NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	9 July 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 update 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 quarter one progress, organisation change, the office of pan-ICB commissioning, collaboration with partners on our strategy and a visit from Dr Claire Fuller to showcase our neighbourhood development work.

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 ICB 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 ICB staff. In addition, there have been meetings with local MPs, VCFSE partners and chairs and deputies for health and wellbeing boards. There has also been a partnership event which will have taken place between this paper being published and the board meeting with representation from health, business, academia and community partners to develop and embed strategic ways of working that support our communities.

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:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓

SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

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

Integrated Care Board – 9 July 2026

Report of the Chief Executive

1. Introduction

1.1 With the first quarter of the year behind us, I feel we have taken the positive collaboration over the past couple of months and used that to making sure this is reflected in our delivery of financial plans and the actions we are taking to shift towards different ways of working which help deliver our ambitions for the 10-Year Health Plan and our Five-Year Strategic Commissioning Plan.

1.2 One of the key areas for the ICB has been moving towards redesigning our operating model to meet our ambitions for strategic commissioning and delivering the objectives set out in our commissioning plan. Redesigning our organisation and reducing the costs of commissioning are an important part of our plan. I describe in this report the steps we are taking to become an effective strategic commissioner whilst delivering the required costs of commissioning reductions to meet the national expectations.

1.3 This report also demonstrates areas of progress by the executive team in bringing partners together around our strategic approach to improving health outcomes for our population both as a system and for the ICB. Since the last board meeting this has included a session with Dr Claire Fuller to discuss neighbourhood readiness and an executive leadership day with a range of partner organisations from health and beyond.

1.4 On 1 June, I was pleased that Alex Heritage, chief strategy and planning officer, commenced his role in the ICB. I would like to thank Alex for a really positive start and quickly making a significant positive impact on the executive team. Starting a role with only 10 days remaining in a consultation was a difficult ask however, it is clear from his engagement with his teams and his leadership on the executive leadership day, that he will make a positive difference to the organisation going forwards.

2 Developing the ICB operating model

2.1 Since the last board meeting there has been significant progress in listening to staff and partners to improve the draft operating model for the ICB. Throughout our staff consultation, which launched on 20 April, we received more than 700 comments from over 350 colleagues which have been considered in detail alongside feedback from team discussions, one-to-one meetings, and engagement sessions. We also received considerable and valuable feedback from many of our partner organisations, including local authorities, VCFSE partners and NHS organisations.

2.2 I appreciate the continued involvement of our Staff Partnership Forum, which includes our trade unions and staff-side representatives, and their challenge

and collaboration which has helped to ensure this process has been open, fair and transparent for our staff.

2.3 We have made significant progress in reducing the risk of compulsory redundancies from implementing the new operating model. In May, we launched a second voluntary redundancy scheme and received 121 applications. All applications were reviewed through panels, with input from staff partnership colleagues and staff networks, to ensure a fair and consistent approach. We expect approximately 50 colleagues will be leaving the ICB on this second scheme by the end of July. This has remained an important step in reducing the need for compulsory redundancy.

2.4 Using the insight we captured during the consultation, the executive team have revised and reviewed the structures to ensure we capture improvements and recommendations which we feel enable the ICB to be more effective as a strategic commissioner than what we set out in the initial proposals. Senior leaders across the organisation have been actively involved throughout the process and have supported, listened to and represented their teams. As a result, I am pleased that in many areas senior leaders have worked with the executive team to suggest more cost-efficient proposals.

2.5 As I have previously explained, 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. As we initially set out, moving forward the ICB will focus on system leadership, strategic commissioning, partnership working and assurance. We will not duplicate delivery functions that are better run 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 on a smaller scale.

2.6 At the point of writing this report, we are preparing the materials and a detailed response for the outcome of the consultation which will be shared with staff and partners following the board meeting.

2.7 I have referenced in previous reports that the current period of transition creates significant uncertainty for our teams. Despite this, I continue to be grateful for the professionalism and integrity our staff have shown during this period. As an organisation and as an executive team, 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 continue to act fairly, transparently and in partnership with staff partnership colleagues as we move towards implementing the operating model.

