

Integrated Care Board

Date of meeting	17 September 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 implementation of the organisation operating model, ICB boundary update and a Primary Care Action Plan.

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 – 17 September 2026

Report of the Chief Executive

1. Introduction

- 1.1 As we enter the midpoint of the financial year, our concentration on the delivery of financial plans is at the forefront of our priorities whilst retaining focused on the actions 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 We have made significant progress in the redesign of the ICB operating model and have commenced filling of posts. This all aims to ensure we are quickly able to move to an operating model which supports meeting our ambitions for strategic commissioning and delivering our strategic objectives. 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. In the update below I discuss more about the steps in designing the organisation architecture.
- 1.3 In August, Andy Knox and Andy Curran were appointed as the substantive co-medical directors for the ICB. Many colleagues will already know Andy Knox and Andy Curran through their leadership across the organisation. They both remain front line practicing clinicians as Andy Knox is a GP with strong experience in population health, while Andy Curran is a consultant in emergency medicine at our major trauma centre in Preston. Together, they bring a wealth of clinical experience, a strong understanding of our communities and a clear commitment to improving outcomes for the people we serve. Both have been carrying out these roles on an acting basis and have provided excellent leadership during a period of significant change for the ICB. I am pleased that they will now continue in these positions substantively, providing stability, continuity and strong clinical leadership as we move forward.

2 Developing the ICB operating model

- 2.1 Since the last board meeting there has been significant progress in commencing implementation of our operating model for the ICB, which was approved following engagement with staff, senior leaders and partners. This engagement informed more robust and, in many areas of the organisation, more cost-effective proposals.
- 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 In August, we shared with our staff and wider partners a detailed response for the outcome of the consultation with updated staffing structures. As part of this update we shared how our operating model considered feedback from partners, including Local Authorities, and the published outcome in July of Local Government Reorganisation in Lancashire. Whilst we recognise Local Government Reorganisation proposals have been paused for review, we remain confident that our operating model has taken into account feedback from staff and partners and is flexible to support any future changes to Local Authorities in Lancashire and any potential future changes to ICB boundaries.
- 2.4 From early September, we commenced the process of filling posts and have been reporting progress to the Transition and Change Committee. I recognise that we are at a stage where for some of our staff the uncertainty they have faced for more than 18 months will come to an end, whilst for others we will be looking to continue to support them as we work through a fair and transparent process. We are committed to reducing compulsory redundancy and ensuring there is wellbeing support in place for our staff during this period. 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 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.
- 2.5 Since the last Board, we have made good progress in developing a transition plan which moves us from our current state to a future model. We have already begun to take steps in designing our organisation architecture for the future ICB, providing a clear golden thread to guide how we set direction, operate, support our people and culture, measure impact, assure accountability and continuously improve outcomes for the population. This is based around five interconnected components:
- Strategy refresh – where we are going and why
 - Target operating model – how we will operate
 - People and culture – how we support and develop our people
 - Performance and accountability framework – how we measure impact, assure accountability and report performance
 - System-wide improvement approach – how we continuously learn and improve

3. ICB Boundary update

- 3.1 On 31 July, the [Government announced](#) intention to align ICB footprints with strategic authority boundaries in a Cabinet statement.
- 3.2 At this stage, NHS Lancashire and South Cumbria ICB has not received any formal confirmation or further detail regarding future boundary arrangements, including any proposed changes affecting North Cumbria.

- 3.3 Throughout August and early September there have been meetings with NHS England, ICB chief executives across England and further meetings with national colleagues where we were provided information on the process and clarity on the next steps regarding changes to ICB boundaries.
- 3.4 Until we have that information, it would be inappropriate to speculate on any future arrangements. We have reassured our staff and partners that we will continue to work closely and transparently with local authorities, providers and wider system partners and will provide a further update as soon as more detail becomes available.

4 Executive Committee Business

- 4.1 The Executive committee has met eight times since my previous report in July, 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 the delivery of our financial plan, the development of our strategy and delivery along with partner and political engagement and involvement in developing and delivering our strategic objectives.
- 4.2 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.
- 4.3 The following material decisions have been taken by the executive committee within the scheme of delegation.

Patient Transport Booking Service

An interim proposal regarding Patient Transport Booking Service was approved with transfer arrangements for the Patient Transport Booking Service to maintain continuity following the closure of the current CSU provider.

Genetic Risk Services Pilot (Yr 5)

Executive Committee approved the continuation of the ELHT Genetic Risk Services Pilot which forms the fifth year of a nationally funded pilot programme. The pilot supports individuals and families identified as being at increased genetic risk and has continued to demonstrate value throughout the pilot period.

WorkWell 2.0 expansion across Lancashire and South Cumbria

The Executive Committee approved a WorkWell 2.0 expansion model following a pilot in South Cumbria.

Ketamine Charter and Action Plan

The Executive Committee approved support for a Blackpool Ketamine Charter and Action Plan which has been developed to set out a shared, multi-agency framework for prevention, early intervention, harm reduction, workforce development, data improvement and system leadership.

