in his role as the ICB Medical Director. It was noted that an interim Medical Director would be appointed from 1 April 2025 for a period of six months, with A Curran

providing support to this role until the end of March 2025. Additionally, a turnaround director for CHC would be appointed and announced within the coming weeks.

D Blacklock queried whether there would be a comprehensive engagement plan to ensure the public was fully engaged and informed about the required difficult decisions and secondly expressed his concerns regarding the staff survey results, noting that 47% of staff felt that patients were not the top priority for the ICB, and only 37% of staff felt happy with the care being provided. K Lavery advised that public engagement events had commenced and recognised the need for a wider system approach where services were being reduced or closed. He acknowledged the concerns related to the staff survey results, and that significant areas for improvement had been highlighted, providing assurance of the commitment from the Board to make improvements through the organisational development programme. He referenced the whole staff event which took place in October 2024, where all staff came together in Blackpool to agree a set of values for the organisation. K Lavery was mindful that challenges may present further to the recent announcement of a 50% cut in running and programme costs and the significant impact on the organisation as a result of this.

N Greaves advised on the work which had commenced related to public engagement, specifically regarding the concerns and expectations surrounding community services which had been featured in the work in developing the commissioning intentions. He recognised the importance of ensuring that any engagement was specific and targeted on the changes being proposed.

The Chair commented that from 1 April 2025 she wished to see more focused reporting to the Board on engagement and how the insights from this and other work were driving the work of the ICB.

A Cummins recognised the system needed to improve and acknowledged the difficult decisions which would be required to achieve this, stressing the importance of providing clarity regarding the drivers and vision for the future through continuous engagement. He emphasised the importance of understanding the work required to mitigate the impact of changes on the public and staff whilst acknowledging these changes were necessary.

J O'Brien highlighted the importance of using best practice models and frameworks to proactively build organisational development into managing change and commented that this approach aimed to raise awareness and embed processes to support staff through periods of change. She expressed her commitment to support any processes through the ICB People and Culture committee.

T Hopkins raised significant concerns regarding the potential loss of services in the hospice sector, including virtual wards and hospice at home, due to the current financial position, noting this could potentially move away from the long-term goals of the ICB to provide care in the community. She sought reassurance as to how any unintended consequences would be mitigated and that decision-making considered the longer-term impact. K Lavery stressed the importance of balancing recovery support with transformation and advised that hospices, particularly end-of-life care, were seen as critical for the ICB. He noted that nearly 600 beds in hospitals could be better utilised in a hospice environment, which would improve patient experience and be more financially viable, and he provided a commitment to work with the not-for-profit sector to enhance these services. S Proffitt advised that engagement events had helped shape the vision for transformation and recognised the importance of engagement to drive commissioning intentions and ensure the community's needs were met.

RESOLVED: That the ICB Board note the report.

30/25	**People Committee: Escalation and Assurance Report** The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 29 January 2029 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 advised the committee met just before the ICB entered into the RSP, prior to the Pulse and Staff survey results were shared and prior to the announcements about ICB reductions. She expressed her thanks to colleagues for the work being undertaken around culture and values. J O'Brien highlighted the following: • Alert: To note the potential implications and impact which enhanced turnaround may have on workforce across the system and other sectors in addition to ICB. To address this a Health and Wellbeing deep dive to monitor the impact of intervention across the system would be undertaken, which would also be an opportunity to address some of the issues raised in the pulse survey particularly on the organisational vision. • Assure: Stronger governance arrangements are in place with the introduction of two new sub committees to support ICB internal and system workforce plans and would support the People Committee to fully undertake its assurance role. • Assure: The People Committee approved the gender pay gap report and received updates related to Freedom to Speak up. S O'Brien highlighted the critical importance of staff well-being, especially during challenging times, commenting on the substantial evidence that patient outcomes were directly impacted by staff morale, which had been recognised by the Institute for Healthcare Improvement and the concept of "joy at work." D Blacklock noted the concerns about the potential negative impact on staff morale due to recent events and emphasised the duty to address this to ensure patient care was not affected. He requested assurance regarding how staff would be supported. D Eyitayo highlighted the development of a 12-Month people plan which had been based on the strategy approved last year and stressed the importance of managers and leaders being supported to ensure they could effectively support their teams. She was mindful that triangulation was required to understand the impact of difficult decisions on service provision, which would involve being open and acknowledged that whilst some improvements had been seen, the current position and uncertainty would likely have a negative impact. She confirmed that engagement with staff would continue to ensure appropriate support was provided and concerns addressed. K Lavery provided an update further to a recent meeting which he attended in London with the ICB Chair, advising that a 50% reduction of programme and running costs was required by quarter 3 in 2025/26 and that a national redundancy scheme would be launched. He advised that a staff briefing session had been arranged to communicate what was known, attended by over 600 staff members. He advised the role of the ICB would primarily be strategic commissioning, with a need to reduce the oversight role. He acknowledged there was a degree of uncertainty regarding potential legislative changes, as the ICB currently had legal responsibilities beyond commissioning. He expressed commitment from the Board to taking these challenges seriously and recognised the difficult period ahead.

