

Approved 7 July 2021

## Formal Meeting of the ICS Board

Minutes of Meeting	
<b>Date</b>	Wednesday, 2 June 2021
<b>Venue</b>	Microsoft Teams Videoconference
<b>Chair</b>	David Flory

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Dr Amanda Doyle	Chief Officer	Lancashire and South Cumbria ICS
Andrew Bennett	Executive Director for Commissioning	Lancashire and South Cumbria ICS
Jane Cass	Director of Strategic Transformation / Locality Director	NHS England and NHS Improvement NW
Carl Ashworth	Director of Strategy and Policy	Lancashire and South Cumbria ICS
Gary Raphael	Executive Director of Finance and Investment	Lancashire and South Cumbria ICS
Caroline Donovan	Chief Executive	Lancashire and South Cumbria NHS Foundation Trust
Kevin McGee	Chief Executive	Blackpool Teaching Hospitals NHS Foundation Trust/East Lancashire Hospitals NHS Trust
Karen Partington	Chief Executive	Lancashire Teaching Hospitals NHS Foundation Trust
Aaron Cummins	Chief Executive Officer	University Hospitals of Morecambe Bay NHS Foundation Trust
Graham Burgess	Chair	NHS Blackburn with Darwen CCG
Roy Fisher	Chair	NHS Blackpool CCG
Peter Gregory	Chair	NHS West Lancashire CCG
Denis Gizzi	Chief Officer	Central Lancashire CCGs
Cllr Graham Gooch	Cabinet Member for Adult Services/County Councillor	Lancashire County Council
Mike Wedgeworth	Non-Executive Director	Lancashire and South Cumbria ICS
Ian Cherry	Non-Executive Director	Lancashire and South Cumbria ICS
Isla Wilson	Non-Executive Director	Lancashire and South Cumbria ICS
Peter Armer	VCFS Representative	Voluntary Community Faith Sector
Eileen Fairhurst	Chair	East Lancashire Hospitals NHS Trust
Claire Heneghan	Chief Nurse	West Lancashire CCG
Jackie Hanson	Director of Nursing and Care Professionals	NHS England and Improvement
In Attendance		
Karen Smith	Director of Adult Social Services (attended in Neil Jack's absence)	Blackpool Council
Peter Tinson	Director of Collaborative Commissioning	Lancashire and South Cumbria ICS
Sam Proffitt	Director of Provider Sustainability	Lancashire and South Cumbria ICS
Jerry Hawker	Senior Responsible Officer, New Hospitals Programme	Lancashire and South Cumbria ICS
Mark Britton	Communications and Engagement Manager	Lancashire and South Cumbria ICS
Nicki Latham	Deputy Chief Executive/Director of Strategic Partnerships	Blackpool Teaching Hospitals NHS Foundation Trust
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Maria Louca	Executive Assistant to Amanda Doyle	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minute Taker)	Lancashire and South Cumbria ICS

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Public Attendees		
Manual Nohra	Oliver Duffy	Matthew Burch
Oliver Duffy	Paul Faulkner	Ed Parsons
Phillipa Marr	Natalie Lee	Frank Dasu
James Lee	Tricia	John Kerr

## Routine Items of Business

### 1. Welcome, Introductions and apologies

The Chair welcomed all to the formal meeting of the Integrated Care System (ICS) Board held virtually via MS Teams. Cllr Gooch was introduced from Lancashire County Council.

Apologies had been received from Sarah Sheppard, Neil Jack, Geoff Jolliffe and Andy Curran.

### 2. Declarations of Interest / Conflicts of Interest relating to items on the agenda

**RESOLVED:** No new declarations of interest were declared. All involved in CCGs/primary care had a conflict of interest for item 8.

### 3. Minutes of the previous formal ICS Board meeting held on 5 May 2021, matters arising and actions

**Matters Arising** – An update on H1, system reform and the accelerator programme would be discussed at this meeting. Gary Raphael reported that discussion had not yet taken place with the mental health trust around progress on mental health aspects, however, the contract was now in place.

