NHS East Lancashire Clinical Commissioning Group
NHS Blackburn with Darwen Clinical Commissioning Group

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Item 2.4 a

Blackburn with Darwen Clinical Commissioning Group Governing Body Meeting in Common with East Lancashire Clinical Commissioning Group Governing Body

Minutes of Part 1 of the Meeting held on Wednesday, 23 March 2022 Via Microsoft Teams

Blackburn with Darwen CCG	
Mr Graham Burgess	CCG Chair – Meeting Chair
Dr Ridwaan Ahmed	Clinical Director of Quality & Primary Care
Professor Dominic Harrison	Director of Public Health
Dr Julie Higgins	Joint Chief Officer
Mr Paul Hinnigan	Lay Member - Governance
Dr Nigel Horsfield	Lay Member - Clinical Advisor
Dr Qashuf Hussain	Executive GP & Clinical Lead
Dr Geraint Jones	Lay Member - Secondary Care Doctor
Mrs Kathryn Lord	Director of Quality & Chief Nurse
In Attendance **East Lancashire CCG**	
Dr Richard Robinson	CCG Chair
Dr Santosh Davis	Clinical Advisor & Governing Body Member
Dr Mark Dziobon	Medical Director
Mrs Kirsty Hollis	Chief Finance Officer / Deputy Chief Officer
Dr Tom Mackenzie	Clinical Advisor & Governing Body Member
Dr Rakesh Sharma	Clinical Advisor & Governing Body Member
Mr David Swift	Lay Member - Governance
Dr Paul Taylor	Secondary Care Doctor
Mr Alex Walker	Director of Performance & Delivery
Dr David White	Clinical Advisor & Governing Body Member
In Attendance	
Mrs Anne Holden	Corporate Administration Officer, EL CCG
Mrs Ambreen Bhatti	Corporate Programme Manager
Mrs Pauline Milligan	Corporate Administration Officer, BwD CCG
Mrs Claire Moir	Senior Corporate Business Delivery Manger
Mr Travis Peters	Equality & Inclusion Business Partner, MLCSU
Apologies:	
BwD CCG:	
Dr Adam Black	Executive GP & Clinical Lead
Dr Mohammed Moosa	Executive GP & Clinical Lead
Mr Roger Parr	Chief Finance Officer / Deputy Chief Officer Interim Director of Performance & Improvement, L&SC Health & Care Partnership.
Dr Zaki Patel	Executive GP & Clinical Lead
EL CCG:	
Mrs Debra Atkinson	Head of Corporate Business

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Approved by the Chair : 31.3.22

Min Ref:		ACTION
22:017	**Welcome & Introductions** Dr Richard Robinson, Chair of East Lancashire CCG and meeting Chair welcomed all present. He referred to the many things currently affecting everyone, particularly the conflict in Ukraine, the pressures across the system, the increasing petrol costs and the rising cost of living. He also highlighted increasing concern regarding the bed occupancy levels of acute hospitals with covid patients, and pressures on ambulances and hand over time were at a degree that has not been seen before. He asked everyone to be mindful of this when looking at the figures and do what we can to support the current position. Dr White referred to NWAS hand over delays and hospital flow, highlighting the need to be mindful of interdependencies and the pressure on the Ambulance Service when referring into the 2 hour UCR and other parts of the system. The Chair confirmed that members of the public joining the meeting were attending as observers and written conversation in the meeting chat were reserved for Governing Body members.	
22:018	**Apologies for Absence and Confirmation of Quoracy** Apologies for absence had been received from Dr Black, Dr Moosa, Dr Patel, Mr Parr and Mrs Atkinson. It was noted that BwD CCG was not quorate and any decisions would be forwarded to those not present to confirm approval. ***POST MEETING NOTE:*** ***Following consultation with those members of the Governing Body who were absent from the meeting, quoracy for items for approval was achieved on 4th April 2022.*** The Chair updated on a few points relating to the Agenda: ▪ Agenda Item 3.1 - 2 Hour UCR Update would be taken later in the agenda as Mr Alex Walker was unable to join the meeting until 2pm. ▪ Agenda Item 3.4b : Mrs Philippa Cross was in attendance to present the Place Based Partnerships Update. ▪ Agenda Item 3.7: Mrs Ambreen Bhatti and Mr Travis Peters was in attendance to present the Equality, Diversity and Inclusion update and Unconscious Bias report. He also advised that Mrs Claire Moir was present in the absence of Mrs Debra Atkinson and Mrs Pauline Milligan had joined the meeting as an observer as she would be supporting the Governing Body for the next few meetings. The Chair advised members that Mrs Anne Holden was attending her last Governing Body meeting as she was due to retire on 31 March. Anne had supported the Governing Body for many years and had also been his PA in his role as Chair, and had also supported previous CCG Chairs. He thanked Anne	

