Approved 3 November 2021

Formal Meeting of the ICS Board

Minutes of Meeting	
Date	Wednesday, 1 September 2021
Venue	Microsoft Teams Videoconference
Chair	David Flory

Present		
David Flory	Independent Chair	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
Elaine Collier (representing Gary Raphael)	Head of Finance	Lancashire and South Cumbria ICS
Talib Yaseen	Director of Transformation	Lancashire and South Cumbria ICS
Andy Curran	Executive Medical Director	Lancashire and South Cumbria ICS
Caroline Donovan	Chief Executive Officer	Lancashire and South Cumbria NHS Foundation Trust
Chris Adcock (representing Aaron Cummins)	Finance Director	University Hospitals of Morecambe Bay NHS Foundation Trust
Kevin McGee	Chief Executive Officer	Lancashire Teaching Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust
Martin Hodgson	Chief Executive Officer	East Lancashire Hospitals NHS Trust
Graham Burgess	Chair	NHS Blackburn with Darwen CCG
Peter Gregory	Chair	NHS West Lancashire CCG
Roy Fisher	Chair	NHS Blackpool CCG
Jackie Moran (and representing Claire Heneghan)	Director of Strategy and Operations	NHS West Lancashire CCG
Geoff Jolliffe	Chair	Morecambe Bay 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
Eileen Fairhurst	Chair	East Lancashire Hospitals NHS Trust
David Blacklock	Chief Executive Officer	Healthwatch Cumbria and Lancashire
Peter Armer	VCFSE Independent Chair	Voluntary Care and Faith Sector
In Attendance		
Tracy Murray	Programme Director for Elective Care Recovery	Lancashire and South Cumbria ICS
Paul Havey	Executive Financial Advisor	Lancashire and South Cumbria ICS
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
Nicki Latham	Deputy Chief Executive/Director of Strategic Partnerships	Blackpool Teaching Hospitals NHS Foundation Trust
Seamus McGirr	Director of Nursing and Urgent Care	NHS Midlands and Lancashire Commissioning Support Unit
Louise Taylor	Executive Director Adult Services and Health & Wellbeing / Chair Adult Social Care and Health Partnership	Lancashire County Council
Dr Arif Rajpura	Director of Public Health	Blackpool Council
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Rebecca Higgs	Business Manager	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minute Taker)	Lancashire and South Cumbria ICS
Public Attendees		
9 public attendees		

Routine Items of Business

1. Welcome, Introductions and apologies
- **System Development and Legislative Change**

The Chair welcomed everyone to the formal meeting of the Integrated Care System (ICS) Board held virtually via MS Teams. No questions had been received in advance of the meeting. Members were informed that with immediate effect all meetings of the ICS Board held in public would be recorded and added to the ICS website after the event.

Apologies had been received from Gary Raphael, Carl Ashworth, Jackie Hanson, Jane Scattergood, Claire Heneghan and Aaron Cummins.

It was acknowledged that Kevin McGee had today started in his new role of Chief Executive Officer of Lancashire Teaching Hospitals NHS Foundation Trust (LTHFT) and would continue his role as Chief Executive Officer for Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT) for a short period of time.

David Flory was pleased to announce that he had been appointed as Designate Chair of the new NHS Lancashire and South Cumbria Integrated Care Board. The nationally co-ordinated process to recruit a Chief Executive Officer would begin imminently, following which, a full Board would be appointed, operating initially in shadow form. Whilst there were fixed points in the regulations and guidance there was also discretion in considering the right structure to represent the system in a way that would be collectively agreed. Over the coming months further thought would be given to the plans and priorities from April 2022 working with the five Placed Based Partnerships and connecting with the different parts of the system. It was important to continue to do business in this Board with due diligence and care in order to support the new arrangements when agreed.

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

RESOLVED: No new declarations of interest or conflicts of interest relating to items on the agenda were declared.

3. Minutes of the previous formal ICS Board meeting held on 7 July 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 7 July 2021 were approved as a correct record.

