Lancashire and South Cumbria Integrated Care Board

Subject to ratification by the ICB Board

Minutes of the NHS Lancashire and South Cumbria Integrated Care Board Annual General Meeting and Presentation of Annual Report and Accounts 1 July 2022 - 31 March 2023 Incorporating Highlights of NHS Clinical Commissioning Groups Annual Reports and Presentation of Accounts 1 April 2022 - 30 June 2022*

Held on Wednesday, 13 September 2023 at 5.30pm-6.45pm in Lune Meeting Room 1, ICB Offices, Level 3 Christchurch Precinct, County Hall, Preston. PR1 8XB

* NHS Blackburn with Darwen Clinical Commissioning Group
NHS Blackpool Clinical Commissioning Group
NHS Chorley and South Ribble Clinical Commissioning Group
NHS East Lancashire Clinical Commissioning Group
NHS Fylde and Wyre Clinical Commissioning Group
NHS Greater Preston Clinical Commissioning Group
NHS Morecambe Bay Clinical Commissioning Group
NHS West Lancashire Clinical Commissioning Group

	Name	Job Title
Members	David Flory	Chair
	Jim Birrell	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Kevin Lavery	Chief Executive
	Sam Proffitt	Chief Finance Officer
	Professor Sarah O'Brien	Chief Nurse
	Dr David Levy	Medical Director
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Chris Oliver	Partner Member – Trust / Foundation Trust – Mental Health
Participants	Asim Patel	Chief Digital Officer
	Professor Craig Harris	Chief of Strategy, Commissioning and Integration
In attendance	Debra Atkinson	Company Secretary / Director of Corporate Governance
	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, David Flory welcomed everybody to the first Annual General Meeting of the Lancashire and South Cumbria Integrated Care Board (LSC ICB) and introductions were made to Kevin Lavery, Chief Executive and Sam Proffitt, Chief Finance Officer. Other members of the Board were in the audience and would take part in the discussion later in the meeting. Thanks were conveyed to the members of the public for attending the meeting. David Flory gave an overview of the items on the agenda for the accounting periods, ie, for the three-month period 1 April 202 to 30 June 2022 of the former Clinical Commissioning Groups (CCGs) across Lancashire and South Cumbria and for the nine-month first accounting period 1 July 2023 to 31 March 2023 of the LSC ICB. David Flory referred to stories in the news in respect of the NHS which was under intense scrutiny and pressure. He commented that there were fantastic people in all aspects of healthcare provision across the communities we serve in our area recognising that there were insufficient numbers of staff in areas we wish to work in. The Chair advised that the ICB has statutory duties across a range of services that require provision along with oversight and accountably in all parts of the NHS and social care system. Time had been spent in respect of governance and ways of working to bring those elements together and real progress and benefits had been made. He acknowledged however, that there was still more to do.
2.	**Apologies for Absence** Apologies for absence had been received from Professor Ebrahim Adia, Roy Fisher, Sheena Cumiskey, Professor Jane O'Brien, Maggie Oldham, Kevin McGee and Angie Ridgwell.
3.	**Declarations of Interest** **RESOLVED: That there were no declarations of interest made.**
4.	**Achievements and Challenges over 2022/23** Kevin Lavery presented an overview of 2022/23 and highlighted the following: • Aims of an ICB and strategic priorities • The challenges • Key achievements • ICB performance • Vision • The plan • Working as a system **RESOLVED: That the presentation given by the Chief Executive be noted.**

5.	**<u>Presentation of Accounts</u>**
	
	Sam Proffitt gave a presentation on the financial year 2022/23 and highlighted the following:
	• Single financial plan made up of the eight CCG full year plans for 2022/2023 – Single allocation total
	• Allocations for the first three months issued to match actual expenditure reported in the period end accounts
	• ICB to manage within the balance of the single allocation for the remaining nine months
	• Expectation that the ICB would deliver a balanced financial position at year end 31 March 2023.
	
