NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to Ratification at the Next Meeting

Minutes of the Integrated Care Board (ICB) Primary Care Commissioning Committee Held in Public on Thursday, 14 March 2024 at 10am in Lune Meeting Room 1, ICB Offices, County Hall, Preston

Name	Job Title	Organisation
Members		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Professor Craig Harris	Chief Operating Officer	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Associate Director of Finance	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Lindsey Dickinson (Deputy for Dr David Levy)	Associate Medical Director	L&SC ICB
Nicola Baxter (Deputy for Andrew White)	Head of Medicine Optimisation	L&SC ICB
Participants		
Amy Lepiorz	Associate Director Primary Care Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Donna Roberts	Associate Director Primary Care Lancashire (Central)	L&SC ICB
Collette Walsh	Associated Director, Primary & Integrated Neighbourhood Care	L&SC ICB
David Blacklock	Representing Healthwatch Together	L&SC ICB
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
In Attendance		
Debra Atkinson	Company Secretary / Director of Corporate Governance	L&SC ICB
David Armstrong	Primary Integrated Neighbourhood Care - Senior Delivery Assurance Manager	L&SC ICB

John Miles	Clinical Lead for Primary Care Data & Intelligence (Fuller)	L&SC ICB
Claire Moore	Head of Risk, Assurance and Delivery	L&SC ICB
Viv Prentice (notes)	Business Manager	L&SC ICB

No	Item	Action
Standing Items		
1.	**Welcome, Introductions and Chair's Remarks** The Chair declared the meeting open and welcomed everyone to the meeting held in public. Several members of the public were in attendance that had a particular interest in the agenda item relating to Withnell Health Centre. The Chair recognised the passion in respect of Withnell Health Centre and asked for support from members of the public attending given that this was a meeting in public needing to conduct business, and not a public meeting. It was noted that six questions had been received from members of the public. Two were in relation to the agenda item relating to the procurement for Withnell Health Centre and three related to the primary care GP quality contract, whilst one question did not directly relate to the agenda. In addition, five questions had also been submitted to the Board which were relevant to the work of this Committee. Three related to Withnell Health Centre and two related to dental access. All questions received would receive an individual written acknowledgment and response, and the Chair asked that those questions relating to Withnell Health Centre and dental access be considered during the course of today's meeting – with an update to the ICB's website where information was shared on Withnell.	
2.	**Apologies for Absence** Apologies for absence had been received from Dr David Levy (Dr Lindsey Dickinson deputising), Andrew White (Nicola Baxter deputising) and Umesh Patel. The meeting was declared quorate.	
3.	**Declarations of Interest** **(a) Primary Care Commissioning Committee Register of Interests** Noted. **RESOLVED: That there were no declarations made relating to the items on the agenda.** **The Chair asked that she be made aware of any declarations that may arise during the meeting.**	
4.	**(a) Minutes of the Meeting Held on 08 February 2024** **RESOLVED: The minutes of the meeting held on 08 February 2024 were approved as a true and accurate record.**	

No	Item	Action
	(b) Action Log The action log was reviewed and closed items noted.	
Commissioning Decisions		
5.	**Decisions made/direct/remit of Primary Care Commissioning Committee:** **(a) Withnell Health Centre – Preferred Procurement Option** Craig Harris presented the paper, the purpose of which was to remind the Committee of the paper previously received and to provide confirmation of: ▪ The legal advice received regarding Direct Award Process C ▪ An expanded description of the Most Suitable Provider (MSP) route ▪ A comparison of the MSP and competitive routes ▪ A benefit and risk analysis of both the above routes The Committee had received a paper in January 2024 which included the results of the patient engagement and Request for Information (RFI) exercises undertaken, and an analysis of the five procurement routes available within the newly published Provider Selection Regime (PSR). Further legal advice had also been sought, which confirmed the ICB's assessment that Direct Award C was not available as a possible route. It had also provided some further clarity in respect of the MSP route and the actions required. The existing contract for providing services at Withnell Health Centre was due to expire on 30 September 2024 and, in preparation to award a new contract for those services, the ICB needed to decide on the most appropriate procurement route to secure those services. To support this decision-making process, in August 2023 the Primary Care Commissioning Committee (PCCC) approved a recommendation to carry out market engagement in the form of the publication of a RFI, which was completed in 2023. Market engagement material was published which included RFI instructions and a questionnaire, the service specification and the draft Alternative Provider Medical Services (APMS) agreement. The total number of organisations that viewed the published material was five, of which two completed and submitted a Request for Information Questionnaire (RFIQ). Since the commencement of the market engagement process, the legislation governing the award of contracts for healthcare services had changed, with the coming into force of the Provider Selection Regime (PSR) via The Health Care Services (Provider Selection Regime) Regulations 2023. The PSR provides for five procurement routes for awarding a contract for these services. The Committee's attention was subsequently drawn to Section 7.1 within the paper which illustrated the flowchart and supporting end to end process maps that supported consideration of which procurement routes were available and would be most suitable.	

