NHS
Lancashire and South Cumbria
Integrated Care Board

Minutes of the NHS Lancashire and South Cumbria Integrated Care Board Annual General Meeting and Presentation of Annual Report and Accounts 1 April 2023 - 31 March 2024

Wednesday, 11 September 2024 at 4.30pm-6.00pm in Lune Meeting Room, ICB Offices, Level 3 Christchurch Precinct, County Hall, Preston. PR1 8XB

	Name	Job Title
Members	Emma Woollett	ICB Chair
	Roy Fisher	Deputy Chair/Non-Executive Member ***(chaired the meeting)***
	Jim Birrell	Non-Executive Member
	Jane O'Brien	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Kevin Lavery	Chief Executive
	Sam Proffitt	Chief Finance Officer
	Professor Sarah O'Brien	Chief Nursing Officer
	Dr Julie Colclough	Partner Member – Primary Care
	Chris Oliver	Partner Member – Trust / Foundation Trust – Mental Health
	Asim Patel	Chief Digital Officer
Participants	Professor Craig Harris	Chief of Strategy, Commissioning and Integration
	Neil Greaves	Director of Communications and Engagement
	Debra Atkinson	Company Secretary / Director of Corporate Governance
In attendance	Louise Talbot	Board Secretary and Governance Manager
	Other members of staff and members of the public attended	

Item	Note
1.	**Chair's Welcome and Opening Remarks** The Chair, Emma Woollett, welcomed all and advised that as the meeting was a reflection of the last year, Roy Fisher would Chair the meeting as he had been the Acting ICB Chair for the last six months.

2.	**<u>Apologies for Absence</u>** Apologies for absence had been received from Aaron Cummins, David Levy and Denise Park.
3.	**<u>Declarations of Interest</u>** **RESOLVED: That there were no declarations of interest made.** It was noted that if any declarations arose during the meeting, they should be highlighted for inclusion in the minutes.
4.	**<u>Achievements and Challenges over 2023/24</u>** Kevin Lavery presented an overview of 2023/24 and highlighted the following: **Vision of the ICB, strategic goals and commissioning priorities:** • The focus was on population health to improve health and wellbeing, reduce hospital admissions and address health inequalities with local multidisciplinary teams. There would be an emphasis on early detection and social determinants of health with an integrated staffing model across NHS, primary care and social care. There would be a unified health and care system with collaborative decision making and a commitment to ambitious goals to make a real difference. **An overview of the year in numbers:** • Two hospital trust ratings had improved – Morecambe Bay to SOF3 (System Oversight Framework) and LSCFT to SOF2. • £5 million saving in agency costs. • Twenty new contracts to four providers to deliver mental health support for children and young people. • Increased number being treated for hypertension (60% to 72.6%). • Seventy four per cent patients who had a fall avoided hospital admission. • Eighty per cent of CHC assessments now completed within 28 days. • Agreed a system control deficit of £175m. • £241m savings realised – the highest cost saving ever recorded in this area. **Success stories:** • Transfer of community and Child and Adolescent Mental Healther Services (CAMHS), which resulted in more seamless care with improved access giving a much better overall experience. • Urgent and emergency care performance. • Tackling health inequalities in priority wards. • Specialised commissioning. • Controlling spend with strong grip and control measures. • Investment for WorkWell – a national initiative to help with health conditions for people to remain in or return to work. **Recovery and transformation:** • There were too many services in too many places with too few staff leading to high agency/locum costs. • Previous system ambitions had not been agreed or delivered, which had an adverse impact on patient care. • Demands and expectations on services are ever-increasing alongside significant financial and workforce constraints. The underlying issue was how hospital services are reconfigured and the reliance on hospitals needed to change.

