Subject to approval by ICB Board

# Minutes of the NHS Lancashire and South Cumbria Integrated Care Board Annual General Meeting and Presentation of Annual Report and Accounts 1 April 2024 - 31 March 2025

## Thursday, 25 September 2025 at 4.30pm-6.00pm in Lune Meeting Room, ICB Offices, Level 3 Christchurch Precinct, County Hall, Preston PR1 8XB

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

| Item | Note |
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| **1.** | **<u>Chair's Welcome and Opening Remarks</u>**<br><br>The Chair, Emma Woollett, welcomed all and advised that the meeting was a reflection of the last year.<br><br>The Chair introduced the panel and advised those present of the order of business. |
| **2.** | **<u>Apologies for Absence</u>** |

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| | Apologies for absence had been received from Steve Igoe, Jane Scattergood, Denise Park and Vicky Gent. |
| **3.** | **<u>Declarations of Interest</u>**<br><br>It was noted that if any declarations arose during the meeting, they should be highlighted for inclusion in the minutes.<br><br>**RESOLVED: That there were no declarations of interest made.** |
| **4.** | **<u>Achievements and Challenges 2024/25 and Forward View</u>**<br><br>S Proffitt introduced the overview of 2024/25 and highlighted the challenges and the financial position of the ICB. She noted that high quality system work would be required to enact the NHS 10-year health plan, which would enable the transfer of health care into the community. She also recognised the imperative to drive improvements in health and healthcare outcomes for the population, noting the diverse geography of the ICB (coastal, rural, cities, and towns). The budget for the geographical area was reported as £5.5 billion.<br><br>S Proffitt described that the ICB's vision was to have a high quality, community-centred health and care system by 2035 and described the ICB's purpose to:<br><br>• Improve outcomes in population health and healthcare<br>• Tackle inequalities in outcomes, experiences and access<br>• Enhance productivity and value for money<br>• Help the NHS support broader social and economic development<br><br>An update was provided on the work undertaken to develop the ICB's values:<br><br>• That focus was placed on fostering a culture that was ambitious, appreciative, and resilient. Emphasis was given to delivering plans effectively and efficiently, with the intention of ensuring that the organisation served its communities with excellence.<br>• The Lancashire and South Cumbria ICB values were established to set out how the organisation would collectively create the culture required to achieve its vision and purpose. Through workshops and sessions held between October 2024 and February 2025, the core values and behaviours were agreed, with the aim of fostering a positive organisational culture and making the organisation a great place to work, delivering high quality, safe, and effective health and care.<br><br>The challenges facing the organisation were described under the following themes:<br>• Deprivation<br>• Life Expectancy<br>• Health and wellbeing<br>• System challenges<br><br>A Knox presented how the ICB was improving outcomes within populations and detailed the approach that had been taken to improve quality outcomes by the Population Health team. He advised that the team had worked closely with the local authorities and the faith sector and highlighted an example whereby a concerning trend in drug related deaths was identified in Furness:<br><br>• Prescribing data used to identify a prevention opportunity<br>• Millom - a remote Cumberland community on the Cumbrian coast, showing a high-rate of opioid prescribing |

- A recognised lack of support for patients with chronic pain
- Leading to the escalating use of pain medication
- Chronic pain impacting on NHS and local authority service use and high economic inactivity rates

A Knox described the actions taken and in particular the positive impact this resulted in for the patients of Millom and went on to describe the further impact of work across the other Place footprints resulting in patients being prescribed less opioids in 2024/25.

**Annual assessment from NHSE**
S Proffitt outlined the areas of assessment and noted that the ICB had been given financial support of an extra £175 million for both the system and provider organisations to ensure that the system remained within budget.