**RESOLVED:** The minutes of the meeting held on 5 May 2021 were approved as a correct record.

**Action Log** – *Equality impact assessment process* – Amanda Doyle updated that the CSU currently carry out equality impact assessments for the 8 CCGs within Lancashire and South Cumbria. Talib Yaseen was preparing a paper for the next meeting regarding transitioning to this service and the interim arrangements for the ICS in 2021/22.

### 4. Key Messages

Amanda Doyle (AD) provided the following update:-

**COVID** – There was a rising community rate of infection relating to the new delta variant, with a 62% increase in numbers of infections in the 7 days prior to 31 May 2021. Blackburn with Darwen now had the highest rate of infection in the country, 8 of the highest rate areas were within Lancashire and South Cumbria. Infection was largely in young people, over school age and in their 20s, showing that the vaccine roll-out had been successful, having a protective effect. Hospital admissions had risen over 40% in the last week, mainly in East Lancashire. The solution would be to continue efforts to vaccinate adults, encourage all to follow guidelines and test for Covid.

**COVID Vaccination** – Cohorts 1-11, were now invited to receive the vaccine. This cohort included people over 30 years of age, clinically vulnerable, people who work/live with anyone clinically vulnerable, and all working in social care. To date, 80% had been vaccinated and 67% of those have received 2 doses. For cohorts 1-5 (over 50s, clinically vulnerable and health and care staff), 96% have received 2 doses of vaccine in Lancashire and South Cumbria. This group would be the most at risk of contact with the virus. The surge vaccination programme continued; this had been undertaken for 2 weeks in Blackburn and had now started in Burnley, Pendle and Rossendale. To date, the programme had been very positive. Anyone who had not been vaccinated or who had only received 1 dose must be encouraged to come forward.

There were no plans to enforce vaccine uptake for care home staff. Blackpool Council worked with care home staff, providing targeted education, encouragement and support which resulted in the highest uptake in this area in England. Uptake was increasing in these groups.

Cllr Gooch reported that there was 1 active outbreak within the 409 residential homes in Lancashire. Lancashire County Council was firmly encouraging care home staff to receive the vaccine, currently concentrating

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on 3 homes where fewer than 50% had been vaccinated. Over 90% of residents had received the vaccine, with many homes having 100% resident uptake. AD confirmed that all care home residents have had the opportunity to receive 2 doses of the vaccine.

## Managing 2021/2022

### 5. Elective Recovery Accelerator Programme

Kevin McGee (KM) reported that the bid to be part of the accelerator programme had been accepted nationally. The aim was to restore activity by 120% by the end of July 2021 for three months compared to the same months in the previous year. This was an ambitious task in terms of the level of waiting lists currently being seen. In April 2021, delivery exceeded that of April 2019, however, based on planning, May's figures would fall below primarily as there had been a high level of activity in May 2019. The scheme would start in June/July 2021 when Lancashire and South Cumbria would be expected to reach the agreed targets.

In the context of overall elective recovery there was significant activity from both a COVID and general perspective. A shared waiting list tool had been developed, with a viewer that allowed all activity to be seen by speciality and pathway across all organisations. Conversations had begun to enable activity to be managed in a different way in relation to capacity. 'Advice and Guidance', linked with primary care, was being rolled out across all organisations. Every aspect of flow and capacity was being considered, including weekend working, insourcing/outourcing of activity and surgical elective hubs. As part of COVID an emergency hub had been set up allowing pressures and emergency flow through all hospital sites to be seen; it was felt that if flow could be improved in this area, capacity would be freed up to allow focus on elective work.

Risks included the tight time frame and ambitions. Ongoing issues included financial risks, additional pressure on staff, COVID and its impact on critical care and capacity across organisations. Staff were being offered support in terms of their health and wellbeing. A national call was being held later that day to go through mitigations and national support to help deliver ambitions. There was both local and national assurance around the accelerator bids.

KM to provide key data on numbers, focussing on P1 and P2, number of cancellations, etc, at a future meeting.

**ACTION: Kevin McGee**

This would be the start of a different way of working, eg, if there was ophthalmic capacity at the Blackpool Victoria Hospital site and significant waiting lists in Morecambe Bay and East Lancashire Trusts, some of this activity could be transferred to Blackpool.

It was recognised nationally that Covid infections would continue, therefore, the elective and red pathways would continue to be separated. Elective hubs were ringfenced to maintain throughput.

