Approved 12 January 2021

Formal Meeting of the ICS Board

Minutes of Meeting	
Date	Wednesday, 3 November 2021
Venue	Microsoft Teams Videoconference
Chair	David Flory

Present		
David Flory	Independent Chair	Lancashire and South Cumbria ICS
Andrew Bennett	Interim ICS Lead	Lancashire and South Cumbria ICS
Jane Cass	Director of Strategic Transformation / Locality Director	NHS England and NHS Improvement NW
Gary Raphael	Executive Director of Finance	Lancashire and South Cumbria ICS
Talib Yaseen	Director of Transformation	Lancashire and South Cumbria ICS
Sam Proffitt	Director of Provider Sustainability	Lancashire and South Cumbria ICS
Roger Parr	Interim Director of Performance	Lancashire and South Cumbria ICS
Jane Scattergood	Interim Director of Nursing and Quality	Lancashire and South Cumbria ICS
Carl Ashworth	Director of Strategy and Policy	Lancashire and South Cumbria ICS
Lindsey Dickinson	Associate Medical Director	Lancashire and South Cumbria ICS
Jenny Hannon (representing Caroline Donovan)	Chief Finance Officer	Lancashire and South Cumbria NHS Foundation Trust
Kevin McGee	Chief Executive Officer	Lancashire Teaching Hospitals NHS Trust
Trish Armstrong-Child	Chief Executive Officer	Blackpool Teaching Hospitals NHS Foundation Trust
Aaron Cummins	Chief Executive Officer	University Hospitals of Morecambe Bay NHS Foundation Trust
Martin Hodgson	Interim 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
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
David Blacklock	Chief Executive Officer	Healthwatch Cumbria and Lancashire
Dr Stephen Hardwick	Chair	Local Medical Committee
Peter Armer	VCFSE Independent Chair	Voluntary, Community, Faith and Social Enterprise
In Attendance		
Peter Tinson	Director of Collaborative Commissioning	Lancashire and South Cumbria ICS

Jerry Hawker	Senior Responsible Officer, New Hospitals Programme	Lancashire and South Cumbria ICS
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Charly Redmond	General Management Trainee	Lancashire and South Cumbria ICS
Nathan Hearn	Partnership and Integration Manager	North West Ambulance Service
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minute Taker)	Lancashire and South Cumbria ICS
Public Attendees		
13 public attendees		

Routine Items of Business

1. Welcome, Introductions and apologies

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 relating to the agenda in advance of the meeting.

Apologies had been received from Andy Curran, Caroline Donovan and Clare Heneghan.

The Chair highlighted the current high demand for services, partly due to the response to Covid positive patients and also due to increases in respiratory illness and that the focus of this meeting was on system preparation and organisation to manage over the next few months.

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.

At agenda item 6 Michael Wedgeworth declared an interest as a Board member of a VCFSE sector body called the IMO Charity which works mostly in Pennine Lancashire on health and care in BAME communities.

Action: To be added to the Register of Interests.

3. Minutes of the previous formal ICS Board meeting held on 1 September 2021, matters arising and actions

The minutes of the previous meeting were approved as an accurate record, subject to the following amendment within the attendance list: Martin Hodgson - Chief Executive of East Lancashire Hospitals NHS Trust.

RESOLVED: The minutes of the meeting held on 1 September 2021 were approved as a correct record, subject to the above amendment.

Action Log – There were no open actions on the action log.

4. Key Messages

Andrew Bennett (AB) provided the following update:

Covid Vaccination Programme – 60% of schools in Lancashire and South Cumbria had been visited to provide the vaccination offer to young people aged between 12 and 15 years and this had recently been extended to other venues and Walk-in centres. A significant programme was underway to provide the booster to people living in older adult care homes and in residential care homes. Overall uptake rates for the booster vaccination were currently at 54%. Congratulations were extended to Jane Scattergood and the team providing the Covid-

19 Mass Vaccination Programme who had been shortlisted as finalists for the Nursing Times Award in the category of public health nursing.