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<tr><td></td><td>for her many years of public service and wished her well for the future.

The Chair invited Mr Graham Burgess to say a few words.

Mr Burgess confirmed that Professor Dominic Harrison was also attending his last Governing Body meeting before he retired on 31 March. Mr Burgess had the pleasure of interviewing and appointing Professor Harrison to the role of Director of Public Health with Blackburn with Darwen Council when he was Chief Executive, and he was delighted to be here to say goodbye.

He confirmed that Professor Harrison was very popular and had made a huge impact and brought public health to the heart of the Council. More recently he had made a significant contribution to the debate regarding Covid-19 and provided guidance to ensure our work was of the highest standard. He is well respected across Lancashire and at both regional and national level.

On a personal note he said it had been a pleasure working with Professor Harrison and thanked him for all his work. On behalf of both Governing Bodies and the population of Pennine Lancashire whose public health he had been advocating, he wished him well for the future.

In response, Professor Harrison thanked Mr Burgess for his kind words, confirming it was his intention is take a year off before possibly returning to work in Policy or Politics. He felt it had been extremely challenging over the last two years but it had been a privilege working with everyone.</td><td></td></tr>
<tr><td>22:019</td><td>Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting, which might conflict with the business of the CCGs. Members should also, if appropriate, make a declaration should a conflict emerge during the meeting and it would be recorded against the relevant item.

There were no further conflicts of interest declared.</td><td></td></tr>
<tr><td>22:020</td><td>Declarations of Other Business

There were no declarations of other business.</td><td></td></tr>
<tr><td>22:021</td><td>Governing Body Meeting Minutes

The Chair presented the following minutes :

▪ Blackburn with Darwen CCG – 23 February 2022
▪ East Lancashire CCG – 23 February 2022

It was noted that Dr Sharma was present but not included on the list of attendees.

RESOLVED: that subject to the above amendment, the minutes were approved as an accurate record.</td><td></td></tr>
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22:022	**Action Matrix** **22:007 : PL Contracts – Future Contracting Proposals** The Chair confirmed the letter to the ICB had not been sent as yet, in view of the pressures experienced by the Executive Team, examples had not been available to compose a letter in the way described. He advised that the Chief Executive was now in post and would have a view on delegations to Place, but it will take time to get this right. The Chairs have had informal discussions with David Flory and others in a number of forums and shared views and thoughts. Dr Dziobon asked if a timeline had been established regarding the intent to delegate to Place. He would be disappointed if it was not clear what key areas will be delegated to Places before CCG closedown. Mr Burgess confirmed this was work ongoing and further information would be made available in the next few weeks. Mr Burgess advised that PBP Boards have been through their second peer review which highlighted the difference in maturity across the five Places. He considered that if PL continues to perform well, more autonomy would be received. Mr Hinnigan endorsed the points raised and reinforced the need to receive confirmation of delegated budgets to place before the end of June. The action would remain open and any particular examples that can be used to influence discussions, should be forwarded to the Chairs. **ACTION**: Update regarding delegation to the April meeting Dr Taylor felt there was a need to look at this in long term. In the short term there are staff working in the CCG whose employment status will change in the next few months. We need to be mindful when discussing this with the ICB. Individual staff members will want to know their individual roles and their contribution at place. The Chair confirmed that staff will transfer on 1 July 2022, split between Place and ICB and Dr Higgins would provide an update later in the agenda. It was recognised the Board level roles are at risk and the GB will continue to consider those affected during forthcoming meetings. Dr Dziobon pointed out this is a challenging time for colleagues who have worked incredibly hard for a number of years. He wished to acknowledge their contribution and the stress this is causing, recognising it is hard to continue in a challenging environment. The Chair also thanked those colleagues at risk for continuing to do their best for our population. **22:014 : Quality & Performance Report** A response had been shared with Mr Hinnigan, but there were some outstanding issues regarding patient harm and mortality contradictions which required clarity and would be managed outside the meeting. Quality Committees continuing at Place – it was agreed there is a role and there was a need for this to clarified in a written form.	 **CHAIRS** **KL/RP**

