Approved 17 June 2025

Minutes of the ICB Finance and Contracting Committee Held on Tuesday 20 May 2025 by MS Teams

Members		
Steve Igoe	Chair/Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Stephen Downs	Acting Chief Finance Officer	L&SC ICB
Andy Knox	Medical Director (Estates and net Zero)	L&SC ICB
Craig Harris	Chief Operating Officer/Chief Commissioner	L&SC ICB
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Regular Participants		
Debra Atkinson	Director of Corporate Governance/Company Secretary	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Alistair Rose (up to item 28)	Director of Strategic Estates, Infrastructure and Sustainability	L&SC ICB
Elaine Collier	Deputy Director Operational Finance	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Attendees		
Gareth Jones	Deputy Director of Strategic Finance	L&SC ICB
Simon Gilmore (up to item 28)	Deputy Director National Recovery Support Team	NHS England
Nancy Park (up to item 25)	All Age Continuing Care Turnaround Director	Pricewaterhouse Coopers LLP (PwC)
Sandra Lishman	Committee and Governance Officer	L&SC ICB

No	Item	Action
20 25/26	**Welcome, Introductions and Chair's remarks** The Chair welcomed everyone to the meeting including Simon Gilmore, Deputy Director of the NHS England National Recovery Support Team who had joined to observe the meeting as part of the ICB governance review, and Nancy Park, All Age Continuing Care Turnaround Director, who was attending to present item 5, the All Age Continuing Care deep dive. Members were updated that as part of recent changes within the ICB structure, Sam Proffitt was no longer a member as she was now undertaking the role of Acting ICB Chief Executive Officer. In turn, Stephen Downs, as Acting Chief Finance Officer was now a member of this committee. In order to support the finance team, Gareth Jones, Deputy Director of Strategic Finance, would attend future committee meetings. Members were made aware of general housekeeping rules that apply with Teams meetings and that a Copilot transcription would be used at this meeting.	
21 25/26	**Apologies for Absence/Quoracy of Meeting** No apologies for absence had been received. Members were made aware that A Rose and S Gilmore would leave the meeting at 11.30 am.	

	The meeting was quorate.	
22 25/26	**<u>Declarations of Interest</u>** **(a) Finance and Performance Committee Register of Interests –** Noted. D Corcoran declared a conflict of interest for the digital and data strategy update discussion – a family member is employed by a commercial business delivering electronic records and shared care records. The conflict was noted and as no decisions were to be made for this item, it was agreed that D Corcoran could remain in the meeting and take part in discussion. The committee and governance officer recorded there was a perceived conflict of interest in relation to item 5, All Age Continuing Care deep dive, as detailed within the circulated paper and noted that J Birrell, Conflict of Interest Guardian, had been briefed on concerns raised and the arrangements in place to manage these. **RESOLVED: That other than the above declarations, there were no further declarations of interest raised. Should any other conflicts arise during the meeting, the Chair should be advised accordingly.**	
23 25/26	**(a) <u>Minutes of the Meeting held on 15 April 2025 and Matters Arising</u>** **RESOLVED: That the committee approve the minutes as a true and accurate record of the meeting held on 15 April 2025.** **(b) Action Log** **Ref 24 – System finance report, month 10 –** Agreed to close. **Ref 07 – Risk deep dives –** Identified in the business plan. Agreed to close. **Ref 07 – Risk management –** It was reported that a piece of work would go into the ICB executive team from the high-level outputs of the recent ICB Board Session; monitoring and delivery of commissioning intentions would be part of the Board Assurance Framework and moving forward, this would be incorporated as a strategic risk. Agreed to close. **Ref 07 – Integrated action plan –** To be discussed at today's committee meeting. Agreed to close. **Ref 11C to C – Transfer of specialist learning disability service to a new provider –** The report was expected to be presented at the 17 June committee meeting. **Ref 14C to C – All age continuing care (AACC) QIPP schemes –** AACC would be discussed at today's committee meeting, including budgetary control and reductions required. It was agreed that this item remain open, until discussion had taken place.	
24 25/26	**<u>All Age Continuing Care Deep Dive</u>** N Park introduced that she was supporting the All Age Continuing Care (AACC) service as part time interim turnaround director, with focus on financial and service turnaround. S O'Brien continued to provide professional nursing quality leadership from a clinical perspective. The meeting report had previously been circulated to members and updates included:-	

