

Ratified 25 May 2022

Formal Meeting of the ICS Board

Minutes of Meeting		
Date	Wednesday, 2 March 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
Sarah Sheppard	Interim Executive Director of HR & OD	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 C Heneghan)	Director of Strategy and Operations	NHS West Lancashire CCG
Geoff Jolliffe	Chair	NHS Morecambe Bay CCG
Cllr Graham Gooch	Cabinet Member for Adult Services/County Councillor	Lancashire County Council
Neil Jack	Chief Executive	Blackpool Council
Denise Park	Chief Executive	Blackburn with Darwen 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
Ebrahim Adia (representing E Fairhurst)	Representing Provider Collaborative Board	Lancashire Teaching Hospitals NHS Trust
Alex Heritage (representing C Donovan)	Chief Strategy Officer	Lancashire and South Cumbria Foundation Trust
In Attendance		
Neil Greaves	Head of Communications and Engagement	Lancashire and South Cumbria ICS
Steve Christian	Chief Integration Officer	Lancashire and South Cumbria Foundation Trust
Pam Bowling	Corporate Office Team Leader	Lancashire and South Cumbria ICS
Jerry Hawker	New Hospitals Programme SRO	Lancashire and South Cumbria ICS
Alistair Rose	ICS Estates Lead	Lancashire and South Cumbria ICS

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Maria Louca	Executive Assistant	Lancashire and South Cumbria ICS
Sandra Lishman	Corporate Office Co-Ordinator (Minutes)	Lancashire and South Cumbria ICS
Observers		
Raymond Fitzpatrick	Professor of Public Health and Primary Care	University of Oxford
Helen Crocker	Key Senior Research Officer	University of Oxford
Angela Bosnjak-Szekeres	Trust Senior Management	East Lancashire Hospitals NHS Trust
Public Attendees		
6 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. Members were made aware that the meeting was being recorded.

Apologies had been received from Tracy Hopkins, Angela Allen, Denis Gizzi, Eileen Fairhurst, Jackie Hanson and David Blacklock.

The Chair reported that Peter Armer had stood down as the VCFSE representative on the ICS Board membership and acknowledged Peter's service on the Board. Tracy Hopkins and Angela Allen were introduced as the VCFSE representatives at future meetings, albeit unable to join today's meeting.

The Chair highlighted changes made during the passage of the Health and Care Bill through the House of Lords. It was previously determined that any elected member (member of London Assembly or any Local Authority) could not be a formal member of the Integrated Care Board (ICB). That criteria had now been lifted and the Chair welcomed this as it signalled an important part of the discussion with local government partners. The Chair also spoke of the importance of partnership working between NHS and Local Government members and officers at the Integrated Care Partnership (ICP) when key strategic issues around population health, health improvement and priorities for the system would be considered. Work was continuing on how the membership of the ICB and ICP would connect with their different roles and composition recognising that the way they work together will be crucial to the effectiveness and success of the system across L&SC.

The Chair advised that in the meantime the Board continued to operate in its current form until shadow operating arrangements were in place. Kevin Lavery was due to start in post later this month as designate Chief Officer. Designate Non-Executive Directors had been announced and the process of appointment to key statutory Executive Director posts was underway.

The ICB constitution and arrangements regarding partner members had previously been discussed by the ICS Board. A nomination process would take place for the appointment of partner members and further details would be set out either in the H&SC Bill or in the underpinning regulations.

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

The Chair reported that Isla Wilson had made a declaration of interest in the last private meeting, now being Chair of Cheshire and Wirral Partnership Trust. There was no direct conflict to Isla being in another ICS area. Congratulations were conveyed to Isla on this appointment.

RESOLVED: No further 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 12 January 2022, matters arising and actions

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The Chair proposed that the minutes of the meeting held on 12 January 2022 be accepted as a correct record, seconded by Roy Fisher.

RESOLVED: The minutes of the meeting held on 12 January 2022 were approved as a correct record.

4. Key Messages

Andrew Bennett (AB) advised that the CQC would be conducting an inspection of Lancashire and South Cumbria Urgent and Emergency Care Services. The inspection was due to start imminently through to mid-April and would be a themed system review using a set of key lines of enquiry (KLOE). Following the inspection, the CQC would publish a system report as well as individual organisation reports.

In February, the Government published a White Paper entitled '*Health and Social Care Integration: joining up care for people, places and populations*'. This builds on existing legislation and reform including the Health and Care Bill seeking responses in a consultation process around issues on how to integrate and improve the services people receive, including financial arrangements, outcomes, accountability, workforce development, digital and data. It was proposed that an ICS response would be made to the White Paper consultation. A summary of the White Paper proposals was included within the meeting papers at agenda item 9.

RESOLVED: Members noted the verbal report.