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

- 5.1 Progress continues across the North West in preparation for the transfer of NHS England direct commissioning functions to Integrated Care Boards from 1 April 2027, (subject to approval of the required legislation). The three North West ICBs and NHS England North West continue to make progress in developing the operating model, governance arrangements and workforce planning required to support the transition and establishment of the North West Office of Pan-ICB Commissioning (OPIC).
- 5.2 To support the next phase, a North West Transition Board comprising the three ICBs and NHS England North West has been established. The Board will oversee and drive the transition programme from October 2026 through to the formal transfer of responsibilities on 1 April 2027, ensuring appropriate governance and workforce readiness, operational continuity and risk management throughout the transition period.
- 5.3 In parallel, the three ICBs will establish an OPIC Management Group from October 2026. Working in partnership with the NHS England regional commissioning team, the group will shape the design, operating arrangements and organisational development of OPIC during 2026/27 to ensure a fully functioning office is in place for transfer to LSC ICB as the host from April 2027. The Group will provide executive oversight of planning, performance, workforce, finance, quality, governance and risk, supporting the safe and effective transition and delivery of commissioning functions across the region.
- 5.4 This programme represents a significant step towards establishing ICBs as strategic commissioners and ensuring robust regional arrangements are in place to commission specialised services, health and justice services, and screening and immunisation services at scale across the North West.

6 Primary Care Action Plan - Medium Term Planning Framework

- 6.1 A Primary Care Action Plan for the ICB has been developed and agreed by the Executive Committee in response to the NHS England requirement for all ICBs to submit a Primary Care Action Plan as part of the Medium Term Planning Framework.
- 6.2 Primary care is central to the delivery of NHS reform and the ambitions set out within the 10-Year Health Plan, including the three shifts towards prevention, neighbourhood working and digital transformation. The Primary Care Action Plan provides a structured, outcomes-focused framework setting out how the ICB will deliver improvements across general practice, community pharmacy, dentistry and optometry over a three to five-year period, with a detailed focus on 2026/27.
- 6.3 In line with national guidance, development of the plan:
 - builds upon the ICB's 2025/26 general practice action plan

- has been underpinned by a review and update of the ICBs General Practice Commissioning and Transformation Support Tool.
- builds on, and aligns with, the ICB's Five-year Strategic Commissioning Plan submission, providing further operational detail on delivery arrangements, intended outcomes, measures and risks specific to primary care.

7 In the news

- 7.1 A Lancashire and South Cumbria Cancer Alliance project aimed at increasing early diagnosis has been shortlisted for a major industry award. The work alongside delivery partner Spring North and local VCFSE organisations to deliver a small grants programme to tackle late-stage cancer diagnosis has been nominated in the 'Excellence in Narrowing the Health Inequalities Gap' category at this year's Health Service Journal (HSJ Awards). Using population health insights to identify 29 priority wards, the ICB Cancer Alliance team initially funded 18 VCFSE-led projects which delivered 691 tailored activities, supported over 15,000 people and reached over 326,000 through awareness work and campaigns. In July, the ICB and NHS Trusts celebrated significant progress in its main aim of diagnosing cancer earlier, after the latest data showed the area recorded the biggest improvement in England. The proportion of cancers diagnosed at an early stage in the region has increased from 53.6 per cent to 56.3 per cent between March 2025 and March 2026. [Read more here.](#)
- 7.2 Health checks on people with long-term conditions in Lancashire and South Cumbria have prevented an estimated 1,500 hospital admissions. The programme of Holistic Health Assessments (HHAs) has seen more than 95,000 patient checks delivered by General Practice in the region over 2025/26, and according to Lancashire and South Cumbria Integrated Care Board's (ICB) latest data, this has been associated with an 11.7 per cent reduction in urgent or unplanned admissions for those patients receiving an HHA. The premise of these assessments is to systematically identify individuals with complex health or inclusion health needs who are at greater risk of hospital admission. An HHA covers areas such as social care, primary care (including dental, pharmacy and optometry) and community health support. Once an unmet need is identified, then steps are taken to successfully manage that need with a referral, signposting the patient to available services, or an appointment to follow up at a later date. [Read more about this here.](#)
- 7.3 WorkWell pilot helps thousands across Lancashire and South Cumbria stay in work. A pioneering programme helping people overcome health-related barriers to employment has been hailed a success after supporting more than 3,000 people across Lancashire and South Cumbria. A new report into the WorkWell pilot – a collaboration between the NHS, local authorities, Department for Work and Pensions, and other partners, led by NHS Lancashire and South Cumbria Integrated Care Board (ICB) – found the programme has helped to 'stem the flow of people leaving work due to ill health'. Launched in October 2024 as part of a national pilot, WorkWell is a free and voluntary service that helps people experiencing health-related barriers to start, return to or remain in work. Its emphasis is on prevention, offering support before health concerns escalate or lead to someone leaving employment. [Read more here.](#)

- 7.4 A campaign aimed at reducing stigma around suicide and mental health launched in September in Lancashire and South Cumbria supported by the ICB and partners. The 'Month of Hope', hosted alongside World Suicide Prevention Day on 10 September, will feature events that bring people together, promote local support and encourage open conversations. It is a chance to remember those who have died by suicide, but each event will also promote positivity in its messages, and encourage open conservation. Every suicide has a devastating impact on families, friends, colleagues and communities. Month of Hope is an opportunity for all of us to come together to show that support is available and recovery is possible. [Read more here](#).

8 Recommendations

- 8.1 The Board is requested to:
1. Note the contents of the report
 2. Note the decisions and work of the Executive Committee

Aaron Cummins

8 September 2026