

Integrated Care Board

Date of meeting	14 May 2026
Title of paper	Report of the Chief Executive
Presented by	Aaron Cummins, Chief Executive Officer
Author	Neil Greaves, Director of Communications and Engagement
Agenda item	7
Confidential	No

Executive summary

This report gives an updated from the Chief Executive on progress on key workstreams led by the Chief Executive and the Executive Committee since the previous Board meeting. This includes updates on our commitment to starting the new financial year with a focus on delivery and improvement, Executive Committee business, service changes and the national neighbourhood health framework.

It brings to the attention of the Board decisions supported by the Executive Committee during that time and updates on the business of the committee. The report also provides an update on the redesign of the ICB and launch of a period of formal consultation with our staff on a new operating model and organisational structures for the ICB.

Public and Stakeholder Engagement

The chief executive participates in engagement with stakeholders, members of the public and partners on a regular basis. Since the previous meeting this has included extensive engagement with our staff. There has also been participation in visits to Blackpool to speak to partners, services and members of the community. In addition, there have been meetings with local MPs, VCFSE partners and chairs and deputies for health and wellbeing boards.

Recommendations

The Board is requested to:

1. Note the contents of the report
2. Note the decisions and work of the Executive Committee

Which Strategic Objective/s does the report relate to:

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Not applicable				
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Aaron Cummins, Chief Executive Officer
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Integrated Care Board – 14 May 2026

Report of the Chief Executive

1. Introduction

- 1.1 This report marks my first of the new financial year. In previous years, this may have come with a sense of being able to catch breath or take the foot off the gas, however, this cannot and will not be the case. 2026/27 will be a crucial year to build on the preparations over the previous months to start on the front foot and demonstrate delivery and shifting towards different ways of working which help deliver our ambitions for the 10-Year Health Plan and our Five-Year Strategic Commissioning Plan we agreed in our last Board meeting.
- 1.2 As I write this report, we are 30 days into the new financial year. During that time, we have been focused on delivery for our financial plans and moving towards redesigning our operating model to meet our ambitions for strategic commissioning and delivering the objectives set out in our commissioning plan.
- 1.3 This includes continuing focus on our waste reduction programme and delivering against a target of £127.24 million across the year. This builds on work over the past number of months to identify opportunities and commence delivery of the schemes on day 1 of the new year. This will be extremely challenging, and I am pleased with the approach and commitment to this from our teams to identify and reduce risks of delivery and explore opportunities for efficiencies whilst retaining our focus on delivery safe and sustainable services.
- 1.4 Redesigning our organisation and reducing the costs of commissioning are an important part of our plan. Over the past couple of months, more than 180 colleagues have left the ICB, as I mentioned in my previous report. We are conscious that this comes with a significant loss of experience and capabilities of colleagues who were dedicated to improving health and care for the population. In April we launched our staff consultation, which is the next step towards developing and hearing feedback about how we redesign an organisation which is an effective strategic commissioner and delivers this within the national target of £19 per head of the population.

2. Executive Committee Business

- 2.1 The Executive committee have met 5 times since my previous report in March, and a significant proportion of the committee's time has been dedicated to managing year end, oversight of system performance and planning for the launch of the ICB consultation on reconfiguration.
- 2.2 The Committee have continued to receive their regular reports from the Commissioning Resource Group (CRG), Primary Care Contracts Sub-Committee, specialist committee oversight group, and health and safety

oversight group. There have been no issues highlighted requiring escalation to the Board, other than those noted through the course of this report.

