

Integrated Care Board

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| Date of meeting | 24 July 2025 |
| Title of paper | Report of the Chief Executive Officer |
| Presented by | Sam Proffitt, Acting Chief Executive Officer |
| Author | Kirsty Hollis, Associate Director and Business Partner to the Chief Executive Neil Greaves, Director of Communication and Engagement |
| Agenda item | 7 |
| Confidential | No |

| Executive summary | | | | |
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| <p>The report of the Chief Executive Officer brings to the attention of Board some of the key pieces of work of our teams during the reporting period and acknowledges the on-going good work throughout our organisation.</p> <p>This is the first time the report has been used to update the Board on the work of the newly established Executive Committee giving a summary of the key considerations and decisions that have been taken during the reporting period.</p> <p>There is also a highlight section on the recently launched 10 Year Plan.</p> | | | | |
| Recommendations | | | | |
| The Board are asked to note the contents of this report | | | | |
| Which Strategic Objective/s does the report relate to: | | | | Tick |
| SO1 | Improve quality, including safety, clinical outcomes, and patient experience | | | ✓ |
| SO2 | To equalise opportunities and clinical outcomes across the area | | | ✓ |
| SO3 | Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees | | | ✓ |
| SO4 | Meet financial targets and deliver improved productivity | | | ✓ |
| SO5 | Meet national and locally determined performance standards and targets | | | ✓ |
| SO6 | To develop and implement ambitious, deliverable strategies | | | ✓ |
| Implications | | | | |
| | Yes | No | N/A | Comments |
| Associated risks | | | ✓ | <i>Highlight any risks and where they are included in the report</i> |
| Are associated risks detailed on the ICB Risk Register? | | | ✓ | |
| Financial Implications | | | ✓ | |

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| Where paper has been discussed (list other committees/forums that have discussed this paper) | | | | |
| Meeting | Date | | Outcomes | |
| Executive Team Meeting | 14 July 2025 | | | |
| Conflicts of interest associated with this report | | | | |
| Not applicable | | | | |
| Impact assessments | | | | |
| | Yes | No | N/A | Comments |
| Quality impact assessment completed | | | ✓ | |
| Equality impact assessment completed | | | ✓ | |
| Data privacy impact assessment completed | | | ✓ | |
| Report authorised by: Sam Proffitt, Acting Chief Executive Officer | | | | |

Integrated Care Board – 24 July 2025

Report of the Chief Executive Officer

1. Introduction

- 1.1 I am writing this report after almost three months in the role of Acting Chief Executive Officer and we have seen a lot of new guidance and change during this period.
- 1.2 It feels that everything is moving at such a swift pace from continuing to develop and delivery the ICBs recovery plan, reporting to the NHS Recovery Support Programme, to continuing to develop our plan to respond to the publication of the ICB reconfiguration blueprint and the publication of the new 10-year plan.
- 1.3 As part of the reset of the ICBs governance structures, we established the Executive Committee. This Committee meets fortnightly and has added the required level of formality to the already existing executive team meetings. Terms of reference were agreed by this Board. The main purpose of this Committee is to support the Board to ensure that the ICB takes appropriate steps to meet all its statutory duties, legislative requirements and regulatory guidance. I will use this report to update the Board on the key activities of the Executive Committee.
- 1.4 We are also committed to delivering our on-going day-to-day business both for the ICB and the system. This is not possible without the dedication and continued efforts of our colleagues and for that we continue to offer our heartfelt thanks, particularly given the challenging and anxious times we find ourselves in.
- 1.5 We have two important papers on our agenda today from the People Team one of which updates on the work to embed our organisation values, whilst the other shares the second shares the results of our latest staff surveys. Without pre-empting discussion I think the results are reflective of the uncertainty facing our colleagues and it is incumbent upon the leadership of this organisation to try to bring clarity as swiftly as possible whilst upholding our values of Integrity, Compassion, Respect and Inclusion.

2. Executive Committee

- 2.1 The Executive Committee has met five times, including its inaugural meeting on the 6th May at which its terms of reference were adopted. The Committee has a clear remit granted to it by the Board through the scheme of reservation and delegation. Anything outside of that remit or which requires wider consideration would be escalated to the Board.
- 2.2 A key role of the Executive Committee is to oversee the risk management of the organisation, including a regular review of the operational risk register including the decision making on adding, scoring, reviewing timelines and removing risks from the register. The committee has received three reports since May and the

Board will receive updates through the BAF report. In summary, the committee extended dates to reflect changing policy, staff capacity and on-going discussions with partners. Four new risks emerged due to risks in relation to the procurement of three community services and delivery of a specialised commissioned service. The committee also agreed to the closure of two risks which have been mitigated.