Action Log – The action log was acknowledged with open actions to be reviewed at future meetings.

4. Key Messages

Andrew Bennett (AB) provided the following update:

Local Government Re-organisation. On 21 July 2021, the Secretary of State for Housing, Communities and Local Government published a decision for local government re-organisation in Cumbria, proposing two unitary councils. The ICS would be working closely with Cumbria County Council during this process. It was noted that the re-organisation would not alter the boundary for the Lancashire and South Cumbria ICS.

The Care Quality Commission recently published an inspection into Morecambe Bay Hospitals NHS Foundation Trust (MBHFT) and the Trust had now received a report that required a series of actions to be undertaken. To support the process and monitor improvements, a System Improvement Board was meeting, chaired by the Regional Medical Director. In addition, the Provider Collaborative was looking at how partners in the system could provide support.

Changing Futures Programme. Work with homeless people during COVID, co-ordinated via the Housing/Homeless cell, led to local government and NHS partners across Lancashire submitting a bid for funding from the Local Government Changing Futures Programme which aims to improve outcomes for people experiencing multiple disadvantage. The bid was successful and £6.5 million has been awarded over the next few years to build a model of support. Dr Arif Rajpura, Director of Public Health, chaired the Homeless cell during COVID and is the Senior Responsible Officer for this programme.

Managing 2021/2022

5. Operational Recovery and Performance – Status reports on sector by sector recovery and performance

Andrew Bennett (AB) presented the paper which provided a sector by sector 'situation report' offering an insight on current system performance, the challenges being faced and actions being taken. The reports were received by the Senior Leadership Executive (SLE) group on 18 August alongside a presentation setting out the financial context for the imminent operational planning round for the second half (H2) of this financial year. System leaders had noted the situation reports; endorsed proposed actions for H2; confirmed common themes and risks that required collective action in advance of H2 and supported the presentation of the reports to the ICS Board.

The following sector situation report were presented to the Board, highlighting the key challenges and issues, key actions for H2 and associated risks.

- Care Sector
- Primary Care (General Practice)
- Urgent and Emergency Care
- Elective Care Recovery
- Cancer Care
- Mental Health, Learning Disability and Autism
- Local Resilience Forum – Covid Restoration and Recovery
- Ambulance Services.

There were a number of common themes highlighted through the reports including capacity, demand and other factors including the requirement for cost improvements. Workforce availability was an issue and staff had limited time for recovery from the effects of the pandemic. The level of demand upon services was significantly higher than pre-pandemic and the imbalance between capacity and demand was leading to backlogs of people waiting to access services. Evidence of this included poor flow through the system with lower hospital discharge into constrained out of hospital support. The possible impact of new Covid-19 variants together with the usual or increased winter pressures could make this imbalance grow further. There was also recognition of the hard work of everyone across the whole pathway.

The Chair thanked colleagues for their presentation and invited comments and questions.

Peter Armer reflected on the challenges faced by the VCFSE including increase in activity during the pandemic in areas such as debt counselling, mental health and domestic abuse. This had been exacerbated by loss of income by organisations dependent upon self-generating funding. However, the VCFSE were part of the recovery programme albeit members needed to be mindful that some organisations would not survive following the pandemic.

In response to the presentation by Louise Taylor (LT) on the Care Sector, Ian Cherry commented that he had recently had discussions around intermediate care and it was felt that the system was being pulled between supporting hospital discharge and trying to help admission avoidance. Primary care colleagues had reported the system to be difficult to access due to multiple entry routes. Mr Cherry asked how the ICS Board could take an overarching systemic view to ensure a fair application across all parts of the system that need support. Louise Taylor responded that there was a need for good population health, admission avoidance community services and a robust multi agency system within hospitals which allows people to be discharged expeditiously where appropriate.

Isla Wilson commented on the need for clear actions from the Board in response to the risks identified and that in terms of workforce there was need for better collaboration between health and social care, to listen out for the 'asks' from the social care sector.

