NHS
Lancashire and South Cumbria
Integrated Care Board

Subject to approval at the next meeting

Minutes of a Meeting of the Integrated Care Board Held in Public on Thursday, 14 May 2026 at 1.00pm in the Lune Meeting Room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB

Part 1

	Name	Job Title
Members	Emma Woollett	Chair
	Roy Fisher	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Jane O'Brien	Non-Executive Member
	Debbie Corcoran	Non-Executive Member
	Aaron Cummins	Chief Executive
	Professor Craig Harris	Chief Operating Officer & Chief Commissioner
	Mark Bakewell	Chief Finance Officer
	Dr Andy Knox	Acting Co-Medical Director
	Dr Julie Colclough	Partner Member – Primary Care
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Tracy Hopkins	Partner Member - Voluntary, Community, Faith and Social Enterprise Sector
	Cath Whalley	Partner Member – Local Authorities
In attendance	Debbie Herring	Interim Chief People Officer
	Debra Atkinson	Company Secretary/Director of Corporate Governance
	Neil Greaves	Director of Communications and Engagement
	Margaret Williams	Interim Deputy Chief Nurse
	Yak Patel (item 5)	Chief Executive Officer, Lancaster District Community and Voluntary Solutions (LDCVS)
	Jenny Reddell (item 5)	Community Health Officer, Lancaster District Community and Voluntary Solutions (LDCVS)
	Nathan Hearn (item 5)	Associate Director of Strategic Place Delivery
	Bimpe Kuti-Matekenya	Aspirant Non-Executive Member
	Jo Leeming	Committee and Governance Officer

Ref	Item
50/26	**Welcome and Introductions** The Chair opened the meeting and welcomed everyone, thanking the members of the public who were observing the Board meeting either in person or through the live stream. Tracy Hopkins was welcomed to her first meeting as Partner Member for the VCFSE, as was Cath Whalley, Partner Member for Local Authorities. It was noted that this would have been Denise Parks' final meeting; however, apologies had been received, and thanks were noted for her contribution to the Board. Neil Jack, CEO of

	Blackpool Council would succeed in this role from June. It was also the last meeting for Bimpe Kuti-Matekenya who had been attending for the last 6 months as an aspirant Non-Executive Member, and for two Non-Executives, Roy Fisher and Sheena Cumiskey, who had been members of the board since the inception of the ICB and were formally thanked for their leadership and commitment. An extended welcome was made to Yak Patel, Chief Executive Officer and Jenny Reddell, Community Health Officer from Lancaster District Community and Voluntary Solutions (LDCVS), and Nathan Hearn, Associate Director of Strategic Place Delivery, who were in attendance to present the item on the community experience: The Community Support Offer for the Lancaster district.
51/26	**Apologies for Absence/Quoracy of Meeting** Apologies for absence had been received from Jane Scattergood, Interim Chief Nurse, Andy Curran as the Acting Co-Medical Director, Steve Spill, Non-Executive Member, Steve Igoe, Non-Executive Member and Denise Park, Partner Member for Local Authorities. Margaret Williams was in attendance as deputy for Jane Scattergood. **RESOLVED: The Board noted the apologies and confirmed that the meeting was quorate**.
52/26	**Declarations of Interest** **RESOLVED: That no declarations were noted which related to the business items on the agenda. The Chair would be advised of any conflicts that arise during the meeting as appropriate.** **Board Register of Interests -** Noted.
53/26	**a) Minutes of the Board Meeting Held on 19 March 2026, Matters Arising and Action Log** There were no current outstanding actions for Board members on the action log. **RESOLVED: That the minutes of the meeting held on 19 March 2026 be approved as a correct record.**
54/26	**Community Experience / Story – the community support Offer for the Lancaster district** A Knox welcomed the attendees to the Board meeting and advised that the presentation would focus on the impact of transformation funding in adult social care in the Lancaster district. Y Patel outlined that Lancaster District Community and Voluntary Solutions (LDCVS) supported the voluntary, community, faith and social enterprise (VCFSE) sector and communities across Lancaster District. He and J Reddell presented on the impact of the programme on behalf of VCFSE partners, the District Council and the Lancaster District Health and Wellbeing Partnership Board. He reported that the programme had been developed collaboratively with partners across the VCFSE sector, local government and health, and had been adopted by the Health and Wellbeing Partnership Board, providing clear accountability, oversight and transparency. Funding of £140,000 had been received from Lancashire County Council Adult Social Care to develop a preventative programme in response to rising demand. The programme aimed to provide a safe, proportionate and reliable alternative to statutory adult social care support for adults presenting with multiple and complex risk factors, including debt, housing issues, social isolation and mental health concerns.

