

Approved 1 September 2021

Formal Meeting of the ICS Board

Minutes of Meeting		
Date	Wednesday, 7 July 2021	
Venue	Microsoft Teams Videoconference	
Chair	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
Talib Yaseen	Director of Transformation	Lancashire and South Cumbria ICS
Jane Scattergood	Director of Quality and Nursing	Lancashire and South Cumbria ICS
Caroline Donovan	Chief Executive	Lancashire and South Cumbria NHS Foundation 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
Jackie Moran (representing Claire Heneghan)	Director of Integration and Transformation	NHS West Lancashire CCG
Geoff Jolliffe	Chair	Morecambe Bay CCG
Denis Gizzi	Chief Officer	Central Lancashire CCGs
Julie Higgins	Chief Officer	Pennine Lancashire CCGs
Cllr Graham Gooch	Cabinet Member for Adult Services/County Councillor	Lancashire County Council
Neil Jack	Chief Executive	Blackpool 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
Eileen Fairhurst	Chair	East Lancashire Hospitals NHS Trust
Jackie Hanson	Director of Nursing and Care Professionals	NHS England and Improvement
In Attendance		
Sam Proffitt	Director of Provider Sustainability	Lancashire and South Cumbria ICS
Sarah Sheppard	Interim Executive Director of HR & OD	Lancashire and South Cumbria ICS
Jerry Hawker	Senior Responsible Officer, New Hospitals Programme	Lancashire and South Cumbria ICS
Claire Muir	Transformation and Change Lead	Morecambe Bay CCG
Phil Green	Director Growth, Environment and Planning	Lancashire County Council
Dr Andy Knox	Director of Population Health	Bay Health and Care Partners
Catherine Bentley	Equality and Inclusion Team Manager	Midlands and Lancashire Commissioning Support Unit
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
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
Public Attendees		
16 public attendees		

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.

Apologies had been received from Kevin McGee, Claire Heneghan, Peter Gregory, Nicky Latham and Andy Curran.

Questions and answers raised by members of the public prior to this meeting would be published with the minutes of the meeting.

The Chair reported that the ICS Lead Officer, Dr Amanda Doyle, had been appointed by NHS England/Improvement as the North West Regional Director, standing down from her ICS and Accountable Officer roles of Blackpool, Fylde and Wyre and West Lancashire CCGs. The Health and Care Bill was introduced in Parliament on 6 July 2021 and, if approved, would establish integrated care systems as statutory bodies across England. It was evident that Lancashire and South Cumbria was already well established on this road. Amanda had the ambition and determination to put population health improvement at the forefront of the Lancashire and South Cumbria agenda and to tackle inequalities. Amanda's leadership established early ICS status in Lancashire and South Cumbria to ensure ways of working were in place to tackle issues seen in communities and neighbourhoods. Amanda had continued to provide immense personal leadership to ensure that the ICS was in a good position, having built teams and established relationships and ways of working which would stand the ICS in good stead as it moved forward. Amanda's personal legacy would be there for years to come. The Chair, on behalf of the ICS Board and colleagues, thanked Amanda for the work she had undertaken in Lancashire and South Cumbria and wished her the best in her new role.

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

RESOLVED: No new declarations of interest were declared.

3. Minutes of the previous formal ICS Board meeting held on 2 June 2021, matters arising and actions

The minutes of the previous meeting were approved as an accurate record, seconded by Roy Fisher.

RESOLVED: The minutes of the meeting held on 2 June 2021 were approved as a correct record.

4. Key Messages

Amanda Doyle (AD) provided the following update:-

Health and Care Bill had received its first reading on 6 July 2021 and the second reading was expected mid-July.

Amanda Pritchard, NHS England Chief Operating Officer/NHS Improvement Chief Executive Officer visited the area last week, meeting with various leaders from around the system. Good feedback had been received around system development and system working. Examples of real life integration were shown in Fleetwood and the community.