Kevin McGee (KM) thanked LT for her leadership in this area, with a consistent approach across local authority partners due to the discipline and leadership shown. Reference was made to the pressure in terms of flow of patients through the system and the need for the ICS Board to be supportive of the long-term work described by LT but also to work together as a system to alleviate the immediate issues over the next 6 to 8 weeks. KM expressed confidence that this was being dealt with as a system more so than had been done so previously.

Peter Gregory (PG) added that focussing on avoiding admissions and improving discharges, increased pressure on the care system. However, there were opportunities available as a system to maximise independence and affect avoidable deterioration in people and primary care could consider additional roles to support an integrated multidisciplinary team. Reference was also made to how performance is measured in the system and that patient-based feedback and listening to communities needed to be included moving forward. Peter Tinson asked for support from the Board in terms of flexibility from NHSE in the use of the underspend on primary care workforce due to recruitment issues, particularly the additional roles scheme, to target it at other roles. Geoff Jolliffe commented on the future of general practice and offered thoughts around the Board sponsoring a piece of work on a new vision for primary care to be able to continue to respond in a sustainable way.

The Chair invited further thoughts and suggestions from members on opportunities to ensure the system was working as efficiently and effectively as possible. The following comments were made:

- There was increasing evidence of clinical teams willing to move patients, particularly long waiting patients, and this must continue
- A view expressed at a recent national visit was that there was over caution with elective pathways and there could be more efficiency on patient activity by relaxation on swabbing and isolation times.
- Some diagnostics were doing over 100% activity, generally resulting in a reduction of backlogs

- Solid communication was required with members of the public to understand the position and the challenges being faced which could help patients to make different choices

AB thanked the sector leaders for their presentations and the work they are undertaking. It was recognised that the system was performing well considering the circumstances. Teams were working well together and there had been a massive effort from all staff. There were opportunities to think differently about how services are organised in the future and for clinical teams to work differently, supported by the forthcoming structural changes.

The Chair stressed the importance of giving consideration to the priorities and opportunities highlighted in the discussion. There was to be further discussion on finance at today's meeting and a deeper look at workforce issues via the People's Board was required. The new system architecture, ways of working and financial regime would provide opportunities to improve some parts of the system going forward and acknowledged the points made regarding the need for capturing patient experience in designing new ways of working.

RESOLVED: The ICS Board:
- **Received the situation reports**
- **Endorsed SLE's proposed actions in advance of the H2 operational planning process.**

6. System Financial Recovery Update

Sam Proffitt (SP) provided an update from the System Financial Recovery Board meeting held on 23 August 2021. The system remained on track to meet its H1 (half year to 30 September 2021) position. Pace and focus was required to ensure reduction of recurrent costs and to support continued delivery in to the second part of the year. It was anticipated that the cost savings within the programmes were likely to start to impact during H2 (second half of the financial year).

The System Recovery Board held good challenge and debate at their recent meeting. The system financial diagnostic support had been launched and made a successful start. Aligned to this was a review of corporate benchmarking to identify further savings opportunities in year. The HR, Procurement and Finance workstreams were supporting the H1 with schemes such as agency rates, contract reviews and asset reviews. Other programmes included medicines management and CHC schemes.

RESOLVED: The ICS Board noted the contents of the report.

7. ICS Finance Report

Elaine Collier (EC) reported on the month 4 financial performance for the Lancashire and South Cumbria system, confirming the system was on track to deliver a break-even position for H1, after applying the benefit of Elective Recovery Funding (ERF) income. Efficiencies were being monitored, being a little behind year to date, however, organisations were expected to recover. There was concern that this may impact on H2 where the ask is even more ambitious.

RESOLVED: That the ICS Board note the ICS Finance report.