2.3 Executive Committee receives recommendations from the Commissioning Resource Group (CRG) and makes decisions within the boundaries of the scheme of delegation. Significant decisions taken by Executive Committee from recommendations of CRG during the period include, but are not limited to:

- Population Health approach for 2025/26 which agreed the deployment of funding to support Outreach and Inclusion Health in Primary Care approach and continued funding for a proof on concept for a proactive care model to support the urgent care agenda.
- Extension of healthcare contracts for 2025/2026 with our NHS providers.
- Lancashire and South Cumbria Medicines Management Group policy position for April, May and June which review medicines advice, guidance and alerts and agrees consistent prescribing policy across primary and secondary care.

2.4 The Primary Care Contracting Sub Committee (PCCSC) has been established as a formal sub committee of the Executive Committee. The Committee receives recommendations from PCCSC and makes decisions with the powers delegated to it through the scheme of reservation and delegation. Key decisions taken from that group during the period include:

- The outcome of options appraisals for two general practices including the appointment of a caretaker provider for the practice in Coniston.
- Contract award for the Special Allocation Scheme (SAS)
- Awarding of an interim contracting solution for translation and interpretation services.

2.5 Routine items of business considered by the Executive Committee during the period include approving a support offer for ICB staff through *My Money Matters*, ratifying the pay protection entitlement policy and supporting the two-step approach to the Integrated Care recommissioning programme. The committee also received the closedown report of the New Hospitals Programme.

2.6 Finally, the Executive Committee also considers and makes decisions on urgent items of business which due to time limiting business critical need require an urgent decision. Since its first meeting there has only been one such decision and this related to the emergency contract award for the provision of community equipment services for Blackburn with Darwen. This was jointly awarded with Blackburn with Darwen Borough Council.

3.0 10 Year Health Plan for England launched

- 3.1 The ICB welcomed the launch of the Government's 10 Year Health Plan for England at the beginning of July. The Plan sets out a bold and ambitious new course for the NHS. Its focus on three big shifts, from hospital to community, from analogue to digital and from sickness to prevention, aligns with work we have been doing in our system for some time.
- 3.2 The Plan has been shaped by the experiences and expectations of members of the public, patients, partners and the health and care workforce across the country, including those heard in 'Change NHS' conversations in Lancashire and South Cumbria.
- 3.3 The Plan references the ambition that we have discussed in previous Board meetings to make ICBs the strategic commissioners of local healthcare services and sets out in more detail what that looks like.
- 3.4 Alongside the three shifts, there are also dedicated sections covering the new NHS operating model, transparency of quality of care, NHS workforce, transformation and innovation, productivity and a new financial foundation.
- 3.5 The Plan also describes ambitions to make the NHS the very best place to work and, to support the launch, NHS chief executive, Sir James Mackey, wrote an open letter with the Secretary of State for Health and Social Care, Wes Streeting, to all NHS staff: [NHS England » Fit for the Future: 10 Year Health Plan for England – open letter to staff.](#)
- 3.6 Changes were described in the plan for a number of important partners within our system including Commissioning Support Units and local Healthwatch. I would like to acknowledge the support and partnership that we have had from both Healthwatch Together and Midlands and Lancashire CSU over a number of years and since the ICB was established. We appreciate their valuable contributions to our health system and will continue to work closely with them over the coming months to understand how we can best navigate the changes set out in the 10 Year Health Plan. I believe hearing public and patient voices in everything we do is incredibly important and we will make sure we continue to do this in the best way possible going forwards. This important function will be built into our new operating model.
- 3.7 We have been informing staff, partners and stakeholders across the system about the plan, which can be found on the Government's website – [Fit for the Future.](#) We welcome this plan which builds on our existing strategy and supports our work as a strategic commissioner.
- 3.8 We will continue to use the Plan to shape the design of the ICB and develop a NHS Joint Plan for Lancashire and South Cumbria which we expect will be presented at a future Board meeting.

4.0 Independent report - Review of patient safety across the health and care landscape

- 4.1 Published on 7 July, the Dash review is a comprehensive examination of patient safety across the health and care landscape in England. Commissioned by the Department of Health and Social Care (DHSC), the review was conducted by Dr Penny Dash and focuses on six key organisations: the Care Quality Commission, the National Guardian's Office, Healthwatch England, the Patient Safety Commissioner, the Health Services Safety Investigations Body and NHS Resolution.
- 4.2 The report includes nine recommendations which focus on streamlining the patient safety landscape and improving accountability at a national and local level. For the ICB the recommendations we need to consider in more detail relate to:
- the responsibility and accountability of commissioners and providers in the delivery and assurance of high-quality care
 - technology, data and analytics and their significant role in supporting the quality of health and social care.
 - bringing together the work of Local Healthwatch, and the engagement functions of ICBs and providers, to ensure patient and wider community input into the planning and design of services
 - and streamlining functions relating to staff voice.
- 4.3 The review can be found on the Government website: [Review of patient safety across the health and care landscape](#)

5.0 Our places: end of year reports

- 5.1 I am proud to share that end of year reviews have been published for each of our four place-based partnership areas for the first time. The reports highlight that we live and work in a diverse and beautiful part of the world. The reports do show that despite the differences of our places, what is consistent is that in each area we have made significant strides in developing strong partnerships across health and care organisations and delivering integrated health and care services across the system.
- 5.2 The end of year reviews for Blackburn with Darwen, Blackpool, Lancashire and South Cumbria place teams describe some fantastic examples of our progress across a wide range of themes including promoting independence and avoiding unnecessary hospital admissions, using our neighbourhoods and integrated care communities to support our communities in a way that is tailored to their specific needs, addressing mental health, supporting people into work and delivering better joined up services through strong partnership working.