Health Inequalities - Partners in the ICS had launched a Health Equity Commission for Lancashire and Cumbria, working closely with Sir Michael Marmot, international leader in issues of health equity. The Commission was progressing into an evidence gathering phase and the Board would be updated on the scope of the Commission at a future meeting.

Non-Executive Director roles were due to be advertised over the next few days. It was hoped to secure experienced Non-Executive Directors to the ICB to represent different parts of the community and the system.

Proposals for Improving Primary Care Access – In relation to item 6 on the agenda, it was confirmed that the ICS plan was submitted on 28 October 2021 and a summary was included within today's meeting papers. The submission required oversight from ICS Board members, however, given the timescales this had been done by ICS Board Chair's action, following a review of the plan by the ICS Chair, ICS Lead and members of the primary care team.

Executive Team – Members were asked to note a change in portfolios within the current executive team. Gary Raphael would be working on the arrangements for setting up the ICB, whilst continuing to work on planning and support for digital and estates issues. To enable this, Sam Proffitt would take over the financial portfolio, with effect from the beginning of November 2021. Thanks were conveyed to Gary for his contribution to financial planning, recovery and the approach to system finance over the last few years. Sam was thanked for her willingness to take on the financial portfolio over the next few months as part of the transition to the new organisation.

Managing 2021/2022

5. Preparations for Winter 2021/22

Andrew Bennett provided an update to the sector report presented at the last meeting, thanking colleagues who had contributed. Updates were provided for urgent and emergency care, elective care recovery, the care sector and mental health. Information regarding Primary Care and the approach to planning for the second half (H2) of this financial year was provided in the papers associated with subsequent agenda items. A number of common risks had been identified as the winter season approached, including mitigating action from both organisations and the whole system.

Aaron Cummins confirmed that The Bay part of the system was in a strong position in terms of its planning but recognised the risks associated with the winter period and the need for close monitoring of the position.

Kevin McGee confirmed that the separate parts of the system were working together to prepare for a difficult winter. Services were incredibly pressured with Covid patients, a high number of paediatric presentations and staff who were tired. There was a need to continue to support staff and keep systems safe whilst work continued around elective recovery.

Martin Hodgson added that at East Lancashire Hospitals the acuity of patients and the numbers presenting at the emergency department were rising and there had been an increase in patients with respiratory illness. However, ambulance handovers were on track and the level of discharges remained high.

A similar picture was reported at Blackpool Teaching Hospitals where pressures were being faced around the increase in patients with Covid, challenges around flow, workforce issues and patients needing to step down into an intermediate care facility. Positive work had been undertaken around mental health pathways and same day discharge.

Lancashire and South Cumbria Foundation Trust reported a surge in demand and recognised the need to support the management of wider system pressures. Recruitment of workforce was highlighted as a key risk.

Dr Geoff Jolliffe reported that from a Morecambe Bay perspective general practice was responding well. Each practice was coping with issues in a different way, some increasing the use of telephone triage and others with more face-to-face appointments. There were many external pressures outside of the system relating to general practice with the biggest concern being around patient expectation and understanding of the position and getting the right messages to the public.

Dr Peter Gregory reported similar experiences of demand being greater than the capacity available and recent media reports having had a significant impact on staff morale. It was acknowledged that there was a variation in provision and conflicting national advice regarding managing infection control. Concern was expressed regarding the wellbeing of staff in over-performing practices as more appointments were being delivered than in the pre-pandemic period.

Dr Lindsey Dickinson commented on the mental health and wellbeing of staff being of significant concern. In Central Lancashire there was an increase in staff turnover, particularly, with reception staff, and all staff were subject to an ongoing level of abuse. However, staff health and wellbeing were being supported.