2. Executive Committee Business

2.1 The Executive committee has met six times since my previous report in May, and a significant proportion of the committee's time has been dedicated to the reconfiguration of the ICB and moving towards an operating model focused on how we effectively deliver improvements for our population as a strategic commissioner. We have also remained focused on quarter one delivery along

with partner and political engagement and involvement in developing and delivering our strategic objectives.

2.2 I am pleased to say that there has been a real shift in the development of our senior leadership across the organisation and much closer collaboration between colleagues and teams across the ICB which we aim to progress over the coming months as we adopt new ways of working as part of our operating model and organisation development plans.

2.3 The committee has 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.

2.4 The following material decisions have been taken by the executive committee within the scheme of delegation.

- **Reconfiguration of Mental Health Crisis House Provision**

As recommended by the Commissioning Resource Group, the executive committee endorsed a reconfiguration of mental health crisis house/outreach provision across Lancashire and South Cumbria, which is commissioned by Lancashire and provided by Waythrough.

- **Grasmere LPS Procurement**

As recommended by the primary care contracts sub-committee, executives endorsed a procurement process for the Grasmere Pharmacy Local Pharmaceutical Services (LPS) contract.

- **Recommended Provider for Special Educational Settings**

The executive committee approved the outcome to award a contract for Eye Testing Services in Special Education Settings (SES) in Lancashire and South Cumbria as part of a regional procurement process.

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 guidance and frameworks

3.1 In June, NHS England launched a Strategic Commissioning Development Programme at NHS Expo to support ICBs and partners to strengthen strategic commissioning capability. The programme is expected to bring together practical tools, learning and examples of good practice to help apply the Strategic Commissioning Framework in day-to-day practice. It is being launched in recognition of the challenges ICBs are facing and we welcome this as it will help support our evolving role as a strategic commissioner.

3.2 We can assure the board that the executive team will ensure we will make best use of the opportunity this national programme provides and that our teams

benefit from the programme. The foundation offer is intended to provide practical, developmental support at a time when we are navigating significant change. This should help us to build capability and confidence without creating a new assurance process.

3.3 The Last week NHSE published an updated version of Planning, Assuring and Delivering Service Change for Patients. As you will be aware this guidance is designed to be used by those considering, and involved in, substantial service change to navigate a clear path from inception to implementation. The fundamentals of the assurance approach described in the guidance are unchanged, but updates have been made to:

- Reflect powers for the Secretary of State to intervene in service changes.
- Reflect legislative changes since the previous edition, such as the establishment of ICBs and new duties in relation to environmental sustainability.
- Merge the previous guidance with its addendum on alignment of service change and capital business cases.

3.4 The update does not cover future legislative or policy changes which may result from the Health Bill and the integration of DHSC and NHS England. The guidance will be kept under review and updated as required.

4. Independent reviews into maternity and neonatal services

4.1 The publication of Baroness Amos' independent investigation into maternity and neonatal services in England was published on 30 June 2026. This follows the Government announcement for immediate action in response to the independent review into maternity and neonatal services at Nottingham University Hospitals NHS Trust by Donna Ockenden. Additionally, NHS England has extended Martha's Rule to all maternity and neonatal services.

4.2 NHSE has responded by formally on 1 July, communicating a directive for ICBs and NHS Trusts to immediately implement a 10-point Plan for maternity and neonatal services. This was sent to the ICB in a letter from Sir Jim Mackey which is available here. Provider Trusts are overall responsible for implementation of the 10 Point Plan with the ICB's ensuring commissioned maternity and neonatal services meet population needs, monitor delivery through contractual and quality governance arrangements, and support system-wide improvement. These urgent actions will support, and report into, the National Maternity and Neonatal Taskforce as it develops the National Action Plan, which will be published in December 2026.

4.3 Provider Trusts are overall responsible for implementation of the 10 Point Plan with the ICB's ensuring commissioned maternity and neonatal services meet population needs, monitor delivery through contractual and quality governance arrangements, and support system-wide improvement. Lancashire and South Cumbria ICB will need to work closely with Providers, NHS England Northwest and across the system to discharge the responsibilities of strategic a commissioner, with a likely focus on:

- Ensuring commissioned services meet population need.

