

Approved 26 March 2026

**Minutes of the ICB Finance and Contracting Committee
Held on Friday 20 February 2026 at 10 am
by MS Teams**

Members		
Steve Igoe	Chair/Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Steve Spill	Non-Executive Member	L&SC ICB
Mark Bakewell	Interim Chief Finance Officer	L&SC ICB
Asim Patel (from item 192)	Chief Digital Officer	L&SC ICB
Regular Participants		
Debra Atkinson	Director of Corporate Governance/Company Secretary	L&SC ICB
Elaine Collier	Deputy Director Operational Finance	L&SC ICB
Attendees		
Nancy Park (for item 194)	AACC Turnaround Director	PwC
Rachel Melton (for item 194)	Deputy Associate Director Continuing Healthcare and Individual Patient Activity	L&C ICB
Jessica Williams (for item 196)	Strategic Commissioner (Interim)	L&SC ICB
Sandra Lishman (minutes)	Committee and Governance Officer	L&SC ICB

No	Item	Action
188 25/26	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed everyone to the meeting. Members noted that:</p> <ul style="list-style-type: none"> - N Park, All Age Continuing Care Turnaround Director, and Rachel Melton, Deputy Associate Director for Continuing Healthcare and Individual Patient Activity, would join the meeting to present the month 10 All Age Continuing Care update and the All Age Continuing Care transactions above £300k reports and - J Williams, Strategic Commissioner (Interim) would join the meeting to present item 9, commissioning for success 2026/27. <p>Members were made aware that Copilot transcription would be used throughout the meeting to aid in the production of the meeting minutes.</p>	
189 25/26	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies had been received from Andy Knox, Craig Harris, Jane Scattergood, Alistair Rose and Neil Greaves.</p> <p>The meeting was not quorate at this point. No decisions were made prior to the meeting being quorate.</p> <p><i>Meeting note: The meeting was quorate from part-way through item 192 25/26 on A Patel joining.</i></p>	
190 25/26	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p>	

	<p>RESOLVED: That there were no further declarations of interest raised. Should any other conflicts arise during the meeting, the Chair should be advised accordingly.</p>	
<p>191 25/26</p>	<p>(a) <u>Minutes of the Meeting held on 30 January 2026 and Matters Arising</u></p> <p>Members confirmed their agreement that the minutes of the 30 January 2026 meeting was a true and accurate record, however, as the meeting was not quorate at that time, it was suggested this be dealt with as a Chair’s action.</p> <p>Subsequent to this proposal, the meeting became quorate with A Patel joining, who confirmed his agreement that the minutes of the 30 January 2026 meeting was a true and accurate record.</p> <p>RESOLVED: That the committee approve the minutes of the meeting held on 30 January 2026 as a true and accurate record.</p> <p>(b) <u>Action Log</u></p> <p>Ref 16 – Grip and Control – On this meeting agenda. <i>Agreed to close.</i></p> <p>Ref 27 – Assurance around issues with provider financial activity – Detail required was reported as part of the contract monitoring and finance reports. <i>Agreed to close.</i></p> <p>Ref 35 – Oversight and governance for care packages over £300k – Action to be addressed as part of the AACC update report at this meeting. <i>Agreed to close.</i></p> <p>Ref 11C to C – Transfer of specialist learning disability service to a new provider - Patients in process of moving into unit. Potential £3.6m in-year financial risk identified. Action had been referred from the Audit Committee and had now been dealt with, although the committee acknowledged the small potential in-year risk. <i>Agreed to close.</i></p>	
<p>192 25/26</p>	<p><u>Month 10 System Financial Position</u></p> <p>M Bakewell provided members with an update to the month 10 system financial position. He reported that at the start of 2026, discussion had taken place with the ICB, regional team and PwC regarding the anticipated year-end outturn for both the ICB and provider organisations recognising the significant progress made locally, particularly by providers, including substantial workforce reductions. The national team had been supportive of the actions taken across the system. In recognition of this progress, the national team had agreed to provide additional non-recurrent system support to assist both the ICB and providers in achieving the year-end position and de-risking elements of the financial plan.</p> <p>M Bakewell reported that the underlying position at month 10 remained broadly consistent with previous reports, showing an approximate £14m deficit, together with known additional pressures arising from the voluntary redundancy scheme. When combined with provider positions and release of NHS England resource, a planned ICB surplus would offset a corresponding provider deficit, enabling the system to achieve a balanced position at year end.</p> <p>M Bakewell advised that the additional support also enabled the release of deficit support funding previously withheld, improving both cash flow and the ICB’s income and expenditure position. The funding was confirmed to be non-repayable, subject to delivery of the agreed year-end position, and was therefore beneficial in reducing risk</p>	

