

Integrated Care Board

Date of meeting	19 March 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 since the previous Board meeting. This includes updates on the executive team restructure, medium term financial plan and progress 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.

It provides an overview of news coverage and a visit undertaken by the Chief Executive to one 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 University of Lancashire and taking part in a national visit on neighbourhoods in Morecambe Bay to speak to partners, services and members of the community. In addition, there have been meetings with local MPs, VCFSE partners.

Recommendations

The Board is requested to:

1. Note the contents of the report.
2. Receive the update on the outcome of the executive team recruitment process
3. Note the decisions and work of the Executive Committee

Which Strategic Objective/s does the report relate to:

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 – 19 March 2026

Report of the Chief Executive

1. Introduction

- 1.1 As I write this report, we are halfway through the final quarter of 2025/2026 and whilst focus remains on operational plan delivery for activity, performance and finance, and setting ourselves up for 2026/27 it is also a time to reflect on the last twelve months including challenges we have overcome as a system and positive achievements which have improved services and experiences for our staff and local population.
- 1.2 It's fair to say that 2025/26 has been a year of turmoil. It has been almost twelve months since the reductions to ICB costs of commissioning were announced and colleagues have continued to work with professionalism, dedication and compassion whilst managing personal uncertainty. To them, I and the Board offer our sincere thanks and appreciation.
- 1.3 Operationally, our system remains incredibly challenged. Our organisations always plan for the post-Christmas spike in activity both through planned and urgent care pathways and in access to primary care and community services, but this year feels to be even more challenging. We are supporting our provider colleagues however we can and are working with them and our NHS England regional colleagues to find wider system solutions to the challenges as they arise.
- 1.4 By 31 March, approximately 170 colleagues will have left the ICB after applying for voluntary redundancy (VR) through the scheme launched in November 2025. A small number of colleagues who have been accepted for VR will continue to work beyond that date for reasons of business continuity to support year end, annual accounts and audit activities. It is estimated that the combined NHS experience from those leaving will be more than 4,000 years across clinical and non-clinical roles. To those colleagues who are leaving, you leave with our heartfelt thanks for your dedication to the NHS and with our very best wishes for your health and happiness in whatever the next chapter in your life adventure brings you.
- 1.5 It is important now that, through the new executive team and senior leaders across the organisation, lead the organisation through transition in a way which supports our staff and prioritises business critical activity. This has been a priority for our transition work across the organisation since early January.

2. Executive Team Reconfiguration

- 2.1 At the time of my last report, we were just at the point of beginning the recruitment process into the restructured executive team. I am now able to share the outcome of that process which considered four roles, being;

- Chief Commissioning Officer
- Chief Finance Officer
- Chief of Strategy and Planning
- Chief Clinical Officer

2.2 Through the consultation process, Craig Harris has been confirmed as the Chief Commissioning Officer, whilst the remaining three posts were subject to an open competitive recruitment process. I welcome Craig's support and continuity as a member of the Board and executive team.

2.3 Following that recruitment process which involved stakeholder panels and formal interviews, Mark Bakewell, our acting Chief Finance Officer (CFO), has been appointed as our substantive CFO.

2.4 I am pleased to confirm that Alex Heritage has been appointed Chief Strategy and Planning Officer and will join the ICB on 1 June. Alex has spent most of his career in local government and the NHS. His previous roles include Chief Executive Officer at the NHS Transformation Unit and, most recently, Chief Strategy and Transformation Officer at Hampshire and Isle of Wight Healthcare NHS Foundation Trust. Alex has experience of working in our area from his time at Lancashire and South Cumbria NHS Foundation Trust, where he served as Chief Strategy Officer.

2.5 For the Chief Clinical Officer role, I have decided to give continuity and support during the transition period through the two roles of Chief Nurse and Medical Director which will continue until the end of December 2026. I am very pleased that Jane Scattergood and Andy Knox have agreed to continue in their roles and we will benefit from their leadership during this time.

2.6 I would formally like to thank all those people who participated in the stakeholder and interview panels. It was a very robust process and their contributions were fundamental in ensuring we got to the best outcome for the ICB at this time.

3. Medium Term Plan Update

3.1 I am pleased to report that all Lancashire and South Cumbria organisations, including the ICB, were able to make their medium-term plan submission by the deadline of 11 March 2026.

3.2 In general, organisations submitted plans which showed compliance with financial and activity requirements and, at the time of writing, we are just entering a series of executive leadership discussions with NHS England regional colleagues which will provide the opportunity to demonstrate the governance and oversight that our Boards have had over the plans.

3.3 There is opportunity for some organisations to resubmit their plans on 16 March where there has been further work to solidify some of the planning assumptions and activity metrics.