Perfect Week – Positive feedback had been received following the 'Perfect Week' exercise which ran across all provider services in Lancashire and South Cumbria commencing 21 June 2021. Health and social care partners put a huge focus on working to improve emergency care response, A&E, hospital discharge, etc. During this exercise, A&E performance had been sustained and improved during a very busy period. Learning and evaluation from the exercise was taking place and Dr Doyle thanked everyone involved.

Jane Scattergood was introduced as the newly appointed Interim ICS Director of Quality and Nursing.

Interim arrangements – Dr Doyle was due to start her new role with NHS England on 1 August 2021. Due to being unable to move to a substantive employment process at this stage, on an interim basis, Andrew Bennett would act as the ICS lead. Governing Bodies of the three CCGs where Dr Doyle is the Accountable Officer (AO) had supported a proposal that Andrew Bennett take over responsibility as interim AO, which was awaiting sign off.

Building the System for 2022 and Beyond

5. System Reform Update

A previously circulated report provided an update as to the progress of system reform work. Andrew Bennett highlighted the following points:

- Legislation about system reform went before Parliament on 6 July 2021; some aspects of the work described within the report would be subject to this legislative process.
- The ICS had now submitted its latest System Development Plan to the regional team of NHS England and NHS Improvement, setting out a clear programme of work to prepare for when legislation was passed.
- A national ICS Design Framework was published on 16 June, offering additional guidance on the continued development of the Health and Care Partnership for Lancashire and South Cumbria and the actions required to establish a statutory NHS body for the same footprint. Further information around governance and finance was expected in the next few months.
- A peer review had recently been held facilitated by the regional team with colleagues from Cheshire/Merseyside and Greater Manchester which proved helpful in setting out areas to share learning and information on challenges already being faced.
- Informed discussion had recently been held with colleagues across the system around how to distinguish work of the Partnership Board and the ICS Board; the Oversight Group would continue to focus on this
- An update on the work of the Provider Collaborative Board was shared. One aspect was to develop a clearer narrative to staff and the public around what collaborative arrangements were designed to achieve
- Communication and engagement with staff continued and two face to face staff briefings had been arranged over the next week which would provide an opportunity for staff to ask questions. A national Employment Commitment for NHS staff affected by the proposed changes had been published.

Mr Cherry asked if there was any soft intelligence about the financial framework and the delegation of resource to place-based partnerships. Mr Raphael explained that a regional finance group had been set up comprising ICS finance leads and nominations from CCGs and Trusts to discuss how allocations will be used, however, no agreement or decision had been made at this stage. Mr Raphael added that decisions about spending would be determined by the system when the national overarching framework had been developed.

Councillor Burgess asked about the delegation of functions to place and the associated timescale and expectation that the finance would follow. Mr Bennett advised that preparatory work was taking place about how functions would work at system and place level and this would be articulated through the ICP narrative and ICP development plan. There were evident functions around service integration, quality improvement and improving population health and likely to be both formal and informal delegation through the place-based teams

Cllr Gooch expressed concern that the Health and Care Partnership work could overlap with the Health and Wellbeing Board in relation to determinants of health and health inequalities and sought assurance as to how the system would be held accountable. Mr Bennett responded that there was an obligation to set up the Health and Care Partnership and the four Health and Wellbeing Boards across Lancashire would retain their statutory purpose. The Health and Wellbeing Board workshop, planned to be held later this month, would provide an opportunity to talk through this matter further. Mr Bennett had also recently taken part in a workshop looking at a potential work programme for the Lancashire Scrutiny Committee. The system architecture would need to give public accountability and exposure of issues that were being referred to. Mr Fisher added that he was in regular contact with the Chair of the Blackpool Overview and Scrutiny Committee and provided updates on progress on system reform.

In response to a question about the ICS appointments process, it was confirmed that several senior appointments to the NHS statutory body would be undertaken through a national process, with involvement of key partners in the system; colleagues would be involved when the detail is published. Local appointments would be undertaken with fairness, openness, and equity and the majority of staff will receive an employment commitment to continuity of terms and conditions.

Members discussion included the following comments:

- That this should be an opportunity to improve outcomes for populations and for patients. Wider community involvement would need to be visible within the plan.
- There is a need to strengthen work around culture.
- Clinical leadership and more clinical leadership across programmes would be welcomed; a senate across the ICS was being looked at.

