

Approved 22 September 2025

Minutes of the ICB Finance and Contracting Committee Held on Wednesday 27 August 2025, 12 noon – 2 pm by MS Teams

Members		
Steve Igoe	Chair/Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Stephen Downs	Acting Chief Finance Officer	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Regular Participants		
Alistair Rose	Director of Strategic Estates, Infrastructure and Sustainability	L&SC ICB
Elaine Collier	Deputy Director Operational Finance	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Attendees		
Jane Cass	Director of Partnerships and Collaboration	L&SC ICB
Kayley Riley	Primary Care Strategic Estates Lead	L&SC ICB
Steve Spill	Associate Non-Executive Director	L&SC ICB
Sarah Mattocks	Head of Governance	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Nancy Park (for item 82)	All Age Continuing Care Turnaround Director	Pricewaterhouse Coopers LLP (PwC)
Wendy Lewis (for item 88)	Director of System Coordination and Flow	L&SC ICB
Craig Frost (for item 88)	Associate Director Urgent and Emergency Care	L&SC ICB
Jessica Williams (for item 87)	Strategic Commissioner	L&SC ICB
Alex Wells (for items 83 and 87)	Head of Recovery and Transformation PMO	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

No	Item	Action
77 25/26	<u>Welcome, introductions and Chair's remarks</u> The Chair welcomed everyone to the meeting, including Steve Spill, Jane Cass attending for Craig Harris, Kathryn Lord for the Chief Nursing Officer, Sarah Mattocks for the BAF risk report and Katie Riley for the primary care compliance item. It was noted that Nancy Park, Wendy Lewis and Alex Wells would join at intervals throughout the meeting for relevant items. Members were in agreement that Copilot transcription would be used throughout the meeting to aid in the production of the meeting minutes.	
78 25/26	<u>Apologies for absence/Quoracy of meeting</u> Apologies had been received from Craig Harris, Andy Knox, Peter Tinson and Debra Atkinson. The meeting was quorate.	

79 25/26	<u>Declarations of Interest</u> (a) Finance and Performance Committee Register of Interests – Noted. 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.	
80 25/26	(a) <u>Minutes of the meeting held on 17 July 2025 and matters arising</u> RESOLVED: That the committee approve the minutes as a true and accurate record of the meeting held on 17 July 2025. (b) <u>Action log</u> Ref 9 – Business plan – winter planning – On agenda. Agreed to close. Ref 12 – Digital and data strategy update – Due at the 22 September 2025 meeting. Ref 15 – Improvement and Assurance Group (IAG) letter for sharing – A letter summarising the outcome from the ICB IAG meeting had been circulated to members on 23 July 2025. Members noted that the (IAGs) had been replaced by System Delivery Groups, focussing on both finance and quality performance. Agreed to close. Ref 16 – Grip and control committee oversight – The committee agreed for an update at its 22 October 2025 meeting, then on a quarterly basis. Ref 17 – AACC reporting – The committee report was a reduced version from previous reports. Members expressed that a summarised position would be useful in future reporting. To clarify and agree reporting requirements, S Downs, N Park, K Lord, J Birrell and D Corcoran would discuss outside of this meeting. Ref 18 – Breakdown of expected delivery – A Rose shared a slide highlighting expected delivery dates for various aspects within the Infrastructure Strategy. Work had started on the infrastructure strategy refresh, with the draft expected by May 2026. A capital planning workshop would be held on 8 September, and a return would be sent to the Department of Health by November 2025. The core, flex, tail refresh was expected to be completed by the end of March 2026. A lot of work had been undertaken this summer on the neighbourhood health centre programme, with a return expected to the Department of Health by the end of March 2026. Investments into the NHS Local Improvement Finance Trust (LIFT) estate included Barbara Castle Way, St Peters in Burnley and the Acorn Health Centre in Accrington. For committee oversight members agreed to receive an update report on the end of concession for the LIFT estate, including future decisions required, at the start of Q4. Action completed and closed. Ref 19 – Commissioning for outcomes – Due at the 21 November 2025 committee meeting. J Birrell expressed that this was an urgent piece of work, and the committee had requested to see how this would move forward in future. Further discussion would be held as part of the contract monitoring item at this meeting. 11C to C – Transfer of specialist learning disability service to a new provider –	

