

Approved 1 April 2026

Minutes of the ICB People and Culture Committee Held on Wednesday, 14 January 2026 at 1pm by MS Teams

Members		
Jane O'Brien	Chair/ICB Non-Executive Member	LSC ICB
Roy Fisher	ICB Non-Executive Member	LSC ICB
Debbie Eytayo	ICB Chief People Officer	LSC ICB
Regular Participants		
Stephen Sandford	ICB Chief Allied Health Professional	LSC ICB
Ruth Keeler	ICB Associate Director of OD and Education	LSC ICB
Attendees		
Sarah Mattocks	Head of Governance	LSC ICB
Fiona Ball (deputising for Chris Cutts)	Workforce Training & Education Transformation Lead	NHSE
Julie Colclough (observe) (from item 70)	ICB Non-Executive Member	LSC ICB
Robert Cragg (from item 69 to 74)	Chief People Officer	LSCFT
Claire Moore (from item 69 to 71)	Head of Risk, Assurance and Delivery	LSC ICB
Andrew Bennett (for item 74)	Director Population Health	LSC ICB
Sandra Lishman (minutes)	Committee and Governance Officer	LSC ICB

Item No	Item	Action
66 25/26	<p><u>Welcome, introductions and Chair's remarks</u></p> <p>The Chair welcomed all to the meeting, advising that:</p> <ul style="list-style-type: none"> - F Ball, Workforce Training and Education Transformation Lead, had joined as the NHS England representative - S Mattocks, ICB Head of Governance, had joined from ICB governance and to present the Freedom to Speak Up item - J Colclough, ICB Non-Executive Member representing primary care, would be joining the meeting to observe - C Moore, Head of Risk, Assurance and Delivery, would join the meeting to present the risk management update - A Bennett, Director of Population Health, would join to present 'Get Lancashire Working' and - R Cragg, Lancashire and South Cumbria Foundation Trust Chief People Officer would join the meeting to present workforce absence, productivity and business continuity across the system. <p>Members were made aware that a Copilot transcription would be used during the meeting to support the production of the minutes.</p> <p>A special mention was given to D Eytayo, who would be leaving the ICB at the end of January 2025 to take up the role of Executive Director of Workforce and Organisational Development at Betsi Cadwaladr University Health Board. The committee wished Debbie every success in her new position and expressed thanks for her contribution to the committee and the wider people agenda. Members were made aware that Debbie Herring had been appointed as the ICB Interim Chief People Officer with effect from 2 February 2026.</p>	

	It was further noted that Victoria Rupa would assume the role of Staff Side Representative on the committee, replacing Sam Doherty, who had submitted apologies to today's meeting.	
67 25/26	<p><u>Apologies for absence / Quoracy of meeting</u></p> <p>Apologies for absence had been received from Jane Scattergood, Andy Knox, Neil Pease, Joe Hannett, Chris Cutts, Sam Doherty, Angela Allen, Aisha Chaudhary, Asim Patel, Claire Richardson, Andrea Anderson and Bernie Miller.</p> <p>The meeting was quorate.</p>	
68 25/26	<p><u>Declarations of Interest</u></p> <p>(a) ICB People and Culture Committee Register of Interests - Noted.</p> <p>RESOLVED: That there were no declarations of interest relating to the items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	
69 25/26	<p>(a) <u>Minutes of the meeting held on 15 October 2025 and matters arising</u></p> <p>RESOLVED: That the minutes of the meeting held on 15 October 2025 be approved as a correct record.</p> <p>(b) <u>Action Log</u></p> <p>Ref 2 Impact of reductions in staffing on placements for students – F Ball reported that a formal written update was awaited from the working group. She advised that the wider support arrangements had been raised through the STEP Group, which would coordinate oversight of monitoring learner and student status across the system. Providers across the footprint had been exploring different approaches to flexible working, with East Lancashire demonstrating innovative shared job opportunities. Feedback from providers indicated that existing vacancies and turnover were being filled by learners, with opportunities available, and work was underway with HEIs to support consistent messaging for learners currently on placement.</p> <p><i>R Cragg joined the meeting.</i></p> <p>From a regional nursing perspective, ongoing discussions were taking place regarding broader communication plans for nursing and nursing associate students. A series of webinars had been developed, with the first scheduled for 28 January, aimed at highlighting opportunities across primary care and social care. Follow-up webinars were planned to focus specifically on primary care and then social care. F Ball also noted similar cross-sector support being progressed for physiotherapy and other Allied Health Professional (AHP) learners.</p> <p>S Sandford provided a regional update, advising that the oversupply of physiotherapists and limited job opportunities had been escalated through NHS England North West. This had resulted in a letter being issued to all education providers and NHS trusts, highlighting the situation. A regional workshop was being arranged in Liverpool to bring partners together to consider a more collective approach, linking provider placement capacity with university cohort ambitions, particularly where expansion had not been aligned with available placements. S Sandford acknowledged that this was the first time such regional collaboration had been undertaken for physiotherapy, the largest AHP workforce group, and that this</p>	

learning would feed into the task and finish STEP group referenced earlier.

