

Integrated Care Board

Date of meeting	22 January 2026
Title of paper	Report of the Chief Executive
Presented by	Aaron Cummins, Chief Executive Officer
Author	Kirsty Hollis, Associate Director and Business Partner to the Chief Executive
Agenda item	7
Confidential	No

Executive summary

This report gives an updated from the Chief Executive on progress on key workstreams led by the Chief Executive and the Executive Committee over the December period and into early January. This includes medium term financial plan draft submission and next steps, an update on the executive team reconfiguration and recruitment and a progress update on the ICB operating model work.

It brings to the attention of the Board decisions supported by the Executive Committee during that time and updates on the refocussing of the work of the committee to achieve three priority pieces of work during quarter 4.

Finally it provides a brief overview of two visits undertaken by the Chief Executive to two of our places to highlight the innovative neighbourhood working and partnerships with our local authorities and VCFSE sector organisations.

Public and Stakeholder Engagement

The chief executive participates in engagement with stakeholders, members of the public and partners on a regular basis. Since the previous meeting this has included participating in visits to Blackburn with Darwen and East Lancashire to speak to partners, services and members of the community. In addition, there have been meetings with local MPs, VCFSE partners, local services and a group of public advisors.

Recommendations

The Board is requested to:

1. Note the contents of the report.
2. Await an update on the outcome of the executive team recruitment process
3. Note the update on the draft medium term plan submission and the on-going work, awaiting further updates through the scheduled Board briefing sessions
4. Note the decisions and work of the Executive Committee

Which Strategic Objective/s does the report relate to:

		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓

SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?		✓		
Financial Implications		✓		

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Executive Committee	13 January 2026	The content of the paper was noted

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed		✓		
Equality impact assessment completed		✓		
Data privacy impact assessment completed		✓		

Report authorised by:

Aaron Cummins, Chief Executive Officer

Integrated Care Board – 22 January 2026

Report of the Chief Executive

1. Introduction

- 1.1 In my first report of the new year, I want to start by saying ‘Thank You’, and that is on a number of fronts. Colleagues across the system, in both the run up to and during the festive period continued to work incredibly hard to deliver services and look after our patients when they are feeling at their most vulnerable. They have faced the challenges of resident doctor industrial action, high incidence of flu in both patients presenting to services and colleague sickness alongside sustained high levels of activity though both urgent and elective pathways. Our system coped well and that is down to excellent planning and the flexibility and dedication of our teams.
- 1.2 I would particularly like to thank ICB colleagues for their continued professionalism and hard work during very uncertain times. As I said in my previous report, the ICB launched its voluntary redundancy (VR) scheme, and whilst not yet concluded, colleagues are expressing concern about the impact that this will undoubtedly have as we progress through the early months of 2026 and into the new financial year. I continue to be grateful for colleague’s dedication and commitment to delivery of the quarter four priorities which I will discuss in a little more detail later in this report.
- 1.3 It would be remiss of me not to extend a special thanks to the Chief People Officer and colleagues in the People Directorate who have worked incredibly hard over a very short period of time to implement and manage the VR process. Thanks also go to those who participated in the VR panels, not an easy task and one that has required people to be flexible at short notice to accommodate additional meetings.
- 1.4 It is pleasing to note that colleagues continue to express their gratitude and support for each other. We have a gratitude wall on the ICB intranet where staff can share their thanks to individuals or teams for whatever reason they like. I spend time each week reviewing the wall and it is great to see the support that our people give to each other either delivering day to day work or a special project.

2. Executive Team Reconfiguration

- 2.1 When I took up post in November, I immediately launched a consultation process for the reconfiguration of the executive team. This team will take our organisation forward and sets us up to be a strategic commissioner as described in the ICB blueprint document which the Board has considered on a number of occasions over the past eight months.

2.2 The consultation for this reconfiguration concluded during November and a recruitment process is now underway to substantively appoint to those roles where there was not a “slot in” or where the post is currently covered on an acting or interim basis.