- Holding providers to contractual quality requirements with continual improvement
- Monitoring agreed outcomes and service standards in line with commissioning intentions
- Using quality intelligence to inform commissioning decisions.
- Coordinating redesign/ system improvement were pathways cross organisational boundaries.
- Escalating concerns through contractual and governance routes

4.4 We recognise, these reports and immediate actions are an important step in strengthening how we listen to and act on concerns raised by women, families and carers, and in supporting earlier recognition and response to deterioration.

4.5 It is important to note, providers have been requested to consider Ockenden alongside Phase 2 of the David Fuller independent inquiry which featured deeply disturbing and unprecedented failures in the protection and dignity of the deceased. As did Ockenden in terms of unacceptable care of the deceased and mortuary arrangements.

4.6 In NHS England's urgent directives, it reiterates the need for organisations to agree a Board Assurance Statement by 31 July 2026. The ICB will work with NHSE region in confirming assurance levels needed and will receive assurance statements in parallel as the commissioner, we aim to do this collaboratively with NHS England without adding additional burden to Providers.

5. Leadership Day brings partners together

5.1 At the time of the board meeting, senior leaders from across Lancashire and South Cumbria will have come together for an executive leadership day focused on how we work together more effectively as a system.

5.2 The session, which will take place at County Hall on Friday 3 July, will bring together colleagues from across the ICB, provider organisations and wider partners, including local authority and VCFSE colleagues.

5.3 During the day, delegates will reflect on the 2025/26 planning process, considering what worked well and what can be improved. They will also explore how we need to work differently in future and agree a clear strategic direction for the system. Discussions will focus on key areas including:

- how we better manage demand;
- accelerating the shift from acute to community-based care;
- embedding best practice across the system; and
- making better use of digital, data and technology.

5.4 The day provides an opportunity to build shared understanding, strengthen partnership working and agree how we can collectively respond to increasing demand and wider system challenges.

6. Dr Claire Fuller visit to Lancashire and South Cumbria to review neighbourhood health readiness

6.1 On 2 July, we welcomed Dr Claire Fuller visiting Lancashire and South Cumbria as part of an open and developmental conversation to help us progress neighbourhood health. It aimed to explore the strong local foundations, while enabling an honest discussion with partners about the areas to develop at pace as we move toward credible 2027/28 readiness for progressing and improving neighbourhood health. The visit provided a rich and valuable discussion which will provide a platform for moving forwards and contributes to the strategy discussions mentioned above.

6.2 I want to thank partners from local authorities, voluntary, community, faith and social enterprise (VCFSE), Trusts and primary care who participated in the visit. I would also like to thank Stephen Sandford, Jane Scattergood and colleagues from our place teams for their work to prepare for the visit. It shows that there is a really positive platform for neighbourhood health and further work to describe how we create the conditions to spread and scale good practice through our role as a strategic commissioner going forwards.

7. Annual reports and end of year audit

7.1 Our annual accounts and annual report have been approved at an extraordinary board meeting held in June, following an end of year audit of the accounts. These reflect considerable achievements over what has been a challenging year and demonstrates that, despite the organisation change and uncertainty that our staff have faced, there has remained a strong focus on delivery, collaboration with partners and improvements for the system which are benefitting patients and communities.

7.2 I would like to thank the teams which have been involved in developing the documents and contributing to the annual accounts. Thank you also to our staff who have been involved in delivering improvement and programme work, such as waste reduction programmes, which are set out in the annual report. We will be publishing the annual report in the coming weeks so these examples and demonstrations of positive impact can be read by staff, partners and members of the public.

8. Office for Pan-ICB Commissioning (OPIC) – National Context and North West Arrangements

8.1 Office for Pan-ICB Commissioning (OPIC) is a new national model mandated by NHS England (NHSE) and the Department of Health and Social Care (DHSC) to be led by ICBs in regions in taking on a wider strategic commissioning role. As confirmed in national guidance and the 2 March 2026 letter (Direct commissioning update), the majority of NHSE's direct commissioning functions—including specialised services, health and justice services, and vaccination and screening—are expected to transfer to ICBs from April 2027, subject to legislation.

8.2 To enable this transition to an ICB-led OPIC model while maintaining consistency and expertise, NHSE requires the establishment of seven OPICs, one in each NHS region. OPICs will operate as regional centres of commissioning excellence, enabling collaboration between ICBs to plan and commission services at scale, improve equity and outcomes, and ensure resilience in delivering complex and high-cost services. National requirements specify that each OPIC must be hosted by a single ICB on behalf of all ICBs in the region, operate through formal joint ICB governance arrangements (such as a joint committee), and support both ICB strategic and operational commissioning in a region. While OPICs will facilitate collective decision-making, statutory accountability will remain with individual ICBs.