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

- **Get Cumbria Working**
Executive Committee endorsed the ICB's continued commitment to Cumbria's localised employment and inclusion agenda noting it aligns with the already-endorsed Lancashire programme.
- **Buckshaw Village Surgery**
As recommended by the Primary Care Contracts sub-committee, executives endorsed the extension of the APMS contract at Buckshaw Village Surgery for an additional 5 years, as allowed in the contract.
- **British Standards Institution (BSI) – Standard for Suicide Prevention**
Executive committee received an update from Dr Andy Knox on the suicide prevention programme advising that the BSI are launching a standard dedicated to suicide awareness and prevention in the workplace. It is expected that organisations adopt this as part of their mandatory training and organisational development arrangements. Executive Committee endorsed the adoption of this standard and asked for further work to be undertaken to determine the most appropriate and sensitive approach to implementation.
- **Specialist Weight Management Services (SWMS) and GLP-1 prescribing**
Following previous discussions with the Board regarding GLP-1 prescribing for weight loss, the Executive Committee has discussed this after receiving further information from NHS England. NHS England has provided a national position on the prescribing of weight loss medication and this has now been adopted across Lancashire and South Cumbria.

GPs are now able to prescribe tirzepatides to people who meet the following criteria. These are:

- People with a body mass index (BMI) of 40 kg/m² or more (or 37.5 kg/m² for people from minority ethnic family backgrounds).
- More than 18 years old.

With at least four of the following long-term conditions:

- Atherosclerotic cardiovascular disease (ASCVD)
- Hypertension
- Dyslipidaemia
- Obstructive sleep apnoea
- Type two diabetes mellitus

Anyone prescribed tirzepatides will also be referred to the Healthier You: Behavioural Support for Obesity Programme. Engagement with the programme is required to continue receiving prescriptions.

We are working with GP practices who will be proactively contacting those who are eligible and to ensure there is awareness of the new guidance. We will be closely monitoring the impact this may have for Lancashire and South Cumbria.

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

3. National Neighbourhood Health Framework

- 3.1 On 17 March, we welcomed the publication of the policy paper, National Neighbourhood Health Framework. Neighbourhood health puts the person at the centre of how we deliver their health and care by organising services so they can work together to serve a defined population. Please find a link to the framework here: [Neighbourhood health framework - GOV.UK](#)

- 3.2 Our new operating model and staff consultation to restructure the ICB are grounded in the principle of commissioning on neighbourhood footprints which is integral to the delivery of the NHS 10-Year plan and the ‘three left shifts’.

- 3.3 Neighbourhood health will have clear national minimum goals and objectives, which will be complemented by locally developed aims and outcomes, specific to communities. These will be defined locally through the neighbourhood health plan, designed under the collective leadership of the Health and Wellbeing Boards (HWB).

- 3.4 There are five goals within the framework each with defined objectives and metrics. The goals are:

- Goal 1 – objectives and metrics (compared with 2025/26 baseline). These focus on frailty, end of life, early diagnosis of long term conditions and improved quality and access to care for children and young people.
- Goal 2 – improve access to general practice
- Goal 3 – improve experience of planned care
- Goal 4 – better urgent and emergency care performance
- Goal 5 – improve patient and staff satisfaction

- 3.4 The partnership working and HWBs, ICBs and local authorities will:

- agree how neighbourhood health can deliver further measurable benefits and how these will develop over time
- address local priorities and health inequalities set out in the local joint strategic needs assessment (JSNA)

- 3.5 The ICB will need to work at pace to deliver the immediate changes required within the framework during 2026/27.

4. Shaping Care Together - future location of A&E services for Southport, Formby and West Lancashire

- 4.1 In March, the joint committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside Integrated Care Boards decided on the future location of accident and emergency (A&E) services for Southport, Formby and West Lancashire.
- 4.2 A decision-making business case (DMBC), which was informed by a robust consultation process, was presented to the joint committee at the meeting in Ormskirk on Friday 13 March. Following detailed discussions and considerations, the committee agreed to co-locate a 24/7 adult and children's A&E at Southport Hospital. The decision was based on public feedback, alongside detailed clinical, financial, equality, workforce and quality evidence, with the preferred option remaining the strongest overall case.
- 4.3 Ormskirk Hospital will remain open and continue to provide key services, including urgent treatment, outpatient and inpatient services, and planned care and diagnostics, with further investment planned for the site. Changes will not happen quickly; implementation is expected to take a minimum of three years to ensure safe planning and delivery. Local NHS organisations remain committed to working closely with staff, patients, communities and elected representatives throughout this period, and to further improving urgent care services across West Lancashire while ensuring safe, sustainable and high-quality care for local people.