2.3 I will update on progress of that recruitment in a future report.

3. Quarter 4 priorities

3.1 As colleagues return from leave after the festive period and the impact of the VR scheme becomes clearer, I have set my expectations with the executive and senior leadership team as to where we need to focus our collective effort for maximum benefit. These areas are those which I think, present the greatest risk if we fail to deliver them. They are:

- Delivery of the 2025/26 operational plan covering finance and activity performance
- Finalising the ICB operating model based on the ICB blueprint for a strategic commissioning organisation including a wider restructure and transition plan
- Medium Term Financial plan submission which evidences financial sustainability, mandatory performance standards and transformational commissioning intentions.

3.2 I appreciate that these three items cover a huge amount of business and service much of the agendas of our sub-committees and our assurance process to NHS England and we therefore need to ensure we approach this in a way that does not add extra layers of bureaucracy or diverts attention from getting the job done.

3.3 To maintain sharp focus on the delivery of these priorities, I have asked that the Executive Committee agenda be limited to these three key items with any transactional business, unless of a statutory or urgent nature, be kept to a minimum. I have also asked that our directorates review their work loads and prioritise their work based on these programmes of work.

4. ICB Operating Model

4.1 Since the conclusion of the staff engagement roadshows on the ICB operating model, colleagues have been working hard to finalise an operating model narrative. This document will be the start of conversations with our teams, partners and key stakeholders about how the ICB will undertake its role as a strategic commissioner over the next 2 – 3 years. It confirms the functions and accountabilities of each of the reconfigured executive portfolios and prepares the ground for consultation with our staff.

4.2 Underpinned by a commitment to develop and support our people, the operating model narrative describes the ICB’s ambition to commission on the most appropriate spatial level (from regional to neighbourhood) with the purpose of delivering the three shifts as described in the NHS 10 year plan.

- 4.3 The document has been discussed with our senior leadership team, shared with our staff and partner organisations. Over the coming weeks we will move quickly to discussing with Board, staff and partners as this continues to develop.

5. Medium Term Plan Update

- 5.1 Board will be more than aware of the submission of our draft medium term plan (MTP) to NHS England just before the Christmas break.
- 5.2 The plan was submitted in line with regional and national requirements and on the basis of 'intent' to be compliant with all financial and operational performance requirements by the February submission.
- 5.3 Submission of fully compliant plans will require on-going work between the ICB and our providers over the next six to eight weeks, in order for there to be confidence that risks on finance, including efficiency programmes, and operational performance measures, including new constitutional standard can be fully mitigated.
- 5.4 We also need to be able to clearly demonstrate and articulate the triangulation of activity, workforce, finance and performance in order to deliver those plans.
- 5.5 Work continues with providers regarding readiness for the submission of the final plan, including a comprehensive narrative and dates have now been set for the Board and Executive to scrutinise these plans and complete the Board Assurance statements.

6. Mid-Year Review

- 6.1 On my first day in post, as part of the monthly System Delivery Meeting (SDM), the ICB had its quarter 2 mid-year review with NHS England NW Regional colleagues. The meeting was supportive and we were able to share areas of good practice, progress on key deliverables and in particular those actions which will enable the ICB to exit the recovery support programme (RSP).
- 6.2 The feedback we received from the regional team was positive and encouraging.

7. Place Visits and Neighbourhood Teams

- 7.1 I have had the pleasure of undertaking visits to two of our places, one of which was a joint visit with the Chair. The first was to East Lancashire and the second to Blackburn with Darwen.
- 7.2 Both visits were incredibly inspirational and highlighted the innovative approaches being taken to work with our communities and partners on the neighbourhood footprints. I was particularly impressed with the joint work with VCFSE organisations and colleagues which is driving improvement in some of our most challenged and challenging pathways.