- An overarching integrated turnaround plan was currently being developed for the AACC service, providing a framework to work around. This would include financial detail as well as a number of service and operational aspects that would need to be addressed going forward
- The turnaround plan was based around structured financial sustainability through improved cost control, grip on commissioning processes and focused package of care reviews, building on work that had already been undertaken and going at pace where required. Enhanced forecasting, budget management and expenditure control processes would also be looked at
- Quality improvement and governance strengthening would ensure high-quality systems are embedded across all turnaround activities. This would involve ensuring consistent high quality governance processes that ensure there is clinical and financial assurance across all of the AACC turnaround activities. Some of this was already being put in place, eg, the triple-lock daily panel
- Prior to any schemes being implemented, there would be full integration of Quality Impact Assessments (QIAs), with enhanced risk management and escalation processes
- Workforce resilience would be built around this, to ensure there was a stable, resilient, high performing service to support the activities
- The turnaround plan should be ready to share with members in the next few weeks
- The waste reduction programme savings, validated by finance and approved with QIAs, was currently £21m. To ensure delivery, this would be monitored and managed on a weekly basis
- There was a further £15m in the pipeline, and it was hoped to convert this amount through the development of a project initiation document (PID), ensuring validation by the QIA by the end of this week
- Rapid progress was being made, and members noted the target of £62m.

In response to member questions, it was confirmed that the integrated turnaround plan included work from the MIAA internal audit recommendations as well as the PwC rapid review that had been undertaken a couple of months ago. Once the plan is developed, the ICB project management office would ensure the detail is on the Verto system (monitoring system across the ICB) to monitor and manage actions. It was confirmed that PwC provide the AACC team's part-time turnaround director role aswell as a small team of staff members. The team's focus is on the turnaround plan and waste reduction and they are working with the AACC team to identify and work up plans to reach as close to the £62m stretch target as soon as possible. Discussions were being held with the Acting ICB Chief Executive Officer, S Proffitt, around a small extension to the timescale of work which was currently set at mid-May 2025. The dashboard was in draft form, with the next stage to go through data validation and checks prior to circulation. The dashboard would help demonstrate the numbers and percentages of continuing healthcare reviews completed each week, the number of care packages which had reduced, AACC eligibility on a weekly basis, the monthly run rate, trajectory and actuals. It would provide an indication of monitoring the progress on waste reduction. The cost side of continuing healthcare was seen to be reducing on a downward trajectory and the eligibility conversion rate was much lower than earlier in the year. In relation to fast-track, the overall position compared to 2024/25 had improved, with a continuous drop in total packages and cost. These insights would be monitored on a regular basis to ensure that delivery and expenditure is met. The ICB had previously secured support from Liaison, to work through the volume of continuing healthcare and high-cost case packages; the next phase of Liaison support was in the process of being agreed. N Park confirmed that going forward, national benchmark numbers and operational targets would be known.

	D Corcoran raised concern around whether the gap in efficiency savings could be closed. It was acknowledged that there was assurance around the initial £32m savings, which could increase, however, there was risk around whether timescales were deliverable. It was also raised to what degree quality indicators would be considered in the dashboard as there was a sharp focus on the cost base and contracting was required, however, quality could not affect cost. S Downs reported that a waste reduction programme update would be provided to the ICB Board at its private meeting on 22 May. It was acknowledged that there was risk with the AACC stretch target, and that potential savings continue to be added. In relation to quality, S O'Brien expressed that improvement had been seen in key indicators, measured by NHS England, and were now within the national target. Finance and quality teams were working together to ensure robust processes and the best value for money is achieved without compromising on quality within the service. It was noted that quality indicators were now included in the integrated performance report and within a section of the ICB Board report. As the executive lead for Freedom to Speak Up, A Patel reported that a number of anonymous concerns had been raised around continuing healthcare quality and conflicts of interest. D Atkinson advised that conflict of interest concerns had also been raised via herself; J Birrell, as Conflict of Interest Guardian, had been briefed on the concerns raised and the arrangements in place to manage these. Assurance would also be given to the ICB Board at its meeting on 22 May. D Atkinson suggested triangulation of Freedom to Speak Up reports on this issue. Outside of this meeting A Patel would discuss themes with J Birrell. The Chair reflected there was £36m in implementation or in the pipeline towards the target stretch savings of £62m, and that the ICB Board would receive an update report highlighting cost reduction plans at its meeting on 22 May. Assurance was required around where AACC was being actively managed and this would be discussed outside of this meeting. The committee were assured that work was taking place to ensure the work currently being undertaken would continue to progress when the support team had completed their work. Members were made aware that there was no national data set for continuing healthcare. A Patel expressed that he would welcome support from PwC around accessing data, particularly around demographics and deprivation. Data would be helpful to understand if the system was an outlier or other reasons for large spending in this area. ***N Park left the meeting.*** **RESOLVED: That the Finance and Contracting Committee note the content of the report and the work underway.**	**DA/AP**
The agenda was taken out of order.		
25 25/26	**<u>All Age Continuing Care: Approval of Cases Greater than £300k</u>** The previously circulated meeting report set out the requirement for the Finance and Contracting Committee to approve All Age Continuing Care (AACC) costs that are greater than £310k per case, in line with the Standing Financial Instructions (SFI) and Scheme of Delegation. Approval was requested retrospectively as the costs related to care and had been clinically and operationally assessed as being required.	