8. Financial Context for 2021/22 H2 Operational Plans

Elaine Collier (EC) explained that the system was under continuing scrutiny from the national and regional team for H1 delivery. The system was currently in a good position being on track to deliver, but focus would need to continue. Members noted the significant challenge expected for H2. The planning guidance and financial envelope for H2 was due to be published on 16 September 2021 and was expected to be more challenging, with potentially a 3% reduction in the financial envelope compared to H1, circa £50m. ERF income had been used to balance plans in H1 but this was not expected in H2. New national priorities and emerging pressures would need to be considered in planning for H2.

As a consequence of the issues and constraints described, there was a need to work on the basis of planning for contingencies in developing plans for H2. A pragmatic approach to this was supported by the Senior Leadership Executive Team at their meeting on 18 August and in order to deliver on system priorities it was agreed that a task and finish group be established to review and confirm the most impactful changes across sectors that are affordable within the constrained H2 envelope. The ICS Board was asked to endorse the creation of a task and finish group.

Ian Cherry expressed congratulations to all those involved on the expected achievement of financial balance in H1 and asked how the system was ensuring that clinical ownership was embedded into the workstreams and delivery programmes. Sam Proffitt responded that governance around the programmes of work was being considered and would lead into the next stage of the plans and across the system. Where relevant, every programme would have proper clinical engagement and clinical leadership within it. Discussions on the work around diagnostics was being fed into the Clinical Collaboration Group, chaired by Professor Thomas. Dr Curran confirmed that when each workstream is identified, clinical leadership is embedded and existing Clinical Leadership Groups are utilised to make improvements along with improving quality and outcomes using medicines management as an example. If clinical challenge considers that quality would be hampered, an alternative way forward is requested. Peter Gregory welcomed the establishment of the Clinical Collaboration Group and this collaborative approach.

In response to a question from Roy Fisher, EC confirmed that efficiencies were expected to roll into H2. As part of the efficiency planning, 3% influenceable spend for CCGs had been agreed in H1, rising to 5% by end of H2. The financial envelope for H2 may bring additional efficiencies. RF referred to an agreement that no contingency reserves would be held by CCGs and EC confirmed that this decision was taken around affordability within the H1 envelope and would be looked at again when information was received on the H2 envelope.

In response to a comment from Eileen Fairhurst about the prioritisation work including a perspective from individuals in the population, SP confirmed that data was being used to inform potential savings and the diagnostic work included clinical benchmarks relating to population data. Once this information was available communication with patients and the public, including the voluntary sector, was imperative.

David Flory summarised that the financial envelope for H2 was awaited, pressures and priorities in the system would have to fit into the resource allocated and recognising a large deficit there would be a significant challenge to balance. The ICS Board had a responsibility to ensure the best fit was made between financial pressures, workforce constraints, service pressures and priorities of service development to take forward.

RESOLVED: The ICS Board endorsed the approach as described in section 7 of the report to ensure that the overall shape of the plans for H2 was agreed to consider alongside national guidance.

9. 2021-22 Capital Update

Paul Havey (PH) presented the report on the 2020/21 provider capital position in the context of an envelope of £112m and identified the priorities that would need to be considered for funding, should any slippage on capital occur later in the financial year.

PH advised that the current position was an over commitment of £1.3m against the capital envelope, which needed to be managed in-year. All organisations had indicated they would spend any slippage by the end of the year but would be asked to confirm their year-end forecast and final level of slippage at a review meeting with DoFs on 27 September 201.

A number of further priorities and developments had been identified, including the year 1 capital costs of implementing the approved stroke business case and the potential for the four acute Trusts having to fund

the cost of developing the Pathology Collaboration FBC. At this stage the additional costs were unaffordable within the £112m envelope as the £1.3m over commitment excluded them. As and when slippage on the existing plan was confirmed the schemes would need to be prioritised and be ready to proceed in order that the resource could be spent in year. To facilitate this, a set of prioritisation criteria had been agreed and shared with the system. PH proposed that following the review of expenditure on 27 September, the SLE (or other ICS Board preference) meet to prioritise the use of any slippage identified in excess of what is required to balance the programme and consider a first call on capital for 2021/22.