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	Sections 7.3 and 7.6 within the paper described the five different routes, three of which were direct award processes, and included a description of why these were not suitable. A question had been received prior to today's meeting questioning why the ICB could not award Direct Process C if there was an existing provider for the services and that existing provider was satisfying the original contract, would likely satisfy the proposed new contract and the services were not changing considerably from the existing contract. Craig Harris explained that this was not suitable as it breached the threshold for considerable change based on the comparison of the existing contract value to the proposed contract value. This left two remaining routes: MSP and competitive procedure. Craig Harris confirmed that the ICB had also engaged with NHS England's national policy team, who had authored the PSR guidance, and whilst they would not give a definite response to questions, they had confirmed that the ICB had interpreted the guidance correctly and had met statutory guidance. In respect of the MSP route, Craig Harris shared that a helpful and detailed discussion had been held with the steering group for Withnell to walk through the PSR and to explain and illustrate some examples. There is an acknowledgement that the wording in PSR guidance could imply that the answer is simple; however, the criteria is stringent and the ICB has to ensure and evidence it is followed. Craig Harris added that ICBs are advised to follow the most suitable provider route only if they are confident that they can, acting reasonably, identify all likely providers capable of providing the services. Actions to date of the ICB had not included an exercise to identify all suitable or likely providers. This involves pre-market engagement, agreeing selection criteria, contacting all likely providers to understand their interest, publishing a notice setting out the intention to follow this process, responding to requests from any other providers to be considered, assessing all providers being considered against the criteria (including seeking any additional information required to do so) and then choosing the most suitable provider. Craig Harris confirmed that the ICB had considered the MSP and competitive procurement routes and referred to section 7.8 within the paper which described the steps and the timescale associated with these routes, which showed that the contract start date for MSP would be later than the competitive process route. The table in section 7.10 outlined the risks and benefits of using the two routes for Committee consideration. Finally, Craig Harris drew attention to the recommendation within the report which recommended that a competitive procedure was immediately progressed in accordance with the timeline previously agreed by the Committee. Lindsey Dickinson took the opportunity to declare an interest in that her GP practice was within the area where an MSP would be undertaken for Withnell Health Centre.	

No	Item	Action
	The Chair highlighted that in January 2024 when the Committee had previously discussed Withnell Health Centre, it had been agreed that consideration of the recently received specialist legal advice was necessary to support decision making and asked Committee members if they now felt assured. The Vice Chair confirmed that the Chair and himself had personally requested a full copy of the legal advice, and that he was assured that the ICB was following the right process and was therefore supportive of the paper. However, he stressed that this would be subject to the process being based on the new ICB Procurement Evaluation Strategy (PES) agreed by the Committee at its October 2023 meeting and would be significantly informed by patient feedback, as outlined in section 8.5 within the paper. David Blacklock agreed that a competitive procedure was the correct route and asked how the voice of people would be present in the selection process. The Chair stated that when the Committee makes a decision on the approach, the evaluation strategy would need to outline this in detail. Craig Harris confirmed that Neil Greaves' team had been heavily involved, and to provide a high level of assurance would require patient and public involvement in the process. He added that members of the public could be involved in testing any competitive bids and helping to shape the questions, weighting and criteria. Neil Greaves confirmed that the ICB would work with the Withnell patient group to describe some of this, and that this would be an approach that would not just support this work but future procurements by the ICB. He also really welcomed the involvement of Healthwatch. John Gaskins confirmed that he was comfortable with the assurance received and the recommendation that a competitive procedure was immediately progressed. Geoff Jolliffe acknowledged the frustrations with the process but agreed that the correct process had to be followed and therefore supported the recommendation and understood the rationale for the decision. He further added that this did not devalue the voice of the people of Withnell. The Chair referred to the competitive procedure route and queried if there was a greater risk by going through a competitive process rather than MSP. Craig Harris responded and confirmed that none of the decisions were risk free. The Committee confirmed they were assured on the recommendation, and it was supported. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Based on full consideration of procurement routes and associated published guidance, the Committee approved to undertake a competitive procedure under the Provider Selection Regime (PSR) in accordance with the timeline previously agreed.** ▪ **In supporting the recommendation, the following points of emphasis were noted:**	