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- A need for more emphasis on the critical role of primary care and prevention within the plan. Dr Doyle referred to the work in Fleetwood around health inequalities, involving primary care which had translated into reductions in A&E attendances and admissions. This work would need to be undertaken systematically across the patch.
- Discussions with regard to defining functions at system, place and neighbourhood levels were taking place at the CCG Transition Board
- Reference was also made to work previously undertaken on the delegation of functions to the three levels and the next step would be to look at how to approach transformation of these functions and how they would work in the future.

The Chair acknowledged inevitable tension in the setting up of the new system which would be worked through via the new health and care partnership. There would be an emphasis on strong place-based partnerships to drive the business with rule-based transparency around finance and openness in decision making.

RESOLVED: The ICS Board:-

- **Noted that a System Development Plan was submitted to NHSEI by 30 June 2021**
- **Discussed the progress made across the LSC System Development Programme.**

6. Greater Lancashire Plan

On behalf of the wider Lancashire team, Phil Green presented and introduced work on the robust evidence base being prepared to inform the development of the Greater Lancashire Plan and updated on progress.

Mr Green explained that Lancashire has a major and unique contribution to make to the UK, however, with no single, place-based strategy, risks falling behind other regions. Lancashire also has challenges, with Covid-19 hitting its people, businesses and communities hard. A partnership approach is being sought and Lancashire leaders have demonstrated commitment and ambition to speak with one voice through the development of the Greater Lancashire Plan that sets out the overarching vision and place and people-based strategy and action plan for Lancashire. A robust, granular evidence base is being prepared including an Independent Economic Review and Environment commissions, aligned with other research, forming the ingredients to underpin the strategic decision making of Lancashire leaders in consultation with key stakeholders, including recovery from the global pandemic. The evidence base includes consideration of early years, health, the economy, place making, environment and climate change.

The Greater Lancashire Plan will set out a consistent, compelling and coherent narrative as a foundation from which all plans in Lancashire can be rooted. In doing so it will provide the essential policy framework for determining policies and priorities and promote a strengthened place leadership, utilising shared assets to help create the conditions for a sustained and consistent approach to prioritisation and delivery.

The plan will be based on robust tested evidence, overseen by an Independent Panel of experts. Evidence was being gathered, with the plan hoped to be published in early August.

Dr Doyle asked if the NHS, as one of the largest employers in Lancashire, was inputting enough into this work to ensure it reaps the benefits. The NHS is a large contributor to carbon overuse and has a part to play in the carbon reduction agenda. The NHS has well paid, long lasting jobs available and continues to struggle to fill vacancies with local people.

Julie Higgins reported she was working closely with the Lancashire team regarding a deep dive on health and wealth. This was also linked closely with the Health Inequalities Commission work supported by Professor Michael Marmot. The work undertaken by the team would be built on in relation to the impact of social deprivation and poverty on health inequalities and work was also taking place on the contribution of the NHS to health inequalities in relation to care provision and employment. These key pieces of work are inter-related and will focus on making a difference in health inequalities.

Aaron Cummings referred to the recent, positive meeting held with Amanda Pritchard and discussion about measures of success which the ICS would be held to accountable for. Mr Cummins asked that the ICS Design Framework dashboard include long term measures of success relating to the plan.

Mr Cherry sought assurance about the Independent Panel encompassing the views of the whole of the Lancashire population.

Mr Green responded that the Panel comprised people whose bibliographies struck a balance between external independent expertise and people who understand Lancashire. The Panel is there to review the evidence; place leaders will make the decisions.

The Chair expressed his thanks for the informative presentation and commented that the Plan provides a big opportunity to do more with the evidence base, working across the whole system.

RESOLVED: The ICS Board noted the Greater Lancashire Plan.

7. Anchor Collaboratives

Dr Andy Knox explained that the purpose of this paper and slide set was to introduce and explore the role of the NHS as an Anchor Institution within the Lancashire and South Cumbria ICS, to improve the population's health and reduce health inequalities.