	Data showed that Lancaster had one of the highest adult social care contact rates in the county, particularly in areas of high deprivation, demonstrating a clear link between poverty, health inequalities and demand for adult social care services. Relationships had therefore been developed with adult social care teams to design a programme intended to maintain independence, improve wellbeing and keep people connected within their communities. The funding had been used to invest in key VCFSE organisations, deliver a small grants programme targeted at priority neighbourhoods, and support a communications campaign to improve awareness of available support. This had enabled earlier intervention, improved access to advice and practical assistance, and reduced pressure on adult social care staff. Time had been invested in building relationships with adult social care teams and in developing the strategic aims and operational objectives. In response to an unsustainable system, a series of system interventions had been developed, and the programme's achievements and benefits were described. It was noted that that the programme was considered replicable. The programme had delivered a significant shift towards earlier, lower-cost support, with reduced isolation, improved wellbeing and financial stability for residents, and fewer contacts with adult social care. Approximately 80 adult social care contacts had been avoided, with an estimated cost avoidance of around £170,000. Strong partnership working, a single referral pathway, timely contact and acceptance of all referrals had been key to the programme's success. A Knox thanked the presenters for a powerful presentation and welcomed the programme as an encouraging example of effective partnership working. He highlighted the value of the population health approach, noting its similarity to targeted demand management work undertaken elsewhere and observing that it had demonstrated benefits for social care as well as health. He emphasised the high quality of leadership involved, the strength of relationships across the VCFSE sector and statutory partners, and the agility and flexibility of VCFSE organisations in responding to community need. He further observed that the programme demonstrated the value of well-functioning health and wellbeing partnerships and had enabled all partners to work more effectively, delivering both financial benefits and improved outcomes for communities. He asked that consideration be given to how learning from the programme could be spread more widely across the system. A Cummins reflected that the programme had been required to demonstrate a particularly high level of proof of concept and return on investment and questioned whether the same degree of scrutiny was applied consistently across all areas of investment. He suggested that this should inform future consideration of how success was measured, reported and resourced. Y Patel advised that the programme had not received the same level of funding in year two, with £15,000 secured from Adult Social Care and a further £20,000 contributed by LDCVS. It was noted that this had resulted in fewer referrals and less complex cases, despite the strong return demonstrated in year one. A Cummins observed that the reduction in investment appeared counterintuitive and stated that, as commissioner and market manager, the ICB had a responsibility to ensure that effective models were promoted, sustained and spread more systematically across the system. C Oliver observed that the proportion of referrals relating to mental health appeared disproportionately high when compared with statutory contacts, which he suggested indicated a level of unmet need among residents not yet accessing statutory services. This illustrated the preventative value of the programme in supporting individuals before they reached crisis point, although he recognised that this was difficult to quantify where individuals had not previously been in contact with services. C Whalley welcomed the presentation and expressed strong support for the approach. She observed that there were significant opportunities for closer joint working, particularly in preventing people from entering health and social care systems prematurely. She noted that, although local authorities continued to

