

Subject to approval at the next meeting

**Minutes of a Meeting of the Integrated Care Board Held in Public on
Thursday, 27 November 2025 at 1.00pm
in the Lune Meeting Room, ICB Offices,
Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB**

Part 1

	Name	Job Title
Members	Emma Woollett	Chair
	Sheena Cumiskey	Deputy Chair/Non-Executive Member
	Roy Fisher	Non-Executive Member
	Jim Birrell	Non-Executive Member
	Jane O'Brien	Non-Executive Member
	Steve Igoe	Non-Executive Member
	Aaron Cummins	Chief Executive
	Mark Bakewell	Chief Finance Officer
	Dr Andy Knox	Acting Medical Director
	Jane Scattergood	Interim Chief Nursing Officer
	Dr Julie Colclough	Partner Member – Primary Care
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Silas Nicholls	Partner Member – Trust/Foundation Trust – Acute and Community Services
Regular Participants	Debbie Eytayo	Chief People Officer
	Professor Craig Harris	Chief Operating Officer & Chief Commissioner
	Asim Patel	Chief Digital Officer
	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Neil Greaves	Director of Communications and Engagement
	Tracy Hopkins	Voluntary, Community, Faith and Social Enterprise Sector
	Dr Sakthi Karunanithi	Director of Public Health (Lancashire County Council)
Cath Whalley	Director of Adult Services (Blackpool)	
In attendance	Kirsty Hollis	Associate Director and Business Partner to the Chief Executive
	Paul Hegarty (up to item 143/25)	ICB Associate Director Population Health and Place Delivery (Blackburn with Darwen)
	Sandra Lishman	Committee and Governance Officer

Ref	Item
138/25	<p><u>Welcome and Introductions</u></p> <p>The Chair, Emma Woollett, opened the meeting and welcomed everyone, thanking the members of the public who were observing the Board meeting either in person or through the live stream.</p> <p>The Chair also welcomed new colleagues to the ICB Board and noted that A Cummins was</p>

	<p>attending his first ICB Board meeting as Chief Executive Officer, similarly Jane Scattergood, as Interim Chief Nurse and Silas Nicholls, as Partner Member for the acute sector. She further welcomed Paul Hegarty, ICB Associate Director Population Health and Place Delivery (Blackburn with Darwen), to present the item on the community experience to the Board.</p>
139/25	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies for absence had been received from D Corcoran, Non-Executive Member, D Park, Partner Member – Local Authorities, S Spill, Associate Non-Executive and D Blacklock, Regular Participant Healthwatch.</p> <p>The meeting was quorate.</p>
140/25	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That no declarations were noted which related to the business items on the agenda. The Chair would be advised of any conflicts that arise during the meeting as appropriate.</p> <p>Board Register of Interests - Noted.</p>
141/25	<p>a) <u>Minutes of the Board Meeting Held on 25 September 2025, Matters Arising and Action Log</u></p> <p>There were no matters arising that would not be picked up as part of the agenda. There were no current outstanding actions for Board members on the action log.</p> <p>RESOLVED: That the minutes of the meeting held on 25 September 2025 be approved as a correct record.</p> <p>b) <u>ICB Annual General Meeting Minutes – 25 September 2025</u></p> <p>RESOLVED: That the minutes of the ICB Annual General Meeting held on 25 September 2025 be approved as a correct record.</p>
142/25	<p><u>Community Experience /Story</u></p> <p>The Chair advised the experience presented to Board provided an update on work being undertaken around neighbourhoods, highlighting a specific project within the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Blackburn with Darwen.</p> <p>P Hegarty outlined a project that had been running over several winters, specifically in Blackburn’s central ward and advised this was overseen by the Blackburn with Darwen Health Equity Group. He described that male life expectancy in Blackburn with Darwen was 67 years, with all output areas falling within Indices of Multiple Deprivation 1, which indicated a highly vulnerable, challenged community. He advised that challenges included housing issues, deconditioned housing stock, steep terrain, and a transient population, alongside large houses of multiple occupation. Despite these challenges, the area benefited from good infrastructure and GP surgeries.</p> <p>A video was shown demonstrating some of the work being undertaken as part of a partnership model funded through a 2% top slice applied through urgent care non-recurrent funding. In 2024, partners included Red Rose Recovery, Project 180, St Luke’s Church and Thomas, with a focus on community engagement. The 2025 project had a slightly reduced financial</p>

envelope, and the partnership involved Project 180 and St Luke's Church. This project focused on data-driven approaches to specific community pockets, analysing ten postcodes to understand local demographics, businesses, and service usage. Data showed approximately 2,000 attendances from these areas to A&E and primary care. Primary care data showed that people were also regularly attending and contacting primary care, 111, and other services including food banks, that provide advice and support. The project was being undertaken in the context of 'neighbourhoods' and focused on how integrated neighbourhood teams and primary care networks operate and collaborate with social prescribers, children's hubs and family hubs in Blackburn with Darwen.

The Project 180 Health Hub was showcased, which used sport to improve mental, physical, and social wellbeing. The approach addressed gaps in timely support, helping prevent crises through emotional and social interventions. Examples included improved asthma management and educating families on alternatives to A&E, such as GP and NHS 111 services. The current phase focused on building sustainable communities led by local citizens, addressing isolation and health anxiety, which sometimes presented as COPD and chest pain. Collaboration with East Lancashire Hospitals NHS Trust within the emergency department around this work was noted, with discussions on sustaining impact beyond 2026.

J Birrell commended the project's success and its role in reaching people 'invisible' to the system, preventing issues downstream.

T Hopkins provided context, explaining that the work began around 3 years ago through VCFSE Alliance discussions and the ICB, to consider a number of proposals. This led to the allocation of 2% of the urgent and emergency care budget for innovative models. She advised the VCFSE Alliance was given flexibility around the specifics of the model, though recognising the tight parameters around what the money was for. This freed up the ability for decisions to be made across the VCFSE Alliance, with tight metrics around measuring achievements. To date, this approach of integrating VCFSE services within NHS pathways had been taken in Blackburn, Blackpool and it had now been expanded to cover Lancaster and Morecambe in this current winter period. She emphasised the need for further investment and thanked P Hegarty for articulating the significant changes achieved in these communities which was making a difference, keeping people safe and well at home.

The Chair recognised this inspirational work and highlighted the challenge on how to build on this in terms of strategic commissioning. She noted that Spring North was the intermediary organisation between the VCFSE Alliance and NHS and this had proved successful.