<p>within the 2026/27 planning round.</p> <p>Members discussed the residual risks within the plan and M Bakewell confirmed that for 2025/26, the ICB was managed as part of the system, with a system control total. In 2026/27, each individual provider organisation would be responsible for delivery of its own control total. It was acknowledged that, while the position had significantly improved, some risks remained, including outstanding matters with local authority partners, learning disability pooled budget arrangements, continuing healthcare, and NHS contract settlements, particularly in relation to end-of-year elective performance initiatives. Assurance was provided that these risks were actively being managed with ongoing partner engagement to address historic issues and strengthen future arrangements.</p> <p>M Bakewell provided further detail on the month 10 position, highlighting that overall trends remained consistent with previous months. Key pressure areas included independent sector contracts, mental health services, learning disability, continuing care and prescribing. He reported that year-to-date spend continued to reflect a combination of prior-year costs and in-year variances. Members were advised that waste reduction programme (WRP) delivery remained a significant factor, with under-delivery contributing to pressures in both the current and forthcoming financial years.</p> <p>M Bakewell continued that a significant level of non-recurrent savings had been delivered in the current year, which increased the scale of challenge in 2026/27. The committee emphasised the importance of avoiding over-reliance on transactional measures and of pursuing more transformational change. M Bakewell reported that additional resource had been secured to strengthen scheme development, profiling and assurance, with work underway to improve understanding of opportunities, benchmarking and delivery confidence.</p> <p><i>N Park, R Melton and A Patel joined the meeting. The meeting was quorate from this point onwards.</i></p> <p>He described aggregate provider surplus/deficit positions and members subsequently sought clarification on the apparent scale of improvement between the year-to-date variance and the forecast outturn. M Bakewell confirmed that this reflected a combination of one-off technical transactions, anticipated quarter 4 improvements within provider organisations, workforce reductions and the release of deficit support funding previously withheld. Members noted that, while risk remained, there was a clear line of sight from the current position to the forecast outturn.</p> <p>D Corcoran acknowledged that end-loaded delivery profiles increased risk and requested greater visibility of profiling and mitigations for the forthcoming year. M Bakewell responded that this was currently being developed and would be shared through the committee as part of the financial reporting process.</p> <p>The Chair referenced the shift of AI digital into the community and how this correlated to the WRP. A Patel reported there was an ask to do a system-wide plan, with 50% being out of the hospital acute setting. He confirmed that work had started and a team had been developed, which included North West Ambulance Service. The Digital Strategy Board would review the work and it would be reported to the ICB Finance and Contracting Committee as part of the digital update at a future meeting. Given the ICB blueprint set out that the digital function for the ICB would be small, it was being looked at for One LSC to take this work forward.</p> <p>The committee acknowledged the significant work undertaken by the finance team and</p>	<p>MB (Action log)</p> <p>AP (Email)</p>