	Sam Proffitt referred to the nine sets of accounts completed at year end which included eight CCGs (for the three-month period) and the ICB (for the nine-month period). The process involved retained skills and competencies of finance staff to be undertake this work, commenting that manual adjustments had to be carried out in areas all at a time when the ICB was going through an organisational restructure. Sam Proffitt acknowledged the challenging pressures put on staff and conveyed her thanks for their hard work and continued support.
	
	Sam Proffitt further highlighted the following:
	• The challenges and the work undertaken
	• CCG results for the three-month period to 30 June 2022:
	  • Former CCG split of resources
	  • Auditor reports including any control deficiencies – significant, medium or low
	• ICB results for the nine-month period to 31 March 2023:
	  • The challenges
	  • Funding spend
	  • Auditor reports including any control deficiencies – significant, medium or low
	• Looking forward:
	  • Addressing the immediate control improvements
	  • Two significant weaknesses:
	  ▪ Governance – level of maturity and will become embedded during 2022/23
	  ▪ Financial Sustainability
	  ▪ We met our plan in 2022/23 using the historic surplus to support a breakeven position
	  ▪ A longer term approach being taken to underpin strategy with £80m deficit planning in year 2023/24 moving to recurrent balance over 3 years
	  ▪ Recovery and transformation Board in place to oversee the delivery
	  ▪ Short term controls in place while longer term plans are developed
	  ▪ Programmes focusing on waste, productivity and duplication
	  ▪ Doing the right thing for our population and achieving the right outcomes will drive both quality and financial recovery
	
	RESOLVED: That the presentation given by the Chief Finance Officer be noted.

6.	**<u>Public Questions</u>** David Flory advised that a number of 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 was circulated at the beginning of the meeting (attached at Appendix A) and would also be published on the ICB website. The following questions were raised at the meeting: **Q1: Why three months then nine months?** **Response:** David Flory advised that the original intention was for the ICBs to be established from 1 April 2022. He commented that as illustrated in the presentation, there was a large staff change of eight organisations moving into one successor organisation. This had taken place across the country with equivalent processes. David Flory commented that due to winter pressures, it was as late as January 2022 that the Government had delayed the time period for establishment of the Integrated Care Boards hence, the reason for pushing back three months in order that there were no distractions during the winter period. **Q2: How is the ICB approaching contract commissioning of services?** **Response:** Craig Harris, Chief of Strategy, Commissioning and Integration advised that he was leading in this area, reviewing all current contracts and building a contract repository. There would be clear commissioning intentions, engaging with providers and communities and looking at what and how we want to commission services. It was a very complex process which was developing and developments were being shared with partners. There were some national requirements which would need to be included in our local arrangements. Craig Harris has oversight via a single leadership arrangement and was mindful that there needed to be a clear set of standards put in place. Commissioning and contracting discussions would be held over the forthcoming months. **Transparency, decisions-making and governance –** David Flory commented that a number of questions highlighted a theme in respect of transparency, decision-making and governance, the answers of which were contained within Appendix A. He reconfirmed the arrangements commenting that six formal Board meetings per year are held, all meetings are in person and are open for members of the public to observe the business of the ICB and are live-streamed. He commented that other NHS bodies do hold their meetings virtually. He stressed the importance of meeting face to face in public. Meeting papers are published on the ICB website seven days in advance of the meeting and questions are invited relating to the Board business to be discussed. David Flory advised that the broader range of issues received are responded to separately. He further commented that there is also a requirement for Board discussions to be held in a closed forum where issues are commercially sensitive or of a personal nature. The ICB Board continues to challenge itself round this requirement but ensuring the ICB is also protected. David Flory acknowledged that the approach taken was right and whilst not yet perfect, colleagues were on a continuous journey to finetune the process to ensure transparency, a principle and a value that we hold dear and will continue to operate in in the future. **Recruitment of staff –** K Lavery highlighted question 12 within appendix 1.