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	RESOLVED: that Members receive the Action Matrix and agreed to close all Green rated actions.	
22:023	**Public Questions** There were no public questions.	
22:024	**CCG Finance Updates** **22:024.1 Blackburn with Darwen CCG and East Lancashire CCG** Mrs Hollis, Chief Finance Officer & Deputy Chief Officer presented reports on behalf of both BwD and EL CCGs, confirming that both organisations are on track to deliver a balanced position against the commissioning functions and she did not foresee any challenges going forward. As previously advised, both CCGs were reporting a forecast deficit, relating to a technical adjustment in the accounts regarding prescribing pre-payments, as reported on the ISA260 report from the CCGs External Auditors. This issue was common to all CCGs and discussions had taken place with both Audit Committees. Mrs Hollis confirmed the CCG will not amend the in-year prescribing estimate for the pre-payment and will post this allowable deficit for the year ending 2021/22. This decision is supported by NHS E/I and will not be considered financial failure, nor will it trigger any regulatory action from NHSE/I. The deficit will not be off set against historic surpluses and will be covered nationally, noting that discussions continue with NHSE/I in this respect. QIPP delivery for both organisations had been achieved, mainly on a non-recurrent basis. In respect of the query from Dr Hussain relating to the BwD primary care underspend, it was agreed further information would be provided at the next meeting. **RESOLVED:** that Members receive the reports.	RP
	22:024.2 Financial Planning Update Mrs Hollis provided key highlights, confirming that colleagues were aware that financial planning for 2022/23 is being done on a different basis, with submissions on an ICB footprint rather than by an individual organisation. ▪ The draft plan was submitted on 17 March, following extensive discussion across the senior ICB leadership with Trusts and CCGs and was built up from all organisations. The plan identified a £90m gap, of which £30m relates to financial inflation. ▪ The principles agreed as part of the submission are to aim to deliver a balanced plan. ▪ The Plan was based on the H2 position and 2022/23 is seen as a transition year, from the pandemic to a restored planned financial regime going forward. ▪ A transformation fund has been set up utilising 0.5% of our allocation	