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	<p>system partners in delivering the current position, particularly given the complexity of the financial environment and the parallel development of the medium-term financial plan.</p> <p>RESOLVED: That the ICB Finance and Contracting Committee note the content of the report.</p>	
<p>193 25/26</p>	<p><u>Grip and Control Quarterly Update</u></p> <p>M Bakewell introduced the report and proposed that 3 grip and control actions be closed in the current period as these had been completed, and indicated that a further 3 actions would continue to be supported during quarter 1 2026/27. The recommendation regarding business intelligence resources remained in progress, largely aligned/subject to the development of the new ICB operating model. He emphasised the importance of embedding the changes within system processes to ensure alignment with best practice and commended colleagues support in evidencing progress.</p> <p>The Chair requested that for completeness and to ensure actions did not fall away prematurely, the report should continue to be presented with clear notation of actions closed, until all recommendations had been fully closed and embedded. M Bakewell agreed with this approach and proposed that the item be returned to the committee work plan for June 2026, to provide an update on the actions related to contract sign-off and to provide a fuller update on structure and operating model arrangements.</p> <p>To support committee assurance, the committee requested an update on the digital strategy and specifically to include an update on plans in response to frontline productivity programme fund.</p> <p>RESOLVED: That the Finance and Contracting Committee:</p> <ul style="list-style-type: none"> - Note the Grip and Control update report - Accepted the recommendation to close the actions identified for closure. 	<p>MB (business plan)</p> <p>AP (business plan)</p>
<p>194 25/26</p>	<p><u>(a) All Age Continuing Care Update: Month 10 Financial and Operational Performance</u></p> <p>N Park provided a summary of the month 10 All Age Continuing Care (AACC) update, covering the financial position, operational metrics and key quarter 4 actions. She reported that AACC showed a year-to-date overspend of £46m, driven by circa £16m of prior year costs. She advised that waste reduction programme (WRP) delivery had reduced in-month to circa £2m compared to the recent average of circa £3m. The in-month plan had also reduced to £4m, resulting in an in-month shortfall of circa £2m. N Park explained that this shortfall primarily reflected fluctuations in scheme achievement month-to-month and stated there was no identified issue with the large personal health budget scheme, but acknowledged that some schemes varied between reporting periods. In relation to operational performance, N Park reported that the service remained at or above the threshold for the quality premium, stating 81% performance against the national 80% target, and that conversion rates remained good. She highlighted that a slight uptake in fast-track cases had been seen and MIAA external support would focus on these cases. She further confirmed that funded nursing care (FNC) work had been paused, and that there remained a sizeable backlog of those cases.</p> <p>N Park highlighted that the team had commenced detailed deep dives into non-statutory continuing healthcare (CHC) funding packages currently funded by</p>	