	face considerable financial pressures, this type of approach offered a creative and effective way forward. She emphasised, however, that the model would need to be supported on a sustainable basis rather than through short-term funding if it were to deliver lasting impact and support different ways of working across the workforce. J Colclough welcomed the single point of access and acceptance of all referrals, noting that this would improve the experience of service users by reducing the need for individuals to repeat their circumstances to multiple services. T Hopkins agreed with previous comments on sustainability and emphasised the importance of recognising the VCFSE sector's role in convening and delivering high-quality integrated support through trusted partnerships. She observed that the programme's wider social value, including its potential contribution to reducing poverty and improving outcomes for individuals and families, should not be underestimated, and supported the view that this type of approach should become part of business as usual rather than remain a series of isolated initiatives. A Cummins advised that, following completion of the organisational reset, a series of discussions would be held with the Board and senior leadership team on the ICB's role as a strategic commissioner, with a greater focus on long-term population health improvement and the measurement of impact on health inequalities. He stated that further conversations would be convened over the summer with partners, including the VCFSE sector, to consider longer-term investment, trust, and appropriate measures of success. He gave a commitment that the reset would be used to place these approaches at the heart of the ICB's future operating model. **RESOLVED: That the ICB Board noted the presentation and discussion.**
55/26	**Chair's Report** The Chair advised her report could be taken as read and advised that the agenda allowed sufficient time for discussion but drew attention to the Finance Performance Report, which reflected the achievement of the previous financial year; the Board Assurance Framework report, which would support the Board in developing its focus on strategic objectives, principal risks and mitigating actions for the current year; and the Case for Change in relation to secondary care orthodontics. Overall, the report for the month was straightforward and invited no questions. **RESOLVED: That the ICB Board note the report.**
56/26	**Report of the Chief Executive** A Cummins advised that his report summarised the work undertaken by the executive team and developments in national programmes since the previous meeting. He thanked colleagues across the organisation and the wider system for their work over the previous year in improving financial sustainability while also maintaining progress in access, quality and service improvement, and noted that most year-end targets had been achieved. He also recognised the uncertainty experienced by staff because of organisational change and expressed appreciation for their continued commitment during this period. He advised that, once the reset process had progressed, September would provide an opportunity to discuss future models with partners from a more stable position. He highlighted the ongoing SEND reform work being undertaken jointly with local authority partners, the release of neighbourhood working guidance and the ICB's role in related pathfinder activity, and the intention to bring forward a clearer service change roadmap and clinical strategy to support future decision-making. A Knox reflected on the earlier community story presentation and noted that there was immediate learning that could be applied to the SEND agenda. He observed that, if a similar

	approach had proved effective in adult social care, there was potential to apply this learning in SEND, and suggested that further discussion should take place with local authority colleagues regarding the important role that the VCFSE sector could play in supporting transformation across Lancashire and South Cumbria. The Chair also acknowledged the difficult circumstances currently experienced by staff and thanked colleagues for their continued efforts during a prolonged period of uncertainty. **RESOLVED: That the ICB Board note the report.**
57/26	**<u>People and Culture Committee Escalation Report – 1 April 2026</u>** J O'Brien advised this was the last AAA report as this committee was being stood down and taken forward through the Transition and Change Committee due to ICB's role in relation to system workforce matters had changed so no longer had the system role overseeing workforce including education and training. She highlighted the following points from the report: **Alert: Research and Innovation** Research and innovation were identified as a potential missed opportunity rather than a specific risk. It was noted that this work fell within the committee's terms of reference and was considered essential to delivery of the ICB's strategy and improved population outcomes. Concern was expressed that, following the proposed changes, it might no longer be seen as a core strategic function. The Board was asked to consider how research and innovation would be carried forward within the ICB. **Assure: Wellbeing and staff experience** The committee had overseen wellbeing and staff experience, and it was noted that this responsibility would transfer to the new committee. Concern was expressed that staff morale was low and that staff were experiencing understandable pressure in the context of significant organisational change alongside ongoing workload demands. The committee was, however, assured that a range of interventions and mitigations, particularly through the OD team, were in place to support staff through the transition. It was noted that this area would remain under review and continue to be monitored. **Assure: Staff sickness (All Age Continuing Care (AACC) and Individual Patient Activity(IPA))** The committee had undertaken a specific deep dive into relatively high absence levels within the nursing directorate, particularly in the All Age Continuing Care team. It was noted that this had provided greater insight into the issue and increased confidence in the interventions being put in place to improve the situation. Members noted that the Board would already be familiar with this area from previous discussions. **Assure: Freedom to Speak Up (FTSU)** The committee received the quarterly Freedom to Speak Up report. It was noted that there was uncertainty regarding future arrangements for Freedom to Speak Up, particularly in light of changes at national level and a lack of clarity over responsibilities in relation to primary care. Members agreed that further work was required to develop understanding in this area, recognising the importance of Freedom to Speak Up as a route for colleagues and patients in primary care to raise concerns. A Cummins acknowledged that research and innovation appeared to represent a gap. Discussions had commenced with the provider collaborative and the Health Innovation Network to convene partners, and the incoming Chief Strategy and Planning Officer would take this forward with system partners. The suggestion of a Board development session was supported, with timing to be considered.

