Approved 3 March 2021

Minutes of the Formal ICS Board
Held in Public
Wednesday 2 December 2020 10:00-12:00
Microsoft Teams Teleconference

Name	Job Title	Organisation
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Dr Amanda Doyle	Chief Officer	Lancashire and South Cumbria ICS
ICS Executive Directors		
Andrew Bennett	Executive Director for Commissioning	Lancashire and South Cumbria ICS
Jane Cass	Director for Performance, Assurance and Delivery	Lancashire and South Cumbria ICS
Talib Yaseen	Executive Director of Transformation	Lancashire and South Cumbria ICS
Andy Curran	Medical Director	Lancashire and South Cumbria ICS
Carl Ashworth	Strategy and Policy Director	Lancashire and South Cumbria ICS
Jackie Hanson	Director of Nursing	Lancashire and South Cumbria ICS
Gary Raphael	Executor Director of Finance	Lancashire and South Cumbria ICS
ICP Leads		
Kevin McGee	Executive Lead	Blackpool Teaching Hospitals NHS Foundation Trust
Caroline Donovan	Executive Lead	Lancashire and South Cumbria NHS Foundation Trust
Karen Partington	Executive Lead	Lancashire Teaching Hospitals NHS Foundation Trust
Geoff Jolliffe	Clinical Chair	NHS Morecambe Bay CCG
Alex Heritage	Chief Executive	NHS Transformation Unit
Dr Stephen Hardwick	Chair	Local Medical Committee
Neil Jack	Chief Executive	Blackpool Council
Eileen Fairhurst	Chair/Provider Collaborative Chair representative	East Lancashire Hospitals NHS Trust
Graham Burgess	Chair	NHS Blackburn with Darwen CCG
Peter Gregory	Chair	NHS West Lancashire CCG
Denis Gizzi	Accountable Officer	NHS Chorley South Ribble and Greater Preston CCGs
Aaron Cummins	Chief Executive Officer	University Hospitals of Morecambe Bay NHS Foundation Trust
ICS Non-Executive Lay Members		
Mike Wedgeworth	Non-Executive Director	East Lancashire Hospitals NHS Trust
Ian Cherry	Non-Executive Director	Greater Preston CCG

Isla Wilson	Vice Chair/Non-Executive Director	Lancashire and South Cumbria ICS
VCFS Representatives		
Peter Armer	VCFS Representative	VCFS
Local Authority Councillor Representatives		
Shaun Turner	Councillor Representative	Lancashire County Council
In Attendance		
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Louise Barker	Senior Communications and Engagement Manager	Lancashire and South Cumbria ICS
Vicki Ellarby	ICP Programme Director	Fylde Coast ICP
Sarwar Shazad	Non-Executive Director	Lancashire and South Cumbria NHS Foundation Trust
Emily Kruger	Head of Programme Management Office	Lancashire and South Cumbria Foundation Trust
Rebecca Taylor-Rossall	Digital Communications Manager	Lancashire and South Cumbria Foundation Trust
Jane Scattergood	Director of Nursing and Quality/ Covid-19 Vaccination Director	Fylde Coast CCGs/ Lancashire and South Cumbria ICS
Rebecca Higgs	Business Manager	Lancashire and South Cumbria ICS
Maria Louca	Personal Assistant to Dr Amanda Doyle	NHS Fylde and Wyre CCG/ Lancashire and South Cumbria ICS
Pam Bowling	Governing Body Secretary (minute taker)	NHS Fylde and Wyre CCG

Item	Note	Action by
1	**Welcome, Introductions and Apologies** David Flory welcomed everyone to the meeting which was being held in public for the first time – an important step for openness and transparency. Members of the public had been invited to raise questions in advance of the meeting, although none had been received. Apologies for absence were received from Roy Fisher, David Bonson, Martin Hodgson, Ebrahim Adia, Graham Urwin and Claire Heneghan.	
2	**Declarations of Interest** It was recognised that members of the Board had a conflict of interest in the agenda item on system reform.	
3	**Minutes from Previous Meeting and Matters Arising – 4 November 2020** The minutes of the previous meeting were reviewed and were accepted as a true record subject to the following amendments; 1) In attendance: Jerry Hawker, Chief Officer (remove – 'on behalf of Sue Smith') 2) Removal of Professor Ebrahim Adia from the attendance list The updated matters arising/action log was noted.	
4	**Key Updates/Messages** Dr Doyle reported that the NHS 111 First programme - which encouraged people to dial 111 rather than attend A&E and subsequently diverted to alternative services as	