- 7.3 Both visits reinforced the ICB vision to be a strategic commissioner and the role of places and neighbourhoods in designing services which meet the needs of their populations.
- 7.4 I can't thank the teams enough for the time they so generously gave me in sharing their ambitions, challenges and successes. I look forward to similar visits in the future, including a visit to Skelmersdale and Ormskirk in West Lancashire in the coming days.

8. Executive Committee

- 8.1 The work of the Executive Committee has continued throughout the festive period and the group has met six times since my previous report. The Committee continues to undertake routine business with oversight of the Board Assurance Framework and regular review of ICB risks a key agenda item. This routine business will continue but be embedded into the work under the three priorities as described in section 3.
- 8.2 As previously reported, time is set aside each week for substantial topic discussion and over recent weeks, that has focussed on the ICB operating model and progression of the December submission of the draft medium term plan alongside our collective preparation for the ICB assurance meetings with NHS England which will continue in their current form until March.
- 8.3 A weekly agenda item on update on Referral to Treatment (RTT) recovery was added to the agenda in particular the targets to eliminate the number of patients waiting in excess of 65 weeks by 21st December 2025 and reduce the number of patients waiting in excess of 52 weeks. The detail of performance against these targets is reported through our integrated performance report.
- 8.4 Through the recommendations received from the Commissioning Resource Group (CRG), Executive Committee have supported two recommendations from their meeting on 28th November 2025. These are:
- The continued commitment to treating tobacco dependency services in NHS Acute and maternity sites across Lancashire and South Cumbria and
 - Expansion of the enhanced prior approval scheme for procedures of limited clinical value (PLCV). This is based on the successful model in operation in the Central Lancashire footprint and will be delivered through the reconfiguration of the existing service model to include the whole of Lancashire and South Cumbria.
- 8.5 On 22 May 2025, Board approved the re-launch of a North West wide procurement for non-emergency patient transport services (NEPTS). During December, the Executive Committee received a request to approve the final procurement documentation including the specific data for Lancashire and South Cumbria. This was approved at the Executive Committee meeting on 16th December.

8.6 The Executive Committee that day also received and approved the proposals to strengthening the governance and the policy for managing service changes. This enhances our links with NHS England NW to ensure we and our providers engage with them as appropriate to avoid unnecessary delays, create potential risks and ensure we are engaging and consulting with our population as and when appropriate.

9. Senior Leadership changes

9.1 At the end of January, we will bid farewell to our Chief People Officer, Debbie Eytayo who is leaving to take up a new role in the Welsh health system. I would like to take this opportunity to thank Debbie for her hard work over her time with the ICB, but particularly over recent weeks for her professionalism and leadership during the implementation of the VR process. Thank you Debbie and we wish you well in your new role.

10. ICB in the news

10.1 In December, the ICB in partnership with East Lancashire Hospitals Trust (ELHT), Community Health Partnerships and the Eric Wright Group won the Public/Private Sector Collaboration Award for Healthcare at a top industry awards. The award was for the collaborative work to successfully transfer services from Accrington Victoria Hospital to Accrington Acorn Primary Health Care Centre, which I was pleased to see and hear about in my visit to East Lancashire.

10.2 In November it was announced that the Alfred Barrow Health Centre will receive £7m capital funding to upgrade as part of the Government's Neighbourhood Health Centre project. This is a great opportunity to continue to work with partners and communities in Barrow, developed through a multi-agency programme of work called Barrow Rising.

10.3 Since November, the ICB, Trusts and partners have been actively promoting messages which help support local services. The [“Good Health Starts...” campaign](#) has received regional media attention for promoting self-care, mental health support, appropriate use of NHS services and practical advice for families and vulnerable groups aiming to help support pressures in the system. I appreciate the support of local press, radio and our community partners in amplifying our messages in addition to encouraging flu and COVID vaccination uptake and providing advice and support which helps people manage their care.

11. Recommendations

11.1 The Board is requested to:

1. Note the contents of the report.
2. Await an update on the outcome of the executive team recruitment process

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4. Note the decisions and work of the Executive Committee

Kirsty Hollis

08 January 2026