C Whalley highlighted the importance of considering South Cumbria, particularly Barrow and South Lakes, and ensuring resources shift into community settings to alleviate acute pressures, in line with the 10-year plan and keeping people at home.

J Scattergood reported that the ICB women's health team had successfully secured funding to build on neighbourhood-based projects in Blackburn with Darwen, for the Clear project (heavy menstrual bleeding and neuro gynaecology services).

A Cummins thanked P Hegarty and T Hopkins for their report, noting the clear evidence of impact on communities and the need for commissioning models to support such initiatives. He stressed the importance of developing medium-term relationships with VCFSE partners and measuring success through population-level dashboards, reinforcing the shared responsibility to serve communities collaboratively. He reported that the Board had previously discussed how the developing policy and the Strategic Commissioning Framework could support this kind of working, with the aim to provide reassurance to smaller partners through longer term financial commitments, enabling them to invest and progress programmes such as this forward.

	<p>A Cummins acknowledged that much of the current success measurement had focused on acute community access and waiting times. Consideration would now be given to developing a dashboard that captured lived experience when accessing different parts of the system, alongside outcomes for population groups that span all public services. He commented this approach aimed to provide a more holistic view of performance and impact and advised that he was keen to explore this further with the VCFSE Alliance, recognising the benefits of organisations working together in new ways to ensure the population receives the support they need, in line with the policy objectives.</p> <p><i>P Hegarty left the meeting.</i></p> <p>RESOLVED: That the ICB Board note the video and discussion.</p>
143/25	<p><u>Chair's Report</u></p> <p>The Chair welcomed A Cummins to the ICB as Chief Executive Officer, noting the extensive experience and clear vision A Cummins brought to the ICB and the opportunities this would present. She also formally thanked J Birrell for his dedication and commitment to the ICB, noting this was his last public meeting.</p> <p>She reported that a national redundancy scheme had been launched, which was welcomed as it provided greater clarity and control for staff regarding their future. She also described the recent System Delivery Meeting held in early November 2025 with the regional office, at which the ICB had discussed progress against the undertakings made at the start of this year. The meeting was a positive one, and the ICB was able to demonstrate significant progress in financial governance, leadership and financial grip. In relation to exiting the NHS England Recovery Support Programme, the key remaining issues was delivery of the financial target by year end, which would be discussed later in this meeting agenda. Robust plans were in place to achieve the financial target, and good progress had been made to date.</p> <p>The Chair confirmed that work continued on the development of the medium-term plan, as outlined in the Strategic Commissioning Framework. She emphasised that the response required consideration of how the organisation would operate differently to ensure structures were aligned and functions delivered appropriately. She noted that a clear approach was in place to develop the medium-term plan, and this would continue to evolve and improve as new structures were implemented.</p> <p>RESOLVED: That the ICB Board note the report.</p>
144/25	<p><u>Report of the Chief Executive</u></p> <p>A Cummins expressed his thanks to his predecessor, S Proffitt, for the work undertaken in the transition, along with thanks to the ICB Board and wider colleagues who had been welcoming and had discussed their vision for the future and how it felt to work in the ICB.</p> <p>In relation to the organisational restructure, the Chief Executive Officer noted the recent launch of the voluntary redundancy (VR) scheme and expressed thanks to all colleagues across the ICB. He acknowledged the focus on improvement, consideration of future programmes and the uncertainty faced by colleagues during this period. He confirmed that, following receipt of NHS national team and Treasury permissions, the VR programme had been launched, and colleagues were being supported in their decisions. He asked the Board to recognise this unstable time for members of staff and commended the People Services team and the Communications and Engagement team for their work in managing conversations and implementing the changes during a time of instability.</p>

	<p>A Cummins also highlighted visits to a number of teams and participation in team briefs, noting clear feedback from place and neighbourhood leaders on current activities.</p> <p>He advised that the medium-term planning guidance and commissioning framework had been received and were under consideration by the executive and senior leadership teams, noting that adjustments were being made to the way the executive and leadership teams operated to create capacity for the transition to a strategic health commissioner. This would include a stronger focus on population health improvement, whilst continuing to address key priorities such as financial recovery, elective recovery and waiting times, and organisational change.</p> <p>He referenced Board discussions held in September 2025 regarding weight management GLP-1 prescribing, noting that funding constraints prevented expansion of access to these drugs. Conversations with national and internal teams had resulted in agreed criteria based on BMI to determine eligibility for this year; this stratified the highest risk part of the population that could gain access to this drug quickly, providing clarity on prescribing for the rest of the financial year. A report would be presented to the Board at its January 2026 meeting outlining the broader prescribing plans for next year and to address the significant impact of obesity.</p> <p>RESOLVED: That the ICB Board note the report.</p>
145/25	<p><u>People and Culture Committee Escalation and Assurance Report – 15 October 2025</u></p> <p>J O'Brien provided an update from the People and Culture Committee meeting held on 15 October and highlighted:</p> <p>Alert: Health and wellbeing system and ICB deep dive report – There was a deteriorating level of workforce health and wellbeing, alongside increasing sickness absence across the system. The committee discussed these issues in depth and felt that although there were sufficient offers to support health and wellbeing, their effectiveness was uncertain. As a way forward, actions included to:</p> <ul style="list-style-type: none"> - Evaluate current interventions to determine which were effective and which had no impact - Identify hotspot areas, recognising that challenges differ across teams, and tailor more bespoke offers - Shift the approach to managing sickness absence and attendance, including changes to policies to encourage return to work and maintain staff in employment - Review trends in line with the equality action plan, particularly across protected characteristics. <p>Since the initial discussion by the People and Culture Committee, two other committees had raised related concerns. It had been noted that sickness absence was impacting performance more widely across the system. The Finance and Contracting Committee requested that the People and Culture Committee examine the impact on productivity across the system. The Quality and Outcomes Committee highlighted that sickness absence was affecting the ability to deliver services in key areas and asked the People and Culture Committee to review wider business continuity measures, including managing vacancies and prioritising critical services. The People and Culture Committee would follow up on these issues at its meeting in January 2026, prioritising actions to address the concerns raised.</p> <p>Alert: ICB Combined Pay Gap report 2025 – The ICB was legally mandated to provide a report on gender pay; the ICB had voluntarily chosen to also look at ethnicity and equality, which had been combined into one report. Diligence was required to increase diversity of the ICB, and it was noted that issues remained relating to bullying and discrimination in the workforce; these were not acceptable behaviours and this would be included as part of the action plan. The ICB Board was asked to approve the ICB Combined Pay Gap Report 2025.</p>