R Keeler added that a provider-led working group on placements had been operating for some time, reflecting capacity challenges discussed by the committee over the past two years. She emphasised the urgency of the situation and noted that issues affecting physiotherapy were likely the beginning of a wider trend. She further highlighted the need for NHS England involvement to bring education providers fully into the discussion, given the financial pressures facing Higher Education Institutions and their drive to increase student numbers. R Keeler emphasised that genuine partnership working across all parties would be required to address the challenges.

R Cragg noted that, in addition to challenges with new entrants, providers were contractually obliged to accommodate staff returning from long courses at higher bands. He explained that modelling undertaken several years earlier had assumed the availability of posts which, following workforce reductions, no longer existed. In response, and in order to honour previous contractual commitments, Trusts had prepared a business case to ensure that individuals completing long-term training programmes could be placed into roles that were no longer included within current organisational structures. He highlighted that the issue affected both entry into, and re-entry following education programmes.

The Chair thanked members for the helpful updates and emphasised the importance of maintaining oversight of the issue. She proposed that this work be progressed through the Strategic Training and Education Collaborative Group, with updates reported back to this committee through the Triple A report. Members agreed to close the action with this suggested approach going forward. *Action closed.*

C Moore joined the meeting.

Ref 3 Risk Management Report – R Keeler reported that the risk had increased due to staff reductions and associated capacity challenges. The team would continue to monitor the position and manage the work to the best of their ability in the interim. She commented that activity levels typically reduced moving into spring and summer, which might provide further opportunity to progress key actions. However, the issue continued to present a material risk and challenges were expected to increase.

Ref 4 Health and wellbeing support to volunteers and the voluntary sector – It was recognised that capacity constraints were contributing to the lack of progress in this area. R Keeler reported that the team had signposted partners to the work already in progress, and confirmed that any engagement or uptake arising from this would be reported to the committee. It was recognised that outcomes of this action were currently limited and the committee agreed to close the item, with the understanding that updates would be provided accordingly. *Action closed.*

Committee to committee actions

Ref 1 Ongoing concern regarding the sickness rate in the All Age Continuing Care team – A comprehensive update had been provided within the action log. Further discussion was held in agenda item 73 25/26 'Workforce wellbeing and staff improvement plan' *Action closed.*

Ref 2 Deeper dive into staff sickness absence levels and its impact on productivity and financial performance across the ICB and wider system – A deep dive review had been undertaken in October 2025. A system wide perspective had also been incorporated, which was reflected in the workforce absence, productivity and business continuity across the system report at today's meeting. As the required actions had now been completed, it was agreed to close this item. *Action*

	<p><i>closed.</i></p> <p>Ref 3 Infection prevention and control - Workforce vaccination update and impact on staff sickness levels - The committee agreed that given the timings, it would be valuable to receive a review and evaluation of the effectiveness of the measures implemented during the current winter period, around workforce vaccination and the impact on staff sickness levels, at its next meeting. This would inform planning for the following winter.</p> <p>Ref 4 – Strategic review of complaints handling/strategic operating model to ensure ICB assurance and learning - A comprehensive update had been provided within the action log and it was confirmed that the team had received approval to recruit to the required posts. Given the actions already undertaken and the progress reported, the committee agreed that this action could be closed. <i>Action closed.</i></p>	<p>JS (action log)</p>
<p>70 25/26</p>	<p><u>Quarterly Risk Management Report</u></p> <p>C Moore presented the quarterly report, explaining that a report was provided to each assuring committee summarising activity undertaken at both strategic and operational risk management levels. She highlighted the Board Assurance Framework (BAF) risk relevant to the business of the People and Culture Committee. The risk related to the organisation’s ability to support staff through change and to develop effective workforce structures to deliver the future operating model of the ICB. She reported that, following discussion with the ICB Board, it had been agreed that the strategic objective should retain a system-wide workforce focus, and executive leadership for the risk had been expanded to include the Medical Director and the Chief Nursing Officer alongside the People Directorate.</p> <p>C Moore highlighted that the risk was currently scored at 16 and, whilst high, remained within the ICB Board’s agreed risk appetite. Members were advised that the target date for achieving the risk score would be proposed for extension to 30 June 2026, and it was planned that this recommendation would be submitted to the ICB Board meeting being held next week. C Moore drew attention to the updated format of the report, which now summarised monthly activity to provide greater visibility of the pace of change and the factors influencing the risk position.</p> <p>It was confirmed that no operational risks met the threshold for corporate oversight in relation to the business of this committee. C Moore directed members to Appendix 1 for full details of the risk controls and assurances, and to Appendix 2 for heat maps summarising the wider BAF risk profile. She acknowledged overlap between the workforce-related BAF risk and the transition to the new ICB operating model, noting that executives had requested further strengthening of staff-support elements within the risk. Work to incorporate material on staff wellbeing and available support tools was underway. She also referenced the operational risk dashboard, which was included within the meeting report, for information.</p> <p>In discussion, members reflected on the comprehensiveness of the report. Points were raised regarding the extent of mitigations captured, given the wider work of the committee. Assurance was taken that, although the risk remained high, it continued to sit within tolerance. R Cragg shared learning from a recent voluntary redundancy scheme at Lancashire and South Cumbria Foundation Trust, highlighting that staff engagement and attendance typically reduced once voluntary redundancy notice had been given, and emphasised the importance of early planning for handover and organisational continuity. Members discussed the concept of enabling staff to ‘leave well’, with reference to recent internal communications. R Keeler would explore further insights from Lancashire and South Cumbria Foundation Trust voluntary redundancy implementation, particularly relating to psychological impact and</p>	<p>CM (email)</p> <p>RK (action log)</p>