5. Service Changes

- 5.1 Over the coming months and in line with ICB governance, standing financial instructions and a revised service change policy recently approved by the Executive Committee, Board will receive a series of service change papers. This will include Case for change, Pre-Consultation Business cases and final business cases for decision.
- 5.2 Appendix A to this report details the current service changes being developed and provides an indication of when decisions will be required by the Board.
- 5.3 It has been agreed that Executive Committee will retain strategic visibility of the overall service change portfolio and emerging risks with regular updates provided to the Board.

6. Health Innovation North West Coast's – New Strategy

- 6.1 At the end of March, we saw the launch of Health Innovation North West Coast's (HINWC) new strategy, *Powering the Future of Health and Care Innovation*. Louise Robson, and Dr Phil Jennings, Chair and Chief Executive of HINWC describe this as an ambitious strategy that signals a decisive shift in the way HINWC works, building on existing experience and strengths within our region to deliver innovations that impact on people's health and wellbeing.

- 6.2 Through a focus on collaboration and partnership the strategy details how HINWC aims to:
- lead the adoption and spread of proven innovations
 - strengthen the pipeline of new ideas
 - build system-readiness for change
 - influence national policy with real-world insights
 - catalyse regional growth through advanced technologies and bioscience.
- 5.3 A summary of the strategy can be found at the following link [Health Innovation North West Coast - Powering the Future of Health and Care Innovation: our strategy 2026-2030](#) and we look forward to our continued partnership with HINWC, using research and innovation to improve the health of our population.

6.0 SEND Reform

- 6.1 The forthcoming 2026 SEND reforms place a strong emphasis on creating a more sustainable, inclusive health and education system for children and young people with SEND. Nationally, over £7bn of funding has been allocated to support delivery of these reforms. Key elements of the reform programme include:
- Replacing Education, Health and Care Plans (EHCPs) with Individual Support Plans (ISPs) for many children.
 - Introduction of national inclusion standards to strengthen mainstream provision.
 - Significant investment in local “Expert at Hand” teams to build capacity and capability in Speech and Language Therapy, Occupational Therapy and Educational Psychology.
- 6.2 In response, we are working collaboratively with all five local authorities to develop detailed, evidence-based local reform plans. These plans focus on:
- Improving inclusive practice across education and health,
 - Establishing sustainable approaches to managing high-needs funding, and
 - Strengthening joint commissioning and system planning between the ICB and local authority partners.
- 6.3 Each plan requires formal sign-off by the Chief Executive of both the relevant local authority and the ICB, followed by ministerial review and approval. Approval of the plans would result in the writing off of 90% of each local authority’s High Needs Deficit, representing a total value of £XXX across our system.
- 6.4 The timetable for submission is challenging, with final plans required by 19 June 2026. The Board is assured that:
- We are working at pace with all partners to meet these deadlines.
 - Robust governance arrangements are in place within each local partnership and internally within the ICB.

- The ICB has committed the necessary leadership capacity, expertise and programme support to ensure the plans are credible, deliverable and aligned with system priorities.

6.5 Delivery of the SEND reform programme and successful submission of these plans is a key organisational priority for the ICB over the coming months.

7. Launch of our staff consultation

7.1 On 20 April, we launched a period of formal consultation with our staff on a new operating model and organisational structures for the ICB. This process will run until Thursday 4 June 2026.

