

LCC Health and Adult Services Scrutiny Committee meetings of [22 March 2023](#) and [11 May 2023](#), update by Councillor Margaret France

22 March 2023

This meeting was largely concerned with a presentation about Lancashire and South Cumbria Integrated Care Board (LSCICB) workforce priorities. This was presented by James Fleet and Emma Davies, Chief People Officer and Director of Workforce of the ICB.

They highlighted 5 priorities for the next twelve months,

- Increase workforce capacity
- Culture of equality, diversity, and inclusion
- Investment in People Digital data management
- Review health inequalities within the workforce
- Optimize productivity and workforce transformation

They went on to say that LSCICS has the highest rate of staff sickness of the 42 Integrated Care Systems in England, at a cost of £100m+. Financially, the ICB has to deliver a 30% reduction in operating costs over 2 years. There has been a Mutually Agreed Resignation Scheme, although ended in Dec 22, has led to a reduced headcount.

From 1 April 2023 LSCICB took over responsibility for dental services.

GP access in Lancashire December 2022 - 71% of appointments were face to face, above the national average.

The remainder of the meeting was a report on the work programmes of 2022/23 by the Health Scrutiny Steering Group.

My take-home message was the 30% reduction in operating costs over 2 years. Personally, that is hard to imagine happening given the present climate.

11 May 2023

Once again, the substantive item was a presentation, this time on the continuing development of the Integrated Care Board and the LSC Integrated Care Partnership (ICP).

This was presented by Louise Taylor and Carl Ashworth. Louise Taylor is Director of Health and Care Integration at LSCICB and also Exec Director of Adult Services at LCC.

She summarised the ICP strategy under 5 headings,

- Starting well
- Living well
- Working well
- Ageing well
- Dying well

She went on to discuss the concept of Place-based partnerships and developing the Lancashire Place.

Within the LSCICB footprint there are 4 ' Place ' boundaries, each corresponding to the Local Authority boundaries, i.e. Blackburn with Darwen, Blackpool and Fylde, South Cumbria and Lancashire, with Lancashire being the largest population.

Lancashire has been split into 3 delivery units, or localities, which are East, Central including West, and North / Coast.

(That puts Chorley into the Central locality, together with Preston, South Ribble, Ormskirk and Skelmersdale, which is the largest of the three localities). There is a further division into Districts, corresponding to Borough Council boundaries, and yet again into Neighbourhoods which are based on community links .

The inverted triangle of influence puts communities or neighbourhoods at the top and feeds down through Districts to Localities, Place and lastly the LSCICB, with the focus on influence passing down to the ICB and vice versa.

She then went on to outline the recognition that the NHS needs to delegate some responsibility and funding to integrate services and reduce duplications - a proposed " Health and Care Integration Deal'.

There next followed a full and comprehensive report on Wider Determinants of Health by Clare Platt, Head of Health Equity at LCC.

It can be found on the minutes of the meeting on [the LCC website or viewed on the webcast](#) for those interested, just a few points from it –

- Inequality of male life expectancy with deprivation - the discrepancy is greater in Lancashire than the England average
- Males and females in Ribble Valley and South Ribble have a better than average life expectancy than England as a whole, as do males in Fylde.
- All other districts have lower than average life expectancy, with the worst being in Burnley, Hyndburn and Preston, in that order, for male and female.

- Examples were produced on effects of deprivation, e.g. 62% of all children at the end of Reception class had a good level of development, compared to just 44% of children with free school meals.