	Due October A review of the status symbols on the action would be made, ensuring clarity on the action due date. <i>N Park joined the meeting.</i>	SL✓
81 25/26	<u>Board Assurance Framework (BAF) and risk management update</u> S Mattocks presented a report setting out the four current risks on the BAF pertaining to the business of the Finance and Contracting Committee, including recent activity on risks since the last committee meeting. The paper also described work undertaken to refresh the BAF for 2025/26. Members noted that the cyber risk had slightly reduced, however, was not seen to be an issue at this stage. A Patel confirmed that an update on the cyber risk, with focus on control, would be reported to the Audit Committee at its September meeting, and a report would be provided to the Finance and Contracting Committee, focussing on impact, loss of service, potential income generation, etc, in the near future. RESOLVED: That the Finance and Contracting Committee: - Note the content of the report - Note the risk management activity undertaken during the Q1 reporting period for the risks held in relation to the business of the Finance and Contracting Committee - Note the high-level summary dashboards of all risks currently held on the BAF and Operational Risk Register - Note the progress and next steps to finalise the revised BAF for review and approval by the ICB Board in September 2025.	
82 25/26	<u>All Age Continuing Care (AACC) Update</u> The previously circulated meeting report provided an update on the progress of the AACC turnaround programme, focusing on progress and programme risks. N Park provided the following highlights: - Delivery continued on plan or slightly above plan in month 4, achieving £15.3m delivery against the £12.1m target, resulting in a £3m overachievement - A number of schemes continued to progress through the pipeline with various gateways - A £6m gap remained and work continued to identify this through stretch schemes and additional schemes for the waste reduction programme (WRP), in order to deliver in this financial year - In month 4, there was an overspend against the budget of c£11m, of which just under £10m related to prior year's costs and financial risks materialising in this current financial year. This was linked to accruals in the prior year for activity - The remaining overspend, broadly relating to learning disabilities and autism related package overspends, was being looked at in more detail - Good progress was seen against operational metrics and total open packages continued to reduce - Overall, continuing healthcare (CHC) volumes were in line with the decreasing trend, corresponding with the related cost reductions from those packages. Weekly costs were showing to be at the lowest point in the last 12 months for current year packages - Fast track packages were being monitored closely, and backlogs were now resolved - There was a high volume of backlog in NHS funded nursing care (FNC).	