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	and CCGs show an efficiency of 2% and Trusts 5%. ▪ It was not expected there would be significant expenditure over the first year. ▪ Activity plans submitted do not meet the national ask in terms of recovery trajectories. ▪ When more detailed information is received regarding the draft plan, a further report will be provided for the Governing Body. There will also be a need to agree a budget for the next three months. Discussion followed regarding the forecast deficit of £90m. Mrs Hollis confirmed this is the best plan we can achieve and there was more work to do to close the gap, which could be achieved through transformation and savings, or non recurrently. Some of the assumptions will close the gap for 2022/23 but there was uncertainty regarding the underlying position and some may appear in 2023/24. It was nationally recognised that all ICBs will be posting a deficit plan. Mr Hinnigan referred to assumptions in the plan relating to inflationary funding and asked if any information that could be shared outlining the assumptions to provide assurance that it is a credible plan. **ACTION:** Share information outlining assumptions and inflationary pressures. Professor Harrison pointed out the amount of demand in the system is a driver of cost. PL CCG and ELHT have one of the biggest recovery challenges which will generate more demand in primary and secondary care that requires intervention. Some of the allocations regarding finance need to be calibrated to need and demand. Dr Dziobon considered that public health information is fundamental, as there are things we can do that will not impact on the finances. Dr Higgins also reminded members the purpose of the legislation is to bring a much higher oversight on health inequality and health outcomes. The duties required of Place and the performance matrix will be focused on outcomes, and processes will join up in the future. The Chair thanked Mrs Hollis for her update. **RESOLVED:** that Members receive the report.	 **KH**
22:025	**Quality & Performance Report** Mrs Kathryn Lord, Director of Quality and Chief Nurse proposed forwarding any questions to Mr Neil Holt in the absence of Mr Parr. ▪ A number of points had been raised at the February meeting and there were still some outstanding issues regarding patient harm and mortality contradictions which required clarity and would be managed outside the meeting. ▪ Mr Taylor also had concerns regarding activity in Diagnostic Centres. It was agreed these would be added to the Action Matrix and managed by email in the meantime. ▪ Dr Jones wished to emphasise the changes in the MH problems we are facing, particularly an increase in eating disorders and new post covid diseases. He agreed to include his points in an email to Mrs Lord and she would ensure these are addressed.	

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Mrs Lord highlighted key points relating to the quality elements of the report.

The first section of the report confirmed the community prevalence of Covid-19 had shown a continued decline over the last few weeks. The position had now changed and the system was experiencing a surge in Covid cases. The current reported case rate is known to be lower than prevalence due to reporting mechanisms changing. There has been an increase in hospital admissions, but no increase into ICU. The Over 75s booster programme has been launched with 100 walk-ins per day via the mass sites and PCN sites. The CCGs have been asked to ensure a comprehensive programme and surge plan is in place to escalate the service quickly, should this be necessary. There is concern that if another variant arrives, there will be a need to vaccinate at a high level and quickly. The surge programme and booster programme will continue and the CCGs will continue to work with national guidance as it changes.

The report outlined the number of care homes in outbreak across LSC in terms of residents and staff. Organisations have not been asked to vaccinate health and care staff who are providing the vaccination programme, which is a concerns that has been escalated.

5-11 year olds are to be offered the vaccine from 4 April, however the expectation is that uptake will be low.

Individual Patient Activity and Continuing Health Care continue to experience pressures, which remain higher that the pre-covid position. Additional staffing has been identified to look at extended reviews and work is ongoing to try to mitigate where people are not in the correct place.

Safeguarding are experiencing high numbers of serious case reviews, which was predicted. Mental health issues are also impacting on children and young people, manifesting in different ways, particularly stress, mental health and eating disorders. Work is ongoing with providers to review pathways to ensure there is the capacity and capability to work with these groups, ensuring both adults and children are seen quickly.

There had been an excellent response to the recommendations made in respect of Learning Disability and Autism. Annual Health Checks highlight the need for a greater insight in relation to physical health needs, and important to ensure that health and wellbeing checks are not a one off and people are on the appropriate pathways.

The report outlined the model going forward to manage complaints, MP letters and PALS as a unified function delivered by a single team. The model used in PL, supported by the CSU team, has been praised in terms of the input with families. Going forward this will sit under the ICB Quality and Nursing agenda.

Discussion followed and a number of points were made:

- The increased pressure on MH, LD, eating disorders and vaccination programme is increasing, with the majority of work being undertaken in primary care. Are resources shifting and what resources are coming to primary care?
- Large numbers of people have now had the Omicron variant – does this have an impact on the need for those people to have a further booster, with natural immunity coming from having the disease. Is this taken into account?