	<p>attendance patterns.</p> <p>C Moore reported that senior directorate colleagues were undertaking business impact analyses and risk assessments focused on workforce capacity over the next 1, 3 and 6 months, with particular emphasis on statutory duties such as the annual report. This work aimed to identify critical priorities and areas of operational vulnerability. D Eytayo asked to ensure that the business impact analysis work was aligned with the organisational development interventions also available and being developed to support both remaining and existing staff. R Keeler outlined the toolkit provided to managers to support staff departures and to mitigate knowledge loss, emphasising both operational continuity and the human impact of organisational change. Further discussion acknowledged the psychological effect on staff taking voluntary redundancy, with long-term absence cited as a potential consequence. D Eytayo noted that it was important that the work described to address business continuity was aligned and did not duplicate that of the managers toolkit for staff providers.</p> <p><i>J Colclough joined the meeting.</i></p> <p>A query from F Ball raised the issue of shared risks across system partners, particularly in relation to sustainable workforce planning. Members agreed that this required further exploration as system responsibilities evolved and as the ICB transitioned to its future commissioning role. Members recognised that clearer arrangements would emerge through ongoing blueprint development.</p> <p>To better reflect existing staff support work, including wellbeing tools and transition support, the committee asked that consideration be made to the narrative of the BAF risk aligned to this committee. It was confirmed that discussion would be held through the executive team.</p> <p>RESOLVED: That the People and Culture Committee:</p> <ul style="list-style-type: none"> • Note the contents of the report • Note the risk management activity undertaken during the reporting period for the risk held on the Board Assurance Framework relating to the business of the committee (as outlined in section 2) and the full risk entry provided in full at Appendix 1 • Note the high-level summary dashboard of all risks currently held on the Board Assurance Framework and Organisational Risk Register, which is attached at Appendix 2 for information • Agreed to propose the extension of the risk target date to 30 June 2026. <p><i>C Moore left the meeting.</i></p>	<p>RK (action log)</p> <p>DE (action log)</p> <p>DE (action log)</p>
<p>71 25/26</p>	<p><u>Update on Model ICB Blueprint and Voluntary Redundancy</u></p> <p>D Eytayo reported an update to the ICB voluntary redundancy position. All voluntary redundancy applications had been reviewed through the success and consistency processes, and acceptance letters had been issued. A total of 186 applications had been approved, and to date, 10 applications withdrawn and 7 declined. Those 7 individuals whose applications had been declined had been offered the right to appeal. She added that many of the declined applications related to posts within statutory functions or statutory roles.</p> <p>D Eytayo provided an update on the ICB model Blueprint work. The executive team was in the process of preparing a report for discussion at the forthcoming private ICB</p>	

	<p>Board meeting, outlining potential implementation plans. Subject to the outcome of that discussion, a further plan would be developed to update staff on next steps. She reminded the committee that earlier staff engagement sessions had explored how particular service areas might align to the model blueprint, and this work would need to be concluded following the Board’s consideration.</p> <p>The committee was informed that a transitional framework had been established to support the programme and R Keeler would be participating in the group. A Bennett would take on the role of Transformation Director, supporting the wider process. D Eytayo highlighted that activity was taking place both regionally and locally in relation to areas identified for transfer within the blueprint. She reported that all ICB Chief People Officers had met with NHS England and handover plans should be prepared, with final transfer expected by 31 March 2026. Areas to be handed over included: education (including apprenticeships), workforce planning, workforce oversight, system-level people and culture functions (including the NHS Staff Survey engagement work), equality, diversity and inclusion, and elements of organisational development and system leadership.</p> <p>In response to a query from the Chair, D Eytayo confirmed that a formal written summary of the handover arrangements was not yet available, however, Chris Cutts, NHS England’s Director of Workforce, Training and Education, was leading work to develop a handover template. This could be shared with the committee once issued. She confirmed that all work in this area was closely interlinked with the blueprint transition, including work around roles and responsibilities.</p> <p>The committee thanked D Eytayo and the HR Team for their work in delivering the voluntary redundancy process at pace, noting the considerable challenge presented by the timescales.</p> <p>RESOLVED: That the committee noted the verbal update.</p>	
<p><i>The agenda was taken out of order.</i></p>		
<p>72 25/26</p>	<p><u>Workforce Absence, Productivity and Business Continuity across the System</u></p> <p>R Cragg, Lancashire and South Cumbria NHS Foundation Trust Chief People Officer, updated members on workforce attendance and sickness absence across the Lancashire and South Cumbria system, highlighting that mental health services typically experienced higher sickness rates than acute trusts and that Lancashire and South Cumbria continued to face significant challenges when benchmarked nationally and within the North West. He observed that the local staff base reflected the population’s higher levels of deprivation, morbidity and mortality, and that this context influenced attendance levels. R Cragg acknowledged scope for improvement through more consistent policy application, earlier and better-quality health and wellbeing conversations, and targeted cultural change across providers.</p> <p>R Cragg highlighted a range of measures deployed by providers to improve appropriate attendance, including tightening policy timeliness, strengthening local governance of sickness management, and adopting controls to discourage staff from undertaking additional bank shifts while off sick from their substantive role to support recovery. While bank and agency use had historically buffered sickness impacts in acute settings, it was recognised that some elective services were highly dependent on specialist staff and absence in these areas could contribute to waiting list growth. He also highlighted increased incidents of violence and aggression towards staff, and higher rates of discrimination affecting diverse communities, with associated psychological impacts. In response, providers had developed or expanded trauma</p>	

