

Subject to approval at the next meeting

**Minutes of a Meeting of the Integrated Care Board Held in Public on
Thursday, 24 July 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
	Sheena Cumiskey	Deputy Chair/Non-Executive Member
	Roy Fisher	Non-Executive Member
	Jim Birrell	Non-Executive Member
	Jane O'Brien	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Steve Igoe (until item 96/25)	Non-Executive Member
	Sam Proffitt	Acting Chief Executive
	Stephen Downs	Acting Chief Finance Officer
	Dr Andy Knox	Acting Medical Director
	Dr Julie Colclough	Partner Member – Primary Care
	Denise Park	Partner Member – Local Authorities
	Aaron Cummins	Partner Member – Trust/Foundation Trust – Acute and Community Services
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
Regular Participants	Debbie Eytayo	Chief People Officer
	Professor Craig Harris	Chief Operating Officer & Chief Commissioner
	Asim Patel	Chief Digital Officer
	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Neil Greaves	Director of Communications and Engagement
	Steve Spill	Associate non-executive
	David Blacklock	Healthwatch
In attendance	Davina Upson	Board Secretary and Governance Manager
	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Jane Scattergood	Director of Health and Care Integration
	Trina Robson (for Item 89/25)	Engagement Coordinator for the South Cumbria Place

Ref	Item
85/25	<u>Welcome and Introductions</u> The Chair, Emma Woollett, opened the meeting and welcomed everyone, thanking the members of the public who were observing the Board meeting either in person or through the live stream.

	The Chair also welcomed Jane Scattergood, Director of Health and Care Integration for South Cumbria and Trina Robson, Engagement Coordinator for the South Cumbria Place who had joined the meeting for discussion on the Community experience agenda item. It was noted that two questions had been received from the public which pertained to items on the agenda with the first relating to agenda item 11 'Working with People and Communities - Insight Report' and asked why the changes to vascular inpatient services referenced in the report had not been subject to public consultation. The Chair advised that N Greaves would respond to this question when presenting this item. The second question had been asked in connection with agenda item 18, "Integrated Performance Report' and related to Urgent and Emergency Care plan requirements, therefore C Harris would address this question just prior to the performance report. The Chair announced that, further to a robust interview process held on Monday 14 July 2025, Aaron Cummins had been appointed as the new CEO for the ICB and would formally join the ICB from November 2025 with S Proffitt continuing in the acting role until that date. The Chair expressed her thanks to S Proffitt for the critical leadership which she continued to provide to the ICB. Since the last board meeting, the Chair advised the 10 Year Health Plan had been published and the vision it described was compelling and wholly consistent with the LSC ICB 2030 vision. She welcomed the clarity for the ICB and the public, particularly in relation to the three shifts (hospital to community, analogue to digital and sickness to prevention) and commented that the achievement of this would require significant changes in the way we worked and in particular the way we interacted with and accounted to the public for the services we commission on their behalf. The significant work to be undertaken to transition from where we were today (especially given the intervention we are currently subject to) to our future model was noted. She confirmed this was being worked through for discussion with staff, partners and would be presented at future board meetings. A further question had been submitted related to paediatric neurology services and whilst this did not relate to the agenda today a commitment was provided to engaging with the member of the public who had raised this question.
86/25	<u>Apologies for Absence/Quoracy of Meeting</u> Apologies for absence had been received from regular participants T Hopkins, Voluntary, Community, Faith & Social Enterprise, C Whalley, Director of Adult Services (Westmorland and Furness, and Dr S Karunanithi, Interim Director of Health & Care Integration (Lancashire). The meeting was quorate.
87/25	<u>Declarations of Interest</u> A Cummins advised that he would be working closely with S Proffitt over the coming months prior to formally taking up the ICB Chief Executive role. He noted his interest as the lead CEO for the Provider Collaborative Board which was confirmed to be held on the Boards register of interests. RESOLVED: That other than the above declaration of interest no further declarations were noted 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.

88/25	a) <u>Minutes of the Board Meeting Held on 22 May 2025, Matters Arising and Action Log</u> RESOLVED: That the minutes of the meeting held on 22 May 2025 be approved as a correct record. <u>Matters Arising and Action Log</u> <u>Reference 15: Staff Survey and People Plan.</u> The agenda today had significant items from the People directorate as agreed at the last public board held in May 2025 and therefore it was agreed to close this action. RESOLVED: That the action log be updated. b) 16 June 2025 - Extraordinary Meeting The meeting was held to approve the submission of the final annual report and accounts for the ICB. RESOLVED: That the minutes of the extraordinary meeting held on 16 June 2025 be approved as a correct record.
89/25	Community Experience /Story The Chair advised the experience presented to Board focused on the South Cumbria Place and how work had been undertaken to improving working in partnership with communities. J Scattergood advised that the focus of work had taken place in Barrow in Furness and related to the Healthier Streets Project. This was a community-led project which engaged with residents including children, young people and adults and had been co-produced with residents living on the targeted streets in Old Barrow and Hindpool ward. The ambition of the project was to create a sense of belonging and neighbourliness to wrap around the most vulnerable residents to combat loneliness and isolation, support mental health needs, and reduce the need for attendance to A&E and GPs. T Robson spoke to a presentation which was augmented by a video, advising that the focus area was amongst 10% of the most deprived areas in England for six indicators of deprivation: income, employment, education, health and disability, crime, and living environment. It was noted that in the early stages responses from residents related to concerns about increased number of rats on the streets, desire for their children to be happy and safe in their local environment, limited access to dental services and access to green spaces. The impact and outcomes of the project were noted and T Robson emphasised the importance of Community Health Development Champions who were key to engaging and supporting residents and communicating their needs with Collaboration across local services and businesses including Integrated Care Community, Westmorland and Furness Council, GP practice and local businesses. The findings of the project identified five overarching themes and set out 'what good looks like' from the perspective of residents and the desire for communities to have more direct involvement with commissioners and providers of services. The Chair commented on the level of engagement which had been achieved through this project and recognised that community work was a key feature of the design for the new ICB model. J Birrell reflected on the achievement and advised that a similar model had been undertaken in