	appropriate - had been successfully rolled out across the patch. Initial feedback from both patients and staff had been positive. This was an initial 'soft' launch - a media campaign would be rolled out over forthcoming weeks to raise awareness to the approach. In response to a question Dr Doyle said it was too early to be able quantify the impact of the programme on A&E activity. 'Long COVID' services are being established in Lancashire and South Cumbria hosted by Lancashire and South Cumbria Foundation Trust, although a number of providers are involved in delivering support. These services assess the needs of individual post-COVID infection and signpost patients to appropriate ongoing support for management of a range of symptoms, including mental health (behavioural and organic), respiratory and neuro-muscular problems. Virtual wards are being rolled out across the patch whereby patients with COVID are managed at home, monitoring and reporting on their own oxygen levels. Dr Doyle was also pleased to report that the Safeguarding leads across Lancashire and South Cumbria, who recently attended the Board to seek support for a system wide approach to the safeguarding agenda, have won the NHS Safeguarding Initiative at the 2020 HSJ Patient Safety Awards. On 26 November 2020, NHSE/I published a document 'Integrating Care: Next Steps to building strong and effective integrated care systems across England'. Dr Doyle explained that the guidance aligns well with a lot of work that the ICS has already done. The paper seeks views on proposed options, and an ICS response will be developed to be agreed by the Board. Dr Doyle encouraged individual organisations and appropriate groups to also review and respond to the consultation.	
Sustainability		
5	**Current Financial and Operational Overview** <u>Phase 3 financial plans</u> Gary Raphael updated the Board on the conclusion of the phase 3 planning process following the allocation of system growth funding. Updated Lancashire and South Cumbria (L&SC) aggregated phase 3 financial plans were submitted to the Regional Team on 18 November 2020 and met the requirement set by the System Leadership Executive (SLE) of a £90m shortfall against the financial envelope of £1.74bn for the second half of the year. The Board was asked to endorse and approve the allocation of growth funding in line with the decision of the SLE to achieve the financial positions as outlined in table 1 of the report. Mr Raphael explained that the SLE noted that for tactical financial reasons ensuring CCG plans were balanced whilst deficits were shown in provider positions was the best option for the system, given that CCG overspends must be recovered in the following year, whilst trusts were able to borrow at 3.5% interest rate with no immediate requirement to repay the debt. On this basis, phase 3 is concluded and the Regional Team has confirmed that although the plans remain unaffordable, they are accepted as the final submission. By 4 December 2020, organisations are required to submit a revised forecast spend for the year to 31 March 2021 and the ICS finance team is working with Regional finance managers and organisational finance teams to ensure that there is a consistent approach to these estimates. Some of the issues which were suppressed in the phase 3 plans to meet the requirements of that scenario will be expressed as part of the wave 2 response - however, if there is a risk of exceeding the £90m deficit position on the financial envelope, there will need to be a decision made on what can be done to stay	