7.2 The operating model and structures have been developed with the executive team and have been built on collaboration and feedback from staff and partners. We feel these will enable NHS Lancashire and South Cumbria ICB to be an effective strategic commissioner in the health and care system in the future. This does mean a more focused operating model for the future and a reduction in the costs of commissioning as set out by NHS England. We will concentrate on system leadership, strategic commissioning, partnership working and assurance. We will not duplicate delivery functions that are better led by providers, nor will we continue activities that fall outside our core purpose. Being clear about what we do, and what we do not do, is essential to operating effectively at a smaller scale.

7.3 Our operating model sets out a clear starting point for organisational change. It describes how we need to work now, while recognising that this will evolve over time. We will continue to refine our approach, test new ways of working and find practical solutions that allow us to operate effectively within our future funding envelope.

7.4 We are actively engaging partners in the operating model and proposals including local authorities, NHS, VCFSE, hospice sector and primary care.

7.5 I recognise during the current period of transition there is significant change and uncertainty for our teams. As an organisation and as an executive team, we remain committed to a people first approach. We recognise how challenging this period is and we want to support colleagues to make the choices that are right for them, while ensuring the ICB can continue to deliver its core responsibilities. We will act fairly, transparently and in partnership with staff side colleagues. As such the Executive Team have been actively engaging and listening to our staff and teams since the launch of the consultation and have committed to do so over the coming weeks as this will genuinely lead to improvements as we move towards implementing the operating model.

8. In the news

8.1 On Lancashire and South Cumbria SEND champions are celebrating having picked up the top prize at a national industry award ceremony. The team of

dedicated SEND officers from the ICB and NHS provider representatives, were announced as the overall winners at the Council for Disabled Children SEND Awards 2026. [Read more about this here.](#)

8.2 April is Testicular Cancer Awareness Month, highlighting the symptoms of the most common cancer affecting younger men. It is also one of the most survivable of all cancers, primarily because it is often detected early. The message is clear, for all men to regularly check their testicles and if anything feels unusual or sore, consult a doctor. [Read more here.](#)

8.3 Lung cancer remains the leading cause of cancer death in the region, with rates in Lancashire approximately 20 per cent higher than the national average. Eight football clubs across Lancashire are uniting to promote a new campaign urging supporters to recognise the warning signs of lung cancer and seek help sooner. The initiative, funded by NHS Lancashire and South Cumbria Icn and our Cancer Alliance, is led by Spring North and delivered through the Community Trusts of Fleetwood Town, Blackpool, AFC Fylde, Preston North End, Chorley FC, Accrington Stanley, Blackburn Rovers and Burnley FC. Using one of football's most recognisable symbols, the red card, the campaign helps supporters recognise when symptoms should no longer be ignored. [Read more here.](#)

9. Recommendations

9.1 The Board is requested to:

1. Note the contents of the report
2. Note the decisions and work of the Executive Committee

Aaron Cummins

1 May 2026

Appendix A

Schedule of Service Changes to be considered by Board

Service Change	Update	Next Steps
Furness General Hospital (UHMBT) - ICU beds PCBC	A second Independent Clinical Senate Review of the Proposal for Permanent Cessation of Level 3 ICU Services at FGH has been agreed and this will be undertaken out of the LSC footprint. The independent review will not be undertaken until September 2026	<ul style="list-style-type: none"> • The PCBC will be reviewed by the Commissioning Committee in October, prior to board. • Now expected that the PCBC will come to the November 2026 board in public.
Vascular PCBC	Clinical senate to review on 14 th April with outcome reported to the Commissioning Committee meeting in May.	<ul style="list-style-type: none"> • The outcome of the senate review and PCBC will be reviewed by the Commissioning Committee in May, prior to board. • Now expected the PCBC will come to July board in public
Integrated Urgent Care Centres CfC	Timescales are being reviewed to ensure appropriate governance/ oversight and resource to deliver	<ul style="list-style-type: none"> • Execo in May for full review • Commissioning Committee in June • HOLD for CfC to July board in Public
Orthodontics CFC	Will be presented to the Commissioning Committee in April prior to board	