	Morecambe which S Cumiskey and himself had seen and been impressed by the outcomes, noting this is what the 10-year health plan set out for delivery. C Oliver queried the responses received from both statutory and non-statutory organisations when engaging with people from the community as part of the project, and specifically whether any resistance had been encountered, to understand if there were any lessons to be learned from the engagement process. T Robson confirmed that residents in the affected wards had long-standing involvement with services, and many had already established positive relationships with service providers. D Corcoran commended the model as a strong representation of the NHS's goals and appreciated the approach built on existing insights rather than re-asking questions. She queried whether the model could be scaled to similar communities, noting its current localised focus and therefore what the key success factors would be for broader implementation. T Robson advised success was achieved by listening to people and trusting what they shared as each community was different, emphasising that coproduction and relationship building were essential as communities often experienced consultation fatigue, so meaningful engagement must be built on trust and respect. A Knox acknowledged that the poverty truth commission model reflected the foundational principles of population health and community engagement and emphasised the need for humility and adaptability, particularly when working in areas of poverty. He highlighted the importance of building trusting relationships and having open conversations with communities and recommended that members considered engaging with a poverty truth commission as a means of exploring co-design approaches. S Proffitt expressed appreciation for the presentation and encouraged colleagues to read the place-based annual reports, noting they were rich with examples of effective working and programme delivery. She emphasised the importance of focusing on population health and community needs, particularly in relation to environmental and housing factors and commented on the importance as to how this approach could be embedded into the operating model. <i>T Robson left the meeting.</i> RESOLVED: That the ICB Board noted the presentation.
90/25	<u>Chair's Report</u> The report provided an update for the Board on the engagement and work undertaken by the Chair. She acknowledged the significant work being undertaken at the present time and commented that whilst she was happy to take questions on her submitted report she did not highlight any additional points for discussion. RESOLVED: That the ICB Board note the report.
91/25	<u>Report of the Chief Executive</u> S Proffitt spoke to the circulated report and highlighted key pieces of work undertaken during the reporting period. She commented that this was the first time the report had been used to update the Board on the work of the newly established Executive Committee and noted that a summary of the key considerations and decisions were included in addition to the section on the recently launched 10 Year Health Plan. S Proffitt commented on the emerging national strategic direction, which was consolidated

	within the 10-year health plan and emphasised the importance of getting the next stage right to put the organisation into a position to be able to commit to delivering the plan together with colleagues. She expressed thanks to colleagues from Healthwatch and the Commissioning Support Unit (CSU) for their outstanding support and committed to considering, as part of the 10-year plan, how the transition could be managed collaboratively, recognising the value of maintaining an independent voice in designing and commissioning services. S Proffitt acknowledged the dedication and commitment shown by all staff within the ICB during the current period of uncertainty and provided her commitment to engaging with staff throughout the reform process. She confirmed that work was actively underway on the ICB design as a strategic commissioner with collaboration with NHS England to develop the business case required to support the proposed changes. She advised that a programme of engagement was planned over the coming months, including a series of events and roadshows to ensure that all changes were approached through an equality and diversity lens and would include engagement with staff side and wider partners. It was confirmed that D Eyitayo was identifying tools that would help to prevent any unintended consequences during the change process. S Proffitt reiterated that the future model could not look the same, and that engagement and, subsequently, consultation must help shape the change in the right way. RESOLVED: That the ICB Board note the report.
92/25	<u>ICB Enforcement Undertakings and Recovery Support Programme Exit Criteria</u> The Chair noted the report advised the Board of the Recovery Support Programme draft exit criteria in relation to the ICB enforcement undertakings as issued on 26 February 2025 and confirmed the governance for oversight of progress towards their delivery. S Proffitt provided a verbal update on the exit criteria, noting a draft set of exit criteria, aligned to the undertakings, had been received and these were detailed within the circulated report. It was confirmed that S Proffitt and the Chair had confirmed their acceptance of the draft exit criteria on 10 July 2025. The ICB must provide evidence of achievement against these criteria to exit the programme and this evidence should also be used to drive ongoing improvements. A Single Improvement Plan (SIP) was being established to consolidate efforts under two key programmes including Financial Planning and Governance and Leadership with compliance monitored by NHS England (NHSE) and noted that updates would be regularly reported to the Board. RESOLVED: That the ICB Board: • Note the contents of the report • Approve the draft exit criteria as agreed with the Recovery Support Programme and through the IAGs • Request regular updates through agreed governance and monitoring routes on achievement of compliance with the exit criteria.

93/25	<u>Board Effectiveness: Governance and Leadership Action Plan</u> In February 2025, the ICB agreed to enforcement undertakings with NHS England, which included a requirement for mandated intensive support via NHS England's Recovery Support Programme (RSP) for focused support with governance and leadership. S Proffitt advised that under the Chairs leadership, work had already progressed in aligning with the well-led framework to strengthen leadership and governance, and in early March 2025, the Chair and CEO set out several observations and recommendations to strengthen the leadership and governance arrangements across the ICB, with an internal board self-assessment undertaken in April 2025. The report presented a Governance and Leadership action plan that responded to these recommendations and those identified through the RSP and were aligned to the ICB's draft exit criteria. The Chair emphasised that the improvement plan was not only a requirement for exiting the RSP, but also a critical tool for ongoing Board oversight for which the Board would receive regular updates on progress. It was noted that the Governance and Leadership action plan would be integrated into the broader Single Improvement Plan and S Proffitt acknowledged the recommendations from the external team were found to be aligned with internal findings, which reinforced confidence in the direction being taken. D Corcoran welcomed the move to a simplified, single plan and noted this provided clearer oversight. She stressed the importance of the plan being a live document, which could be regularly reviewed to ensure accountability and assess the impact, not just process, and demonstrate how delivery was making a meaningful difference. RESOLVED: That the ICB Board: • Note the progress in the identification and development of a board effectiveness action plan, aligning to the RSP recommendations and Leadership and Governance Exit Criteria • Note the progress towards the development of a single improvement plan • Approve the board effectiveness action plan • Receive a further progress report in Q3 • Note that the ICB will commission an external Well Led Review to be undertaken in Q1 of 2026/27
94/25	<u>Reporting from People and Culture Committee</u> It was noted the report provided the approved minutes from the committee held on 16 April 2025 and that due to the committee last meeting on 16 July 2025 the AAA from this meeting would be presented to September 2025 ICB Board. J O'Brien as Chair of the People and Culture Committee provided a verbal update from the meeting held on 16 July 2025 and highlighted: - The Equality, Diversity and inclusion report was considered and recommended to Board for approval - The committee continued to provide assurance to the Board across several key areas, including the workforce strategy and the detailed annual People Plan. - The People Plan was reviewed regularly to ensure that appropriate actions were being taken. - The committee reviewed areas of risk impacting the workforce, with particular attention to risks associated with changes to the ICB's system leadership, with a specific concern noted regarding the potential loss of relationships and organisational memory due to the