	within that figure. Mr Raphael added that plans for 2021/22 would need to start to be developed and reminded the Board not to lose sight of the system's underlying deficit. Mr Raphael concluded that in response to recommendations from the Finance Advisory Committee (FAC) and after having discussed the rationale for allocating system growth funding to assure budgetary balance in CCGs, the SLE had endorsed the approach to distributing growth funding and had also agreed that rather than holding a small reserve at system level (£8m) the deficits in providers should be reduced to the lowest level possible, as shown in the table on page 2 of the report. Members discussed the content of the report and supported the approach and position reached. Comments were made about the pressures and increased demand on mental health services and gaps in funding. The Chair suggested that a report on this specific issue would assist colleagues in understanding the challenges faced. Reference was made that the paper did not include Covid related costs for the second half of the year - therefore there was a need for the system to make strong representations in this regard and to have a clear understanding and clarity on the current gaps across the system. Dr Doyle referred to the huge piece of work around recovery and restoration, allowing staff to recover and building the workforce. There was a need to restore the system to a more balanced financial position over a period of time according to a plan which was deliverable. The Chair thanked everyone for their contributions to the debate and stressed the importance of the decisions that are made between now and the beginning of the next financial year in order that the position is as good as it can be and individuals are geared up to succeed in terms of the huge challenges faced. <u>Phase 4 planning</u> Carl Ashworth set out the planning expectations for 2021/22. Phase 4 planning guidance is expected in two parts, an initial letter setting out some of the expectations from NHSE/I about how the NHS will operate in 2021/22 and then detailed planning guidance at the end of January 2021. It is expected that the guidance will set out a system oversight framework to reflect an enhanced role for systems and preparation for powers and duties set out in the transition year towards April 2022. There will be a need for a continued balance between system response to Covid and recovery and restoration, and business as usual. It is expected that financial, activity, performance and workforce plans will need to be developed by mid-March 2021. It was proposed that the next Board meeting in January 2021 would provide an opportunity for a further conversation in advance of receipt of the detailed guidance due later in the month. **RESOLVED** **That the ICS Board endorse and approve the allocation of growth funding in line with the decision of the SLE to achieve the financial positions outlined in table 1 of the paper.**	
6.	**Covid Vaccination Update** Jane Scattergood provided an update to the Board on the development and mobilisation of the L&SC ICS COVID vaccination programme as follows:	

	• Pfizer/BioNTech vaccine had met regulatory approval in the last 24 hours. • During pre-regulatory phase plans were being developed for a whole adult vaccination programme and these plans can now be firmed up at pace. • The Pfizer vaccine is challenging in terms of storage and transportation. The Oxford/Astra-Zeneca vaccine is more traditional and allows greater flexibility – this is expected to be approved before the end of the year. This will be easier to dispense to primary care and to Care Homes and housebound patients. • Blackpool Teaching Hospitals and Lancashire Teaching Hospitals have ultra-low temperature freezers capable of storing the Pfizer vaccine and will receive initial supplies to begin vaccinating over 80s, high risk NHS staff and Care Home residents and staff. • Delivery of vaccine then expected to flow to other hospital sites. • Work underway to identify PCN sites to focus on vaccination of over 80s. • Across Lancashire and South Cumbria there are a number of community site vaccination centres and three large scale centres being mobilised • The system will create management oversight centre to deliver vaccine at large scale sites. • Lot of support received from provider trusts who will register venues with CQC and work as a system in terms of governance, supply chain and clinical waste management work. • Expect to vaccine over 50s by the end of February and all adults by the end of April. The Chair thanked Jane for the presentation and acknowledged the huge amount of work done by Jane and her colleagues in preparing for the Vaccination Programme. Reference was made to media attention relating to primary care about renegotiating their terms and conditions in order to deliver the vaccine and clarification was sought as to whether this was a risk to the programme. Dr Doyle advised that there had been a good response from General Practice - assurance had been given that they would not be impacted financially and that the system would work with and support them. A question was asked about the need for two doses of the vaccine and if there was a risk around the gap. In response it was confirmed that booking was being managed via a central portal for the two doses with a tracking and monitoring system. The VCFS representative offered support of mobilisation and Jane outlined the work that was already taking place in terms of capturing the volunteering response.	
Building the Future System		
7	**Clinical Strategy** Andy Curran referred to the discussion at the last meeting when the Board had endorsed all the recommendations of the Clinical Strategy and to a further discussion held at the ICS Executive meeting to determine how to implement the Strategy, using comments and recommendations from SLE and Board for direction. Mr Curran presented the report which described how the ICS Executive proposed to implement the Clinical Strategy and build it into future planning. A series of high-level key principles were presented to guide current and future workstreams. Mr Curran stressed the importance of the Clinical Strategy being a living document and recognised that it cannot stand alone as an isolated piece of work – it needs to be fully embedded into the ICS Strategy and relate to future planning and financial strategies. Engagement will be undertaken as part of the ICS Strategy work and through existing leads.	