Aaron Cummins and Karen Partington added their support to this approach acknowledging the risks as described. The Chair added his appreciation for the excellent work undertaken by everyone involved.

Two funding streams existed to increase elective activity – our share of a national recovery fund of £1bn and a share of funding of up to £20m to start work for accelerator bids, however, the elective recovery fund was primarily based on the amount of activity undertaken as a system. If activity targets were not achieved as a system, income would not be forthcoming even if an individual trust had met its target.

Members discussion included:-

- Specialised services – these needed to be worked through to ensure these patients were not being disadvantaged
- To find ways to mitigate risks
- The willingness of patients to go into hospital was picking up and cancellation rates were low
- Consideration should be made for patients living in areas with low car ownership and high deprivation. KM responded that issues around transport were being considered and conversations were being held with NWSAS regarding additional transport. Movement of patients/lists would only be part of the solution, local services and services accessed in a timely manner would continue to be required. A key indicator would be to reduce and improve health inequalities.

**RESOLVED: The Board noted the report.**

## 6. Revenue Financial Plans (Current Year H1 Plan)

**Operational Plans** – Carl Ashworth (CA) had circulated a paper which provided the Board with an assessment on the content of the operational plans for the first half of the year, as submitted to NHSE/I. The narrative part of paper described the process for the development of the operational plans and provided an indication against key success criteria. The appendix provided an assessment of compliance of operational plans with guidance and were also RAG rated. All expectations were rated as fully met (green) or partly met (amber). Workforce and financial constraints were highlighted, however despite the challenges there was a commitment to achieve.

**Revenue Financial Plan** – Gary Raphael (GR) reported on the H1 plan submission for 2021/22 for the Lancashire and South Cumbria system, updated the Board on the result of the call with the national Chief Finance Officer and looked forward to the issues for resolution in H2.

Members were reminded that it had been agreed in February/March 2021 to achieve a £200m savings programme this year, on the assumption that historical allocations would be reverted to. This assumption was not realised as H1 requirements were more about continuing the response to COVID and scaling up elective work within a financial envelope similar to H2 in 2020/21. The requirement for the first half of the year was to be financially balanced, which requiring 3% savings assumptions for organisations who had committed to deliver elective recovery and other national priorities. Given the requirement to meet H1 priorities within H1 funding, achieving a £200m CIP for the year was not a requirement and therefore GR was proposing that the system should aim to exit 2021/22 with £200m savings on a recurring basis, whilst meeting the requirement to balance in H1.

Following the ask from the National Finance Director, savings plans were being established to meet the national requirement that the System improves its financial position. Delivery would be monitored to ensure plans were delivered. Last year's run rates would be looked at to ensure this year's were below that level, in line with profiles confirmed for this year's financial envelope.

Concern was expressed regarding the amber rated areas including restoration of primary care, addressing health inequalities and transforming community services and assurance sought on the intention to improve and recover this position.

Amanda Doyle (AD) responded that these areas were rated amber to ensure credibility where challenges were likely and where there was risk to deliver what was required. Being rated amber would keep a focus on these areas. Isla Wilson asked for urgent assurance as to the plan for health inequalities.

GR continued that due to requirements to submit compliant H1 plans, the focus had been the plan to deliver £56m savings in order to balance our budget and meet national priorities. The National Finance Director was concerned about the underlying position being as high as £343m if nationally we reverted to historic allocations. The areas being looked at, in addition to the £112m for H1 and H2, were medicines management, procurement, continuing healthcare; a session had been held with clinical colleagues looking at common formularies and dressings. Based on discussions at the System Financial Recovery Board some areas would be scoped in the process of writing the report for submission to the national CFO. The Regional Finance Director had requested sight of the draft report, for comment, prior to submission to the national team. Our current plans, although compliant with the national requirements, had not provided assurance to the regional and national teams that the System was dealing with its underlying position.

The Chair recognised members' frustration; it was difficult for the Board to understand and have confidence in a plan that was so close to submission.

Caroline Donovan (CD) commented on mental health services being rated as 'green' bearing in mind the scale of challenge and the high demand for mental health and learning disability services in Lancashire and South Cumbria. CA explained that plans developed had been agreed with national teams as being a credible plan, on the basis of this assessment. There were significant challenges across all services and restoration; assessment was not about the size of gaps but about the extent to which we had a credible plan developed in order to close it.