	downsizing of the ICB. - Importance of wider system engagement was reiterated to ensure inclusive and informed decision-making during the transition. - Concerns were raised regarding staff retention, particularly in relation to maternity services. - Risks were identified around the potential loss of focus on research and innovation during the transition period and the importance of maintaining Board-level oversight of research and innovation was noted to be essential to ensure continuity and strategic alignment. RESOLVED: That the ICB Board note the update and the ratified minutes of the ICB People and Culture Committee meeting held on 16 April 2025.
95/25	<u>Working with People and Communities - Insight Report</u> N Greaves presented the item and responded to the question which had been received prior to the Board meeting relating to why the changes to vascular inpatient services referenced in the report had not been subject to public consultation. He advised this was currently at a proposal stage with no decision made on which a consultation could be held. He provided assurance that vascular patients were being involved in developing new models of care, noting that the vascular network would also be involved as well as NHSE design service as part of the assurance process. N Greaves advised the report aimed to provide assurance on approaches taken around engagement and involvement and how these insights support decision making. He highlighted: - Section 2 of the report related to using public insights to influence commissioning intentions, referencing a workshop which took place on 17 July 2025 to ensure public voice influenced the shortlisting process for our ICB commissioning intentions and involved partners from Local Healthwatch and VCFSE organisations. - Section 3: Public perceptions of NHS in Lancashire and South Cumbria. In June 2025, the ICB carried out the third quarterly NHS survey to hear perceptions of local people who are part of our virtual citizen panel. N Greaves emphasised that more than 49 per cent of respondents indicated that they did not know if the NHS listened and acted on feedback, which was a slight increase from the previous report in March and further highlighted the need to demonstrate how engagement had influenced decisions. - Section 4: Sharing the impact from population health interventions – examples were shared as to how the population health teams were working with communities and how Place team are supporting this work. J Birrell acknowledged the quality of the engagement report and noted that while the organisation was making progress, external feedback continued to highlight the need to do more on co-production. He expressed uncertainty about where and how to strengthen this work. D Blacklock responded that the call to “do more” was not new and should not overshadow the good work already underway. He emphasised the importance of highlighting existing engagement and stressed that every board paper should reflect the voice of people and communities, clearly stating where insight was known and being transparent where it was not. The Chair welcomed the comments related to ensuring that each paper reflected the voice of communities and advised that a revised reporting template would be explored to highlight this as a section in reports. Action: D Atkinson/N Greaves D Blacklock referenced the recent changes to Healthwatch and the potential impact on there being an independent voice available, commenting that people often speak to Healthwatch rather than directly to health providers. He welcomed the opportunity to work with S Proffitt to ensure that there continued to be an independent voice in the system. C Oliver reflected on the breadth of current activity and questioned whether there was an

	opportunity to coordinate more effectively across providers, suggesting a more joined-up approach could have significant benefits, particularly in terms of the clarity and consistency of advice and support offered to communities. N Greaves confirmed the ICB was working closely with patient experience teams in provider Trusts and he expressed openness to further discussions on how this collaboration can be strengthened. C Harris acknowledged the opportunity to improve further and commented in relation to commissioning intentions the ICB had already held four stakeholder workshops to shape the commissioning intentions for 2026/27 and committed to conducting additional sessions to test the draft proposals with the public and through various forums. He advised this approach aimed to ensure that the ICB was actively listening and adapting its direction of travel based on community insight with future commissioning structures being increasingly focused around neighbourhood-level planning. J O'Brien advised that previously through her work in universities a scheme was introduced called 'You said, We did' which she advised was an effective way to highlight how views from the student body had been incorporated into planning. A Knox emphasised that it was not sufficient to simply listen to communities and that meaningful involvement and co-production were essential, he commented this was how people recognised that their voices had been heard and valued. He described the opportunity to build a social movement around this principle, highlighting that staff must be supported to learn how to work effectively with communities and this must become a core part of the ICB's operating model if it is to do more and do better with its partners. D Corcoran welcomed the engagement report and noted the opportunity to strengthen how the ICB demonstrated actions taken as a result of listening to communities. She emphasised that this must be embedded and visible across the organisation and looked forward to future iterations of the report reflecting this more clearly. D Corcoran raised a query regarding the commissioning approach for women's health hubs, referencing a survey conducted through the Lancashire Women's Improvement Network and its triangulation with the Healthwatch report. She asked whether the feedback received had been used to shape service design and if this could be shared. A Knox responded that the development of women's health hubs was a priority across Lancashire and South Cumbria and stressed the importance of working directly with women to co-design these services. He commented on the need for realistic conversations with communities about all services to explain that if resources were allocated to one area, another may be impacted and that this openness enabled communities to help design the best possible services which were affordable. C Harris reinforced that listening to communities was a core part of the ICB's strategic commissioning intent and confirmed that investment had been made to support women's health hubs, but this warranted further detailed discussion. N Greaves acknowledged that whilst the ICB had developed strong mechanisms for listening to communities, there was still more to do in demonstrating how this insight translated into action. He highlighted the importance of managing expectations, noting that some service change processes take time to implement and that impact may not be immediately visible. RESOLVED: That the ICB Board note the contents of the report and the insight captured from engagement and involvement activities.
96/25	<u>ICB Staff Surveys Update</u> D Eytayo advised that the People Plan was not included in the paper but that she would reference this during the item. She advised the plan had been divided into seven priority areas and the two papers today focused on developing an organisational culture for delivery.

The paper provided an update on the recent ICB staff surveys conducted to assess the overall health, wellbeing, and engagement of staff and aimed to gather insights into the current workplace environment, identify areas for improvement, and develop strategies to enhance employee experience. The following areas were highlighted:

- The ICB took a deliberate decision in Autumn 2024 not to participate in the national staff survey. This decision was based on feedback that previous surveys had not led to visible action, and the ICB wished to take time to address this by focusing on internal feedback mechanisms.
- A local Pulse Survey was conducted in January 2025, which received the highest number of responses to date and included some of the most positive results nationally.
- The January 2025 Pulse Survey showed improvements in areas such as health and wellbeing conversations, with over 70% of respondents having had such a conversation in the past three months, and nearly 80% of those finding it supportive.
- The results also highlighted low morale, concerns about job security, and inconsistent communication across teams and these findings were echoed in the April and July 2025 Pulse Surveys, which signal an organisation which is going through change.
- A detailed conversation was held at a recent people and Culture committee.
- The system survey results also reflect an organisation going through change with financial pressures and impacts of the recruitment freeze.
- Work was ongoing with Unions to discuss the staff survey results and what further can be undertaken to support staff.

A Cummins emphasised that staff surveys were as important as engagement with communities and noted that the survey results clearly reflected the pressures which staff were experiencing, he suggested that workforce engagement should be approached with the same rigour as consultation and involvement with the public.