No	Item	Action
	- **The report had been supported by legal advice.** - **The importance of the Procurement Evaluation Strategy (PES) was noted, which had been re-shaped from the prior learning for Withnell and would be shared on this procurement, based on feedback from patients.** - **There would be continued communications and engagement, including within the procurement process** - **The PES would be presented to the next Committee meeting scheduled for April 2024.** One member of the public remained in the meeting. **(b) Dental Commissioning Plan** Peter Tinson presented the paper, alongside David Armstrong, the purpose of which was to seek approval for the implementation of the Dental Commissioning Plan for 2024/25 which aimed to improve dental access and improve oral health for the population of Lancashire and South Cumbria. The plan was primarily based on the Dental Access and Oral Health Improvement Programme which was previously received and approved by the Committee at its meeting in September 2023, and subsequentially presented to the ICB Board at its meeting in November 2023. The plan was affordable within the ICB ringfenced dental budget allocations and formed part of the wider ICB commissioning plan and associated intentions. The plan also aligned to and incorporated the recently published Dental Recovery and Reform Plan. There were a number of measures contained within the plan which included: ▪ NHS dentists to be given a new patient payment of either £15 or £50 depending on the treatment provided to treat new patients who had not received NHS treatment in two years or more. ▪ Targeted funding to encourage dentists to work in areas which historically had been difficult to recruit to, described as a 'Golden Hello' scheme. ▪ Increasing the minimum indicative Unit of Dental Activity (UDA) value from the £23 value announced in July 2022 to a higher value of £28 with effect from April 2024. ▪ Improve access to underserved areas through the use of dental vans. A question received from a member of the public was in respect of the national rationale for the targeting of vans which was understood to be based on rural areas. Whilst this remained an option for the ICB, Peter Tinson confirmed that the approach in the paper was to use fixed dental provision as opposed to mobile provision.	

No	Item	Action
	The Committee's attention was drawn to section 6.4 within the paper that provided a helpful summary of the proposed priorities for 2024/25 which remained around children's access to oral health improvement, care home residents, pathways 1, 2 and 3 and the urgent pathway for people struggling to access routine dental care. The schemes had been developed with a range of colleagues, including public health colleagues and place colleagues. There were a number of schemes relating to secondary care which were out of the scope of this Committee and which would be received by the ICB's Commissioning Resource Group (CRG). The Committee were asked to agree in principle the Dental Commissioning Plan, pending Board agreement of commissioning intentions on 10 April. The Vice Chair recognised the importance of improved dental health for the population and shared his view that the dental contract remained unattractive to dental practitioners. Peter Tinson responded and confirmed that his personal view was that they went some way to making it more attractive. David Armstrong added that the first couple of priorities were designed to enhance the lure of dentists into practices. Lindsey Dickinson referred to Pathways 1, 2 and 3 and suggested investing any slippage money into this funding. Picking up the Vice Chairs point regarding the attractiveness of the dental contract, Craig Harris commented that the dental plan would assist in seeing an incremental improvement and returning to a position where it was attractive to the profession with better outcomes for the population. Amy Lepiorz highlighted that the plan had been designed alongside the dental profession who recognised there were limitations in respect of what the ICB could do locally. Amy also concurred with Lindsey Dickinson's comment regarding slippage money whilst John Gaskins confirmed that as this was a multi-year plan there would be some slippage. The Chair referred to section 6.1 which outlined that investments would be made in a non-recurrent manner to allow for a review of performance and impact to support and develop investment in the future and was interested to see how that would be measured and recorded. Following a question from the Chair regarding a summary of the proposals for 2024/25 and how they would be prioritised, Peter Tinson confirmed that the framework would be used to prioritise all the schemes. David Armstrong added that they had worked closely with public health colleagues on the Health Improvement Programme alongside the Public Health Lead for Dentistry who had advised heavily on the framework. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Agreed in principle the Dental Commissioning Plan, pending Board agreement of commissioning intentions on 10 April 2024.**	