Dr Stephen Hardwick commented on the Government's drive to increase face-to-face appointments in primary care and the suggestion that under-performing practices may not receive access to additional funding. In response, the BMA was balloting its members about potential industrial action including withdrawing from the Primary Care Network (PCN) process. Dr Hardwick added that local LMCs did not particularly support this action and there was genuine concern nationally that disengagement from PCNs could affect the ability to cope in future.

Further comments were made about the need for clear plans to manage patient demand and improved communications with the public about the pressures facing primary care.

Neil Jack reported that services in residential care and care at home were fragile prior to the pandemic and this had increased due to staff leaving the care industry and more complex health needs on discharge from hospital. Financial planning was enormously challenging and most local authorities were facing significant financial issues.

RESOLVED: ICS Board members received and reviewed the situation reports, noting the mitigations that were currently in place.

6. Supporting General Practice to Improve Access for Patients

Peter Tinson introduced the item by thanking general practice colleagues in managing the challenges faced. Data showed general practice had increased appointments by over 20%, with 884,000 appointments in September 2021, compared to 734,000 in September 2019.

The paper highlighted wider debate taking place on what a sustainable operating model could look like for general practice and other community health and social care services, including opportunities for integration. A new Winter Access Fund scheme had recently been announced with £7.6m being Lancashire and South Cumbria's share, to help patients with urgent care needs to be seen on the same day. The ICS had submitted plans for funding communication schemes, supporting patients to access the right services, care navigation and sign posting, improving same day access provision, investing in voluntary sector and social prescribing and workforce.

The chair invited questions and comments.

Mike Wedgeworth declared an interest as a member of a charitable organisation 'Inspire, Motivate and Overcome' and commented on the increase of diabetes and how preventative work had been reduced during the peak of the Covid crisis.

Peter Gregory spoke of the primary care responsibility for primary prevention and how obesity and diabetes were largely preventable through lifestyle and early identification, however, unplanned demand forced capacity and workforce away from this type of preventative work. Directing primary care resources to have the most positive impact was both a system and national problem.

The hard work of staff under difficult circumstances was recognised as were the improvements in integration and strong system working across L&SC. In response to a question as to whether the additional funding would resolve issues over primary care capacity and access, the issue of consumerist expectations on wants rather than needs and workforce constraints were highlighted as confounding factors. It was felt that most patients were happy with the service received but frustrated with telephony issues. It was noted that a national procurement solution was being developed along with improved signposting to the right places and services and additional resource into communications.

With regard to managing patient expectations, David Blacklock suggested that the work around building stronger engagement across L&SC should be expedited, to help patients understand the changes taking place and pressures people were under but also to engage with staff to actively demonstrate the importance of compassion in the interface with patients. David offered the support of Healthwatch in this regard.

Reference was made to the low GP to patient population ratios across areas of Lancashire and the ICS was challenged as to whether a nuanced approach to allocation of the winter fund was being taken or if it was based on population per head. Peter Tinson confirmed that a nuanced approach was being taken and a range of data and local intelligence from across the system and at place had been taken into consideration.

Discussion continued regarding the pressures and problems faced in primary care. Workforce issues in general practice were highlighted and it was suggested that there was a need for a different model of care. Evidence showed that public campaigns could be beneficial and improved use of technology and digital processes was required. It was suggested that there was a need to identify and focus on those things that had the greatest impact in specific areas of L&SC. Demand management and avoidance schemes needed to be more effective, being mindful that avoidance schemes could shift the pressure to other parts of primary care.

Andrew Bennett summarised the discussion and referred to the comments about things that are being done either individually as organisations or collectively that are making a difference. The system needed to recognise and focus on these, both in the short and longer term, and understand who can take the lead and how the impact can be judged. Andrew welcomed the comments which provided a steer as to how to structure the discussion over some of these sector challenges over the next few months.

The Chair expressed his confidence from the discussion held that the system was maturing and coming together to understand and support in different parts. Learning would need to be captured, analysed and reflected upon as the system continued to be built effectively for the future.