	Mitigated actions were being put in place to ensure the team were progressing through reviews - Local authority relationships and reset work was progressing. Relationships between the ICB and the local authorities were strengthening around working together. A set of principles were being drafted on collective joint working going forward, along with the development of a Memorandum of Understanding, linking a number of priority work areas. Members discussion included: - Whether the Adam system was fit for purpose, raising concern that £21m had been underestimated and whether there was now accuracy around expectations to come through and the impact at year end. Assurance was requested around accurate figures for 2025/26 - That there was no correlation between how delivery was being assessed, ie, what was being met as high risk in the AACC waste reduction programme (WRP) and what the WRP was saying was being delivered. In response, S Downs explained that the Adam database holds data on all packages. It was confirmed that following control work, the system was 97% accurate, however, there was a shortfall of £21m that had not been accounted for. A total of £40m QIPP schemes were to be delivered over the full year, of which year to date delivery was £15m. It was recognised that the risk appetite in the AACC report and the WRP report should be aligned, and S Downs would look at this outside of the meeting. A Patel added that other ICBs use the Adam system and the ICB was exploring options around the system and the best way forward. Discussion was held around the AACC package overspend in 2024/25. At the 22 September 2025 committee meeting, S Downs would present a report describing the mid-year financial forecast based on experience, including a forecast outturn and potential upside and downside sensitivities. Delivery of the report and subsequent discussion should enable the committee to provide assurance of the year end position to the ICB Board. The Chair summarised that internal controls in the system need to be tested. Following an inaccurate percentage estimate in 2024/25, work had been undertaken on data which had helped the Adam system to deliver a more accurate set of information. Going forward, risks with local authorities would be looked at. Reconciliation of the WRP and the AACC would be looked at outside of this meeting and it was noted that the WRP looked at the financial side, whilst AACC reporting related to work in the pipeline. It was explained that when schemes were being implemented, capacity to deliver may remain high risk due to the nature of the issue. <i>A Wells joined the meeting.</i> N Park expressed that the original AACC target was £32m, with an additional £30m stretch which was extremely challenging. At various gateway stages, schemes were up to the value of c£58m in the programme. This would be backloaded in the latter half of the financial year, and some schemes were dependent on local authority discussions. D Corcoran reflected that the committee must be clear on the detail of the position. S Downs reported that NHS England were aware of the current position, including the potential risk value. RESOLVED: That the committee: - Note the progress on WRP, operational performance, and turnaround delivery	(SD emailed) SD action (SD emailed)
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	- Support validation and implementation of pre-pipeline/stretch schemes to close savings gap - Endorse operational risk management actions (FT, CYP, FNC backlog) - Acknowledge the impact of prior year pressures on 2025/26 financial position and support mitigation. <i>N Park left the meeting.</i>	
83 25/26	<u>Waste Reduction Programme (WRP) Update</u> The previously circulated paper reported an overall program status at 15 August 2025, articulating key movements of the programme. S Downs highlighted the WRP summary position slide from the meeting report, showing identified WRP at £126.8m. Members noted that since the time of writing the report, £10m running costs had been removed due to the uncertainty of the ICB restructure. The WRP full year affect slide was shown highlighting the full year impact of £144m against a target of £142m. Continuing care was the biggest differential and the risk around this area had been discussed earlier in this meeting. The position was reported to the Incident Management Team (IMT) meeting on a weekly basis. Commissioning intentions would start to have an impact in Q4. It was acknowledged that this did not reflect the significant amount of work the acute team would have to undertake to manage spend within existing contracts. RESOLVED: That the committee note the current waste reduction programme position and the ongoing efforts to drive delivery of the £142.66m target.	
84 25/26	<u>Month 4 System Finance Report</u> The previously circulated meeting report described both ICB and provider month 4 positions. S Downs highlighted that the ICB finances were to plan, with £10.4m of mitigations, and this had been reported to NHS England. The biggest driver for variance was continuing healthcare. Of the waste reduction programme (WRP) against the plan, continuing care was £3m over and £12m over on finance. Of the £19m identified, £18.2m financial QIPP had been delivered. The ICB has £45.7m available mitigations. To enable the ICB to report on plan at month 4, £10.4m of the available mitigations were deployed. It was highlighted that if the QIPP does not start to deliver at month 5, more mitigations would need to be considered. On closing month 5, there was variance analysis. The independent sector was overperforming, resulting in individual activity management plans. Overspend recovery was expected through activity management mechanisms. S Downs continued that there was an expectation to be able to hold or reduce the year-to-date position and the £3.5m risk would need to be managed. It was hoped that the activity management plans would bring activity back in line. The risk emanated due to a change in position from NHS England where indicative activity management plans must be agreed with providers, rather than fixed price or capped contracts. All Age Continuing Care (AACC) was driving variance on mental health and continuing health care prescribing. After 4 months, prescribing was at £1m over plan, with an in-year overspend of £0.6m and a £0.5m under-delivery on WRP. Overall, the providers were holding the position, with risks starting to come through. The WRP risk was high, with some risk in the independent sector.	