	The Chair highlighted the importance of the Freedom to Speak Up (FTSU) service and raised concerns regarding the high levels of anonymity and the low uptake. J O'Brien recognised that it was difficult to determine whether the low uptake reflected a lack of issues to report, use of other channels or staff not feeling supported to speak up. She advised that significant efforts were being made to raise awareness and encourage staff to speak up, including embedding FTSU in the staff induction programme. D Eyitayo noted the latest Pulse survey results showed that 82% of staff felt supported in their teams, which was a positive indicator, although was mindful of the high levels of anonymity which made it difficult to explore issues raised in more detail. She advised of the ongoing work by the ICB to create a psychologically safe environment where staff felt comfortable speaking up without fear of repercussions. **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.**
31/25	**<u>Commissioning Intentions 2025/26</u>** The Chair acknowledged the significant efforts of the Executives, particularly considering the numerous private Board meetings held since January 2025. She emphasised that the commissioning intentions being presented were not to seek approval but rather endorsement of the work done to date and the future intentions. C Harris provided an update on the commissioning intentions process and highlighted that this was a fundamental component of system planning, with partners involved since September 2024. He noted this was the second time they had been brought to the Board and included more detailed information on the new process which had been adopted this year. He advised that by building on the processes from previous years, a robust data collection, analysis, and engagement exercise had been developed. This had ensured the identification and prioritisation of commissioning intentions to deliver against the immediate recovery priorities, whilst still aligning towards longer-term strategic objectives for the Lancashire and South Cumbria Integrated Care Board. It was noted the paper contained proposals for three 'unifying goals' which had been agreed at previous Board meetings for inclusion in the organisation's plans and commissioning intentions to ensure the duty to improve the health of the population and tackle health inequalities was addressed. C Harris advised on the prioritisation of all commissioning intentions received, which had been rationalised into four defined segments aligned to the required areas of focus for Lancashire and South Cumbria to deliver efficiencies. These would support the financial recovery position in 2025-26, whilst maintaining patient safety. Dr S Karunanithi queried the alignment of the system's position in terms of the Recovery Support Programme (RSP), particularly concerning the reduction of funding for services and the involvement of public consultation in this process. C Harris acknowledged the potential need for consultation and advised that there was a clear process for engagement with NHS England (NHSE) on major service changes, which included consultation with providers, scrutiny chairs, and partner members. He confirmed that as the process advanced, consultation would be considered, and any required updates would be brought back to the Board.

	A Cummins acknowledged the significant work which had been undertaken on the commissioning intentions and commented that with only six days remaining to submit the final contracts and income positions for the year, there was a pressing need to reach an agreement and move forward with delivery. C Harris acknowledged the need to issue letters to providers and reach an agreement quickly. Additionally, A Cummins emphasised the importance of connecting the commissioning intentions to the overarching vision and story of the system, including the requirement to reduce health inequalities, live within financial means, and ensure the delivery of integrated pathways. He suggested that it would be helpful to have an overarching slide that clearly detailed what was being undertaken this year and how this would be delivered. C Harris would discuss this inclusion outside of the meeting and committed to including an additional paragraph in the published version on 1 April 2025. J Birrell acknowledged the helpful structure of the work produced. Recognising that it was still work in progress, he emphasised the importance of the next stage, particularly regarding the financial implications. He also noted the reference within the paper to an underlying deficit of £350m but pointed out that the final accounts would show the position net of deficit funding. C Harris committed to working with S Proffitt to ensure the reported figure was accurate. J Birrell expressed support for the unifying goals and noted that during the Board development day in December 2024, the goals related to reducing the gap in life expectancy were stated as being achievable in 5 years, however the submitted paper stated 9 years. He felt this was too long and therefore suggested agreeing some interim goals. Dr S Karunanithi suggested the possibility of focusing on certain communities to address the widening gap. D Blacklock recognised the need for public involvement in the process of health inequalities and risk assessments, stressing the importance of having independent scrutiny on decisions made and their impact on health and inequalities. He highlighted the role of Healthwatch in this process. S O'Brien committed to work with Healthwatch to ensure their involvement in the process, advising of the agreement in principle for partner members to be asked to support the process for relevant quality impact assessments (QIAs) which had a wider system impact. She advised she was working with the ICB project management office to determine how this involvement would be undertaken in practice. She commented the ICB had improved its approach to embedding QIAs but recognised there was further work to be done to ensure the quality committee had full oversight. C Oliver acknowledged the positive inclusion of key topics discussed at Board meetings in the commissioning intentions, such as the neurodevelopment pathway. He commented on the importance of ensuring that commissioning intentions were strategically aligned with the overarching goals and provided a clear example of a positive impact which had been seen further to increasing access to mental health services through the initial response service which had led to a reportable reduction in suicides from service users. D Corcoran emphasised the importance of prioritising funding and living within our means, while also seeking assurance on quality to ensure improvements in outcomes and impact. Additionally, she highlighted the necessity of intrinsic engagement and involvement in decision-making processes and sought clarity on the circumstances under which a QIA might not be conducted. S O'Brien provided assurances that the stage 1 process required both EQIA and a QIA to be completed and these processes were built into the decision-making framework to ensure that all potential impacts were considered. C Harris advised the delivery plan would assess whether the intended outcomes of the commissioning intentions had been achieved, which would involve evaluating the effectiveness of the initiatives and whether they had met their goals, including assessing the impact on service delivery, patient outcomes, and overall system performance. It was noted the detailed delivery