**Areas for improvement were identified as:**
- Financial challenges
- Leadership and engagement
- Governance arrangements
- Planning for 2026/27

**Areas we are doing well were identified as:**
- Positive work in key areas - admission avoidance, hypertension, etc.
- Population Health Academy
- Focus on Prevention
- Specialised commissioning functions

**Further achievements to improve the experience of health and care were shared including:**
- Intermediate Care Model
- The transfer of Child and Adolescent Mental Health Services (CAMHS)
- Adult Community Health Services Transfer – 7% decrease in ambulatory care sensitive admissions for diabetes complications
- Care Sector Collaborative Improvement 55% decrease in attendances and 60% admissions
- Improving End-of-Life Care – 19% increase in advanced care plans
- We have diagnosed more than 300 people with lung cancer early through Targeted Lung Health Checks
- Community led examples were also shared

**System in recovery support**
S Downs described that:

- The ICB faced significant financial challenges head-on
- ICB and three Trusts placed into NHS Oversight Framework Segment 4
- Receiving intensive support from the National Recovery Support Programme
- Underlying system, financial deficit estimated at £350 million.
- Need for action through partnership and commissioning to achieve sustainability
- Signed undertakings with NHSE on financial planning, leadership, and governance

S Proffitt detailed the work which had been undertaken through community outreach:

- Community outreach and interventions in priority wards.
- Received than 26,000 views through events, surveys, and research.

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| | • More than 14,000 people signposted screening as part of understand barriers to accessing cancer services with voluntary sector partners.<br>• Citizen advisors have been involved in more than 15 programmes of work from service design, procurements and even the CEO recruitment.<br><br>S Proffitt highlighted the work which had been undertaken throughout the year with partners across Lancashire and South Cumbria to improve health and wellbeing for the population.<br><br>She concluded by describing the ICB's plans for the future:<br>• New chief executive<br>• 10-Year Health Plan<br>• Commissioning intentions being planned early<br>• Improved financial sustainability and service quality<br>• Driving transformation to tackle health inequalities<br>• Clear prioritisation process to remain within budget and meet national requirements<br>• Supported by stakeholder engagement and legal service change processes<br><br>**RESOLVED: That the presentation be noted.** |
| **5.** | **<u>Lancashire and South Cumbria Integrated Care Board Annual accounts 2024/25</u>**<br><br>S Downs presented the ICB system in recovery support and explained the statutory duty of the ICB to ensure that the expenditure did not exceed the income.<br><br>**Targets**<br>**The ICB has a statutory duty to ensure**:<br>• Expenditure does not exceed income<br>• Revenue resource use does not exceed the amount specified by NHS England<br>• Revenue administration (running costs) resource use does not exceed the amount specified by NHS England<br>• Capital resource use does not exceed the amount specified by NHS England<br><br>S Downs went on to describe that these statutory duties had been met for 2024/25, because of the deficit funding support that had been provided.<br><br>He proceeded to present how the better Payment Practice Code had been met:<br>• Noted the pressures on the NHS Nationally and described the specific pressures for the ICB, which included the additional cost pressures of All Age Continuing Care (AACC), QIPP (Quality, Innovation, Productivity, and Prevention program) with a shortfall of £29.5m which was achieved by other mitigations. That grip and control had been achieved despite considerable risks and pressures.<br>• The NHS had achieved its targets in both value and volume, and non-NHS organisations had also achieved their respective targets.<br>• Pressures on the NHS nationally were noted, and the specific pressures for the ICB were described. These included additional cost pressures related to All Age Continuing Care (AACC) and the QIPP (Quality, Innovation, Productivity, and Prevention) programme, which had a shortfall of £29.5 million that was addressed through other mitigations.<br>• Grip and control had been maintained despite considerable risks and pressures.<br><br>S Downs presented the financial pressures that the organisation had faced in the last financial year:<br>• It was reported that £87.5 million of deficit support funding had been provided to facilitate a breakeven financial plan. Additional cost pressures had arisen in-year, most significantly in relation to All Age Continuing Care. |