	Attention was drawn to the 6 pillars of the strategy, namely Health and Wellbeing of our communities, Living Well, Managing Illness, Urgent and Emergency Care, End of Life Care and Workforce - it was noted that work will be undertaken to map all the current work already underway to each of these pillars. The 5 high level principles were also described to enable future workstreams to be guided by the Clinical Strategy and the Board was asked to continue to support these principles. Members discussed the presentation and the following comments were noted. Reference was made to Principle 1 about embedding population health management and the need to include equality and diversity and remove health inequalities. Embedding digital solutions was welcomed but it was recognised that there would be a need for investment in this area. Reference was made to the first meeting of the People Board and the recognition that there will not be enough staff to deliver current service models in the future and a that there is need to change how things are done through redesign of pathways. This will require us to challenge the culture, behaviours and the way that clinicians work – an opportunity to grasp the future, do things differently and not hold on to the past by considering: • What are we going to stop doing? • What are we doing to do differently? • What are we doing to deliver in a different place? The Chair welcomed these three questions and suggested this was a helpful structure and framework for members to consider alongside the Strategy **RESOLVED:** **(1) That the Board note the progress made;** **(2) That the Board support the embedding of the clinical strategy into future planning processes;** **(3) That the Board receive future mapping of the workstreams to the 6 pillars** **(4) That the Board continue support of the 5 high Level principles.**	
8.	**System Reform: A common strategic narrative for Integrated Care Partnerships (ICPs) within the Lancashire and South Cumbria Integrated Care System (ICS)** Geoff Joliffe presented the report and asked the Board to formally approve the common ICP strategic narrative which had been updated to reflect feedback from the ICS Board at its last meeting and with continued extensive engagement across the ICS partnerships. Dr Joliffe stressed the need to move forward at pace on this element of system reform and highlighted the tight timetable moving forward. The Chair highlighted two key elements of ICP development: the importance of getting it right at 'place' level and the collaboration between providers taking a system view around many of the critical issues. Vicki Ellarby described the key changes in the common ICP strategic narrative, including key extracts from the NHSE/I Integrating Care document and the development of a separate executive summary. Following approval, a more user-friendly version of both the ICP strategic narrative and executive summary would be created to support the next stage of the programme. Step 2 of the work was described as agreeing and scoping the work programmes for ICP development which was to be approached in two phases: work programmes that could be scoped and begin implementation prior to receipt of NHS phase 4 guidance;	

	and work programmes that could only be partially scoped and were unlikely to begin implementation prior to receipt of NHS Phase 4 guidance. Delivery of the plan will be overseen by the ICP DAG with outputs reported to the System Leadership Executive and onward to the ICS Board where required. The Chair thanked Geoff and Vicki for the update and clarity on the direction and emphasised the need to move on with this programme of work. Dr Doyle added her appreciation for the work undertaken by the team and reiterated the need to understand that ICPs are not a 'son of CCGs' - they are a description of how partners in a place will work together at place to deliver shared objectives. It was noted that there was a range of maturity of PCNs but there was a strong group of PCN leads working with teams inputting into how this will work and are a key part of ICPs. There has been a lot of at scale working of PCNs which has provided confidence and they need to be allowed to continue to mature. Jane Cass referred to the significant amount of work that had taken place since the last meeting and supported Mr Joliffe's comments about not seeing this as a binding contract but the need to liaise and respond to local partners in developing the 'place'. Jane stressed the importance of the OD piece and was pleased to see that this was a priority area with clear alignment to the NHSE/I document. Kevin McGee referred to this being only part of the system development. There is an overall concept of what is being created across Lancashire and South Cumbria and ICP development is part of this wider piece of work. Karen Partington supported the need to get on with this work as many ICPs had already made good progress. Graham Burgess commented on the need for primary care to move forward at the same pace as ICPs and for the ICS to hold the ring on these two pieces of work to ensure integration and co-ordination. It was also vital to get local government and voluntary sector involved in discussions at place-based level. Dr Joliffe confirmed that the LMC would be involved at Step 2 of the process and confirmed that there would be appropriate communication across the whole system. Dr Joliffe thanked colleagues for the comments and said he was encouraged by the response and support. **RESOLVED:** **That the ICS Board:** **(1) Approve the common ICP strategic narrative and the executive summary noting the amendments made during November 2020 and strong alignment within the document 'Integrating Care: Next Steps to building strong and effective integrated care systems across England' issued by NHSEI;** **(2) Note the progress made with actions relating to Step 2;** **(3) Approve the continuation of Step 2 as outlined in the plan on a page, with support from NHSEI;** **(4) Note the publication of the National guidance which will continue to inform the development of ICPs and the wider ICS (Integrating Care: Next Steps to building strong and effective integrated care systems across England' issued by NHSEI - 26 November 2020).**	
9	**Strategic Assurance Framework** Gary Raphael presented the report which identified the need for a system assurance framework to be established to support the continued development and integration of the Lancashire and South Cumbria ICS partnership. In addition, an update was	