	Non-executive members expressed concern around approving retrospectively as they were not assured around costs or of the process that had been followed. S O'Brien explained that it would be unreasonable for the Caldicott Guardian to share the detail of the individual packages with the committee, however, the Scheme of Delegation states that sign off at committee level was required. Since the start of February 2025, packages are reviewed by a formal panel on a daily basis, chaired by the ICB Chief Executive Officer or executive lead and which includes finance and clinical representation - under the continuing healthcare framework, packages of care also required clinical sign approval. All high-cost packages going forward, would have been reviewed by this 'triple-lock' panel, who would have received full detail in order to scrutinise. Discussion was held around the committee's role in approving packages of care. The Scheme of Delegation would be reviewed around the current threshold limits delegated to the committee, proposing an alternative approval arrangement for packages over £300k, and how this committee would receive assurances. The committee agreed that it was inappropriate to approve these retrospectively. Concern was expressed around a potential overspend at year-end, and a regular detailed update on all cost reduction plans was requested at the next and future committee meetings around driving and impact on spend at year-end. It was confirmed that the Audit Committee would oversee the integrated action plan, with the Finance and Contracting Committee looking at the financial elements. Work from the MIAA internal audit recommendations and PwC comments would be built into the integrated action plan. **RESOLVED: That the committee noted the content of the paper.**	**SD / SO'B / DA** **SD**
26 25/26	**<u>Commissioning Function – Delivery Update</u>** The meeting report provided a response to the asks from recent discussions specific to the commissioning function of the ICB around the waste reduction programme (WRP), community services and Better Care Funding (BCF). Members were made aware that the detail contained within the report would also be considered by the ICB Board at its private meeting on 22 May. C Harris reported the following updates and highlights from the report:- - The ICB was about to engage in year 3 of commissioning intentions. Year-on-year, detail was being built, with the current largest focus being delivery and execution of delivery - There were a large number of project initiation documents (PIDs) in development or almost completed to around £17m which would contribute towards financial targets. These cut across financial investment schemes in urgent and emergency care (looking at elements relating to community services), the voluntary sector and referral management centre. These are being worked up in line with Improvement and Assurance Group (IAG) actions and would be ready for the ICB to consider at the end of May 2025 - The commissioning delivery plan relates to all directorates within the ICB, including All Age Continuing Care, pharmacy and medicines management. The plan is on a live system called Verto, which gives live data across schemes, providing a holistic perspective. The system allows multiple people to access and update and is managed by the Programme Management Office - The appendix of the meeting paper showed a snapshot of what could be seen on the Verto system, an overview of a particular area, describing detail of particulars and actions that need to be taken, describing the deliverable, time	