	<p>Advise: NHS Operational Plan 2025/26/Multi-Year Planning – The Board had previously discussed the current difficulties around students obtaining jobs and factors around recruitment in general. The NHS England representative would feedback to the committee as a future agenda item.</p> <p>A Cummins highlighted the availability of high-quality occupational health services that could support staff to remain well and in work. He noted that work was being undertaken by OneLSC to review occupational health provision, and this should be explored further as it may inform the future delivery model. He also reported that following feedback from colleagues around the importance of having a diverse workforce and concerns around bullying and harassment, an escalated infrastructure was required as part of the organisational change process; D Eytayo was leading this work, and it was noted that a clear equality and diversity assessment must be applied throughout the process, including recommendations for the voluntary redundancy scheme.</p> <p>J O'Brien reported that further work remained to be undertaken by the committee, and this had been captured within the equalities action plan to ensure progress was monitored and delivered.</p> <p>D Eytayo highlighted that many issues alerted by the committee related to line management capabilities. There was a key focus on supporting line managers to manage effectively, particularly during this time of transition and organisational change, recognising that they would also be managing their own emotions and experiences. In relation to sickness absence, line managers should provide appropriate support, ask the right questions to encourage return to work, and consider alternative options such as a phased return where staff were not fit to resume their substantive role. Trade unions had identified this as an area that they could assist the ICB with and work was underway to develop this support.</p> <p>A Knox emphasised the need for both the committee and Board to have a clear understanding of the ICB's zero tolerance approach. The organisation openly commits to zero tolerance against racism, gender discrimination and discrimination based on sexuality. He stressed that the People and Culture Committee should monitor the ICB's approach to ensure the policy was being implemented effectively. Zero tolerance was about creating an environment where staff feel safe, and the policy must be supported by action as well as words. Assurance was required for both the committee and staff that this commitment was being upheld.</p> <p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure and approve the recommendation of the ICB Combined Pay Gap report 2025 • Note any summary of items or issues referred to other committees of the Board over the reporting period • Note the ratified minutes of the committee meetings.
146/25	<p><u>Working with People and Communities - Insight Report</u></p> <p>N Greaves spoke to a report which demonstrated the ICB's commitment to engagement and listening, which has informed commissioning intentions over the past month and contributed to the work of the System Equality Group. He highlighted that communications teams across Trusts and the ICB had acted on feedback from last year's winter campaigns, resulting in successful delivery of the 'Good health starts...' campaign this year. It was noted that outreach work had been undertaken to capture experiences on the ground, working with community partners, the voluntary and faith sector, local authorities and schools; the Board recognised the value of this work.</p> <p>N Greaves also highlighted the work of the Children and Young People team and the Children</p>

	<p>and Safeguarding Assurance Partnership across local authorities, including the adoption of the Lundy model and rollout of training to embed engagement with young people. Changes in engagement work had been made in supporting transition, with examples capturing patient experiences to raise awareness. Further examples of engagement and involvement activities included work around oral health needs assessments and input from staff network groups, which were being used in a positive way.</p> <p>The Board welcomed the report and its emphasis on collaborative working with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, which was noted as making a significant difference. Members highlighted the potential to harness staff networks as a powerful resource for influencing policy and commissioning intentions. Questions were raised about how insights from engagement would be incorporated into medium-term and clinical strategy planning, ensuring decisions are built on both data and insights.</p> <p>In response, N Greaves confirmed that a session involving approximately 90 participants, including patient representatives from trusts, volunteer groups and Healthwatch would take place tomorrow to inform clinical strategy development from an early stage. This session would build on previous engagement and explore how experiences could shape future health services over the next 5 to 10 years. The Board was assured that voices from across the patch would be included, with both in-person and virtual participation, and that further engagement with broader community groups would follow.</p> <p>T Hopkins added that a VCFSE Alliance meeting was being held tomorrow morning, dedicated to the clinical strategy development, which would include representation from all places, including South Cumbria.</p> <p>RESOLVED: That the ICB Board note the contents of the report, the insight captured from engagement and involvement activities and the assurance that public insights are being used to support ICB priorities and programmes of work.</p>
147/25	<p><u>Quality and Outcomes Committee Escalation and Assurance Report – 5 November 2025</u></p> <p>S Cumiskey provided an update from the Quality and Outcomes Committee held on 5 November 2025 and highlighted:</p> <p>The committee was in the process of transitioning to focus more on how information was used to assess quality and outcomes, including implications for safety, effectiveness, and experience in both the short term and strategic commissioning. Consideration was given to the new Integrated Performance Report (IPR), recognising its role in linking data and intelligence to inform decision-making and shape future approaches. A Patel and his team were thanked for the work undertaken to date on the IPR and for helping the committee to ask key questions.</p> <p>Alert: East Lancashire Hospitals NHS Trust Histopathology - Workforce capacity challenges were recognised; work was being undertaken to mitigate, along with ongoing system responses. The committee would maintain oversight and explore longer-term solutions, particularly collaborative approaches between providers.</p> <p>Alert: Children and Young People (CYP) Quality Update - Significant challenges within children and young people services were highlighted, including waiting times, neurodevelopmental pathways, and safeguarding pressures. Committee members stressed the need for short-term solutions alongside strategic commissioning in service redesign to achieve sustainable outcomes and prioritise resources effectively.</p>

Alert: Infection Prevention and Control Annual Report 2024/25 – Workforce Concerns

- Positive progress had been demonstrated within the report, although concerns were raised around low flu vaccination uptake among staff and the population, which was impacting urgent care performance.

Alert: Learning Disabilities and Autism Update - The committee noted challenges in services, emphasising the importance of integrating clinical and social care teams and considering mitigating responses to the population, whilst strengthening neighbourhood working.

Alert: Patient Experience and Complaints Report - Patient experience and complaints were discussed, with a focus on learning opportunities and addressing workforce capacity within ICB teams, to ensure improvements were implemented.

S Nicholls confirmed that East Lancashire Hospitals NHS Trust had recently been receiving short-term support for histopathology from Lancashire Teaching Hospitals NHS Foundation Trust. East Lancashire Hospitals NHS Trust were also considering short-term staffing increases in this service and there were plans for shared pathology services, which would include histopathology. A shared pathology service would include staff sickness, pathway redesign, and equipment investment.