	provided on the strategic risks and issues identified and plans to make improvements to the management of this aspect of assurance, recognising this as an early phase of development work. **RESOLVED:** **(1) That the ICS Board members supported and agreed to engage with the development of a system assurance framework (including strategic objectives)** **(2) That the ICS Board support the establishment of a group, including ICP representatives to progress this work on behalf of the ICS Board** **(3) That the ICS Board support the approach to the strategic risks, as the first phase of the system assurance framework.**	
Performance and Outcomes		
10.	**Finance Report** Gary Raphael reported on the month 7 financial performance for L&SC partners and ICS central functions and explained that as the ICS transitions into the new financial regime, it will be monitored against a fixed financial envelope. The work on phase 3 financial planning spanned the period of reporting for month 7 and as such the month 7 tables do not take account of the new planning figures outlined later in the report. These will be included for month 8 reporting which will enable reporting on performance against the financial envelope. Mr Raphael explained that deficits will no longer be covered by top up payments as the financial envelope has been amended to include the ICS's share of system top up funding, Covid funding and growth funding. However, there were some costs that would attract national funding, such as testing, mass vaccination, hospital discharge programme and some independent sector costs. Attention was drawn to Table 5 in the report which showed how the months 7 to 12 financial envelope of £1.7b fit into the context of the overall L&SC system funding of £3.3b for 2020/21. With regard to capital, there was no significant change to the position reported at the last Board meeting. It was noted that, at the start of the year, before Covid struck, the system was reporting that it was just under £180m adrift of its control total of minus £97m, a £277m deficit. It is likely that resources from 2021/22 onwards will remain constrained as the economy struggles to recover. Attention was drawn to the clinical strategy which will assist in addressing at least one aspect of the deficit, which can be analysed as generating further efficiency; Service/delivery models which are most amenable to changes signalled in the clinical strategy; and structural change. **RESOLVED:** **That the Board note the updates to the financial position and look forward to involvement in articulating the ICS's ambitions for the forthcoming short and medium term planning rounds.**	
For Information		
11.	**Provider Collaboration Board Update** Eileen Fairhurst reported that the last meeting of the PCB was held on 27 November 2020 and focussed on a number of strategic issues relevant to the whole population. The NHSE/I publication on System Reform was welcomed by the Board for the benefit	

	of the whole ICS. A presentation was received on HIP2 and the strategic importance of this for the whole of the Lancashire and South Cumbria population was recognised. The Board also received positive assurance on the CAMHS services and endorsed key recommendations relating to system transformation work programmes including stroke, vascular and diagnostic radiology. The PCB will maintain oversight of these programmes. The Board is also very focussed on making sure there is increased alignment between the work of the Provider Collaborative Board and ICPs. **RESOLVED:** **That the contents of the report were noted.**	
12.	**High Level Programme Summary Report** The monthly updated summary position of the progress with delivery of ICS programmes was received. **RESOLVED:** **That the contents of the report were noted.**	
13.	**EU Exit Planning** Gary Raphael advised that there were no formal requirements relating to EU Exit placed on the ICS and provided an update on system actions. There is a very strong procurement team in Lancashire and South Cumbria who are focussing on the continuation of supplies in the NHS. Operationally 160 supply lines have been secured which represents 70% of supplies – for the other 30%, the procurement team are ensuring that business continuity plans are in place. There is a move towards a situation where a 'just in time' approach is being replaced with a position of contingency stock to take account of any delay. Staff that need to be registered to work in the NHS in England are being supported to ensure that they can remain. Detailed update reports are being provided to the SLE. The Chair asked that an updated report be provided at the next formal meeting in public in February.	
14.	**Agenda items for the next meeting** None noted.	
15.	**Any Other Business (AOB)** There being no futher items of business, the Chair commented that he was encouraged by today's meeting, in particular the positive way that people contributed and supported each other and constructively challenged. This support would essential to help get through the next period of significant change, subject to changes in legislation.	
Date and Time of the Next Informal ICS Board Meeting		
Wednesday 13 January 2021 – MS Teams meeting 10:00-12:00		