support offers, and had escalated oversight of sickness performance. Lancashire and South Cumbria NHS Foundation Trust held a monthly huddle with network leaders; executives ensured policy triggers were met and staff were signposted promptly to interventions. Early indicators included a 5-fold increase in electronic reporting of health and wellbeing conversations. Following this work, some networks were showing improvement, although others had yet to embed the necessary process and culture changes.

In relation to occupational health arrangements, R Cragg reported that sickness patterns broadly mirrored organisational boundaries. He cited examples where coterminous occupational health provision and strong line-manager relationships appeared to deliver benefits. The system remained committed to developing a single-year model for occupational health, and would re-appraise options in light of the learning on co-terminosity and access. This area remained a key pressure and was being discussed in performance conversations in the Improvement and Assurance Group meetings with PwC and the ICB, where sickness rates were monitored monthly.

In response to a question from the Chair regarding a provider-led, standardised, driver-based deep dive, R Cragg explained that providers were concentrating enhanced managerial and human resource (HR) support on the most challenged teams to stabilise attendance. This work in the Fylde Coast area had reduced sickness by approximately 2.5% over twelve months through intensive line-manager oversight and dedicated HR input, however, the committee noted the risk that such focused resource had allowed other areas to slip slightly. Members recognised that very high absence rates could become self-perpetuating in pressured teams, requiring disproportionate, time-limited intervention and, where necessary, mutual aid.

F Ball highlighted HR capacity constraints at the same time as wider workforce planning demands had increased, emphasising the need to strengthen managerial accountability for day-to-day sickness management where HR capacity was limited. She underlined the links between attendance, productivity assumptions (including waste and pay cost reductions), safety, and encouraged alignment of improvement trajectories with realistic planning assumptions. To support alignment, R Cragg would share the Trust's model with F Ball.

Members also reflected on the importance of primary care and the wider system in workforce discussions. R Fisher emphasised the strong relationship between staff wellbeing, local deprivation, and service pressures, noting that sustained and comprehensive support was essential to enable timely and sustainable returns to work. R Cragg reported that practical employee supports were being explored, including access to menopause clinics, ethical financial wellbeing offers, and opportunities to align physical health checks, such as blood pressure and cholesterol screening, with existing occupational health provision, complementing the psychological support tiers. It was further recognised that some staff might be reluctant to access in-house services due to concerns about confidentiality. Members suggested that improving cross-organisational referral routes could strengthen anonymity and increase update of available support.

In light of the ICB's transition to a strategic commissioning role, the Chair asked how the ICB could best support this workforce agenda going forward. R Cragg advised that future commissioning arrangements would need to recognise fragility and specialism within key services, supported by appropriate contractual flexibility. Planned mitigations may be necessary in circumstances where unforeseen sickness significantly affected small, highly specialised teams, while maintaining clear accountability for performance, outcomes and resources. He emphasised the

	<p>importance of aligning commissioning cycles, demand management and population health improvements with staff availability and wellbeing, recognising these as interdependent factors influencing system resilience. F Ball reminded members that that the ICB's statutory responsibility to improve population outcomes also encompassed supporting people to remain well and available for work, reinforcing the link between workforce wellbeing and wider system priorities.</p> <p>R Fisher highlighted that NHS staff needed to feel confident that NHS services were intended for their use as well as for the patients they cared for. He noted that there appeared sub-conscious boundaries which discouraged staff from accessing certain services. J Colclough added that many NHS staff actively requested referrals to services outside their immediate workplace area, reinforcing the importance of supporting confidential and impartial access arrangements.</p> <p>The Chair reflected the excellent meeting report and discussion with good insight into the challenges set out.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Note the current sickness absence position and national context • Support a provider-led, standardised driver-based deep dive across the system • Endorse a system focus on early psychological health intervention capacity • Support continued bank-first approaches and agency reduction • Enable further exploration of preventative staff health models across Lancashire and South Cumbria. 	
<p>73 25/26</p>	<p><u>Workforce Wellbeing and Staff Experience Improvement Plan</u></p> <p>R Keeler presented the Workforce Wellbeing and Staff Experience Improvement Plan, reporting mixed progress since the previous deep dive. Whilst a number of improvement actions were advancing well, significant concerns remained. Sickness absence had sharply increased, particularly in the nursing directorate, where absence was reported to have doubled in November, largely associated with anxiety, stress and depression. Results from the Staff Survey and the Inclusion Survey continued to evidence secular cultural issues around bullying and discrimination and concerns around psychological safety. There were recommendations from a culture wellbeing and inclusion perspective regarding some triangulation of workstreams. It was further acknowledged that additional work was required to ensure wellbeing was understood and treated as an organisational outcome rather than an individual responsibility, and not viewed solely as the remit of the people directorate. The need for a whole system approach in which wellbeing was embedded across operational, strategic and cultural frameworks was emphasised. This was also reinforced by the Equalities Action Plan which highlighted psychological safety, civility and leadership accountability as core enablers of organisational well-being.</p> <p>R Keeler highlighted delivery against the Staff Experience Improvement Plan, noting that 22 new actions had been added since October 2025, with only 2 amber and 2 red, the remainder were progressing as green. She outlined the establishment of a culture task and finish group, reporting good traction on incivility and leadership behaviours. The team had also developed the organisational development plan, engagement workshops had taken place on the proposed operating model, along with expanded health and well-being support, arranged listening rooms, one-to-one support and activity by health and well-being champions. She also noted system-wide equality, diversity and inclusion (EDI) activity in the autumn, including</p>	