S Cumiskey welcomed the staff survey report as helpful and honest, providing valuable insight into how colleagues were feeling. She stressed the importance of deep engagement and advocated for transformational work to promote a different way of working, one that was done together to allow the ICB to work with staff to ensure that changes were co-produced and that people felt heard throughout the change process. The Chair was mindful of the importance of having a clear and actionable plan to guide the ICB through its current period of transition.

C Oliver acknowledged that the ICB did not participate in the 2024 national staff survey and noted that this was unusual, as most other organisations did take part. D Eytayo advised that ICBs were not mandated to participate and confirmed that the ICB was committed to joining the new national survey in Autumn 2025, which an internal poll had indicated that staff were supportive of participating this year. The Chair reinforced the value of the quarterly pulse surveys, noting that their regularity provided timely insights.

D Blacklock highlighted the synergy between staff engagement and public involvement and stressed the importance of identifying and communicating about what was possible within current constraints.

RESOLVED: That the ICB Board:

- **Note that actions from staff surveys are being addressed and that assurance is provided to the ICB People and Culture Sub-Committee on a regular basis.**
- **Approve the planned approach to the 2025 national staff survey decision.**

S Igoe left the meeting.

97/25	<u>ICB Values Update</u> D Eyitayo presented the paper which provided an update on the implementation and impact of the Lancashire and South Cumbria ICBs Values and Behaviours Framework, which was launched in February 2025. The framework was developed in response to staff feedback further to the staff away day held in October 2024 and the need to reset organisational culture, with the aim of embedding new core values of Compassion, Integrity, Respect, and Inclusion across all aspects of the organisation. D Eyitayo advised that a three phased organisation development plan had been developed to support the ongoing design and development of the ICB and included targeted support for identified teams and the use of the toolkit to foster a high-performing, inclusive, and compassionate culture. She further noted that the design of the values had been coproduced with all staff. Board members had been invited to commit to the ICB values by signing an individual pledge which demonstrated leadership accountability and reinforced the Board's commitment to living the values in practice. A Cummins advised the work which had been undertaken since October 2024 highlighted how the values had shaped leadership thinking and engagement with partners. He stressed the importance of the values forming part of the model moving forward and that discipline was required to ensure these continued to be embedded. D Corcoran commended the work undertaken and discussed opportunities to further embed the values into the governance development plan, suggesting including incorporating values and reflections at the end of each board meeting against the decisions taken and conducting a one-year review with staff to assess how well the values are being upheld. Action: D Eyitayo RESOLVED: That the ICB Board: • Note the work done to date • Approve the actions outlined for future organisational and staff support • Commit to the ICB values by signing the Values pledge <i>The meeting was paused for a short break.</i>
98/25	<u>The Future of Community Services</u> C Harris introduced a significant paper that framed the ICB's future role as a strategic commissioner, with a particular focus on the transformation of community services within neighbourhoods. The paper built on the 10-year health plan and outlined a shift from hospital-based care to community-based, and from illness treatment to prevention. The paper was informed by a series of engagement sessions. C Harris acknowledged that the voice of the people was not yet strongly represented and confirmed this would be part of the next stage of development. He advised that a meeting had been established with A Knox and primary care colleagues to explore how community services should operate in the future and that future board papers would increasingly include perspectives from the voluntary sector, acute and primary care providers, as well as citizens. C Harris noted the paper outlined the importance of neighbourhood health services and introduced an operating model aligned with the nationally mandated blueprint, advising of a pathfinder programme which was being used to test this model, with a focus on shifting to

population health approaches through neighbourhood-based delivery. He highlighted the need to standardise community services to address existing inequalities across Lancashire and South Cumbria and rethinking how services were commissioned and contracted, as current arrangements varied significantly across the system, with not all community services being delivered by acute providers.

The next steps were outlined to include advancing work at pace using the blueprint and 10-year health plan, development of models collaboratively, identification of what worked well and what needed to be addressed differently to produce a robust set of options aligned with the ICB's strategic commissioning intentions and the Darzi Review.

J Birrell commented that when reviewing the model options, more detailed information was typically required to make well-informed decisions and commented that the proposed next steps were logical, but he would appreciate greater clarity on both the steps themselves and the anticipated outcomes. C Harris advised that a repository had been developed to support the initial thinking process and offered to share this resource with J Birrell. He also highlighted the need to demonstrate the origins of functional work, which would be informed by national best practice and he committed to bringing back a proposal with timelines early in 2026 which would allow for further engagement and exploration of potential options.

Action: C Harris (Held on Board planner)

C Oliver acknowledged the timeliness of the work and expressed support for the inclusion of clear timelines, particularly given the number of colleagues involved and stressed the importance of ensuring that all options were captured within the business case.

S Spill queried what the ideal community size was for engagement and whether this should be built around population health answers or vary depending on the issue being addressed. N Greaves commented that engagement should be based on who is affected by the decision and stressed the importance of engaging widely to ensure a diverse range of voices was captured, noting that this was more challenging at scale and added that much had already been captured in relation to primary and community services and stressed the need to listen to existing feedback and embed it into future engagement to test what has been heard in various ways.

A Knox raised the need for clarity and consistency in the use of terminology, particularly the term "neighbourhood," as population sizes could vary significantly, suggesting that clear definitions on terms should be provided, such as communities of interest, neighbourhoods, districts, place, and wider geography. He proposed that it would be helpful to bring a terminology framework back to the board to ensure shared understanding.

J Colclough highlighted the importance of "Place," noting that there was a wealth of feedback available which could be used as a showcase and gave praise to the teams working within places, emphasising that outcomes should be designed by communities for their communities.

R Fisher highlighted the importance of identifying which buildings within communities were owned and available for use, noting the difficulties encountered when having to travel long distances, and therefore, where possible, facilities should integrate health and social care services within the same building. C Harris responded that further collaboration with acute and local authority colleagues was planned, with the ICB estates team planning to undertake joint work, including the development of a heat map to identify underutilised assets and areas requiring future investment.