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	Mrs Lord confirmed the antibody level of work to make those decisions is not yet available and predictions are being used to provide an indicator of waning immunity in the community. Professor Harrison described the two kinds of immunity, antibodies and T Cell immunity and the research ongoing. It was clear that those over 70 are showing signs of waning immunity. The national strategy is to offer a fourth vaccine to the immune compromised and over 75s, noting that a decision regarding the fourth vaccine for the over 50s would be made before the winter, to receive alongside the flu vaccine. There was a general assumption that everyone will get Omicron between now and next winter, however more work was required to make a decision in terms of public policy. Dr Nigel Horsfield considered the current approach was sensible. He had previously referred to an inhaled vaccine which should prevent people getting the disease. He advised that several are being developed, which was something to look forward to. He was opposed to vaccinating healthy children, pointing out that T Cell immunity is critical and needs good levels of Vitamin D. In terms of Safeguarding, he understood that gangs are recruiting women and children for sex working on the borders of Ukraine, which the Team needs to be aware as we receive people from Ukraine. The Chair thanked Mrs Lord for presenting the quality elements of the report. **ACTIONS:** ▪ Email Neil Holt regarding outstanding issues regarding patient harm and mortality contradictions which required clarity. ▪ Dr Geraint Jones wished to emphasise the changes in the MH problems we are facing, particularly an increase in eating disorders and new post covid diseases. He agreed to include his points in an email to Mrs Lord and she would ensure these are addressed. ▪ Mr Taylor had concerns regarding activity in Diagnostic Centres. **RESOLVED:** that Members receive the report.	**KL**
22:026	**System Transformation** **22:026.1 System Development Review** Dr Robinson referred to the recent communication relating to the recruitment process for the Place Leader. The Director of Health and Care Integration will be a shared role between Local Authority and the NHS, with shared funding and shared accountability. The recruitment process is being undertaken jointly with the four Upper Tier Local Authorities and will include a joint interview process. Five roles across LSC are currently open to advert, with a closing date of 3 April and interviews taking place during the first week of May. Further work on the clinical professional model is ongoing, describing how clinical functions will operate. Work is currently focusing on GPs but care professional leadership is much wider and it is important to support the new ways of working. A set of slides had been received which would be shared with Members. Further information relating to population and deprivation was awaited. Some adjustments would be required to allow each Place to offer the minimum. The	

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model will be a two way process and would include some roles funded at system level, particularly Digital, Cancer and PHM , plus ten other areas. These are sessions for clinical leads currently at CCG level. A Task & Finish Group will be established and clinical Chairs have been asked to become involved in this work, noting there will be a conflict of interest associated with this.

Mr Burgess referred to the five Director roles, confirming that in West Lancs the role is a part time role and includes other responsibilities. He felt the guidance on clinical structures is quite complex and had suggested inviting the authors of this work to meet with the clinical members of the GB to explain the thinking behind the model and provide feedback.

The recruitment for the Place Leader would be followed by the recruitment of the Place Chair. He confirmed that good progress had been made over the last few weeks in terms of the way forward.

Dr Higgins referred to the System Reform paper circulated with the agenda. The Health & Social Care Integration White Paper (IWP) sets out the detail and ambition for Place, which is supported. It is clear that the work done by Phillipa Cross and her Team at ICS level is very aligned to what is coming through. There are issues regarding the timetable, particularly in terms of Place-Based Partnerships to have plans agreed by 2023 with the delegation of services and finances to Places by 2026.

Dr Higgins pointed out there was a lot of work ongoing to ensure the ICS is functioning on 1 July 2022, noting that Mrs Debra Atkinson is leading the work on governance and Mrs Kirsty Hollis would provide an update in terms of progress relating to Closedown work.

Dr Higgins confirmed the four new Executive Leaders had been recruited:

- Chief Medical Officer : Dr David Levy, currently NW Regional Medical Director, incredibly well regarded with extensive experience in London and Sheffield.
- Chief People Officer : James Fleet, will bring experience from his current role as Chief People Officer with Dudley Group NHS FT and previous roles with Price Waterhouse Coopers.
- Chief Nursing Officer : Sarah O'Brien, currently Executive Director of Strategy & System Development, Cheshire & Merseyside Health & Care Partnership. Her previous roles include Deputy Director of Nursing in an Acute Trust, CCG nurse and Clinical Accountable Officer in St Helens.
- Chief Finance Officer : Sam Proffitt, currently L&SC ICS Director of Provider Sustainability with extensive board level experience as a Director of Finance

She confirmed the ICS will start to develop as the Executive Leaders come into post.