Black History Month, Disability History Month and the 'One ICB, Many Voices' event, alongside increased visibility, allyship and representation.

R Keeler highlighted that despite these steps, concerns continued that around 22% of staff reported some discrimination and 21% reported bullying and harassment, with disability and ethnicity cited as the most frequent concerns people had for both those categories. In addition, there was low confidence in reporting, with only 47% of incidents reported. Staff survey headlines included a 62% response rate with positives such as strong line-manager support, good awareness of reporting routes and a positive perception of fairness in progression. She highlighted that only around half of respondents felt valued or believed they had adequate development, and work-related stress remained high. Risks were identified within the nursing directorate and certain clinical teams, including South Cumbria and North Lancashire. Safeguarding adults and Central and West clinical teams were identified as areas of concern. R Keeler confirmed that human resource (HR) and trade union colleagues were developing targeted return-to-work interventions, though she cautioned that, in light of earlier discussion at this meeting, sustained culture and process change would be critical to achieving a meaningful shift in outcomes.

D Eytayo placed the findings in the context of the organisation's year-long reform programme and confirmed that this report formed part of the Single Improvement Plan within the Recovery Support Programme. She welcomed the improved staff survey response rate as a useful baseline for organisational development planning and reminded members that detailed survey outputs remained embargoed pending executive review. She emphasised that future assurance should focus on the impact of interventions rather than their RAG status alone.

In discussion, the Chair expressed concern at the reported 50% absence within the nursing directorate and asked for the likely proportion of the directorate affected. S Sandford explained that the figure largely reflected the business continuity status in All Age Continuing Care (AACC) affecting a significant number of patient-facing staff, and outlined ongoing actions to stabilise the service and mitigate risks. The committee requested a targeted report on the nursing directorate including AACC staffing at a future meeting, with a focus on root causes, the relationship with recent voluntary redundancy changes, plans to restore resilience and the impact of interventions so far.

JS
(action log)

The committee further agreed that progress against the Well-being and Staff Experience Improvement Plan should continue to be tracked and evaluated, with a clear line of sight to measurable change, particularly in bullying/harassment and discrimination indicators and that updates should integrate related workstreams, well-being, culture, inclusion, organisational development and workforce policy, to provide a coherent system view.

AA
(action log)

The Chair thanked the team for the detailed report.

RESOLVED: That the committee:

- **Approve the Wellbeing and Staff Experience Improvement Plan**
- **Approve the recommendation to review the approach to workforce wellbeing using the opportunity to reform the ICB to re-evaluate the position and set a strategic direction for culture and wellbeing improvement. This would include triangulating the ICB's current workstreams on culture, inclusion and wellbeing and engagement. Using the following stages, there should be a more holistic and collaborative wellbeing offer.**

	<ul style="list-style-type: none"> - Prevention and keeping staff well at work through the “stability” period of the OD plan - Reactive support during the “Transition” period of the OD plan - Recovery support during the “Transformation” part of the OD plan. <ul style="list-style-type: none"> • Further support cross organisational ownership, the staff experience plan should be owned by all senior leaders – not just the People Directorate. The People Directorate can facilitate and support alongside establishing a staff representative group for input and involvement. • Note that the Culture Task and Finish Group has identified actions and should be supported to address these by all leaders and a broad representation of the organisation. <p><i>A Bennett joined the meeting.</i></p>	
<p><i>The agenda reverted to its original order.</i></p>		
<p>74 25/26</p>	<p><u>Get Lancashire Working</u></p> <p>A Bennett reported a concise overview of the ‘Get Lancashire Working’ initiative, highlighting its relevance to the committee’s remit given the intrinsic relationship between work, health and population well-being. He emphasised that the programme aligned strongly with the system’s social and economic development and represented system-wide partnership working.</p> <p>He explained that national concern over rising economic inactivity, particularly since COVID-19, had driven the development of a suite of health and work policies. These included the establishment of a Joint Health and Work Unit between the Department of Health and Social Care (DHSC) and the Department for Work and Pensions (DWP). The local plan presented to the committee had been produced in response to a national White Paper, ‘Get Britain Working’, which required local areas to develop targeted approaches to support working-age adults to enter, remain in or return to employment. The Lancashire Combined Authority had sponsored the work, and a parallel plan was being prepared for Cumbria, being mindful that the ICB footprint covered both geographies.</p> <p>A Bennett continued that the plan drew upon local research commissioned into economic inactivity and described 4 key population cohorts identified as being at heightened risk of falling out of work due to health conditions. He noted that musculoskeletal issues were particularly prevalent among older age groups, while mental health issues disproportionately affected younger groups. These insights had positioned the system to participate in national pilot programmes, including ‘Work Well’, a low-complexity work and health coaching model, and ‘Connect to Work’. The ICB had acted as a core partner and funder in developing the regional response.</p> <p>A central target underlying the programme was the requirement to achieve 80% employment among the working-age population. While some districts such as Wyre were already above this threshold, others presented longstanding structural challenges, with employment being around 61.5% in Hyndburn and 62.5% in Blackpool. A Bennett stressed that these deep-rooted issues required action from other partners and local authorities as could not be resolved solely through NHS commissioning of clinical services.</p> <p>Responding to members questions, A Bennett encouraged commissioners to</p>	