Contracts with Providers – K Lavery highlighted a number of questions raised around contracts with providers – see appendix 1.

Q3: Referring to the NHS over the years, previously free prescriptions etc, seeing cuts in services, privatisation etc. concern around GP practices being in complicated ownership hands, can this be limited? Whilst intentions are good, there appear to be concerns. Also, sub groups of the Board, in particular the Public Involvement and Engagement Advisory Committee (PIEAC) which is held behind closed doors. Attempts had been made to have discussions but they had not taken place.
Response: Dr David Levy, ICB Medical Director advised that the ICB holds a Primary Care Commissioning Committee in public and work was taking place in striking a balance. Some practices come together well and there was also recognition of bigger groups and how they should be managed. He stressed the importance of ensuring patients see the same GP and to ensure it is about what the patient wants before making a decision. Dr Levy commented that waiting times were reducing, eg, we do not have the 65-week waits as previously. It was acknowledged that occasionally patients have to wait a long time and then pay privately. Dr Levy advised that if patients felt the wait was too long, they should raise their concerns.

Debbie Corcoran, ICB Non-Executive Member and Chair of the PIEAC and also Chair of the Primary Care Commissioning Committee (PCCC) commented that the PCCC is a decision-making committee that also observes a budget and is held to account around this. The committee meetings are held in public. The PIEAC does not meet in public however, for transparency, meeting papers are published on the ICB website in order that information can be shared. All of the information is taken through the ICB Board meetings held in public and people can ask questions and scrutinise, therefore, there are mechanisms in place without meeting in public. She also commented that we have a sense of feedback on engagement events and we ensure information is accessible in as many ways as possible.

Q4: Could Craig Harris please provide view of all the contracts going forward as there does not appear to be any details in respect of business, the name of the contract and when it is due to expire. Will this information be visible?
Response Craig Harris referred to the current contract repository which was very detailed, a lot of which was commercially sensitive. He commented that work was taking place in reviewing the global number value and areas in order that the information could be more public facing however, he was mindful of the information not being identifiable. Craig offered to develop a plain English summary of the contract repository which presents information which is able to be shared publicly once further work on this has been completed which is expected towards the end of the financial year.

Comment: Reference to the elderly who are now fearful of becoming ill. Also the use of words such as enhanced, digital front and centre, digital wards and community virtual wards can be frightening and not understood. The provision of community services available is not clear. Also asking patients to click on links, use mobiles. Face to face interactions help build interactions and people don't want to exist on a screen.

David Flory was mindful of the comments made which reminded us of the challenges

	in terms of communication, how people are engaged with and trust. He advised that patients can trust us and act with the resources we have and the duties within the constraints of the system. He urged the public to hold the ICB to account and that challenge is how the comments can be enacted. **Q5: Reference was made to Blackpool Mental Health Assessment Centre – Previously, Blackpool Teaching Hospitals A&E department would have a room for mental health patients however, it had not materialised. Patients were being turned away although met the criteria, staff were burnt out and CAMHS waiting times were long.** **Response:** David Flory asked Chris Oliver, Chief Executive, Lancashire and South Cumbria NHSFT to provide more information outside of the meeting. **Q6: Are support recovery workers coming back? There was also a gap across GP surgeries and community mental health teams.** **Response:** Chris Oliver commented that support workers were a key part of mental health support. Work was taking place in transforming community services to a mental health standard and it was important that people were in an in-patient facility for a short time. He would have a separate conversations about the wider community services. In terms of the perceived gap, some is shared care however, core roles have been put in place to take on a lot of the work.
7.	**<u>Closing Remarks</u>** The Chair conveyed his thanks for the areas of information covered, engaging with the ICB colleagues and for the questions raised. He was mindful of establishing a way of working with they are committed and to be as accessible as possible. The meeting closed.

Appendix A

Annual General Meeting (AGM) – Responses to questions from members of the public

The following document is a summary of responses to questions which have been received from members of the public ahead of the AGM. Questions have been summarised to reduce duplication of responses. Individuals will be responded to directly following the AGM with responses to their individual questions.