	• There needed to be a reduction in waste and duplication, and an improvement in quality for transformation. **Power of 'Place':** • This would be central to delivering health and wellbeing improvements by organising care at local level with a high-quality community centric integrated care system. **Focus:** • Improved quality and patient outcomes. • Development of a clinical configuration blueprint for effective services. • Stablising services to reduce fragility and duplication. • Standardisation of services by implementing GIRFT recommendations and best practices. • Workforce optimisation by providing mutual aid and adopting a consistent approach to staffing. **Transforming care in the community:** • Creating healthy communities by working at focused place levels to provide forums for residents to take control of their health and wellbeing. • Integrated neighbourhood teams – brining teams together to improve care. • Enhanced care in the community through crisis services, home-based and bed-based support to help people to recover and increase their independence through enhanced support to enable them to remain at home or as close to home as possible. **The challenge of delivery and how we will get there:** • The plan was ambitious and high-risk, which was reliant on close collaboration across the system. • Clear leadership and positive culture would be essential. • Major transformation would involve integration of health and care services, working closely with local authorities and partners. The key message was that, despite the very challenging times for the ICB and the NHS, there needed to be optimism and a focus on opportunities. Some tangible progress had been made in some areas but there remained a long way to go. **RESOLVED: That the presentation be noted.**
5.	**<u>Presentation of Accounts 2023/24</u>** Sam Proffitt gave a presentation on the financial year 2023/24 and highlighted the following key point: • First full reporting year of the ICB (12 months vs 9 months in 2022/23). • Last year the ICB had to set a very challenging savings target of £97m to break even. • New contracting arrangements had been introduced with NHS providers with fixed and variable elements. • There had been new delegations for pharmaceutical, general ophthalmic and dentistry services. • The ICB had a duty to ensure expenditure did not exceed income. The £89m deficit position had been notified to and discussed with NHSE. This amount had to be balanced out within the budget for the NHS nationally.

	• Some of the key financial pressures in 2023/24 had included high inflation rates, a challenging QIPP programme and additional risk due to new variable elements of NHS provider contracts. • The expenditure analysis showed that 52% had been spent on acute services, 11% on mental health services and a huge amount on community services. Running costs only came to around 1% of the total. • There had been a significant amount of acute and mental health spend with around £6.5m per day on acute services and £41.7m per month on mental health services. • The ICB had achieved the Mental Health Investment Standard (MHIS) for 2023/24 with investment in mental health inpatient provision in LSC with Whalley & Skylark wards. There had also been investment in virtual wards, stroke pathway and maternity. • Prescribing levels had been significant with 41 million prescriptions items and an average spend of £6.4m on medicines per week. • Other areas of spend included dental, GP co-commissioning services, residential care settings and homecare services to deliver packages of care in out of hospital services. • External auditors had given an unqualified opinion, which meant that the accounts were a true and fair view of the financial performance and position of the ICB. Internal auditors gave moderate assurance, and the aim was to achieve full assurance moving forwards. • The outlook for 2024/25 and beyond was that there remained a significant final challenge across the system and delivery of transformation and recovery programmes would be crucial to ensure financial sustainability. S Proffitt formally thanked the finance team for all the work undertaken during the year. **RESOLVED: That the presentation be noted.**
6.	**<u>Public Questions</u>** Roy Fisher advised that there were two boxes for questions to be submitted which would be responded to following the meeting. Several questions had been received from members of the public prior to the meeting. The questions had been summarised to reduce duplication of responses and individuals would be responded to directly following the AGM relating to their individual questions. The summary of questions received would be circulated following the meeting and would also be published on the ICB website. The following questions were raised at the meeting: **Q1: *Councillor Jackie Floyd – Blackburn with Darwen Council*** **Please explain more about how you will strengthen positive relationships with local government to achieve ambitious wellbeing targets?** **Response:** Kevin Lavery advised of the importance of having good relationships with leaders in councils and management teams. Both had difficult challenges but consideration of perspectives from both was needed. The organisation was unusual and as it covered a large area there was a postcode lottery in terms of services and what was provided by local government. The ICB was committed to moving to a community centric healthcare system aligned to local government. However, there were some difficult challenges to work through as some services had previously been funded when they should have come under the local authority. Leaders should be able to have those difficult conversations to ensure that health and social care were each doing what they should be but then also looking at opportunities to integrate and sharing