	<p>consider holistic approaches that recognised individuals as ‘whole people’, with health, work, social circumstances and local economic context closely interlinked. The committee noted the value of the Joint Health and Work Unit in challenging traditional NHS and DWP ways of working by promoting coaching-based, person-centred support rather than sanction-focused models.</p> <p>F Ball welcomed the work and asked how it would be embedded within emerging neighbourhood health plans. A Bennett agreed that deeper alignment was required and that the neighbourhood model offered a clear opportunity to include this work into place-based strategies. He highlighted the importance of maintaining continuity in partnership arrangements, particularly between the ICB, local authorities, public health teams and the Lancashire Skills and Employment Hub, describing the programme as a long-term endeavour requiring a 5 to 10-year horizon.</p> <p>The committee discussed the importance of applying system thinking rather than viewing the issue solely through the lens of commissioning specific services such as mental health or MSK pathways. Members noted that improving health and work outcomes required joint investment, shared priorities and coordinated actions across all partners. A Bennett provided examples from the ‘Work Well’ national vanguard pilot, where the initiative had been tested in 7 local areas. Uptake had been notably strong in Burnley and Blackpool but lower in Barrow, prompting further analysis to understand variations in engagement and impact.</p> <p>The Chair thanked A Bennett for attending and for presenting a clear and compelling overview. The committee reaffirmed the strong link between health, wealth and workforce sustainability, noting the relevance of the programme to wider discussions held earlier in this meeting around sickness absence and population health. The committee noted the report and invited A Bennett to provide an update on progress, including any evaluation outcomes, learning from differences across localities, and emerging success stories at a future committee meeting.</p> <p>RESOLVED: That the committee recognise the importance of the Get Lancashire Working roadmap (alongside GCW when it is available) as setting out the partnership ambitions for addressing economic inactivity and commit to providing ongoing support for the ambitions set out within, as a key facet of LSCICBs commitment to supporting social and economic development.</p> <p><i>A Bennett left the meeting.</i></p>	<p>SL (business plan)</p>
<p>75 25/26</p>	<p><u>Organisational Development Strategy and Plan: Supporting Change and Embedding Culture</u></p> <p>R Keeler spoke to a report on the Organisational Development (OD) Strategy and Plan, and the associated staff support offer. She explained that a comprehensive programme of support had been in place since autumn 2025, and that the purpose of the update was to bring together the full strategic direction, key phases of change, and the layered dimensions of the offer. She confirmed that the plan had been discussed at the executive team meeting the previous day, where formal approval had been given to continue delivery. The proposals had also been considered by the Business Sustainability Group and across relevant networks and had been shaped through broad engagement with staff.</p> <p>She outlined the 3 phases of change - stabilise, transition and transform, clarifying that although they aligned with the wider organisational change process, staff and teams would be supported flexibly, based on need. The stabilisation phase focused</p>	

on organisational and individual stability following a period of significant organisational uncertainty, supporting teams or specific individual needs. Transition would centre on supporting both those leaving and those remaining as the operating model was implemented. The transformation phase would focus on embedding culture change, new structures, and new ways of working.

The committee noted the change principles underpinning the approach, listening to the staff voice through a variety of channels including surveys, listening rooms and Time to Think sessions, supporting staff to 'end well' with dignity, recognition, and structured career support where needed, along with supporting those who remained by helping them manage workload, priorities and the emotional impact of organisational loss. R Keeler highlighted the importance of legacy mapping to retain organisational knowledge wherever possible.

Members received an overview of the 4 thematic pillars of the support offer - Shaping Next Steps, Leadership for All, Staying Steady/Staying Well, and Being a Team. Each pillar included self-selected webinars, toolkits, coaching resources and facilitated sessions. R Keeler noted that some themes, such as 'Being a Team', were receiving particularly high engagement at present due to the emotional complexity of teams experiencing departures, uncertainty and mixed reactions to change. She also emphasised the importance of supporting staff through the practical and emotional aspects of leaving, including options for recognition, closure and tailored support.

R Keeler demonstrated how OD activities had been mapped across the phases and themes and provided a summary of general support that continued alongside change-specific interventions. She confirmed that all OD sessions were evaluated and that early feedback had been strongly positive.