The Chair urged expedition of this process of prioritisation and robust challenge on the level of slippage in the system for the second half of the year.

It was agreed that Andrew Bennett, Gary Raphael and Paul Havey meet outside of this meeting to decide who should be involved in the work on setting priorities.

ACTION: Andrew Bennett

RESOLVED: The ICS Board:

- **Noted the current position and the process going forward.**
- **Agreed that Andrew Bennett, Gary Raphael and Paul Havey meet to decide on who should be involved in the setting of priorities.**

Building the system for 2021/22 and beyond

10. System Reform Update

(a) System Reform Programme - General Update

Andrew Bennett provided an overview of actions taken in last two to three months and highlighted key points in the report. The Health and Care Bill (2021) was proceeding through the parliamentary process having received its first and second readings. A range of guidance had been published in the last few weeks, which was detailed within the report, with further guidance to follow. New terminology was being used and the statutory NHS body was referred to as 'Integrated Care Board' (ICB).

Attention was drawn to the NHS Operational Planning Guidance for 2021/22 and the intention to delegate some of NHS England and NHS Improvement's direct commissioning functions to ICBs as soon as operationally feasible from April 2022 ie, primary medical services, dental, general ophthalmic services and pharmaceutical services. The HR framework for developing Integrated Care Boards had been published outlining the national policy ambition and practical support for dealing with the change processes required to affect the transfer and the transition. Good progress was being made in the development of a provider collaborative and the ICS development Oversight Group approved a mandate for a task and finish group relating to the development of a clinical and professional leadership model.

RESOLVED: That the Board noted the update within the report.

(b) System Reform - Integrated Care Partnerships (Place Based Partnerships) Development Programme and Delivery Update

Geoff Jolliffe (GJ) presented the report and advised that overall good progress was being made with ICP development. The report provided an overview on progress to date in Quarter 1, the expected ICP development deliverables for Quarter 2, an overview of progress against the broader ICP development programmes and an update on delivery of integrated working within the five place-based partnerships. Good progress had been made on the actions at the end of quarter 1.

The ICP Development Advisory Group had developed a paper following publication of guidance in June and July 2021. The guidance sets out five place-based governance arrangements that could be established by the NHS ICS body in partnership with local authorities and other partners to jointly drive and oversee local integration. Programme Directors had developed and internally measured the options against an option appraisal which would be circulated to ICPs. ICPs would be asked to consider options, for collation in September, with a view to presentation of the final version to the ICS Board in October or November, being

mindful that the chosen option could not be signed off until the new Chief Executive Officer was in post. Other parts of the ICP development programme, ie, the financial framework and workforce, would be dependent on guidance still due.

Outlined in appendix 3 were a number of case studies across the five place-based partnerships which showcased what has been delivered across Lancashire and South Cumbria in 2021.

RESOLVED: The ICS Board:

- **Noted the progress made against the ICP Development programme for Quarter 1 2021- 22**
- **Noted the deliverables for Quarter 2 2021-22**
- **Noted the achievements in the place-based partnerships on delivery of integration at place level in 2021/22, presented as case studies.**

Mike Wedgeworth referred to the need to engage with people and communities, including staff, and was pleased to see an action on the creation of a local communication and engagement plan for delivery in quarter 1. Neil Greaves confirmed that plans were underway for consistent and co-ordinated communication and engagement across the NHS and other partners.

Cllr Graham Gooch (GG) spoke around the nationally mandated five range of options for ICPs documented within the ICS Design Framework commenting that the options looked very NHS focussed and not reflective of it being a partnership of equals with a broader spectrum of involvement from other public sector organisations and community and voluntary groups. He suggested building into existing partnerships and referred to the West Yorkshire model where delivery occurs at place and each partner at place was accountable to one and other. GC asked that his comments be taken into account in the further deliberations.