	At the 22 September committee meeting, a full stock-take on the position would be reported as well as actual spend compared to accrued spend. Choices due to the scale of risk would also be looked at. It was made clear that the forecast with NHS England would be unable to change, and this would be an internal risk adjusted focus. NHS England would decide whether Q3 deficit support funding would be received. S Downs continued that unidentified CIP in the provider plan was broadly being tracked and around 4/12 had started to be seen. The level of unidentified CIP when the plan was set was now dropping into position. J Birrell raised his concern around the financial position which showed that there would likely be an overspend at year-end, suggesting a further round of mitigations be looked at. He felt that mitigations had previously started too late, resulting in the impact not being seen in-year. There was concern that there may be an expectation for winter planning funding and it was confirmed that money had been allocated for this area. S Downs shared that all detail would be presented to the committee at its next meeting, with openness and transparency. The committee would provide assurance to the ICB Board on the options available at a point where a difference could still be made. RESOLVED: That the committee note the content of the report.	
85 25/26	<u>All Age Continuing Care Transactions Above £300k</u> S Downs reported that the paper had been brought to the committee for information only. The committee was unable to provide a view on the report and would welcome confirmation of where assurance was being sought. In due course, a review of the Standing Financial Instructions was requested to determine the role of the committees in relation to the transactions above £300k. RESOLVED: The Finance and Contracting Committee was unable to provide a view on the report.	SD action
86 25/26	<u>2025/26 Contract and Contract Monitoring Update</u> S Downs provided an update to the committee on the current contract position as at the end of July 2025. The meeting report provided the committee with an outline of the current monthly contract and contract monitoring report, including the latest contract position and early sight of financial risks for the ICB. He reported that reasonable progress had been made with providers in agreeing contracts and agreeing activity management plans. Activity detail, along with financial information, would be included in future meeting reports. Table 1 in the report showed a summary of the current NHS reported position at month 4, split by the different elements of the contract. Overall, the position was showing to be £86k over target and the driver of this was not known. Blackpool Teaching Hospitals had been offered a full block contract for the year on all of their income; as well as helping the Trust, this would also help the ICB de-risk its position. Block contracts on high-cost drugs had been agreed with 3 of the 4 acute trusts to help de-risk this position. Community diagnostic centres were currently underspending and it has been agreed that if there was overspending and underspending on different parts of the contract, this	

	would be counteracted. This had been set with a clear expectation to all Trusts that the ICB had issued a contract value to that they are expected to stay within that value. S Downs continued that some risk remained, however, contracts could be managed as they were now signed, with activity management plans. Future committee reporting would include activity and some forecasting data for the position. Risk was also seen in out of area placements; the ICB held a risk share agreement with Lancashire and South Cumbria Foundation Trust. £9.2m had been set aside for this, and the current forecast was £8.8m. Good work had been undertaken in out of area placements and it was hoped this position would be maintained. NHS England had launched deconstructing blocks, which aimed to ensure that organisations understood what they was paying for. The ICB had block contracts with community, mental health, ambulance, whilst the urgent care part of the acute contracts was effectively a fixed contract. Members noted that these were not on a PbR basis. <i>J Williams joined meeting.</i> J Birrell commented that the paper was really helpful, which as well as highlighting risks, provided awareness to the committee. He asked for broad detail around governance in primary care, given that a number of discussions had recently taken place at ICB Board meetings around Local Enhanced Services (LES). In response, S Downs explained that it had previously been agreed to focus on the material financial risks to the ICB, which were the acute trusts and independent sector. The LES and primary care were overseen via a performance report by the Primary Care Sub-Committee and activity and impact was being looked at. It was agreed that a brief paper be reported to the committee setting out the investment, and the financial and non-financial benefits at its October meeting. K Lord also confirmed that in relation to the outcomes of the LES, this had been discussed at the Quality and Outcomes Committee and a difference was being seen in outcomes for the investment being made. <i>C Frost joined the meeting.</i> RESOLVED: That the ICB Finance and Contracting Committee note the content of the report.	JC/CH action
87 25/26	<u>Commissioning Delivery Plan Dashboard</u> A Wells explained that the purpose of this item was to provide ongoing assurance on how the ICB was using the project management office and changing practice to monitor the commissioning plan. He took members through the live 'Verto' dashboard shared on screen, showing the detail that the system holds including the waste reduction programme (WRP). An example of how the system is used in terms of monitoring progress was described. The Verto system is used to monitor all assurance pieces, and QIAs are undertaken through the system, providing a lens view of the current position and granular detail. Members discussion and comments included: - Helpful demonstration, providing assurance around check and challenge - Acknowledgment that the system underpins information, which was crucial for the commissioning team - It was highlighted that macro detail would be required at Board level - The committee needs to be aware how the project management team are	