The committee welcomed the comprehensive overview and commended R Keeler and the OD team for producing a flexible and responsive programme that had adapted to the organisation's needs over recent months.

R Fisher raised whether staff would have time to engage with the support activities in the context of staffing reductions and increased workload. He emphasised that meaningful participation was essential for any change programme to succeed. In response, R Keeler acknowledged the challenge and reported that several staff had expressed difficulty attending sessions during working hours. She confirmed that this issue had been raised with the executive team and that continued discussions with directors and senior leaders would be necessary to reinforce the importance of protecting staff time. She also noted that some directorates with high rates of sickness absence were being proactively targeted for additional support.

S Sandford reported that, as part of Senior Leadership Team discussion, it was recognised that as the ICB becomes a much smaller organisation, OD capabilities should be shared and applied collaboratively with partner NHS organisations. This would prevent the ICB becoming isolated, whilst also supporting the move towards strategic commissioning and system-wide collaboration.

S Mattocks offered further reassurance that OD content was being regularly cascaded through internal communication slides used at team meetings across the organisation, helping leaders to promote engagement. She highlighted the value of staff testimonials to increase interest within teams. D Eytayo suggested that staff reflections should be included within the forthcoming all-staff briefing.

The Chair thanked colleagues for their contributions and reiterated the importance of evaluation, monitoring and visible cultural improvement. She noted the need for

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	<p>continued updates to track whether interventions were shifting outcomes, particularly in relation to inclusion, discrimination, bullying and well-being.</p> <p>RESOLVED: That the committee:</p> <ul style="list-style-type: none"> • Note the contents and the progress to date • Approve the Organisational Development Strategy and Plan to date as the framework for supporting change and embedding culture • Champion the approach across the ICB and support ongoing engagement and evaluation. 	<p>(business plan)</p>
<p>76 25/26</p>	<p><u>Multi-Year Planning (26/27 – 28/29)</u></p> <p>F Ball presented an update on the workforce submission element of the NHS multi-year planning round, noting that the rapid pace of change required the information to be shared in slide format rather than as a formal tabled paper. She advised that the numerical workforce figures referenced in the slides reflected the position at December 2025, but were subject to frequent change as planning assumptions continued to evolve.</p> <p>She confirmed that the initial workforce submissions from Lancashire and South Cumbria NHS providers had been submitted to the national deadline of 17 December 2025. It was recognised that this was a significant achievement given prior pressures and the volume of decisions that remained outstanding. She highlighted that several providers nationally, including 2 in the North West, were either omitted from national analysis or flagged for data-quality concerns; Lancashire and South Cumbria providers required only minimal corrections.</p> <p>Initial regional review meetings had commenced, with each provider receiving direct feedback from NHS England and F Ball summarised the early themes emerging from those reviews. She reported that the submissions remained highly operational and transactional, with limited evidence of strategic workforce planning. Providers had not consistently articulated workforce risks or the wider people impacts in the required Board Assurance Statements, and there were substantial discrepancies between current month 8 performance and the proposed starting points for future years. She noted that several key modelling assumptions required refinement, and that significant decisions, such as activity levels and contract volumes, remained unresolved, complicating workforce profiling.</p> <p>F Ball outlined further areas requiring development, including:</p> <ul style="list-style-type: none"> • the need for robust profiling incorporating seasonal variation and recurrent winter pressures • better alignment between funded establishment, substantive workforce, and implied vacancy assumptions • strengthened evidence regarding safe staffing, reasonable workloads and clinical sustainability and • greater maturity in workforce transformation, multidisciplinary skill-mix modelling, and long-term redesign of teams. <p>The committee received updates on primary care workforce planning, noting that Lancashire and South Cumbria was the only system in the North West whose submission had incorporated left-shift modelling for enhanced services. F Ball highlighted, however, that population-growth assumptions had not yet been applied and would require further work. Risks relating to future funding of ARRS roles were also flagged.</p> <p>A high-level overview of the mental health workforce position was provided. F Ball</p>	