	M Williams assured the Board that the interventions in relation to sickness within AACC were making a positive difference. It was noted that the position had improved significantly in recent weeks and that no teams were currently in business continuity arrangements. A Knox emphasised that Freedom to Speak Up in primary care remained important. Assurance was provided that the ICB would maintain oversight of quality in primary care, and it was reported that positive discussions had taken place with the GP Confederation on Freedom to Speak Up, quality improvement and variation. Members were assured that this developing relationship would support closer monitoring and a more robust process, and it was noted that future assurance would be overseen through the Quality and Outcomes Committee. **RESOLVED: That the ICB Board:** • **Note the Alert, Advise and Assure and approve any recommendations as listed.** • **Note any summary of items or issues referred to other committees of the Board over the reporting period.** • **Note the ratified minutes of the committee meetings.**
58/26	**<u>Quarterly report of the Board Assurance Framework</u>** D Atkinson introduced the report, noting that it comprised three sections: a summary of the outputs from the Board risk workshop held in April, an update on the Quarter 4 Board Assurance Framework (BAF), and a summary of operational risks scoring 20 or above. She reported that the workshop had identified three strategic risk themes; transition and workforce, financial sustainability, and strategic commissioning, which would inform the refresh of the BAF, strategic objectives and risk appetite for 2026/27. The BAF remained well embedded and effective, supported by strong internal audit assurance, with good progress having been made in Quarter 4 on several principal risks. Four operational risks currently scored 20 or above and oversight remained in place through the executive and relevant assurance committees. T Hopkins emphasised that effective risk management needed to maintain a clear focus on health inequalities and improving health outcomes across Lancashire and South Cumbria. She highlighted recent evidence on disparities in healthy life expectancy and noted the Board's responsibility to ensure that health inequalities remained a central consideration throughout the risk management process. A Cummins noted that the strategic commissioning risk was intended to reflect the need to move away from larger fixed contracts and annual contracting towards longer-term, outcomes-based approaches focused on reducing health inequalities. He acknowledged that this could be articulated more clearly within the risk description and advised that the risk and its mitigations would be refined to better support the development of strategic commissioning. J Colclough queried whether a clear plan was in place to address the risk relating to the ICB's ability to identify and respond effectively to quality and safety concerns in primary care by December. A Knox advised that a programme of visits to all practices had been established over the next three years, prioritised according to risk, concerns raised and unexplained variation. He reported that this work was already underway, supported by focused clinical input, and commended the proactive and improvement-focused response of the primary care team. M Williams noted that effective matrix working was in place across ICB teams, enabling issues to be escalated quickly and appropriate expertise, including safeguarding support, and that the organisation was increasingly working in a more proactive way. C Whalley noted emerging concerns across local authorities in relation to the proposed new operating model and advised that councils would respond formally through the consultation process. She highlighted the need to consider potential impacts on specialist safeguarding advice and emphasised the importance of joint consultation to avoid unintended consequences. It was

	also noted that the chairs of the safeguarding boards intended to submit a joint response to the proposals. The Chair emphasised the importance of continued dialogue between partners. She noted that the Board Assurance Framework had a sound structure, supported by positive internal audit feedback, and that its value would increasingly be demonstrated through use in day-to-day and Board discussions. It was also noted that the Board would receive the framework three times a year for assurance that strategic objectives were being addressed, risks recognised and mitigations effective. **RESOLVED: That the Board:** • **Note the contents of the report.** • **Note the work underway following the facilitated risk management workshop held on 16 April 2026 to review and refresh the BAF, Strategic Objectives, and Board risk appetite, to be completed during Quarter 1 2026/27.** • **Note the progress made during Quarter 4 2025/26 in managing risks held on the BAF.** • **Review and approve the recommendations relating to the risks as set out in Section 3.4 of the report, noting that further changes to current risks may arise from the actions outlined in Section 2.**
59/26	**<u>Quality and Outcomes Committee Escalation and Assurance Report – 8 April 2026</u>** S Cumiskey noted that this was her final report as Chair of the Quality and Outcomes Committee and thanked members for their support. She welcomed J Colclough as the incoming Chair, advised that she would temporarily chair the Commissioning Committee as it was established, and noted that she would subsequently take up her new role as Chair of Mersey ICB. She highlighted the following from the report: **Alert: Children and Young People and SEND update** The committee noted concerns regarding increased demand for SEND services and reduced capacity. It was reported that mitigations were in place, including mutual aid and work with providers to deliver against specification. Members recognised that this reflected a point-in-time position and noted that, as national SEND reform and the local response progressed, this would support development of a more effective response for children and young people with SEND. **Alert: Learning Disability and Autism update** Concerns were noted regarding the financial position of Learning Disability and Autism services, arising from increased Right to Choose activity and the resulting pressure on budgets for both children and young people and adults. It was reported that the Commissioning Committee would receive a further report on work underway to review the full pathway and consider a different approach to managing demand and using resources more effectively to improve outcomes The Chair thanked S Cumiskey for chairing the committee for the last four years. C Oliver welcomed the progress in autism services and the strong collaborative working across teams, expressing confidence that significant progress could be made during the financial year. C Whalley noted that local authority representation on the Quality and Outcomes Committee had previously been helpful, particularly in relation to continuing healthcare, and sought clarity on where those discussions would take place in future. The Chair advised that she was seeking public health representation from local authorities on relevant committees. She also noted that some matters previously considered by the committee might be more appropriately addressed through an executive forum with both ICB and local authority representation.