the ICB from AACC budgets for individuals who did not meet statutory CHC or Section 117 eligibility criteria. She explained that some funded items included equipment, consumables and therapies which aligned more appropriately to core commissioning pathways rather than AACC. This had been considered by ICB executives with immediate actions agreed, including a review of governance and funding routes, to ensure future decisions supported appropriate funding arrangements and that alternative provision through core commissioning pathways was considered. She advised that the current weekly expenditure for these non-statutory packages was circa £836k per week, noting that a significant proportion related to historical funding decisions; the review did not imply that all of this expenditure could be removed. Tighter approval controls and improved governance was expected to have a positive impact on AACC expenditure and to improve the system's position in national benchmarking.

N Park described the home care audit work, which included a high volume of providers and patients and the historic reliance on manual reconciliation of invoices against provider timesheets. An AI diagnostic tool had been developed to analyse timesheets against invoices, which had significantly improved the speed and ability to identify discrepancies. She added that while the meeting report referenced an initial cohort of 7 patients, the review had been expanded to 60 patients within a month, identifying circa £70k of potential value; this indicated potential for a wider programme of clawback and strengthened controls for the remainder of the current year and into the next financial year.

In discussion, D Corcoran thanked N Park for the thorough report, noting that risks relating to learning disability and autism (LD&A) and transforming care financial pressures were described as unresolved and high risk within the meeting report. She referenced challenges associated with Memorandum of Understanding (MoU) arrangements, disputes regarding funding, delays in financial validation, and stalled delivery due to cohort scope challenges. She asked whether financial assumptions had been included in the year-end figures, particularly regarding whether MoU issues had been assumed to clear and deliver the intended benefit, requesting an update on the risk position and whether any further escalation was required given the value and the importance of the area for both the current and forthcoming year.

In response, M Bakewell reflected the complexity of the position, advising that positive discussions were underway, including engagement with internal colleagues to reset historic issues, and confirming that the working assumptions were built into year-end planning, with an intention to adjust in months 11 and 12 as resolutions were reached. He stated that the intention was to clear historic matters and restate arrangements for both 2025/26 and 2026/27, and indicated that partners were understood to be aligned in principle, with testing underway through invoicing and payment processes. He further advised that progress required greater clarity and consistent terminology regarding cohorts and arrangements, including differences in how terms such as the learning disability pool and transforming care were being applied. He described work to clarify cohort definitions and ensure that financial and governance arrangements were aligned to the appropriate cohorts. Local authority colleagues were keen to establish clearer arrangements going forward, including exploring risk-sharing and pooled budget governance. M Bakewell acknowledged that this would remain a residual year-end risk and added that there was some coverage within 2026/27 planning assumptions, with further work required. He referenced that MIAA had undertaken sampling and audit work to support the detailed assessment. He advised that costs might increase compared to current levels and that this required further detailed analysis. There was increased positivity about progressing on a mutual basis and

that the issue was a key feature of both 2025/26 and 2026/27 assumptions.

S Spill queried the quality premium performance, noting that Blackburn and South Cumbria remained below 80% and asked what focused improvement action would occur. R Melton responded that referral volumes in the Blackburn and Darwen East area were minimal, and therefore small numbers could materially affect the quality premium measure. She advised that the team tracked performance weekly, monthly and quarterly and was undertaking further analysis to understand referral patterns. R Melton also reported engagement with East Lancashire Hospitals Trust, to improve appropriateness of referrals. She advised that a robust collaborative approach was being taken around this area of work.

M Bakewell reiterated his appreciation for the work being undertaken and stated that, while focus remained on exiting the year in the strongest possible position, he wished to ensure the actions being undertaken were translated into a clear and credible plan for 2026/27, including clarity on opportunities, WRP schemes and delivery actions. He noted that the team had set out helpful resets and opportunities that now required conversion into actionable plans.

The Chair echoed thanks, reflecting that the quality and clarity of the reports had improved markedly in recent months and that the forward-looking appendices were particularly helpful. He asked whether prior year issues had been sufficiently addressed to avoid material prior-year impact flowing into 2026/27, noting that improvements in processing could increase the velocity of costs coming through and that this should stabilise once embedded. M Bakewell advised that the accrual rate was expected to be more appropriate than previous, acknowledging that timing and backdated adjustments would always occur due to reassessments and review cycles, stating that any prior-year carry forward was expected to be significantly reduced compared to prior experience. N Park agreed and advised that the work had been a journey over 18–24 months, with improved controls, identification and capture of issue areas, and that new schemes identified in recent months would support 2026/27. She stated that the next step was to align the transformation journey and controls into the operating model and commissioning intentions for the next year.

The Chair sought further assurance around resilience through a period of transition, noting that a new AACC Managing Director would be joining the team, being mindful of the significant issues relating to sickness and absence. R Melton advised that she was undertaking a resilience assessment setting out gaps and options to fill those gaps, including consideration of structure and the impacts of voluntary redundancy. This was being progressed proactively to avoid workforce gaps at the start of April 2026.

The committee thanked N Park, R Melton and the team for the AACC update.