	<p>advised that the forecast increase represented 4.5% growth. She confirmed that national funding streams for IPS, Mental Health Support Teams and Talking Therapies were under particular scrutiny and were not yet fully reflected in provider submissions. Alignment to the 10-Year Mental Health Plan was also assessed as limited at this stage.</p> <p>F Ball explained that NHS England had highlighted the need for the system to strengthen its support for providers in developing strategic workforce planning capability, particularly where transformation and new models of care were required. She emphasised that all providers would need to enhance their visibility of people impacts, culture and workload risks within planning documentation.</p> <p>Providers were required to submit the refreshed 3-year numerical plan, updated Board Assurance Statement, and a 5-year Integrated Delivery Plan by 11 February (regional deadline), ahead of the national submission deadline of 12 February 2026. The ICB, in turn, was required to submit a 5-year Strategic Commissioning Plan. F Ball advised that an updated national workforce template and submission guidance were expected the following week. A second cycle of regional and national review meetings would follow in early March, with the expectation that the February submission would form the final agreed plan, subject to only exceptional future changes.</p> <p>The Chair reflected on the volume and complexity of the information. Discussion was held in relation to how the committee wished to exercise oversight of the submission in February, given that the committee would not next meet until April 2026. The committee agreed to use a planned ICB Board meeting in February as an alternative forum to review the workforce section.</p> <p>S Sandford sought clarification on how the workforce planning work aligned with the ICB's evolving role, commissioning intentions, planned mitigations and priorities around left-shift. F Ball agreed that further development was required to ensure strategic commissioning considerations were fully integrated into the workforce narrative. F Ball and S Sandford would discuss this issue further outside the meeting, and provide an update to the committee in due course.</p> <p>D Eytayo highlighted that the System Delivery Meeting had also raised the need to clarify future responsibility for strategic workforce planning as the ICB transitioned to a smaller commissioning body.</p> <p>The committee acknowledged the significant challenges set out in the slides, including the tension between immediate operational pressures and the need for credible long-term workforce transformation.</p> <p>RESOLVED: That the committee noted the verbal update and agreed that approval for the updated plan would be sought by the ICB Board at its meeting on 9 February 2026.</p>	<p>DA (Email)</p> <p>FB/SS (action log)</p>
<p>77 25/26</p>	<p><u>Freedom to Speak Up Report</u></p> <p>S Mattocks provided an update on the Freedom to Speak Up (FTSU) service highlighting the importance of triangulating FTSU insights with wider organisational intelligence, noting a strong correlation between the themes raised in recent cases and the well-being challenges. She emphasised that, despite the ongoing organisational transition, the service remained a vital mechanism for staff to raise concerns safely and confidentially.</p> <p>S Mattocks reported that staff safety, specifically psychological safety, had emerged</p>	

	<p>as the predominant theme in 3 recent cases, representing the highest level recorded in this category in the past 12 months. She outlined that the report now tracked cases across the full year rather than solely by quarter, enabling better visibility of peaks, troughs and broader organisational patterns.</p> <p>The committee noted that a continued trend of concerns being raised anonymously persisted. S Mattocks emphasised that anonymous reporting remained essential, as some staff would not speak up at all without this option. She confirmed that all cases, anonymous or otherwise, were handled in strict accordance with policy, highlighting that anonymity inevitably limited the service’s ability to provide feedback, ongoing support or to clarify details that might otherwise assist in resolving concerns promptly and effectively.</p> <p>In response to a question from the Chair, S Mattocks confirmed that staff safety in the context of the meeting report referred specifically to psychological safety, and that the rise in anonymous reporting likely reflected how staff were feeling across the organisation given recent pressures and changes.</p> <p>D Eytayo informed the committee that NHS England had recently indicated that ICBs may, in future, be responsible for providing FTSU support for primary care. She advised that this would require consideration in the development of the ICB’s future operating model to ensure continuity and resilience of the service. S Mattocks confirmed that discussions on this topic were already underway and being factored into future planning.</p> <p>The committee expressed appreciation for the work of the FTSU guardians and colleagues in maintaining the service during a period of significant organisational change.</p> <p>RESOLVED: That the committee note the update.</p>	
<p>78 25/26</p>	<p><u>People and Culture Sub-Committee AAA report</u></p> <p>The Triple A report identified key issues escalated to the committee.</p> <p>RESOLVED: The committee noted the report.</p>	
<p>79 25/26</p>	<p><u>Strategic Training and Education Collaborative (STEC) AAA report</u></p> <p>The Triple A report identified key issues escalated to the committee.</p> <p>RESOLVED: The committee noted the report.</p>	
<p>80 25/26</p>	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Members noted the items which would be included in the committee escalation and assurance report to the Board.</p> <p>RESOLVED: That the People and Culture Committee note that a report will be taken to ICB Board.</p>	
<p>81 25/26</p>	<p><u>Items referred to other committees</u></p> <p>RESOLVED: That no items were referred to other committees.</p> <p>It was noted that staffing levels would also be reported to the ICB Quality and Outcomes Committee. To ensure appropriate awareness, members agreed that a</p>	

	communication would be sent to the Chair and Executive Lead of the Quality and Outcomes Committee advising that the People and Culture Committee had discussed staffing levels and workforce numbers at this meeting.	SL (email)
82 25/26	<p><u>Any Other Business</u></p> <p>Frequency of maternity workforce updates to committee – D Eytayo advised the committee that updates on the maternity workforce remained a statutory requirement and that assurance on workforce numbers, quality and safety must continue to be provided to the appropriate Board sub-committee. She noted that the frequency of these statutory updates was not immediately recalled and would require clarification. D Eytayo emphasised that this obligation would need to be reflected in future operating arrangements, including discussions with J Scattergood and the maternity leadership team regarding where and how these assurances should be reported as the ICB’s structures evolved.</p> <p>The Chair agreed that formal advice was required to ensure statutory compliance and confirmed that this would be followed up outside the meeting.</p>	DE/JS (email)
83 25/26	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That there were no new items for the risk register.</p>	
84 25/26	<p><u>Reflections from the Meeting</u></p> <p>It was noted there had been good discussions during the meeting. The committee thanked J Colclough and R Cragg for their attendance, providing a primary care and provider aspect.</p>	
85 25/26	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>Wednesday, 1 April 2026, 1.00 pm – 3.30 pm, in the Lune meeting room, ICB Offices, County Hall, Preston.</p>	