	RESOLVED: That the ICB Board: • **Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed** • **Note the summary of items or issues referred to other committees of the Board over the reporting period** • **Note the ratified minutes of the committee meetings.**
60/26	**<u>Integrated Performance Report</u>** C Harris highlighted the strategic performance position across the system. Demand continued to rise above demographic growth, including a 4% increase in GP practice demand and growth of just over 2.5% in elective activity and A&E attendances. The system had achieved the March 2026 target for 18-week elective performance and had agreed a medium-term plan with providers to improve referral to treatment performance to 92% by March 2029. A small number of patients remained waiting over 65 weeks, with individual recovery plans in place, and the overall waiting list remained slightly above plan, with recovery action underway. In urgent and emergency care, the national 78% target had been achieved despite sustained operational pressure. Targeted action was underway to reduce long waits in paediatric services. Diagnostic performance had improved to 81%, although significant variation remained between providers. In cancer services, the 28-day standard had been met, the 31-day standard had narrowly missed target, and the 62-day standard remained a concern, with remedial action planned. In mental health, out-of-area placements had reduced significantly to three, reliable recovery performance had improved but remained below target, and dementia prevalence targets had been achieved. Overall, the Board noted progress across several areas, while recognising that further focused recovery work was still required. J Colclough welcomed the targeted support being provided to trusts, noting that performance levels in areas with lower achievement reflected only part of a wider challenge in communities experiencing the highest deprivation and lowest rates of diagnosis. She highlighted the importance of directing resources to these areas, recognising that earlier access to diagnostics and intervention could have a significant impact on outcomes and quality of life. **RESOLVED: That the ICB Board note the content of this report.**
61/26	**<u>Finance and Contracting Committee Escalation and Assurance Report – 26 March and 20 April 2026</u>** S Igoe had given apologies, therefore M Bakewell presented the report. He reported that, in March, the committee had considered standard agenda items relating to All Age Continuing Care, updates on the plan position and risk management, together with reports on system capital plans, financial grip and control, and elements of the Green Plan. In April, the committee had received further routine updates and held a more detailed discussion on the ICB plan and the mitigations required for 2026/27. The committee had also considered the annual assessment of going concern and its work plan for 2026/27. Members noted that these had been constructive and helpful discussions in clarifying the organisation's position and the actions required across each area. **RESOLVED: That the ICB Board:** • **Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed** • **Note the summary of items or issues referred to other committees of the Board over the reporting period** • **Note the ratified minutes of the committee meetings.**
62/26	**<u>Finance Performance Report – Month 12</u>** M Bakewell reported that the year-end financial position had been achieved at both ICB and