5. ICS Finance Report

Sam Proffitt (SP) reported that at month 10, the ICS was reporting a year-to-date deficit of £0.4m which was £5.2m better than the year-to-date profiled plan and a £0.9m improvement on month 9. The system continued to forecast delivery of the planned outturn position. The achievement of all organisations in getting to this point was acknowledged.

The month 10 efficiency plan showed that only 30% of the savings year-to-date were recurrent and 70% were non-recurrent. A key focus of the monthly assurance meetings with Trusts was a requirement that plans were in place by the end of the year to replace the non-recurrent action with recurrent savings. Work was taking place across the system to put plans in place to drive out costs with a focus on hotspots including agency costs and rates, and to maintain long term financial sustainability for the system.

In response to a question as to how the acute sector deficit of £170m was being tackled SP explained that in 2019/20 the system delivered a reported system deficit of £170m. During the pandemic, this was supported with funding in the system and was currently being addressed by non-recurrent actions. A longer-term view of how to transfer non-recurrent actions to recurrent actions would be undertaken by working as a system with a clinical and corporate vision to achieve long term sustainability, improve quality and drive better outcomes.

Provider representatives commented that achievement of the break-even position forecast was a tremendous effort by all staff who had contributed, providing confidence that the system was working well together whilst accepting there was much more work to be undertaken to deliver savings on a recurrent basis in the future.

The Chair endorsed the comments made about the significance of achieving a break-even position at year-end and emphasised the need to put plans together to ensure this continued and improved in the next financial year.

RESOLVED: That the Committee note the report.

6. System Operational Planning 2022/23 – System Planning and Financial Framework

Sam Proffitt (SP) took members through a presentation explaining the development of system operational plans for 2022/23, providing the Board with information on the approach to the planning process, the planning framework, the financial framework/principles and proposed role of SLE at a system check and challenge session

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on 16 March 2022 ahead of the submission of the draft plans on 17 March 2022 and final plans on 28 April 2022. A key financial principle was delivery of a balanced plan.

In response to a question about the system's workforce plan, SP confirmed that there was a need for clear plans around workforce as this was a key part of the transformation required. Work was being undertaken on triangulating workforce with activity and finance to ensure they were all in line and balanced. Work on driving down agency costs was also continuing. Jane Scattergood added that there was also a real quality benefit in driving down dependency on agency staffing.

A comment was made about the absence of reference to primary care within the Financial Principles in the slides and it was agreed that there was a need to identify the protected financial resource for primary care.

ACTION: Sam Proffitt

Peter Gregory (PG) commented that the Primary and Community Care sub-cell had received the Operational Planning Guidance and contributed in terms of primary and community care. However there had been limited opportunity to contribute to the plans in terms of the spirit of integrated working and asked that this be acknowledged as a learning piece in terms of the approach in the future.

As part of the national agenda to provide support to each system, KPMG had been working with the Elective Care Recovery Group. SP explained this work was predominantly around demand and capacity modelling which would help in working through the activity and funding in plan. Feedback was awaited and details would be included in the draft plan.

Reference was made to shared care records and convergence plans for electronic patient records (EPR) and comments that this may be difficult to achieve due to different contractual arrangements at organisations. It was confirmed that there were clear convergence plans for EPR across Lancashire and South Cumbria and the Board would be updated on this in due course.

A question was asked about how the longer-term planning fit into this current planning process. In response, it was confirmed that a pragmatic approach was being taken regarding the financial framework this year being year one of a five-year plan. This was a transitional year in terms of discussion with Local Authorities and the development of 'places' and the financial framework. Longer-term plans would be developed and jointly owned by all partners in the system and would be a key part of the work of the ICB Finance Director.

The Chair concluded that there was clear endorsement by the Board of the principles and process going forward subject to some small changes as requested by members. The key to ensuring the plan was clear and credible was to set out each of the components in the context of the position for Lancashire and South Cumbria ie what this means for the system, for places and for the provider system.

RESOLVED: The ICS Board:-

- **Noted the process and timeline for the development of system operational plans**
- **Endorsed the proposed system planning framework, subject to the inclusion on primary care within the principles**
- **Endorsed the proposed system financial framework**
- **Supported the proposed role of SLE at a system check and challenge session.**

7. Lancashire and South Cumbria Infrastructure Strategy 2022

Gary Raphael (GR) explained that the updated L&SC Infrastructure Strategy set out the key strategic points, timescales and investment aspirations, providing a baseline for the ICB on the condition, constraints and opportunities of the current infrastructure and setting out a framework for the future development of organisational and system-wide plans. The document had been considered and endorsed by the Senior Leadership Executive in February 2022 when key comments were made about the need to develop community infrastructure.