1. How have the ICB selected organisations in the voluntary sector as partnership organisations?

NHS Lancashire and South Cumbria ICB are committed to working in partnership with organisations in the VCFSE sector to strategically respond to the challenges that we face across the system. A partnership agreement has been codesigned by the ICB and the VCFSE Alliance which set out high level principles for the development of strategic partnerships and, through the ICB's Director of Partnerships and Collaboration and the VCFSE Alliance, work is underway to realise these principles.

The VCFSE Alliance is a partnership of Voluntary, Community, Faith and Social Enterprise organisations in Lancashire and South Cumbria who have been working together over a number of years to build partnerships aiming to establish the sector as a valued partner within the health and care system. More information about this partnership is available here: https://www.healthierlsc.co.uk/VCFSE/

The ICB values the input of the VCFSE sector and the voice that it brings to the decision making across the system. As a result of this, a VCFSE sector representative, Tracy Hopkins, has been agreed by the sector as a partner member on the ICB Board. Representatives on a number of ICB committees and groups have been identified through a nomination process put in place by the VCFSE sector. A list of VCFSE sector representatives can be sourced from the VCFSE Alliance.

In terms of commissioned services, the ICB inherited a large number of contracts and grants with the VCFSE sector from legacy Clinical Commissioning Groups. Going forward, we will seek to work in partnership with the VCFSE sector to understand the most effective ways to respond to the needs of our residents.

2. Is the ICS proposing any cuts in services or staff?

The NHS in Lancashire and South Cumbria faces considerable challenges which have been described in the NHS Joint Forward Plan. There is a mismatch between the demand for healthcare in and the available capacity – and this gap is widening over time. It impacts on our population, our patients, our staff and our finances. As demand grows, so do waiting times for care. It also creates additional pressure on our valued workforce. As a system we are spending more money on health and care services than we receive in income and this situation has got significantly worse since the COVID-19 pandemic.

Although the way we are configured is part of the reason behind our challenged financial situation, we do need to change our approach to health and care because without change, outcomes and care for our residents and communities will only get worse.

The ICB will work with partners, staff and our communities in developing plans to reconfigure and transform services. All the decisions we make will be backed up by the evidence that shows that the quality and safety of our services will not be compromised, and that communities will not be unfairly disadvantaged by those decisions. We are committed to engaging, involving and consulting our residents and communities. More information is available in the Joint Forward Plan.

In relation to ICB staff, NHS England has published a three-year ICB level Running Cost Allowance (RCA) allocations and efficiency expectations which includes a 30% real-terms reduction by 2025-26.

Anticipating an allocation reduction, NHS Lancashire and South Cumbria ICB set a target in 2022-23 of 20% pay cost reduction alongside a 25% CSU contract reduction – both of which would contribute to the RCA reductions.

Throughout 2022-23 and into 2023-24, there has been extensive work across the ICB to engage and consult ICB staff in a restructure of the organisations and Mutually Agreed Resignation schemes (MARS) in November 2022 and June 2023 which have helped to facilitate savings. Staff will continue to be kept informed and kept involved in any future staffing changes.

3. **What effect the board will have on services delivered in local areas across Lancashire and South Cumbria?**

The role of the Board is to ensure that health and care services are joined up, improve health and wellbeing of the population and ensure that all residents have the same access to services. The Board work closely with the place-based partnerships to ensure there are collaborative arrangements at a local level for arranging and delivering health and care services. This includes partners who plan and provide health and care services within local areas coming together so they can join up programmes of work to target improvements where they are needed together. This means the Board working with local authorities, hospitals, primary care services, housing, VCFSE, mental health services, and others to ensure that our teams are connected and patients have joined up care.

4. **Will private sector representatives be included in the membership of any ICS boards or committees or any bodies with delegated powers from the ICB?**

The constitution for the ICB states that disqualification from a Board member role would consist of an appointment which could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise. The ICB works in line with the constitution at all times.