	checking and challenging risk ratings and why any areas would not be delivering. Following brief discussion, the Chair summarised that to provide assurance, a macro view/update with a brief covering note, be reported to the committee twice a year, with the first update being towards the end of 2025. The report should provide the current position, whether it is on track and should triangulate with All Age Continuing Care, the waste reduction programme, learning that could be built on and looking forward, where the projects for 2026/27 were being logged. To enable tracking of commissioning throughout the year, the committee need to understand what the ICB is commissioning, spend and budget. This would provide an audit trail in terms of the conversation, albeit recognising the live database. <i>W Lewis joined the meeting.</i> A Wells invited members to contact him outside of this meeting if anyone wished to have access to the database. He confirmed that there was a well-defined change delivery life cycle and definitions could be shared if required. In line with NHS England guidelines, clearly defined rag ratings were in place, which could be shared if required. It was confirmed that the project management office worked closely with the commissioning team in the use the system to effectively monitor. A Wells noted the discussed requirements of future reporting to be a macro view, including a detailed level of commissioning, along with 2025/26 further mitigations with 2026/27 QIPP to manage in the future. RESOLVED: That the committee note the content of the report and presentation of the live dashboard within Verto. <i>A Wells left the meeting.</i>	
88 25/26	<u>Urgent and Emergency Care (UEC) – UEC delivery and winter planning 2025/26</u> W Lewis, ICB Director of System Co-ordination and Flow, was introduced to present the item. She highlighted that heavy scrutiny was expected in ambulance handover delays, 4 hour and 12 hours in the department and corridor care due to their current oversight framework position. Much work had been undertaken in winter planning and revised plans were due for submission with NHS England this week. The ICB Board would receive a report at its 25 September meeting with opportunity to interrogate and sign off plans. Taking an emergency preparedness resilience and response (EPRR) approach, an exercise was planned to take place on 8 September to stress test plans against a winter surge of flu. The ICB was supporting the exercise and all Places would be represented. It was expected that further revisions may be made to plans, from this exercise. A new UEC tiering system was now in place, determined by performance at Trust level and would be subject to quarterly review. A review of UEC governance was being undertaken, with a view to this being concluded by the end of October 2025. It was confirmed that all local UEC improvement plans had been developed and were delivering well against hospital avoidance, in-hospital flow, and discharge and repatriation of people to their home. A bid had been made against the regional transformation fund for transport, care co-ordination and neighbourhood health; the outcome of this was expected this week. UEC capacity investment funding had been allocated and was being monitored closely in terms of spend and outcomes being achieved. A large underspend was not anticipated	

	and was currently at c£800,000. It was planned that this be used to support other financial pressures primarily for UEC, including non-emergency patient transport, which had been a significant piece of work. A 45-minute ambulance handover target had now been implemented for UEC and Lancashire and South Cumbria was in a significantly better place than other ICBs in the north west, with latest data showing 96% compliance. Significant achievement was also seen in demand coming to the front door. S Downs shared positivity around compliance to the new 45 minute ambulance handover target, at no cost to any organisation. As a consequence, this has resulted in rising corridor care and boarding on wards. Discussion was held as to which ICB committee had oversight of UEC and winter, determining that the Finance and Contracting Committee should receive any significant financial implications. Quality performance should be reported to the Quality and Outcomes Committee. In response to a members query around metrics, C Frost reported that the ICB meets with the NHS England North West UEC team on a monthly basis, and this meeting is performance focused. NHS England had signalled their intention and monitoring for performance, in particular 12 hour waits in the emergency department, ambulance handovers and corridor care. Key lines of enquiry were being produced for these measures. The Chair thanked W Lewis and C Frost for the report, which had been really helpful. Acknowledgement was made in relation to the positive ambulance handover times. RESOLVED: That the Committee: - Note the content of the report - Note the report as assurance that oversight of progress and all associated requirements continue via Place UEC Delivery Boards and the Lancashire and South Cumbria UEC Strategic System Oversight Board. <i>W Lewis and C Frost left the meeting.</i>	
89 25/26	<u>Primary Care Compliance</u> A Rose explained that statutory compliance was the responsibility of the building owners and Trusts were responsible for their own buildings. The ICB role was not to oversee, but to be assured for statutory compliance for the primary care estate. Linking with the Local Medical Committee (LMC), a review of compliance across the Lancashire and South Cumbria primary care estate was being undertaken. The ICB estates team were working with practices in relation to non-compliant issues and the Health and Safety Oversight Group received regular updates for oversight and assurance. The CQC would continue to carry out an annual assessment of primary care practices. In response to a member's question around cost, A Rose explained that the ICB was not picking up costs directly for the review and the intention was to work with practices to support any corrective action required. A significant issue with a building that may require replacement, may result a revenue stream for the ICB. K Riley confirmed that the statutory elements are picked up within the premises cost directions. This work should prompt GPs to take action and in future regular prompts would be made, including to provide compliant certificates. Feedback received to date had been positive. A webinar was being held to guide practices through the process to ensure a full understanding of the involvement required.	