8.3 In the North West, NHS Lancashire and South Cumbria (LSC) ICB has been collectively agreed as the host organisation for OPIC, working in full partnership with NHS Greater Manchester (GM) ICB and NHS Cheshire and Merseyside (CM) ICB, which was formalised in May this year. The three ICBs, supported by the NHSE North West regional team, have established a collaborative programme to design and implement OPIC arrangements. This includes the North West OPIC Programme Development Board, which brings together senior leaders across the partner organisations to oversee delivery, linking with ICB Executive level oversight and governance arrangements. ICB boards and related transition committees have been regularly informed of these developments.

8.4 The North West OPIC will initially focus on delivering the nationally mandated “OPIC Core” functions, including specialised commissioning, health and justice services, vaccination and screening, and Child Health Information Services, with the potential to extend to additional “OPIC Plus” services where this adds value in the region. The OPIC ICB partnership aims to strengthen strategic commissioning capability in line with the Model ICB Blueprint of May 2025, improve consistency and equity of services, and maximise the effective use of public resources across the region, aligned to the national NHSE Strategic Commissioning Framework.

8.5 Implementation will follow a phased approach. A “shadow” OPIC is planned to be in place by autumn 2026 to test governance, operating models and ways of working, ahead of the formal transfer of functions and staff from NHSE North West

8.6 Specialised Commissioning to LSC as host ICB in April 2027 in partnership with CM ICB and GM ICB. New joint governance arrangements will also be established to reflect the expanded scope of commissioning responsibilities with consideration of revised arrangements through the current North West Specialised Commissioning Joint Committee.

8.7 Overall, the establishment of OPIC represents a significant step in enabling ICBs to act as strategic commissioners for their local populations, supported by strong regional collaboration and national standards, with the North West partnership working collectively to deliver these ambitions.

8.8 **Safeguarding case**

8.9 I would like to recognise there has been significant media coverage in relation to the conviction and imprisonment of those responsible for the death of Preston Davey, a 13-month-old infant from Lancashire.

8.10 I would like to offer condolences to the family and loved ones of Preston and recognise that this has been a tragic case for all who have been involved. Further to the death of Preston, statutory safeguarding procedures were initiated to ensure that any learning could be identified and acted upon.

8.11 As a partner within the Safeguarding Children Arrangements, our safeguarding team will continue to work with Blackpool Teaching Hospitals NHS Foundation Trust, Oldham Safeguarding Children Partnership, Lancashire Children's Safeguarding Assurance Partnership and other local services to ensure we continue to contribute with current safeguarding requirements.

8.12 Blackpool South's Labour MP Chris Webb and Fylde MP Andrew Snowden have called for a public inquiry into possible safeguarding failures linked to Preston Davey; we will of course comply fully with any future inquiry.

9. In the news

9.1 Lancashire and South Cumbria ICB has been selected to take part in the national Fit Note Reform Pilot, helping to test a new approach that aims to improve support for people whose health affects their ability to work. The pilot, which will commence in July 2026 and run for 12 months is designed to address a well-recognised system challenge: too often, the current fit note process focuses on certifying sickness rather than providing timely, practical support to help people remain in work or return to work safely. Read more about this here.

9.2 A new way to deliver children's cancer treatment is now live across the North West. Partners have launched a mobile cancer care unit that brings chemotherapy and supportive treatment closer to home. The mobile unit is part of a pilot project delivered in partnership with the charity Hope for Tomorrow, which has provided the vehicle. It is funded by the three Cancer Alliances in the region: Greater Manchester, Cheshire and Merseyside, and Lancashire and South Cumbria. Read more here.

9.3 The NHS is always looking at ways it can increase access for all communities and one group of healthcare professionals has headed out on the road to reach different parts of the local population. In a joint venture between Blackburn with Darwen GP Federation (local primary care) and Blackburn with Darwen Council's Health and Wellbeing Team, they have invested in an outreach van to target those people in the community who find it difficult to use or don't often engage with traditional health services. Read more here.

10. Recommendations

10.1 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 July 2026