5. **Can a commitment be agreed that NHS providers are the default providers of health services, care and treatment, and that as contracts with private sector companies come up for renewal the default position is that they will be awarded to NHS providers?**

The role of the ICB is to ensure high quality health services are provided to our population and improving people's health and wellbeing. As a public sector organisation we are accountable for public spending and oversee how money is spent and make sure health services are working well. As such, it is important that commissioning decisions are robust, defensible and based on quality provision and value for money.

It is therefore important for the ICB to have an innovative and sustainable approach to procurement and contracting that supports the ICB's commissioning priorities to ensure quality healthcare services are delivered by both NHS providers and the Independent Sector.

Currently all ICBs are bound by the Public Contract Regulations 2015 and the Procurement, Patient Choice, and Competition Regulations 2013 for any healthcare contract awards. These regulations are designed to support the procurement of high quality and efficient healthcare services that meet the needs of patients and protect patient choice and to prevent anti-competitive behaviour by commissioners when commissioning healthcare services unless anti-competitive behaviour is in the interests of the patients.

Under the Health and Care Act 2022, there has been a national shift in how healthcare services are commissioned focussing on a more collaborative approach and a commitment within the NHS to increase flexibility and transparency to the procurement of healthcare services. This is to support the NHS ambition for greater integration and collaboration between NHS organisations and their partners.

To support this the NHS Provider Selection Regime (PSR) is planned to be introduced that will outline a set of new rules that all ICBs will need to follow when arranging healthcare services alongside the plans of removing healthcare services from the scope of the Public Contracts Regulations 2015.

Although the PSR will still require auditable transparency and fair treatment of providers (both NHS and the Independent Sector) in contract award decisions made by the ICB, it will also allow more flexibility and offer non-competitive routes when commissioning healthcare services in the future.

Patients also have a legal right to choose the provider of their care when they are electively referred into a consultant-led service for a first outpatient appointment. In terms of the ICB selecting providers to deliver services that fall under patient choice, commissioners are required to establish and apply transparent, proportionate, and non-discriminatory criteria for the qualification of providers who wish to deliver these services and therefore the opportunity must be open to both NHS and Independent Sector providers.

6. **Can there be a commitment that anyone who needs emergency or urgent services while present in the ICS's geographical footprint will receive the necessary treatment, whether or not they are registered with, or permanently reside within, the ICS area?**

Anyone should be able to access emergency or urgent care services regardless of whether they are registered or permanently reside in the ICB area.

7. **Is there vigorous scrutiny for awards of contracts of services to ensure that these are conducted in a transparent and accountable manner?**

The ICB commissions healthcare services in compliance with the Public Contract Regulations 2015 and the Procurement, Patient Choice, and Competition Regulations 2013 and therefore is governed by the key principles of transparency, proportionality and the equal treatment and non-discrimination of all providers. The ICB have robust procurement and contracting processes in place to ensure the appropriate due diligence is carried out when selecting providers and the ongoing monitoring of providers following contract award.

8. **What commitments are there from the ICB about the membership of the ICB Board including representatives of each local authority and representatives of professionals from mental health, community health, maternity, primary care and public health, as well as from acute services?**

The composition of the ICB Board is in line with national guidance. The Board membership includes four partner members; Partner Members - NHS Trusts and Foundation Trusts, Partner Member – providers of Primary Medical Services, and Partner Member – local authorities.

The Partner Members - NHS Trusts and Foundation Trusts are jointly nominated by the NHS trusts and/or foundation trusts which provide services for the purposes of the health service within the ICB's area as follows:

a) Blackpool Teaching Hospitals NHS Foundation Trust

b) East Lancashire Hospitals NHS Trust

c) Lancashire and South Cumbria NHS Foundation Trust

d) Lancashire Teaching Hospitals NHS Foundation Trust

e) North West Ambulance Service NHS Trust

f) University Hospitals of Morecambe Bay NHS Foundation Trust

The Partner Members - NHS Trusts and Foundation Trusts must be able to bring the full range of perspectives across emergency, acute, mental health and community provision.