	plan, which would include the measures of success, would be submitted to the April Board which would provide a comprehensive overview of how the commissioning intentions would be implemented and monitored. S Cumiskey commented on translating and transacting the commissioning intentions into measurable outcomes which would require a key focus on ensuring that the intended outcomes were delivered, and that assurances were provided that the "dials were changing." ***A Cummins left the meeting.*** **RESOLVED: That the ICB Board:** • **Note and value the approach taken to further refine the process for development, review and prioritisation of Commissioning Intentions for the Lancashire and South Cumbria ICB.** • **Support the three proposed 'unifying goals' to be included in the organisation's plans to improve health, noting that further work will take place in 2025/26 to assess the deliverability of these.** • **Endorse the Commissioning Intentions 2025/26 as outlined in Appendix 1 which specify the delivery priorities to support the ICB strategic plans for 2025-26 as well as looking ahead to and planning for future year transformation.**
32/25	**<u>Review of the Lancashire & South Cumbria Joint Forward Plan</u>** C Harris advised of the requirement under statute to review and republish the ICBs Joint Forward Plan (JFP). He noted that in 2024, the late publication of NHS operational planning guidance, together with pre-election restrictions, meant that national guidance was amended to shift the publication date to the end of July 2024 and the refreshed JFP was approved by Board in July 2024. It was noted that in line with national guidance, a light touch review of the JFP for 2025 / 26 had taken place to update the ICB priorities and assumptions. This had resulted in an 'addendum' to the JFP which provided a 'public facing' overview of plans and intentions into the new financial year. C Harris advised that this drew upon the LSC 2030 Vision and the recently developed commissioning intentions and acknowledged some of the key achievements over the past nine months. It was noted the government's 10 Year Health Plan was expected to be published in Spring 2025, with the anticipation that ICBs would be expected to respond to the national plan through a refreshed JFP, however the timescales for publication of local plans were not yet known. J Birrell commented on the importance of enhancing communication and engagement which had been outlined through the patient stories to Board and requested more detailed information on the deliverables of the digital and data strategy which would support this. It was noted that an update on the data and digital strategy was planned for submission to Board to the July 2025 meeting. **Action: A Patel** Dr S Karunanithi made a request for the annual plan to include a table showing the markers of success and how these related to priorities and asked about the role of the health and well-being boards. C Harris clarified the update was a light touch refresh, focusing on sharing the priorities for year 5 of the plans as advised by NHS England. It was confirmed that when the 10-year plan was released, this would be taken through the health and well-being boards for further review and input. T Hopkins highlighted the importance of showcasing the work being undertaken and ensuring

	that future plans emphasised the direction of travel. She stressed the importance of shared learning to ensure there were no unintended consequences as a result of the reductions referenced earlier in discussions **RESOLVED: That the ICB Board:** • **Approve the review of the Joint Forward Plan** • **Receive an updated Joint Forward Plan following publication of the NHS 10 Year Plan later in 2025, in line with the development of the Lancashire & South Cumbria 2030 Vision.**
33/25	**<u>Committee 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 15 January 2025 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. **<u>Primary Care Commissioning Committee – 16 January 2025 and 13 February 2025</u>** D Corcoran highlighted the following: • Advise: The committee was advised of current and forecast year-end delivery, and impact to date, of the GPQC in 2024/25 at practice and place level. Support in place for practices to optimise delivery by year-end. • Advise: Draft Dental Commissioning Plan for 2025/26 was reviewed and following 4 years considered, including an update on delivery of the original programme, potential refreshed programme to address dental access challenges and oral health inequalities over the next five years, and associated national allocation and funding profile for the programme. Recommendations were made for consideration. • Advise: Primary Care Integrated Performance Reports were received and reviewed for metrics relevant to the Committee's responsibilities. Impact through continued actions to address unwarranted variation in delivery across Places e.g. Acute Respiratory Infection Hub (ARI) appointments and the number of general practice appointments per 10,000 weighted patients. J Birrell recognised the achievement of the number of general practice appointments delivered in a month exceeding 1 million for the first time ever (31% higher than in September 2024). **<u>Quality Committee – 22 January 2025</u>** S Cumiskey highlighted the areas to be altered to Board: • Alert: Mechanical Thrombectomy - received a further update regarding the ongoing gap in service. There had been new reports of patient safety incidents in one Trust, occurring weeks commencing 30 December 2024 and 6 January 2025. Discussions and patient safety reviews continue between the Trust, ICB and NHS England. • Alert: Patient Experience - Transition and transfer of care and communications: Noted that a core feature as in all experiences reviewed at committee was ineffective communication between services and gaps in transition/transfer of care between services. Suggested development on Integrated Neighbourhood Teams (INT) / Neighbourhood health may be part of solution. • Alert: Court of Protection Deprivation of Liberty Safeguards (COPDOL): The ICB were not meeting national targets for COPDOL renewals, causative factors include volume