In response it was stated that no decisions on the model had yet been taken and comments were to be fed in via each individual ICP. The guidance is issued by the NHS and does not seek to exclude the wider partnership but seeks assurance that the architecture is in place to run a new system from 1 April 2022. The guidance reflects the different approaches being taken in different parts of the county. 'Place' is where most of the delivery will take place with delegated resource to enable the NHS to work with its partners with a place-based leader. It was noted that there was a need to move away from using the term 'ICP' to describe place to 'Place Based Partnerships'.

David Flory (DF) summarised, confirming that the ICS was fully committed to working as a system, following the direction and guidance set. At place level there was a need to ensure collective ownership and responsibility working with all partners to do the best for people in Lancashire and South Cumbria in an open and transparent way in addressing the issues already discussed in this meeting today.

11. The Role of the VCFSE sector in the Health and Care Partnership

Peter Armer (PA) presented the report and briefed the Board on work completed to date in shaping the Lancashire and South Cumbria VCFSE sector, the VCFSE strategy and 'next level' planning. He reported the experience of the VCSFE sector with statutory partners was working well and expressed his thanks to all who had provided advice and guidance, including the Development Advisory Group (DAG) and programme directors.

The Lancashire and South Cumbria VCFSE Alliance had been developing toward a position and structure that would allow VCFSE organisations to take part in, and make valuable contribution to, emerging health and social care structures. To take this forward, the VCFSE Alliance had developed a 'Four Pillars' model, with each pillar describing an area of responsibility to the sector and responsibility to the health and social care system: (1) Voice, (2) Influence, (3) Engagement and (4) Representation. In addition to responsibility, each pillar represented opportunities for the VCFSE sector to make an enormous contribution, particularly with its knowledge of communities and the issues that would affect communities, especially those groups

of citizens that are seldom heard or hard to reach. This would be an important contribution to addressing the wider determinants of health and health inequalities.

PA went on to describe the sector's 'next-level' planning process and how the sector would develop specific plans to meet the needs on the respective ICPs and how the plans would adapt to the characteristics of places. Capacity was highlighted as an issue and whilst some funding had been secured, the sector was operating largely on good will.

PA concluded by saying that he saw lots of opportunities in working with partners in ICPs and sought the endorsement of the ICS Board to the VCFSE planning process.

Isla Wilson acknowledged and welcomed the amount of work undertaken to reach this stage and referred to the significant piece of work to be done to join this up with the 'ask' from the system in advance of the statutory responsibilities coming into effect from April 2022 and the funding that would bring. PA responded that in his view the 'ask' would be developed in the ICPs as it would be different dependent upon the characteristics of the population. Geoff Joliffe agreed there was a funding issue which would be looked at in the future. Many of the projects ongoing across the system depended on the involvement of the VCFSE and funding for VCFSE was a worthwhile option.

The Chair thanked Peter for his presentation and confirmed that the ICS endorsed the process and next stage and would look at how the system developed the ask and how this would shape work going forward.

RESOLVED: The ICS endorsed the VCFSE planning process.

12. New Hospitals Programme Quarter 1 Report

Jerry Hawker provided an update on the New Hospitals Programme for the period April to June 2021. It included progress on the revised governance, progress against plan including the key products to support business case development along with the public, patient and workforce communications and engagement activities underway. The level of communications and engagement within the Case for Change was emphasised. The 'Big Chat' had been supported by radio interviews and engagement with MPs and Healthwatch. The framework model had been approved by the Strategic Oversight Group and was working closely with the Clinical Collaboration Board to take forward the work as part of the wider provider collaborative. The long list of options would be published in September for consideration and feedback.

RESOLVED: That the ICS Board:

- **Note the progress undertaken in Q1**
- **Note the development of the products to support business case development (section 5).**

13. Items to forward for the next ICS Board meeting

- H2 Submission Plans

14. Any Other Business

There was no other business.

Date and time of the next formal ICS Board meeting:
Wednesday, 3 November 2021, 10 am – 12.30 pm, MS Teams Videoconference