The Partner Member - providers of Primary Medical Services is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area, and 19 that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

The Partner Member - providers of Primary Medical Services must bring understanding of this area including primary dental, community pharmacy and optometry providers as well as primary care networks and general practice

The Partner Member – local authorities is jointly nominated by the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area.

The Partner Member – local authorities must be the Chief Executive or hold a relevant Executive level role of one of the local authorities in the ICB area.

The Board has several regular participants who bring the perspectives of other areas of health, for example the Director of Public Health from Blackburn with Darwen Council is a regular participant.

9. Is there a commitment that Integrated Care Boards, Integrated Care Partnership body, place based bodies, committees and subcommittees will include representatives of patients' groups and of NHS staff trade unions?

The ICB Board includes a regular participant from local Healthwatch who is able to contribute the insight from their role of listening to the public into Board meetings and discussions.

NHS Lancashire and South Cumbria ICB has established a committee of the Board to provide assurance on the engagement and involvement of patient groups, members of the public and communities across Lancashire and South Cumbria. The Public Involvement and Engagement Advisory Committee (PIE AC) has been established to support the ICB in ensuring the voice of local people and residents is actively embedded and valued in decision making of the ICB and at all levels of the system, particularly in relation to inequalities and those who are seldom heard. The committee is chaired by an ICB non-executive member and the membership includes representatives from local Healthwatch, VCFSE, NHS hospital trusts, place-based partnership teams, primary care along with relevant ICB team members.

The ICB has endorsed a strategy for working in partnership with people and communities which includes principles of how the organisation aims to put in place good engagement, involvement and coproduction.

Joint working/partnership agreements are in place in all NHS organisations across Lancashire and South Cumbria for working with NHS staff trade unions and staff-side representatives, with regular formal Partnership Forum meetings providing the opportunity to review issues relating to the workforce.

10. Can the ICB make a commitment that all meetings of the Integrated Care Board will be held in public with papers available in advance and observers from the public, trade unions, patients' groups allowed to ask questions and be entitled to written answers to those questions.

Board meetings, and committees composed entirely of board members, or which include all board members, will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest. Papers and minutes of all meetings held in public will be published. In line with this guidance the ICB holds all Part 1 Board meetings in public. In addition, the ICB established a Primary Care Commissioning Committee in June 2023 and established this as a committee held in public.

When papers are published for ICB meetings held in public, an associated form to allow the public to ask questions relating to the agenda items is available. Those questions received which relate to items on the corresponding meeting agenda will be addressed at the meeting, any questions received which do not relate to items on the corresponding meeting agenda are responded directly to the individual.

11. Are there any plans to return a 24-hour A&E service to Chorley and South Ribble Hospital anytime in the foreseeable future?

There are no current ICB plans to change the current service provision for urgent and emergency care at Chorley & South Ribble Hospital.

12. What steps are you taking to recruit enough staff and retain them to man the hospitals to a safe and efficient level?

Workforce requirements across the provider organisations were modelled as part of the planning process and submission undertaken in May 2023, which included capacity and demand planning for the 2023/24 operational year. Workforce plans did not include escalation/additional winter resilience capacity and workforce, beyond what was modelled in the demand/capacity plans.

The ICB People Board has been overseeing the progress against the workforce elements of these plans and a programme of work has been set up focussing on delivering sustainable workforce capacity. As part of this programme, we are working towards building specific targeted interventions particularly around supporting providers to fill gaps in critical roles and services and in responding to pressures, surge, anticipated and unanticipated demands. This work includes delivery within the Ambulance Service and Primary Care and runs parallel to a further programme of work focussing on developing our support and insight into the Social Care workforce which is aimed to ensure consideration of all parts of our system.