	system level, subject to the ongoing external audit process. The system had delivered its required break-even position against the control total of a £164 million deficit, supported by an equivalent amount of deficit support funding. Within this, the ICB had reported a £9.7 million surplus, which had offset a corresponding £9.7 million deficit within the provider trust position. It was further noted that, following updated national rules in Quarter 4, the system had received approximately £11.5 million in additional deficit support, resulting in an improved outturn against the original control total. Members recognised this as a significant achievement, reflecting strong collective action across the system in managing financial risk and delivering the position agreed. C Oliver welcomed the strength of system working and described the year-end position as a notable achievement, particularly as it had been delivered without detriment to quality. He advised that, from a mental health perspective, there had been demonstrable reductions in patient and colleague harm during the period, which provided assurance that recurrent savings could be delivered alongside quality improvement. He also noted the impact that management change and cultural pressures had had on staff, as reflected in staff survey results, but concluded that the overall year-end position represented a positive outcome from both a financial and quality perspective. A Cummins emphasised the importance of continuing with the national staff survey and rerunning it as a consistent benchmark during a period of significant organisational change. He acknowledged that the survey results were likely to reflect the impact of uncertainty, transformation and management of change on staff experience, but noted that they nevertheless provided an important reference point for understanding where action was needed. He added that feedback from colleagues suggested that, while change remained challenging, improvements in the way the process was being managed could support stronger feelings of connection and engagement. It was noted that the survey would remain an important annual measure as the organisation moved into its new operating model. **RESOLVED: That the ICB Board:** • **note the content of this report and relevant financial positions of the ICB and provider trusts** • **note that the ICB annual accounts and annual report have been submitted as per national timetable and external audit processes are now underway.** *There was a short break for 10 minutes.*
63/26	**<u>Case for Change: Secondary Care Orthodontics Programme</u>** C Harris presented the Case for Change for the Secondary Care Orthodontics Programme, outlining a proposed consolidation of services from eight acute sites to four hub sites, with satellite clinics retained in some coastal areas to maintain access. He advised that the hub model was expected to deliver a range of benefits, including a more resilient skilled workforce, better use of available capacity, economies of scale, reduced service disruption and stronger clinical collaboration. It was noted that the case for change recognised potential impacts on staff and patients, including travel implications, and that these would be addressed through early staff engagement, assessment of travel impacts, consideration of travel cost support schemes and non-emergency patient transport. The Board was also advised that extensive engagement had already taken place, including around 2,000 public responses and over 870 specific orthodontic responses, which indicated broad support for the proposed direction of travel. Updated financial modelling was underway to confirm value for money and would form part of the pre-consultation business case. C Harris recommended that the Board endorse the case for change to enable the programme to proceed in line with the agreed clinical service change process. S Cumiskey advised that the AAA report from the Commissioning Committee documented this had been endorsed for Board approval.

	J O'Brien welcomed the proposal and noted that changes to skill mix would be helpful, but sought assurance on the ongoing risk associated with the shortage of specialist orthodontic consultants. In response, C Harris acknowledged that consultant recruitment remained a risk within such a specialised service, but advised that the proposed consolidation to a hub-and-satellite model was intended to make the service more attractive, thereby improving both retention and recruitment. A Cummins welcomed the pre-Board committee oversight and the growing maturity of the provider collaborative, noting that this had enabled a more collective approach to service configuration. He expressed support for applying this approach more quickly to other fragile services and noted that proposals on acute and specialist configuration were awaited. He added that the ICB and partners would need to ensure that such proposals were progressed in a way that supported commissioning intentions and enabled timely implementation. D Corcoran sought assurance that any estate and capital requirements would be fully set out at the next stage. C Harris confirmed that these would be addressed through the financial modelling and included in the pre-consultation business case. **RESOLVED: That the ICB Board recommended to endorse the Secondary Care Orthodontic Programme Case for Change in line with the Major Clinical Service Change process.**
64/26	**<u>Commissioning Committee Escalation and Assurance Report – 22 April 2026</u>** S Cumiskey presented the inaugural report from the Commissioning Committee. She noted that time would be set aside to support effective working relationships and that the committee's terms of reference and business plan would be reviewed after three months to reflect learning and support continuous improvement. Feedback from the Board on the committee's work and its fit with wider system arrangements, including the provider collaborative, was invited. **Advise: Commissioning for Success programme**. The committee had reviewed eight clinical policies with no material change, and approved them for ratification. **Advise: Review of Locally Enhanced Services.** It had also undertaken a deep dive into locally enhanced services, focusing on previous activity and future effectiveness, and noted that a pictorial summary could be shared with Board members. **Assure: Committee business plan.** The committee had received assurance on its business plan, terms of reference and approach to working with people and communities. **Assure: Patient Insight underpinning commissioning decisions**. Members considered work to gather and use insight to inform commissioning decisions, including engagement through an influencing network of more than 2,300 people, and the case for change for secondary care orthodontics considered elsewhere on the agenda. **RESOLVED: That the ICB Board:** • **Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed** • **Note the summary of items or issues referred to other committees of the Board over the reporting period** • **Note the ratified minutes of the committee meetings.**
65/26	**<u>Audit Committee Escalation and Assurance Report – 18 March 2026</u>** The Chair noted that S Spill had given a verbal update at the last Board meeting held in public