	Practices were now clear in their role and responsibilities around estate compliance. The Chair asked for an update in due course, for committee understanding of the extent of liability and how it was being mitigated. RESOLVED: That the Finance and Contracting Committee: - Note the content of the report - Note that the ongoing oversight of health and safety matters is undertaken by the Health and Safety Oversight Group - Follow up quarterly for an update on the findings of the statutory compliance review.	
90 25/26	<u>Lancashire and South Cumbria Provider Collaboration Board Minutes</u> The approved minutes of the Lancashire and South Cumbria Provider Collaboration Board had been circulated to members in advance of the meeting, for information. RESOLVED: That the Finance and Contracting Committee note the Provider Collaboration Board minutes of the meeting held on 12 June 2025.	
91 25/26	<u>Committee escalation and assurance report to the Board</u> Members noted the items which would be included in the committee escalation and assurance report to the Board, being explicit of the committee's concern regarding the financial pressures. The committee would receive a detailed month 5 finance report at its next meeting and due to confidentiality and sensitivities, detailed risks would be discussed at a private ICB Board meeting. RESOLVED: That the Finance and Contracting Committee note that a report will be taken to ICB Board.	
92 25/26	<u>Items referred to other committees</u> There were no items referred to other committees.	
93 25/26	<u>Any other business</u> Circulation of meeting papers – Discussion was held around the issuing of meeting papers and it was agreed that circulation dates would be reviewed and agreed at monthly agenda setting meetings, acknowledging time required for members to read the paper pack and with minimal emails being sent. UEC/winter planning – A Patel expressed that on reflection around discussion held earlier in the meeting around this item being displaced, UEC metrics was regularly reported to the Quality and Outcomes Committee as part of the integrated performance report. It was confirmed that the Finance and Contracting Committee Terms of Reference gives responsibility for the committee within schemes and elements of this had been included within the meeting paper. S Mattocks would oversee business plans to ensure the right elements were reflected for respective committees. Commissioning delivery plan dashboard – Discussion was held that review of a live dashboard may be too operational for the committee, and therefore the agreed action for a twice yearly report would better provide assurance to the committee. Interim review of Terms of Reference – S Mattocks reminded members that when the refreshed Finance and Contracting Committee terms of reference was agreed by the	

	ICB Board at its March 2025 meeting, a full committee effectiveness review would be undertaken at the end of Q3. An earlier review of the terms of reference recently took place with early recommendations around membership and quoracy. Members supported the suggested recommendations that the Chief Finance Officer and Chief Operating Officer roles would be named executives with others who may attend and count towards quoracy, along with a reduction in quoracy from 5 overall members to 4 members. The full committee effectiveness review would take place at the end of Q3. This recommendation would be presented for approval to the ICB Board at its next meeting.	
94 25/26	<u>Items for the Risk Register</u> There were no new items.	
95 25/26	<u>Reflections from the meeting</u> Members expressed concern in relation to financial performance. It was recognised that meeting reports were now refined and had developed. Real focus was now required. The Chair thanked members for their contributions and time at this meeting.	
96 25/26	<u>Date, time and venue of next meeting</u> 22 September 2025, 10 am – 12 noon, by MS Teams.	