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| | • The QIPP programme had been set at £270 million; £240.5 million had been achieved, with the shortfall covered by other mitigations.<br>• Increased grip and control measures, alongside external support, had assisted in the achievement of breakeven, despite considerable risks and pressures that had been observed.<br><br>S Downs concluded his presentation with a cost analysis of the spend across the health economy.<br><br>**RESOLVED: That the presentation be noted.** |
| **6.** | **<u>Public Questions</u>**<br><br>The following questions were raised at the meeting:<br><br>**Q1**: ***From Gemma Jackson of the Fylde Coast Patient Network (FCPN)/Thornton practice patient group***<br>**What scrutiny was there at Blackpool Victoria Hospital given the number of problems patients were having in all areas of the hospital over the last 12-18 months? There was an average waiting time for the appointment system of 1 hour 3 minutes, and phone line included a statement 'we will treat your enquiry in the queue in which you entered'.**<br>**Response:** A Knox, ICB Medical Director, responded that the ICB was dedicated to having high quality care both in Trusts and primary care community services. That there was scrutiny in hospitals and the ICB worked closely and collaboratively with hospital boards. In the last 2 weeks, a rapid quality review had taken place in Blackpool Teaching Hospitals, looking at a 360° review of every hospital service under the Trust. The review had been undertaken alongside NHS England, who were working proactively with Blackpool Teaching Hospitals.<br><br>The ICB had been assured that improvement had started to be seen in every department in Blackpool Victoria Hospital, and that NHS England was inputting regularly with scrutiny through Improvement Assurance Group (IAG) meetings.<br><br>S Proffitt's earlier presentation had highlighted that the 10-year health plan was welcomed and the ICB wanted to focus on having services closer to communities and to work closely with those areas suffering ill health to reduce presentation at hospitals in the first instance. The ICB was dedicated to holding hospitals to account for quality and improvement, and were working with the Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations and public health to take a pro-active approach to improve lives in Blackpool.<br><br>**Q2: *From Gemma Jackson, Fylde Coast Patient Network/Thornton practice patient group***<br>**I want to highlight Martha's rule (which enabled staff, patients and their families to seek an independent medical review if they feel their concerns about a patient's care not being adequately addressed), and the importance of having Facebook and practice pages to encourage people to be screened and vaccinated. However, as not all have digital access, the Fylde Coast Patient Network were in the surgery every week talking to patients to provide signposting. Would this ever be possible in Blackpool Victoria Hospital?**<br>**Response:** A Knox, stated that he would explore this and acknowledged the use of social media could be problematic for some of the population and highlighted that there were alternatives offered.<br><br>**Q3: *From, a member of the public***<br>**It was unclear why continuing healthcare had been identified as an additional cost pressure in the last accounting period, whilst the ICB was employing a private company to be involved in autistic assessments. How was this fair to some of the most vulnerable** |