3.4 I hope to be able to give a verbal update on this in the Board meeting.

4. Visits to communities and working with place partners

4.1 During February, I was invited to participate in a visit to Kendal by Dr Minal Bakhai, the NHS England Director of Primary Care and Community Transformation and Improvement. Minal leads the National Neighbourhood Health Implementation Programme and is visiting each pilot site in the programme, of which Morecambe Bay and Blackburn with Dawen are two of 43 places across England to be part of Wave One. The visit allowed us to showcase the learning about the approaches we are taking to neighbourhood health and wellbeing, what has worked well and what could be replicated in other areas across the country. Thank you to partners who helped to showcase examples of partnership working which are making a real difference for our local communities in Morecambe Bay.

4.2 In February the ICB hosted an engagement session with colleagues from our place-based partnerships to discuss the development of our operating model and our approach to transition. More than 80 colleagues attended the session and resulted in a positive dialogue in our vision to develop our partnerships with Local Authority, NHS, education, VCFSE, business and community partners moving forwards. Thanks to Craig Harris and Jane Scattergood for leading this discussion.

5. Executive Committee

5.1 The Executive committee have met 5 times since my previous report. Meetings have either had to be shortened or stood down due to conflicting priorities. Work continues to focus on the three priority areas described in my previous report, being:

- 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.

5.2 The Committee have continued to receive their regular reports from Business and Sustainability meeting, specialist committee oversight group, and health and safety oversight group. There were no issues highlighted requiring escalation to the Board.

5.3 Time remains ring-fenced to allow for executive preparation for our own regulatory oversight meetings and reviewing our plan submission including the draft Board Assurance statement ahead of it being considered in the private board meeting on 9 February.

5.4 The following decisions have been taken by the Executive Committee within the scheme of delegation.

- **West Lancashire Community Procurement**

Executive Committee supported the recommendation from the Commissioning Resource Group (CRG) to progress the programme to contract award and mobilisation. This decision also included extending the current provider contract until the end of June 2026 to enable completion of the procurement timeline.

- **Integrated Urgent Care West Lancashire Procurement**

Linked to the previous decision, Executive Committee also endorsed the extension of the existing provider contract for IUC in West Lancashire until 30 June 2026.

5.5 A significant amount of time remains dedicated to the oversight of ICB transition process. This includes supporting our staff who will remain in the ICB with health and well-being offers and a focus on business continuity planning particularly for those functions which are deemed to be business critical.

6. GLP-1 and Specialist Weight Management Service

6.1 Following previous discussions with the Board regarding GLP-1 prescribing for weight loss, we were hoping to announce plans for the role of weight loss medication in line with the NICE Technology appraisal and NHS England funding guidance. Contractual changes announced by NHS England on the 24 February, mean the ICB is no longer in the position to do so. Further information will be available on our website once we receive further operational details from NHS England. This is likely to have an unplanned pressure on prescribing budgets. We are taking conversations forward regionally and nationally regarding how we mitigate this.

6.2 Patients with a BMI of 40+, plus 4 qualifying co-morbidities and living in an IMD 1 area, are currently being contacted by their GP practice and invited into a specialist weight management service to access GLP-1 medication where appropriate.

6.3 I do want to reiterate that we have been working across the system with partners and in particular the Directors of Public Health and I am pleased that we will co-develop a joint obesity strategy across the ICB which will help set out how organisations will work together and the role of weight loss medication and weight management services as one part of a broader pathway involving a number of partners. We will keep the Board updated as this progresses.

7. ICB in the news

7.1 As part of our strengthening partnership working with our Local Authorities, we have committed to a new way of working which supports independence, wellbeing and puts residents' needs at the centre of decision making. The Caring

Together Memorandum of Understanding (MoU) is a formal agreement that unites organisations as they design, commission and deliver services for local residents.

- 7.2 The agreement brings together NHS Lancashire and South Cumbria Integrated Care Board (ICB), Lancashire County Council, Blackburn with Darwen Council, Blackpool Council and Westmorland and Furness Council under a shared framework focused on improving outcomes for residents and strengthening partnership working across the system. The MoU sets out a clear set of shared principles, including person-centred care, transparency, mutual accountability and joint decision making.
- 7.3 We have been able to announce that three health centres in East Lancashire are benefiting from major investment projects during 2026. Funding from the Department of Health and Social Care, totalling around £8 million, is being utilised to improve and refurbish Barbara Castle Way Health Centre in Blackburn, St Peter's Centre in Burnley, and Acorn Primary Health Care Centre in Accrington. The investment supports the ambitions of the Government's 10-year Plan for the NHS, to create health centres that provide more services to meet the needs of their local communities.
- 7.4 I recognise there has been coverage in the local media over the past couple of weeks regarding ADHD / ASD assessments which may have caused some concern for parents and carers of children and young people. We have been working with Lancashire and South Cumbria NHS Foundation Trust and other providers to engage with Parent Carer Forums and through them we know that families have been concerned about the situation. The ICB and the Trust remain committed to working in partnership and we look forward to achieving a sustainable commissioned and funded framework to meet the needs of children and young people requiring ADHD / ASD assessments and treatment where there is no additional mental health need.

8. Recommendations

8.1 The Board is requested to:

4. Note the contents of the report.
5. Receive the update on the outcome of the executive team recruitment process
6. Note the decisions and work of the Executive Committee

Aaron Cummins

6 March 2026