J Scattergood welcomed the regional and national focus on children's waiting times and referenced a regional session held last week at Alder Hey Children's Hospital that embarked on rapid improvement cycles and focused the ICB's attention on the needs of children's and community services and to report children's waits as a percentage of their lives.

S Karunanithi highlighted the strategic intent regarding speech and language services, and broader children and young people's services. He noted the national mission to ensure every child had the best start in life, measured through development outcomes, and emphasised the critical link between these objectives and NHS commissioning responsibilities.

J Birrell queried the high number of alerts reported. S Cumiskey clarified that several alerts reflected ongoing oversight rather than new issues, as areas were subject to continuous testing and monitoring. She added that there was significant challenge in meeting the needs of people, but the committee maintained strong oversight of quality, outcomes and further developments.

C Whalley highlighted opportunities for joint solutions on safeguarding, particularly in relation to deprivation of liberty safeguards, noting the significant challenges across Lancashire and South Cumbria. This was supported by S Cumiskey and J Scattergood, and J Scattergood would work with adult social care to explore collaborative approaches.

J O'Brien reflected on learning from Sure Start Centres and the potential to transfer some of this learning into neighbourhood work. J Scattergood noted the growth of and development of local authority family hubs over the last couple of years, a message that was strongly reinforced during the recent improvement and challenge workshop. She emphasised the significant work required to achieve neighborhood integration and align local authority commissioning for services for well children and health services for children with developmental needs. It was further noted that a suite of documents from Public Health England on the return on investment of Sure Start Centres was being incorporated into commissioning intentions.

The Chair concluded by noting progress on East Lancashire Hospitals NHS Trust pathology and biochemistry, demonstrating that the committee's work was delivering results. She

	<p>emphasised the importance of resolving issues prior to escalation to the Board, and welcomed future Board assurance related to Deprivation of Liberty Safeguards backlogs and complaints handling via the escalation reports from committee and for commissioning intentions to be informed by the challenges identified. Action: J Scattergood (emailed)</p> <p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed • Note the summary of items or issues referred to other committees of the Board over the reporting period • Note the ratified minutes of the committee meetings.
148/25	<p><u>Integrated Performance Report</u></p> <p>A Patel spoke to the Integrated Performance Report (IPR) which triangulated data across multiple domains to provide a comprehensive view of progress and pressures. He reported that metrics within the report were discussed in other forums and tracked in detail, and this report consolidated information to give an overall picture of pressures that were building and how the system was responding.</p> <p>He noted that rising demand was evident across most areas, including planned care, waiting lists, diagnostics, cancer pathways, and children’s services. Despite these pressures, good progress was reported in several areas, including ambulance performance, maternity smoking rates, dental services, Pharmacy First growth and reductions in mental health out-of-area placements.</p> <p>The report highlighted cumulative increases in GP appointments compared to last year and ongoing challenges in urgent and emergency care (UEC).</p> <p>Elective recovery remained a significant challenge nationally, with 7.93 million people waiting for treatment. Locally, an additional 8,000 people had been added to waiting lists, with 95 extra referrals per working day. Despite this, progress was being made on reducing long waits, with a focus on eliminating anyone waiting more than 65-weeks. To support improvement, recovery transformation schemes were in place, including an increase in surgical capacity in surgical hubs, pathways being scaled up, focus on pressured service activity. This was alongside work already taking place around advice and guidance initiatives. Forecasting indicated progress towards 18-week and 52-week standards, although challenges remained.</p> <p>He continued that cancer performance was noted as a mixed picture, with none of the standards currently being met; actions taking place included ongoing pathway redesign, including urology, lung and skin cancers, and investment had been made with each trust to support improvements in their local pathways.</p> <p>Improvements were reported in maternity smoking at time of delivery rates, although variation persisted, with Blackpool remaining the highest nationally. He highlighted the importance of parity and the right focus around children and young people’s services as they did not have the same national oversight mechanism as other services, and many metrics did not feature in an NHS oversight framework. A Patel advised these services featured in the report and the Quality and Outcomes Committee escalation and assurance report described this. It was proposed to make a more prominent feature of children and young people services within the IPR by bringing together different aspects of the report.</p> <p>Mental health performance showed positive progress, including reductions in out-of-area placements, near-target achievement for talking therapies, and strong dementia diagnosis</p>

rates.

Concerns remained around long-waiters in autism and ADHD assessments.

Pharmacy First coverage was good with 98% uptake; a piece of work was being undertaken to look into how this was distributed across the area. Dental activity was above trajectory.

The report also highlighted increasing focus on health inequalities and the need for longer-term strategic planning and redesign, and progress was being seen in children's services, working closely with the voluntary and faith sectors, in attendances to A&E.

A Patel reported pressures in many services with a balance between financial support and performance pressures, which would shape the pace of improvement. He commented these were not short-term fixes but required longer term strategic planning and redesign, also working with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector which would be a central component.

J Birrell raised concerns about UEC performance, particularly 12-hour waits in A&E, which had risen to 16.7%, and queried underutilisation of virtual wards.

S Karunanithi commended the presentation of data and emphasised the need to link performance to outcomes, highlighting how the NHS and the ICB's contributions were progressing against them. He also recommended reinstating prevention metrics, vaccination, hypertension, etc. A Patel responded that the IPR was an outcomes report and the Quality and Outcomes Committee would oversee harm or lack of harm caused by some of the adverse performance, cancer performance and waiting well due to long waits. There was good triangulation within the committee. He acknowledged the point about the prevention metrics and would feature some of these in future reporting. **Action: A Patel (emailed)**

S Nicholls noted that virtual wards had not yet been scaled up across providers and were not currently viewed as a core component of the service offer. He advised that some of this was driven by gaps in service coverage as virtual wards were not operating on a 24-hour basis, and work was required with clinical teams to address education and concerns around patient safety. He reminded members that virtual wards provided a dual function, stepping patients up into nursing and residential homes for active monitoring, and stepping patients down from hospital care. Previous work undertaken with Lancaster University demonstrated that virtual wards deliver better outcomes, both financially and clinically, when implemented at scale.

T Hopkins highlighted the important role of the VCFSE sector in supporting patients to access virtual wards., noting that whilst services existed that could support people to access virtual wards, they were not being delivered in a co-ordinated way. The Chair commented that the term 'virtual wards' may be confusing for people and stressed the need to clearly communicate that this refers to wrap-around care provided in the home environment.