The Chair observed that "form followed function" and commented on the importance of timing when returning to the public board further to engagement. She emphasised the need to clearly describe what services would look like before presenting the model and explaining why that model has been chosen, which would support understanding and transparency in decision-

	making. A Cummins noted that if changes were initiated which impacted assumptions and plans for 2026/27, that early insight would be essential, recognising the importance of taking the time to do this correctly over the appropriate period. He expressed support for the approach but emphasised that providers must be included in the engagement process. RESOLVED: That the ICB Board note the contents of the paper and approve the proposed next steps.
99/25	<u>Monitoring of the Commissioning Savings Plan (Q1) and update on development of Commissioning Intentions 26/27</u> C Harris provided an update on the delivery of the 2025-26 commissioning plan as defined within the setting of annual commissioning intentions, which was a fundamental component of the ICB's plans to achieve the required annual recurrent waste reduction (WRP) financial savings. He advised the Verto program management system has been used to track each action and the impact of these on the deliverables and financial position. It was noted there had been a delay in relation to Quarter 1, which was expected, however, C Harris advised that visible savings were now being realised in Quarter 2. The Commissioning Delivery Units were reporting into the Incident Management Team, to monitor how each unit was delivering against its savings plans. It was noted that progress had been made on shaping commissioning intentions for 2026/27, with engagement activity taking place ahead of formal planning and four workshops had been held to support strategic thinking. C Harris advised of the close collaboration with the communications and place teams to identify future delivery priorities and opportunities to better manage demand, to ensure alignment with commissioning intentions. A timetable outlining significant milestones was included in the supporting paper, with reporting scheduled through the Finance and Contracting Committee. J Birrell was mindful of the importance of notifying providers early if changes were expected which may impact financial planning, stressing the need to be explicit that continued overtrading was not sustainable and that providers must operate within available financial resources. D Corcoran queried how any learning from the current year's commissioning could be reviewed and incorporated and whether the necessary intelligence was available to support due to the early planning which was taking place. C Harris advised that the new commissioning process was designed to incorporate intelligence and data at an early stage and the approach was intended to inform planning in a way that was both adaptive and responsive to emerging opportunities. RESOLVED: That the ICB Board: • Note the contents of the report and accompanying presentation. • Confirm whether future presentations to provide assurance on other significant commissioning portfolios will be useful. If so, these will be scheduled for end Q2 and Q3. • Receive a further report at its meeting in November 2025 to reflect progress at the end Q2.
100/25	<u>Lancashire and South Cumbria Integrated Care Partnership and Strategy Update</u> C Harris spoke to the report which provided Board members with an update on the Lancashire and South Cumbria Integrated Care Partnership (ICP) and the contributions that were being made by the Lancashire and South Cumbria Integrated Care Board (ICB) through the Joint Forward Plan to deliver against the Integrated Care Strategy. In addition, the report provided

	an update on the future of ICPs as outlined in the recently published 10 Year Health Plan. C Harris reminded members that the ICPs were established in 2022 under the Health and Care Act and were committees jointly formed between the ICB and all upper-tier local authorities within the Integrated Care System (ICS) area. Following the publication of the 10 Year Health Plan for England, ICPs would no longer be a statutory requirement, but the importance of building on strong and effective partnership working at strategic authority, upper tier authority and neighbourhood level remained a priority for the ICB. C Harris emphasised that the ICB would work with system partners, in particular through Health & Wellbeing Boards to ensure that strong and effective arrangements were in place to continue to drive collaboration opportunities at all spatial levels to support implementation of the 10 Year Plan and improve outcomes for the population of Lancashire and South Cumbria. The Chair commented on the focus of the outcomes being delivered and referenced the value of the opportunity to share successes. RESOLVED: That the ICB Board: • Note the updates provided in this report on delivery against the Integrated Care Strategy and development of the Integrated Care Partnership. • Note that the statutory requirement for ICPs will be removed but the need for strategic partnerships in particular through Health & Wellbeing Boards and at Strategic Authority level will remain a key function for ICBs.
101/25	<u>Committee Escalation and Assurance Reports:</u> The Board received a summary of key matters, issues and risks discussed since the last report to the Board on 22 May 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. a) <u>Quality and Outcomes Committee</u> S Cumiskey advised that three meetings had been held since the last submission to Board which were held on 7 May, 4 June and 2 July 2025 and that she would focus on the alerts. <u>7 May 2025</u> Alert: Special Educational Needs and Disabilities (SEND) and Children and Young People Quality update – It was noted that the SEND paper later in the agenda would provide an update on the 2 alerts contained in the report. Alert: Intensive and Assertive Treatment – response to the Independent Mental Health Homicide Review in Nottingham – To ensure that learning and assurance was provided further to the national report. The lack of capacity currently in the system to provide intensive treatments and discussions had been undertaken with LSCFT, and agreed there would be a focus on those experiencing psychosis. The action plan developed for LSC ICB will be reviewed and monitored through the Community Mental Health Transformation Board. MH Team and LSCFT working together on the development of a psychosis pathway to support care in the community as an alternative to admission.

C Oliver commented on the significant amount of work undertaken through community mental health teams and stressed the importance of the work being undertaken on assertive outreach.

4 June 2025

Alert: Performance Assurance Report / Escalation Report - Committee members noted the ongoing gaps in Mechanical Thrombectomy in the system and the consequential risk to patient safety in stroke pathways due to the lack of 24/7 service. There was an action from committee for the Chief Nursing Officer to raise again with NHSE (specialised commissioning) and discuss actions that could be taken to address this urgently.

A Knox provided an update to confirm that, following successful recruitment, a 24 service would be in place by 1 February 2026 with work ongoing with Lancashire Teaching Hospitals to see what could be done to provide the service from 1 October 2025.

J Colclough reflected on previous discussions regarding the 24/7 medical thrombectomy service, emphasising that the issue lay not in the service itself but in the lack of available workforce to deliver it. S Proffitt outlined the ICB's responsibilities to ensure the service was in place, monitoring improvements and setting a date for full implementation. A Knox advised that an agreement was in place within the Northwest to transfer patients to other centers, although he recognised this had not always been effective due to capacity pressures. He confirmed the successful recruitment of an interventional radiologist to meet the rota requirements for a 24/7 service and advised that in the interim, the strategic commissioning team was collaborating with Lancashire Teaching Hospitals, Manchester and Liverpool to ensure safe care was provided with a clear commissioning framework in place. It was noted that Lancashire and South Cumbria was the second-best performing region for mechanical thrombectomy, and the shortage of interventional radiologists was a national issue. He stressed that the concern was regarding the provision of an out of hours service rather than the quality of the service itself.

A Cummins referenced the programme of work on fragile services which had been designed to work as a group of providers, including stroke improvement, and asked that consideration was given to workforce and innovation for different pathways due to the difficulty in recruitment.

S Cumiskey commented on the importance that the board were seeing improvement measures further to alerts being noted. The Chair queried with regard to the governance process as to how the updated position would be reported back. S Cumiskey confirmed an update would be provided to Quality and Outcomes committee but also this was being discussed in detail through the Improvement and Assurance Groups.