RESOLVED: That the Finance and Contracting Committee:

- **Note the AACC month 10 financial and operational position, including the year-to-date overspend and forecast outturn risk of £46.2m**
- **Note the current position on WRP delivery and the actions underway to address under-performance (£16.0m YTD shortfall)**
- **Note the most likely forecast outturn risk of £43.3m**
- **Support the continued focus on recovery actions across the four AACC priority workstreams and the use of agreed additional capacity to accelerate delivery**

	<p style="text-align: center;">- Support strengthened financial validation and WRP recovery oversight.</p> <p><i>N Park and R Melton left the meeting.</i></p> <p>(a) <u>All Age Continuing Care Transactions Above £300k</u></p> <p>M Bakewell advised that the meeting report formed part of the committee’s assurance process and confirmed that it set out 218 packages with a total value of circa £96m, providing assurance that the packages were subject to regular review through the established monthly process. The Chair raised an observation on the apparent scale and average value of packages. He queried the distribution of package values asking if there was an element of Pareto in terms of the population, whether a small proportion of packages accounted for a large proportion of the total value, or whether it reflected a more normal distribution. M Bakewell agreed it would be useful to explore in this way, including consideration of any place-based split, and confirmed that this could be reviewed further. The Chair added that stratifying the population in a more structured way might be an area where digital or AI-enabled analysis could support understanding, and suggested that it could be worthwhile to examine this population data further. M Bakewell would consider this going forward.</p> <p>RESOLVED: That the committee note the report and discussion.</p>	MB (Email)
195 25/26	<p><u>ICB Financial Plan Update</u></p> <p>M Bakewell presented an update on the 2026/27 planning position. He confirmed that the plan had been submitted on 12 February 2026, in line with national timelines and that the submission had been triangulated across finance, activity, performance and workforce. Appreciation was made to colleagues for the work undertaken to meet the submission requirements, with particular thanks to E Collier and the finance team for the sustained effort required to deliver the submission within challenging timescales.</p> <p>M Bakewell reported the following key headlines:</p> <ul style="list-style-type: none"> - The system had submitted a plan compliant with a deficit control total of approximately £34.9m, although delivery remained subject to the management of significant risks and the delivery of mitigations in 2026/27 - A key feature of the plan was compliance with constitutional standards, particularly for acute trusts, and the contracting methodology had been structured to support this, albeit with associated risk for the system, including demand management and commissioning intentions - The overall planning gap described, circa £214m. This represented just under 4% of the total allocation, circa £5.5bn. The required levels of efficiency and risk management on the provider side remained significant - Delivery would be managed through delivery of the waste reduction programme (WRP) circa £127m, the running cost adjustment (£19 per head movement) supported through schemes including voluntary redundancy and operating model changes, and additional mitigations linked to demand management and commissioning intentions, ensuring there was no double counting across these elements - The plan remained underpinned by assumptions and further work was required ahead of contract sign-off deadlines at the end of March 2026 - There were outstanding issues to resolve within acute contracts both within and outside the system footprint, including work to confirm key contract particulars such as baselines, fixed and variable components, break clauses and relevant caps and collars, and further work to deconstruct elements of block and segment 	

arrangements which was expected to continue into quarter 1

- Risk and work remained in other areas, including issues relating to Lancashire and South Cumbria Foundation Trust around waiting list clearance and clinically ready for discharge assumptions, with colleagues continuing to work through these matters
- Key planning assumptions were highlighted. National planning assumptions had been applied where required, including a challenging uplift assumption for prescribing, circa 0.1%, which would be difficult to deliver given known pressures including new drug indications and technology appraisals
- Inflationary uplifts for packages of care had been modelled at 4.7%, but providers were indicating higher pressures in the range of 6–8%, requiring further management through the year
- Inherent tension was seen between affordability and the performance task
- Further work was ongoing in relation to independent sector contracts, continuing healthcare and prescribing.