C Oliver reported significant progress in reducing mental health out-of-area placements, which had resulted in improved patient outcomes and financial savings. This achievement was welcomed by S Cumiskey and C Harris as an example of effective system collaboration. It was noted that the number of clinically ready for discharges within mental health wards had halved, enabling zero inappropriate out of area placements. A trajectory for the use of private mental health beds had been established and Lancashire and South Cumbria NHS Foundation Trust were currently ahead of trajectory. Waiting times for inpatient beds were also reducing, although further work was required to reach same day admission. The system was now spending £800,000 less per year on private mental health beds compared to April 2025, which was recognised as a success story, ensuring patients receive care in the right place and at the right time, whilst delivering quality outcomes and financial efficiencies.

	<p>C Harris reported a detailed paper had been presented to the Quality and Outcomes Committee, highlighting a mixed picture of referrals to the virtual ward across the system. East Lancashire Hospitals NHS Trust were reporting nearly 80%, Blackpool Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust over 70% in recent months, with October showing an aggregate position of nearly just over 80%. However, it was noted that part of the patch was only referring 13% and this skewed the overall aggregate position. He emphasised that the virtual wards were not underutilised and the variability observed demonstrated significant improvement over the past 2 years.</p> <p>R Fisher queried community diagnostic centre activity levels being under plan in August 2025 highlighting that the number of tests taken seemed low. A Patel confirmed this was being reviewed, as well as the initial planning assumptions and that community diagnostics would be incorporated into future reporting to understand the plans submitted and the reason for the variation. Action: A Patel (emailed)</p> <p>J Colclough sought clarification on the 4.2% rise in referrals and it was confirmed that this related to waiting times for planned care, which did not include community services. She also raised concerns about A&E attendances that could be managed elsewhere, reinforcing the need for further upstream interventions. The Chair confirmed this would be picked up as part of the urgent and emergency care item later in this meeting.</p> <p>RESOLVED: That the Board note the achievement and on-going actions against key performance indicators and the work underway to improve quality and safety and reduce health inequalities across Lancashire and South Cumbria.</p>
149/25	<p><u>Finance and Contracting Committee Escalation and Assurance Report – 22 September and 22 October 2025</u></p> <p>S Igoe presented the meeting report, noting that the paper related to data from September and October 2025, and there had been a further meeting held on Friday 21 November. He highlighted key points regarding the consistency of reporting and what this indicated about the ICB's financial journey.</p> <p>The ICB plan remained to move from a deficit to a balanced position (with deficit support funding) by the end of the financial year, as part of the undertakings. The Finance and Contracting Committee was providing oversight and challenge throughout this transition. The report reflected some consistencies in terms of the key variables that were a regular subject of discussion, fundamental to enable the ICB to reach a balanced position. The report also included the development and evolution of forecasting and reforecasting, including how costs are balanced and risks managed. It was noted that risks either materialise or diminish over time, alongside the identification of mitigations. Progress during September and October demonstrated recognition of mitigations that may alleviate pressures.</p> <p>S Igoe reported that the next phase would focus on strengthening grip and control, supported by positive discussions held at an earlier meeting this morning on financial challenges and activities being undertaken by ICB colleagues. Engagement with the regional team remained important.</p> <p>He summarised that the ICB was well advanced in establishing a path towards financial balance, with mitigations identified and grip and control measures in place to support delivery. While there was no guarantee of achieving a balanced position by year-end, the ICB was working to deliver against this objective, with positive movements expected in months 8 to 10.</p>

	<p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed • Note the summary of items or issues referred to other committees of the Board over the reporting period • Note the ratified minutes of the committee meetings.
150/25	<p><u>Finance Performance Report – Month 6</u></p> <p>The Chair highlighted that timing issues had resulted in this report reflecting month 6 data, rather than month 7, which had been presented to the Finance and Contracting Committee at its meeting held on Friday 21 November 2025.</p> <p>M Bakewell explained that timing of data receipt and challenges associated with implementing the new national ledger, had impacted the ability to meet deadlines. Members were assured that efforts were underway to align reporting timelines more closely in future. He reported an overall deficit plan for the system of £164m at month 6, supported by deficit support funding should this value be met. In order to meet this target, approximately £390m of savings must be delivered across the system. Both provider and ICB positions were highlighted, noting that the system was £27.8m behind plan with a £61.5m deficit against a year-to-date planned deficit of £33.7m. Within that, the ICB was reporting a break-even position against its plan, with the remaining variance on the provider side of circa £27.8m. As at the end of September 2025, this was largely attributable to shortfall on the efficiency savings. He emphasised that there remained significant risk in the second half of the year, and work was ongoing to ensure delivery of a risk-adjusted forecast to assess risks and look at mitigations. Key mitigations included activity management plans, performance and waiting list management, ensuring appropriate activity levels across both NHS and independent sector providers, and reviewing areas of ICB spend such as continuing healthcare and prescribing. Additional work with partners would address other and emerging pressures, including ADHD and weight management. He noted that the Finance and Contracting Committee continued to provide robust challenge and that improvements to reporting processes were being considered.</p> <p>A Cummins expressed appreciation for colleagues efforts in addressing this agenda. He acknowledged that risk remained higher than desired but noted that the gap between risk and mitigations was narrowing. A series of workshops with the incident management team was planned to be held in the next couple of weeks, designed to focus on the trajectory of the mitigations, and focus continued on pipeline delivery of other opportunities. He stressed that responsibility extended beyond finance to include service access and quality outcomes, which remained prominent in committee assurance and executive oversight. Quality Impact Assessment processes were being strengthened. Pressures remained on waiting lists and referral to treatment times which required continued attention to ensure delivery. He confirmed that partners would be challenged to achieve the best possible delivery approach and performance outcomes.</p> <p>T Hopkins raised questions regarding provider-level schemes under the waste reduction programme (WRP), seeking clarity on whether some initiatives had yet to deliver expected benefits. She noted that without month 7 data, it was difficult to assess progress and asked whether any in-year savings were anticipated for the ICB from the voluntary redundancy (VR) programme.</p> <p>M Bakewell responded that no in-year savings were expected from the VR scheme, which had been allocated a provision that must be managed. Regarding WRP, he explained that discussions were ongoing with providers, including through the Integrated Assurance Group</p>