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| | **people in society? Personal experience evidenced that outcomes were pre-determined. On contacting the ICB previously no response was received and there should be a point of contact where people can speak to the ICB.**<br>**Response:** S Proffitt responded that this was currently an area of focus. Financial challenges were seen across the system, largely in providers, but the two big areas for the ICB were in All Age Continuing Care and continuing healthcare packages. A significant increase in costs had been seen over the last few years and these were being benchmarked nationally with the national team who were reporting that Lancashire and South Cumbria ICB were spending equivalently £100m more than the rest of the country. Due to this the ICB had to look at why spend was so high compared to other areas. It was thought this was partly due to demographics but £100m more than the England average spend could not be fully explained. Teams had been working hard looking at how to reassess and review some of the packages for some of the most vulnerable sector of population. S Proffitt provided assurance that a private company had not been used to make any decisions, however, they had been used to help with capacity. Decision making was and continued to be made through frameworks and multi-disciplinary ICB teams. A deep dive was being undertaken looking at feedback from families. As part of this work, a review was undertaken of queries and complaints in relation to where packages of care had been reviewed and to date, the key finding was that the ICB was operating within the framework.<br><br>S Proffitt expressed that the ICB would be happy to look at any case where individuals had concerns and she acknowledged that currently there were packages over and above frameworks and the ICB should be operating within the framework. All of this was being reviewed from both a quality and finance perspective.<br><br>S Proffitt advised that since she had held the role of Acting Chief Executive Officer, she had replied to a significant number of letters, and she noted there was a process in place to raise issues. N Greaves, ICB Director of Communications and Engagement, advised that he would look at this as an individual case. The Chair requested that should a response not have been received that she was content to respond directly.<br><br>**Q4:** ***From Lindsay Irwin, Care in Mind***<br>**I work as a clinical placement manager in a residential private provider. How was the ICB working with independent sector providers to co-design pathways for children and young people closer to home? What were the opportunities to co-work, learn lessons, etc., in future neighbourhood pilots and how would things be brought to life?**<br>**Response:** A Knox confirmed that, particularly relating to children in the care sector, the ICB was trying to co-design pathways and he advised that conversations had begun with Directors of Public Health, noting that co-design work would take place in 2026/27. He described that the center of any new project or new way of working was the co-design with the local communities and noted that a lot of work was taking place in the Morecambe Bay neighbourhood areas with the Poverty Truth Commission, to find solutions for issues rather than the ICB making assumptions on what people required.<br><br>A member of the Healthwatch team advised they were working with the ICB and partners on neighbourhood pilots and working with residential providers to also support the codesign.<br><br>**Q5:** ***From Mr. Martin, Member of Blackpool Patient Participation Group***<br>**There seems to be very little safeguarding taking place when you get into Blackpool Victoria Hospital. Previously there were numerous groups within the hospital, however, currently there were only groups such as PALS which appeared difficult to access. With the functions of Healthwatch being transferred soon, who would patients have to advocate for them? I feel the ICB needed to address the issues discussed at Blackpool Victoria Hospital related to finances and targets. What were the ICB going to do about** |

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| | **better safeguarding services for the community.**<br>**Response:** N Greaves, responded that discussion had been held at the ICB Board meeting earlier in the day around feedback from Patient Participation Groups (PPGs). He advised of variation across GP practices (201 practices within Lancashire and South Cumbria) regarding patient voice. He further commented that the ICB was working with all practices to understand who had active groups and what was working well and how this could be strengthened. N Greaves advised that A Knox had previously commented about the ICB working with colleagues to improve quality elements, and this work touched on the point around safeguarding. It was recognised that there needed to be a change in legislation to transfer the functions of Healthwatch. It was noted that good work was being seen in Blackpool in particular, with active case findings in one of the most deprived wards in the town (Claremont), working hand in hand with practices. S Downs added that the funding the ICB received was set nationally and based on a funding formula and he noted that the system was currently spending more than the designated amount, meaning another part of the country had to spend less. The formula was based on age, sex, deprivation in systems and the system must operate within the funding given.<br><br>**Q6:** ***From, a member of the public/volunteer with Healthwatch Lancashire/previously a Governor and member of the Quality Committee at Blackpool Teaching Hospitals.***<br>**I want to share that the challenge to what has been reported and what has been done at Blackpool Teaching Hospitals is very rigorous. Blackpool Teaching Hospitals non-executive directors listened and applied rigour to the Quality Committee. In my capacity with Healthwatch Lancashire, I visited Royal Preston Hospital yesterday to assess the quality and care environment from a patient's perspective and witnessed positive experiences.**<br>**Response:** N Greaves thanked the individual for sharing this feedback.<br><br>**Q7:** ***Sharon Hesketh, Member of the public/previously a social worker***<br>**In relation to some of the comments made about Blackpool Victoria Hospital, last year, I was a patient at the hospital and my care was amazing and second to none. I was admitted after having been referred to a private sector hospital where the I felt the care to be substandard. Has spending on the purchasing of private hospital care for NHS patients increased or decreased during last year?**<br>**Response:** C Harris, ICB Chief Operating Officer, shared that there was a significant sum, over £100m, spent in the private sector. The tariff value had increased due to the national formula on tariffs and amounts would have risen this year due to inflation. S Downs added that while there was no deliberate push towards the independent sector, patient choice must be recognised. The independent sector was a significant area of expenditure and the ICB would like to reduce this, bringing patients back into the NHS sector.<br><br>**Q8:** ***John Elliott, Member of the public***<br>**I've been through a similar situation where I was sent for private treatment, the operation did not go as planned and the private company could not provide the care to correct the mistakes they made. This resulted in me being admitted to Blackpool Victoria Hospital for 7 days. How do the NHS monitor the work that private providers deliver and is the ICB aware made aware when problems occur?**<br>**Response:** C Harris, thanked John Elliott for sharing his experience. He responded that the ICB routinely monitored the independent sector as they would the NHS sector and that contract monitoring meetings were regularly held to review any incidents. The expectation would be that the independent sector reported all incidents to the ICB in order that appropriate action could be taken.<br>**Q9:** ***From, a member of the public***<br>**As mentioned recently by the government, more community centres were being set up to keep people healthy and prevent hospital admissions – are there more centres being set up in Lancashire and South Cumbria to keep people healthy and out of hospital?** |