	any risks. Sam Proffitt referenced the importance of continuing healthcare and ensuring appropriate delivery of the huge number of complex care packages as this would be instrumental in avoiding hospital admissions. Joint working between health and social care, and consistency across the region would be crucial to this. There would need to be a shared vision and close working. Roy Fisher advised that he was previously the leader at Blackpool Council and that the ICB Board consisted of Non-Executive Members with a great breadth of experience in areas of health, education and local government, and ensured some perspective was brought to the Board for discussion. **Q2: *Sharon Hesketh – member of public and recently a patient in both a private and local NHS hospital.*** **In relation to the finances and expenditure, are there any plans in place to reduce the need for the number of NHS patients who only need one or two days of care going into private rather than NHS hospitals and would this help to reduce expenditure?** **Response:** Kevin Lavery advised that some commissioning was undertaken with the private sector. Some providers did some subcontracting to cross-sector hospitals and on behalf of primary care to private providers under the Health & Care Act. This was also carried out for diagnostic services. There would always be a mixed economy, but quality and timeliness should be the highest priorities, which sometimes required the use of the private sector. There was no agenda to change this to lots of private sector work going forwards and the private sector spend was a relatively small (£150m) amount compared to NHS provision (£2.4b). Craig Harris, Chief Operating Officer, added that availability was dependent on pressures on the system. There was a focus on improved efficiency and relationships with the private sector. **Q3: *Barrie French – member of the public*** **Had attended a meeting the previous day about a new A&E run by Mersey and West Lancashire Teaching Hospitals NHS Trust, which is under Cheshire & Merseyside ICB however, nobody from LSC ICB had attended the meeting. In Ormskirk there is wasteland that could be used for A&E and LSC does not appear to be getting involved.** **Response:** Kevin Lavery advised that the Board had received two reports on Better Care Together and joint arrangements were in place with Cheshire & Merseyside. Sarah O'Brien, Chief Nursing Officer advised that she had been involved in all discussions and the decisions as she was representing Kevin Lavery on the Shaping Care Together Board, which comprised of Merseyside & West LancashireTrust, Cheshire & Merseyside ICB and Lancashire and South Cumbria ICB. Sarah O'Brien or the 'Place' lead attended all meetings along with members of the communications team. No decisions were being made to that hospital trust or to services in West Lancs, the recent meeting was an engagement event for members of the public about accessing emergency and urgent care. Feedback would be collated following which, five options would be developed into proposals in respect of urgent and emergency carefollowing which, the ICBs would consult with the public via further public engagement events. Discussions had been ongoing for some time but had reduced during Covid. When St Helens & Knowsley Teaching Hospitals, Trust became part of Mersey & West Lancashire Teaching Hospitals in 2023, the discussions resumed. Whilst Cheshire & Merseyside ICB were taking the lead, and a decision could not be made without involvement from Lancashire and South Cumbria ICB. Sarah O'Brien offered the opportunity for a separate discussion outside of the meeting.

Q4: ***David Wilton – former governor at Blackpool and UHMBT***
Had attended the inaugural meeting of LSC ICB at Lancaster two years ago and acknowledged the work done to pull everything together to give excellent care and keep people safe. Also acknowledged the centres of excellence – e.g. Blackpool for heart surgery. Barrow-in-Furness is now the only submarine shipyard in the country with international links and had been growing in population (11,000 to 17,000). It is a risk as if men get injured driving a nuclear reactor as Barrow-in-Furness A&E had reduced the operating hours of the urology department and any incidents outside of Monday-Friday 9-5 would mean going to Lancaster. There was concern about ambulances heading to Lancaster on the A5087. Can urology be reinstated on a 24/7 basis?
Response: Kevin Lavery advised that Jane Scattergood, Director of Health & Care Integration for South Cumbria had been the representative in this area. The Trust could not do anything about the road as it was outside of our remit but there was a budget to make improvements with several health dimensions with planned investments in public health, a proposal for a UDC centre on the Furness site. There were also plans for a wellness centre being and work on an initiative to get those at working age into work. Craig Harris added there was a comprehensive plan as part of national security arrangements which included expansion of primary care, GPs, dental services and UEC. They were also looking at urology but there was no guarantee it would return to a 24/7 service as the plan was to identify where services could be led by specific hospitals. Craig offered the opportunity for a separate discussion outside of the meeting.