The committee noted that further slides set out acute contract assumptions and the step-through from 2025/26 plan/outturn into 2026/27, including growth, performance expectations and demand management assumptions, with additional risk identified in relation to out-of-area contracting assumptions, including Mersey and West Lancashire.

In relation to demand management, M Bakewell reported that modelling work supported by an external partner, PSC, had identified a range of potential outcomes, with the plan relying materially on the higher end of assumptions, £19.8m, compared to a lower-end scenario, £5.8m. Delivery therefore carried risk dependent on implementation success. He highlighted that, at the time of submission, the WRP position indicated circa £81m of schemes against a required circa £128m, and he advised that further scheme development and profiling would continue to mature over coming weeks, supported by additional capacity. He set out that, for running cost reductions, opportunities included voluntary redundancy, operating model changes and commissioning support efficiencies, while acknowledging that a residual gap remained and would require further work. He advised that additional mitigations would also be required, including strengthening contract management for demographic and non-demographic growth and applying a zero-based approach to scrutinise expenditure, while being careful not to duplicate WRP impacts. M Bakewell reiterated that there was significant risk in the plan and emphasised that year 1 would need to focus on stability to provide a platform for years 2 and 3. He concluded by advising that governance arrangements for the system's oversight meetings were being refreshed, including updated terms of reference to ensure WRP, running cost reductions and other mitigations were reviewed coherently. He indicated that a system plan resubmission in March was likely, particularly to address performance aspects, alongside minor finance refinements if required.

A Patel reported that issues affecting Blackpool meant the plan would likely need to be resubmitted as some performance metrics were aggregated across providers. He stated that planning discussions had been joined up with providers through planning huddles and that the detail submitted was as expected. He advised that performance was largely compliant across domains but carried risk, and that confidence levels, particularly around waiting lists, would require close monitoring. He reported that demand management schemes would be crucial to delivery of performance trajectories and noted continued growth in demand, referencing approximately 92 additional referrals per working day/month. He confirmed that urgent and emergency care (UEC) metrics were submitted by providers rather than the ICB, though the ICB retained oversight. He reported high confidence in East Lancashire Hospitals Trust based on prior performance, University Hospitals of Morecambe Bay becoming

	<p>compliant by year 3, and Lancashire Teaching Hospitals remaining non-compliant albeit improving year-on-year, with an intention to seek compliance through the March refresh alongside development of new UEC delivery models. He further noted that the waiting list baseline had not been reset and remained inflated by circa 30,000, which he described as a significant cost pressure, and advised that representations would continue to seek a baseline reset to avoid starting the next 3-year period from a disadvantaged position. He concluded by recognising the overall quality of the triangulated submission across workforce, finance and performance.</p> <p><i>J Williams joined the meeting.</i></p> <p>The Chair queried whether the triangulation between workforce, finance and performance assumptions was realistic in terms of the ability to transact workforce reductions, including whether sufficient cash existed in the system to enable required changes, and he referenced the wider constraints operating across the system. A Patel responded that workforce remained a critical constraint on performance delivery in multiple areas and that this would need close tracking, noting that workforce limitations could restrict delivery of initiatives such as community diagnostic centres. M Bakewell acknowledged that further work was required to strengthen triangulation and that the implications of provider CIP delivery, performance requirements and delivery routes, including system approaches to securing activity through independent sector arrangements, would require further detail through upcoming system meetings and assurance processes.</p> <p>The Chair queried the risk of pay cost pressures, noting that national pay settlements were often not fully funded. M Bakewell confirmed that there was potential downside risk and advised that the system had been funded on an assumed 2% pay settlement whereas the emerging position was higher; implications were being worked through, including potential impacts on running cost assumptions. He noted that additional programme allocations had sometimes been received in previous years but that there was no certainty of a full offset through funding. He highlighted the risk that the organisation might be expected to absorb the difference.</p> <p>The Chair observed that the plan represented a set of assumptions and that assumptions were likely to change through the year. He suggested that the committee would benefit from sensitivity analysis setting out an initial best, likely and worst range, and that this should be complemented by regular forecasting to show how risks were crystallising and how the forecast range was narrowing through the year. M Bakewell agreed, acknowledging that such modelling was harder early in the year. He confirmed that work would begin on a best/likely/worst approach. The Chair further suggested that forecasting updates at the end of quarter 1 and again later in the year would support assurance by providing an earlier view of emerging risk crystallisation and enabling more informed decision-making. M Bakewell confirmed that this approach would be taken forward.</p> <p>The Chair thanked colleagues for the work completed.</p> <p>RESOLVED: That the Finance and Contracting Committee is asked to:</p> <ul style="list-style-type: none"> - Note the update and plan submission made on 12 February 2026 - Note the risk/issues as described within the meeting report. 	<p>MB (Email)</p> <p>MB (Business plan)</p>
<p>196 25/26</p>	<p><u>Commissioning for Success 2026/27</u></p> <p>J Williams updated the committee on commissioning intentions, which had been strengthened in response to feedback from providers, partners and the public, moving</p>	