RESOLVED: The ICS Board received the report for information

7. Emerging Shape for Lancashire and South Cumbria H2 Planning Submission

Gary Raphael (GR) introduced the report which provided an early view of the way in which the H2 plans were shaping up, so that the system could ensure that the key issues were addressed and resolved ahead of the submission on 16 November.

GR explained that since the report was written, a meeting of senior system leaders had been held where the perspective was shared and positive actions agreed. Constructive discussions had also been held with Local Authority colleagues regarding alternatives to admission and patient flow that could be supported by funding from the system rather than individual organisations.

Kevin McGee provided an update on elective recovery. Trusts were working well together, providing mutual support and detailed work was being undertaken focussing on long waits, cancer activity and urgent work. Emergency pressures would need to be balanced against elective recovery and elimination of long waits. Additional capacity was expected in the next few weeks. All trusts had attempted to separate elective and emergency flows where possible within the estate and to ringfence elective capacity, so it was not compromised by emergency pressures. Work was also ongoing to secure additional national funding to support the elective recovery programme. Overall numbers compared well regionally and nationally. Pressures on staff continued and this would be managed on day-to-day basis.

Reference was made to the plans to step up Gold Command to cover 7-day working and Cllr Gooch expressed concern as to whether the Local Authority senior managers could cover Gold Command as their time would need be prioritised to deliver services and the expectations from Gold Command. Graham Burgess commented that it was essential Local Authority representatives were included at Gold Command, suggesting senior officers across the 3 upper tier Local Authorities could cover on a rota basis to ensure representation. Further discussion would take place outside of this meeting regarding the arrangements.

GR confirmed that the final draft would be completed by the end of this week, followed by a peer review check and challenge session early next week with submission to region by 16 November 2021.

RESOLVED: Members noted the update on H2 plans.

Items 8 and 9 – System Financial Recovery Update and ICS Finance Report

Gary Raphael (GR) provided feedback from the System Financial Recovery Board (SFRB) meeting held on 25 October. The planned financial target for H1 was met putting the system in a good place for the second half of the year however H2 would be more difficult to achieve operationally, clinically and financially. Many of the savings that enabled H1 to be met were non-recurring in nature this year, therefore, would not be available in 2022/23. Only 25% of savings this year could be recurring next year. Organisations were working on the underlying deficit and drivers and had broadly concluded that most of the savings made as a system were achievable. The SFRB accepted recommendations and provided a mandate and platform for recurring savings to be built up from now for 2022/23. The SFRB also approved a recommendation regarding the need to strengthen system-wide governance to ensure that progress is maintained on financial recovery.

The Financial Report provided further detail on month 6 (H1) financial performance for the L&SC system, covering the revenue and capital positions of all L&SC NHS partners and the position on ICS central functions. The report also considered the H2 planning process and H2 financial envelope information. Run rates were overall on a slight downward trajectory. GR was confident that the capital limit could be met as a system and any mitigating action required on substitute schemes would be taken to ensure that the envelope was spent.

Sam Proffitt (SP) highlighted the need to demonstrate continued progress into H2 and expressed confidence that there were actions which could be taken to help achieve this, albeit many were non-recurrent. Discussion at SFRB focussed on starting the transformational work required to impact on 2022/23 and beyond which would include the outputs of the diagnostic work, work around governance and the out of hospital work. Urgent and emergency care would need to be balanced against recovery and restoration, alongside staffing issues and financial resources. Work would also be undertaken recurrently to drive efficiencies.

Ian Cherry reinforced the comments and emphasised the need to continue to work on clinical pathways and staffing and corporate efficiencies.

The Chair thanked organisations for their efforts in achieving financial balance in H1 and highlighted the need to find more recurring savings in the operational context of service pressures and demands. As a system this would be tough but was vitally important to be in a strong position for the start of 2022/23.

GR emphasised that savings identified were not about closing or cutting services but making existing services more cost-effective.