	<p>(IAG), on workforce reduction, WRP plans and in particular what the trajectory needed to look like in order to deliver plans. He highlighted that the current WRP plan was more balanced than in previous years, with the profile being spread across the year rather than back-loaded. From an ICB perspective, progress was behind expectations, but the position reflected accuracy and transparency. He emphasised the need to accelerate delivery and highlighted that WRP included both recurrent and non-recurrent savings, with the latter posing challenges for the next financial year. Planning assumptions remained under review to ensure constructive progress.</p> <p>S Nicholls provided an update on provider cost reduction programmes, noting that efforts had focused on reducing variable pay, particularly reliance on private agencies and waiting list initiatives. Significant progress has been made, with Lancashire Teaching Hospitals NHS Foundation Trust now employing only eight agency staff across the organisation. Other initiatives had targeted capacity, with early success achieved through transferring services to community settings and introducing alternative care pathways. However, a further round of capacity schemes scheduled for this quarter had been paused due to urgent and emergency care pressures, as it was deemed unsafe to proceed at this time. He added that optimisation work in estates continued to be looked at, being managed by OneLSC, in collaboration with the ICB and PwC, with implementation expected towards the end of the financial year.</p> <p>RESOLVED: That the ICB Board note the content of this report.</p>
151/25	<p><u>Urgent and Emergency Care Delivery and Winter Planning 2025/26</u></p> <p>C Harris presented the key points from the meeting report, which consolidated winter planning, along with requirements and reporting obligations to the Board as part of the national Urgent and Emergency Care (UEC) strategy published in June 2025. The paper linked the UEC improvement plans, capacity funding, regional transformation fund and key risks into a single document. For winter planning 2025/26, Board assurance statements had been provided by acute providers to NHS England regarding readiness for winter. Several plans in the North West, including some relating to Lancashire and South Cumbria, required further information to ensure robustness. The focus was on strengthening winter preparedness and addressing issues such as long waits in A&E and clinically ready for discharge support flow. Each provider had now been supported with development for a re-submission. He highlighted improvements in quality of care and patient experience, following concerns raised at the last Board meeting. There had been strong alignment between quality, UEC, and system coordination centre teams, with quality reviews conducted around UEC and A&E. Key recommendations from visits included improved communication on waiting times, enhanced privacy and dignity in waiting areas, and addressing staffing levels to support quality of care. Strengths identified included compassionate staff across providers, while challenges remained around long waits, overcrowding, and environmental concerns. Improvements included that real-time updates were now available, urgent care capacity had been expanded in pressured areas, staff training and patient liaison roles had been enhanced, and there was support for vulnerable and mental health patients. Further visits were planned throughout winter as part of an ongoing process.</p> <p>C Harris reported that performance remained slightly below target, which was not unusual for this time of year, at 76.1% currently. Ambulance response times were within 30 minutes and ambulance handovers 91.5% were undertaken within 45 minutes. The main challenge related to 12-hour waits, often involving patients who could be managed elsewhere. Work was underway with NWSA to reduce unnecessary conveyances. He highlighted specific challenges including in Blackpool, where high numbers of professional referrals into A&E were not resulting in admissions. Targeted actions had been included in the UEC improvement plan for challenging areas. Two providers, Blackpool Teaching Hospitals and Lancashire Teaching Hospitals, were receiving tiered support for UEC from NHS England, working</p>

alongside the ICB. October and November had been busy for the system coordination centre, with pressures linked to rising infection trends, norovirus outbreaks, and early flu activity. Transformation opportunities were being explored, including alternatives to hospital admission and deflection schemes.

He reported that there was an ambition to increase investment in the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector next year, supported through UEC delivery boards and capacity funding. Schemes currently included respiratory network in Morecambe Bay, hospice at home in Central Lancashire, end-of-life avoidance schemes in East Lancashire, and work undertaken with VCFSE in Blackburn with Darwen, Blackpool and Morecambe, which had shown positive outcomes, and where learning would be taken and schemes rolled out at scale next year. Although the regional transformation fund bids for UEC was not accessed this year, focus would remain on improvements. Risks identified included testing de-escalation plans, patient safety in relation to 12-hour waits, rising infection rates, COVID, and a junior doctor strike.

C Whalley commended the achievements made to date. She raised that regarding intermediate care in South Cumbria, funding arrangements for therapy resources would impact the ability to support discharges, plus there was difficulty in recruitment. She urged consideration of long-term solutions for therapy capacity.

J Colclough highlighted that with improvement to resources, primary care could be strengthened. She expressed concern about delays in school flu vaccination programmes and primary care were currently seeing high levels of flu. She emphasised the importance of collaborative working across the system.

C Oliver reflected that the 10-year plan referenced mental health emergency departments, stressing the importance of parity of esteem, and that for some patients the emergency department was the most appropriate place. For those people who did not need physical intervention, a more therapeutic environment was more suitable. He confirmed the launch of a mental health therapeutic centre at Blackburn, with a further site planned for Blackpool, alongside ongoing discussions for Preston, Lancashire and Barrow.

T Hopkins requested greater clarity on care coordination for mental health referrals across the patch, noting pockets of good practice, embryonic work and potential improvements in collaboration with primary care. C Harris confirmed this would be included in update at the next Board meeting.

J Birrell reflected on the system's strong collective performance over the past three years. He queried contingency plans for an exceptionally severe winter. A Cummins provided assurance that escalation protocols existed within providers. Each provider had areas they could utilise, protocols for expanding in areas they would not ordinarily do, etc, although as system capacity remained limited, reliance would be made on that previously undertaken with a small amount of mitigations. He urged providers to address vaccination issues collectively at pace, in the coming weeks. Some areas of work were being taken forward with NWAS and with colleagues in general practice/primary care that sit at the UEC delivery board chair level, at place.

A Knox noted increasing pressures on primary care, undertaking many more appointments than in previous history, and the need for system-wide solutions rather than additional workload for GPs. He raised concerns about the complexity of vaccination commissioning and financial risks for practices, stressing the need for partnership approaches with NHS England and Directors of Public Health; A Knox and J Scattergood would take forward conversations to strengthen delivery models. Work with the VCFSE continued to improve vaccine uptake, but challenges remained.