	frame and status. In response to member's questions, S Downs confirmed that contract offers had been issued to providers and these were reflected in plans. It was explained that the elective part of the contract is a PbR contract, however, providers had been made aware there was a limit to what the ICB could pay. Agreed indicative activity management plans were being built behind. It was highlighted that there may be a time delay in committee reporting due to flex and freeze data being received a couple of months after. Fixed parts of the contracts would be monitored. There was concern that providers may not agree to the activity management plan; pressures could be escalated to NHS England. If the deadline for agreeing contracts of 30 June was not met, any deficit support funding would cease for quarter 1. New levers had been given to commissioners rather than having payment limit upfront, and this could be received in December 2025, providing around 3 months for providers to reduce activity. Overall, there was no increase in demand for elective care in the Lancashire and South Cumbria system during 2024/25, however, there was a large increase in activity that was being coded. Financial detail on high-cost drugs and devices and some of the diagnositcs could be reported to the committee each month, with a summarised version of the contract value agreed and current performance. A separate report would be written showing the position against acute contracts and community and primary care would be picked up separately. The income for Trusts would reflect what they believe the ICB should be paying – challenge was on a cost base side and the nuance was that the elective part of the contract is on PBR, rather than being fixed. Winter would remain as a fixed part of the contract. S Downs confirmed that the position against acute contracts, including a forecast on overrunning or performing, would be reported to each committee meeting. Discussion was held on how the committee could be assured of contracts held, including activity against contract and any plans to address variation/risks. Work would take place outside of the committee to look at an integrated contract performance report. Non-executive members confirmed they would welcome involvement in shaping this. To ensure a robust monitoring of the Commissioning Delivery Plan as part of the overall Waste Reduction Plan, members agreed reporting arrangements as follows:- - Report monthly to the Executive Committee - From June 2025, report monthly to the Finance and Contracting Committee - Provide a quarterly update to the ICB Board. **RESOLVED: That the committee:-** **- Note the contents of the paper** **- Review Appendix 1 to gain assurance on the development of a robust Commissioning Delivery Plan within the Waste Reduction Plan for 2025/26** **- Approve the governance arrangements above to ensure the robust monitoring of the Commissioning Delivery Plan as part of the overall Waste Reduction Plan** **- Seek further assurances on a monthly basis on the progress of all commissioning schemes as we seek to close the in-year financial gap.**	**SD** **SD**

27 25/26	**Committee Business Plan 2025/26** D Atkinson presented the business plan, following discussion at the previous committee meeting. Members noted that new items could be added to the business plan as the committee matures. It was highlighted that since discussion at the previous committee meeting, the purpose of items had been strengthened, a committee effectiveness review for the end of quarter 2 and the role of the deep dive schedule of risks had been added, and further detail had been included to expand on the commissioning delivery plan including committee reporting expectations and timings in respect of business planning. Members asked around the frequency of winter planning and digital and data strategy reporting. It was clarified that the ICB Board previously received routine winter planning assurance through winter plans, however, last year the Urgent and Emergency Improvement Plan was introduced looking at primary care community and acute, this being a national move away from the winter plan. The national ask for 2025/26 was awaited and reporting to this committee would be considered based on the national ask. The Chair confirmed that the digital and data strategy was on today's meeting agenda and reporting would be discussed at that item. **RESOLVED: That the committee approve the committee business plan for 2025/26.**	**CH**
The agenda reverted to its original order.		
28 25/26	**Month 12 System Finance Report** The previously circulated meeting paper reported the final 2024/25 position for the ICS to be £129.8m deficit, after receiving £175m deficit support funding and £50m winter surge funding. It was explained that the report was primarily relating to the ICB and where month 12 position ended, subject to audit. E Collier reported that the ICB achieved a break-even plan, following deficit support of £7.5m and winter surge funding of £25m. The report identified a number of variances across spend areas and it was noted that All Age Continuing Care was shared across a number of spend areas, covering continuing care as well as some mental health continuing care packages. Table 3 in the report showed the level of reserves used as mitigations to help run the position at the end of the year. Future committee reporting would include reserves, for committee awareness/oversight. For 2024/25, there was just under £1b new allocation that had not been planned for; reporting in this area will be strengthened in future reporting. Towards the end of the year, extra funding had helped with provider cash, allowing the ICB to meet its lower liabilities with trusts. There was a shortfall on the savings plan of around £25.5m, which was covered by under spending other areas or by various mitigations played through in meetings. J Birrell confirmed that the figures in table 2 of the report showing the ICB summary income and expenditure mirrored final accounts, reflecting that at this point in time, there had been no particular issues arising in relation to audit, however, there was potential issues around conversations with local authority debtors and creditors. E Collier made members aware that she was meeting with audit twice a week and no major issues had been raised. Considering the current organisational financial issues, it was explained that new allocations were being held in reserves to ensure a proper decision-making process was worked through prior to agreement of expenditure. The committee requested that allocations held in reserves in future be reported to the committee as part of the balance	**EC**