Anchor Institutions are large public sector organisations rooted in and connected to local communities, which could make a difference to the economy and climate agenda, making a difference to the inequalities agenda. Dr Knox commented on the synergy between the Lancashire Plan and opportunities as an Anchor Institution across Lancashire and South Cumbria.

The proposed approach would include the use of a charter which could be used by the ICS to self-evaluate their anchor status, identify cross cutting opportunities to make anchor practices embedded within the NHS and measure progress over time. This would provide a starting point for institutional and partnership discussions, outlining the different domains in which the ICS could direct their efforts, along with a scoring system to demonstrate commitment and opportunities. The proposed approach would include the roll out of the Anchor Charter within each ICP through local leads.

Claire Muir described the approach and work undertaken in Morecambe Bay, which had been recognised nationally by the Health Foundation and NHS England and provided examples of work that could be undertaken as an Anchor Institute.

The Chair commended Dr Knox and Claire Muir on this excellent work and invited comments and questions.

Geoff Jolliffe commented that the work in Morecambe Bay was about building a vision, relationships and delivering previous plans and would welcome this initiative being rolled out and embedded across the ICS. Aaron Cummins offered to share the work currently being undertaken by University Hospitals of Morecambe Bay and the Bay.

Eileen Fairhurst reflected that this item and the Greater Lancashire Plan was a reminder of how the NHS was part of a much bigger picture and that it related to the establishment of the NHS which was about social justice and making life better, which is what population health is about. The Greater Lancashire Plan presentation provided a wide horizon of the potential of population health and the presentation on Anchor Institutions provided examples of how and what could be done to make a difference to people's lives. This was an opportunity to make these kinds of notions real to people who serve in Lancashire and South Cumbria.

Members expressed their support and enthusiasm for the initiative and were keen to see this rolled out across the ICS as a good foundation for what a health and care partnership could achieve. Work undertaken would need to convert quickly into action moving forward. Isla Wilson offered support on any aspects of the agenda.

It was suggested that there may be common messages from the 'Preston Model' project undertaken in 2015 which the team may wish to adopt. Reference was made to the ambition to reduce health inequalities and to work being undertaken by Dr Knox with population health leads in ICPs.

Gary Raphael asked members to be aware that the NHS was being asked to provide sustainability plans through the estates function and infrastructure work and it was important that these plans were linked into and reinforced the wider partnership work taking place in Lancashire and South Cumbria.

Cllr Gooch commented that Lancashire County were undertaking similar work and there was a danger of duplication. The plan involves lower tier district councils who would not have the budget to fund this. Dr Doyle responded that work would need to include both upper tier and local councils to be delivered at place, but the principles signed-up to as a system. Investment in this will result in improved health of the population, turning into more effective use of healthcare services.

Reference was made to the importance of delivery and the need to break down barriers.

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Denis Gizzi referred to a major turnaround programme in Oldham when risks and challenges had been overcome. Jackie Moran commented on the need to work with local councils and local groups and to learn from the community as to what works for them.

The energy and enthusiasm from members was acknowledged alongside the opportunity this presented for complimentary action by multiple organisations. The challenge to all organisations within the system was the need to work differently.

The Chair asked that the practicalities should be looked at with the intention of developing a model that could work and address the barriers and issues described and looked forward to receiving detail on the next steps at the next ICS Board meeting.

ACTION: Andrew Bennett

RESOLVED: The ICS Board:

- Noted the contents of this paper and presentation slides
- Committed to and mobilise the NHS Anchor Charter/ approach across the ICS/ HCP.

8. New Hospitals Programme

Jerry Hawker updated members on the New Hospitals Programme being part of the government mandate to build 40 new hospitals in England and an opportunity to see substantial investment in hospital facilities in Lancashire and South Cumbria. The Programme is a key strategic priority and sits within the integrated care system's wider strategic vision, with the central aim of delivering world-class hospital infrastructure from which high-quality services can be provided.

Mr Hawker provided an update on current progress of the programme and explored areas where the Health and Care Partnership (ICS) Board could help drive imagination and innovation to create opportunities for much greater additional benefits for the region.