beyond narrative to demonstrate how the intentions would drive key outcomes, deliverables and quantification, and how they aligned to longer-term priorities. She advised that the presentation had been reshaped to reflect the '3 shifts' within the NHS plan alongside the financial challenge, and that the intentions had been structured by life course to support partner understanding, particularly for social care. She also highlighted the neighbourhood model of care as a key priority, confirming that work continued with partners to close the financial gap. She flagged the risk of organisational capacity to deliver the intentions.

S Spill raised a query prompted by a recent visit to Blackpool, where he had observed that an individual commissioner held responsibility for multiple local activities and projects, and he questioned whether there was a central log or database that captured the volume of individual partnership arrangements and commissioning activity across the system. In response, J Williams confirmed that the ICB held its own information and that further correlation work was also being undertaken through discussions with place partnerships and Health and Wellbeing Boards to ensure alignment.

Due to unforeseen circumstances, J Williams left the meeting.

The Chair noted that commissioning visibility remained important. A Patel reported that population health data was increasingly being used in commissioning but felt it should play a stronger role. The target operating model described how the cycle should operate, although it required strengthening to translate data into commissioning decisions, including explicit use of data to identify inequalities and inequities and to understand whether financial spend was equitable across the population. He referenced previous development discussions where examples had been used to illustrate how population health data could be applied to commissioning intentions. The Chair reflected that earlier conversations had demonstrated the richness of the data available and stated that, if the organisation intended to be data-driven, population health intelligence should form a starting point for commissioning decisions.

D Atkinson added that the Strategic Commissioning Framework set a clear expectation that ICBs should use data and intelligence to inform commissioning, beginning with what the annual integrated needs assessment and wider data were indicating and then providing assurance on how this informed commissioning intentions. She noted that, as committee assurance arrangements matured and the organisation moved into the new operating model, this would provide a clear line of enquiry for non-executives to probe. A Patel further advised that there was a recognised national need to strengthen strategic commissioning capability and skills, noting that a working group was developing a training programme for strategic commissioning organisations, with a foundational focus on building commissioner capability to interpret and apply data. He observed that some commissioning areas were already stronger in this regard and that this capability was reflected positively in regional feedback on plans, acknowledging the need for broader workforce development.