	sheet, for their understanding and transparency. **RESOLVED: That the committee note the content of the report.**	
29 25/26	**<u>Month 12 System and Provider Finance and Workforce Report</u>** A meeting report had previously been circulated to members setting out that at month 12, trusts reported a final outturn deficit for 2024/25 of £129.8m, including deficit support funding of £87.5m. S Downs highlighted a table within the paper reporting outturn versus year end forecast, showing the position reported at month 11 being £350m deficit. The control total of £355m deficit was agreed by NHS England; this was excluding £50m surge funding and deficit support funding. G Jones updated members that providers met the forecast at month end. Improvement continued to be seen in the normalised run rate, with acute trusts pay run rate being just over £8m. The total agency spend for 2024/25 was £74m, compared to 2023/24 being £110m. Provider capital ended at £2.4m underspend due to a couple of trusts amending forecasts at a late stage. Members were assured that capital process were being strengthened for 2025/26, through work currently being undertaken by Simon Worthington. Trusts were providing monthly forecasting with a view to ask other trusts if they were able to utilise, if unable to spend. There is risk around capital for 2025/26 as money was coming out of urgent and emergency care, diagnostics, etc, and the longer delay, the more difficult it is to spend. There was around £90m programmes generated internally, which will steadily be seen throughout the year. ***S Gilmore and A Rose left the meeting.*** **RESOLVED: The Finance and Contracting Committee note the content of the report.**	
30 25/26	**<u>Month 1 System and Provider Finance and Workforce Report</u>** It was highlighted that as per NHS England guidance, month 1 was not part of national formal reporting, being key data collection only; full reporting would resume at month 2. In relation to QIPP delivered and availability of reserves, it was felt the ICS was at break-even position at month 1. Data collected and presented in the committee meeting report was surplus/deficit, efficiencies, cash and workforce. Year to date reported a £16.3m deficit, £3.5m worse than plan, with all providers being off plan apart from North West Ambulance Services (NWAS). The key driver was unidentified CIP, which was phased evenly throughout the year. There was a shortfall of £4.5m in efficiencies. An improved position was seen with cash, surge funding and deficit support funding. Provider cash balance at the end of April 2025 was £190m, representing 17 days worth of operating expenditure; improvement was being seen. Work was underway to strengthen the cashflow forecast. There was risk with cash availability from the Treasury, which was being monitored. S Downs confirmed that a report would be presented to the ICB Board at its meeting on 22 May, setting out opportunities to deliver £142m efficiencies. Difficult decisions were being taken. P Tinson reported that a paper had this morning been presented to the ICB Incident Management Team (IMT) meeting, based on review of smaller community contracts and voluntary sector contracts, with the recommendation to decommission a number of services in the next 3-6 months. S Downs updated that the ICB had written to independent sector providers confirming that the ICB would commission less activity, asking to push waiting times to 16 weeks; providers would no longer be able to move waiting lists to the independent sector, but could sub-contract.	

	D Corcoran stressed that timescales for decisions need to be clear and supported by executives. In response to member questions, S Downs expressed that Improvement and Assurance Group meetings and PwC were monitoring system efficiencies. A PwC turnaround director was currently working in Lancashire Teaching Hospitals, East Lancashire Hospitals and Blackpool Teaching Hospitals Trusts. The shortfall in the plan to date was due to the phasing of CIP in the last 12 months and the position would effectively bring in current reserves. It was confirmed that going forward, provider oversight was not the responsibility of the ICB Finance and Contracting Committee; if balance was not reached in month 1, this would be incorporated into month 2. Clarity was required that the year-end target must be met. Discussion was held around acute decommissioning and members agreed that when work was aligned, the communications and engagement team would work to ensure MPs and local authorities were populated with the right information to help them understand the clinical and financial rationale. **RESOLVED: That the ICB Finance and Contracting Committee note the content of the month 1 system and provider finance and workforce report.**	
31 25/26	**<u>Lancashire and South Cumbria System Operating Plan</u>** The meeting report provided an update to the final Lancashire and South Cumbria operational plan, submitted to NHS England on 30 April 2025. The report described detail in terms of finance, workplan, performance and risk. Members noted that an addendum to the plan had been received yesterday in relation to University Hospitals of Morecambe Bay compliancy. S Downs highlighted that it was expected that NHS England would set out rules to access deficit support funding given to systems, linking to performance and with criteria that must be met each quarter in order to receive. An update on deficit support funding would be provided to the committee at a future meeting. **RESOLVED: That the committee note the update and content of the meeting report.**	
32 25/26	**<u>Digital and Data Strategy Update</u>** The previously circulated meeting report set out developments and progress made with the delivery of the digital and data strategy, overseen by the ICS-wide Digital Strategy and Delivery Board, and highlighting achievements and some benefits that had been realised through the transformation programmes aligned to the four digital and data strategic priorities. A Patel highlighted the following:- - The approved Collaborative Strategy had been jointly developed with the ICB and digital leaders within the provider collaborative. - Funding was fully reliant on the ability for external funding. To support the ICB deficit position, digital progression had been slowed or stopped, however, it was recognised that investment in digital and data would be key to improving the system deficit, ensuring a sustainable system. - Good progress had been made in key programmes, ie, shared care record/connected care record, which continued to be one of the most used shared care records in the country. Recent developments included use in hospices and community pharmacies. Further promotion of the use of shared care record continued. - The patient engagement portal initiative was being developed by University Hospitals of Morecambe Bay for use across the 4 Lancashire and South	