As part of the assurance process, a successful meeting had been held with NHS England. Following feedback from NHSE/ and system leaders, the Case for Change would be presented for final approval to the L&SC Strategic Commissioning Committee on 15 July and then publicly launched with an intensive period of engagement with the public building on work through the 'Big Chat'.

It was noted that no decisions had yet been made and all options were on the table. System wide work was underway to develop proposals which delivered against the challenges detailed in the Case for Change. Agreement of the assumptions for the demand and capacity modelling was a critical milestone.

Mr Hawker referred to the previous two agenda items and commented that the New Hospitals Programme was working closely with the Enterprise Partnership around how to ensure that local enterprises had a genuine opportunity to build on and be involved.

RESOLVED: The ICS Board noted the progress of the New Hospitals Programme and considered the opportunities the programme presented to be used as a catalyst for wider partnership working.

9. Equality, Health Inequality Impact Assessments and Quality Impact Assessments

Talib Yaseen presented the report and informed the Board about the need to adopt and develop an approach to equality and health inequality impact assessments in 2021/22 and as part of the work required to support the establishment of the proposed statutory NHS body for Lancashire and South Cumbria. The approach proposed begins with the necessary application and use of Equality and Health Inequality Impact Risk Assessments (EHIIRA) which arose from the Equality Act of 2010, in order that the ICS could measurably address equality and health inequality deficits that affected individuals and communities across Lancashire and South Cumbria, whilst recognising the need to go beyond these in order to achieve aims around unequal outcomes and health inequality.

The NHS Long Term Plan outlines a strong and comprehensive commitment to redressing equality and health inequality issues both within the NHS workforce and services and this is further reinforced within the ICS Design Framework.

Reference was made to the need to avoid duplication with the work taking place at the Lancashire Resilience Forum on the impact of COVID on minority groups. This was noted by Dr Doyle as a member of that group.

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Isla Wilson highlighted that there were a number of layers to this work. Impact assessments were a baseline measure; the next piece of work was how to use the information and then how to build on that using the provisions of the Equalities Act in terms of things that have got worse over recent years.

RESOLVED: The ICS Board:

- **Agreed to adopt and develop the existing EHLIRA service and process in place for the Lancashire and South Cumbria CCGs**
- **Supported the establishment of a working group, Chaired by a Non-Executive Director, to operationalise the approach for meeting the equality and health inequality requirements for the ICS, and developing recommendations for the policy and direction on this matter for the new Lancashire and South Cumbria NHS Body, in order that we can measurably address equality and health inequality deficits that affect individuals and communities across Lancashire and South Cumbria**
- **Confirmed their intention to create an Equality, Diversity and Inclusion policy and process to make an impact on reducing health inequality.**

Managing 2021/2022

10. Elective Care Recovery

Sam Proffitt provided an update on elective care recovery. Trusts were required to achieve nationally set thresholds based on 2019/20 activity levels for elective care recovery, initially set at 85%. Organisations in L&SC took a collective approach and signed up to become an accelerator site to achieve as close as possible to 120%. For April and May the gateway had been approved with funding to support the programme. A number of initiatives had been created, including a joint waiting list, to support the programme however challenges included staff tiredness, the ongoing pandemic with a number of COVID+ patients in hospital and pressure in A&E. The Trusts were performing well against 85%, however, this now needed to be driven up to 120% by the end of July 2021. Programmes were being measured were undertaking more work on a month by month basis.

The Chair added that the Accelerator Programme was being measured by doing more work on a month by month basis in each of the categories than in the equivalent months in 2019/20. Good progress was being made however this extra work would need to be managed in the context of increasing pressures in the medical service in hospitals and the rise of COVID+ admissions. The Board looked forward to receiving further update reports on this.

RESOLVED: That members of the ICS Board note the update of Elective Care Recovery.

11. System Financial Recovery Programme and Terms of Reference

Gary Raphael presented the report and explained the different strands of the recovery programme, providing the context for what is acknowledged as a complex programme within the overall planning framework for the system. The Board was also invited to approve the draft terms of reference for the System Financial Recovery Board.

