

## ICB Board Public Questions

Month: January 2025

Question Received	By	Date received
<p><b>With the rollout of Limbic Access - an AI-powered digital front door for mental health talking therapies in the Cheshire &amp; Merseyside region, how can the ICB support wholesale adoption of this technology to provide equity of access so that all citizens, regardless of location and point of entry, receive the same high level of service when self-referring to mental health services?</b></p>	<p><i>Syed Abrar</i> Client Director, Limbic</p>	<p>16.01.25</p>
<p><b>Answer</b></p>		
<p>NHS Cheshire and Merseyside, with providers of Talking Therapies services, will continue to explore and deploy any mechanism that will improve access and enhance the experience of people requiring this support. This includes the use of Artificial Intelligence (AI) as part of a broader service offer. We will take forward the deployment of AI within our broader Digital Strategy, which has a specific mental health work stream. The strategy has a strong focus on the risk of digital exclusion. Deployment of this solution and other digital technologies will be done carefully to ensure equitable access to the services for non-digital users</p>		

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<p><b>Given our previous questions and representations on this topic, for more than a year, why was the "Winter Crisis"2024-5 allowed to develop causing real harm to patients, staff and families. We thank the frontline staff for all they have done and are doing, as winter is not yet over.</b></p> <p><b>Why did your plans, reported at the last meeting, fail so terribly? How many beds did you plan to have available? How many would you have needed to avoid trolley care and long waits in A and E? Please don't blame bed blocking. You cannot have expected to create more social care beds over night. Planning should be taking that into account.</b></p> <p><b>What representations have you made to the government? Which bits of your plan had some success?</b></p> <p><b>Chris Whitty at the enquiry into the Covid pandemic recently reported that the NHS was worse equipped than before covid to deal with a similar Crisis but this year the NHS failed to cope without a pandemic. How many patients were treated on trollies or in inappropriate wards? How many preventable deaths?</b></p> <p><b>Have you entered into discussion to see how the rest of the winter can be improved with the RCN following their report? Or with the Royal College of Emergency Medicine or with the Trade Unions?</b></p>	<p>Felicity Dowling</p>	<p>28.01.25</p>
<p><b>Answer</b></p>		
<p>Thankyou for your question and the very clear recognition of the efforts being made by frontline staff. Like you we recognise that the real strength of the NHS and wider systems partners is the unrelenting drive for patient safety, and the compassion demonstrated by staff on a daily basis through the most challenging of circumstances, and often through personal sacrifice.</p> <p>That commitment was witnessed round the clock during the peak of winter and we offer our heartfelt thanks to all staff and empathy for patients and families who will have experiences none of us would wish to be the norm.</p> <p>The plans reported at the last board meeting did deliver ahead of the festive period a volume of beds higher than that agreed with NHS England, an occupancy level of 92% and the lowest number of ready for discharge to social settings that we had seen all year.</p> <p>However, that gain was eroded over the festive and new year period as seasonal demand and the impact of seasonal illness reached it peak just after the new year period. That resulted in the situation well publicised nationwide where A&amp;E's became overcrowded, temporary escalation areas were mobilised as well and planned services were suspended – In response local systems partners working effectively to manage the pressures in line with agreed clinical risk thresholds,</p>		

taking steps dynamically to manage the situation with the primary aim of allowing the ambulance service to respond as quickly as possible to the 999 call which we all recognised as the greatest risk.

Lessons learnt from the peak of the winter pressures are already being gathered as part of a formal debrief that each local system will undertake, collated at ICB level and feeding into a similar arrangement at national level where expert bodies such as royal colleges and professional unions will have a voice. We know feedback is critical and something the secretary of state for health and social care voiced in his address to the NHS on the 9<sup>th</sup> December.

As that debrief is produced, as we understand the investment in services for the forthcoming year, and the 10 year plan is published we will bring back to the board and to you our plans to improve.