Aaron Cummings added that there was demonstratable evidence that working as a system should give more confidence and assurance on delivery of the plans. There was collective responsibility at the provider collaboratives and at place around objectives, ensuring accountability and on system transformation.

On behalf of the Board, the Chair expressed appreciation to Gary Raphael in his capacity as Director of Finance for his leadership in this area which had been central and vital to the system being in this strong position and looked forward to continuing to work with him in his new role.

Building the system for 2021/22 and beyond

10. System Reform Update

(a) System Reform Programme - General Update

Andrew Bennett (AB) presented the report and provided an overview of the following key areas of work: National guidance; the Readiness to Operate Statement and System Development Plan; ICB Governance; Provider Collaboration; and communications and engagement. AB acknowledged the contribution of colleagues to the paper. The process of legislative change continued in Parliament. The current Health and Care Bill was at committee stage and therefore plans were being made on the understanding they remained subject to the legislative process.

National guidance continued to be received and included the Finance Framework, which provided detail of how NHS funds would flow in the system going forward. Finance Directors had undertaken preparatory work ahead of the published guidance, and work on the issues and implications of the guidance would now continue. Partners were being engaged regarding membership of the ICB Board and this would be followed by engagement on the broader constitution within the next few weeks.

AB advised that the expectation was to move to a shadow ICB in Quarter 4. Changes would be shared with colleagues in good time and published to ensure members of the public were kept informed.

The report included a summary of the work of the Provider Collaborative Board and a high-level update and summary of emerging programmes within the Mental Health, Learning Disabilities and Autism (MHLDA) Provider Collaboration arrangements. Work was taking place to develop an all-age strategy for each of these areas by 31 March 2022.

Cllr Gooch reported that the Local Authority were very keen to have a leadership role in the MHLDA collaboration. AB confirmed that Local Authority colleagues were on the transition board overseeing this work and taking SRO roles with many of the workstreams.

David Blacklock was encouraged by the development of MHLDA strategies, however, expressed caution for this work not to be rushed to ensure full and meaningful engagement with the people who use those services.

Isla Wilson referred to future system design and suggested that in order to get ahead of these challenges in future years at a future System Oversight Board consideration be given to revisiting the approach to out of hospital collaboration at system and at place and ensure the right people were involved including care homes, hospices and VCFSE providers.

The Chair concluded that all parts of the programme appeared to be on track and advised that over the next few weeks recruitment to the new designate roles within ICBs would begin. Interviews for the Chief Executive role had taken place and the appointment would soon be confirmed and the process for recruitment of the Executive Directors would begin shortly. These appointments would allow the ICB to operate in shadow from early in the new year. The Chair highlighted the importance of the system meeting both formally and informally, to address some of the common challenges faced and committed to continue to work with partner organisation as the new system was built.

RESOLVED: The ICS Board:

- **Discussed the report which updated on the current system development programme**
- **Endorsed the naming protocols for submission to NHS England/Improvement**
- **Endorsed the recommendations for the use of Lancashire and South Cumbria Health and Care Partnership identity.**

(b) Place-Based Partnerships: Proposed Governance and Leadership Arrangements for 2022/23
Geoff Joliffe presented the paper which set out the proposals for place-based partnership governance and leadership arrangements for 2022/23. Five options had been provided within the national guidance and the proposal for L&SC was a place-based leader supported by a place-based chair, working through a place-based partnership committee. It was expected that this core proposal would mature and evolve in the coming years. A frequently asked questions section had been included in the appendix of the paper, addressing issues previously raised.

Members welcomed and expressed their support for the proposals.

Roy Fisher emphasised the importance of socialising these proposals with all colleagues in place-based partnerships.

Graham Burgess emphasised the need for the place-based leader and chair to have experience of managing complex organisations and budgets.

Cllr Graham Gooch commented on there being a strong leadership role for local government.

It was also highlighted that some partners would span more than one place, e.g. Lancashire and South Cumbria Foundation Trust and North West Ambulance Service.