	Cumbria hospitals. Significant benefits were being seen in the cost of paper copies of letters and an increasing reduction in people not attending appointments (DNAs). There was national recognition for the shared care record and the patient engagement portal programmes. - A number of risks were set out in the meeting report, including risk around the the social care system digital work. 83% of Lancashire and South Cumbria social care providers had use of a digital system. Innovation was seen in the adult care sector, with 84% reduction in falls. Prevention was also a risk, however, funding was achieved via a bidding process and was short term. Members acknowledged that there was potential that these may not continue following publication of the NHS blueprint. - Internal developments included the system intelligence service. The shared intelligence service is around population health intelligence and further work would be undertaken to promote this to colleagues to use as an engagement tool. Lancashire and South Cumbria Foundation Trust was currently using this service and a case study was in the process of being produced to see how the trust was using the data and the interventions this was leading to be put in place. - To prevent co-locating the digital workforce, 1000 staff had recently been moved to OneLSC and it was hoped that this would become the vehicle for delivery in future. A transformation unit would be created within that structure to get the best out of a single service. The NHS blueprint suggested digital would be transferred and the ICB digital role going forward was unknown at this stage - To take work forward, a costed plan was being worked up for the Provider Collaboration Board as funding was from all system organisations. Members welcomed the report and clarity, reflecting that only 22% of money received had been spent in this area of work, albeit that developing these types of programme incorporates quality and finances and should be prioritised. A request was made to raise this on the ICB Board agenda as quality, safety and productivity would all benefit by taking digital and data forward. Concern was raised whether full details were known when the ICB Board had made agreements in this area, highlighting that a direct line of sight was required in order to agree priorities, etc. In response, A Patel asked members to be cognisant that some funding was received a month prior to year end, suggesting that given the amount of change that is expected to take place over the next 12 months, that a joint costed plan be brought to the committee, as transformation sits with provider organisations. S Downs reported that ICB Board agreements in relation to digital and data had been actioned and as part of setting the budget for 2025/26, it was agreed that anything non-recurrent in year, must be repeated next year. An underspend was expected at the end of 2025/26. There was now full transparency for the secure data environment (SDE), with a process in place for the ICB to have greater control. The committee requested clarity on a costed plan, with a further update in 3 months. The Chair reflected a helpful discussion from members, highlighting that digital and data was an important area of work going forward. A conversation needs to be held regarding how to support this area to provide leverage. A Patel reported that the Digital and Data Strategy Board was being reconstituted to include executives from across providers and it had been suggested to also include a non-executive from one of the providers, as well as from the ICB. Members agreed this would be a helpful way forward. **RESOLVED: The Finance and Contracting Committee note the content of the report.**	**AP**

33 25/26	**Lancashire and South Cumbria Provider Collaboration Board Minutes** The approved minutes of the Lancashire and South Cumbria Provider Collaboration Board had been circulated to members in advance of the meeting, for information. Members were encouraged around acute service rationalisation, feeling that things were being taken forward. **RESOLVED: That the Finance and Performance Committee note the Provider Collaboration Board minutes of the meetings held on 13 March and 10 April 2025.**	
34 25/26	**Committee Escalation and Assurance Report to the Board** Members noted the items which would be included on the committee escalation and assurance report to the Board. **RESOLVED: That the Finance and Contracting Committee noted that a report will be taken to ICB Board.**	
35 25/26	**Items Referred to Other Committees** There were no items referred to other committees.	
36 25/26	**Any Other Business** The committee congratulated S O'Brien on securing a new role at Mersey and West Lancashire Teaching Hospitals.	
37 25/26	**Items for the Risk Register** There were no new items.	
38 25/26	**Reflections from the meeting** The Chair thanked members for their contributions and time at this meeting. Members felt the committee were making a difference going forward.	
39 25/26	**Date, time and venue of next meeting** 17 June 2025, 10 am – 12 noon by MS Teams.	