Reassurance was provided around population health management and the use of the approach to tackle health inequalities; Julie Higgins was developing a proposal to report to a future meeting setting out planned spend in detail, and the proposal to build on within the 2<sup>nd</sup> half of year. System leaders would provide high level operational oversight against plans and would report to the ICS Board.

**RESOLVED: The ICS Board noted the updates on the H1 planning submission for 2021/22 and the forward**

**look to issues requiring resolution in H2 and beyond.**

## **7. Capital Planning 2021/22**

Gary Raphael (GR) explained that for 2021/22 the ICS had been allocated a capital envelope of just under £112m. The capital plan submitted to NHSE/I was envelope compliant however outside of the plans were further requests for capital spending by providers, which were described in the report including backlog maintenance. Good reporting procedures had been developed over the last 6 months, and there was likely to be some slippage on schemes. The system would look at delivering the high priority schemes not currently in the programme should slippage occur. The plan would be monitored closely to ensure there was no overspend.

Kevin McGee suggested that consideration should be made for a more strategic capital plan in future.

Aaron Cummins referred to the importance on the identification and mitigation of risk.

Roy Fisher raised concern regarding the backlog maintenance and the need for the ICS Board to understand operational risks in terms of particular services/health and safety risks. Kevin McGee responded that there were mitigations in place in terms of managing this.

The Chair commented it was difficult for the ICS Board to approve a plan when there was not enough money to take forward the work they would wish to. The Board needed to understand the way priorities had been worked through, and that ways must be sought to work flexibly, addressing as many of the priority areas as possible.

**RESOLVED: The ICS Board approved the Capital Plan for 2021/22.**

## **8. Primary Care Restoration**

### **Primary Care Restoration**

Peter Tinson (PT) took members through a slide deck focusing on general practice restoration, summarising primary care and general practice work on COVID care, business as usual care and the COVID vaccination programme. The following points were highlighted:-

- Much coronavirus service provision had been directed by National Standard Operating Procedures (SOPs)
- Most services had been stood up, but local flexibility around contracts remained
- Primary care had not been stood down; the way it was delivered had changed
- Throughout the COVID period, face to face appointments had been made available. Around 55% of GP appointments across L&SC were face to face. In response to the SOP there had been an increase in telephone appointments and video consultations
- For 2021, levels of activity were higher than pre-pandemic levels
- General practice had provided over 1 million COVID vaccinations from 36 vaccination sites; 62% of the total vaccines given to the Lancashire and South Cumbria population
- Significant challenges were now facing general practice in terms of the demand built up over the pandemic period. It was important to plan for the impact of the accelerator programme in primary and community care services
- There had been national and local press releases around expectations regarding face to face and non-face to face provision. Patients were struggling to understand what was on offer and how to access. In the last few weeks, standard communications in Lancashire and South Cumbria had increased
- The Phase 3 vaccination programme would be planned going forward. No detail had been received to date, however, it was expected primary care and PCNs would play a significant role in undertaking the programme. Additional funding would be available to provide additional capacity, however, the issue was workforce and how to secure workforce
- Emerging support asks also include the roll out of community pharmacy referral service.

Members discussion included:-

- Patient expectation had changed
- General Practice were constrained with guidance
- Rising cases were expected due to the Delta variant of COVID
- The challenge for primary care was to adjust working practices to accommodate new roles to meet demand
- The timeline of comparison with NW ICS' were consistent with these types of consultation. Cheshire and Mersey/Greater Manchester had an earlier start in terms of implementing video consultation than in Lancashire and South Cumbria
- Morecambe Bay were exploring the principal of mutual aid at ICP level, eg, wound care, phlebotomy



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- Increasing pressure across all services around demand for unscheduled care. A different profile was seen in the timing of demand in 111 services; 111 calls used to peak much later in the day, however, the number of calls were now sustained throughout the day
- Many patients were happy with telephone consultations as problems were generally solved on the call. Many practices had been undertaking telephone consultations for a long time, adding patient value. Face to face consultations were undertaken in addition to telephone consultations
- One of the biggest issues for practices over the last few weeks had been dealing with increasing challenges in an environment of blame for being unable to provide what people want. Communication and information sharing was important
- Services for acute primary care, extended out of hours, etc, into restoration and walk-in patients had all been restored to pre-pandemic for patients to access urgent services
- Challenges around primary care visiting patients in care homes had been overcome with all care homes having been vaccinated for 1<sup>st</sup> and 2<sup>nd</sup> dose vaccine
- Important relationships remained with PCNs and services provided to care homes.