No	Item	Action
	(c) Local Enhanced Services and General Practice Quality Contracts 2024/25 and Beyond Peter Tinson presented the paper which described the proposed approach to ICB commissioned General Practice Local Enhanced Services (LES) and General Practice Quality Contract (GPQC) for 2024/25 and beyond. It built on a recent independent diagnostic of General Practice payments. The ICB was developing a clear commissioning delivery plan for 2024-27 which sets out the delivery of its vision and clinical strategy within a financial framework. This plan recognises that the demand for health and care was overwhelming the hospital centric model and major investment was required in primary and social care to better manage demand alongside major clinical reconfiguration. In addition, General Practices across the ICB were delivering more appointments than ever with fewer qualified General Practitioners but with bigger multidisciplinary teams. This was not keeping pace with rising demand and the needs of an ageing population. In terms of the funding flows, the significant majority of funding (90%) was directed by NHSE. Charts 1 and 2 within the paper outlined payments per registered patient with the LES and GPQC payments illustrating some significant variation. The ICB was aware of the variation and had undertaken a detailed review of the services behind that funding, effectively categorising into three areas: continue, review and reinvest. The design for the proposed GPQC had been informed by several design principles and options which were shaped by key system primary care and population health stakeholders. Two of the key principles and significant challenges were to demonstrably ensure that the GPQC both improved population health outcomes and delivered a return on investment. Consequently, it was proposed that the GPQC focused on the ICB priorities of frailty, respiratory and structured medication reviews. In terms of funding options, there was recognition that CCGs previously received funding based on the same formula and had made different investment decisions, ie CCGs who invested less in General Practice than other CCGs, had invested more in other services. Therefore, instead of seeking to level down and level up the funding, through the monthly monitoring of the GPQC Return on Investment, a proposal would be developed to 'level up' funding (and increase the return on investment) for 2025/26 onwards. In terms of respiratory and structured medication reviews, these had been subject to clinical engagement. Feedback had been received and adjustments were being made to the specification based on that feedback. In respect of engagement, whilst discussions regarding the design of the proposed approach had taken longer than expected and delayed the planned engagement, considerable engagement had taken place and continued to take place in accordance with a detailed engagement plan. The recommendation was therefore to agree in principle a proposed approach to LES and GPQC commissioning for 2024/25 pending Board agreement of ICB-wide commissioning intentions on 10 April and to	

No	Item	Action
	request agreement that the Primary Medical Services Group (PMSG) oversees the detailed operational implementation arrangements. Geoff Jolliffe confirmed his support for the proposal. He accepted that the distribution of funding was complex and added that he would need to see a commitment to the re-distribution of that funding. He went on to ask how much confidence there was in the return on investment. Lindsey Dickinson responded and confirmed that it was difficult to calculate and had used research, based on evidence, to identify the cost, savings and return on investment, a lot of which was based on admission avoidance, ambulance conveyance etc. Peter Tinson confirmed that the analysis on return on investment had also been subject to discussion with ICB Executives and the ICB Business and Sustainability Group. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Agreed in principle the proposed approach to LES and GPQC commissioning for 2024/25 identified in the paper, pending Board agreement of commissioning intentions on 10 April 2024.** ▪ **Agreed that the Primary Medical Services Group (PMSG) oversees the detailed operational implementation arrangements, including:** - **Any changes to the review status of individual services, ie based on impact assessments and/or feedback that services currently identified to be ceased are either continued or continued and reviewed.** - **Any changes to service specifications based on feedback.** - **Reasonable transitional arrangements from 01 April 2024.** ▪ **An update would be presented to the April meeting.** ▪ **The Chair added that a performance element would also need to be introduced to the finance report that looks at spend and performance against contracts.** **(d) Millom Primary Care Network Application** Peter Tinson presented the paper, the purpose of which was for the Committee to consider the application made by Waterloo House Practice to leave the Barrow and Millom Primary Care Network (PCN) and to establish a new separate PCN. This had been subject to considerable discussion at the Primary Care Medical Service Group. Amy Lepiorz confirmed that the creation of a Millom PCB supported the strategic direction of primary care and the developing Integrated Neighbourhood Team (INT) model. The patient participant group for Waterloo House and the Town Board Chair for Millom had both written letters of support for the proposed change citing the benefits they saw for the local population.	**JG**

