

Approved 2 March 2022

Formal Meeting of the ICS Board

Minutes of Meeting		
Date	Wednesday, 12 January 2022	
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	Lancashire and South Cumbria ICS
Talib Yaseen	Director of Transformation	Lancashire and South Cumbria ICS
Sam Proffitt	Director of Provider Sustainability/ ICS Director of Finance	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
Andy Curran	Medical Director	Lancashire and South Cumbria ICS
Carl Ashworth	Director of Strategy and Policy	Lancashire and South Cumbria ICS
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 (representing Claire Heneghan)	Director of Strategy and Operations	NHS West Lancashire CCG
Geoff Jolliffe	Chair	NHS Morecambe Bay CCG
Denis Gizzi	Chief Officer	NHS Central Lancashire CCGs
Cllr Graham Gooch	Cabinet Member for Adult Services/County Councillor	Lancashire County Council
Karen Smith (representing Neil Jack)	Director of Adult Services	Blackpool Council
Derek Houston (representing John Readman)	Senior Manager – Health and Care Integration	Cumbria 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	Provider Collaborative Board Representative	East Lancashire Hospitals NHS Trust
David Blacklock	Chief Executive Officer	Healthwatch Cumbria and Lancashire
Dr Stephen Hardwick	Primary Care Provider Professional Representative	Local Medical Committee
Caroline Donovan	Chief Executive Officer	Lancashire and South Cumbria Foundation Trust

In Attendance		
Neil Greaves	Head of Communications and Engagement	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
Becky Higgs	Business Manager	Lancashire and South Cumbria ICS
Maria Louca	Executive Assistant to David Flory and Andrew Bennett	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minute Taker)	Lancashire and South Cumbria ICS
Public Attendees		
3 public attendees		

Routine Items of Business
1. Welcome, Introductions and apologies <p>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. Members were made aware that this meeting was being recorded.</p> <p>Apologies had been received from Peter Armer, Denise Park and Jackie Hanson.</p> <p>The Chair commented on the continuing significant pressures facing the health and care system and thanked all staff and leaders for the work undertaken.</p> <p>The Chair continued that the Government had recently announced a new target date of 1 July 2022 for establishment of the ICB and dissolution of CCGs. Whilst the reasons for this were recognised, it was acknowledged that this would prove an extra demand on current CCG Governing Bodies and on staff. Discussions were being held with CCG Chairs about how business would continue within statutory bodies in the first quarter of 2022/23, with further discussion to be held at the Strategic Commissioning Committee meeting later this week. It was expected that the ICB would operate in shadow form, prior to the change in statutory responsibilities, enabling a more streamlined beginning for the ICB as a statutory body on 1 July 2022.</p>
2. Declarations of Interest / Conflicts of Interest relating to items on the agenda <p>RESOLVED: No new declarations of interest or conflicts of interest relating to items on the agenda were declared.</p>
3. Minutes of the previous formal ICS Board meeting held on 3 November 2021, matters arising and actions <p>Subject to an amendment to remove 'Cllr' from 'Cllr Graham Burgess' in item 7, the minutes of the previous meeting were approved as an accurate record, seconded by Roy Fisher,</p> <p>RESOLVED: The minutes of the meeting held on 3 November 2021 were approved as a correct record subject to this amendment.</p> <p><i>Action Log</i> – There were no open actions on the action log.</p>
4. Key Messages <p>Andrew Bennett (AB) explained that today's meeting would be framed within the context of services under pressure, winter demand and the level 4 national incident due to the pandemic. Numbers of people in hospital had increased and a substantial team effort was underway across all partners represented at this meeting. In</p>

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response, a range of activities were taking place to create additional capacity including 'Lancashire and South Cumbria Together', an initiative whereby partners look at flow and discharge, ensuring a range of services are available for access when needed.

It was highlighted that clear communication for members of the public and communities must be maintained to remind people that the NHS and Local Authority services remained open.

RESOLVED: Members noted the verbal report.

Managing 2021/2022

5. Winter Situation Report

Carl Ashworth provided an update on the current operational position across the system and offered assurance to the Board on the actions taken across L&SC in response to NHS directives.

The report provided a 'snapshot' of the system as at 4 January 2021 and many of the issues highlighted in the report had now been resolved. As the nation was now at incident level 4, the paper also focussed on providing assurance to the Board on how pressures in the system were being managed and how actions taking place compared to the national guidance received in December 2021. The system was working well together to oversee, manage and deliver a response to Covid and other winter pressures, and was being developed dynamically with initiatives such as the 'Lancashire and South Cumbria Together' work.