The Chair recognised the huge challenge and asked the system to be mindful of the need to continue to support primary care. Amanda Doyle (AD) commented that Peter Tinson and the primary care leaders group had undertaken much work around solving problems across the system and agreeing common approaches across the patch. AD reassured the Board that all efforts were being made to deliver the services that were needed.

**RESOLVED: That the ICS Board note the update on primary care restoration.**

## **Building the System for 2022 and Beyond**

### **9. System Development: Progress Update and Forward Plan for 2021/22**

Andrew Bennett (AB) provided an update on the submission to NHSE/I of a system development plan for Lancashire and South Cumbria before the end of Q1. The Plan is required to set out how the LSC system will implement the contents of the White Paper as well as key risks and issues. The LSC system is also required to undertake a self-assessment of its current position against a System Development Progression Tool (SDPT). Since the last ICS Board meeting, the timetable for presentation of the legislation to Parliament had changed to the end of July 2021, which would impact on the work described within the report due to delays in the publication of national guidance..

A number of workstreams were being led by named Executive Directors and each building submission. To ensure the breadth of work could be managed, plans were being created each quarter, providing clarity of what was being done for each workstream and being clear about risk. Work was being undertaken on the basis that the plan would be updated as the year progressed due current lack of clarity on with the legislative process. The ICS Board were asked to enable the ICS development Oversight Group to receive a final draft of the System Development Plan at its meeting on 8 June 2021 with any further minor amendments before submission on 11 June to be approved by the Independent Chair of the LSC ICS and the ICS Chief Officer. The submitted version would be brought back to the ICS Board in July.

Further detailed work was taking place in relation to future ways of working including identifying what success looks like for the LSC Health and Care Partnership; considering the scope of the Boards for NHS Lancashire and South Cumbria and the wider LSC Health and Care Partnership; and defining the functions of a LSC NHS organisation.

The LSC was also continuing to undertake significant work in relation to future ways of working, overseen by the Provider Collaborative Board and the newly established Mental Health, Learning Disabilities and Autism Transition Board.

The expectation and uncertainty facing staff affected by the legislative changes was acknowledged and a HR group had been established, looking at principles to manage this process and regular staff briefings were being circulated including FAQs.

Peter Armer reported that he was hosting a workshop for VCFSE representatives on 15 June to ensure VCFSE organisations were prepared for the forthcoming changes. Currently the 5 ICS VCFSE teams were being prepared to ensure they could do business with ICPs.

**RESOLVED: The ICS Board:-**

- **Noted the requirements associated with the submission of a System Development Plan to NHS England/Improvement by 11 June 2021**

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- **Noted the progress made across the Lancashire and South Cumbria Development Programme**
- **Approved the proposed approach to submission to be overseen by the ICS development Oversight Group.**

#### **Outturn Reports for 2020/2021**

##### **10. Revenue and Capital Outturn 2020/21**

Gary Raphael (GR) reported on the final outturn for 2020/21 including the financial performance for all Lancashire and South Cumbria partners in respect of both revenue and capital. It was noted that the figures were subject to audit, and not all audits had been completed at this stage.

The plans against which organisations monitored their performance totalled a deficit of £90.7m in contrast to the £61.1m deficit finally agreed by the national finance team. This figure of £61.1m deficit included 'allowable' amount for the annual leave accruals in trusts and loss of non-NHS income which, when excluded, gave a revised target of £20.2m deficit.

**RESOLVED:** The ICS Board noted the updated position on the 2020/21 final outturn.

##### **11. Any Other Business**

There was no other business raised.

**Date and time of the next formal ICS Board meeting:  
Wednesday, 7 July 2021, 10 am – 12.30 pm, MS Teams Videoconference**