	of demand, staff training, gaps in staffing on transfer of service from Midlands and Lancashire Commissioning Support Unit. Mitigations were in place and would be monitored through Quality Committee. **<u>Finance and Performance Committee – 12 March 2025</u>** R Fisher provided a verbal report and highlighted: • Alert: The projected outturn at month 10 after deficit funding was a £166m overspend by Providers and a £20m overspend by the ICB. In respect of the ICB work was continuing with a view to delivering a balanced year-end position. • Alert: Given national targets, convergency funding adjustments and the need to repay past deficits, the L&SC NHS system needed to deliver a 3% efficiency saving next year just to stand still. Addressing the underlying deficit will therefore require even further efficiencies. • Advise: Noting the significance of All Age Continuing Care (AACC) to the ICB's net financial position and the need to oversee quality, it was agreed that consideration be given on how best to report into assurance committees and the Board • Advise: The need to assess the implications of the deferral of the New Hospitals Programme on the use of discretionary capital allocations. • Advise: The 2025/25 Planning Guidelines state that 65% of patients should wait no longer than 18 weeks for treatment by 31.3.26. The ICB's current performance on this new target is 60.5%, further progress would be required in the new year. • Assure: Subject to minor changes, the Committee supported the proposed new Business Case Process and would be submitted to Board for formal approval in due course. **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.**
34/25	**<u>Maternity and Neonatal Services Update</u>** S O'Brien highlighted the national scrutiny on maternity services, noting several high-profile cases where maternity care had not been safe. She advised that all four providers in Lancashire and South Cumbria offered maternity care. Inline with the NHS England Maternity & Neonatal Single Delivery Plan (March 2023), the submitted report covered four themes: Listening to Women & families; Workforce, Culture of Safety, Standards and Structures. It was noted that the Local Maternity & Neonatal System (LMNS), as the maternity arm of the ICB, continued to lead on the oversight and monitoring of quality and safety of services in line with its statutory responsibility and provided regular update reports to the Quality Committee. S O'Brien highlighted: • The Maternity & Neonatal Independent Senior Advocate (MNISA) service had been fully operational since January 2024 working with the pilot sites, Blackpool Teaching Hospitals (BTH) and University Hospital Morecambe Bay Trust (UHMBT) and began accepting referrals from East Lancashire Hospital Trust (ELHT) in October 2024. NHS England had confirmed funding of the service until 31 March 2026 to complete a national evaluation of the service and she advised each of the pilots had taken different approaches to the management and service delivery of the MNISA role and the evaluation would recommend

	future provision. • The LMNS workforce team had collaborated with Trusts to convene a round table discussion on staffing; comparing Birth Rate Plus staffing assessments, funded establishment, actual establishment, and evaluating whether these meet the needs of women and families within Lancashire and South Cumbria • All four services had completed the SCORE Culture survey which was a pre-requisite following the quadrumvirate completing the national perinatal cultural leadership training. Themes were detailed in the report relating to some poor culture and relationships between clinical teams. • Local data demonstrates that the stillbirth rate (fig 1) for babies of all gestations (from 24 weeks) across Lancashire and South Cumbria is 3.4 per 1000 births, which is below the England rate of 3.9/1000. • Two services remain on the national Maternity Safety Support Programme (MSSP) following their CQC inspection of maternity services (University Hospitals of Morecambe Bay and Blackpool Teaching Hospitals). T Hopkins queried the omission of data within the report as to how women of colour fared within maternity services, which was acknowledged by S O'Brien who provided assurance that the focus was present and that future reports would include this information. D Blacklock commented on the recent national coverage regarding the Maternity & Neonatal Independent service (MNIS) and its perceived lack of independence, noting this was an "independent" role but an employee of the ICB was in post. He therefore questioned about the true independent nature of this service, especially since the role involved supporting women in challenging the services they had received. S O'Brien acknowledged the concerns raised, advising the ICB was already committed to the MNISA role and needed to complete the pilot phase, commenting the future funding of the MNISA service was still under consideration. J Birrell expressed concerns about the lack of clarity in the report regarding any areas of maternity services which might not be delivering the required standard, or where there may be areas of concerns, and he expressed that he felt unable to make an assessment based on the information provided. The Chair emphasised the importance of having mechanisms in place to receive updates but highlighted the need for more detailed information about outcomes and benchmarking in future reports. S Cumiskey provided assurances that detail was received and reported through Quality Committee and would be alerted to Board through the AAA report. C Oliver queried how perinatal maternity services were integrated within Lancashire and South Cumbria specifically referencing the gold-accredited perinatal services. S O'Brien confirmed the Quality Committee provided oversight of maternal mental health and perinatal maternity services to ensure these services were continuously monitored. **RESOLVED: That the ICB Board note the contents of the paper**
35/25	**<u>Winter Response and Urgent and Emergency Care (UEC) Update</u>** C Harris advised the submitted paper provided an overview and update on the various programmes of work to support UEC recovery including: • Operational update on winter pressures 2024/2025 • UEC recovery plan 2024/2025 national ambitions and performance • 2025/2026 priorities and operational planning guidance • UEC 5-year strategy 2024-2029 update • UEC capacity investment funding 2024/2025 and 2025/2026 • The ten high impact interventions

- Not meeting criteria to reside
- Key risks for UEC

C Harris highlighted:

- System-wide 4-hour A&E performance from April to January was 77% and in January Lancashire and South Cumbria was ranked 14 out of 42 Integrated Care Boards at 74.5%. It was noted that work is being undertaken with providers to achieve the 78% target for A&E performance prior to the end of March 2025.
- A system reset was planned as part of the interventional support offer from NHSE and was due to take place next week between C Harris and the Chief Operating Officer in NHSE North region.
- For Category 2 ambulance response times, Lancashire and South Cumbria had achieved 26 minutes and 32 seconds for the period 1 April 2024 to 23 February 2025. However, from 1 January to 31January 2025 the average Category 2 response time was 32 minutes and 21 seconds and in the same period the average ambulance handover time was 52 minutes, which is a slight improvement from the previous month.
- The UEC Delivery Boards were having a change in focus, with improvement plans for next year being stress tested which were linked to the financial plan for delivery and to improve flow. It was recognised that the management of the UEC pathway commenced in Primary Care and flow through to community services.
- Capacity investment funding was in the baseline budget for this year and noted that the UEC capacity investment funding allocations for 2025/2026 would not exceed actual expenditure during 2024/25.
- The 10 high impact interventions for UEC would continue.
- The work being undertaken related to Not Meeting Criteria to Reside (NMC2R) was noted and work continued with local authority colleagues to address issues related to delays in discharges.
- It was noted the reporting would now be stepped down until Winter when the monthly reporting would recommence to Board.

Dr S Karunanithi noted the correlation between respiratory illnesses and smoking, particularly among patients presenting to A&E departments and suggested targeted interventions during the summer months to promote the uptake of flu vaccinations and queried how the Board could support both staff and patients with stop smoking support. C Harris commented that the integrated care partnership with support from public health colleagues could play a significant role in supporting stop smoking initiatives.

J Birrell recognised the achievements made through the winter months despite the pressures and expressed collective thanks from the Board to all members of staff involved.

Dr J Colclough highlighted the importance of the involvement and support provided by primary care which was acknowledged by C Harris with a commitment to ensure the inclusion in the performance report moving forward which would add value.

Dr J Colclough also noted the impending changes to the primary care contract which may impact on the number of A&E presentations due to the removal of some services related to minor injuries. She queried whether this had been reviewed regarding the risk that the removal of these services might place on the delivery of targets. C Harris advised there was an assessment of changes being undertaken to review the impact.

RESOLVED: That the ICB Board:

- **Note the content of the report.**

	• **Note the report as assurance that oversight of progress and all associated requirements continue via place UEC Delivery Boards and the Lancashire and South Cumbria Strategic System Oversight Board for UEC and flow.** • **Note the current position of the UEC capacity investment funding schemes for 2024/2025.** • **Approve that the UEC capacity investment funding allocations for 2025/2026 would not exceed actual expenditure during 2024/25.**
36/25	**<u>Integrated Performance Report</u>** C Harris provided an update on behalf of A Patel and noted the circulated report provided the Board with the latest position against published performance metrics and highlighted: <u>Elective Recovery</u>: • The number of patients waiting for treatment had increased marginally in month to a total of 239,707 patients at the end of December 2024 at ICB level. The number of patients waiting over 78 weeks had reduced to 19 patients. • There continued to be an emphasis and weekly scrutiny on the reductions in the 65+ week waiters which are not yet at zero with gynaecology accounting for over 60%. • The end of 2025 forecast highlighted the number of patients waiting over 65 weeks was 185 and work continued to reduce this number. <u>Cancer:</u> • In December 2024, the faster diagnosis standard (FDS) was met across the ICB by all providers. Currently position 6/20 alliance nationally for FDS standard which was an improved position. • 31-Day: An improvement was seen in December 2024 from the previous month with Blackpool Teaching Hospital and University Hospitals Morecambe Bay both achieving the target. 7/20 for Alliances nationally for 31-day standard which was a deteriorated position. • 62-Day: Achievement against the 62-day standard remained challenged, although overall performance across the ICB in December 2024 had improved once again from the previous month. Dr J Colclough commented on the increased access for patients to diagnostic services through the community diagnostic centres and recognised the positive impact this was having in terms of both access and experience. R Fisher echoed the positive outcomes from the community diagnostics centres. C Oliver raised his concerns related to the number of people receiving a health check who were on a Learning Disability register and noted that whilst it was reported the quarter 3 target had been achieved, he felt that 46% was a significantly low number. Furthermore, he commented that in the 2025/26 national planning guidance this target had been removed and given the significantly reduced life expectancy particularly for the BAME population he suggested that consideration be given to continuing to maintain during 25/26. Further discussions would take place with A Patel. D Blacklock expressed concerns that some services had deteriorated and queried how this could be supported by Healthwatch, as he felt that sufficient assurances were not being received. The Chair commented on the role of the ICB and whether the report captured the detail on whether health inequalities were being reduced, she advised that A Patel was conscious of this, and further work would be undertaken in quarter 1 to review the contents and determine how the ICB could affect change and address these issues. She provided commitment to have a further discussion with D Blacklock.