Councillor Gooch suggested input to the Board from someone not employed within the NHS to provide check and balance. The offer was acknowledged. It was noted that Ian Cherry was a representative on the System Financial Recovery Board, as a Lay Member with extensive experience as a finance professional and was able to provide external views, not being an NHS employee.

Talib Yaseen reassured members that work was taking place with regard to Continuing Health Care, with partners, to fully understand the position. Gary Raphael added that evidence of benchmarking of services in other parts of the NHS was being looked to identify potential areas to deliver savings and project initiation documents were being developed to scope requirements.

RESOLVED: The ICS Board:-

- **Noted the contents of the cover paper, to expect future reports on progress in all the areas highlighted in it**
- **Approved the attached terms of reference for the System Financial Recovery Board.**

12. Financial Report

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A report had been provided with the meeting papers on the month 2 financial performance for the Lancashire and South Cumbria system, covering the revenue and capital positions of all Lancashire and South Cumbria NHS partners and the position on ICS central functions. Gary Raphael explained that the ICS was on track with its financial plan.. Assumptions had been made on the share of elective recovery funds to be received retrospectively from the national team. Cost improvement was a little behind plan; this being an area where there was specific monitoring by the system and regional team. Julian Kelly had invited the ICS to a meeting on 3 August when progress on the cost improvement programme would be discussed. More certainty on savings was currently being seen in Trusts than CCGs, due to CCGs having less discretion on spending decisions.

RESOLVED: That the ICS Board note the current financial position.

Financial investment – Year 1 – Community Diagnostic Hubs

Gary Raphael drew attention to a further report which had been circulated prior to the meeting, requesting retrospective approval of financial investment for year 1 of the Community Diagnostics programme. The ICS Board had approved the capital budget and application of funds at its June meeting. The budget was fully committed. In addition to the schemes agreed for funding, there were a number of other priorities that could not be afforded within the total capital available. Early last week the ICS team was asked to confirm whether it supported applying a small amount of capital (£419k) to ensure implementation of the year 1 (=2021/22) Community Diagnostic Hubs (CDH) programme. The indication for this support was required by Monday 4th July, to enable approval of the year 1 Lancashire and South Cumbria programme by the Regional team.

Mr Raphael explained that in response to the requirements of the CDH Programme Director it had been agreed that given the system wide CDH strategy, linked to elective care recovery; the strong likelihood of slippage this year; and the relatively small level of capital required, it was appropriate to support this request.

The report explained this money could come from slippage this year. Pre-committed priorities were yet to be fully determined. Comments were made about discussions taking place in provider organisations about the use of slippage to address priorities and the need to ensure these discussions were joined up. Jackie Moran commented that West Lancashire had an out of hospital focus, and there was a need to ensure they did not lose out due to not being represented in the provider collaborative. In response it was confirmed that there were separate pots of resource for primary care services. Amounts shown in this year's capital programme were mainly in Trusts and everything would be encompassed within the developing 5-year Capital Strategy.

Mr Raphael recognised that the Board was being asked to support something that had been undertaken on an expeditious basis rather than in line with criteria used for slippage, however criteria for decision-making had now been developed and would be presented to the ICS Board.

RESOLVED: The ICS Board confirmed approval for £419k capital for the year 1 CDH programme as a first call on 2021/22 spending slippage. The amount would need to be treated as a pre-commitment against the 2022-23 ICS capital allocation.

13. System Performance

The item was for information only. Andrew Bennett (AB) confirmed that under the Strategic Commissioning Committee, performance reporting information was being brought together providing the opportunity to consider system performance report. Significant performance challenges would be reported to the ICS Board from autumn onwards. Work was ongoing.

14. Items to forward for the next ICS Board meeting

There were no items.

15. Any Other Business

System Reform Programme – Monthly Highlight Report – The report provided showed the way progress was reported for each workstream. For information.

**Date and time of the next formal ICS Board meeting:
Wednesday, 1 September 2021, 10 am – 12.30 pm, MS Teams Videoconference**

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