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GR added that the strategy linked together the current clinical strategies, Trust strategies and plans and various National NHS policies and guidance, providing a framework that responds to these and the investment requirements to deliver them. It provides an overview of the five infrastructure ambitions: Digital, Green, Sustainable system, the right accommodation and healthier places.

The investment requirements summarised in the strategy were reported to be in excess of £3.2bn over 10 years with further detailed planning underway to understand the complexity and cost for the NHS across L&SC to get to Net Zero Carbon by 2040. These will be shared when the work concludes during 2022/23 and updated into this strategy.

The strategy described immediate and ongoing activity to develop an Infrastructure Delivery Plan and activity into the medium term to develop the infrastructure system accommodation and system-wide capabilities. As a working document the strategy would continue to be developed.

On discussion, it was highlighted that the strategy was felt to be very NHS focussed. Concern was raised that this had not been aligned with the digital strategy and there was a need to ensure there was not a competing set of priorities.

GR noted the suggestions for future iterations to include how this could be aligned with strategies within other parts of the public sector, voluntary and community sectors and to provide an emphasis regarding investment including anchor institutions in deprived areas as this would have large health benefits. The document would require regular updates and it was thought that interactions on planning and comments from various Boards would enable the strategy to be remoulded. GR continued that it had been made clear that new facilities were being looked at and through the procurement processes, it was hoped that local people would benefit from employment and supply aspects.

Kevin McGee commented that a greater emphasis on place would be helpful as this would focus on what could be done in terms of system and partner agencies.

There was also a request to consider the clinical strategy when planning buildings.

Roy Fisher highlighted that as patients prefer services to be provided in a single building that single point of access be considered when updating the document, utilising space for integrated services. Andrew Bennett responded that discussion had been held regarding meeting room issues with ICPs and local authorities which could be expanded and developed further, including co-location of teams.

It was confirmed that the document would be developed further, including greater depth into anchor institutions, as partner organisations grow and emerge with their own plans.

RESOLVED: The ICS Board:

- **Endorsed the Lancashire and South Cumbria Infrastructure Strategy 2022**
- **Noted that significant updates to the strategy would be brought back to this Board and would be refreshed annually at a minimum**
- **Noted that this strategy would be shared with system partner organisations and a copy shared with NHS England/Improvement national estates team and the Project Assessment Unit for the purpose of supporting current or future infrastructure plans and investment (Green Book) business cases.**

8. New Hospitals Programme – Quarter 3 Report

Jerry Hawker (JH) provided members with an update on the New Hospitals Programme for the period from October to December 2021.

The long list of 10 options had recently been reduced to a short list, which would be presented to the Strategic Commissioning Committee on 10 March, for formal endorsement. Once endorsed, the shortlist would be made

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available to the public. Thanks were relayed to clinicians, staff and populations who had contributed to the evidence, helping to undertake the shortlisting process. Once published, detail would be built behind the options, working with the Provider Collaborative Board and clinicians on the strategy. Work would continue with the national team around the development of the New Hospitals Programme and new hospital design, digital technology and new wards. The programme offers much wider system benefit than just the NHS and productive conversations had been held with universities around research opportunities and local authorities to explore opportunities. Early discussion had been held regarding a potential partnership around the wider programmes within communities.

Following the recommendations of the shortlist proposal to the Strategic Commissioning Committee on 10 March, JH was invited to update the Board with detail of how the shortlist would be progressed.

ACTION: Jerry Hawker

Jackie Moran (JM) reported that 'Shaping Care Together' a programme run by the NHS in Southport, Formby and West Lancashire was exploring new ways of working and delivering services and would affect some West Lancashire residents. JH and JM both attended the Health, Overview and Scrutiny Committee to provide a joined-up integrated approach and would keep the Board updated with progress on the programme.

Andrew Bennett suggesting inviting colleagues from the Local Enterprise Partnership to a future meeting to share their perspective on the programme, to appreciate how other partners might look at this in terms of innovation, jobs creation and employment.

ACTION: Andrew Bennett

It was suggested that more engagement with early career health professionals, ie, newly qualified doctors, nurses and physiotherapists etc, would offer value to the programme.

RESOLVED: The ICS Board:

- **Noted the progress undertaken in Quarter 3**
- **Noted the progress in developing key products to support the business case**
- **Noted the activities planned for the next period, namely appraising the longlist to a shortlist of options.**

9. System Reform Programme Update

Andrew Bennett (AB) provided an update on the work of the L&SC System Development Programme.

In February, the Government published a White Paper entitled '*Health and Social Care Integration: joining up care for people, places and populations*'. A summary slide set circulated with the meeting papers outlined the main points in the White Paper and included the consultation questions contained in the document. There was good correlation between the proposals in the White Paper and the work already undertaken within the Lancashire and South Cumbria system.