No	Item	Action
	The Chair supported the rationale and understood the recommendation. Geoff Jolliffe also confirmed his support for the paper. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved the application for the formation of the new Millom PCN.** **(e) Special Allocation Scheme (SAS) Contract** Peter Tinson presented the paper and confirmed that following a direct award by the Primary Care Contracting Group in March 2023, the contract for the SAS remained with the current provider FCMS Ltd until 31 May 2024. To ensure continued access to General Medical Services for patients currently allocated to the SAS, the PCCC was required to decide the best option to secure ongoing service provision. A market engagement exercise commenced in November 2023 to test the market's appetite to deliver this service for the Lancashire and South Cumbria area, further details of this exercise were included within the paper. The report, presented to the PCCC in January 2024, detailed the outcome of the market engagement exercise and the options available for the future delivery of the service. It was confirmed that the RFI was viewed by two organisations with feedback provided by one organisation. Based on these responses, it was evident that there would be limited provider interest in the procurement opportunity for the SAS. An options appraisal setting out options for the long-term future of the service was being produced informed by a patient engagement exercise. This exercise had taken longer than originally planned to ensure that this distinct group of patients was enabled and supported to provide feedback. This paper therefore recommended the approval of a contract variation in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) for a period of six months from 01 June 2024 until 30 November 2024. This would enable appropriate consideration to be given to the engagement exercise and for the Committee to receive a fully informed options appraisal. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Approved a contract variation in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) for a period of six months from 01 June 2024 until 30 November 2024.**	
6.	**Group Updates and any Recommendations via Alert, Assure and Advise:** **(a) Group Escalation and Assurance Report** The Chair requested that the report highlighting key matters, issues and risks discussed at group meetings since the last report to the Committee on 08 February 2024 was taken as read to ensure sufficient time was allocated to the risk management and reporting framework updates. As there were	

No	Item	Action
	no alerts within the paper, the Chair suggested that any comments on the paper were shared with her outside of the meeting. Debra Atkinson referred to the meeting of the Primary Care Medical Services Group, in particular Short Messaging Service (SMS) funding in primary care, and asked if this would be part of commissioning intentions going forward. Peter Tinson confirmed that the allocation of the existing budget would be on a population basis as the current budget was insufficient to meet the number of SMS practices. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Received and noted the Alert, Assure, Advise (AAA) reports from the four delegated primary care groups.**	
Other Items for Approval		
7.	None to be considered.	
Items to Receive and Note		
8.	**(a) Risk Management Report** Debra Atkinson introduced the paper, the purpose of which was to provide an update on risk management activity undertaken during the reporting period relating to risks specific to the business of the Committee since the last update in September 2023. Also included within the paper was a summary of the progress made following the risk management workshop provided at the PCCC development session in November 2023. To ensure visibility of all risks held on the ICB's Board Assurance Framework (BAF) and Corporate Risk Register (CRR), including those overseen through the work of the other committees, Claire Moore confirmed that members were provided with access to the ICB's risk management system (Smartsheets) which provided a high-level summary via a "live" BAF and CRR dashboard. In respect of corporate risks and following the deep dive report presented to the PCCC in September 2023, Claire Moore confirmed that Risk ID ICB 026: Dental Access, which was held on the BAF, had been re-assessed and a new risk relating to oral health issues opened on the CRR. Included within the paper was an outline of the risk, trigger and outcomes. The risk was currently scored as 16 and was mitigated through a number of actions. The Committee's attention was drawn to Section 4 within the paper which provided a summary of the work undertaken following the risk management workshop in November 2023. It was noted that from April 2024, the Group Escalation Report would include a summary of the risks held at group level to enable full visibility of the risks/issues arising from and being managed through the work of the groups. Section 5 of the paper highlighted that the Committee Escalation and Assurance report to the Board of the ICB in November 2023 included an 'alert' from the Quality Committee relating to variation and under-development of reporting of incidents within primary care. Following a General Practice Care Delivery Workshop held on 31 January 2024 where a facilitated discussion on the processes and associated approaches to	