RESOLVED: that Members receive the report.

22:026.2 Place Based Partnerships

Mrs Philippa Cross was in attendance for this item and provided an update on the development of Place Based Partnership (PBP) working and highlighted key points:

- Confirmed agreement with the ICS Board that PBP will be part of the ICB from 1 July 2022.

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- Ambition to move towards being a joint committee with local authority delegations by April 2023, which aligns with the intentions in the IWP, noting that clarity on delegation is awaited.
- Collaborative Delivery Groups will drive the work at Place and will be the engine rooms where partners come together.
- Clinical and Care Professional Advisory Group will be established, looking at future ways of working.
- A financial framework is under development and will provide clarity in terms of delegations going forward.

In terms of partnership development over the last 12 months, Mrs Cross and her team have worked closely with the Upper Tier local authority, allowing more collaborative space with the local authority.

Mrs Cross shared a short set of sides which described the Core Operating Principles for PBP Committees in L&SC, confirming that she is working closely with Mrs Debra Atkinson to ensure we are working towards regulatory requirements. One of the key principles was to hold PBP meetings in public to provide transparency to our residents and partners.

Proposals for core membership for PBP Committees were also described. The membership included two Upper Tier representatives, reflecting the different local authority arrangements, together with a recommendation to include three Non-Executive Members (NED) and Participants for people to provide advice to the Board but not included in the core membership. The proposals had been shared with partners for their views, requesting feedback which would support development of the Terms of Reference for the PBP Committee.

Mrs Cross asked members to consider the proposed membership and welcomed feedback, particularly in respect of the NED appointments, asking if these should be independently recruited from our community, or drawn from existing NED positions within current organisations. Two documents outlining PBP committee principles and membership had been shared with members in advance of the meeting, together with a feedback template.

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The Chair invited discussion and the following points were made:

Dr Sharma thanked Mrs Cross for her significant amount of work in putting this together. He considered that PCN Clinical Director should not be included as it was not appropriate for them to represent primary care. He pointed out that not all practices are obliged to join a PCN, and those who did not join will not be represented. He also pointed out that PL is significantly larger than West Lancs and considered that resources should reflect the population size.

Dr Dziobon had worked with Mrs Cross on the development of proposals for a Clinical and Care Professional Leadership Framework for LSC, through engagement on this, feedback from other areas had confirmed that PCN leads are not considered the representative body and in response to this, the wording had been edited within the PBP membership proposals to include Primary Care Provider or PCN Lead. He considered the right decisions and right outcome are more important than numbers of people on the Committee. He confirmed that going forward we are moving away from the model of the GP clinical leads being the only clinical voice making decision, working towards a broader care professional approach which is the right thing to do.

Mr Burgess considered there was a need to move away from the size of other areas and focus on PL, confirming a committee membership of 15 is a good