The Better Care Fund is being utilised to develop Intermediate Care and discharge capacity supported by improved community resilience and implementation of virtual ward capacity – this is collaboration between the ICB and local authority partners.

Vacancy rates overall in Lancashire and South Cumbria have reduced. Trusts are also showing a reduction in turnover over the last 5 months for all staff groups (except midwives) and a continuing downward trend, based on the latest data available.

Sickness absence trajectories are monitored and actions are being put in place to mitigate against continuing high levels of sickness absence across the workforce, associated with stress, burnout plus long Covid cases.

Retention of staff is aided by an increased focus on people centred flexible and agile working strategies such as “Let’s talk Flex”. This allows staff to have greater choice and control with regards to how roles are delivered such as compressed hours, term time, job share, flexible retirement, changes to work patterns and employment breaks. Also in place is investment in career development, talent and appraisal processes – this includes digital passports and easier movement of staff between NHS trusts. Risk points (of staff leaving) have been identified with data for key job roles such as nurses and midwives so that response and support can be offered to keep job satisfaction levels high

13. When are patients going to be able to access an NHS dentist?

The ICB took on the responsibility for the commissioning of NHS dental services on the 1 April 2023. Dental services are commissioned via a nationally negotiated contract and the government provides the NHS with funding for approximately 60% of the population to be able to access NHS dental care. During the pandemic the level of dental services provided dramatically dropped due to measures to keep both patients and dental teams safe. NHS dental practices have only been required to perform to their full contractual activity since July 2022. This reduction in service provision alongside an increase in sugar consumption by many during the pandemic has resulted in patients presenting to dental practices with an increased disease burden, resulting in patients requiring multiple appointments to make them orally fit. This results in dental practices being able to see fewer patients for the same number of appointments they have traditionally offered.

Alongside the challenges NHS dentistry is facing post pandemic there is a growing dissatisfaction amongst the dental profession with the structure of the national contract which has resulted in some providers choosing to reduce or stop providing NHS services and with little interest from other providers to provide additional care via the current contracting mechanism. To help tackle these challenges the NHS Lancashire and South Cumbria has launched its dental access and oral health improvement programme to improve access to dental services in the high street and to improve oral health.

The programme will look to prioritise the areas of Lancashire and South Cumbria with the greatest need for dental access and oral health support. It will also aim to reduce inequalities in dental access and oral health across the region. The programme will focus on where investment should be prioritised, improving patient pathways, communications to the public and to staff, supporting retention and recruitment of the dental workforce and contract management.

If any patient has an urgent dental need care is available via the local dental helpline 0300 1234 010, (charged at local rate) can provide advice, support, and an appointment where necessary.

14. How can people register for attendance at ICB meetings, involve themselves in surveys and ask questions of the Board without access to a computer?

Lancashire and South Cumbria ICB has committed to making arrangements for board meetings, and committees composed entirely of board members, or which include all board members, to be held for

members of the public to observe except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest. We recognise that this means agendas, papers, minutes and information for registering for meetings are published on the ICB website as the main source of information.

Members of the public who wish to request information or for any other enquiry, including information about Board meetings, are able to use the following contact methods:

By phone: 0300 373 3550 (open Monday to Friday 8am – 5pm)

By email: lsc.icb@nhs.net

By post: NHS Lancashire and South Cumbria Integrated Care Board, Level 3, Christ Church Precinct, County Hall, Fishergate Hill, Preston, PR1 8XB

It is important to note that for engagement and involvement of local people on changes to health and care services, a range of opportunities are put in place to listen to communities in the form of public events, targeted outreach and working with partners to give those who are digitally excluded an opportunity to have their say. This often includes completing surveys in person, through telephone interviews or by working with community partners who work directly with individuals in communities such as voluntary, community, faith and social enterprise organisations. These type of engagement programmes are typically very local or targeted to specific community groups on issues which relate to health and care services. In these circumstances, the ICB makes every effort to work with community groups to identify additional opportunities to reach people using a range of methods including those which are not online or digital.