	RESOLVED: That the ICB Board note the achievement against key performance indicators for Lancashire and South Cumbria and support the actions being undertaken to improve performance against metrics in this report
37/25	**<u>Finance Report – Month 10</u>** S Proffitt responded to the question which had been submitted: "Why is Blackpool Victoria NHS Trust having to absorb savings of up to £50 million forced on them by Lancashire & South Cumbria Integrated Care Board when the overspend was made by the ICB themselves?" S Proffitt explained the allocation was set nationally for every ICB based on demographics, with £5 billion being allocated for Lancashire and South Cumbria ICB. She advised the ICB's running and programme costs were 1% of the whole budget which equated to £30m, and the rest was allocated to the system for the provision of services, therefore the ICB itself did not have an overspend but an allocation of money to providers, and the funding was being overspent in the system. She noted that in 2019, the system was given £200m during COVID-19 as top-up funding to ensure the whole system balanced, with an additional £200m provided to put in place services for COVID-19. At the end of the pandemic this funding was withdrawn as it was deemed that the system had too much money for the population, resulting in losing money through convergence while services remained. She recognised that transformation was therefore essential to deliver more services in the community and primary care. S Proffitt spoke to the circulated finance report and highlighted: • The year commenced with an ambitious plan to address issues related to high UEC costs and she noted that achieving this within one year was a challenge which remained a long-term ambition. • The Integrated Care System (ICS) plan aimed to achieve a breakeven financial position after the receipt of £175m deficit support funding. • That providers would report £130m off plan. • The underlying deficit remained at £350m, but the position was improved due to the support funding received. • The focus must be on ensuring where savings schemes have slipped that these continued to be delivered and made recurrent for 2025/26. It was noted that despite not meeting the year-end position, there was a requirement to ensure the expenditure run rate reduced to meet the plan next year, S Proffitt recognised that difficult decisions were required in line with the transformation plan. She commented that commissioning intentions were an important aspect in the delivery of the plan by working collaboratively around the vision. Discussion ensued regarding the importance of collaborative working and support across the system and D Park offered support from local authority partners to ensure effective messaging. T Hopkins highlighted the importance of culture and communication within the workforce, especially in the context of making clear cost-cutting decisions. She emphasised the need for everyone to understand their role in making a difference and the necessity of honest communication about the current situation and required changes. K Lavery reflected on the wider financial picture and highlighted several key points regarding the financial challenges and necessary actions for the ICB. He referenced the Kings Fund had shown that since the creation of the NHS, there had been a 3.6% real-term increase in health spending. He noted that given the financial constraints, it was essential to embrace opportunities and make difficult decisions in a considered way, ensuring the patient was at the

	centre of these decisions and he reiterated that recovery and transformation were key to addressing these challenges. **RESOLVED: That the ICB Board note the content of this report, the risk and likely outturn position which would be updated and reflected in a forecast at month 11.**
38/25	**<u>Special Educational Needs and/or Disabilities Position Statement</u>** S O'Brien advised the SEND agenda was a national challenge as demand continued to grow at a significant rate year on year. It was noted the ICB was currently not fulfilling a range of its statutory duties in relation to SEND, which was evidenced by 3 recent activities – inspection activity (Lancashire and Westmorland and Furness), Piloting of the new SEND NHSE Assurance Framework and Provider Benchmarking. S O'Brien advised the demand was growing at a rate of 14% a year and had shown total growth of 204% since 2017 with the associated resource and infrastructure having not grown at the same pace, as a result the ICB SEND team had been in business continuity since November 2024 and was unable to discharge its statutory responsibilities in relation to co-ordination and sending out of Education, Health and Care Plans (EHCP) for the health system or responding to tribunal requests. The Lancashire and South Cumbria ICB had four SEND partnerships and over the last 12 months there had been statutory inspections in Blackpool, Lancashire and more recently Westmorland in Furness. It was noted that throughout all inspections the dedication and commitment of frontline staff had been recognised by the inspectors. S O'Brien advised the other role of the ICB was as commissioner of the neurodevelopment pathways, which she commented had been a fractured service previously as each Clinical Commissioning Group (CCG) had commissioned these services differently and therefore the assessment received would be dependent on a child's age and location. She referenced the question which had been submitted: "D*o I have to get my child sectioned to get any type of conversation or input from a phycologist and how have you failed her and my family time again".* It was noted that a formal response would be provided and that the improvement action plan and commissioning intentions highlighted the need to undertake a full neurodevelopment pathway review, which would form part of the future commissioning intentions. She apologised to the member of public who had this lived experience linked to long waits. S O'Brien advised the recent regulatory inspection activity had resulted in Lancashire SEND partnership being found to be systemically failing children and young people with SEND, resulting in a requirement for an independently chaired improvement board and the development and delivery of a priority action plan. It was noted this would be followed by an informal improvement notice by the department for education which would be a joint responsibility between the local authority and healthcare to address the challenges from the report. It was recognised the action plan which had been shared was in draft and would be submitted as a final version next week, with a final version being submitted to Board. **Action: S O'Brien** J Birrell expressed his concerns regarding the report, indicating the challenges in comprehending reasons behind the demand and growth for the services and the broader national issues that needed to be addressed specifically related to the clear gaps in service provision, with only 24% compliance with statutory requirements, which indicated a significant shortfall in meeting

the necessary standards.

V Gent acknowledged the challenging position and emphasised the difficulties faced in the current environment with a plea to prioritise the SEND agenda wherever possible.

N Greaves and S O'Brien left the meeting for a short period.

C Oliver acknowledged the positive step which had been made by this agenda being included within the commissioning intentions, however he expressed concern over the pace at which changes were being implemented, especially given the long waiting times for assessments, which would have a significant impact on children's futures. He recognised that £3m had been allocated to Lancashire and South Cumbria NHS Foundation Trust (LSCFT) to subcontract to the Voluntary, Community, Faith and Social Enterprise (VCFSE) market for autism assessments but emphasised that without a fully commissioned pathway this issue would persist.

D Corcoran thanked S O'Brien for the paper and noted the importance of this being embedded within commissioning intentions to underpin delivery and address actions. She commented on several practical actions which could be provided by health and education institutions to make a difference without a requirement for a complete redesign of pathways, such as schools being empowered to deliver services differently by providing them with the autonomy to implement innovative approaches tailored to their specific needs.