	size that will work in PL. The way forward is to build up an integrated neighbourhood provision, with GPs working with local authority and community providers. There is a need to encourage GPs to work within this structure and reinforce the role of the PCNs, to provide a strong GP voice into the system. It was agreed the wording introduced by Mrs Cross allows enough flexibility for Places to do what works best for that area. Members were invited to completed the feedback template and return to Mrs Cross by 13 April. **RESOLVED:** that Members receive the report.	
	22:026.3 Financial Framework & Scheme of Delegation Update Mrs Hollis considered this item had been covered in earlier discussion through various agenda items. She confirmed that Sam Proffitt, recently appointed Chief Finance Officer, LSC ICB has this as a priority and is working with colleagues across CCGs to move this work forward.	
22:027	**CCG Closedown** Mrs Hollis provided an update following discussions at the February meeting. She confirmed that where possible and sensible to do so within the due diligence framework, the CCG should try to achieve as many closedown tasks as possible by 31 March, with the remainder by 30 June 2022. A stocktake would take place the following week. Mrs Lord had alluded to the work of the Quality Teams coming together to deliver functions once, particularly complaints. Other areas where CCGs are struggling with capacity to delivery, will become more formalised on an ICB footprint, particularly Freedom of Information requests, Risk Management etc. and can move at pace to deliver on an ICB footprint. **RESOLVED:** that Members receive the report.	
22:028	**Staff Welfare** Dr Julie Higgins provided an update, confirming this is an anxious time for staff, but setting up the new Executive appointments will provide a direction of travel, but this will take time. She confirmed the new Chief Executive, Kevin Lavery, is keen to meet people and see the talent before he works on the new structure. She confirmed that following staff engagement, a technical consultation was due to commence on 4 April with staff transferring from the old to the new employer. This did not relate to the management of change work, which would include structured engagement going forward. At risk board level colleagues had a briefing regarding the Place Based Leader roles and are in a position to apply if they wish to do so and will be shortlisted if they meet the person specification. Dr Higgins advised that Andrew Bennett continues to host the LSC staff briefings which are well received and provide an opportunity for everyone to receive the same information at the same time. This includes work that describes how a system will work and also at Place. The Chief Executive will look at interim arrangements, in terms of how we start to work different and work that makes sense to be done once at system level.	

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Approved by the Chair : 31.3.22

	Dr Higgins highlighted the importance of staff health and wellbeing and the work ongoing by the Health & Wellbeing Champions which is continuing and is well received. The LSC Wellbeing Festival is scheduled for Wednesday, 30 March, providing drop in sessions covering a variety of topics, bringing a collegiate approach across the system. In conclusion she confirmed this is an anxious time, people are under pressure but staff remain dedicated and professional. The Chief Executive has written to colleagues with an invitation to meet people to discuss future plans. Dr Dziobon referred to the ICB Executive appointments, highlighting the need to be more diverse and more representative, to ensure we create a space and opportunity for all. He felt this needs to be considered as we move forward in place based partnerships. The Chair thanked Dr Higgins for her update. **RESOLVED:** that members receive the report.	
22:029	**BAME Action Plan Update** **Embedding Equality, Diversity and Inclusion** Mrs Ambreen Bhatti, Corporate Programme Manager describing the work ongoing to ensure that equality, diversity and inclusion is embedded in the work of the organisation. She shared a presentation which provided background and described the reasons why this work is underway. She described some of the barriers, particularly traditional back door promotions, unconscious bias, white privilege and some of the wider issues in terms of culture and not believing the value that this change will bring. She highlighted the need to consider what changes can be made in PL at a small scale. Particularly the importance of investing in the workforce to ensure everyone has a shared purpose and to harness the hidden skills of black, Asian and ethnic minority colleagues throughout our CCGs and see diversity in leadership. There is also a need to consider alternative ways that tackle the local challenges and ensure commitment from everyone to make this change. Dr Qashuf Hussain advised that an EDI Task Group had been formed which aims to: ▪ Promote tolerance, understanding, inclusion and cohesion across all our organisations and communities; ▪ Deliver services that are sensitive to the needs of the population; ▪ Employ a workforce that is diverse and inclusive and represents the population served. The short, medium and long term actions outlined how the Partnership can influence the way forward and make changes for our population. The actions had been supported by the Chairs and Chief Officers Advisory Group. Dr Higgins suggested the Task Group arrange an early meeting with the new Director of People, as the work already done in PL will support their strategy. Dr Hussain also referred to the work of Mr Travis Peters in formulating an EDI strategy for the ICS to establish commonality for shared learning. **ACTION:** Dr Higgins agreed to speak to Andrew Bennett to take this forward	**JH**