Provider organisations provided the following updates:

Lancashire and South Cumbria NHS Foundation Trust had seen the Covid position spike before Christmas, earlier than acute sector colleagues, resulting in high levels of staff sickness absence, people waiting for beds and challenges regarding right to reside. The service remained fragile with a slight improvement being seen in some areas with a lot of partnership working and transformation focus.

University Hospitals of Morecambe Bay had experienced increased pressure since Christmas, largely driven by staff absence up to around 14-15% in the previous week. Teams were praised for their response in terms of providing cover and working differently. The work undertaken to reduce 'not meeting the criteria to reside' to improve flow had started to have an impact and The Bay had agreed to use facilities in a different way, with some sites taking patients from others to improve flow. Meetings were taking place to ensure surge plans were delivering, whilst also protecting urgent elective requirements.

Kevin McGee provided an update from a system perspective across Lancashire and South Cumbria. Approximately 550 acute beds were currently occupied by Covid-positive patients and ITU capacity was under pressure. Partners across the system including community, primary care and social care were working well on the safe discharge of patients. Additional capacity was required outside of hospitals with Covid virtual wards and additional internal capacity had been identified across acute providers, which could be utilised if numbers translated into more hospitalisation. The Nightingale Hub in Preston would provide up to 100 extra beds. The Joint Cell was monitoring the situation and Gold Command was working to provide mutual aid amongst partners, ensuring the system was kept safe and staff supported. Urgent work was being maintained and the Burnley site had been ringfenced to maintain routine work. It was noted that all partners were pressured by staff absence and systems were working incredibly well together.

Martin Hodgson, East Lancashire Hospitals NHS Trust, reported that Dr Amanda Doyle, NW Regional Director, had written to acute trusts setting out six priority areas. The number of Covid positive patients admitted had increased significantly over the last week and A&E continued to be busy. Work was taking place on admission avoidance between acute medicine and the emergency department, and communication with staff was emphasised to help to retain morale. Staff sickness levels had reached 10-13%.

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Blackpool Teaching Hospitals NHS Foundation Trust had continued with the emergency response, with key focus being to ensure staff testing was turned around quickly to free up workforce. Focus continued on the virtual ward, keeping people well and safe outside of hospital. The importance of maintaining staff morale was recognised and Trish Armstrong-Child highlighted the exemplary partnership working that had taken place across all organisations in the system.

Geoff Joliffe (GJ) reported continued high demand in primary care and prioritisation of patients as appropriate. There were workforce issues in both clinical and non-clinical staffing due to sickness absence. The CCG had increased support in primary care for bronze, silver and gold schemes.

Peter Gregory reported that winter access funded schemes and implementation of the contingency plan had contributed to West Lancashire practices remaining stable whilst under significant pressure. Issues relating to testing were improving. The Regional Director, Dr Amanda Doyle, had written to the Primary Care Network Clinical Directors about how primary care could support discharge and reduce admissions which had generated a positive reaction with some simple pragmatic ideas being worked on by primary care staff.

In the Vaccination Programme over 900,000 booster vaccines had been administered and people continued to present for first doses. Immunisation of 5 to 11 year olds had begun, 12 to 15 year olds were due the second dose and 16-17 year olds were now able to receive the booster. There was a focus on engagement and outreach with the easy to ignore communities and to those not formally identified as housebound. Modest numbers were accessing vaccine via drive-through sites. It was noted that the programme was currently compromised by staff absence, however, capacity continued to exceed demand.

Andy Curran added that the Covid Medicine Delivery Units (CMDU's) were being stepped up, to prevent people from becoming ill and taking pressure off acute services.

Karen Smith (KS) commented on the strong system working between the Local Authorities across Lancashire and South Cumbria and at local system level. Pressure remained on packages of care and with care at home providers. However, some capacity was now being found in Blackpool and the Fylde Coast, aided by the holiday season having ended. Care home beds that had been closed over the Christmas period were now opening. There were high levels of Covid outbreaks in Blackpool and on the Fylde Coast and mutual aid had been provided for test results and capacity. Additional work had been undertaken around prevention of admission.

Cllr Gooch reported that Lancashire County Council were keen to get people out of hospital, into care homes and their own homes, however, there were delays in patients receiving assessments. There was some capacity in residential care, however staffing was an issue. Efforts were being made with staff recruitment.

Jane Cass highlighted expected pressure over the coming weeks around the mandatory requirement for vaccination of NHS staff. The Joint Cell had discussed the likely impact and an active programme was being undertaken to support staff, allowing informed choice. Training packs were available for line managers to support staff. In order for NHS staff to be able to continue to work in patient facing areas, they would need to receive their first vaccine by 3 February 2022.