The committee reflected on the implications for assurance. D Corcoran noted that it would be important for the ICB Board, supported by the newly formed commissioning committee, to understand progress against the wider strategic picture, including whether commissioning was moving the dial on the agreed shifts and priorities, and whether delivery had made a meaningful difference rather than simply achieving transactional SMART targets. The Chair agreed, noting the importance of value for money and understanding where impact and benefit were being realised, including in the context of inequalities and inequities. M Bakewell added that current committee structures risked siloed scrutiny across finance, performance and quality, limiting the ability to form an integrated assessment. He suggested that consideration be made

DA (Email)

	<p>around how committees could better bring together these elements, potentially through thematic or cross-cutting sessions, to add value in the way described.</p> <p>The Chair concluded that the discussion had been helpful and stated that this should be viewed as an evolution towards improved integrated assurance as the organisation moved into the new blueprint and sought stability.</p> <p>RESOLVED: That the Finance and Contracting Committee:</p> <ul style="list-style-type: none"> - Receive assurance on the status of commissioning intentions 2026/27 - Receive assurance on the work that will progress to ensure plans support the medium-term plan. 	
<p>197 25/26</p>	<p><u>2025/26 Contract and Contract Monitoring Update</u></p> <p>M Bakewell provided a brief overview of the contract and contract monitoring update, highlighting that the report set out further detail on the ICB's current contracting position, including updates within the section on contracting positions, and noting that an area for improvement remained the timeliness of agreeing contracts earlier in the financial year to reduce the number of outstanding issues. He advised that delays reflected a combination of capacity and resourcing pressures and the requirement to undertake catch-up work in recent months. Committee's attention was drawn to the position on NHS contracts and reiterated the system's reliance on activity management plans in the current year, recognising the significant work undertaken by contracting colleagues to support this. He further noted that the report included additional detail on independent sector contracting and that pressures within mental health and ADHD remained a continuation of previously identified issues which required resolution going forward. He confirmed that the report would continue to be developed over coming weeks and months, including, where appropriate, strengthening links to performance and outcomes.</p> <p>S Spill queried the length of time taken for the Lancashire and South Cumbria Foundation Trust contract to be signed, noting that the contract was due to expire shortly. In response, M Bakewell advised that there were a number of contributing factors, including late publication of national planning guidance and tariff information in 2025/26, with contract guidance also being issued later than desired, which had impacted timelines. He also referenced capacity constraints within the system, including issues associated with resourcing and staff movement arrangements, and noted that the volume and complexity of in-year variations and other changes had contributed to the time required to progress contract completion. He further advised that there were technical and process limitations, including the extent to which contract documentation and tracking remained manual, and stated that improvements were needed in automation and in establishing a stronger central repository to support tracking of actions and responsibilities. The committee acknowledged the points raised, including observations regarding the practical impact on workload.</p> <p>RESOLVED: That the committee note the content of the report.</p>	
<p>198 25/26</p>	<p><u>Lancashire and South Cumbria Provider Collaboration Board Minutes – 13 November 2025 and 15 January 2026</u></p> <p>RESOLVED: That the Finance and Contracting Committee note the Lancashire and South Cumbria Provider Collaboration Board minutes of the meetings held on 13 November 2025 and 15 January 2026.</p>	

<p>199 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 ICB Board.</p> <p>RESOLVED: That the Finance and Contracting Committee note that a report will be taken to ICB Board.</p>	
<p>200 25/26</p>	<p><u>Items Referred to Other Committees</u></p> <p>There were no items referred to other committees.</p>	
<p>201 25/26</p>	<p><u>Any Other Business</u></p> <p>No other business was raised.</p>	
<p>202 25/26</p>	<p><u>Items for the Risk Register</u></p> <p>There were no new items.</p>	
<p>203 25/26</p>	<p><u>Reflections from the meeting</u></p> <p>The committee reflected there had been a massive improvement in the content of the meeting reports. Appreciation was given to the teams for producing high quality reports, recognising challenges with the finance ledger.</p> <p>M Bakewell reported that the finance ledger continued to be an issue, which was being managed with internal/external colleagues. It was noted that the finance team were working long days in order to deliver quality reports, which was not sustainable.</p> <p>The Chair thanked members for their contributions and their dedicated time given to the meeting.</p>	
<p>204 25/26</p>	<p><u>Date, time and venue of next meeting</u></p> <p>26 March 2026, 10 am – 12 noon, by MS Teams.</p>	