2 July 2025

Alert: Medicines Optimisation and Safety report - The team had an extremely challenging QIPP target of £32m, which had been agreed but there had been a first stretch applied to make this target £42 million and then a second to £48 million. The medicines optimisation team highlighted this extra as high risk as they queried that this was achievable as had not been identified in the plans.

Alert: All Age Continuing Care (AACC) and Individual Patient - The committee received a report on progress already made and the plans in place to improve the quality of the AACC & IPA service alongside improved performance and mitigation against financial risk.

The Chair requested clarification on the division of responsibilities between the Finance and Contracting Committee and the Quality and Outcomes Committee, particularly regarding financial alerts from the 2 July 2025 meeting and the alert concerning medicines optimisation. J O'Brien clarified that the issue was referred to the Finance and Contracting Committee.

In addition, S Cumiskey advised that a meeting between the chairs of the Quality, Finance, and

Audit Committees had taken place to clarify assurance processes related to All Age continuing Care (AACC) and J Birrell noted that a follow-up meeting with N Park, AACC Turnaround Director, was planned to ensure each committee received appropriate service details.

b) Finance and Contracting Committee

S Igoe, Chair of the committee, had to leave the board meeting and therefore D Corcoran provided the update from the committee noting that she would focus on the alerts from the 17 June as these superseded the May 2025 detail.

20 May 2025

Alert: Digital and Data Strategy - The committee received a detailed update on the ICB Digital and Data Strategy. Having discussed the detail which the committee welcomed, it was noted that there are substantial risks to delivery given the substantial financial challenges being faced. It was further recognised that sub optimal decisions may be taken driven by short term financial constraints, which would create disbenefits in the medium term.

Advise: All Age Continuing Care (AACC) - The committee were asked to retrospectively approve commitments in the area totalling £92m. The committee were not minded to do so and suggested that the scheme of delegation be reviewed in relation to the practical operation and authorisation requirements of the scheme.

D Atkinson clarified that the £92m related to packages of care which were over a certain limit and when the scheme of delegation was reviewed it was noted that this report to committee should have been for information and not approval as the scheme of delegation allows executive to approve the packages.

17 June 2025

Alert: All Age Continuing Care (AACC) - The committee received its monthly update from the AACC Turnaround Director. Risks continued in relation to delivery of the £32m original target and £30m stretch target, although significant progress continues to be made by the team in delivering the required savings. The committee commended the more detailed update which included lead and lag indicators. It noted specifically the reducing spend, run rate and significant drop in eligibility conversion rate. The committee noted the £48.2m savings in implementation, fully developed or plans in progress. C:£10m is in pre pipeline stage leaving a gap to target of £3.8m.

Alert: Waste Reduction Programme (WRP) update - The committee received an update on the current position in relation to WRP savings schemes. An overall sum of £150.6m (full year £153.9m) has been identified, however, in the case of the in-year savings identified these can only be achieved through the application of £44.6m in mitigations. The ICB was strongly encouraged to identify further savings to ensure the use of mitigations is minimised by the year end and is ensuring all savings are recurrent.

Alert: Contracting - The committee discussed the first draft of a report on contracting by the ICB. The report was warmly welcomed as a basis and further guidance was provided by the committee as to layout and content, specifically as to reconciliation of the total financial target and an associated variance analysis on a monthly basis. This would continue to be a standing item for the committee.

Advise: Green Plan 2025- 2030 - The committee discussed a draft of the 2025/30 ICB system Green Plan. The document detailed progress made since the last green plan 2022-25 and set out targets and plans for achievement over the next 5 years. The committee were impressed by the quality of the plan and the commitment to achieving the targets set. It was agreed that

	an update report would be provided initially on a 6 monthly basis to the committee so it could monitor delivery and the committee approved the green plan. Assure: Joint Capital Resource Use Plan - The committee reviewed the Joint Capital Resource Use Plan for the system. The plan identified a system resource of £116.1m, which with £77m of PDC and other technical sums provides a total resource of £193.1m. The committee advised that it would wish to see a detailed analysis of allocations and spend and counselled early release of resource envelopes in order to ensure that there were no uncommitted funds at year end. The committee recommended the plan for approval by the ICB Board. The Chair commented on the focus being on delivery and recognised the difficulties due to data being received in arrears. c) <u>Northwest Specialised Commissioning</u> C Harris provided detail from the meeting held on 5 June 2025: Alert: No bids were received for the Adult Critical Care Transport Service provider selection process and further work will be undertaken to consider how to secure this service. The provider of the interim service in GM and LSC has recently appointed administrators – work is underway to understand the implications of this. Advise: NHS England had delayed the transfer of Specialised Commissioning staff to host ICBs in England until ICBs have merged (in other parts of England) and there was sufficient bandwidth for HR processes, this is now anticipated towards end of 25/26. Work is being undertaken nationally to review the roadmap for integrating NHS England's Direct Commissioning functions into Integrated Care Systems in light of announcement of abolition of NHS England. Advise: A Provider Selection process would be undertaken to secure provision in the NW for complex terminations of pregnancy. d) <u>Shaping Care Together Joint Committee</u> J Birrell highlighted from the meeting held on 4 July 2025: Advise: Shaping Care Together Pre Consultation Business Case - The Shaping Care Together Pre Consultation Business Case was considered by the Joint Committee of LSC and C&M ICBs. The Committee decided to approve the Pre Consultation Business Case, with an amendment to ensure a commitment to provide sufficient urgent care services for the populations of West Lancashire or Sefton, dependant on which option is taking forward in the decision-making case. This was an action for both ICBs and public consultation would begin, starting on the 4 July, for 13 weeks. RESOLVED: That the ICB Board: • Note the Alert, Advise and Assure within each committee report and approve any recommendations as listed • 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.
102/25	C Harris responded to the question from a member of public: <i>"The national urgent and emergency care plan for 2025/26 which required acute Trusts to have a signed off plan ready for the winter health pressures, noting the 7 priorities with the plan which</i>

showed at least 5 as a minimum- would the ICB be insisting Trusts adhere and monitor this directive”

C Harris advised there was a well-coordinated winter planning arrangement with acute Trust colleagues and confirmed the winter assurance statement was submitted to all Trusts on 21 July 2025 from which a reporting cycle to the ICB Board had been agreed. He noted that a winter stress test event would be conducted with participation from all Trusts with the ICB expected to sign off the winter plan to NHSE for board assurance. From October 2025, surveillance mechanisms would be implemented to detect early warning signs of surge and mobilise winter contingencies as required.