Dr S Karunanithi supported the comments made by D Corcoran and highlighted an example of good practice in Hyndburn, where clinical activity had been moved to an Early Years setting with open access for parents, thus reducing waiting times.

The Chair acknowledged the inadequacy of the service which was currently provided with an acceptance and desire to look at the recommissioning through the commissioning intentions, accepting this was a long-term proposal. In the meantime, she recognised there were actions which could be undertaken to support patients immediately which did not require a substantial investment and suggested that this would be brought to Board possibly via Quality Committee. She requested that executives provided detail to understand how the action plan would be funded which was required to be provided at pace. **Action: S O'Brien**

RESOLVED: That the ICB Board:

1. **Note the contents of the report including the national and local challenges in meeting the statutory requirements for ICBs and wider health providers of the SEND Code of Practice given the exponential rise in demand.**
2. **Note the systemic failings judgement from the recent Lancashire SEND partnership inspection and the associated implications for the ICB and health provision.**
3. **Note the areas for priority action and improvement required because of the area SEND inspections and the pilot NHSE quality assurance framework outcomes.**
4. **Approve the proposal for Executive SEND lead to agree the final Priority Action Plan and that delivery of the plan be monitored though the ICB Quality Committee alongside the Partnership Improvement Board.**
5. **Recognise the need to allocate resources to the SEND agenda to respond to the inspection findings and subsequent improvement notice and approve for the Executive Team to determine how to do this as part of planning for 25/26.**

39/25	**<u>EPRR Annual Report and Emergency Preparedness, Resilience and Response Core Standards</u>** C Harris advised the Emergency Preparedness, Resilience and Response (EPRR) was a core requirement on the ICB as set out in the Civil Contingency Act (2004) and the Health and Care Act (2022). The circulated report provided a summary update on activities undertaken during the year April 2024 to March 2025. It was noted that C Harris was the designated accountable emergency officer for the ICB. ***S O'Brien and N Greaves rejoined the meeting.*** C Harris highlighted: • There were 47 EPRR standards applicable to the ICB which in 2023 – 2024, the ICB, following a peer review by NHS E, declared itself as non-compliant on the self-assessment process, with 11% of the core standards being fully compliant, and none being non-compliant. • As of January 2025, L&SC ICB has declared itself as partially compliant, with 77% of the core standards being fully compliant, and none being non-compliant. • A comprehensive action plan to monitor, enhance and improve L&SC ICBs core standards compliance had been developed to provide additional assurance to the Board around the commitment of the EPRR function to improve its compliance rating for 2025 / 2026. • All NHS providers / commissioned services declared themselves non-compliant during the 2023 – 2024 EPRR core standards review process. • This year Lancashire Teaching Hospital (LTH), University Hospitals of Morecambe Bay (UHMB) and Northwest Ambulance Service (NWAS), declared themselves substantially complaint against the EPRR core standards and Blackpool Teaching Hospitals (BTH) and East Lancashire Hospitals Trust (ELHT) declared themselves partially complaint. • Lancashire and South Cumbria Foundation Trust (LSCFT - mental health services provider) initially declared themselves non-complaint, with an indication that they would achieve partial compliance by 1 January 2025. • Comprehensive action plans have been developed to improve compliance for 2025 - 2026, and these would be monitored by the ICB and at the quarterly Local Health Resilience Partnership (LHRP) meetings. • The EPRR Team had developed a functional Risk Register, which cross referenced with the Local Resilience Forums (LRF) risk registers. The Risk Register currently contains 26 risks, and the register was approved, and is monitored, by the EPRR Co-ordinating Group. J Birrell emphasised the need to triangulate information to obtain assurances and commented such an approach would highlight the unique aspects of each incident as well as providing assurances that the responses were effective. **RESOLVED: That the ICB Board:** • **Note the contents of the report** • **Note the significant improvements in EPRR compliance ratings across L&SC ICB** • **Approve the proposed EPRR Core Standards Action Plan (Appendix B)**

40/25	**Governance and Committee Review** The Chair expressed thanks to D Atkinson for the significant work which she had inputted to the review. D Atkinson acknowledged that since this work was completed the national messages surrounding the required cost reductions had been announced, recognising there may need to be further considerations given once the ICB was clear on its role and functions. D Atkinson advised there had not been a full review of the current committee structure since the ICB was established in July 2022 and that by undertaking the review, a matrix was developed to map the ICBs statutory functions and duties, strategic priorities, and the relevant named executive into four core groupings (Commissioning, Quality and Outcomes, Finance, Investment and Contracting and People and Culture) which was then reviewed as to how assurances would be provided. It was noted that the outcomes of the review proposed: • Finance and Contracting Committee (to replace existing Finance and Performance Committee) and would focus on scrutiny on the ICB and system's financial performance, the effectiveness of ICB activities (e.g. all age continuing healthcare) and the performance of commissioned services against contracted activity. • Quality and Outcomes Committee (to replace existing Quality Committee) and would focus on whether the ICB was ensuring continuous improvement in quality across the system and the performance of commissioning services insofar as they relate to patient experience, access and outcomes. • The People and Culture Committee (refresh of People Committee) would have an increased focus on its system role as well as ICB culture and staff welfare and will monitor and promote delivery of the work of the Research and Innovation Collaborative. • The executive management team would meet formally as an Executive Committee and provide effective leadership and direction to the work of the ICB and lead a system-based approach to planning and strategy. • Two committees (Primary Care Commissioning Committee and Public Involvement and Engagement Advisory Committee (PIEAC)) would be disestablished, and the functions would be overseen within the executive structure, with assurance reports to Board. • To ensure continued and clear governance of delegated primary care functions a Primary Care Contacts sub-committee would be established, reporting directly to the executive committee for delivery of delegated primary care functions. • Consideration had been given to the need for a dedicated committee to provide sufficient scrutiny and oversight of commissioning arrangements and it was recommended that a new committee be constituted in Q2 2025/26, to align with the implementation of a new commissioning operating model. However, it was noted that consideration would need to be given to the establishment of this committee once clarity was provided on the role of the ICB. D Atkinson advised that there would be no changes to the system or northwest wide delegated commissioning of specialised services with all current commissioning arrangements remaining in place. She advised the ICB's constitution was supported by several documents which