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| | **Response:** A Knox responded that there was a plan for capital investment expenditure in primary care and plans were in place for investment to take place in the next 2-3 years. This was often about teams and communities working together in existing shared resources, not necessarily new buildings. Lancashire and South Cumbria had been successful in securing two neighbourhood pilots and these would take a more proactive community approach. Some GP community teams in West Lancashire had recently won a national award to keep people out of hospitals. Community services would be proactively moved from hospitals into communities, taking an integrated neighbourhood approach, with schools, pharmacies, etc. The population health area on the ICB website reports stories about ways of working proactively in communities.<br><br>**Q10:** ***From Jenny Hurley, Protect Chorley and South Ribble Hospital Campaign Group***<br>**Regarding accountability at hospitals. We need to think about staff in hospitals – they are being replaced by healthcare associates rather than fully qualified nurses. Blackpool Teaching Hospitals now have healthcare associates on strike as they are being asked to do the job of people two pay bands above. The ICB has an obligation, as commissioners, to ensure that the people the ICB commissions from are delivering what they are supposed to, whilst being ethical with patients. I asked last year if the ICB does this and whether they run a report on staffing levels and I haven't received a response. In the past, I asked the CCGs who was responsible if anything detrimental happened to a patient and eventually they said that the CCG, as commissioners, were ultimately responsible. The ICB had been asked the same question two months ago and several people said it wouldn't necessarily be the ICB and it would have to be on a case-by-case basis.**<br>**Response**: The Chair commented that people can write to her and she would ensure correspondence was responded to. The Chair confirmed that the ICB was accountable and working hard to fulfil their obligations, acknowledging that sometimes they do not get it right and when this is the case, they want to hear about it. Also, if people have not had their queries responded to, she wanted to be made aware.<br><br>**Q11:** ***From, a member of the public***<br>**Would the public see the report on the Blackpool Teaching Hospitals Trust discussions?**<br>**Response:** The Chair responded that she was unsure if this report would be in the public domain, however, all Board meetings at Blackpool Teaching Hospitals were held in public and members of the public are also invited to observe the ICB Board meetings. She explained that the ICB was not the regulator for Blackpool Teaching Hospitals but has a responsibility for contracting oversight.<br><br>**Q12:** ***From, a member of the public***<br>**I contacted Healthwatch about diabetes and am not getting anywhere. I work with 6 Healthwatch organisations who travel across the country listening to people and I cannot understand why people are not complaining about this.**<br>**Response:** N Greaves asked that this individual contact the ICB about diabetes or to discuss this after this meeting in order that the ICB could take this forward. He confirmed that he would also share this feedback directly with Healthwatch.<br><br>**Q13:** ***From, a member of the public***<br>**When dealing with patients this should be an individual process, which should have an integrated focus on the person as a whole and not just the presented illness. They commented that health education should start in schools.**<br>**Response:** N Greaves responded that he thought everyone around the table or who was working in the NHS would agree with this.<br>**Q14:** ***From Cllr Nikki Hennessy*** **who was concerned about future local government changes and how the ICB would address changes if some services from Ormskirk and Southport Hospitals moved to Southport.** |