Q5: ***Gemma Jackson – patient chair of Thornton Practice, Fylde & Wyre***
There is a lack of neurology services as in Blackpool as only one consultant will come in one day per week. There are lots of good services however, some could be weak. There is a lack of equipment for patients when discharged and 80% of equipment goes to the tip. They have a partnership with Trinity Hospice who would take the wheelchairs not being used, which was an example of a small area of saving. Self-care is important for healthcare and there are lots of things that volunteers could do to help to save money. Would the financial deficit just be wiped out?
Response: Roy Fisher advised that the Board had a good discussion about the voluntary sector earlier that day and appreciated the work undertaken with the hospice. In terms of neurology services, Sarah O'Brien advised that it was an area that had insufficient numbers of trained doctors nationally to be able to have enough staff on every site, therefore, the best option was to set up neurology services at certain sites to give the best care. It was about ensuring a balance of delivering care close to home and delivering the best care. There were some challenges in some areas, but specialist services could be accessed although this might mean patients had to travel further. Consideration would be given about access to these, and work would be undertaken with local government about transport links and accessibility. Sam Proffitt stated that there would need to be schemes to reduce costs such as the community equipment service. The deficit would need to be paid, it had been capped at 1% of the allocation and would need to be built into plans going forward.

Q6: ***John Elliot, member of the public***
Older vulnerable people are needing extra care now the winter fuel allowance has been removed. Are there any plans/strategies to counteract this when the older

generation needs a lot more care?

Response: Sam Proffitt advised that an analysis on demand and capacity had been undertaken, and it was being plotted into future plans. It was not possible to continue in the same way as it would mean building more hospitals to accommodate people. 'Place' was key as it was about working together looking at issues such as fuel and poverty, which would need to be built into these plans. 'Place' colleagues had been instrumental in recovery and transformation and needed to be part of plans and strategy going forwards and part of the vision of wider determinants of health outcomes.

Jenny Hurley – Chorley A&E campaign

Q7: Had several issues to raise but would put them in writing.

- **Nurses not getting placements due to the cap.**
- **Use of physician associates and the warning from the BMA due to them misdiagnosing but how are they used needed to be reviewed.**
- **Encouraged people to attend the NHP engagement meetings regarding the issue at Barrow. NHP issue was about the number of beds as NHSE have said there would be fewer beds, but the local team said probably no less but no more. Why aren't we factoring in the need for more beds into the NHP build? Should be increased to some extent. NHSE said they were looking at adjusting the time model and renting private beds. There was a video on the NHP and Neil Greaves would send to Jenny.**
- **Virtual wards – the hospital said if needed the consultant would leave the hospital to see a patient at home but how would this be managed? Also, how would the ambulance come in a timely manner to take them to hospital? The message has been that we are working on a limited budget, but the virtual wards would cost four times more than a hospital bed. This all does not make sense and would like to discuss further.**

Response: Kevin Lavery explained that the New Hospitals Programme (NHP) was currently under review and that more information would be available following the Chancellor's Autumn statement. In terms of bed planning there was a lot of work to do as the NHP was about what should be the model of care going forward. A 60% increase of beds was not fundable, and it was about dealing with more healthcare issues in the community and acute reconfiguration. The issues were being worked through and whilst there would need to be an increase in beds, it would not be proportionate to the issues. Hospital at home is the future but the issue is how it is done well with better use of technology and being patient focused. It was confirmed that we would not be funding virtual ward beds at four times the cost. Sarah O'Brien advised that from a clinical/nursing point of view, everything was being done in a cost-effective way with a focus on virtual care. Technology could be used to support people to self-care and keep them out of hospital, which would be cost effective. Virtual care is different to a virtual ward and the big programme of work with community services would be key. Craig Harris offered a further conversation about understanding virtual wards and the offer around this as it differed across hospitals. He offered to put Jenny in touch with the subject matter expert to clarify any issues.

Thanks were conveyed to members of the public who provided suggested topics and themes for the AGM. Where possible, they were taken into consideration within the presentations. More specific issues and questions will be shared with the ICB's patient experience team for individual responses.

7.	**<u>Closing Remarks</u>** The Chair conveyed his thanks for the areas of information covered, contributions and engaging with the ICB colleagues and for the questions raised. He also offered to speak with any member of the public to answer any further questions. The meeting closed.