provided further details on how governance arrangements in the ICB would operate and advised that all documents related to this review had been reviewed and revised to reflect changes to the committee structure. It was noted a change had been reflected to the Scheme of Delegation related to where the Primary Care Commissioning Committee could approve procurements up to the value of £10m which now sat with the Executive Committee.

The proposal was to implement the change to the committees of the Board with effect from 1 April 2025 with annual business plans being agreed with the relevant committee chair and changes in membership being communicated to individuals. Further work would be required related to the Board Assurance Framework, and this would be further discussed at the Board seminar in May 2025. The integrated performance report would be developed over quarter one to provide a matrix for locally agreed priorities.

Dr S Karunanithi queried whether there were any changes to the statutory duties to collaborate with partner organisations and the Chair confirmed there were no changes.

The Chair advised that governance should reflect and support what the organisation requires to operate effectively and therefore reviews may be required as needs change.

D Blacklock raised concerns about whether robust engagement mechanisms were in place, following the dis-establishment of PIEAC. He expressed the importance of openness and transparency in the work of the ICB. The Chair recognised these concerns and the importance of being clear in public about how engagement drives the commissioning intentions and actions of the ICB. She advised that the Public Involvement and Engagement Advisory Committee (PIEAC) being a subcommittee of the Board was not felt to be a sufficient way of doing this, and that insight reports directly to the Board would provide more focus, reinforce the importance of engagement and highlight how listening to patients and the public has influenced ICB thinking.

RESOLVED: That the ICB Board:

- **Note the outcome of the review of the ICB committee structure and associated governance documents**
- **Approve the new terms of reference to establish the following:**
  - **Quality and Outcomes Committee (to replace the Quality Committee)**
  - **Finance and Contracting Committee (to replace the Finance and Performance Committee)**
  - **People and Culture Committee (to replace People Committee)**
  - **Executive Committee of the Board**
- **Approve the Primary Care Commissioning Committee to be disestablished, with a Primary Care Contracts Sub-Committee to be established to oversee the review, planning and procurement of primary care services.**
- **Approve for the Public Involvement and Engagement Advisory Committee to be disestablished with oversight of engagement, involvement and communications strategy and approaches to support service change and consultation overseen by the ICB Executive Management Team and assurance and/or recommendations provided to the Board on such proposals and quarterly insight reporting to the Board.**
- **Approve the changes to the documents associated with the above as follows:**
  - **Scheme of Reservation and Delegation incorporating the Operational Scheme of Delegation**
  - **Functions and Decisions Map**
  - **Governance handbook**

	• **Note the recommendation to form a new committee in Q2 of 2025/26 to provide sufficient scrutiny and oversight of commissioning arrangements, consideration to be given to the establishment of this committee once clarity was provided on the role of the ICB.** • **Note the further areas for development in Q1 of 2025/26** • **Note that the Chair will approve any further changes to membership of committees (Constitution 4.6.6 and SoRD)**
41/25	**Report concerning matters considered in Private Board meetings held between 15 January - 5 March 2025 (inclusive)** The Chair advised of the significant number of Board meetings which had been held in private over the last few months and her desire to ensure that the public were advised of the discussions. D Atkinson advised the Board had met in private on 6 occasions between 15 January - 5 March 2025 (inclusive) and of these four were extraordinary meetings to consider emerging or urgent business, which reflected the current operating environment. It was noted that in moving forward this report would be a standing item at Board meetings held in public. The Chair emphasised that everything which had been discussed in private would be brought to a Board held in public in due course. **RESOLVED: That the ICB Board note the content of the report which provided a summary of the key matters considered by the board at meetings held in private between January – March 2025.**
42/25	**Any Other Business** D Corcoran thanked colleagues for their work and support on the Primary Care Commissioning Committee, specifically Peter Tinson and Craig Harris and on the Public Involvement and Engagement Advisory Committee to David Rogers and Neil Greaves as well as Healthwatch, VCSFE and representatives from the citizens panel.
43/25	**Items for the Risk Register** **RESOLVED: That there were no items to be included on the ICB Risk Register.**
44/25	**Closing Remarks** The Chair thanked colleagues for their contributions to the discussions.
55/25	**Date, Time and Venue of Next Meeting** The next meeting to be held in public would be on Thursday, 22 May 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).