Derek Houston also highlighted Covid outbreaks in care homes in Cumbria County Council, causing issues for safe discharge from hospital. Work was underway in supporting staff regarding vaccinations as 10-15% of staff were currently not double vaccinated.

The Chair acknowledged the outstanding efforts people were undertaking across the system, recognising from discussion that the system was working together as effectively as possible.

RESOLVED: ICS Board members noted the current operational position across the system and the actions taken across Lancashire and South Cumbria in response to the guidance received.

6. ICS Finance Report

Sam Proffitt presented the report and provided an update on the latest reported financial position (month 8), an assessment of the risks and details on the actions required to ensure financial recovery.

A balanced plan for H2 had been submitted to Region and at this stage the ICS was forecasting delivery of the planned position. There was a high level of risk within this position and as such Directors of Finance and Chief Financial Officers had been assigned to lead the work to mitigate the individual risks and support continued delivery of the plan.

The year-to-date position was currently showing a deficit of £5m which was £1.3m better than the year-to-date profiled plan. The key headlines of the position were explained.

SP continued that work was ongoing to turn non-recurrent schemes into recurrent plans with system wide schemes being put in place for the future. Expenditure was being closely monitored and a monthly meeting focussed on mitigation of the plan. Individual meetings were also being held with Directors of Finance to understand the recurrent/non-recurrent position, run rates and the end of year position. The report for the next meeting would include a report on criteria, priorities and focus on saving to enable a more strategic approach to finances.

RESOLVED: Members noted the ICS Finance Report.

Building the system for 2021/22 and beyond

7. National Planning Guidance for 2022/23 and ICS Planning Process

Sam Proffitt (SP) and Carl Ashworth (CA) provided an update to members on the 2022/23 planning guidance, revenue and capital allocations for L&SC and the approach to be taken to the development of the LSC ICS system operational plan.

The '2022/23 priorities and operational planning' guidance was published on 24 December 2021 and continued to support a system-based approach to operational planning for the whole of 2022/23 with a focus on restoration, recovery and transformation at a time of continued management of Covid related demand. A L&SC ICS approach to the development of a system operational plan for 2022/23 was agreed at the December meeting of the System Leaders' Executive. Timescales for the final plan submission had been extended to the end of April 2022, with draft plans due mid-March 2022.

Systems were being asked to focus on 10 priority areas. NHS Trusts would be individually mapped to a single system and the system must achieve breakeven. The system plan submission would be the source of information for the integrated care board 2022/23 budget and revenue allocations were due to be issued for 2023/24 and 2024/25. Trusts would continue to be required to submit operational plans which must be in line with their system plan.

This 3-year revenue allocation would enable more opportunity to look at longer term savings. The allocation for the system was reported as £3.2bn, plus £300m for primary care and £32m running costs for the ICB. Other primary care services and specialised commissioning were outside of this and at this stage, held with NHS England/Improvement, however, it was planned for specialised commissioning to be handed down to the ICB in the future. Systems would continue to receive a Covid costs allocation but this would be reviewed going forward in terms of scaling down. The system would also receive £52m service development funding to support delivery of the NHS Long Term Plan commitments.

It was confirmed that a process had been put in place to develop the L&SC ICS system operational plan for 2022/23 in line with the required timescales. Further technical guidance and templates were due in early January and an update would be brought back to the February meeting of the Board.

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RESOLVED: The ICS Board:-

- Noted the requirements set out in the operational planning guidance for 2022/23 and the need to submit draft plans by mid-March and final plans by the end of April.
- Endorsed the planning process agreed with SLE.

8. System Reform Programme Update

Andrew Bennett provided the Board with an update on the work of the L&SC ICS Development Oversight Group and highlighted the change in the national timeline for the new statutory arrangements to 1 July 2022, to allow additional time for the legislation to progress. Collective arrangements already in place would continue in the interim, including the Strategic Commissioning Committee and Provider Collaborative Board, however, in light of the refreshed timeline and additional guidance expected, plans would be kept under review. Staff would be kept informed of timelines.

Graham Burgess (GB) suggested that more thought be given to centralising functions as CCGs were becoming very fragile and he would be raising this at the forthcoming meeting of the Strategic Commissioning Committee in terms of some form of enhanced responsibility for the Committee.

RESOLVED: The ICS Board noted the report, updating on the current system development programme.

Items for Information Only

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

RESOLVED: Members received the highlight report for information.

Routine Items

10. Items to forward for the next ICS Board meeting

There were no items notified.

11. Any Other Business

There was no other business.

**Date and time of the next formal ICS Board meeting:
Wednesday, 2 March 2022, 10 am – 12.30 pm, MS Teams Videoconference**