

# **Lancashire and South Cumbria Integrated Care Partnership**

## **Minutes of the Meeting held on Monday, 15 July, 2024 at 10.30 am via Teams**

### **Present:**

Councillor Damian Talbot (Chair), Blackburn with Darwen Borough Council  
County Councillor Michael Green, Lancashire County Council  
Angela Allen (Deputy Chair), VCFSE Alliance  
Councillor Patricia Bell, Westmorland and Furness Council  
Councillor Alistair Bradley, Chorley Borough Council  
Tracy Hopkins, VCFSE Alliance  
Kevin Lavery, NHS Lancashire and South Cumbria ICB  
Claire Richardson, Blackburn with Darwen Place Based Partnership  
Louise Taylor, Lancashire Place Based Partnership  
Naz Zaman, The Independent Race and Equality Panel (I-REP) for Lancashire  
Howerd Booth, LSC Hospices Together  
Victoria Ellarby, South Cumbria Place Based Partnership  
Tracy Cookscowen, Lancashire and South Cumbria Foundation Trust  
Kellie Woodley, Healthwatch Lancashire

### **In attendance**

Lisa Roberts, NHS Lancashire and South Cumbria ICB  
Caroline Wolfenden, Chorley and South Ribble Borough Council  
Claire Roberts, NHS Lancashire and South Cumbria ICB  
Josh Mynott, Lancashire County Council  
Samantha Parker, Lancashire County Council  
Libby Brennan, Lancashire County Council

### **1. Welcome and apologies**

Apologies were received from Councillors Stephen Atkinson, Neal Brookes, Sue McGraw, and Craig Harris.

The following replacements were:

Bryan Jones for StJohn Crean  
Kellie Woodley for David Blacklock  
Tracy Cookscowan for Ursula Martin  
Victoria Ellarby for Jane Scattergood

### **2. Declarations of Interest**

None.

### 3. Minutes of the last meeting

**Resolved:** That the minutes of the last meeting be agreed as an accurate record.

### 4. Development session feedback and actions

The report as circulated with the agenda pack was presented to the Partnership.

It was reported that the Development Session which took place on 5 June 2024 was facilitated by colleagues from NHS Confederation. Members were encouraged to consider the role of the ICP going forward, and to begin to identify priorities for collaboration. As part of this session, information was provided for group discussions on how ICPs were developing and functioning in other parts of the country. A recent report produced by the NHS Confederation and Local Government Association (LGA) identified 3 purposes for ICPs; convenor, challenge and change.

Information considered was discussed and a summary outlined below:

- There is a need to focus on achieving priorities and the format of meetings.
- Review of Place level work against the work of the Partnership to ensure no duplication.

The following next steps were agreed:

- Complete a high level review of the Integrated Care Strategy beginning with 'Starting Well' to involve VCFSE Alliance. **Action ICP001.**
- Identify priorities to develop and test a shortlist over the summer.
- Exploration of the potential to create a partnership maturity matrix for the ICP, recognising that partnership development takes time and includes different stages (e.g. culture, trust and relationships before change and challenge functions). **Action ICP002.**
- Review the structure of ICP meetings in light of the discussions. There were mixed levels of support for a whole day meeting quarterly like Humber and North Yorkshire ICP, with breakout sessions for CEOs, place leaders and other partners to make sure the ICP can capture the wide range of issues that affect partners around the room.
- Run workshop sessions over the summer to produce a high-level review of delivery progress against the Integrated Care Strategy.

### 5. Terms of Reference

Members were presented with an updated terms of reference and membership for review and comment ahead of formal ratification at the September meeting. The updates reported included:

Section 7 – now details the core members, plus a list of people expected to be in regular attendance. Additions made to the core membership include a Director of Public Health to be nominated via the Public Health Collaborative, and a Director of Adult Social Care.

Paragraph 7.6 - to enable other individuals to contribute to workshop style sessions moving forwards and to ensure the Partnership has the relevant subject matter expertise required to support the Partnership in meeting its responsibilities.