Kevin McGee added that from a provider collaboration perspective, the next steps would be to work through the detail and clarify roles and responsibilities.

The Chair concluded that the Board fully supported and endorsed the proposals and commended the excellent work that had taken place to reach this point. There was now a need to map out where decisions would be taken, how the resource allocation framework would underpin it and what the associated governance arrangements would be. This would need to be worked through collectively in a transparent way and begin the move into implementation and the appointments process.

RESOLVED: The ICS Board approved the proposals set out in section 5 (and relevant Appendices) for future ways of working from 1st April 2022, as recommended by the Place-Based Partnership Development Advisory Group and the ICS development Oversight Group.

11. New Hospitals Programme Update

Jerry Hawker (JH) confirmed the long list of options for the New Hospitals Programme had been published in combination with the expanded public engagement programme. The 'Big Chat' had been used to engage with staff and Trust members, and in the last couple of months been extended to the public. Public roadshows had been held recently across Lancashire and South Cumbria. The support of Healthwatch was recognised in co-presenting roadshows. Fantastic feedback had been received from members of the public both through the website and roadshows which was important evidence and would be used to help reduce the long list of options to a short list. There were consistent themes arising from the engagement around the importance of access and transport, particularly in areas of high inequalities.

JH explained that an evidence base was being built, understanding the cost of options and the impact as to the benefit of the population and system looking forward. Whilst the focus was on hospital facilities for Lancashire Teaching Hospitals and University Hospitals of Morecambe Bay, it was recognised that the success of the NHP was dependent on its inter-relationship with whole system delivery and to ensure that the programme was placed within the Provider Collaborative Board and the overall clinical strategy for L&SC. It was recognised that over a

long-term period, success of the New Hospital Programme was within overall financial plan and infrastructure plan and the success of our overall system delivery. The success of integrated community services, at place and NHP was a key inter-dependency if demand was successfully managed and care provided as close to home rather than in hospital.

David Blacklock had been contacted by groups and individuals with a range of concerns as to what this may mean for other local services. People had asked for a further meeting with system leaders to discuss concerns and Healthwatch would be happy to facilitate this. Engagement to date had been focussed on the location of the buildings but there was a growing concern as to the clinical strategy and what services may be provided at which site and Healthwatch were happy to continue to facilitate further conversations.

Andrew Bennett highlighted the need to consider complimentary actions around the wider strategy for services in primary and community care environments and to make connections to the New Hospitals Programme. More work would take place on this over the coming months.

Geoff Jolliffe complimented the team on the work to date and the process undertaken. He asked that time be allocated to focus on and recognise the primary care estate, workforce and strategy and to run this in parallel to the clinical strategy and New Hospital Programme.

Jackie Moran (JM) provided assurance around work taking place with Southport and Ormskirk as much of the population of West Lancashire used their services. The CCG continued to work with the New Hospitals Programme, linking with the clinical strategy and ensuring there were no gaps or duplications. Commissioners for the NHP had been looking for that out of hospital strategy and as commissioner were looking to start that work. Meetings had also taken place with some of the concerned residents in terms of estates and service solutions and this would continue.

Jane Cass reiterated the need to continue to engage and continue the dialogue with groups and citizens, as part of the engagement process and this would continue when the consultation phase was reached, if necessary.

RESOLVED: The ICS Board:

- **Noted the progress undertaken in Quarter 2**
- **Noted the progress in developing key products to support the business case (section 4).**

Items for Information Only

12. Lancashire and South Cumbria System Development Programme – Highlight Report

RESOLVED: Members received the highlight report for information.

Routine Items

13. Items to forward for the next ICS Board meeting

There were no items notified.

14. Any Other Business

There was no other business.

The Chair expressed his thanks to all for their attendance and contributions, particular in the context of the current work pressures.

Date and time of the next formal ICS Board meeting:
Wednesday, 12 January 2022, 10 am – 12.30 pm, MS Teams Videoconference