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	Professor Harrison totally supported the strategy, confirming that the local authority are also reviewing their EDI strategies and it would be useful to have a joined up approach across the NHS and LA. The biggest difficulty was the loss of a significant number of staff due to government cuts and difficulties with recruitment. The NHS are now going through a period of expansion and he felt there is an opportunity for some accelerated support. He considered PL have some extremely well qualitied South Asian women, who need help and support to get into health opportunities. He also made reference to the Marmot Report which was due to be published and would include a recommendation to reduce health inequalities. He considered the work done in PL will be part of the solution to address the challenges identified. He asked that Abdul Razaq be involved in this work, as his successor, who was well versed in this area. Dr Higgins referred to the Anchor work, pointing out the ICB will have more potential to do some of this work as a bigger employer and Mrs Cross was involved in specific anchor work in Place. Members also received the PL Unconscious Bias Training Report for information**.** The Chair confirmed this work was well received by the Chiefs and Chief Officers Advisory Group and he recommended the Unconscious Bias training which was very useful. **RESOLVED:** that Members receive the report and endorse the work ongoing.	
22:030	**2 Hour UCR Update** The Chair advised that due to time constraints, Mr Walker and Dr Dziobon had left the meeting but had left notes in the chat describing the key aims, as outlined below: East Lancashire and Blackburn with Darwen both have Intensive Home Support Services (IHSS), and this is recognised as one of the key health response services for 2-hour UCR. IHSS will also form the foundation of the Pennine Lancashire virtual ward. Historically, each of these services have been commissioned separately and consequently the models of delivery and investment profiles are different. Therefore, as well as delivering the national minimum requirements, ensuring the IHSS offer is equitable across Pennine Lancashire is key. Executive colleagues from across the CCG, ELHT and LSCFT have agreed an aspiration to deliver the following; 1. One IHSS workforce team across Pennine Lancashire, supported by a single skills and competency framework. This will be a patient-centred generic model, which is not limited to disease specific areas e.g. COPD 2. One clinical leadership team which the single team report into. Given the acuity of patients that the team will manage, the clinical leadership will be aligned to ELHT. LSCFT clinicians will receive clinical mentorship and skills training through this structure 3. One clinical records system, which must be EMIS given all General Practices and ELHT Community services use this system. Given the timeframe for LSCFT to migrate to EMIS, this will require an interim	

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	solution which may involve LSCFT employed IHSS clinicians using ELHT community EMIS. An interim solution will need to be mobilised in the immediate weeks 4. One clinical governance system and accountability framework 5. One singular IHSS response with a no wrong door approach. There will be a single development plan for the Pennine Lancashire IHSS team, ensuring that new interventions are available uniformly across Pennine Lancashire and the same opportunities for skills development are available to staff regardless of employer. Significant progress had been made against workstreams including: ▪ SPoA via ICAT switched on for all care home, NWAS and ED front door referrals. Next week will see a soft launch for primary care including GP and ELMS ▪ On plan for EMIS Community (ELHT host) to be in place by 4th April. ▪ Shared commissioning and provider budget lines, and associated staffing. Circa 60 WTE clinical staff will be in scope of PL IHSS. Further discussions about complex case managers ongoing. ▪ Draft single service specification agreed. ▪ Single skills and competency framework. ▪ Ward 20 (BGH) new estate for ICAT and East Lancashire locality. ▪ Both ELHT and LSCFT reporting 2 hour UCR performance and activity via national reporting on Community Services Dataset (CSDS) ▪ Recruitment to a range of posts to support this development, utilising Ageing Well Funding. The Chair confirmed this is work in progress, with staff working differently than they have in the past. Members were very supportive of this important work which has developed over the last few months and needs to progress, recognising there is a lot of potential for our patients and the workforce, and will go some way to support recruitment issues. **ACTION:** Update to the April meeting. **RESOLVED:** that Members receive the report.	**AW**
22:031	**Sub Committee Report** The report provided members with minutes of the Sub Committees of the Governing Body for receipt, together with Stakeholder Group minutes for information. **RESOLVED:** that Members receive the report.	
22:032	**Any Other Business** **Items for Inclusion on the Risk Register** There were no additional items for inclusion on the Corporate Risk Register. There was no further business and the meeting closed at 3:07pm.	
22:033	**Date & Time of Next Meeting**	

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	The next meeting was confirmed as Wednesday, 27 April 2022 at 1pm.	

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Approved by the Chair : 31.3.22