	but in the absence of S Spill, M Bakewell presented the report and advised that the committee had received updates on internal audit progress and the new finance ledger. Two limited assurance internal audit reports had been noted in relation to areas of finance and business, and IT continuity plans. It was reported that both areas had well-developed action plans in place, with recommendations being tracked for delivery in Quarter 1. Members also noted that, although initial operational issues with the new ledger had stabilised, ongoing challenges remained and the system was currently less efficient than the previous version. The Board was advised that external audit work in relation to the ledger was likely to result in additional costs due to the further testing required. **RESOLVED: That the ICB Board:** • **Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed** • **Note the summary of items or issues referred to other committees of the Board over the reporting period** • **Note the ratified minutes of the committee meetings.**
66/26	**<u>Northwest Specialised Joint Committee Escalation and Assurance Report – 5 March 2026</u>** C Harris presented the Northwest Specialised Joint Committee Alert, Advise and Assure report and noted that it was slightly out of date as a further committee meeting had since taken place, although it had not been possible to report this in time for the Board. He advised that alerts in relation to neonatal incidents at Manchester Foundation Trust and renal dialysis within the Greater Manchester system were not specific to Lancashire and South Cumbria but remained relevant due to their wider impact. He reported that further progress had been made in relation to these matters and that this would be reflected in the next report. He also highlighted ICB workforce pressures and business continuity as matters relevant to Lancashire and South Cumbria, noted that the Board had already been updated on Office of Public Inquiry commissioning, and advised that further advice had been provided on the health inequalities strategy. Routine assurance had also been received in relation to quality oversight, finance and planning, with no issues requiring further escalation beyond the appropriate committees. **RESOLVED: That the ICB Board note the Alert, Advise and Assure the committee report and approve any recommendations as listed**
67/26	**<u>Transition and Change Committee</u>** D Atkinson reminded the Board that, in March 2026, it had agreed to review the People and Culture Committee and the Transition Committee with a view to bringing them together in line with the model ICB blueprint. She presented a proposal to establish a new time-limited Transition and Change Committee from 1 June 2026 to provide focused oversight and assurance during the transitional period. It was noted that the committee would also maintain appropriate governance of people-related functions and provide a clear line of sight to the Board through assurance and escalation reporting. The terms of reference would be reviewed after six months to ensure they remained fit for purpose as further clarity emerged on regional model blueprints. **RESOLVED: That the ICB Board:** • **Approve the terms of reference for the new Transition and Change committee** • **Approve that the single committee is established effective from 1 June 2026** • **Note that these Terms of Reference and Committee Membership will be reviewed in October 2026**
68/26	**<u>Report concerning matters considered in Private Board meetings</u>**

	D Atkinson reported that the Private Board had met on three occasions over the period, including an extraordinary meeting on 16 March 2026 to consider the final medium-term plan submission in line with national and regional timescales. Two further meetings had focused on matters subsequently discussed at the Board, including the Board Assurance Framework, the model ICB blueprint, and the 2025/26 outturn and financial position. **RESOLVED: That the ICB Board note the contents of the report.**
69/26	**Any Other Business** **RESOLVED: That there were no items of any other business.**
70/26	**Items for the Risk Register** **RESOLVED: That there were no items to be included on the ICB Risk Register.**
71/26	**Closing Remarks** The Chair thanked all those present, and those observing the meeting, for their contributions and formally closed the meeting.
72/26	**Date, Time and Venue of Next Meeting** The next meeting to be held in public would be held on Thursday, 9 July 2026, 1.00 pm - 4.00 pm, in the Lune meeting room, ICB Offices, Level 3 Christ Church Precinct, County Hall, Preston, PR1 8XB. The meeting closed.

Exclusion of the public:

"To resolve, that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1(2) Public Bodies (Admission to Meetings Act 1960).