	<p>S Nicholls commented on the distinction between busy and exceptional winters, noting previous successful responses to urgent pressures, such as the safe relocation of patients from Longridge Hospital within a week. All provider organisations had revised escalation trigger points, but there was nervousness given Australia’s severe flu season, which may predict similar challenges in the UK. While mobilisation plans existed, financial consequences remained a concern due to the absence of additional budget.</p> <p>RESOLVED: That the ICB Board note the content of this report.</p>
152/25	<p><u>Medium Term Planning and Strategic Commissioning Framework Response</u></p> <p>A Cummins provided an update on the ICBs approach. He explained that the report was a repository of all the programmes of work, explaining how the Board would have opportunity to check, challenge and assure prior to specific products being signed off for the central repository. He referenced key documents issued over recent months - the medium-term planning guidance, the Strategic Commissioning Framework, financial allocations and detailed planning guidance. Work was ongoing with system partners to construct responses to these documents, and the paper outlined current progress. Further considerations included the Joint Strategic Needs Assessments (JSNA), what it means to be a market manager, and what the pay function might mean. Over the coming weeks, the intention was to develop products in response to these programmes that would be presented to the Board at its meeting on 11 December. The main focus would be on finance, workforce, demand, and capacity. A workshop scheduled for 18 December would provide a further iteration of the medium-term plan and incorporate elements of the strategic commissioning framework, this would inform the submissions due on 19 January 2026. Additional workshops with the Board would run from January to March 2026 to finalise the approach.</p> <p>He highlighted organisational restructuring and the voluntary redundancy (VR) scheme, which would continue until the end of March 2026, creating risks around capacity and capability. Senior leadership and executive teams would remain closely engaged. Previous uncertainty regarding financial allocations had now been resolved, and a report would be presented to the Board in the coming weeks. He reiterated the ambition shared by the ICB Board and partners to move quickly into a strategic commissioning approach, acknowledging that this would not be achieved in the next few weeks. Some of the products that would be designed will recognise that further development of the plan through 2026/27 would take place. National guidance and the objectives for delivery must be met for the next financial year.</p> <p>S Karunanithi noted that strategic commissioning, whilst subject to NHS England timelines, required full partner involvement as well as improving neighbourhoods, extending beyond the NHS. This work must be socialised across partner organisations, for their planning, in order to manage expectations. He emphasised the opportunity to strengthen system collaboration despite associated risks. A Cummins confirmed the intention to work collectively with partners, with the expectation that products would be finalised in a few weeks. Contact reflection would be based on how organisations want to work in the future together and it was suspected that the 2026/27 process would start early in the year.</p> <p>The Chair highlighted the importance of the gap paper, included within the meeting report, which set the foundation and assessed the current position. An important part of this work was to understand where improvement could be made in future planning cycles. S Cumiskey welcomed the paper for its contextual clarity and stressed the need for clear milestones and measurable outcomes to avoid drift, given time constraints. S Karunanithi added that local government reforms presented both opportunities and risks, reinforcing the need for defined timelines. C Whalley endorsed these points, emphasising alignment and collaboration across all partners.</p>

	<p>The Chair confirmed that timelines would be adhered to and updates brought to the Board in line with the paper.</p> <p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Note the requirements of the suite of guidance issued to the ICB • Note the progress to date and acknowledge the next steps • Note the risks identified and support the proposed mitigations • Note the role and involvement of the Board and its committees throughout the planning process • Note the Governance ‘Forward Plan’ at Appendix C recognising that submission dates may change, and this will be kept under review.
153/25	<p><u>Voluntary, Community, Faith and Social Enterprise Alliance/ ICB Partnership Agreement</u></p> <p>C Harris introduced the paper outlining the partnership agreement between the ICB and the Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance. The agreement was re-signed earlier today by the ICB Chair and T Hopkins, having originally been established in May 2023. The agreement set out principles for collaborative working and had been brought to life through several reports presented at this meeting, focusing on health and wellbeing across Lancashire and South Cumbria. He emphasised the ambition for a strong and effective collaboration, acknowledging that further work was required. The paper, jointly authored with T Hopkins, VCFSE colleagues, and the commissioning team, demonstrated how the contributions of the sector could be unlocked to create opportunities in this challenging environment. The paper highlighted the shift towards a strategic commissioning space, positioning VCFSE as key strategic partners in service provision. C Harris expressed appreciation for the sector’s significant input into commissioning intentions, thanking all stakeholders for their contributions.</p> <p>T Hopkins reflected on progress made since the agreement had been introduced, noting that it acted as a catalyst for working together, providing some investment in the VCFSE Alliance and enabling greater participation in decision-making forums. She stressed that while policies and agreements were important, the foundation of success lay in relationships, which had facilitated work that would not otherwise have happened. The report included 3 case studies illustrating how collective investment could deliver the greatest impact. T Hopkins emphasised the need to continue investing in the VCFSE Alliance, as this had driven much of the progress to date. She highlighted the importance of maintaining skilled and knowledgeable individuals within the system and ensuring VCFSE representation in executive-level discussions, particularly around lived experience. Without this presence, there was risk that solutions were being NHS-centric rather than system-wide. She urged continued commitment and investment to embed the VCFSE as a strategic partner.</p> <p>J Birrell commended the work undertaken, describing the partnership as delivering exceptional returns on investment and congratulated all involved. J O’Brien echoed these sentiments, additionally thanking the 2 VCFSE representatives on the People and Culture Committee for their contribution. She raised the potential for collaboration with VCFSE on workforce development, education, training, and career pathways. Opportunities were highlighted to link this work to health and care service delivery and the wider social and economic agenda, and it was hoped to progress this over the next few years.</p> <p>T Hopkins agreed, adding that the sector was conscious of the need for system leadership programmes of work and had begun work to ensure appropriate structures and representation within the VCFSE. She stressed the importance of having the right people in the right spaces,</p>