- 5.3 The reviews also highlight each of the place key ambitions, achievements, and milestones to date, showcasing our commitment to improving the lives of local residents.



6.0 National director and Secretary of State welcomed to Lancashire and South Cumbria

- 6.1 In the past weeks we have been pleased to welcome the Secretary of State and national directors to Lancashire and South Cumbria. At the beginning of June, Professor Bola Owolabi, director of the Healthcare Inequalities Improvement Programme for NHS England, joined ICB colleagues as part of a visit to the award winning Fleetwood Primary Care Network (PCN), including a stop at Fleetwood Youth Hub and two local schools to hear more about how joint working across health and education is working with regards to children's mental health and emotional wellbeing.
- 6.2 It was great to see national recognition being given to this impressive community approach to tackling the wider determinants of health. I would like to thank Professor Mark Spencer, GP at the Mount View Practice and former clinical director of Fleetwood PCN, who facilitated the visit along with Professor Owolabi and her team for recognising and highlighting this great example of how integrated neighbourhood working at a local level should be done.
- 6.3 At the end of June, we also welcomed a visit from the Secretary of State for Health and Social Care, Wes Streeting, to Blackpool ahead of the launch of the 10 Year Health Plan. During the event at Blackpool Football Club, Mr Streeting shared an announcement about plans to review GP funding is distributed in areas of greater disadvantage and coastal areas to ensure they receive their fair share of resources, and supporting the ambition to move care closer to communities and away from hospitals.
- 6.4 I would like to thank all the frontline staff who attended the event including colleagues from Blackpool Teaching Hospitals, Lancashire and South Cumbria

Foundation Trust, North West Ambulance Service, primary care, and social care, along with our communications and engagement team for helping to organise and facilitate the visit at short notice.

7.0 Shaping Care Together consultation launch

- 7.1 I would like to thank the teams that have been involved in the launch of our ICB's first formal public consultation as part of the NHS Shaping Care Together Programme, which involves Mersey and West Lancashire Teaching Hospitals NHS Trust, NHS Cheshire and Merseyside Integrated Care Board and our ICB.
- 7.2 The consultation asks people to share their views on where A&E services across Southport, Formby and West Lancashire should be located. We intend to use this stage of the process to actively listen to our communities and understand their views on the proposals and have arranged a series of events and opportunities for people to have their say.
- 7.3 The consultation will run between 4 July and 3 October 2025.

8.0 Innovative approach to blood pressure checks in barber shop

- 8.1 I want to share an excellent example of population health intervention developed with partners and showing innovative ways to support our communities and reach those who do not typically access health and care services. A barber shop in Lytham St Annes offered blood pressure checks to 182 people during a pilot project to increase awareness of hypertension (high blood pressure) and carry out blood pressure checks, targeted at men, who are often more reluctant to go and see a doctor.
- 8.2 The level of undiagnosed and untreated hypertension is particularly high on the Fylde Coast, and this project offers advice to those who are found to have high blood pressure to take further action, implement lifestyle changes and if appropriate get the medication to lower their risk of heart attack or stroke – for people that were not necessarily planning to have sought medical advice.
- 8.3 The video, which was presented to Quality and Outcomes Committee in June, is [available to watch here](#).

9.0 Government funding in Lancashire for essential hospital repairs

- 9.1 I really welcomed the announcement in June that nine hospitals in Lancashire and South Cumbria will benefit from more than £14.4 million in Government investment funding for essential maintenance and repairs.
- 9.2 Each of the NHS Trusts in the region will receive a share of the money, which is aimed at fixing the poor condition of buildings, leaky pipes, poor ventilation and electrical issues at sites across the country.

- 9.3 This additional funding will help to tackle some long-standing issues and make some key upgrades at sites across Lancashire and South Cumbria. It is no secret that some of our ageing hospitals require a lot of extra maintenance each year, and these repairs are vital in ensuring we provide a safe and suitable setting for our patients and staff.

10.0 Recommendations

10.1 The Board is requested to:

1. Note the contents of the report.
2. Be advised of the work of the Executive Committee during the period 06 May 2025 – 08 July 2025

Sam Proffitt

15 July 2025