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| | **Response:** N Greaves confirmed that the Shaping Care Together programme had been discussed in public meetings and discussed with local authorities, including West Lancashire where feelings had been heard in large public engagement events over the last few months.<br><br>**Q15:** ***From, a member of the public***<br>**Regarding involvement, I have watched some Board meetings and know some members have raised concerns about the level of patient participation groups. If I want to ask a question to the Board, this must pertain to the agenda at that meeting. It is difficult to know what all the agenda items are, e.g., the patient story, until the meeting starts. From a public level, talking from all localities, are there any plans to get people more involved so that the public can hold the executive board to account and be involved in strategic decisions?**<br>**Response:** The Chair confirmed that the ICB was very keen to involve people in decisions before they were taken as this would help to inform the way the ICB commissioned services. She clarified that a Board meeting held in public was not a public meeting, therefore, there would not be a change in people's involvement in Board meetings.<br><br>N Greaves explained that when questions were received that do not pertain to the meeting agenda, the team ensured that these were responded to by respective teams within the organisation such as the patient experience team. He encouraged individuals to join the Citizens Panel Group and explained that the group currently had around 45 volunteers who were involved in various programmes of work.<br><br>The ICB continued to ensure that people were involved when looking at the way services change. He cited the example that for the past 12 weeks, an ICB team member had been out seeking public views in Lancashire as part of a public consultation. Advising they would also attend scrutiny committee meetings to request feedback. He commented that a recent patient story was reported to the ICB Board relating to speaking to people around support and care. A service change ensures people are involved in the right way and the ICB wants to involve people.<br><br>**Q16:** ***Jenny Hurley, Protect Chorley and South Ribble Hospital Campaign Group***<br>**The Citizens Panel Group was not consistent. With only 2 or 3 people seemingly receiving an email about the ICB AGM, when others did not.**<br>**Response:** N Greaves asked if he could be provided with relevant emails so he could check distribution lists and he shared that perception surveys had previously been undertaken and received over 50% response rates. He also commented that the group had been co-designed around its members. The Chair asked that issues be picked up at the ICB's meeting with the Chorley Group on Monday.<br><br>**Q17:** ***From Lindsay Irwin, Care in Mind***<br>**As a provider, I have experienced difficulties in making links with the correct partners in Lancashire. The organisation I work for could help people under the umbrella of the autism pathway but it is not on the national framework can the ICB provide any advice?**<br>**Response:** N Greaves would discuss this with Lindsay Irwin outside of this meeting.<br><br>**Q18:** ***From Gemma Jackson, Fylde Coast Patient Network/Thornton practice patient group***<br>**Last year Blackpool Teaching Hospitals were rated as inadequate and this was the same 12 months later. It was noted that monitoring had been taking place, including by the CQC. I am very worried about how the improvements would be realised.**<br>**Response:** A Knox advised that the current Chief Executive Officer at the Trust, Maggie Oldham, had a proven track record of turnaround in organisations in her previous roles and was deeply committed to improving the organisation. The Chief Executive Officer has the full support from the ICB in turning the Trust around. He commented that Trust executives were |

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| | also committed to the turnaround, and it was highlighted that the process would take time.<br><br>**Q19:** ***From, a member of the public***<br>**Why are healthcare assistants currently on strike and will staff and members of the public be involved in the turnaround of the organisation or will it be all in-house ideas?**<br>**Response:** A Knox explained that the ICB was not responsible for how the Trust leadership team choose to engage with the public. It was noted that as the strike issues were complex and a national issue, N Greaves would discuss these after this meeting. |
| **7.** | **<u>Closing Remarks</u>**<br><br>The Chair conveyed her thanks for the areas of information covered, contributions and engaging with ICB colleagues and for the questions raised. She also offered to speak with any member of the public to answer any further questions.<br><br>The meeting closed. |