Integrated Performance Report

A Patel advised the purpose of the report was to provide the latest position against a range of published performance metrics. He reminded members that at the last meeting there were increasing concerns related to the pressures and demands further to the pandemic which continued to be seen across all domains including urgent and emergency care, diagnostics and primary care. He highlighted:

Urgent and Emergency Care (UEC)

Performance against the 4hr target in May 2025 was 77.5%, an improvement on the previous period but below the 78% target for May 2025. The percentage of patients spending more than 12 hours in an emergency department also improved during the most recent period. Category 2 response times was achieved in May 2025 (23 minutes and 34 seconds).

Diagnostics

There has been an improvement in performance against the 6 weeks diagnostic target during April 2025 to 79.3% for the four main Lancashire & South Cumbria providers. Latest performance for the ICB shows that 80.1% of people waited less than 6 weeks for a diagnostic test. The national performance (78.8%) and the Northwest performance (86.1%) both deteriorated in month.

Mental Health

The out of area placement target has been revised to people in beds out of area, rather than bed days. The latest data shows that there were 2 inappropriate out of area placements, which is below plan. The dementia prevalence target continues to be met within L&SC ICB, above the national position

Elective Recovery

There has been a marginal increase in the number of patients waiting for treatment up to 240,649 patients at the end of April 2025 at ICB level. There were 202 patients reported waiting in excess of 65 weeks, with just under half of these waiting under the Gynaecology specialty.

Children and Young People

Significant pressure in neuro development pathways and long waiting times in maxilla facial surgery and ENT. However, there are no children on the waiting list for speech and language therapy. In December 2022 in Hyndburn a pilot was launched for a drop in service and this model had since been replicated in Preston and West Lancashire.

Cancer

In April 2025, the faster diagnosis deteriorated across the ICB (73.7%). Performance against the 31-day standard also deteriorated with only one local provider meeting the 95% target. Achievement against the 62-day standard remained significantly challenged across all providers. A Patel advised that the ICB would be responsible for the proportion of cancer identified at stage 1 and stage 2, noting that cancer incidents in Lancashire and South Cumbria

	was higher than national levels with a lower presentation at an early stage. He advised there were higher cancer incidents in deprived communities which required targeted work, specifically the work SpringNorth were supporting with voluntary sector colleagues to ensure communities were listened to. A Patel highlighted hypertension which would be part of the ICB oversight framework to monitor against target which currently had significant variation with regard to the management. J Birrell expressed appreciation for the opportunity to discuss cancer services, highlighting it as an area of concern. He also referenced concerns regarding low occupancy levels in virtual wards and the presence of unused facilities, which C Harris committed to providing a report to Board to detail the improvement work which had been undertaken. Action: C Harris (Held on Board Planner) J Birrell commented that nearly 7% of patients attending A&E were experiencing waits exceeding 12 hours and the Board had previously pledged to eliminate such delays. C Harris recognised this commitment to work towards eliminating corridor care and reducing 12-hour waits, however, he emphasised the need to balance these goals with the increasing demand at A&E and advised that whilst improvements had been made, the complexity of cases continued to challenge capacity. He noted the collaboration with NWAS but recognised this had not yet significantly reduced flow to the department. A Knox raised concerns regarding the Board's current use of dashboards, noting that the approach must move from reactive monitoring of fluctuations to a proactive improvement methodology, which he acknowledged aligned with discussions held during the February seminar, where it was agreed that the Board should focus on identifying necessary changes and measuring progress through targeted interventions. S Proffitt commented that performance metrics should be directly linked to commissioning intentions and actions, with a clear line of sight to how these would improve health outcomes and address inequalities. D Blacklock emphasised the importance of the Board's work in delivering for members of the public and noted that if performance was not meeting expectations, the Board must clearly articulate how it was responding to the challenges faced and this should be explored as to how performance metrics were drawn into actions/commissioning intentions and how these would improve health outcomes/address inequalities. Action: A Knox/A Patel RESOLVED: That the ICB Board note achievement against key performance indicators for Lancashire and South Cumbria and support the actions being undertaken to improve performance against metrics in this report.
103/2 5	<u>Finance Report Month 3</u> S Downs advised the report provided an overview of the current financial position as at 30 June 2025, focusing on the year to-date deficit position and delivery against the efficiency programme and noted there had been significant discussion at the ICB Finance and Contracting meeting held on 17 July 2025. He highlighted: - At month £12.8m behind plan which was driven by the provider position related to unidentified CIP, although the ICB position was on plan. - The risks for the ICB related to the scale of the savings programme at £142m, of which £15m was currently unidentified with £44m high risk. - Pressure from the independent sector in the first three months whilst activity management plans are being progressed. - AACC pressure from previous year of £7m related to assessments which were deferred in March 2025.

	The Chair commented on the area of risk which had been highlighted from the finance and contracting committee and noted the focus was now on delivery. RESOLVED: That the ICB Board note the content of this report.
104/25	<u>Audit Committee: Escalation and Assurance Report</u> The Board received a summary of key matters, issues, and risks discussed at the ICB Extraordinary Audit Committee meeting, held on 16 June 2025 which preceded the board meeting to approval to annual report and accounts. J Birrell highlighted key points from the report: Alert: External Auditor's Annual Report 2024/25 - The External Auditor had issued an unqualified opinion on the ICB's 2024/25 accounts. The auditor's Value for Money assessment identified significant weaknesses in both the governance and financial sustainability domains. However, the Committee noted that good progress had been made in addressing the concerns raised. The Audit Committee will monitor progress at future meetings. Alert: CHC Adam System - The Committee requested an update be provided to the next Committee on the outstanding high priority recommendation regarding ensuring that the Adam System was fit for purpose. It was noted that an update was provided by S Downs on the CHC ADAM system at the Audit Committee held on 23 July 2025 and J Birrell commented that further work was required to ensure the system was appropriate. RESOLVED: That the ICB Board • Note the Alert, Advise and Assure Audit Committee report and approve any recommendations as listed • Note the items referred from Audit committee to other committees over the reporting period • Note the ratified minutes of the committee meeting held on 27 March 2025.
105/25	<u>Joint Capital Resource Use Plan 2025-26</u> S Downs advised the Joint Capital Resource Use Plan 2025/26 had been discussed at Finance and Contracting Committee and noted this was a statutory requirement for ICBs to publish the joint capital resource use plan before or soon after the start of the financial year and report against them within their annual report. The paper described the background to the Plan and provided a copy of the plan itself. It was noted that the Finance and Contracting committee would receive an update in 3 months time and were keen to see that all the funding had been spent and was maximised. J Birrell commented on the requirement to ensure that the IT funding was also spent and that the investment was made to support the transformation work required. RESOLVED: That the ICB Board approve the Joint Capital Resource Use Plan 2025/26.
106/25	<u>Special Educational Needs and Disabilities (SEND) Update</u> C Harris advised the report provided the board with an update on progress in relation to delivering the improvements required in the recent SEND inspection in Lancashire. He advised the Priority Action Plan (PAP) had now been signed off and published and an independently chaired Improvement Board had been established.