Paragraph 7.8 – to outline the proposed updates to the rotation of the Chair, which will now be on a biennial basis (every two years) and included the ICB Non-Executive member within the rotation.

Paragraph 7.9 – to outline that the Deputy Chair role will also rotate on a biennial basis in line with the Chair's role.

The terms of reference were considered by members and a summary of comments set out below:

It was reported that the ICB Board has a number of non-executive vacancies currently and are still in the process of finalising the non-executive ICB member for the Partnership.

It was suggested under the membership list, the providers (mental health) be amended to include 'and learning disabilities'.

It was confirmed that the date of change of Chair will be included on the document.

It was suggested that the membership could be seen as being LA/ICB led, and concerns raised that other partner agencies may feel like their voices would not be heard.

It was suggested that some members could potentially fulfil dual roles in the Partnership to ease the number of meetings Directors are expected to attend. It was felt that this could be worked out as the Partnership moves forward.

It was agreed that the above amendments would be made prior to the Terms of Reference being shared with key colleagues from Cumberland Council, North Yorkshire Council, Humber and North Yorkshire ICB and North East and North Cumbria ICB. **Action ICP003.** It was also agreed that the remaining membership gaps would be addressed prior to the next meeting. **Action ICP004.**

## 6. ICP Priorities

Members were provided with a presentation on the ICP priority areas for 2024/25.

The long list of priorities reported included:

- Children and young people's mental health and neurodiversity; with a recognition of the impact of social media, isolation, and the environment.
- Housing; the relationship between health and housing, as well as other wider determinants of health.
- Frailty
- Workforce
- The shift to prevention
- Poverty
- Work & Health; employability and economic inactivity
- Reducing hospital admissions; focus should be on keeping people safe and well at home and link to the Community Transformation programme

Concerns were raised in relation to inclusion of the lived experience and user voice and how this would be reflected/evidenced in the priorities. It was felt that some of this could be achieved through the sharing of information in between meetings from partner agencies on work being undertaken in relation to these priorities.

A query was raised as to how the Partnership could be more visible to the public. It was suggested and agreed that the ICP meetings should continue to be held in public, utilising a number of venues across the Place footprints as a way to get to know partner agencies, rather than utilising just NHS or LA facilities.

Concerns were raised with regards to mental health secondary care provision, with access and wait times further exacerbating issues. Also highlighted were the waiting lists for SEND diagnosis. It was agreed that work should be undertaken at Place level, however there was a need to ensure oversight at a strategic level to enable holding partners to account in the risk areas identified at Place level.

It was suggested that the mental health item be provided to the ICP as an update item, rather than just at Place level.

It was requested that any reports to the ICP could include achievements and gaps in services. In addition, there was an opportunity to identify added value, as in what could the ICP do to support more rapid change.

It was highlighted that consideration needed to be given to what change can be driven by the Partnership, as well as ambitions and innovations, to identify potential plans that could engage support by the new government.

It was reported that funding remained a significant challenge with loss of Covid funding. A question was raised as to whether there would be an opportunity to consider how this could be mitigated i.e. with regards to Government focus on the current challenges around wait lists and winter planning, and if there could be an opportunity for pilots to be identified.

Members were advised that the format of the meetings had been reviewed and the following identified:

Quarterly core meetings to include a one hour face to face meeting held in public, with a two hour workshop session following the in public meeting. Members were informed that this would mean extending the current time for quarterly meetings from 2 to 3 hours in total.

It was agreed that a forward plan would be developed and shared at the next meeting.

**Action ICP005.**

It was agreed that an action log would be developed and shared at the next meeting.

**Action ICP006.**

## **7. Future meetings schedule**

Members were provided with a list of proposed meeting dates for the year ahead (see below):

- Monday 30 September 2024
- Monday 16 December 2024
- Monday 10 March 2025
- Monday 9 June 2025

It was highlighted that due to clashes with other meetings on 30 September, it was agreed that this date be moved to 7 October 2024.

It was confirmed that all meetings will have a start time of 10.30am and that meeting venues will be identified.

## **8. Date of next meeting**

Monday, 7 October, 10.30am. Venue to be confirmed.