	<p>ready to engage in commissioning discussions with the appropriate mindset. T Hopkins noted tangible outcomes from the partnership, some of this being Spring North being able to operate in a different way within the sector as the responsible body to challenge and hold the sector to account, creating a structure around an accountable body which had demonstrated return of investment. Whilst acknowledging financial pressures, she asked members to be mindful that failure to continue this work would hinder progress.</p> <p>The Chair expressed strong support for the proposed way forward, emphasising the need to consider ways of working and mechanisms to embed and grow the partnership effectively.</p> <p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Confirm the on-going commitment to the Partnership Agreement and note the contributions made over the past 12 months through collaboration approaches between the ICB and VCFSE sector • Support intentions to strengthen strategic partnerships with the sector as outlined in the paper.
154/25	<p><u>Audit Committee Escalation and Assurance Report – 24 September 2025</u></p> <p>J Birrell reported a verbal update from the ICB Audit Committee meeting held on 24 September 2025 had been provided to the Board at its previous meeting. Further to this, it was noted that the issues with the new ICB financial system continued to present challenges. M Bakewell and the finance team were working diligently to produce the required outputs despite these ongoing difficulties. Reference was made to the Continuing Healthcare Adam system, with work continuing to ensure that information was produced as required. The importance of following up on internal audit recommendations was reiterated, and significant work was underway to address these. It was anticipated that progress on these actions would be reported to the next Audit Committee meeting.</p> <p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure and approve any recommendations as listed • Note any summary of items or issues referred to other committees of the Board over the reporting period • Note the ratified minutes of the committee meetings.
155/25	<p><u>NW Specialised Joint Committee Escalation and Assurance Report – 5 June and 6 September 2025</u></p> <p>C Harris updated that the report covered 2 meetings, and provided the following updates since the paper had been written. He confirmed that the transfer of specialised commissioning services was scheduled to take place on 1 April 2027. No additional or new delegations would take place in the interim. Each region would have an Office of Pan-ICB Commissioning (OfPIC), hosted by one of the ICB's, and a joint board between the ICB and NHS England would be established to confirm arrangements.</p> <p>A Cummins confirmed that Lancashire and South Cumbria would host this arrangement for the North West ICBs. A Development Board had been established, chaired jointly by A Cummins and the regional chair, and this would feature in the ICB Transition Committee; C Harris would provide future updates to the Board.</p> <p>C Harris advised that several decisions had been made regarding lead providers for mental health including mental health, eating disorders, CAMHS, the work programme for neonatal services, and adult critical care transport services. Further updates had been provided at</p>

	<p>committee level.</p> <p>J Birrell reminded the Chair that the ICB was scheduled to Chair the NW Specialised Joint Committee from next year.</p> <p>RESOLVED: That the ICB Board:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure the committee report and approve any recommendations as listed • Note the summary of items or issues referred to other committees of the Board over the reporting period, as appropriate • Note the ratified minutes of the committee meetings.
156/25	<p><u>Freedom to Speak Up Annual Report</u></p> <p>A Patel spoke to the meeting report providing an update on the Freedom to Speak Up agenda, which remained central to promoting a culture where colleagues felt secure in raising concerns and which was aligned to the national Speak Up, Listen Up and Follow Up Framework. He highlighted that over the past year, the Freedom to Speak Up Policy had been updated with a supporting operating framework around that, including the introduction of an anonymous reporting option. These measures had been embedded into staff induction processes, and communications had been strengthened. Compared to the previous year, fewer concerns had been seen with the common themes relating to behaviour and relationship issues, followed by system and process matters. Work continued to strengthen system-wide collaboration to ensure sustainability and embed learning into organisational development. Quarterly updates were provided to the People and Culture Committee, with additional assurance reported to the Audit Committee. A Patel expressed appreciation to Freedom to Speak Up champions and to guardians for their outstanding contributions.</p> <p>The Chair emphasised the importance of this work and the need for continued focus.</p> <p>J O'Brien, as Freedom to Speak Up Non-Executive Director Lead, commended the progress made under A Patel's leadership, noting significant improvements in communications, policy development, and service delivery. She stressed the importance of maintaining momentum as the organisation transitioned, raising concern around capacity within the service which was stretched.</p> <p>T Hopkins welcomed the update and highlighted feedback from the People and Culture Committee regarding bullying concerns and the need to ensure the Freedom to Speak Up service complements, rather than bypasses, line management responsibilities. She emphasised that the service should support change and accountability rather than shift responsibility away from managers.</p> <p>S Cumiskey reinforced this point, noting that Freedom to Speak Up was part of a wider suite of mechanisms enabling staff to raise concerns and drive improvement. She recognised that people's confidence in using the service had been reviewed and suggested identifying any areas of low reporting, which may indicate either effective local resolution or lack of confidence.</p> <p><i>J Birrell left the meeting.</i></p> <p>A Patel reported that making thematic analysis was difficult as numbers remained relatively low. The Freedom to Speak Up service operated as part of a suite of different channels and it had been anticipated that during a period of organisational change, the number of concerns would increase. However, this had not been the case and A Patel suggested that the low</p>

	<p>numbers may reflect the existence of open dialogue with staff, including the availability of anonymous reporting channels, and a genuine willingness of staff to share concerns. This openness appeared to have contributed to the reduced volume of formal Freedom to Speak Up cases.</p> <p>He confirmed that while ICBs were not required to receive primary care concerns, however, doing so provided benefits through triangulation with quality aspects. A report was being drafted with support from Freedom to Speak Up guardians, to consider resourcing and whether primary care concerns should continue to be captured by the ICB or redirected elsewhere.</p> <p>D Eytayo advised that triangulation with the staff survey and pulse survey data had been undertaken. Pulse Survey feedback indicated staff confidence in raising concerns, although some uncertainty remained regarding potential repercussions. Surveys also showed that staff felt comfortable speaking to the Freedom to Speak Up guardians. Part of the ICB work on culture included supporting staff to feel confident to raise concerns without repercussions.</p> <p>The Board agreed that fostering a culture where staff felt safe to speak up without fear of reprisal was essential. The Chair expressed strong support for the Freedom to Speak Up service as part of a broader suite of measures to support staff wellbeing.</p> <p>RESOLVED: That the ICB Board note the Freedom to Speak Up Annual Report.</p>
157/25	<p><u>Report concerning matters considered in Private Board meetings</u></p> <p>D Atkinson reported that ICB Board had met on two occasions in private since the last Board meeting held in public. The focus of those meetings were included within the meeting report, and a number of those items had been brought into discussions today including the weight loss drug, the current financial position, the model ICB framework, and transition arrangements.</p> <p>RESOLVED: That the ICB Board note the contents of the report.</p>
158/25	<p><u>Any Other Business</u></p> <p>There were no issues raised.</p>
159/25	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no items to be included on the ICB Risk Register.</p>
160/25	<p><u>Closing Remarks</u></p> <p>The Board noted that constructive and meaningful conversations had taken place, with an increasing emphasis on translating these discussions into clear actions. Appreciation was expressed to all attendees.</p>
161/25	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting to be held in public would be held on Thursday, 22 January 2026, 1.00 pm - 4.00 pm, in the Lune meeting room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB.</p> <p>The meeting closed.</p>

Exclusion of the public:

“To resolve, that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings Act 1960).