	It was noted that there had been two recent SEND inspections across the ICB footprint; the Lancashire and Westmorland and Furness SEND Partnerships and one was currently underway for Cumberland. C Harris advised the ICB operated a system wide Neurodivergent Pathway Programme Board to ensure delivery of the transformation and provide scrutiny and oversight of the required improvements and noted additional resource had been secured for this year to deliver the significant transformation of the Neurodivergent pathway and multi-stakeholder work was underway to deliver this. However, long-term resourcing would need to be considered as part of the ICB's commissioning intentions for 2026/27. The ICB was currently developing a service specification for our lead NHS providers to improve quality and assurance of EHCP and wider SEND responsibility and to ensure there was appropriate governance. The emerging risks related to receiving formal notification from Lancashire and South Cumbria Foundation Trust on 30 April 2025 of their intention to close the children and young people's autism pathway in the Central and West Lancashire areas to new referrals from 1st June 2025. C Harris advised of discussions with existing locally commissioned providers to source an alternative referral route as an interim arrangement. S Cumiskey highlighted that this area represented a key statutory responsibility for the ICB and confirmed that oversight would be maintained through the Quality and Outcomes Committee to ensure that improvements were meaningful and that the Board was effectively responding to the needs of the children and young people population. She advised that regular reporting would be taken through the Quality and Outcomes Committee and reported back to the Board as necessary to track progress and maintain accountability. RESOLVED: That the ICB Board: • Note the update in progress to deliver improvements following the Lancashire SEND inspection. • Note the risks identified and mitigations
107/25	<u>Fit and Proper Persons Test Annual Submission</u> The Chair advised the ICB had completed and submitted its annual Fit and Proper Persons Test (FPPT) declaration to NHS England Northwest by the required deadline, which demonstrated compliance with the FPPT Framework. The report provided assurance on the processes and outcomes of the FPPT assessments for the ICB's unitary board members. RESOLVED: That the ICB Board note the completion and submission of the NHSE FPPT annual submission and declaration in line with NHSE requirements.
108/25	<u>a) Equality, Diversity, and Inclusion Annual Report 2024-2025</u> D Eytayo provided context to the reports in that equality, diversity and inclusion were one of the priorities in the ICB People Plan. She highlighted that it was important that these papers were not seen as standalone documents, especially due to the high levels of deprivation and other areas of protected characteristics in Lancashire and South Cumbria. It was noted the ICB Equality, Diversity and Inclusion (EDI) Annual Report 2024-25 set out how the ICB and system had delivered upon its commitment to taking equality, diversity, and human rights into account in everything we do. The ICB's EDI Annual Report 2024-25 evidences how the ICB had performed in meeting its legal duties under as set out in the Equality Act (2010) and the Human Rights Act (1998). The yearly publication of an EDI Annual Report is mandated

by NHSE to demonstrate compliance with the Public Sector Equality Duty (Section 149 of the Equality Act 2010).

The EDI annual report had been considered as part of the ICB belonging group which was the system EDI group and D Eytayo highlighted:

- 4 staff networks had been established with executive sponsors.
- Leadership development had been established supported by NHS England.
- There had been a focus on antiracism with Northwest BAME assembly introducing an antiracism framework and a number of providers had been successful in the achievement of this accreditation with the ICB having an Executive sponsor in A Knox and would be submitting next year for a bronze accreditation.
- There had been an increase of recording workforce demographics on ESR.

RESOLVED: That the ICB Board:

- **Note the content of the report.**
- **Note that this report has been reviewed by the People and Culture Committee (16/07/25).**
- **Approve the Annual Report (24/25) for publication on the L&SC ICB Website.**

b) Equality Delivery System (EDS2022) Grading Assessment Report 2024/25

D Eytayo advised the Equality Delivery System (EDS2022) Grading Assessment Report 2024/25 provided an overview of NHS Lancashire and South Cumbria Integrated Care Board's equality performance across the three EDS2022 domains (Domain 1: Commissioned or Provided Services, Domain 2: Workforce Health and Wellbeing, and Domain 3: Inclusive Leadership). The report represented the second year of the ICB's implementation of the refreshed EDS 2022 framework and served as both a progress update and a baseline for further improvement.

D Eytayo drew attention to the improvements which had been delivered in EDS22, specifically related to work on maternity services and voices through work with Healthwatch and referenced issues around representation and the need to ensure that the workforce represented the local population.

A Knox commended the work of the maternity network over the past 12–18 months, particularly in relation to positive recruitment efforts and he noted the workforce was now significantly more representative of the communities served, with increased recruitment of midwives and he highlighted how this had positively impacted the quality of care delivered, referencing a reduction in postpartum haemorrhage rates among women from global majority backgrounds at Lancashire Teaching Hospitals.

A Knox discussed the importance of embedding values and culture that supported high performance through diversity and inclusion, he commented that organisations with more diverse perspectives tend to perform better, as they benefit from a broader range of insights and experiences.

The Chair expressed support for the paper and clarified the next steps, as some of the findings suggested deterioration rather than improvement. D Eytayo advised that the plan would be published and brought back to the People & Culture Committee along with an action plan. She also noted that EDI had been incorporated into the Board Development Plan.

RESOLVED: That the ICB Board:

	• Note the content of the report. • Accept the grading of 'Developing' for the 2024-2025 (EDS 2022) reporting cycle. • Note that People and Culture committee approved the actions contained within section 6 of this report.
109/2 5	<u>Report concerning matters considered in Private Board meetings held between 14 May and 22 May 2025 (inclusive)</u> The Chair advised that the board had met in private on two occasions since the last report to Board in May 2025. RESOLVED: That the ICB Board note the contents of the report.
110/2 5	<u>Any Other Business</u> There were no issues raised.
111/2 5	<u>Items for the Risk Register</u> RESOLVED: That there were no items to be included on the ICB Risk Register.
112/2 5	<u>Closing Remarks</u> The Chair thanked Board members for the discussions and challenges and for the public attending today. The meeting was closed.
113/2 5	<u>Date, Time and Venue of Next Meeting</u> The next meeting to be held in public would be on Thursday, 25 September 2025, 1.00pm - 4.00pm, 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).