No	Item	Action
	prioritised practice improvement visits was held, a further assessment was being carried out to determine the scope and definition of the risks relating to this. A further update would be provided to the Committee once this work had been completed. Amy Lepiorz took the opportunity to highlight that it would be May before the Group Escalation Report would include a summary of the risks held at group level. The Chair acknowledged that the work resulting from the workshop held in January was adding more value and highlighted that it would be helpful to have incident reporting in primary care as both the PCCC and the Quality Committee had raised that as a risk. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Noted the contents of the report.** ▪ **Noted the re-assessed risk relating to dental access (Risk ICB-026) and revised risk relating to Oral Health Issues (Risk ICB-038).** ▪ **Noted the work undertaken following the risk management workshop delivered at the Primary Care Commissioning Committee development session in November and the proposals for reporting Primary Care Groups' Risks from May 2024.** ▪ **Noted the work underway following the Committee Escalation and Assurance report to the Board in November 2023 regarding primary care incident reporting, and the actions following the General Practice Care Delivery Workshop held on 31 January 2024.** **(b) Primary Care Monitoring and Reporting Framework Update** Peter Tinson introduced the report which responded to section '2.1 Quality Arrangements – quality surveillance' of the MIAA Audit, previously reported to the Committee. It also provided a wider overview and explanation of the data and intelligence available to the ICB with regards to the commissioning of primary care services (general practice, dental, ophthalmic and community pharmacy services) and outlined the responsibilities for who reviews and escalates this intelligence. The paper outlined the significant pressures being faced by primary care services in Lancashire and South Cumbria and the need to ensure they were supported to face these challenges. Information had been included to provide the context behind what had driven and shaped the approach to developing monitoring dashboards and the proposed next steps for primary care support, which went above that required by the NHS England Delegation Agreement. A table included within the paper summarised the MIAA recommendations, management action and current status in respect of general practice, dental, ophthalmic and community pharmacy.	

No	Item	Action
	The Chair acknowledged the complexity and challenge of taking data and turning it into decisions. The challenge would be to develop a system that provided understanding and assurance at both Board and Committee level. Kathryn Lord also recognised the complexity but highlighted the importance of understanding responsibilities to avoid any potential duplication. A further risk highlighted was the lack of workforce and capacity, which was currently being discussed at length. After further discussion, there was a request for clarity and assurance regarding respective ICB committee responsibilities and arrangements for reviewing and responding to primary care performance metrics which was described as a 'performance framework'. The Vice Chair referred to the recent internal audit review undertaken by MIAA and the rating of moderate assurance which he felt was less than positive. Debra Atkinson responded adding that the ICB had moved from limited assurance last year to moderate this year, which she felt was a positive move forward. **RESOLVED: The Primary Care Commissioning Committee:** ▪ **Noted the contents of the report and provided feedback.**	**PT**
Standing Items		
9.	**Committee Escalation and Assurance Report to the Board (Alert, Assure and Advise)** The Chair confirmed that this would be produced and submitted to Board.	
10.	**Items Referred to Other Committees** There was a request for clarity and assurance regarding respective ICB committee responsibilities and arrangements for reviewing and responding to primary care performance metrics which was described as a 'performance framework'.	
11.	**Any Other Business** There was no other business discussed.	
12.	**Items for the Risk Register** There were no items for the risk register.	
13.	**Reflections from Meeting** All colleagues were thanked for attending today's meeting.	
14.	**Date, Time and Venue of Next Meeting** The next meeting was scheduled to take place on Thursday, 18 April 2024 at 10:00am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.	