Due to the change in timeline for the establishment of ICBs, the Committee were assured that key tasks within the Readiness to Operate Statement had been reviewed, however, aspects remained subject to legislation. In relation to the Integrated Care Partnership (ICP), Angie Ridgewell attended a recent informal Committee meeting, highlighting clear principles in terms of the work required for development of the ICP and would be providing an update to the System Leaders Executive meeting in April. The report also described the work of Provider Collaboration and Communications and Engagement.

Ian Cherry asked how the White Paper requirements to strengthen the role of place in the system would impact on the Place-based leadership roles. AB responded that whilst there would be a single Integrated Care Board (ICB), there would be an effective Place-based Partnership in the 5 areas and the ICB would be one of the partners in each place. Leaders in places would be coming together to agree a way of working, to enable place to proceed. An executive-level member of the ICB would be a local lead as part of that place, with a team to enable this. A clear profile for the leadership role had been developed, based on national guidance and local

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work and it was now being acknowledged that the lead role would have dual accountability to the ICB Chief Officer and the Local Authority Chief Executive Officer, to create an integrated approach to leadership in place.

RESOLVED: The ICS Board noted the update.

10. Mental Health, Learning Disability and Autism System Transition Board

Steve Christian (SC) provided an update on progress of the Mental Health, Learning Disability and Autism System Transition Board, whose aim is to improve the support available for people across the L&SC ICS, ultimately improving health and reducing health inequality.

SC explained that in 2021, an independent consultancy had been engaged to work with system partners to help facilitate the co-production of a roadmap to guide the system's transformation for mental health, learning disability and autism services. The report outlined key priority actions for system implementation now and in the future. The System Transition Board was set up to drive this work and includes representation from the NHS, local authorities, VCFSE, primary care and service users/carers, working on the roadmap to key delivery and overseeing objectives in line with national good practice.

The System Transition Board oversees two key strands of work: a change in the way mental health, learning disability and autism services are commissioned; and the creation of a Mental Health, Learning Disability and Autism Provider Alliance.

It was explained that these developments are supported by changing legislation. National policy in England means that NHS Trusts have recently taken on the commissioning responsibility from NHSE/I for some specialist mental health, learning disability and autism services. Locally Lancashire and South Cumbria NHS Foundation Trust (LSCFT) is now buying and planning these specialist services, contracting with other providers as appropriate. LSCFT as the 'lead provider' is accountable to NHSE/I for service quality and health outcomes. In addition, there are plans to extend the lead provider model to include mental health, autism and learning disability services currently commissioned by the area's CCGs with LSCFT being contracted by the L&SC Integrated Care Board (ICB) to take over commissioning arrangements in shadow form, in partnership with the ICB, during 2022/23. A system control group had been developed to look at the target operating model to test this out in shadow form, during 2023.

The aim of the Alliance is to bring agencies together to look at joint decisions through a lead provider model to organise a service to benefit the population served. Three sub-groups will oversee the improvement of mental health, learning disability and autism services for people of all ages, each being jointly led by both a director of social care and an NHS provider executive, supported by representation from primary care and the VCFSE sector. The strategy for each sub-group is being developed through an engagement programme with partners and experts with experience.

Mike Wedgeworth highlighted encouraging work with Trusts interlinked with local communities to make services more accessible, referencing an email from a Chorley Parish Preacher thanking organisations for working together to deliver services to where the people are.

Isla Wilson, Chair of the Mental Health, Learning Disability and Autism System Transition Board reported that some elements had gone well and models could be applied elsewhere. System wide strategies for mental health, learning disability and autism, included shared objectives. Whilst the model described had initial challenges, positive results had been produced. The system-based approach included voluntary sector involvement, community buildings and community and advocates.

SC confirmed that perinatal mental health services were included in the scope of the programme, joining up with the maternity voices partnership and neonatal system. Primary care had also been involved in the programme, integral to the architecture and design of the current arrangements.

It was confirmed that a commitment had been made to deliver the service and plan and transform at place.

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Andrew Bennett highlighted that the next steps would be for the Strategic Commissioning Committee (SCC) to receive the system wide strategies. The SCC and local authority would be required to endorse the completed strategy and structures. It was highlighted that this was not without risk, being a learning process. Place-based dimensions were being explored and would continue to be worked through. It was thought that outcomes would test improvements given the difficult position in the mental health system three years ago.

RESOLVED: The ICS Board noted the report update.

Items for Information Only

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

RESOLVED: Members received the highlight report for information.

12. Lancashire and South Cumbria Health and Care Partnership – Programme Summary 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.

**Date and time of the next formal ICS Board meeting:
Wednesday, 4 May 2022, 10 am – 12.30 pm, MS Teams Videoconference**

POST MEETING NOTE: NEXT MEETING TO BE HELD ON 25 MAY 2022, 10 am – 12.30 pm